Vegueta. Anuario de la Facultad de Geografía e Historia
26 (1), 2026
eISSN: 2341-1112

FROM CONFINEMENT TO RECOVERY:SUBSTANCE ABUSE CHALLENGES IN INDIAN PRISONS AND INTERNATIONAL APPROACHES IN DETENTION CENTRES

Dr. Meghna Borah
Assistant Professor, The Assam Royal Global University

Jharna Akram
Research Scholar, Royal School of Law and Administration, The Assam Royal Global University

"The secret of change is to focus all of your energy, not on fighting the old, but on building the new."
— Socrates

ABSTRACT

Through comparing the problem of substance abuse in Indian prisons through international perspectives, including the context of domestic experiences in comparison with international counterparts in detention centres, this research paper discusses the wide prevalence of substance abuse in Indian prisons as well as the issue underlined from a global perspective. This research serves to determine the prevalence, causes and effect of addiction among the incarcerated people in India during jail, to investigate structural problems like overcrowding, stigma and substandard hospital systems that interfere with the effective correction of the situation, and also the barriers in case of imprisonment. Using qualitative methodologies, the paper reviews literature, official reports and country best practice practices, based on literature from the United States, Norway, and Australia. Internationally, detention centres are more and more adopting holistic measures including therapeutic communities, harm reduction, inter-professional health care, and reintegration programs. Indian prisons are still predominantly punitive and there are few rehabilitation services and support systems for mental health disorders. Indeed, this comparative analysis stresses the need for a paradigm shift in India, advocating for evidence-based, health focused and rights-driven interventions. It ends with recommendations to increase the number of de-addiction service providers; implementation of harm reduction; investment in mental health aid and community; and reintegration. Such interventions are crucial to inmate well-being, recidivism reduction, and bringing India's prison reforms in line with global best practices.
Keywords: Indian prisons, substance abuse, rehabilitation, harm reduction, international initiatives and inmates health.

1. INTRODUCTION

Substance abuse in a prison system has emerged as a widespread and complicated public health problem in prisons around the world, reaching both the prisoners themselves and also the community once they are finally released. The integration of criminal justice and health care is particularly relevant to the prison setting, where

**Autora de correspondencia / Corresponding author.*

Copyright: © 2026 ULPGC. Este es un artículo de acceso abierto distribuido bajo los términos de la licencia Creative Commons Atribución-NoComercial-SinDerivar (by-nc-nd) Spain 3.0.

SUD prevalence rates are much higher than in the general population (Fazel et al., 2017). In India, the problem of substance abuse among prisoners is especially pronounced, indicating the intersection of socio-economic, systemic and institutional dynamics that contributes to the susceptibility of this vulnerable population (Kumar & Choudhury, 2020). The rate at which Indian prisoners abuse substances is shockingly high. The National Crime Records Bureau (NCRB) estimates that a large proportion of prisoners are drug and alcohol dependent at the time of committing a crime or develop substance dependence while in the prison system (NCRB, 2022). Not only is this problem not unique to India but it is also indicative of a global phenomenon where prisons tend to act as entry and reinforcement points for drug and alcohol use disorders (WHO, 2014). Yet the Indian context is characterized by chronic crowding, poor healthcare provision and a focus on punishment – and not rehabilitation – over all approaches to incarceration (National Human Rights Commission [NHRC], 2019). Substance abuse within Indian prisons has numerous causes, such as easy access to illegal drugs, the influence of society, psychogenic stress, poor psychological stress and the absence of meaningful involvement, or rehabilitation programme, among others (Gupta et al., 2016). The overcrowding and inadequate staff also make it difficult for authorities to supervise and intervene to an effective extent (NHRC, 2019). Overwhelmingly, prison health services are underfunded, there is a shortage of mental health and addiction practitioners trained for the purpose, and substance abuse prisoners are seldom given adequate screening and treatment or support (Kumar & Choudhury, 2020). The outcome is the situation where use of substances not only serves to compromise health and safety in prisons, but perpetuates recidivism, violence and social ostracism in post-release society (Fazel et al., 2017). The drug problems inside prisons present not only immediate public health needs, but also as a serious public health challenge for prisoners, as well as for the crime-and-punishment system, and society. Untreated SUDs have been noted to lead to a higher recidivism rate which perpetuates the overload of an overwhelmed system (Brooke et al., 1998). In addition, there is a social stigma related to incarceration and substance abuse as a deterrent to help seeking, reintegration and recovery (Sirdifield et al., 2009). In the context of India, the double stigma is augmented by societal and cultural prejudices which frequently conceptualize addiction as a moral failing compared to a curable medical issue (Gupta et al., 2016). A comparative view highlights some countries embracing the development of evidence-based approaches to SUD in detention centres. Therapeutic communities (TCs) in the USA, United Kingdom, and Australia provide an example of structured, peer-led treatment programs that address addiction as well as related psychosocial disorder (Mitchell et al., 2016). Harm reduction practices, e.g. needle exchange, opioid substitution therapy are currently very well practiced in Europe, notably in Switzerland and Portugal, even to the extent that custodial treatment is utilised (Stöver & Michels, 2010). Scandinavian model highlights the importance of integrated health service where mental health and addiction services are given as a natural part of human rights (WHO, 2014). In addition Canada and New Zealand are committed to community re-entry, making strong connections between prison-based treatment and post-release supports (Dolan et al., 2016). By contrast the Indian prison system relies heavily on punishment and, relatively little is being done in the way of rehabilitation/harm-reduction approaches. Although some pilot interventions are taking place and there has been growing acknowledgment that changes are necessary it is further hamstrung by institutional inertia alongside the lack of resources (NHRC, 2019). The uptake of global best practice in Indian prisons is more than just an aim; it is an urgency since the outcomes from such interventions have been validated to reduce recidivism and enhance rehabilitative outcomes (Mitchell et al., 2016).

(Chart 1.1 The following chart, based on the author's own contribution, displays data sources related to substance use in prisons.)

TOPIC	ESTIMATION	SOURCE
History of Substance Use Before Incarceration	Approximately 21% of Indian inmates report a history of substance use before imprisonment.	(Source: National Crime Records Bureau [NCRB], 2022)
Active Substance Use Disorder in Central Prisons	Over 30% of inmates in some central prisons are estimated to have an active substance use disorder.	(Source: National Human Rights Commission [NHRC], 2019)
Regular Substance Use in North Indian Prisons	33.7% of surveyed inmates regularly used substances (including alcohol, cannabis, opioids).	Source: Gupta, S., Saini, N., Bharti, B., & Saini, V., 2016)
Substance Use at Time of Offence	At least 18% of convicted inmates had committed their offences under the influence of drugs or alcohol.	(Source: NCRB, 2022)
Access to Structured Intervention or Therapy	Less than 10% of inmates with substance use disorders received structured intervention or therapy during incarceration.	(Source: Kumar, M., & Choudhury, S., 2020)
Prevalence Compared to Global Figures	Prevalence of substance use disorders in Indian prisons: 21–35% Prevalence in Western nations: 30–50%	(Source: Fazel, S., Yoon, I. A., & Hayes, A. J., 2017)

2. RESEARCH OBJECTIVE

This study aims to critically examine the multifactorial nature of substance use in Indian prisons with respect to abuse and its widespread incidence, causal factors, and obstacles in the system for interventions. The study aims to identify and assess the current substance abuse prevention strategies and programs that already exist within Indian correctional facilities, assessing their strengths and weaknesses. Furthermore, some comparative studies on the foreign best practices to prevent substance abuse in detention centres will be analyzed and the results will identify techniques with proven evidence of success in substance dependence reduction and inmate recidivism. It is through this comparative lens that the research seeks to translate to evidence-based recommendations as per the Indian context. Finally, it is a necessary step to educate policymakers, correctional

administrators, and health care professionals on reforms that could promote rehabilitation, facilitate recovery, and respect the human rights of incarcerated persons affected by substance use disorders.

3. RESEARCH QUESTIONS

A number of research questions are set in this study, all of which were structured to systematically investigate substance abuse behaviour among inmates in Indian prisons relative to international detention centres. It first asks: What are the main reasons as to why substance abuse prevalence among inmates reaches high levels in Indian prisons? This query aims to unpack the socio-economic, psychological, and institutional roots of substance use in the correctional setting. The second question addressed by the research is whether current interventions and policies effectively address substance abuse issues in Indian prisons. Here, the authors are able to analyze what is well and what is poorly done in current programs and the institutional capacity to provide a holistic addiction management. A third research question addresses: What approaches have international detention centres taken to prevent substance abuse among inmates; and what outcomes have they achieved? This comparative study should help in detecting the models or approaches transferable to Indian reality. Last, the research poses the question: What are the proposed policy reforms and empirical measures in the context of Indian prisons to rehabilitate, decrease recidivism, and ensure the rights and welfare of the affected inmates? Altogether, these research questions develop an organised structure and guide process of understanding the problem as well as generating actionable and evidence-based solutions.

4. METHODOLOGY

This study adopts a qualitative, comparative approach to analyse substance abuse within Indian prisons and in international detention centres. The data will be mainly obtained based on secondary sources, like governmental reports, academic literature and policy documents. The study will assess the prevalence, interventions and outcomes around substance abuse and India's strategies against worldwide good practices. Successful models will be based on case studies drawn from many countries. The research will synthesize findings to identify gaps, challenges, and opportunities for reform and provide evidence-based recommendations tailored to the Indian context.

5. SUBSTANCE ABUSE IN INDIAN PRISONS: THE SCOPE OF THE CRISIS

Substance abuse has remained a serious and endemic issue in the Indian penal system, mirroring issues within the society as a whole, but with its own distinctive challenges. Prisons are inherently vulnerable places and inmates will come into custody with pre-existing substance abuse disorders or have become so during the detention period themselves. A high ratio of incarcerated individuals have a history of drug and alcohol use (National Crime Records Bureau [NCRB], 2022), and many incarcerations are in direct (or indirect) connection to substance use. Various factors lead to the high rates of substance misuse among the convicts. Poverty, illiteracy, unemployment all serve as common denominators in the prison population, which may render them at-risk population for addiction while incarcerated and during their incarceration (Kumar & Choudhury, 2020). Substance use is commonly used as a coping mechanism among an increasing proportion of people who suffer from mental issues, trauma and life on the inside and outside of the prison walls. The cell walls—overcrowded, violent and un-secluded, not to mention no privacy—reinforce the cycle of addiction and dependency that has

been the focus of Indian prisons for decades (Gupta et al., 2016). Another serious issue at large is the widespread use of drugs and other legal and illegal substances found inside prisons. Even with stringent controls and security measures, many reports have shown that drug, alcohol, and sometimes prescription medicinal drugs are commonly smuggled into prisons through corrupt staff, patrons and through networks, in addition to staff that appear to be corrupt and have access to networked supply chains (NHRC, 2019). This ready access is making it all the worse as it is hard for prisoners who want to rehabilitate to stay abstinent. It also helps create informal economy and power structures in prisons, which can spill over to violence and more crime. Healthcare provision in Indian prisons is generally underfunded and poorly developed to cope with the multidimensional needs for prisoners with substance use disorder. And there's an absence of trained mental health workers, addiction counselors and de-addiction treatment programs. There is no systematic screening process for substance use disorders at the point of entry in most prisons, and ongoing counselling or programs are minimal, sporadic, or nonexistent (Kumar & Choudhury, 2020). Many inmates with substance abuse problems thus go untreated: their health is both individual ill-health and that of the prison environment. The consequences of drug abuse in prison are wide-ranging. In terms of the personal domain it is one of the factors leading to declining physical and mental health, vulnerable individuals, and a higher risk of HIV (and hepatitis), self harm and suicide (Fazel et al., 2017). Socially, drug abuse contributes to recidivism rates, given that incarcerated individuals who do not get sufficient treatment are more inclined to re-offend once released from prison (Brooke, Lomarsen, & Lomarsen, 1998). Substance abuse problems have a direct effect on the prison system which has difficulty maintaining control, demands limited resources, and impairs the introduction of successful rehabilitation programs. Adding to this, stigma is entrenched against addiction and incarceration alike. Substance use disorders make those in prison doubly marginalized—the societal label, for them, and the criminal label, for their addiction. This stigma deters people from seeking help and limits the effectiveness of any minimal interventions that do exist (Gupta et al., 2016). Moreover, much of the Indian criminal justice system is punitive and it is too punitive such that discipline and control are stressed rather than therapy and rehabilitation. In real fact, this results in drug dependent prisoners being watched more and worse and punished less, not being provided with treatment and support. Notwithstanding these formidable barriers, some improvements have been observed in the past few years. De-addiction institutions were opened in a few jails, and there is increasing interest in incorporating mental health and addiction treatment into the prison system, especially if it is available through the criminal justice system (NHRC, 2019). However, such initiatives are the exception, not the rule, and widespread reforms are urgently required. In this article, we discuss a multidisciplinary crisis of substance abuse in Indian prisons based on, but not limited to, socioeconomic disadvantage, institutional failings, and social stigma. The total failure of options to develop comprehensive treatment and rehabilitation programs fosters and sustains the cycle of addiction, ill health, and recidivism, which is detrimental for both prisoners but also for prison-industrial complex and society at large. To correct this, we must move away from being punitive and towards evidence-based, health-focused policies that see addiction as a treatable disease, not as an ethical failure. Only by assessing the severity and complexity of the crisis would it be able to formulate meaningful and sustainable reforms.

6. SYSTEMIC CHALLENGES IN THE INDIAN CONTEXT

Substance abuse prevalence in Indian correctional facilities cannot be comprehended unless

we consider its systemic context critically. The problem is entrenched within everything from the criminal justice process itself to the nature of the criminal justice system, through the structural limits of the management of prisons and their administration and the socio-political environment in which prisons have been brought to life. This identification and dismantling of systemic barriers is critical for designing effective interventions and providing meaningful change.

6.1. Overcrowding and Understaffing

Chronic overcrowding is one of the main problems of Indian prisons. Indian prisons hold a high occupancy rate of over 118% (NCRB, 2022), with far more inmates than their capacity to accommodate, with very high numbers found in many facilities. The overcrowding worsens just about every issue in the prison, from substance abuse and the criminal justice system. Keeping inmates in close quarters makes the movement of contraband and using illicit substances easier and harder to monitor. There is another challenge to limiting access to the physical elements of the prison cell: inmates' increased overcrowding leads to stress, frustration and violence, and all these factors can lead to drug abuse and recidivism – risk factors for substance use and relapse (Kumar & Choudhury, 2020). To add to the problem is the lack of prison personnel. The majority of facilities function without enough guards, medical personnel or counselors. Limited staff resources leave prison authorities with insufficient oversight, frequent tracking, or frequent rehabilitation. The relatively under-trained staff, the few in mental health and addiction treatment, also make it less effective in dealing with substance abuse (NHRC, 2019).

6.2. Poor Health and Rehabilitation Services

Indian prisons suffer from a severely underdeveloped health system. Although there is a strong mandate in the Model Prison Manual of India to provide basic healthcare where prisoners can avail medical assistance for their illnesses, facilities in practice are often short staffed, underfunded, and unequipped to respond to the complex medical needs of the incarcerated group - mainly with regard to substance use disorders (Gupta et al., 2016). Few prisons have specifically designed de-addiction centers, and those that do tend to be located in much larger cities, so most prisoners don't have access to that level of service. Screening for substance use disorders at point of admission is unusual, and continuing screening is in scarce supply. In the absence of such standard protocols, the inmates experiencing addiction are left undiagnosed and untreated during their sentences. When rehabilitation services are available, they frequently are limited to short-term interventions such as detoxification, and there is little focus on recovery or preventing relapse in the long term. Psychological counseling and peer help programs are not also available, which also diminishes the chances of successfully seeking rehabilitation (Kumar & Choudhury, 2020).

6.3 Punitive Focus of the Criminal Justice System

The Indian justice system has been very much punitive rather than rehabilitative. This is a perspective reflected in statutes as well as practice. For instance, the Narcotic Drugs and Psychotropic Substances (NDPS) Act inflicts high penalties to drug offenders; minimum penalty in case of possession and consumption is mandatory. In practice this has resulted in the jailing of many low-level, non-violent drug offenders with the latter class victimisation of addiction (NCRB, 2022). Prisons place more emphasis on discipline and control

than health or rehabilitation. Prisoners caught using or possessing drugs are disproportionately being served solitary confinement, revoked privileges or other forms of punishment as opposed to treatment and rehabilitation. This punishment-based stance in turn falls short of treating the underlying causes of substance abuse and has the potential to aggravate the problem (Gupta et al., 2016).

6.4 Stigma and Discrimination

Stigma plays a major role in restricting effective addiction management in Indian jails.Inmates who have problems with drugs or alcohol often get bad labels, are treated unfairly, and are left out of social activities by other inmates and prison staff. People who are stigmatized like this may not want to ask for help or go to rehab because they are afraid of being shunned or targeted by others. People who are addicted and in prison have a hard time getting back into the community after they get out, which makes it harder for them to get better and more likely that they will relapse and go back to prison (Sirdifield et al., 2009). Stigma is also caused by the way institutions think and policies. People think that addiction is a moral failure or a lack of character, not a medical problem that can be fixed. This misunderstanding makes it harder to come up with evidence-based solutions because it makes authorities less empathetic and supportive.

6.5 Legal and Policy Gaps

While comprehensive addiction treatment within prisons is increasingly acknowledged as necessary, there are still major legal and policy gaps. The Model Prison Manual and government-issued documents from the Ministry of Home Affairs, call for de-addiction treatment centers and rehabilitation services to be established in prisons. But its execution is disparate and undermined by a political will shortage, financial support shortfalls and administrative impenetrability (NHRC, 2019). There is limited coordination between the criminal justice system and public health service delivery and the system of care is also lacking and services are disjointed, substandard. However, prisoners who are treated for alcohol and drug use disorders while incarcerated usually have a cessation of care when they leave prison because there are so few means through which they can be matched to community based services.

6.6 Vulnerable Socioeconomic Aspects and Vulnerability

The majority of people who go to prison on substance-related charges come from low income
and marginalized areas. Poverty, lack of education, unemployment and social exclusion are common risk factors for both substance abuse and criminal behavior. These broader socioeconomic determinants not only increase the chance of initial drug use, but also the level of opportunity available for treatment and support networks in prison and outside prison (Kumar & Choudhury, 2020). The systemic issues facing Indian prisons are intertwined and also mutually reinforcing. The presence of drug abuse is also facilitated by overcrowding, understaffing, poor healthcare, penal legal systems, institutional taboo, policy loopholes and socio-economic disadvantage. Tackling these issues demands a comprehensive, multi-discipline solution, integrating the health and rehabilitation as well as legal and social security and control. It is through systemic reform that Indian prisons can hope to escape a cycle of addiction, incarceration and re-offending that so many persons in the prison population experience now.

7. INTERNATIONAL PERSPECTIVES TO ADDICTION IN DETENTION CENTRES

The challenges of substance abuse in detention centres have influenced responses across the globe and have varied according to policy philosophy, legal frameworks, resources deployed, and cultural attitudes. Others have already moved past sanctions by implementing creative, scientific, evidence-backed practices that emphasize health care and rehabilitation, and the dignity of human beings. By reviewing these cases, we should take a few lessons from the success stories of overseas prisons which offer essential insights to Indian prisons seeking to implement change in the way they treat substance abuse among inmates.

7.1 Therapeutic Communities (TCs)

The therapeutic community (TC) model is one of the most widely studied models in prison addiction disorder treatment. Once developed and adapted in the United States in the 1960s and now widely utilized in the UK, Australia, and New Zealand, therapeutic communities (TCs) are organized inmate residential programs within jails in which prisoners with drug/alcohol disorders reside collectively, receive daily group therapy services, and provide support for one another's recovery (Mitchell et al., 2016). TCs build personal responsibility, social skills, and resilience, not just treating addictions, but treating underlying behavioral and psychological issues. Research continuously demonstrates that TCs result in reduced drug use/recidivism rates, especially if use is sustained for six months or more and/or supported with post-release aftercare (Mitchell et al., 2016). The strength of this model is its integrated approach comprising counseling, vocational training, and peer support and creating a defined yet enabling environment for change.

7.2 Harm Reduction Policies

As TCs target abstinence and behavioral change, many European countries have embraced harm reduction approaches given the fact that not all inmates are up to or capable of abandoning substance use altogether. In Switzerland, Portugal, Germany, and the Netherlands: needle and syringe exchange programs (NSPs) and opioid substitution therapy (OST) are conducted in their detention centres (Stöver & Michels, 2010). Those interventions decrease the transmission of blood-borne infections, including HIV and hepatitis C, and stabilize prisoners with opioid dependency. Portugal's model of decriminalization is particularly impressive. Since 2001, drug possession was treated by Portugal as an administrative rather than a criminal offence simply for personal use. People with substance abuse disorders who are incarcerated are given treatment and social support rather than punishment; as a result, drug related damage to society--including overdoses occurring far less frequently and there are even fewer cases of people going back (European Monitoring Centre for Drugs and Drug Addiction, 2017).

7.3 Integrated Healthcare Models

One of the best in the world for correctional setting "health in all policies," the country of Scandinavia especially Norway and Sweden are illustrative of this. Similarly, the principle of equivalence of care ensures that inmates have access to the same health services as the general population in Norway's prisons. Prison health services are integrated into the national health system, leading to care continuation throughout their provision prior, during and after prison (WHO, 2014). This approach focuses on voluntary participation in treatment with respect to prisoners' autonomy, and working with community health services on release. Such

integration is shown to drive health outcomes, help drive treatment participation, and improve acceptance of treatment and reintegration (Dolan et al., 2016).

7.4 Community Reintegration Plans

Realizing that recovery does not stop once you leave prison, many countries have strong programs for community reintegration that incorporate treatment based in the prison and post-release supports. Throughcare models (Dolan et al, 2016): Canada, New Zealand and the United Kingdom have implemented throughcare models so that prisoners with substance use disorders who enter an addiction treatment program do not remain prisoners and can access housing, work and ongoing counseling after release. These approaches address a primary issue with prison-based treatment, which is the risk that we may relapse without our support system or secure housing. Throughcare models support reintegration and long-term recovery and are effective in reducing reoffending when programs are implemented to aid transitioning out of incarceration and reintegrate into society.

7.5 Peer-Led, Culturally Personalised Interventions

Australia and New Zealand have already developed culturally sensitive interventions targeted at both incarceration and substance use among indigenous inmates. Such interventions are inclusive of old-style healing methods, cultural training, and peer support, acknowledging the role of identity, community, and spirituality in recovery (Gray et al., 2014). Peer-led efforts (in which the former prisoner or the prisoner becomes an advocate in and through the role of the mentor) have also been successful in promoting trust, alleviating stigma, and increasing engagement with treatment.

7.6 Evaluation and Evidence-based Practice

Successful international approaches always focus, at least in part, on continuous assessment and modifications (in this case, research) to their efforts. In the UK, Australia, and the US, there is a regular assessment of the effectiveness of prison-based addiction programmes, and data is used to tailor interventions, allocate resources, and inform policy (Mitchell et al., 2016). This evidence based practice environment also ensures programs do not simply react well are shaped by evidence, but instead remain on task whenever more trends and problems are emerging.

7.7 Key Lessons for India

International experience shows that to adequately address substance abuse in detention centres and their management of detention centers, the shift from punishment based control of substance abuse to effective and rehabilitative and health-centred approaches is crucial. Some of the most important things to learn are:

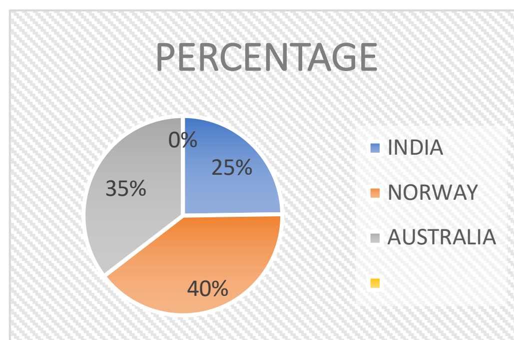
- Inmates who use drugs need to be carefully looked at and given care that is focused on them.
- How important it is to connect prison health insurance to community services for ongoing care.
- Reductions in disease transmission and stabilization of high-risk inmates through harm reduction initiatives.
- Peer support, cultural sensitivity, and community reintegration in the context of recovery.

Although resource limitations and contextual differences remain, they provide a guiding lens through which to reform substance abuse management in Indian prisons. Different forms of international approaches to

detention centre substance abuse support include therapeutic communities, harm reduction, integrated health services and community reintegration. These models highlight the need for a paradigm shift—of thinking of addiction as a health issue, of dignity of the prisoners, of support (of the rehabilitation of the prisoners, etc) and reintegration into society. The implementation and adaptation of these strategies shows the potential to improve inmate health and, subsequently, public safety and social justice for India.

8. COMPARATIVE ANALYSIS: INDIA VS. NORWAY AND AUSTRALIA

The management of substance abuse in prisons is a global challenge, but the approaches and outcomes vary significantly between countries depending on their resources, philosophies, and policy frameworks. By comparing India's approach with those of Norway and Australia—both recognized for their progressive correctional systems—valuable insights emerge for reform and improvement.



{Figure 1.2 (Author's own work) presents a comparison of substance abuse management in prisons, highlighting the global challenges faced by countries such as India, Norway, and Australia.}

8.1 Policy Philosophy and Legal Framework

The way in which the state of India looks at drug abuse in prisons is rooted in predominantly punitive thinking. The Narcotic Drugs and Psychotropic Substances (NDPS) Act can impose harsh punitive penalties for possession and intake, while the criminal justice system frequently conceptualizes addiction as a disciplinary problem, not one rooted in health problems. Hence, prison management is focused on control, surveillance, and punishment, with little support for rehabilitation or harm reduction (Kumar & Choudhury, 2020). Norway, by contrast, abides by the "principle of normality," which maintains that loss of liberty forms the only punishment and that life in prison should be as similar to life outside as possible. Drug abuse is handled as a health problem, not a moral failing. Norwegian practice states that prisoners must be provided a consistent standard of care as compared to the general population including full addiction treatment (WHO, 2014). It is a response to a fundamentally human rights, dignity, and rehabilitation focus. Australia continues to differentiate its system between states and territories, but one that is growing more towards a health-focused approach. Legislative frameworks promote diversion toward treatment programs for non-violent drug offenders and harm-reduction projects within the prison walls (Gray et al., 2014). Australia links substance abuse with social disadvantage that results from social disadvantage and recidivism, and that linkage is well documented and policy driven by public health and criminological research.

8.2 Screening, Evaluation, and Treatment

The only systematic screening for substance use disorders upon entry to a prison in India is quite few. The majority of inmates with addiction problems remain undiagnosed, and those diagnosed usually receive only modest detoxification, if any (NHRC, 2019). Evidence-based treatment is limited, like counseling, cognitive-behavioral therapy, or medication-assisted treatment (MAT), and limited to specific urban facilities in the long-run. Norwegian prisons perform comprehensive health assessments of all new inmates — including screening for substance use and mental health disorders. There's a whole range of treatment approaches: detoxification, MAT (e.g., methadone or buprenorphine for opioid reliance); psychological work; mental health counseling; and group therapy and peer support. These services are critical, and they integrate with the general health system within Norway to provide continuous care upon release (WHO, 2014). Australia has developed protocols for standardised screenings and assessments of risk prior to admission to the prison system. For many facilities, we have access to specialized drug treatment units, therapeutic programs, and appropriate treatment using MAT, including opioid substitution therapy. Psychological and behavioral interventions can be easily accessed, and some states have therapeutic communities in prisons (Gray et al., 2014). The correctional health services in Australia are becoming increasingly integrated into community health care to facilitate post release rehabilitation.

8.3 Harm Reduction and Health Promotion

There is limited use of the harm reduction approach in India's prisons. Programs addressing needle and syringe use, opioid substitution therapy, and overdose prevention are rare, or they are non-existent, in most facilities, mainly owing to legal restrictions, stigma, and lack of resources (Gupta et al., 2016). This leads to continued transmission of infectious diseases, a high relapse rate, and adverse health outcomes. Norway uses harm reduction to public health. Prisons provide MAT, testing for HIV and hepatitis, advising on the safe use of drugs, and at times access to clean injecting equipment (Dolan et al., 2016). Health education and peer-led interventions are promoted, and stigma is actively battled by staff training and policy. Australia is at the forefront of preventing harm in prison with its high level of MAT provision and targeted health education. Some jurisdictions have launched needle and syringe exchange programs, but these can be politically contentious. Health promotion initiatives promote positive drug use behaviors, promote health practices and incentivize the voluntary treatment process (Gray et al., 2014).

8.4 Rehabilitation and Reintegration

Indian prisons suffer widespread shortages of addiction counseling trained, social workers trained and people trained in rehabilitation. Most interventions are punitive in nature, emphasizing punishment over skills or reintegration. Few structured throughcare programs exist to connect inmates to community resources subsequently released leading to many repeated relapses or recidivism (NHRC, 2019). Norway's philosophy of incarceration values preparation for life after release above all else. Prison life is heavily reliant on vocational training, education, and community-level support. Prisoners with drug and alcohol addictions have personalised release protocols, and prison health works with community based support to ensure continued treatment (WHO, 2014). Some of those measures are part of what adds to Norway's incredibly low recidivism rates. Australia additionally leans toward throughcare, as most prisons run transition programs to connect prisoners with housing, work and community health services. At-risk populations benefit from both peer

mentoring and indigenous cultural support, and aftercare is viewed as essential to ameliorating relapses and fostering successful reintegration (Gray et al., 2014).

8.5 Outcomes and lessons for India

The contrasts in methodology yield sharply different results. Compared to India, former inmates in Norway and Australia report low rates of drug-related morbidity, infectious disease transmission, and recidivism. Health-oriented policies, comprehensive treatment, harm reduction, and strong community linkages have gone a long way.

This study of comparisons shows that India needs to do the following right away:

- Stop punishing people and start using methods that focus on health and rehabilitation;
- Schedule regular checkups and individualised care for people who abuse drugs;
- Use harm-reduction methods like MAT and teaching people about health;
- Spend money on training staff, multidisciplinary teams, and throughcare;
- Remove the stigma and help people rejoin society through coordinated rehabilitation and community care.

India can learn from Norway and Australia how to better and more kindly deal with drug abuse in prisons. This will benefit individuals, families, and society as a whole.

9. RECOMMENDATIONS TO INDIAN PRISONS

To treat substance abuse in Indian prisons we must have a holistic approach based on evidence and focus on rehabilitation rather than punitive measures which aim to heal offenders and help reintegrate them into society. Several actionable recommendations for the Indian prison authorities and policymakers can be derived from the international best practices and comparative research involving Norway and Australia.

9.1 Return Toward a Health-Focused Perspective

Indian prisons should instead view substance abuse as a public health problem instead of a disciplinary violation. This paradigm change means training prison staff — including medical officers, wardens, and counselors — to see addiction as a treatable disorder. Importantly, incorporating addiction treatment into regular prison health care and systematic screening, assessment, and individualized treatment planning protocols is essential. Early detection of prisoners who suffer substance use disorders notifies a timely intervention and significantly minimizes the chances of complications and recidivism.

9.2 Access to Research-Based Treatment

It is very important to have special units dedicated to de-addiction at all significant prisons. These units should offer a variety of services, such as medical detoxification, medication-assisted treatment (e.g., methadone or buprenorphine to treat opioid dependence), psychological counseling, and group therapy. Up-to-date intervention delivery will be facilitated with regular training and capacity building for healthcare and counseling staff. Collaborating with public health institutions and NGOs could reinforce these services.

9.3 Apply Harm Reduction Programs

The international community has established harm reduction as effective in the reduction of disease transmission and stabilization of high-risk inmates in the past. Prisons in India should test and scale up interventions such as opioid substitution therapy, needle exchange programs, and overdose prevention education where possible. There should be health promotion campaigns educating the need to address exposure to risk factors for unsafe drug use, HIV, and hepatitis that can influence behavior, and create an environment where inmates can seek help without fear of punishment or stigmatization.

9.4 Reinforcement of Rehabilitation and Reintegration Programmes

Rehabilitation cannot be siloed; substance abuse treatment would also be one, but not limited to substance abuse treatment but also related to skill-building, training, education, and mental health care. Structured vocational education and educational initiatives may enhance prisoners' chances at success upon release and decrease the chances of recidivism into drug misuse or criminal behavior. Successful throughcare connecting treatment that takes place in a prison with health, housing, employment, and social services in the community must be institutionalized, following Norway and Australia in what became law.

9.5 Counter Stigma and Promote Social Support

Stigma is a main barrier to any intervention's success. Such campaigns, which also feature peer-run support groups, and the provision of mentoring roles for ex-incarcerated individuals can all have a role in deconstructing negative images of addiction and incarceration. Sensitization training for prison staff and the rest of the prison population are needed to enable empathy, minimize discrimination against, and support reintegration of the addict.

9.6 Improving Policy Coordination and Data-Driven Practice

Policy coherence and resource allocation will require an integrated approach across all sectors, with the ministries of home affairs, health, and social justice ensuring the resources. And the feedback loop of ongoing monitoring, evaluation, and study could assist in improving interventions and making them more appropriate to the new demands placed on prison. Indian prisons, by emphasizing a more holistic, health-based, and rehabilitation approach, can ultimately become a step in breaking the cycle of addiction and incarceration, benefiting individuals as well as society in general.

10. CONCLUSION

Indian prison drug and alcohol abuse is a complex crisis, influenced by underlying institutional, social, and systemic problems within the prison system. The current repressive nature of punitive attitudes of the prison system as well as high levels of overcrowding, understaffing, and poor health infrastructure in this country's prisons has contributed in the form of long term cycle of drug addiction, poor health care, and recidivism in prison. Stigma and social marginalisation add to a difficult picture for access to success of reparation and rehabilitation within prison walls and upon discharge. In contrast, a comparative analysis with developed nations (Norway; Australia) illustrates the positive effects of moving away from a punitive to a rehabilitative, health-focused mindset. Inmates receiving the most targeted screenings, treatment tailored to their needs, harm reduction approaches, and strong reintegration programs result in significant improvements in inmate health,

decreased rates of disease transmission, and reduced rates of reoffending. Their journeys show the necessity to consider substance abuse an issue of public health as opposed to a moral failing or merely a criminal act. The way forward for Indian prisons is to take the best international practices and adapt the program's interventions to the local environment. Recommendations include the inclusion of addiction treatment in prison health care, expanded availability of evidence-based care, implementation of harm reduction programs, and the institutionalisation of throughcare and community connections. Stigma reduction, staff education, and policy coordination also remain important to create a supportive environment for recovery. The overall objective behind reforming the enforcement of substance abuse in Indian prison is more than simply ameliorating the outcome and individual well-being; it is also a matter of human rights and social justice. To truly implement these recommendations will take a sustained political will combined with intersectoral collaboration, and evidence-based policymaking of this very nature. Through such a holistic human rights oriented approach India can end the vicious addiction of incarceration cycle, and turn prison into a site of rehabilitation and hope for people who are now in a state of mind by adopting a progressive, humane and broad-based solution.

"When we are no longer able to change a situation, we are challenged to change ourselves." — Viktor E. Frankl

References:-

1. Brooke, D., Taylor, C., Gunn, J., & Maden, A. (1998). Substance misuse as a marker of vulnerability among male prisoners on remand. *British Journal of Psychiatry, 172*(5), 444–450. https://doi.org/10.1192/bjp.172.5.444.
2. Dolan, K., Wirtz, A. L., Moazen, B., Ndeffo-Mbah, M., Galvani, A., Kinner, S. A., ... & Altice, F. L. (2016). Global burden of HIV, viral hepatitis, and tuberculosis in prisoners and detainees. *The Lancet, 388*(10049), 1089–1102. https://doi.org/10.1016/S0140-6736(16)30466-4.
3. Fazel, S., Yoon, I. A., & Hayes, A. J. (2017). Substance use disorders in prisoners: An updated systematic review and meta-regression analysis in recently incarcerated men and women. *Addiction, 112*(10), 1725–1739. https://doi.org/10.1111/add.13877.
4. Gray, D., Saggers, S., Atkinson, D., Wilkes, E., & McGrath, J. (2014). Substance misuse and primary health care among Indigenous Australians. *Aboriginal and Islander Health Worker Journal, 38*(3), 24–29.
5. Gupta, S., Saini, N., Bharti, B., & Saini, V. (2016). Substance abuse in prisoners. *Industrial Psychiatry Journal, 25*(2), 129–134. https://doi.org/10.4103/ipj.ipj_41_16.
6. Kumar, M., & Choudhury, S. (2020). Mental health and substance use disorders in Indian prisons: A scoping review. *Indian Journal of Psychiatry, 62*(Suppl 3), S421–S433. https://doi.org/10.4103/psychiatry.IndianJPsychiatry_772_20.
7. Mitchell, O., Wilson, D. B., & MacKenzie, D. L. (2016). The effectiveness of prison-based drug treatment on recidivism: A meta-analysis of 30 years of research. *Journal of Experimental Criminology, 12*(4), 527–544. https://doi.org/10.1007/s11292-016-9269-0.
8. National Crime Records Bureau. (2022). *Prison Statistics India 2022*. Ministry of Home Affairs, Government of India. https://ncrb.gov.in/en/crime-in-india-2022.

9. National Human Rights Commission. (2019). *Report on Mental Health Care and Human Rights of Prisoners in India*. NHRC, Government of India.
10. Sirdifield, C., Marples, R., & Brooker, C. (2009). Substance misuse in prisoners. *BMJ, 339*, b4147. https://doi.org/10.1136/bmj.b4147.
11. Stöver, H., & Michels, I. I. (2010). Drug use and opioid substitution treatment for prisoners. *Harm Reduction Journal, 7*(1), 17. https://doi.org/10.1186/1477-7517-7-17.
12. World Health Organization. (2014). *Prisons and Health*. WHO Regional Office for Europe. https://www.euro.who.int/__data/assets/pdf_file/0005/249188/Prisons-and-Health.pdf.
13. European Monitoring Centre for Drugs and Drug Addiction. (2017). *Portugal: Country Drug Report 2017*. EMCDDA. http://www.emcdda.europa.eu/countries/drug-reports/2017/portugal_en.
14. MacDonald, M., Atherton, S., & Irving, S. (2013). Health promotion and substance misuse in prison. *International Journal of Prisoner Health, 9*(4), 169–181. https://doi.org/10.1108/IJPH-01-2013-0001.
15. Kinner, S. A., & Young, J. T. (2018). Understanding and improving the health of people who experience incarceration: An overview and synthesis. *Epidemiologic Reviews, 40*(1), 4–11. https://doi.org/10.1093/epirev/mxx018.
16. United Nations Office on Drugs and Crime. (2018). *Handbook on Strategies to Reduce Overcrowding in Prisons*. United Nations. https://www.unodc.org/documents/justice-and-prison-reform/Overcrowding_in_prisons_Ebook.pdf.
17. Binswanger, I. A., Nowels, C., Corsi, K. F., Glanz, J., Long, J., Booth, R. E., & Steiner, J. F. (2012). "From the prison door right to the sidewalk, everything went downhill," a qualitative study of the health experiences of recently released inmates. *International Journal of Law and Psychiatry, 35*(5–6), 447–455. https://doi.org/10.1016/j.ijlp.2012.09.002.
18. Lines, R. (2006). From equivalence of standards to equivalence of objectives: The entitlement of prisoners to health care standards higher than those outside prisons. *International Journal of Prisoner Health, 2*(4), 269–280. https://doi.org/10.1080/17449200600935679.
19. Jürgens, R., Nowak, M., & Day, M. (2011). HIV and incarceration: prisons and detention. *Journal of the International AIDS Society, 14*(1), 26. https://doi.org/10.1186/1758-2652-14-26.
20. Prins, S. J. (2014). Prevalence of mental illnesses in U.S. state prisons: A systematic review. *Psychiatric Services, 65*(7), 862–872. https://doi.org/10.1176/appi.ps.201300166.