



THE ROLE OF ANTI-SMOKING EDUCATIONAL PROGRAMS IN PREVENTING YOUTH SMOKING

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Abstract: Introduction: The prevention of smoking in adolescence is a vital aspect of public health policy. Given that smoking behavior often begins during the teenage years, early and comprehensive intervention is essential.

Purpose: This paper investigates the effectiveness of anti-smoking educational programs in preventing smoking behavior among young people.

Methodology: A bibliographical search of retrospective and investigative studies, which were drawn from the Medline, PubMed and Cinahl databases, as well as the Greek Iatrotek database and scientific literature related to the matter, was utilized.

Results: Despite growing public awareness and tobacco control policies, a significant number of adolescents initiate smoking before adulthood, increasing the risk of long-term addiction and chronic diseases. Drawing on behavioral theories, empirical studies, and best practices, the study highlights the critical role of schools in shaping healthy behaviors and implementing successful prevention strategies. School-based educational programs, informed by behavioral theories and supported by community collaboration, have demonstrated significant potential in reducing youth smoking rates.

Conclusion: The findings underline the importance of early, comprehensive, and multi-dimensional interventions to reduce smoking rates in adolescence and promote a smoke-free future.

Keywords: *Youth smoking, prevention programs, school-based interventions, health education, behavior change theories, tobacco control.*

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Introduction

Smoking is one of the leading causes of premature mortality and serious chronic diseases worldwide. Despite the warnings of health experts and increasingly stringent anti-smoking policies, many young people continue to take up smoking at an early age—a factor that significantly increases the risk of addiction and illness in adulthood. According to the World Health Organization, over 80% of smokers begin smoking before the age of 18, highlighting the urgent need for early prevention and intervention strategies (World Health Organization [WHO], 2021).

Adolescence is a critical developmental period during which social pressures, the search for identity, and peer influence play a decisive role in decision-making and health-related behaviors. Teenagers are particularly vulnerable to initiating smoking, as a combination of individual, social, and environmental factors may contribute to this behavior. As Koufaki and Andreou (2021) note, adolescence is the stage when experimentation or substance use—such as smoking—often begins. Furthermore, research has shown that students frequently feel peer pressure to engage in behaviors they do not necessarily wish to, including smoking (Theodorakis & Papaianou, 2002).

The prevention of smoking among youth is not solely the responsibility of families; it also requires coordinated efforts from schools, communities, and the state. School-based smoking prevention programs aim to inform young people about the harmful effects of tobacco use, strengthen their resistance to peer pressure, and promote positive attitudes toward a healthy lifestyle (Theodorakis & Papaianou, 2002).

Particularly effective are intervention programs implemented within the school environment, as they capitalize on the daily educational setting to enhance knowledge and promote personal empowerment among students (Theodorakis et al., 2008).

The purpose of this paper is to examine the effectiveness of anti-smoking programs in preventing smoking behavior among young people, through the lens of theoretical approaches, empirical data, and examples of best practices. Specifically, it explores youth smoking behavior, the theories explaining its onset, existing prevention programs, and the role of schools as a key agent of educational intervention.

The aim is to underscore the importance of prevention and timely educational intervention as a means of reducing smoking rates among young populations.

The methodology adopted for this study was based on bibliographic research, utilizing both retrospective and empirical studies. Sources were drawn from international databases such as Medline, PubMed, and Cinahl, the Greek Iatrotek database, as well as relevant scientific literature. The main keywords used in the search were school, youth, smoking, behavioral theories, smoking behavior, prevention, and anti-smoking programs.

Youth Smoking Behavior

Youth smoking behavior is a complex socio-psychological phenomenon influenced by a variety of individual, familial, social, and cultural factors. The initiation of smoking typically occurs during adolescence, a period when young people are particularly vulnerable to peer influence and the need for social acceptance. Smoking can act as a symbolic act of independence, maturity, or even "resistance" against adult expectations (Kobus, 2003).

One of the primary factors influencing smoking initiation is the family environment. Adolescents from families where parents or older siblings smoke have an increased likelihood of adopting the same behavior. Lack of supervision and poor communication within the family further intensify this probability (Bricker et al., 2007). At the same time, peer pressure plays a decisive role. The desire to belong to a peer group or gain social acceptance often drives adolescents to imitate the smoking behaviors of their environment (Simons-Morton & Farhat, 2010).

Cultural and social perceptions of smoking also play a significant role. Exposure to smoking imagery through media, the internet, or cinema contributes to reinforcing positive attitudes toward this habit (Sargent et al., 2005). When smoking is portrayed as a sign of style, success, or freedom, an idealized context is created, making experimentation more likely.

Furthermore, mental health is directly related to tobacco use among youth. Individuals exhibiting elevated levels of anxiety, depression, or low self-esteem tend to resort to smoking as a means of relief or self-regulation (Audrain-McGovern et al., 2009). Emotional instability or experiences of traumatic events may increase the search for "escapes," such as smoking, thereby reinforcing a vicious cycle of dependence.

Finally, legislative and social framework plays a strong role in either encouraging or discouraging smoking behavior. In countries where access to tobacco products is more difficult for minors, strict controls are enforced, and active anti-smoking campaigns exist, adolescent smoking rates tend to be lower (WHO, 2021).

Conversely, in environments where smoking is socially accepted and widespread, young people find it harder to reject the habit. Youth smoking behavior results from the interaction of individual, social, and environmental factors. Understanding these mechanisms is essential for designing effective prevention interventions.

Theoretical Approaches to Youth Smoking Behavior

Understanding the psychological and social mechanisms that lead adolescents to initiate smoking is essential for the development of effective prevention and intervention programs. Several behavioral

and psychological theories offer insights into the initiation, maintenance, and cessation of smoking among youth. These theoretical models help identify key factors and processes that influence behavior, providing a structured framework for educational and public health interventions.

One of the most influential models is the Theory of Planned Behavior (TPB), proposed by Ajzen (1991), which posits that behavior is directly influenced by behavioral intentions, which in turn are shaped by attitudes toward the behavior, perceived social norms, and perceived behavioral control. In the context of youth smoking, a positive attitude toward smoking, the belief that peers or significant others approve of the behavior, and the perception that one is capable of performing it, all increase the likelihood of smoking initiation. Research has shown that adolescents who believe that smoking enhances social image or reduces stress are more likely to engage in the behavior (Fishbein & Ajzen, 2010).

The Social Learning Theory (SLT), developed by Bandura (1977), also provides a strong explanatory framework. According to SLT, behavior is learned through observation, imitation, and modeling. Adolescents may observe parents, peers, or media figures smoking and internalize smoking as a normative behavior. Reinforcement, either direct (e.g., peer approval) or vicarious (e.g., glamorized portrayals in media), strengthens the likelihood of smoking adoption. The concept of self-efficacy—one's belief in their ability to resist smoking—is a central component of SLT and a critical target for prevention programs.

Another relevant framework is the Health Belief Model (HBM), which focuses on individuals' perceptions of health risks and benefits. According to the HBM, the likelihood of engaging in a health-related behavior depends on perceived susceptibility (risk of becoming ill), perceived severity (seriousness of the consequences), perceived benefits of avoiding the behavior, and perceived barriers to action (Rosenstock, 1974). Many adolescents perceive themselves as invulnerable to the health effects of smoking or underestimate the long-term consequences, which can reduce motivation for avoidance or cessation.

The Trans theoretical Model of Change (TTM), also known as the Stages of Change Model, is useful for understanding how individuals progress through different stages of readiness to change a behavior: precontemplation, contemplation, preparation, action, and maintenance (Prochaska & DiClemente, 1983). This model is particularly relevant for designing tailored interventions that match an adolescent's level of readiness to resist or quit smoking.

Finally, Ecological Systems Theory, developed by Bronfenbrenner (1979), underscores the role of broader environmental and societal influences, such as family, school, community, and cultural norms. Smoking behavior is seen as the product of interactions between individuals and multiple systems. This model supports the design of multi-level interventions involving families, schools, and policy measures.

By integrating these theoretical perspectives, health professionals and educators can develop comprehensive strategies that address both the internal motivations and external influences affecting youth smoking. A theoretical foundation enhances the precision and relevance of prevention programs, increasing their potential for long-term success.

Smoking Prevention Programs for Youth

Preventing smoking among youth is a fundamental public health priority, as the majority of smokers initiate tobacco use before the age of 18 (World Health Organization [WHO], 2021). Prevention programs aim to inform, empower, and modify students' attitudes and behaviors to prevent smoking initiation or encourage cessation.

Youth smoking prevention programs are multidimensional and require collaboration among schools, families, and communities. When scientifically designed and implemented in a targeted and sustained manner, these programs can significantly reduce smoking prevalence among adolescents and contribute to cultivating a culture of health. Successful prevention programs share common characteristics: they are based on evidence-based behavioral theories (such as those discussed above), focus on developing social skills, consider social and family environments, and are systematically delivered through school, community, and digital interventions (Thomas et al., 2013).

One of the most recognized prevention programs is Life Skills Training (LST), developed by Gilbert Botvin. The program is grounded in the social learning theory and aims to strengthen life skills (e.g., self-esteem, stress management, social resistance). It has been proven effective in reducing smoking initiation among middle and high school students when implemented consistently and continuously (Botvin et al., 2006).

Another example of an effective intervention is the D.A.R.E. (Drug Abuse Resistance Education) project, which includes informative sessions in collaboration with police officers and educators. Although it has faced criticism for its limited long-term effectiveness, it remains widely used due to institutional support and broad outreach (Ennett et al., 1994).

In Greece, similar efforts have been implemented through Health Education Programs in schools. For example, the National Network for Smoking Prevention, supervised by the Institute of Public Health (IPH) of the American College of Greece, has developed the educational program "Learning Not to Smoke," targeting primary and secondary school students using experiential techniques (IPH, 2020).

Furthermore, digital media are increasingly utilized. Interactive applications, games, and social media campaigns can influence adolescents by engaging their interests and using language familiar to them. Research shows that digital interventions, when combined with school-based actions, can enhance the effectiveness of prevention (Brown, 2016).

However, prevention cannot be effective without support from broader policies. Increasing tobacco taxation, banning advertising, enforcing anti-smoking legislation, and creating smoke-free environments are complementary measures that strengthen population-level prevention efforts (WHO, 2021).

The Role of School in Smoking Prevention and Cessation among Youth

The school is not merely a place of learning but also a key environment for shaping life attitudes. Through appropriate programs, support, collaborations, and clear anti-smoking policies, it can play a decisive role in reducing smoking among youth, acting preventively and therapeutically within the school setting. The school constitutes one of the most important institutions for socialization and health education, especially regarding the prevention and cessation of smoking among adolescents. As a

space for systematic learning, social interaction, and attitude formation, the school has the capacity to intervene effectively by preventing the initiation of smoking behavior and encouraging cessation among those who have already started smoking (Thomas et al., 2013).

The role of the school is structured at multiple levels:

1. Education and Empowerment of Students:

Integrating health education topics into the curriculum through experiential activities and interdisciplinary approaches provides students with knowledge about the harmful consequences of smoking and enhances life skills such as critical thinking, peer pressure resistance, and emotional regulation (Botvin et al., 2001).

2. Support from Educators and the School Community:

Teachers, as role models, can play a pivotal role in strengthening anti-smoking attitudes, especially when they themselves do not smoke and reinforce health-promoting messages. Creating a positive school climate and collaborating with parents and local stakeholders amplify the prevention message (CDC, 2014).

3. Systematic Interventions within the School:

Schools can implement smoking cessation programs targeting students who already smoke. Examples include counseling support, group psychoeducation sessions, and linkage to local health services (Sussman et al., 2001). These interventions are more effective when delivered in stigma-free environments.

4. Anti-Smoking Policy in Schools:

Enforcing regulations that strictly prohibit smoking on school premises for everyone (students, staff, and visitors) sends a clear message promoting a healthy lifestyle. The school should operate as a "smoke-free" environment, fostering a culture of health and individual responsibility (WHO, 2021).

5. Collaboration with External Agencies:

Connecting schools with public health services, non-governmental organizations, and mental health professionals allows for the development of targeted actions and better monitoring of vulnerable groups. This linkage promotes a holistic approach to the issue and sustainability of interventions (IPH, 2020).

Although there are many successful examples, practical implementation of such actions often faces challenges such as limited time within the school schedule, inadequate teacher training, lack of institutional support, and low parental involvement (Brown, 2016).

Nonetheless, the school remains a fundamental pillar of any prevention and cessation strategy aimed at youth smoking.

Conclusion

The prevention of smoking among adolescents is a crucial component of public health strategies, given the well-documented short and long-term risks associated with tobacco use. The onset of smoking behavior typically occurs during adolescence; a developmental stage characterized by experimentation, identity formation, and heightened susceptibility to peer influence. Therefore, early and targeted intervention is essential.

Educational programs — especially those implemented within the school environment — have proven to be effective in raising awareness, building resistance skills, and cultivating healthy attitudes among young people. Evidence suggests that multi-

faceted approaches, which combine educational, familial, community, and media components, are more successful in reducing smoking initiation than isolated efforts.

Schools play a central role in this context, not only as sites for formal education but also as a social environment where behaviors and values are shaped. Teachers, school policies, peer influence, and interdisciplinary curricula all contribute to the formation of a smoke-free culture. When wider societal and institutional frameworks support these elements, prevention becomes more sustainable and impactful.

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Despite the progress made, emerging challenges such as the growing popularity of e-cigarettes and the influence of social media require the continuous adaptation of prevention strategies. Ongoing research, program evaluation, and stakeholder collaboration are necessary to ensure that anti-smoking initiatives remain relevant and effective in an ever-evolving context.

In summary, the fight against youth smoking demands a proactive, evidence-based, and collaborative approach. Educational institutions, in cooperation with families and public health bodies, must remain at the forefront of prevention efforts to safeguard the health and well-being of future generations.