

Helping smokers quit: Payments, personalized support can work

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Credit: Vera Kratochvil/public domain

Money can be more powerful than nicotine, as a new study found that smokers who received financial incentives, in addition to personalized support, to help them quit were more successful than smokers who did not receive these interventions. Published in *JAMA Internal Medicine*, the study demonstrates that these approaches could play an important role in helping people quit smoking.

Despite declining [smoking](#) rates in recent years, tobacco use is still the leading cause of preventable death in the U.S., and disproportionately affects minorities and people of [low socioeconomic status](#) (SES). Few interventions target this population, who could be better served through a multicomponent intervention, which have been shown to reduce health disparities.

Researchers from Boston Medical Center (BMC) developed an intervention that connected participants with a patient navigator, who could assist them in getting prescriptions for nicotine replacement therapies and referring them to counseling resources. The study also provided

[financial incentives](#) for quitting. Participants were not told how much money they could receive at the onset of the study. Those who quit at six months received \$250, and an additional \$500 if they were not smoking at 12 months. Those who did not quit at six months were given a second chance to earn \$250 if they quit at 12 months. Participants in the control group received informational materials about resources to help them quit smoking.

Participants who reported quitting had their saliva or urine tested to biologically confirm [smoking cessation](#) at the six and 12-month marks. After six months, nearly 10 percent of the intervention group had quit smoking, while less than one percent in control group had quit smoking; after 12 months, 12 percent of the [intervention group](#) quit smoking, while two percent of the [control group](#) had quit.

"Our results show that a successful intervention to help low-SES individuals quit smoking should be multi-faceted and focus on both assisting with resources and, when possible, providing financial incentives," says lead author Karen E. Lasser, MD, MPH, a general internist at BMC and Associate Professor of medicine at Boston University School of Medicine and Associate Professor of community health sciences at BU School of Public Health. "Most of the participants who quit smoking utilized patient navigation, but it's unclear whether navigation alone would achieve the rates of smoking cessation we observed."

The intervention was found to be especially beneficial for older participants, women, and non-white smokers. The study was performed at an urban, safety-net hospital and the majority of participants were female, and African American. This study was supported by the American Cancer Society.

Provided by Boston Medical Center

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