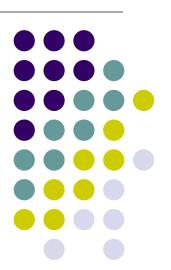
# Leveraging Technology for the Delivery of Smoking Cessation Interventions

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### A Brief History of Technology Applied to Health Behavior Interventions



**1970s:** Manualized Counseling

1980s: Video; Computerized Contacts

1990s: Internet, Tailored Print and Web

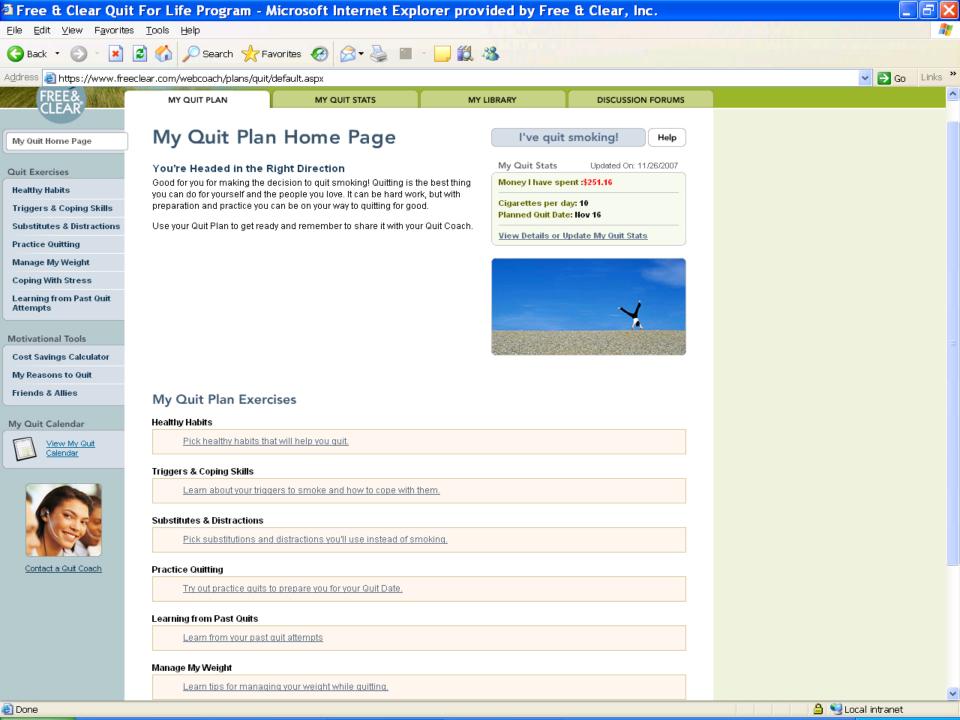
2000s: Interactive Web, mobile/wireless

2010s: Social Networking, smartphones

#### Why the Excitement?



- Engagement (novelty, graphics)
- Existing infrastructure incorporated in daily routine
- Standardized implementation
- Tailored, expert system personalization
- No time and space constraints
- Scalability
- Frequent or real-time monitoring
- Interactivity
- Rapidly expanding possibilities



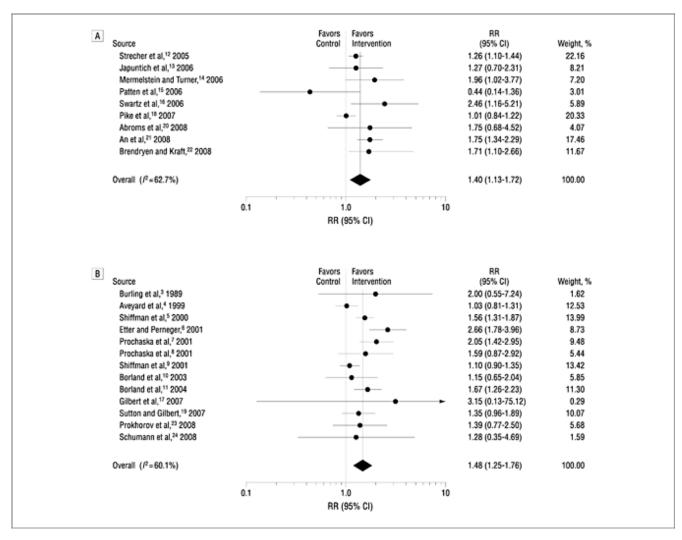
#### Meta-Analyses of Internet-based Smoking Cessation



- Shalab & McEwen (2009)
  - 11 relevant trials
  - RR = 1.8 (1.4 2.3)
- Cochrane Review (2010)
  - 20 relevant trials
  - Inconsistent findings
  - Suggested tailored and frequent contacts are preferable
- Myung et al (2009)
  - 9 trials
  - RR = 1.4 (1.13 1.72)
  - 9.9% vs. 5.7% abstinent at 1 yr.

#### Effect of smoking cessation programs vs control in random-effects meta-analysis of randomized controlled trials (RCTs)





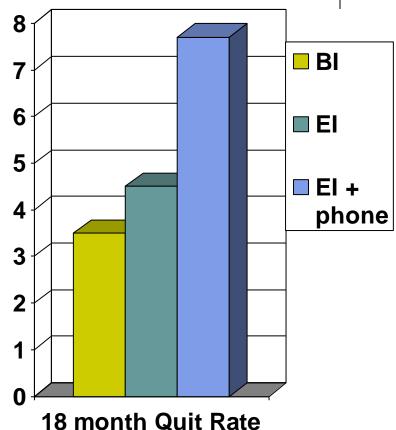
Myung, S.-K. et al. Arch Intern Med 2009;169:929-937.



#### **QuitNet Outcomes**

- 2005 smokers from almost 100K search engine users
- Randomly assigned
  - Basic Internet
  - Enhanced Internet
  - Enhanced Internet + telephone counseling
- 18 month multiple point abstinence (%)
  - Graham et al (2011) Arch
     Gen Med, 171, 46-53





#### **Access and Interest**



- Survey of 8467 Canadians
- Internet use by:
  - Smokers = 74%
  - Nonsmokers = 81%
- Smokers also used the internet less often than nonsmokers
- 40% of smokers were interested in an internet smoking cessation intervention
  - Cunningham (2008) J Med Internet Res 10, e37

# **Smoking Cessation Search Strategies**



- Search behavior of 650K individuals
- 628 (0.1%) made cessation-related searches
- 76% of these reached a cessation website
- 34% reached "professional sites"
- Top 10
  - 1. cdc.gov
  - 2. whyquit.org
  - 3. quitnet.com
  - 4. quitsmoking.about.com
  - 5. quitsmoking.com

- 6. cancer.org
- 7. freedomlasertherapy.com
- 8. ash.org.uk
- 9. finalsmoke.com
- 10. laserconcept.com

Cobb (2010) Am J Prev Med, 38, S429-S432

## **Utilization of Smoking Cessation Sites**



- High satisfaction and 21% quit at 1 mo
- But 1-2 logins per user
  - Women used service more than men
  - Older and heavier smokers used more
     Zbikowski et al (2008) J Med Internet Res, 10, e41

#### **Utilizing Social Networks**



- Analysis of QuitNet users showed a weakly connected core similar to most online networks
  - 7500 active members
  - Small number of well-connected members
  - Even smaller number of highly active integrators
  - Core members predominately female, older, and abstinent

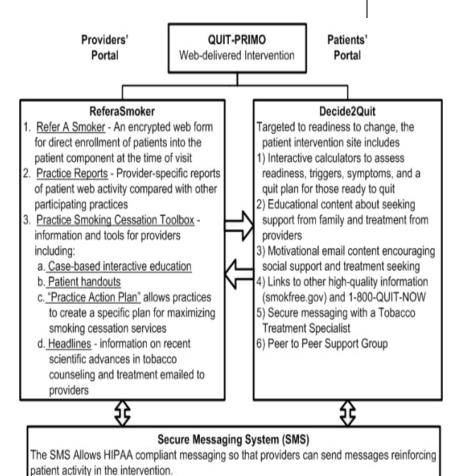
## Content of Internet-based Smoking Cessation (Bock et al.,2008)



Guideline Components	Percent
	Adequate
Advise Users to Quit	21
Personalized Advice to Quit	26
Assess Readiness to Quit	22
Assist with Quit Plan	56
Provide Practical Counseling	69
Provide Intra-tx social support	54
Recommend pharmacotherapy	43
Arrange follow-up	17

## Increasing Demand and Use – Physician Referral

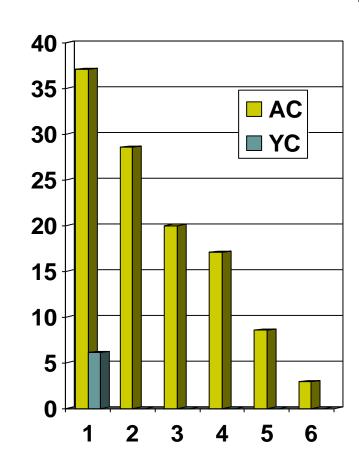
- QUIT-PRIMO links:
  - Provider system (ReferaSmoker) &
  - Patient system (Decide2Quit)
    - Houston et al (2010)
       Implement Science 5,
       87



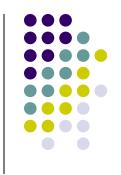
## **Abstinence Reinforcement via Technology**



- Video confirmation of CO reading transmitted to provider who provided monetary incentives (contingency mgmt)
  - Stoops et al. (2009) Drug Alc Depend, 105, 56-62.

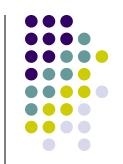


#### **Interactive Voice Response**

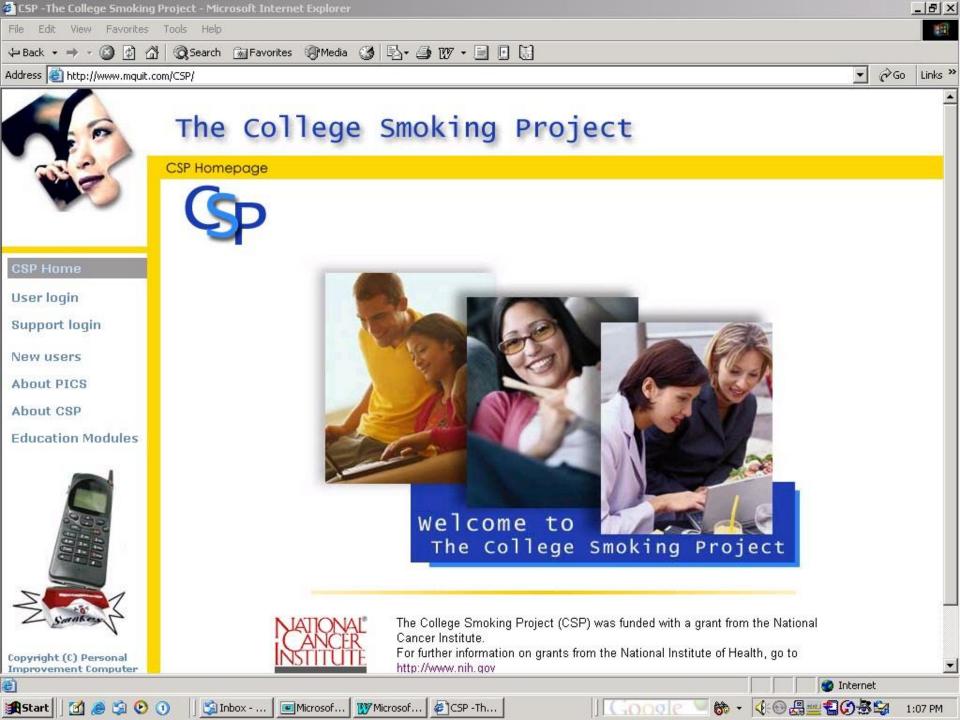


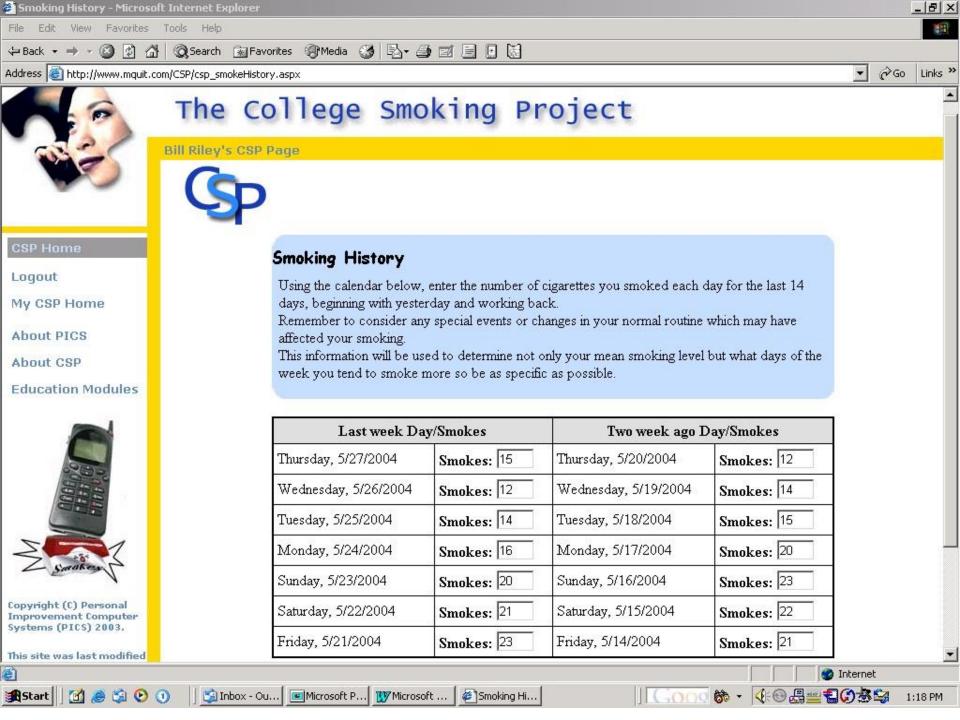
- Quit line counseling effective (RR = 1.37)
  - Proactive more effective than reactive
  - Dose-response relationship
- Augmenting reach with IVR
  - Automated calls at specified times
  - Assess smoking status, provide limited advice
  - Personal phone contact as requested or based on assessment data
  - In discharged CHD patients, 1 yr. abstinence rates of 46% vs. 35% in usual care quit line referral

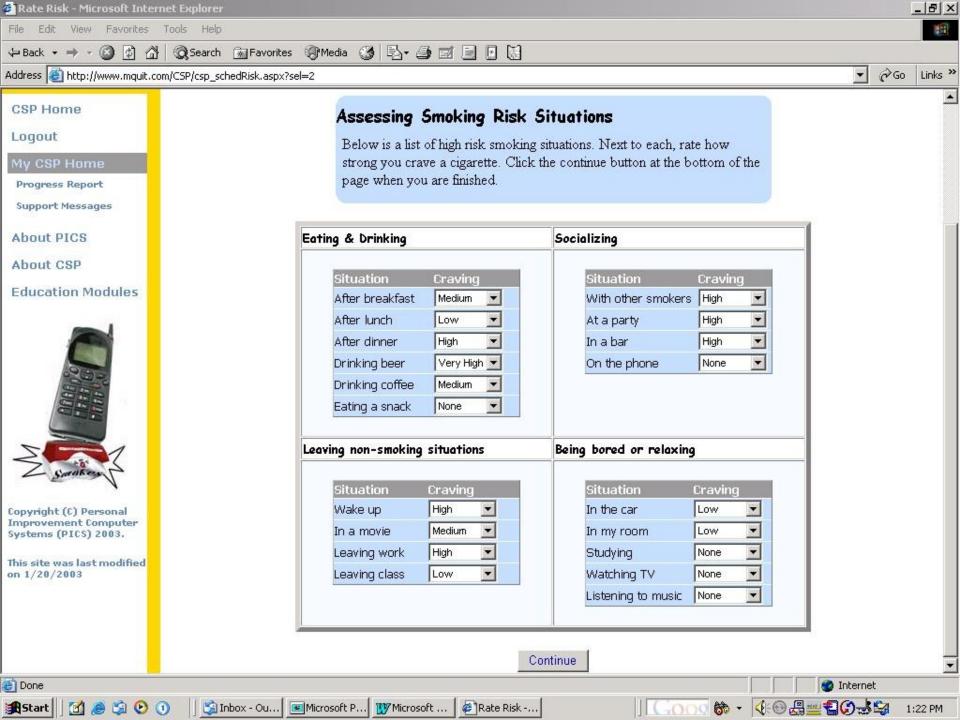


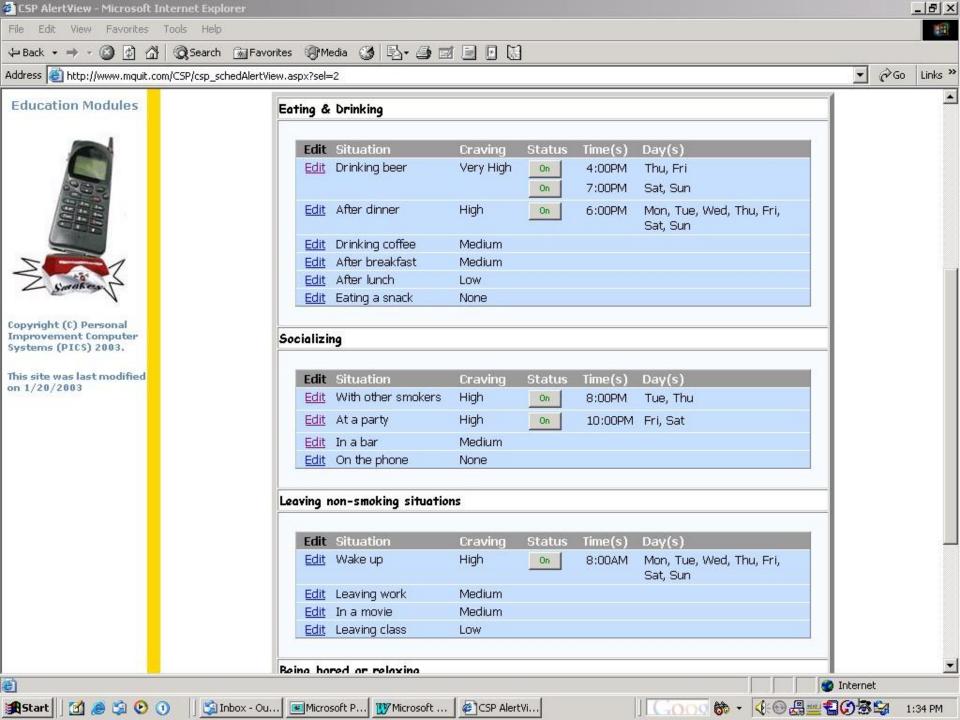


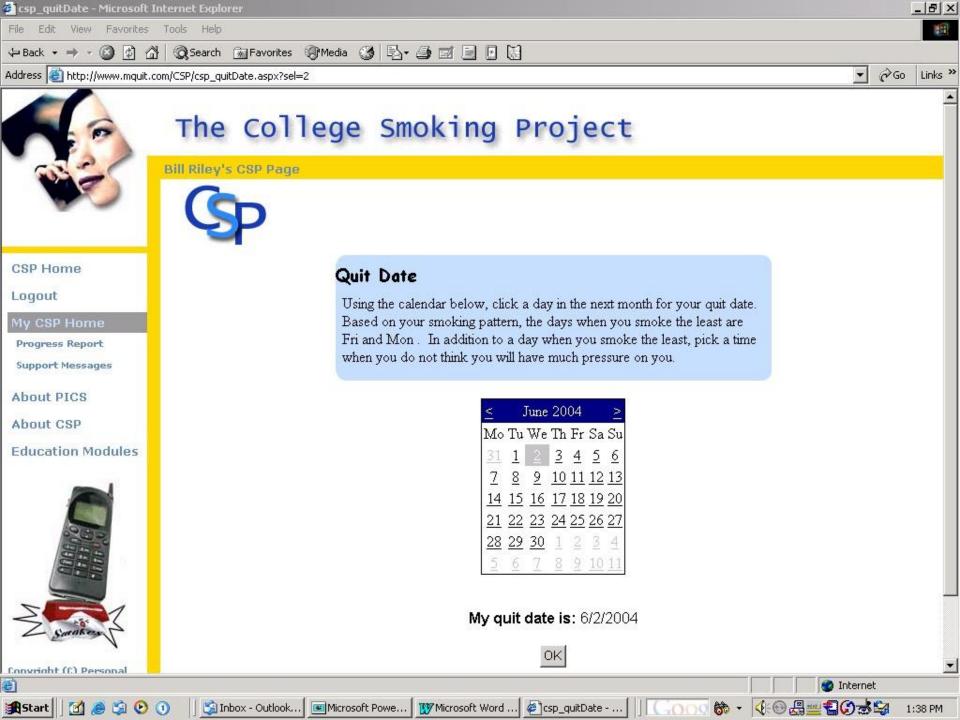
Study	Quit Rate
Obermayer et al (2004)	17% at 6 wks
Rodgers et al (2005)	28% vs. 13% at 6 wks
Riley et al (2008)	42% at 6 wks
Whitaker et al (2008)	53% at 4 wks
Brendryen & Kraft (2008)	38% vs. 24% at 12 mos
Brendryen et al (2008)	20% vs. 10% at 12 mos
Free et al (2009)	8% vs. 6% at 6 mos







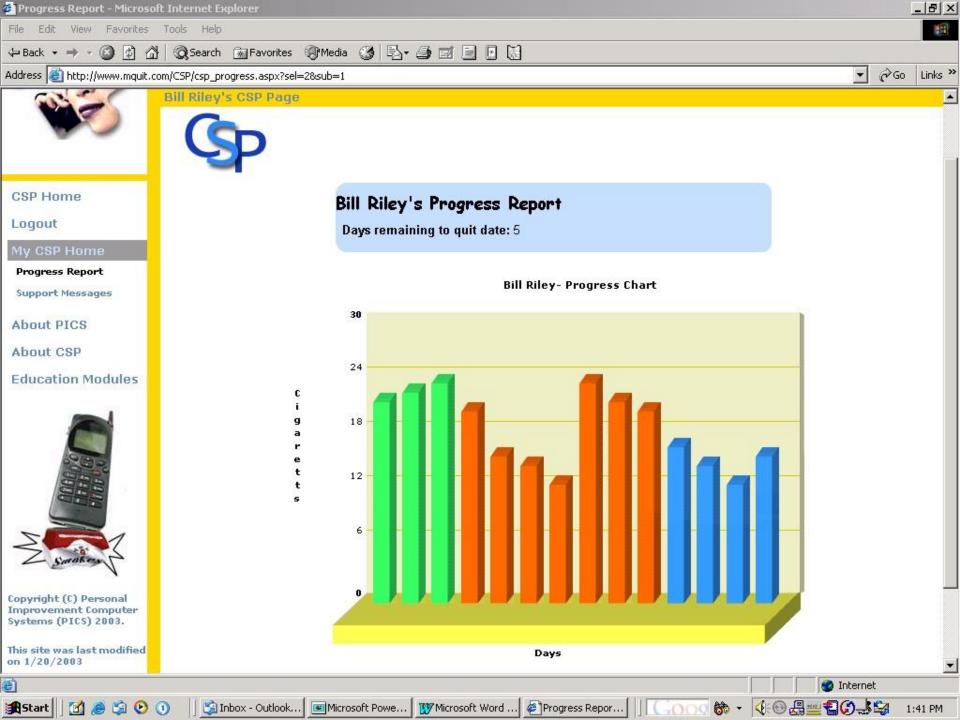




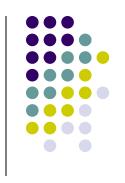
#### **Support Network**

- Users have the option of specifying support persons for their program by creating a user name and password for each.
- •The support person may log on the web site to view the user's progress in quitting smoking.
- •E-mail messages prompt the support person to leave messages to encourage the user's progress.
- The educational modules contain tips on how to encourage and support the individual.





#### **Text Messages**



- Preparation Stage:
  - Message associated with likely situation: "If you typically experience cravings after a meal, try getting up from the table and taking a walk."
  - Reminders of days to quit day
  - Encouragement to seek out support
  - SOS: On demand text messaging support

### **Text Messages**



- Action (Quit) Stage:
  - Multiple messages throughout the day
  - Encouragement to remain quit and tips to deal with cravings and withdrawal
  - SOS Messages
  - Automatic contact to support people

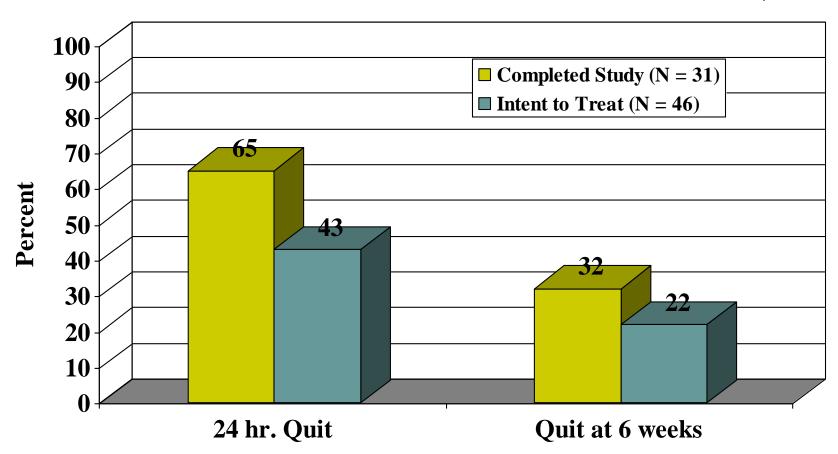
#### **Text Messages**



- Maintenance (Relapse Prevention) Stage:
  - Start of day contact with days quit
  - Gradually decreasing number of messages each day as abstinence maintained
  - Messages timed in advance of high risk situations
  - Provided relapse prevention strategies

#### Percent Quit at 6 weeks





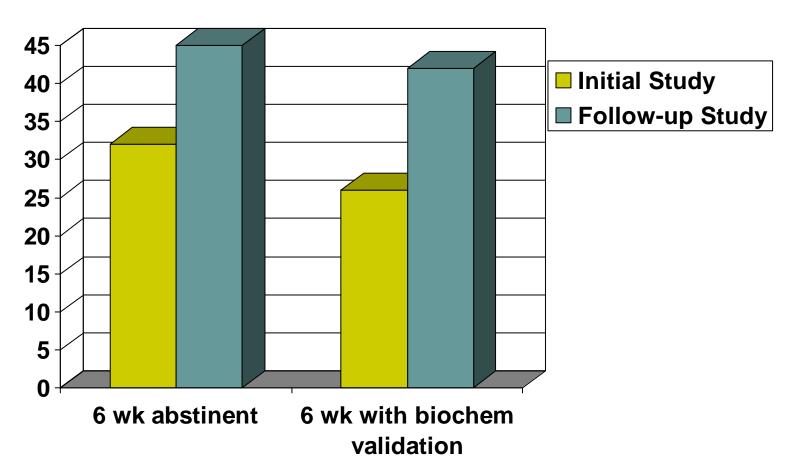
#### **Additional Results**



- Only 29 of 46 initialized the program
- Of those who actually received text messages, the quit rate was 34% (28% validated)
- Of those still smoking:
  - cigarettes per week decreased from 76 to 32
  - NDSS scores reduced significantly

## Follow-up Study with Proactive Initiation





#### Happy Ending Brendryen et al (2008)



- Strong theoretical basis (SCT, Self-Reg)
- Multicomponent: web, sms, email, IVR
- Intensive contacts
- One year quit rates:
  - 22.3% vs. 13.1%
  - 20% vs. 7%

#### Mobile Reducing the Digital Divide

#### **Demographics of internet users**

Below is the percentage of each group who use the internet, according to our May 2010 survey. As an example, 79% of adult women use the internet.

	Internet users
Total adults	79%
Men	79
Women	79
Race/ethnicity	
White, Non-Hispanic	80%
Black, Non-Hispanic	.71
Hispanic (English-speaking)	82
Age	
18-29	95%
30-49	87
50-64	78
55+	42
Household income	
Less than \$30,000/yr	63%
\$30,000-\$49,999	84
\$50,000-\$74,999	89
\$75,000+	95
Educational attainment	
ess than High School	52%
High School	67
Some College	90
College +	96
Community type	
Jrban	81%
Suburban	82
Rural	67

Source: The Pew Research Center's Internet & American Life Project, April 29-May 30, 2010 Tracking Survey. N=2,252 adults, 18 and older, including 744 cell phone interviews. Interviews were conducted in English. Margin of error is ± 2%.



## Leapfrogging the Digital Divide

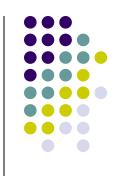
- 285 million US mobile phone users
- 2/3 of adults worldwide use mobile phones
- Disproportionately higher use in US minority groups
- Higher use in younger populations, including risk taking adolescents
   Pew Internet

## Mobile Intruding in Smokers' Lives



- Assess status in real-time
  - Smoking behavior
  - Triggers
  - Intention and motivation
  - Mood
- Intervene:
  - Frequently throughout the day
  - In the context of the behavior
  - Based on prior assessment information

### **Cautionary Tale**



- In 1950s, mobile neighborhood TB screenings were innovative
- But the added salience and convenience did not substantially increase screenings
- Researchers learned that perceived threat, benefit, and barriers of getting screened were more critical than the innovative delivery
- Led to the Health Belief Model and the various health behavior theories that followed