Acceptability and utility of the 'Step Away' App in a New Zealand Context:
Feedback from End-Users and Stake holders

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Introduction

Interventions for people drinking at hazardous levels are beneficial. But there remains a gap between those 'in need' of treatment and those engaged in treatment. 'Step Away' is a US-designed app to help people moderate or abstain from drinking alcohol. The app is not currently suitable for New Zealand (NZ).

Aim: To elicit feedback about a version of the 'Step Away' app modified for NZ.

Methods

Twenty end-users and clinical stakeholders were sought to test the NZ Step Away app for a week. Participants were eligible if they:

- Worked as a clinician at Community Alcohol and Drug Services (CADS) Auckland, or
- Met the criteria for hazardous drinking (i.e. 8-19 on the AUDIT[1]).

We conducted a structured telephone interview after a week asking for their views on the app.

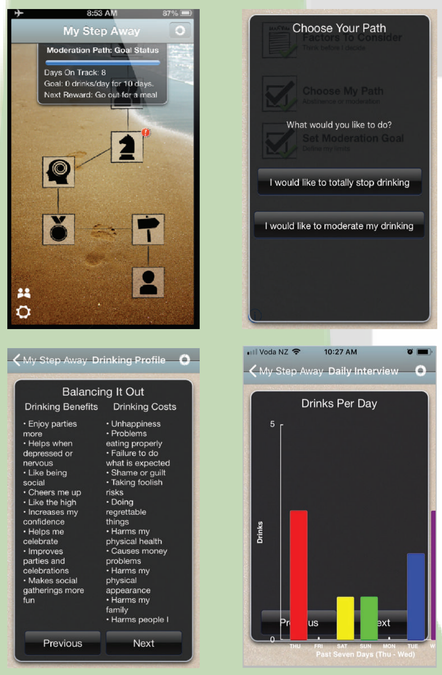

Fig 1. Screenshots from Home, Goal Setting, Drinking Profile and Daily Interview.

Results

Six end-users and six clinicians responded to the invitation to participate. Three of the clinicians did not download the app, while three of the end-users were ineligible to participate (see Table).

	End Users (*n*=3)	Clinicians (*n*=3)
Age (*Mean years*)	57	48.7
Male	1	2
Non-Māori	3	3
>12 years schooling	3	3
AUDIT (*Mean*)	12.7	na

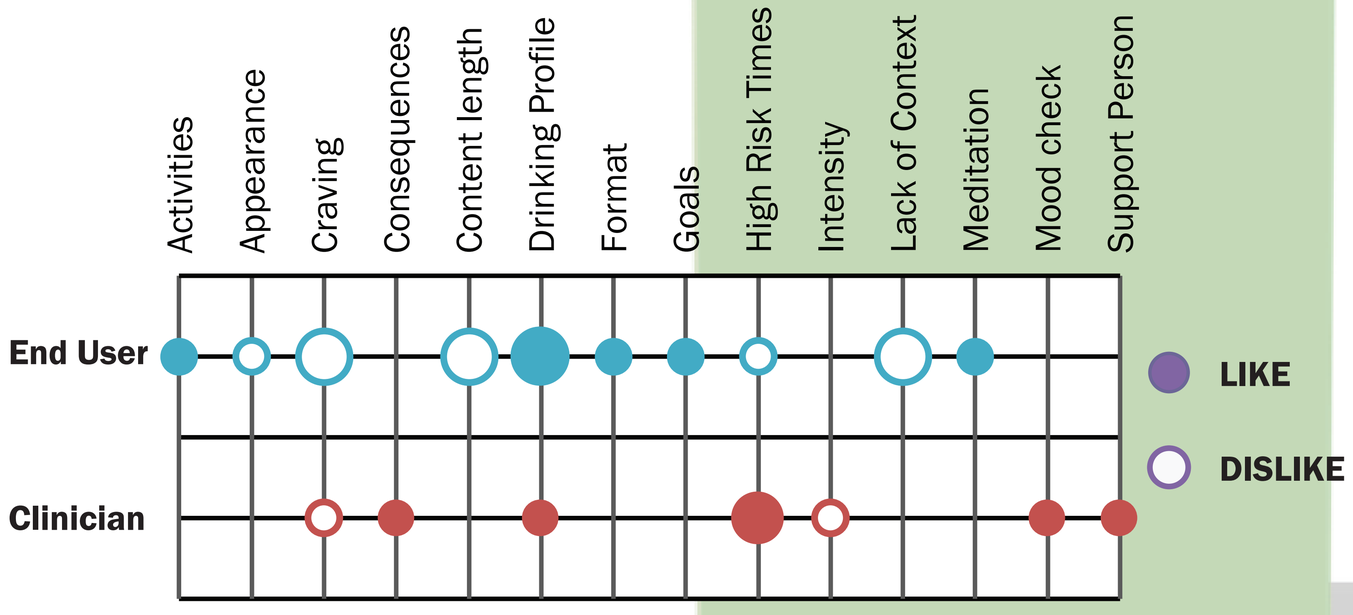

Fig 2. App components liked and disliked by participants. Large circles represent two or more participants; small circles represent one participant.

End Users

Two end-users used all ten modules. One participant used six modules. End-users had mixed feedback on the app (see Figure 3).

Suggested changes included:

- Reducing the amount of text and adding visuals;
- Take into account the context of drinking;
- Changing/customizing the appearance of the app,
- Accessing modules out of order, and
- Rewards/praise for inputting "zero drinks".

Clinicians

Two clinicians used all ten modules of the app. One participant used only eight modules.

The clinicians were generally positive about the app. Suggested changes from clinicians included:

- Adding 'personalised cravings', and a
- 'Tie-in' to CADS.

Participants noted that users would need to be motivated in order to make use of the app.

The components that participants liked and disliked can be found in Figure 2.

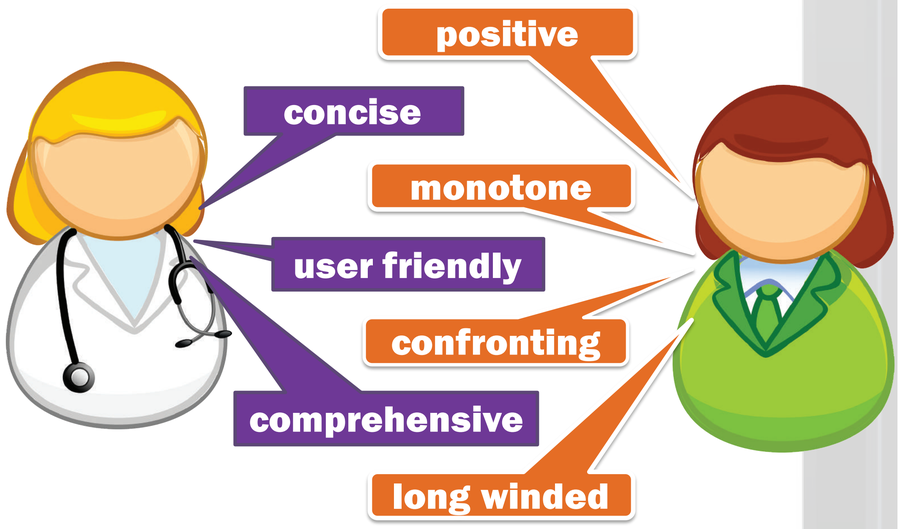

Fig 3. Key phrases used to describe the app.

Conclusions

While clinicians expressed positive views about the app, end-user feedback raised concerns about some app features. Suggested changes have been incorporated into the latest version of the app. A trial is now underway testing the app's impact on alcohol consumption and service engagement.

References

1. Babor T, Higgins-Biddle J, Saunders J, Monteiro M. *AUDIT: the Alcohol Use Disorders Identification Test*. Guidelines for use in primary care. 2nd edition. Geneva: World Health Organization; 2001.

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