<table>
<thead>
<tr>
<th>Study Title</th>
<th>Type</th>
<th>Setting</th>
<th>Interventions</th>
<th>Results/Conclusions</th>
<th>Study Design</th>
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<th>Other Notes</th>
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<tbody>
<tr>
<td>Family-based programmes for adolescents</td>
<td>FE</td>
<td>School</td>
<td>Family-based programmes (e.g., DARE)</td>
<td>Reductions in smoking prevalence were observed.</td>
<td>RCT</td>
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<tr>
<td>Pediatric smoking prevention</td>
<td>FE</td>
<td>Community</td>
<td>Family-based programmes</td>
<td>Reductions in smoking prevalence were observed.</td>
<td>RCT</td>
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<tr>
<td>Laser acupuncture smoking cessation</td>
<td>FE</td>
<td>Clinical</td>
<td>Laser acupuncture</td>
<td>Reductions in smoking prevalence were observed.</td>
<td>RCT</td>
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<tr>
<td>Behavioral</td>
<td>FE</td>
<td>Hospital</td>
<td>Behavioral interventions</td>
<td>Reductions in smoking prevalence were observed.</td>
<td>RCT</td>
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</tbody>
</table>

*Abbreviations: FE = Family Environment, FE = Family Education, RF = Randomized Controlled Trial.*

**Quality of evidence:**
- Q11: Little evidence that existing programs produce long-term decreases in smoking prevalence.
- Q13: Evidence about the efficacy of family interventions to reduce risks of substance use.

**Reliability of parent measures:**
- High losses to follow-up.
- Unpublished studies.

**Diverse interventions:**
- Diverse interventions were used across studies.
- No studies were excluded due to language or quality criteria.

**Implications for future research:**
- Further research is needed to evaluate the effectiveness of family interventions in reducing smoking prevalence.
- Additional studies are needed to assess the long-term sustainability of these interventions.

**Risk of bias:**
- No high risk of bias across studies.
- All studies were conducted with consent from participants and were approved by relevant ethics boards.