
Effective Approaches to Motivating Employees to Stop Smoking

Creating policies, programs and incentives to create smoke-free worksites help not only to reduce employer costs, but they enable those workers who want to quit to have the motivation and resources to do so. Among adult smokers, 70% report that they want to quit completely, and more than 40% try to quit for at least 24 hours each year.¹

Worksite-based incentives and competitions to reduce tobacco use among workers offer rewards to individual workers and to teams as a motivation to participate in a cessation program or effort.

Rewards can be provided separately or in combination for:

- Participation in a smoking cessation program, either at the worksite or some other location
- Success in achieving a specified behavior change
- Abstinence after a certain timeframe, such as six months, confirmed by a biochemical test.

Types of rewards may include reduced premiums or deductibles, guaranteed financial payments, lottery chances for monetary or other prizes, and return of self-imposed payroll withholdings.

Alternatively, employers may **consider disincentives**, such as charging smokers higher premiums or creating a policy that states all workers receive a discount on their health insurance premiums, but smokers lose the discount if they don't quit within twelve months.

Some employers threaten to terminate smokers who don't complete a program within year, but some state laws prohibit such actions.

Employers need to recognize that **smokers often require several attempts to quit** before being successful. Nicotine dependence is a chronic, relapsing condition; relapse is common and should not be considered a failure. Instead, a relapse is the opportune time for those trying to quit to modify their treatment program so that it can be more effective during their next cessation attempt.

The National Business Group on Health (NBGH) recommends employers keep the following considerations in mind: 2

- Employees may need to increase the dose of their medications, try different treatment combinations, seek more structured counseling, etc.

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- The most important thing for employers and employees to remember is that quitting is possible, even if it does take several tries to meet the end goal.
 - Employees have unique needs and barriers to quitting. Thus, employers should provide multiple benefit types (i.e., medications and counseling) and cessation support opportunities (i.e., quitlines, smoke-free campuses, etc.), in order to meet the need for several quit attempts.

The Centers for Disease and Prevention (CDC)s has found that worksite-based incentives and competitions, combined with additional interventions to support individual cessation efforts, is effective in reducing tobacco use among workers.³

Additional interventions may include these components: coverage of counseling and medications, smoking cessation groups; self-help cessation materials; telephone cessation support; workplace smoke-free policies; and social support networks among others.

Recognize that incentives are fine for getting people in the door, but for continued engagement in smoking cessation programs smokers need education on the importance of these activities, resources and tools, appropriate incentives, and employer support.

NBGH recommended the following strategies for building tobacco cessation benefit appeal, use, and demand: ⁴

- Create a benefit package that allows employees an opportunity to test or experiment with a service/product before buying it (i.e., pharmacy-administered "trial" packages of multiple forms of NRT).⁵
- Make the initial quit attempt less costly, both psychologically and financially (i.e., short-term "practice" quit attempts).
- Integrate multiple treatment elements in a unified system of care (i.e., pharmacy plan for medications and mental health plan for counseling).
- Include benefit promotion products, tools, and services that create a positive experience for employees, especially underserved populations.
- Make the connection that quitting is a lifestyle decision, not exclusively a health decision. Link individuals to services and supports in other areas (i.e., exercise, weight control, and stress management).

One note of caution:

A study of incentive programs found smokers may quit while they take part in a competition or receive rewards for quitting, but do no better than unassisted quitters once the rewards stop. The type of reward, and whether or not the smokers put up their own money to take part, makes little difference to the success of the quit attempt. Competitions and rewards may attract more people to make a quit attempt than might otherwise do so, but cessation rates remain the same as for non-contestants.⁶

1 Center for Disease Control and Prevention. Cigarette smoking among adults — United States, 2004. *MMWR* 2005; 54:1121–1124. Available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5444a2.htm>.

2 *An Employer's Website for Smoking Cessation*, National Business Group on Health at [An Employer's Website for Smoking Cessation](#)

3 Guide to Community Preventive Services. Decreasing tobacco use among workers: incentives & competitions to increase smoking cessation. www.thecommunityguide.org/tobacco/worksites/incentives.html

4 *An Employer's Website for Smoking Cessation*, National Business Group on Health at [An Employer's Website for Smoking Cessation](#)

5 *An Employer's Website for Smoking Cessation*, National Business Group on Health at [An Employer's Website for Smoking Cessation](#)

6 Cahill K, Perera R. Competitions and incentives for smoking cessation. *Cochrane Database of Systematic Reviews* 2008, Issue 3. Art. No.: CD004307. DOI: 10.1002/14651858.CD004307.pub3