

Financial Incentives for Smoking Cessation – A Cochrane Review

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The views and opinions expressed are those of myself (and for the review results, my co-authors) and do not necessarily reflect those of the Cochrane Tobacco Addiction group, the NIHR, National Health Service (NHS) or the Department of Health.

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About the University of East Anglia



About me

The screenshot shows the University of East Anglia (UEA) website. At the top left is the UEA logo and name. Navigation links for 'Study', 'Subjects', 'Research', and 'International' are visible. A search bar labeled 'MENU' is on the right. The main banner features a photograph of a large Gothic-style building with a prominent spire. Overlaid on this is the text 'Addiction Research Group'. Below the banner are three smaller image thumbnails: 'BabyBreathe', 'eSupport' (with the text 'eSupport to stop smoking in pregnancy'), and 'CoSTED Trial'. At the bottom of the page, a text box reads: 'Leading high quality research evidence to support people affected by addiction'.

Addiction Research Group



Lifespan Health Research Centre, University of East Anglia

The screenshot displays the journal page for 'NICOTINE & TOBACCO RESEARCH' on the Oxford Academic platform. The top navigation bar includes 'OXFORD ACADEMIC', 'Journals', and 'Books'. On the right, there are icons for information and user profile, and a 'Sign in through your institution' button. The journal title is prominently displayed in a teal header, accompanied by the SRNT logo. Below the header is a secondary navigation bar with links for 'Issues', 'More Content', 'Submit', 'Purchase', 'Alerts', and 'About'. A search bar is located on the right side of this bar. The main content area is divided into several sections: a 'Latest Issue' section for Volume 27, Issue 2 (February 2025); a 'Metrics' section showing an Impact Factor of 3.0 and a 5-year Impact Factor of 3.4, with Caitlin Notley, PhD as the Editor-in-Chief; a featured article section titled 'The International Impacts of Alcohol Use Disorder and Nicotine and Tobacco' with a 'Read now' link; and an advertisement for 'Doctors in Training Hub' with the text 'Access content for all stages of your medical training'.

Nicotine & Tobacco Research | Oxford Academic

About Cochrane

WHAT?

- Gathers and combines the best evidence from research to determine the benefits and risks of treatments/interventions

HOW?

- By systematically reviewing the available evidence, with strong emphasis on quality assessment
- Cochrane methods considered gold-standard

WHY?

- To help healthcare providers, patients, carers, researchers, funders, policy makers, guideline developers improve their knowledge and make decisions



Author team



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Trusted evidence.
Informed decisions.
Better health.

Review language : English

Title Abstract Ke

- Cochrane reviews ▾
- Searching for trials ▾
- Clinical Answers ▾
- About ▾
- Help ▾

Cochrane Database of Systematic reviews | [Review - Intervention](#)

[New search](#) [Conclusions changed](#)

Incentives for smoking cessation

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Background: Incentives

- Smoking remains the leading preventable cause of death worldwide
- Incentive based programmes have been used to encourage positive health behaviour change, but are controversial:
 - Public acceptability?
 - Commissioning?
 - Time limited effectiveness?
- Possible mechanisms of action (theory of behaviour change):
 - Operant conditioning
 - Delay discounting



Background: Incentives in pregnancy

- Pregnant women who smoke are a high risk priority group
- UK Government targets to reduce smoking in pregnancy rates to 5% or less have not been achieved
- Interest in trialling alternative, non-pharmacological, approaches to address smoking cessation in pregnancy



Background: The last Cochrane Incentives update

- Notley et al, **2019**
- Incentives found to be effective for smoking cessation in mixed populations, and in trials recruiting pregnant women
- Pooled relative risk (RR) for quitting with incentives at longest follow-up (six months or more) compared with controls was 1.49 (95% CI 1.28 to 1.73; 31 RCTs, adjusted N = 20,097; $I^2 = 33\%$). **High certainty evidence.**
- Taken together, nine trials in pregnant smokers (eight conducted in the USA and one in the UK) delivered an RR at longest follow-up (up to 24 weeks post-partum) of 2.38, 95% CI 1.54 to 3.69; 9 RCTs; N = 2273; $I^2 = 41\%$) in favour of incentives.

Moderate certainty evidence

- From 2015 update (Cahill et al): “Incentives appear to boost cessation rates while they are in place”
- From 2019 update: “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.”



Objectives

Primary

To assess the long-term effects of incentives and contingency management programmes for smoking cessation in mixed and pregnant populations.

Secondary

To assess the long-term effects of incentives and contingency management programmes for smoking cessation in mixed populations, considering whether incentives were offered at the final follow-up point.

To assess the difference in outcomes for pregnant populations, considering whether rewards were contingent on abstinence or guaranteed.

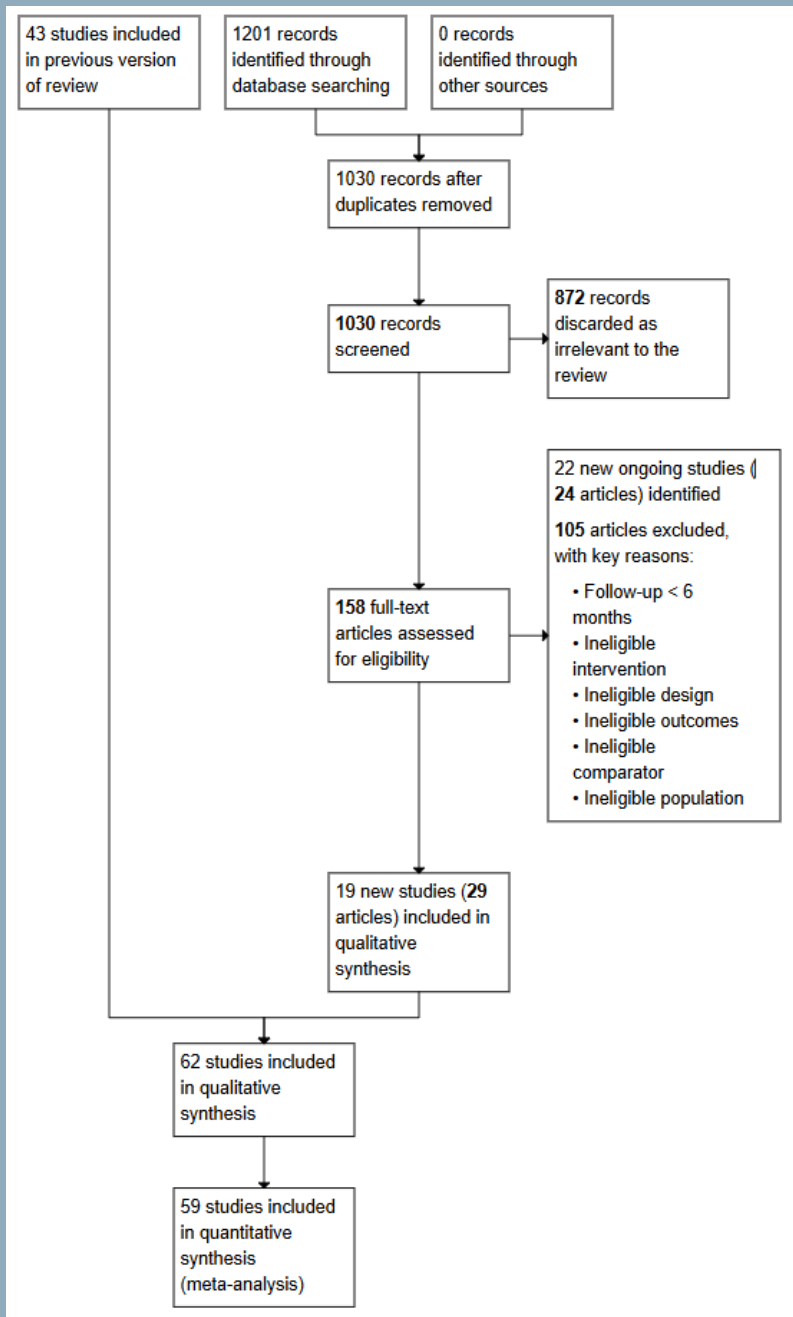


Selection criteria

- Studies: RCTs or cluster RCTs
- Participants: Adults who smoke
- Interventions: Incentive schemes to reward participants for validated cessation and abstinence
- Controls: Usual care or other smoking cessation interventions
- Outcomes: Long term smoking cessation (6 months or more), self-reported or biochemically validated (strictest available outcome)
- Pregnancy outcomes: long term smoking cessation to at least the end of pregnancy and at longest follow up postpartum



Main results: Included studies



Combined prisma flow diagram - mixed populations and pregnancy trials



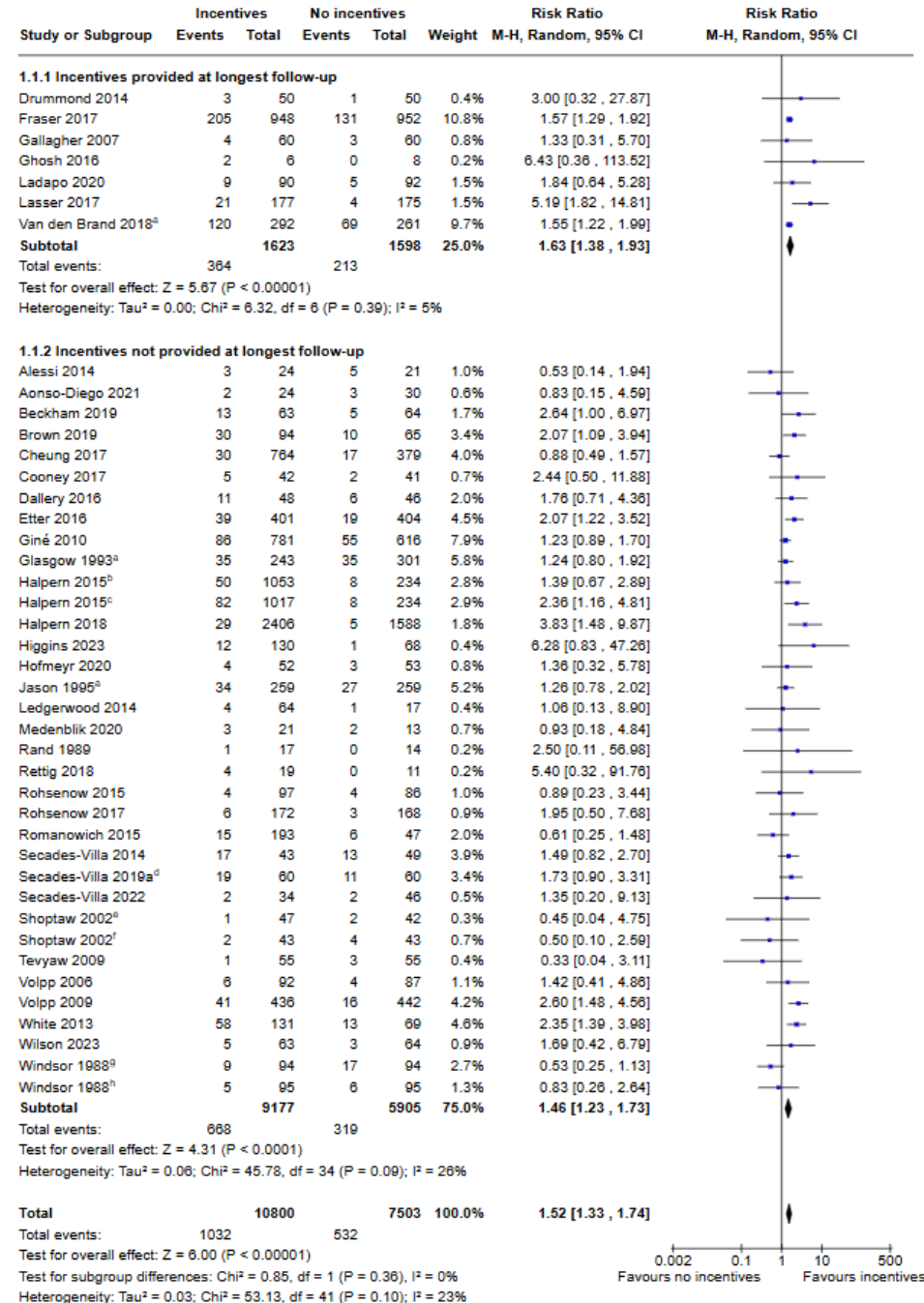
Main results: Incentives vs. no incentives at 6+ months - Mixed population trials

GRADE
certainty of
evidence:
HIGH

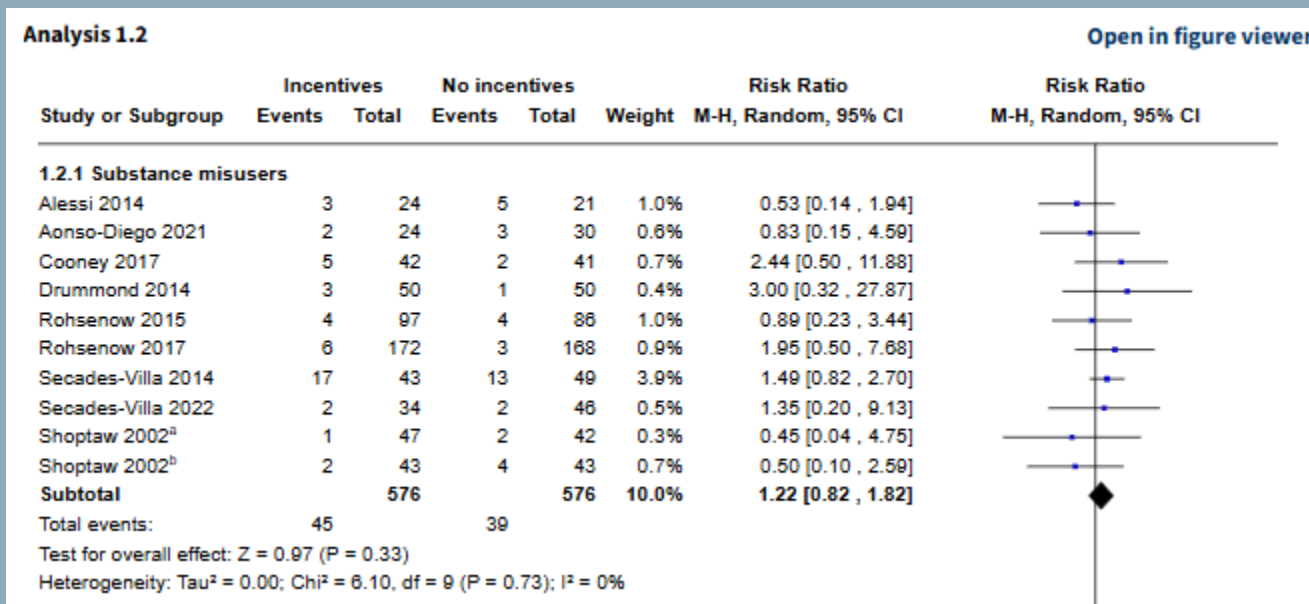


Analysis 1.1

Open in figure viewer



Incentives vs. no incentives at 6+ months - Substance misuse sub-group

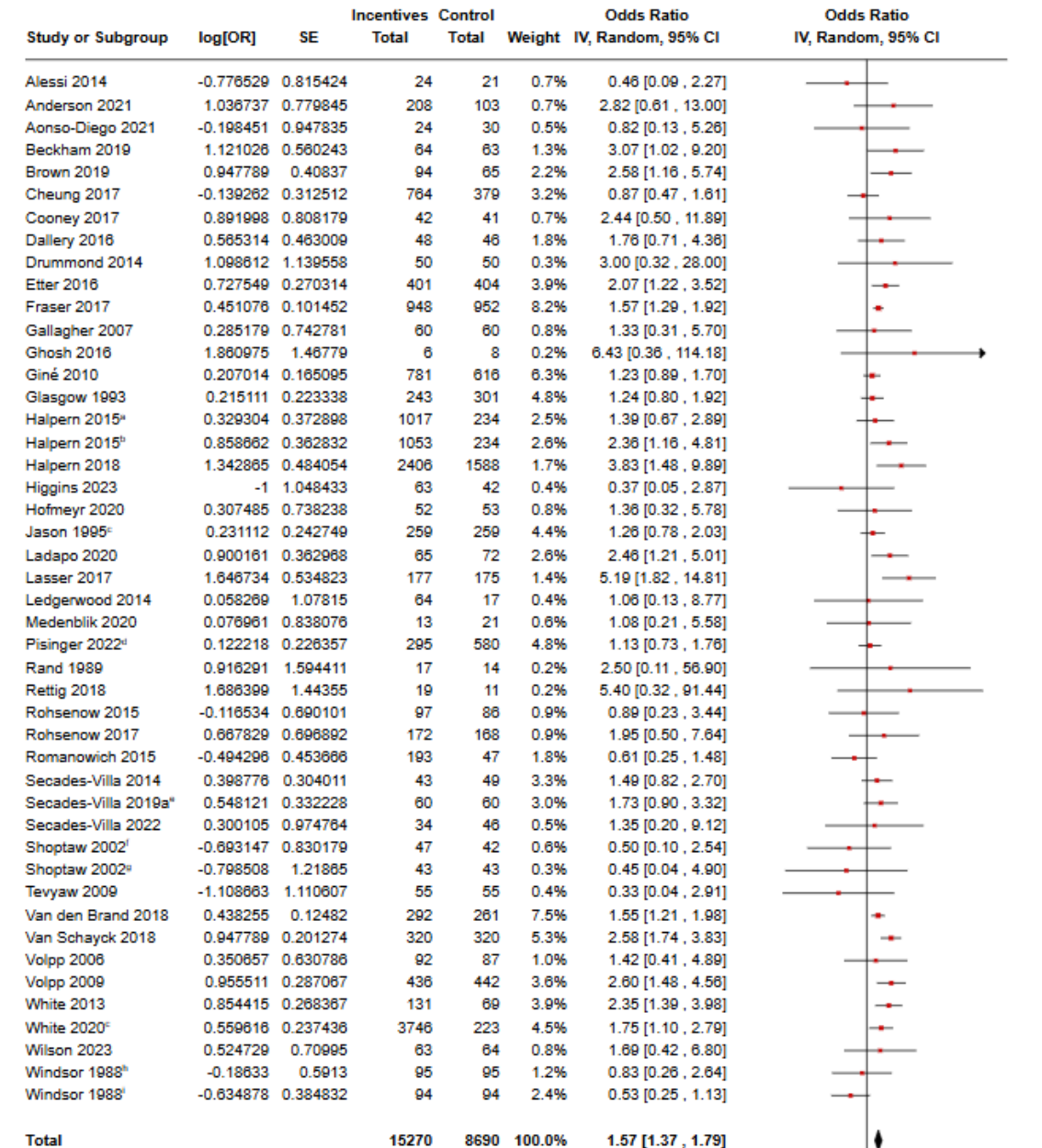


Incentives vs. no incentives at 6+ months - Adjusted analysis including cRCTs



Analysis 1.3

Open in figure viewer



Test for overall effect: $Z = 6.60$ ($P < 0.00001$)

Test for subgroup differences: Not applicable

Heterogeneity: $\text{Tau}^2 = 0.05$; $\text{Chi}^2 = 64.09$, $df = 45$ ($P = 0.03$); $I^2 = 30\%$

0.01 0.1 1 10 100
Favours no incentives Favours incentives

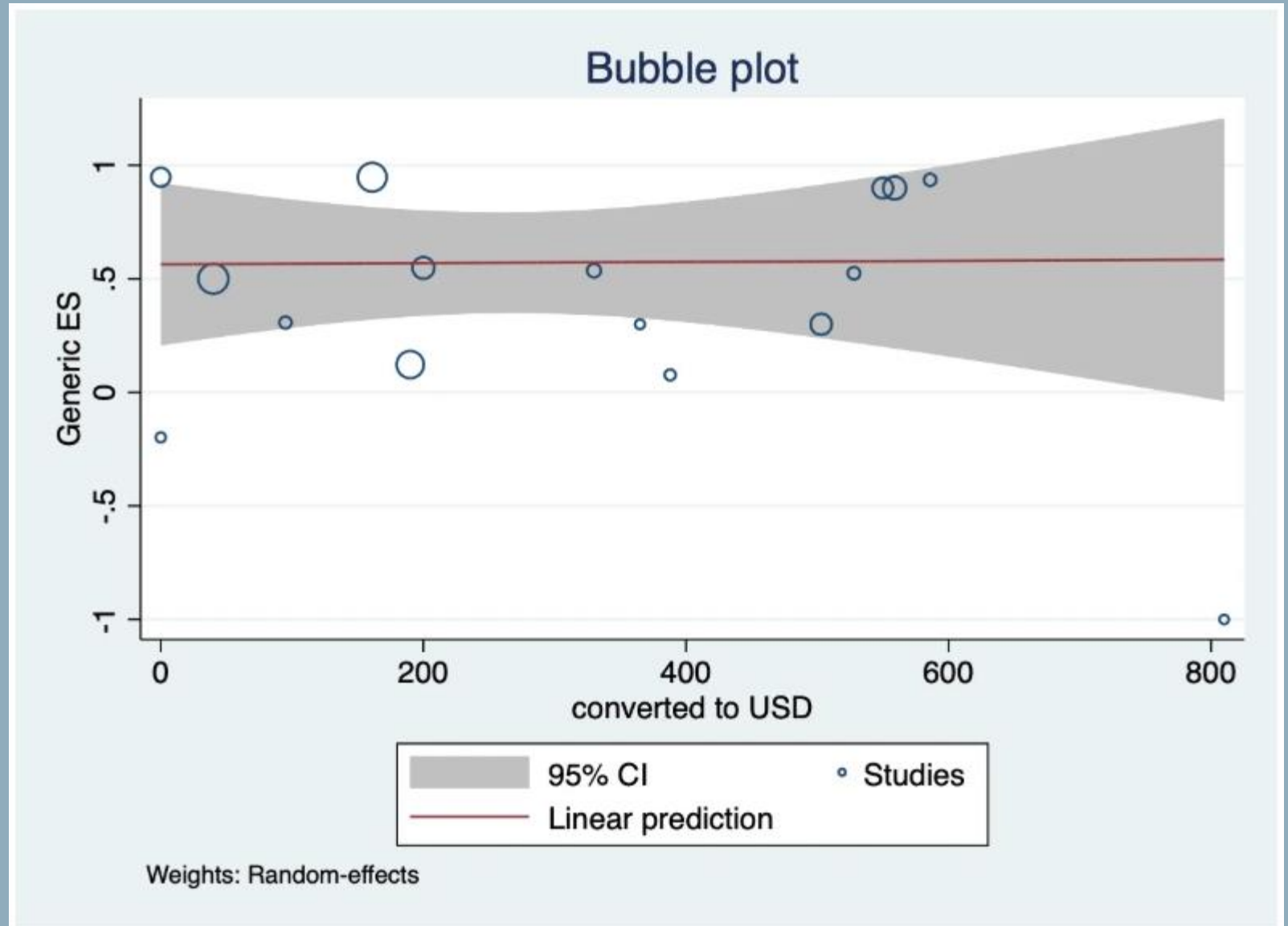
Risk of bias



	Random sequence generation (selection bias)	Allocation concealment (selection bias)	Blinding of outcome assessment (detection bias): All outcomes	Incomplete outcome data (attrition bias): All outcomes	Other bias
Ainscough 2017	+	?	-	-	+
Alessi 2014	+	?	+	+	+
Anderson 2021	+	+	+	?	-
Aonso-Diego 2021	?	?	+	+	+
Baker 2018	+	?	+	+	?
Beckham 2019	?	?	+	+	?
Berlin 2021	+	+	+	+	+
Brown 2019	+	+	-	+	?
Brunette 2017	-	?	?	?	+
Cheung 2017	+	+	+	+	?
Cooney 2017	+	?	+	+	?
Dallery 2016	+	?	+	+	+
Donatelle 2000a	?	?	+	-	+
Donatelle 2000b	?	?	+	?	+
Donatelle 2002	?	?	+	?	+
Drummond 2014	+	+	+	+	?
Etter 2016	?	+	+	+	+
Fraser 2017	+	?	+	+	+
Gallagher 2007	+	-	+	+	+
Ghosh 2016	-	-	?	-	-
Giné 2010	-	?	+	?	+
Glasgow 1993	?	?	+	+	?
Halpern 2015	+	+	+	?	+
Halpern 2018	?	?	+	-	+
Harris 2015	+	?	+	+	+
Heil 2008	?	?	+	+	+
Hennrikus 2002	?	?	-	+	-

Higgins 2014	?	?	+	?	+
Higgins 2022	?	?	+	+	-
Higgins 2023	?	?	+	+	+
Hofmeyr 2020	+	+	+	+	+
Jason 1995	?	?	+	-	?
Kurti 2022	?	?	+	+	-
Ladapo 2020	+	+	+	?	?
Lasser 2017	+	+	+	+	+
Ledgerwood 2014	+	+	+	+	+
López-Núñez 2016	?	?	+	+	-
Medenblik 2020	+	+	+	?	+
Ondersma 2012	+	+	+	+	+
Pisinger 2022	+	-	+	-	-
Rand 1989	?	?	+	-	+
Retfig 2018	+	+	+	+	+
Rohsenow 2015	+	?	+	+	+
Rohsenow 2017	+	?	+	+	+
Romanowich 2015	?	?	+	+	+
Secades-Villa 2014	+	?	+	?	+
Secades-Villa 2019a	+	?	+	+	+
Secades-Villa 2019b	+	+	+	+	?
Secades-Villa 2022	?	?	-	-	+
Shoptaw 2002	+	?	+	+	+
Tappin 2015	+	+	+	+	+
Tappin 2022	+	+	+	+	+
Tevyaw 2009	?	?	+	+	+
Tuten 2012	?	?	+	+	+
Van den Brand 2018	+	+	+	+	+
Van Schayck 2018	?	?	+	?	?
Volpp 2006	+	+	+	?	+
Volpp 2009	+	+	+	+	+
White 2013	+	+	+	+	+
White 2020	+	+	+	+	+
Wilson 2023	?	?	+	-	+
Windsor 1988	+	+	+	?	?

Amount of incentives



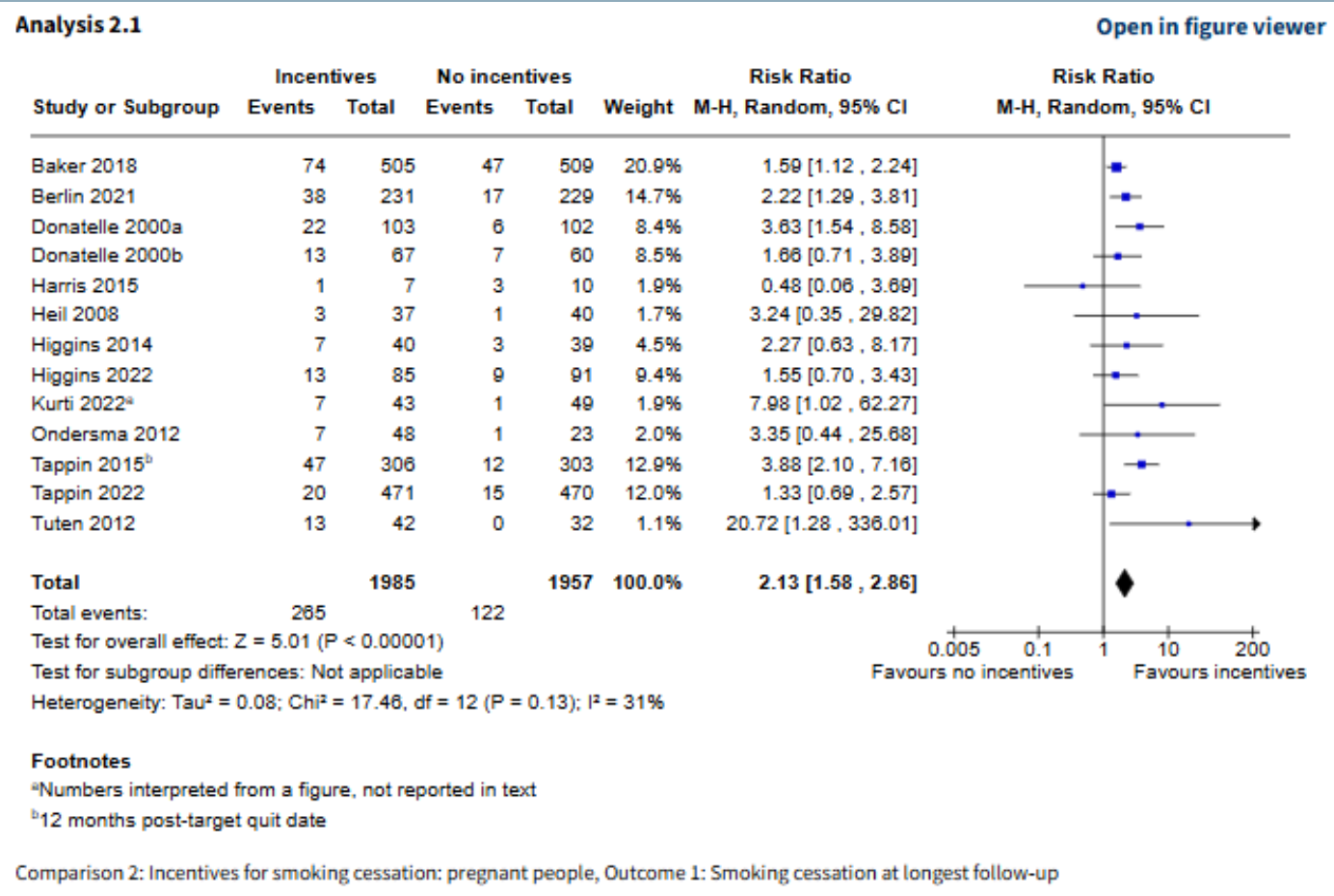
Pause for questions and discussion



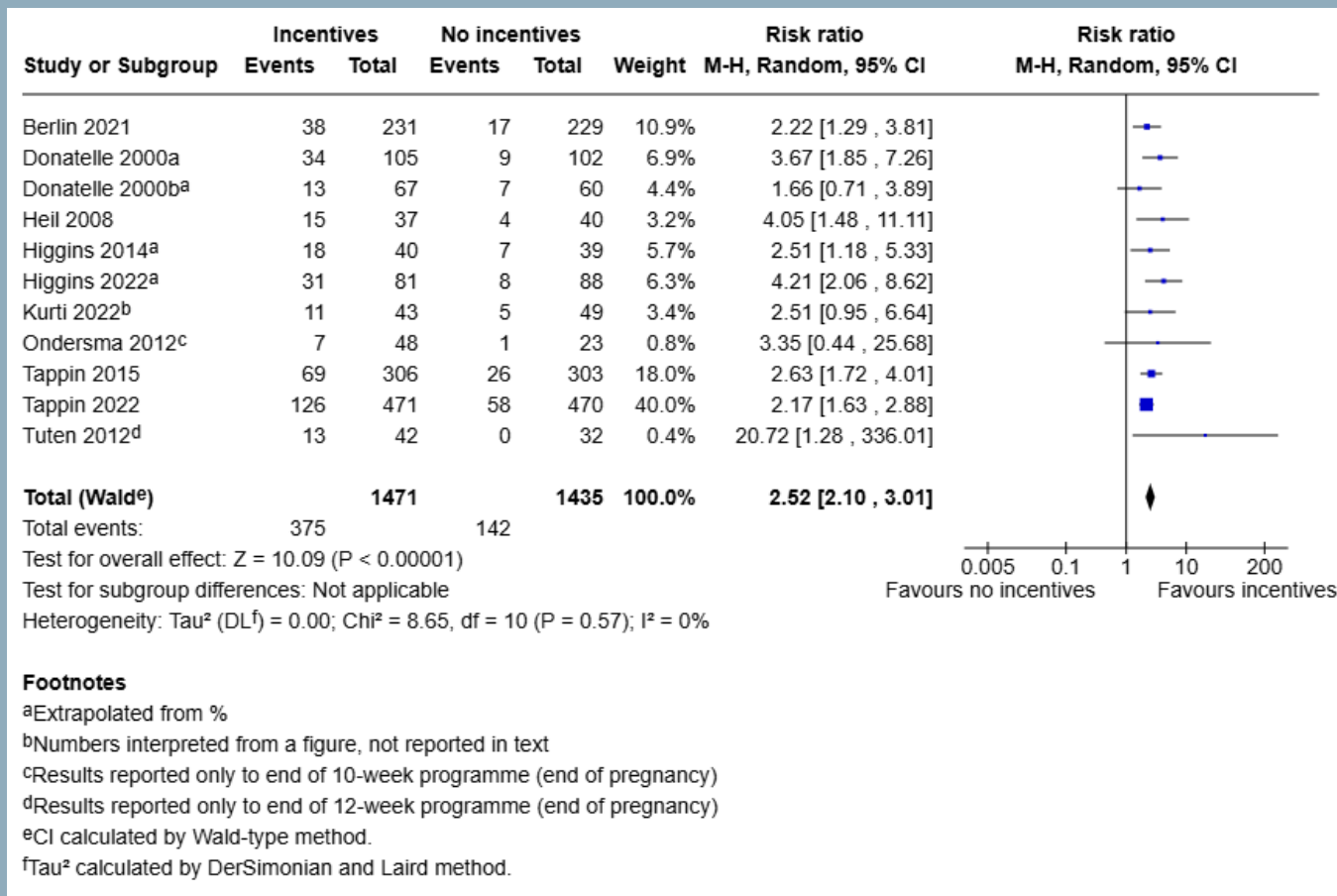
Main results: Incentives vs. no incentives at Longest follow up – Pregnancy trials

GRADE
certainty of
evidence:
HIGH

New



Main results: Incentives vs. no incentives at End of pregnancy



Conclusions

1. High-certainty evidence that incentives improve smoking cessation rates at long-term follow-up in mixed population studies
2. Effectiveness of incentives is sustained even when the last follow-up occurs after the withdrawal of incentives
3. High-certainty evidence that incentive schemes conducted amongst pregnant people who smoke improve smoking cessation rates, both at the end of pregnancy and postpartum
– **This represents increased certainty in the evidence compared to the last review update in 2019**



Implications

This review includes a number of large new trials from diverse cultural settings, e.g:

- Brown (2019) - using self-incentives in a community-based trial, UK, N=159
- Secades-Villa 2019a - recruiting people who smoke in inpatient treatment for depression, Spain, N=120
- Van-Schayck 2018 - cRCT N=640 current smokers recruited from 61 companies in the Netherlands
- White 2020 - cRCT recruiting 4190 employees across 101 workplace clusters in Thailand
- Tappin 2022 - 944 pregnant people attending UK stop smoking services

...suggesting that the impact of incentives can be considered broadly generalisable
Incentives may particularly appeal to low-income populations, thus reducing health inequity

More evidence is needed from low- and middle-income countries

Current and future research might more precisely explore differences between trials offering low or high cash incentives and self-incentives (deposits)

Strong support for incentives based interventions in practice

