

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

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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.

More information: Kathleen A. Boyd et al. Are financial incentives cost-effective to support smoking cessation during pregnancy?, *Addiction* (2015). [DOI: 10.1111/add.13160](https://doi.org/10.1111/add.13160)

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