

A BETTER
START

E Tipue Rea

HABITS Addiction app(s)

A Better Start is funded by the Ministry
of Business, Innovation and Employment

Host Institution



LIGGINS
INSTITUTE



HABITS addiction app(s)

Aim

- to develop internet /app-based intervention to minimise harm from alcohol and other drugs for young people

Methods

- extensive co-design process with young people (covered elsewhere)
 - In addiction services
 - In the community

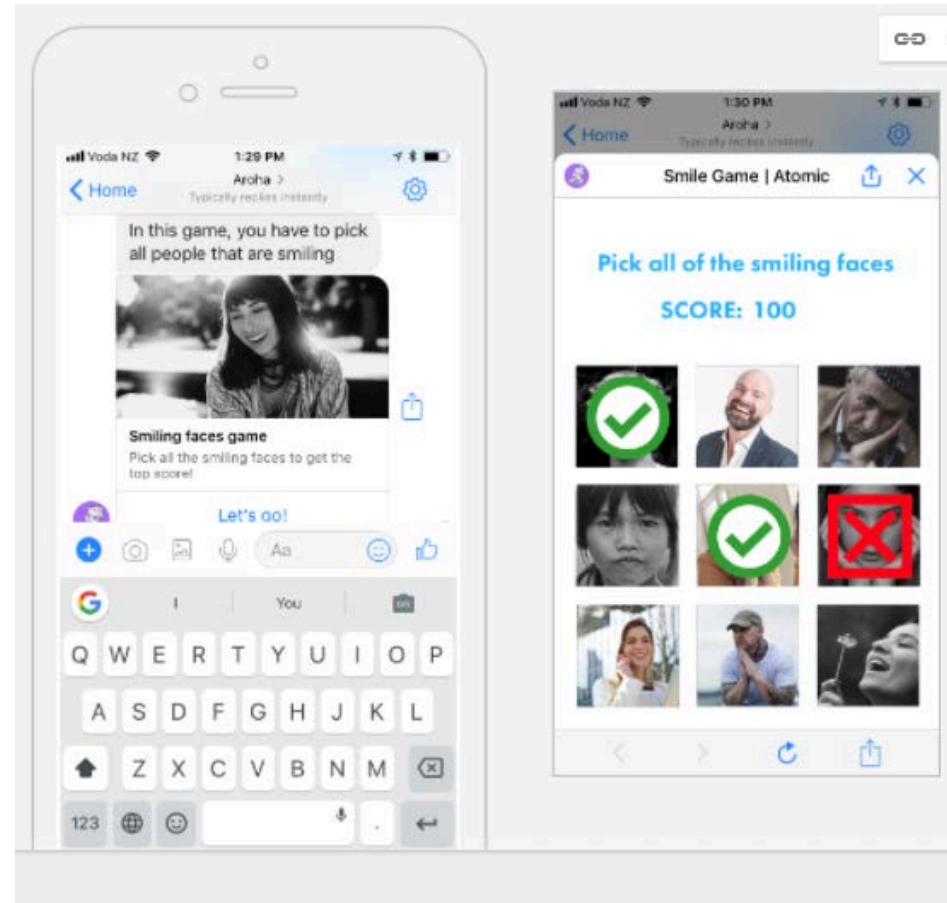
Result

- Potential two app solution - (dependent on budget)
 - **Chat bot** delivering information based content and skills training via messenger app
 - **Mobile phone app** for young people (and their clinicians) in treatment services

AOD CHATbot features

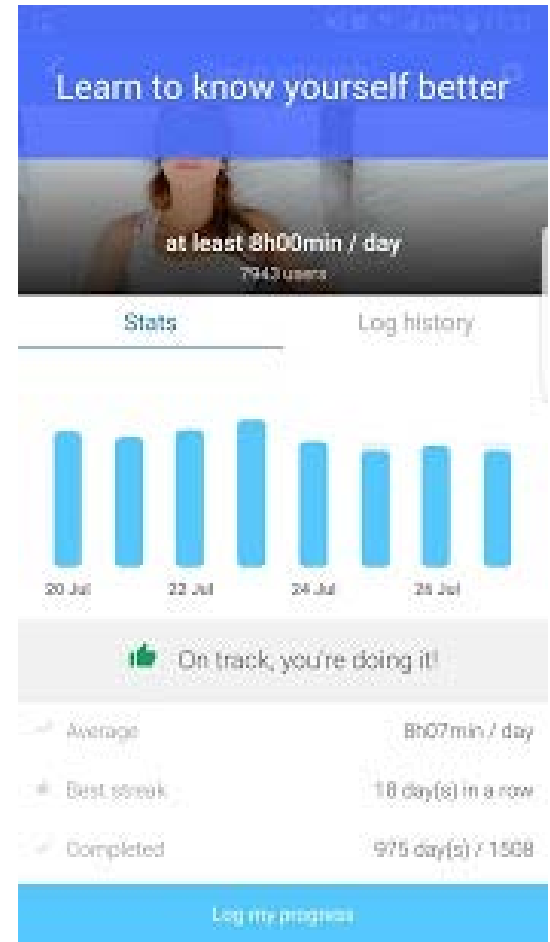
Based in Facebook Messenger
Incorporated within Wellbeing Chatbot

- Harm minimisation
 - Game, information, challenge
- Exploring cultural identity
 - YP sets goals monitors progress
- Brief intervention
 - incorporating screening and feedback
- Safe partying planning tool



Mobile phone app functionalities

- ‘Emergency Button’
 - to access help if in a risky situation – location + message
- Goal planning module
 - YP sets goals monitors progress
- Well-being tracker
 - incorporating mood and AOD diary
 - feedback
 - notifications
- Inspiration wall
 - Customisable means to provide self with positive reminders, inspirational quotes and cheerleading statements to support recovery



Evaluation

CHATbot

- Open label study in a series of community and clinical populations
 - Schools
 - Alternative education facilities
 - Marae based health services
 - Child and Adolescent Mental Health Services (CAMHS)
 - Youth Addiction Services
- Primary outcome – improvement in outcome t(1) vs t(2) via key indicators (SACS, PHQ)
- 2nd outcomes
 - Engagement with app (usage stats)
 - Acceptability (clinician and clients)
- Comparison between various groups

Mobile phone app

- Pilot examining acceptability and utility in clinical populations
- RCT randomizing young people attending AOD and mental health services to
 - Treatment as usual
 - Treatment as usual plus app download and clinician training
- Primary outcome – comparison of efficacy in each group (SACS, PHQ)
- 2nd outcomes
 - Engagement with app (usage stats)
 - Acceptability (clinician and clients)
 - Retention and application of learned information and skills