



InDEx

An app to manage alcohol misuse in veterans

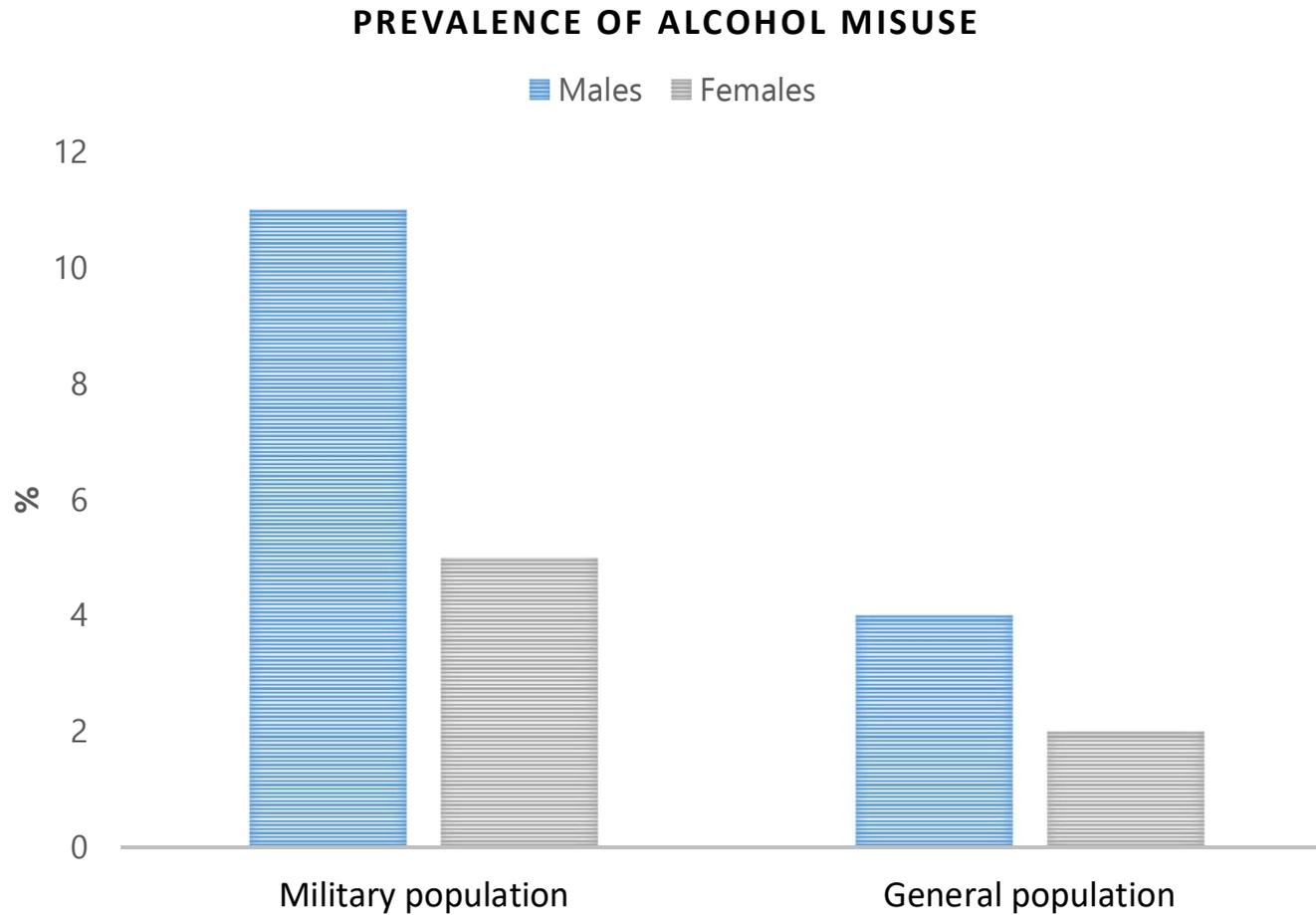
Laura Goodwin (Senior Lecturer)
Addiction Research Group, University of Liverpool

Dan Leightley (Post-Doc)
King's Centre for Military Health Research, KCL

 @Laura_Goodwin_
@_Dr_Daniel

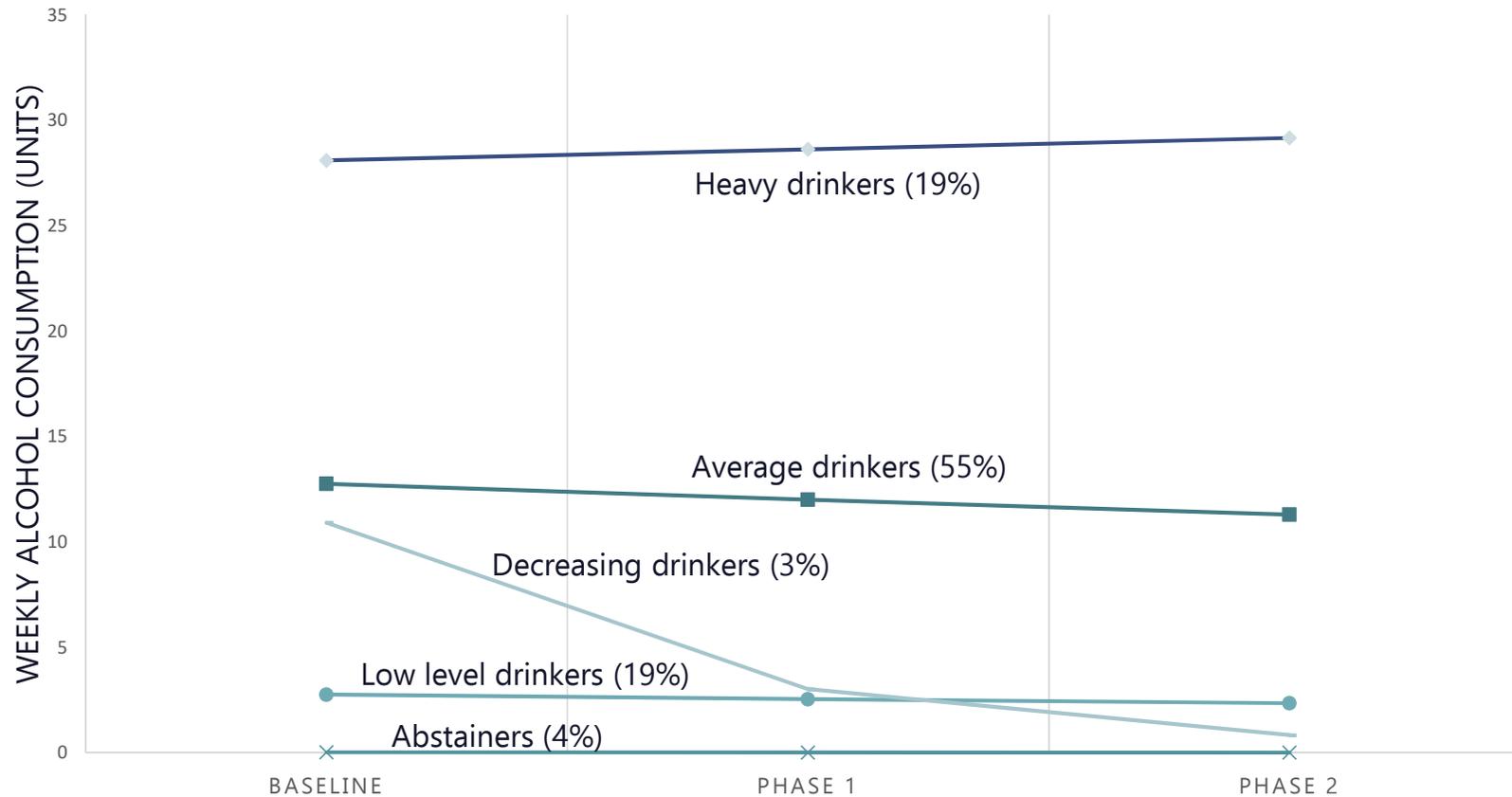


Is there a problem with drinking in the UK military?



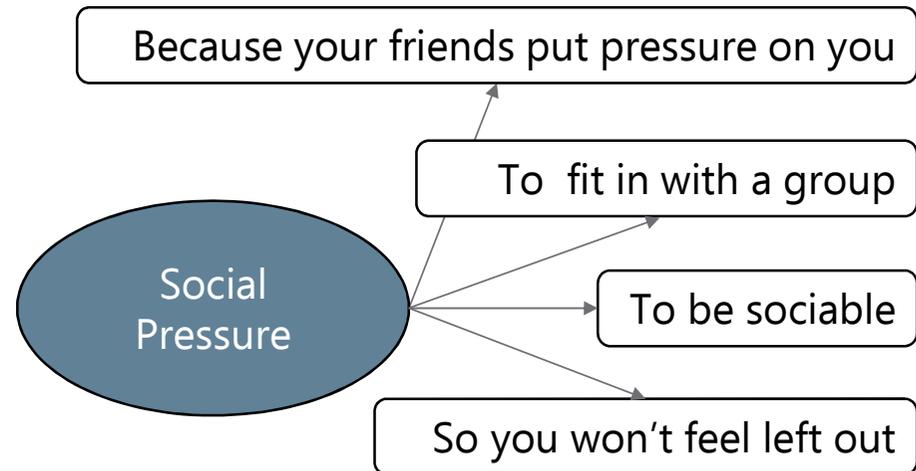
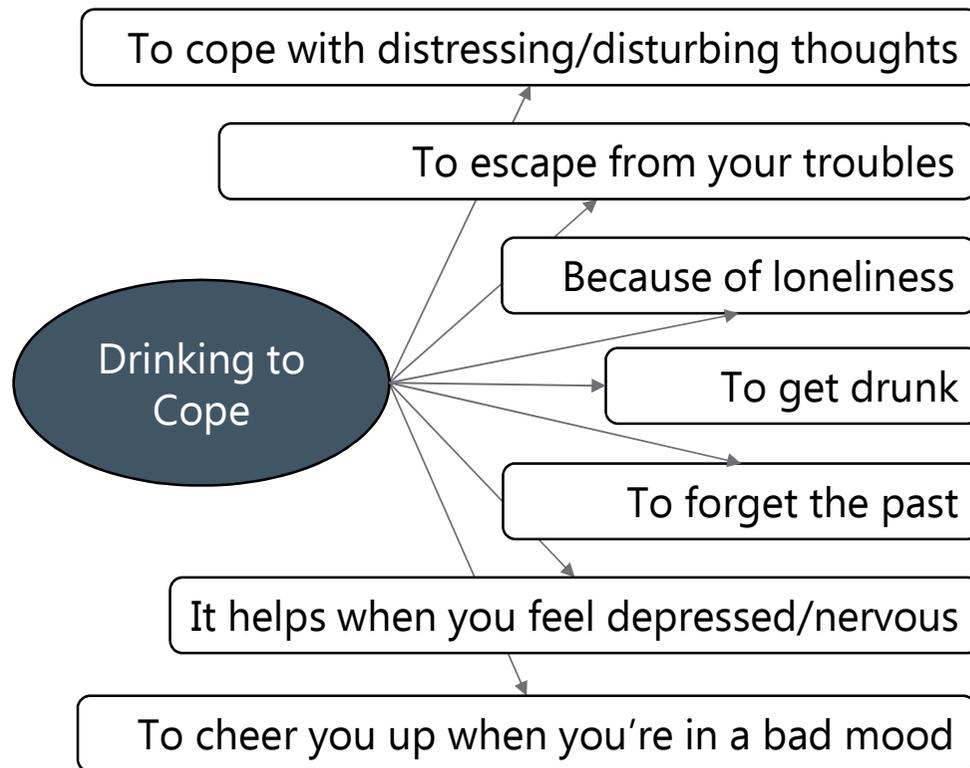
KCMHR cohort study phase 3; Adult Psychiatric Morbidity Survey 2014

What about those who have left service?



Goodwin et al, 2017. Addictive Behaviors, 75, 130-137

Why do military personnel drink?



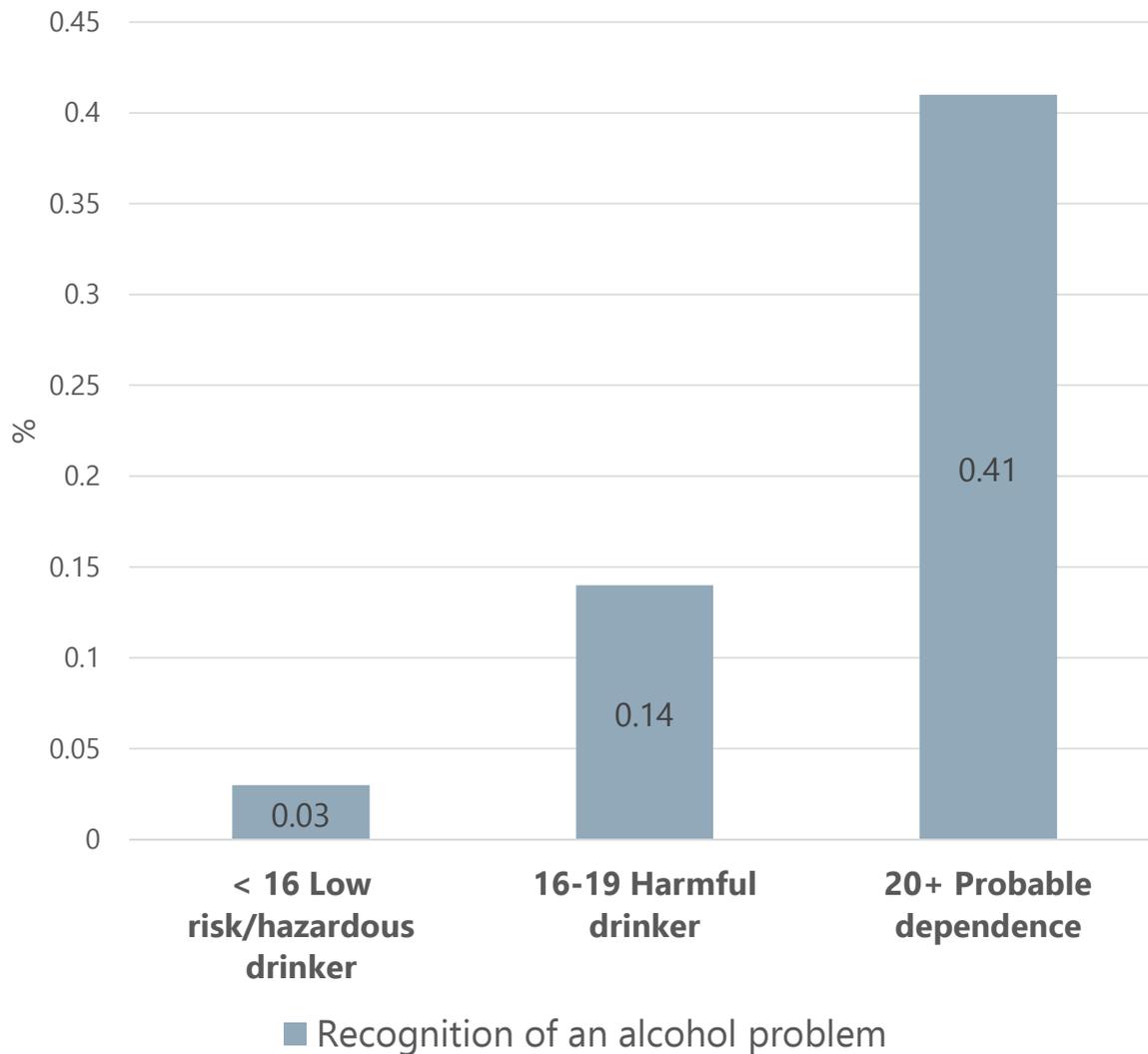
Irizar et al. (2019), in preparation



Occupational culture and drinking in the military



- Alcohol historically used to cope during difficult conditions and to help with shell shock;
- Alcohol misuse is the only outcome that is more likely when higher levels of comradeship are reported.



Hines et al., 2014, Psychiatric Services, 65, 98-105



**The
importance
of
recognition
and social
norms**

The changing picture of drinking in the UK – a good time to cut down?



Dry January is the UK's one-month booze-free challenge that helps millions reset their relationship with alcohol every year.

[Find out more about Dry January >](#)

Drinkers Like Me - Adrian Chiles review: the complicated, conflicted world of boozing



The broadcaster's film about 'nice, regular drinking' soon becomes an analysis of much more, from his physical and mental health to society's difficult relationship with alcohol



▲ Does Adrian love Adrian? 'No, no, God no' ... Adrian Chiles. Photographs: Jonathan Young/BBC/Ricochet

Adrian Chiles has a drinking problem. Or maybe he has an Adrian Chiles problem, alleviated by drinking. Anyway, he's definitely not an alcoholic, he says in his exploration of "nice, regular drinking" in *Drinkers Like Me - Adrian Chiles* (BBC Two). He can't be, because he doesn't wake up in a shop doorway at 4am, or in bed with a stranger. He doesn't get into fights or fall over. But here he is at 10.20am

Why target at the time of leaving?



- **~20,000 military personnel leave each year;**
- TRANSITION - Teachable 'moment' to educate and intervene;
- FINANCIAL – alcohol prices are higher in 'civvy' street;
- FAMILY – spending more time with family and friends.



Why mobile health?



- **Traditional treatment pathways;**
 - Face-to-face;
 - Identification and brief advice;
 - Costly to NHS and issues of underreporting;
- **Strong evidence-base** that computer delivered alcohol interventions are effective (general population);
- **Personalised content** (e.g. text messages, push notifications) can be effective in altering behaviours.

Kaner et al., 2017, Cochrane Systematic Review

Objectives

1.

- To develop a tailored alcohol app combined with text messaging for ex-serving personnel

2.

- To conduct a feasibility study to investigate the usability of this alcohol app in ex-serving personnel

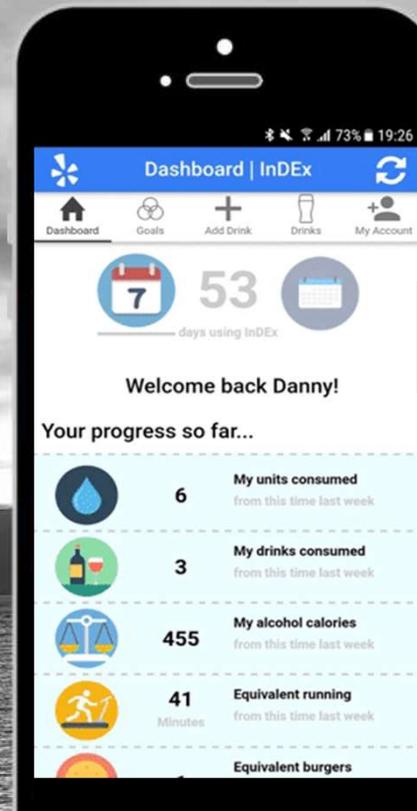
3.

- To carry out qualitative interviews to examine the acceptability of the alcohol app



InDEx

Feel better and save money by drinking less alcohol





How is *InDEx* different to other apps?

Content tailored to ex-serving personnel

Focused on shorter term outcomes e.g. impact on relationship

Content driven by user feedback and interaction

Daily *personalised* text messages and/or push notifications

Weekly assessments of mood and drinking behaviours to inform personalisation

App split into stages using HAPA model

Behavioural Change Theory underpins all *InDEx* components

InDEx Overview

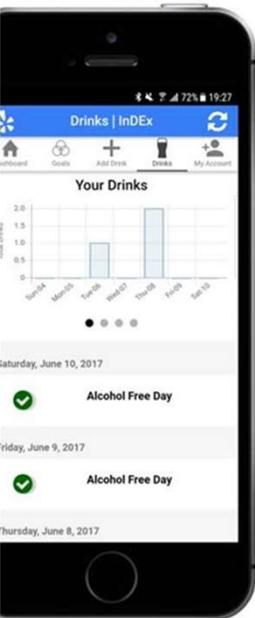
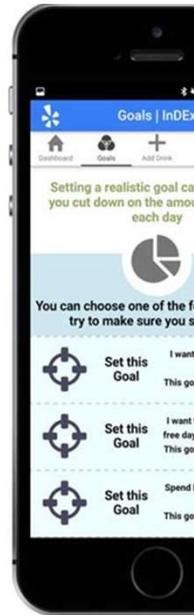


- **Designed as a [minimum] 1-month intervention using a staged approach**
 - **Stage 1:** Normative feedback, promote self-efficacy and self-monitoring;
 - **Stage 2:** Maintenance of self-efficacy and introduce goal/action planning;
 - **Stage 3:** Managing self-efficacy and coping development;
- Codesigned alongside the armed forces community
 - Military specific language/terms;
- Info-graphics – avoids large text blocks!
- User interaction **required**
 - Log alcohol and drink free days;
 - Log mood and mental health state.





Core modules of *InDEx*



- **Self-monitoring** (drinks, mood, behaviours);
- **Feedback** (visual indicators of drinking behaviours);
- **Goal setting and review;**
- **Notifications** (personalised to drinking habits).



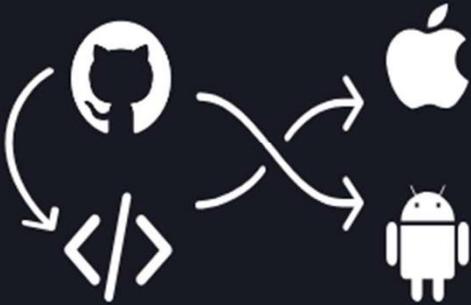
InDEx Ecosystem

Deployment

Deployment is automated using GitHub and IONIC build processes to maximise efficiency

Code goes into GitHub "dev" branch. The "master" branch remains production ready and development branch are merged when required.

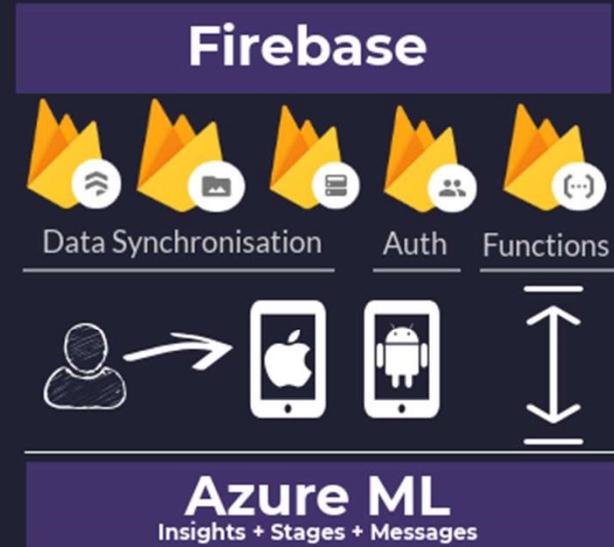
If required, new app builds are generated and submitted automatically to the relevant app store.



Custom build tools to verify code integrity.

Firestore (BaaS) + MLaaS

Handles API calls, data storage, authentication and predictions (via cloud functions).



Notifications

A scheduled daily job generates the daily batch of applicable SMS/email message. Interface MLaaS.



User analytics assess the 'best time' of day to send text, email and push notifications.

Push notifications are sent based on MLaaS predictions. Push notifications sent based on user interaction with InDEx.



Twilio SMS

Facility to send SMS messages to users based on the mobile number provided. Users are able to reply to any message they receive.

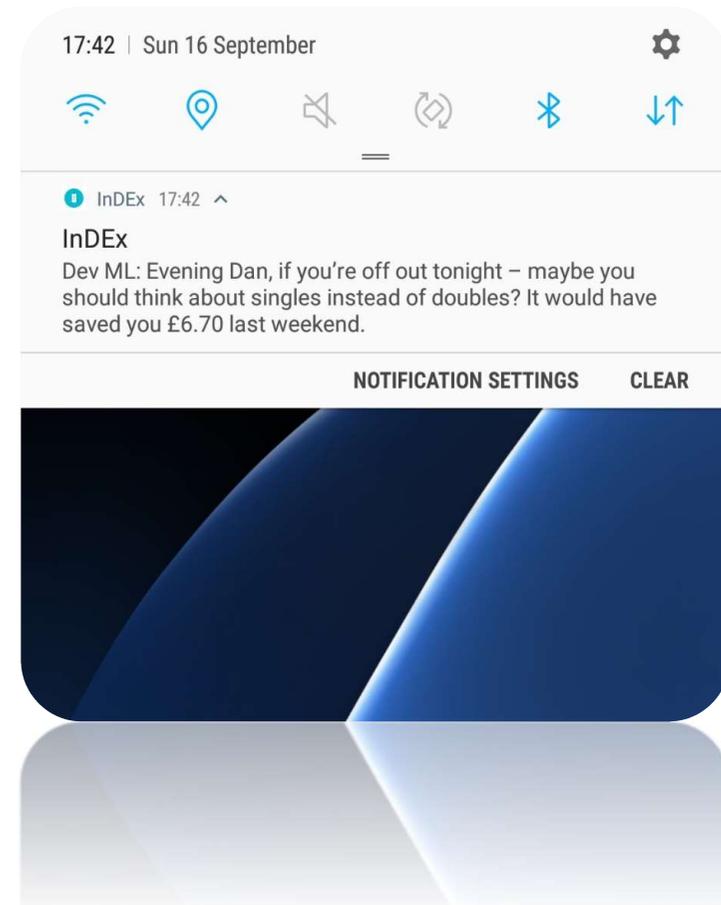
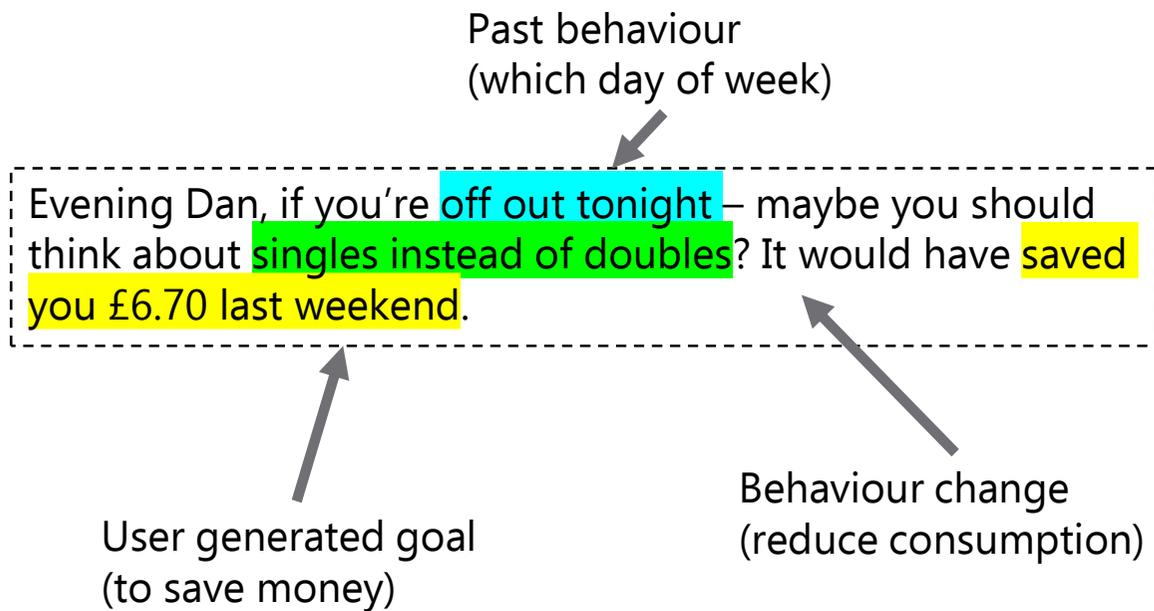
Authy

Two-factor authentication facility to validate user mobile telephone number. Unique one-time passcodes are generated by the system.

SendGrid

Email can be used to authenticate the user, provide notifications and provide a digital copy of personalised messages.

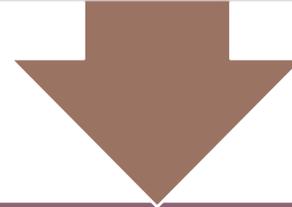
Personalising the 'message' - Example



Feasibility Study Sample

Recruited from the King's Centre for Military Health Research Health & Well-being Cohort

Only those drinking hazardously were invited (AUDIT scores 8-19);



137 individuals were contacted via email,
23% (31/137) registered for *InDEx*

87% (27/31) male and 13% (4/31) female;

16% (5/31) were aged 25-39 years, 19% (6/31) were aged 40-44, 19% (6/31) were aged 45-49, 19% were aged 50-54 (6/31), and 26% (8/31) were aged 55-64;

84% (26/31) reported serving in the military for 12 years or more.





The feasibility study – Engagement

Engagement Measure	Median	Interquartile range
No of sessions	29.0	20.0 – 40.5
Session duration (seconds)	48.8	35.1-73.1
Weeks active	4.0	3.0– 4.0

23 (71.2%) of participants used the app every week (maximum 4 weeks), with 27 (87.1%) using the app in the final week

Did users change their behaviour?



Reported alcohol consumption	Week 1	Week 2	Week 3	Week 4
Drinking days	4.0	3.0	3.0	3.0
Drink free days	3.0	4.0	4.0	4.0
Units per drinking day	5.6	6.5	4.54	4.7
Units consumed	22.9	20.4	18.1	15.9
Alcoholic drinks per drinking day	2.0	3.0	2.0	2.0
Binge drinking days per week	2.0	2.0	1.0	2.0

Qualitative feedback on the text messaging



"...the texts were quite a good way of kind of reminding myself a little bit. You know if you forget then you get a text and you think ok well maybe I'll try and implement it into your evening or into your day. I found that was quite useful."
(Participant 16, male)

"I think when you're doing really well...or you're curbing your drinking and the text message is being positive, it kind of spurs you on you know. So like when I was getting text messages during my goal setting, that was really good. And it's just good to be positive then." (Participant 8, female)

Conclusions and implications



- Measures of engagement were encouraging across a 4-week period
- Most personnel used the app primarily for self-monitoring
 - Use of goal setting was limited
 - Related to perceived need to change drinking
- Potential to deliver *InDEx* on a larger scale to UK ex-serving personnel
- RCT required to determine whether personnel who use InDEx do reduce their alcohol consumption
- Next steps: Randomised Controlled Trial, public release and further development.



Thank You

laura.goodwin@liverpool.ac.uk
daniel.leightey@kcl.ac.uk

www.index-app.org

Co-investigators: Professor Nicola T. Fear, Professor Roberto Rona, Professor Colin Drummond, Lt Col Norman Jones, Dr Toktam Mahmoodi and Professor Matt Field.

