Living Learning Series: Using financial incentives briefing (Nov 2026)

Cochrane Review: Evidence, implementation and lessons

This ASH briefing summarises the evidence on financial incentives and the practical lessons learned from the Smokefree Sheffield pilot. Evidence included here is drawn from the 2026 Living Learning series webinar on Using financial incentives.

Background

Incentive based programmes use financial rewards, such as vouchers or self-deposits to encourage people to quit smoking and remain smoke-free. NICE recommends incentives in addition to NRT and behavioural support for pregnant women and people. Since 2024, this population have been offered vouchers to help them quit, as part of the National Smoke-Free Pregnancy Incentive Scheme, contributing to record declines in rates during pregnancy.

What does the evidence show?

The 2025 Cochrane review found high-certainty evidence that **financial incentives improve smoking cessation rates**. Its findings indicate that incentives can increase long-term quitting, with benefits continuing after the payments end. Evidence suggests:

- Incentives improve long-term quit rates across a range of populations.
- The benefits continue after incentives end, suggesting they can support sustained quitting rather than only short-term abstinence.
- Among pregnant people who smoke, there is high-certainty evidence that incentives improve quit rates both at the end of pregnancy and postpartum.
- Among people in substance misuse services, subgroup analysis suggested incentives can support smoking cessation at longest follow-up.
- The size of the incentive did not appear to significantly affect effectiveness, with no clear difference between studies offering different amounts.

Implications

- Commissioners should consider incentives as an effective addition to routine stop smoking support.
- Incentives could be particularly useful for groups experiencing higher smoking rates and greater smoking-related inequalities.
- Incentives can support sustained quitting, including after the financial reward has ended.

Case study: Smokefree Sheffield

At a glance

- Offer: Up to £200 for carbon monoxide-verified quits, checked face to face every four weeks.
- Investment: £128,000 funded incentives, administration and evaluation.

Focus: People facing the greatest smoking-related inequalities, including those in routine work, social housing, deprived areas or with additional support needs.

What happened

The scheme increased quit attempts and success at 4, 8 and 12 weeks across priority groups. Users and staff found it acceptable, and incentives strengthened rather than replaced existing support.

Cost per additional quit: £233 at four weeks, £327 at eight weeks and £573 at 12 weeks.[1]

Key Findings

- Participants receiving incentives were 1.4 times more likely to remain smoke-free at 12-weeks compared to those who did not use the scheme.
- Incentives helped prevent 'drop-outs' during the difficult early weeks of quitting.
- Incentives worked best as a supplement to behavioural support, nicotine replacement therapy (NRT), and strong advisor-client relationships.

Challenges and Barriers

- Digital vouchers created administrative burdens for staff and barriers for participants with low digital literacy/access.
- While the scheme was highly effective for those who joined, engagement from partner agencies (social housing and addiction services) was low due to competing priorities.
- Limited public promotion led to confusion regarding eligibility and perceptions of unfairness among those excluded.

Conclusion: Lessons learned

- **Keep it simple:** make the offer easy to explain and promote.
- **Design for access:** provide digital and physical vouchers.
- **Plan delivery:** invest early in referrals, partnerships and data.
- **Maximise reach:** balance incentive value with the number supported.

Conclusion:

Financial incentives can improve quit rates when used alongside routine stop smoking support. Services considering an incentive scheme should plan delivery well in advance, make access simple and equip referral partners to support delivery.

Before commissioning, services should develop a clear business case based on what they consider a reasonable cost per quit and an effective, deliverable model for their population. More evidence is needed to understand how incentive size and type affect outcomes. The right offer is likely to vary by service, reflecting local need, capacity, accessibility.

Resources

- ASH webinar: Living Learning Series - Using Financial Incentives
- UEA: Financial Incentives for Smoking Cessation – A Cochrane Review
- Notley C, Gentry S, Livingstone-Banks J, Bauld L, Perera R, Conde M, Hartmann-Boyce J. Incentives for smoking cessation. Cochrane Database of Systematic Reviews 2025.
- Smokefree Sheffield: Smoking cessation incentives - Pilot scheme for priority groups

[1] These estimates are based on an observational evaluation comparing outcomes for participants who did and did not take up incentives during the pilot period. They should be interpreted with appropriate caution because the uptake of incentives may itself have been associated with motivation to quit, potentially inflating the observed effect of incentives.

- Nick Woodrow, Joe Hulin and Duncan Gillespie. Evaluating Sheffield City Council's smoking cessation incentive scheme for priority groups. Sheffield Centre for Health and Related Research (SCHARR), School of Medicine and Population Health, The University of Sheffield. 2026.
- ASH webpage: Smoking in Pregnancy Challenge Group. Incentive schemes.
- NICE: NICE guideline - Tobacco: preventing uptake, promoting quitting and treating dependence (see 1.20, Providing support to stop smoking)