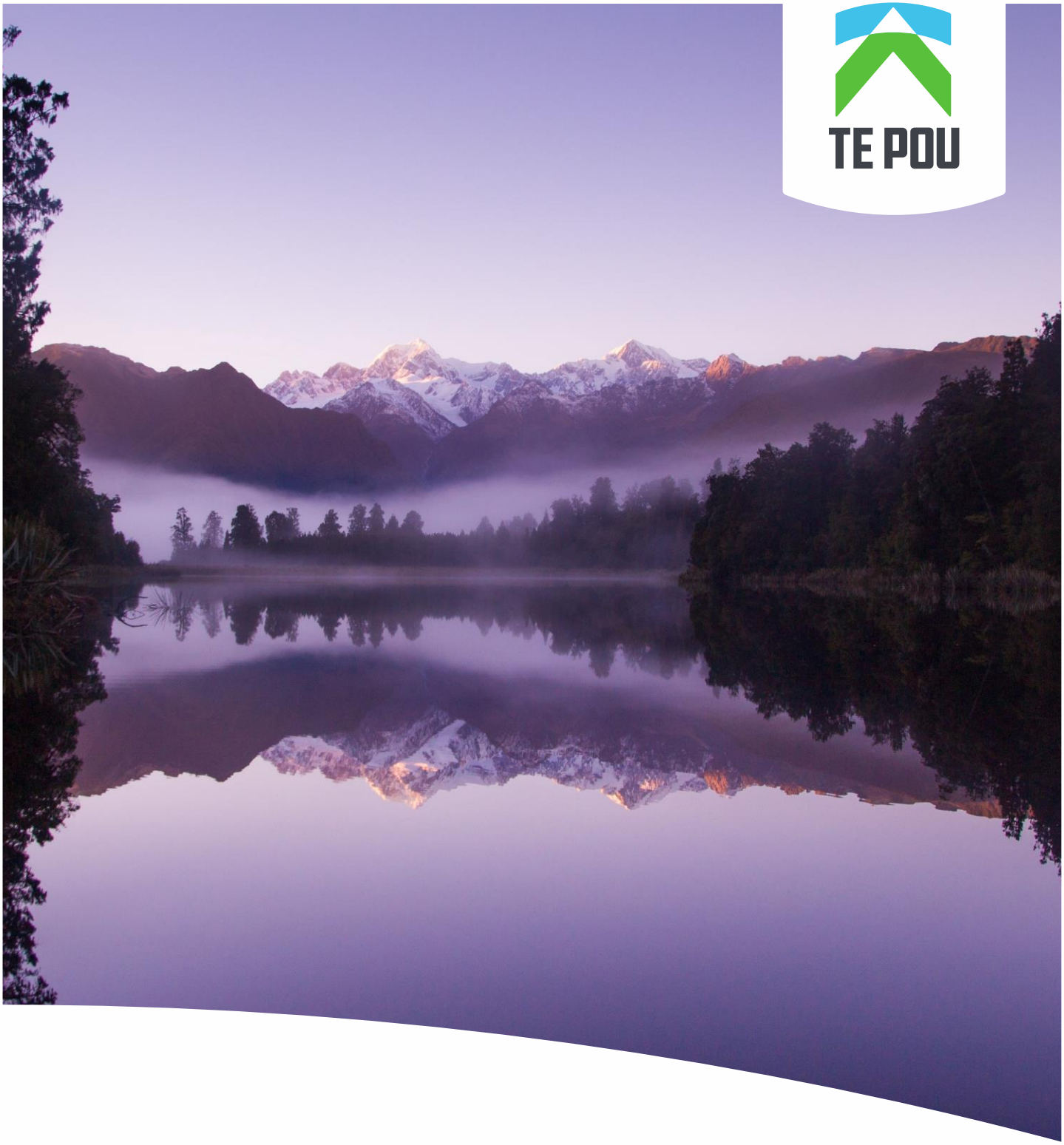


Alcohol and other drug outcome measure (ADOM)

Report nine: Summary of ADOM collection data for period July 2019 to June 2020

tepou.co.nz

IBSN: 978-1-98-855158-6

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).

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, Talya Postelnik and Rhonda Robertson of Te Pou for their peer review and support.

Executive summary

This 9th national alcohol and other drug outcome measure (ADOM) report covers the period July 2019 to June 2020. It uses PRIMHD data supplied by the Ministry of Health extracted on 2 November 2020.

This report has three parts.

- Part one: ADOM collections in PRIMHD.
- Part two: 8,558 treatment start ADOM collections.
- Part three: 1,328 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 period were at treatment start. Of the AoD episodes of care into ADOM mandated service, 34.4% had a treatment start or assessment only for DHBs and 28.4% for NGOs.

Part two shows that at treatment start:

- DHBs have more treatment starts than NGOs (5,124 (59.9%) and 3,434 (40.1%) respectively)
- there are twice as many males than females (69.4% and 30.6% females respectively)
- over half (55.7%) reflect people with an ‘other ethnicity’ which is comprised mostly of Europeans
- Māori reflect about one-third of people (31.8% compared to 15% in general population in 2018)
- nearly 3 in 5 people (59.4%) were in the 25-44 age group.

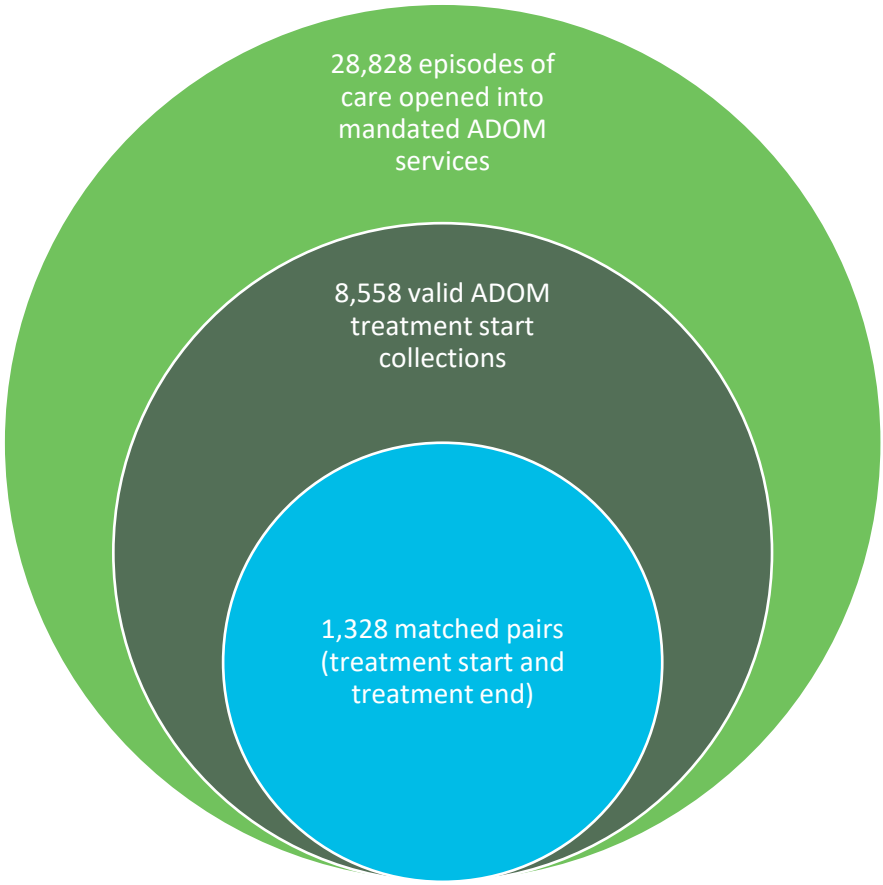
At the start of treatment, alcohol is by far the main substance of concern for people (4,295), followed by amphetamine type stimulants (1,627) and cannabis (921). Alcohol is also an issue for many people who report other main substances of concern. At the beginning of treatment, many people report lifestyle and wellbeing problems regardless of their gender, age, ethnicity, and substances use groups.

Part three indicates that on average there is a decrease in substance use for people at the end of their treatment, compared to the start. There is medium-to-large reductions in the number of days of substance use between treatment start and treatment end. Positive change occured on all lifestyle and wellbing problems except employment, study, and caregiving. Positive changes are also seen in people’s recovery in terms of progress towards, and how satisfied they are to achieving, their desired recovery goals.

Part one: ADOM in PRIMHD

- 28,828 - the total number of episodes of care opened for tāngata whai ora in PRIMHD from mandated services; both DHBs and non-government organisation (NGOs), between 1 July 2019 and 30 June 2020.
- 8,558 - the total number of valid ADOM treatment start collections.
- 1,328 - the total number of matched pairs - tāngata whai ora with ADOM collections at *both* treatment start and treatment end who have ended treatment before 30 June 2020.

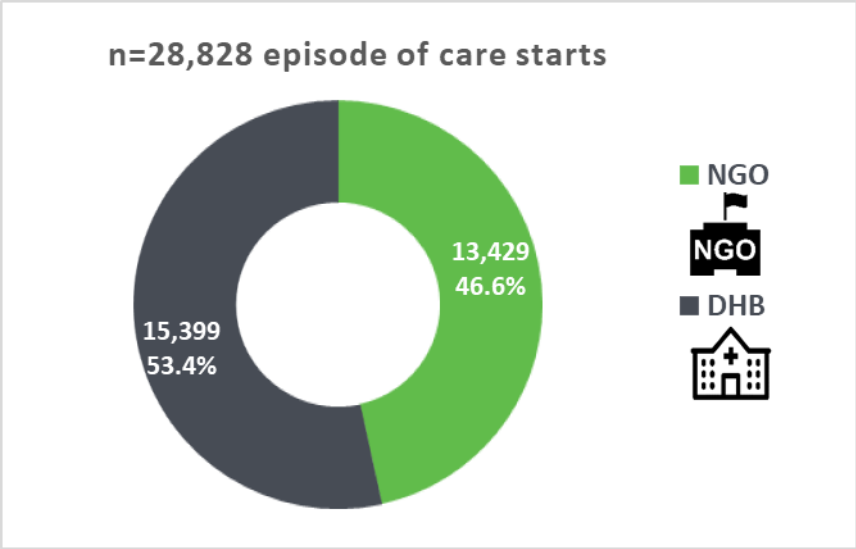
Figure 1: ***Total number of AoD episodes of care in mandated services, ADOM treatment start, and ADOM matched treatment start and end pairs, July 2019 to June 2020***



When interpreting findings in this report it is important to consider the figures above. **Analysis on small numbers may not be generalisable. Data in this report cannot be used to estimate the level of AoD 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 number and percentage of episodes of care starts in ADOM mandated AoD services by NGOs and DHBs. There is more treatment start and assessment only collections within DHBs than NGOs.

Figure 2: ***AoD episode of care into ADOM mandated services, by organisation type (NGO and DHB), July 2019 to June 2020***



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 2019 to June 2020***

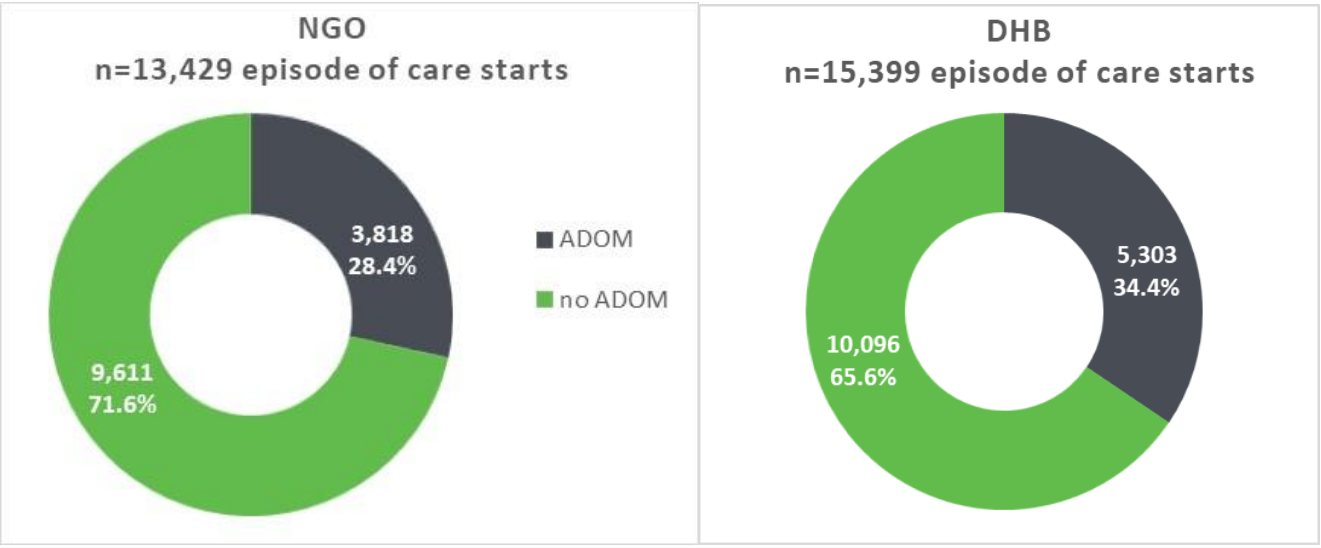
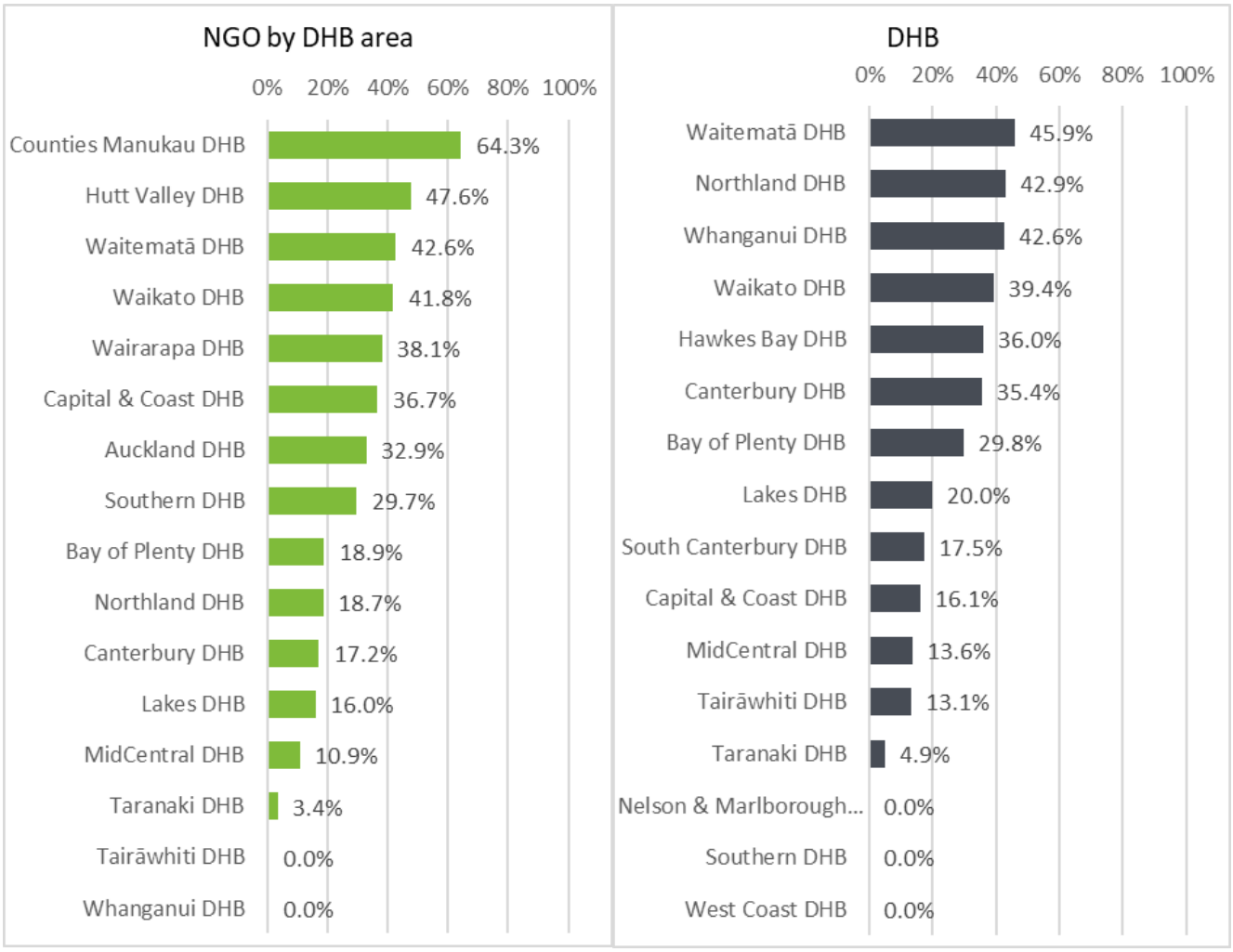


Figure 4 shows NGO and DHB episodes of care with at least one ADOM (treatment start and assessment only) collection in each DHB area. Some DHBs show no ADOM collections (reported to PRIMHD). Some DHBs have no collection for a variety of reasons including IT system issues. Therefore this does not indicate that ADOM 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[1], July 2019 to June 2020*



[1] There are no eligible 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, Wairarapa.

ADOM collections by reason for collection

Figure 5 shows the total 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 2019 to June 2020***

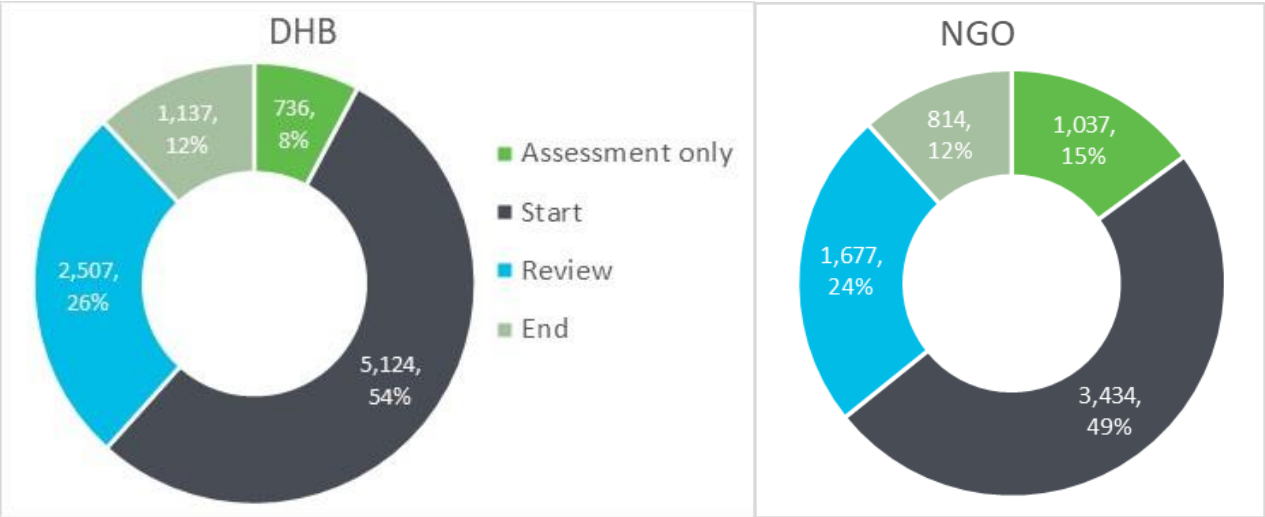


Table 2 shows how many ADOM collections were valid and met the report building business rules (see Appendix A for an overview). The percentage of valid ADOM collections is lower at treatment end.

Table 1: ***Number of ADOM collection valid and not valid, by reason for collection, July 2019 to June 2020***

Reason for collection	Valid	Not valid	Total	% valid
Assessment only	1,773	68	1,841	96%
Start	8,558	431	8,989	95%
Review	4,184	512	4,696	89%
End	1,951	555	2,506	78%

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 valid treatment start ADOMs recorded than NGOs (see appendix A for business rules).

Figure 6: *Valid ADOM treatment start collections by organisation type, July 2019 to June 2020*

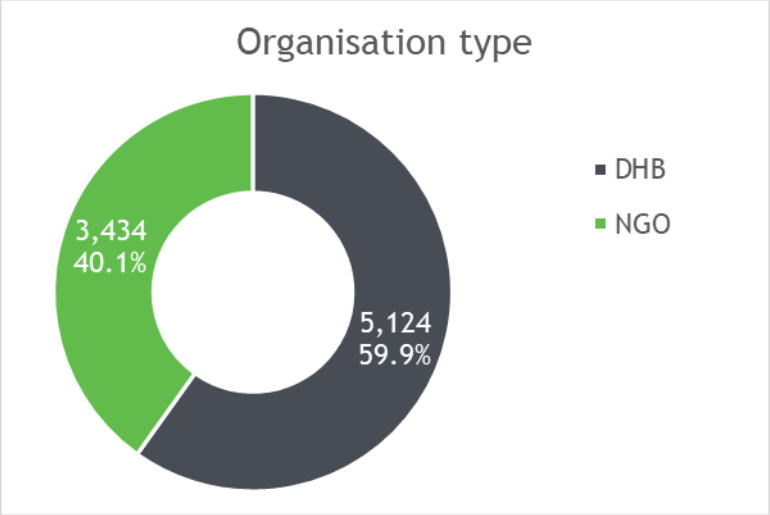


Table 2 shows the demographic profile of tāngata whai ora at treatment start. The gender distribution is in line with people accessing AoD services. Māori people make up one-third of ADOM start collections (31.8 %), which is higher than Māori in the general population (15 %).[2] People aged 25 to 44 years reflect the largest age group accessing services and are over represented compared to the general population (59.4% versus 35% respectively).

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

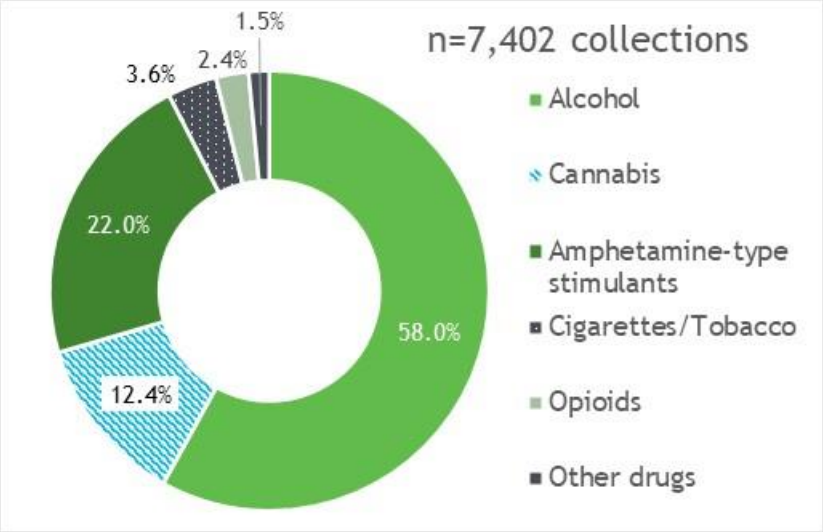
Table 2: ***Profile of ADOM treatment start collections by gender, ethnicity and age group, July 2019 to June 2020***

	Number	Percentage
Gender		
Female	2,619	30.6%
Male	5,938	69.4%
Total	**8,558**	**100.0%**
Ethnicity		
Māori	2,718	31.8%
Pasifika	1,069	12.5%
Other	4,771	55.7%
Total	**8,558**	**100.0%**
Age group		
18-24 years	1,291	15.1%
25-44 years	5,085	59.4%
45-64 years	1,980	23.1%
65 years and over	202	2.4%
Total	**8,558**	**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 they consider is or has been causing the most issues in their life. Figure 7 shows alcohol (58.0%) is the most commonly stated main substance of concern among the 7,402 ADOM collections at treatment start.[3]

Figure 7: ***Distribution of substance of main concern at ADOM treatment start collections (DHB & NGO combined), July 2019 to June 2020***



3 Note, ADOM is collected in service settings and not all 8,558 people specify a substance of concern at treatment start. Figures quoted here are not indicative of substance use in the general population, which may differ as not all people access services.

As most people use multiple substances, secondary substance(s) of concern are examined. Alcohol features prominently as a secondary substance of concern when it is not reported as the main substance of concern. 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 2019 to June 2020*

Substance of main concern	number	Second substance of concern	number
Alcohol	4,295	Cigarettes/Tobacco	825
		Cannabis	701
		Amphetamine-type stimulants	229
Cannabis	921	Alcohol	272
		Cigarettes/Tobacco	144
		Amphetamine-type stimulants	134
Amphetamine-type stimulants	1,627	Cannabis	458
		Alcohol	417
		Cigarettes/Tobacco	159

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 2019 to June 2020*

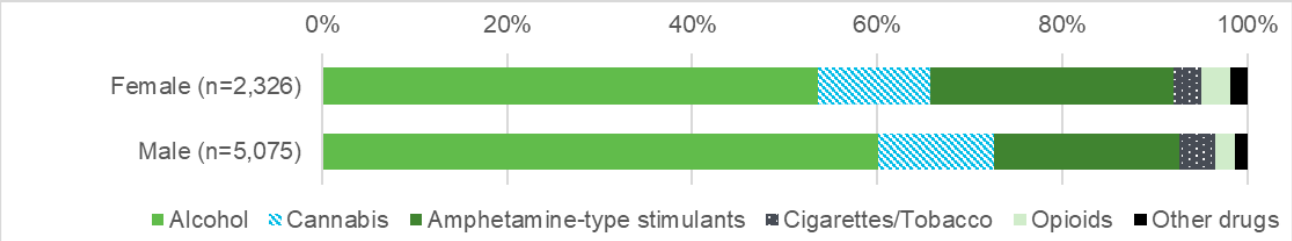


Figure 9 shows alcohol is the main substance of concern across all age groups, particularly among people aged 65+ years. Recommendation 26 in He Ara Oranga[4] proposes taking a stricter regulatory approach to the sale and supply of alcohol. Cannabis features more frequently in the youngest age group (18-24 years). A higher proportion of younger people (25-44 years) report amphetamine type stimulants as their main substance of concern.

Figure 9: *Distribution of substance of main concern at ADOM treatment start collections, by age group, July 2019 to June 2020*

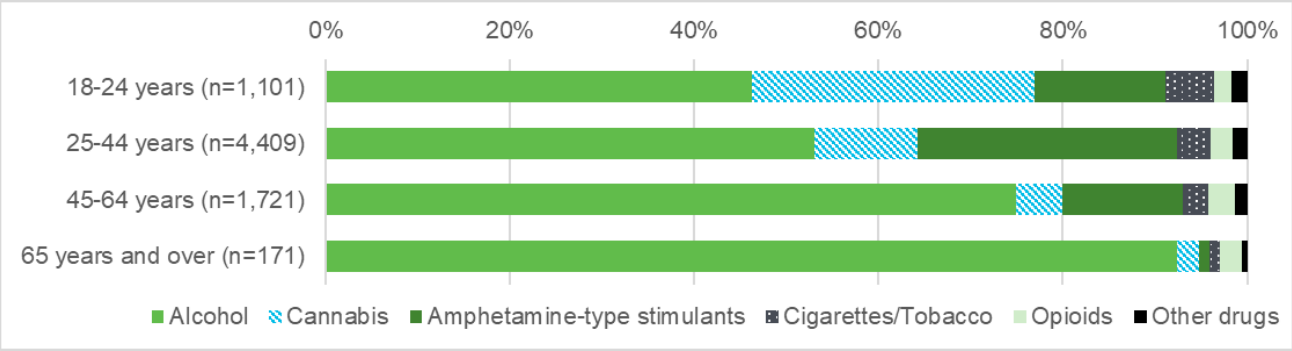
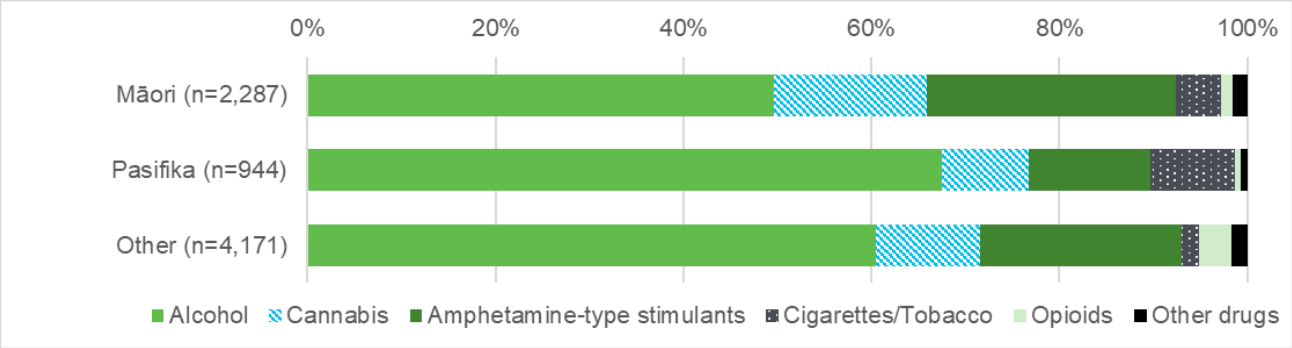


Figure 10 shows alcohol is the most reported main substance of concern across ethnic groups. The next most common substances of concern are amphetamine-type stimulants and cannabis (along with cigarette/tobacco for Pasifika people). More non-Māori, non-Pasifika groups report opioids as a main substance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

Figure 10: *Distribution of substance of main concern at ADOM treatment start collections, by ethnicity, July 2019 to June 2020*



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.

[4] Inquiry into Mental Health and Addiction (2018) He Ara Oranga – Report of the Government Inquiry into Mental Health and Addiction.

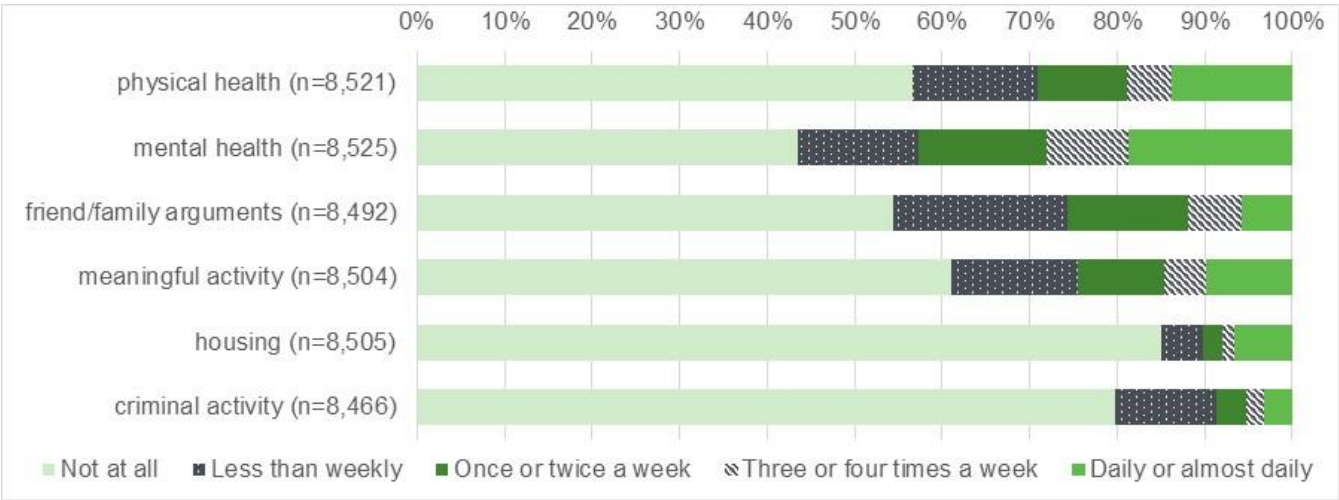
Lifestyle and wellbeing – all tāngata whai ora

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 for tāngata whai ora.

Each week about one in three (29%) of tāngata whai ora experience at least some physical health problems, and two in five (43%) experience mental health problems. Around 9% of tāngata whai ora say they are engaged in criminal activity at least once a week.

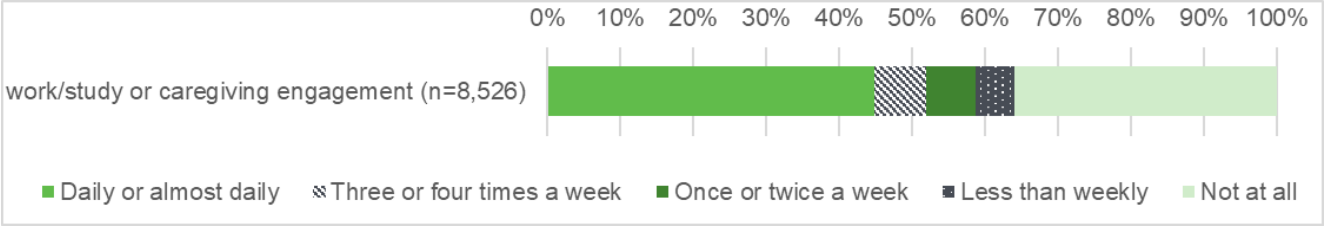
Figure 11: *Distribution of lifestyle and wellbeing responses at ADOM treatment start collections, July 2019 to June 2020*



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 (59%) 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 2019 to June 2020*



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 2019 to June 2020***

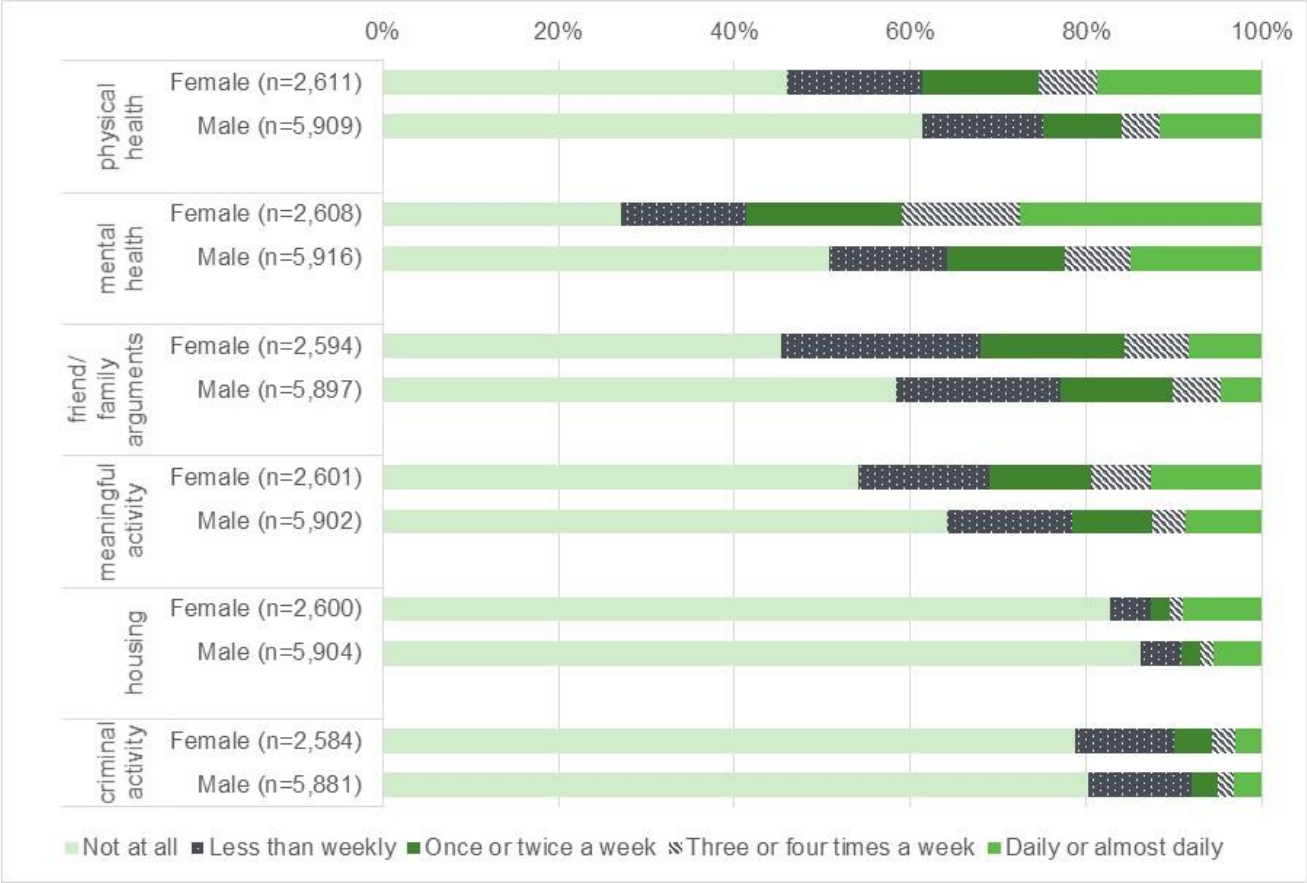


Figure 14 shows males and females are engaged with work, study, or caregiving activities at similar rates.

Figure 14: ***Distribution of lifestyle and wellbeing responses Q16 (engagement with work, study or care giving) at ADOM treatment start collections, by gender, July 2019 to June 2020***

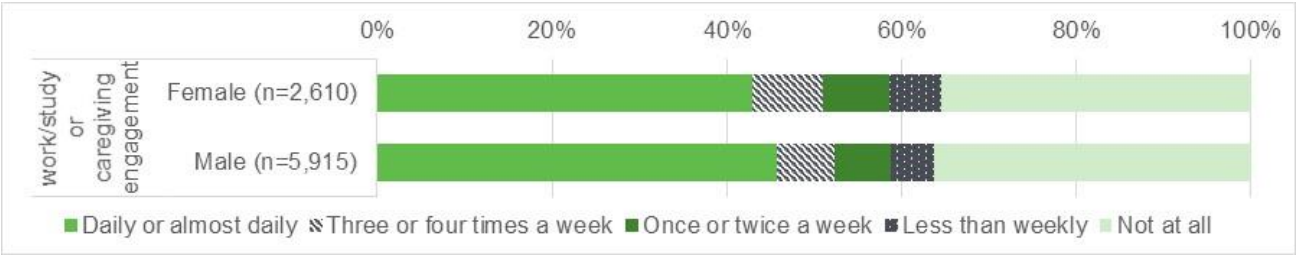


Figure 15 shows the response to Section two ADOM lifestyle and wellbeing questions by ethnic group. Māori and Pasifika people report fewer lifestyle and wellbeing concerns compared to other ethnic groups. However, Māori people report more concerns than Pasifika people, particularly in relation to mental and physical health. This could reflect different cultural beliefs about physical and mental health and wellness.

Figure 15: ***Distribution of lifestyle and wellbeing responses at ADOM treatment start collections, by ethnicity, July 2019 to June 2020***

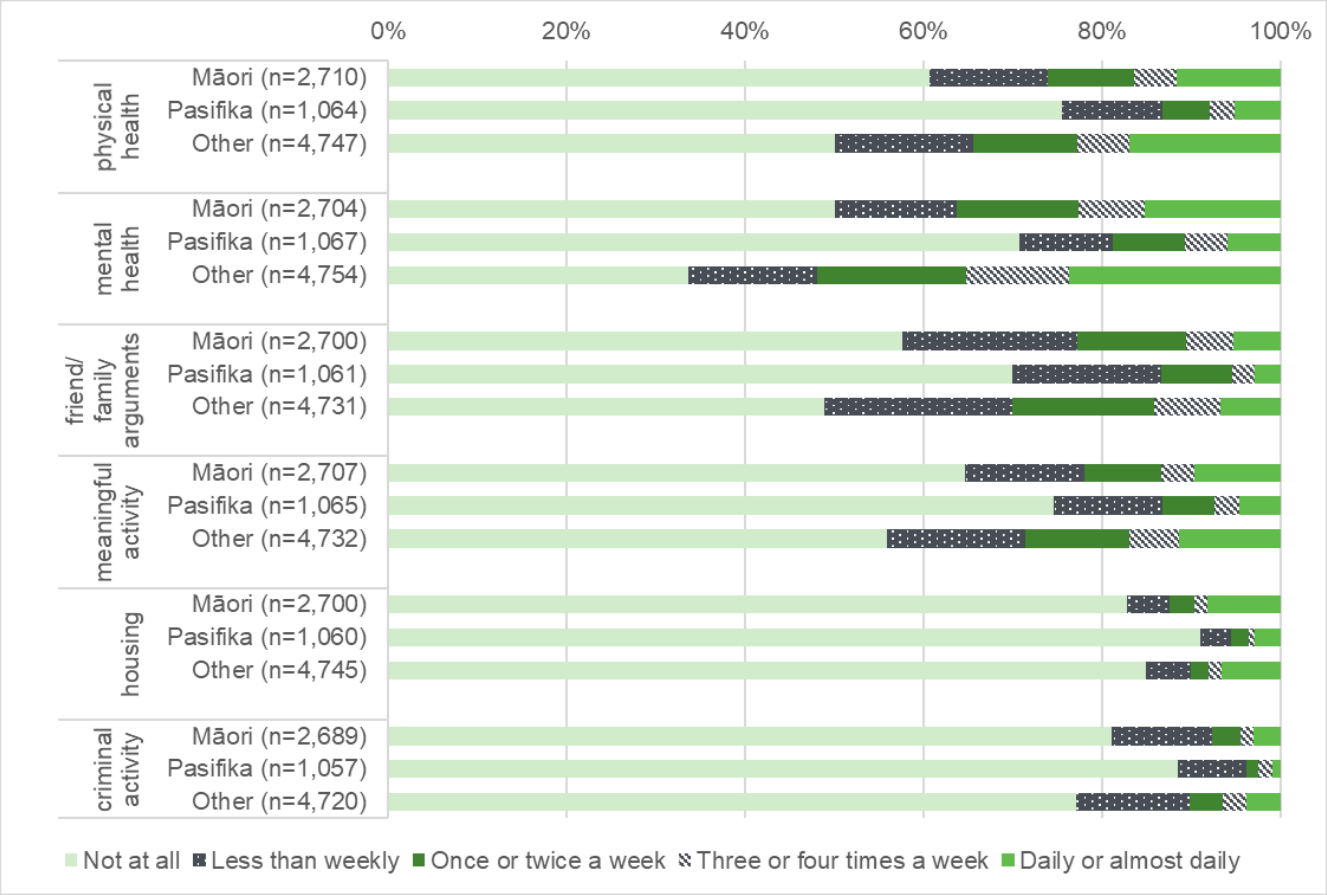
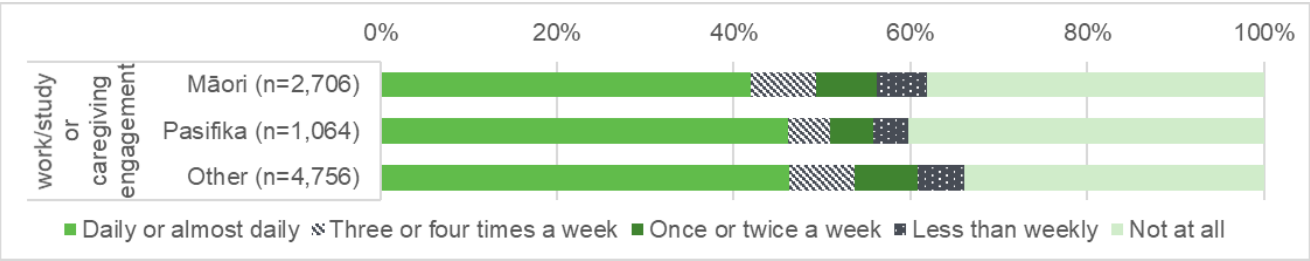


Figure 16 indicates at least one in three people are not engaged in work, study, or caregiving at all. There are slight differences in levels of engagement between Māori, Pacific, and other ethnic groups.

Figure 16: ***Distribution of lifestyle and wellbeing responses Q16 (engagement with work, study or caregiving) at ADOM treatment start collections, by ethnicity, July 2019 to June 2020***



.

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 1,328 matched pairs of ADOM collections at treatment start and treatment end, with the treatment end between July 2019 and June 2020.

Please note tāngata whai ora starting treatment in this period may still be in treatment and therefore will not be included in these matched pairs analyses, though they may be in future reports. A significant number of tāngata whai ora potential matched pairs have not been included due to drop offs (did not attend (DNA)) (see Appendix A for inclusion rules). Even though tāngata whai ora may have experienced change, we are unable to capture all data relating to change during treatment.

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

Figure 17: ***Percentage of ADOM matched pairs by organisation type, July 2019 to June 2020***

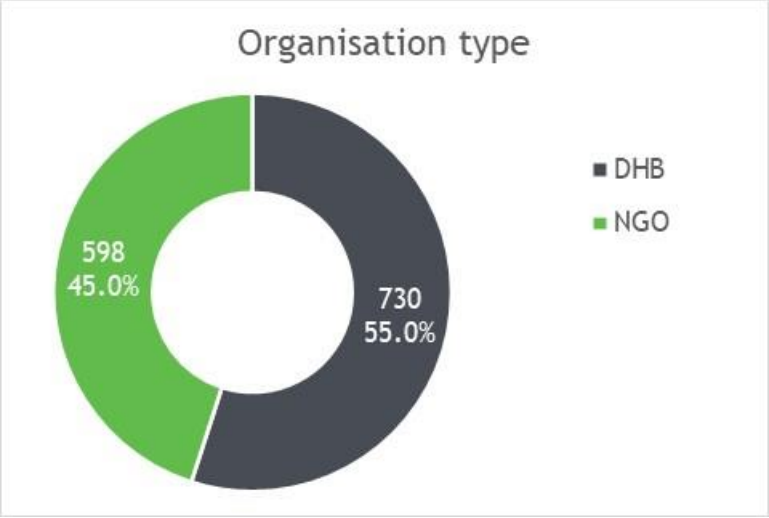
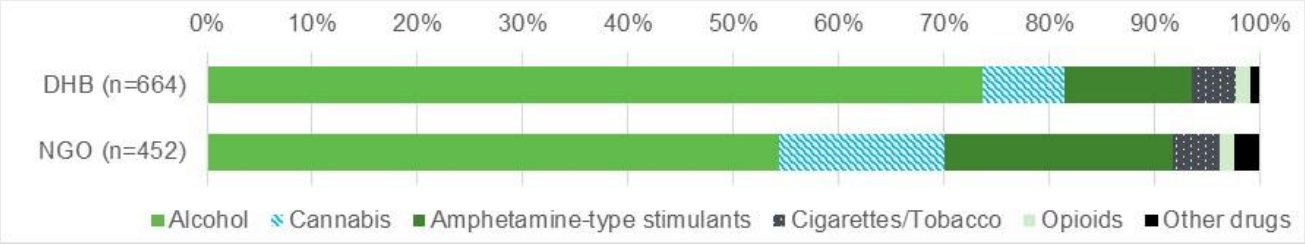


Figure 18 shows a higher proportion of tāngata whai ora report alcohol as the main substance of concern in DHBs and amphetamine-type stimulants in NGO settings

Figure 18: ***Percentage of ADOM matched pairs by main substance of concern at treatment start, by organisation type, July 2019 to June 2020***



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 2019 to June 2020*

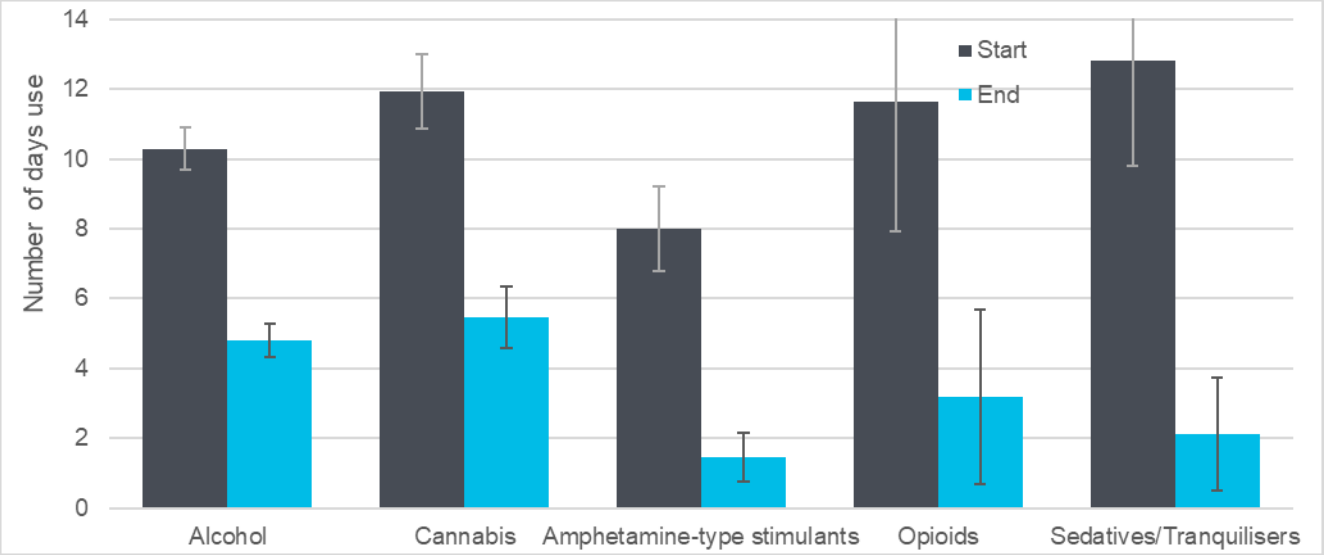


Figure 20 shows a reduction in the number of standard drinks tāngata whai ora consume in a typical drinking day between starting and ending treatment (from 10.9 to 4.1 on average).

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 2019 to June 2020*

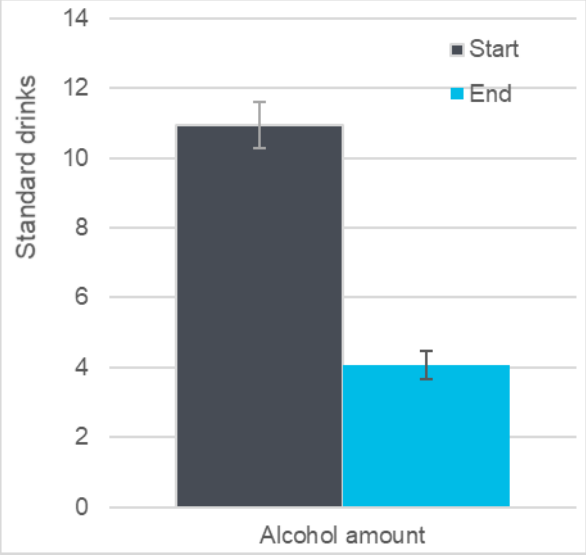


Table 4 indicates large reductions in days of use of sedatives/tranquilisers, amphetamine-type stimulants and opioids between treatment start and treatment end. Large reductions in injecting drug use and the amount of alcohol consumed are also shown.

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 2019 to June 2020***

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	10.3 *(n=882)*	4.8 *(n=881)*	5.5	0.66 (0.57-0.76)	Medium
Q2: Alcohol number of standard drinks consumed in a typical days use	10.9 *(n=861)*	4.1 (n=*847)*	6.9	0.84 (0.74-0.94)	Large
Q3: Cannabis days of use	11.9 *(n=378)*	5.5 *(n=374)*	6.5	0.67 (0.52-0.82)	Medium
Q4: Amphetamine-type stimulant days of use	8.0 *(n=163)*	1.4 *(n=162)*	6.5	1.02 (0.78-1.25)	Large
Q5: Opioids days of use	11.6 *(n=39)*	3.2 *(n=39)*	8.5	0.86 (0.39-1.32)	Large
Q6: Sedatives/tranquilisers	12.8 *(n=60)*	2.1 *(n=60)*	10.7	1.13 (0.74-1.51)	Large
Q10: Injected drug use	6.8 *(n=40)*	1.1 *(n=37)*	5.7	0.94 (0.46-1.40)	Large

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

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 2019 to June 2020*[6]

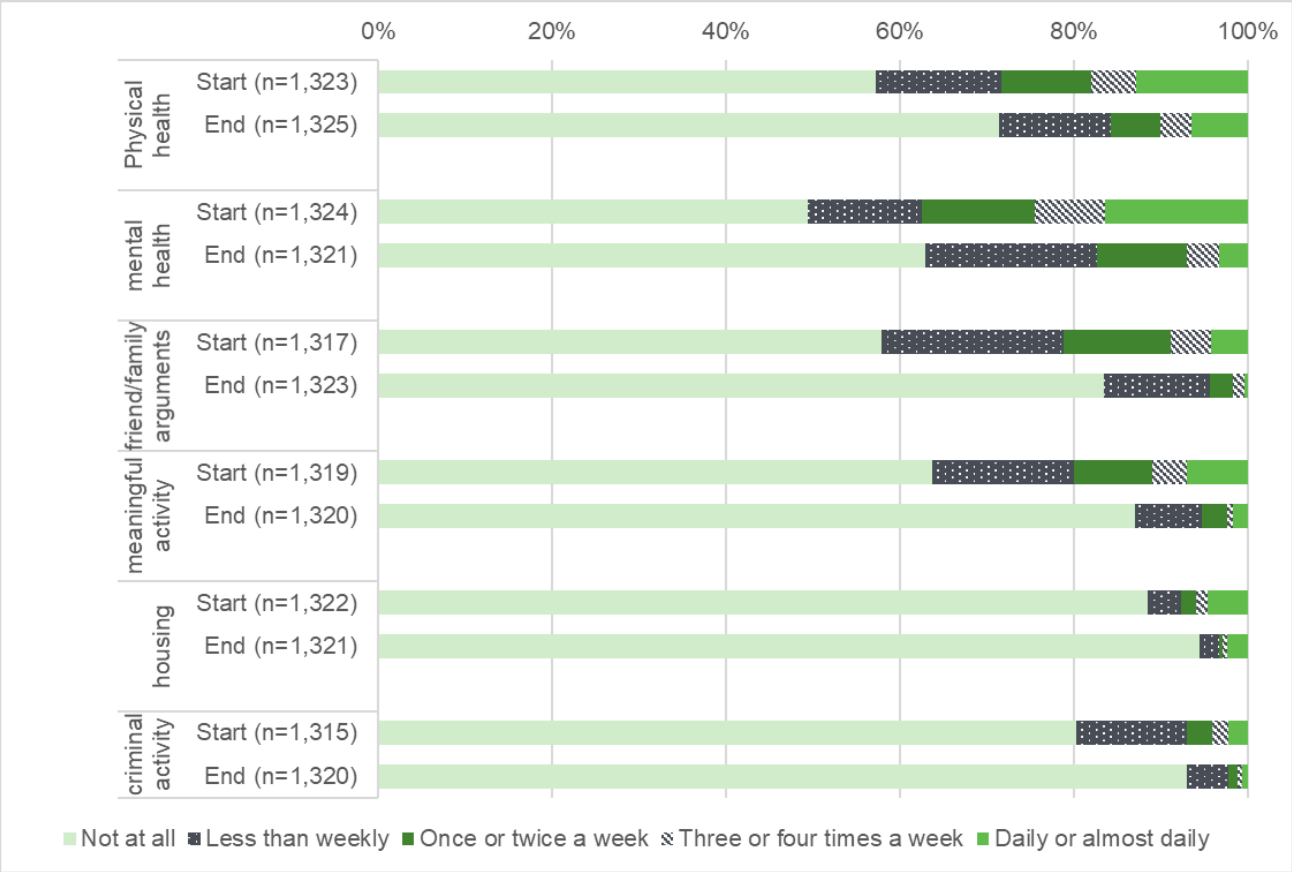
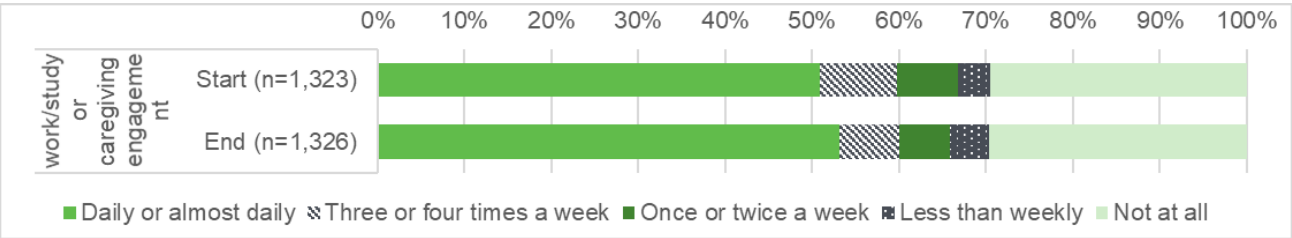


Figure 22 indicates little change between treatment start and treatment end in employment, study and caregiving.

Figure 22: *Distribution in lifestyle and wellbeing between ADOM treatment start and end for Q16 matched pairs, July 2019 to June 2020*



6 The matched pair total is 1,858. Some start, end figures and matched pair totals differ because a tangata whai ora may chose not to answer one of the questions at start or end, but still be within total data inclusion rules.

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 2019 to June 2020***

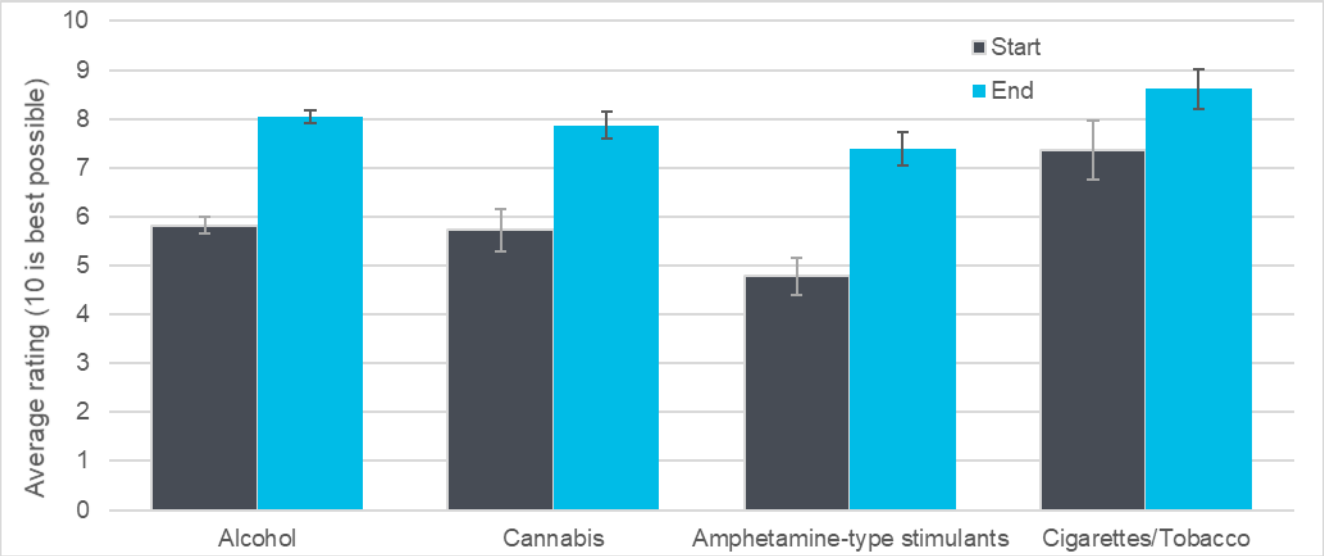
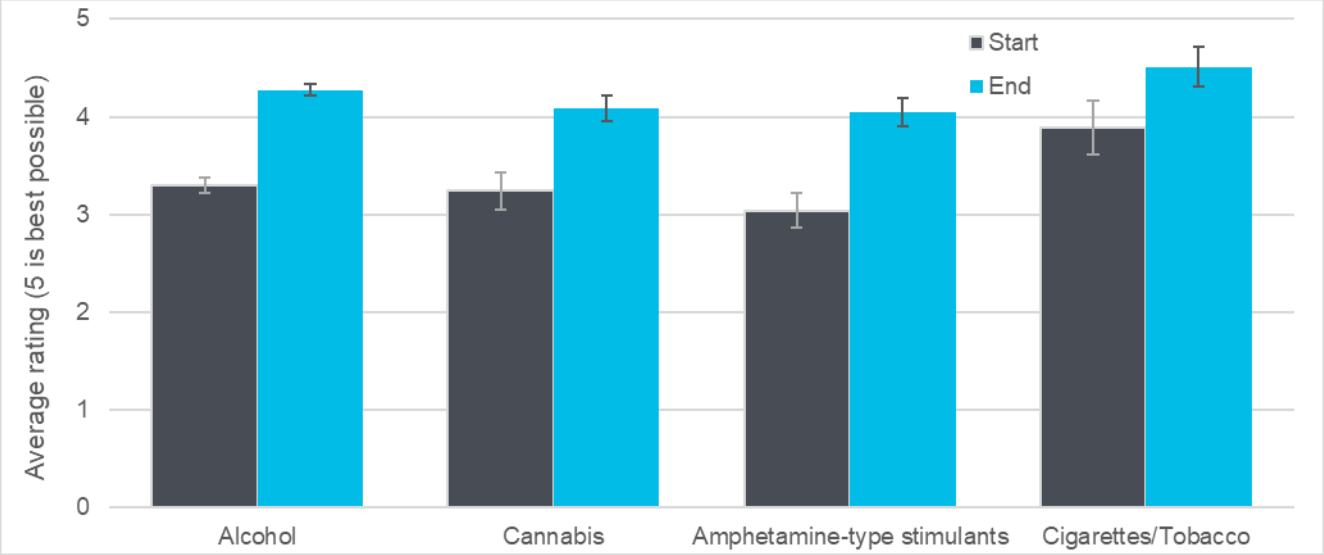


Figure 24 shows positive changes between treatment start and treatment end in how tāngata whai ora regard progress towards their recovery goals. Those stating cigarettes/tobacco as main substance of concern showed the least positive change between treatment start and end.

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 2019 to June 2020***



Conclusion

This brief report summarises data from ADOM in PRIMHD.

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 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[7]

Inclusion and exclusion criteria

AoD episode of care entering mandated services:

- includes teams mandated to collect ADOM[8]
- 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 start 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[9]
- 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.

7 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

8 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.

9 This is excluding questions 7, 9 and 11.