



ANALYSIS ON INTERNATIONAL LAW AND DRUG POLICY REFORM

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Abstract

The paper manages the worldwide medication strategy looks to control both the interest and supply of medications through the criminalisation of creation, dealing and use. Furthermore, adherence to the United Nations drug control shows guarantees that the vast majority of country states receive a comparative denial it arranged methodology when they are defining public medication control enactment. Ongoing exploration proposes that this can be dangerous in some Asian nations where long standing social authorizes as of now existed for drug use; particularly those including psychoactive plant items, for example, cannabis. This brief paper that analyzes the effect of the correctional methodology towards the medications in those social orders and networks that have generally applied social and social powers over the utilization of brain modifying substances. The conversation features the inadvertent yet frequently unsafe results of such medication control policies. In outlining the conversation of this point, note that the socio-social setting of conventional medication use inside numerous Asian nations implies that encountering a changed condition of awareness is just a piece of the medication taking experience and not a definitive objective of client surely, standards controlling exorbitant and customary medication use have generally represented socially and socially acknowledged utilization of local brain modifying substances. While such conventional use the board procedures differ across nations, it is feasible to distinguish likenesses that exist between these ways to deal with drug use and contemporary intercessions that on the whole fall inside the alleged damage decrease worldview. The sample size 217. The conclusion of the paper is the negative impact of overregulation, and mis- understanding of drug dependence on access to controlled medicines, and should seek commitment to concrete action to deals with imbalance within the system.

Key Words: criminalisation, sanctions, unintentional, mind-altering

Introduction

Drug policy reform is currently higher on the international agenda than it has been in recent memory. With a United Nations General Assembly Special Session (UNGASS) on drugs set for 19-21 April 2016, the noticeable quality of this issue will additionally increase. Critical legitimate and strategy changes at the public level have occurred lately that present impressive difficulties to the global lawful structure for drug control, and ask significant inquiries with respect to states' worldwide lawful commitments. To start the conversation, it is important to take a gander at the more extended story of the development of the worldwide medication control framework returning longer than a century. Ludicrous portion of this set of experiences, there were seven dif-ferent instruments zeroing in on the control of worldwide exchange of substances with an administrative system to guarantee accessibility of substances for clinical and logical purposes while forestalling their maltreatment — outstandingly, none of the substances were disallowed and the enactment in regards to homegrown medication use or cultivation was left to the prudence of country states. After the Second World War, the United States arose as a fundamental political force, introducing a more prohibitionist approach. The Government initiatives are The international drug conventions comprise three international treaties the 1961 Single Convention on Narcotic Drugs, as amended by the 1972 Protocol (Single Convention) the 1971 Convention on Psychotropic Substances (1971 Convention); the 1988 United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances. The Single Convention sets out reasonable minimum regulatory requirements for pre- scribing controlled medicines at national levels. Specifically, the Single Convention on Narcotic drug requires licenses for manufacture, trade and distribution of controlled substances; prescriptions for dispensation of controlled substances. government authorization for import or export, and transport or transfer of controlled substances; and governments to supply statistical reports to the INCB, and retain records for a period of not but two years. The factors affecting the International law and drug reforms are High launch prices, with the price of the drug which been increasing over time, Inadequate competition when market exclusivity ends up, The interaction of market power, health insurance, and the inadequate effective incentives for controlling product price values, Unequal bargaining power between buyers and sellers., Insurance benefit designs with significant patient cost-sharing provisions, Inadequate performance of patient assistance programs and other public programs intended to form medicines more affordable for patients and Lack of adequate information affecting choices regarding medicines. Current trends regarding International law and drug reforms, i.e VIENNA, on 25 June 2020 – Around 269 million people used drugs worldwide in 2018, which is 30 percent more than in 2009, while over 35 million people suffer from drug use disorders, consistent with the newest World Drug Report, released by the United Nations Office on Drugs and Crime (UNODC). The Report also analyses the impact of COVID-19 on the drug markets, and while its effects aren't yet fully known, border and other restrictions linked to

the pandemic have already caused lack of drugs on the street, leading to increased prices and reduced purity. Increase of unemployment and reduced opportunities caused by the pandemic of COVID 19 are also likely to disproportionately affect the people below poverty line, making them more vulnerable to drug use and also to drug trafficking and cultivation in order to earn money, the Report says. In UK, This legislation divides drugs into three groups - A, B and C. Class A medicine is the foremost harmful to the users and includes heroin and cocaine which will be a threat to the users. Class B includes cannabis. Class C includes steroids and some tranquilisers. And in the Netherlands, Many people believe that some drugs are legal in the Netherlands because of the availability of cannabis - but the reality is more complicated. The Dutch recognises licensed "coffee shops", where people can buy a small amount of cannabis for their personal consumption. But the trafficking and sale of medicine remains illegal. And, The US led the way on the prohibition of medicine when former President Nixon declared a "war on drugs". The federal system within the US is actually an equivalent as within the UK - harmful drugs are banned, and possession or trafficking leads to a criminal charge. However, the image is complicated by the facility of states to pass their own laws. Thirteen states, led by California, have decriminalised the consumption and usage of cannabis for medicinal purposes - although in some instances the law conflicts over federal legislation.

Objectives of the study:

- 1) To study about the International law related drug reforms
- 2) To study about the factors affecting the drug reforms
- 3) And to study about the current trend in drug reforms
- 4) And to study about the measures to reduce drug addiction

Literature review

1. (Bewley-Taylor and Tinasti 2020) A major part of the reform debate will focus on whether experiments in drug control can be supported and encouraged within the framework of the UN Drug Conventions. The successful policy in Portugal of decriminalising the possession of drugs has attracted much interest around the world and is seen as a positive way forward.
2. (United States. Congress. Senate. Caucus on International Narcotics Control 1990) It was criticised at first at UN level but is now accepted as being consistent with a reasonable interpretation of the Conventions. The experiments in the regulation of cannabis markets being implemented and considered by a number of States in the USA and in Uruguay will provide evidence to guide other States Parties in determining their own policies.
3. (Rhodes and Ritter 2020) Whether regulated markets fall within the Conventions is a contested issue. As experiments, they must be professionally evaluated. Ultimately, the UN Conventions must be revised or they will increasingly be ignored by Member States.
4. (Rhodes 2017) Pending treaty reform, Member States need an interpretation of the Conventions which takes account of the available flexibility and the evidence of the relative success of a range of policies to achieve the Conventions' stated objective - 'to advance the health and welfare of mankind'.
5. ("Themed Collection: 'Comparing Drug Policies'" 2017) Accordingly this Guidance has been drafted with support from European and Latin American government officials and experts. It shows how far policy can develop within the Conventions and proposes that, in the light of policy and scientific progress since 1961, the Conventions must allow experimentation and scientific evaluation of the full range of drug policy options.
6. (Pearson 2001) The Guidance promotes a balanced approach to the production and trafficking, as well as the sale and consumption of drugs. It also provides a framework to ensure access to essential pain relieving medicines.
7. (Stimson and Rhodes 2001) Strengthening development and social policies and addressing health and community safety will require a fundamental reorientation of policy priorities and resources. If this is to be the main focus of international drug policy post 2016 then it is essential that as many States Parties as possible support these Guidelines.
8. (Zerger 2012) The problem has been that when the Conventions were drafted, in 1961, 1971 and 1988, the world had little understanding of addiction or dependence syndrome, and virtually no evidence of policies that would help reduce prevalence and addiction, but at the same time avoid the violence, corruption, community and individual suffering associated with an illicit drug market.
9. (Stevens 2020) In the absence of science - evidence of effective drug policies - the Conventions were drafted on the basis of a punitive theory of motivation: that drugs are bad; drug users are bad and the problem could be resolved if all those involved were punished.
10. (Room 2006) For more than half a century, the UN organisation responsible for promoting the application of the Conventions - the International Narcotics Control Board - has seen its role as upholding a fiercely prohibitionist interpretation of those Conventions.

11. (Bennett and Holloway 2010)The Global Commission on Drug Policy Reform has set out the unintended consequences of the Drug Conventions as interpreted since their inception. For more than half a century the prohibitionist approach has failed to reduce addiction world-wide; has interfered with access to controlled medicines; has led to violence
12. (Brown and Wincup 2020)corruption, harm to individuals and communities and has generated a turnover of more than \$300 bn a year for criminal gangs and terrorists.1 According to the Global Commission,punitive drug law enforcement crime and maximises the health and risks associated with drug use, especially among the most vulnerable.
13. (Gstrein 2018) to drug policy is severely undermining human rights in every region of the world". This regime has also failed to attempt to end the use of the death penalty for drug offences. The Global Commission and others have raised the possibility that the prohibitionist approach may have created more harms for the world's population than the harms caused by the drugs themselves.
14. (Malinowska-Sempruch 2016)The UNODC has recognized that drug use has risen relentlessly at world level. The prohibitionist interpretation of the UN Conventions has failed and the Treaties are in need of reform opponents of reform will argue that although the evidence of the efficacy of current policies is weak.
15. (Ritter 2009) the absence of experimental policies and their evaluation has meant that we do not yet have the necessary evidence (which we accept as a good basis for policy) of what would be most effective in achieving the overarching objective of the Conventions.
16. (Obot 2004)The immediate need, therefore, is to introduce an experimental ethos and evaluate policies designed to achieve a more balanced approach to drug policy; an approach which has less focus upon prohibition and punitive measures, and greater emphasis upon human rights, public health and social welfare.
17. (Stevens and Zampini 2018)There are, however, policies which have already been rigorously evaluated and which could be introduced more widely by States Parties. Obvious examples are the decriminalisation of possession and use of medicine in Portugal and a couple other countries.
18. (Drucker 2003)There is also the regulated supply of heroin to severely addicted users within a comprehensive rehabilitation service in Switzerland and elsewhere5; other policies, which depart from the prohibitionist interpretation of the Conventions and appear to have positive results, have not yet been formally evaluated.
19. (Cooper and Tempalski 2014)Properly evaluated experiments need to be encouraged across all policy areas but particularly in relation to drug production, supply and trafficking; and the full range of alternative models of market regulation.\
20. (Collins, Agnew-Pauley, and Soderholm 2019)We commit to increasing the provision of technical assistance and capacity- building to Member States, upon request, in particular those most affected by the world drug problem, including by illicit cultivation and production, transit and consumption.

Materials and Method

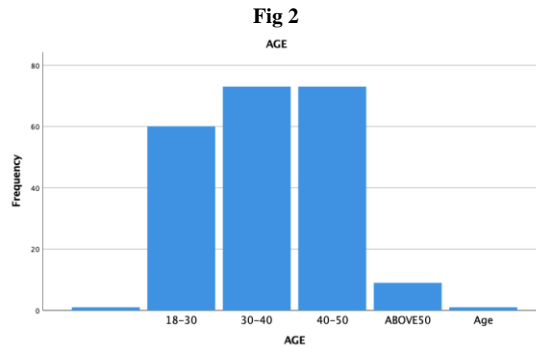
The present paper was analysed through the non-doctrinal research methodology and an empirical and descriptive method of research was used. The present analysis was made through a random sampling method where the survey was taken from common public, professionals, etc. The sample size in the present analysis is 217 samples, the independent variable in the analysis is gender and the dependent variable is reliable on the statement that whether they are aware of technical barriers set on imports and exports or not. The research tools used in the present paper such as cross tabulation, chi-square and case summary and graphical representation was also used to analyse the study.

Analysis

Fig-1
AGE

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	.5	.5	.5
18-30	60	27.6	27.6	28.1
30-40	73	33.6	33.6	61.8
40-50	73	33.6	33.6	95.4
ABOVE50	9	4.1	4.1	99.5
Age	1	.5	.5	100.0
Total	217	100.0	100.0	

Result:From the above table the age group 18-30 respondent give 60 response , 30-40 respondent give 73 response ,40-50 respondent give 73 response and above 50 respondent give 9 response for age categories.



Result:From the above table the age group 18-30 respondent give 60 response , 30-40 respondent give 73 response and 40-50 respondent give 73 response are given equal response and above 50 respondent give 9 response for age categories.

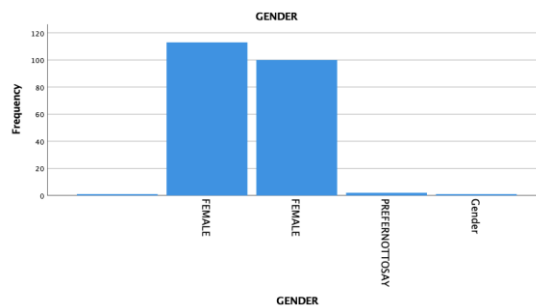
Fig-3

GENDER

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	.5	.5	.5
FEMALE	113	52.1	52.1	52.5
FEMALE	100	46.1	46.1	98.6
PREFERNOTTOSAY	2	.9	.9	99.5
Gender	1	.5	.5	100.0
Total	217	100.0	100.0	

Result: From the above table the gender group Female respondent give 113 response, male respondent give 100 response, prefer not to say 2 for Gender categories.

Fig-4



Result: From the above table the gender group Female respondent give 113 response, male respondent give 100 response, prefer not to say 2 for Gender categories.

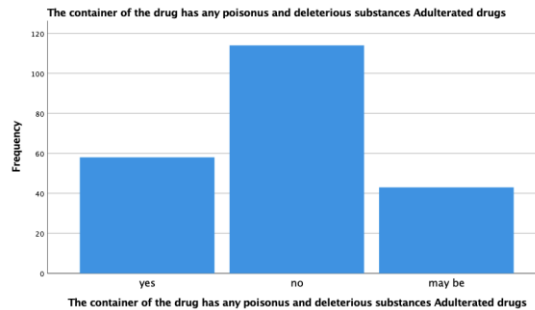
Fig-5

The container of the drug has any poisonus and deleterious substances Adulterated drugs

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid				
yes	58	26.7	27.0	27.0
no	114	52.5	53.0	80.0
may be	43	19.8	20.0	100.0
Total	215	99.1	100.0	
Missing	System	2	.9	
Total		217	100.0	

Result:From the above table the respondent give response for question the container of the drug has any poisonous respondent give no 114 response,respondent for yes give 58 response and may be give 43 response ,totally they give 217 response.

Fig-6



Result:From the above table the respondent give response for question the container of the drug has any poisonous respondent give no 114 response,respondent for yes give 58 response and may be give 43 response ,totally they give 217 response.

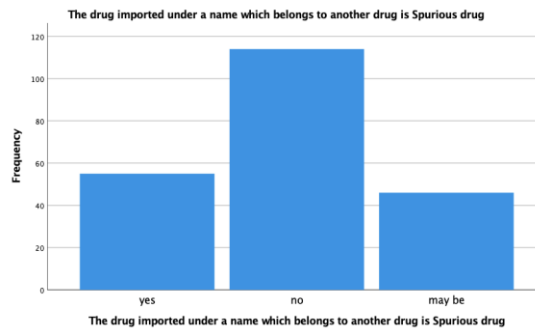
Fig-7

The drug imported under a name which belongs to another drug is Spurious drug

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	55	25.3	25.6	25.6
	no	114	52.5	53.0	78.6
	may be	46	21.2	21.4	100.0
	Total	215	99.1	100.0	
Missing	System	2	.9		
Total		217	100.0		

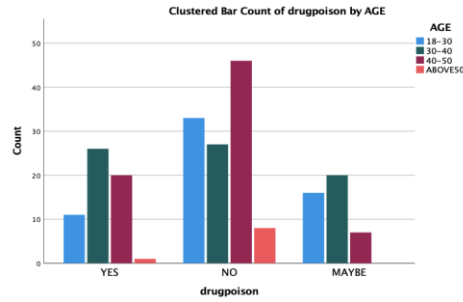
Result:From the above table the respondent give response for question the drug imported under a name which belongs to after the drug is spurious drug respondent give no 114 response, respondent for yes give 55 response and may be give 46 response ,totally they give 217 response,

Fig-8



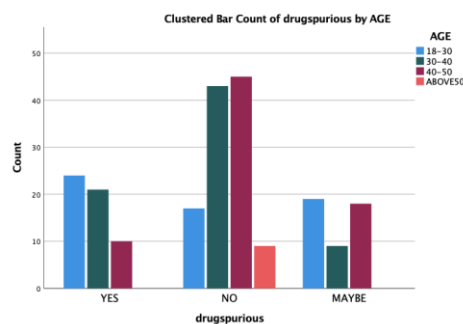
Result:From the above table the respondent give response for question the drug imported under a name which belongs to after the drug is spurious drug respondent give no 114 response, respondent for yes give 55 response and may be give 46 response ,totally they give 217 response.

Fig-9



Result:From the above table the respondent give response for question the container of the drug has any poisonous compare with age and gender respondent give no 114 response,respondent for yes give 58 response and may be give 43 response ,totally they give 217 response.

Fig-10



Result:From the above table the respondent give response for question the drug imported under a name which belongs to after the drug is spurious drug compare with age and gender respondent give no 114 response, respondent for yes give 55 response and may be give 46 response ,totally they give 217 response.

Discussion

Fig-1:From the above table the age group 18-30 respondent give 60 response , 30-40 respondent give 73 response ,40-50 respondent give 73 response and above 50 respondent give 9 response for age categories.

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Fig-3:From the above table the gender group Female respondent give 113 response,male respondent give 100 response, prefer not to say 2 for Gender categories.

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Fig-5:From the above table the respondent give response for question the container of the drug has any poisonous respondent give no 114 response,respondent for yes give 58 response and may be give 43 response ,totally they give 217 response.

Fig-7:From the above table the respondent give response for question the container of the drug has any poisonous compare with age and gender respondent give no 114 response,respondent for yes give 58 response and may be give 43 response ,totally they give 217 response.

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Fig-10:From the above table the respondent give response for question the drug imported under a name which belongs to after the drug is spurious drug compare with age and gender respondent give no 114 response, respondent for yes give 55 response and may be give 46 response ,totally they give 217 response.

Conclusion and suggestions

The UN General Assembly Special Session on Drug Governments and civil society should use the UN General Assembly Special Session on Drugs in April 2016 to highlight the negative impact of overregulation, and misunderstanding of drug dependence on access to controlled medicines, and should seek commitment to concrete action to address imbalance in the system. Role of health authorities WHO should have the resources and authority to

play an important role in technical assistance to national governments in their estimates of controlled medicine needs. At the national level, controlled medicine policy, like all drug policy, should be overseen by a multisectoral body that includes high-level representation of health authorities. Correspondingly, it would be useful for national delegations to the Commission on Narcotic Drugs and other UN drug discussions to include high-level health officials, which should provide informed consideration of the recommendations of WHO about the scheduling of medicines. Civil society should encourage this rebalancing of health and security at all levels of drug policy-making. The sample size of the paper is 217 and the sampling method is random and the empirical research. States should review and reform national law, policy, and practices that undermine balanced drug policy; with particular sensitivity towards the law, policy, and practice that impose disproportionate penalties on doctors and healthcare workers for mishandling controlled medicines; and regulations related to logistics, transport, stocking, prescribing, and dispensing of controlled medicines that undermine access to controlled medicines, especially outside major urban centers. States should take action to ensure that health professionals at all levels have scientifically sound training on the importance and use of controlled medicines, including the nature of drug dependence. Civil society should contribute steps are counter misinformation and misconceptions with scientifically sound evidence about controlled medicines, pain, and drug dependence. address the stigma faced by people who use drugs and advocate for greater access to evidence-based treatment for drug dependence, including medication-assisted treatment.

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