



Young People's Lived Experiences of Substance Use and Impulsive Behavior: An Interpretative Phenomenological Study with Implications for Social Studies Education

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Abstract

Substance use accompanied by impulsive behavior among young people is a complex social problem with physical, psychological, and social consequences. Existing studies mostly describe risk factors and prevention programs, while young people's own accounts of how they make sense of substance use remain less explored and are rarely linked to Social Studies education. This study explores how young people experience substance use and impulsive behavior and discusses implications for Social Studies education. Using Interpretative Phenomenological Analysis (IPA), data were collected through semi-structured interviews with three young people aged 20–22 years who had current or recent alcohol and/or illicit drug use. Four themes emerged: peer influence, unstructured time, and weak supervision as entry points into use; substance use as an escape from stress; loss of self-control and aggression; and strained relationships with regret and limited awareness of long-term risk. Social Studies learning about social norms, peer influence, family and community roles, and empathy-based citizenship can support prevention.

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1. Introduction

Juvenile delinquency is a chronic social phenomenon whose manifestations evolve alongside the dynamics of modern society. In an era of globalization and digital openness, the boundaries of social norms are frequently blurred, and the challenges faced by young people have become far more complex [1]. What was once mostly minor misbehavior such as truancy now includes criminal acts and the abuse of dangerous substances, so the phenomenon requires attention from several disciplines [2]. Alcohol consumption and illicit drug use are among its most frequent manifestations [2], [3].

Developmentally, adolescence is a transitional phase from childhood to adulthood characterized by emotional turmoil, a search for identity, and a strong need for recognition, and the absence of clear orientation in this phase often directs young people toward deviant experimentation [3]. From a neuroscience perspective, impulsivity is prominent in this phase because the limbic and reward systems, which drive emotion and instant impulses, develop earlier than the prefrontal cortex, which supports cognitive control and rational decisions [4]. Because the prefrontal cortex is not fully mature until the early twenties, young people tend to act quickly and to favor short-term gratification over long-term consequences [4]. Among young adults, impulsivity-related traits are linked to how much people drink [5], [6], including drinking to cope [7]. Since these processes extend into the early twenties, a growing body of work treats the period from adolescence to the mid-twenties as one continuous phase of development [8], [9].

The social environment amplifies this vulnerability. Peer influence on substance use operates both directly and through perceived norms [10], and young people with a high need for recognition are easily drawn by peer invitations, so that substance use may be read as a sign of courage and solidarity [3]. Weak parental monitoring, distant emotional relationships, and ongoing family conflict deprive young people of authority figures and a safe haven [11], and parental monitoring is a central target in research on youth substance use [12]. Without this psychological brake, deviant choices become easier [13]. The consequences reach beyond physical harm such as addiction and impaired cognitive function, to school dropout, violence, guilt, and social alienation [14].

Taken together, the literature reviewed here establishes what is already known: impulsivity [4], [5], peer influence [3], [10], and weak family monitoring [11], [13], [12] are repeatedly identified as risk factors, and responses are framed mainly as legal enforcement [1] and awareness or prevention programs [2], [3], [15].

What remains less clear is how young people themselves experience and interpret the path from impulsive experimentation to regular substance use and its consequences. Most of the literature above describes risk factors, programs, or legal responses from an outside perspective; it says much less about the meanings users attach to their own use, to the relief it seems to offer, and to the damage it leaves in family and social relationships. Qualitative work on lived experience exists, for example on violence among people with stimulant use disorder [16], but to our knowledge few studies present young people's own accounts across different substances and link them to Social Studies learning. These questions concern subjective meaning-making that cannot be captured by counts or scales, which is why a qualitative phenomenological approach is needed. Interpretative Phenomenological Analysis (IPA), which examines in detail how particular people make sense of significant life experiences [17], fits this purpose. The specific aspect explored here is the lived experience of young people aged 20–22 who sit at the boundary between adolescence and adulthood.

The gap also matters for Social Studies education, which aims to develop learners' understanding of social norms, group influence, the roles of family and community, and responsible citizenship. Social Studies content on the family, school, community, and peers has been discussed as a way to reduce drug abuse among students [18]. Peer conformity, weak family monitoring, and social alienation are precisely the social processes that Social Studies learning addresses, yet lived accounts of substance use are rarely connected to it. Moving from punitive to educational, preventive, and empathy-based approaches [18], [15] requires understanding lived experience first.

This study therefore asks: how do young people with a history of substance use experience and make sense of their substance use and impulsive behavior, and what do these experiences imply for Social Studies education? It contributes (1) an idiographic, experience-near account from young people themselves and (2) an interpretation of that account for Social Studies learning and empathy-based prevention.



2. Method

2.1. Research Design and Operational Definition of “Young People”

This study employs a qualitative approach with an Interpretative Phenomenological Analysis (IPA) design, following the framework of Smith, Flowers, and Larkin [17]. IPA was selected because the study asks how particular individuals make sense of a significant and sensitive life experience. It combines a phenomenological concern with lived experience, a hermeneutic (interpretative) concern with how meaning is constructed, and an idiographic commitment to the particular case. Consistent with IPA, the researchers do not claim to fully bracket their preconceptions; rather, they acknowledge them and examine them reflexively throughout the analysis (Section 2.6).

In this article, “young people” refers to individuals aged 18–24 years. This follows the extension of adolescence into the mid-twenties proposed by Sawyer et al. [8], which reflects later social role transitions and continuing brain maturation, and the notion of emerging adulthood [9]. The three participants were 20, 21, and 22 years old and are therefore described as young people, not as adolescents. Where the cited literature concerns adolescents, it is referred to as such.

2.2. Setting, Participants, and Sampling

The study was conducted in Pamekasan, Indonesia, in March 2025. Purposive sampling through personal acquaintance was used: the three participants were close friends of members of the research team, who were already aware of their substance dependence. Homogeneity was defined by life stage and by a shared experience: all participants were young people aged 20–22 who reported current or recent alcohol and/or illicit drug use and recurring impulsive behavior, and who were able to reflect on and articulate their experience. Differences in substance type (alcohol, methamphetamine, ecstasy) and in occupational status (university student or unemployed) were treated as variation within a shared phenomenon and analysed idiographically, not as grounds for pooling participants into subgroups.

Inclusion criteria were: (a) aged 18–24 years; (b) current or recent alcohol and/or illicit drug use; (c) recurring impulsive behavior, identified through a preliminary screening interview (no standardized instrument was used); (d) ability to reflect on and describe their experience; and (e) voluntary informed consent.

Three participants took part. In IPA, sample size is guided by the aim of idiographic depth rather than by data saturation, and small samples allow each case to be analysed in detail [17], [19]. The sample is not intended to be statistically representative; the findings are offered for theoretical transferability. The brevity of the interview sessions limits the depth of the data (Section 4.4).

2.3. Data Collection

Data were collected through face-to-face, semi-structured, in-depth interviews conducted in neutral and secure places to foster psychological safety and rapport. Each participant was interviewed in three sessions of about 20 minutes each. The interviews were conducted in Madurese by the second author, who is a close friend of the participants. The interview guide was developed and refined through a pilot test and contained open-ended questions on the onset of use, emotional triggers, perceived peer dynamics, and subsequent psychological changes; it was used flexibly to follow each participant's account. Each interview was audio-recorded with verbal informed consent and transcribed by the first author; the second author translated the Madurese into Indonesian. Extracts quoted in the Results were translated from the Indonesian transcripts into English with the assistance of an AI tool (see AI Acknowledgment) and are identified by participant and question number in the transcript (for example, P1, Q2).

2.4. Research Ethics

Participation was voluntary, and all participants gave verbal informed consent to the interviews and audio-recording. Identities are protected through pseudonyms (P1–P3). No specific procedure was in place for handling disclosures of illegal behavior or participant distress. The study did not obtain approval from an ethics committee (see Ethical Approval), and this is discussed as a limitation.

2.5. Data Analysis

The analysis followed the stages described by Smith et al. [17]. First, each transcript was read and re-read to gain holistic familiarity. Second, exploratory notes (descriptive, linguistic, and conceptual) were written line by line. Third, experiential statements were formulated for that case. Fourth, connections among the statements were sought and clustered into personal experiential

themes for that participant. Only after one case was completed was the next transcript analysed, in order to preserve the idiographic commitment of IPA. Finally, patterns across the three cases were compared to develop group experiential themes, with attention to both convergence and divergence (for example, across different substances).

2.6. Researcher Role, Reflexivity, and Trustworthiness

The interviews were conducted by the second author, who is a close friend of all three participants, and the first author transcribed the recordings. This closeness may have fostered trust and candor, but it may also have shaped what participants chose to disclose and how their accounts were interpreted. All data and notes were recorded on a mobile phone to keep a complete record of the data collected. No formal reflexive journal was kept. Interviews were the only data source analysed, so source triangulation was not undertaken; comparison across the three participants served as the main check on the themes. Member checking, peer debriefing, and an audit trail were not carried out; the consequences for credibility are discussed in Section 4.4.

3. Results

Table 1 presents the characteristics of the three participants. All were young people aged 20–22 with a history of substance use, but they differed in substance and occupational status. Four group experiential themes emerged and are presented below with extracts (P = participant; Q = question number in the transcript).

Table 1. Participant characteristics

Participant	Age	Occupational status	Substance used	Context of onset
P1	20	University student	Alcohol	Began in early adolescence; peers encouraged use, seen as normal youth and student socializing
P2	22	Unemployed (high-school graduate)	Methamphetamine (sabu)	Began after finishing high school; peer pressure to be accepted in the group
P3	21	Unemployed	Ecstasy (inex)	Began during the COVID-19 pandemic and online schooling; boredom, stress, weak parental supervision

3.1. Peer Influence, Unstructured Time, and Weak Supervision as Entry Points into Use

Participants described the start of their substance use as shaped by their social environment and daily circumstances. P1 began drinking in early adolescence, when many peers already drank and encouraged P1 to join: “Many of my peers had already started drinking, and then they pushed and invited me to try. Seeing that environment, I considered alcohol consumption something common and normal as part of youth and student socializing” (P1, Q1). P2 began after finishing high school and attributed this to the wish for acceptance: “Because of the urge to be accepted in the group (peer pressure), I ended up trying it” (P2, Q1). Unemployment then deepened P2’s use: “I had a lot of free time without any productive routine, so that empty time was constantly filled with negative company” (P2, Q2).

P3 started during the COVID-19 pandemic, when online schooling reduced social contact: “Face-to-face routines and social interaction dropped drastically, while I had abundant free time at home without a schedule or structured activities” (P3, Q2). P3 added that “my parents’ supervision at that time was very weak” and that, being easily influenced by the outside environment, P3 turned to ecstasy (P3, Q2). Across the three accounts, use began where peers, unstructured time, or weak supervision lowered the barrier to trying substances, and P1 and P2 described use as normal or as a way to be accepted.

3.2. Substance Use as an Escape from Stress

All three participants described using substances to escape stress and distress, which the researchers interpret as a maladaptive coping strategy. P1 said: “Alcohol eventually became an escape for me to relieve anxiety, feeling pressured, and the burden of academic and social stress” (P1, Q2). For P2, the drug served as an outlet for frustration over having no income and no clear direction in life: “Sabu ended up being used as a means of escape or an outlet for that frustration” (P2, Q2). P3 likewise described “a quick escape from stress, anxiety, and feeling pressured during the pandemic” (P3, Q2).



3.3. Loss of Self-Control and Aggression

Participants described weakening self-control and impulsive, sometimes aggressive, behavior. P1 said the habit had become a required routine under pressure: "Now I find it very hard to reduce, let alone stop completely" (P1, Q2), and described change in behavior: "I feel much more impulsive and easily angered. Actions I never imagined doing, such as fighting or suddenly acting aggressively for no clear reason, now happen often" (P1, Q3). P2 reported that small things provoked anger and that "when my wishes were not met, I blacked out with rage to the point of being willing to use physical violence against my own parents" (P2, Q4). P3 described impulsivity without aggression: "I have a habit of acting very quickly on a momentary emotional urge, without any careful thought about the consequences" (P3, Q3), and said that when anxiety or stress arrived, "my brain immediately reached for the drug as a quick coping mechanism" (P3, Q3).

3.4. Strained Relationships, Regret, and Limited Awareness of Long-Term Risk

Loss of emotional control strained participants' closest relationships. P1 said that relationships with family and friends became distant "because they moved away due to my temperamental, unstable attitude" and that anxiety pushed P1 to drink again (P1, Q4). P1 also described regret after each episode: "After the effect wears off, regret always appears, but when I get drunk again the impulsive urge is very hard to control" (P1, Q3). P2 depleted family resources: "Money and assets at home were used up continuously just to satisfy the dependence" (P2, Q3), and turned violent toward the parents (Section 3.3).

Participants also showed limited attention to long-term risk. P1 said, "I still don't really understand the long-term medical risks and the dangers of chronic dependence," and that this limited understanding often led P1 to ignore the fatal risks (P1, Q5). P3 acted "without ever caring about the long-term risks for my future or my own health" (P3, Q3). P1, the only participant asked about prevention, suggested that education about the real dangers of alcohol "must be made more intensive for students and adolescents" and that family supervision and attention are "crucial" (P1, Q6).

4. Discussion

4.1. Psychological Triggers and Environmental Catalysts

The start of substance use appears to be driven by an interplay between developmental vulnerabilities and social circumstances. Participants' accounts point to peers as the most prominent external catalyst for P1 and P2: the need for social acceptance and group solidarity in youth circles encourages the normalization of substance use, in line with evidence that peer influence works both directly and through perceived norms [10]. That P1 began drinking in early adolescence and was still drinking at 20 illustrates the continuity between adolescence and early adulthood discussed in the introduction [8], [9]. For P3, weak parental supervision during the pandemic fits the view that parental monitoring is a key protective factor [12], and the boredom, isolation, and stress P3 described are consistent with reports that young people used substances to cope with pandemic isolation and stress [20]. Across cases, impulsivity and limited attention to long-term risk favored immediate relief, consistent with work linking impulsivity to drinking and to coping motives [5], [7]. That the participants were in their early twenties is consistent with the developmental account that prefrontal control matures late [4], [8], and it supports treating this group as young people rather than as a separate adult category.

4.2. Psychological Alterations and Behavioral Deviance

The literature indicates that difficulties in emotion regulation and impulse control are consistently associated with substance use and addictive behaviors [21], [22]. The participants' accounts fit this picture: P1 described anxiety that led to further drinking, and P3 described acting on momentary emotion, although interview data describe experience and cannot by themselves establish a biological mechanism.

4.2.1. Emotional Instability and Aggressive Manifestations

P1 and P2 described emotional instability and aggression after regular use, including fights (P1) and physical violence toward parents (P2). Research on methamphetamine links use to aggression [23], and people with stimulant use disorder have described methamphetamine-related violence and intense emotions [16], which resonates with P2's account. P3's account centered on impulsivity rather than aggression, which shows that the pattern was not identical across participants and substances.

4.2.2. Strained Relationships, Regret, and Limited Risk Awareness

Loss of emotional regulation and heightened impulsivity strained the closest social and family relationships. P2's use of the parents' money and assets and turn to physical violence, and the distancing of P1's family and friends because of temperamental behavior, show how such changes damage supportive relationships and fit the wider picture of unhealthy social ties and their psychological cost [24]. P1's regret, together with the limited understanding of long-term risk expressed by P1 and P3, suggests that awareness alone had not stopped use.

4.3. Implications for Social Studies Education

The findings speak to Social Studies education at school and university levels. First, the accounts of peer pressure and of use seen as normal youth socializing suggest that Social Studies learning about social norms, social interaction, group influence, and social deviance should go beyond information about dangers, for example through case-based discussion and role-play on resisting peer pressure. Social Studies content on family, school, community, and peers has been linked to reducing drug abuse among students [18], and reviews of school-based programs provide a wider evidence base for prevention in schools [15]. Second, the weak supervision and family strain described by P1, P2, and P3 highlight the family and community as social institutions, which supports learning activities that connect school, family, and the local community, in line with P1's own call for more intensive education and stronger family supervision.

Third, participants' regret, strained relationships, and likely stigma point to empathy and inclusive citizenship as learning outcomes. In an experimental study, a positive-empathy exercise reduced stigma toward people who inject drugs, whereas informational teaching alone did not [25]. Social Studies classrooms can therefore practise empathy-based, non-stigmatizing discussion of deviance instead of purely punitive framing. At the university level, Social Studies teacher-education and social-problems courses can use anonymized lived accounts such as these to help pre-service teachers recognize risk conditions and respond with empathy and referral rather than blame. These implications are interpretative and drawn from three cases; they should be examined in educational research.

4.4. Limitations

Several limitations should be noted. First, the study involved three participants recruited through personal acquaintance, so the findings are not representative, and the closeness between the interviewer and the participants may have influenced what was disclosed. Second, the interview sessions were brief (about 20 minutes each), and the accounts were translated from Madurese into Indonesian and then into English, which may have limited depth and led to some loss of meaning. Third, impulsivity was identified through a screening interview rather than a validated instrument, and only P1 was asked about prevention. Fourth, member checking, peer debriefing, and an audit trail were not carried out, and no second data source was analysed, which weakens the checks on credibility. Fifth, the study did not obtain ethics committee approval, relied on verbal consent, and had no procedure for handling disclosures of illegal behavior or distress, which is a serious limitation for research on sensitive topics. Future studies should use longer or repeated interviews, a larger and more varied sample, formal ethical review, and stronger credibility procedures.

5. Conclusion

This study explored how young people aged 20–22 experience substance use and impulsive behavior. Using IPA, four themes were identified: peer influence, unstructured time, and weak supervision as entry points into use; substance use as an escape from stress; loss of self-control and aggression; and strained relationships with regret and limited awareness of long-term risk. Substance use emerged as a phenomenon located at the intersection of impulsivity, social pressure, and weak supervision in the participants' environments.

For Social Studies education, the findings indicate the value of learning that addresses social norms, peer influence, and the roles of family and community, and that cultivates empathy and non-stigmatizing citizenship, at both school and university levels. Because the study rests on three participants and reports experience rather than testing mechanisms, further research with larger and more varied samples, and studies of Social Studies learning designs, are needed.

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Informed Consent

We have obtained informed consent from all individuals included in this study. Consent was given verbally for the interviews and audio-recording.

Ethical Approval

This study did not obtain approval from an institutional review board or ethics committee. Participation was voluntary and based on verbal informed consent. This is acknowledged as a limitation of the study.

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