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Drug addiction is a public health crisis

Govt must insulate anti-narcotics enforcement from interference

Narcotics numbers tell two stories at once. The Department of Narcotics Control (DNC) seized more than 4.36 crore yaba and other amphetamine-type tablets in 2025—a 91 percent jump from the year before. The other story, revealed by Home Minister Salahuddin Ahmed last week, is even darker: some 82 lakh Bangladeshis, nearly five percent of the population, are addicted to illicit drugs.

Bangladesh's drug problem has a well-understood geography. Yaba and crystal methamphetamine enter mainly through the porous border with Myanmar, where rebel groups have adopted yaba as a narco-currency. Cannabis flows in across the western and northern borders with India. Cox's Bazar, already one of the world's most strained humanitarian zones, is a primary trafficking corridor. The DNC's own report lists two dozen narcotics-prone districts stretching from the Chattogram hills to the northern river plains. Traffickers are inventive: they swallow tablets, conceal them in shoe soles and car tyres, and increasingly conduct their business over encrypted messaging apps and mobile payment platforms.

Against this landscape, Bangladesh has responded with a flurry of announcements. The Narcotics Control Act, 2018 is to be amended. DNC officers will receive modern weapons and updated training. A new legal framework to trace money laundering through anonymous SIM cards and mobile financial services is being drawn up. The government, the home minister says, intends to pursue not just street-level dealers but the "masterminds, financiers and godfathers" of the trade. However, these pledges are often delivered only partially.

Meanwhile, on the treatment side, the home minister has acknowledged the inadequacy of government facilities despite some expansion. The state-run treatment centre in Dhaka's Tejgaon has expanded its bed count. A project is underway to upgrade the Central Drug Addiction Treatment Centre to 250 beds. A Tk 1,413 crore scheme will build 200-bed rehabilitation centres across seven divisional cities: Chattogram, Rajshahi, Khulna, Barishal, Rangpur, Sylhet and Mymensingh. Yet, these projects would not be enough for millions of addicts, especially while the underlying drug supply problem continues to intensify. The emergence of new synthetic and semi-synthetic substances that the minister cited specifically means the demand side is shifting too. Today's addict may not respond to the same interventions as yesterday's. A young population being pulled towards novel stimulants requires a public health response calibrated to the present crisis, not the one from a decade ago.

There is a structural problem that treatment centres and drug busts cannot address. The authorities already know the routes, the carriers, and the dealers. Organised networks with connections to influential quarters continue to operate. Failure to dismantle them is a political one. Until enforcement runs as far up the supply chain, seizure figures will measure effort rather than impact. The government must treat drug addiction as a public health emergency rather than a criminal-justice footnote, insulate enforcement from political interference, and build the prosecutorial muscle to pursue the financial flows that sustain the trade.

Academic buildings need timely repair

Ensure proper learning environment at Noakhali Govt Women's College

We are concerned by the dilapidated condition of the academic buildings and residential halls in Noakhali Government Women's College, which serves more than 7,000 young women and girls. Established in 1970, this government college, the only one in the district exclusively for female students of higher secondary, degree and honours level courses, has been in an unsafe condition for years. Three out of its four pucca and semi-pucca buildings have been identified as risky by the Education Engineering Department, while one out of its two residential buildings had to be abandoned three years ago due to safety concerns.

Ironically, this year, the education sector has received the largest ever allocation in the country's budget history. While such a move at the policy level demonstrates the government's forward-looking intention for human resource development, at the implementation level, all these good intentions falter. Despite receiving a comparatively larger allocation as a percentage of the total budget by all previous governments, the education sector has often had a low ADP implementation rate. Allocations had to be slashed as funds remained unused.

On the other side of the coin, however, are educational institutions like Noakhali Government Women's College, which have been struggling to get approval for better facilities, such as new administrative, academic and residential hall buildings, adequate manpower, modern libraries, laboratories, and transport facilities. This leads to the question: why do ADP allocations remain unused while many academic institutions lack the facilities required to ensure a proper learning environment?

The answer is not unknown. For years, bureaucratic red tape, the lengthy process of project selection and approval, and political influence on the selection process have delayed necessary repair and maintenance works, teacher recruitment, and development of other facilities in the existing educational institutions. In politics, a completely new infrastructure is often prioritised over an already established one, and thus decades-old institutions continue to suffer.

We hope that under the new BNP leadership, we can come out of this culture. The education sector can implement the allocated ADP better, ensuring educational institutions, particularly those that cater to females exclusively, can provide a safe and modern learning environment. The government's plan to make education free up to the bachelors level for women will see success when women and girls can attend classrooms where parts of the ceiling would not fall over their heads.

Budget reform must start with what's feasible

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Every year, the national budget contains some good initiatives. There are proposals for investment incentives, support for new sectors, a larger development programme, better allocations for education and healthcare, and measures aimed at easing pressure on people. Some of these are welcome while some are overdue. The question, however, is not whether the budget has good intentions. The more relevant question is whether the budget has identified the right policy instruments to deal with the difficult economic situation Bangladesh is now facing.

There are at least five major challenges facing the economy today: high inflation, weak revenue mobilisation, pressure from debt servicing, a fragile banking sector, and stagnant private investment. These are not new problems; they have been accumulating for years. What is worrying is that the space for policy mistakes has narrowed considerably. A budget can no longer rely on ambitious targets and hope that economic growth will solve the rest. That approach has served us poorly. The budget now needs to be judged by a stricter test: does it provide a realistic route to restore macroeconomic stability while protecting ordinary people?

The first area that needs a serious rethink is revenue. Bangladesh's tax-GDP ratio has remained one of the lowest in the region for a long time. Each year, a high revenue target is set and each year, the actual collection falls short. This has become almost routine. The proposed FY2026-27 budget again depends on a large increase in revenue collection, but there is no convincing explanation of why this year will be fundamentally different. Digitalisation, risk-based audit, broadening the tax net, and reducing exemptions are necessary steps. But these reforms take time. They require institutional capacity, political backing, better taxpayer services, and a reduction in arbitrary behaviour by the tax administration.

Therefore, instead of setting an overly ambitious target, the government should prepare a more realistic revenue framework. It should separate what can be collected under the existing system from what may come through new reforms. It should also publish a transparent tax expenditure statement. The budget gives several incentives to renewable energy, electric vehicles, semiconductors, electronics, logistics, startups, SMEs, and regional investment. Some of these incentives may be justified. But the government must show how much revenue is being forgone, who is benefitting, and what outcomes are expected. Without such transparency, tax incentives may become another form of privilege.

The second reform should be in the way the tax net is expanded. There is a real need to bring more people and businesses under the formal tax system. But the easiest taxpayers are not necessarily the right taxpayers. Small traders, retailers, wholesalers, and middle-income professionals are often more visible than wealthy tax evaders. If the tax drive falls mainly on these groups, it will create resentment without improving tax justice. The government should concentrate more on large taxpayers, high-income professionals, property transactions, underreported business income, and sectors where evasion is widely suspected. VAT procedures for small businesses should be simplified, not made more intimidating.

The third area is debt and public expenditure. Debt servicing has already become a heavy burden on the budget. If interest payments continue to rise, less money will be available for education, health, social protection, and productive infrastructure. This is why the government must become much more selective about borrowing. Not all projects deserve debt financing. Projects should be screened on the basis of economic returns, employment potential, readiness, and foreign exchange implications. Large projects with weak feasibility, inflated costs, or uncertain benefits should be postponed. This is basic fiscal responsibility.

The Annual Development Programme (ADP) also needs to be treated differently. A bigger ADP may sound encouraging, but a large allocation alone means little if projects are not ready, land is not available, procurement is delayed, and implementation capacity remains weak. The government should create a shorter priority list of projects that can realistically be implemented within the year. Unapproved or poorly prepared projects should not receive large symbolic allocations. There should be quarterly reporting on physical progress, cost revisions, and reasons for delay. Without this discipline, ADP expansion will again become an accounting exercise rather than a development strategy.

VISUAL: SALMAN SAKIB SHAHRYAR

The fourth reform is in education and health. These two sectors are usually praised in budget speeches, but the real test is very different. In education, the question is whether students are learning. In health, the question is whether households are spending less out of their own pockets for basic services. Higher allocations are welcome, but they will not automatically improve outcomes. The government should publish school-level learning indicators, track teacher attendance, strengthen technical education, and link financing to learning recovery. In health, public money should be tied to medicine availability, doctor and nurse presence, primary care quality, and functioning referral systems. Otherwise, allocations will increase while people continue to pay privately for weak public services.

The fifth and perhaps hardest area is the banking sector. The proposed budget acknowledges the stress in the sector and proposes reforms. But the real question is whether the government is willing to confront powerful interests. Recapitalisation may be needed for some banks, but public money should not be used without accountability. Before recapitalisation, there should be credible audits, changes in bank governance, recovery plans for bad assets, and visible action against wilful defaulters. If weak banks are rescued without changing the behaviour that created the weakness, the problems will return. Meanwhile, government borrowing from the banking system must be contained so that private investment is not crowded out.

Energy policy also needs a more practical reform path. Bangladesh cannot reduce import dependency overnight. But it can reduce vulnerability. Strategic fuel stocks, diversified import sources, domestic gas exploration, energy efficiency in industry, and grid readiness for renewable energy should be given clear annual targets. Price adjustment may sometimes be unavoidable, but it should be gradual and predictable. Sudden increases in power, gas and/or fuel prices will hurt both households and industries. If energy prices rise without efficiency gains and supply reliability, inflation will rise and competitiveness will weaken.

Finally, employment must be brought to the centre of the budget. Startups, freelancing, creative industries, and ICT services are useful, but they cannot absorb the whole pressure of youth unemployment. Bangladesh needs labour-intensive manufacturing, agro-processing, logistics, local services, and apprenticeships linked to real firms. Employment exchanges will help only if they are connected to actual vacancies and training programmes. Otherwise, they will become another administrative platform with little impact.

The FY2026-27 budget has many promises. What Bangladesh needs now is a smaller list of reforms that are actually implemented: realistic revenue targets; transparent incentives; fair taxation; disciplined borrowing; selective ADP implementation; outcome-based social spending; accountable bank reform; predictable energy policy; and job-linked investment support. None of these is impossible, but all require political will. The biggest reform may, therefore, be simple: stop using the budget as a document of aspirations, and start using it as a document of hard choices.

Mental health: The health budget's blind spot

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The proposed national budget for FY2026-27 brings a flicker of hope for Bangladesh's struggling healthcare system. However, beneath this record-breaking health allocation is a familiar reality where mental health remains largely invisible.

Historically, mental health has received a considerably low share of the health budget, with spending disproportionately concentrated in specialist tertiary psychiatric hospitals. Despite rising economic pressures and increasing psychological toll on citizens, the macro-level framework of public spending suggests that we are still treating psychological well-being as an afterthought. However, as the new health budget aims to shift its focus towards grassroots healthcare, policymakers must recognise that mental health is a crucial prerequisite for the prevention of non-communicable diseases (NCDs) and other chronic physical health issues.

This would require acknowledging that mental and physical health don't exist in silos; rather, poor mental health directly drives behavioural risk factors—such as physical inactivity, dietary risks, sleep disturbances, and chemical dependency—that can increase the risk of NCDs. We also need to understand that investing in mental wellness is not a drain on fiscal resources, but a highly strategic cost-containment measure for the rest of the healthcare system. For instance, studies suggest that for every \$1 invested in scaling up treatments for common mental disorders like depression and anxiety, there is a \$4 return in improved health outcomes and restored economic productivity. Furthermore, comprehensive economic frameworks modelling adolescent interventions and suicide prevention show staggering returns, reaching an average lifetime return on investment of \$24 for every dollar spent.

The World Health Organization (WHO) has rigorous budgetary provisions and economic planning frameworks under its Comprehensive Mental Health Action Plan 2013-2030. These international guidelines provide a standardised outline of population-based and individual-level interventions specifically tailored to help low- and middle-income countries maximise health outcomes within strict budgetary constraints. However, without an administrative foundation, any attempt to execute these grassroots interventions will hit a major roadblock. There is hardly any routine screening or recording at the primary care tier, which makes the national psychiatric registry a highly unrepresentative database. Without baseline statistics, we remain fundamentally blind to our own psychiatric epidemiology and the actual care pathways patients traverse within our health system. Therefore, the government must fund the development of a dedicated mental health database or fully incorporate psychological screening metrics into existing digital and analogue health registries.

To build a modern, humane health ecosystem, the government must also broaden its fiscal strategies. The new budget introduces laudable tax waivers and duty cuts on raw pharmaceutical materials and medical devices to reduce out-of-pocket medical expenses.This strategy must be explicitly extended to mental health. Psychiatric medications carry high financial burdens that cause widespread treatment discontinuation. The government should actively channel these newly announced concessions to exempt duties on imported raw materials used specifically for psychiatric drugs, remove corporate taxes for local manufacturers, and apply zero VAT policies on digital tele-counselling platforms to help both urban and rural populations.

Crucially, addressing this crisis does not require specialised hospitals worth crores of taka. For instance, the government can leverage its massive, ongoing public healthcare recruitment drives by adding basic psychological first aid and primary mental health screening—tied directly to a digital registry—into the standard training curriculum for frontline workers. Similarly, a small fraction of the education budget should fund mandatory mental health desks in schools to counter rising mental health issues among the youth, while a minor portion of health funds can establish dedicated "mental health corners" within the existing upazila health complexes.

The private sector in Bangladesh hosts a growing network of counselling services, but most of them remain financially out of reach for the average citizen. To bridge this gap, the government should introduce robust financial subsidies for private counselling and psychotherapy services. These subsidies must strictly be tied to an independent, state-vetted quality assessment framework to ensure ethical standards, professional competence, and evidence-based care. Simultaneously, the state must upgrade its own capacity. The health ministry must create permanent institutional posts and actively employ qualified psychotherapists and clinical psychologists.

Finally, for this fiscal plan to truly serve everyone, it must recognise that economic resilience is fundamentally impossible without mental resilience. This is a call upon the policymakers to ensure that, in the final implementation of this massive financial expansion, a portion is directed towards creating a robust mental health framework. Treating mental wellness not as an isolated luxury but as an indispensable human right is the only way Bangladesh can step out of the shadows of this silent epidemic.

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