



Original Research Article

Breaking the Cycle: Why Young Adults Start, Continue, and Struggle to Quit Substance Use

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Abstract: Background: Substance use among young adults is a growing concern due to its psychological, social, and health-related consequences. Understanding the reasons behind initiation, continuation, and difficulty in quitting is crucial for developing effective prevention and intervention strategies. **Methodology:** The study utilized a qualitative research approach, incorporating semi-structured interviews with 10 young adults aged 18 to 25 years. The data was evaluated using thematic analysis. A case formulation was developed for a participant, illustrating the dynamic interaction between thoughts, emotions, bodily sensations, and substance use, supporting a detailed understanding of individual behavior patterns.

Results: The study found that most participants began using substances such as cigarettes and weed during adolescence, with initiation driven by peer influence, curiosity, and stress relief. The continuation of the behavior was maintained through emotional regulation, enhanced creativity, and social bonding, leading to habitual dependence. Withdrawal symptoms like psychological dependence, and social triggers made it hard for people to quit.

Conclusion: Young adults substance use is strongly influenced by peer networks, emotional coping needs, and habitual patterns. Effective interventions should address both the social environment and psychological dependence while providing healthier coping alternatives.

Keywords: Substance use, Young adults, Initiation, Withdrawal symptoms

INTRODUCTION

Substance use has been a growing concern around the world, with major neuropsychological, physiological, and psychosocial consequences (Rose et al., 2019). Research indicates a consistent pattern of substance use, beginning with alcohol and tobacco, progressing to cannabis, and eventually extending to other illicit drugs (Degenhardt et al., 2016).

Adolescence is the developmental age during which smoking is most usually initiated, (Keller et al., 2008) and young adults continue to smoke after the age of 20 (Lantz et al., 2003). According to Goswami (2015), peer influence, 'fun', and curiosity are the most common motives for substance usage among middle school students whereas individuals aged 18-25 who have resolved identity issues and consider themselves adults, participate in fewer higher risk behaviors (Nelson and Barry, 2005).

Furthermore, data show that smoking prevalence

rises from adolescence to young adulthood and falls after the mid-20s. (Chassin et al., 1996; Paavola et al., 2001) or after the age of 35 (Lee and Kahende, 2000). Young adults may not acquire regular or everyday smoking practices until the age of 21 (Hammond, 2005). The ones who use e-cigarettes are aware of their nicotine addiction, but some may dismiss this physiological dependency believing it to be normal (Dobbs et al., 2020).

Three major factors influence a person's tendency to engage in specific behaviors these elements include capability (a person's psychological or physical ability to engage in the conduct), motivation (both automatic reflective mental processes that direct behavior), and opportunity (physical and social aspects in one's surroundings). A lot of other factors contribute as well including a lack of social support, peer drug usage, socioeconomic level, stress and the ability to cope with it, a history of abuse or neglect in the family, and others (Johnson, 2018).

Early drug use can have long-term negative effects on mental health, physical health, and relationships (Jiloha, 2017). Given that e-cigarette usage has been related to increased depression and anxiety symptoms (Bista et al., 2023), it is possible that persons who use these products to cope with or avoid distress will find it difficult to quit. Loscertales et al, (2020) discovered that cocaine addiction alters the frontal parietal lobe of the brain, which is important for impulse control and goal-directed behavior. These alterations significantly affect an individual's capacity to resist peer pressure and other social temptations to engage in substance use.

According to Kong et al, (2021), smokers are willing to quit but face problems such as anxiousness, insomnia, and weight gain that may lead to relapse. Those who face multiple challenges as in lack of social support, resources are less motivated to complete the withdrawal process.

Some interventions have emphasized emotional regulation tactics and coping mechanisms for withdrawal symptoms (Hendricks et al., 2016). Successful interventions include inculcating sense of self, a mental-health-friendly atmosphere and interactive activities that leads to engagement in good behavior. Also positive family and peer role models can help teenagers and young adults develop a positive self-image and resist substance use (Deep et al., 2024).

Rationale of the study

The significant problem of substance abuse in teenagers around the world cannot be overstated, considering that adolescence consuming behaviors frequently persist into young adulthood. Emerging adults frequently have stronger network support for drinking, as during this period they go through multiple transitions in housing, relationships and career these changes may lessen their social control, potentially swaying them towards excessive drinking and drug use. This study intends to understand the underlying reasons why young adults begin, continue, and struggle to quit substances whilst focusing upon the information deficit about withdrawal symptoms.

MATERIAL AND METHOD

Aim of the study

To explore the underlying factors influencing the initiation, continuation, and challenges in quitting substance among young adults.

Objectives

To examine the reasons behind the initiation of substance use among young adults.

To identify the factors contributing to the continuation of substance use.

To explore the barriers and challenges faced in

quitting substances, including withdrawal symptoms, lack of support, and risk of relapse.

Inclusion Criteria

Individuals must be residents of Delhi-NCR.

Individuals taking regular substances such as alcohol, tobacco, cannabis, or other illicit substances.

Individuals must be in the age range of 18-25 years.

Study Design

This study employs a phenomenological approach that aims to grasp and analyze the core of participants individual experiences related to substance use. The research involved ten individuals aged between 18 and 25, living in various parts of Delhi-NCR. Participants were selected using purposive and snowball sampling techniques, ensuring that every chosen individual had consistent experiences with substances like alcohol, tobacco, or other illicit drugs.

Data Collection and Analysis

Data was gathered through comprehensive, semi-structured interviews aimed at obtaining detailed narratives of participants' experiences with substance use. The interviews were conducted in either English or Hindi, based on the preferences of the participants. With the consent of the participants, all interviews were audio-recorded for the analysis. The acquired data underwent thematic analysis, utilizing Braun and Clarke's six-phase framework, which included becoming familiar with the data, creating initial codes, identifying themes, reviewing themes, defining and naming themes, and generating the final report.

RESULT

A semi-structured interview involving 10 participants was carried out to explore the factors that affect the initiation, persistence, and difficulties in quitting substance use among young adults, followed by a comprehensive thematic analysis of the findings.

Theme 1: Initiation and Influence During Adolescence. The majority of participants reported that they began using substances during their teenage years, with alcohol typically starting between the ages of 14 and 16, cigarettes between 16 and 18, and other drugs between 18 and 20 (n = 10, 100%), often introduced to them by friends or siblings.

"Started smoking at 16, drinking was at 14...first time with my brother."

"First drink with family, other substances with friends."

"Drinking at the age of 15. Smoking and everything that started when I was 17 with my friends"

Theme 2: Curiosity, Peer Pressure, and Experimentation. When participants were asked

about their initial experiences that led to substance use, the majority cited reasons such as curiosity and experimentation (n=10, 100%), peer pressure (n=9, 90%), enjoyment (n=8, 80%), retaliation (n=4, 40%), and emotional relief or coping (n = 8, 80%). The first encounters varied from positive thrills to feelings of discomfort or guilt.

"I was really depressed, toh mere ko laga maybe stress relief ho jaaye... fun mein start ho gaya."

"Peer pressure—no... I did it because I wanted to."

"I was actually pretty averse towards it, but I decided that you know, curiosity and everything. So lets just try it once and then it's spiralled into quite essentially a habit."

Theme 3: Nature of Substance Use. Most participants indicated that they regularly consume cigarettes, marijuana, hash, and vape, with occasional use of substances such as alcohol, cocaine, LSD, heroin, and smack (n = 10, 100%). The substances selected illustrate both social pressures and individual curiosity.

"Alcohol, smoking, vaping, charas ganja sometimes...smoking its everyday, 15 smokes a day."

"Cigarettes and weed, smoke one or 2 cigarettes everyday...hash is occasional."

"I am consuming alcohol and cigarettes...also consumed weed, coke, smack and heroin."

Theme 4: Routine of Use and Situational Dependency. The respondents mentioned that they use cigarettes and marijuana daily, typically beginning in the morning (after waking up), during the evenings, and at social gatherings, while alcohol and other drugs are consumed less frequently (n = 9, 90%). Usage is influenced by mood, stress levels, or availability, with binge drinking patterns more prevalent for alcohol and other drugs.

"Cigarette after waking up...also before sleep...sometimes while walking."

"Weed is almost daily...cigarettes 4-5 a day, usually evening."

Theme 5: Family Disapproval and Concealment of Use. When questioned about family attitudes toward substance use, participants noted that families generally do not endorse substance use, particularly for drugs and smoking, while alcohol is sometimes accepted in moderation (n = 8, 80%). Participants frequently conceal their usage from family members to avoid feeling of guilt, negative judgment, or conflict, shaped by cultural values and parental views.

"Family doesn't support my choice... I've been grounded and stuff."

"They don't support it, but now they tell me to do everything in moderation."

"Weed and hash I mean they don't support it plus as in I am not that much open about it."

Theme 6: Family Beliefs as Moderators of Substance Use. When participants were enquired about how their family belief systems influenced their consumption, all respondents indicated that their family's beliefs and attitudes greatly impacted their patterns of substance use (n = 10, 100%). Participants shared that they either reduced or moderated their substance intake due to these beliefs and attitudes. Many concealed their usage from family members, limited their consumption at home, or practiced moderation out of guilt or to honor family values (n=8, 80%). A few noted that family tensions or dynamics drove them to increase their consumption, either as an act of retaliation or as a means of coping with stress. Some mentioned that heightened usage or initiation was a form of defiance, borne out of frustration or retaliation against perceived family control or criticism (n=2, 20%).

"I always make sure my family doesn't know. Their opinions matter a lot, so I keep it outside the house."

"My parents are very traditional; I feel guilty if I overdo it. So, I keep it minimal."

"Sometimes I drink more when I'm angry with them... like, when they don't understand me, it's my way of rebelling."

"Agar family ka belief system hota ki cigarette is also ok, then my consumption would have increased."

Theme 7: Stress Coping and Emotional Regulation through Substance Use. Many participants (n=8, 80%) reported using substances like cannabis and tobacco as coping mechanisms for stress and anxiety (n = 8, 80%). Various participants also consumed substances for leisure and relaxation (n = 7, 70%), while (n=5, 50%) admitted to using substances as temporary relief to escape negative emotions, boredom, or excessive thinking.

"It helps me relieve some stress I am going through."

"Sometimes I feel so relaxed... that is the reason I am into smoking."

"No, doesn't make me feel anything. I smoke for fun."

Theme 8: Craving, Substitution, and Behavioral Distraction. Upon discussing their experiences when substances were unavailable, most regular users reported experiencing cravings, anxiety, sleeplessness, or restlessness when deprived (n = 7, 70%). In contrast, occasional users displayed minimal effects from a brief cessation, indicating lower levels of dependence (n = 3, 30%). Many participants resorted to substitute behaviors to alleviate cravings or discomfort. Common coping

mechanisms through substitution included switching from cigarettes to vaping or using nicotine gum. Distraction methods, such as binge-watching television, listening to music, or reaching out to friends, were also frequently utilized to manage cravings (n = 7, 70%).

"If I can't get it, I go for binge watching or call someone."

"If not getting for a day or two, I'm pretty okay with it."

"No withdrawal symptoms, but after 3-4 days, recurrent thoughts start."

Theme 9: Challenges in Withdrawal and Physical Discomfort. All participants (n=10, 100%) attempted to withdraw, particularly from daily substances like cigarettes and marijuana, but faced withdrawal symptoms such as cravings (n=8, 80%), headaches (n=5, 50%), anxiety and irritability (n=7, 70%), nausea and stomach discomfort (n=3, 30%), and sleeplessness (n = 6, 60%). In contrast, some occasional users reported experiencing little to no notable withdrawal symptoms (n=2, 20%).

"Headaches, nausea, stress...very anxious."

"No major symptoms, just cravings."

"No withdrawal for binge drinking, only cigarettes."

Theme 10: Social Identity and Group Influence on Quitting. Participants expressed that their biggest worry surrounding quitting substances was the potential impact on their social circles. Before deciding to quit, most recognized that substance use was a fundamental aspect of group bonding, contributing to shared identity and social acceptance

(n=6, 60%). However, some individuals maintained friendships despite cessation due to understanding peers who respected their choices and did not pressure them to resume substance use (n=4, 40%).

"Standing there and not smoking is very hard for me."

"My friends are open-minded, they will understand my decision."

"No major effect, everyone has their personal choice."

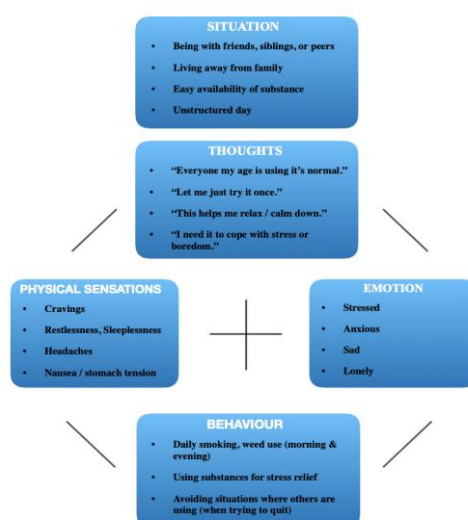
Theme 11: Differential Effects and Tolerance Patterns. Participants reported that the effects varied depending on the substance consumed. The effects of cigarettes or vapes are brief (lasting only minutes), primarily serving to satisfy cravings or provide momentary relaxation. Alcohol effects fluctuate (ranging from a buzz to blackout) based on the amount consumed, while the effects of marijuana or hash can last longer (from one hour to several hours) and include relaxation or altered perceptions. Regular use diminishes sensitivity, necessitating higher doses to achieve similar effects (n = 10, 100%).

"Weed makes me feel light, buzz lasts an hour."

"Nicotine helps reduce tension; effect lasts a minute or two."

"Alcohol can last one to two hours, cigarettes just for the moment."

Figure 1
Case formulation and conceptualisation of a participant using substance



Note. This diagram illustrates the relationship between automatic thoughts, cognitive distortions, emotional responses, physical sensations, and substance use behaviour, as conceptualised in CBT.

The formulation depicted in Figure 1 demonstrates the connection between thoughts, emotions, and behaviors. It is not the circumstance itself that directly triggers an individual's substance use, but rather how the person perceives the situation. The same trigger (such as being around friends who use substances or experiencing stress and boredom) can result in varied outcomes based on the individual's mindset. In this regard, individuals may have automatic thoughts like 'Everyone my age is using, it's normal,' 'Let me just try it once,' and 'I need it to cope with stress.' These thoughts reflect cognitive distortions such as overgeneralization, minimization, emotional reasoning, and all-or-nothing thinking. Such distorted thinking subsequently leads to intense emotions (like anxiety, sadness, and loneliness), physical sensations (including cravings and restlessness), and ultimately results in substance use as a form of coping. The formulation illustrates that by recognizing and altering these distorted thoughts, we can assist in modifying the client's feelings and behaviors, even if the external circumstances remain unchanged.

DISCUSSION

In order to enhance the understanding of substance use behaviors in young adults, this research aims to investigate the key factors that influence the beginning, persistence, and difficulties involved in quitting substance use. In particular, it seeks to explore the antecedent behind the onset of substance use and identify the maintaining factor that support its ongoing use. Data was gathered from ten young adults aged 18 to 25 who regularly use substances. By examining these factors, the research aims to provide insight into the intricate social, psychological, and environmental influences that shape substance use trends in this demographic.

A few major themes emerged from close analysis of primary data sources based upon their answers to open ended questions which captured the data in relation to the research purpose. The research highlighted curiosity, peer influence, and experimentation as crucial factors that shaped early encounters with substances. The findings align with earlier research that identified peer pressure and curiosity as primary factors driving adolescents to begin using substances (Lama and Patel, 2022). Participants noted that their social identity and group dynamics significantly impacted their efforts to quit using substances. Research conducted by Villanti et al. (2016) supports our findings, making the decision to quit substances poses significant challenges for young adults. Due to social influence, when they try to change or stop their smoking habits, they often feel set apart from their friends and worry about their peers' opinions of them.

The nature of their substance use often transitioned from casual experimentation in adolescence to a more structured routine characterized by situational reliance. Earlier studies also indicate that substance use typically starts in the critical periods of adolescence and early adulthood, with a global acknowledgment of young individuals as a key demographic vulnerable to substance use disorders (SUD) and associated health and social issues (Substance Abuse & Mental Health Services Administration, 2014; United Nations Office on Drugs & Crime, 2020; World Health Organization, 2014).

Frequently mentioned experiences encompassed cravings, alternative behaviors, and distractions, along with the need to conceal their usage due to family disapproval. The beliefs held by family members appeared to impact substance use behaviors, influencing both the persistence and termination of use. Additionally, several participants noted shifts in tolerance and the differing effects of substances as time progressed. Additional obstacles mentioned included difficulties with withdrawal, physical discomfort, and dependency on substances as a means of coping with stress and managing emotions. Kong et al. (2021) also noted that many smokers wish to quit but face numerous challenges that make it hard for them to do so; when they try to stop, they encounter various issues that lead them back to smoking, including feelings of anxiety when they are unable to smoke for even a brief time, insomnia, and concerns about weight gain. Adults in their early twenties find quitting smoking particularly challenging since they perceive it as helpful during stressful days (Torres & O'Dell, 2016).

This research enhances the comprehension of substance abuse in early adulthood, emphasizing the complex factors that affect their experiences with initiation, continuation and withdrawal. Although participants recognize the detrimental health effects linked to smoking, they still persist in this behavior for multiple reasons. The insights provided here can serve as a foundation for future research and intervention development to effectively reduce substance use rates within this population.

CONCLUSION

The current research provides significant insights into the complex nature of substance use among young adults, highlighting how various psychological, social, and environmental factors impact both the continuation and discontinuation of smoking. Even though participants recognized the negative health effects associated with smoking, their ongoing participation indicates that mere knowledge is not enough to motivate behavioral change. These results underscore the crucial need for comprehensive and focused interventions that extend beyond mere awareness initiatives to tackle the deeper motivations

and situational challenges that perpetuate smoking behaviors. By incorporating personalized support systems and promoting healthier social surroundings, such efforts can more effectively assist young adults in achieving sustainable smoking cessation.

Clinical Implications

The formulation depicted in Figure 1 has several clinical implications for working with substance use. First, it highlights the importance of assessing not only the external triggers, but also the client's automatic thoughts and underlying beliefs about substances, themselves, and coping. In therapy, the clinician would work collaboratively with the client to identify cognitive distortions such as overgeneralization ('everyone my age is using'), minimisation ('it's only once'), and emotional reasoning ('because I feel calmer, this must be the best way to cope'). These distorted thoughts would then be challenged and replaced with more balanced alternatives, while also teaching practical coping skills for stress, boredom, and peer pressure. The formulation also guides relapse prevention: by helping the client recognise high-risk situations, spot early 'permission-giving' thoughts, and use healthier coping strategies before cravings escalate. CBT is also considered a first-line, evidence-based treatment for alcohol and drug use disorders, improving outcomes compared to usual care (Magill et al., 2019; Ray et al., 2020). Studies further show CBT's benefit in relapse prevention, equipping clients with practical skills to handle high-risk situations and challenge distorted thinking patterns (McHugh et al., 2010). Overall, this model supports a treatment plan that combines cognitive restructuring with skills training and behavioural change to reduce substance use and support long-term recovery.

Limitations

The research presents a number of limitations that must be taken into account when analyzing its findings. First, the use of purposive sampling could lead to bias and restrict the applicability of the results to different populations. Moreover, the geographical focus on a specific area within the Delhi NCR and the limitation to individuals aged 18-25 years may further limit the relevance of the findings.

Ethical Consideration

All procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (institutional and national) and with the Helsinki Declaration of 1975, as revised in 2000. Informed consent was obtained from all patients for being included in the study. An ethical approval letter was obtained from the university before the initiation of the research.

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Declaration of Conflicting Interests

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