

Effects Of Drugs On Society: Laws And History Of Drugs

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Abstract

Nowadays use of drugs among the people is becoming very normal. But its use is very harmful for the health that is why this research is carried out to explain the effects of drugs on society, a short history and the legislation system for its control is discussed here. This article explains the problems faced by the people who are addicted to drugs. The research is not in the context of Pakistan only but worldwide. Different problems faced by the governments and what are the reasons behind drug addiction is discussed in this paper. All our discussion at the end concludes that there must be strict actions against the illegal ways of using harmful drugs and there should be some good consultancy regarding this by the government and agencies. Moreover, government hospitals should be active for the treatment and rehabilitation of drug addicted people and strong steps are required against the suppliers of drugs.

Keywords: drugs, addiction, law, Pakistan, USA, Australia

Introduction

Drugs are molecules that alter the way the body functions physically or psychologically. Natural substances like cocaine, semi-synthetic substances like heroin and ecstasy, and wholly synthetic substances like methadone are all examples of these compounds. All of the medications mentioned in this article alter brain function, making them psychoactive agents or psychotropic drugs. These mood-altering medicines will impact our thinking, behavior, and feelings. There is a misconception that individuals use drugs for bad reasons, such as being depressed or miserable, but we forget that the majority of drug users derive great pleasure and delight from the substances they consume. However, pleasure and happiness come at a cost, as all medications have the potential of side effects. There has never been, and there will never be, such a thing as a safe drug. Although the majority of drug users do so for the mental consequences, drugs can also affect other regions of the body, therefore physical effects are also a factor. We will cover the impact of drugs on society, drug regulations, and drug history in this paper.

Sociological approaches take into account a wide range of social, cultural, political, and economic issues that occur in everyday life. Although pharmacology aids in the understanding of how drugs alter brain activity, sociology aids in the understanding of the social foundations of drug-related activities, which in turn shape beliefs and behaviors and influence social policies. As a result, a study of drug use in the United States and the social response to it must consider a variety of factors. Because the history of drug abuse is an international social political miracle, this broader framework will allow us to transcend national boundaries and engage the international community. Before we begin the history lecture, I'd like to bring up one additional point. It emphasizes the idea that drug misuse and use are socially produced phenomena. To put it another way, the meaning of specific drugs and drug usage patterns is determined by how individuals interpret them in their daily lives, particularly powerful people. Controlled narcotics are now widely despised and even regarded as dangerous. Many of the same chemicals, according to history, have been commended and have significant societal significance. It's difficult to think, for example, that the usage of narcotics like cocaine was formerly thought to be beneficial.

Diversion Strategies and drugs treatment

The goal of the transfer plan is to get drug offenders out of jail and into treatment. Such treatments benefit drug users and the general community by reducing drug usage and criminality (ADCA, 1996). The transfer plan contains actions that are appropriate for the crime's gravity and circumstances, as well as the offender's personal circumstances (Spooner, Hall, and Mattick, 2001). They are designed to: (a) cure drug users; (b) give alternative and cost-effective punishment; and (c) avoid recurrence (O'Callaghan, Sondregger, and Klag, 2004). Throughout the criminal justice system, there are opportunities for conversion to treatment: before arrest (before charges are filed); before trial (before the court hears the case); before judgement; throughout the term; and before release (for example, on parole) (Spooner, Hall and Mattick, 2001). Despite the growing interest in transferring practices, empirical assessment literature in this field has been sluggish to appear (Bull, 2005; Wild et al., 2002). Methodological difficulties, such as a lack of a control group (or a worse group), a limited sample size, and follow-up actions by successful (but not unsuccessful) participants, worsened the slow increase (Lawrence and Freeman, 2002 Years; Spooner et al., 2001).

The drug treatment court appears to be the most often assessed kind of deviance thus far. These courts are methods for offering long-term, court-supervised therapy to drug offenders and provide specialized routes for drug offenders (Belenko, 2002). Drug courts have been in use in the United States for about 15 years, but they have just recently been implemented in Australia, Scotland, and Ireland's criminal justice systems (Bean, 2002; Makkai, 2002; Taplin, 2002). Drug courts, like any other diversion strategy, can employ a variety of diversion methods, ranging from pre-conviction therapy to post-conviction settlement (Spooner et al., 2001; U.S. Department of Health and Services, 2005). Drug courts have also been subjected to a series of sloppy evaluations (Guydish et al., 2001; Harrison and Scarpitti, 2002). Belenko (1998; 1999; 2001) presented a number of

critical observations on the current data for the effectiveness of drug therapy courts in the United States. Juvenile and adult drug courts, published and unpublished evaluations, and process and results studies are among the topics covered in these comments. The findings demonstrate that, while the average drug court course graduation rate is around 50%, the drug court model has a high level of satisfaction. Although the degree of impact varies, drug usage and recidivism usually decrease during and after the initiative. The cost of going to drug court is usually less than the cost of going to court for a criminal offence.

"There is no reason to correlate the growth in recreational drug usage with the increase in property crime," Ramsey recently wrote in *Drug Link* magazine (July/August 1994) about the situation in the United Kingdom. According to other British academics in the subject, "most crimes are not perpetrated by drug addicts at all," and "greedy crime is merely one of several sources of income available to drug addicts." A team lead by Baker of the London Institute of Drug Dependence undertook the most recent study on the expense of heroin-related criminality. In November 1994, a summary of their findings was published on *Drug Link*. The author of this analysis questioned the claim that opioid or cocaine addicts committed half of all acquired sex offences in England and Wales. They determined that heroin addicts in England and Wales had raised anything from 58 million to 864 million pounds.

Drugs problem: Study in Terms of Global Context

The global illicit drug problem is growing, which reflects and exacerbates geopolitical tensions. Rapid shifts in political alliances, a reduction in family and community cohesion, increased unemployment and underemployment, economic and social marginalization, and increased criminality are some of the core causes of some of these conflicts. When, for example, several departments are undergoing significant changes. For example, in the field of communications and technology, many people's quality of life is still falling well short of their potential and the growing expectation that life can be better. The macroeconomic climate has changed dramatically at a time when social and political tensions have risen. Global trade and investment have increased, resulting in major economic gains for certain developed and developing countries. Capital, goods, and people are moving across borders more frequently and freely than ever before. Multinational corporations operate on a worldwide scale in many industries, distributing production based on the comparative advantages of different countries or regions, selling in multiple geographic markets, and conducting financial transactions in the most beneficial locations.

Financial markets have become more transparent as a result of these advancements, and significant sums of money are transferred every day around the world. The nation-state appears to have made a basic decision in favor of economic liberalization because of the predicted material gains, judging that the benefits of expanded trade and investment outweigh the partial loss of sovereignty over the movement of people, products, and currencies. Drug makers and traffickers can organize on a worldwide scale, produce in poor nations, and distribute and sell their products all over the world because of the macroeconomic climate that encourages the expansion and development of

legitimate multinational firms. Members of drug cartels are transferred from one country to another, and their drug proceeds are deposited and invested in financial centers that offer confidentiality and a good return on investment. Drug makers and traffickers may launder the proceeds of illicit narcotics to make the payments appear genuine thanks to the same deregulation that allows legitimate corporations to transfer funds electronically around the world with no regulatory control. Global changes that make it cheaper and easier to move people, products, and money from one country to another have unintended consequences. They highlight and make inequities around the world more visible and intolerable.

The divide between affluent and poor will expand in many circumstances. Furthermore, several emerging countries, particularly African and Latin American and Asian countries, have largely lost out on the benefits of expanded global trade and investment, as well as the resulting economic growth. Political instability, ethnic conflict, natural calamities, and poor economic management are all factors in some cases. Regardless of the reasons for specific countries' economic stagnation, these countries are in financial trouble, and government services to the most vulnerable groups are frequently severely limited. In this situation, the nation-state and its population have grown increasingly vulnerable to the lure of money generated by illicit drug production and trafficking, as well as financial institutions that accept illegal drug proceeds or invest directly in them.

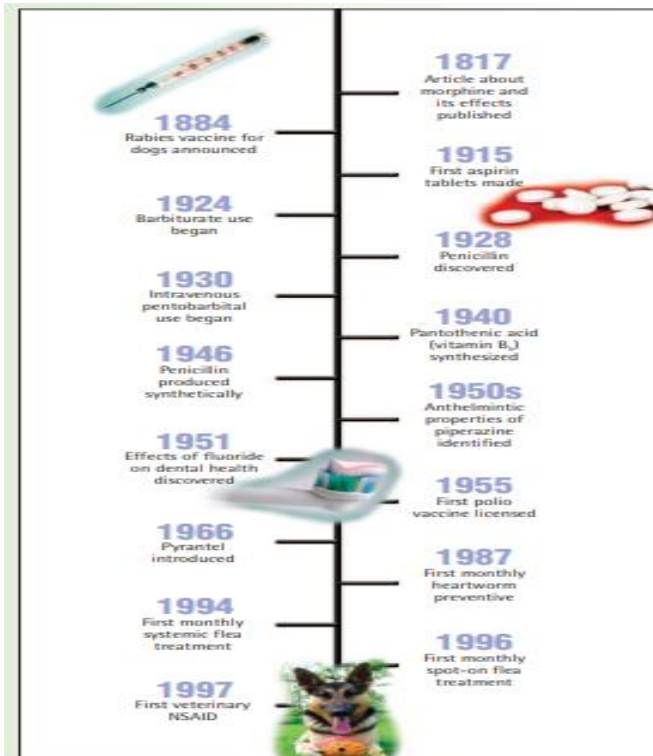
History of Medicines Regulation

Medicines have been around for as long as humanity, and the idea of how to ensure their quality has developed over time. King Mithridates VI of Pontus, for example, produced a combination named "Mithridate" in 120 BC, which was not recognised until the 1780s and contained 41 separate constituents. A cure-all for practically every ailment. Mithridatium and other pharmaceuticals were not created in the UK until 1540, when the Pharmacists, Medicines and Products Act was passed. The bill established four "pharmacists, drugs, and products" inspectors, making it one of the UK's oldest drug control laws. This can be considered the start of drug inspections. The history of the pharmacopoeia, the official book on the quality standards of medicines, may most likely be traced back to one of Frederick II of Sicily's medical instructions from Salerno (1240), which instructed pharmacists to make all medications from Sicily in the same way: Curiae form. Since the 16th century, the first pharmacopoeias have arisen in Europe, p.15. The Spanish Pharmacopoeia was the first of its kind in the world. The author's opinions in this chapter are his or her own and do not necessarily reflect those of the World Health Organization. It was first printed in 1581. The London Pharmacopoeia did not develop standards for the manufacturing of Mithridatum in the United Kingdom until 1618.

The monitoring of modern medications began in the life sciences in the nineteenth century, particularly advancements in chemistry, physiology, and pharmacology, which created a firm foundation for the production of contemporary drugs and continued to flourish after WWII. Not the development of the information base, but the development of drug regulation was driven by the terrible incidence. More than 100 persons died of diethylene glycol poisoning in the United

States in 1937 after taking sulfa elixir, which used the chemical as a solvent, although there was no safety certification. This aided the passage of the Federal Food, Drug, and Cosmetic Act of 1938, which required new drugs to be pre-marketed. However, even lately, medications tainted with diethylene glycol have resulted in patient deaths in nations with a weak regulatory framework. The thalidomide tragedy was the second disaster that had a considerably greater impact on the establishment of drug regulation than any other incident in history. Thalidomide is a hypnotic and sedative that was initially sold in West Germany in 1956. It was adopted into 46 nations throughout the world between 1958 and 1960, resulting in about 10,000 newborns born with prosthetic malformations and other defects. It is difficult to overestimate the impact of this calamity on the drug regulation system. As a result, the UK's whole regulatory framework was overhauled. In 1963, the Committee on Drug Safety (CSD) was founded, and in 1964, the Yellow Card Scheme was developed as a voluntary procedure for reporting adverse drug reactions. In 1962, Congress approved the Drug Amendment Act, requiring the FDA to approve all new drug applications (NDAs) and requiring new drugs to be shown efficacious and safe for the first time. Moreover, the FDA has been given the authority to enforce current Good Manufacturing Practices (GMP), formally register pharmaceutical businesses, and adopt other procedures. The thalidomide accident also contributed to the EEC Directive 65/65/EEC on drug-related laws, rules, and administrative regulations being comparable.

A Model Explaining History of Medicine



Drug users in the general population are more likely than nonusers to commit crimes

The National Household Substance Abuse Survey, conducted by the US Department of Health and Human Services (HHS), inquiries about residents' drug and alcohol use, as well as their involvement in behaviors that may result in police problems. Adult respondents (18 to 49 years old) who used marijuana (marijuana) or cocaine were more likely to commit various crimes than those who did not use these substances, according to preliminary data from 1991. (Table 1). In 1991, 26.1 percent of people who admitted to using alcohol, marijuana, or cocaine also admitted to committing violent offences throughout the year. The National Crime Victimization Survey (NCVS) of the Bureau of Justice Statistics (BJS) asks victims of violent crime who have seen criminals if they feel the criminal is under the influence of drugs or alcohol. According to a 1992 poll, about half of the victims couldn't tell whether the criminal was under the influence of a particular narcotic. Approximately 59 percent of those who were competent to make a decision said the offender was under the influence of alcohol or drugs. Alcohol is the most commonly used substance, and it is not coupled with other drugs. Around 20% of respondents said the criminal was influenced by drugs alone or in combination with alcohol.

Table 1. Criminal behavior and substance use among 18- to 49-year-olds, 1991 provisional data

Criminal activity	Percent reporting alcohol and drug use in past year				
	Alcohol, cannabis, and cocaine*	Alcohol and cannabis only*	Got drunk monthly (no illicit drug use)	Alcohol only	None
Any violent crime	26.1%	14.6%	6.3%	4.8%	2.7%
Any property crime	24.7	13.0	8.0	3.8	1.7
Driving under the influence	57.2	30.8	33.3	12.3	0.1
Sold drugs	15.1	2.2	0.2	0.1	0.0

* Indicates use of each of these substances some time during the past year, not necessarily use of both/all at the same time.

Source: Harrison & Gfroerer, 1992

Drug-Related Problems

There is a propensity to assess pharmacological dangers in a very narrow approach at times. The focus is on addiction/overdose, as well as HIV and AIDS, which has become more prevalent recently. This emphasis can be deceiving, whether analyzing the dangers of a specific substance or seeking to respond to problematic drug usage constructively. As a result, a wide understanding of what defines a drug-related condition is required. This category encompasses not just evident addictions, but also drug-related disorders and crimes. Drugs, drug use during pregnancy, drug impacts on study and job, accidents, and conduct are all topics that come up in discussions about drugs.

Addiction

Addiction, or drug addiction in its language, is the obsessive and regular use of a substance to enjoy its mental effects or to escape the discomfort caused by its absence. There are various sorts of addiction, such as opiate addiction, alcohol addiction, and so on. After repeated exposure to many medications, they get compelled to take them. Heroin and other opiates, alcohol, tranquilizers, nicotine, and cocaine are all examples. Dependence can be physical or psychological in nature. It's the latter that's the most tough to handle. Because drug addiction frequently involves everyday exposure to substances, it is the most serious problem that drug users might confront. Some medications, for example, are not very addictive. For example, LSD is illegal, but that does not make it a "harmless" substance. Similarly, you can use addictive substances on a regular basis without getting addicted to them. A good example is alcohol. Although the majority of alcohol users are not addicted, they still face numerous medical, legal, social, and other concerns.

Drugs and Pregnancy

If a pregnant woman uses drugs, the foetus in the womb will be exposed to drugs at a key and vulnerable stage of development. As a result of exposure to alcohol, cigarettes, and marijuana, infants may develop an addiction to opioids from birth, have physical defects linked to cocaine and alcohol, and experience growth delays and intrauterine growth retardation.

Drugs and Accidents

The major culprit in this category has to be alcohol and the, recognized scale of the problem needs little further comment from me. In addition, other drugs can cause accidents, including tranquilizers and in particular cannabis. In many countries cannabis use is now recognized as a major cause of injuries and deaths in car, truck and rail crashes. In one U.S. study of fatal truck crashes, younger drivers tended to have detectable levels of cannabis in their blood while alcohol was predominant in older drivers. It is perhaps surprising that cannabis and alcohol appear at the same percentage frequency in such accident victims.

Drugs use in Pakistan

In Pakistan, the use of illegal drugs and the non-medical use of prescription pharmaceuticals has become a well-known phenomenon. Medical managers have always had to deal with the issue of non-medical usage of prescribed medications. The National Ministry of Health Reform and provincial health agencies have never performed any research or scientific examination into the severity and effects of non-medical prescription medication usage. Psychological, biological, sociological, and cultural factors (such as the traditional usage of marijuana and heroin) combined with the easy availability of huge amounts of restricted substances in the country are likely to result in a high number of people being exposed to or using drugs. It's used for both recreational purposes and the development of drug abuse and dependence barriers. Pakistan is particularly vulnerable to narcotics due to its geographical position, as well as the fact that it is home to the world's largest opium production (charas and heroin). Pakistan has been conducting national drug surveys and assessments since 1982. Despite the fact that the country's population has changed, direct comparisons are impossible due to the various scope and methods of these polls. These studies, on the other hand, have given estimates for various drug users, which is useful information for policy and planning purposes in the country.

The previous Pakistan Narcotics Control Board performed the initial inquiry, and it is estimated that 1.3 million Pakistanis use some type of narcotic. A more professional investigation on heroin usage was undertaken the next year, with an estimated 100,000 heroin users. According to the 1988 INCB report, the survey was revised in 1986, and the overall number of drug users was assessed to be 1.9 million in 1986, and this number has climbed to 2.24 million in just two years. In 1993, Pakistan was estimated to have around 3.01 million users of various illegal substances. 34 This demonstrates that the country continues to use a wide range of legal (prescription medications) and illegal substances, such as opiates and cannabis. The following national survey, done with UNODC assistance in 2000, utilized a method to obtain a more accurate estimate of heroin addicts. According to the report, Pakistan had an estimated 500,000 heroin addicts in 2000. In 2006, the latest evaluation of opioid use using the multiplier/reference technique, which was also supported by UNODC, estimated that there were 624,000 opioid abusers and 130,000 injectable drug users in the country. These figures are projected to be 1.06 million opiate users and 430,000 injectable drug users.

International conventions and national legislative and policy frameworks in Pakistan Related Drugs

All three international drug control treaties have Pakistan as a signatory. The 1961 Single Convention on Narcotics (as revised by the 1972 Protocol) aims to limit drug possession, use, trade, distribution, import, export, manufacture, and production, with a focus on opium, cocaine, and derivatives. Derivatives and cannabis, with a focus on medical and scientific applications. The 1971 Convention on Psychotropic Chemicals builds on the 1961 Convention by regulating some psychotropic substances, such as central nervous system stimulants, sedative hypnotics, and hallucinogens, based on their potential for misuse and therapeutic effects. Value, on the other hand,

is something else. The 1988 United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances also includes comprehensive measures to combat drug trafficking, such as provisions to prevent chemical precursors from being diverted to illicit drug manufacturing and to combat money laundering. As a result, plant substances and their derivatives are jointly controlled by the three international drug control treaties to which Pakistan has signed: heroin, cocaine, cannabis, and synthetic or psychotropic substances. As a result, governments in all countries should pay special attention to and take all necessary steps to prevent illegal drug use, as well as to detect, treat, educate, rehabilitate, and reintegrate drug users into society as quickly as feasible. They should also do so in a coordinated manner. When drug usage is in danger of spreading, the government should take all necessary measures to assist individuals whose jobs require them to grasp the problem of drug use and how to prevent it, as well as to promote this awareness among the general population.

These international responsibilities have been ratified and integrated into Pakistani law. The 1997 Narcotics Control Law is now in effect. Except for scientific, industrial, or controlled substances, the law forbids the cultivation, production, manufacturing, extraction, preparation, transit, possession, trade, funding, and trafficking of narcotic drugs, psychotropic substances, or controlled substances. It's for medical reasons. It establishes the punishments for drug offences, specifies the search and investigative responsibilities of law enforcement officers, and includes measures for asset freezing and confiscation. The law also requires each provincial government to register all drug users in order to promote treatment and rehabilitation, despite the fact that it has not yet been fully implemented. Every registered drug user must also carry a registration card, according to the legislation. Finally, the law empowers provincial governments to construct the required treatment centres to ensure that drug addicts receive sufficient treatment and rehabilitation.

Government Policies Regarding Drug Abuse in Pakistan

Pakistan is the main transit point for drugs smuggled from Afghanistan to other areas of the world, and it bears the brunt of the blame. The Pakistani government recognizes that this scenario not only harms the country's international image, but also poses a danger to its inhabitants. As a result, drug eradication is a top priority for the government. As a result, the government keeps a close eye on all actions involving illegal narcotics and shares information with relevant authorities (Niazi, Zaman, and Ikram, 2009). Pakistan has ratified three international conventions on drug control. The 1961 Single Convention on Narcotic Drugs, the 1971 Convention on Psychotropic Substances, and the 1988 United Nations Convention against Illicit Trafficking in Narcotic Drugs and Psychotropic Substances obligate countries to take all reasonable and appropriate measures to restrict and control all forms of drug trade and trafficking, as well as to ensure that public prevention, treatment, and rehabilitation are available (UNODC, 2013).

In response to the country's present drug issue, the government established the 2010 anti-drug program. It intends to revitalize existing national law enforcement agencies, strengthen anti-drug force capabilities, establish effective coordination and control systems, and organize Pakistanis,

particularly youth and institutions, to assure active involvement in drug eradication' (Department of Narcotics Control 2010, p. 2). It covers all three major aspects of drug policy, including demand reduction, supply reduction, and international cooperation. The government plans to enhance law enforcement authorities to combat drug trafficking and remove poppy growing by supplying alternative crops, particularly in the KPK and Baluchistan regions, in order to limit supply and demand. The policy also highlights the significance of informing the general public and younger generations about the policy's negative consequences. In terms of international cooperation, Pakistan is actively sharing and exchanging drug-related information with foreign authorities. (Narcotics Control Department, 2010).

Awareness problems in Pakistan Regarding Drugs Use

Another explanation is that people aren't aware of the dangers of drugs. Students did not receive the necessary knowledge regarding drug usage, prevention, and therapy in our classes. Our children, on the other hand, should be aware of the dangers of narcotics and how our gems deteriorate year after year. This will take some time. Due to a lack of awareness of drug usage, some people begin to use them in any way with the intention of having fun, but it quickly becomes a habit (Zafar, 2013). Due to poor companies, exposure to unfamiliar settings, a lack of guidance and proper information, stress, and a difficulty in coping with problems, the younger generation is more prone to become victims of drug addiction. Malik et al findings 's back this up. (2012) One of the key causes of addiction is the inability to regulate social problems/conflicts. Similarly, the substance is occasionally presented in such a way that people are unable to resist its allure. People can easily own a "water pipe" in the Sheesha Salon, for example, in which different tastes of tobacco or glass are utilized. This has turned into a trend. We discover that many people, especially the wealthy, enjoy Sheesha openly regardless of age or gender. Furthermore, some use medicines to help them focus or relax from their troubles (Niaz et al., 2005).

Legal Framework: Study of Pakistan

The government has promulgated several legislations in the country from time to time, aware of the importance of the problems associated to drug usage and unlawful trafficking. Various federal and provincial law enforcement agencies, including the Anti-Drug Force, Provincial Police, National Highway and Highway Police, Pakistan Customs, and each province's tax and excise authorities, have all taken steps to combat narcotics in their respective domains. Taste. To address the problem of drug trafficking and consumption, various regulations are issued from time to time. Dangerous Drugs Act of 1930, Customs Act of 1969, Prohibition (Harder Enforcement) Order of 1979, and Narcotics Control Act of 1997 are among them. The Pakistan Penal Law of 1860, the Motor Vehicle Regulations of 1965, and the National Highway Safety Regulations of 2000 all have criminal provisions for activities committed while under the influence of drugs. Together with the Anti-Drug Law of 1997, the Criminal Procedure Law (Act No. V of 1898) and the Qanoon-e-Shahadat Order of 1984 established the procedural law for arresting, investigating, and trying criminals, as well as establishing procedures. Used to apprehend and seize drug traffickers.

The Narcotics Control Act of 1997 is a federal law that prohibits the use of illegal drugs. This is the most recent and comprehensive statute on the subject of narcotic drugs when compared to other laws. According to Articles 74 and 76 of the Act, the law has a significant influence." As a result, the legal framework provided by this law will be examined further down.

Illicit Drug Trafficking and Criminalization

Coca leaves, marijuana, heroin, opium, poppy straw, and all manufactured drugs are considered illegal or narcotic drugs under Article 2(s) of the 1997 Narcotics Control Act. In the appropriate clauses of this part, the law specifies these chemicals and their derivatives in greater detail. Clause (t) of this section, for example, defines opium. Opium, according to this clause, means "All components of a poppy plant (Papaver or any other Papaver) after they've been transported, excluding the seeds, are called poppy straw. Except for packaging and shipping, the capsule's spontaneously coagulated juice is not treated. Any mixture of natural elements with or without any type of opium specified above, including mixtures having more than 0.2 percent, is included in the description "orphine" is a term used to describe a substance that Opium derivatives are also defined under the law. The 1997 Narcotics Control Law prohibits not only the cultivation of narcotics, possession of narcotics, etc., but also the importation or exportation of narcotics, drug trafficking or funding drug trafficking, etc., owning and operating premises or machines for manufacturing narcotics, acquiring and possessing assets obtained from drug crimes, and adding Articles 6, 7, 8, 10, and 12 to the Law on Conspiracy or Association in Drug Crimes.

Undercover delivery operations

The law's article 24 deals with covert and controlled distribution operations. The clause states that the federal government can allow controlled delivery activities for the purpose of gathering evidence in Pakistan or any other location related to the conduct of any crime in writing if the conditions set forth in the preceding section are met. This law, or laws similar to it, may be found in other nations. Controlled delivery is accomplished through carefully planned acts that allow purposeful offenders who are participating in or about to become involved in illegal drug trafficking to demonstrate such behavior or provide other proof.

Conclusion

Understanding the reasons of drug addiction will help you deal with the problems we're talking about. By providing career opportunities and skills-based training, steps should be taken to lessen their demand. All forms of media, including electronic, print, and social media, should be used in public relations. Because it affects other diseases such as tuberculosis, HIV, hepatitis, and others, a comprehensive health policy is also required to address this issue as a priority. In general, a drug-free society is dependent on the rule of law and the openness with which law enforcement organizations operate. If they use the legal authorities that have been provided to them. For drug abusers, public hospitals should be their first choice for treatment and rehabilitation. They should

have all of the essential equipment as well as well-trained medical personnel with prior experience treating drug addicts. It is critical to consult with family members in order to lower the recurrence rate of drug users since it can prevent patients from getting socially stigmatized.

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