Alcohol and other drug outcome measure (ADOM)

Assessment only collections for period April 2019 to March 2020

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Acknowledgements

This report was prepared by Sandra Baxendine, Information Analyst and Mark Smith, Principal Advisor – Outcome & Information of Te Pou. Thanks go to Ashley Koning, Angela Jury PhD, Talya Postelnik and Rhonda Robertson of Te Pou for their peer review and support.

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Te Pou is a national centre of evidence-based workforce development for the mental health, addiction and disability sectors in New Zealand.

PO Box 108-244, Symonds Street, Auckland, New Zealand.

Website: www.tepou.co.nz

Email: info@tepou.co.nz

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Introduction

The Ministry of Health has mandated the collection of the Alcohol and Drug Outcome Measure (ADOM) by district health boards (DHBs) and non-government organisations (NGOs) in community adult alcohol and drug services since 2015. Considerable ADOM data is now available in the programme for the integration of mental health data (PRIMHD).

During the past four years, Te Pou has published eight ADOM reports using PRIMHD data. To date, none of these reports have focused on ADOM assessment only data collections[1].

This report uses PRIMHD data supplied by the Ministry of Health on 2 July 2020. It looks at ADOM assessment only collections for the period 1 April 2019 to 31 March 2020. It compares assessment only collections (where people are not admitted to the service) with treatment start collections (where people are admitted to the service). Additionally, the report analyses the differences within assessment only collections.

This report profiles or identifies tāngata whai ora:

- profile of ADOM assessment only collections
- main substance of concern
- substance use
- lifestyle and wellbeing issues (ADOM section 2)
- progress in recovery (ADOM section 3).

For tāngata whai ora with assessment only collections, a variable was created to better understand subsequent contact with alcohol and other drug and mental health services. This includes service contact activity within 3 months that is grouped into the following three categories.

- Residential/inpatient bednights – where there is a bednight activity in the 3 months following the assessment only collection (in alcohol and other drug or mental health services).
- Community contacts – three or more community contacts in the 3 months following assessment only collection (in alcohol and other drug or mental health services).
- No significant activity – two or less contacts following the assessment only collection.

Profile of ADOM assessment only

Table 1 compares the demographic profile for tāngata whai ora receiving an assessment only (up to two contacts) and those who had a treatment start (and have a subsequent ADOM collection).

The age profile of people receiving an assessment only or treatment is similar. Tāngata whai ora receiving an assessment only are more likely to have contact with an NGO (59 per cent assessment only and 42 per cent treatment start).

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[1] The collection is from eligible teams, are valid (4 or less missing items) and age is 18 years and over.

Table 1: Profile of ADOM assessment only and admission collections by gender, ethnicity, age group and organisation type, April 2019 to March 2020

	Assessment only		Treatment start	
	Number	Percentage	Number	Percentage
Gender				
Female	699	34%	3,044	30%
Male	1,385	66%	7,014	70%
Total	**2,084**	**100%**	**10,059**	**100%**
Ethnicity				
Māori	811	39%	3,299	33%
Pasifika	224	11%	1,276	13%
Other	1,049	50%	5,484	55%
Total	**2,084**	**100%**	**10,059**	**100%**
Age group				
18-24 years	330	16%	1,554	15%
25-44 years	1,221	59%	5,981	59%
45-64 years	493	24%	2,291	23%
65 years and over	40	2%	233	2%
Total	**2,084**	**100%**	**10,059**	**100%**
Organisation type				
DHB	856	41%	5,851	58%
NGO	1,228	59%	4,208	42%
Total	**2,084**	**100%**	**10,059**	**100%**

Main substance of concern

Figure 1 shows the main substance of concern for assessment only and treatment start. Alcohol is the main substance of concern used for both assessment only and treatment start collections. A higher proportion of tāngata whai ora receiving an assessment only report amphetamine-type stimulants as their main substance of concern compared to treatment start. A higher proportion of people who start treatment (treatment start) report alcohol as their main substance of concern.

Figure 1: Distribution of main substance of concern at ADOM assessment only and treatment start collections, April 2019 to March 2020

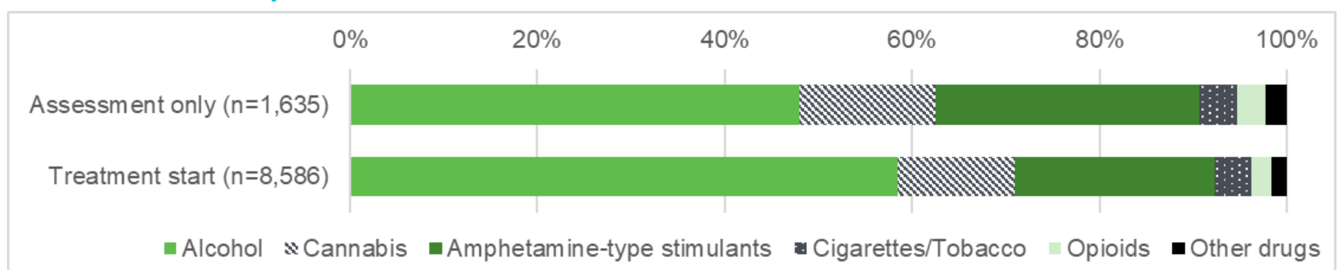


Figure 2 shows the results for tāngata whai ora receiving an assessment only for each ethnic group. Alcohol is the main substance of concern used across all ethnic groups. Māori people are more likely to report amphetamine-type stimulants and cannabis as main substances of concern compared with others.

Figure 2: Distribution of main substance of concern at ADOM assessment only collections, by ethnicity, April 2019 to March 2020

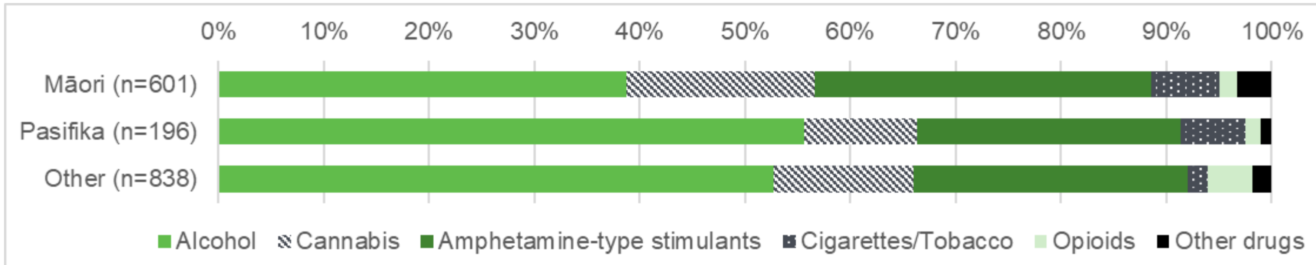


Figure 3 shows alcohol is the main substance of concern used for both males and females. Females are more likely to report amphetamine-type stimulants as being a main substance of concern than males.

Figure 3: Distribution of main substance of concern at ADOM assessment only collections, by gender, April 2019 to March 2020

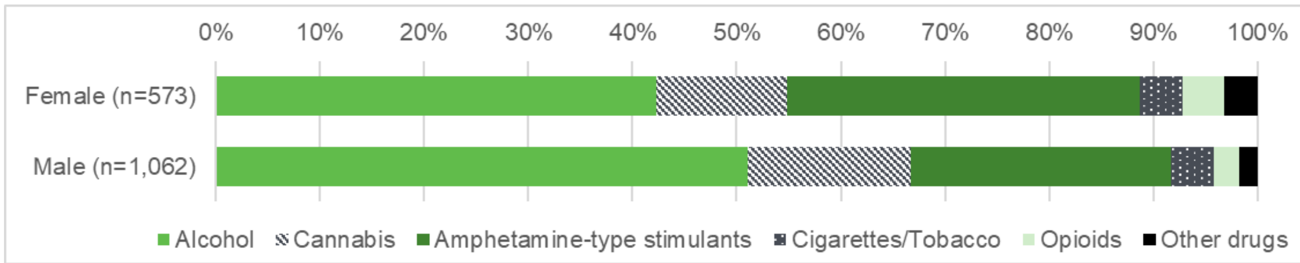
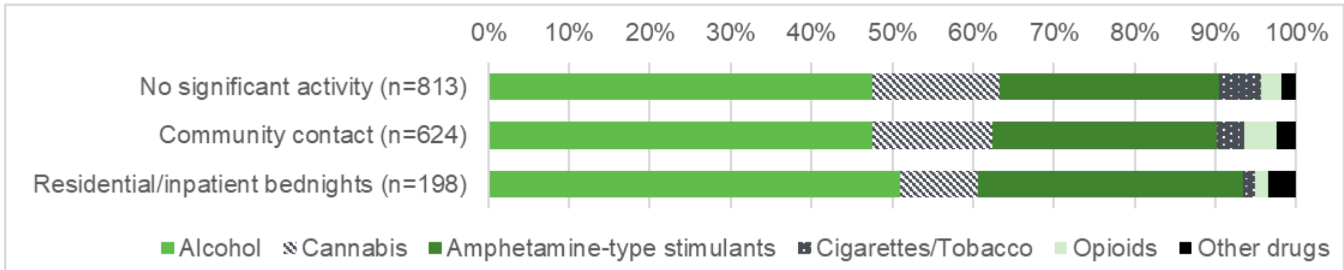


Figure 4 describes the main substance of concern in relation to activity in the 3 months after receiving an assessment only. Tāngata whai ora who receive residential or inpatient support are more likely to report alcohol or amphetamine-type stimulants as their main substance of concern compared with people receiving other types of support. The distribution of the activity in the 3 months following collections has the largest group with no significant activity (2 or less contacts) at 50% followed by community contacts at 37% and residential or inpatient support of 13%.

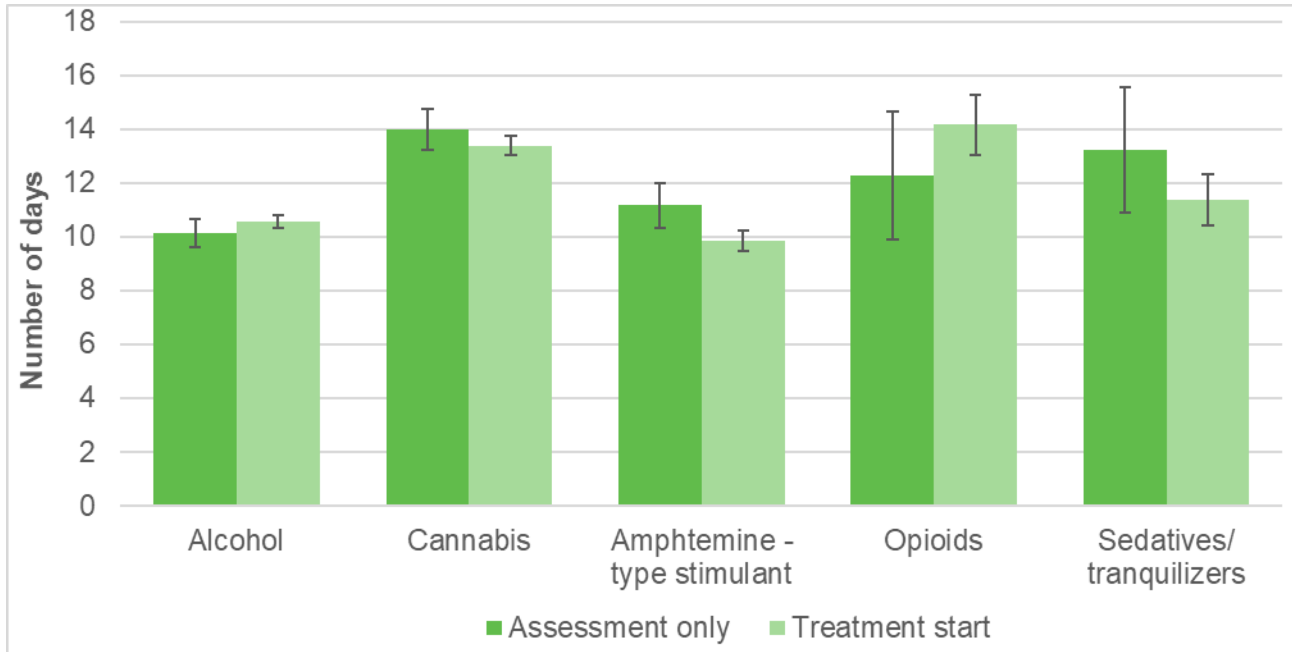
Figure 4: Distribution of main substance of concern at ADOM assessment only collections, by activity in the 3 months following collection, April 2019 to March 2020



Substance use

Figure 5 compares the amount of substance use among tāngata whai ora receiving an assessment only and those who start treatment. It shows little difference in use of various substances.

Figure 5: Number of days (for those who had used substance) by ADOM assessment only and treatment start collections, by activity in 3 months following collection, April 2019 to March 2020



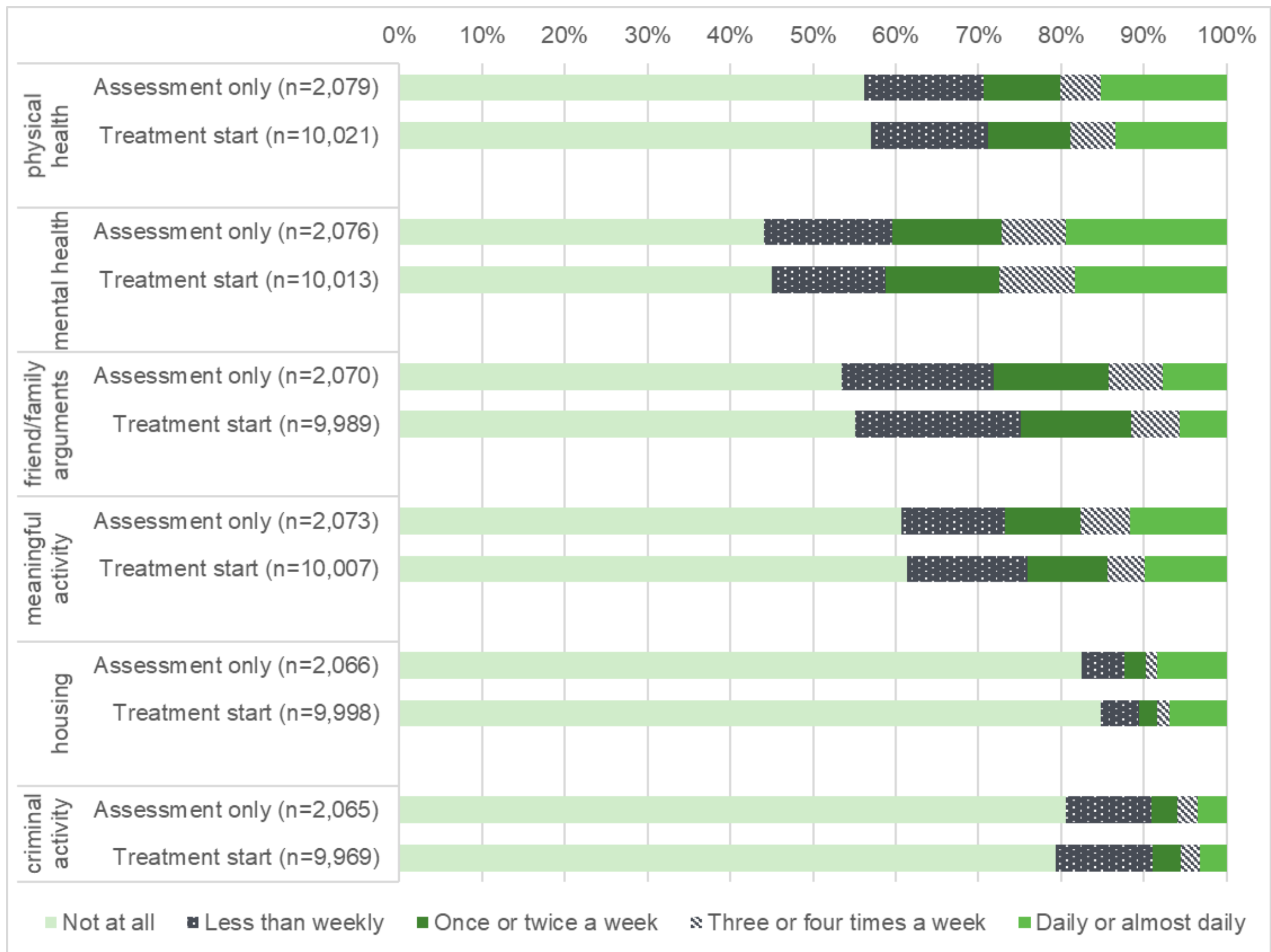
Lifestyle and wellbeing

Section 2 of the ADOM asks people about their lifestyle and wellbeing as shown below.

Question key
Q12 How often has your physical health caused problems in your daily life?
Q13 How often has your general mental health caused problems in your daily life?
Q14 How often has your alcohol or drug use led to problems or arguments with friends or family members?
Q15 How often has your alcohol or drug use caused problems with your work or other activities in any of the following: social, recreational, looking after children or other family members, study or other personal activities?
Q17 Have you had difficulties with housing or finding somewhere stable to live?
Q18 How often have you been involved in any criminal or illegal activity such as driving a motor vehicle under the influence of alcohol or drugs, assault, shoplifting, supplying an illicit substance to another person?

Figure 6 shows lifestyle and wellbeing factors are similar for people receiving assessment only and those who start treatment. Tāngata whai ora most commonly report problems with their mental health, arguments with friends and whānau, and their physical health.

Figure 6: Distribution of lifestyle and wellbeing responses at ADOM assessment only and treatment start collections, April 2019 to March 2020



Figures 7 and 8 look at lifestyle and wellbeing for different ethnic groups and gender.

Figure 7 indicates Other are more likely to report problems with their mental and physical health, and slightly more involved in criminal activity.

Figure 7: Distribution of lifestyle and wellbeing responses at ADOM assessment only collections, by ethnicity, April 2019 to March 2020

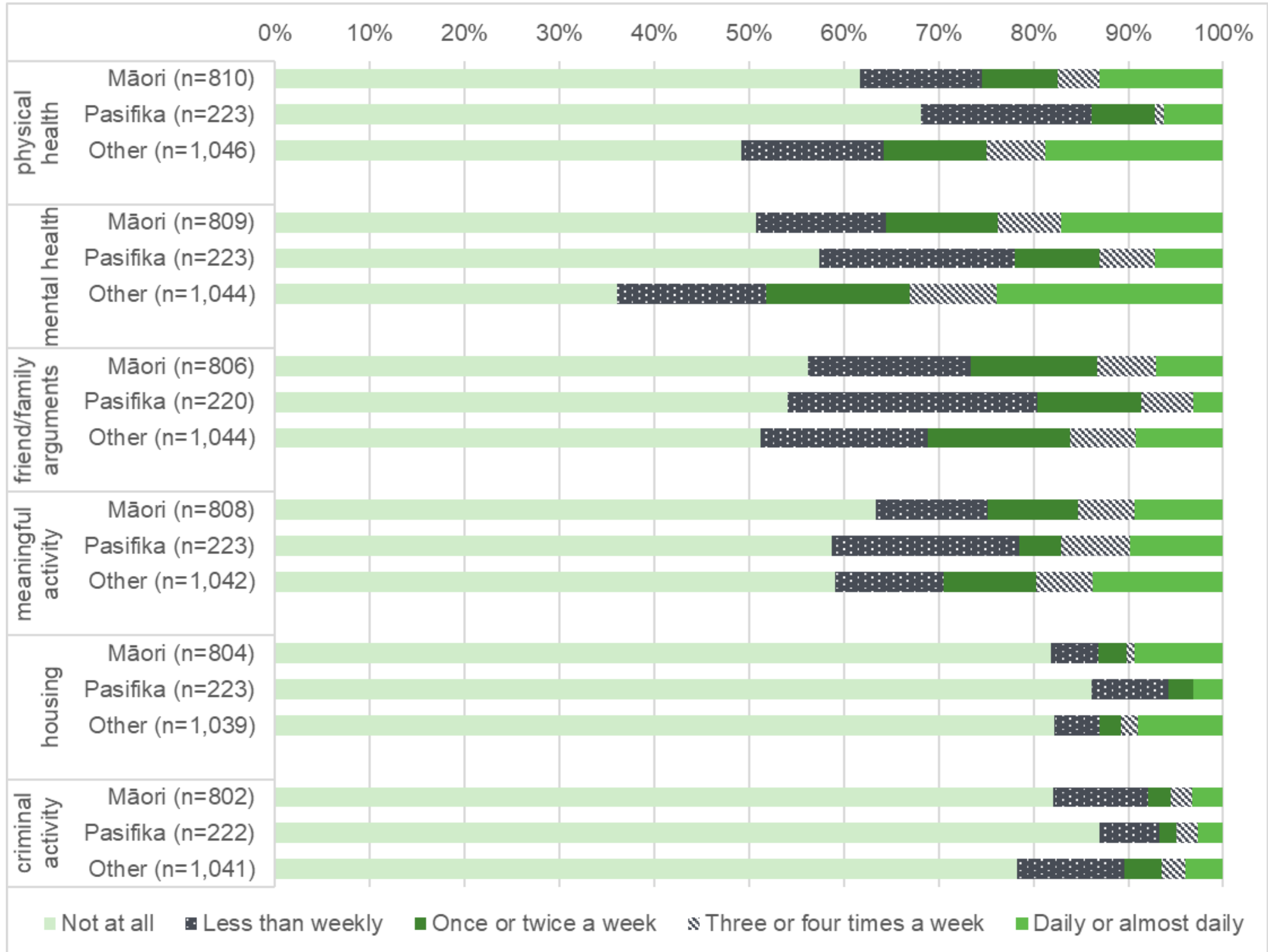


Figure 8 shows females are more likely to report problems with their mental and physical health, and arguments with friends and whānau.

Figure 8: Distribution of lifestyle and wellbeing responses at ADOM assessment only collections, by gender, April 2019 to March 2020

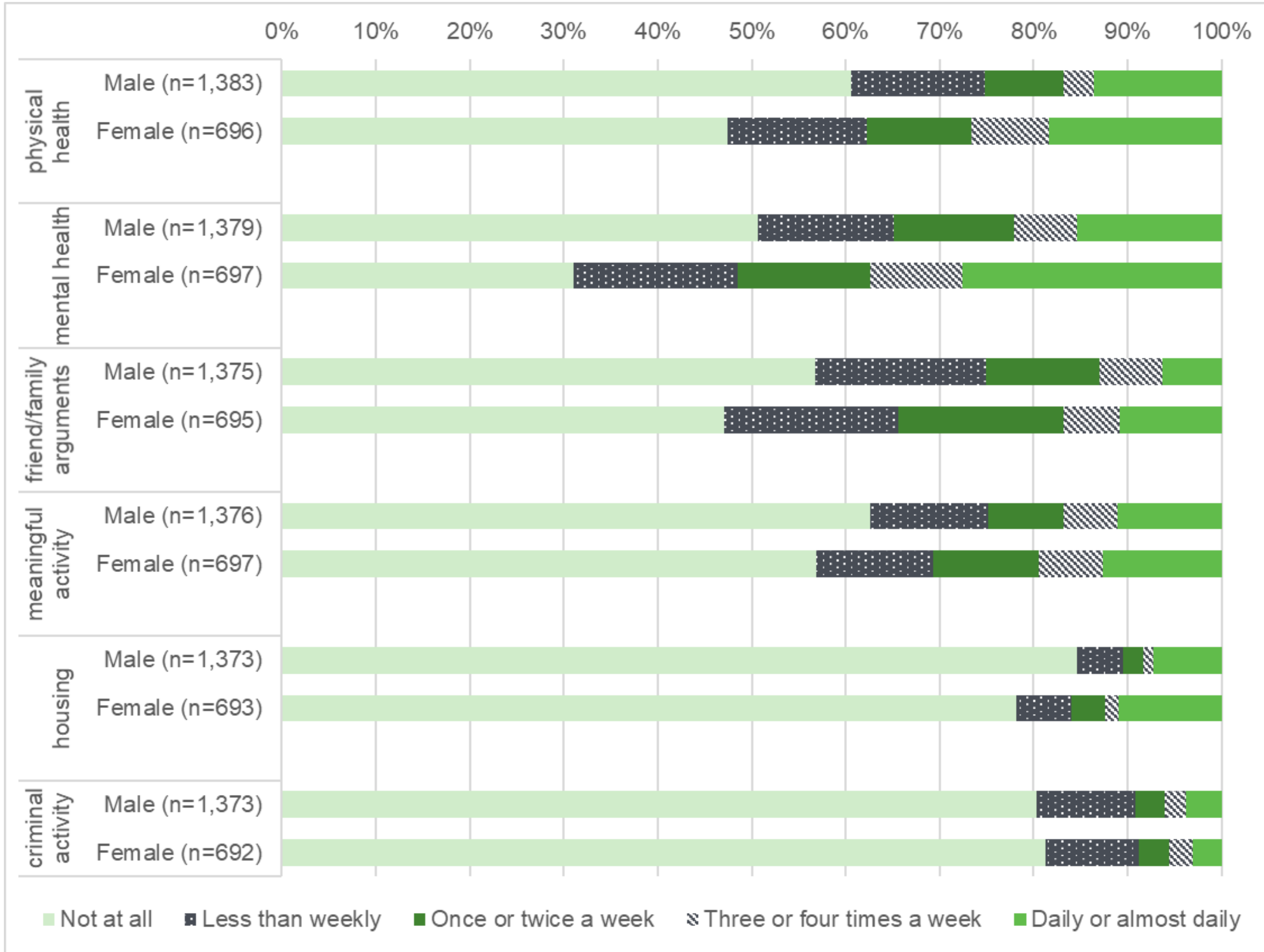
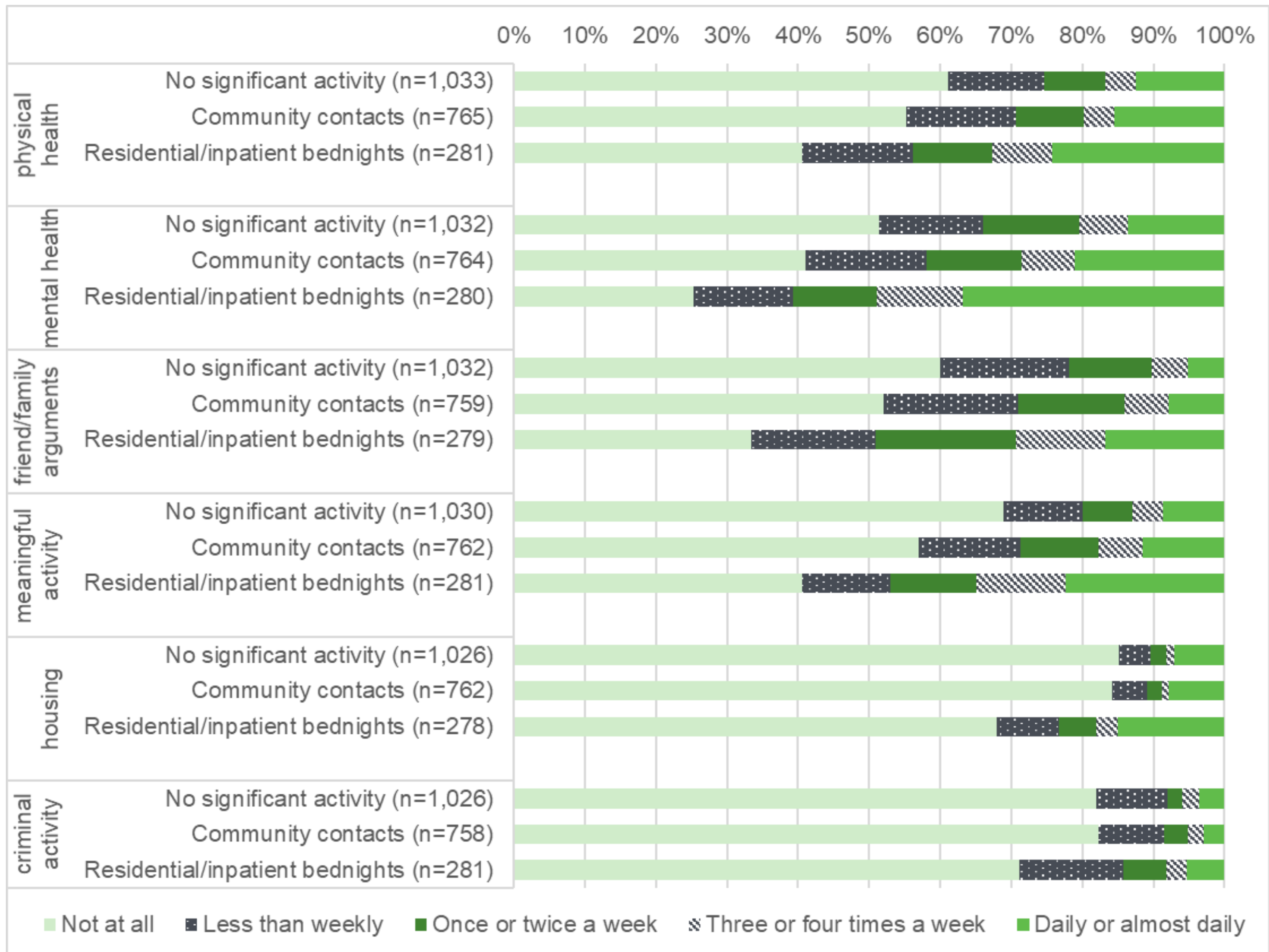


Figure 9 shows activity received in the 3 months following an assessment only. Tāngata whai ora who go on to receive residential or inpatient support are more likely to report wellbeing and lifestyle problems. Overall, people who have two or less contacts report better lifestyle and wellbeing than others.

Figure 9: Distribution of lifestyle and wellbeing responses at ADOM assessment only collections, by activity in the 3 months following collection, April 2019 to March 2020



Question 16 in the ADOM asks people about their engagement with paid or voluntary work, or involvement in caregiving activities.

Question key:
Q16 How often have you engaged in any of the following: paid work, voluntary work, study, looking after children or other caregiving activities?

Figure 10 shows there is little difference in engagement levels between people receiving an assessment only and starting treatment.

Figure 10: Distribution of engagement with work, study and caregiving activities (ADOM Q16) responses at ADOM assessment only and treatment start collections, April 2019 to March 2020

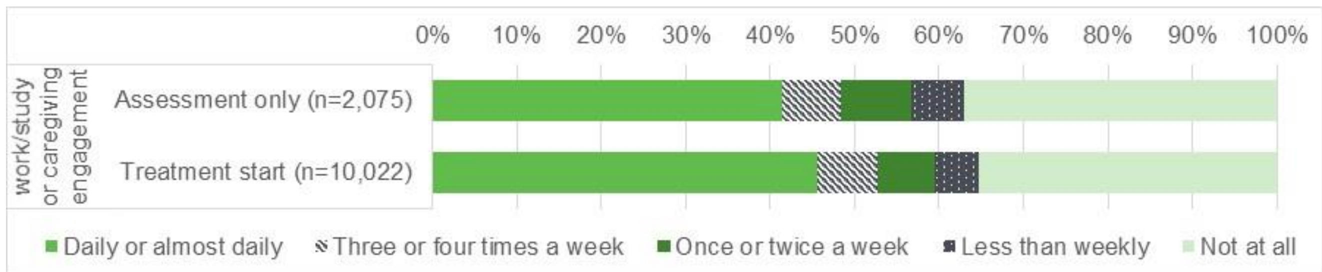


Figure 11 shows there is slightly higher level of engagement among Māori and Pasifika peoples than others.

Figure 11: Distribution of engagement with work, study and caregiving activities (ADOM Q16) at ADOM assessment only collections, by ethnicity, April 2019 to March 2020

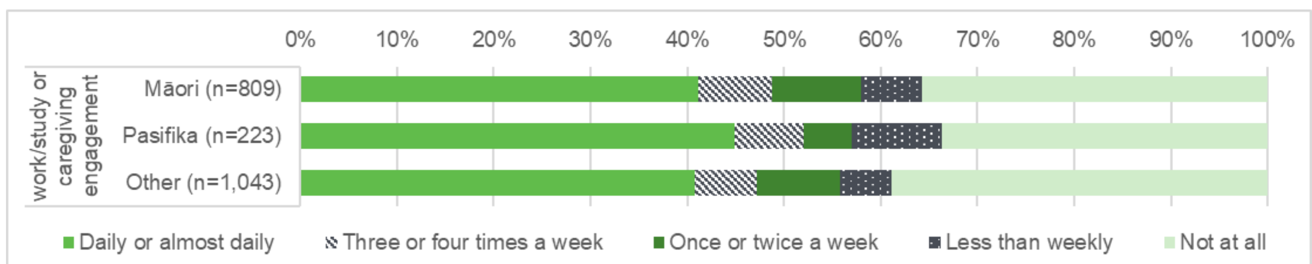


Figure 12 shows there is little difference in levels of engagement between males and females.

Figure 12: Distribution of engagement with work, study and caregiving activities (ADOM Q16) at ADOM assessment only collections, by gender, April 2019 to March 2020

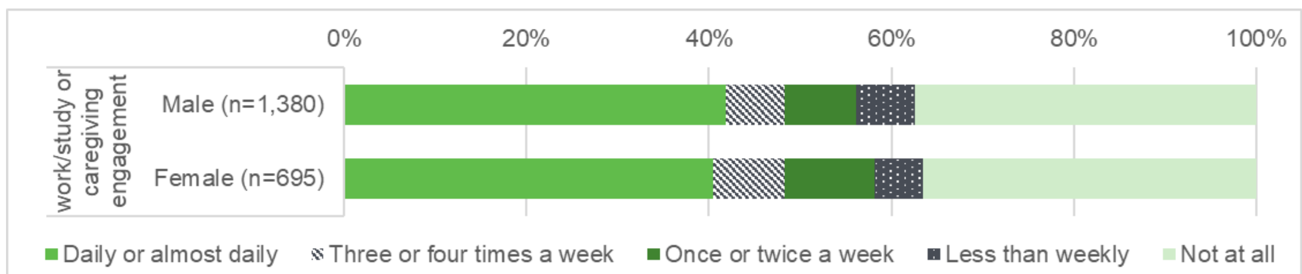
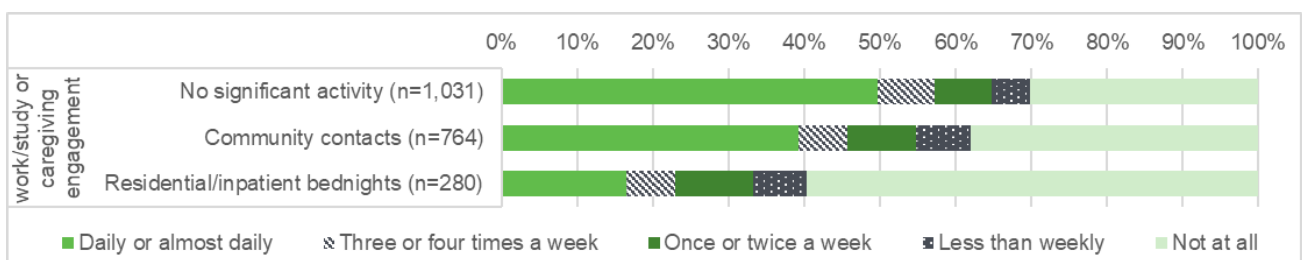


Figure 13 shows people who receive two or less contacts within the 3 months following assessment only have better engagement in work, study and caregiving activities. The people receiving residential or inpatient support report the lowest level of engagement.

Figure 13: Distribution of engagement with work, study and caregiving activities (ADOM Q16) at ADOM assessment only collections, by activity in the 3 months following collection, April 2019 to March 2020



ADOM recovery

Figure 14 shows how close people are to their desired level of recovery. Recovery ratings are highest for Pasifika peoples, males and people receiving no significant support in the 3 months after receiving an assessment only.

Figure 14: Average self-rating of closeness to desired recovery at ADOM assessment only collections, by selected indictors, April 2019 to March 2020

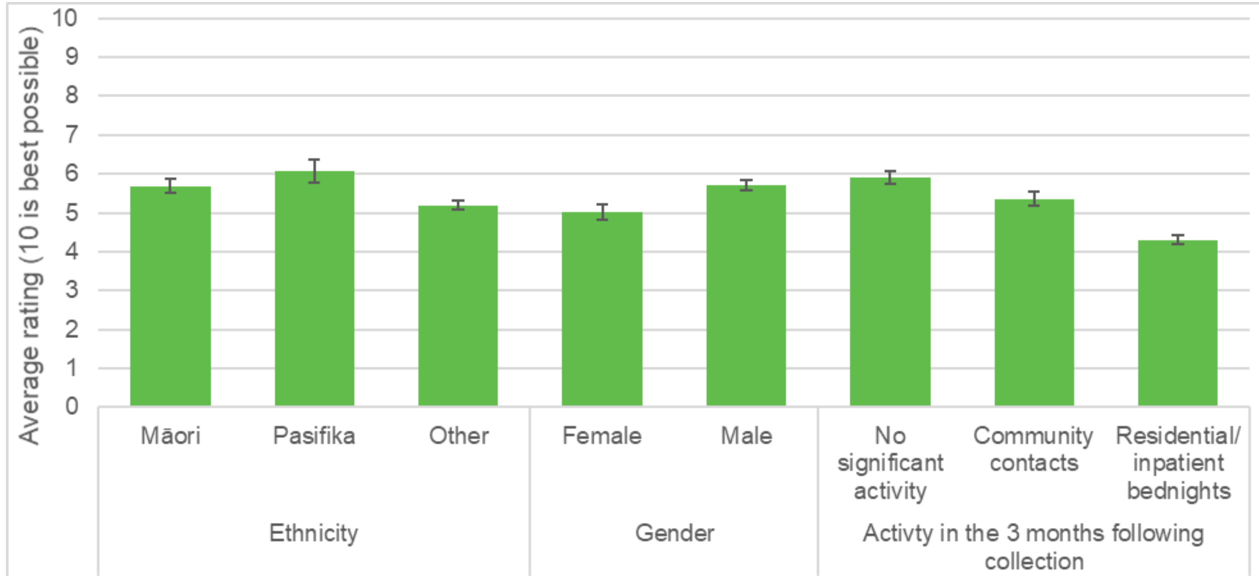


Figure 15 shows tāngata whai ora who receive residential or inpatient support following an assessment only report the lowest levels of satisfaction in progress towards their recovery goals.

Figure 15: Average self-rating of how satisfied tāngata whai ora are with progress towards achieving their recovery goals at ADOM assessment only collections, by selected indicators, April 2019 to March 2020

Summary

This brief report demonstrates the value of comparing and analysing assessment only collection data in ADOM.

The demographic profile of people receiving an assessment only is similar to treatment start collections. However, tāngata whai ora receiving an assessment only are more likely to have contact with an NGO.

Alcohol is the main substance of concern used for both assessment only and treatment start collections, and across different ethnic groups. A higher proportion of tāngata whai ora receiving an assessment only report amphetamine-type stimulants as their main substance of concern compared to treatment start. A higher proportion of people who start treatment report alcohol as their main substance of concern.

Amount of substance use by tāngata whai ora is similar between assessment only and treatment start collections.

Lifestyle and wellbeing factors are also similar for people receiving assessment only and treatment start collections. Tāngata whai ora who receive residential or inpatient support in the 3 months following an assessment only are more likely to report wellbeing or lifestyle problems. Overall, tāngata whai ora who have two or less contacts in the 3 months following an assessment only report better lifestyle and wellbeing than others.

Self-rated closeness to desired recovery level is highest for Pasifika peoples, males, and people receiving no significant support (two or less contacts) in the 3 months following an assessment only. Tāngata whai ora who receive residential or inpatient support following an assessment only report the lowest levels of satisfaction in progress towards their recovery goals.