Reducing Tobacco Use and Secondhand Smoke Exposure: Worksite-based Incentives and Competitions When Implemented Alone

Task Force Finding

**Intervention Definition**

Tobacco use is one of the largest causes of preventable premature death in the United States. Reducing tobacco use in adults and reducing non-smokers exposure to environmental tobacco smoke are essential preventive measures to reduce morbidity and mortality associated with tobacco use. Interventions designed to assist with this effort are important options for health promotion in worksites. In addition to preventing tobacco use initiation and reducing exposure to environmental tobacco smoke, to reduce morbidity and mortality associated with tobacco use, a comprehensive prevention effort should help tobacco users to quit. Approximately 70% of tobacco users want to quit; efforts to quit are frequent, even if frequently unsuccessful. Among other qualities, tobacco use reduction efforts in community settings including worksites should be designed to motivate and assist cessation efforts.

An intervention with incentives and competitions among workers can provide an integrated strategy to increase and improve tobacco use cessation. An effective cessation program enhances an individual’s ability to quit successfully. Cessation support can be effective by one or more of the following means: (1) increasing or improving motivation to quit; (2) increasing or improving action to quit; and (3) increasing or improving maintenance of a quit effort. Incentives or rewards can be provided for participation and/or for success in achieving abstinence from tobacco use. Incentives differed in content including guaranteed financial payments and lottery chances for monetary.

**Task Force Finding (June 2005)**

The Task Force finds insufficient evidence to determine if worksite-based incentives and competitions alone is effective in reducing tobacco use among workers.

Because only one study of least suitable design qualified for this review, evidence is considered insufficient.

**Publications**


The data presented here are preliminary and are subject to change as the systematic review goes through the scientific peer review process.

**Disclaimer**

The findings and conclusions on this page are those of the Community Preventive Services Task Force and do not necessarily represent those of CDC. Task Force evidence-based recommendations are not mandates for compliance or spending. Instead, they provide information and options for decision makers and stakeholders to consider when determining which programs, services, and policies best meet the needs, preferences, available resources, and constraints of their constituents.

Document last updated June 12, 2014