

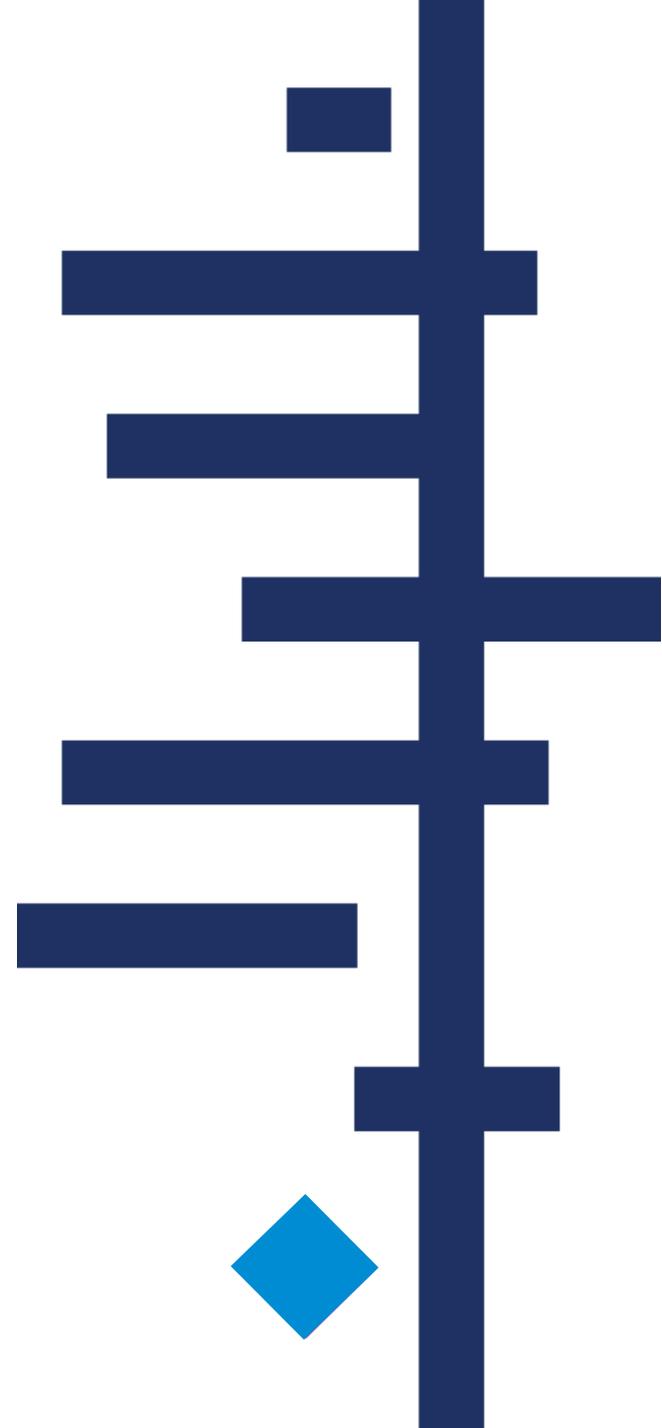
Rapid Evidence Summary – Incentives for Smoking Cessation

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No conflicts of interest to declare

**Trusted evidence.
Informed decisions.
Better health.**



Background incentives in pregnancy

- Smoking remains the leading preventable cause of death worldwide (WHO, 2018)
- Pregnant smokers are a high risk priority group
- Government targets to reduce smoking in pregnancy rates will not be achieved by 2022
- Interest in trialling alternative, non-pharmacological, approaches to address smoking cessation in pregnancy – inequalities?
- ‘Going beyond’ NICE guidance
- Incentive based programmes have been used to encourage positive health behaviour change, but are controversial:
 - Public acceptability?
 - Commissioning?
 - Time limited effectiveness?



Review Objectives

To determine the long-term effect of incentives and contingency management programmes for smoking cessation.

1. Do incentives reduce the prevalence of smoking at longest follow-up?
2. What is the optimal amount and type of incentives that might be offered to impact on cessation outcomes?
3. What are the cost implications of incentives, to employers and to the community?
4. How great is the risk of disbenefits arising from the use of incentives, e.g. false claims, ineligible applicants?

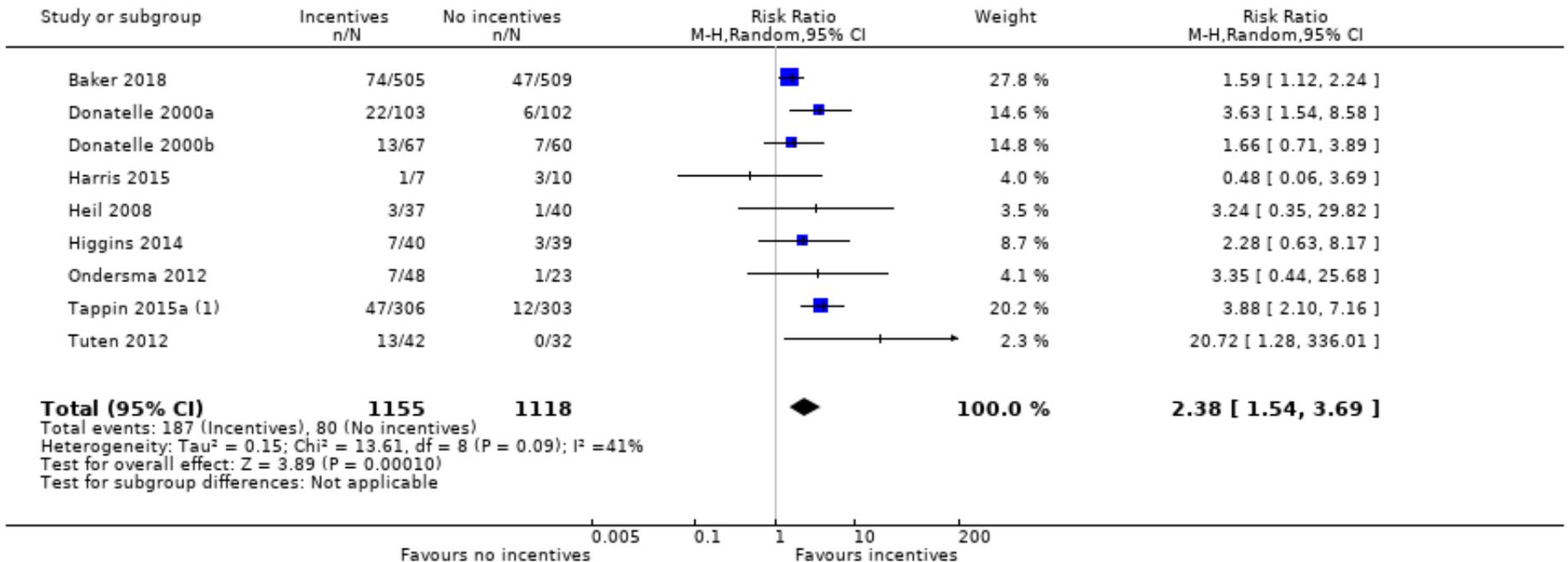


Results – pregnancy trials

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Analysis 2.1

Review: Incentives for smoking cessation
Comparison: 2 Incentives in pregnant women
Outcome: 1 Smoking cessation at longest follow-up



(1) 12 months post-TQD

Comparison 2 Incentives in pregnant women, Outcome 1 Smoking cessation at longest follow-up.

Results – pregnancy trials

Unable to ascertain whether the size of the rewards made a difference to outcomes, due to a paucity of relevant data.

Three trials addressed the question of whether contingent rewards were more effective than non-contingent fixed payments (Heil 2008; Higgins 2014; Tuten 2012). All three trials favoured conditional over non-conditional payments, with an RR of 3.33, 95% CI 0.97 to 11.38; 3 RCTs; N = 225; I² = 18%; Analysis 2.3.

No reported harms or disbenefits. Tappin (2015) reported some limited evidence of ‘gaming’



Conclusions

1. With moderate-certainty evidence, the nine trials in 2273 pregnant women contributing to the meta-analysis confirmed the efficacy of incentives at longest follow-up, at or around the end of pregnancy
2. Findings from our meta-analysis in mixed populations suggest that incentives continue to have a significant impact on sustained smoking cessation, even after they have finished.
3. Incentives offer an important route to smoking cessation that is effective and may add value to a comprehensive public health approach to reducing smoking prevalence, alongside other forms of cessation support.



Case Study – South Tyneside

Key cessation outcomes:

- 63% (61) quit at 4 weeks compared to only 9% (3) of women referred without a voucher.
- 29% (28) of those receiving vouchers were still quit at 35 weeks compared to none of those not receiving vouchers.

Scheme particularly successful in tackling inequalities by achieving good quit rates in the bottom two deprivation deciles.

Highly valued by service providers - offer pregnant women something positive and helpful alongside standard care.

Since the scheme has been in place, South Tyneside's SATOD rate has dropped by almost a third, from 19.9% in 2017/18 to 13.9% in 2019/20.



Conclusions: Incentives to tackle inequalities?

- Possible mechanisms of action (theory of behaviour change):
 - Operant conditioning
 - Delay discounting
- Greater public acceptance of incentives to target those who most need support?
- Incentive amount most meaningful to those living at or below the living wage





A Randomized Controlled Trial of a Complex Intervention to Prevent Return to Smoking Postpartum

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Incentives for smoking cessation (Review)

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<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD004307.pub6/full>

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