

Drug Abuse, Crime and Mental Illness: From Research to Implementation in Order to Create Social Impact

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1. The Cross-cutting issues in addressing and countering the world drug problem: Focus on trends and existing circumstances.

- This thematic area which leads to the Commission of Narcotic Drug is relevant and the aspect needs to be addressed from multi-agency perspective.
- When we look at evidence and the policy making that exists therein, the source, reliability and validity is often reliant on research.
- Several funding is dedicated on mental health, crime and drug abuse, failing short of a concretised implementation agenda.
- Impact at social level is often measured by citation enigma of the highly funded tertiary education sectors, needing to encompass alternative and grass root perspectives.

- Dissimination on it's own, in the era of open resource education and the digital era, can not be enough.
- Knowledge transfer and partnership dictums need to align with research implementation agenda amongst others, not to mention the need to create non complicated funding streams.
- Thus, the establishment protocol and capacity building of organisations such as the civil society needs to be upheld, needing public awareness regarding the respect that they deserve.
- Erradicating resource and time wasting enigmas as well as stereotypical agglomerations is alsoS very important .

2. The inter-related nature of unemployment, labour anomalies, crime and drug abuse.

2.1. The socio-economic and cultural factors that lead to drug abuse

- The socio-economic and cultural factors that lead to drug abuse are multifaceted, needing to be addressed.
- Mental illness often manifests due to unemployment and labour anomalies. These notions lead people to become drug abusers and criminals. Thus, creating jobs along ethnic faultlines or by respecting the directives of protected markets is very important.
- Civil Society organisations can reinforce the vision and mission of a drug and crime free world, which, to some degree are related to mental illness.

- Being completely reliant on research without devising an implementation agenda unproductive.
- The inertia herein is creating viable strategies so that civil society organisations and the like do take the agenda forward.

2.2. Pushing forward the agenda of internationalisation of drug classification and mental health framework.

- The internationalisation of drug classification is quintessential, so is an international mental health framework. For instance, Khat has eventually and officially become classed as non narcotic drug in the UK, a country which tends to increase the degree overtime, but this is not the case in Ethiopia. Aloof and unsolicited social contract tends to be seen as social norm or class war amongst working class Ethiopians including the diaspora, not as harassment, forced conscription in social hubs, mind rape and anti-social behaviour.
- Drug abuse related mental illness has to be treated in a culture bound fashion and population clusterisation, by addressing its cause.

3. Making research implementation compulsory.

- Establishments that work on the international drug and mental health classification, without undermining culture bound syndromes, norms and hierarchies have to be supported.
- Issues that are related to unemployment and labour anomie such as pressurising other markets as an economic migrant of local or crossing international border needs to be dealt with.
- It is worth emphasising that research being transformed into implementation and practice is the main challenge and this is an underfunded enigma. Thus, individuals and organisations may find the research process a vicious cycle since impact factor is wrongfully or vehemently assigned to research publication, by sidelining the importance and relevance of the implementation agenda.
- It is therefore worth making constitutional enactments on the basis of research.