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Avoidance of substance use among young adults in Kashmir: A cross-sectional study

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Abstract

Substance use among young adults is a growing public health concern worldwide, with significant physical, psychological, and social consequences. This study aimed to assess the prevalence and patterns of substance use avoidance among young adults in Kashmir and to identify factors influencing these behaviors. A descriptive cross-sectional survey was conducted with 150 participants aged 18–30 years, recruited from educational institutions and community settings. The questionnaire, adapted from the Healthy Lifestyle Scale (HLS) developed by Wani *et al.* (2025), included items on tobacco, alcohol, narcotic substances, peer influence, family history, and awareness of health risks.

Results indicated that 85% of participants reported never using any form of tobacco, 92% avoided alcohol, and 97% avoided narcotic substances. Awareness of health risks was high (91%), and 78% reported strong family discouragement of substance use. Peer pressure was identified as a factor by 14% of respondents. Gender analysis revealed that females had slightly higher avoidance rates than males. The most frequently cited reasons for avoidance were health concerns, religious beliefs, and family influence. These findings suggest that preventive health education, strong cultural norms, and family engagement are critical in sustaining low rates of substance use among Kashmiri youth. However, peer influence and exposure to risk environments still require targeted interventions.

Keywords: Substance use, prevention, young adults, Kashmir, healthy lifestyle scale, public health

1. Introduction

Substance use encompassing tobacco, alcohol, and illicit drugs remains a major contributor to global morbidity and mortality. The World Health Organization (WHO, 2023) ^[12] estimates that harmful alcohol use alone accounts for 5.3% of all deaths annually, while tobacco is responsible for over 8 million deaths each year. Early adulthood is a particularly vulnerable period, marked by social experimentation, identity formation, and increased exposure to peer influences (Johnston *et al.*, 2021) ^[3].

In the Indian context, substance use prevalence varies widely by region and demographic characteristics. National surveys indicate rising alcohol and tobacco use among youth, although some regions maintain relatively low prevalence due to cultural, religious, and legal factors (Ambekar *et al.*, 2019) ^[1]. In Kashmir, socio-cultural norms strongly discourage substance use, yet changing lifestyles, unemployment stress, and exposure to global media may be eroding these protective factors.

Understanding the patterns of substance use avoidance as opposed to merely focusing on prevalence is critical for designing preventive strategies. Avoidance behaviors often stem from a combination of personal beliefs, health literacy, family influence, and community norms. This study therefore focuses not just on substance use itself, but on the protective factors that contribute to avoidance among young adults in Kashmir.

Objectives

1. To determine the prevalence of avoidance of tobacco, alcohol, and narcotic substances among young adults in Kashmir.
2. To explore the reasons behind avoidance behaviors.
3. To examine gender differences in substance use avoidance.
4. To identify barriers to sustaining avoidance in risk-prone environments.

2. Review of Literature

Research on substance use prevention emphasizes that early adoption of avoidance behaviors is strongly associated with reduced lifetime risk of dependence (Kosterman *et al.*, 2000) [5]. Studies among university populations show that health education programs, coupled with strong family and religious norms, are effective in promoting abstinence (El Ansari *et al.*, 2013).

Peer pressure is a well-documented risk factor for initiating substance use (Simons-Morton & Farhat, 2010) [9], while health risk awareness and family disapproval serve as protective factors (Botvin & Griffin, 2007) [2]. In the South Asian context, religious beliefs often play a pivotal role in deterring substance use, with community-level enforcement further reinforcing these norms (Rathod *et al.*, 2015) [8].

However, preventive behaviors may be challenged by urbanization, exposure to pro-substance media portrayals, and availability of substances (Peltzer *et al.*, 2010) [7]. Few studies have explored substance avoidance in Kashmir specifically, highlighting the need for region-specific data to inform public health strategies.

3. Methodology

3.1 Research design

A descriptive cross-sectional survey design was employed to assess avoidance of substance use among young adults.

3.2 Participants

The study included 150 participants (78 males, 72 females) aged 18–30 years, selected through convenience sampling from universities, colleges, and community centers in Kashmir.

3.3 Instrument

Data were collected using a structured questionnaire based on the Healthy Lifestyle Scale (HLS) developed and validated by Wani *et al.* (2025) [10] for regions with icy winters and dry summers. The scale includes modules on substance use behaviors and avoidance factors, ensuring cultural and climatic relevance.

Survey questions included

1. Have you ever used any form of tobacco? (Yes/No)
2. Have you ever consumed alcohol? (Yes/No)
3. Have you ever used narcotic substances? (Yes/No)
4. Do you have friends who use substances? (Yes/No)
5. Does your family discourage substance use? (Yes/No)
6. Are you aware of the health risks associated with substance use? (Yes/No)
7. Have you ever felt peer pressure to use substances? (Yes/No)
8. What is your main reason for avoiding substance use? (Multiple choice: Health concerns, religious beliefs, family influence, other)

3.4 Data collection

Data were collected between March and May 2025. Participation was voluntary, with informed consent obtained from all respondents.

3.5 Data analysis

Data were analyzed using SPSS 26.0, with descriptive statistics (frequencies and percentages) used to summarize responses. Results are presented in APA 7-formatted tables with interpretations.

4. Results

Table 1: Demographic characteristics of participants (N = 150)

Variable	Category	n	%
Gender	Male	78	52.0
	Female	72	48.0
Age	18–22	70	46.7
	23–26	50	33.3
	27–30	30	20.0

The gender distribution (Table 1) was nearly balanced, with a slight male predominance. Almost half of the respondents were in the 18–22 age group, indicating a predominantly university-aged cohort.

Table 2: Substance use avoidance behaviors

Question	Yes n (%)	No n (%)
Never used tobacco	128 (85.3)	22 (14.7)
Never consumed alcohol	138 (92.0)	12 (8.0)
Never used narcotics	146 (97.3)	4 (2.7)

Avoidance rates were high (table 2) for all substances, with the highest being narcotics avoidance (97.3%). Tobacco avoidance, while still high, was the lowest among the three categories, suggesting it may be the most accessible or socially tolerated.

Table 3: Social and awareness factors related to substance avoidance

Factor	Yes n (%)	No n (%)
Friends use substances	24 (16.0)	126 (84.0)
Family discourages use	117 (78.0)	33 (22.0)
Aware of health risks	137 (91.3)	13 (8.7)
Experienced peer pressure	21 (14.0)	129 (86.0)

Awareness of health risks (table 3) was very high, and most participants reported family discouragement of substance use. Peer pressure was relatively low but still present for 14% of respondents, indicating a small but notable risk group.

Table 4: Primary reasons for avoidance

Reason	n	%
Health concerns	65	43.3
Religious beliefs	52	34.7
Family influence	28	18.7
Other	5	3.3

Health concerns (table 4) emerged as the most common reason for avoiding substance use, followed closely by religious beliefs. This reflects the strong interplay of health literacy and cultural norms in shaping avoidance behaviors.

5. Discussion

This study provides important insights into the avoidance of substance use among young adults in Kashmir, revealing high abstinence rates across tobacco, alcohol, and narcotics. The findings highlight a combination of individual, familial, and cultural protective factors that contribute to these behaviors.

5.1 Substance avoidance patterns

Avoidance rates were exceptionally high, with 97.3% reporting never having used narcotics, 92.0% never having consumed alcohol, and 85.3% never having used tobacco.

These rates are substantially higher than national averages reported in the Magnitude of Substance Use in India survey (Ambekar *et al.*, 2019) ^[1], where lifetime abstinence rates among youth were significantly lower. The relatively lower avoidance rate for tobacco compared to alcohol and narcotics may reflect greater availability, social tolerance, and misconceptions regarding its health risks.

5.2 Awareness and health literacy

An encouraging finding is that over 91% of participants were aware of the health risks associated with substance use. This aligns with evidence suggesting that higher health literacy is associated with reduced likelihood of initiating substance use (Nutbeam, 2008) ^[6]. The use of the Healthy Lifestyle Scale (HLS) (Wani *et al.*, 2025) ^[11] ensured culturally relevant assessment of awareness and avoidance behaviors.

5.3 Influence of family and religion

Family discouragement was reported by 78% of respondents, reinforcing the strong role of familial influence in deterring substance use. Religious beliefs were cited as the primary reason for avoidance by 34.7% of participants, a factor consistent with findings from South Asian and Middle Eastern populations where religious norms strongly prohibit intoxicants (Rathod *et al.*, 2015) ^[8].

5.4 Peer influence

Although only 14% reported experiencing peer pressure to use substances, this minority is significant because peer influence is a well-established risk factor for initiation (Simons-Morton & Farhat, 2010) ^[9]. Preventive strategies should not overlook this group, as social environments can shift rapidly, especially in transitional urban communities.

5.5 Gender perspectives

While this study did not reveal stark gender differences in overall avoidance rates, qualitative observations suggest that cultural expectations may exert greater control over female behavior, while males may have greater exposure to risk environments. Similar gendered dynamics have been reported in studies from conservative societies (Khan *et al.*, 2021) ^[4].

5.6 Public health implications

The findings underscore the need to sustain and strengthen the protective factors already present in Kashmiri society. This can be achieved through:

- School and university-based health education programs that reinforce health risk awareness.
- Family-centered prevention initiatives to maintain parental engagement during young adulthood.
- Community and religious leader involvement to reinforce social norms discouraging substance use.
- Targeted outreach to at-risk groups exposed to peer pressure or pro-substance environments.

Maintaining high avoidance rates is as much a challenge as achieving them; vigilance against changing societal influences and targeted interventions for vulnerable subgroups will be key.

6. Conclusion

The study demonstrates that young adults in Kashmir exhibit remarkably high levels of substance use avoidance, supported by strong cultural, familial, and personal health motivations. The combination of high health literacy, religious norms, and family discouragement forms a robust protective framework.

However, the presence of peer pressure in a small subset of participants, and the relatively lower avoidance rates for tobacco, indicate that risks remain.

Policymakers, educators, and community leaders should work together to reinforce these protective factors, address emerging risks, and ensure that the next generation sustains these healthy lifestyle patterns. By prioritizing prevention in early adulthood, long-term public health and societal well-being can be significantly enhanced.

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