



# Substance Use Rejection Skills For Abstinence Among College Students In Kozhikode District

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## Abstract

Substance use rejection skills are critical during college life, a transformative phase marked by exploration, peer influence, and heightened risk of experimentation among first-year students. This study assessed substance use rejection skills for abstinence among college students in Kozhikode district. A descriptive survey design was adopted to examine substance-use rejection skills among 300 first-year college students selected using random sampling. Data were collected using the Drug Avoidance Self-Efficacy Scale (DASES) and analysed using descriptive and inferential statistics. The majority of students (68%,  $n = 204$ ) demonstrated moderate rejection skills, 26% ( $n = 77$ ) showed low skills, and only 6% ( $n = 19$ ) exhibited high rejection skills, indicating that a considerable proportion remain vulnerable to experimentation and continued use. Significant associations were identified between rejection scores and age and birth order.

**Keywords:** Substance use, Rejection skills, Drug Avoidance Self-Efficacy Scale, Self-efficacy, College students, First-year students, Abstinence, Kozhikode district

## Introduction and Background of the Study

Adolescence is a sensitive developmental period marked by rapid biological changes, shifting social roles, and heightened emotional reactivity, making young people particularly vulnerable to risk behaviours such as substance use. As teenagers navigate puberty, academic demands, and evolving peer and family relationships, many experience stress, low self-esteem, and a sense of being misunderstood, which can increase susceptibility to maladaptive coping strategies, including alcohol and drug use. Within this context, parental warmth, clear communication, and consistent guidance play a pivotal role in buffering these pressures and supporting healthy decision-making.

Substance use during adolescence and late adolescence remains a major public health concern because it not only disrupts normal developmental trajectories but also carries profound consequences for physical health, mental well-being, family functioning, and social integration. Emerging evidence indicates that many young people initiate substance use in early to mid-adolescence, often viewing drugs or alcohol as a means of temporary relief from emotional distress, interpersonal difficulties, or academic pressure. In the Indian context, reports from treatment settings suggest that a substantial proportion of users begin experimenting with substances before adulthood, underscoring the urgency of early prevention and intervention efforts.

Late adolescence is frequently characterised by identity exploration, experimentation, and increased autonomy, coinciding with easier access to substances such as tobacco, alcohol, cannabis, and inhalants. During this stage, peer groups become powerful reference points, and peer norms can either encourage experimentation or act as a protective influence against substance use. While negative peer pressure can precipitate initiation and continued use, positive peer norms and supportive friendships may promote abstinence and help adolescents resist risky behaviours. Understanding how peer dynamics shape attitudes and choices around drug use is therefore essential for designing effective prevention strategies.

Alongside peer influence, a range of protective factors at individual, family, and community levels can mitigate the risk of substance involvement among adolescents. Supportive family environments, open parent–child communication, strong moral or spiritual grounding, and involvement in structured activities all contribute to resilience in the face of adversity. Personal attributes such as self-esteem, self-control, assertiveness, and social competence further enhance adolescents' capacity to manage stress without resorting to substances. When these protective factors are present, young people are better equipped to resist social pressure and to cope adaptively with negative emotions and life challenges.

Skill-based prevention programmes that explicitly target refusal skills, coping mechanisms, and decision-making have shown promise in helping adolescents resist substance offers and manage peer pressure more effectively. Training that focuses on social skills, emotion regulation, and problem-solving not only reduces vulnerability to drug use but also supports broader developmental outcomes, such as improved relationships and enhanced academic and vocational functioning. Against this backdrop, examining substance use rejection skills among college students, particularly those in the early years of higher education, becomes crucial for informing tailored, nursing-led interventions that strengthen resilience and promote sustained abstinence.

### **Statement of the Problem**

Study to assess Substance Use Rejection Skills for abstinence among students in selected colleges in Kozhikode District.

### **Objectives**

1. To assess the Substance Use Rejection Skills for abstinence among college students.
2. To find out the association between mean pretest Substance Use Rejection Skills for abstinence of college students and selected socio-demographic variables

### **Hypotheses**

H1: There is a significant association between the Substance Use Rejection Skills for the abstinence of college students with selected socio-demographic variables

### **Variables**

- Research variable: Substance Use Rejection Skills for abstinence
- Demographic variables: age, gender, year of study, birth order, religion, place of residence, type of family, number of siblings, education of father, education of mother, occupation of father, occupation of mother, monthly income of the family, family history of substance use.

### **Operational Definitions**

- **Substance Use Rejection Skills For Abstinence:** Substance use rejection is the act of refusing to engage in or partake in the consumption of substances that are commonly associated with recreational or intoxicating use, which typically involves a conscious and deliberate decision to abstain from using substances like alcohol, tobacco, or illicit drugs. It can be measured by Self-Report Questionnaires.
- **College Students:** In this study, college students refer to both boys and girls in the age group of 17 - 19 years studying in the first and second year of selected colleges at Kozhikode district.

## Research Methodology

**Research approach:** Quantitative Research approach

**Research design:** A Descriptive research design.

**Population:** All students between the ages of 17 and 19 years studying in colleges, Kozhikode

**Settings of the study:** It was performed at selected colleges in Kozhikode.

**Sample:** The students who met the inclusion criteria and gave their permission to participate in this research were the intervention sample.

**Sample size:** The sample size consisted of a total of 300 students. Sample size estimation was done based on the formula

**Sampling technique:** Non-probability convenience sampling technique

### Sampling Criteria

a) **Inclusion Criteria:** College students who are,

- having written consent from participants
- in the age group of 17-19 years
- available during the time of data collection
- both male and female students
- willing to participate in the study

b) **Exclusion criteria:** College Students Those Who Are:

- Not Obtained Written Consent
- Having Contagious Diseases and Critical Illness at the time of data collection

### Tool

#### Section A: Demographic proforma

The socio-demographic like age, gender, class of study, birth order, religion, place of residence, type of family, number of siblings, education of father, education of mother, occupation of father, occupation of mother, monthly income of the family, source of information and family history of substance abuse.

#### Section B: DASE Scale

The Drug Avoidance Self-Efficacy Scale (DASES), developed by Martin, Wilkinson, and Poulos (1995), is a 16-item self-report measure assessing individuals' confidence in resisting drug or alcohol use in high-risk situations, including social events, negative moods, or easy substance access. Low scores indicate poor self-efficacy and high relapse risk without support; moderate scores suggest inconsistent resistance vulnerable to stress or peer influence, requiring targeted strategies; and high scores signify strong, broad confidence with low relapse likelihood, though skill reinforcement remains advisable.

### Conceptual Framework

The Conceptual Framework is based on the Health Belief Model (HBM), which was developed by Irwin M. Rosenstock, Godfrey M. Hochbaum, S. Stephen Kegels, and Howard Leventhal.

## Data Collection Procedure

College principals approved the research for participating institutions. Using a non-probability purposive sampling approach, samples were drawn from two colleges, excluding the pilot study site, with a limited number of available participants.

Demographic data, along with pre-tests on substance rejection and self-regulation, were collected from students, taking approximately 30 minutes per session. Pre-tests and post-tests were administered to the control group for substance rejection and self-regulation measures during the first and third months.

Informed consent was obtained from all participants prior to data collection. The Drug Avoidance Self-Efficacy Scale (DASES) and Self-Regulation Inventory assessed substance rejection and self-regulation, respectively. On the day of administration, the researcher ensured students were seated comfortably in a well-ventilated classroom. A structured intervention program was then delivered to the experimental group across three sessions over three months.

## Ethical Considerations and Permissions

The research proposal was presented to the research committee at KMCT College of Nursing, where approval was obtained. Ethical clearance for the study was secured from the ethics committee of KMCT Medical College. Informed consent was obtained from all participants before data collection. Confidentiality and anonymity were maintained throughout the study.

## Results

### Frequency and percentage distribution of demographic variables

N=300

		Frequency	Percentage
Age in years	18	32	10.67
	19	268	89.33
Gender	Male	85	28.33
	Female	215	71.67
Religion	Hindu	91	30.33
	Islam	162	54
	Christian	47	15.67
Type of family	Nuclear family	270	90
	Joint family	28	9.33
	Extended family	2	0.67
Presently living with	Father and Mother	159	53
	Mother only	13	4.33
	Friends	126	42
	Husband	2	0.67
Your family income per month in rupees	20001-30000	156	52
	30001-40000	41	13.67
	40001-50000	37	12.33
	>50000	66	22
Birth order	First	165	55
	Second	97	32.33
	Third	29	9.67
	Fourth	9	3
Parenting style	Democratic	51	17
	Authoritarian	249	83



Previous history of substance use	Yes	19	6.33
	No	279	93.77
Family history of substance use	Yes	95	31.67
	No	205	68.33

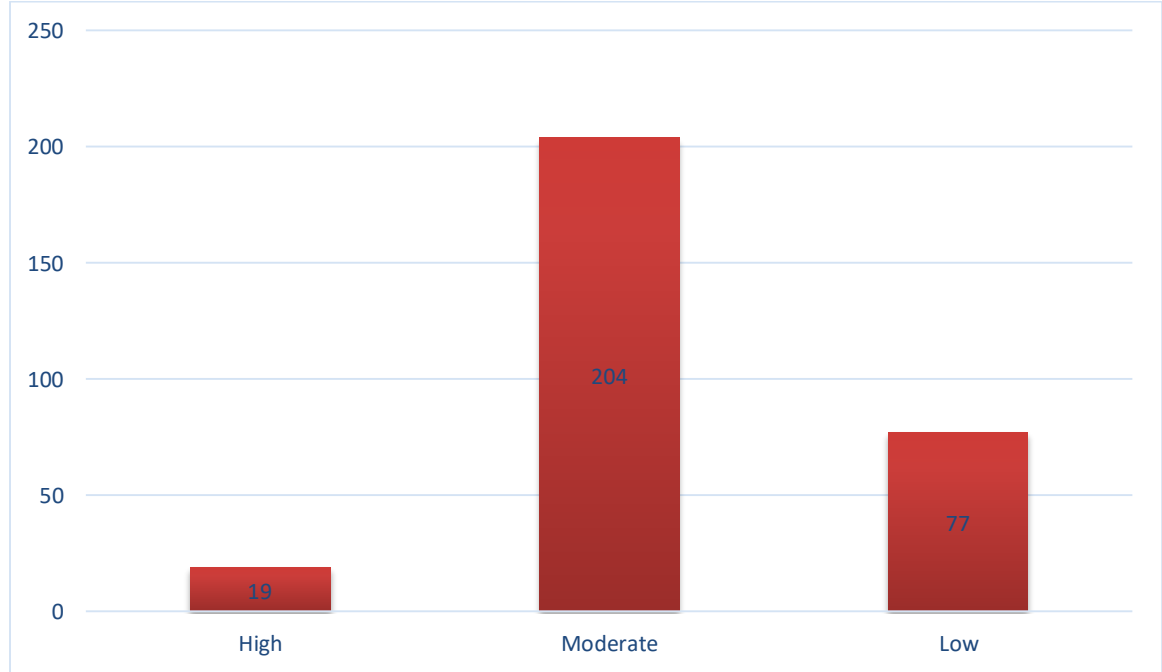
**Table 1: Frequency and percentage distribution of demographic variables**

The majority of participants were 19-year-old females (71.67%) from nuclear families (90%), living with parents or friends, earning ₹20,001–30,000 monthly (52%), first-born (55%), from authoritarian parenting backgrounds (83%), with no personal substance history (93.67%) but 31.67% reporting family history.

**Substance Use Rejection Skills for abstinence scores among college students**

Level	Frequency	Percentage
High	19	6
Moderate	204	68
low	77	26

**Table 2: Substance Use Rejection Skills for abstinence scores among college students**



**Figure 1: Substance Use Rejection Skills for abstinence scores among college students**

The majority of college students (68%, n=204) fall in the moderate level of Substance Use Rejection Skills, indicating average ability to resist substances but vulnerability in high-risk situations. A smaller proportion (6%, n=19) demonstrates high rejection skills, suggesting strong refusal abilities and better protection for maintaining abstinence.

Over one quarter of students (26%, n=77) have low rejection skills, reflecting poor confidence to refuse substances and a higher likelihood of experimentation or continued use. Overall, these findings highlight the need for targeted, nursing-led interventions to strengthen refusal skills, especially for those in the low and moderate groups, to support sustained abstinence.

**Mean Substance Use Rejection Skills for abstinence scores among college students**

**N=300**

	Frequency	Mean	SD
Substance Use Rejection Skills for Abstinence Scores	300	56.31	14.15

**Table 3: Mean Substance Use Rejection Skills for abstinence scores among college students**

A mean total score of 56.31 on the DASES reflects moderate confidence in resisting substance use across high-risk situations.

# Association between Substance Use Rejection Skills for Abstinence Scores with selected demographic variables.

N=300

Sl. No	Variable	Substance rejection score	SD	t	p-value
1.	Age in years a) 18 b) 19	49.45 52.75	8.92 12.36	2.44	0.015***
2.	Gender a) Male b) Female	50.34 52.13	10.55 11.67	1.244	0.215 NS
3.	Religion a) Hindu b) Islam c) Christian d) Others	51.61 50.95 53.60 54.00	11.78 10.73 12.76 9.16	0.711	0.546 NS
4.	Type of family a) Nuclear b) Joint c) Extended family	51.69 50.13 62.00	11.37 10.85 19.79	1.096	0.335 NS
5.	Presently living with a) Father and Mother b) Mother only c) Friends d) Husband	52.72 53.00 49.88 62.00	12.56 11.67 9.41 19.18	1.330	0.251 NS
6.	Employment status of the father  a) Professional b) Skilled c) unskilled d) Retired e) Expired	50.70 53.15 48.25 56.80 52.23	10.35 13.49 3.81 14.83 10.81	1.942	0.103 NS
7.	Employment status of the Mother  a) Professional b) Skilled c) unskilled d) Retired e) Expired	52.11 49.68 53.14 46.00 50.50	11.95 8.73 13.14 2.82 7.89	0.884	0.474 NS
8.	Your family income per month in rupees a) 20001-30000 b) 30001-40000 c) 40001-50000 d) >50000	50.53 52.51 54.48 51.95	10.68 11.55 12.37 12.13	1.363	0.254 NS
9.	Birth order a) First b) Second	50.23 52.21	10.60 11.28	2.879	0.036*

	c) Third	55.82	14.01		
	d) Fourth	56.66	13.11		
10.	Parenting style				
	a) Democratic	51.61	11.14	0.040	0.968
	b) Authoritarian	51.54	12.52		NS
11.	Previous history of substance use				
	a) Yes	50.05	6.65	0.615	0.539
	b) No	51.71	11.61		NS
12.	Family history of substance use				
	a) Yes	52.57	12.11		0.393
	b) No	51.19	10.95	0.855	NS

\*- Significant

NS – Non Significant

**Table 4: Association between Substance Use Rejection Skills score and socio-demographic variables among students before intervention**

Findings revealed significant relationships between substance rejection scores and variables such as age and birth order ( $p > 0.05$ ). Consequently, the null hypothesis was rejected in favour of the research hypothesis.

### Discussion

These findings show that most students have only moderate Substance Use Rejection Skills, with important subgroups at both high and low ends that need different levels of support. The mean Substance Use Rejection Skills score of 56.31 (SD 14.15;  $N = 300$ ) indicates a moderate level of confidence in resisting substance use across high-risk situations among college students. This is consistent with the categorical distribution, where 68% ( $n = 204$ ) fall in the moderate range, suggesting that many students can resist substances in some situations but remain vulnerable when exposed to strong peer pressure, emotional distress, or easy availability.

Only 6% ( $n = 19$ ) of students demonstrate high rejection skills, reflecting strong refusal abilities and better protection for maintaining abstinence; this group may benefit from reinforcement and leadership roles in peer-support activities. In contrast, 26% ( $n = 77$ ) have low rejection skills, indicating poor confidence to refuse substances and a higher likelihood of experimentation or continued use, identifying them as a priority group for intensive preventive and therapeutic interventions.

The analysis of associations between Substance Use Rejection Skills and socio-demographic variables revealed statistically significant differences by age and birth order, while other variables such as gender, religion, type of family, current living arrangement, parental employment, family income, parenting style, and substance-use history were not significantly related to rejection scores. Specifically, older students and those of later birth order showed higher mean rejection scores, implying that increasing maturity and family position may contribute to better-developed refusal skills, whereas socio-economic and familial structural factors alone do not appear to determine students' capacity to refuse substances.

Taken together, these results highlight that, although the average student has moderate refusal skills, a substantial minority remain at high risk due to low self-efficacy, and only a small proportion possess robust skills that strongly protect against substance use. This pattern underscores the need for a structured, nursing-led navigation programme that systematically builds Substance Use Rejection Skills especially among younger students, earlier-born children, and those in the low and moderate categories through skills training, role plays, peer-led activities, and ongoing support to enhance self-regulation and sustain abstinence.

## Conclusion

This research establishes that moderate Substance Use Rejection Skills are most common among college students pursuing abstinence, underscoring the importance of specialized nursing interventions to enhance self-regulation and curb exploratory behaviors in this critical developmental phase.

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