

# Social Rehabilitation, Reintegration of Substance abusers and Sustainable Development Goals: Assessing attitudes of college students of Delhi NCR, India

By Upma Gautam<sup>1</sup>, Deeksha Bajpai Tewari<sup>2</sup>, Priya Das<sup>3</sup>, Vaishnavi Jaiswal<sup>4</sup>, Ankita Mishra<sup>5</sup>, Kanishka Verma<sup>6</sup> and Kriti Marjara<sup>7</sup>

## ABSTRACT:

**Background:** Effective and sustainable drug policy for youth in alignment with Sustainable Development Goal 3.5 encompasses two primary approaches: addressing the etiological factors and consequences of substance abuse and enhancing the health outcomes of young substance users while expanding rehabilitation opportunities.

**Aims and objective:** Effective social reintegration of young substance abusers requires understanding stigma among peers regarding the possibility and effectiveness of rehabilitation.

**Methods:** A self-designed questionnaire containing 28 Questions was administered to 453 (n=453) college students in Delhi NCR. Of the total 453 respondents, 281 (62.03 percent) were male and 172 (37.97 percent) female students.

**Results:** The mean attitude score for the substance abuse and abuser subscale was 22.99 (min = 11.50, max = 29). The mean score for the impropriety of substance abuse subscale was 11.139 (min = 3, max = 29). The mean score for the legal and policy response subscale was 23.10 (min = 10.29, max = 32.71). The mean score for the rehabilitation and reintegration subscale was 33.33 (min = 25, max = 44.88). More male respondents (75.44%) than female respondents (69.18%) believed substance abuse is a habit, not a disorder.

**Conclusion:** Out of all social-demographic factors, none significantly impacted the average attitude score on substance abuse and the abuser. However, average attitude scores on the impropriety of substance abuse subscale varied significantly across the course and year of study categories. Average attitude scores on the rehabilitation and reintegration subscale varied significantly across the gender and categories of respondents with drug users among their known groups. An integrated cohesive approach where various stakeholders' contributions are mutually reinforcing and holistic in addressing the social issue of substance abuse among college students needs to be adopted.

*Keywords: Rehabilitation, Social Reintegration, Institutional Interventions, College Students, Substance Abuse.*

## 1. Introduction

Substance use and dependence disorders have become a global public health concern, affecting individuals across different age groups, socioeconomic backgrounds, and cultures. The rise in substance use disorders (SUDs) worldwide has been driven by

<sup>1</sup> Professor, University School of Law and Legal Studies, Guru Gobind Singh Indraprastha University, New Delhi, India.

<sup>2</sup> Associate Professor, Department of Geography, Dyal Singh College, University of Delhi, India (*Corresponding Author*)

<sup>3</sup> Assistant Professor, Symbiosis Law School Noida.

<sup>4</sup> Ph.D. Research Scholar, University School of Law and Legal Studies, Guru Gobind Singh Indraprastha University, New Delhi, India.

<sup>5</sup> Ph.D. Research Scholar, University School of Law and Legal Studies, Guru Gobind Singh Indraprastha University, New Delhi, India.

<sup>6</sup> Ph.D. Research Scholar, Department of Geography, Delhi School of Economics, University of Delhi, India.

<sup>7</sup> Research Assistant, Indian Council of Social Sciences Research (ICSSR) Minor Research Project, 2023-24.

various factors, including increasing availability of substances, socio-economic stressors, and changing cultural attitudes towards drug use. The World Drug Report(s) have consistently highlighted the growing number of individuals affected by substance dependence, depicting the magnitude of the problem and, in doing so, underscoring the importance of effective targeted interventions.

In India, substance abuse is an escalating crisis, particularly among young people, with alcohol, cannabis, and opioids being the most commonly abused substances. National surveys indicate a steady rise in drug dependency, with vulnerable populations—including adolescents and marginalized communities—experiencing higher rates of addiction. The stigma associated with substance use in Indian society exacerbates the problem, discouraging individuals from seeking help and reinforcing social exclusion and discrimination. Moreover, while rehabilitation and harm reduction programs exist, their effectiveness is often undermined by negative public attitudes, inadequate policy implementation, and social resistance to treatment efforts. This systemic resistance limits access to essential services and perpetuates cycles of abuse and marginalization. Educational initiatives and community-based interventions remain underutilized, despite their potential to foster awareness and early prevention. Addressing these challenges requires a multifaceted approach that includes policy reform, destigmatization campaigns, and increased investment in mental health infrastructure. The substance abuse crisis in India is further complicated by socioeconomic factors and cultural norms that influence patterns of drug use and treatment-seeking behaviors. Economic disparities and rapid urbanization have contributed to increased stress and social dislocation, particularly among youth, leading to higher rates of substance abuse as a coping mechanism. Traditional family structures, which often serve as a protective factor, are evolving in urban areas, potentially reducing social support systems that might otherwise mitigate drug use. Additionally, the availability of illicit substances has increased due to porous borders and sophisticated trafficking networks, making drugs more accessible to vulnerable populations.

The response to this crisis has been hindered by a lack of comprehensive, evidence-based policies and insufficient resources allocated to prevention and treatment programs. While some urban centers have seen improvements in addiction services, rural areas remain severely underserved, creating a geographical disparity in access to care. The criminal justice system's approach to drug offenses, which often prioritizes punishment over rehabilitation, further compounds the problem by criminalizing addiction rather than treating it as a public health issue. To effectively address the substance abuse crisis, India must develop a more holistic strategy that integrates public health approaches, community engagement, and policy reforms to create a supportive environment for prevention, treatment, and recovery.

In the backdrop of the same, there's a growing need of – one, looking for treatment measures; two, to do so in a way that lines with the interests, health and well – being of the individual in need of help and treatment. Achieving the same, however, is easier said than done and requires us to understand and acknowledge the importance of destigmatising the society in general, and especially those closest to the concerned individual – their peers – family, friends, classmates, colleagues and the likes. Therefore, this study sets out to assess the attitudes of school and college going students in Delhi NCR to gauge whether or not they are stigmatising towards people who use substances –

particularly drugs, and then suggest methods of change so as to ensure better access to treatment and the encouragement of help – seeking to achieve proper rehabilitation and support their reintegration with society.

## **2. Review of Literature**

### **2.1 Contextualising Stigma: Substance – Use Disorders and Stigma:**

Substance use disorders are complex conditions that alter brain function, causing significant harm for individuals and society (Yang et al., 2017a). Although part of the broader category of mental illnesses, SUDs face heightened stigma driven primarily due to the perception that paints them as moral failings instead of medical conditions, reinforcing public misconceptions and impeding effective interventions (Bhandari et al., 2021; El Hayek et al., 2024a; Kulesza, 2013a; Rasinski et al., 2005; ROOM, 2005; Yang et al., 2017b). One major contributor to this take on SUDs in the Media, for its portrayals exacerbate stigma by depicting substance users as dangerous or irresponsible, using derogatory terms like “meth heads”, referring to SUDs as a ‘vice’, thus reinforcing negative stereotypes (Ghosh et al., 2022; Italy Country Drug Report, 2019; State of the Nation: A Stocktake of How New Zealand Is Dealing with the Issues of Drugs, 2019). Wanland, applying the Social Cognitive Theory (Bandura, 1971), highlights how media influences adolescent attitudes through observational learning and reciprocal determinism (Dey, 2017). This cyclical process reinforces public perceptions, which shape policies and further influence media portrayals. Media also impacts individuals with SUDs, contributing to self-stigma that hinders treatment-seeking (Barry et al., 2014; Mojtabai et al., 2014). However, positive portrayals, such as recovery success stories in health campaigns, can foster self-efficacy and encourage treatment (Livingston et al., 2012a).

In addition to this, several other themes concerned with the stigmatisation of SUDs have received attention from different scholars (El Hayek et al., 2024b; Kulesza, 2013b; Yang et al., 2017a). Some of these are concerned with (different forms of) stigma and demographic variables like age (Adlaf et al., 2009a; Crisp et al., 2005a), studied in different contexts (Ahern et al., 2007); education and marital status (Keyes et al., 2010a), producing mixed results. Gender has been found to play a key role, for it leads to double stigmatisation, due to its intersection with SUDs (Yang et al., 2017a), leading to greater shame and lower treatment seeking among women (O'Connor et al., 1994). Women have also been observed to have higher levels of public stigma against individuals using drugs (Brown, 2011), whereas men report greater perceived stigma (Keyes et al., 2010a). Racial disparities also shape stigma and the same has been studied by (Capitanio & Herek, 1999; Carliner et al., 2016; Fortney et al., 2004; Keyes et al., 2010b; Semple et al., 2005; Yang et al., 2017b). The variations brought out in each of the aforementioned studies underscore the complexity of stigma across different social dimensions. Across substance types too, stigma varies, with Injecting – Drug Users (IDUs) facing the most severe form of the same, also reporting a significantly positive relationship with both perceived and self-stigma (Latkin et al., 2010). The study by (Gyawali et al., 2018), however, contradicts this. In the case of alcohol, cocaine or tobacco dependence, public stigma was found to be more severe among the first two groups (Cunningham et al., 1993). In assessing the relationship between stigma and contact with someone who uses drugs, adolescent college students

and the general public exhibited lower public stigma towards peers having drug/alcohol dependence (Adlaf *et al.*, 2009b; Keyes *et al.*, 2010a). Additionally, self – stigma, self – efficacy and the refusal to drink alcohol were found to show a negative correlation (Schomerus *et al.*, 2011).

The degree of stigmatisation in relation to stereotypical attributes like those of dangerousness and unpredictability, decision – making ability and immorality have also been studied extensively across the US (Pescosolido *et al.*, 1999), UK (Crisp *et al.*, 2005b), the Netherlands (van Boekel *et al.*, 2013) and South Africa (Sorsdahl & Stein, 2010), among others, showing that individuals with drug and alcohol addiction, particularly cocaine addiction are widely perceived as dangerous and violent (Pescosolido *et al.*, 1999), while heroin users are seen as being more immoral than those with depression, schizophrenia or diabetes, but less than those committing theft or fraud (Mushtaq *et al.*, 2015).

Differences in how individuals stigmatise also exist within specific age categories. An example of the same can be found in studies conducted by (Adlaf *et al.*, 2009a; Plancherel *et al.*, 2005) revealing how adolescent drug stigma declines with age under the influence of personal and peer drug use, but rises again among older adolescents, specifically cannabis users, owing to the increased awareness of addiction's consequences. Adolescence is thus a crucial period for internalising social values, including stigmatising beliefs (Hinshaw, 2005; Schulze *et al.*, 2003; Spitzer & Cameron, 1995). These beliefs can either persist into adulthood (Wahl, 2002), or diminish, fostering greater tolerance (Burlew *et al.*, 2000). When studied in the context of non – western countries like Jordan (Abuhammad *et al.*, 2022), Turkey (Çirakoğlu & Işin, 2005) and India, a relatively stronger stigma against SUDs is highlighted, emphasising the role of social contexts in shaping attitudes.

A common effect that emerges from the multi – dimensional stigma around SUDs is delayed treatment – seeking, particularly in the formative stages of illness (Hammarlund *et al.*, 2018; Pelullo *et al.*, 2019). In conservative societies like India, Iran, the Arab region and certain other third world countries, families, although choosing to support individuals with SUDs, discourage them from seeking medical help due to affiliate stigma (Scoping of a Destigmatisation Programme on Drug Use and Drug Dependence, 2015). Moreover, healthcare professionals themselves may hold stigmatising views against those with SUDs, leading to suboptimal care and harm – reduction methods (van Boekel *et al.*, 2013). On part of the stigmatised, stigma – related fear, isolation and trauma can deter treatment-seeking, prompt early discharge, or lead to harmful, non-evidence-based treatments (Aronowitz & Meisel, 2022; Joseph & K, 2021).

## 2.2 Social Reintegration and Rehabilitation of Substance Abusers –

A review of proposed methodologies: Increasingly, attention is now being paid to the management of health – related stigma, defined as the socio – cultural process in which an individual's health – condition becomes the basis of devaluation, rejection and exclusion (Weiss *et al.*, 2006), through the diversion of resources towards the cause (Livingston *et al.*, 2012b). For the same, several therapies have been tailored to address the specific concerns self-stigma (Luoma *et al.*, 2008; Services Research Report: Skills Training and Employment for Ex-Addicts in Washington, D.C., 1978), social stigma (Luty *et al.*, 2007, 2009); and structural stigma (Bahora *et al.*, 2008; Ballon & Skinner, 2008). While most

methods, like empathy scale (Tu et al., 2019), show promise, their long-term usefulness is yet to be observed. Additionally, comprehensive recovery models have also been proposed which, briefly, are the - 1) Medical Model of Recovery (Nestler, 2001; Volkow et al., 2016); 2) Psychological Recovery Model (Marlatt & Donovan, 2005; Miller & Rollnick, 2013); 3) Social Model of Recovery (Moos, 2007); and, 4) The Integrated Recovery Model, which combines aspects of all the aforementioned models to constitute an approach to recovery that is physical, mental, emotional, spiritual, social and environmental (Laudet, 2007; Pierre Du Plessis, 2010). The practical integration of the recovery model(s) in the Indian scenario remains to be examined and is likely to vary from State to State based on their policies and other factors such as the rural urban divide, infrastructure, funding and local acceptance. The factors relevant in determining model adoption and sustainability offers a scope of future inquiry.

3. Objectives of the Study

To understand and analyse –

- 1. Stigma surrounding substance use disorders among adolescent peers and their attitude towards rehabilitation and reintegration of those with SUDs;
- 2. The relationship between gender and attitude towards rehabilitation and reintegration of individuals with substance dependence;
- 3. The relationship between age and attitude towards rehabilitation and reintegration of individuals with substance dependence;
- 4. The relationship between level of education and attitude towards rehabilitation and reintegration of individuals with substance dependence;
- 5. Make policy recommendations to facilitate a more destigmatised approach to the concerned process.

4. Hypotheses

H <sub>0</sub> : Null Hypothesis	H <sub>1</sub> : Alternate Hypothesis
There is no difference between the groups of male and female students in their Attitude towards Substance Abuse and Abuser Sub-scale, the impropriety of Substance Abuse Sub-scale, Legal and Policy Response Sub-scale, Rehabilitation and Reintegration Sub-scale.	There is a difference between the groups of male and female students in their Attitude towards Substance Abuse and Abuser Sub-scale, the impropriety of Substance Abuse Sub-scale, Legal and Policy Response Sub-scale, Rehabilitation and Reintegration Sub-scale.
There is no difference between the students of five age groups in their Attitude towards Substance Abuse and Abuser Sub-scale, the impropriety of Substance Abuse Sub-scale, Legal and Policy Response Sub-scale, Rehabilitation and Reintegration Sub-scale.	There is a difference between the students of five age groups in their Attitude towards Substance Abuse and Abuser Sub-scale, the impropriety of Substance Abuse Sub-scale, Legal and Policy Response Sub-scale, Rehabilitation and Reintegration Sub-scale.
There is no difference between the students	There is a difference between the students

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of undergraduate, postgraduate and others levels of study categories with respect to their attitude towards Substance Abuse and Abuser Sub-scale, the impropriety of Substance Abuse Sub-scale, Legal and Policy Response Sub-scale, Rehabilitation and Reintegration Sub-scale.

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## 5. Materials and Methods

### 5.1 Participants and Data Collection

For the purpose of this study, we surveyed college students using structured, cross-sectional questionnaires to assess the respondents' attitudes towards the practice of substance abuse, its impropriety, substance abusers, the legal and policy response to SA and, most importantly, the rehabilitation and reintegration of substance abusers into society. This study was conducted in the month of December, 2024, among students in colleges across Delhi and the National Capital Region (NCR). The practice of explaining and getting the forms filled out by the target-group was carried out offline, by physically visiting select locations – campuses of colleges constituting a part of the University of Delhi and (name of college in Ghaziabad). Even within the university of Delhi, conscious efforts were made to cover different campuses across the city so as to reach as many participants as possible. The respondents were thus chosen using the purposive random sampling technique. At some of these colleges, the distribution of the questionnaire to be filled out by the respondents was preceded by a sensitisation programme for which prior permissions were sought each time they were required. The questionnaires were administered in English, however, our field investigators were actively available to help translate the same to Hindi, if and when needed. Along with this, the scales used in the questionnaire were also simplified and explained. These measures were taken so as to facilitate as clear an understanding as possible, of each question, also helping curtail errors likely to arise in the process. Before having them begin marking their responses, the respondents were assured that their identities would be kept anonymous. In line with the same, no questions were asked with respect to their names, or those of their parents/guardians/peers.

### 5.2 Questionnaire

A questionnaire was framed based on the findings of the literature reviews conducted by other studies concerned with substance abuse, in particular, and the field of stigma against mental illnesses in general. At the beginning of the questionnaire, questions meant to establish a demographic profile of the respondents were added (gender, area of residence, parents' occupation, for instance), taking the reference of other studies, to ascertain if the prevalence of substance abuse has a correlation with them. The questionnaire was structured by dividing it into four distinct sections – the first section was aimed at understanding the respondents' attitudes towards substance abuse and the abuser and thus asked questions to gauge what they understood as constituting the abuse of substances and their perception of who abusers are, the practices that make one an

‘abuser’ of substances; the second section focused on the respondents’ views on the impropriety of substance use, giving them situations and conditions to help ascertain the same; the third section on legal and policy response included questions on the role of the police and college authorities in tackling substance abuse and how effective the respondents viewed them to be; the fourth and final section had questions pertaining to the rehabilitation and reintegration of substance abusers, with the aim of bringing out college students’ understanding of and readiness (or the lack of it) to support the same. It is to be noted that for each question, a scaling method was used. In the instance that a Likert scale was used, it was either of the ‘Strongly Agree-Strongly Disagree’ measure, or the ‘Never – Always’ measure. In a few select questions, respondents were asked to rank the options given by assigning them a number ranging from 1-4 or 1-5, also adding a note mentioning the highest and the lowest ranks among these for the sake of the ease of answering questions and ensuring clarity of responses.

6. Results and Findings

Demographic Profile

Table 1 – Preliminary Characteristics of the Respondents  
Variables N=453 Percentage (%)

<b>Gender</b>		
Male	281	62.03
Female	172	37.97
<b>Age Category (Years)</b>		
18-22	196	43.27
22-26	198	43.71
26-30	42	9.27
30-34	11	2.42
34 & above	6	1.32
<b>Education Level</b>		
Undergraduate/ Graduate	332	73.29
Post Graduate	98	21.63
Other	23	5.08
<b>Family Structure</b>		
Nuclear	194	42.83
Joint	259	57.17
Other	110	24.28

The study comprised a total of 453 respondents, of whom 281 (62.03%) were male and the remaining 172 (37.97%) were female. Approximately 87% of the participants were aged between 18 and 26 years. The educational levels considered in the study included Graduation, Post-Graduation, and Others (a category encompassing those not classified

under the first two categories). Among these, undergraduates constituted the largest proportion at 73.29%. At the post-graduation level, a higher proportion of females was observed compared to males (24.42% of the total females versus 19.93% of the total males). A similar trend of a higher proportion of female respondents was noted at the undergraduate level. More respondents reported belonging to a joint family (57.17%) than a nuclear family (42.83%). Regarding the occupations of the respondents' fathers, 40% were self-employed (including businessmen, entrepreneurs, and farmers) or engaged in 'other' fields (24.28%), which ranged from legal advisory roles, advocacy, teaching, and academic positions (without specifying whether in private or public institutions) to laborers and workers, indicating a diversity of economic backgrounds. The majority of the respondents' mothers (349) were homemakers, included in the 'other' (94.07%) category of employment. A significant proportion of respondents resided in Delhi (45.47%), followed by Ghaziabad, within the National Capital Region (NCR). The 'other' category in this context accounts for responses mentioning states such as Haryana, Rajasthan, Telangana, Odisha, and Kolkata. It is assumed that these respondents, although currently residing in the NCR, have indicated the state of their family's origin, likely referring to their place of permanent residence. Figures and percentages for each category are provided in Table 1.

## 6.1 Attitude towards Substance Abuse and Abuser

**Table 2 – Attitudinal Responses to Substance Abuse and Abuser**

		<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neutral</b>	<b>Agree</b>	<b>Strongly Agree</b>
	<b>Questions/Statements</b>	<b>N%</b>				
2.	Substance abuse is a habit, not a disorder	30 (6.62)	45 (9.93)	47 (10.38)	209 (46.14)	122 (26.93)
4.	Generally, substance abusers are also peddlers	18 (3.97)	64 (14.13)	109 (24.06)	213 (47.02)	49 (10.82)
5.	Substance abuser is a threat/bad influence to the well-being of his peer group	9 (1.99)	71 (15.67)	84 (18.54)	237 (52.32)	52 (11.48)
6.	Substance abusers continue using substances despite knowing or facing adverse social/psychological/physical implications	3 (0.66)	43 (9.49)	58 (12.80)	228 (50.33)	121 (26.71)
		<b>Never</b>	<b>Rarely</b>	<b>Sometimes</b>	<b>Often</b>	<b>Always</b>
7.	Gets into physical scuffle/fight with others	11 (2.43)	52 (11.48)	131 (28.92)	169 (37.31)	90 (19.87)
	Turns violent and uses filthy language	11 (2.43)	25 (5.52)	81 (17.88)	183 (40.40)	153 (33.77)
	Destroys physical property when high on drugs	9 (1.99)	23 (5.08)	112 (24.72)	186 (41.06)	123 (27.15)
	Hurts/injures himself while on drugs	8 (1.77)	32 (7.06)	175 (38.63)	110 (24.28)	128 (28.26)
	Gets involved in sexual abuse	15 (3.31)	63 (13.91)	171 (37.75)	136 (30.02)	68 (15.01)



He is aloof to the feeling of others	12 (2.65)	29 (6.40)	143 (31.57)	176 (38.85)	93 (20.53)
Commits petty offences to fulfil his needs	10 (2.21)	34 (7.51)	132 (29.14)	174 (38.41)	103 (22.74)
Become friends with peddlers	11 (2.43)	39 (8.61)	124 (27.37)	151 (33.33)	128 (28.26)

To assess attitudes towards substance abuse and individuals who misuse substances, seven questions were posed. This inquiry is crucial, as a positive attitude among peers is considered a prerequisite for the rehabilitation and reintegration of substance abusers, particularly among youth and generally among all individuals. Overall, the substance abuse and abuser subscale recorded a mean attitude score of 22.99 (min=11.50, max=29), with a standard deviation of  $\pm 2.53$ . A significant share of respondents agreed (cumulatively, over 70%, including 'Agree' and 'Strongly Agree' scores) that substance abuse is a habit, not a disorder. More male respondents (75%) than female respondents (69%) believed so. This reflects the larger belief driving negative perceptions of those abusing substances, placing responsibility on the abuser. This is supported by the belief of a significant share (64%) that substance abusers are a bad influence on their peer group. Mean responses by gender reveal both men and women agreed equally. Although 47% agreed that substance abusers are also peddlers, this wasn't as significant as the other two, with many reporting a neutral response. Mean responses by gender reveal a higher value for females (3.56) than males (3.41). A higher mean response indicates more agreement with the attitude statement. A significant proportion (77%) agreed that substance abusers continue abuse despite awareness of negative implications, with only 10% disagreeing. Mean responses by gender show a higher value for females (3.97) than males (3.9). No women respondents strongly disagreed with this statement. A summary of these points is given in Table 2.

Negative behavioural attitudes are assigned to substance users. They are termed "violent", 'dangerous' and 'difficult' to deal with. The attachment of these with the aforementioned labels lead to the formation of stereotypes practiced repeatedly against those with SUDs, over time. Moreover, public attitudes towards drug addiction are significantly more negative compared to mental illness, with people more willing to accept discriminatory practices against individuals with drug addiction (Barry et al., 2014). The implication of these negative behavioral attitudes and stereotypes towards substance users is that individuals with substance use disorders (SUDs) may face significant barriers to seeking help, receiving appropriate treatment, and reintegrating into society. The more severe stigmatization of drug addiction compared to mental illness suggests that those with SUDs are likely to experience greater discrimination in various aspects of life, including healthcare, employment, and social interactions. This stigma could potentially perpetuate the cycle of addiction by discouraging individuals from seeking necessary support and treatment, ultimately hindering efforts to address substance use issues at both individual and societal levels.

In this study, the respondents were largely found agreeing that substance abusers are likely to get into fights with others, turn violent, use filthy language, commit petty crimes, destroy physical property and sexually abuse, if not often, then sometimes. These findings bring forward the fact that abusers of substances are seen as having attributes like

violent behaviour, which serve as the grounds for their stigmatisation and exclusion. In terms of income category, a significant share of respondents believed that substance abuse is the highest among students belonging to the middle income group (64.68%), followed by the low income group. This can perhaps be attributed to the youth turning to the abuse of substances as an escape from bigger challenges such as, one being that of hunger, or coming in association with peddlers for the purpose of selling substances to others for money, eventually beginning to use them themselves, among other reasons. Conversely, more than half of them perceived substance abuse to be the lowest among high – income groups. When asked to rank likely deterrents to substance abuse among the youth, ranging from 1 (most feared) to 4 (least feared), a significant share of the respondents ranked ‘family’ as 1, followed by police action. This could be attributed to the family being a key conditioning factor, especially negatively, towards all kinds of behaviour seen as forms of deviance, substance abuse being one of them and that the police is one of the primary actors/affecters of the punitive approach taken to tackle substance abuse, both stemming from and giving further impetus to the stigma surrounding substance abuse.

## 6.2 Attitude towards impropriety of Substance Use

Attitudes towards substance use among college students are complex and multifaceted, influenced by various factors such as peer pressure, social norms, personal experiences, and cultural backgrounds. Many students perceive substance use as a normal part of college life, often associating it with social bonding, stress relief, and experimentation. However, there is also a growing awareness of the potential negative consequences, including academic performance issues, health risks, and legal ramifications. This dichotomy creates a tension between the perceived benefits and the recognition of impropriety. The perception of impropriety regarding substance use can vary significantly among different student groups. Some may view certain substances as more acceptable than others, drawing distinctions between alcohol, marijuana, and harder drugs. Factors such as religious beliefs, family values, and academic goals can also shape individual attitudes. Additionally, campus policies, educational programs, and public health initiatives play a role in influencing students' perspectives on the appropriateness of substance use. As societal attitudes towards certain substances evolve, particularly with changing marijuana laws, college students' views on the impropriety of substance use continue to shift and adapt.

This study assessed the perceived degree of impropriety associated with substance use by respondents through three questions, each encompassing a range of situations and conditions to account for all potential contexts. The mean attitude score of this subscale is 11.139 (Min = 3; Max = 29), with a standard deviation of  $\pm 3.00$ . About 60% of respondents agreed (60%) that substance abuse is wrong, even if it doesn't impact performance adversely, is affordable, used in private spaces, does not lead to acts of indiscipline, is consumed in cultural festivals or parties, advertised by celebrities and/ or consumed by family members. This points to the great degree of impropriety that the population associated with the use of substances, under all circumstances. In specific context of the aforementioned conditions, the largest share of respondents checking ‘Agree’ with respect to the impropriety of substance abuse was found in response to the situation being “Used at Private Spaces” (42.60%). ‘Strongly Agree’ was found to be the

most significant response (40.18%) in the case of “Advertised by famous celebrities”. In response to “Consumed in Cultural Festivals”, however, a significant share of respondents (22.08%) recorded a neutral response, reflecting that the culturally sanctioned use of substances, which happens to be quite common among different communities across the country, isn’t considered to be as bad as the others and may thus be given a certain degree of leeway. The findings of this section, once again affirm that, attuned to that of the general population, even college students believe substance abuse to be wrong in most cases, with subtle differences in the degrees of agreement/disagreement in response to each condition. Mean responses disaggregated by gender reveal that for all questions, women have a higher mean response than men. A higher mean response indicates a higher level of agreement with the statements regarding impropriety of substance use. More women respondents agree to the impropriety of substance use under different conditions provided in the questionnaire.

In the case of the perceived effects of substance abuse where 35% and 41% of the population, respectively, agreed and strongly agreed that the use of substances has adverse health impacts, brings a bad name to the family, is difficult to stop and is an offence that can lead to arrest by the police, the trend can be seen continuing. The most significant share of agreement came in response to substance abuse being a waste of money (56.51%), followed by it having adverse health impacts (52.32%). Furthermore, while a considerable proportion of the respondents agreed that the abuse of substances is an offence, not all showed agreement to it resulting in arrest (51.88%). This can perhaps be taken as an indication of wanting ways other than arrest to address substance abuse. But, an overwhelming large proportion of respondents (75.28%) agreed that substance abuse leads to commission of further offences. An overwhelming large proportion of respondents (75.28%) agreed that substance abuse leads to commission of further offences. This perception aligns with numerous studies that have demonstrated a correlation between drug use and recidivism rates. Substance abuse often creates a cycle of addiction and crime, where individuals may commit offenses to support their habit or engage in criminal behavior while under the influence. Furthermore, this high percentage of agreement suggests that addressing substance abuse could be a key factor in reducing repeat offenses. It highlights the potential importance of rehabilitation programs, addiction treatment, and support services within the criminal justice system. Implementing comprehensive strategies that focus on substance abuse prevention and treatment may not only benefit individuals struggling with addiction but could also contribute to overall public safety by potentially lowering recidivism rates.

On a more positive note, 40.18% of the respondents agreed that it is difficult to stop substance abuse. This acknowledgement can be taken as a significant first step towards having college students sensitised and trained to provide peer – support to substance abusers in recovery and their eventual and gradual reintegration. With respect to the penalisation of substance abuse (under various circumstances), 60% of the respondents were found marking ‘Agree’ and ‘Strongly Agree’ points on the scale, cumulatively). The most significant agreement (41.72%) came in response to substance abuse being penalised even if the substances are inexpensive and thus affordable. In contrast, A substantial proportion of respondents expressed disagreement with the penalization of substance abuse, even when it occurs for the first time (30%). Mean

responses disaggregated by gender reveal that for this question, women have a lower mean response (3.17) than men(3.28). A higher mean response indicates a higher level of agreement with the statement about attitude towards penalization of substance abuse. Thus, more male respondents were in favour of a punitive action for a first-time abuser. This finding suggests a distinction between first-time and habitual offenders, which is an encouraging insight from the sample of college-level students. This perspective could be leveraged to protect new users from developing substance abuse disorders by intervening early in their usage patterns. The sample of college-level students demonstrates a nuanced understanding of substance abuse issues. This perspective could inform early intervention strategies for new substance users. Students' views indicate a preference for supportive rather than punitive measures for first-time offenders. The findings could contribute to the development of more effective substance abuse policies in educational settings. Longitudinal studies can be devised to track attitudinal changes amongst the subjects pre- and post-interventions to test the effect of awareness programmes- whether it reduces stigma or reinforces punitive preferences amongst youth. Details of figures for responses to each question have been given in Table 3.

**Table 3 – Attitudinal Response to Impropriety of Substance Use**

S. No.	Situation /Condition	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Mean Score
<b>8 - Substance Abuse is wrong, even if it is -</b>	Not adversely impacting performance	70 (15.45%)	85 (18.76%)	60 (13.25%)	135 (29.80%)	103 (22.74%)	3.55
	Inexpensive/Affordable	38 (8.39%)	65 (14.35%)	68 (15.01%)	170 (37.53%)	112 (24.72%)	
	Used at Private Spaces	26 (5.74%)	47 (10.38%)	95 (20.97%)	193 (42.60%)	92 (20.31%)	
	Not causing acts of indiscipline	69 (15.23%)	90 (19.87%)	76 (16.78%)	122 (26.93%)	96 (21.19%)	
	Used in parties	33 (7.28%)	46 (10.15%)	75 (16.56%)	167 (36.87%)	132 (29.14%)	
	Consumed by family members	61 (13.47%)	54 (11.92%)	70 (15.45%)	134 (29.58%)	134 (29.58%)	
	Grown naturally on its own	43 (9.49%)	63 (13.91%)	90 (19.87%)	138 (30.46%)	119 (26.27%)	
	Increases Popularity	43 (9.49%)	47 (10.38%)	76 (16.78%)	167 (36.87%)	120 (26.49%)	
	Available in open market/regular shops/pharmacy	47 (10.38%)	36 (7.95%)	68 (15.01%)	166 (36.64%)	136 (30.02%)	

	Consumed in cultural festivals	26 (5.74%)	61 (13.47%)	100 (22.08%)	147 (32.45%)	119 (26.27%)	
	Advertised by famous celebrities	29 (6.40%)	34 (7.51%)	64 (14.13%)	144 (31.79%)	182 (40.18%)	
<b>9 - Substance Abuse</b>	Adversely impacts health	22 (4.86%)	21 (4.64%)	21 (4.64%)	152 (33.55%)	237 (52.32%)	4
	Is difficult to stop	15 (3.31%)	43 (9.49%)	40 (8.83%)	182 (40.18%)	173 (38.19%)	
	Results in arrest	32 (7.06%)	47 (10.38%)	139 (30.68%)	131 (28.92%)	104 (22.96%)	
	Brings bad name to family	23 (5.08%)	23 (5.08%)	62 (13.69%)	183 (40.40%)	162 (35.76%)	
	Adversely impacts studies	16 (3.53%)	41 (9.05%)	50 (11.04%)	145 (32.01%)	201 (44.37%)	
	Is a waste of money	18 (3.97%)	19 (4.19%)	30 (6.62%)	130 (28.70%)	256 (37.75%)	
	Leads to commission of offences	28 (6.18%)	25 (5.52%)	59 (13.02%)	171 (37.75%)	170 (37.53%)	
<b>10 - Substance abuse should be penalised, even if it is -</b>	Not adversely impacting performance	42 (9.27%)	48 (10.60%)	83 (18.32%)	159 (35.10%)	120 (26.49%)	3.58
	Inexpensive/Affordable	22 (4.86%)	59 (13.02%)	76 (16.78%)	189 (41.72%)	107 (23.62%)	
	Taken for the first time	47 (10.38%)	88 (19.43%)	126 (27.81%)	92 (20.31%)	100 (22.08%)	
	Used at Private Spaces	27 (5.96%)	45 (9.93%)	101 (22.30%)	176 (38.85%)	104 (22.96%)	
	Not causing acts of indiscipline	36 (7.95%)	55 (12.14%)	100 (22.08%)	161 (35.54%)	101 (22.30%)	
	Used in parties	22 (4.86%)	57 (12.58%)	71 (15.67%)	179 (39.51%)	124 (27.37%)	
	Available in open market/regular shops/pharmacy	28 (6.18%)	64 (14.13%)	63 (13.91%)	159 (35.10%)	139 (30.68%)	
	Consumed in cultural festivals	33 (7.28%)	46 (10.15%)	103 (22.74%)	164 (36.20%)	107 (23.62%)	

### 6.3 Attitude towards Legal & Policy Response

The attitude of college students towards legal and policy response was measured with the help of 7 questions, responses to which resulted in a mean score of 23.10 (Min=10.29, Max=32.71) and a standard deviation of  $\pm 3.63$ . Gauging the same is of importance for it can either reinforce rigid and punitive approaches to substance abuse, or

facilitate a shift towards a more sensitive and inclusive harm-reduction-based method. A significant 71.3% of the students were found to be of the belief that the police must arrest both- those who use drugs and the ones who sell them. When seen together with the responses for questions on whether police action should be different for the two groups and if arrest should be restricted to only peddlers of narcotic-substances, it can be understood as implying that the sample of college students wants both sellers and users of drugs to be treated the same. This is in accordance with the long – standing societal perception which, as a consequence, supports the adoption of a punitive approach, becoming a cause of concern as this prevalent view is likely to continue acting as a hindrance in the treatment and possible recovery of substance abusers, also influencing their chances of reintegration (Table 4). Furthermore, this particular take on substance abuse and abusers being common among the college students also has significant ramifications for the future, for this demographic has the power to shape and re-shape narratives pertaining to the concerned challenge. Between counselling sessions on substance abuse in college and awareness and sensitisation campaigns pertaining to the same, conducted inside or outside college, the former was found to be more promising, with 39.5% of the respondents agreeing with its potential efficacy, as opposed to 35.54% disagreeing with that of the latter (Table 4). A considerable 45.7% of the respondents agreed to substance abusers being caught by the police having a very small quantity of substances for personal consumption. Seeing this as an indication of the belief that most of the quantity of substances in such cases is meant for selling can perhaps be one of the reasons why a differentiated and graded legal and police response for sellers and users (brought out by questions 11, 12 and 13) isn't supported. In terms of the ideal institutional response, while 40.30% of the students agreed to each of the given responses being suitable, however, 'Imposing Fine' and 'Mandatory Rehabilitation' received the most significant support, 48.34% and 45.07%, respectively. these were followed by medical intervention, supported by 41.28% of the respondents. Although there isn't a significant difference between the two, that medical intervention is still given precedence over police intervention can be seen as a positive sign (Table 4).

**Table 4 – Proportion of Attitudinal Response to Legal & Policy Approaches**

S.No.	Condition/Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
12	Police action should be different for those who sell drugs and those who consume them	7.95%	8.83%	12.36%	43.93%	26.93%
13	Arrest should be restricted to only peddlers of narcotics substances	13.47%	35.54%	17.66%	26.27%	7.06%
14	Counselling sessions in college are effective in stopping substance abuse	2.21%	19.87%	18.76%	39.51%	19.65%

15	Awareness programmes inside/outside college are taken seriously by students	4.64%	28.70%	22.30%	26.27%	18.10%
16	Substance Abusers caught by police generally have very small quantity of substances	4.42%	15.23%	26.27%	45.70%	8.39%
17 - Ideal institutional response to reports of substance abuse is -	Temporary removal from vicinity	5.30%	14.13%	33.11%	35.10%	12.36%
	Imposing fine	2.87%	10.60%	17.44%	48.34%	20.75%
	Police Intervention	5.52%	13.25%	20.97%	40.18%	20.09%
	Medical Intervention	3.75%	3.97%	15.23%	41.28%	35.76%
	Family Intervention	2.43%	3.53%	17.44%	39.74%	36.87%
	Mandatory rehabilitation	3.31%	2.43%	19.43%	45.70%	29.14%
	Police intervention & mandatory rehabilitation	5.96%	13.02%	15.01%	31.79%	34.22%

#### 6.4 Attitude towards Rehabilitation and Reintegration

Given the relative importance of this subscale, 11 questions were used to understand college students' attitudes towards the rehabilitation and reintegration of substance abusers. This is important because college students are vulnerable to substance abuse and can play a pivotal role as peers, providing support to addicts while setting the tone for future policy approaches. This subscale recorded a mean attitude score of 33.33 (min=25, max=44.88), with a standard deviation of  $\pm 3.31$ . 34.22% of respondents disagreed that addicts do not deserve sympathy or support from the system, reflecting a positive attitude. 47.68% agreed that substance abusers consume more substances to avoid withdrawal symptoms, and 32.89% believed that substance abusers can lower or stop consumption through willpower (Table 5a). Regarding factors making it difficult for substance abusers to leave drugs, students ranked them from 1 (most difficult) to 5 (least difficult) (Table 5b). 52.32% ranked 'friends/groups consuming any drugs' as 1, while 30.68% ranked 'bad health condition on leaving drugs' as 5. This reflects the strong influence of friends/peers, seen as stronger than family and other factors. Peer influence on drug use pattern has been validated in numerous global studies focusing on youth behavior (Kandel, 2008; Henneberger et al, 2020). Thus, this group should be considered an important target for complete recovery and rehabilitation. A significant 65.34% of respondents believe counselling and medical treatment can lead to recovery with possible relapse. Compared to the 0.88% who believe it has no impact, this finding re-affirms counselling's positive role in tackling substance abuse. About 61% of students believed treatment at rehabilitation centres has an attached family stigma (Table 5a), which can deter individuals from accessing facilities. While 37.53% agreed that longer stays at rehabilitation centres lessen chances of societal acceptance, 28.92% disagreed and 20.53% were neutral, indicating potential for destigmatising rehabilitation and reintegration. Family members (83%) were seen as most likely to trust a person treated for substance abuse,

followed by peers and teachers, while neighbours and extended family were least likely (Table 5b). Regarding reintegration of substance abusers after rehabilitation, 33.87% agreed it would be difficult, while 23.05% were neutral and 24.07% disagreed. This small gap suggests potential for destigmatising attitudes towards reintegrating treated/recovered addicts. A significant share of respondents disagreed that individuals would be unwelcome at family gatherings, disliked by the opposite gender, or disrespected by younger siblings. However, many agreed they would face challenges in college responsibilities, job hunting, work focus, peer interactions, and fear of relapse after rehabilitation (Table 5a).

**Table 5 – Proportion of Attitudinal Response to Rehabilitation and Reintegration (a)**

S.No.	Questions/Statements	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
18	Addiction is a self-created problem and addicts do not deserve any sympathy or support of the system.	15.01%	34.22%	22.30%	19.43%	9.05%
19	Substance abusers generally consume more substances to avoid withdrawal symptoms.	3.97%	7.51%	18.54%	47.68%	22.30%
20	Substance abuser can stop/lower/decrease substance consumption by his will power.	5.96%	16.56%	19.43%	32.89%	25.17%
23	For treating substance abuse, hospitalization is a better option than rehabilitation centres.	7.51%	26.71%	32.67%	26.71%	6.40%
24	Treatment at rehabilitation centres has an attached stigma for the family.	0.44%	14.35%	24.28%	50.77%	10.15%
25	Long duration of stay at rehabilitation centre, lessens the chances of getting accepted back in the society.	5.52%	28.92%	20.53%	37.53%	7.51%
27	Even if the person gets treated at rehabilitation centre for substance abuse-					
	He will not be welcomed in family get-togethers	13.02%	40.62%	20.31%	21.63%	4.42%
	He will not be given responsibilities at college/job	13.47%	27.15%	23.84%	30.02%	5.52%
	He will be disliked by the opposite gender	11.70%	38.85%	20.97%	24.28%	4.19%



Reduced prospects of getting married	9.27%	19.21%	31.13%	29.80%	10.60%
He will have problem in intermixing with peers	8.61%	23.84%	31.57%	31.79%	4.19%
He will not be respected/loved by younger siblings	8.39%	35.54%	19.21%	25.83%	11.04%
He will face trouble in finding jobs	5.08%	19.87%	22.30%	33.77%	18.98%
He will be prompted by friends to start using it again	3.75%	21.19%	17.66%	42.38%	15.01%
He will face trouble in focusing/concentrating on workplace	4.42%	13.69%	23.40%	46.80%	11.70%
He will always be under constant fear of getting into drugs again	3.31%	12.36%	18.32%	47.24%	18.32%
He will always want to get back that feeling of addiction	3.31%	12.36%	24.72%	38.85%	20.75%

As part of the final question, respondents ranked the perceived importance of institutions in preventing substance abuse, from 1 (most important) to 5 (least important) (Table 5b). 'Parental Engagement', 'Peer-Led Education Programmes' and 'Mental health and Coping Support' were ranked as 1 or 2 by a significant share of respondents, followed by 'Educational Institutions', 'Role of Media', 'Community', 'Law and Policy' and 'State'. These findings are significant as parents are considered the first teachers for children, playing a crucial role in imbibing social norms and attitudes. Parents' destigmatised attitude towards substance abusers, paired with open conversations about substance use prevention, can be pivotal. Trained individuals of the same age group can effectively provide guidance and support to peers, changing social perceptions and attitudes. Substance abuse has close ties with mental health issues; thus, support for stress, anxiety, and depression can create a positive attitude towards rehabilitation and reintegration of addicts, while also serving a preventive role. Educational institutions with peers and teachers play a key role in reinforcing or challenging existing norms and beliefs. Through counselling and awareness campaigns, they can promote a more sensitive approach to substance abuse. Electronic media also carries influence through its content representation. Films, reels, e-campaigns, and advertisements showing recovered addicts positively can inspire hope for those struggling with addiction, while encouraging caution and prevention. The state, community, law and police, along with the aforementioned actors, need to collaborate to develop a balanced approach that discourages substance use while promoting destigmatising attitudes towards those recovering from addiction.

**(b) – Questions 21, 26 and 28**

S. No.	Questions/Statements	Ranks				
		1	2	3	4	5

21	Factors making it difficult to leave drugs					
	Friends/Group consuming drugs	52.32%	21.19%	14.57%	5.52%	6.40%
	It is easily available in the nearby area	9.05%	27.15%	30.68%	22.08%	11.04%
	It is cheap & affordable	15.45%	19.87%	34.66%	18.76%	11.26%
	It is consumed in family/extended family	10.82%	14.79%	12.14%	23.84%	38.41%
	Bad health condition on leaving drugs	12.80%	16.34%	9.93%	30.24%	30.68%
26	If a person gets treated for substance abuse, who will still trust him? -					
	Family Members	83.00%	9.93%	3.53%	0.66%	2.87%
	Peers	11.04%	35.76%	37.75%	7.73%	7.28%
	Teachers	3.53%	39.96%	30.46%	14.79%	11.26%
	Neighbours	0.88%	5.08%	9.93%	41.06%	43.05%
	Relatives and Extended Family	1.10%	8.83%	18.54%	34.22%	37.31%
28	Importance of Institutional Actors in Prevention of Substance Abuse					
	State	23.84%	22.30%	29.14%	14.57%	10.15%
	Educational Institutions	26.93%	36.20%	13.25%	14.35%	9.27%
	Peer-led Educational Programmes	30.68%	40.62%	10.38%	7.51%	10.82%
	Mental Health & Coping Support	37.53%	29.58%	10.82%	10.82%	11.26%
	Parental Engagement	48.34%	20.97%	9.49%	9.05%	12.14%
	Role of Community	29.80%	24.50%	17.88%	19.43%	8.39%
	Law & Policy Initiatives	26.71%	25.39%	16.78%	25.61%	5.52%
	Electronic Media	32.01%	24.28%	18.76%	13.25%	11.70%

## 6.5 Gender and Attitude towards Social Rehabilitation, Reintegration of Substance Abusers

Scale	Sex		<i>t</i>	<i>df</i>
	<i>Male</i>	<i>Female</i>		
Attitude towards Social Rehabilitation, Reintegration Composite Scale	26.76	26.76	-0.01	451
<b>Attitudes towards-</b>				
Substance Abuse and Abuser	22.96	23.05	-0.38	450
Impropriety of Substance Abuse	28.02	28.69	-0.74	450
Legal and Policy Response	23.17	22.99	0.51	451
Rehabilitation and Reintegration	33.51	33.05	1.44*	451

The descriptive statistics showed that there was no difference in mean values of males ( $M = 26.76$ ,  $SD = 2.24$ ) and females ( $M = 26.76$ ,  $SD = 2.12$ ). for the Attitude

towards Social Rehabilitation, Reintegration Composite Scale. A two-tailed t-test (independent samples) showed that the difference between male and female in terms of the attitude towards social rehabilitation, reintegration of substance abusers composite scale was not statistically significant,  $t(451) = -0.01$ ,  $p = 0.991$ . Thus, the null hypothesis stating that there is no statistically significant difference between the responses of male and female respondents regarding the attitude towards social rehabilitation, reintegration of substance abusers composite scale was not rejected.

An examination of gender differences in responses to subscales representing attitudes towards substance abuse and abusers, impropriety of substance abuse, legal and policy responses, and rehabilitation and reintegration of substance abusers was conducted. A more in-depth analysis was undertaken to uncover potential discrepancies between genders. Descriptive statistics showed a difference in mean values of males and females for the Attitude towards substance abuse and abuser Scale, impropriety of substance abuse, legal and policy response and rehabilitation and reintegration scale. The higher mean value for females indicates a higher level of agreement with statements about substance abusers and abuse scale and impropriety of substance abuse scale. A two-tailed t-test for independent samples (equal variances assumed) showed that the difference between males and females regarding all the sub-scales barring rehabilitation and reintegration subscale was not statistically significant. The gender-based variation pertaining to rehabilitation and reintegration subscale necessitates a more nuanced inquiry into the gendered socialization and its effect on rehabilitation support. Addressing such biases could improve inclusivity in institutional programs while also informing gender-sensitive outreach strategies for stigma reduction.

### 6.6 Age and Attitude towards Social Rehabilitation, Reintegration of Substance Abusers

In order to determine the impact of participants' age on the Attitude towards Social Rehabilitation, Reintegration Composite Scale as well as on the individual subscales, a one-way analysis of variance (ANOVA) was conducted. The results of the ANOVA revealed that there was no statistically significant difference between the different age categories and the total Attitude towards Social Rehabilitation, Reintegration Composite Scale ( $F = 0.95$ ,  $p = 0.436$ ). Consequently, the null hypothesis that there is no difference in Attitude towards Social Rehabilitation, Reintegration between the age categories was upheld.

Scale	Age Categories(Years)					ANOV A(F)	p
	18-22	22-26	26-30	30-34	34+		
Attitude towards Social Rehabilitation, Reintegration Composite Scale	26.69 ±2.16	26.91 ±2.24	26.36 ±2.3 2	26.76± 1.66	26.74±1.8 7	0.63	0.641
<b>Attitudes towards-</b>							
Substance Abuse and Abuser	23.21 ± 2.71	22.92 ±2.4	22.5 ±2.4 1	22.91± 2.05	22.23±1.9 1	0.95	0.436

Impropriety of Substance Abuse	29.09 ±6.97	27.89 ±7.77	26.59 ±8.32	28.33± 3.20	28.4±6.11	0.83	0.51
Legal and Policy Response	22.74 ±3.75	23.56 ±3.71	22.59 ±3.02	22.76± 2.1	24.33±2.1 9	1.71	0.148
Rehabilitation and Reintegration	32.92 ±3.18	33.66 ±3.36	33.84 ±3.22	33.62± 4.31	32.52±3.3 8	1.62	0.169

Upon examination of the three age categories, it was observed that the age group, consisting of participants between 22 and 26 years of age, had the highest mean score (26.91) on Attitude towards social rehabilitation, reintegration composite scale. In contrast, the older age groups, had lower mean scores. This reflects that as the age of the participants increased, their level of agreement with stated statements tended to decrease, though not significantly.

Undertaking a one-way analysis of variance (ANOVA) for all subscales, the present research aimed to determine the influence of age on participants' responses. The ANOVA results indicated that there was no statistically significant difference among the various age categories concerning all the subscales. In line with the composite scale, the null hypothesis that there is no disparity in all the subscales among age categories was sustained in each of the subscales.

## 6.7 Level of Study and Attitude towards Social Rehabilitation, Reintegration of Substance Abusers

Scale	Level of Study			ANOVA( <i>F</i> )	<i>p</i>
	Undergraduate	Postgraduate	Others		
Attitude towards Social Rehabilitation, Reintegration Composite Scale	26.76±2.19	26.86±2.31	26.28 ±1.63	0.66	0.515
<b>Attitudes towards-</b>					
Substance Abuse and Abuser	22.99±2.7	23.05±2.01	22.87 ±1.87	0.05*	0.004
Impropriety of Substance Abuse	28.39±7.32	28.36±7.49	26.31 ±7.86	0.049*	0.005
Legal and Policy Response	23.21±3.66	22.85±3.85	22.66 ±3.08	0.55	0.575
Rehabilitation and Reintegration	33.23±3.41	33.73±3.1	33.23 ±2.52	0.86	0.424

In order to assess the influence of the participants' level of study (undergraduate, postgraduate, others) on the overall Attitude towards Social Rehabilitation, Reintegration Composite Scale as well as on its constituent subscales, a one-way analysis of variance (ANOVA) was executed. The findings of the ANOVA indicated no meaningful disparity between the various levels of study and the Attitude towards Social Rehabilitation, Reintegration Composite Scale ( $F = 0.66$ ,  $p = .515$ ). Therefore, the null hypothesis

asserting the absence of disparity in Attitude towards Social Rehabilitation, Reintegration Composite Scale among the different levels of study was sustained.

Undertaking a one-way analysis of variance (ANOVA) for all subscales, the present research aimed to determine the influence of level of study on participants' responses. The ANOVA results indicated that there was no statistically significant difference among the various level of study categories concerning all the subscales barring two subscales- substance abuse and abuser subscale and impropriety of substance abuse subscale. Consequently, the null hypothesis asserting no distinction among the three level of study with respect to substance abuse and abuser subscale and impropriety of substance abuse subscale has been refuted with the available data.

## 7. Conclusions

In conclusion, a holistic approach to the reintegration of substance abusers should involve multiple dimensions, including family and community support, sustainable employment, and civic responsibilities. The active participation of various stakeholders, including health professionals, community partners, and the individuals themselves, is crucial for successful reintegration. By adopting a systematic approach to stakeholder identification and engagement and addressing potential barriers such as mobility challenges and social isolation, reintegration programs can be more effective in helping substance abusers rebuild their lives and contribute positively to society. Interestingly, the concept of 'participatory interdisciplinarity' emphasizes the engagement of a wide range of stakeholders by researchers from different disciplines. This approach can be particularly beneficial in breaking down barriers between traditional knowledge roles and forms, leading to more integrated management of reintegration programs. However, it's important to note that stakeholder engagement faces challenges such as stakeholder fatigue and limited time for participation. Another challenge is the willingness and readiness of the institutions to adopt such reintegration strategies, evaluation of which is beyond the scope of the present study. Therefore, integrating assessment tools for measurement of stakeholder fatigue and institutional inertia will be more relevant in devising the policy measures. The findings of this study cannot be generalized with regards to the entirety of the Indian demography owing to regional variability in stigma. Therefore, this study should be replicated beyond the Delhi NCR in other Indian States to test and strengthen the variability of the findings of the present study across India's diverse educational and socio-cultural landscape.

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