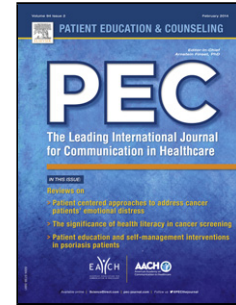


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SMOKING PREVENTION AND ADOLESCENTS

Smoking Prevention in Children and Adolescents: A Systematic Review of Individualized Interventions

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Highlights

- Adolescents require ongoing and frequent intervention starting at a young age
- Primary health care is optimal for adolescent-focused cigarette smoking prevention
- Talking to significant others is important for instilling healthy cognitions
- Most cigarette prevention interventions fail to engage teens with technology
- More research is needed to identify the ideal intervention component combination

Abstract

Objective: This study systematically reviewed the literature to determine what type of cognitive-behavioral based interventions administered outside of formal school settings effectively prevent smoking initiation among children and adolescents.

Methods: Applying the PRISMA guidelines we searched MEDLINE, PsycINFO, CINAHL, Pub Med, SCOPUS, and Sport Discus. Article review, data extraction, and assessment of risk of bias were conducted by two independent reviewers.

Results: We included 16 studies administered in various settings: seven in health care; four informally during and outside of school hours; three in the home; and two in extra-curricular settings. Positive preventive effects in smoking behavior ranging from 3-months to 4-years were observed in eight studies. Social environmental influences (e.g., parental smoking, friends) are salient contributing factors.

Conclusions: Effective approaches involved interventions conducted in health care settings as well as those employing interpersonal communication and support strategies (e.g., via peer leaders, parent support, physicians).

Practice Implications: Primary health care settings may be optimal for implementing cigarette smoking prevention interventions for children and adolescents. Providing tailored education and facilitating interpersonal discussions between health care providers and families about the risks

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