

Employees Spurred to Cash In And Kick Their Smoking Habit

BY MIRIAM E. TUCKER
Senior Writer

PITTSBURGH — Financial incentives for smoking cessation offered by employers in large workplace settings succeed in getting employees to quit, the findings from a government-funded study suggest.

The subject is controversial. Two 2005 Cochrane reviews concluded that the evidence did not support the efficacy of incentives in convincing people to quit smoking (Cochrane Database Syst. Rev. 2005; [doi:10.1002/14651858.CD004307 and doi:10.1002/14651858.CD003440]).

But, according to Dr. Kevin G. Volpp, most of the studies examined were underpowered and/or offered insufficient incentives—in some cases as little as \$10.

Dr. Volpp, of the University of Pennsylvania, Philadelphia, reported on a randomized, controlled study funded by the Centers for Disease Control and Prevention in which 878 regular smokers (five or more

cigarettes/day) employed by General Electric Co. received information about community-based smoking cessation resources and coverage of prescription drugs and physician visits for smoking cessation.

Of those, 436 were randomized also to be offered the incentives of \$100 for completing a smoking cessation program, another \$250 for quitting by either the 3rd or 6th month after study enrollment, and another \$400 for continuous abstinence between the 6- and 12-month visits. Cotinine tests were done at each visit to verify abstinence.



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DR. VOLPP

During the first 6 months, 9% of the incentive group completed smoking cessation programs, compared with just 1% of the controls, a highly significant difference, Dr. Volpp reported at the annual meeting of the Society of General Internal Medicine.

Quit rates in the first 6 months also were significantly higher for those offered incentives, 23% compared with 13%. The proportions of the two groups that had quit by 12 months, the study's primary end point, were 15% and 6.5%, respectively, again a highly significant difference. Moreover, the relapse rate between 6 and 12 months was significantly lower for the incentive group than for the controls, most likely because the largest dollar amount was offered for the 12-month end point.

The success of the intervention appeared to be influenced partially by the incentive to enroll in a smoking cessation program. Among all study participants who completed such programs, quit rates at 12 months were 47% for the incentive group and 15% for the controls. Among those who did not participate in a program, 9.5% and 6%, respectively, remained abstinent at

12 months. However, though getting people to enroll in programs did appear to help, most of the subjects who quit did not participate in them, said Dr. Volpp.

The researchers plan to visit the employees again at 15 and 18 months to see what proportion remains abstinent in the absence of financial reward. They also plan to evaluate the cost-effectiveness of such an initiative in employer-based settings. ■



Employees who were randomized to receive financial incentives for smoking cessation had higher quit rates and lower relapse rates at 12 months, compared with controls.

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