

OFFICIAL



I2Q

**INCENTIVE
TO QUIT**



13 78 48



Incentive 2 Quit (I2Q) Pilot Program

Smoking & vaping cessation among high-prevalence nicotine users

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Acknowledgement of Country

Our **INCENTIVE TO QUIT** team respectfully acknowledge the Traditional Custodians of the land on which this work was developed. We recognise their continuing connection to the land, water and community. It has been our privilege to work with Aboriginal and Torres Strait Islander partners to present these positive messages about healthy living. We pay our respects to Elders past, present and emerging as the Traditional Custodians of what we now call Australia.

The team would also like to acknowledge the diversity amongst the Aboriginal and Torres Strait Islander Custodial Groups across Australia and their unique and ongoing connection to land, community and spirit.

Sovereignty has never been ceded. It always was and always will be, Aboriginal land.

The logo for Incentive to Quit, featuring the letters 'I2Q' in a bold, black, sans-serif font.

INCENTIVE TO
QUIT

Introduction

- Tobacco use: leading cause of preventable death in Australia
- Economic burden: \$137 billion per annum
- SA Government's goal: Reduce daily smoking prevalence to **6% by 2027**



Financial incentive pilot

Pilot Program Aims:

1. Determine potential effectiveness for smoking and vaping cessation
2. Assess mechanisms for linking quit services with financial wellbeing



“Implement a pilot to measure the effectiveness of providing financial incentives for quitting smoking and vaping, particular for high prevalence groups, and assess mechanisms for linking quitting services with financial wellbeing and resilience programs to minimise the financial impact of smoking” - page 10.

Evidence for financial incentives

- 48 studies in >21,900 participants
- 52% more likely to quit
- \$0 (self-deposits)
- \$45 to \$1,185 (USD)
- Likely to be cost effective
- No harms or side effects (though potential for deception)

Respirology WILEY
Respirology

POSITION STATEMENT OPEN ACCESS

Cochrane reviews
Cochrane Database of:
Incentives f
Caitlin Notley, Sa
Jamie Hartmann-Bo
Version published: 13 Ja
<https://doi.org/10.1002>

Thoracic Society of Australia and New Zealand (TSANZ) Guidance for the Management of Electronic Cigarette Use (Vaping) in Adolescents and Adults

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Keywords: adolescent health | clinical respiratory medicine | electronic cigarettes | nicotine | paediatric lung disease | paediatrics | tobacco | vaping

ABSTRACT
Electronic cigarette (EC) use, especially among younger members of society, has grown to concerning levels in many countries, including Australia and New Zealand. Uptake in the general population, driven by technological and pharmacological innovations, and accelerated by aggressive tobacco/vaping industry marketing, has outpaced medical research. As the harms of EC use become increasingly evident, the Australian Government has introduced policies to curb recreational EC use, whilst still allowing access for smoking cessation. This highly dynamic environment presents new challenges to clinicians as the evidence to support clinical practice with respect to vaping use and its cessation remains very limited. This guidance document from the Thoracic Society of Australia and New Zealand aims to address this unmet need by offering practical advice for clinicians to help protect their patients' lung and general health by: preventing EC uptake in children, adolescents, and young adults; providing guidance for ceasing EC use in adolescents and adults who have never smoked; and providing guidance for ceasing EC use in people who currently or formerly smoked who now use EC long-term. Underpinned by a systematic review, this multidisciplinary expert consensus document summarises the current landscape of EC use, nicotine addiction, behavioural and pharmacotherapy treatments. Illustrative case vignettes are provided. The advice, largely extrapolated from the smoking cessation literature, is

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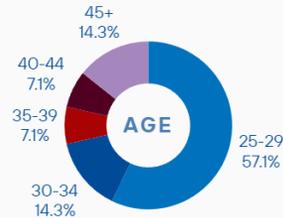
Respirology, 2025; 30: 605–622
<https://doi.org/10.1111/resp.70066>

605

Smoker and vaper consumer reports

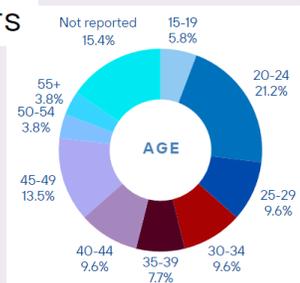
- 23** Total responders
- 14** Current vaper
- 6** Ex-vaper
- 3** Never vaped

- 31.9** Year average age



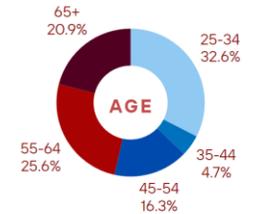
- 52** Total interviews
- 26** Current Vapers
- 7** Ex-vapers
- 19** Never vapers

- 38.1** Average age in years



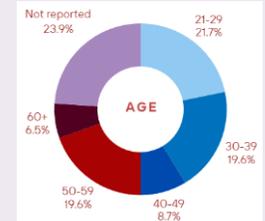
- 62** Total responders
- 36** Ex-smokers
- 23** Current smokers
- 3** Never smokers

- 6** Aboriginal
- 48.3** Year average age



- 46** Total interviews
- 20** Ex-smokers
- 26** Current smokers

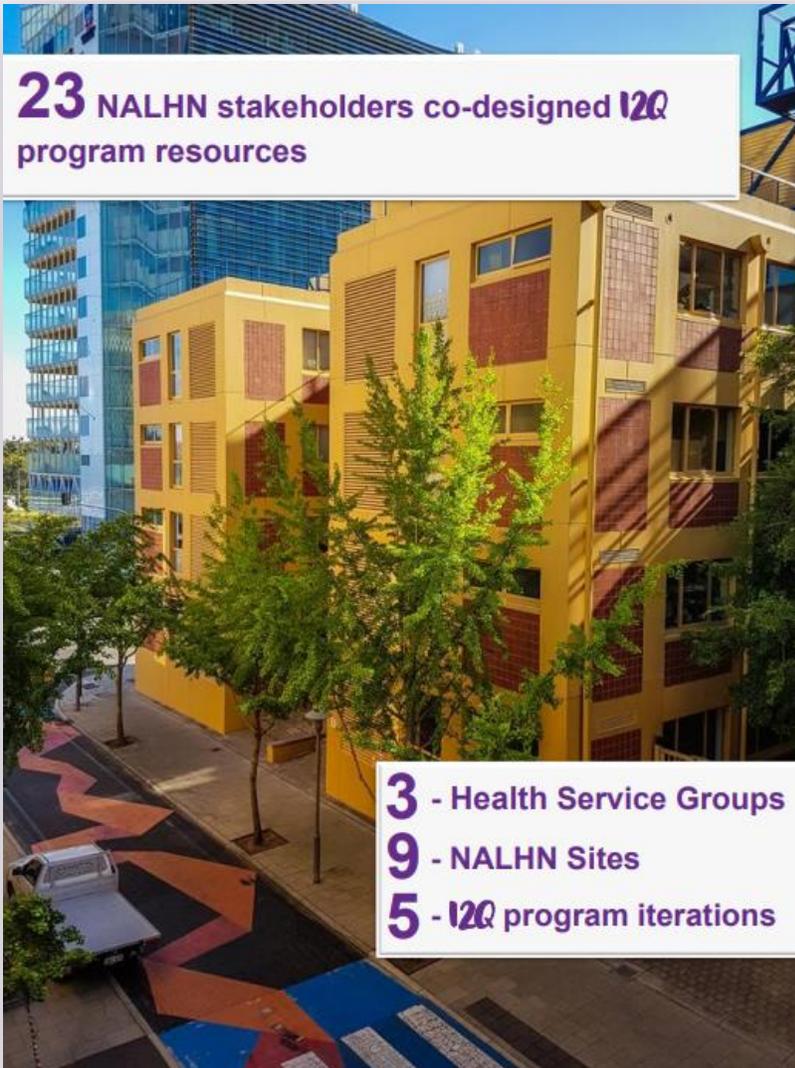
- 6** Aboriginal
- 38.17** Average age in years



I2Q

INCENTIVE TO QUIT

Iterative co-design process



Objectives of co-design phase

1. Embed within existing services
2. Program to serve as an adjunct
3. For community to take ownership

Stakeholder requests

1. Not to be delivered by Quitline
2. Manual system
 - like COVID vaccination program
 - Modest to low financial incentive amount
 - Range of follow-ups

I2QINCENTIVE TO
QUIT

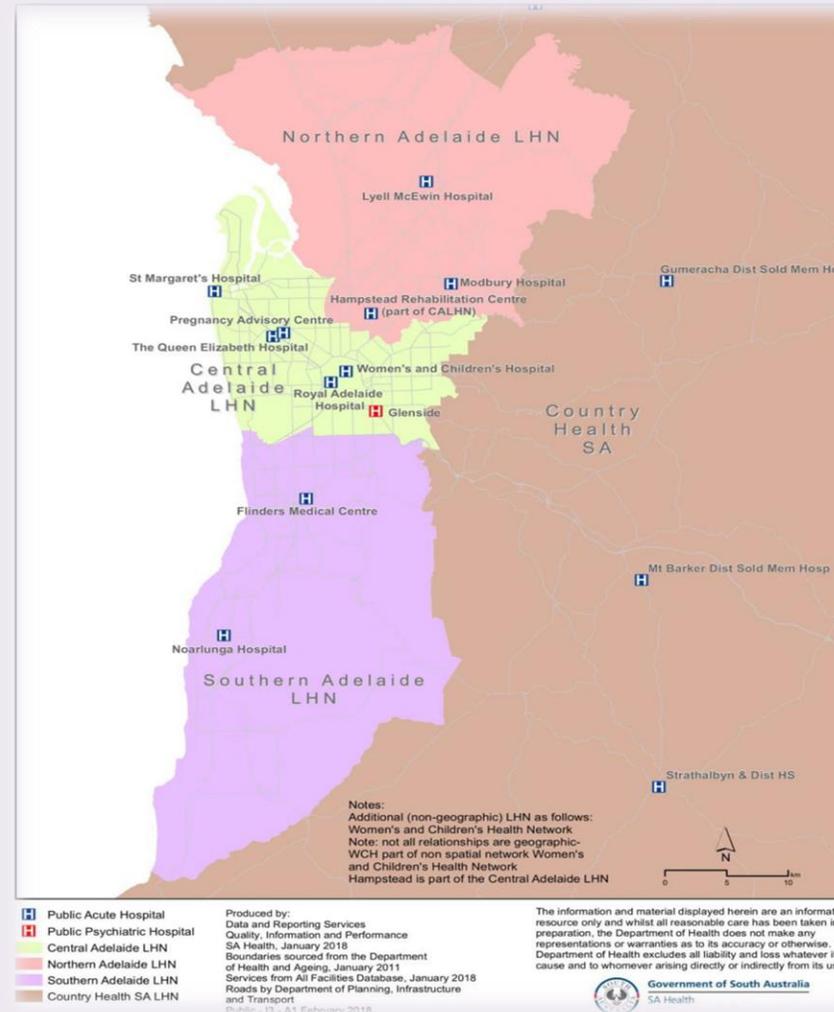
Northern Adelaide Local Health Network (NALHN)

2020 current smoking

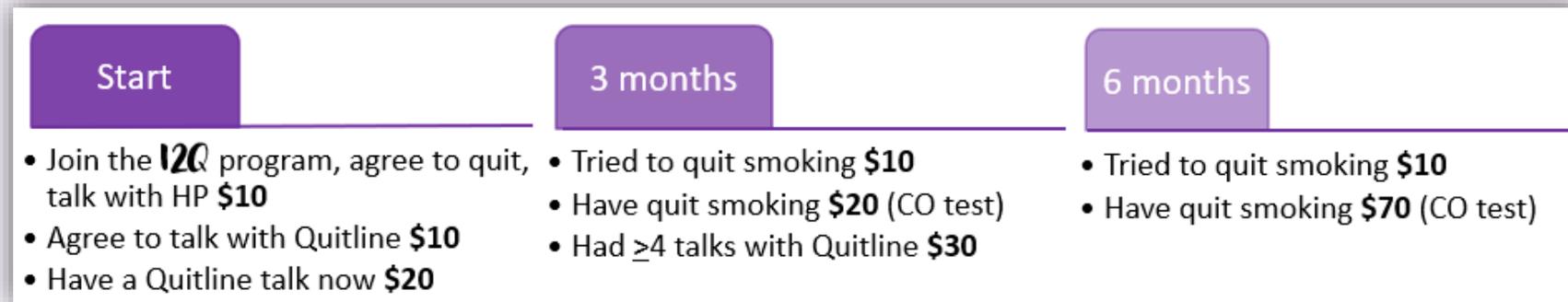
- 16.8% in NALHN
- 14% in Adelaide
- 10% in Australia

2020 NALHN Demographics

- 32.7% of population (n= 389k)
- 2.1% Aboriginal
- 36 years mean age
- Lower socio-economic area
- Weekly income <\$75



The I2Q program (version 1)



- Total of \$150
- 3 time points
- Validation of abstinence (CO and saliva cotinine)
- Incentivised:
 - Initiation of Quitline (\$10 e-referral or \$20 call now)
 - Use of Quitline (\$30 ≥ 4 sessions)
 - Quitting success (\$20 at 3-months and \$70 at 6-months)

Want to get paid \$150 to Quit smokes or vapes?

START UP TO **\$30**

Health Worker yarn to join the **I2Q** program \$10 +
 Quitline yarn later \$10
 OR
 Quitline yarn now \$20

3-months UP TO **\$50**

Tried to quit smokes \$10
 OR
 Did quit smokes \$20 +
 ≥ 4 Quitline yarns \$30

6-months UP TO **\$70**

Tried to quit smokes \$10
 OR
 Did quit smokes \$70

Quit 13 78 48
 Ask your Health Worker about joining the Incentive to Quit (**I2Q**) pilot program today!

This pilot program is a Drug and Alcohol Services South Australia (DASSA) initiative. Delivered by Houd Research Group.

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Kick The Smokes

(KTS)

The I2Q program (version 0.5) (aka Kick the Smokes)

- **Phase 1: Iterative co-design**
 - Aboriginal patients who smoke
 - Health professionals



The I2Q program (version 0.5) (aka Kick the Smokes)

- **Phase 2:** pilot and feasibility cRCT
 - HP training program
 - Co-designed resources



HP support package

Support for you



The I2Q program includes support for health professionals in their ability to offer quit smoking support for patients and includes supports and resources for smokers willing to make a quit attempt. Content and presentation of these supports are tailored for each of the participating NALHN health service groups, being Aboriginal health, mental health, and cardiopulmonary health. A summary of these supports are provided below.

Overview of support for participating NALHN health professionals

- Provision of education ± training about the I2Q program, delivered in-person or via webinar by project support staff,
- Access to nationally accredited brief advice training offered online by Cancer Council Victoria, attracting continuing professional development (CPD) points,
- Access to community co-designed resources that can be handed out to smokers wanting to enroll in the I2Q program, including the financial incentives in the form of a Cole's gift card (that excludes the purchase of alcohol and tobacco products),
- This health professional procedure manual to be used as a step-by-step guide for all aspects of delivering the I2Q program,
- A marketing and communication package used to promote and encourage uptake of the I2Q program, designed in collaboration with participating NALHN service providers,
- Access to ongoing technical support that can be accessed via:
 - The I2Q program website: www.trainingwebsitelinkhere.com.au, or
 - E-mail First.Lastname@support.com.au, or
 - Call 8123 4567 or 0412 345 678
- Provision of progress reports for each patient who enrolls in Quitline counselling, faxed to the relevant health service at conclusion of counselling



- Health professional training

I2Q training

Table of contents

Duration

5-minute
education

15-minute
+ training

60-minute
+ population
tailored

Training health professionals in smoking cessation (Review)

Carson KV, Verbiest MEA, Crone MR, Brinn MP, Esterman AJ, Assendelft WJJ, Smith BJ



THE COCHRANE
COLLABORATION®

This is a reprint of a Cochrane review, prepared and maintained by The Cochrane Collaboration and published in *The Cochrane Library* 2012, Issue 5

<http://www.thecochranelibrary.com>



Training health professionals in smoking cessation (Review)
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- Health professional training



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Quit 13 78 48
I2Q INCENTIVE TO QUIT
"Journey of Healing" by Itelka Sanderson-Bromley

How to address barriers to quitting

Weight gain

- 1 in 5 Quitters do not gain weight
- Average weight gain after quitting is only 4-5 kg
- Suggest: quit now, lose the weight later
- Benefit of quitting > cost of weight gain

Nicotine withdrawal

- Cravings last 2-3 minutes at a time
- Cravings usually persist for 2-4 weeks
- Nicotine withdrawal symptoms are worst in the first week and then improve
- Suggest: distraction techniques and/or appropriate pharmacotherapy

Fear of failure

- Most ex-smokers tried many times before successfully quitting
- Use unsuccessful quit attempts as a learning experience
- Suggest: counselling, support & pharmacotherapy to increase chances of success

Peer or social pressure

- Avoid friends who smoke for the first few weeks
- Ask friends & family not to smoke near them and to avoid offering them cigarettes

Coping with stress

- Smoking actually increases stress & clients will feel more relaxed when they quit
- Smoking a cigarette only temporarily relieves anxiety and restlessness caused by nicotine withdrawal
- Relaxation techniques can be helpful while quitting

Up to \$150 in Coles gift cards

Start \$30

- Join the I2Q program, agree to quit, talk with HP \$10
- Agree to yam with Quitline \$10
- Have a Quitline yam now \$20

3 months \$50

- Tried to quit smoking \$10
- Have quit smoking \$20 (CO test)
- Had ≥4 yams with Quitline \$30

6 months \$70

- Tried to quit smoking \$10
- Have quit smoking \$70 (CO test)

Ask

Do you currently smoke? **Yes** → Advise all smokers to quit in a clear, non-confrontational, personalised way. "The single most important thing you can do for your health is to stop smoking."

Do you currently smoke? **No** → Have you smoked in the past? **Yes** → When did you stop? **Many years ago** → Great! Do you need help to stay quit? **Yes** → Refer to Quitline. **No** → Congratulate and reaffirm.

Do you currently smoke? **No** → Have you smoked in the past? **No** → When did you stop? **Many years ago** → Great! Do you need help to stay quit? **Yes** → Refer to Quitline. **No** → Congratulate and reaffirm.

Advise

Advise about Incentive to quit I2Q program. Client can get up to \$150 in Coles gift cards for quitting with:

- Health professional support (up to \$100) + Quitline behavioural counselling (up to \$50)

Help

Using Quitline increases chances of quitting. Offer to connect by:

- Calling 137848 on health service phone for client now,
- Scan QR code or use online referral quit.org.au/referral

Encourage behavioural strategies. See 'My Quit Smoking Journey', I2Q protocol & quit.org.au tools

Encourage clients to use nicotine replacement therapy (NRT) products and stop-smoking medications - some available on prescription.

Record smoking status and support provided on 'My Quit Smoking Journey' handout and follow up at next visit

Note: CO = Carbon Monoxide breath test, with result of ≤6 ppm required to be eligible for relevant financial incentive



EMPOWERING SMOKERS TO QUIT

- Start**
- Join the I2Q program, agree to quit, talk with HP \$10
 - Agree to talk with Quitline \$10
 - Have a Quitline talk now \$20
- 3 months**
- Tried to quit smoking \$10
 - Have quit smoking \$20 (CO test)
 - Had ≥4 talks with Quitline \$30
- 6 months**
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How to address barriers to quitting smoking

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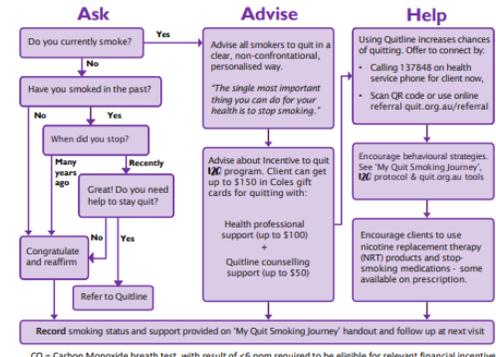
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- Relaxation techniques can be helpful while quitting



For more information

Alcohol and Drug Information Service (ADIS)
Phone: 1300 21 1340
Confidential telephone counselling and information available between 8.30am and 10pm everyday

Quitline (SA-based counsellors)
Phone: 13 78 48
Or text "call back" to 13 78 48
Monday to Friday 8am to 8pm

Ward 1G: Mental Health Division
Lyley McEwin Hospital
Oidham Road, Elizabeth Vale, SA 5112
24 hours a day



Co-designed quit resources

- Access to co-designed patient resources

I2Q INCENTIVE TO QUIT 13 78 48

What to do when a cigarette craving hits

Don't panic! A craving is just a signal that your body is missing nicotine. It's a normal part of withdrawal. Remember, you're doing this for your health and for your family. You can do this!

About the \$4 Quitline

Quitline is a free, confidential, 24-hour service that provides support and advice to people who want to quit smoking. You can call them for help with your cravings, for advice on how to quit, and for information about the \$4 Quitline.

I2Q INCENTIVE TO QUIT 13 78 48

"Journey of Healing" by Heba Sanderson-Bronley

This painting represents the journey of healing from addiction. It shows a path leading through various stages of recovery, from initial struggle to ultimate triumph. The colors represent different emotions and stages of the process.

I2Q INCENTIVE TO QUIT 13 78 48

What Will Your Journey Look Like?

Heba Sanderson-Bronley's painting depicts a journey of healing. The path is made of stepping stones, each representing a step towards recovery. The colors of the stones represent different stages of the journey.

I2Q INCENTIVE TO QUIT 13 78 48

Find Your "Why"

Why do you want to quit? What are your reasons? Write them down. This will help you stay motivated when you face challenges.

How to Battle Cravings

Cravings are a normal part of withdrawal. Here are some strategies to help you manage them:

- Take a deep breath.
- Drink water.
- Go for a walk.
- Call a friend.
- Call the Quitline.

Give Quitline A Go

Call the Quitline at 13 78 48. They're there to help you every step of the way.

I2Q INCENTIVE TO QUIT 13 78 48

Quitting Smoking & Your Health

Quitting smoking now can significantly reduce your risks of serious illness and death. Here's what you can expect:

- 10 MINUTES:** Your heart rate and blood pressure begin to drop.
- 1 HOUR:** Your body begins to repair the damage done by nicotine.
- 1 DAY:** Your risk of a heart attack is cut in half.
- 1 YEAR:** Your risk of stroke is cut in half.
- 5 YEARS:** Your risk of dying from lung cancer is cut in half.
- 10 YEARS:** Your risk of dying from lung cancer is cut in half.
- 15 YEARS:** Your risk of dying from lung cancer is cut in half.
- 20 YEARS:** Your risk of dying from lung cancer is cut in half.

I2Q INCENTIVE TO QUIT 13 78 48

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I2Q v2

START: **\$10, \$20 or \$30**
 3-MONTHS: **\$10, \$20, \$40 or \$50**
 6-MONTHS: **\$10 or \$70**

Start

- Join the **I2Q** program, agree to quit, talk with HP **\$10**
- Agree to talk with Quitline **\$10**
- Have a Quitline talk now **\$20**

3 months

- Tried to quit smoking **\$10**
- Have quit smoking **\$20** (CO test)
- Had ≥ 4 talks with Quitline **\$30**

6 months

- Tried to quit smoking **\$10**
- Have quit smoking **\$70** (CO test)

START: **\$20**
 3-MONTHS: **\$20 or \$50**
 6-MONTHS: **\$20 or \$80**

Start

- Join **I2Q** and talk to Quitline **\$20**

3 months

- Tried to quit **\$20**
- Have quit OR had ≥ 4 Quitline talks **\$50**

6 months

- Tried to quit **\$20**
- Have quit **\$80** (CO test)

Digital I2Q (dI2Q)

- March 2024 to June 2025: n=192 participants enrolled
- Issues
 - Technical issues
 - Understanding by participants
 - Follow-ups

Digital Enrolment/Followup For HPs

Please complete the survey below.

Thank you!

Is your health site based in Northern Adelaide Local Health Network (NALHN) or Southern Adelaide Local Health Network (SALHN)? NALHN SALHN [reset](#)

Name of Health Professional
* must provide value

Type of visit New patient 3-month follow-up visit 6-month follow-up visit [reset](#)
* must provide value

Patient first name
* must provide value

Patient last name
* must provide value

Patient date of birth D-M-Y [reset](#)
* must provide value

Patient mobile number

Patient email

Who will be completing follow-ups for this participant? Your health service I2Q team [reset](#)
* must provide value

Comments/Notes
[Expand](#)

Health Professional Signature [Add signature](#)
* must provide value

[Submit](#)

I2Q program targets

The financial Incentive to Quit (I2Q) pilot program aimed to:

- Recruit **350** participant by December 2024 (original target n=600), and
- Achieve over **28%** participant enrolment into Quitline counselling
- Achieve average of **≥3** calls among enrolled Quitline participants
- Achieve at least **12.8%** validated point prevalence abstinence at 6-month follow-up
- Enrol n=70 Health Professionals in training to deliver brief advice
- Enrol n=13 health service sites to offer the program

I2Q program interim final outcomes

As of July 2025, the I2Q program has:

- Recruited **526 of 350** participants (Mar 2023 – June 2025), and
- Achieved **52% of 28%** Quitline counselling enrolment (min. 1 session)
- Achieved average of **2.3 of ≥ 3** calls among enrolled Quitline participants
- Achieved **30.3% of $>12.8%$** target for validated point prevalence abstinence at 6-month follow-up (n=100 of 330 participants)
 - This assumes those lost to follow-up are smoking/vaping, otherwise **46.7% abstinence** (n=100/204)
- Enrolled n=366 of 70 Health Professionals in training to deliver brief advice
- Enrolled n=29 of 13 health service sites to offer the program

HP evaluation

- Enrolled n=336 of 70 Health Professionals in training to deliver brief advice
 - Pre/post evaluation undertaken for n=162 pre-training, n=119 post-training questionnaires
- Pre-training, 81.3% reported never having received formal smoking/vaping cessation training (n=112/150)
- Training **successfully and significantly** improved measures of HP knowledge, skills, and confidence on 7-point Likert scales (p<0.001)

57.9%

"Always" able to offer smoking support



- Knowledge about smoking
- Knowledge about e-cigs
- Confidence to help smoker quit for good
- Confidence to help vaper quit for good
- Likelihood of recommending Quitline
- Perceived effectiveness of I2Q

51.9%

"Always" able to offer vaping support



58.4%

Able to access Quit tools.

Most commonly: NRT, Quitline, websites



Significance

- Findings suggest I2Q may offer an **effective** and **in demand service** to aid cessation, and stimulate uptake of existing underutilized services like Quitline
- World first Government-funded financial incentive program
- Aligned to priority areas 1-10 of SA Tobacco Control Strategy 2023-2027
- Continual improvement process = streamlined program
- Community ownership has seen several benefits
 - HP's presenting findings in their own departments to management as achievements
 - HP's have created their own additional resources, e.g., QR code for dI2Q on ID badge, ward posters, offers to translate into other languages, offers to create art for use on dedicated t-shirts

I2Q expansion – scoping activity

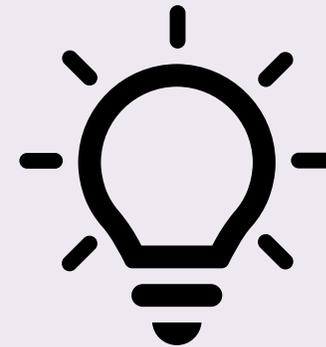
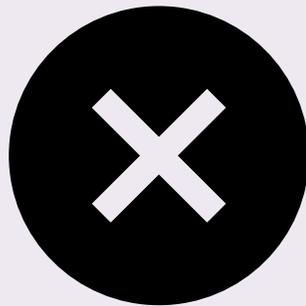
Objectives:

1. Identify current tobacco control practices in use;
2. Identify what is working well, gaps and opportunities to enhance support of smoking and vaping cessation among patients, and
3. If the I2Q program were to be offered in their LHN, what adaptations or changes would be required and would the program meet the needs of HPs, patients and leadership.

I2Q expansion – scoping activity

Results:

- n=54 representatives: n=13 from SALHN, n=29 from CALHN, and n=14 from WCHN.
- Department Directors, CEO, Executive Directors, Nursing Staff, Clinicians, Allied Health Workers, Aboriginal Health Workers, Administrative staff...



I2Q SALHN expansion





Financial Incentives for Substance Abstinence: A Systematic Review and Meta-analysis

Damon Phillips-Chantelois BSc^{1,2,4}, Kelsey Sharrad MPhil^{1,2,4}, Shagufta Perveen PhD^{3,2},
 Tahlia Grammatopoulos BSc^{1,2}, Nawal Usmani², Karen Szumlinski PhD⁴,
 Kristin Carson-Chahhoud PhD^{1,2}

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Abstract

Introduction: Substance use disorder (SUD) increased by 45% globally in the past 10 years, representing one of the largest increases in risk factors for disease. Financial incentives (FI) are a promising tool to promote health behavior change, including substance abstinence. We aim to address a 10-year gap in the evidence and identify key characteristics for optimal treatment.

Aims and Methods: A meta-analysis of randomized controlled trials (RCTs) was undertaken per Cochrane guidelines and the PRISMA 2020 checklist. Medline, PsycINFO, and EMBASE were searched up to September 11, 2024. Included studies offered FI to substance users in exchange for substance abstinence compared to an alternative intervention control. The primary outcome extracted was substance abstinence at the latest follow-up. Secondary outcomes such as cost-effectiveness, adverse events, and motivational assessments were also extracted. The risk of bias was analyzed using the RoB 1 tool.

Results: Of 5042 studies identified, 246 were shortlisted for full-text review and included 39 RCTs ($N = 27\ 845$) for meta-analysis. SUD categories spanning nicotine ($n = 30$, odds ratios [OR] = 1.83; 95% CI = 1.65 to 2.03, $p < .001$), alcohol ($n = 3$, OR = 4.69, 95% CI = 1.59 to 13.86, $p = .005$), stimulants ($n = 2$, OR = 3.52; 95% CI = 0.36 to 34.18, $p = .28$), and polydrug ($n = 2$, OR = 3.11, 95% CI = 0.53 to 18.25, $p = .21$) were meta-analyzed for improving abstinence rates. Cannabis and opioid subgroups could not be meta-analyzed. Overall effectiveness was significant for FI improving substance abstinence rates (OR = 1.93, 95% CI = 1.66 to 2.24, $p < .001$) with continued significance through 12-month or longer follow-ups (OR = 1.78; 95% CI = 1.50 to 2.12, $p < .001$).

Conclusions: Findings from this meta-analysis suggest that FI are an effective tool for increasing substance abstinence, particularly nicotine and alcohol; however, future research is recommended for other substances such as stimulants and opioids.

Implications: This systematic review and meta-analysis exploring the use of FI for SUDs provides the first update on trends in this field since 2014 and the first meta-analysis since 2006. Notably, this review challenges the concerns of sustainability and effects on motivation which have withheld the clinical application of FI for SUDs.

Introduction

Substance use disorder (SUD) is described as a complex mental health condition where there is problematic use of a substance, despite harmful consequences.¹ Manifestations of SUD range from subtle cravings to the profound extremities of addiction, and are often associated with other diagnoses such as depression or personality disorders.¹

Substances that characterize SUD include both legal and illegal drugs, such as alcohol, caffeine, cannabis, tobacco/nicotine, sedatives, opioids, and stimulants.¹ Individual and co-abuse of these substances engender distinct challenges and effects, complicating the treatment of SUD. While cannabis, opioids, and amphetamines are the most commonly abused illicit substances,² the misuse of licit substances (alcohol, to-

bacco, and prescription medications) contributes to the complexity of treating substance disorders.

The ensuing consequences of SUD extend beyond immediate physiological effects, encompassing a spectrum of social, mental, and long-term physiological consequences.¹ An analysis of the Global Burden of Disease Study (2019) found that from 2010 to 2019 drug use had one of the largest increases in risk exposure to disease.³ According to the World Drug Report 2023 by the United Nations Office on Drugs and Crime (UNODOC) 39.5 million people are living with an illicit-based SUD² worldwide (excluding alcohol and tobacco use) representing an increase of 45% in the last 10 years. Additionally, complications from tobacco use alone contributed to over 8.5 million deaths globally in 2019³ and



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