

Research Article**Early Initiation of Substance Use Among Adolescents in Southern India: Patterns, Accessibility, and Preventive Focus****Manne Thabitha Vani¹, Prof. Saraswati Raju Iyer²**

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Abstract

Adolescent substance abuse represents a growing public health crisis in India, with early initiation posing particularly severe risks. This paper draws on a mixed-methods study conducted across five southern Indian states (Andhra Pradesh, Karnataka, Kerala, Tamil Nadu, and Telangana) with a sample of 500 adolescents aged 12–18 years. Findings indicate that tobacco (57.4%) and alcohol (26.8%) are the most common substances, with initiation often beginning between ages 9 and 12. Accessibility through peers, family influence, and community availability emerged as major drivers, while curiosity, stress, and peer pressure were the most frequently cited reasons for initiation. Despite harm awareness, substance use persists, underscoring gaps in existing prevention strategies. This article highlights the urgency of early, school- and community-based interventions, emphasizing retention in education, adolescent-friendly counseling, and state-specific strategies. The findings provide an evidence base for policymakers and social work practitioners to design targeted preventive interventions that reduce substance initiation and long-term harm.

Keywords: Adolescents, early initiation, substance abuse, tobacco, alcohol, accessibility, peer pressure, southern India.

1. Introduction

Adolescence is a formative period marked by physical, emotional, and social transitions. In India, one-fourth of the population falls between the ages of 10 and 19, making adolescents both a demographic asset and a vulnerable group. Substance abuse during this stage undermines their potential, often leading to health complications, educational setbacks, and long-term dependency. The World Health Organization (2020) recognizes substance use as a disorder that can have lifelong consequences when initiated early.

In southern India, the prevalence of early initiation of substance use among adolescents has become a pressing concern. Many adolescents begin experimenting as early as 9–12 years old, a developmental stage when impulse control and decision-making capacities are still maturing. This early onset not only increases the likelihood of addiction but also compounds risks of academic failure, risky behavior, and psychological distress. Despite multiple preventive initiatives, accessibility, normalization within families, and peer influence continue to fuel substance initiation.

This paper focuses on understanding the early initiation of substance use among adolescents, identifying the most used substances, analyzing accessibility, exploring reasons for initiation, and outlining priority areas for intervention.

2. Methods

The study employed a mixed-methods design to capture both prevalence and contextual factors influencing adolescent substance use. Data were collected from 500 adolescents aged 12–18 years across Andhra Pradesh, Karnataka, Kerala, Tamil Nadu, and Telangana. Both school and community settings were included to ensure diverse representation. Methods comprised structured interviews, focus group discussions, and secondary data review. Quantitative analysis included descriptive statistics, chi-square tests, and multiple regression to identify predictors of early initiation. Qualitative insights were integrated to enrich interpretation of findings

3. Results

Age of Initiation

- Overall trend: 41.6% of adolescents reported initiation between 9 and 12 years.
- State-level findings: Andhra Pradesh and Karnataka showed the earliest initiation patterns, often linked to community access and dropout rates. Kerala demonstrated higher initiation at later ages (12–14), while Tamil Nadu and Telangana reported a mix of early and mid-adolescent onset.

Most Commonly Used Substances

Table 1 presents the prevalence of substances among the sample.

Table 1. Prevalence of Substance Use Among Adolescents (N = 500)

Substance	% Reporting Use
Tobacco	57.40%
Alcohol	26.80%
Inhalants	8.60%
Prescription drugs (Non-Medical)	6.20%
Cannabis	4.10%

- Tobacco was the most widely used substance, particularly in Tamil Nadu and Telangana.
- Alcohol use was high across all states, with initiation commonly between 12–14 years.
- Inhalant use was highest in Kerala and Telangana.
- Prescription drug misuse was notable among dropouts in Andhra Pradesh and Tamil Nadu

4. Accessibility:

Accessibility emerged as a central determinant:

- Peers: Peer groups were the leading source of introduction (42%), particularly in urban Karnataka and Telangana.
- Family influence: In Kerala, familial modeling normalized substance use, leading to intergenerational patterns.
- Community availability: Adolescents in Andhra Pradesh and Tamil Nadu cited easy access to alcohol and tobacco shops near schools.
- School environments: Despite awareness programs, 18% reported obtaining tobacco products within proximity to schools

Reasons for Initiation

Table 2. Top Reasons for Initiation of Substance Use (N = 500)

Reason	% Reporting
Curiosity	34.50%

Peer pressure	28.30%
Stress relief	17.20%
Family influence	11.60%
Others	8.40%

- Curiosity and peer pressure were consistent across states.
- Stress relief was prominent in Karnataka and Telangana.
- Family influence was highest in Kerala

5. Predictors of Overuse

A multiple regression model identified gender, harm awareness, habitual use, impulse control, and school-based awareness programs as significant predictors of substance overuse ($R^2 = 0.43$, $p < .001$). Notably, harm awareness alone did not prevent overuse, indicating the need for deeper psychosocial interventions.

6. Discussion

The findings demonstrate that early initiation of substance use is a product of intersecting social, family, and structural influences. The prevalence of initiation at ages as young as 9 underscores a critical failure of protective mechanisms. Tobacco and alcohol dominated usage patterns due to their widespread availability and normalization in families and communities. The accessibility of substances—via peers, family, and community vendors—exacerbates the issue. Adolescents often begin experimenting despite being aware of risks, reflecting the limited efficacy of awareness-only campaigns. Behavioral, emotional, and structural supports are crucial to delay or prevent initiation.

The state-level variations illustrate the importance of tailored interventions.

- Andhra Pradesh: Early initiation and prescription drug misuse among dropouts require targeted educational retention programs.
- Karnataka: Peer-led experimentation in urban areas calls for strengthened peer resistance training.
- Kerala: Family-normalized use indicates a need for parental counseling and intergenerational interventions.
- Tamil Nadu: Accessibility of prescription drugs and inhalants necessitates stricter retail regulation.
- Telangana: Despite strong school engagement, low counseling attendance highlights the need for adolescent-friendly mental health services.

7. Conclusion and Recommendations

This study underscores the urgency of addressing early initiation of substance use among adolescents in southern India. Prevention strategies must be multi-pronged, culturally tailored, and initiated early. Key recommendations include:

1. Strengthen school-based interventions: Integrate life-skills training on impulse control, peer resistance, and stress management.
2. Enhance family engagement: Provide parents with counseling and support programs to disrupt intergenerational cycles.
3. Regulate accessibility: Enforce stricter controls on the sale of retail alcohol and tobacco near schools and communities.
4. Expand adolescent-friendly counseling: Establish confidential, accessible services within schools and community health centers.
5. Prioritize vulnerable groups: Focus on school dropouts and never-enrolled youth, who show disproportionate risk.
6. State-specific strategies: Develop interventions aligned with the cultural and accessibility contexts of each state.

By addressing accessibility, strengthening protective environments, and engaging families and communities, India can reduce the early initiation of substances and protect the potential of its adolescents.

References:

Key References adapted and condensed from the thesis: WHO, 2020; NIDA, 2016; AIIMS, 2019; UNODC, 2022; Chesang, 2013; Gururaj, 2021, and others cited in the thesis.

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