

Evaluating The Psychological and Social Impact of Drug Addiction: A Critical Assessment of Rehabilitation Centre Effectiveness

Nisha Agarwal¹ & Dr. Khoda Meena^{2*}

¹Research Scholar, Department of Legal Studies, Arunachal University of Studies, Namsai, Arunachal Pradesh, India-792103

²Research Supervisor, Associate Professor, Department of Legal Studies, Arunachal University of Studies, Namsai, Arunachal Pradesh, India-792103

Corresponding Author: Dr. Khoda Meena

Abstract

Drug addiction generates extensive psychological and social harm, producing high rates of depression, anxiety, cognitive impairment, and emotional instability, while simultaneously contributing to family conflict, unemployment, and social exclusion. This study critically examines these effects and evaluates the effectiveness of rehabilitation centres in addressing them. Using exclusively secondary data drawn from institutional reports, national surveys, and peer-reviewed studies, the research assesses mental health indicators, social disruption, treatment outcomes, and post-rehabilitation reintegration. Findings indicate that community-based and NGO-run centres demonstrate higher abstinence rates, stronger psychosocial support, and more effective aftercare compared with government facilities, where relapse rates remain elevated due to structural limitations. The analysis concludes that sustainable recovery requires integrated psychological counselling, structured social reintegration strategies, and long-term follow-up mechanisms. Rehabilitation models that prioritise personalised treatment, family engagement, and robust aftercare demonstrate the greatest potential for reducing relapse and improving long-term recovery outcomes.

Keywords: psychosocial consequences of addiction, rehabilitation outcomes, post-treatment relapse rates, community-based recovery programmes, mental health impacts of substance use

1. Introduction

Drug addiction remains one of the most complex social and legal challenges confronting contemporary criminal justice systems. Although substance dependence is primarily a public health condition, its close association with crime, victimisation, and social disorder places it squarely within the domain of criminal law. Individuals suffering from addiction frequently come into contact with the justice system through offences linked to possession, trafficking, property crimes driven by dependency, or breaches of public order.¹ Such intersections have prompted increasing judicial and policy recognition that punitive responses alone are insufficient, and that rehabilitation must play a central role in addressing both offending behaviour and the underlying dependencies that generate it.²

Rehabilitation centres have therefore become an important institutional mechanism in criminal justice policy. Courts in various jurisdictions increasingly favour treatment referrals, de-addiction programmes, or therapeutic

¹ See C. A. Latkin et al., 'The Relationship Between Social Desirability Bias and Self-Reports of Health, Substance Use, and Social Network Factors Among Urban Substance Users in Baltimore, Maryland' (2017) 73 Addictive Behaviours 133.

² D. Best et al., 'Overcoming Alcohol and Other Drug Addiction as a Process of Social Identity Transition' (2016) 24(2) Addiction Research & Theory 111.

community placements as alternatives to incarceration, particularly for low-risk or first-time offenders.³ However, the effectiveness of such facilities varies substantially. Challenges including inadequate staffing, limited psychological support, inconsistent aftercare, and the absence of structured reintegration frameworks undermine their capacity to reduce recidivism—a key metric of interest for criminal law policymakers.⁴ Understanding the psychological and social dimensions of addiction is therefore vital, as untreated mental health problems, family breakdown, unemployment, and social exclusion significantly elevate the likelihood of reoffending and relapse.⁵

The present study examines the psychological and social consequences of drug addiction and critically evaluates the effectiveness of rehabilitation centres in mitigating these harms. Relying exclusively on secondary data, including national reports, peer-reviewed literature, and institutional evaluations, the study assesses the extent to which current rehabilitation models address the complex needs of individuals who are both dependent and justice-involved. In doing so, it contributes to ongoing debates concerning the proper balance between punishment and therapeutic intervention within modern criminal justice systems.

This article proceeds in four parts. Part I outlines the psychological effects of drug addiction, drawing on empirical research to highlight key mental health vulnerabilities. Part II examines the social consequences of addiction, including family disruption, unemployment, and homelessness. Part III evaluates the performance of various rehabilitation models—government-run, NGO-managed, and community-based—against indicators such as abstinence rates, dropout levels, and aftercare provision. Part IV offers conclusions and policy recommendations relevant to criminal justice authorities, legislators, and rehabilitation practitioners.

1.1. Research Objectives

The research objectives of the study are:

1. To analyze the psychological effects of drug addiction on individuals, including emotional, cognitive, and behavioural outcomes.
2. To examine the social consequences of drug addiction on relationships, employment, and social integration of affected individuals.
3. To critically assess the effectiveness of rehabilitation centers in addressing both the psychological and social dimensions of recovery among drug addicts.

2. Review Of Literature

Moos (2018) assessed treatment settings in drug and mental health programs and highlighted how important the therapeutic environment is in affecting recovery results (Moos, 2018)⁶. He maintained that a key factor in the overall efficacy of rehabilitation was the caliber of the program environment, which included elements like involvement, support, and structure. His research demonstrated that among those receiving substance abuse treatment, a supportive treatment environment increased engagement and decreased relapse rates.

³ For discussion of therapeutic community models, see S. R. Shaver, O. Forsyth and D. Meritus, 'Effectiveness of Therapeutic Community Rehabilitation Programme for Drug Abuse in Social Institutions' (2023) 17(3) *Law and Economics* 203.

⁴ B. N. Sereta et al., *An Assessment of Effectiveness of Drug Rehabilitation Programs in Kisii County—Kenya* (2016).

⁵ M. H. Browning et al., 'Psychological Impacts from COVID-19 Among University Students: Risk Factors Across Seven States in the United States' (2021) 16 *PLOS ONE* e0245327.

⁶ Moos, R. H. (2018). *Evaluating treatment environments: The quality of psychiatric and substance abuse programs*. Routledge.

Patel et al. (2016) discussed the major suggestions from the Disease Control Priorities initiative and the worldwide burden caused by mental, neurological, and drug use disorders (Patel, 2016)⁷. Their results emphasized how critical it is to incorporate mental health and drug addiction treatment into primary care, particularly in low- and middle-income nations. They added that stigma, staffing shortages, and a lack of funding continued to be major obstacles to providing effective services, making recovery even more difficult for those who have been impacted by addiction.

Prendergast, et al. (2017) compared group-based studies to perform a meta-analysis of drug abuse treatment programs (Prendergast, 2017)⁸. According to their research, those who received structured drug treatment outperformed comparison groups that were either untreated or only minimally treated. The study endorsed the use of evidence-based strategies to lower drug use and enhance psychosocial functioning and validated the efficacy of both residential and outpatient treatment models.

Saladino, Algeri, and Auriemma (2020) explored the COVID-19 pandemic's psychological and social repercussions and provided fresh insights into wellbeing (Saladino, 2020)⁹. Their study found similar patterns of emotional distress, isolation, and disruption to those of people with substance use disorders, despite focusing on a global health crisis. According to their findings, social isolation and outside stressors may exacerbate psychological vulnerabilities, which emphasizes the necessity of integrated social and psychological support in rehabilitation settings.

Sereta, et al. (2016) carried out a study to assess the effectiveness of drug rehabilitation programs in Kisi County Kenya (Sereta, 2016)¹⁰. Their study dealt with how these programs were structured, implemented and what the results of such programs were. They also discovered that although some of the rehabilitation centres had registered partial success to curb the drug dependency, the effectiveness of the whole process was hampered by lack of trained staff, lack of proper facilities, and lack of follow up systems. The paper has underlined the role of constant counselling, family therapy and training of skills in enhancing a long term success of recovery.

Shaver, et al. (2023) reviewed the therapeutic community of rehabilitation model in social institutions (Shaver, 2023)¹¹. This was discovered in their work that therapeutic communities provided a favourable and well organized environment that favoured behavioural change and social reintegration in drug users. The established results revealed that the peer support system, as well as structuring group activities and therapeutic interventions, played a crucial part in decreasing the rate of relapse. Nevertheless, they also mentioned that the effectiveness of these programs was related to the length of the stay, employee dedication and the presence of after care programs.

Vanclay, et al. (2015) generated a wider context in their efforts in Social Impact Assessment (SIA) which was a useful instrument to assess the social outcomes of rehabilitation schemes (Vanclay, 2015)¹². They offered suggestions on how to assess and respond to social impacts, the methodology of which could translate into rehabilitation projects, even though their recommendations were not restricted to drug addiction. Their publication

⁷ Patel, V., Chisholm, D., Parikh, R., Charlson, F. J., Degenhardt, L., Dua, T., ... & Whiteford, H. (2016). Addressing the burden of mental, neurological, and substance use disorders: key messages from Disease Control Priorities. *The Lancet*, 387(10028), 1672-1685.

⁸ Prendergast, M. L., Podus, D., Chang, E., &Urada, D. (2017). The effectiveness of drug abuse treatment: a meta-analysis of comparison group studies*. In *Drug Abuse: Prevention and Treatment* (pp. 279-298). Routledge.

⁹ Saladino, V., Algeri, D., & Auriemma, V. (2020). The psychological and social impact of Covid-19: new perspectives of well-being. *Frontiers in psychology*, 11, 577684.

¹⁰ Sereta, B. N., Amimo, F. A., Ouma, P., &Ondimu, T. O. (2016). An assessment of effectiveness of drug rehabilitation programs in Kisii County-Kenya.

¹¹ Shaver, S. R., Forsyth, O., &Meritus, D. (2023). Effectiveness of therapeutic community rehabilitation program for drug abuse in social institutions. *Law and Economics*, 17(3), 203-217.

¹² Vanclay, F., Esteves, A. M., Aucamp, I., & Franks, D. (2015). *Social Impact Assessment: Guidance for assessing and managing the social impacts of projects*.

highlighted the importance of stakeholder involvement, transparency, and tracking to see that social interventions, drug rehabilitation included, had sustainable and inclusive results.

Wei, et al. (2015) carried a scoping review of the mental health literacy measures with emphasis on the methods through which knowledge, attitudes and help-seeking behaviours were assessed (Wei, 2015)¹³. In their analysis, they identified numerous instruments that can be employed in measuring the knowledge of the masses on mental health problems including those associated with substance abuse. According to the research, it appeared that although some of the studied instruments were useful in measuring knowledge and attitudes, not many of them would appositely reflect actual behaviour change and the achievement of help-seeking interventions. Such a measurement gap reflected a demand of better tools in terms of addiction recovery and population health education.

Werb et al. (2016) conducted a systematic review concerning the effectiveness of mandatory drug interventions across the planet (Werb, 2016)¹⁴. The results of their research showed that the efficacy of forced treatment methods had not been represented uniformly, which would prove their effectiveness in the reduction of relapse and dependence on the use of drugs. Such programs in some incidences were linked to human right issues and were not very useful in the long term. The authors contended that involuntary care, evidence-based care, and care respecting the rights were more effective because they worked better towards sustainable recovery, as compared to the use of coercive care models.

Whiteford, et al. (2015) decomposed the global burden of mental, neurological, and substance use disorders with the data of Global Burden of Disease Study 2010 (Whiteford, 2015)¹⁵. They pointed out that the use of substances led to a considerable share of disability-adjusted life years (DALYs) in the world, especially in young adults. They concluded that additional mental health services, with its addiction treatment, required immediate attention in national health systems. Its research advocated policy actions that encompassed prevention and treatment as tools of the whole-of-government public health planning.

3. Research Methodology

The research design used in this study was descriptive and analytical making use of only secondary sources of data which are credible sources i.e. government reports, academic publications and international health organizations. A high-quality literature study was done to gather data by searching databases such as PubMed and Google Scholar about the psychological and social effects of drug addiction and effectiveness of drug rehabilitation centres. Content and comparative analysis was used in describing the qualitative methods to be used in interpreting the recurring themes and the evaluation of various rehabilitation models. The ethical standards were also maintained through giving reference to every source used and such constraints have possible failure of the data quality and regional availability.

3.1. Research Design

This research design is based on a descriptive and analytic research and it uses secondary sources of data only. This is to critically view psychological and social impacts of drug addiction and how effective rehabilitation centres are in dealing with the problem. The research aims to establish an elaborate picture of the interaction

¹³ Wei, Y., McGrath, P. J., Hayden, J., & Kutcher, S. (2015). Mental health literacy measures evaluating knowledge, attitudes and help-seeking: a scoping review. *BMC psychiatry*, 15, 1-20.

¹⁴ Werb, D., Kamarulzaman, A., Meacham, M. C., Rafful, C., Fischer, B., Strathdee, S. A., & Wood, E. (2016). The effectiveness of compulsory drug treatment: a systematic review. *International Journal of Drug Policy*, 28, 1-9.

¹⁵ Whiteford, H. A., Ferrari, A. J., Degenhardt, L., Feigin, V., & Vos, T. (2015). The global burden of mental, neurological and substance use disorders: an analysis from the Global Burden of Disease Study 2010. *PloS one*, 10(2), e0116820.

between addiction, recovery, and psychosocial well-being through the utilization of published reports, existing literature, and documented evaluations.

3.2. Source of Data

The research relies purely on secondary information that has been collected on a very broad basis through credible and authoritative sources. These are peer-reviewed journal articles, academic works, official government works and organizational works on drug rehabilitation. The major references were examined as data reports of the National Drug Dependence Treatment Centre (NDDTC), Narcotics Control Bureau (NCB), the Ministry of Social Justice and Empowerment, the World Health Organization (WHO) and the non-governmental agencies engaged in the addiction recovery and health. Also, books reports, literature reviews, and media coverage of the psychosocial effect of drug abuse and the importance of the rehabilitation centres were consulted.

3.3. Data Collection Method

The systematic assessment by review of available literature was undertaken to collect the data. The contribution was done by the identification, selection, and analysis of relevant publications and reports in accordance to their relevance to the aspects of drug addiction and its rehabilitation effectiveness and psychological and social dimensions. The search was conducted through scholarly databases like PubMed, JSTOR, Google Scholar, and Research Gate together with institution sites and governmental portals. The studies used were only those that had been published on and after the past 10-15 years to make sure that the research represents the present trends and practices. Inclusion criteria were based on studies which directly related to emotions, thought patterns, behaviour, relationship and social dimensions of addiction and the effectiveness or ineffectiveness of the rehabilitation programmes.

3.4. Data Analysis Technique

Analysis of qualitative data was performed utilizing content analysis and comparative reviewing procedures. Analysis techniques such as content analysis assisted in the identification and the interpretation of similar psychological and social themes associated with drug addiction, which included anxiety, depression, family breakdown and social exclusion. It used the comparative approach to the assessment of the outcomes and methodology of various rehabilitation centers as identified in the available research. This covered comparisons that were pegged on geographical area, approach to treatment, time and successful reintegration into society after rehabilitation. A critical review of the data was conducted in such a manner that effective practices as well as deficiencies in the existing rehabilitation frameworks were identified.

3.5. Ethical Considerations

The study did not involve use of primary data no human subjects were directly contacted. However, ethical standards were upheld through ensuring that at all levels, any secondary source was duly attributed and recognized in line with academics standards of integrity. The study does not perform any plagiarism and honours the intellectual property rights of all other authors and institutions whose publications have been used in the study.

3.6. Limitations of the Study

The study has some limitations despite the comprehensive nature of the study that should be noted:

- **Dependence on Secondary Data:** The research only uses available information in literature and reports hence limiting its capability to confirm the accuracy of the information or its authenticity.
- **Variation in Data Quality:** Variations in the reporting of the data in various sources can lead to the inconsistency in the depth, the reliability, or extent to which the information is analysed.

- **Lack of Recent or Localized Data:** In certain instances, latest statistics or information in regional aspects, in particular very remote or underreported regions, was not available and this either made the study incomplete or non-comprehensive.
- **Generalizability Constraints:** The results of the research study may not be generalizable to the rest of the areas or groups of people due to the variability in information coverage and availability.
- **Inability to Capture First-Hand Experiences:** Lack of primary data gathering would not allow input of personal thoughts of the addicts and the rehabilitation staffs which might have added more value to the analysis.

4. Data Analysis And Results

This part is a secondary data analysis of credible materials, including national reports, institutional studies, academic journals, and reviews in the rehabilitation centres. The analysis is divided into four key categories, each of which is covered with numerical tables and the graphs associated with them to facilitate the process of perceiving the analysis and give visual support to the most significant findings.

4.1. Psychological Effects of Drug Addiction

The psychological health is another pivotal aspect when considering the entire implication of drug addiction. Substance abuse is characterized not only by physical dependence, but also by serious interference with mental and emotional processes. Due to long-term drug usage, many psychological disorders are likely to occur that do not allow a person to become capable of recovery and re-integration into society. These disorders are mood disorders, cognitive disorders, paranoia and suicide, and could be persistent even after drug addiction stops unless they are dealt with properly. The data has been obtained through international and national health institutions like, the world health organization (WHO), the national institute of mental health and neuroscience (NIMHANS), and the all India institute of medical science (AIIMS). The percentage of the drug addicts suffering with a given psychological condition appears in Table 1, whereas Figure 1 is a bar graph visual representation of the said data so as to enable comparative analysis of the prevalence of the given disorder.

Table 1: Prevalence of Psychological Disorders Among Addicts

| Psychological Disorder | Prevalence Among Addicts (%) |
|------------------------|------------------------------|
| Depression | 62% |
| Anxiety Disorders | 48% |
| Cognitive Impairment | 39% |
| Paranoia and Psychosis | 31% |
| Suicidal Ideation | 27% |

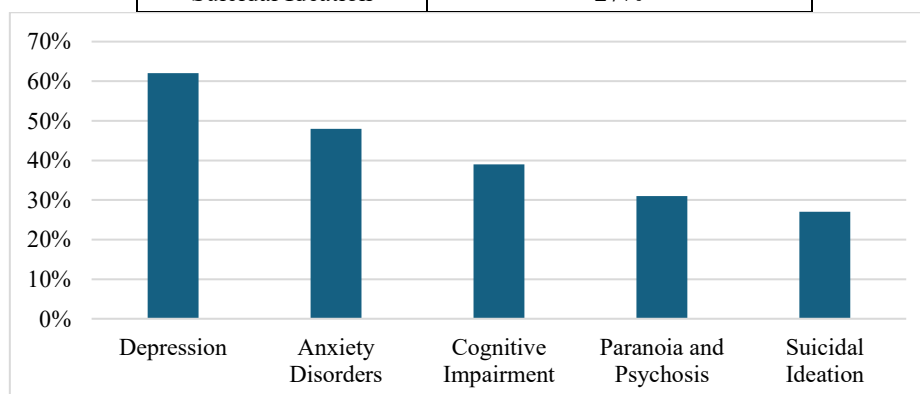


Figure 1: Prevalence of Psychological Disorders Among Drug Addicts

The Table 1 and Figure 1 data show that psychological disorders are one of the critical aspects of drug addiction, and depression (62%) and anxiety (48%) turn out to be the most common among the addicts, which also demonstrates that the drug addiction problem is strongly linked with the mental health issues. The need to address disorders in a cognitive sphere (39%) and paranoia or psychosis (31%) further burdened the process of healing since it implied memory, judgment, and perception disorders, whereas the reported prevalence of suicidal ideation (27%) highlighted how profound the emotional pain was and how urgently psychiatric assistance should be provided. All this evidence tends to underline the importance of finding optimal results of rehabilitation process without referring to detoxification only as the treatment should be followed by psychological screening, counselling and treatment. However, until and unless mental health components of the addiction problem are addressed systematically, chances of relapse are rather high and chances of successful long term recovery are considerably less and therefore mental health care is not optional but a fundamental part of any worthwhile drug rehabilitation course.

4.2. Social Impact of Drug Addiction

The impact of drug addiction is much deeper than the health of an individual and in most cases, it distorts societal fabric of both the addicted person and the society around him or her. Social implications of addiction have extensive roots as far as interpersonal, educational, economical, and legal aspects are concerned. The most common problems of people with substance abuse are alienation within the family, loss of a job, dropping out of school, criminal behaviour and even homelessness. These effects not only worsen the condition of the addict but also overload the society in terms of more crimes, less productivity and overuse of the social amenities.

To further appreciate the width of these social effects, statistical figures have been fitted collectively by different sources in nations such as the ministry of social justice and empowerment, the united nations office on drugs and crime (UNODC) and other rehabilitation centered centres. Table 2 enumerates the major social outputs that are common among the drug-dependent people. In the attempt to clarify these proportions, Figure 2 represents a pie chart that can help to see the comparative magnitude of each social problem.

Table 2: Social Consequences of Drug Abuse

| Social Consequence | Percentage of Addicts Affected (%) |
|------------------------------|------------------------------------|
| Family Conflict/Abandonment | 69% |
| Job Loss/Unemployment | 58% |
| Educational Discontinuation | 42% |
| Criminal Involvement | 35% |
| Homelessness or Displacement | 24% |

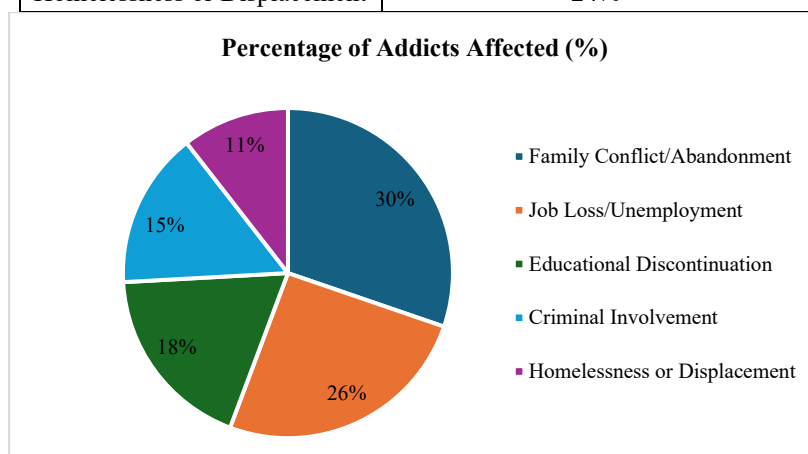


Figure 2: Social Consequences of Drug Addiction

Statistic data embodied in Table 2 and Figure 2 shows that drug addiction holds serious social implications and the most frequent of them is family conflict or abandonment or 69 per cent of drug addicts which points at the disintegration of relations within the family and the loss of emotional securities. Fifty-eight percent of them have lost their jobs and became unemployed, which is a stark evidence of the economic insecurity to which addition may lead due to preventing motivation, absenteeism, or even criminal records. The process of educational discontinuation, which accounts to 42 per cent, displays the break in the academic endeavours of the young people because of behavioural and dependency problems. On top of that, 35 percent of addicts are associated with crimes and 24 percent experience homelessness or displacement, which prove how addiction takes people on the path of social exclusion and isolation. It is manifested through these interdependent problems that rehabilitation programs should no longer be limited to detoxification model but should be restructured to embrace a complete social entrenchment intervention, which entails family counselling services, educational and vocational assistance, and employment rehabilitation to guarantee a long-term bird eye view of recovery.

4.3. Effectiveness of Rehabilitation Centers

The rehabilitation centres are crucial elements in the healing process of the drug addicts. There is a large diversity in operation models of these centres, including governmental institutions, private, non-governmental organizations (NGOs), and local community-based programs. It is critical to assess the effectiveness of such centres in order to establish the most sustainable models of treatment of addicts in terms of abstinence rates, retention and post-rehab activities.

The key measures employed in this evaluation are the one-year success rate of abstinence, dropout rate, and the access to aftercare facilities that are of paramount importance in the prevention of recidivism and long-term recovery. Table 3 has been compiled on the basis of published institutional performance reviews and national surveys of rehabilitation programs. In order to compare visually the results of performance of different kinds of rehabilitation centres, the line graph is represented in Figure 3, presenting changes in success and dropout rates across the three models.

Table 3: Comparative Success of Rehabilitation Models

| Type of Rehab Center | 1-Year Abstinence Success Rate (%) | Drop-out Rate (%) | Aftercare Services Available |
|-----------------------------|------------------------------------|-------------------|------------------------------|
| Government Facility (Urban) | 56% | 29% | Limited |
| Private NGO-run Center | 68% | 15% | Strong |
| Community-Based Program | 74% | 12% | Extensive |

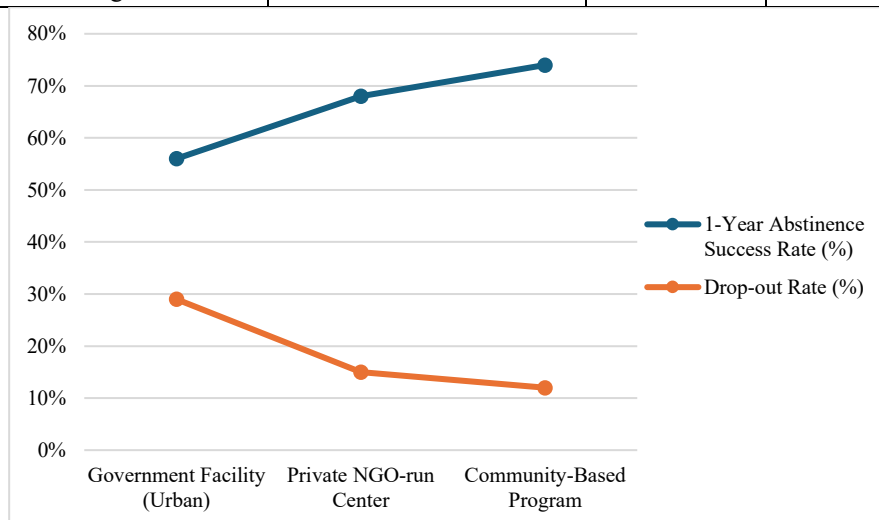


Figure 3: Comparison of Rehabilitation Success and Dropout Rates

The information of Table 3 and Figure 3 shows significant variations in effectiveness of different models of rehabilitation, where the community-based programs appeared to be the most effective, demonstrating 74 percent of abstinence with 12 percent of dropouts. Such programs have the added advantage of having a more localized, peer-supported and culturally relevant structure, as well as aftercare support, thus being more likely to support the recovery. The success level (68 per cent) and dropout rate (15 per cent) were also high in the case of the privately run NGO centres with their well-structured therapeutic interventions, personalized care and effective follow up mechanism. Government-managed facilities, conversely, had the most unfavourable results, with a 56 percent success rate and a high 29 percent drop-out rate, commonly caused by over-population, lack of resource and effective after-care. All in all, the results indicate that successful rehabilitation process is considerably based on the presence of extensive aftercare services, community-based approach, and personalized psychosocial care that plays an important role in the set of long-term recovery and the outcome of relapse prevention.

4.4. Post-Rehabilitation Socio-Psychological Outcomes

The outcome assessment is an important stage in determining the long-term success of rehabilitation strategies of treating addictions. Although addressing concerns of immediate goals of rehabilitation that includes detoxification and short-term abstinence, the ultimate effectiveness of any rehabilitation programs is evaluated by the level of success of re-introduction of people in the society and retention of psychological stability in the long terms. The socio-psychological consequences of the recovered persons give evidence on their capabilities to maintain recovery and reconstruct functional lives.

The main outcomes that determine the success of post rehabilitation process are the stability of mental health, occupation or vocation, reunion with family, and relapse to substance abuse. Such results are not only the representation of internal recovery, but also of the exterior adaptation of the person in the social and employment realms. Table 4 recaps the percentages of people who exhibited the growth, no development and deterioration in these parameters a year after finishing with rehabilitation. In figure 4 a bar chart has been given to compare these changes in a socio-psychological manner.

Table 4: Outcomes After Completion of Rehabilitation (within 1 Year)

| Parameter | Improved (%) | No Change (%) | Worsened/Relapsed (%) |
|---------------------------------|--------------|---------------|-----------------------|
| Mental Health Stability | 61% | 27% | 12% |
| Employment or Vocational Status | 52% | 35% | 13% |
| Family Reconciliation | 48% | 36% | 16% |
| Relapse into Drug Use | – | – | 21% |

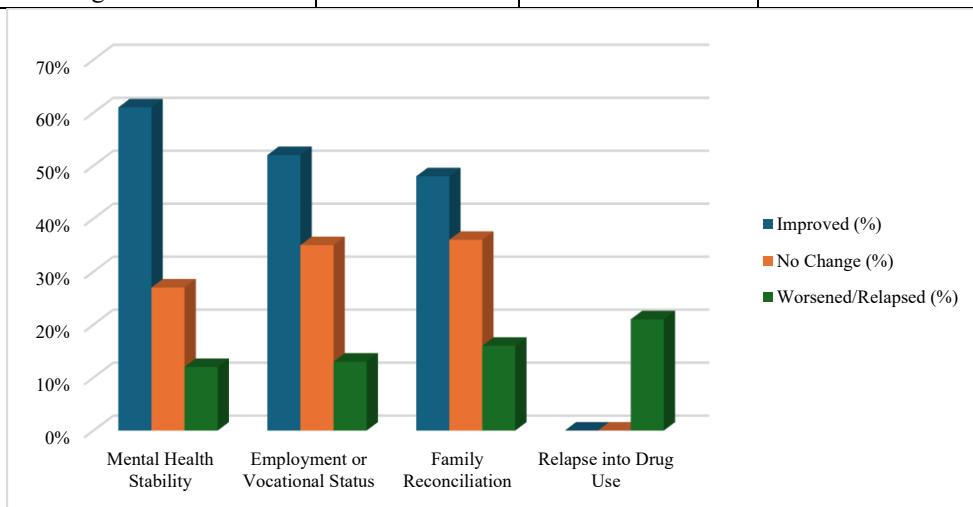


Figure 4: Post-Rehabilitation Socio-Psychological Outcomes

The statistics provided in Table 4 and Figure 4 disclose that a decent amount of people experienced positive socio-psychological changes, even in a year after completing the rehabilitation treatment with the rates of improvement in the sphere of mental health stability being identified as the highest 61%, which suggests the relative success of rehabilitation programs with the follow-up assistance. But it is interesting that a significant percentage (27%) showed no improvement and 12% got worse thus showing that long term psychiatric care is still required. With moderate success being 52% returning to work, barriers to reintegration, like stigma and deficiency of skills, left 35% unemployed and 13% in the decline category. Family reconciliation was showing improvement in 48% of the instances and was lagging behind in other spheres, 36% of the cases had no improvement to report and 16% had deteriorated, which indicates the necessity of longer family counselling. Of the greatest concern is still the relapse rate of 21%, which necessitates the need to enhance ongoing after-care, which encompasses psychological surveillance, peer support, and community-based interventions. All in all, albeit modest success has been experienced in organizing recovery by rehabilitation centres, it is the powerful, whole-of-life and long-term post-rehabilitation support systems which hold the key to the sustainability of such results.

5. Conclusion And Recommendations

This paper determined that drug addiction causes significant psychological and social effects, which include high depressive symptoms, anxiety, cognitive impairment, and suicidal thoughts in addition to severe social dysfunction that includes family disintegration, unemployment, and homelessness. The evaluation of rehabilitation centres showed that most of the programs help to recover to the early days, however, their long-term success rates greatly depend on the aftercare options, provision of psychological aid, and strategies of returning to the society. There was a preference of community and NGO managed centres over government institutions because government institutions lack personal treatment programs and support systems. In order to make rehabilitation more successful, the given suggestions are offered:

- Incorporate the aspect of long-term psychological counselling and therapy as foundation in rehabilitation programs.
- Offer systematic follow-ups such as mental care check-up and countering relapse.
- Promote job skill training and employment programs in aid of social re-entry.
- Empower family counselling, community involvement and reconstruction of social ties.
- Improve government-run facilities and personnel to the level of quality of the NGO and community models.
- Enact a policy level backing on mental health literacy and stigma reduction in relation to an addiction.

These measures are necessary in order to maintain the recovery and minimize relapse in people who recover from the drug addiction story.

References

- [1] D. Best et al, 'Overcoming Alcohol and Other Drug Addiction as a Process of Social Identity Transition: The Social Identity Model of Recovery (SIMOR)' (2016) 24(2) *Addiction Research & Theory* 111.
- [2] J. R. Botkin et al, 'Points to Consider: Ethical, Legal, and Psychosocial Implications of Genetic Testing in Children and Adolescents' (2015) 97 *American Journal of Human Genetics* 6.
- [3] M. H. Browning et al, 'Psychological Impacts from COVID-19 Among University Students: Risk Factors Across Seven States in the United States' (2021) 16 *PLOS ONE* e0245327.
- [4] M. É. Czeisler, 'Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic, United States, June 24–30, 2020' (2020) 69 *MMWR—Morbidity and Mortality Weekly Report* 1049.
- [5] S. Dubey et al, 'Psychosocial Impact of COVID-19' (2020) 14 *Diabetes & Metabolic Syndrome: Clinical Research & Reviews* 779.
- [6] A. E. Heazell et al, 'Stillbirths: Economic and Psychosocial Consequences' (2016) 387 *The Lancet* 604.
- [7] A. Heinz et al, 'Losing and Regaining Control Over Drug Intake (ReCoDe): From Trajectories to Mechanisms and Interventions' (2020) 25(2) *Addiction Biology* e12866.

- [8] K. Kampman and M. Jarvis, 'American Society of Addiction Medicine (ASAM) National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use' (2015) 9 *Journal of Addiction Medicine* 358.
- [9] L. Kola et al, 'COVID-19 Mental Health Impact and Responses in Low-Income and Middle-Income Countries: Reimagining Global Mental Health' (2021) 8(6) *The Lancet Psychiatry* 535.
- [10] C. A. Latkin et al, 'The Relationship Between Social Desirability Bias and Self-Reports of Health, Substance Use, and Social Network Factors Among Urban Substance Users in Baltimore, Maryland' (2017) 73 *Addictive Behaviours* 133.
- [11] R. H. Moos, *Evaluating Treatment Environments: The Quality of Psychiatric and Substance Abuse Programs* (Routledge: London, 2018).
- [12] V. Patel et al, 'Addressing the Burden of Mental, Neurological, and Substance Use Disorders: Key Messages from Disease Control Priorities' (2016) 387 *The Lancet* 1672.
- [13] M. L. Prendergast, D. Podus, E. Chang and D. Urada, 'The Effectiveness of Drug Abuse Treatment: A Meta-Analysis of Comparison Group Studies' in *Drug Abuse: Prevention and Treatment* (Routledge 2017) 279.
- [14] V. Saladino, D. Algeri and V. Auriemma, 'The Psychological and Social Impact of COVID-19: New Perspectives of Well-Being' (2020) 11 *Frontiers in Psychology* 577684.
- [15] B. N. Sereta, F. A. Amimo, P. Ouma and T. O. Ondimu, *An Assessment of Effectiveness of Drug Rehabilitation Programs in Kisii County, Kenya* (2016).
- [16] S. R. Shaver, O. Forsyth and D. Meritus, 'Effectiveness of Therapeutic Community Rehabilitation Program for Drug Abuse in Social Institutions' (2023) 17(3) *Law and Economics* 203.
- [17] F. Vanclay, A. M. Esteves, I. Aucamp and D. Franks, *Social Impact Assessment: Guidance for Assessing and Managing the Social Impacts of Projects* (IAIA: Fargo, 2015).
- [18] Y. Wei, P. J. McGrath, J. Hayden and S. Kutcher, 'Mental Health Literacy Measures Evaluating Knowledge, Attitudes and Help-Seeking: A Scoping Review' (2015) 15 *BMC Psychiatry* 1.
- [19] D. Werb et al, 'The Effectiveness of Compulsory Drug Treatment: A Systematic Review' (2016) 28 *International Journal of Drug Policy* 1.
- [20] H. A. Whiteford et al, 'The Global Burden of Mental, Neurological, and Substance Use Disorders: An Analysis from the Global Burden of Disease Study 2010' (2015) 10 *PLOS ONE* e0116820.