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Uncovering Gaps in National Narcotics Control Strategies and Policy Comparing Punitive and Public Health Approaches

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Abstract: This analysis explored the implementation gap in the National Narcotics Control Policy through a comparison between punitive and public health approaches. This study was mainly aimed at examining the extent of policy implementation and determine factors contributing to the gap between policymaking and action. The present study utilized a quantitative research design to collect primary data through a structured questionnaire via five-point Likert scale from the stakeholders including law enforcement agency officials, healthcare professionals, policy implementers or policymakers and NGO workers. Using Cochran's formula, we calculated the minimum sample size to be 384 respondents. Descriptive statistics, reliability analysis and regression techniques were used to examine the relationship between study variables. The results showed that punishment was tougher, but less effective at reducing drug dependence and recidivism. Conversely, public health-based approaches that focused on rehabilitation and community-based interventions demonstrated greater potential for sustainable outcomes, but were limited by resource constraints, social stigmatization and institutional weaknesses. The study findings suggested that an approach striking a balance between enforcement as one side and bolstering public health activities on the other was necessary to minimize the implementation gap and enhance effectiveness of narcotics control policy overall.

Keywords: Implementation Gap, Narcotics Control Policy, Punitive Approach, Public Health Approach, Policy Effectiveness.

INTRODUCTION

Illegal drug trafficking and substance abuse have become major public health and criminal justice challenges in South and Southeast Asia (Deif Tunggal, 2025). Due to its strategic location between the Golden Triangle and the Golden Crescent, Bangladesh plays a key role in regional drug networks, with a growing spread of synthetic drugs like Yaba and crystal meth (Zubair, 2025). This raises concerns about whether the country's drug control system can effectively address both law enforcement and public health needs. Globally, a more balanced approach to narcotics policy has replaced the strictly punitive approach that centered on prior UN agreements. As backed by institutions like the World Health Organization and the United Nations Office on Drugs and Crime, the United Nations General Assembly Special Session 2016 placed a strong emphasis on integrating enforcement with harm reduction, treatment, rehabilitation, and prevention (Tinasti, 2015). Drug addiction is now widely seen as both a health and social issue, not just a criminal one.

The Narcotics Control Act of 2018 reinforces Bangladesh's policies, which are still mostly punitive even if the country ostensibly supports this balanced approach. The drug problem is made more difficult by socioeconomic variables such a large population, young susceptibility, informal employment, and political instability. Significant policy gaps are created by institutional fragmentation between law enforcement, healthcare, and civil society, especially in rehabilitation and treatment, despite the Department of Narcotics Control's vigorous enforcement efforts (Hasan, 2025). The evolution of narcotics control policy in Bangladesh can be understood through several phases shaped by changing priorities and approaches. During the colonial period, laws like the Opium Act 1857 and the Dangerous Drugs Act 1930 focused mainly on revenue generation rather than public health (Department of Narcotics Control, 2022). After independence, policies remained underdeveloped and enforcement-driven, with rising use of cannabis and heroin but limited treatment facilities. A major shift came with the Narcotics Control Act 1990, which established a strict prohibition-based framework later strengthened by amendments, reflecting global "war on drugs" strategies (Jr.). In the 2000s, the rapid spread of Yaba and increased trafficking intensified enforcement efforts, but public health responses remained weak, creating long-term gaps in treatment and rehabilitation (UNB, 2025). The Narcotics Control Act 2018 further reinforced a punitive approach with harsher penalties, including the death penalty, alongside aggressive anti-drug campaigns that raised human rights concerns. Although some limited public health initiatives have emerged, they remain insufficient and poorly integrated into national policy (Islam, 2025).

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According to recent empirical data, drug usage in Bangladesh has steadily increased in both prevalence and complexity, reaching a critical size. According to a countrywide study carried out by Bangladesh Medical University in 2025-2026, an estimated 8.2 million persons (4.88% of the population) take illegal substances (Corraya, 2026). This is a notable increase over previous figures. This is consistent with the Department of Narcotics Control's results, which indicate that drug reliance has increased in both urban and rural populations, indicating a wider sociodemographic distribution of substance usage.

This study therefore compares punitive and health-oriented drug policies, drawing lessons from international examples such as Portugal's decriminalization model, Switzerland's treatment-based approach, the Philippines' strict enforcement model, and Malaysia's mixed system, to identify more balanced and effective strategies for Bangladesh. It compares punitive and public health approaches, evaluates policy effectiveness, and assesses alignment with international standards promoted by the World Health Organization (WHO) and United Nations Office on Drugs and Crime (UNODC). It also reveals a major implementation gap, where heavy investment in enforcement contrasts sharply with very limited rehabilitation capacity, while rising synthetic drug use and youth involvement indicate the limitations of a purely punitive approach.

LITERATURE REVIEW

Historically narcotic control policies are based on deterrence theory and criminal justice models using punishment as a potential to discourage drug production, trafficking and consumption (Csete, 2020). Deterrence theory suggests that criminal behavior decreases with stricter laws and harsher penalties, because the costs of offending are perceived to be high (Apel, 2022). But opponents suggest that drug addiction hardly counts as pure rational choice behavior and is in fact shaped through psychological/legal, social, and economic determinants. By contrast, public health theory views drug reliance as a chronic health issue that needs treatment and rehabilitation and harm-reduction measures (Chavda & Mattson, 2022). This mindset is consistent with health behavior models, indicating that counseling/community support are more effective in combating substance abuse than punishment. Indeed, institutional theory helps to clarify the impact of formal rules and organizational structure on implementation processes by showing how these structures can create perverse incentives or vagueness at best, that lead administrators away from policy intent towards administrative practice (Chadda, 2019). The punitive approach that is concerned with criminalization, police action, arrest, prosecution and incarceration. Researchers argue that strong enforcement can break down supply chains and temporarily reduce trafficking-related activities (Childress *et al*., 2023). Short-term deterrent effects are often associated with increased police surveillance and tougher sentencing laws. However, recent empirical studies have pointed out some limitations (Reid & Fox, 2023). Despite the considerable amount spent in this fight leading to widespread prison overcrowding, it has even been found that there have been no equal decreases in drug demand with reallocating of government funds (Lelliott, 2023). Punitive systems can further stigmatize drug users and limit their ability to receive rehabilitation services. According to some researchers, criminalization might force drug markets into the dark where they are less susceptible to regulation and monitoring (Frank & Terwilliger, 2022). Corruption, the absence of judicial coordination, and limited institutional capacity are also shown to diminish the impact of punitive implementation. And while incarceration is necessary, separate from treatment it rarely addresses the root causes of addiction (Dandurand, 2024).

Overarching, a public health approach emphasizes prevention (primary, secondary and tertiary), treatment including rehabilitation, harm reduction and awareness in the community. Most rehabilitation centers, substitution therapy advocacy and needle exchange programs have proven to be effective tools in fighting dependency and reducing relapse rates (Frank & Terwilliger, 2022). Well-resourced investment in institutional, public health interventions have been shown to lead to sustained decreases in drug use and recidivism over time. There may be some favorable effects from community-based programmes, including improvements in social reintegration and reductions on stigma (Cooper *et al*., 2024). However, implementation challenges persist. The programs are often not effective due to limited healthcare infrastructure, insufficient trained professionals and social stigmas, according to the World Health Organization (WHO) (WHO, 2025). In addition, public health is reliant on long-term financial and political investment that cannot always be guaranteed. In this context, the

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implementation gap is the discrepancy between policy intended and actual results. According to the policy implementation, literature gaps are created due to administrative inefficiency, coordination failures, inadequate resources and weak monitoring mechanisms (Caffrey & Borrelli, 2020). Top down implementation models stress the dominance of hierarchic control, bottom up points to local actors as agents in output production. In the context of narcotics control, the implementation gap may be reflective in uneven enforcement, insufficient rehabilitation infrastructure and lack of inter-agency coordination (Massey & Rankin, 2020). Due to fiscal pressures and political priorities, different aspects of the policy receive more or less emphasis generating an imbalance between punitive and public health aspects of interventions (Dominguez *et al*., 2024). Evidence from comparative studies suggest that punitive means of drug control generate short-term results demonstrating the authority of the law while in contrast, public health approaches are proven to reduce drug dependency and relapse rates (Rahma & Sambas, 2025). A growing body of evidence supports integrated or balanced models that combine some enforcement with rehabilitation and prevention programs. Countries that have taken an approach of implementing harm reduction and treatment-based strategies alongside law enforcement have been found to yield more sustainable outcomes, researchers say (Lancet, 2023). Nevertheless, relatively few quantitative empirical studies directly assessed the effects of these approaches on implementation gap using a single analytical framework.

While a vast amount of literature exists regarding punitive and public health strategies in isolation, less research quantitatively compares the relative influence of these two approaches on policy implementation gaps. The majority of the literature to date has relied on qualitative analysis or only examined outcomes (and not the gap between design and implementation). This highlights the continuing need for empirical investigation measuring the relationships between punitive implementation, public health interventions and measures of the extent of implementation gap. This study sought to fill the gap by using a quantitative method strategy to evaluate how both types of strategies work together either to bridge or widen the implementation gap in narcotics control policy. The objectives of the study are:

1. To assess the awareness of National Narcotics Control Policy among relevant stakeholders.
2. To evaluate the level of implementation of punitive measures in narcotics control.
3. To assess the adoption of public health strategies like rehabilitation and preventive measures.
4. To analyze the determinants in closing implementation gap of policy between design and practice.
5. To assess the relative efficacy of punitive and public health approaches in closing the implementation gap.

METHODOLOGY

A quantitative cross sectional research design was adopted in this study to investigate the implementation gap within the National Narcotics Control Policy by comparing punitive and public health approaches, as this research design facilitates empirical measurement of relationships among variables with statistical generalization of results. The primary data were collected by using a structured questionnaire with five-point Likert scale to law enforcement officials, healthcare professionals, policymakers and NGO workers selected through stratified random sampling. Sample size sample estimation was done by using Cochran's formula:

$$n = \frac{Z^2.p.(1-p)}{E^2}$$

Where Z= 1.96 for a 95% confidence level, p= 0.5 assuming maximum variability and E=0.05 margin of error (Cochran, 1942). Based on this, you would have a minimum sample size of 384 as estimated, but this was not a viable option in terms of time and resources. We analyzed data with SPSS & techniques of structural equation modeling such as reliability testing (Cronbach's alpha), exploratory factor analysis, and multiple regression analysis to check the construct relations. Ethical issues were addressed through informed consent, anonymity and confidentiality of participants, and voluntary participation without coercion. Limitations of the methodology included reliance on self-reported perceptions, potential response bias and limitations of a cross-sectional design that precluded causal inference or longitudinal assessment of policy implementation outcomes.

RESULT AND DISCUSSION

This chapter provided the empirical results derived from the study and interpreted these results in terms of the research objectives as well as connections to extant literature. Analysis started

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with reliability and validity tests for the measurement scales, followed by descriptive statistics and inferential analyses determining relationships among punitive implementation, public health interventions and the implementation gap. Results were interpreted against theoretical expectations and previous empirical evidence in order to establish which approach proves to be more effective. Particular emphasis was placed on identifying institutional, financial and coordination issues which may contribute to the gap between design and practice. The debate also assessed whether a balanced approach could more effectively address the implementation gap and improve policy effectiveness overall.

Demographic Information of the Respondents

Introducing the demographic characteristics of the respondents in this section gave context to understand the composition of sample and ensured representation across key stakeholders whom constitute policy agenda for narcotics. In accordance with the calculated sample size, a total of 384 valid responses were included for analysis.

Table 1: Demographic Information of the Respondents

Variable	Category	Frequency (n)	Percentage (%)
Gender	Male	246	64.1
	Female	132	34.4
	Other	6	1.5
Age	18–25	58	15.1
	26–35	124	32.3
	36–45	102	26.6
	46–55	70	18.2
	56+	30	7.8
Education Level	Secondary	42	10.9
	Higher Secondary	60	15.6
	Bachelor	154	40.1
	Master	110	28.6
	PhD	18	4.8
Occupation	Law Enforcement	120	31.3
	Healthcare Professional	86	22.4
	NGO Worker	64	16.7
	Policy Maker	48	12.5
	Academic/Researcher	40	10.4
	Other	26	6.7
Experience	0–5 Years	98	25.5
	6–10 Years	126	32.8
	11–15 Years	94	24.5
	16+ Years	66	17.2

Demographic distribution (table 1) showed that most respondents were male (64.1%), which represented tradition of law enforcement and narcotics agencies mostly being occupied by men. But the ratio of women was substantial (34.4%) in terms of number, which could improve gender diversity between perspectives. Most of them (32.3%) were in the age group of 26–35 years, followed by those with 36–45 years (26.6%), indicating that maximum participants were at their mid-career level and significantly involving in professional responsibilities regarding policy implementation. Educational qualifications were significantly high, with 68.7% possessing at least a bachelor's degree, assuring reliability of informed responses. Members from enforcement, healthcare, policy and civil society were well represented, allowing for a more robust comparison between punitive versus public health approaches. Moreover, the majority of respondents had over six years in professional experience (74.5%), which suggests sufficient exposure to policy implementation practices (Dominguez *et al*., 2024). In general, the demographic characteristics indicated that the sample was sufficiently diverse and professionally experienced to provide credible insights into implementation gap in narcotics control policy.

Awareness of National Narcotics Control Policy

This part discussed respondents' awareness on National Narcotics Control Policy objective,

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mechanism and communication effectiveness. Awareness is also a vital prerequisite for the effective implementation of community participation, as lack of understanding among stakeholders can exacerbate the disconnection between policy development and practice. Summary statistics, including mean and standard deviation, were computed to measure the overall awareness perception in a five-point Likert scale (1 = Strongly Disagree, 5 = Strongly Agree).

Table 2: Respondent's Awareness on National Narcotics Control Policy

Statements	**Mean**	**Std. Deviation**	**Interpretation**
I am well informed about the objectives of the policy.	3.72	0.88	Agree
The policy clearly defines strategies for drug prevention and control.	3.81	0.76	Agree
The policy outlines both punitive and public health approaches.	3.94	0.71	Agree
Government agencies effectively communicate policy updates.	3.28	0.95	Moderate
There is sufficient public awareness regarding the policy.	3.10	1.02	Moderate
Overall Awareness Mean	**3.57**	**0.86**	**Moderate to High**

The results showed that the respondents were moderately to highly aware of National Narcotics Control Policy (mean = 3.57 in total). Respondents generally agreed that the policy was well-defined in terms of drug prevention and control (M = 3.81) and framed both punitive- and public health-related approaches adequately (M = 3.94) (Table 2). This implied that conceptually the policy framework was well manifested and broad-based by their structural level. However, relatively low mean scores were identified in domains pertaining to communication and public awareness. There was only moderate agreement regarding government communication effectiveness (M = 3.28) and general public awareness (M = 3.10), which highlights potential weaknesses in dissemination and outreach mechanisms. The distance between those gap of institutional knowledge and public-level understanding potentially fuels implementation failure in community-oriented prevention and rehabilitation projects. In general, although stakeholders showed a reasonable understanding of policy objectives, the implication for stronger communication channels and public education campaigns was that their efforts could result in broader engagement as well as reduced implementation gap (Frank & Terwilliger, 2022).

Punitive Approach Implementation

This section looked at the degree to which judicial persecution was practiced under the National Narcotics Control Policy. Note that this analysis emphasized enforcement overall intensity, deterrence effectiveness, institutional coordination and corruption as well as systemic implications like over-crowding of prisons. A five-point Likert scale (1 = Strongly Disagree, 5 = Strongly Agree) was used to compute descriptive statistics.

Table 3: Punitive Approach Implementation

Statements	**Mean**	**Std. Deviation**	**Interpretation**
Law enforcement agencies strictly implement drug-related laws.	4.02	0.72	Agree
Arrest and prosecution procedures are effectively carried out.	3.88	0.79	Agree
Punitive measures deter drug trafficking.	3.74	0.84	Agree
Punitive measures reduce drug consumption.	3.21	0.96	Moderate
There is adequate coordination between police, judiciary, and prison authorities.	3.18	0.91	Moderate
Corruption negatively affects enforcement of narcotics laws.	3.67	0.89	Agree
The current punitive system overcrowds prisons.	3.95	0.83	Agree
Overall Punitive Implementation Mean	**3.66**	**0.85**	**Moderately High**

In table 3, the results showed moderately high level of implementation with punitive measures (overall mean = 3.66). The respondents consented strongly that law enforcement agencies implemented laws about drug strictly (M = 4.02) and arrest and prosecution procedures were generally effective (M = 3.88). This implied strong enforcement mechanisms that are operationally active. However, punitive measures were viewed as more effective in reducing drug trafficking (M =

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3.74) than drug consumption (M = 3.21). This difference suggested that supply-side enforcement could overlook demand-side dynamics. Moreover, inter-agency coordination received ratings of moderate (M = 3.18), indicating a potential area of institutional fragmentation that may undermine the overall effectiveness policy sought to achieve. Significantly, respondents recognized systemic challenges such as corruption (M = 3.67) and overpopulation in prisons (M = 3.95), which could compromise long-term sustainability. These findings pointed to the fact that while punishment strategies was strongly implemented, structural inefficiencies and unintended consequences may have limited their potential for bridging thus implementation gap (Childress *et al*., 2023).

Public Health Approach Implementation

This domain assessed the degree to which public health strategies were adopted and carried out under the National Narcotics Control Policy including rehabilitation, treatment services, harm reduction and community-based prevention. With addiction increasingly being viewed as a health problem, the effectiveness of these interventions needed to be assessed for their potential role in reducing this implementation gap. Responses were recorded on a five-point Likert scale (1 = Strongly Disagree, 5 = Strongly Agree).

Table 4: Public Health Approach Implementation

Statements	**Mean**	**Std. Deviation**	**Interpretation**
Rehabilitation centers are accessible to drug users.	3.42	0.91	Moderate
Drug addiction is treated as a public health issue rather than solely a crime.	3.58	0.88	Agree
There are sufficient government-funded treatment programs.	3.26	0.97	Moderate
Harm reduction programs are effectively implemented.	3.34	0.93	Moderate
Healthcare professionals are adequately trained to manage addiction cases.	3.49	0.85	Moderate
Community-based prevention programs are effective.	3.37	0.90	Moderate
Stigma prevents drug users from seeking treatment.	3.82	0.81	Agree
Overall Public Health Implementation Mean	**3.47**	**0.89**	**Moderate**

Results suggested moderate level of implementation of public health approaches (overall mean = 3.47 SDP, ±5 SDP) but was marginally less than the earlier reported punitive implementation mean. Agreeing moderately with the availability of rehabilitation centers (M = 3.42) and adequate treatment programs (M = 3.26), respondents indicated that service availability lagged demand (Table 4). While addiction understood as a public health problem was indeed increasing (M = 3.58), practical implementation of harm reduction and community-based approaches remained moderate at best (M = 3.34 and M = 3.37, respectively). Healthcare professionals were also rated moderately (M = 3.49) for training adequacy suggesting some ability towards building those capacity, yet the health system itself has gaps to be filled. Notably, stigma was a major barrier (M = 3.82), indicating that social perceptions still deterred treatment-seeking behavior. Overall, although public health strategies were evident in the policy framework, it was their limited accessibility, funding and acceptance by society that reduced their full potential impact on societal health per our implementation gap (Chavda & Mattson, 2022).

Implementation Gap

This section included a closer look on the implementation gap between policy framework and practical application. The gap in implementation was measured based on respondents' views of resource allocation, administrative capacity, political power, monitoring mechanisms and institutional coordination. Responses were assessed with a five-point Likert scale (1 = Strongly Disagree, 5 = Strongly Agree). The extent of agreement that these factors contributed to the implementation gap in narcotics control policy was reflected by higher mean values.

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Table 5: Implementation Gap Factors

Statements	Mean	Std. Deviation	Interpretation
There is a gap between policy design and actual implementation.	3.89	0.78	Agree
Budg*et al*location is insufficient for effective implementation.	3.74	0.86	Agree
Political interference affects policy implementation.	3.68	0.90	Agree
Lack of trained personnel contributes to poor implementation.	3.55	0.92	Agree
Monitoring and evaluation mechanisms are weak.	3.62	0.88	Agree
Inter-agency coordination is ineffective.	3.48	0.91	Moderate
Rural areas experience greater implementation gaps than urban areas.	3.71	0.84	Agree
Overall Implementation Gap Mean	**3.67**	**0.87**	**Moderately High**

Overall, the findings showed a moderate high level perception on existence of implementation gap in National Narcotics Control Policy (Mean=3.67). Respondents also strongly agreed that a policy-practice gap exists (M = 3.89), signifying that while policies may seem to have covered all bases, they are still met with tough challenges during actual implementation. Related issues were emerged as one of the critical barriers, especially inadequate budg*et al*location (M = 3.74) and trained personnel limitation (M = 3.55). Such features are probably limiting the functional capability of all enforcement bodies as well as healthcare establishment related to narcotics control. Also, political interference (M = 3.68) and poor monitoring and evaluation systems (M = 3.62) were seen as undermining accountability or consistent policy enforcement. Respondents also believed that there were geographic disparities in implementation, with rural areas having greater gaps than urban areas (M = 3.71) (Table 5). It could also indicate unequal allocation of institutional resources, rehabilitative facilities and enforcement infrastructure. In summary, the results suggested that structural barriers related to administration, finances and coordination profoundly impacted on the implementation gap. Resolving these structural problems may make both punitive and public health approaches more effective in narcotics policy implementation (Csete, 2020).

Comparative Effectiveness

This section examined respondents' assessment of the relative efficacy of punitive and public health approaches for addressing narcotics control challenges, as well as reducing the implementation gap. A better understanding of the relative strengths and weaknesses of these approaches was critical to identifying whether a balanced strategy could yield more effective policy outcomes. Responses were assessed on a five-point scale (1 = Strongly Disagree, 5 = Strongly Agree), and descriptive statistics evaluated the extent of agreement among responses.

Table 6: Comparative Effectiveness of Punitive and Public Health Approach

Statements	Mean	Std. Deviation	Interpretation
The punitive approach is more effective than the public health approach.	3.34	0.92	Moderate
The public health approach is more sustainable in the long term.	3.76	0.81	Agree
A balanced approach combining both strategies is necessary.	4.12	0.70	Strongly Agree
Over-reliance on punitive measures worsens the drug problem.	3.59	0.87	Agree
Public health strategies reduce recidivism rates.	3.68	0.85	Agree
Overall Comparative Effectiveness Mean	**3.70**	**0.83**	**Moderately High**

The overall mean perception (3.70) was moderately high between punitive approaches and public health. Respondents moderately agreed that punitive measures worked (M = 3.34), but perceived the public health approach as more sustainable in the long run (M = 3.76) (Table 6). This meant that while enforcement activities might produce immediate levels of control, dealing with drug dependency over the long term would need to rely on treatment and rehabilitation-based interventions. A strong consensus was observed specifically regarding the necessity of a balanced

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approach integrating the two approaches (M = 4.12). This finding suggested that stakeholders acknowledged the complementary role of enforcement and public health mechanisms in addressing supply-side and demand-side features of drug problems. However, respondents also felt that maternal punishment alone may exacerbate the problem (M = 3.59), potentially by stigmatizing drug users and limiting their access to treatment options. In addition to harm-reduction programs, public health strategies were viewed as contributing to lower recidivism rates (M = 3.68) which further supported the argument that rehabilitation and harm reduction programming might afford longer-term outcomes. All in all, the findings supported the view that an integrated policy framework with both strong enforcement and vigorous public health initiatives would be much more effective in reducing the implementation gap and improving long-term narcotics control outcomes (Massey & Rankin, 2020).

CONCLUSION AND FUTURE WORK

The examination study was a comparative analysis of pressure and public health models, which found the implementation gap within the National Narcotics Control Policy. The science showed that while punitive aspects such as law enforcement, arresting and prosecuting those involved in drug use were showing relatively successful results, it was predominantly ineffective in reducing dependency and long-term drug related issues. Public health strategies such as rehabilitation and community-based prevention programs were viewed as having more potential for sustainable outcomes but were often gold against the backdrop of funding, infrastructure, and social stigma. Additionally, the findings highlighted that systemic barriers including low budg*et al*lotment, poor inter-institutional coordination, and lack of skilled human resources as well as insufficient monitoring systems all played a crucial role in widening the gap between designing policies and implementation. In general, they suggested the need to adopt a balanced approach policy that incorporates strong enforcement combined with broad public health measures in order to achieve better narcotics control results. There is scope for future studies to examine transitions on implementation over time using longitudinal data and assess sustainable impacts of integrated strategies. Comparative studies between countries, or regions might also present wider-reaching insights into successful narcotics policy models. Moreover, future studies may employ both quantitative and qualitative elements through mixed-method approaches whereby ethnographic interviews complement surveys allowing deeper insights into some of the systemic barriers faced by stakeholders in narcotics policy implementation.

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