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A Lewinian Perspective on Adolescent Smoking Prevention through Peer Support and School Regulation

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Abstract

Adolescent smoking in Indonesia is shaped by psychological, social and regulatory conditions that cannot be addressed through information provision alone. This study examines factors associated with smoking and develops a conceptual framework linking peer participation with smoke-free school regulation. A narrative literature review and conceptual synthesis used ten focal sources, supplemented by relevant research, methodological literature and Indonesian legal documents. Findings were compared by study design, population and outcome, then interpreted through the unfreezing, changing and refreezing stages commonly associated with Kurt Lewin. The focal literature linked risk perceptions, self-efficacy, peer relationships and family environments with smoking-related behavior. Participatory programs and peer-educator training reported improvements in knowledge, refusal skills or empowerment, but these outcomes do not by themselves establish reduced smoking initiation or sustained cessation. Two focal sources provided indirect evidence from healthcare change management and student self-concept rather than tobacco interventions. The proposed framework connects readiness for change, supported peer participation and the consolidation of smoke-free norms through consistent institutional practice. It remains an interpretive proposition rather than a validated intervention model. Future studies should distinguish prevention from cessation, include comparison groups and longer follow-up, and evaluate student, staff and regulatory outcomes separately.

Keywords: smoking; adolescents; prevention; peers; schools; regulation; empowerment; Lewin

Pencegahan Merokok Remaja melalui Dukungan Sebaya dan Regulasi Sekolah dalam Perspektif Lewin

Abstrak

Perilaku merokok remaja di Indonesia dibentuk oleh kondisi psikologis, sosial, dan regulasi yang tidak cukup ditangani melalui penyampaian informasi saja. Penelitian ini mengkaji faktor yang berkaitan dengan perilaku merokok dan menyusun kerangka konseptual yang menghubungkan partisipasi sebaya dengan regulasi sekolah tanpa rokok. Tinjauan pustaka naratif dan sintesis konseptual menggunakan sepuluh sumber utama, dilengkapi penelitian relevan, literatur metodologi, dan dokumen hukum Indonesia. Temuan dibandingkan berdasarkan desain, populasi, dan luaran penelitian, kemudian ditafsirkan melalui tahap pencairan, perubahan, dan pemantapan yang lazim dikaitkan dengan Kurt Lewin. Literatur utama menunjukkan keterkaitan persepsi risiko, efikasi diri, hubungan sebaya, dan lingkungan keluarga dengan perilaku terkait merokok. Program partisipatif dan pelatihan pendidik sebaya melaporkan peningkatan pengetahuan, keterampilan menolak rokok, atau pemberdayaan, tetapi luaran tersebut belum membuktikan penurunan inisiasi merokok maupun keberhasilan berhenti merokok yang bertahan lama. Dua sumber utama memberikan bukti tidak langsung tentang manajemen perubahan layanan kesehatan dan konsep diri siswa, bukan intervensi tembakau. Kerangka yang diusulkan menghubungkan kesiapan berubah, partisipasi sebaya yang didukung, serta pemantapan norma tanpa rokok melalui praktik kelembagaan yang konsisten. Kerangka ini merupakan proposisi interpretatif yang belum tervalidasi sebagai model intervensi. Penelitian berikutnya perlu membedakan pencegahan dan penghentian merokok, melibatkan kelompok pembanding dan tindak lanjut lebih panjang, serta mengevaluasi luaran siswa, staf, dan pelaksanaan regulasi secara terpisah.

Kata kunci: merokok; remaja; pencegahan; sebaya; sekolah; regulasi; pemberdayaan; Lewin

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INTRODUCTION

Tobacco control in Indonesia involves relationships between individual behavior, institutional capacity and political-economic interests. Interviews with tobacco-control experts identified industry influence and policy priorities as constraints on progress (Astuti et al., 2020). A review of national programs up to 2018 also called for more comprehensive implementation of tobacco-control measures (Wahidin & Hidayat, 2021). These findings support examining how public-health goals are translated into everyday institutional practices, rather than attributing smoking solely to an individual lack of awareness. National descriptions of smoking patterns also require attention to the survey population and period from which the estimates were drawn (Salsabila et al., 2022).

Indonesia's Health Law No. 17 of 2023 provides a legal basis for controlling addictive substances, including tobacco products and electronic cigarettes, and for smoke-free areas (Republik Indonesia, 2023). Government Regulation No. 28 of 2024 further specifies implementation. Articles 442–443 address smoke-free areas, including places of teaching and learning, while Article 434 restricts tobacco and electronic-cigarette sales, including sales to people younger than 21 years and within 200 meters of educational institutions (Republik Indonesia, 2024). The existence of these provisions should be distinguished from evidence of implementation or effectiveness in a particular school. Knowledge gaps reported in adolescent surveys do not, by themselves, demonstrate the failure of a law enacted after the data were collected.

At school level, smoking prevention requires attention to how students understand health risks and navigate social relationships. Adolescents may encounter smoking through family members, friends, advertising and accessible retail outlets, while confidence in refusing offers can shape their responses. Knowledge of harm remains relevant, but information does not automatically produce abstinence. This distinction matters when schools evaluate programs: a knowledge score, an intention not to smoke and a sustained change in smoking behavior represent different outcomes and should be measured separately.

National data illustrate the scale of the challenge without establishing a single trend across all age groups. The Ministry of Health reported approximately 70 million active smokers using the 2023 Indonesian Health Survey and cited 19.2% current smoking among school students aged 13–15 years in the 2019 Global Youth Tobacco Survey (Kementerian Kesehatan Republik Indonesia, 2024). These estimates refer to different populations and surveys. The general-population estimate and the school-survey prevalence should not be combined to describe the proportion of all smokers who are teenagers. In a local cross-sectional study of male high-school students, peer smoking was strongly associated with respondents' smoking, but this does not establish that peers are the dominant determinant in every adolescent population (Sari, 2019). Prevention should therefore address social conditions while remaining sensitive to setting and measurement.

The Health Belief Model offers one way to examine perceived susceptibility, severity, benefits, barriers, self-efficacy and cues to action. In a cross-sectional pilot study of 90 students at SMA Negeri 1 Taman, Muthmainnah et al. (2025) found associations between preventive behavior and several of these constructs, while perceived barriers were not significantly associated with that outcome. Because the analysis used cross-sectional data and bivariate tests in one school, it neither establishes causation nor tests whether an HBM-based intervention reduces smoking. Its contribution is to identify potentially relevant perceptions and capabilities for subsequent intervention research.

Research in Tegal also highlights school regulations, communication with students and parents, and the possible contribution of peer cadres to smoking prevention (Susanto et al., 2020). This suggests a practical connection between social participation and institutional support. However, a

recommendation to involve peers is different from a controlled demonstration of reduced smoking, and the effect of school rules depends on implementation in the relevant setting.

More recent Indonesian studies reinforce the need to consider several determinants together. National school-survey analyses examine demographic differences, tobacco access and patterns of use, while research among male adolescents in Surabaya links smoking with family, friend and advertising influences (Artanti et al., 2024; Ihyauddin et al., 2023; Lucia et al., 2022). These observational findings support context-sensitive prevention, but associations cannot be interpreted as proof that changing one determinant will produce a particular behavioral effect. Differences between survey populations and outcome definitions also preclude treating their prevalence estimates as directly comparable.

Peer participation has a plausible role, although its effects are not uniform. A global systematic review of school-based peer education found more consistent improvements in health-related knowledge than in health behavior, with substantial variation in study quality (Dodd et al., 2022). A separate review of school peer networks and smoking highlighted both social selection and influence, and variation by tobacco-control context (Littlecott et al., 2022). Peer educators should therefore be trained and supported, while evaluation should consider whether changes reach peer learners and persist beyond the training itself.

Evidence on intervention design also requires a clear distinction between preventing initiation and supporting cessation. A review of randomized trials in low- and middle-income countries identified cultural adaptation, refusal skills and non-smoking role models among features of effective prevention interventions (Ba-Break et al., 2023). A regional meta-analysis found favorable smoking-abstinence outcomes for non-pharmacological school-based cessation approaches, while noting differences in study design and follow-up (Mangrio et al., 2025). Indonesian survey analysis additionally identifies variation across reported cessation stages (Dadras, 2024). These findings support testing tailored programs rather than assuming that any educational or peer-based activity is effective.

The surrounding environment may reinforce or undermine school efforts. Indonesian studies document tobacco availability and affordability, outdoor advertising and nearby retailers, and an association between residential advertising exposure and youth smoking (Astutik et al., 2024; Nurhayati et al., 2022; Rosilawati et al., 2024). These results broaden the focus from students' motivation to their opportunities and exposures. They also suggest why prevention should involve families, school leadership and relevant local authorities, with clear responsibilities for conditions beyond the classroom.

Institutional regulation similarly involves more than issuing a written prohibition. Research on Indonesian school smoke-free policies and the local translation of national regulations identifies implementation as a distinct concern (Kramer et al., 2023; Ridwan et al., 2023). These studies predate the current implementing regulation and cannot be treated as evaluations of Government Regulation No. 28 of 2024. They nevertheless provide contextual reasons to examine local practice, participation and continuity. The published account of the JayaStar community program also illustrates the importance of relationships among young people and local stakeholders (Trisnowati et al., 2024). This account is related to the earlier dissertation and should not be counted as an independent replication.

Building on this literature, the present study uses the unfreezing, changing and refreezing sequence commonly associated with Lewin as a conceptual lens. It asks how psychological and social factors associated with adolescent smoking can inform readiness for change, how participatory and peer approaches may support alternative behavior, and how school regulation might consolidate smoke-free norms. The purpose is to connect these dimensions in a testable framework, not to establish the efficacy of a new intervention. The contribution lies in distinguishing direct tobacco-related findings from indirect change-management evidence and from policy propositions requiring future evaluation.

RESEARCH METHODS

This study uses a narrative literature review and conceptual synthesis. Narrative synthesis is appropriate for examining relationships across heterogeneous research and developing an interpretive framework, provided that source selection and limitations are made explicit (Snyder, 2019). Ten focal sources form the evidence matrix in Table 1, supplemented by relevant empirical research, review literature and Indonesian legal documents. Eight focal sources address tobacco-related knowledge, behavior, prevention or youth empowerment; two provide indirect evidence on healthcare change management and student self-concept. Their roles are distinguished rather than combined as equivalent tests of smoking-prevention effectiveness.

PubMed, Google Scholar and publisher platforms including Taylor & Francis, Springer Nature and ScienceDirect were identified as routes for locating literature. Topic terms included smoking behavior, smoking prevention, adolescents and psychology. However, complete search strings, search dates, screening decisions and a reconciled record flow were not available. The review therefore does not claim exhaustive retrieval, reproducible systematic selection, a registered protocol or a formal risk-of-bias assessment. The focal sources span 2021–2026; older theoretical and contextual works are retained where relevant. The emphasis on a clearly stated purpose, transparent referencing and reasoning is consistent with guidance on narrative-review quality (Baethge et al., 2019).

The analysis compared each focal source's setting, population, design and reported outcome. Findings were organized around knowledge and risk perception, self-efficacy and refusal skills, peer and family relationships, participation and institutional regulation. These themes were then mapped interpretively onto preparation for change, supported behavioral change and stabilization of new norms. Cross-sectional associations were distinguished from intervention outcomes, and improvements in knowledge or empowerment were distinguished from smoking initiation and sustained abstinence. Legal documents were used to describe regulatory expectations rather than as empirical evidence of policy effects. Comparison across sources served to examine convergence and disagreement; it was not treated as proof of validity or as independent confirmation when publications concerned the same program.

RESULTS AND DISCUSSION

Results

Table 1. Ten Focal Sources and Their Contribution to the Conceptual Synthesis

No.	Source	Population or setting	Design	Finding and interpretive limit
1	Harrison et al. (2021)	Healthcare services	Systematic review	Indirect source on change management. Models provide organizing principles; the review does not test adolescent smoking prevention.
2	Pujiwati & Widyana (2021)	Package C education, Denpasar; 10 students	Qualitative observations and interviews	Reports readiness and self-concept change. No tobacco outcome was evaluated; transfer to smoking prevention is conceptual.
3	Muthmainnah et al. (2025)	SMA Negeri 1 Taman; 90 students	Cross-sectional pilot; chi-squared analysis	Risk perceptions, benefits, self-efficacy and cues were associated with preventive behavior; perceived barriers were not. Associations do not establish intervention effects.

4	Reong et al. (2024)	Adolescent smoking	Descriptive quantitative study	Describes knowledge, attitudes and smoking-related behavior. This is contextual information, not evidence of reduced smoking after an intervention.
5	Ismayanti et al. (2024)	Online respondents across Indonesia; 342 participants	Descriptive cross-sectional survey	Reports knowledge and smoking behavior. Awareness of harm can coexist with smoking; the study does not establish the effect of education.
6	Zidan et al. (2025)	SMKN 4 Garut; 203 smoking students	Cross-sectional correlational study	Knowledge was positively associated with self-efficacy for quitting. Self-efficacy is not a measure of successful cessation.
7	Sumadewi et al. (2026)	SMP Negeri 2 Kuta Utara; 14 students	Community-service education and training	Reports improved knowledge and refusal ability. The small uncontrolled activity does not establish sustained abstinence or population-level effectiveness.
8	Anshori et al. (2025)	SMA Negeri 4 Banjarmasin; 175 students	Cross-sectional questionnaire study	Peer influence and family environment were associated with smoking behavior. No temporal or causal effect on smoking initiation was established.
9	Nurmawaty & Setiawati (2025)	SMP Negeri 19 Bekasi; 35 students	One-group pretest–posttest; Wilcoxon test	No significant knowledge difference after lectures and leaflets ($p > .05$). This result does not demonstrate that education generally fails.
10	Trisnowati (2021)	Rural Bantul; community youth aged 17–25	Participatory action research; qualitative and quantitative methods	JayaStar reports gains in empowerment domains and individual/group indicators. The population includes young adults; these outcomes do not establish sustained cessation.

Note. Eight focal sources address tobacco-related outcomes or youth empowerment; Harrison et al. (2021) and Pujiwati and Widyana (2021) provide indirect conceptual evidence. The matrix is illustrative and is not an exhaustive inventory of eligible studies. Trisnowati et al. (2024), discussed in the text, concern the related JayaStar program and are not an independent replication.

The evidence matrix brings together heterogeneous findings and two indirect conceptual sources. Knowledge, perceived risk and self-efficacy are relevant to readiness for change: Muthmainnah et al. (2025) reported associations with preventive behavior, while Zidan et al. (2025) linked knowledge with self-efficacy for quitting. Neither study demonstrates that a change in knowledge produces abstinence. Pujiwati and Widyana (2021) describe readiness and self-concept in an educational setting, but did not evaluate tobacco outcomes. Its use here is therefore conceptual rather than evidence of smoking prevention.

The focal sources also describe conditions that can sustain smoking. Anshori et al. (2025) found associations between smoking behavior, peer influence and family environment; the cross-sectional design does not establish smoking initiation or a causal effect. Ismayanti et al. (2024) reported knowledge gaps alongside awareness of harm, and Nurmawaty and Setiawati (2025) found no statistically significant knowledge change after a lecture-and-leaflet activity. A non-significant result in that study does not prove that education is generally ineffective. Reong et al. (2024) contribute descriptive information on knowledge, attitudes and smoking-related behavior, rather than intervention evidence.

For the changing stage, Sumadewi et al. (2026) describe a community-service activity involving 14 junior-high-school students and report improvements in knowledge and ability to refuse offers. The small uncontrolled activity cannot establish population-level prevention or durable cessation. Trisnowati's

(2021) participatory action research describes changes in empowerment, assertiveness and prevention-related efficacy among community youth, including young adults. Together, these sources suggest possible ways to engage participants, while leaving the effect on sustained smoking behavior uncertain.

Within the ten-source focal matrix, evidence directly testing the long-term consolidation of smoke-free school norms is limited. Harrison et al. (2021) provide indirect insights from healthcare change management, not adolescent tobacco outcomes. Additional policy research addresses Indonesian school smoke-free arrangements and local regulation (Kramer et al., 2023; Ridwan et al., 2023), but does not validate the particular Lewinian sequence proposed here. The refreezing stage is therefore developed as an implementation proposition, with long-term student and staff outcomes remaining questions for evaluation.

DISCUSSION

Internal and External Factors Associated with Smoking

The available evidence indicates that adolescent smoking is associated with interacting personal and social conditions. A local study of male high-school students found a strong association with peer smoking (Sari, 2019), while other studies identify family and advertising influences. These findings do not justify ranking peers as the largest risk factor across every setting, nor do cross-sectional data establish when smoking began. Prevention can address social relationships while building confidence to refuse offers and recognizing students' own interpretations of smoking-related risks.

The legal framework supports smoke-free educational environments, but regulations and implementation should be analyzed separately (Republik Indonesia, 2023, 2024). The coexistence of knowledge and smoking in the focal literature suggests that information is one component of prevention rather than a sufficient intervention by itself. It does not demonstrate that a particular law failed or establish whether knowledge gaps arose before or after a policy was introduced (Ismayanti et al., 2024).

Sumadewi et al. (2026) illustrate a practical peer-education approach through the Cegah Merokok Sejak Dini activity. Students received education about cigarettes and vaping and training as peer educators. The reported gains concern proximal outcomes such as knowledge and refusal skills, not a controlled reduction in initiation or verified cessation. The activity therefore offers an implementation example whose longer-term behavioral effects require further testing.

Anshori et al. (2025) report associations involving peer influence and family environment. Because the labels positive and negative peer influence are potentially ambiguous, they should not be interpreted as showing that harmful peer pressure is protective. The defensible finding is the reported association between the measured social variables and smoking behavior. Similarly, the knowledge–self-efficacy association reported by Zidan et al. (2025) identifies a potential intervention target but does not establish that respondents successfully stopped smoking.

School programs can combine accurate health information with refusal-skills practice, family participation and a supportive social environment. Nurmawaty and Setiawati's (2025) one-group study of 35 students found no significant knowledge change following lectures and leaflets. This result may reflect the intervention, baseline scores, sample size or measurement, and cannot establish that classroom education is obsolete. Its practical implication is to examine content, delivery and outcomes rather than equating exposure to a lesson with behavior change.

The JayaStar program places participants within planning, implementation and evaluation, combining self-development activities, health campaigns and engagement with parents (Trisnowati, 2021; Trisnowati et al., 2024). This offers a concrete example of participation and stakeholder collaboration. Its reported empowerment outcomes support further development of the approach, but they should not be

presented as proof that full participation is an absolute prerequisite for cessation or that the program produced permanent smoking abstinence.

Demographic and Educational Contexts

The reviewed populations differ in age, gender and educational setting. School-based samples cannot automatically be combined with broader community youth samples. Some focal studies concern school students, whereas the JayaStar dissertation includes community participants aged 17–25, extending into young adulthood (Trisnowati, 2021). Descriptive findings from Reong et al. (2024) and male-only samples elsewhere do not establish national gender differences without comparable population data.

At junior-high-school level, Sumadewi et al. (2026) report favorable proximal outcomes after education and peer-educator training, whereas Nurmawaty and Setiawati (2025) found no significant knowledge change in a separate activity. These are different studies with different samples and procedures, not a head-to-head comparison of two strategies. Their results suggest evaluating baseline knowledge, delivery and outcomes locally while considering support from parents and peers.

At senior-high-school level, Muthmainnah et al. (2025) identify associations involving risk perceptions and self-efficacy. The absence of a statistically significant association for their perceived-barriers measure does not show that social pressure or exclusion is irrelevant. That measure should not be redefined as peer pressure, and a non-significant bivariate result does not justify removing social support from prevention programs.

For vocational students, Zidan et al. (2025) report a positive relationship between knowledge and self-efficacy for quitting. The outcome is confidence, not demonstrated cessation. Educational activities may use that relationship to formulate hypotheses about readiness and refusal skills, but subsequent evaluation must establish whether confidence is followed by reduced smoking or abstinence.

Non-formal education also supplies potentially useful conceptual insights. Pujiwati and Widyana (2021) used observations and interviews with ten Package C students to examine self-concept through a Lewinian approach. The study describes internal readiness and external support, while noting limitations of time and consistency. Because smoking was not its evaluated outcome, transferring its findings to tobacco prevention is an analogy that requires direct testing.

These differences support specifying the population before selecting a program. Junior-high, senior-high, vocational and non-formal settings may differ in school organization, participant needs and available support. The literature does not establish a single best intervention for each educational level. Tailoring should therefore be treated as a design principle to evaluate, with age, gender, school attendance and community context described clearly rather than presumed to be interchangeable.

Peer Participation and School Regulation in a Lewinian Framework

The focal literature supports examining how information, agency and social conditions interact. Knowledge may coexist with smoking, while participatory and peer activities report changes in proximal capabilities and empowerment. These findings motivate a planned-change framework, but do not establish its effectiveness. Schools should distinguish why change might occur from evidence that an intervention actually reduces smoking.

Lewin's (1947) discussion of group dynamics and social equilibrium provides a starting point for considering forces that maintain or disrupt a behavioral pattern. The unfreeze–change–refreeze sequence commonly associated with his work is used here as a simplified interpretive heuristic, as shown in Figure 1. Its historical development and limits should be recognized rather than presenting the three labels as a complete or universally prescribed intervention theory (Cummings et al., 2016).



Figure 1. The Three-Stage Change Heuristic Used in This Review

Note. Conceptual illustration based on Lewin (1947) and interpreted in light of Cummings et al. (2016); the figure does not represent a tested smoking-prevention pathway.

Within this heuristic, unfreezing concerns readiness and the examination of existing norms, changing concerns supported participation and alternative practices, and refreezing concerns conditions that sustain the new pattern. The educational example of Pujiwati and Widyana (2021) illustrates readiness for self-concept change, while its application to smoking prevention remains indirect. This distinction prevents a conceptual analogy from being treated as proof of tobacco-related effectiveness.

The proposed application to smoke-free schools comprises three linked tasks. First, unfreezing would build shared recognition of smoking-related harm and support confidence to refuse offers, while examining the peer and family conditions that normalize smoking. Second, changing would involve trained peer educators, participatory planning, opportunities to practice refusal and access to appropriate adult support. Third, refreezing would seek to consolidate smoke-free routines through clear rules, consistent leadership, monitoring and supportive responses to tobacco dependence. These tasks are derived from the synthesis; their sequence and combined effect have not been evaluated as a single intervention.

The contribution of this mapping is an explicit link between the social environment and institutional practice. It is not a claim of an entirely new change theory or a demonstration that the model is superior to other approaches. The framework generates questions that can be tested: whether readiness predicts participation, whether peer activities change initiation or cessation, and whether consistent implementation helps sustain outcomes over time.

Refreezing should be understood as continued maintenance rather than a guarantee of permanent behavior. Staff smoking, inconsistent rules and tobacco availability near schools are plausible barriers, and Indonesian policy studies provide relevant context for examining implementation (Kramer et al., 2023; Ridwan et al., 2023). Schools could involve staff in rule development, provide cessation support and apply requirements consistently across school members. These are proposed practices, not effects demonstrated by the focal matrix. Evaluation should distinguish staff compliance, student exposure, perceived norms and smoking outcomes, while avoiding punitive approaches that discourage students from seeking help.

For schools, the synthesis supports combining information with social support and treating students as participants in program design. Knowledge, refusal skills and empowerment can be assessed as intermediate outcomes, with smoking initiation and sustained abstinence assessed separately. Further studies should use suitable comparison groups and longer follow-up, record intervention delivery and policy implementation, and describe contextual differences. Where applicable, self-reported abstinence could be supplemented by appropriate verification. Prevention for non-smokers and support for students who already smoke should be planned as related but distinct activities.

LIMITATIONS

This narrative review is selective and does not provide an exhaustive or reproducible systematic evidence map. Search dates, complete strategies and screening records were unavailable, and no formal risk-of-bias tool was applied. The focal sources vary in design, age range, educational setting and outcome, including two sources with no tobacco outcome. Small uncontrolled activities and cross-sectional associations limit causal inference. Publications describing related programs may overlap and should not be counted as independent replications. The conceptual mapping is researcher-interpreted and has not been validated prospectively. Contextual literature supports interpretation rather than estimation of the completeness, prevalence or pooled effect of the evidence.

CONCLUSION

Adolescent smoking prevention requires attention to psychological capabilities, social relationships and the conditions in which school rules operate. The reviewed literature associates risk perception, self-efficacy, peer and family environments with smoking-related behavior, while participatory and peer-education activities offer promising implementation examples. Improvements in knowledge or empowerment should not be equated with proven cessation or permanent prevention. The Lewinian heuristic developed here connects readiness for change, supported participation and the maintenance of smoke-free institutional practice. Its value is conceptual and hypothesis-generating. Future research should test the framework with clearly defined populations, comparison groups, distinct prevention and cessation outcomes, longer follow-up, and explicit assessment of student, staff and regulatory implementation. School-level adaptation should be informed by local evidence while retaining accurate information, supportive participation and consistent smoke-free expectations.

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Conflicts of Interest

A declaration of competing interests was not specified in the available manuscript documentation.

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