

# NashaMukti.ai – Awareness and Prediction Web System

Mr. Kalpesh Kishor Patil<sup>1</sup>, Dr. D. D. Patil<sup>2</sup>, Prof. R. P. Chaudhari<sup>3</sup>

<sup>1</sup> M.C.A Second Year Student, <sup>2</sup> Head of Department, <sup>3</sup> Assistant Professor,

<sup>1,2,3</sup>Department of Computer Engineering,

<sup>1,2,3</sup>Shri Sant Gadge Baba College of Engineering and Technology, Bhusawal, Maharashtra, India

**Abstract:** *In the contemporary landscape of Indian public health, the resurgence and proliferation of substance abuse have evolved into a multifaceted crisis that transcends social and economic boundaries, placing an unprecedented strain on the nation's healthcare infrastructure and human capital. This epidemic is particularly devastating for marginalized youth, whose vulnerability is often exacerbated by a lack of accessible information and the pervasive social stigma surrounding addiction. To address this systemic challenge, the NashaMukti.ai project has been developed as a sophisticated, AI-driven digital ecosystem designed to bridge the gap between technological innovation and public health intervention. By aligning its core objectives with the Government of India's Nasha Mukh Bharat Abhiyaan, the platform serves as a high-tech conduit for the national movement, transforming how addiction is perceived, prevented, and treated through the strategic application of artificial intelligence.*

*The technical architecture of NashaMukti.ai is built upon a foundation of cutting-edge data analytics and machine learning simulation models that move beyond traditional, reactive treatment methods toward a framework of proactive prevention. These algorithms are capable of analyzing complex behavioral data points to identify emerging patterns of addiction before they reach a critical stage. Integrated within this system are robust, interactive awareness modules that utilize immersive technology to educate the public, effectively deconstructing myths and providing science-based insights into the nature of chemical dependency. This data-centric approach allows the platform to function not merely as a repository of information, but as a dynamic diagnostic tool that can simulate various health outcomes based on individual user input, thereby offering a predictive look into the long-term consequences of substance use.*

*One of the most significant barriers to seeking help for addiction in India is the fear of social ostracization; consequently, NashaMukti.ai prioritizes user privacy and psychological safety by offering a centralized, strictly anonymous digital interface. Through this portal, citizens can engage in comprehensive behavioral health risk profiling without the fear of exposure or judgment. The underlying AI engine processes these risk assessments in real-time, generating instant, personalized insights that are tailored to the specific demographic and psychological profile of the user. This level of customization ensures that the guidance provided is not generic but is specifically calibrated to the severity of the individual's situation, fostering a sense of agency and encouraging early-stage intervention which is often the most critical factor in successful recovery.*

*Beyond the digital assessment phase, the platform acts as a vital link between virtual support and physical rehabilitation by providing a curated directory of verified, geographically relevant treatment centers. By leveraging geolocation services, the system connects users with the nearest professional resources, ensuring that the transition from awareness to action is as seamless as possible. This integration of AI-informed guidance with tangible, localized medical support empowers communities to take charge of their collective wellness. Ultimately, NashaMukti.ai represents a paradigm shift in the fight against substance abuse, creating a scalable, tech-empowered roadmap that strengthens the socio-economic fabric of India by safeguarding its most valuable asset—the health and productivity of its*



*younger generations.*

**Keywords:** Substance Abuse Prevention, Predictive Analytics, Digital Public Health, Nasha Mukti Bharat, AI Intervention, Behavioral Health.

## I. INTRODUCTION

The escalating prevalence of substance abuse and chemical dependency represents a systemic obstacle to India's socio-economic progress, exerting a profound strain on the nation's productivity and exhausting the capacities of its psychological and medical infrastructures. To address this crisis, NashaMukti.ai is introduced as a sophisticated, multi-dimensional digital ecosystem designed to disrupt the cycle of addiction through technological innovation. This platform serves as a strategic digital cornerstone, specifically engineered to augment and accelerate the objectives of the Indian government's national drug-free initiatives. By establishing a high-performance digital framework that is both universally accessible and rigorously grounded in behavioral science, the platform seeks to democratize mental health support. The ultimate objective is to catalyze a fundamental paradigm shift in public health, transitioning the national strategy from a purely reactive rehabilitation model to one characterized by predictive, proactive prevention and precision-based early identification.

At its operational core, NashaMukti.ai functions as a secure, centralized national interface that prioritizes user confidentiality and psychological safety, allowing individuals to navigate their mental health journeys without the fear of social stigmatization. The platform integrates a sophisticated array of validated psychometric and self-assessment instruments, which are calibrated to pinpoint subtle behavioral indicators and psychological vulnerabilities associated with substance use disorders. Upon the completion of these assessments, the system leverages advanced artificial intelligence to synthesize raw user data into nuanced, actionable insights and highly personalized risk profiles. This intelligent processing ensures that every user receives a bespoke roadmap for wellness, moving beyond generic advice to provide specific, data-driven feedback that reflects their unique psychological landscape.

By bridging the gap between digital self-discovery and physical healthcare resources, NashaMukti.ai facilitates a seamless continuum of care that prioritizes early intervention. The platform's architecture does not merely identify risks but actively directs users toward a localized network of government-verified medical facilities and registered rehabilitation centers, ensuring that professional help is always within reach. This hyper-local routing system transforms the platform into a vital conduit for public health delivery, effectively synchronizing digital intelligence with grassroots medical support. Through the continuous application of predictive analytics and customized preventive guidance, the initiative fosters a culture of informed resilience, empowering citizens to reclaim their health and contributing to a larger, sustainable movement toward a drug-free and psychologically healthy Indian society.

## II. OVERVIEW

The substance abuse crisis in India has evolved into a complex socio-economic challenge that extends far beyond urban centers, infiltrating the nation's deepest rural heartlands and disproportionately impacting marginalized youth who lack access to robust support systems. Historically, the infrastructure for public health awareness and prevention has been tethered to antiquated legacy methodologies, relying on manual data collection, sporadic provincial surveying, and offline campaigns that are geographically restricted and resource-intensive. These traditional frameworks are fundamentally flawed in the modern era, as they suffer from significant latency in data aggregation and a total lack of scalability, which prevents a real-time response to emerging drug trends. Furthermore, the absence of longitudinal tracking and personalized follow-up in these manual systems means that vulnerable individuals often slip through the cracks of the public health safety net, diminishing the overall societal impact of government-funded initiatives. While the transition to digital information has begun, existing web-based platforms are largely relegated to serving as static repositories of generic information; they fail to offer the engagement, interactivity, or predictive guidance necessary to address the nuanced, individual psychological profiles associated with addiction.



As the global landscape of public health undergoes a digital metamorphosis, driven by the rapid sophistication of Artificial Intelligence and Machine Learning, there is an unprecedented opportunity to redefine behavioral health interventions. International empirical research has increasingly validated the efficacy of digital predictive tools that synthesize complex user behavioral patterns, specific linguistic markers in communication, and granular lifestyle data to identify the earliest, most subtle indicators of potential substance dependency or relapse. Despite these global advancements, India currently faces a significant technological vacuum where there is no unified, national-scale system capable of merging high-impact public education with seamless resource accessibility and advanced predictive analytics. NashaMukti.ai is systematically engineered to bridge this critical gap, moving beyond the limitations of static websites to create a dynamic, intelligence-driven ecosystem. By integrating cutting-edge data science with the core objectives of national health policy, the platform provides a proactive intervention pathway that is specifically tailored to the diverse risk levels of the Indian population. This evolution from reactive, manual processes to a centralized digital infrastructure ensures that the fight against addiction is not only more inclusive and widespread but also mathematically optimized to save lives and restore the social fabric of the nation.

### III. ARCHITECTURE

The architectural framework of NashaMukti.ai is constructed as a sophisticated, multi-layered digital ecosystem designed to translate complex human behavior into actionable clinical insights through a proprietary algorithmic workflow. At its foundation, the system functions as a high-fidelity data ingestion engine that prioritizes user privacy and data integrity through comprehensive, anonymized self-assessment protocols. These initial diagnostics are not merely static surveys; they are psychometric instruments engineered to capture a multifaceted snapshot of the individual's internal and external environment. By probing into critical psychological dimensions—ranging from daily lifestyle habits and substance use frequency to more nuanced distress indicators like chronic isolation or clinical anxiety—the platform builds a holistic profile of the user's current state.

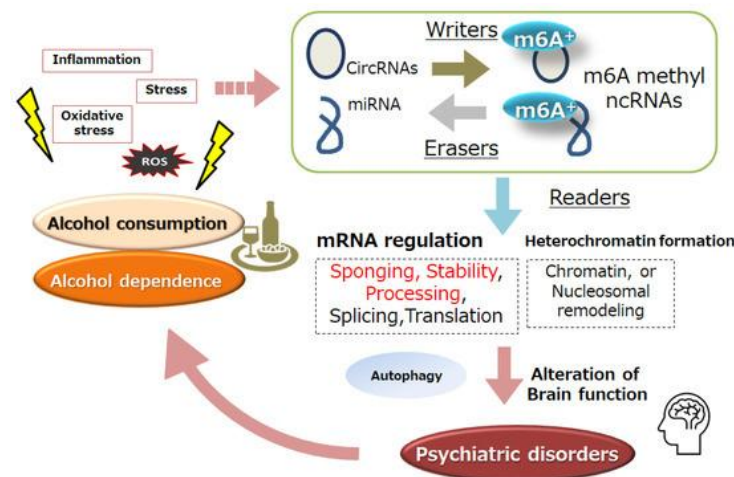


Fig. 1. NashaMukt Prediction System Architecture Diagram.

This raw data then undergoes a rigorous pre-processing phase where it is meticulously categorized, normalized, and weighted into distinct feature sets that isolate emotional, behavioral, and social variables, ensuring that the subsequent analysis is based on refined, mathematically consistent inputs.

Once the data has been distilled into these specific feature sets, the architecture engages its primary analytical core: a probability-based addiction prediction model. This engine utilizes an intricate, weighted scoring matrix that is strategically designed to emulate the deductive reasoning and diagnostic decision-making of a trained machine learning classification model. Instead of treating all data points with equal significance, the system dynamically shifts its focus,





assigning higher algorithmic weights to specific feature combinations and co-occurring triggers known to be high-correlation precursors for substance dependency. This allows the model to look past superficial responses and identify deep-seated patterns of risk. By calculating the cumulative severity of these weighted markers, the prediction engine can accurately stratify users into a high-resolution risk hierarchy, ensuring that the resulting classification is both scientifically grounded and protective of the user's long-term health trajectory.

The final layer of the NashaMukti.ai architecture is the transition from diagnostic classification to strategic intervention through its automated recommendation module. Based on the calculated risk tier—low, moderate, or high—the engine triggers a customized response strategy that dictates the intensity of the support provided. For users in the low-risk category, the system deploys general guidance and educational content to foster long-term resilience; for moderate-risk users, it initiates proactive cognitive monitoring to prevent escalation. For individuals identified as high-risk, the system bypasses general content in favor of immediate crisis-level intervention protocols. This includes the generation of highly tailored awareness modules and mental health exercises, complemented by the delivery of verified contact details for local rehabilitation centers. By integrating real-time geographical data, the platform ensures that the path from digital assessment to physical, professional recovery is seamless, localized, and immediate.

## IV. METHODOLOGY

### Methodology:

The development of a highly resilient, responsive, and secure public health platform necessitates a sophisticated methodology that prioritizes modularity, scalability, and rigorous data protection. The overarching architecture is designed to remain commercially viable and accessible, ensuring cross-platform compatibility that permits seamless operation across diverse desktop environments, including various distributions of Windows and Linux. To maintain a fluid user experience while managing intensive data streams, the system is calibrated to specific hardware benchmarks. By mandating a minimum of an Intel Core i3 or an equivalent AMD processor coupled with at least 4 GB of RAM, the platform guarantees that the overhead of dynamic content rendering and complex client-side scripts does not result in performance degradation. Furthermore, the storage strategy emphasizes the use of Solid-State Drives (SSDs) with a minimum capacity of 500 GB to facilitate near-instantaneous database queries and rapid local caching. This hardware foundation is complemented by a requirement for stable, high-speed internet connectivity, which serves as the vital conduit for fetching live geographical data and processing real-time predictive analytics from remote cloud clusters.

The software ecosystem is built upon a strategic dual-backend architecture, designed to optimize the strengths of different runtime environments for maximum efficiency. Node.js serves as the primary engine for handling the platform's asynchronous I/O operations and secure API routing, providing a high-concurrency environment that is essential for a platform expected to serve a large volume of simultaneous users. This is integrated with a Python Flask framework, which acts as a specialized service layer for executing complex mathematical logic and interfacing with deep learning models. By decoupling the high-speed networking capabilities of Node.js from the computational prowess of Python, the system achieves a level of performance that a single-stack environment often struggles to provide. This backend synergy ensures that while the system manages thousands of secure requests, it can simultaneously perform high-level data processing without bottlenecking the user experience.

### Implementation:

On the frontend, the methodology focuses on universal accessibility and mobile-first responsiveness through a combination of HTML5, CSS3, and JavaScript. The integration of the Bootstrap framework is pivotal in this regard, as it provides a robust grid system and pre-designed components that ensure the interface remains consistent and navigable across a plethora of devices, from high-resolution desktop monitors to handheld mobile devices.

This accessibility is matched by a rigorous approach to data management, utilizing a MySQL relational database to maintain highly structured, anonymized health metrics. This choice of database management system ensures that data retrieval is both predictable and secure, adhering to strict privacy protocols. The platform's analytical "brain" is



powered by an extensive suite of Python libraries; Pandas and NumPy handle the initial data cleaning and structural manipulation, while Scikit-learn, TensorFlow, and Keras are deployed to facilitate advanced predictive modeling and pattern recognition.

To ensure these complex insights are understandable to health officials and the public alike, the platform employs Chart.js to transform raw, processed data into interactive, intuitive, and visually compelling data visualizations.

## V. CONCLUSION

The architectural versatility and robust, data-centric design of NashaMukti.ai represent a transformative shift in the landscape of addiction management, offering a scalable solution that integrates seamlessly across various sectors dedicated to public welfare and mental health advocacy. Within the framework of government health initiatives, the platform serves as a powerful technological ally for the Nasha Mukti Bharat Abhiyaan, operating not merely as a standalone tool but as a cohesive extension of the existing national infrastructure. By functioning as a centralized referral powerhouse, it bridges the gap between citizens in need and available resources, while simultaneously providing policymakers with high-fidelity, real-time epidemiological metrics. This data allows for more informed resource allocation and strategic planning, effectively amplifying the reach and resonance of national health awareness campaigns to ensure no demographic is left underserved or overlooked.

The application of NashaMukti.ai within educational ecosystems provides a proactive layer of protection for students ranging from secondary schools to universities. By deploying the platform as a foundational tool for mandatory yet strictly anonymous wellness checks, academic administrations can maintain a pulse on the collective mental health of their student body.

Through the sophisticated aggregation of data trends, the system identifies burgeoning at-risk populations without ever compromising the sanctity of individual privacy, thus enabling schools to implement preventative educational interventions and localized counselling before dependency issues escalate. This balance of digital anonymity and administrative foresight creates a safe, non-punitive environment for students to reflect on their own habits while providing the institution with the macro-level insights necessary to foster a supportive learning environment.

In the clinical and rehabilitative sector, NashaMukti.ai acts as a critical force multiplier for healthcare professionals and therapeutic staff. By generating highly detailed risk profiles and preliminary diagnostic assessments, the platform alleviates the administrative burden of initial patient intake processes. This analytical foresight allows clinicians to identify the baseline severity of chemical dependency and specific psychosocial triggers even before the first face-to-face consultation. Consequently, the resulting treatment plans are not generic but are instead highly targeted and personalized, allowing for immediate, evidence-based intervention. Furthermore, for non-governmental organizations and global research bodies, the platform's ability to provide anonymized, real-time data segregated by region, age, and socioeconomic indicators offers an unprecedented look into the evolving nature of addiction. This allows for the design of more effective, culturally nuanced advocacy programs. Ultimately, NashaMukti.ai serves as a definitive digital anchor for the modern era of social awareness, successfully evolving the public's role from passive viewers of information to active participants in self-assessment and clinical recovery.

## VI FUTURE SCOPE

The evolution of NashaMukti.ai from a functional prototype into a comprehensive public health ecosystem involves a strategic roadmap centered on technological sophistication, institutional integration, and radical accessibility. While the current iteration serves as a robust proof-of-concept, the next phase of development will focus on the deployment of a highly sophisticated, contextually aware AI conversational agent. This digital assistant will transcend basic scripted responses by utilizing advanced Natural Language Processing (NLP) to offer real-time, non-judgmental emotional support and immediate psychological first aid. By analyzing linguistic cues and sentiment, the system will provide structured, empathetic conversational guidance specifically tuned to the needs of high-risk individuals, creating a safe, 24/7 digital refuge for those in crisis situations.



To ensure this support is available at the point of need, the platform will transition from a web-based interface into native Android and iOS mobile applications. This shift is designed to penetrate a broader range of socioeconomic demographics, leveraging the ubiquitous nature of mobile technology to provide life-saving intervention. These applications will integrate native device features such as geolocation to facilitate precise, localized support routing, effectively bridging the gap between digital screening and physical rehabilitation infrastructure. This geographic intelligence will allow users to instantly connect with the nearest verified de-addiction centers, government clinics, or support groups, transforming the platform from a theoretical tool into a practical gateway for clinical recovery.

The core analytical engine of NashaMukti.ai will undergo a significant technical overhaul, moving beyond basic simulator logic toward the implementation of production-grade, clinically validated machine learning models. By migrating to high-performance cloud computing environments, the platform will utilize sophisticated neural networks, including Random Forest and Long Short-Term Memory (LSTM) architectures, to analyse complex behavioral trajectories. These models will be capable of identifying subtle patterns in user data to predict relapse risks with high diagnostic accuracy. Furthermore, the system will incorporate automated model retraining pipelines fuelled by continuous streams of anonymized public health data, ensuring that the platform's intelligence evolves in tandem with emerging addiction trends and psychological research.

A critical component of this future expansion involves formalizing strategic alliances with government bodies, specifically the Ministry of Social Justice and Empowerment. Such partnerships aim to secure national-level endorsement, integrating NashaMukti.ai into the broader framework of public health initiatives and policy-driven anti-drug campaigns. To achieve true inclusivity and bridge the digital divide, the platform will be upgraded with comprehensive voice-based interaction capabilities and extensive regional language translation features. This ensures that linguistic barriers or low literacy levels do not impede access to recovery resources. Ultimately, these enhancements will transform passive digital engagement into active self-assessment and guided clinical intervention, establishing a scalable, inclusive, and technologically superior frontline defense against substance abuse on a national scale.

#### REFERENCES

1. White AM, Castle IP, Powell PA, Hingson RW, Koob GF. Alcohol-Related Deaths During the COVID-19 Pandemic. *JAMA*. 2022; 327:1704–6. [DOI] [PMC free article] [PubMed] [Google Scholar]
2. .CDC. Alcohol and Public Health: Alcohol-Related Disease Impact. [Table], Annual average for United States 2015–2019 alcohol-attributable deaths due to excessive alcohol use, all ages. 2023. <https://www.cdc.gov/alcohol/facts-stats/index.html>.
3. .Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. National Survey on Drug Use and Health. Table 5.4B – Alcohol Use Disorder in Past Year among Persons Aged 12 or Older, by Age Group and Demographic Characteristics: Percentages, 2018 and 2019. Substance Abuse and Mental Health Services Administration. 2019. Accessed February 06, 2024. <https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetTabsSect5pe2021.html>.
4. Grant BF, Goldstein RB, Saha TD, Chou SP, Jung J, Zhang H, et al. Epidemiology of DSM-5 Alcohol Use Disorder: Results From the National Epidemiologic Survey on Alcohol and Related Conditions III. *JAMA Psychiatry*. 2015; 72:757–66. [DOI] [PMC free article] [PubMed] [Google Scholar]
5. van Lier HG, Pieterse ME, Schraagen JMC, Postel MG, Vollenbroek-Hutten MMR, de Haan HA, et al. Identifying viable theoretical frameworks with essential parameters for real-time and real-world alcohol craving research: a systematic review of craving models. *Addiction Res Theory*. 2018; 26:35–51. [Google Scholar]





6. American Psychiatric Association [APA]. Diagnostic and Statistical Manual of Mental Disorders. Arlington, VA; American Psychiatric Publishing: 2013.
7. de Araujo IE, Rolls ET, Kringelbach ML, McGlone F, Phillips N. Taste-olfactory convergence, and the representation of the pleasantness of flavour, in the human brain. *Eur J Neurosci.* 2003; 18:2059–68. [DOI] [PubMed] [Google Scholar]
8. Bachmanov AA, Kiefer SW, Molina JC, Tordoff MG, Duffy VB, Bartoshuk LM, et al. Chemosensory factors influencing alcohol perception, preferences, and consumption. *Alcohol Clin Exp Res.* 2003; 27:220–31. [DOI] [PMC free article] [PubMed] [Google Scholar]
9. Mastinu M, Melis M, Yousaf NY, Barbarossa IT, Tepper BJ. Emotional responses to taste and smell stimuli: Self-reports, physiological measures, and a potential role for individual and genetic factors. *J Food Sci.* 2023;88: A65–A90. [DOI] [PubMed] [Google Scholar]

