Adolescence can be a period of stress and strain, but it can also be a phase of life for laying the foundation of healthy, fulfilling, creative future. It being most vulnerable if not handled properly by parents, teachers/educators and significant others, seeds of health risk behaviours are sown at this time. Lack of knowledge and guidance can lead adolescents to start experimenting with drugs.

Surveys by Jindal et al. (2004) in Chandigarh, Malhotra et al. (2006) in Delhi, Thankappan and Thresia (2007) in Kerala, and Tsering (2009) in North East and West Bengal showed that smoking and drinking prevalence among youth in India is continuously on the rise. Although substance abuse has been higher in boys, the recent surveys reveal fairer sex is not lagging behind and fast catching up.

- Smoking kills
- Smoking is injurious to health
- Smoking is for losers

These messages are splashed all over yet millions across the globe are continuing to smoke.

According to Javadi (Times of India, 10th June, 2010) cigarette smoking kills nearly 900,000 people every year in India and is single major cause of cancer and cardiovascular diseases. Yet people continue to smoke and chew tobacco. According to the oncologist D'Souza, tobacco contains over 4000 toxic substances and tobacco use plays a role in the etiology of a number of cancers viz., lung,
According to Rahul Gupta, a cardiologist, smoking is implicated in Coronary Artery Disease. More alarming is the effect of second hand smoke, i.e., 'passive smoking'. Second hand smoke has twice as much nicotine and five times the carbon monoxide than the smoke which is inhaled. Non smokers living with smokers have 25% more chances of a heart attack and stroke than general population (Times of India, 10th June, 2010). Research by Sobti et al. (2006) found passive smoking to be related to cervix cancer in women.

The scenario on the alcohol front is equally damaging and dismal. The irony is that whereas healthcare professionals are making great strides in conquering many diseases by early diagnosis and effective treatment- no systematic and sustained effort is being made to reduce use of tobacco products and alcohol use which is strongly associated with lethal diseases and chronic disabilities (Chaturvedi, 2007). The etiology underlying drinking and smoking is much more complex. Many psychosocial factors are deeply rooted in the psyche of drug abusers and these factors need to be unravelled.

Since 1976 Mohan and his associates have been keenly attempting to understand the factors related to smoking, drinking and drug abuse among different populations in this region. The issue is complex and dynamic and deserves continuous appraisal and application.

Many variables are thought to play a role in initiation and continued use of drugs. The present study was an attempt to explore the role of protective and risk factors in smoking and drinking among adolescents in Northern part of India. The sample was chosen from tricity : Chandigarh, Panchkula and Mohali. 350 respondents in the age range of 17 to 19 years selected through purposive sampling were categorized in four groups : non-drinking-non-smoking group, drinking only group, smoking only group and both drinking and smoking group.
Role of protective factors, viz., Spiritual Well Being, Health Habits, Self Efficacy, Parental Bonding and Adaptive Coping Styles viz., Problem Focussed (PF) and Emotional Focussed (EF) and risk factors viz., Stress, Depression, Avoidant Coping, Sensation Seeking and Aggression in drug abuse was investigated. Gender differences were also explored.

Results clearly revealed that as hypothesized Spiritual Well Being, Health Habits, Self Efficacy, Perceived Parental Care, Emotion Focussed Coping on the positive side and Stress, Hassles, Depression, Sensation Seeking and Anger on the negative side played a major role in drug abuse.

With regards to gender differences in drug abuse, it was found that overall boys drug users scored higher on Spiritual Well Being, Health Habits, Self Efficacy (all protective factors) and girls scored higher on Perceived Parental Overprotection, Stress and Depression. Boys also scored higher on Sensation Seeking dimensions of Disinhibition and Total Aggression, Physical Aggression, and Verbal Aggression. In case of drinking only group, girls scored higher on Stress, Hassles and Depression. In case of smoking only group, boys scored higher on Spiritual Well Being, Self Efficacy, Disinhibition, Total Sensation Seeking and Total Aggression. Also in this group girls scored higher on Stress and Depression. In case of groups which indulged in both drinking and smoking regularly, girls scored higher on Boredom Susceptibility only. Boys scored higher on Spiritual Well Being, Health Habits, Perceived Parental Care, Avoidant Coping, Hassles, Physical Aggression, Verbal Aggression and Total Aggression.

Results of the present study suggest clear patterns for intervention which are gender specific. Girls need skills to manage stress and depression and boys need to moderate Sensation Seeking tendency and Aggression.

Profile of smoking only versus drinking only groups was also compared. Subjects in the drinking only group scored higher on Existential Well Being, Self Efficacy and Perceived Parental Care. Respondents in the smoking only group
scored higher on Exercise and Fitness, Stress, Hassles, Depression, Disinhibition, Total Sensation Seeking, Anger and Total Aggression. There is clear evidence of smoking group to show more psychopathology in comparison to drinking only group.

Intercorrelational analysis highlighted some interesting features. The protective factors chosen in the present study viz., Spiritual Well Being, Self Efficacy and Perceived Parental Care were negatively related with risk factors like Stress, Depression Aggression and Sensation Seeking. It implies that any prevention programs should enhance Religiosity/Spirituality, Self Efficacy and Parental Bonding – it is expected risk factors would be reduced as a consequence.

Having a powerful association with each other, smoking and drinking are often called gateways to substance abuse. Results reveal that for prevention, interventions need to be planned and especially adapted to target groups instead of proposing a generalized plan, Counsellors/educators need to focus on specific risk factors involved in smoking and drinking at individual levels.

Results of the present study have implications for including some common elements for primary and secondary prevention/intervention programs. Based upon the present results, it may be suggested that first step can be identification of at risk group through screening, i.e., identify subjects high on Stress, Depression, Sensation Seeking, Aggression and those exhibiting inappropriate coping. They can be given life skills training to manage anger, stress, depression and appropriate coping by trained professionals. There has to be a focus on building and enhancing personal and social competencies of these youth, e.g., to enhance self confidence, self efficacy, communication skills and resistance skills to teach subjects to say ‘no’ to the use of cigarettes and alcohol when experiencing peer pressure.

In the present study, mood lability and depression have emerged as risk factors in drug abuse. Teaching emotional regulation skills can also to be a part of the programme.
In prevention of drug abuse among youth, parents, teachers and the government - all are stakeholders. As parental bonding is a strong protective factor along with religiosity, parents may be advised to strengthen family bonding, socialize the children by inculcating and teaching moral and ethical values. They should be encouraged to participate in religious activities. Providing a family environment full of love and care with appropriate discipline can be helpful. Spirituality has been found to be negatively related with aggression and total sensation seeking. The findings suggest pathways to reduce these risk factors.

Another important element in prevention can be through educating the adolescents about long term ill effects of smoking and drinking and telling them how smoking and drinking are important risk factors for various diseases like Cardiac Heart Disease (CHD) (Sobti 2010a, b) and cancers particularly oral, lung, cervix and bladder cancers (Sobti, 2006, 2008, 2009). They need to be told that most adult smokers and alcoholics initiated drinking and smoking during adolescence and got addicted. They may be educated to modify their erroneous beliefs and expectancies that drinking and smoking are good coping alternatives to handle stress and anxiety and enhance performance. As health habits have emerged important, they may be motivated to adopt a healthy lifestyle with good nutrition and physical exercise as essential ingredients.

Another finding which emerged was that high sensation seeking is an enhanced need for optimal arousal, hence it is an important risk factor in drug use. If youth can be engaged in desirable alternative arousal enhancing activities like outdoor sports, community service, prosocial activities, innovative and creative ventures, their need for arousal and curiosity can be channelized constructively and Boredom reduced thereby curtailing their urge to experiment with drugs. Boys need more help in this area.

On part of the Government, public health initiatives may be launched like awareness campaigns, ban on drinking and smoking in public and imposing heavy
taxation on tobacco and alcohol industry. Help of multimedia in educating the public and discouraging the glorification of drinking and smoking by the media, needs to be enforced as youth are more receptive to media messages and advertising. Prevention programs may be made an integral part of school/college settings to start early interventions. Undeniably, the programs have to focussed the terms of predisposing, enabling and reinforcing.

The results of the present study have shown that there is no single pathway to drug abuse therefore the prevention/intervention program has to be multipronged. Efforts be made to enhance protective factors and reverse or reduce risk factors. The present findings must be considered within certain limitations of the study. In the present study, sample was chosen from urban areas only. For broader generalization, research in future may include rural/tribal areas. Besides, this limitation of geographical area, future research may focus on family history/parental drug use and peer influences as influencing use of cigarettes and alcohol. Longitudinal studies to strengthen/identify causal links of etiological factors may be envisaged.

The significance of all research attempts has to be understood in terms of contradictory views and practices in society with regard to alcohol and smoking. The power of the propaganda versus education, changing tactics in enticing the younger (including females) generation in the name of so called ‘independence and liberation’ from backward and traditional values has to be considered. A major set of images showing some heroes/heroines through media confuses the young mind who is also being imported information against drinking and smoking by the same media. The adolescents have to be well educated to discriminate between reckless and dangerous behaviour to supervise athletic adventure activities. The next generation needs to be fully empowered through systematic information, capacity to think and take decisions on their own. The best intervention is by making children independent enough to not to be swayed under
peer pressure. The temporary-migrant motive of the students who flock to tricity for higher education need anchoring, counselling and monitoring through sensitive and responsible teachers, so that they do not fall prey to fashion and sensation seeking.

The multidimensionality of the model of behaviour in terms of protecting includes parents, teachers, social workers, peer groups, media and law officers working in unison and not at cross-purposes. Regarding the tobacco and alcohol industry and drug mafia, a long term political, financial and media strategy has to be evolved. It is a tug-of-war between the evil and good, in which society has to emerge victorious through education, empowerment, value orientation and cooperation.

The stakeholders in the well-being and optimal functioning of adolescents have to cooperate and collaborate in creating and enhancing the positive protective factors. They must also collaborate to reduce and eliminate the negative risk factors related to adolescents’ smoking and drinking.

The present research is committed to add to the efforts of society to mitigate the unhealthy impact of smoking and drinking and enhancing adolescent health and happiness.