Agri Articles
(e-Magazine for Agricultural Articles)
Volume: 06, Issue: 04 (JULY-AUG, 2026)
Available online at http://www.agriarticles.com
©Agri Articles, ISSN: 2582-9882

Assessment and Awareness on Drug Addiction among Rural Households: An NSS Community Experience in Raipur District

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Drug addiction has become one of the most serious health and social problems of our time. The misuse of alcohol, tobacco, prescription medicines, and illegal drugs harms not only the person who uses them but also their family and the whole community. In rural areas, the problem is exacerbated by low awareness, social stigma, and limited access to healthcare and counselling services. Many rural families are unaware of the long-term health hazards of addiction and do not know that it is a treatable condition that can be managed with timely help. To address this gap, a community awareness activity was conducted under the National Service Scheme (NSS) in the villages of Nakti and Pirda in the Dharsiwa block, Raipur district, Chhattisgarh. The activity aimed to assess how much rural households already knew about drug addiction, to educate them about its harmful effects, and to encourage healthy lifestyles and family support for prevention and rehabilitation. A total of 100 households were contacted, and their awareness was compared before and after the awareness activities. This article presents the main findings of that experience in simple terms.

Why Awareness about Drug Addiction is Important

Awareness is the first step in preventing any social problem. When people understand the harmful effects of drugs, recognise the early signs of addiction, and know where treatment is available, they are far better able to protect themselves and their families. Community-based awareness helps remove wrong ideas about addiction, reduces the shame attached to it, and encourages families to seek professional help without fear. This is especially important in villages, where misinformation, stigma, and lack of information often stop people from getting help in time. Awareness also protects young people, who are the group most at risk of starting drug use because of peer pressure, unemployment, and stress.

Common Substances and Their Health Risks

During the survey, awareness was uneven across substances. People were well aware of the harm caused by substances they see every day, but much less aware of substances that are less common but very dangerous:

- Alcohol and tobacco/gutkha — awareness was high (82% and 79% of respondents knew of their health risks), as these are the most visible and commonly used substances.
- Cannabis (ganja/bhang) — awareness was moderate (54%).
- Opioids such as smack, heroin, and misused pharmaceutical drugs — awareness was low (41%), even though these carry a high risk of overdose and dependence.
- Inhalants and solvents — awareness was lowest of all (33%), although they are extremely harmful, especially to young users.

This shows that community awareness has followed how often a substance is seen, rather than how dangerous it actually is. Households were least prepared for exactly those substances that can cause the most sudden and severe harm, which is why the awareness activity gave special attention to them.

The NSS Awareness Programme

After the baseline survey, a set of simple, low-cost NSS awareness activities was carried out in the two villages. These included health education sessions and awareness talks, distribution of pamphlets and other informational materials, poster exhibitions, door-to-door counselling, group discussions, and street plays (nukkad natak). Delivering the message through multiple channels helped reach households with varying levels of education and media access. Participation was high: pamphlet distribution reached 95% of respondents, and health talks reached 89%, while even the more demanding activities, such as street plays, reached 58% and were well remembered by the community. Overall, 91% of respondents rated the programme as effective or very effective.

Key Findings

At the start, awareness among rural households was moderate. People clearly understood the visible effects of addiction — 72% knew it damages family life and 68% knew it harms physical health — but far fewer knew about the services available to treat it. Only 39% were aware of rehabilitation services. Mass media (television and radio, 32%) and friends and relatives (24%) were the main sources of information. In comparison, frontline health workers such as ASHA and ANM staff contributed only 11%, indicating that a trusted local channel was underused. After the awareness activities, knowledge improved on every measure:

- Awareness of rehabilitation services rose from 39% to 82%, and awareness of prevention methods rose from 48% to 91% — the largest gains, in the two weakest areas.
- Awareness of general health risks rose from 68% to 94%, and of mental-health effects from 59% to 90%.
- Awareness about the risks of opioids rose from 41% to 85%, and of inhalants from 33% to 79%, bringing knowledge of these dangerous substances close to that of alcohol and tobacco.
- About nine out of ten respondents (92%) reported that their knowledge had improved after attending the sessions.
- Family willingness to support prevention and rehabilitation was very high, ranging from 84% to 90% across different measures, and 91% of respondents were willing to join future awareness programmes.

These results show that simple, well-targeted awareness activities can quickly improve knowledge in a rural community, especially about treatment and prevention, which are usually the least understood.

Challenges Faced by Rural Households

The study also identified the main reasons that stop families from seeking help for addiction:

- Social stigma — reported by 66% of respondents, the single biggest barrier.
- Lack of a nearby treatment facility — reported by 48%.
- Financial constraints — reported by 41%.
- Lack of awareness of helplines or services — reported by 37%.
- Fear of legal action — reported by only 19%, showing that people mostly see addiction as a health and family matter rather than a legal one.

Recommendations

1. Involve ASHA and Anganwadi workers more actively in awareness work, as they are close to the community but were used very little as a source of information.
2. Give more importance to information about treatment, rehabilitation services, and the national helpline, since awareness of these remained the weakest even after the programme.
3. Focus awareness messages on harmful but less-known substances such as opioids and inhalants.

4. Combine efforts to reduce social stigma with clear information about the nearest treatment facilities, to address the two main barriers reported.
5. Form village-level committees to continue awareness activities, using the large number of residents willing to join future programmes.
6. Conduct follow-up visits after a few months to check whether the improvement in awareness continues over time.

Conclusion

The NSS awareness experience in Nakti and Pirda villages shows that rural households are willing to learn about drug addiction and to support prevention and recovery when information is shared in simple language and through familiar channels. Awareness improved on every measure after the activities, with the biggest gains in the areas that were weakest at the start of rehabilitation and prevention. Social stigma and distance to treatment facilities remain important challenges, but both can be reduced through continued awareness and better links to existing services. By spreading awareness, reducing stigma, and involving educated youth through the NSS, we can help build a more informed, healthier, and drug-free rural society.