



Society for
the Study of
Addiction



NHS

*National Institute for
Health Research*

School for Primary Care Research

Increasing the evidence base for primary care practice



MRC

Medical
Research
Council

Investigating views of smokers and smoking cessation advisors on a data sharing and communication facility within a cessation smartphone app (Q Sense)

Collaborators

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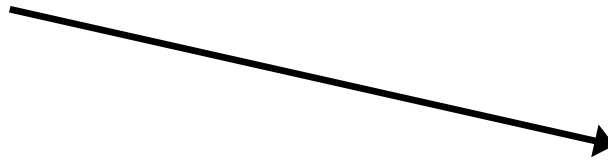
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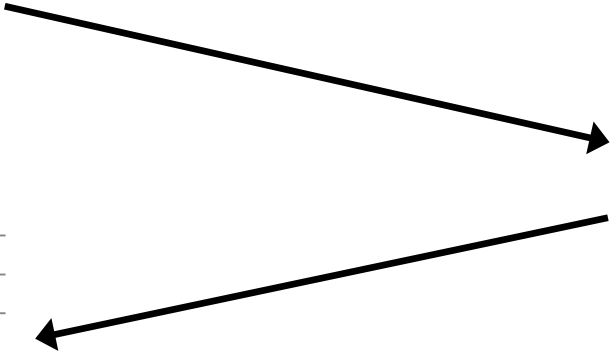
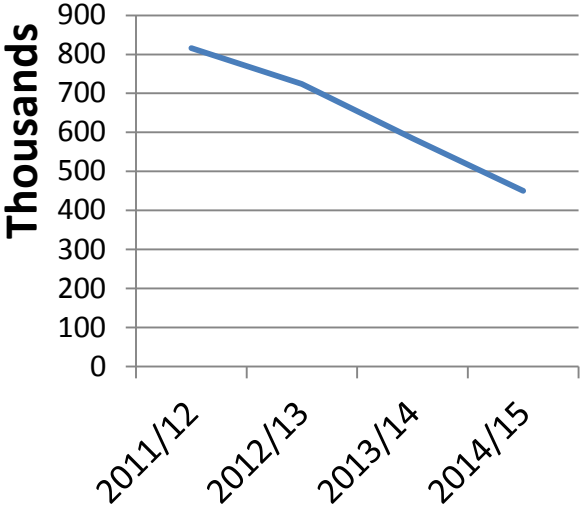
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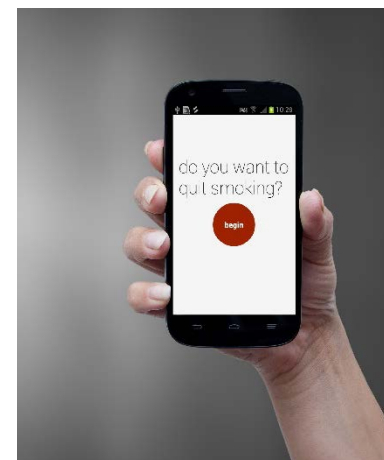
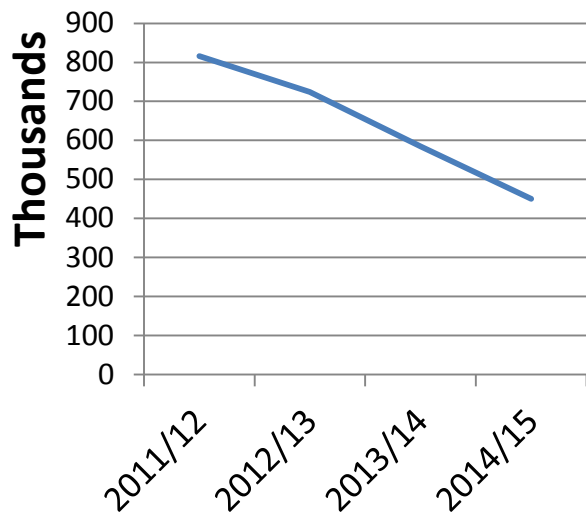
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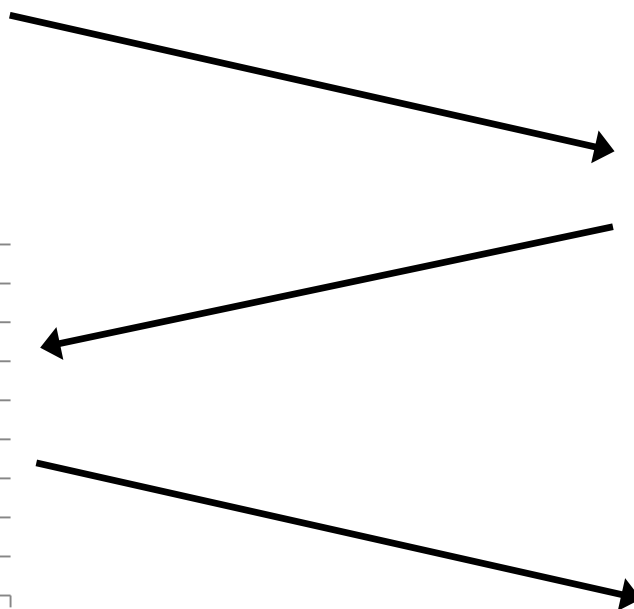
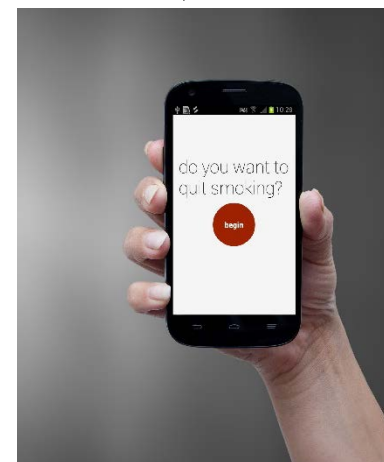
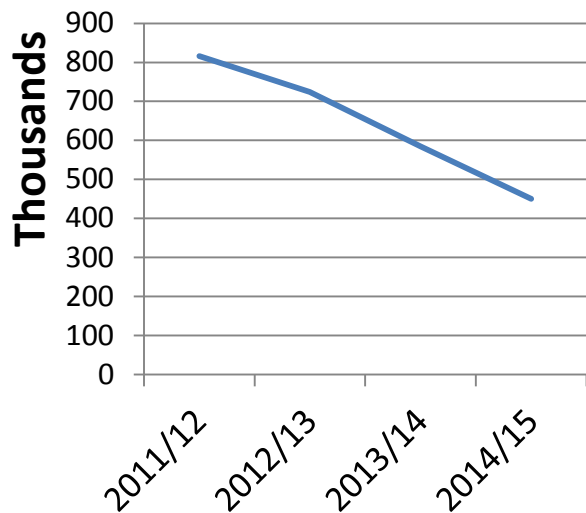
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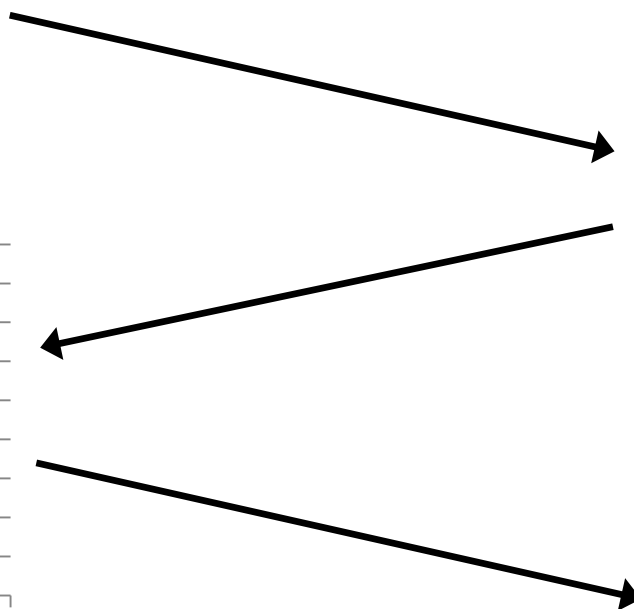
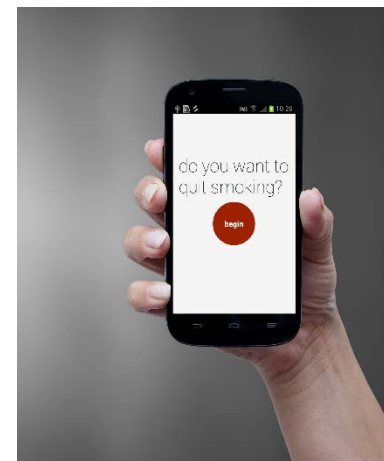
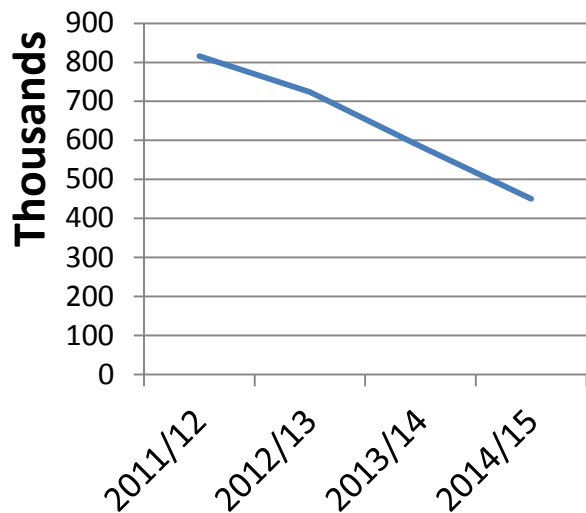
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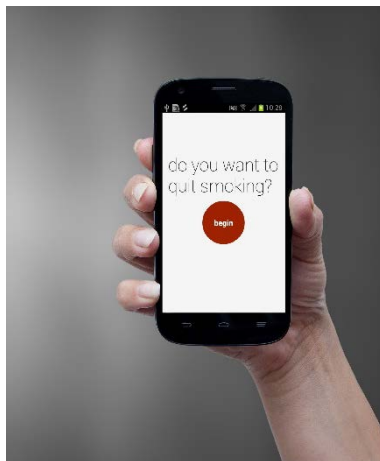


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1. Tailor advice during consultations
2. Communicate outside consultations
3. Engage users in stop smoking services



Q Sense

1/4: How __ were you feeling just before you lit up?

Stressed? Slightly

Not at all Extremely

Depressed or low? Somewhat

Not at all Extremely

Submit

2/4: Cravings and Urges.

How strong was the urge to smoke just before you lit up?

Strong

No urges Extremely Strong

Submit

3/4: Which of the following best describes the situation or place you are currently in?

Home

Working

Socialising

Other

Submit

4/4: Who are you with?

Nobody
I am alone

Friends/Family
Who are smoking

Friends/Family
Who are not smoking

Colleagues
Who are smoking

Colleagues
Who are not smoking

Others
Who are smoking

Others
...

Submit

Real time logging

- Stress & mood
- Strength of urges
- Situation (home, work...)
- Presence of smokers

Q Sense

1/4: How __ were you feeling just before you lit up?

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Who are smoking

Others
...

Submit

Real time logging

- Stress & mood
- Strength of urges
- Situation (home, work...)
- Presence of smokers

Have you smoked any cigarettes today?

No

Yes: 1-3

Yes: 4-5

Yes: 6-10

Yes: 11-15

Yes: 16-20

Yes: 21+

Submit

End of day

- smoked that day
- Frequency of urges
- Confidence in quitting
- Hardest situation

Methods

- Aim: gain understanding of the views of stop smoking advisors and users on a data-sharing and communication facility within Q Sense
- Semi-structured interviews
 - Q Sense users (N=9) via smoking cessation services or recruited online
 - Interviewed after ~5 weeks use of Q Sense
 - Stop smoking service staff (N=10)
 - Sent example formats for app collected data & communication system to stimulate discussion
- Analysis: thematic (Braun & Clarke, 2006)

Mary's profile

8th - 14th October

Home

Last week

This month

Send message

Summary

Smoked this week: 5

Smoked since quit-date 5

smoking situation this week: Wednesday evening socialising

Main quit reason:

Saving money

Biggest perceived downside to quitting:

Feeling dull or bored

Money saved since quit-date: £28

Highest rated message this week:

"You can do this Mary, you have it in you to quit for good. Imagine yourself tomorrow, feeling really proud that you resisted today!"

Urges in detail

Urges mainly felt at work.

Urges were generally strong.

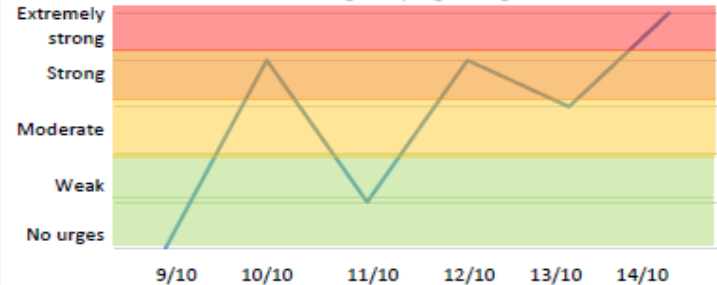
Weak urges were felt on 11/10.

Urges were very strong and most of the day on 14/10

strongest urge by location

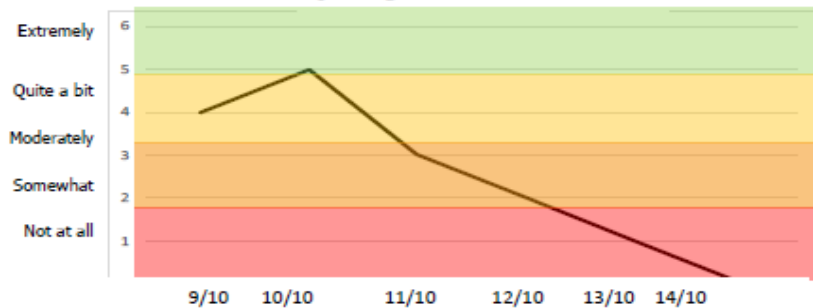


Average daily urge ratings

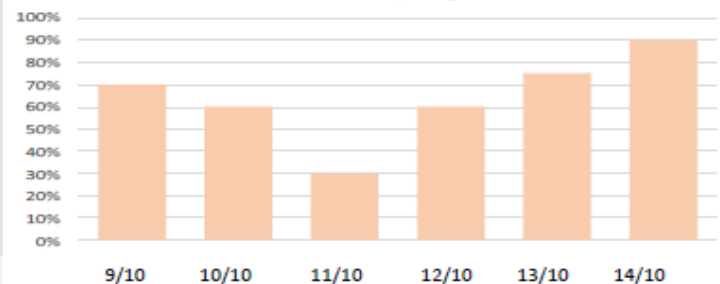


Quitting Confidence

Quitting confidence



how much of the day urges were felt



Findings: theme 1

- *Increased service accessibility*

- Felt that communication link could help increase awareness, make services more accessible with a simple referral route

“Everyone loves interacting with somebody through these apps ...so if you added that on I’m sure people would use it.” (Q Sense user 42)

Findings: theme 2

- *Improved support*

- Advisors particularly interested in data around lapses, daily cravings, difficult situations and confidence

- Advisors unsure about client honesty, all but one users indicated “honesty is the best policy”

“[Data sharing] would help because we could go into it and say, “Right, you had a bad day, how can we sort that out for you?” and talk about that problem rather than talk about the whole area” (Advisor 8)

“Knowing the urges, how strong are they, we could ask clients if they are using medication enough, often enough.” (Advisor 2)

Findings: theme 3

- *Contact between sessions*

- Could be beneficial for those at risk of lapsing or relapsing
- Mixed views on who would be responsible among advisors and whether they had the time

“Just setting up the time to get it all done would be the only disadvantage I would have thought.” (Admin 2)

Findings: theme 4

- *Post-treatment contact*

- Nearly all users keen for continued app communication
- Advisors felt logged post-treatment lapses good for re-engagement

“Just something now and again to just sort of boost...your morale and confidence, say, yeah, I’m doing well, I’m on the right track.”
(Q Sense user 1)

“If...they have a lapse or relapse or something, yes – it could be very useful for reengagement purposes.” (Admin 1)

Summary

- Data and communication link seen to:
 - help tailor support & improve contact
 - support re-engagement & increase access
- But:
 - Needs to be simple & some elements may require additional staff time
- Potential to link in with existing clinical management databases (e.g. *Quit Manager*)



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Thank you

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