



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**

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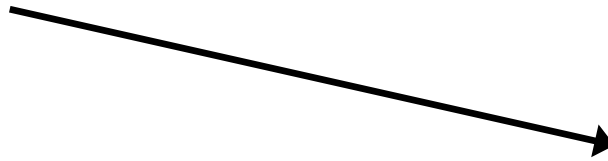
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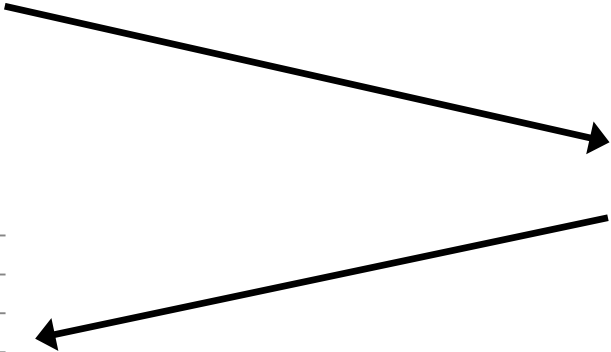
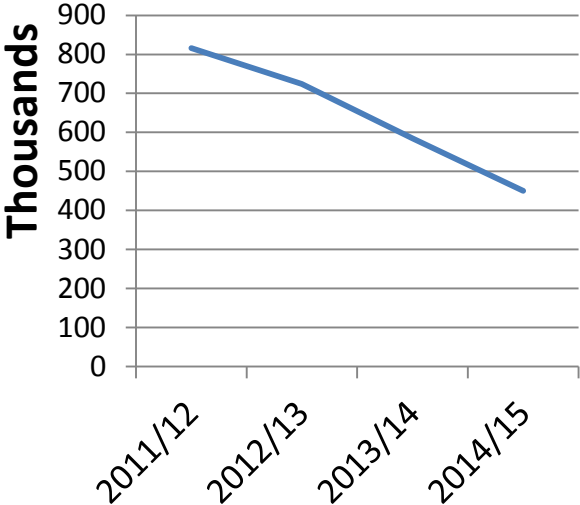
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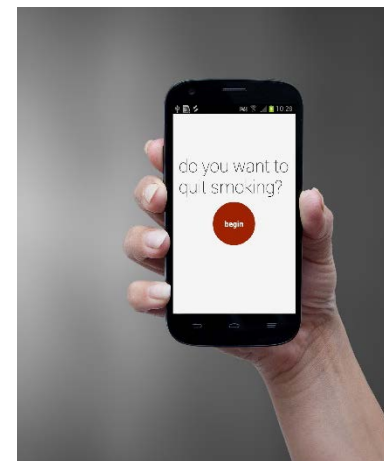
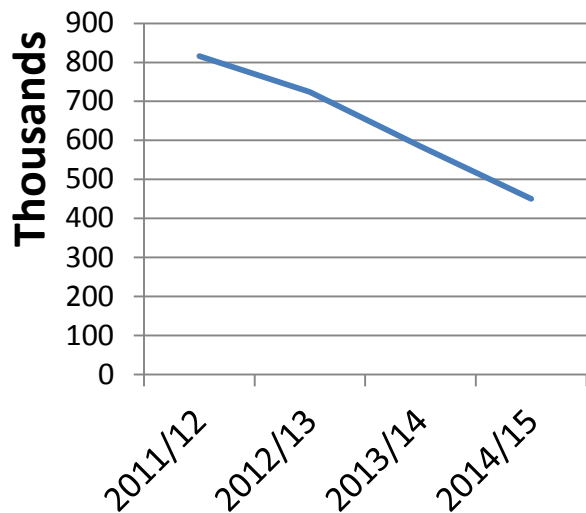
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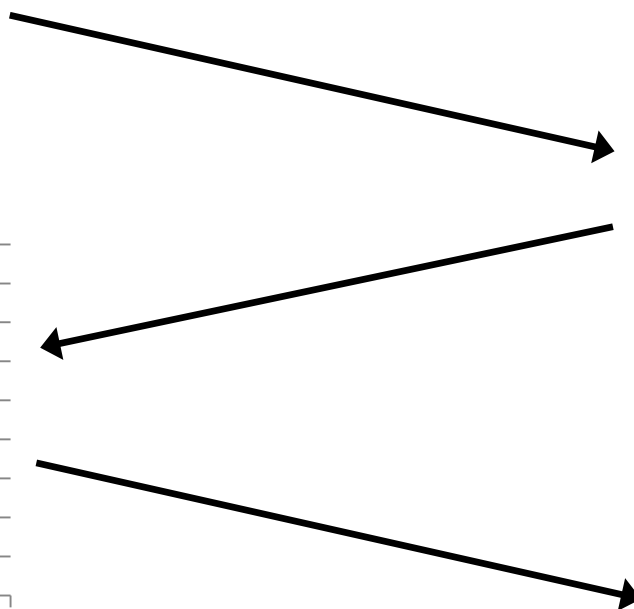
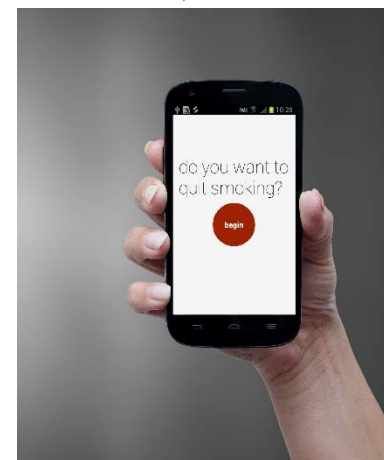
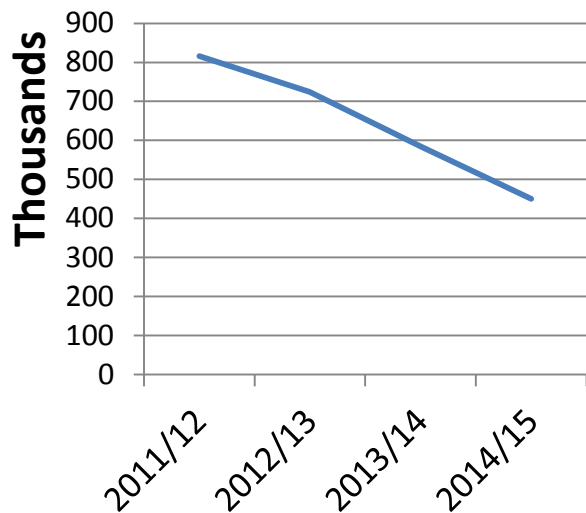
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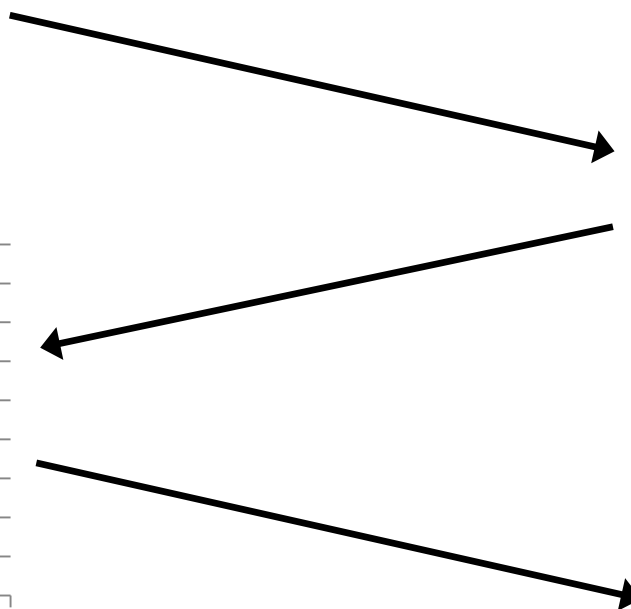
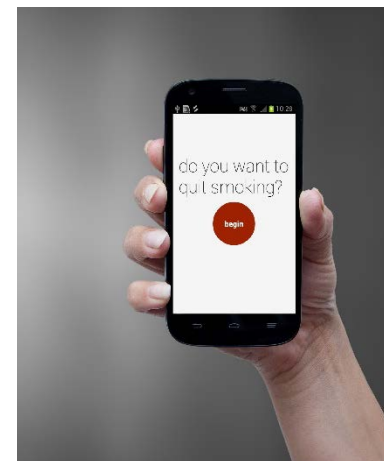
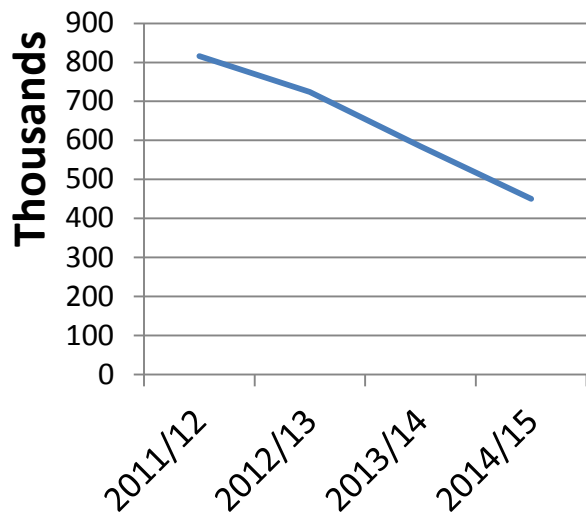
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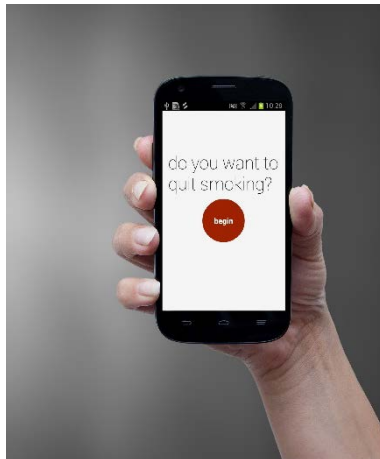
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1. Tailor advice during consultations
2. Communicate outside consultations
3. Engage users in stop smoking services



# 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

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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

### 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!"*

### Main quit reason:

Saving money

### Biggest perceived downside to quitting:

Feeling dull or bored

### Money saved since quit-date: £28

## Urges in detail

Urges mainly felt at work.

Urges were generally strong.

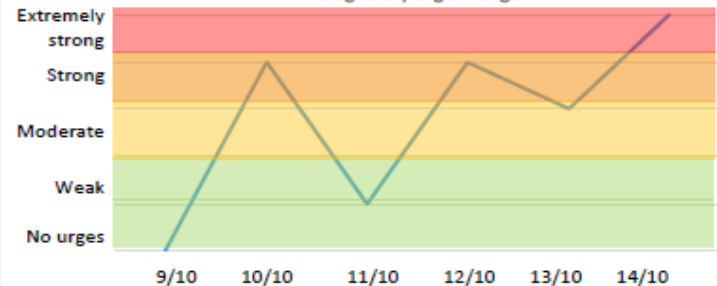
Weak urges were felt on 11/10.

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

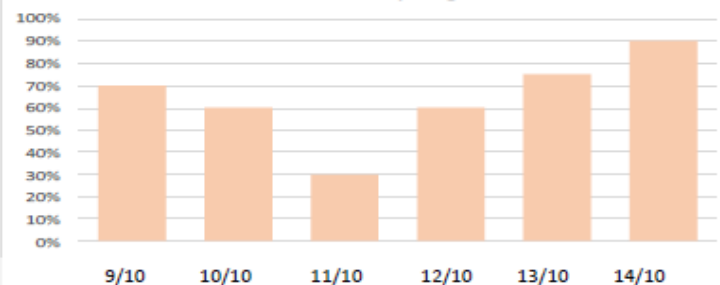
### strongest urge by location



### Average daily urge ratings

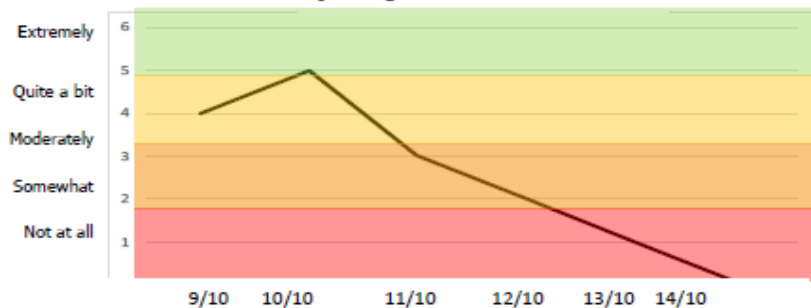


### how much of the day urges were felt



## Quitting Confidence

### Quitting confidence



# 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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