# YourCall and SPILLIT:

Two studies of text message interventions aimed at reducing alcohol-related harm

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# YourCall Study

Part 1: Development of a text message intervention aimed at reducing alcohol-related harm in injured patients

Part 2: Evaluation of the effectiveness of the intervention in a randomised-controlled trial

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**Co-investigators:** Ian Civil, Matthew Walker, Vanessa Thornton, Bridget Kool, Robyn Whittaker, Papaarangi Reid, Gordon Smith

Intervention Development Team: <u>Sarah Sharpe</u>, Matthew Shepherd, Bridget Kool, Robyn Whittaker, Vili Nosa, Enid Dorey, Susanna Galea, Papaarangi Reid, Shanthi Ameratunga



#### Background

- Hazardous alcohol use a leading risk factor for injury.
- Screening for alcohol misuse and brief intervention (SBI) in trauma care settings has been shown to reduce alcohol intake and injury recidivism, but is rarely implemented.
- Mobile phone a highly relevant communication channel.
- The idea of a text message intervention was found to be appealing to trauma patients.

Kool B, Smith E, Raerino K, Ameratunga S. Perceptions of adults trauma patients on the acceptability of text messaging as an aid to reduce harmful drinking behaviours. BMC Research Notes 2014, 7:4



To develop a text message Brief Intervention service to support behaviour change in admitted trauma patients who screen positive for hazardous alcohol use.

### **Methods**



#### Step 1: concept

- Intervention Development Team: Experts in mobile phone health technology, drug and alcohol clinical services, health psychology, and Māori, Pacific, and Asian Health.
- Prototype based on Brief Intervention framework & Stages of Change behaviour change model.



# Step 2: pre-testing

- Pre-testing of content for text messages
  - In-depth interviews with 14 trauma inpatients.
  - In-depth interviews with 6 key informants from the Auckland City Trauma Service, ALAC, ACC, Alcohol HealthWatch, National Hauora Coalition, and Auckland Council.
  - Consultation and focus groups with Māori and Pacific drug and alcohol counsellors, Pacific staff at the University of Auckland, and Māori researchers.
- Iterative process for developing and refining text message content.

# Step 2: pre-testing

Findings and issues:

- 1) Complexity of text message content and pathway options.
- 2) Relevance of messages for Māori and Pacific audiences.
- 3) Interactivity.
- 4) Tone of message content.
- 5) Name of text message programme.

# YOUR CALL

# Step 2: examples

- Intervention regimen:16 text messages in total over one month.
- Week 1: Welcome, feedback, linking to existing services, encourage contemplation.

Intelecom NZ 🗢 5:13 PM	Telecom NZ 🛜 5:25 PM
Messages +64 21 123 9895 Edit	Messages +64 21 123 9895
Call FaceTime Add Contact	<u>787 797</u> web <u>alcoholdrughelp.org.nz</u> or your doctor
19/09/2012 5:05 PM         YourCall: Your survey         responses show your         drinking is harmful 2 your         health. Make a positive         change in your life - cut         down or quit         YourCall: U can get         confidential support from         Alcohol Helpline ph 0800         787 797 web         alcoholdrughelp.org.nz or         your doctor	YourCall: Kia ora. Alcohol may be causing problems for u, your whaanau & friends. We encourage u 2 think about your drinking and its impact on your life & whaanau YourCall: U might find it helpful 2 think about the good things & the not so good things about your drinking. Making a list can help
iMessage Send	iMessage

**\_** 

Edit

Send

#### Step 2: examples

▶ Weeks 2 & 3:

- Recommendation to cut down clear yet empathetic.
- Information and tips/strategies.

YourCall: Kia ora. We recommend u cut down or quit alcohol. Making a positive change can be hard, try small steps. Kia kaha!

YourCall: Ideas 4 cutting down: plan no-alcohol days, have water between drinks, try low alcohol drinks like light beer. Check out <u>easeuponthedrink.org.nz</u>

#### Step 2: examples

Week 4: Encouragement, key messages re-iterated.

YourCall: Kia ora. Remember that u can get confidential help from Alcohol Helpline <u>0800 787</u> <u>798</u> or your doctor ToWaea: Kia ora. Kaua e wareware ka taea te awhina matatapu mai i Alcohol Helpline <u>0800 787</u> <u>798</u>, mai i to takuta ranei

YourCall: Kia ora. Make a positive change - cut down or quit drinking alcohol. Thanks 4 taking part in the study. We'll be in touch in 2 months. Kia kaha

# Step 3: technology development

- Three main components:
  - 1) An Oracle database holding the programme content and participant details.
  - 2) A Content Delivery System which manages scheduling, delivery and processing of text messages.
  - 3) An intermediary gateway for delivery of text messages between sender and receiver.
- Final phase was testing of functionality of IT and text message systems.





## **Discussion**

Strengths	Limitations
Underpinned by theory & evidence including findings from feasibility study	Intervention is unidirectional & automated, lacks 'interactivity'
<ul> <li>Communication via mobile phone</li> <li>Convenient &amp; integrated into people's lives</li> <li>Broad reach</li> <li>Potential to reduce inequities</li> </ul>	Limited personalisation of text message content
Stakeholder involvement	<ul> <li>Time &amp; cost to develop/test</li> <li>➢ Technology advances</li> <li>➢ Change over time in way people use their mobile phones</li> </ul>

#### **Summary**

- We have developed a text message intervention underpinned by established BI evidence and behaviour change theory.
- An integral part of the development process has been refinement of text message content based on feedback and consultation.
- Currently conducting an RCT to evaluate the effectiveness of the intervention in reducing hazardous alcohol use and injuries.

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## **SPILLIT Study**

Part 1: Two feasibility studies to assess whether participants would be willing to create their own selfdesigned safe drinking text messages to be sent at times they schedule

Part 2: Design and implementation of an appropriately powered Randomised Controlled Trial.

## The Challenge

# Engage

# Retain

# Empower

#### **Hypothesis**

- Participants would take the opportunity to create their messages
- Self designed messages would be different from non-self designed messages

#### **Methods**



# **The Study Web Site**



# **Smart Phone Apps**





Participants					
		N =	SAGE = 24 1%)	No MESSAGE N=53 (69%)	
Age in years (mean/SD)		33 (	15.5)	28 (10.6)	
Age first drunk (mean/SD)		15.6	(4.0)	15.5 (2.7)	
Have tried to cut down drinking		14 (	(58%)	40 (74%)	
I think I can cut down my drinking		19 (	(79%)	40 (74%)	
Ready to reduce alcohol? Messag	ge No Msg				
- Sometimes think about it	14 (58%)	15(26%)			
- Already trying	8 (33%)	19 (36%)			
- Never think about it		13 (25%)			

# Message Approach



# Practical

#### Motivational

Minimal

Consequences

Anti

### 1. Consequences

"Remember you want to enjoy tomorrow"

"make safe decisions when going owt" [repeated twice]

"Leave on a high, nothing good happens after midnight. You'll feel great about it tomorrow."

"Do not punch Jamie"

# 2. Minimal Consumption

"ease the f\*\*\* up sluzz"

"Do you need any more?"

"JUST ONE"

"are you drunk yes? if the answer is yes then slow down, if no then still slow down lol"

"Drink light beer and water"

"noch ein Bierchen, oder zwei? ;-)"

"Ok slow down now!!!"

#### 3. Motivations

"stop making a dick of yourself by being a bitch"

"Be Still, Stay Positive, One day at a time. You are becoming who you want to be"

"Remember your the boss, act that way"

"Time to call a taxi - Excercise/ Family time tomorrow"

"You are a daughter of God who has a purpose for you. He loves you, is proud of you and wants the best for your life."

"You are better than this sluz"

#### 4. The Practical

- "STUDY-GOT EXAMS SOON! DONT EVEN THINK ABOUT IT!" "Grab the bill, pick up takeaways - Excercise/ Quality Family time tomorrow"
- "nothing good happens after 2am. GO HOME !!"
- "Time for a feed and shitload of water"
- "Drink some water exercise"
- "STOP DRINKING <<name>> AND EITHER GO TO BED OR IF YOU ARE OUT
- GO HOME! LOVE FROM YOURSELF"

# Strengths & Weaknesses

Strengths	Limitations		
Underpinned by theory			
Empowering the participant Voice	Small participant numbers		
Generalisable to all sectors of society			
Communication via mobile phone	Slow Recruitment		
* Convenient & integrated into	Low retention among those not		
people's lives	implementing the message service.		
* Broad reach			
* Potential to reduce inequities			
Stakeholder involvement	Time & cost to develop/test		
	* Technology advances		
	<ul><li>Change over time in way people use their mobile phones</li></ul>		



- A full Randomised Controlled trial is underway
- Pre-contemplators are signing up for the intervention
- Would Self-Message work in all situations?

# **Benefits of self-message**

- Personal Relevance
- Facilitating peer support
- Multi-language
- Age and gender specific

- What about messages being generated by peers / family / support teams for an individual.
- Reminder messages could be sent to the whanau / support network
- Messages being generated out of counselling sessions

# **Discussion**

- Benefits/risks of mobile phone text messages as a communication channel.
- Two studies with different approaches:
  - Limited vs complete personalisation & tailoring of messages.
  - Screening for hazardous alcohol use vs no screening.
  - Different settings.
- If found to be effective interventions, what are the future implementation issues to be considered?
  - Availability of different options/choices for people?
  - Integration into clinical setting?
  - Use of social media?



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Mrs Renner is a director of Starsoft Ltd



# Research Symposium 2014

# Thank you



ADDICTION RESEARCH

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