

New study finds financial incentives to help pregnant women stop smoking are highly cost-effective

The scientific journal *Addiction* has today published the first cost-effectiveness analysis of financial incentives to help pregnant women stop smoking. The report found that financial incentives are highly cost-effective, with an incremental cost-effectiveness ratio (ICER) of £482 (\$734) per quality-adjusted life year (QALY), which is well below recommended thresholds in high income countries.

Smoking during pregnancy is among the leading preventable causes of morbidity and death amongst pregnant women and their babies. In some countries, a range of services exist to help pregnant smokers quit, but engagement with services is low. It has been found that financial incentives can increase engagement with stop-smoking services and improve the chances of quitting, but commentators have been concerned about whether the benefits are worth the financial outlay.

The report published today was based on a Glasgow-based randomised controlled trial of over 600 pregnant smokers. All were referred to the NHS GGC Stop Smoking Services and half also received up to £400 in vouchers for engaging with the Stop Smoking Services and for quitting during pregnancy. The women offered financial incentives quit smoking at a much higher rate than those not offered incentives (22.5% versus 8.6%), and their self-reported relapse rates 6 months postpartum were also lower (33% versus 54%).

The key finding of this new study was that the benefits made these incentives a sound financial investment. The study estimated the lifetime likelihood and impact of cessation, expressing the long-term health benefits of quitting smoking in terms of quality-adjusted life years (QALYs) gained and the likely reduction in costs to the health services. The lifetime model resulted in a cost of £17 (\$26) and a gain of 0.04 QALYs per quitter, giving cost per QALY of £482 (\$734). The UK threshold (comparable to thresholds in other high income countries) is £20,000 per QALY, meaning the UK will support interventions that cost no more than £20,000 to provide one person with one year of life in perfect health.

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For editors:

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