INTERNATIONAL JOURNAL OF NOVEL RESEARCH AND DEVELOPMENT (IJNRD)
© 2026 IJNRD | Volume 11, Issue 6, June 2026 | ISSN: 2456-4184 | IJNRD.ORG

Effect of Integrated Psychosocial Intervention for De-addiction in Prison

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Abstract

Introduction: A study was conducted as funded project on "Effect of Integrated Psychosocial Intervention for De-addiction in Prison" (IPIDP). It was ventured by the Tamil Nadu Prison Department in collaboration with the Department of Psychology, University of Madras, to rehabilitate drug-abusing inmates. Review of literature highlighted a strong link between substance use disorder and criminal behaviour and in prison addicts perpetuating drug use among inmates, creating an urgent need for integrated approach in de-addiction.

Methods: The study was done on two-phases to assess prevalence and evaluate intervention effectiveness. Phase I employed an Ex-Post Facto Research Design to determine the survey of drug abuse, alcohol use disorders, and readiness for change with the sample size of 1,805. Phase II used a Quasi-Experimental Design with a single-group pre-test–post-test model to assess the intervention's impact on 29 convicted and 26 remanded inmates. The Programme module was developed and validated by the researcher. Tools included the CAGE-AID Questionnaire, DAST-20, AUDIT, and RCQ to measure addiction levels and readiness for change. The researcher used descriptive, percentile, trend analysis, paired-samples t-tests, and thematic methods for statistical analyses.

Results: Findings showed remand inmates exhibited higher high-risk behaviours (46%) compared to convicts (20%). Post-intervention results demonstrated significant improvements in readiness for change, highlighting the effect of Integrated Psychosocial Intervention for De-addiction in Prison, by promoting readiness to change and behavioural transformation among inmates.

Conclusion: The process of positive change had been initiated through the integrated psychosocial intervention for de-addiction in prison. The study's findings carry significant implications and offer practical recommendations for establishing de-addiction centers within Tamil Nadu's central prisons.

Key words: Psychosocial Intervention, De-Addiction, Integrated Intervention, Central Prison

1. Introduction

Drug addiction, characterized by habitual and uncontrollable drug use, is a critical global and national issue, with significant public health and safety implications in India. Incarcerated drug dealers and addicts often perpetuate drug use among inmates. According to 2019 statistics, alcohol is the most commonly used substance in India (4.6% among males), followed by cannabis (2.8%) and opioids (2.1%). Notably, 19% of alcohol users exhibit harmful dependency (The Ministry of Social Justice and Empowerment, 2019). A study in the Indian Journal of Psychiatry (Sharma et al., 2015) reported a 22.4% lifetime prevalence of substance use disorders among individuals aged 18–70 years, highlighting the widespread impact of addiction. Research shows a strong link between drug addiction and criminal behaviour, with a study by Ambekar et al. (2017) revealing that individuals with substance use disorders frequently have histories of offenses such as drug-related crimes, theft, and violence. Drug addiction profoundly impacts society, driving drug-related crimes that burden law enforcement and justice systems while incurring significant socio-economic costs through lost productivity, healthcare expenses, and social welfare demands (Chaudhury et al., 2020).

Drug addiction among inmates creates significant challenges, including hindered rehabilitation, increased recidivism, and risks to public safety, as many incarcerated individuals struggle with substance abuse disorders. The prison environment, compounded by stress and limited access to treatment, exacerbates

addiction, perpetuating a cycle that impacts both individual health and societal well-being (Chandler et al., 2009). Drug addiction among inmates in Tamil Nadu, with substances like ganja, tobacco, cannabis, and opioids widely used, affects nearly 50% of central prison inmates and 40% of juveniles in conflict with the law, underscoring the need for rehabilitation to reduce crime (Kumar, 2023; Aditi, 2020; Shanmughasundarm, 2019). Drug addiction hampers inmate rehabilitation and heightens recidivism risk, emphasizing the need for targeted intervention programmes to address substance use disorders and support successful post-release reintegration (Selvam et al., 2019).

Drug de-addiction programmes in prisons provide essential rehabilitation services, such as counseling, medication-assisted treatment, and life skills training, helping inmates overcome addiction, reduce reoffending, and enhance public safety while alleviating healthcare burdens from addiction-related complications like HIV/AIDS and mental health disorders. Evidence-based interventions, such as those proven effective by NIMHANS in Karnataka, highlight the potential for tailored de-addiction programmes in Tamil Nadu prisons to reduce substance use and improve psychosocial outcomes among inmates (Murthy et al., 2017). The Transtheoretical Model (TTM), developed by Prochaska and DiClemente in the 1970s, is a model of intentional change that emphasizes the cyclical process of behaviour change, particularly habitual behaviours, based on an individual's readiness to change. TTM includes three major stages: Precontemplation, marked by defensiveness and focus on the positive effects of substance use; Contemplation, where individuals begin considering change; and Action, characterized by significant lifestyle changes and commitment to abstinence. The model integrates various behavioural theories, suggesting that different constructs can be applied effectively at specific stages to support the process of change (Prochaska et al., 1997). A study done in Tamil Nadu prisons highlighted the transformative impact of vocational and educational training for inmates, emphasizing its role in reducing recidivism, fostering self-employment, enhancing rehabilitation, and equipping inmates with job skills, ultimately aiding their reintegration into society and improving their families' livelihoods (Paramasivan, 2020). A comparative study conducted on the social reintegration of released inmates in Kerala and Tamil Nadu, highlighting the role of welfare and skill enhancement programmes in facilitating their re-entry into society, the challenges they face, and the need for structured support mechanisms, including psychiatric counselling and financial assistance, to address issues such as drug use, self-harming, and the lack of reintegration programmes (Santhosh, 2019).

Research in Tamil Nadu highlighted the urgent need for de-addiction intervention programmes in prisons to address drug addiction, promote well-being, reduce recidivism, and improve public safety. The Tamil Nadu Prison Department, in collaboration with the Department of Psychology, University of Madras, initiated a project aimed at rehabilitating drug-abusing inmates. In the first phase of the project the researchers identified drugs and substance abuse as significant factors influencing criminal behaviour, with 76% of young adult offenders using drugs, including non-conventional substances like paint thinner and ink whitener (Aruna & Karunanidhi, 2019). One of the topics in the second phase of the project focused on "Drugs and De-addiction in Prison" and examined the effectiveness of integrated psychosocial interventions to aid in the rehabilitation of prison inmates.

2. Materials and Methods

The study aimed to assess alcohol and drug addiction levels, readiness to change, and the impact of integrated psychosocial intervention for de-addiction among convicts and remand inmates. Phase 1 used an Ex-Post Facto Research Design to determine the prevalence of drug addiction in the prison population, focusing on variables like drug abuse, alcohol use disorders, and readiness for change. In phase 2, a Quasi-Experimental Research Design with a single group pre-test-post-test approach was employed to evaluate the effectiveness of integrated psychosocial intervention for de-addiction in prison, measuring its impact on inmates' readiness to change. The independent variable in Phase 2 was the intervention programme (Integrated Psychosocial Intervention for De-addiction in Prison), and the dependent variable was readiness for change. The study used a Convenience Sampling Technique for both the survey and quasi-experimental phases, selecting samples based on accessibility and only the voluntary participation of prison male inmates. In phase 1, the sample size was 1,805 (Convicted -1156 and Remanded - 649), which exceeded the required minimum. In phase 2, the researcher conducted a power analysis to determine the minimum sample size, estimating 25 participants for the study. Ultimately, 29 convicted inmates and 26 remand inmates were

selected, using the convenience sampling technique. The study utilized several standardized tools, which were translated from English to Tamil (with established reliability and validity), to assess prevalence. These tools included the CAGE-AID Questionnaire (Brown, 1995), the Drug Abuse Screening Test-DAST-20 (Gavin et al., 1989), the Alcohol Use Disorders Identification Test-AUDIT: Interview version (WHO, 2001), and the Readiness to Change Questionnaire-RCQ (Heather & Rollnick, 1993), RCQ was used to conduct pre- and post-tests for the intervention. The study employed various statistical methods, including descriptive statistics, percentile statistics, Cronbach's Alpha for reliability, Pearson's correlation coefficient for validity, trend analysis, paired-samples t-test, and thematic analysis. The reliability of the Tamil-translated tools was confirmed through Cronbach's Alpha, with values ranging from 0.66 to 0.84. Following official approval, the study was conducted in two phases. Phase 1 involved a survey across all eight central prisons, including both convict and remand inmates, to assess the prevalence of alcohol and drug use and implement the de-addiction programme in the prisons. Phase 2, the intervention, took place in Prison I and II at Puzha, Chennai.

The Integrated Psychosocial Intervention for De-addiction in Prison (IPIDP) module was developed for convicts and remand inmates following discussions with a focused group. The research assistant consulted with various individuals connected to the research topic to gather key suggestions for the intervention. A diverse group of experts and participants contributed to the process of refining the intervention module. Their valuable input helped ensure the module's effectiveness in the rehabilitation of inmates. The major themes and objectives of the intervention included Psycho-education, Addiction (covering brain and addiction), CBT & Art Therapy, Coping Skills, and Mindfulness. The suggestions from the focused group were incorporated into the module, while impractical remarks were excluded. To validate the Integrated Psychosocial Intervention (IPIDP) module, a pilot study was conducted, and the module was reviewed for face validity by a group of experts and participants. This group included two prison psychologists and counselors, two prison guards, and four inmates. After receiving feedback and finalizing the module, the researcher consulted with the prison psychologists and counselors to select participants who did not have psychological issues or a history of medical treatment. The completed IPIDP schedule is included in the appendix. The following table gives the key objectives of the six components of the intervention.

Table 1
Major themes and objectives of the IPIDP

Major themes	**Objectives**
1. Psycho-education	To give awareness and understand the importance of mental health To explain the procedure and to give motivation
2. Addiction	To asses and know the stages of addiction To know effects and consequences To Explore the nature and impact of addiction
3. Brain and Addiction	To visually demonstrate and teach how brain works To know others journey and understand AA group
4. CBT & Art Therapy	To address disbeliefs and negative thoughts To understand reasoning and develop confidence To handle emotions and manage problems
5. Coping Skills	To manage stress and address maladaptive coping strategies To know coping styles and to learn to seek help
6. Mindfulness	To know nature of true happiness and the purpose of life To relate faith and hope and let go of the past To learn to be in the present and teach relapse management

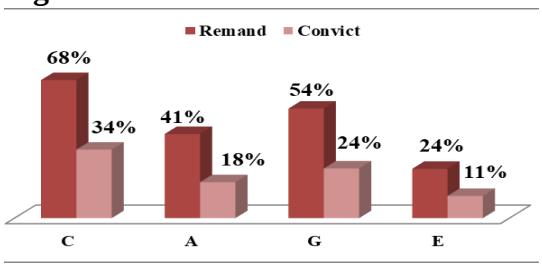
3. Results

Results of the Phase-I

The sample description and the socio-demographic characteristics revealed that among convicts, 36% are aged 18 to 30, while this age group makes up 67% of remand inmates. Conversely, for those over 30, convicts represent 64% and remand inmates 36%. This indicates that younger individuals (18 to 30) are

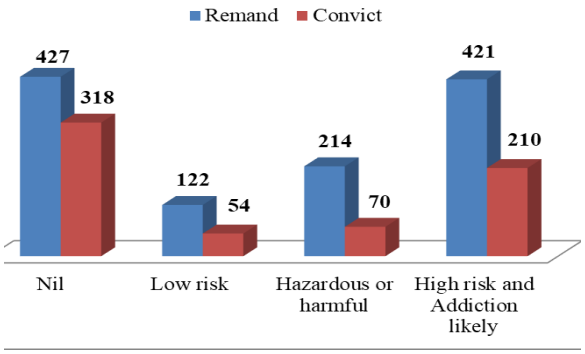
more commonly found among remand inmates, while older individuals are more likely to be convicts. A high percentage of both convicts (97%) and remand inmates (96%) were employed. Regarding alcohol and drug habits, among convicts, 57% reported having an alcohol habit, compared to 77% of remand inmates. Alcohol use appears to be more prevalent among remand inmates. Additionally, 21% of convicts and 26% of remand inmates consumed alcohol at the time of their crime, suggesting a connection between alcohol use and criminal behavior. A substantial portion of both groups (24% of convicts and 21% of remand inmates) expressed reluctance to quit drinking, highlighting the challenge of addressing alcohol addiction. For drug use, 28% of convicts and 36% of remand inmates reported a drug habit, with remand inmates showing a higher prevalence. Furthermore, 30% of convicts had their first drug use before the age of 18, compared to 13% of remand inmates, indicating earlier drug use among convicts. Notably, 68% of remand inmates used drugs alone, whereas only 19% of convicts did the same, with a larger percentage of convicts (59%) using drugs with friends compared to remand inmates (11%).

Figure 1: CAGE-AID



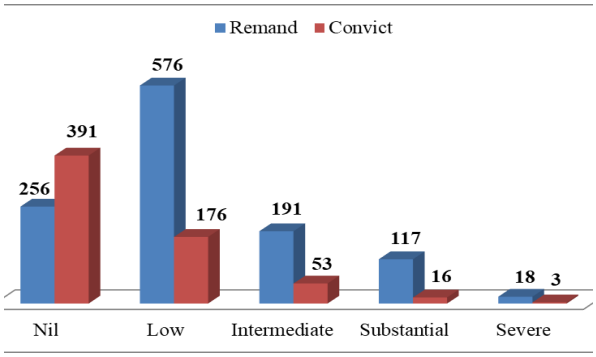
The results of phase-I on prevalence showed that many convicts and remand inmates expressed a strong willingness to stop using drugs, as indicated by their responses to the CAGE-AID questionnaire (Figure 1). This willingness was largely driven by feelings of guilt and the emotional strain of being separated from their families while in prison. However, there was a low percentage of inmates who demonstrated awareness of their drug addictive behaviours.

Figure 2: Level of Alcohol Use



From the figure-2, the study found that 37% of remanded and 49% of convicted inmates did not have a drinking habit. Additionally, 11% of remanded and 8% of convicted inmates were categorized as low risk for alcohol consumption, indicating they consumed alcohol in moderation, though they may be at risk of developing problematic drinking habits and require continued awareness about alcohol addiction. Furthermore, 19% of remanded and 11% of convicted inmates were identified as having hazardous or harmful levels of alcohol consumption, putting themselves and others at risk, and they need to reduce or stop drinking, seeking support to manage their behavior. A high risk of addiction was found in 36% of remanded and 32% of convicted inmates, who require treatment and professional counseling to address their addiction. The study also revealed that 85% of crimes were committed while the individuals were intoxicated. The findings supported previous studies that emphasize the complex relationship between crime and addiction, underscoring the need for comprehensive approaches that address risk factors, offer treatment and support services, and foster collaboration between criminal justice and public health agencies (Ambekar et al., 2017).

Figure – 3: Level of Drug Use



The overall results (Figure-3) of drug use levels in remand and convict prisons showed that 22% of remanded inmates and 60% of convicted inmates do not have a drug habit. The study indicates that 80% of remanded inmates engage in substance abuse, including ganja (23%), hans/mava (43%), and other substances. Among both groups, 50% of remanded and 35% of convicted inmates are at a low level of substance abuse, though this does not necessarily mean they are free from drug-related issues. Factors such as the duration of use, age, and consumption level must be considered for accurate assessment. These individuals require brief counselling to prevent further addiction. The intermediate level of substance abuse, which may meet the DSM-5 criteria, affects 17% of remanded

inmates and 8% of convicted inmates. These individuals need more intensive outpatient care. Those in the substantial and severe levels of drug abuse require intensive care and close follow-up interventions to help them stop using drugs.

The overall results of readiness to change of the Phase-I, among remand inmates, revealed that 31% scored low in the disagreement of the Precontemplation stage, reflecting a strong resistance to change. This resistance is linked to factors such as denial, lack of self-awareness, peer pressure, mental health challenges, negative past experiences, or insufficient resources. These barriers prevent inmates from acknowledging the need for rehabilitation, thereby impeding their progress. Meanwhile, 53% of remand inmates were identified in the agreement of the Contemplation stage, indicating that they are seriously considering modifying their addictive behaviours and weighing the benefits of change. Likewise, 52% were found in the agreement of the Action stage, signifying that they have already implemented substantial changes in their lives and are actively committed to sustaining these positive transformations. These findings underscore the varying levels of motivation among inmates, highlighting the need for tailored interventions to support their journey toward rehabilitation. In contrast, the readiness to change findings for convicted inmates revealed that 34% disagreed with being in the Precontemplation stage, with only 11% showing agreement. This low agreement may be attributed to their heightened awareness of the consequences of their actions, self-reflection, or previous exposure to rehabilitation programmes. Additionally, 35% of convicted inmates agreed to be in the Contemplation stage, indicating they are considering changes to their behavior. Moreover, 37% were agreeing in the Action stage, demonstrating a commitment to implementing meaningful changes in their lives. Their sense of responsibility, motivation to change, and access to support play a vital role in advancing their readiness for rehabilitation and fostering progress through the stages of behaviour change.

Results of the Phase-II

The intervention programme included a sample of 29 convicted inmates and 26 remand inmates, selected based on their availability at the time of intervention. The following were the distribution of level of alcohol addiction. Among the convicted inmates, 17% were categorized as low risk, 62% as hazardous, and 20% as high risk. For remand inmates, 15% fell into the low-risk category, 38% were hazardous drinkers, and 46% were at high risk. Addressing and supporting these individuals to reduce harmful alcohol consumption is essential. The screening results for drug habits among participants in the intervention programme revealed varied levels of addiction. Among convicted inmates, 46% were categorized as having low-level drug habits, 28% as intermediate, 24% as substantial, and 7% as severe. For remand inmates, the distribution showed 12% at low levels, 31% at intermediate, 42% at substantial, and 15% at severe levels. All participants were included in the intervention to facilitate positive behavioural change and recovery.

Table 2

Paired sample t test of readiness to change between pre-test and post-test among convicted participants

Stages	**Pre-test**			**Post-test**			***t(28)***	***p***	**Cohen's *d***
	M	*N*	*SD*	*M*	*N*	*SD*			
Precontemplation	0.38	29	3.37	-1.90	29	2.02	5.34	.000	0.99
Contemplation	1.48	29	3.35	3.76	29	1.88	3.82	.001	-0.71
Action	0.38	29	3.81	2.59	29	2.90	3.81	.001	-0.71

p=<0.01

A paired samples t-test was performed to evaluate whether there was a difference between the stages of readiness to change, such as precontemplation, contemplation and action before and after they received the integrated psychosocial de-addiction intervention programme (IPDIP). The results from the table 15 indicate that the stages of readiness to change such as precontemplation, contemplation and action after convict participants received the IPDIP, the respective values (M = -1.90, 3.76, 2.59), (SD = 2.02, 1.88, 2.90) was significantly higher than before they received the intervention (M = 0.38, 1.48, 0.38), SD = 3.37, 3.35, 3.81), t (28) =5.34, 3.82, 3.81, p< .001. The positive Cohen's d value (0.99) indicates a large effect size where the mean of the pre-test of precontemplation is substantially larger than the mean of the post-test. This shift indicates that the intervention likely helped participants recognize the negative consequences

of their drug addiction and motivated them to contemplate or take action towards changing their behaviour. On the other hand, the negative value (d -0.71) indicates a large effect size where the mean of contemplation and action in the post-test is substantially larger than the mean of the pre-test. The negative sign suggests that the effect is in the opposite direction compared to the first value.

Figure 4

Trend analysis between pre-test and post-test among participants of convicts

Note: P- Pre-contemplation, C-Contemplation, A-Action

The trend analysis of readiness to change stages in Prison-I shows significant improvements from the Pre-Test to the Post-Test across all stages. Resistance to change in the Pre-contemplation stage decreased, indicating greater openness to rehabilitation. The Contemplation stage saw a notable increase, reflecting participants actively considering change. In the Action stage, initial low commitment rose, showing greater engagement in behavior change. Overall, the intervention effectively reduced resistance, increased self-awareness, and promoted proactive behavior, with the most significant progress observed in the Contemplation stage.

Table 3

Paired sample t test of readiness to change between pre-test and post-test among remanded participants

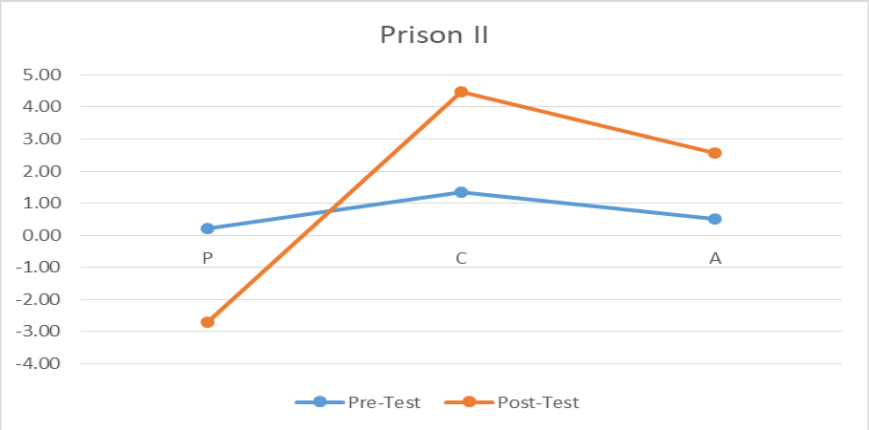
Stages	**Pre-test**			**Post-test**			***t(28)***	***P***	**Cohen's *d***
	M	*N*	*SD*	*M*	*N*	*SD*			
Precontemplation	0.20	26	3.56	-2.70	26	2.31	4.60	.000	0.90
Contemplation	1.35	26	2.86	4.50	26	1.63	5.56	.002	-1.09
Action	0.50	26	3.43	2.58	26	2.60	3.40	.002	-0.67

p=<0.01

Similarly, the results from the table 3 indicate that the stages of readiness to change such as precontemplation, contemplation and action after participants from remand inmates received the IPDIP, the respective values (M = -2.70, 4.50, 2.58), (SD = 2.31, 1.63, 2.60) was significantly higher than before they received the intervention (M = 0.20, 1.35, 0.50), SD = 3.56, 2.86, 3.43), t (25) =4.60, 5.56, 3.40, p< .001. It implies that the intervention was successful in raising awareness and promoting understanding among participants about the risks and dangers associated with drug addiction, ultimately facilitating progress towards behaviour change. The positive Cohen's d value (0.90) indicates a large effect size where the mean of the pre-test of precontemplation is substantially larger than the mean of the post-test. The intervention suggests that they might have gained a clearer insight into the hazards of drug addiction, thus creating change in the precontemplation stage. In the same way, the remand inmates too have shown larger effect size (d -1.09, -0.67) in the contemplation and action stage. An increase in participants in the contemplation and action stages indicates a greater readiness for change and a willingness to take steps towards behaviour modification.

Figure 5

Trend analysis between pre-test and post-test among participants of remand inmates



Note: P- Pre-contemplation, C-Contemplation, A-Action

Similar to the findings in Prison-I (Convicts), the trend analysis of readiness to change stages among Remand inmates (Prison-II) reveals significant improvements from the Pre-Test to the Post-Test across all stages. Overall, the intervention successfully reduced resistance, fostered greater self-awareness, and promoted proactive behavior, with the most notable advancements observed in the Contemplation stage, even among the Remand inmates.

The thematic analysis of the mandala exercise among convicted and remand inmates reveals (appendix) significant insights into its impact on their emotional well-being. For convicted inmates, the exercise elicited a strong positive response, with 83% expressing excitement, indicating that it offered an engaging and motivating break from the monotony of prison life. The exercise also had a positive emotional impact, with 76% reporting happiness, suggesting that creating mandalas brought joy and fulfillment, potentially serving as an emotional release. Most inmates felt satisfied, indicating a sense of accomplishment and self-expression, contributing to their overall well-being. Similarly, remand inmates also responded positively, with 86% experiencing excitement, highlighting the exercise's ability to spark enthusiasm and provide a welcome distraction from the remanded prison environment. The mandala exercise had a calming effect on 79% of remand inmates, helping alleviate stress and anxiety. Though 28% reported a reduction in stress, some inmates encountered challenges, as indicated by the presence of frustration and confusion (69%), suggesting the need for additional support during the exercise. The use of both cool (59%) and warm (62%) colors in their mandalas reflected a range of emotional expressions, with inmates utilizing colors to convey their feelings. It serves as an effective tool for promoting self-expression, emotional regulation, and personal growth among incarcerated individuals (Harms, 1973; Sreetha et al., 2021). The thematic analysis suggests that, like the convicted inmates, the mandala exercise had a largely positive impact on remand inmates, promoting calmness and offering a creative outlet for emotional expression. However, remand inmates experienced more challenges, such as frustration and confusion, underscoring the need for greater support and guidance during the exercise to address these difficulties.

4. Discussion

The findings revealed significant improvements in the readiness to change stages among both convicted and remand inmates following participation in the Integrated Psychosocial Intervention for De-addiction in Prison (IPIDP). After the intervention, participants exhibited notable increases in their willingness to address their addiction, with shifts observed across all stages of readiness to change. These changes suggested that the programme effectively heightened inmates' awareness of the consequences of their addiction and motivated them to take action toward behaviour change. Drug addiction remains a complex issue within prisons, where it not only impedes rehabilitation efforts but also contributes to increased recidivism and poses a threat to public safety. Many incarcerated individuals grapple with substance use disorders, which are exacerbated by the stresses of prison life. Despite being in a controlled environment, prisons often lack sufficient resources to offer comprehensive addiction treatment, leading to a cycle of addiction that undermines rehabilitation. This situation negatively affects both the physical and mental well-being of inmates and has broader societal repercussions (Chandler et al., 2009).

Research shows that individuals with substance use disorders are more likely to engage in criminal behaviour both during their time in prison and after their release (Selvam et al., 2019). To address this challenge, the success of the current intervention in altering inmates' attitudes and boosting their readiness for behaviour change demonstrates the potential of programmes like IPIDP to break the cycle of addiction and criminal behaviour. Participant feedback from the intervention highlighted its focus on raising awareness about the harmful effects of addiction. While many inmates showed a willingness to overcome their substance use, some expressed concerns about their ability to resist temptation once released. Specifically, 60% of convicted and 70% of remand inmates expressed confidence in their ability to control their addiction after leaving prison, signalling a positive shift in their mindset. However, the fear of relapse still lingers for some, underscoring the need for ongoing support during their reintegration into society. Despite these concerns, the majority of inmates expressed a sincere desire to lead drug-free lives, reinforcing the importance of providing rehabilitation and recovery opportunities. By addressing the root causes of addiction, such programmes equip inmates with the tools and knowledge needed for recovery, improving their health, enhancing public safety, and reducing the likelihood of reoffending. Follow-up sessions were crucial for the rehabilitation process, providing inmates with an opportunity to reflect, discuss challenges, and receive guidance on coping strategies. Continued involvement in these sessions allowed participants to strengthen positive behaviours, address obstacles, and progress toward living a drug-free life. The regularity and consistency of these sessions were fundamental in supporting long-term sobriety and successful reintegration into society (Friedmann et al., 2007).

5. Conclusion

In conclusion, the intervention demonstrated strong potential for rehabilitating inmates with drug addiction, offering a holistic approach that can help reduce recidivism and support successful reintegration into society. However, the study had limitations, including the lack of a control group, which made it difficult to attribute observed changes solely to the intervention. Additionally, social desirability bias may have influenced inmate responses, and the use of convenience sampling could have led to a biased sample that did not fully represent the diverse prison population, potentially affecting the validity of the results. To establish a de-addiction centre in Tamil Nadu central prisons, key suggestions include creating a dedicated, secure space within the prison with necessary facilities such as therapy rooms, dormitory-style quarters, and technological aids. Full-time counselors and psychologists should oversee rehabilitation, with regular screenings for substance abuse severity. Training prison staff and Peer Learning Volunteers (PLVs) in addiction treatment, as well as running awareness campaigns, is crucial. The programme should integrate life skills training, involve families in the rehabilitation process, and collaborate with external agencies for enhanced support. Additionally, integrating legal support through the *Pattam* programme could improve inmate participation and cooperation. The de-addiction process is a continuous journey that demands persistent effort and support as individuals navigate the challenges of overcoming substance dependence and rebuilding their lives. It requires not only personal dedication but also a strong support system and access to resources to maintain progress and foster long-term recovery.

Author contributions

Conceptualization: Selvaraj V, Lavanya T; investigation: Selvaraj V; methodology: Selvaraj V; Statistical analysis: Selvaraj V; Project administration: Selvaraj V, Lavanya T; visualization: Selvaraj V, Lavanya T; writing – original draft – Selvaraj V; writing – review & editing: Selvaraj V

Transparency

Declaration of Funding

This research received specific project funding from Tamil Nadu Prison Department

Data availability

Data can be made available on request.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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