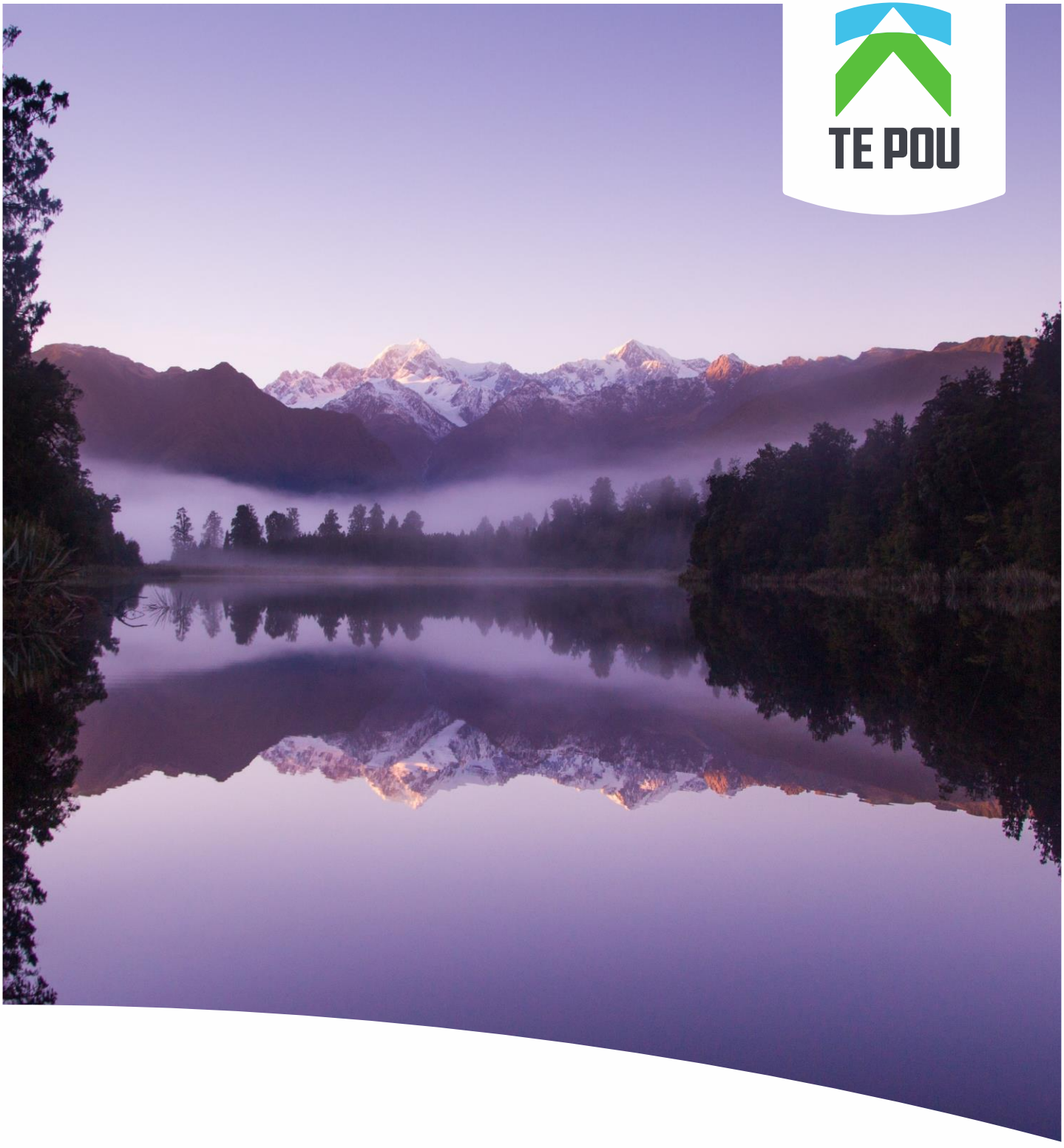

Alcohol and other drug outcome measure (ADOM)

Report 11: Summary of ADOM collection data for period July 2020 to June 2021

tepou.co.nz

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Acknowledgements

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Contents

Glossary

AOD	Alcohol and Other Drug (services).
Matched pairs	Two collections, in this case treatment start and routine treatment end collections.
Episode of care	Where multiple referrals for a person are overlapping or within 14 days they have been condensed to one episode of care using the first referral and last discharge.
PRIMHD	Programme for the Integration of Mental Health Data.
Tangata whai ora, Tāngata whai ora	Term encompassing, client, service user, consumer, people that access services (plural uses macron).

Executive summary

This 11th national alcohol and other drug outcome measure (ADOM) report covers the period July 2020 to June 2021. It uses PRIMHD data supplied by the Ministry of Health extracted on 1 November 2021.

This report has three parts.

- Part one: ADOM collections in PRIMHD.
- Part two: 8,055 treatment start ADOM collections.
- Part three: 1,134 tāngata whai ora with ADOM collections at both treatment start and end (matched pairs).

An overview of the method is included in Appendix A. It is noted some district health boards (DHBs) are not yet submitting their ADOM collections to PRIMHD. Therefore, results are not complete for every person who attends an addiction service.

Part one shows most ADOM collections during the reporting period were at treatment start. In services mandated to collect ADOM, treatment start or assessment only ADOMs were collected for AOD in one third (34.4%) of DHB services and one quarter (26.0%) of NGO services.

Part two shows that among tāngata whai ora[1] for whom an ADOM treatment start is completed:

- DHBs have more treatment starts than NGOs (4,820 or 59.8% and 3,235 or 40.2% respectively)
- there are twice as many males than females (68.6% and 31.4% females respectively)
- over half (54.7%) reflect people with an ‘other ethnicity’ which is comprised mostly of Europeans
- Māori reflect about one-third of people (32.7% compared to 15% in general population in 2018)
- nearly 3 in 5 people (59.7%) were in the 25-44 age group.

At the start of treatment, alcohol is by far the main substance of concern for people (4,207), followed by amphetamine type stimulants (1,422) and cannabis (952). Alcohol is also an issue for many people who report other main substances of concern (26%). At the beginning of treatment, many people report lifestyle and wellbeing problems regardless of their gender or ethnicity.

Part three indicates that on average there is a medium-to-large decrease in frequency of substance use for people at the end of their treatment compared to the start. Positive changes were also found for all lifestyle and wellbeing problems except employment, study, and caregiving, and in how satisfied people are with achieving their desired recovery goals.

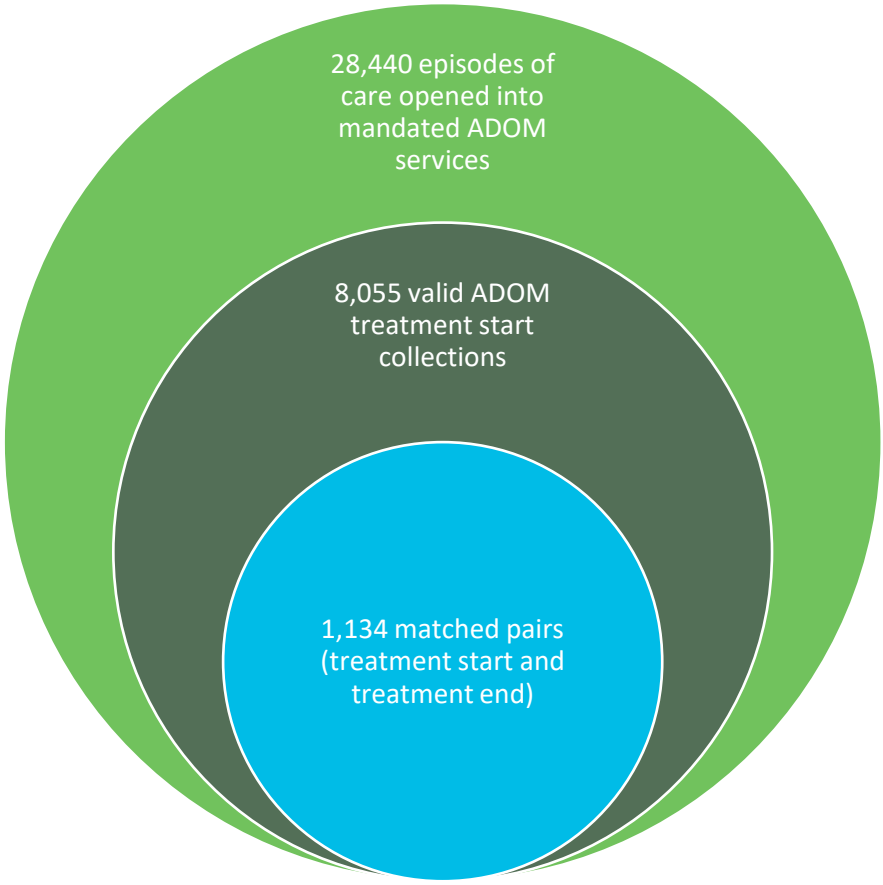
[1] Tāngata whai ora could potentially have multiple treatment starts.

Part one: ADOM in PRIMHD

This section describes mandated services' collection of ADOM in PRIMHD between July 2020 and June 2021.

- 28,440 - the total number of episodes of care opened for tāngata whai ora in PRIMHD from mandated services; both DHBs and non-government organisation (NGOs).
- 8,055 - the total number of valid ADOM treatment start collections.
- 1,134 - the total number of matched pairs - tāngata whai ora with ADOM collections at *both* treatment start and treatment end who have ended treatment between 1 July 2020 and 30 June 2021.

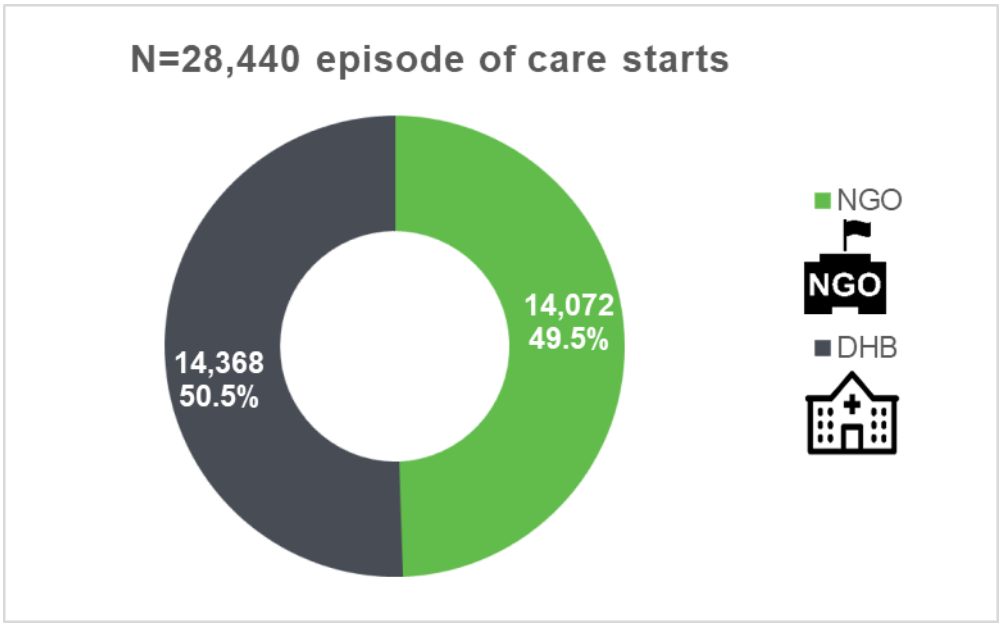
Figure 1: Total number of AOD episodes of care in mandated services, ADOM treatment start, and ADOM matched treatment start and end pairs, July 2020 to June 2021



It is important to consider the figures above when interpreting findings in this report. **Analysis on the small group for whom ADOM is collected may not be generalisable. Data in this report cannot be used to estimate the level of AOD substance use in the general population.** The analysis in part three of this report includes people accessing adult, community AOD services (including co-existing) with a treatment start ADOM collection, and a corresponding collection at treatment end (matched pairs). People who do not have both ADOM collections are not captured in matched pair analyses in this report. The outcomes for this group of people may differ from that reported here.

Figure 2 shows the potential number and percentage of episodes of care starts in ADOM mandated AOD services by NGOs and DHBs. There are a similar number of episodes of care starts for DHBs and NGOs.

Figure 2: AOD episode of care into ADOM mandated services, by organisation type (NGO and DHB), July 2020 to June 2021



The percentage of at least one ADOM collection (treatment start or assessment only) against episodes of care in DHBs and NGOs is shown in Figure 3. DHBs have a higher ratio of ADOM collections (treatment start or assessment only) against episode of care starts than NGOs.

Figure 3: AOD episode of care with at least one ADOM collection (treatment start or assessment only) by organisation type (NGO and DHB), July 2020 to June 2021

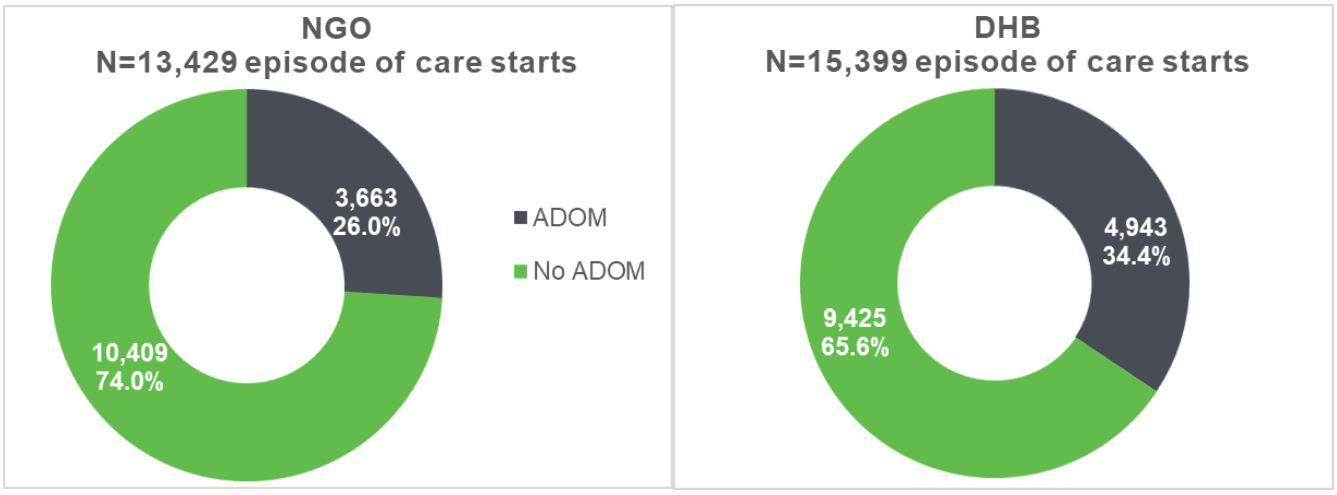
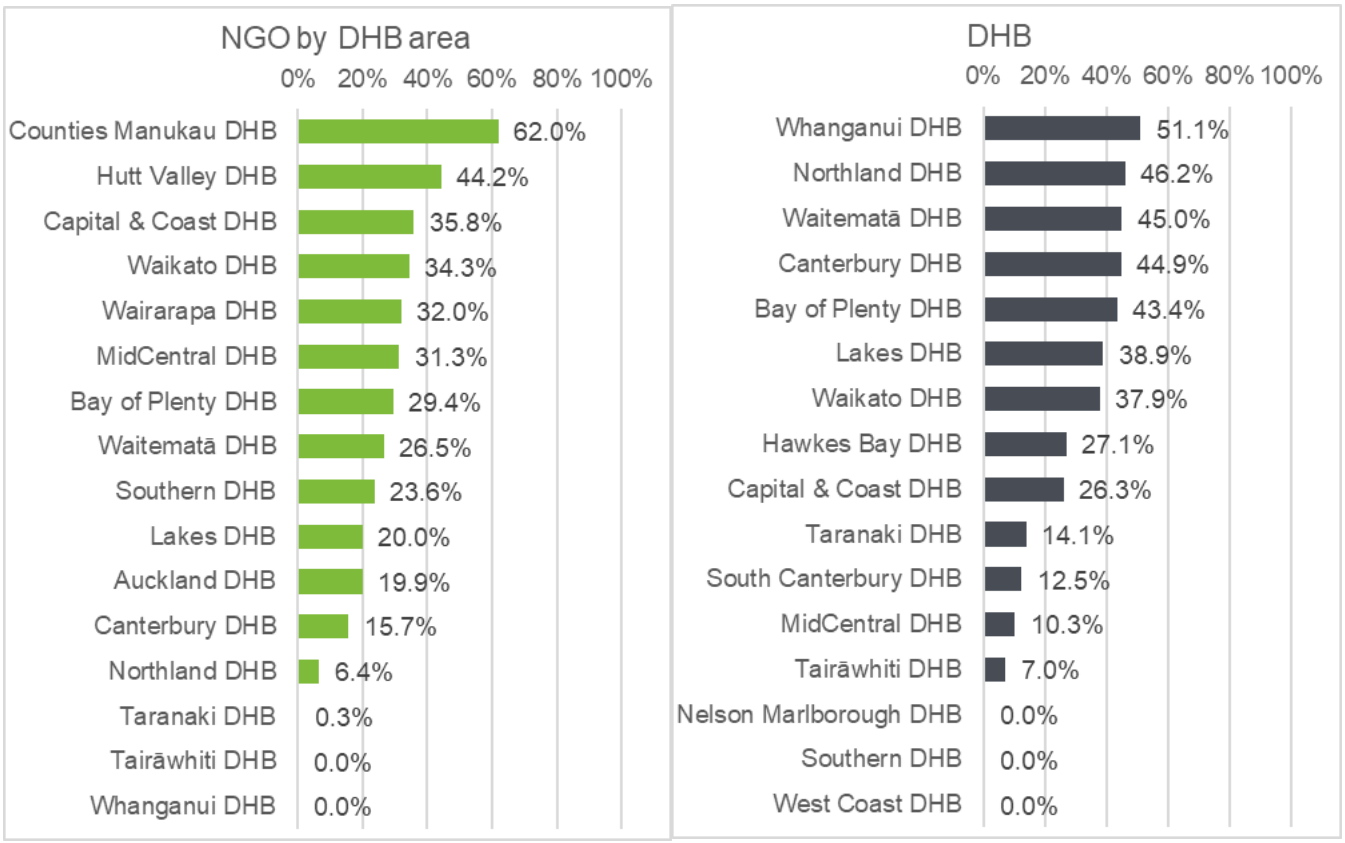


Figure 4 shows NGO and DHB episodes of care with at least one ADOM (treatment start or assessment only) collection in each DHB area. Some DHBs show no ADOM collections (reported to PRIMHD). This may be for a variety of reasons including IT system issues. Therefore, this does not indicate whether ADOM is or is ***not*** being used in these DHBs.

Figure 4: Percentage of AOD episode of care into mandated services with at least one ADOM collection (treatment start or assessment only) by organisation type and DHB area[2], July 2020 to June 2021



[2] There are no eligible or very few NGOs currently in the Nelson Marlborough. Hawkes Bay, West Coast and South Canterbury DHB areas. It is not possible at this point to disaggregate AOD tāngata whai ora in integrated mental health teams from the following DHBs; Hutt Valley and Wairarapa.

ADOM collections by reason for collection

Figure 5 shows the total valid[3] ADOM collections by reason for collection (RFC): assessment, treatment start, treatment review or treatment end. DHBs had more treatment start and treatment end collections. A higher percentage of assessment only ADOMs were undertaken in NGO services.

Figure 5: Number of valid ADOM collections by reason for collection and organisation type, July 2020 to June 2021

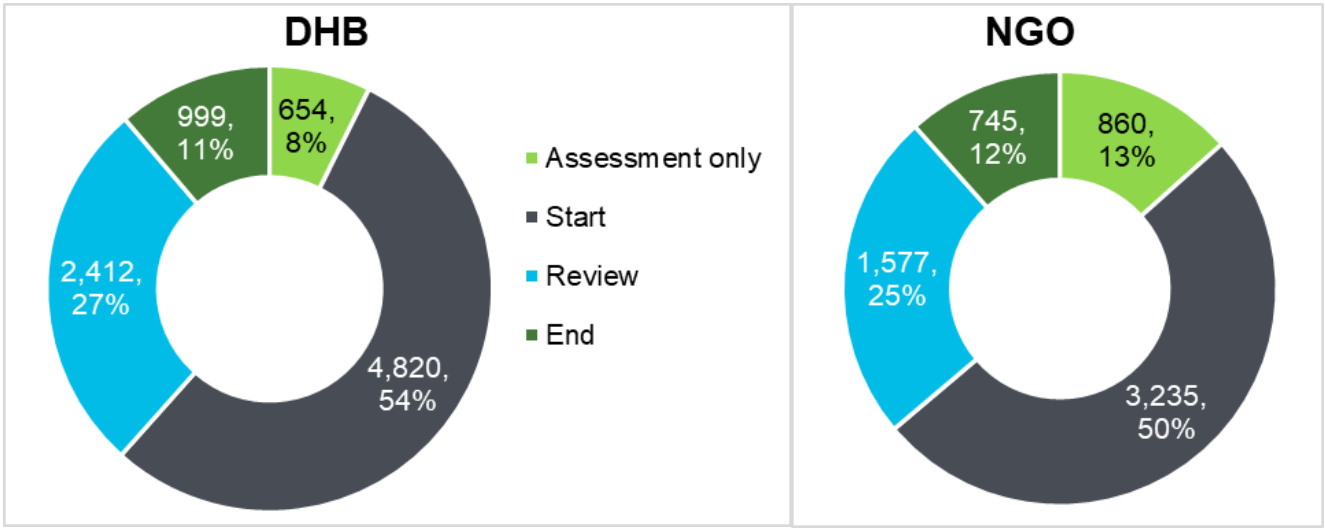


Table 1 shows how many ADOM collections were valid and met the report building business rules (see Appendix A for an overview). The percentage of valid ADOM collections is lower at treatment end.

Table 1: Number of ADOM collections valid and not valid, by reason for collection, July 2020 to June 2021

Reason for collection	Valid	Not valid	Total	% valid
Assessment only	1,514	106	1,620	93%
Start	8,055	528	8,583	94%
Review	3,989	592	4,581	87%
End	1,744	452	2,196	79%

[3] ADOM collections with four or less missing items. Excluding question 7, 9 and 11.

Part two: ADOM treatment start collections

This section describes ADOM treatment start information. This provides an overview of the demographics, substance use, and health and wellbeing of tāngata whai ora attending services at a national level.

Figure 6 shows DHBs have more treatment start ADOMs recorded than NGOs (see Appendix A for business rules). Tāngata whai ora are seen in AOD services in similar numbers between DHB and NGO services (52.1% and 47.9%) respectively.

Figure 6: ADOM treatment start collections by organisation type, July 2020 to June 2021

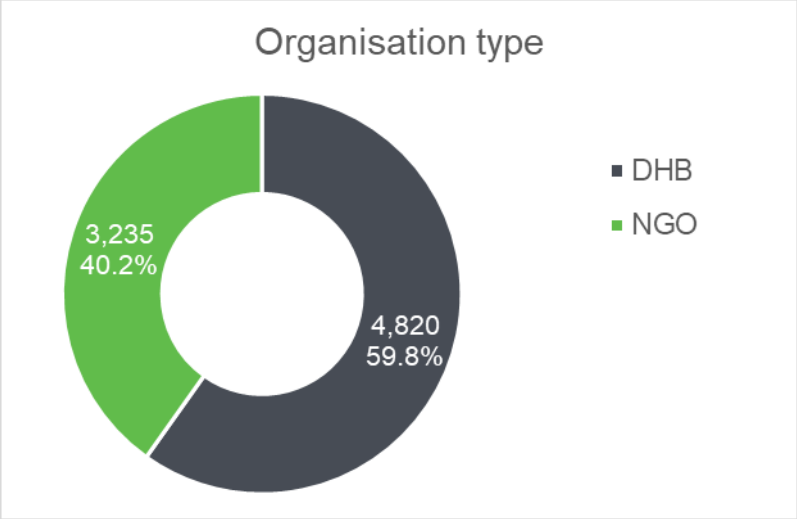


Table 2 shows the demographic profile of tāngata whai ora at treatment start compared to the profile of tāngata whai ora seen. The distribution is similar to the AOD tāngata whai ora profile, with slightly higher proportions of males, Pasifika peoples and 25-44 year olds. Māori people make up one-third of ADOM treatment start collections (32.7%), which is higher than Māori in the general population (15%)[4]. People aged 25 to 44 years reflect the largest age group accessing services making up three out of five (59.7%) ADOM treatment starts.

[4] Information taken from https://www.stats.govt.nz/information-releases/2018-census-population-and-dwelling-counts-nz-stat-tables, Māori 18-64 years.

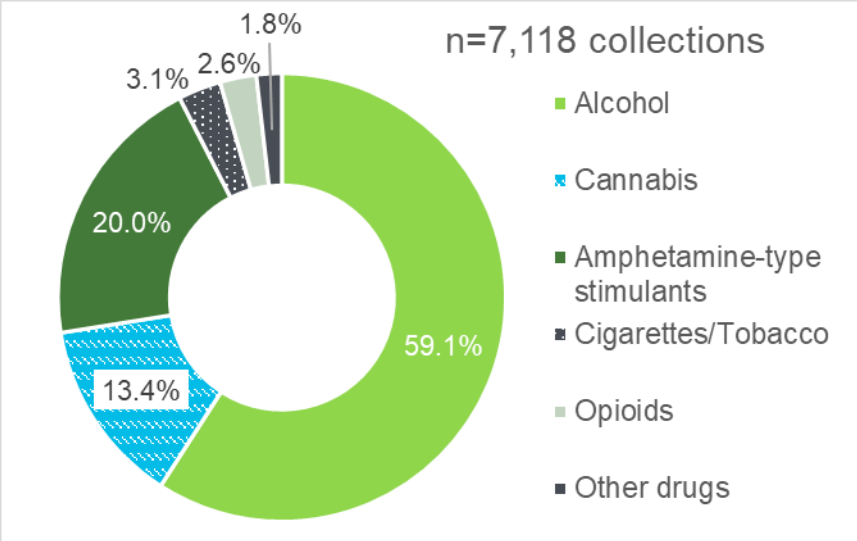
Table 2: Profile of ADOM treatment start collections and tāngata whai ora seen by gender, ethnicity and age group, July 2020 to June 2021

	Number	Percentage	Tāngata whai ora seen[5]
Gender			
Female	2,526	31.4%	35.1%
Male	5,526	68.6%	64.9%
Total	**8,055**	**100.0%**	**100.0%**
Ethnicity[6]			
Māori	2,631	32.7%	36.0%
Pasifika	1,016	12.6%	7.2%
Other	4,408	54.7%	56.9%
Total	**8,055**	**100.0%**	**100.0%**
Age group			
18-24 years	1,112	13.8%	15.1%
25-44 years	4,812	59.7%	53.9%
45-64 years	1,945	24.1%	28.2%
65 years and over	186	2.3%	2.9%
Total	**8,055**	**100.0%**	**100.0%**

ADOM treatment start collections by substance of concern

This section explores the main substance of concern for people at treatment start. When tāngata whai ora present to services and complete their first ADOM, they are asked to report their main substance of concern - this may differ from the substance they use most frequently. A main substance of concern reflects the substance people consider is causing the most issues in their life. Figure 7 shows alcohol (59.1%) is the most commonly stated main substance of concern among the 7,118 tāngata whai ora with ADOM collections at treatment start.[7]

Figure 7: Distribution of substance of main concern at ADOM treatment start collections (DHB & NGO combined), July 2020 to June 2021



[5] Distribution of tāngata whai ora seen in AOD services for July 2020 to June 2021.
[6] Prioritised ethnicity is used in PRIMHD.
[7] Note, ADOM is collected in service settings and not all 8,055 people specify a substance of concern at treatment start. Figures quoted here are not indicative of the substances for the general population, which may differ as not all people access services.

As most people accessing services use multiple substances, secondary substance(s) of concern are examined. Table 3 shows alcohol features prominently as a secondary substance of concern when it is not reported as the main substance. Amphetamine-type substances are frequently reported as secondary substances of concern where cannabis and alcohol are primary concerns. Cigarettes/tobacco feature as a secondary concern for many tāngata whai ora regardless of primary substance of concern.

Table 3: Second substance of concern by substance of main concern, July 2020 to June 2021

Substance of main concern	Number	Second substance of concern	Number
Alcohol	4,207	Cigarettes/Tobacco	790
		Cannabis	752
		Amphetamine-type stimulants	243
Cannabis	952	Alcohol	300
		Cigarettes/Tobacco	141
		Amphetamine-type stimulants	125
Amphetamine-type stimulants	1,422	Cannabis	381
		Alcohol	377
		Cigarettes/Tobacco	149

Figure 8 indicates alcohol is frequently reported as the main substance of concern by both men and women. Higher proportions of women report amphetamine-type substances and opioids as their primary substance of concern compared to men.

Figure 8: Distribution of substance of main concern at ADOM treatment start collections, by gender, July 2020 to June 2021

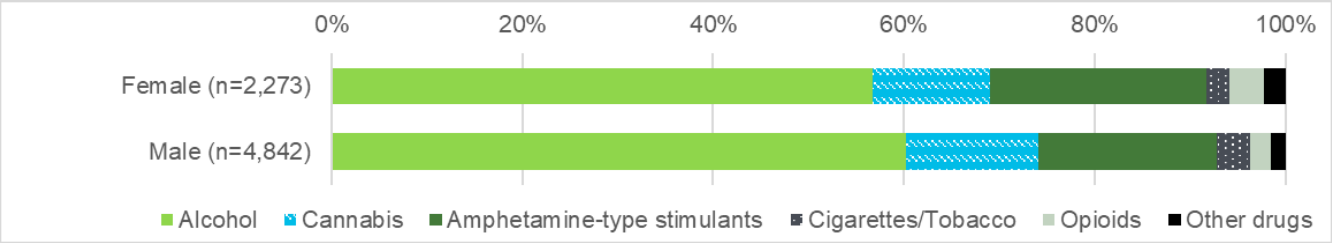


Figure 9 shows alcohol is the main substance of concern across all age groups, particularly among people aged 65 years and over. Recommendation 26 in *He Ara Oranga*[8] proposes taking a stricter regulatory approach to the sale and supply of alcohol. After alcohol, cannabis features as an issue more frequently in the youngest age group (18-24 years). Similarly, a higher proportion of younger people (25-44 years) report amphetamine type stimulants as their main substance of concern after alcohol.

Figure 9: Distribution of substance of main concern at ADOM treatment start collections, by age group, July 2020 to June 2021

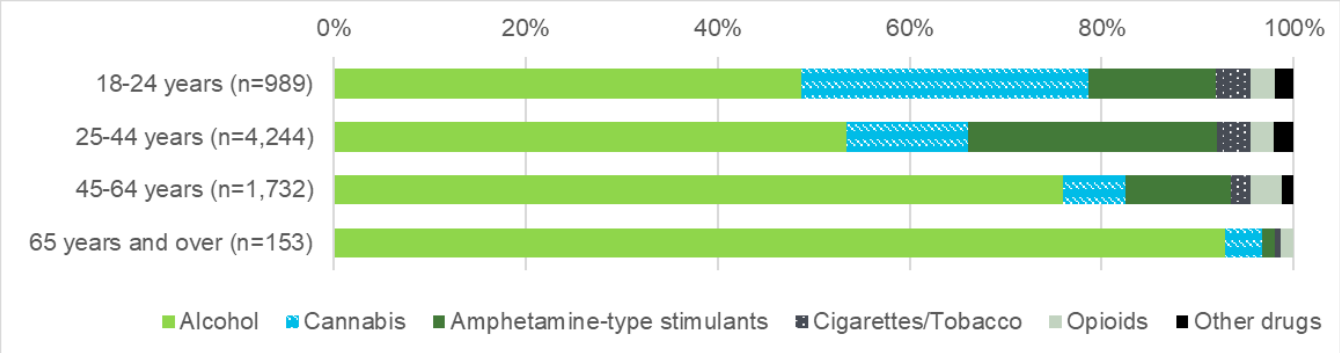
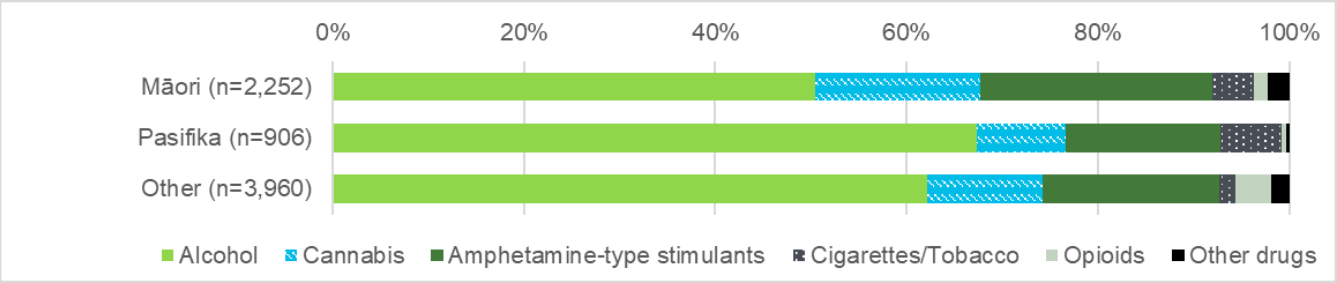


Figure 10 shows alcohol is the most reported main substance of concern across ethnic groups. The next most common substances of concern across groups are amphetamine-type stimulants and cannabis (along with cigarettes/tobacco for Pasifika peoples). More non-Māori, non-Pasifika groups report opioids as a main substance of concern.

Figure 10: Distribution of substance of main concern at ADOM treatment start collections, by ethnicity, July 2020 to June 2021



[8] Government Inquiry into Mental Health and Addiction. (2018). *He Ara Oranga – Report of the Government Inquiry into Mental Health and Addiction.* https://mentalhealth.inquiry.govt.nz/inquiry-report/he-ara-oranga/

ADOM treatment start collections by lifestyle and wellbeing

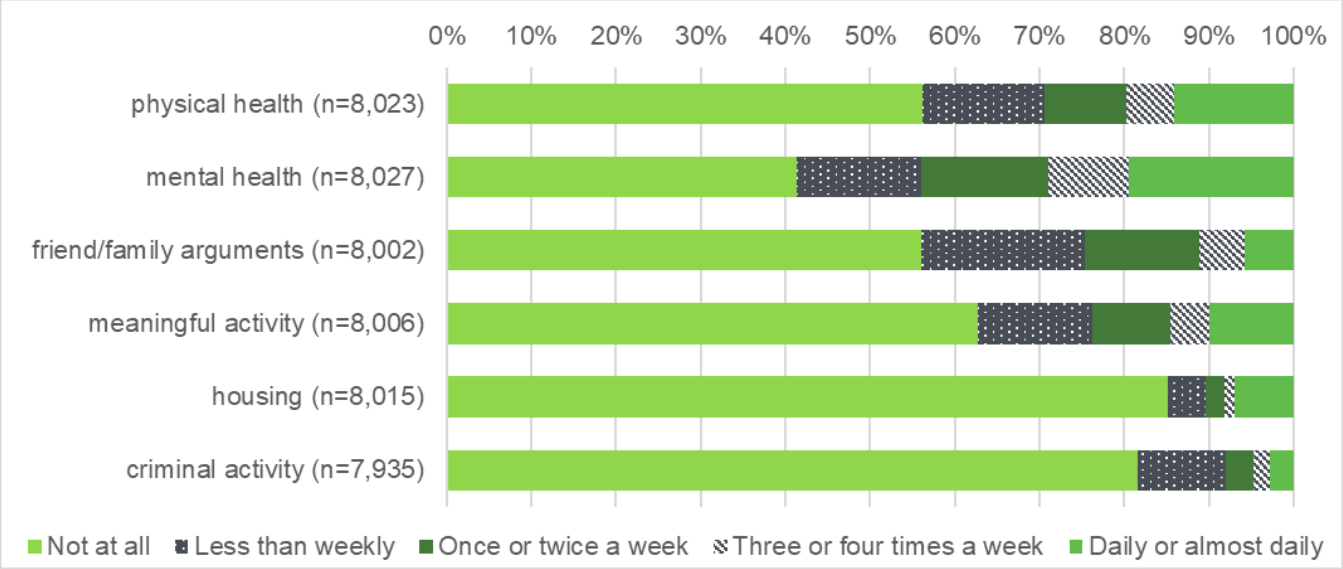
This section focuses on the lifestyle and wellbeing of people accessing services, based on the questions collected in section two of the ADOM at treatment start.

Lifestyle and wellbeing – all tāngata whai ora

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 11 illustrates lifestyle and wellbeing problems identified by tāngata whai ora. Each week about one in three (29%) tāngata whai ora experience at least some physical health problems, and two in five (44%) experience mental health problems. Around 8% of tāngata whai ora say they are engaged in criminal activity at least once a week.

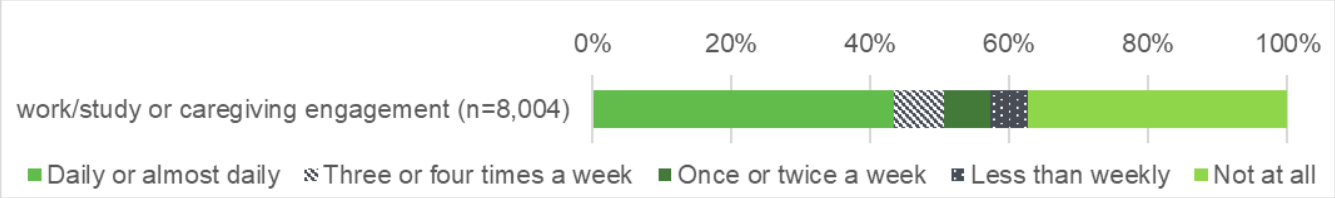
Figure 11: Distribution of lifestyle and wellbeing responses at ADOM treatment start collections, July 2020 to June 2021



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 12 indicates three in five (57%) tāngata whai ora are engaged in work, study, or caregiving each week.

Figure 12: Distribution of lifestyle and wellbeing Q16 responses at ADOM treatment start collections, July 2020 to June 2021



Lifestyle and wellbeing – by gender and ethnicity

Figure 13 shows females are more likely to report lifestyle and wellbeing concerns in all areas except criminal activity.

Figure 13: Distribution of lifestyle and wellbeing responses at ADOM treatment start collections, by gender, July 2020 to June 2021

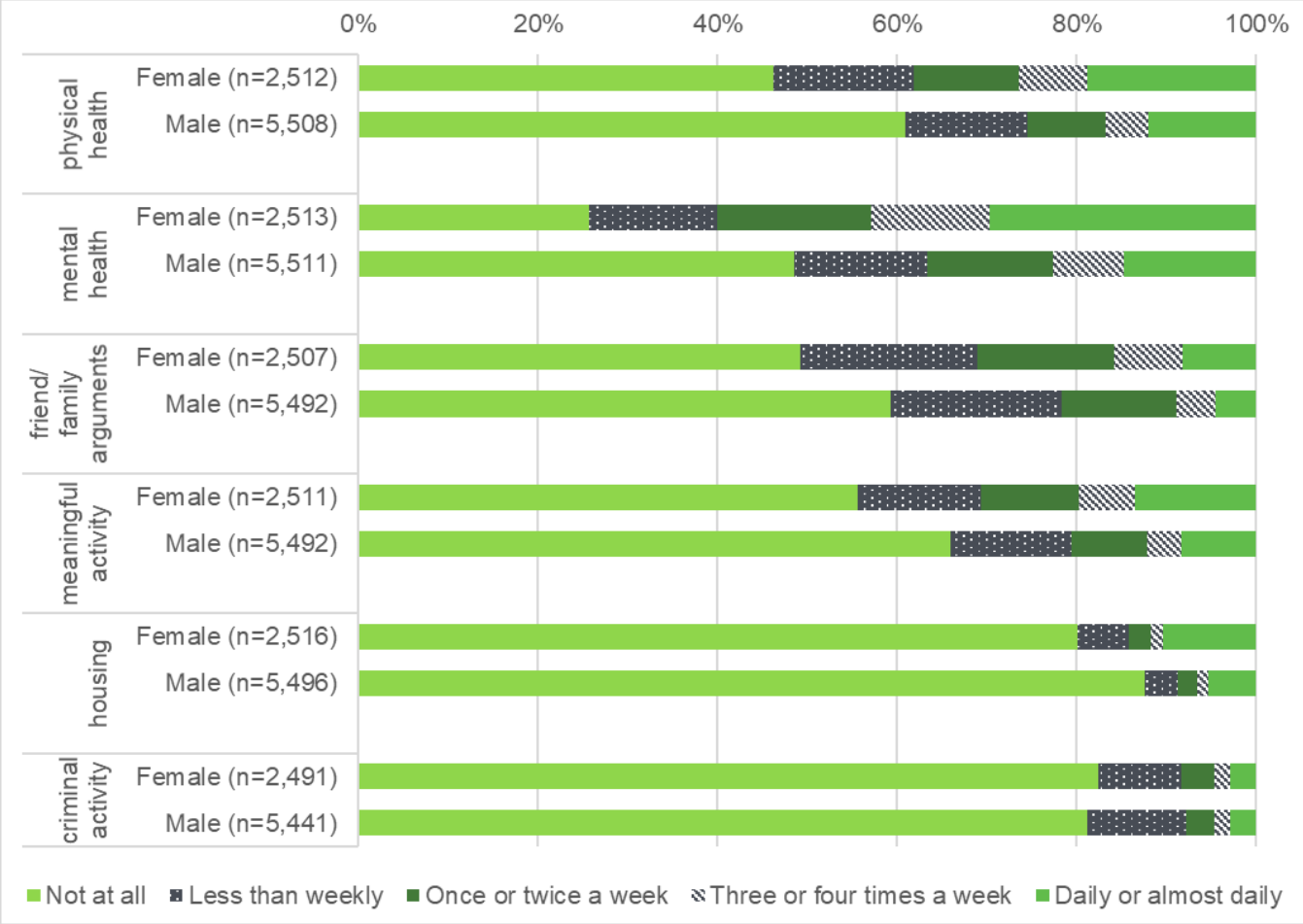


Figure 14 shows males and females are engaged with work, study, or caregiving activities at similar rates.

Figure 14: Distribution of lifestyle and wellbeing responses Q16 (engagement with work, study or care giving) at ADOM treatment start collections, by gender, July 2020 to June 2021

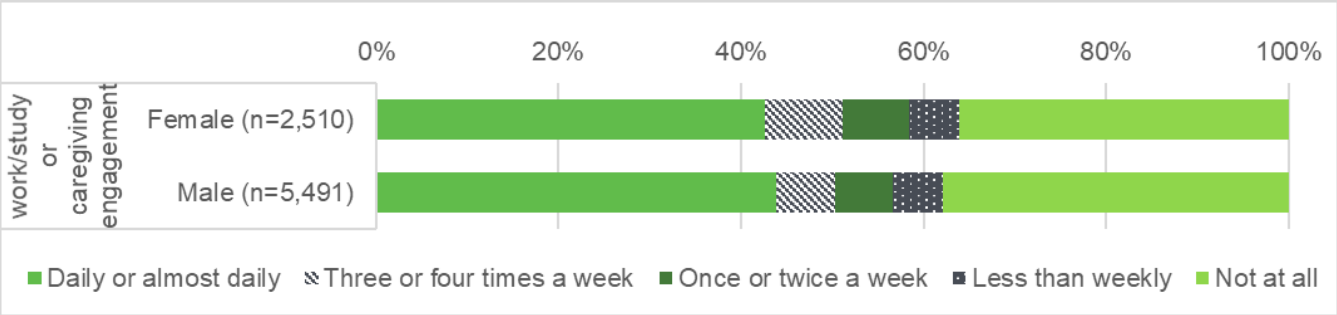


Figure 15 shows the response to section two ADOM lifestyle and wellbeing questions by ethnic group. Pasifika peoples report fewer lifestyle and wellbeing concerns compared to Māori and other ethnic groups.

Figure 15: Distribution of lifestyle and wellbeing responses at ADOM treatment start collections, by ethnicity, July 2020 to June 2021

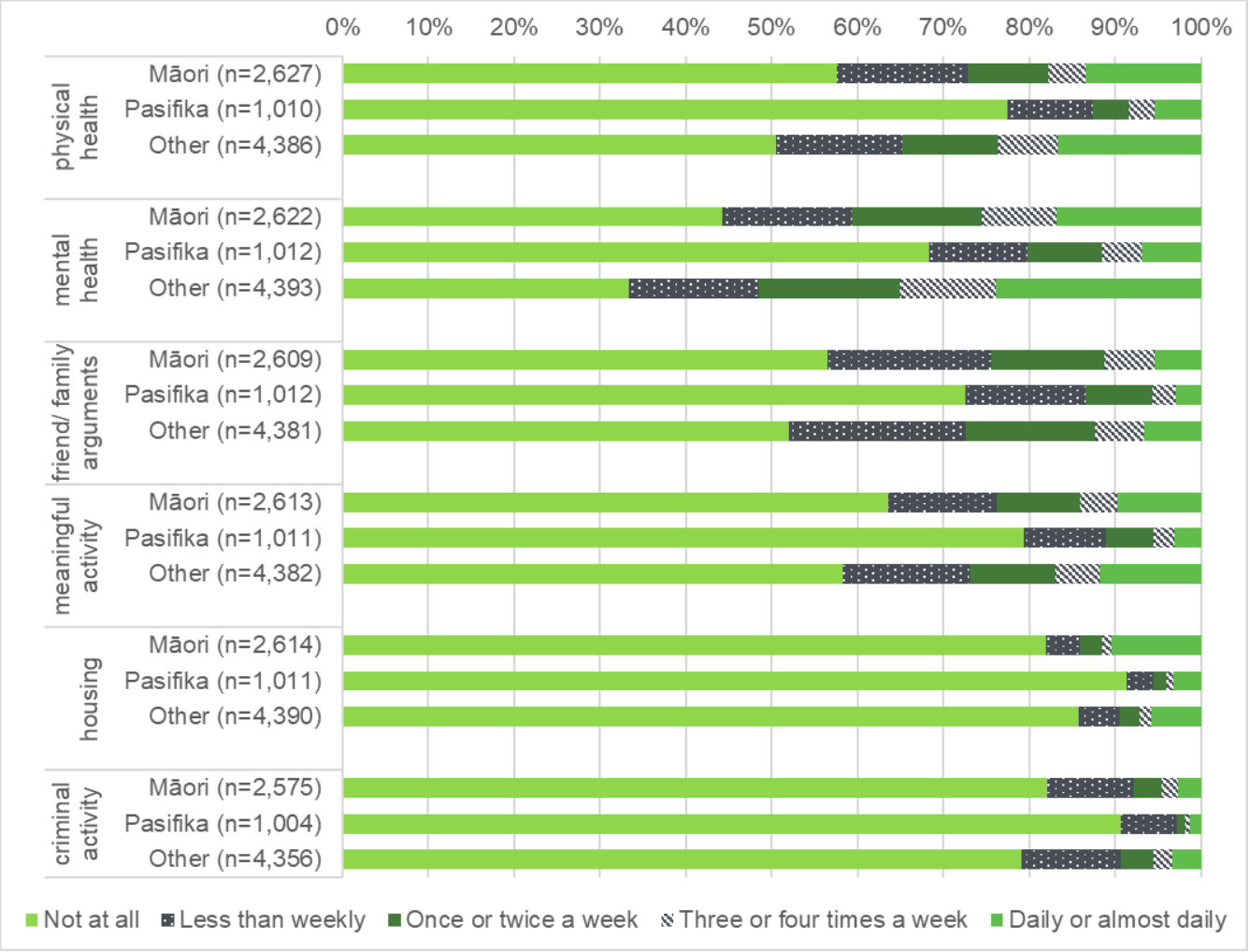
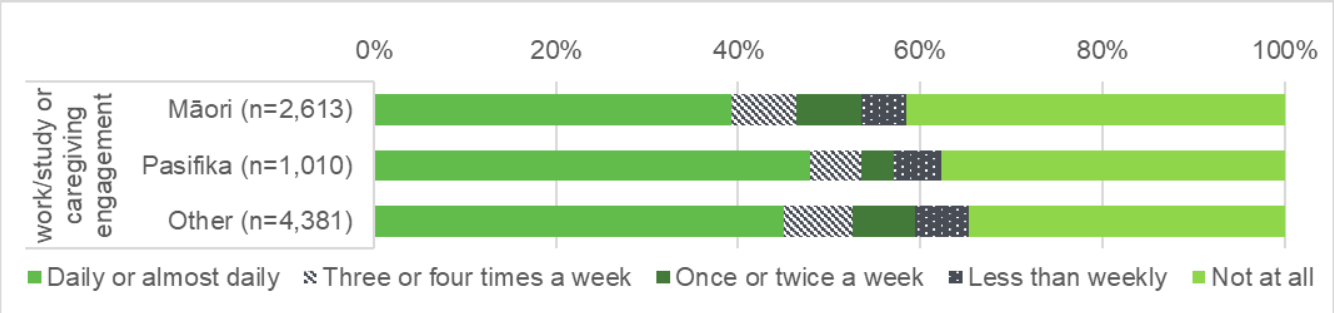


Figure 16 indicates at least one in three people are not engaged in work, study, or caregiving at all. There are slight differences in levels of engagement between Māori, Pasifika, and other ethnic groups.

Figure 16: Distribution of lifestyle and wellbeing responses Q16 (engagement with work, study or caregiving) at ADOM treatment start collections, by ethnicity, July 2020 to June 2021



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Part three: Outcomes (matched pairs)

This section describes outcomes for people accessing community AOD services where ADOM has been collected at both treatment start and treatment end (matched pairs). There were 1,134 matched pairs of ADOM collections at treatment start and treatment end, with the treatment end between July 2020 and June 2021.

There is a large drop off between treatment start and treatment end. Tāngata whai ora starting treatment in this period may still be in treatment and therefore will not be included in these matched pairs analyses. A significant number of tāngata whai ora with potential matched pairs have not been included due to drop offs (see Appendix A for inclusion rules).

Figure 17 shows matched (treatment start and treatment end) pair collections are higher in DHBs than NGOs.

Figure 17: Percentage of ADOM matched pairs by organisation type, July 2020 to June 2021

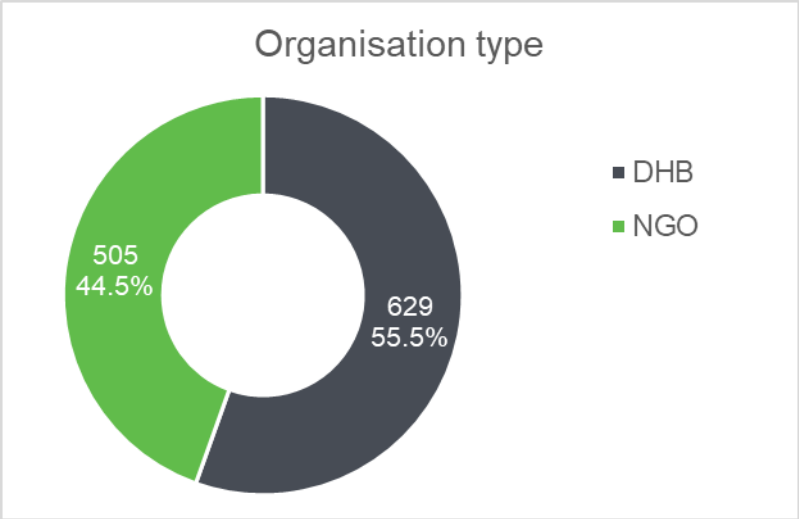
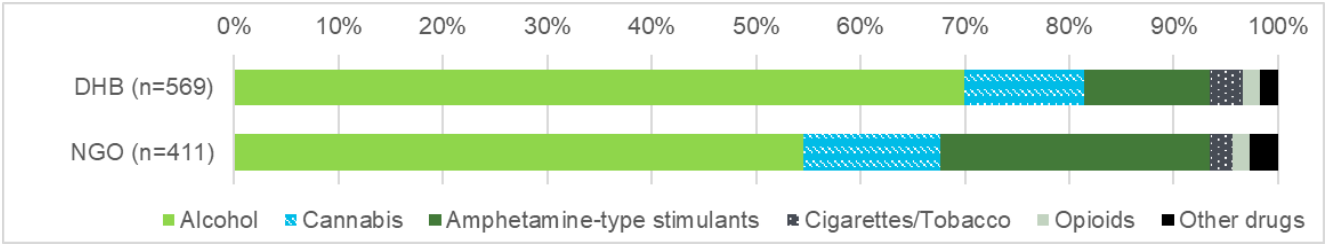


Figure 18 shows a higher proportion of tāngata whai ora report alcohol as the main substance of concern in DHBs than in NGO settings. A higher proportion of people in NGO settings report amphetamine-type stimulants as a main substance of concern compared to DHB settings.

Figure 18: Percentage of ADOM matched pairs by main substance of concern at treatment start, by organisation type, July 2020 to June 2021



ADOM matched pairs by substance of concern

Outcomes for tāngata whai ora between treatment start and treatment end using any substance are presented in this section (due to the amount of data available).

Figure 19 shows a decrease in substance use for tāngata whai ora across all substances between treatment start and treatment end.

Figure 19: Days of substance use in the past four weeks at ADOM treatment start and treatment end for those matched pairs with substance use as treatment start, July 2020 to June 2021

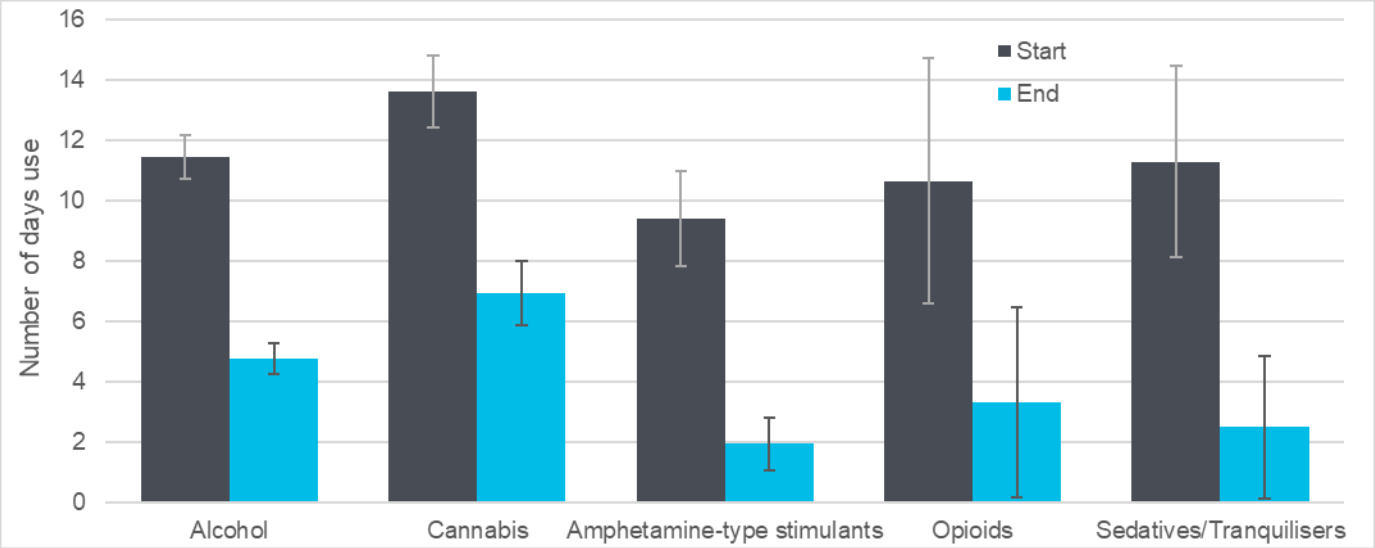


Figure 20 shows a reduction in the number of standard drinks tāngata whai ora consume in a typical drinking day between starting and ending treatment (from 11.6 to 4.3 on average).

Figure 20: Standard drinks used in a typical drinking day at ADOM treatment start and treatment end for those matched pairs with use at treatment start, July 2020 to June 2021

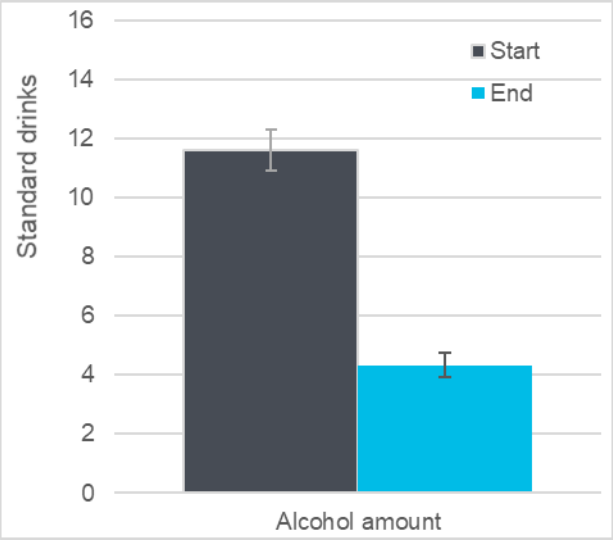


Table 4 indicates large reductions in days of use of sedatives/tranquilisers, amphetamine-type stimulants and opioids between treatment start and treatment end. Large reductions in injecting drug use and the amount of alcohol consumed are also shown.

Table 4: Average days of substance use amongst those with use at treatment start, by ADOM treatment start, treatment end and outcome, matched pairs, July 2020 to June 2021

Question	Start mean	End mean	Outcome (Start minus end mean)	Cohen's d (effect size with 95% CI)	Effect of treatment
Q1: Alcohol days of use	11.5 *(n=720)*	4.8 *(n=719)*	6.7	0.79 (0.68-0.90)	Medium
Q2: Alcohol number of standard drinks consumed in a typical days use	11.6 *(n=711)*	4.3 (n=*703)*	7.3	0.93 (0.82-1.04)	Large
Q3: Cannabis days of use	13.6 *(n=340)*	6.9 *(n=338)*	6.7	0.63 (0.48-0.78)	Medium
Q4: Amphetamine-type stimulant days of use	9.4 *(n=129)*	1.9 *(n=128)*	7.5	1.03 (0.77-1.29)	Large
Q5: Opioids days of use	10.7 *(n=32)*	3.3 *(n=31)*	7.3	0.73 (0.21-1.23)	Medium
Q6: Sedatives/tranquilisers days of use	11.3 *(n=38)*	2.5 *(n=37)*	8.8	1.04 (0.54-1.51)	Large
Q8: Cigarettes/tobacco amount used	10.1 *(n=595)*	6.7 *(n=581)*	3.4	0.48 (0.36-0.59)	Small
Q10: Injected drug use	10.3 *(n=16)*	0.3 *(n=15)*	10.0	1.62 (0.77-2.38)	Large

Note: Cohen (1992)[9] reports the following intervals for d: .2 to .5: small effect; .5 to .8: medium effect; .8 and higher: large effect.

[9] Cohen, J. (1992). A power primer, quantitative methods in psychology. *Psychologic Bulletin, 112*(1), 155-159.

ADOM matched pairs by lifestyle and wellbeing

This section explores changes in tāngata whai ora lifestyle and wellbeing between starting and ending treatment.

Figure 21 shows positive changes in lifestyle and wellbeing in all areas between treatment start and treatment end.

Figure 21: Distribution in lifestyle and wellbeing for ADOM treatment start and end for matched pairs, July 2020 to June 2021

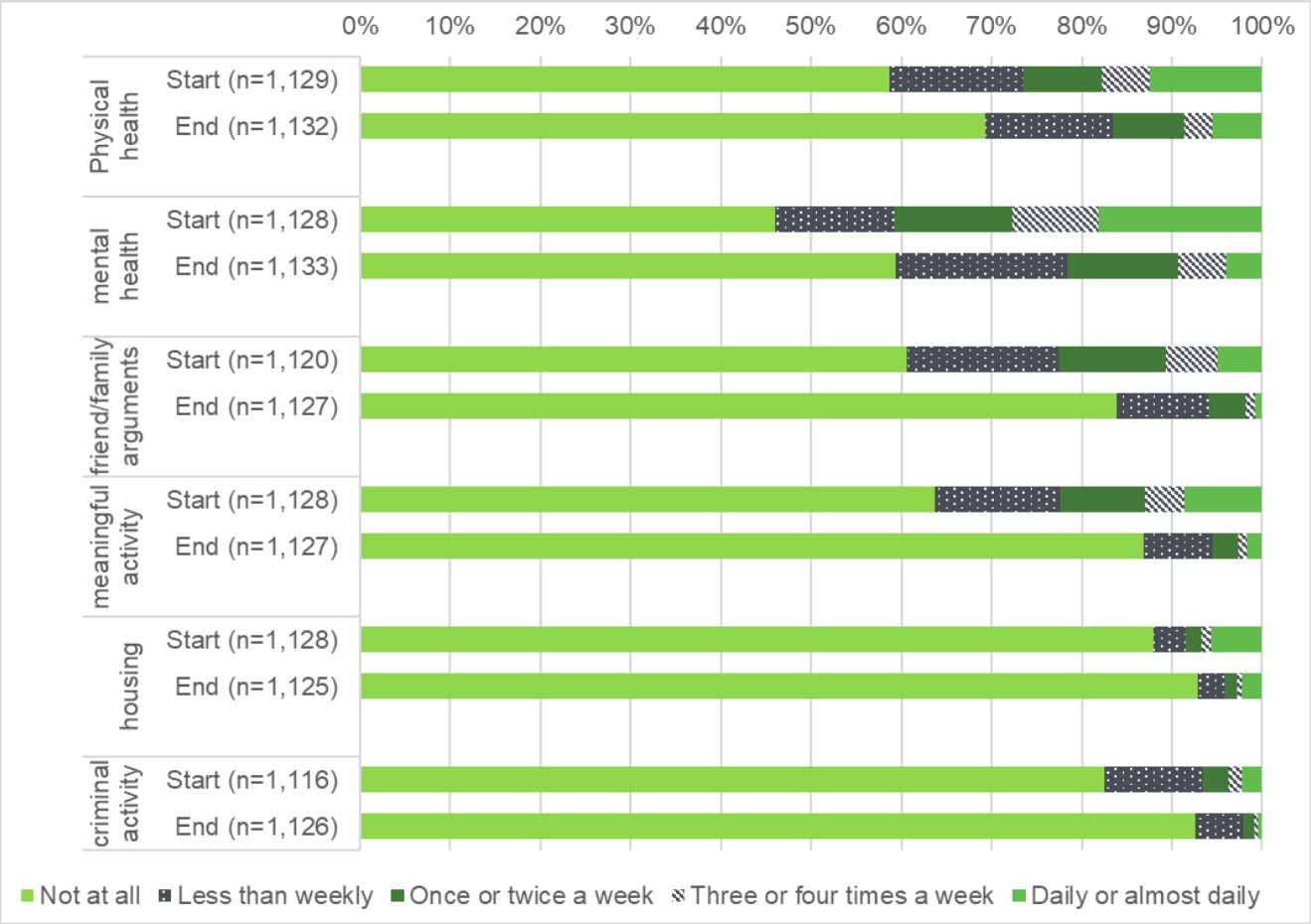
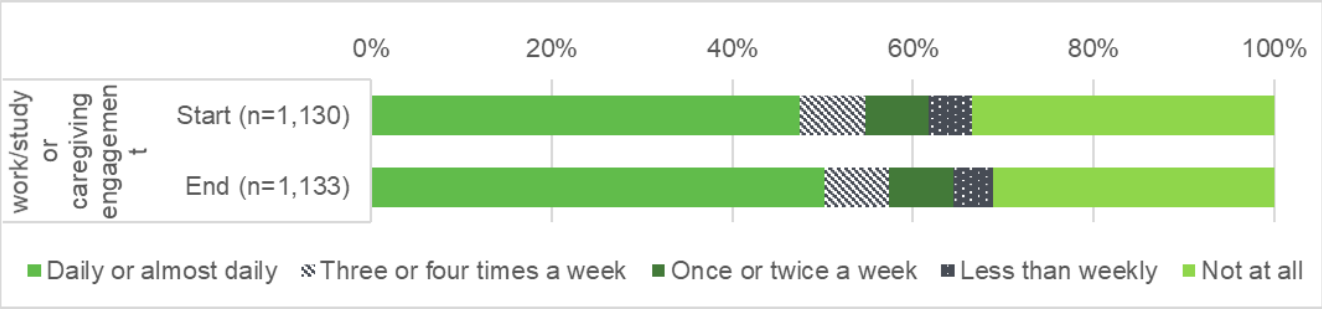


Figure 22 indicates little change between treatment start and treatment end in employment, study and caregiving.

Figure 22: Distribution in lifestyle and wellbeing between ADOM treatment start and end for Q16 matched pairs, July 2020 to June 2021



ADOM matched pairs by recovery

Figure 23 shows positive changes between treatment start and treatment end in how tāngata whai ora see themselves in relation to where they want to be in their recovery.

Figure 23: Average self-rating of rates of closeness to desired recovery at ADOM treatment start and end collection, by selected substance of main concern (at treatment start), July 2020 to June 2021

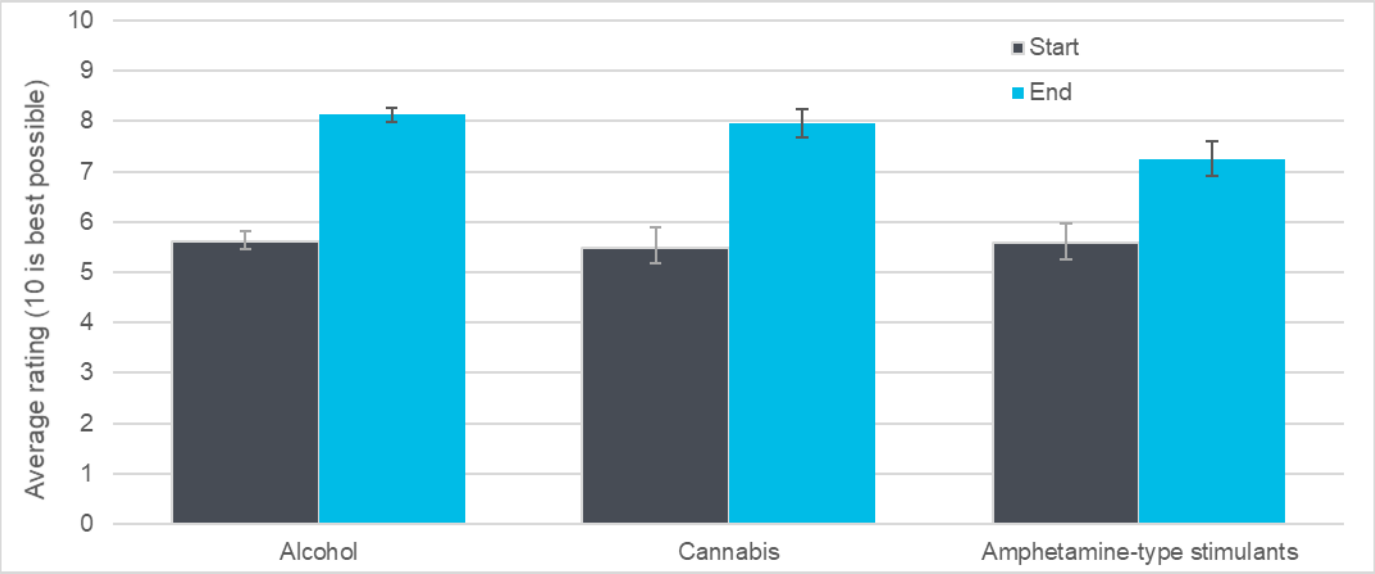
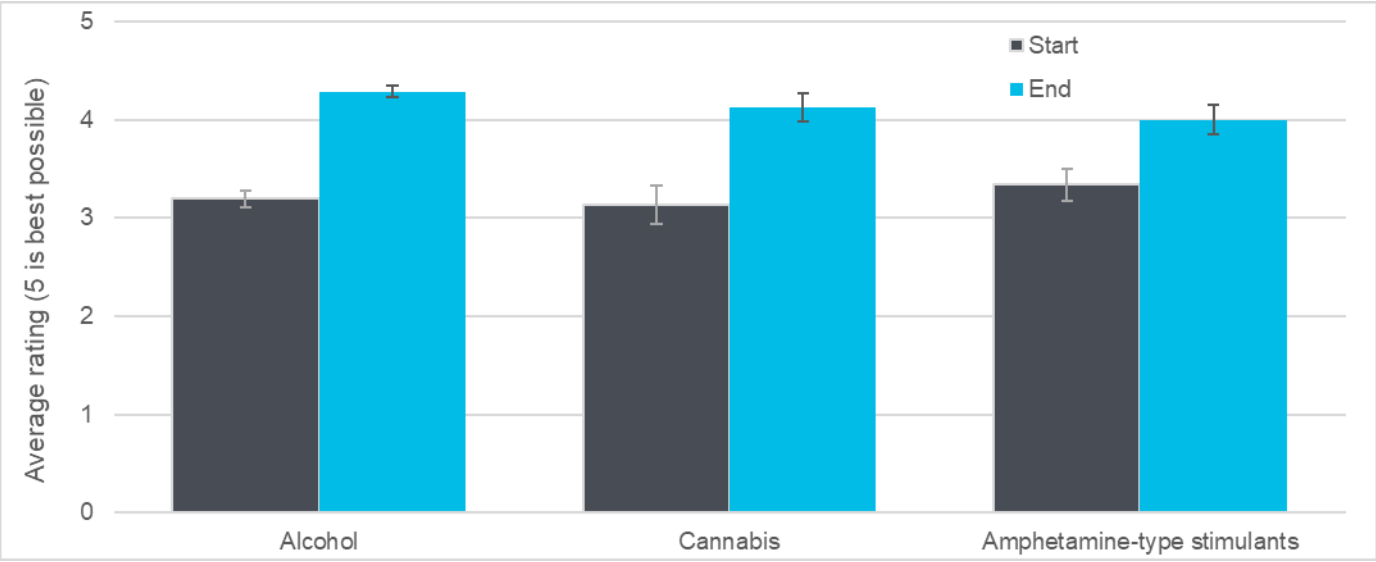


Figure 24 shows positive changes between treatment start and treatment end in how tāngata whai ora regard progress towards their recovery goals. Those stating amphetamine-type stimulants as main substance of concern showed the least positive change during this period.

Figure 24: Average self-rating of how satisfied tāngata whai ora are with progress towards achieving their recovery goals at ADOM treatment start and end collection, by selected substance of main concern (at treatment start), July 2020 to June 2021



Conclusion

This brief report summarises data from ADOM in PRIMHD from July 2020 to June 2021.

This report shows positive reductions in tāngata whai ora substance use following treatment. Additionally, people's ratings of their lifestyle and wellbeing show positive improvements, along with ratings of and satisfaction with their recovery.

While the available ADOM data used in this report provides useful results, gaps in the data still exist. There is a need to continue improving ADOM data collection. This will enable greater confidence in conclusions made about the impact of services on tāngata whai ora.

Appendix A. Method[10]

Inclusion and exclusion criteria

AOD episode of care entering mandated services:

- includes teams mandated to collect ADOM[12]
- includes team type of alcohol and drug team or a co-existing team
- includes tāngata whai ora aged 18 years and over
- includes referrals with an in-scope contact. Excludes activity settings: WR, PH, SM, OM and exclude activity type: T08, T32, T35, T46, T47 and T49. The activity type is a contact
- join referral together to make an episode of care if they overlap or have 14 days or less between referral end and referral start
- includes those episodes of care which start in the period of the report.

Treatment starts are within the episode of care: Include only episode of care with a treatment start ADOM collections including assessment only (RC13, RC14, RC15) in analysis.

ADOM collections analysis:

- includes teams recognised or identified as those mandated to collect ADOM
- includes tāngata whai ora are aged 18 years and over
- excludes ADOM collections with five or more missing items[13]
- excludes RC19 – Treatment end – DNA and RC21 – Treatment end – other

For treatment start ADOM collections (RC13, RC14) is used.

ADOM matched pairs:

- based on ADOM collections above
- includes those for 28 days or longer
- uses the date of the end collection. Start collection can be outside the period but after 1 July 2015.

Other notes

'Not specified' answers to items are excluded for specific questions. For example, for substance of main concern there are a number of collections without a response to this question.

[10] Please see ADOM report building rules for a full explanation of methodology, inclusion and exclusion of data in these reports: https://www.tepou.co.nz/resources/adom-report-building-rules/775

[12] Some teams in the list are excluded. This is because the team is coded as a community mental health team, and AOD only referrals cannot be differentiated.

[13] This is excluding questions 7, 9 and 11.