

# The Cochrane Review of behavioural interventions for smoking cessation, explained

This short briefing on the 04 January Cochrane Review ([Behavioural interventions for smoking cessation: an overview and network meta-analysis - Hartmann-Boyce, J - 2021 | Cochrane Library](#)) explains what the review is about, its findings, and what it means in practice for local authorities.

## What are Cochrane Reviews?

Cochrane is a global, independent network of researchers, professionals, patients, carers, and people interested in health who gather the best evidence from research on specific health topics and summarise in Cochrane Reviews. Cochrane's reach, rigour, and independence from any commercial or conflicted funding makes its reviews the gold standard for authoritative, reliable health research.

## What is the Review about?

The Review is a meta-review of 33 Cochrane studies on the effectiveness of different behavioural interventions for smoking cessation, covering 312 randomised controlled trials (115 in healthcare settings, 195 in community settings) and representing 250,563 participants, predominantly from USA and Western Europe.

Studies included in the Review looked at adult smokers in general, rather than specific groups like pregnant women, and assessed interventions aimed specifically at smoking abstinence, rather than multiple lifestyle changes of which smoking abstinence is only a part.

The Review assessed different *characteristics* of behavioural interventions rather than whole service practice. The results therefore support including different characteristics of behavioural interventions over others as part of a service (e.g. messages on how to quit instead of why to quit), rather than supporting which type of service model should be used (e.g. specialist stop smoking service instead of a lifestyle service).

## What were the findings?

Behavioural interventions for smoking cessation were found to increase quit rates but their effectiveness varies depending on the characteristics of support provided. The most significant findings related to the effect of counselling and financial incentives. This brief provides a high-level summary – for more information see the full review.



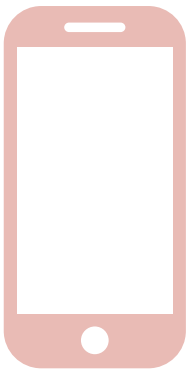
### Counselling

The Review found high certainty evidence that the provision of counselling can increase the success of smoking cessation by 44% compared to no support.

### Financial Incentives

- The Review found high certainty evidence that the inclusion of financial incentives in a programme supporting smokers to quit can increase the success of smoking cessation by 46% compared to no support.
- These findings are striking given that, outside of its successful use amongst pregnant women, the provision of financial incentives has as yet been underutilised in the UK.





### Remote Intervention Methods

- The Review found behavioural interventions for smoking cessation delivered via e-mail and SMS (text messaging) are likely beneficial compared to no support, however the evidence for these was weaker than evidence supporting counselling and financial incentives.
- Interventions delivered via the internet/web, mobile phone apps, and video may have some benefit compared to no support, however these results were more uncertain and will likely change with further evidence.



### Pharmacotherapy with Behavioural Support

The Review found that behavioural support was effective whether or not pharmacotherapy for smoking cessation was also being provided. The effect of behavioural support on smoking cessation appeared slightly less pronounced when people were already receiving smoking cessation pharmacotherapies. Behavioural support still provided additional benefit in these cases, but its usual impact was slightly reduced. People's best chances of quitting are using a licensed stop smoking medication and behavioural support at the same time.

## The current context

The ASH and Cancer Research UK 2020 report on local tobacco control, *Stepping Up*, found mixed evidence on the efficacy of remote services – whilst local authorities found major advantages in remote services, they also identified genuine limitations. The findings of this Review suggest the quality of service, rather than its mode of delivery, matters most. Instead of suggesting one mode of delivery was more effective than another, the Review suggests that what was delivered (for example, counselling including advice on how to quit) drove effectiveness more than how it was delivered (for example, in person or by telephone). However, the uncertainty of the evidence regarding delivery models reinforces another of the *Stepping Up* report's conclusions. Local authorities should thoroughly review the efficacy of behavioural interventions delivered via remote methods before continuing this model in the longer-term.

## What does this mean in practice?

- The Review findings provide no direct guidelines for choosing a particular stop smoking service model over another.
- The Review reaffirms that, compared to no support, some types of behavioural support increase a person's chances of successfully quitting, particularly counselling and financial incentives.
- Review findings reinforce recommendations made elsewhere that local authorities should evaluate remote service models used in 2021 before determining future service provision.
- Findings on financial incentives suggest that local authorities should more widely explore opportunities for using guaranteed financial incentives for stopping smoking, particularly for high prevalence groups where quitting success is lower.