ISRCTN12504090 https://doi.org/10.1186/ISRCTN12504090

Could giving someone who smokes help to quit through a financial advice service make them more likely to quit than someone who does not get any support?

Submission date
07/05/2025

Recruitment status
Recruiting

Registration date
27/08/2025

Overall study status
Ongoing

Last Edited
24/07/2026

Condition category
Other

[X] Prospectively registered
[X] Protocol
[_] Statistical analysis plan
[_] Results
[_] Individual participant data
[X] Record updated in last year

Plain English summary of protocol
Background and study aims
This study aims to find out if helping people who smoke quit through a financial advice service makes them more likely to stop smoking compared to those who don't get any support. People with lower incomes are more likely to smoke and less likely to quit, which can lead to health problems. Brief advice and support to stop smoking can improve their chances of quitting. Providing this help where people seek financial advice might help more people quit smoking.

Who can participate?
People aged 18 years or older who smoke and are seeking financial advice can participate in this study.

What does the study involve?
Participants will be asked if they smoke during routine financial advice appointments. If they do, they will be invited to join the study. Those who agree will be randomly placed into one of two groups. One group will not receive any guidance on quitting smoking. The other group will receive advice on the best ways to quit, be sent a nicotine vape, and get help accessing behavioral support like a smartphone app or counseling. Participants will be contacted 12 weeks and 9 months after receiving financial support to check on changes in their smoking, quality of life, tobacco spending, and financial wellbeing. They will also be interviewed about their experiences in the study.

What are the possible benefits and risks of participating?
Benefits: Participants may get help to address their health behaviour; participation will help the advancement of science, healthcare, financial support and policy; participants will be reimbursed for some of their time.
Risks: we will ask you to commit some of participants' time to taking part; taking part will involve disclosing some personal information; however, this will be kept confidential, in-line with trial procedures.

Where is the study run from?
University of Oxford (UK)

When is the study starting and how long is it expected to run for?
April 2025 to March 2029.

Who is funding the study?
National Institute for Health and Care Research (NIHR) in the UK.

Who is the main contact?
For more information, you can contact the study team at savings@phc.ox.ac.uk

Contact information

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Scientific, Principal investigator

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Integrated Research Application System (IRAS)
342278

Central Portfolio Management System (CPMS)
61737

National Institute for Health and Care Research (NIHR)
158844

Protocol serial number
IG138

Study information

Scientific Title
Brief opportunistic smoking cessation advice for financially vulnerable Individuals accessing financial support: a randomised controlled trial

Acronym
SAVINGS

Study objectives
Adults receiving financial guidance who smoke tobacco will be more likely to quit smoking if they receive very brief, opportunistic cessation advice embedded within their usual financial support service contacts compared to those receiving usual care.

Ethics approval required
Ethics approval required

Ethics approval(s)
Approved 07/04/2026, Central University Research Ethics Committee, University of Oxford (University Offices, Wellington Square, Oxford, OX1 2JD, United Kingdom; -; ethics@medsci.ox.ac.uk), ref: MS IDREC 2338392

Primary study design
Interventional

Study design
Two-arm parallel randomized controlled trial with embedded pilot phase economic and process evaluations

Study type(s)
Efficacy, Treatment

Health condition(s) or problem(s) studied
Tobacco addiction

Interventions
This is a randomised controlled trial to assess the effects of very brief, opportunistic, smoking cessation advice compared to usual care, provided by financial guidance services to adults receiving support for financial difficulties who smoke tobacco.

The aim is to recruit 1,538 people (769 in each arm) from financial advice services like food banks, Job Centres, and Citizens Advice across England, Scotland, and Wales. Participants are expected to be involved for about 9 months, with a longer-term follow up of 9 months.

Participants will be randomised 1:1 to the intervention or usual care. Randomisation will take place electronically through an online database.

The intervention group will receive opportunistic, very brief advice on smoking, including information on the best ways to quit and providing and referring participants to relevant support. A nicotine e-cigarette will be provided alongside information on behavioural support available, including free access to a stop smoking app if preferred.

Those in usual care (the control) will receive no further intervention after being asked about their smoking in-line with usual care for this setting in the UK.

There will be a qualitative process evaluation. This will involve audio-recorded interviews with about 30 participants and 20 financial services advisors about their experiences with the intervention. There will also be a conversation analysis of about 350 financial advice service sessions to identify if: the intervention is delivered as intended; common pitfalls which may hinder delivery; and how these might be best managed or avoided. There will also be approximately 100 control group consultations for fidelity testing.

Intervention Type
Behavioural

Primary outcome(s)
1. Biochemically validated four-week prolonged abstinence from tobacco at 12 weeks post-randomisation. Saliva samples will be tested for cotinine and/or anabasine dependent on the use of non-tobacco nicotine post-quit attempt.
2. Biochemically validated prolonged abstinence from tobacco between the 12-week and 9-month follow-ups. Saliva samples will be tested for cotinine and/or anabasine dependent on the use of non-tobacco nicotine post-quit attempt.
3 . Self-reported 7-day point prevalence tobacco abstinence at 12-weeks and 9-month follow-ups.
4. Serious adverse events (SAEs) at 12-week follow-up.

Key secondary outcome(s)
Estimate the intervention’s cost-effectiveness relative to usual care from the public sector perspective. This will be judged based on 4 outcome measures:
1.1. Financial well-being, measured using the abbreviated Consumer Financial Protection Bureau scale at 12-weeks and 9-month follow-ups.
1.2. Health-related quality of life, measured using the EuroQol EQ-5D-5L at 12-weeks and 9-month follow-ups.
1.3. Incremental cost per QALY gained at 12-weeks and 9-month follow-ups.

1.4. Mental well-being, measured using the Warwick-Edinburgh Mental-Wellbeing Scale at 12-weeks and 9-month follow-ups.

Embedded process evaluation investigating factors, e.g., number of quit attempts and intervention acceptability, influencing effects of the intervention. This will be judged based on 10 outcome measures:
2.1. Proportion making at least one quit attempt (defined as 24-hours or more of abstinence) – self reported at 12-weeks and 9-month follow-ups.
2.2. Change in number of self-reported cigarettes smoked per day between baseline and follow-ups at 12-weeks and 9-month follow-ups.
2.3. Proportions of smoke-free households (defined as none of the members of a household currently smoking tobacco), self-reported at 12-weeks and 9-month follow-ups.
2.4. Self-reported change in tobacco expenditure from baseline to follow-ups at 12-weeks and 9-month follow-ups.
2.5. Intervention fidelity at 12-weeks and 9-month follow-ups.
2.6. Intervention acceptability at 12-weeks and 9-month follow-ups.
2.7. Self-reported follow-on smoking cessation behavioural support, e-cigarette and medication use (including length of use) at 12-weeks and 9-month follow-ups.
2.8. Participants' experiences of the intervention post-baseline (during the follow-up period).
2.9.Service advisors' experiences of the intervention post-baseline (during the follow-up period).
2.10. If the intervention is delivered as intended (and what may hinder or support this) post-baseline (during the follow-up period).

Completion date
31/03/2029

Eligibility

Key inclusion criteria
1. Able to give informed consent to participate.
2. Adults aged 18 years or over regardless of if they have any medical conditions or if they are pregnant.
3. Currently receiving advice or support for financial difficulties by financial guidance services.
4. Self-reported daily tobacco smoking, regardless of motivation to quit smoking.
5. People who can provide a phone number and/or email address and a postal address to be contacted at, for the purposes of follow-up.

Participant type(s)
Service user

Healthy volunteers allowed
No

Age group
Mixed

Lower age limit
18 Years

Upper age limit
100 Years

Sex
All

Total final enrolment
0

Key exclusion criteria
1. People using only smokeless tobacco, heated tobacco, shisha, cannabis, or non-tobacco nicotine products like e-cigarettes or nicotine pouches. People using these products alongside daily tobacco smoking will still be eligible.
2. Only one person per household may be enrolled

Date of first enrolment
07/04/2026

Date of final enrolment
31/12/2027

Locations

Countries of recruitment
United Kingdom

England

Scotland

Wales

Study participating centre
To follow
-
-
England
-

Sponsor information

Organisation
University of Oxford

ROR
https://ror.org/052gg0110

Funder(s)

Funder type
Government

Funder Name
National Institute for Health and Care Research

Alternative Name(s)
National Institute for Health Research, NIHR Research, NIHRresearch, NIHR - National Institute for Health Research, NIHR (The National Institute for Health and Care Research), NIHR

Funding Body Type
Government organisation

Funding Body Subtype
National government

Location
United Kingdom

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary
Data sharing statement to be made available at a later date

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Protocol file	version 1.0	01/10/2025	13/04/2026	No	No
Protocol file	version 2.0	01/06/2026	24/07/2026	No	No
Study website		11/11/2025	11/11/2025	No	Yes