13. Navigating New Drug Challenges: The Societal Impact of Compulsory Drug Treatment and Legal Penalties

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Introduction

In modern society, the problem of drug addiction remains one of the most acute and topical issues. Drugs have a devastating impact on the lives of people who use drugs (PWUD), their loved ones, and the broader community. The ramifications of drug addiction are far-reaching, affecting not only the physical and mental health of PWUD but also the emotional and financial stability of their families. The societal implications include increased crime rates, higher healthcare costs, and strained public resources. The addictive nature of these substances often drives individuals into cycles of destructive behaviour, further perpetuating their dependence and the associated negative consequences.

During the course of their illness, PWUD are prone to lead antisocial lifestyles and engage in illegal activities, increasing their risk of incarceration. This antisocial behaviour is often a direct result of the need to obtain and use drugs, which can lead to actions such as theft, violence, and other criminal activities. The criminal justice system responds by imposing sanctions, typically in the form of imprisonment, aimed at isolating and restricting these individuals to maintain public safety. However, this punitive approach often fails to address the underlying issues of addiction and may not prevent recidivism once the individual is released back into society.

When punishing a person who uses psychoactive substances, society imposes sanctions in the form of isolation and restrictions to maintain public safety. The prison environment can exacerbate the problems associated with drug addiction, as individuals may be exposed to further criminal influences and find it difficult to access the necessary treatment and support for their addiction. In light of these challenges, an alternative solution that has gained attention is compulsory treatment. This approach focuses on mandatory rehabilitation and therapy, aiming to address the root causes of addiction and facilitate the reintegration of PWUD into society as productive members.

In this chapter, the focus is placed on the impact of compulsory drug treatment and existing penalties on both PWUD and social dynamics. The chapter discusses the importance of balancing the goals and their possible consequences. Social dynamics is the study of how individuals and groups behave and interact within a society, and how these interactions and behaviours change over time. This field examines the patterns, processes, and structures that emerge from social interactions and how they influence social order, stability, and change. Understanding these dynamics is crucial for developing effective policies and interventions that can mitigate the negative impacts of drug addiction on both individuals and society as a whole.

Through a detailed analysis of various approaches to addressing drug addiction, this chapter aims to shed light on the effectiveness of compulsory treatment versus traditional punitive measures. By examining case studies, statistical data, and theoretical frameworks, it seeks to provide a comprehensive understanding of the complex interplay between addiction, societal response, and long-term outcomes for PWUD. The goal is to offer insights that can inform more compassionate, effective, and sustainable strategies for managing drug addiction within the community, ultimately leading to improved public health and social stability.

Compulsory Treatment: Protection or Violation of Rights?

While the rationale for prison isolation is relatively straightforward—PWUD have violated the law and thus warrant punishment—the issue of compulsory treatment is far more complex. This complexity raises numerous questions, one of the most significant being: 'Compulsory drug treatment: protection or violation of rights?'

A highly contentious issue in the field of drug addiction is the implementation of compulsory treatment programmes. These programmes typically involve the confinement of PWUD in specialised drug treatment centres or psychiatric hospitals, with the primary objectives of curbing drug use and facilitating rehabilitation. However, such measures are subject to intense debate due to concerns about the infringement of individual rights and freedom of choice, as well as questions regarding their overall effectiveness.

Opponents of compulsory treatment argue that it violates basic human rights, including the right to liberty and security of person. They point out

that compulsory treatment is often ineffective and can cause psychological harm to the patient, increasing their feelings of helplessness and alienation. In addition, in countries with high levels of corruption, there is a risk of abuse of power and the use of forced treatment for personal or political purposes.

In contrast, proponents of compulsory treatment argue that it is necessary to protect society from the drug epidemic. They point out that drug dependence is often accompanied by disorderly behaviour, crime, and other negative consequences that can threaten the safety of others. They see compulsory treatment as an important tool to ensure the safety of society and to help individuals overcome addictions that they are incapable of overcoming by themselves.

When analysing meaning of these two opposing arguments, it is clear that some are based on the interests of PWUD and others on the interests of society. If we put the interests of the individuals above the interests of society, then according to the methods of treatment, for a positive result in the form of stable remission, individuals must be successfully reintegrated into society and have the ability to make an independent decision about treatment, even if it takes some time. At the same time, during this period their whole family could face traumatisation, including children, who may have unfavourable childhood experiences, and even neighbours, who may also experience psychological trauma at best and physical consequences at worst.

If the interests of society are to be prioritised, isolation is seen as the only effective solution, especially at the earliest stage of addictions. Drug addiction is rightly considered an epidemiological disease, and just like with an epidemic, it is necessary to localise the source. According to recent research, one person who uses drugs 'hooks' on average up to five people a year, not including other consequences such as psychological trauma for their family and neighbours, various crimes, and even murders. These five people, in turn, will also 'hook' five people a year, and some number of individuals using drugs commit crimes under the influence. This method of spread is very similar to a viral one. For this reason, some specialists draw an analogy between drug addiction and a pandemic.

In 2023 in Almaty, 653 drug-related crimes were registered (Almaty City Police Department 2024). However, information about other crimes, such as robberies or domestic violence related to drug use, is not publicly available. One can only speculate as to the real numbers. Additionally, it is important to remember that PWUD often have their own family, in

which children are raised in a dysfunctional environment and have a high potential for addiction themselves, which is the best-case scenario. Often, children born to parents with addictions have various health problems, and the responsibility for their care eventually falls on the state. Therefore, the necessity of compulsory treatment in the interests of society becomes an obvious solution. However, it should be understood that this might take away their chance for remission.

Supporters of isolation argue that, even under favourable conditions, only about 15%–20% of all PWUD have a chance at sustained remission, similar to cancer patients in the late stages of cancer (Chernyshov 2008). It should be understood that with compulsory treatment, the chances for a full life are even lower, with only a small percentage of PWUD benefiting from such treatment. Most often, PWUD return to substance use within the first weeks of re-entering society after compulsory treatment. Even those who had a good chance at remission face lowered chances of remission through compulsory treatment, which is undeniably cruel (Volkow 2021). In order to effectively analyse the impact of compulsory treatment on social dynamics, it is necessary to analyse another dilemma that requires public resolution: is drug addiction a disease or a crime?

In addition to compulsory treatment, there are other punitive measures for PWUD, even those who have not committed a crime, such as administrative fines, imprisonment, and correctional labour. If society persists in categorizing drug addiction as a disease, it consequently finds itself in the paradoxical position of punishing individuals for their illness. If drug addiction is a crime, then punishment for drug use is a logical measure.

Balancing Individual and Societal Interests

In recent decades, the question of whether drug addiction is a disease or a crime has remained one of the most heated and debated issues in society. This dilemma has generated conflicting views among the public, human rights organisations, medical professionals, and legislators. The answer to this question has a direct impact on legal norms, policies to combat drug addiction, and public attitudes towards drug dependence. After all, if it is a disease, it should be treated. It would be strange, for example, to give a cancer patient ten days of administrative arrest, but this is exactly what happens to PWUD for their behaviour.

At present, lawmakers are moving towards a more humane form of punishment but it is worth paying attention to the motives that prompted them to do so. The rationale behind this decision is not that Kazakhstan has deliberately chosen a definitive path towards humanization. The reason is more straightforward: drug use is being reclassified from a criminal offense to an administrative one. The crux of this move lies in the procedural inconveniences faced by the police when processing such offenses. Currently, a local police officer must find two witnesses, prepare the necessary materials, and follow other procedures in accordance with the criminal procedure code. If the article on drug use is moved to the administrative code, the processing procedure will be significantly simpler. This vividly demonstrates the conflict that exists even within a single country regarding the approach to drug addiction and whether it should be treated as a disease or a crime, and serves as a clear example of societal contradictions. This conflict is characteristic not only of Kazakhstan but also of several other countries, especially those in the Commonwealth of Independent States (CIS).

For example, in Russia, drug distribution and use are strictly punished, reflecting an approach that considers drug addiction a crime. However, similar to Kazakhstan, there is an option for compulsory treatment, which acknowledges drug addiction as a disease (Avilov & Toropov 2020). Meanwhile, in some European countries, such as Portugal, drug addiction is considered a disease, and the entire system is geared towards the rehabilitation and treatment of addicted individuals. Each treatment stage complements the next, and the logic behind the approach is evident (Rêgo et al. 2021).

Choosing between these concepts is an extremely important task for our society, as it requires an understanding of all the pros and cons. We will first consider the arguments in favour of viewing drug addiction as a disease. The medical perspective emphasises the fact that drug addiction is characterised by changes in the brain caused by chemical impacts on neurochemical systems. These changes can lead to physical and psychological dependence, requiring medical intervention for treatment and recovery. Drug addiction is accompanied by the formation of certain behavioural habits associated with drug use. These habits may include visiting specific places, interacting with certain people, or engaging in specific actions. Therefore, similar to other chronic diseases such as cancer, diabetes, or asthma, drug addiction requires lifelong management and treatment through therapy and behavioural correction. The dependent individual must adhere to several restrictions, such as lifelong abstinence from alcohol, and it is crucial to avoid triggers that might rekindle the desire to use drugs.

A public health approach to substance use has shown long-term positive effects on society (Crépault 2023). It is treatment, not imprisonment, that can increase social reintegration and reduce the rate of drug-related recidivism. A medical approach aimed at the rehabilitation and support of addicted individuals facilitates their return to society and decreases the likelihood of repeat offenses. This also helps reduce the stigmatisation of drug addicts and creates conditions for more effective management of their condition.

On the other hand, the argument that drug abuse is a crime relates to its impact on public safety and order. Drug abuse can lead to crime, including theft, robbery, and violence, as well as drug trafficking, which is an offence under the law. Such acts are harmful to society and its members and are therefore punishable under the penal code. Drug use is often associated with crime, violence, and other antisocial behaviours. Punishment helps to protect society from these negative consequences.

In addition, strict punishment often serves as a preventive deterrent for those who have not yet started using drugs. Also, understanding the inevitability of punishment gives society confidence and peace of mind, as for the most part society does not deal with the details of the drug addiction problem. In modern sociology and psychology there is a concept of 'moral panic' when public opinion is subject to an excessive reaction to certain phenomena. In the case of drug addiction, the public often focuses on the perceived negative aspects, such as increased crime rates and disadvantage in public places (Bennett 2018). This perception contributes to policies that focus on repressive measures instead of developing comprehensive programmes for the treatment and prevention of drug dependence. Responding to public demand, in the face of public indifference to the problem of drug addiction, the state tends to adopt measures aimed at appeasing public opinion, such as punishing drug use, instead of implementing long-term solutions such as prevention and education.

On the one hand, punishment may seem unfair and ineffective in treating drug addiction. Instead of helping people overcome their addiction, punishment may deepen their problems, increase social exclusion, and make rehabilitation more difficult. On the other hand, a lack of accountability for drug-related offences can lead to impunity and increase the negative consequences of drug addiction for society as a whole. Punishment for drug-related offences can serve as a deterrent and prevent offences related to drug use and distribution from being committed. It is important to understand that fully recognising drug addiction as a disease carries

significant legal implications. For instance, individuals may be acquitted of offenses, similar to those with severe mental disorders. This can result in lifelong isolation for the affected individuals.

The concept of drug addiction as a disease involves various medical, social, and economic aspects, each with its own advantages and disadvantages. On the medical side, the idea is scientifically valid, based on significant research showing that addiction results from changes in the brain and genetic predispositions. Treating drug addiction as a medical problem allows for the use of evidence-based methods such as drug therapy, psychotherapy, and rehabilitation programmes, which have been proven effective and have a better long-term impact on society than imprisonment. Additionally, treating drug addiction as a disease helps reduce the stigma associated with addiction, encouraging society to view PWUD as sick people in need of help rather than as criminals or morally inferior individuals.

However, there are cons to this approach. The medical system often faces resource constraints, limiting access to quality treatment for all in need, and inefficiencies can have broader social impacts. Drug treatment can be lengthy and require constant monitoring, placing a strain on the healthcare system. Drug addiction is often accompanied by other mental disorders, complicating the treatment process and requiring a multidisciplinary approach.

From a social perspective, recognising drug addiction as a disease facilitates the establishment and support of social programmes to help PWUD rehabilitate and reintegrate into society, thus reducing their isolation. Focusing on education and prevention helps reduce drug abuse in society, preventing new generations from developing addiction. Yet, there are potential downsides. The recognition of drug addiction as a disease can lead to the perception that addiction is completely independent of an individual's will, reducing personal responsibility. If PWUD do not feel social pressure and responsibility for their behaviour, their motivation to seek treatment and change their lifestyle may diminish, potentially leading to negative recovery outcomes. Social prejudice can persist, making it difficult to change public opinion. Prejudice, lack of support, and challenges in finding employment can make reintegration difficult for drug-dependent individuals. Access to social programmes and quality treatment can vary significantly by region, posing a barrier to achieving widespread success.

Economically, treating drug addiction as a disease may be more cost-effective in the long run than incarcerating addicted people and dealing with the consequences of their activities. Successful treatment and rehabilitation

enable PWUD to re-enter the labour market, boosting overall productivity and reducing social burdens. Effective treatment and prevention reduce the overall healthcare costs associated with the consequences of drug use. However, implementing and sustaining effective treatment and rehabilitation programmes requires a significant initial investment. Financial constraints may prevent equal access to quality treatment for all drug-dependent individuals. Economic benefits can vary depending on the effectiveness of programmes and the level of government and community support. Allocating government medical budgets to drug dependence treatment may reduce funding for other important areas of health and social care, leading to community dissatisfaction. The economic benefits of reducing drug abuse may only be realised in the long term, requiring significant initial investment and patience.

Reconsidering Punitive Measures

Recognising drug addiction as a disease has significant potential benefits but also requires the legal consequences to be considered. Legislative reforms and changes in the legal framework may be necessary, potentially causing resistance from various political and social groups. There are risks of legal conflicts and ambiguities, such as manipulating the diagnosis to avoid responsibility for drug-related offenses. The judicial system will need to adapt to the new environment, which may cause difficulties and errors in law enforcement, particularly in the initial years. Resolving the conflict of views on drug dependence requires finding a compromise between the different approaches. Combining medical and legal perspectives may be ideal, recognising addiction as a disease requiring treatment and rehabilitation while imposing just punishments for crimes committed under the influence of drugs. This comprehensive approach includes developing specialised treatment programmes, ensuring access to rehabilitation, and improving the judicial system's flexibility in responding to individual cases. Educating the community is crucial to overcoming stigma and promoting social reintegration following treatment. Coordinating medical, legal, and social institutions can lead to significant improvements in public health and

A hypothesis can be considered for a potential algorithm to implement a combined approach. For example, when detaining an individual for personal use of drugs without the intent to distribute them, PWUD should be referred to undergo a diagnostic examination procedure provided by an expert panel. This panel will determine the severity of the addiction and the subsequent need for isolation in rehabilitation organisations. The primary goal of this step is to diagnose and assess the condition of the person based on medical criteria. For the panel to make an objective and well-founded decision and to implement appropriate subsequent measures, existing legislation should be amended to distinguish between different drugs. For instance, cannabis and synthetic cannabinoids should be considered as entirely different drugs. It is necessary to create a quality post-rehabilitation treatment infrastructure as a tool to prevent relapses for those who have undergone rehabilitation. This infrastructure should involve professional addiction specialists working according to the '12-step' method.

Individuals detained for using synthetic drugs, such as synthetic cannabinoids and synthetic cathinones, who are deemed to be in need of inpatient treatment, should be mandated to undergo compulsory treatment, followed by mandatory monitoring. A system for monitoring PWUD during and after treatment and rehabilitation should be developed. This system should include regular reporting and evaluation of the effectiveness of treatment, with provisions for adjusting post-rehabilitation programmes as necessary. Such measures aim to minimise the risk of relapse and provide individuals with the necessary support to motivate them in their recovery.

It is important to note that early and timely isolation of the individual from their family and community may be considered a strategic component of a comprehensive approach to drug treatment and rehabilitation. This intervention can yield significant benefits for the individual, their immediate environment, and society as a whole.

Benefits for the individual include reducing the impact of a negative environment by removing them from settings that contribute to their addiction, such as access to drugs and negative social connections. In specialised facilities, individuals can focus on their recovery without external pressures or temptations. Additionally, these centres provide access to specialised medical care, offering professional medical and psychological treatment, including detoxification, therapy, and rehabilitation programmes. The concentrated attention from medical staff ensures faster and more effective treatment, which helps accelerate the recovery process. Furthermore, life in a rehabilitation centre is structured and orderly, helping individuals regain discipline, self-management, and healthy lifestyle habits. These facilities often provide training and occupational therapy programmes, aiding in the restoration of life skills and preparation for social reintegration.

For the families of those undergoing treatment, the benefits include reduced stress and emotional burden, as isolating a person with addiction diminishes the significant stress and anxiety experienced by family members. This allows the family to focus on rebuilding normal relationships and their own lives. Ensuring safety is another benefit, as early isolation can prevent potentially dangerous behaviours by the person with addiction, such as aggression, theft, or maladaptive behaviour, thereby increasing family safety. The family is protected from the possible negative consequences of addiction, such as financial loss or legal problems. Specialised centres also offer support and education for families, helping them better understand addiction and learn effective ways to interact with and support their loved one. They can also start their own recovery through programmes designed for co-dependents.

Society also reaps significant benefits from such interventions. Isolating people with addiction from the community can lead to a reduction in drug-related crime, including theft, robbery, violence, and rape, as well as preventing people with addictions from influencing their neighbourhood. Reducing the number of people with addictions on the streets enhances overall safety and peace of mind in the community. Economically, there are reduced costs associated with enforcement measures such as arrests, trials, and incarceration, due to more effective treatment and rehabilitation. There is also an increase in the health and productivity of those who receive treatment, allowing them to return to active lives and contribute to the economy. Improved public health is another advantage, as the isolation and subsequent treatment of people with addictions reduces the risk of infectious diseases such as HIV and hepatitis, which are often associated with drug use.

A Comprehensive Approach to Drug Treatment

Compulsory treatment can be an effective tool in certain cases. For example, within the framework of the 'Narcostop' project, we have observed instances where relatives placed their loved ones in compulsory private treatment centres (Narkostop.kz 2024). These centres, adhering to high standards of treatment and individualised approaches, yielded positive results. Patients became sober, learned to manage resistance and cravings, and developed psycho-emotional self-regulation skills. Even in cases of relapse,

individuals often independently decided to undergo rehabilitation again, leading to stable remission.

For those severely addicted and unable to consciously choose treatment, compulsory intervention can be a crucial step towards recovery, providing them with the clarity of sobriety to make informed decisions. Additionally, compulsory treatment helps prevent further addiction and health deterioration. Without such intervention, people with addictions may continue using drugs, risking severe physical and mental health decline and an increased likelihood of death from overdose or drug-related illnesses.

Continuing the concept of drug addiction as a disease, according to our hypothesis, a hybrid approach should also be applied to individuals who have committed crimes under the influence of drugs. Rehabilitation, followed by a prison sentence, should be the norm. Crimes committed under the influence of drugs are thus considered in court, with a medical assessment taken into account. Punishments account, and punishments should include rehabilitative programmes. Internationally, many states already have experience in interdisciplinary cooperation between healthcare and law enforcement agencies. The creation of specialised centres for the treatment and rehabilitation of people with addictions under the jurisdiction of the legal system is a logical continuation of this cooperation in our country.

There are precedents for the successful integration of medical and legal measures, such as drug courts in the USA, which combine judicial procedures with mandatory therapy and monitoring. The financial costs of creating and maintaining specialised prisons for treatment and rehabilitation can be offset by reducing the costs of keeping these same prisoners and lowering the crime rate (Longshore et al. 2001).

We believe that this hypothesis maximally satisfies the interests of different groups. Society demands effective measures to reduce drug addiction and related crimes. The hybrid approach meets these expectations by offering comprehensive solutions aimed at punishment in the form of isolation, treatment, and rehabilitation. Unlike the punitive system, this approach reduces the risk of repeated offenses by addicted individuals and increases their chances of returning to social behaviour. Recognising drug addiction as a disease meets the demand for the humane treatment of PWUD, which is especially important in the context of modern human rights and social justice values.

Returning to the analysis of the impact of compulsory treatment on social dynamics, it should be noted that a positive outcome is only possible with the creation of the necessary conditions.

Compulsory treatment can increase the stigmatisation of people who use drugs and further alienate them from society. PWUD in compulsory treatment may face discrimination and social isolation after leaving the programme, making it more difficult for them to reintegrate into society and increasing the risk of relapse. This means that the circle of compulsory treatment can close and turn into life imprisonment.

Therefore, we believe that compulsory treatment is the best compromise, provided that the treatment is standardised and comprehensive. This approach should include a thorough diagnosis and determination of the treatment method, followed by detoxification. Patients should engage in work to manage resistance and cravings, which may involve medication therapy. Developing psycho-emotional self-regulation skills and essential life skills, such as self-care, is crucial. Additionally, it is vital that individuals learn to foster self-discipline and understand their personal responsibility, through the restoration of neural connections between actions and consequences. The treatment should incorporate individual and group psychotherapy sessions aimed at changing behaviour and thinking patterns, alongside occupational therapy. Planning for the future is essential, as are post-rehabilitation socialisation programmes and therapeutic groups to prevent relapse. Continuous follow-up monitoring should also be part of the process to ensure sustained recovery.

The treatment period should last at least twelve months under a highly restrictive regime. In this case, the person with addiction has an increased chance of subsequently deciding independently on the need for treatment, even in the event of a breakdown. A humane approach, based on understanding addiction as a disease, can encourage PWUD to seek help and undergo treatment, knowing that their problem will be met with sympathy and understanding.

Public awareness of the disease can help reduce stigma, which in turn can accelerate individuals' social reintegration after treatment and increase the likelihood of successful rehabilitation. Within the 'Narkostop' project, we have observed similar processes in microsystems, suggesting that as awareness is scaled up, stigma will change. This in turn will influence societal processes as a whole. Public support for a humane approach can lead to the development of more effective drug prevention, treatment, and rehabilitation programmes, as they will enjoy greater public support and funding.

The impact of drug trafficking offenses, such as the issue with couriers, warrants special attention. In Kazakhstan, the number of individuals con-

victed for drug distribution is increasing rapidly. Notably, many of these individuals are not people with drug addictions. When such people, who lack a criminal mindset, are imprisoned for long periods, they often adopt criminal behaviour. This has a profoundly negative effect on society, as criminal thinking is contagious. Prisons become breeding grounds for sharing criminal experiences and ideas, perpetuating a criminal subculture and spreading criminal behaviour.

The classification of prisons as regular, administrative, or maximum-security prisons was originally introduced to address this issue. However, many drug dealers are young individuals with no prior criminal experience, and long-term imprisonment can have lifelong negative consequences for them. The punitive approach has several drawbacks for society. Imprisonment requires significant societal resources to maintain prisoners, including direct costs for their upkeep and indirect losses from potential economic contributions. Additionally, it diverts resources from education, science, and other areas that promote social and economic progress.

Imprisonment for first-time offenders can lead to the destruction of their personality and the loss of social ties, exacerbating social disintegration and increasing violence, repeated theft, and other crimes. This threatens public safety and order. Furthermore, imprisonment often fails to provide effective rehabilitation tools. Instead, it fosters negative attitudes and criminal behaviour, increasing the risk of reoffending. Ex-prisoners frequently struggle to find employment and reintegrate into society due to their criminal records, often leading them to conceal their past and live illegally.

Punishment should be inevitable, but the approach needs to be changed from punitive to educational. Criminal thinking, like drug addiction, has a contagious effect, leading to societal degradation. For first-time offenders, alternative measures of punishment should be introduced. Initial stages of the investigation should involve restrictions on freedom, such as pre-trial detention, to dispel any romanticised notions of prison. The term of punishment should not exceed seven years, with parole possibilities for successful rehabilitation.

In prison, there should be rehabilitation standards, including daily sports, reading, studying, and film discussions. After two years, prisoners should have the opportunity to work while still living under prison conditions, with electronic bracelets preventing escape. This helps with socialisation and addresses staff shortages in various sectors. Exams should be online, centralised, and biometric to avoid corruption. Successful comple-

tion of psychological and other tests should allow parole and release after three and a half to five years.

This approach aims to reintegrate fully-fledged members into society, maintaining their social ties and avoiding a criminal mindset, thereby contributing positively to the economy. Balancing the protection of society from crime with the protection of individual rights and dignity is crucial. Compulsory treatment can be effective against drug abuse if accompanied by a humane approach and respect for human rights. Social support and rehabilitation programmes are essential for successful reintegration.

Harsh punitive measures can stigmatise and socially exclude individuals, hindering their rehabilitation and resocialisation. A humane approach, based on respect for human rights and individual needs, is necessary for effective outcomes. Creating accessible, quality treatment, rehabilitation, and support services is vital. Drug and crime policies should protect society while ensuring the rights and dignity of all individuals, including those with drug abuse problems.

Public indifference and a focus solely on maintaining public order hinder the effective resolution of drug addiction issues. Public opinion and political strategies should recognise drug addiction as a complex medical and social phenomenon requiring a comprehensive approach and active societal participation. A balanced approach that includes compulsory drug treatment, a humane infrastructure, and community sensitivity is essential for achieving the best results.

Conclusion

The complexities of drug addiction and its societal impact necessitate a multifaceted approach that balances punitive measures with humane, rehabilitative strategies. Compulsory treatment can be effective, especially for individuals who are severely addicted and unable to seek help voluntarily. However, this approach must be comprehensive and standardised, focusing on detoxification, resistance management, psycho-emotional self-regulation, and the development of life skills. Ensuring continuous support through post-rehabilitation programmes is crucial for sustained recovery.

Punitive measures, while necessary, should be re-evaluated to avoid the long-term negative effects on individuals and society. The hybrid approach proposed in this chapter aims to integrate rehabilitation with legal consequences, offering a more humane and effective solution. This includes specialised treatment centres under legal jurisdiction, similar to drug courts, which combine judicial procedures with mandatory therapy and monitoring.

Public awareness and understanding of drug addiction as a disease can reduce stigma, encouraging individuals to seek help and facilitating their reintegration into society. This shift in perception can lead to the development of more effective drug prevention, treatment, and rehabilitation programmes, supported by public and governmental efforts.

Ultimately, a balanced approach that combines compulsory drug treatment, rehabilitative measures, and a humane infrastructure, along with community sensitivity, is essential for achieving the best results. Society must strive to protect itself from the consequences of drug addiction while ensuring the rights and dignity of individuals affected by this condition. This comprehensive strategy can lead to a healthier, safer, and more inclusive society.

Bibliography:

- Almaty City Police Department (2024). Press release on crime statistics in the city of Almaty for 2023. Unpublished.
- Avilov Victor/Toropov Pavel (2020). On the Problems of Rehabilitation of Drug Addicts in Conditions of Social Isolation. P.38-43.www.ami.im/sbornik/NPK-RF-19.pdf #page=38. 02.06.2024.
- Bennett, Cary. (2018). Drugs, moral panics and the dispositive. Journal of Sociology, 54(4), 538-556. DOI:10.1177/1440783317727877.
- Chernyshov, Viktor Valentinovich (2008). Enforcement of custodial sentences for convicted drug addicts. Author's abstract for the degree of candidate of juridical sciences. Moscow. www.dissercat.com/content/ispolnenie-nakazaniya-v-vide-lisheniya-svobo dy-v-otnoshenii-osuzhdennykh-bolnykh-narkomaniei/read. 02.06.2024.
- Crépault Jean-François/Russell Cayley/Watson Tara Marie/Strike Carol/Bonato Sarah/Rehm Jürgen (2023). What is a public health approach to substance use? A qualitative systematic review and thematic synthesis. Int J Drug Policy. Feb;112:103958. DOI:10.1016/j.drugpo.2023.103958.
- Longshore, Douglas/Turner, Susan/Wenzel, Suzanne/Morral, Andrew/Harrell, Adele/McBride, Duane/Deschenes, Elizabeth/Iguchi, Martin. (2001). Drug Courts: A Conceptual Framework. Journal of Drug Issues, 31(1), 7-25.DOI:10.1177/00220426010 3100103.
- Narcostopkz (2024). What is Narkostop. www.narkostop.kz/?page_id=318. 02.06.2024.
- Rêgo, Ximene/Oliveira, Maria João/Lameira, Catarina/ Cruz Olga S. (2021). 20 years of Portuguese drug policy developments, challenges and the quest for human rights. Subst Abuse Treat Prev Policy 16, 59. DOI:10.1186/s13011-021-00394-7.

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Volkow N. D. (2021). Addiction should be treated, not penalized. Neuropsychopharmacology: official publication of the American College of Neuropsychopharmacology, 46(12), 2048–2050. DOI:10.1038/s41386-021-01087-2.