

Adapting the Grog App for use in primary care with Aboriginal and Torres Strait Islander Australians: A Delphi study

Mustafa Al Ansari¹, James Conigrave^{1, 2}, Angela Dawson³, Monika Dzidowska^{4, 1}, Annalee Stearne^{5, 1}, Lynette Bullen^{6, 1, 7}, Scott Wilson^{8, 1}, Noel Hayman^{9, 10, 11, 1}, Kate Conigrave^{12, 4, 2}, Jimmy Perry^{8, 1}, Marguerite Tracy⁴, Kylie Lee^{1, 5, 13, 2, 4}

¹*Centre for Alcohol Policy Research, School of Psychology and Public Health, La Trobe University, Melbourne, Australia,*

²*The Edith Collins Centre (Translational Research in Alcohol Drugs and Toxicology), Sydney Local Health District, Sydney Australia*

³*Faculty of Health, University of Technology, Sydney, Australia,*

⁴*Faculty of Medicine and Health, University of Sydney, Sydney, Australia,*

⁵*National Drug Research Institute, Faculty of Health Sciences, Curtin University, Perth, Australia,*

⁶*Involuntary Drug and Alcohol Treatment Unit, Western NSW Local Health District, Dubbo, Australia*

⁷*School of Rural Medicine, Charles Sturt University, Orange, Australia*

⁸*Aboriginal Drug and Alcohol Council South Australia, Underdale, Australia,*

⁹*Southern Queensland Centre of Excellence in Aboriginal and Torres Strait Islander Primary Health Care, Inala, Australia,*

¹⁰*School of Medicine, Griffith University, Australia,*

¹¹*School of Medicine, University of Queensland, Australia,*

¹²*Drug Health Service, Royal Prince Alfred Hospital, Camperdown Australia,*

¹³*Burnet Institute, Melbourne, Australia*

Presenter's email: m.alansari@latrobe.edu.au; lynette.bullen@health.nsw.gov.au

Introduction: A range of barriers make screening for risky drinking challenging in Aboriginal and Torres Strait Islander (First Nations Australian) primary care settings. Clients may be reticent to take part because of past experiences of racism, fear of adverse consequences of admitting to heavy drinking (e.g. child removal), or shame over harms from drinking. It can be difficult for First Nations Australian health professionals in small communities to screen their family or close friends. There is also limited time for screening as clients often have multiple competing health and/or social concerns. Designed as a population survey tool, the Grog App is an engaging, accurate and acceptable method to record an individual's alcohol consumption. This study aims to adapt the Grog App items for primary care.

Methods: A three-round Delphi study was conducted with 12 health professional experts from 6 Australian states/territories. Panelists had expertise in drug and alcohol, primary care, addiction medicine and mental health. More than two-thirds of expert panellists were Aboriginal and Torres Strait Islander (n=8/12). Consensus level was set at 80%.

Key Findings: In Round 1, nearly two-thirds of Delphi items (n=12/19) achieved consensus (e.g. that we should ask about pregnancy, drinking context, 'dry' periods). The remaining 7 items were explored again in Round 2 (e.g. who to ask about dependence). Findings will be presented from each of the three survey rounds.

Discussion: No other studies have assessed ways to enhance and implement delivery of digital health tools to address risky drinking in this setting. This project will enable safer and more supportive experiences for First Nations Australians when describing their drinking in primary care settings. This will help staff provide optimal and timely care on a preventable cause of premature death and morbidity.

Disclosure of Interest Statement: *This work was supported by a Medical Research Future Fund (MRFF) Primary Health Care Digital Innovations Grant (MRF2021660).*