

Abstinence among adolescents and young adults as a significant factor in the development of health literacy

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Abstract: Health literacy has been identified as an important health construct with an impact on the health of both individuals and the population. Abstinence is considered a significant preventive factor, and adopting this attitude has an impact on the development of a person's entire personality, especially in terms of strengthening mental health and the aforementioned health literacy. It seems that a certain level of health literacy is necessary to decide to abstain, and conversely, adopting an abstinence attitude is linked to the development of an interest in one's health. However, little attention is paid to the phenomenon of abstinence in the theory and practice of school education. This is reflected in the low number of research surveys and theoretical studies that focus on the abstinence lifestyle (in general). The aim of this text is to define the concept of abstinence in the context of large studies and smaller research projects; to place it in a global and Czech framework; to map its potential as a resilient tool; and to highlight the importance of this issue in the Czech environment using specific stories from pilot research.

Key words: health literacy – psychology of health – adolescents – abstinence – protective factors

Introduction

On a global scale, the abstaining population outnumbers the drinking population. Only in three regions of the world does more than half of the population

consume alcohol, one of which is Europe¹, where consumers make up 60% of the population and abstainers make up the remaining 40% (WHO, 2019). Czechia ranks among the countries with the lowest proportion of abstainers worldwi-

¹ The other two are America and the Western Pacific region.

de and in relation to the European average (EUDA, 2025). According to the NAUTA study, 3.6% of the population reported lifelong abstinence in 2020, and 12.2% reported abstinence in the last year, with an increase in abstinence currently being observed in the population (Csémy et al., 2025). These results correspond to Eurostat data (2022), which show that the proportion of all abstainers in the Czech Republic is approximately 15.2% of the population, with a similarly low incidence in Norway, and only Denmark records a lower proportion of abstainers in Europe (9.4%).

The prevalence of substance use and trends in consumption within society are relatively well and regularly mapped (Chomynová et al., 2024; Csémy et al., 2025). Many social, political, and health sectors also aim to reduce substance use in the population, as excessive consumption has far-reaching negative effects not only on the individual but also on society as a whole (Nováková & Mravčík, 2020). Abstinence as a phenomenon with all its consequences is nevertheless an under-researched area. According to some authors, attention has long been focused

on the prevailing culture of drug use, the identification of predictors of harmful use, and its impacts (Conroy & de Visser, 2014; Herring et al., 2014).

Most experts agree on the definition of abstinence as a certain restraint, primarily from alcohol, but also from cigarettes, drugs, and gambling (Kalina, 2001; Provazníková & Nešpor, 1999). Thus, not only those who have no experience with addictive substances can be considered abstinent, but also individuals with previous experience² who have not used addictive substances for some time (Conroy & de Visser, 2014). In research and practice, it is essential to distinguish between lifelong abstainers, abstainers with previous experience, and ex-users who have decided to abstain spontaneously or after treatment interventions (Kalina, 2001; Nepustil, 2014).

In recent years, therefore, the base of literary sources focusing on the experiences of those who renounce addictive substances or significantly reduce their use has gradually begun to expand, especially abroad (Piacentini & Banister, 2009; Bartram et al., 2017). However, the abstinence approach can also be linked

² There is no longer a consensus among experts on how long an individual must abstain from addictive substances in order to be considered abstinent. Skála (1988) considers only a person who has not consumed alcohol (drugs) in any quantity for at least three years to be abstinent, whereas other studies/surveys consider abstinence to be, for example: if a person uses a given substance/stimulant a maximum of two to four times a year, this is still considered abstinence (which brings us to the imaginary line with recreational use), or it is sufficient for the person to label/define themselves as such (which, as we know from clinical and therapeutic practice, can mean anything).

to new phenomena such as addiction to digital technologies (Whelan, 2019). This and other data indicate that adopting an abstinence stance is closely related to an individual's level of health literacy (WHO, 2013), which appears to be a key preventive factor (Stewart et al., 2013; Rolova et al., 2020).

Abstinence as a resilience factor

Researchers are increasingly recognizing the importance of protective factors and are increasingly interested in ways to help individuals adopt a healthy lifestyle and promote physical, mental, and social health (Ostaszewski & Zimmerman, 2006; Graber et al., 2016). In a broader context, we are talking about the concept of resilience, which includes the participation of individual, relational, social, and cultural factors (Arrington & Wilson, 2000). Abstinence as such appears in the literature as one of the (essential) individual factors of resilience (International Resilience Project, 2006).

Individual factors and peer groups

Significant protective factors at the individual level include a positive attitude towards oneself – self-confidence, self-esteem, increased frustration tolerance, self-control, the ability to solve problems in an appropriate manner, adequate soci-

al skills, resistance to peer pressure, and the ability to join a positive peer group (Ostaszewski & Zimmerman, 2006; Brooks et al., 2012; Mioviský, 2015).

Preventive measures often support the development of a positive self-image, self-efficacy, critical thinking, or aim to raise awareness of the risks associated with substance use (Mioviský, 2015; Kalina, 2003). According to Kalina (2003), it is important not only to increase the amount of information about drugs available to individuals but also to help them sufficiently reinforce positive beliefs that will take root in their value system and subsequently influence their behavior. During adolescence, however, individuality is not as prominent as the influence of peer groups, which have a significant impact on the formation of individuals' attitudes. The relationship of a particular group to drugs strongly predicts the use of the individual.

Peer pressure also influences the rate of substance use among adolescents, as belonging to a particular group is particularly important during this period (Bergh et al., 2011; Kokkevi et al., 2007; Aura et al., 2016). Authentic and loyal friendships and supportive social networks of friends who use addictive substances moderately or not at all appear to be a significant protective factor in preventing substance use (Graber et al., 2016).

Leisure activities are also associated with the occurrence of risky behavior,

including substance use. Protective factors include meaningful and creative interests. Organized leisure activities have a protective effect against risky behavior, as they are often monitored by adults (Kohútová & Almašiová, 2018; Chomynová & Kázmér, 2019). Unstructured meetings with peers who already use drugs have the opposite effect (Medrut, 2015; Caldwell & Darling, 1999). Peer pressure and boredom during leisure time increase the risk of substance abuse among adolescents (Hendricks et al., 2015).

Chomynová and Kázmér (2019) examined the latest trends in leisure activities among Czech youth, noting a significant decline in unorganized socialization, such as going out with friends in the evening. The authors link this decline to a reduction in alcohol consumption among Czech students. Whether the peer environment acts as a preventive factor against drug use depends on several circumstances – the peer group in question, peer pressure, the individual's ability to resist pressure to consume addictive substances, and their ability to choose a positive reference group with appropriate interests (Caldwell & Darling, 1999).

Family environment

A positive family environment can play an important role in delaying the onset of psychoactive substance use and in

the subsequent level of use (Čablová & Miovský, 2013; Bergh et al., 2011). Ryan et al. (2010) analyzed longitudinal studies examining the effects of parental behavior on adolescent alcohol consumption and created an overview of protective parenting strategies. The amount and frequency of parental alcohol consumption, positive parental role models, and increased supervision of the child's activities predict delayed early alcohol consumption in adolescents. Spending time together, limiting alcohol availability, the quality of relationships and emotional bonds, and open communication also play a role. Later, more moderate alcohol consumption is associated with similar family predictors. Effective factors also include clearly communicating disapproval of adolescent drinking and adhering to established agreements.

Livingston et al. (2010) challenge the assumption that allowing adolescents to drink under parental supervision appears to be an effective strategy for reducing later excessive drinking. The results of the study suggest that adolescents whose parents allow them to drink at home perceive greater parental approval of alcohol consumption, which subsequently does not deter them from excessive drinking outside the family environment. In connection to these findings, Engles and Van der Vorst (2003) add that positive parental role models can influence the choice of peers who also do not consume addictive substances.

Many studies demonstrate the influence of cohesion, family structure, parenting style, parental behavior, communication, control, and type of attachment in predicting the prevalence and frequency of drug use (Čablová & Mioviský, 2013; Nash et al., 2005; Thorlindsson et al., 2007). Sibling constellations are also worth mentioning. Older siblings in particular influence the use of legal and illegal substances and access to them (Kokkevi et al., 2007). Not only parents but also siblings serve as role models on the basis of which individuals adopt attitudes and specific behaviors toward substance use. It is therefore crucial that parents are aware of their irreplaceable role in preventing and influencing their children's behavior. In this context, building positive values is crucial, as it carries more weight than simply communicating about drugs or imposing prohibitions (Ennett et al., 2001).

School environment and social factors

The school environment also has a significant influence on the formation of positive values and the reduction of substance use. Protective factors include a positive school climate, appropriately set school standards, regular school attendance, a sense of belonging to the school, and the implementation of effective prevention programs (Ellickson et al., 2003; Kokkevi et al., 2007; Brooks

et al., 2012). In the context of general prevention, peer programs have been proven effective in practice. These programs work on the principle of involving pre-educated peers who influence the formation of attitudes towards drugs or other risky behaviors. Identification with a peer is easier for young people due to their similar age and social situation (Kalina, 2003).

Preventive measures should continue even after individuals have achieved abstinence. Rinker and Neighbors (2013) point out that there are few programs focused on preventing drinking among students who are already abstinent. They recommend that prevention programs focus on reinforcing the reasons for not drinking and avoiding addictive substances that individuals have already developed. The goal of these programs should be to support the maintenance of abstinence and health despite what is approved by those around them, as well as to help develop interests in other activities.

The broader society also contributes significantly to changing young people's attitudes towards addictive substances. Protective factors within the community and society as a whole include prevailing positive norms and values, a balanced system of laws and sanctions, sufficient financial support for prevention programs, education, and overall care for the environment (Mioviský et al., 2015; NIDA, 2003). Across Europe, we have

seen a decline in substance use in recent years, with alcohol and cigarette use falling particularly among children and young people (Chomynová & Kázmér, 2019; Chomynová et al., 2020; Inchley et al., 2020). In many countries, this change in adolescent behavior has been linked to the introduction of more restrictive drug policies (Chomynová & Kázmér, 2019; Bendtsen et al., 2014).

A declining rate of alcohol consumption has been repeatedly confirmed in the Czech Republic (Chomynová et al., 2020). This decline has attracted the interest of some authors, as no significant changes in alcohol restrictions have been recorded in the Czech Republic, and the Czech Republic is one of the countries with a very liberal approach to anti-alcohol measures (Hnilicová et al., 2017). The latest results of the ESPAD study from 2019 and 2024 show that addictive substances remain highly accessible among young people in the Czech Republic (Chomynová & Dvořáková, 2025; Chomynová et al., 2020). Hnilicová et al. (2017) state in this regard that it is appropriate to implement sufficient anti-alcohol measures, such as high taxes, restrictions on alcohol availability, or advertising bans. There is evidence that the price of alcohol affects its consumption among young people; for example, Seaman and Ikegwonu (2010) found in their study that the price of alcohol is a more effective protective factor for young people than health considerations.

Effective change in cultural and social attitudes requires the development of population-wide strategies (Herring et al., 2014). Young people need to be provided with sufficient positive adult role models. Perceiving the wider adult community as supportive reinforces a sense of security and acts as a protective factor in preventing risky behavior (Brooks et al., 2012). Social discourse plays a crucial role in shaping a social climate that fosters a healthy lifestyle, providing young people with sufficient opportunities and activities that enable them to lead healthy and productive lives (Herring et al., 2014).

Abstinence in the context of health literacy

As already mentioned, the percentage of young people choosing abstinence has been increasing in recent years, yet this choice is still perceived as “outside the norm” (de Looze et al., 2015; Ng Fat et al., 2018). This phenomenon is particularly evident among adolescents, for whom excessive alcohol consumption and experimentation with addictive substances are a normal part of adolescence and the perception of freedom (Seaman & Ikegwonu, 2010).

Therefore, the question is how adolescents construct their social identities in contradiction to the established social norm of alcohol consumption, which is reinforced not only by their peers but also by the overall upbringing in many

families, schools, and the media (Conroy & de Visser, 2014). In any case, for some individuals, the decision not to drink (or to drink in moderation) becomes central to their identity, and abstinence becomes a highly valued personal value, for which individuals take pride (Rinker & Neighbors, 2013; Seaman & Ikegwonu, 2010). For others, the choice of abstinence is just one of many decisions they make about their lives, and they do not attach too much importance to it (Herring et al., 2014). Nairn et al. (2006) examined how young people construct their identities outside the norm of consumption and identified four overarching ways in which non-drinkers constitute their identities in opposition to the prevailing norm:

1. Creating alternative identities - based on sports, ecology, religion, etc.
2. Creating an oppositional identity - questioning drug use as a prerequisite for entertainment.
3. Internalizing the norm that alcohol consumption is unacceptable - creating negative discourse around drug use.
4. Hiding one's identity as a teetotaler.

How do people perceive someone who abstains?

Discourses surrounding young people who do not drink alcohol or consume it in moderation are often burdened by certain stereotypical attitudes on the part of the consuming society (Herring

et al., 2014). We often learn about these reactions from those who are marginalized by this majority group. Regan and Morrison (2011), presented consumers' views on attitudes towards abstainers. The authors confirmed their assumptions that those who consume alcohol to a greater extent and tend to get drunk more often report more negative attitudes towards non-drinkers. More negative attitudes towards abstainers also correlated positively with a greater need to belong.

Conroy and de Visser (2013) described three main discourses that regular alcohol users construct around young people who avoid alcohol.

1. The first discourse presents abstinence as something unusual that requires explanation. Non-drinkers often arouse curiosity and speculation about the reasons for their decision, especially in situations where alcohol consumption is considered normal. In contrast, other studies (Nairn, 2006) state that it is not meaningful for abstainers to ask drinkers to justify their decision to drink. Drinking societies thus face ambivalent attitudes towards abstainers. On the one hand, non-drinkers command respect, but on the other hand, they represent a minority group from which it is necessary to keep distance, as they reject shared social activities.
2. The second discourse is also characterized by ambivalence, with non-drinkers being viewed as less soci-

able due to their non-participation in group activities involving alcohol consumption, but at the same time being portrayed as more socially competent than drinkers because they are able to socialize successfully without alcohol.

3. The third discourse focuses on the different reactions to abstinence in men and women. While women who decide not to drink are more likely to encounter understanding reactions, male abstinence is often associated with negative consequences. The decision not to drink in men represents a risk of losing „masculinity“ and a higher likelihood of rejection by the group.

It has been repeatedly confirmed that abstinence jeopardizes fitting in among peers and poses a risk of social exclusion for both women and men. Individuals who do not want to engage in the prevailing type of behavior face pressure to conform to the prevailing group. Herman Kinney and Kinney (2013) convey the experiences of abstainers, many of whom have experienced stigmatization. Abstainers face direct and indirect, verbal and physical „attacks“ for their anti-consumerist attitudes.

Conroy and de Visser (2014) examined the experiences of college students who chose abstinence. Their respondents' statements show that social events accompanied by excessive drinking make abstainers feel alienated from their

peers. Respondents described a variety of reactions from those around them when they found out they did not drink. These ranged from silence, a barrage of questions, persuasion, and direct pressure to attempts to „correct“ their behavior and persuade them to consume alcohol. Abstainers may also be perceived as boring or socially unengaged (Herring et al., 2014).

Studies also show that individuals who previously identified as heavy drinkers but have decided to significantly reduce their consumption face greater pressure. Individuals who try to drink moderately are also subject to greater social pressure (Piacentini & Banister, 2006). Findings that the negative evaluation of abstinence by peers decreases with age (Fehm et al., 2005; Steinberg & Monahan, 2007), indicate that peer pressure decreases with age, or rather that abstainers perceived greater pressure at a younger age (Denscombe, 2001).

In contrast to the prevailing intolerant attitudes of alcohol users towards abstainers, the study by Herring et al. (2014) shows that most abstainers do not consider drinking alcohol to be wrong. Respondents believe that although alcohol is not suitable for them, this does not mean that it cannot be a suitable choice for someone else. This supports the belief that abstainers consider drinking alcohol to be a personal, not a moral choice. Abstainers emphasize that responsibility and knowing one's limits are important. They add that most non-drinkers would

like their preferences to be respected and recognized as valid by society.

Abstainers and their strategies for coping with social situations

Alcohol plays an important role in many social occasions (Bartram et al., 2017). Sharing alcohol can be a means of maintaining personal relationships and can symbolize reciprocity and conformity with the group, both on positive occasions, such as celebrations, and as a way of showing solidarity after a negative event (Cherrier & Gurrieri, 2013; Emslie et al., 2013).

Seaman and Ikegwuonu (2010) argue that alcohol consumption is an important factor for young adults, facilitating social interaction and contributing to the creation and maintenance of friendship groups. Those who choose not to engage in such behavior risk rejection and ostracism by the social group that consumes alcohol (Griffin et al., 2009). Abstainers thus seek ways to cope with being separated from the mainstream culture that promotes consumption in social situations. They are often forced to justify and defend their decision to those around them (Nairn et al., 2006; Piacentini & Banister, 2009; Bartram et al., 2017).

Some abstainers experience positive reactions from time to time, such as admiration and respect from their peers, but more often than not, most

feel stigmatized for choosing not to drink (Romo, 2012). Abstinence provokes a strong reaction from drinking peers, whose responses tend to be non-accepting and undermine the decision of the non-drinker who has chosen not to go with the majority. According to the findings of Conroy and de Visser (2014), all respondents want a rich and regular social life in which their decision not to drink would be accepted by their peers. Abstainers thus face the dilemma of how and whether to communicate their attitudes towards alcohol to those around them.

Avoidance strategies

One possible strategy is to actively avoid situations where drinking alcohol is expected, such as bars and house parties (Herring et al., 2014; Piacentini & Banister, 2009). Individuals who choose this strategy try to replace social occasions associated with alcohol consumption with completely different activities. They change their values and focus primarily on studying, sports, or traveling (Bartram et al., 2017). A more acceptable tactic for some abstainers seems to be encouraging their drinking friends to engage in activities that do not involve alcohol and suggesting other ways to spend time together, such as going for a walk, visiting an exhibition, or watching a movie (Herring et al., 2014).

According to Bartram et al. (2017), these alternative activities serve the

same purpose as social occasions associated with alcohol consumption. The authors also found that these new activities are more successfully implemented within a group where the individual has sufficient status to change and influence the form of interaction within that group. Other abstainers do not mind spending their free time among people who consume alcohol and do not want to miss out on these social events. At the same time, however, they are more often exposed to pressure and offers to consume alcohol.

Direct communication abstinence

In his study, Romo (2012) finds that some individuals assert their positive identity despite the threat of stigmatization and exclusion from the group. Individuals perceive certain benefits from disclosing their attitude toward addictive substances, including staying true to themselves and being a role model for others. Herman-Kinney and Kinney (2013) discuss a strategy they call therapeutic disclosure, in which abstainers communicate their true motivations for not drinking, discuss sobriety, and the negative consequences of drinking in an effort to influence the attitudes of others. Some abstainers do not drink precisely because others have decided not to (Romo, 2012; Seaman & Ikegwuonu, 2010). In a study by Conroy and de Visser (2014), some respondents communicated their attitude

toward alcohol consumption directly from the outset and clearly stated that they would not drink alcohol. This strategy requires a certain degree of self-confidence, and if abstainers acquire it, they face less peer pressure.

Some individuals also set their own conditions for participating in social events involving alcohol—they leave early, arrive late, and feel that they can freely and politely decline offers to drink alcohol or leave an uncomfortable situation (Piacentini & Banister, 2009). Some are less willing to proactively communicate their stance, but reveal their identity when asked directly or offered alcohol. Due to fears of stigmatization, they try to be more cautious, politely decline offers, and try to shift the conversation to other topics. This strategy allows them to abstain from alcohol without rejecting the drinking company (Romo, 2012).

Assuming legitimate and responsible roles

For some teetotalers who openly proclaim their stance on alcohol, it is important to take on a meaningful role within the group that allows them to legitimately participate in the community of consumers. Individuals seek positions where sobriety is an advantage and take on roles associated with responsibility (driver or caregiver). Accepting these roles gives them a clear purpose that allows them not only to participate in social events involving alcohol, but

above all to be accepted among drinkers (Seaman & Ikegwuonu, 2010).

It should be noted that not all abstainers like to identify with such roles. Some individuals find the idea and reality of caring for intoxicated people unpleasant; they are also not interested in dealing with the negative consequences of their decisions. On the other hand, they feel a moral obligation to help people who become more vulnerable under the influence of alcohol (Herring et al., 2014). Frustration also arises from feeling responsible for the health of drunk friends, which can sometimes overshadow one's own enjoyment of the social event (Piacentini & Banister, 2009).

Strategies for providing fictitious information and strategies for concealment

Herman-Kinney and Kinney (2013) observed a strategy among their respondents whereby individuals, fearing rejection by their peers, cite valid health reasons for not drinking (“defending themselves”). Some then combine their health condition with fictitious health problems. Abstainers sometimes give false or misleading information about why they do not drink. They say that they do not want to stand out and explain their situation, that they do not like the taste of alcohol, have never drunk it, etc. They prefer to give a reason that they think will be better accepted by others. Those around them consider reasons such as

not being able to drink due to medication or driving to be more legitimate (Conroy & de Visser, 2014).

Bartram et al. (2017) identified a strategy where individuals simply replace alcohol with a non-alcoholic beverage. Such a small change in an individual's behavior allows them to continue participating in interpersonal rituals involving alcohol with virtually no change. Hiding abstinence can take many forms. Some abstainers try to completely hide their different attitudes and pretend to consume alcohol, holding cups of alcohol and acting as if they were drunk (Romo, 2012). Herman-Kinney and Kinney (2013) report that concealing one's true attitudes appears to be only a temporary solution. For the respondents in their study, hiding abstinence is time-consuming and also causes them increased stress from being exposed. Over time, these factors lead to the adoption of alternative strategies and the gradual disclosure of their true attitudes.

All strategies (although they help abstainers cope with peer pressure) carry the risk of individuals being excluded from certain social groups. It is important to maintain a support network of people who understand and respect their lifestyle choice. Tolerance from close friends appears to be an integral aspect of social well-being. Most respondents report that they do not need to hide their abstinence or its true reasons from close friends, as true friends accept their choice as part of who they are, and failure to accept their

decision can lead to the breakdown of friendships for some (Herring et al., 2014; Conroy & de Visser, 2014).

Abstinence in the Czech Republic – preliminary results of pilot research

The basic starting point for our qualitative research (Dočkalová, 2023) was the fact that we can find out how many people in Czech society abstain from alcohol from the media, surveys, or annual reports. However, we did not find a large number of studies that described abstinence as a phenomenon in greater depth. We decided to seek out people with an abstinent lifestyle and conduct narrative interviews with them about their experiences.

The key criteria were that they had been abstinent for more than a year and that they presented themselves as abstinent. We managed to obtain a total of 15 different stories about abstinence, 4 of which are from individuals with lifelong experience. The resulting research sample consists of 15 respondents—9 men and 6 women with an average age of 25 (range 20-28). The interviews lasted between 30 minutes and one hour, during which the respondents reported on their experiences with abstinence throughout their lives. In their statements, they often looked back on their adolescence and described their experiences either as abstainers or as young users.

Among the respondents in our

research, there was greater variability in behavior that can be classified as abstinence than simply the exclusive renunciation of all addictive substances for varying lengths of time. Abstinence can therefore be presented as a wide range of behaviors, from lifelong abstinence to occasional use of addictive substances (e.g., drinking on birthdays “so as not to offend”). Lifelong abstainers can thus be considered exceptional cases within the research sample, whose experience was specific in many respects. The other eleven respondents have extensive personal experience with addictive substances, which they decided to give up after a certain period of time for certain reasons.

We recorded two respondents who are struggling with health problems that are incompatible with the use of addictive substances, especially alcohol consumption. Both of these respondents would consider ending their abstinence from alcohol if they did not have health problems. We included them in the “involuntary” abstinence category and decided to include them in our research, as health problems or doctors’ recommendations do not necessarily mean that a person will comply.

We called another type of abstinence “ritual use,” which is represented by individuals who, on certain occasions, usually significant social events, step out of their role as abstainers, consume alcohol or another addictive substance in a single small dose, and then return to

abstinence. The third respondent in this category, after many years of not using any addictive substances, decided to occasionally use hallucinogens for the purpose of self-development and expanding his own consciousness.

Three respondents associated their abstinence with the straight edge movement. Straight edge (SXE) is a social movement that was formed as an antithesis to the foundations of the punk scene. The SXE community offers its members a collective identity of abstinence, i.e., abstinence from smoking, alcohol, drugs, or promiscuity. In a broader sense, it is a lifestyle that promotes a responsible approach to oneself and one's surroundings. It includes full respect for human and animal rights, anti-racist ideas, left-wing attitudes, or protest against consumerism (Irwin, 1999; Haenfler, 2006; Wood, 2006).

Strategies among abstainers in the Czech Republic

All respondents had encountered some form of pressure to consume alcohol, in extreme cases even through (almost) manipulative methods, such as “do it for your mom and have a drink,” or, as one respondent described, when a teacher promised her a better grade if she drank. The respondents' experiences with encouragement to consume alcohol can be divided into three main forms:

1. verbal (repeated suggestions, offers, persuasion)

2. physical (pouring, buying alcohol, bets, bribes, slipping alcoholic beverages into drinks)
3. emotional (refusal of alcohol is considered by those around as disrespectful or arrogant).

Across studies, there is often a strategy of deliberately concealing one's abstinence, but this did not appear even once in the narratives of the respondents in our research. The respondents in our research do not boast about their abstinence, but in certain situations where they feel it is appropriate to clarify their attitude towards addictive substances, they openly share it. Some deliberately (and purposefully) provoke discussions to influence the consumption of others and make them think about their own consumption. Only when those around them are not inclined to discuss the issue do they resort to other strategies, such as not explaining their true motives or leaving the situation.

Reasons for abstinence

Among the positive reasons that lead respondents to abstinence, health considerations, a healthy lifestyle, and the importance of sports are most frequently cited. Respondents see no point in consuming alcohol, have never found reasons to consume it, and generally show little motivation to do so. For lifelong abstainers, abstinence is a natural continuation of previous stages of development. Respondents view alcohol as a waste

of time and an obstacle to doing what they consider meaningful. They also do not need alcohol for entertainment and can have fun without it. Disagreement with a social setting in which there is a high tolerance for substance use is another motive that becomes an impetus for abstinence. Respondents largely accept the role of positive role models and show society that not drinking is a normal choice. Financial benefits are also a frequently mentioned bonus.

The most common negative motivations were personal or mediated unpleasant experiences with the use of addictive substances, especially alcohol. Respondents observed many negative effects of alcohol on thinking and behavior in themselves or those around them. Respondents want to avoid not only intoxication, but also its immediate effects, which for them include hangovers, shame, and remorse. Maintaining rational judgment is essential for them, and loss of self-control causes them fear. Respondents often dislike alcohol, have never felt like drinking it, or assume that it does not taste good (which was also mentioned by lifelong abstainers). In the long term, the most frequently mentioned factors in the narratives are health benefits and concerns about the negative effects of alcohol on the human body.

Conclusion

Insights from abstinent individuals can be instrumental in strengthening health

literacy, shaping effective drug policies and prevention programs, and building healthier approaches to substance use (Herring et al., 2014; Conroy & de Visser, 2015). Understanding the experiences of individuals who have chosen to abstain can help challenge the established assumption that all (young) people consume alcohol and experiment with other psychoactive substances (Griffin et al., 2009; Piacentini & Banister, 2006).

In the near future, there are plans to transfer the pilot qualitative research into a broader context with the aim of obtaining more interviews and thus gaining greater support for the creation of an “image of abstinence” in the Czech Republic. However, the difficulty of the research lies in its very beginning, e.g., in the selection of the research sample. The “snowball” method (Hartnoll, 2003) works well in similar qualitative research, but it has not proven successful in the case of abstainers – few abstainers know anyone else like them and so cannot recommend another contact. It seems that, compared to addiction, the phenomenon of abstinence has been little researched, even though findings in this area could be beneficial in many areas.

The insights of abstainers can be applied to promote public health (Conroy & de Visser, 2014; Nairn et al., 2006; Herring et al., 2014). One area where the insights of abstainers can be effectively applied with the aim of building health literacy is primary prevention. According to Graber et al. (2016), the insights of

abstainers can help identify protective mechanisms that can be implemented in a range of intervention programs. Through primary prevention programs and peer consultants, positive role models can be passed on to young people, conveying to them the message that abstinence is normal behavior and represents a positive and free choice.

Conroy and de Visser (2018) identified many benefits of not drinking in the context of social occasions where alcohol is commonly consumed and suggest that effectively promoting the specific benefits of not drinking as perceived by non-drinkers themselves may help promote more moderate patterns of alcohol use among others. According to other authors, strategies can be disseminated among young people, and they can be taught tactics that non-drinkers find useful in various social situations (Nairn et al., 2006).

Another way to use the knowledge of abstainers to develop health literacy is to expand social opportunities where the primary focus is not on alcohol consumption, but where there is also the option to have fun without it. These could be vari-

ous accompanying programs for events that provide entertainment in forms other than drinking alcoholic beverages. The authors also call on businesses themselves to respond by promoting non-alcoholic beverages at affordable prices more effectively. Advertising campaigns can also help to promote more positive attitudes towards substance use. Advertisements can be targeted at promoting alcohol-free entertainment and activities (Nairn et al., 2006; Conroy & de Visser, 2014).

Similar measures can gradually change the established assumption that alcohol consumption is an essential element of (good) entertainment and encourage individuals who decide to change their patterns of use. The experiences of abstainers and the strategies they successfully apply in social situations can serve as examples for others who want to change their consumption.

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