Alcohol and other drug outcome measure (ADOM)

Report four

For period January to December 2017

Published June 2018

Contents

Glossary

AOD	Alcohol and Other Drug (services).
Matched pairs	Two collections, in this case treatment start and 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).

Te Pou o te Whakaaro Nui

Matua Raki
National Addiction Workforce Development

Executive summary

This is the fourth national ADOM report, covering the period 1 January to 31 December 2017. Data used in this report is from PRIMHD and supplied by the Ministry of Health. It was extracted on 9 April 2018. The analysis period is for January to December 2017[1]. This report has a focus on those people reporting alcohol as their primary substance of concern and has reference to all those that reported any alcohol use. This report includes:

- ADOM data in PRIMHD
- ADOM treatment start collections information
- ADOM treatment start and treatment end (matched pairs) analysis with a focus on alcohol, reported as main substance of concern.

There are 923 matched pairs (treatment start and treatment end) analysed in this report. Matched pairs show a reduction in alcohol amounts and days used between treatment start and treatment end for alcohol users as defined by tāngata whai ora as their main substance of concern, and as defined by alcohol use outside of main substance of concern.

Table 1: Average days of alcohol use and amounts used per day amongst those stating alcohol as main substance of concern, and those with any alcohol use outside main substance of concern; by ADOM treatment start, treatment end and outcome, matched pairs, Jan to Dec 2017

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					
Alcohol main substance of concern	11.3 (n=374)	4.9 (n=372)	6.4	0.79 (0.64-0.94)	Medium
Alcohol use outside of main substance of concern	6.8 (n=234)	3.7 (n=233)	3.1	0.47 (0.29-0.66)	Small
Q2: Alcohol number of standard drinks consumed in a typical days use					
Alcohol main substance of concern	10.9 (n=368)	6.1 (n=359)	4.8	0.45 (0.30-0.59)	Small
Alcohol use outside of main substance of concern	8.2 (n=229)	4.5 (n=224)	3.7	0.53 (0.34-0.72)	Medium

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

---

[1] Please see https://www.tepou.co.nz/resources/adom-report-building-rules/775 for report building business rules.

[2] Cohen, J (1992) A Power Primer, Quantitative Methods in Psychology, *Psychologic Bulletin* Vol 112, No.1 155-159.

Part 1: ADOM in PRIMHD

- **21,568** - The total number of episodes of care opened into PRIMHD from **mandated services;** both DHB and Non-government organisation (NGO), between 1 January 2017 and 31 December 2017

- **6,335** - The total number of valid ADOM **treatment start collections**.

- **923** - The total number of matched pairs - those ADOM collections that have *both* a treatment start and treatment end. Treatment end is in the period.

Graph 1: Total number of AOD episodes of care entered into mandated services, ADOM treatment start, and ADOM matched treatment start and end pairs, January to December 2017

21,568 episodes of
care opened into
mandated ADOM
services

6,335 valid ADOM
treatment start
collections

923 Matched pairs
(treatment start and
treatment end all
substances)
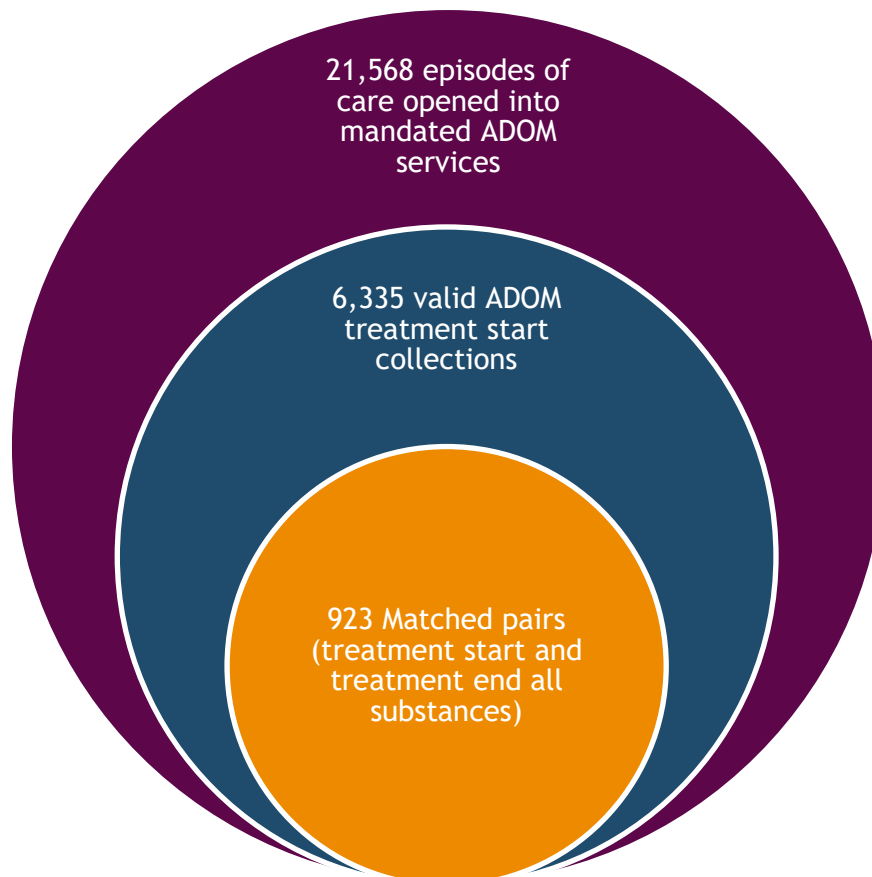
Please note, when interpreting this report, it is important to bear in mind the figures above. **Analysis on small numbers does not lead to effective population level interpretation.** Of all AOD referrals into PRIMHD, a smaller number are valid in mandated services, smaller numbers still have an ADOM collection at treatment start. Only 923 people have both a corresponding collection at treatment end (matched pairs).

Graph 2 shows the number and percentage of episodes of care into ADOM mandated AOD services by NGOs and DHBs.

Graph 2: AOD episode of care into ADOM mandated services, by organisation type (NGO and DHB), January to December 2017
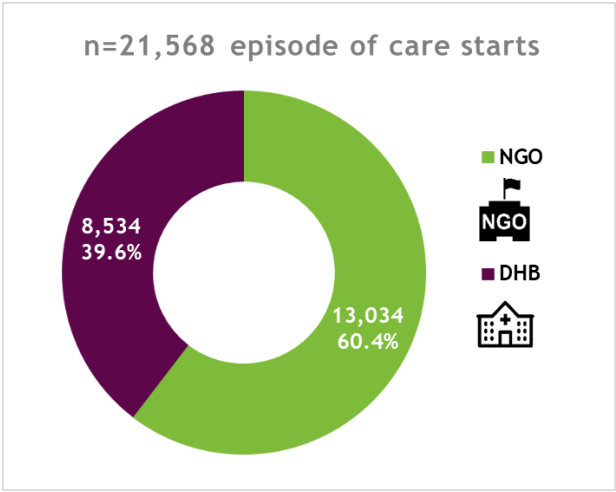
Graph 3 shows the percentage of at least one ADOM collection (treatment start or assessment only) against episodes of care in DHBs and NGOs.

Graph 3: AOD episode of care with at least one ADOM Collection (treatment start or assessment only) by organisation type (NGO and DHB), January to December 2017
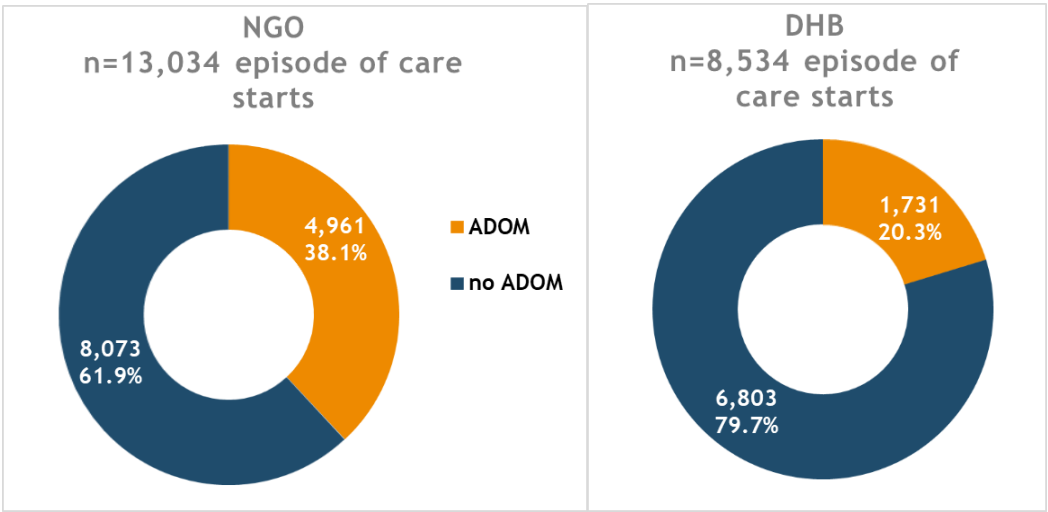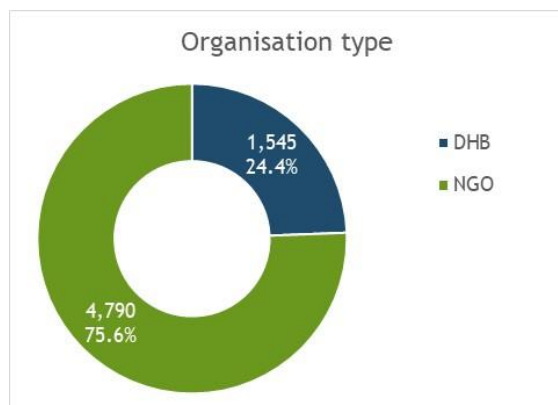
Part 2: ADOM treatment starts

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

6,335 valid ADOM treatment starts

Graph 4 shows ADOM treatment start collections by DHB and NGO, with percentages.

Graph 4: ADOM treatment start collection by organisation type, January to December 2017

Graph 5 shows stated main substance of concern among the 4,979 treatment start collections[3].

Graph 5: Distribution of substance of main concern at ADOM treatment start collections, January to December 2017
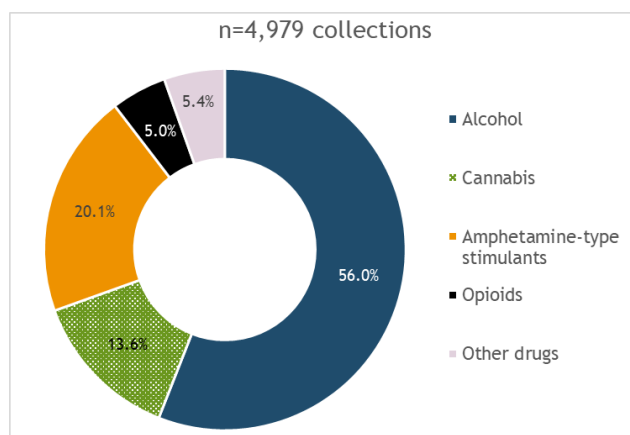
While we focus on alcohol as primary substance of concern, it is noted that alcohol features as a second substance of concern amongst all other substances. Numbers of those that report alcohol use as main substance of concern at treatment start are 2,786, and those using alcohol outside of main substance of concern are 1,869.
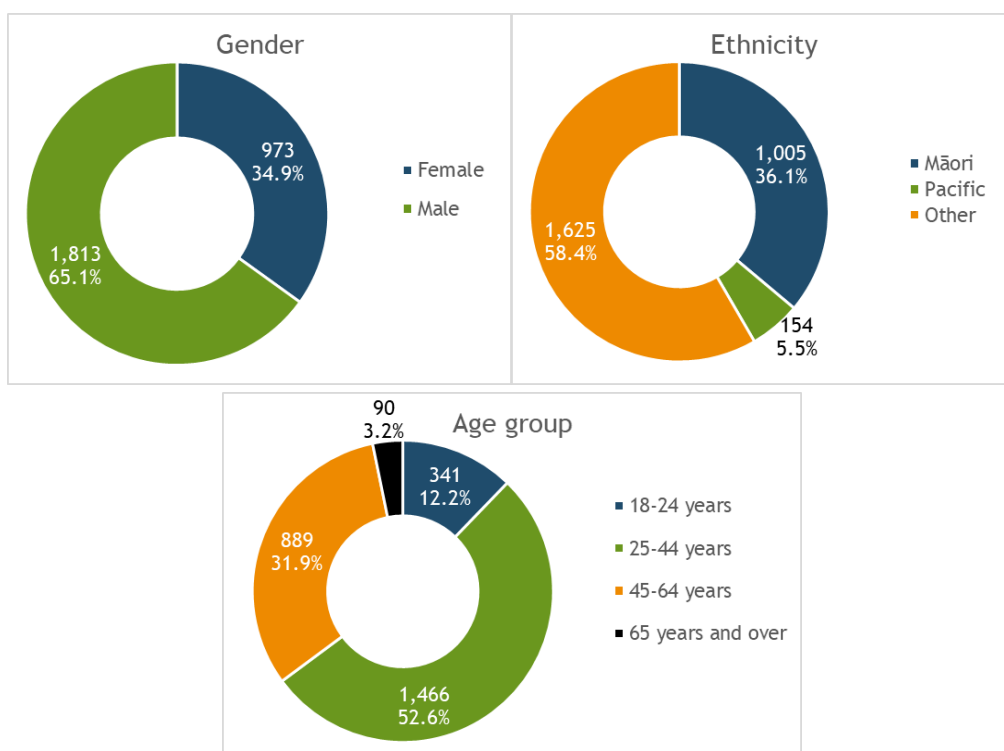
Table 2: Alcohol at treatment start

Substance of main concern - Alcohol	Alcohol use outside of main substance of concern
2,786	1,869

---

[3] Please note that ADOM is collected in service settings (not general population) and not all 6,335 people specify a substance of concern at treatment start.

Te Pou o te Whakaaro Nui   Matua Raki
National Addiction Workforce Development

Alcohol as main substance of concern at treatment start by demographic factors
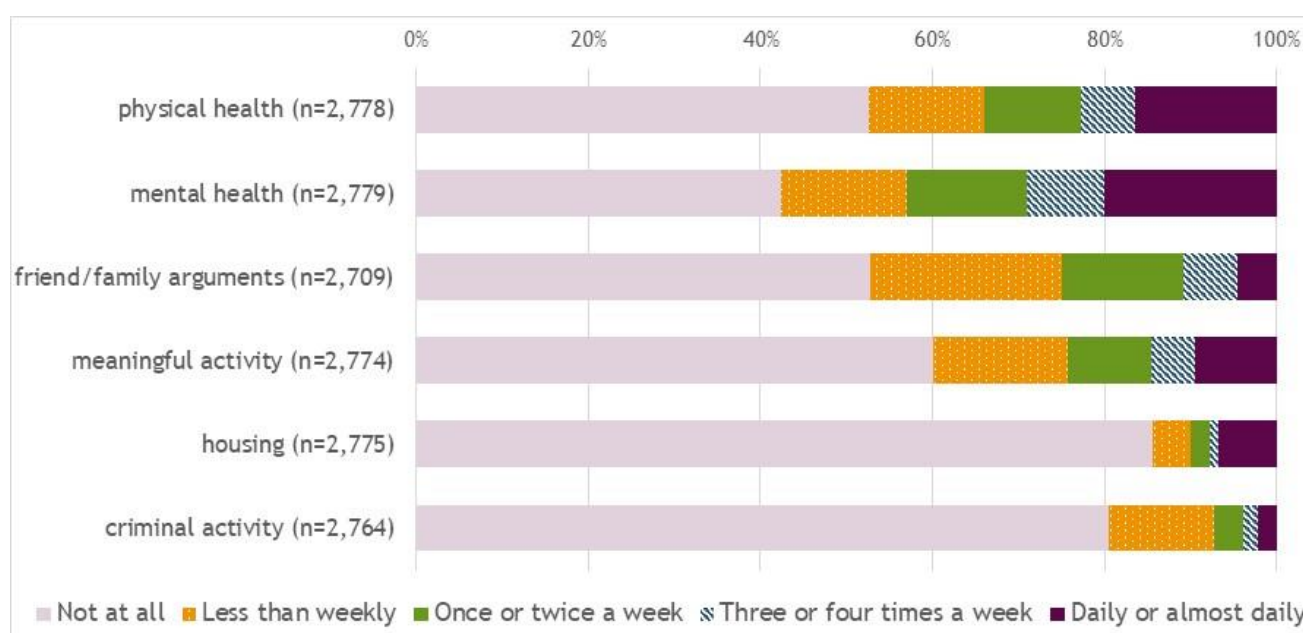
Graph 6: Alcohol as main substance of concern at treatment start by demographic factors, January to December 2017

# Lifestyle and wellbeing – by alcohol as main substance of concern at treatment start

Graph 7 shows lifestyle and wellbeing responses from tāngata whai ora who state alcohol is their main substance of concern. Forty three per cent of these people report mental health problems at least weekly.

Graph 7: Distribution of lifestyle and wellbeing responses at ADOM treatment start collections, alcohol main substance of concern, January to December 2017

Graph 8 shows responses to engagement in activities by those who stated alcohol is their primary substance of concern. Sixty-five per cent of people were engaged in work, study or caregiving at least weekly.

Graph 8: Distribution of lifestyle and wellbeing Q16 responses at ADOM treatment start collections, alcohol main substance of concern, January to December 2017
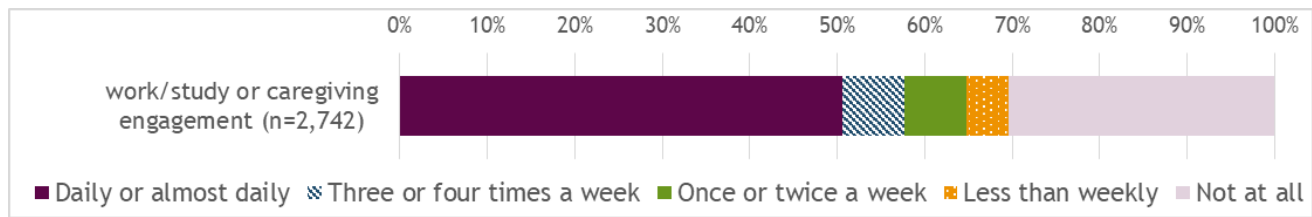
# Part 3: Outcomes (matched pairs), alcohol as main substance of concern.

Graph 9: Distribution of matched pairs, January to December 2017
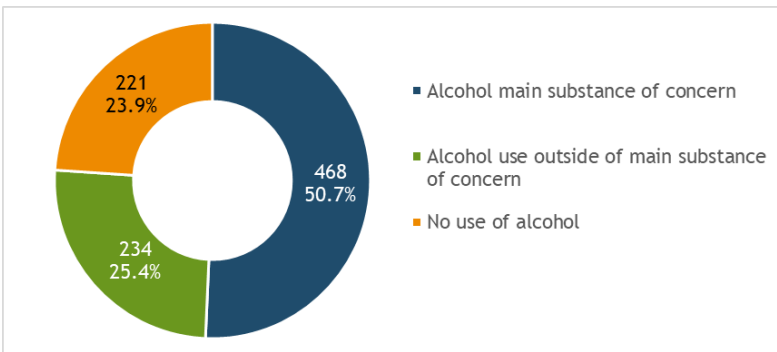
There are 468 matched pairs of treatment start and treatment end ADOM collections for those that specify alcohol as their main substance of concern. Please note that tāngata whai ora starting treatment during this year may still be in treatment and would not be included in matched pairs. Did not attend (DNA) drop offs will also exclude a significant number of potential pairs.

Graph 10 shows matched (treatment start and treatment end) pairs. NGOs have significantly more matched pairs than DHBs. District health boards may keep people in treatment longer than NGOs, perhaps due to case complexity[4].

Graph 10: Percentage of ADOM matched pairs Alcohol main substance of concern by organisation type, January to December 2017


---
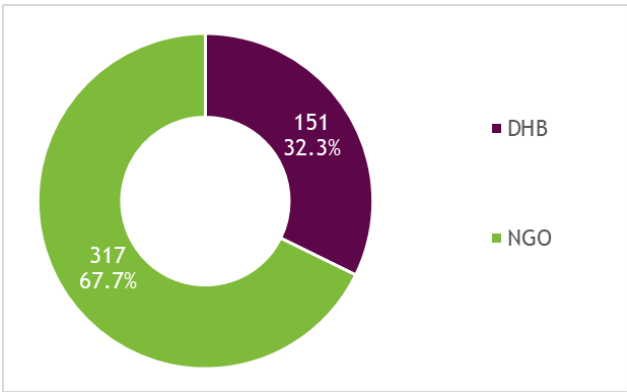
[4] DHBs are often contracted to work with moderate to severe, where NGOs are often funded to work with mild to moderate complexity.

ADOM matched pairs by alcohol as main substance of concern

Treatment start, and treatment end changes have been calculated for alcohol as main substance of concern stated at treatment start (does not have to be so at treatment end).

Graph 11 shows change in alcohol use between treatment start and treatment end. Results show a decrease in between treatment start and treatment end. At treatment start the average number of days of alcohol use was 11.3 days compared to 4.9 days at treatment end. This indicates an average reduction in days of use by 6.4 days. The graph below also shows reduction in days for those that use alcohol outside of their main substance of concern

Graph 11: Days of substance use in the past four weeks at ADOM treatment start and treatment end for those matched pairs with alcohol use as treatment start, January to December 2017
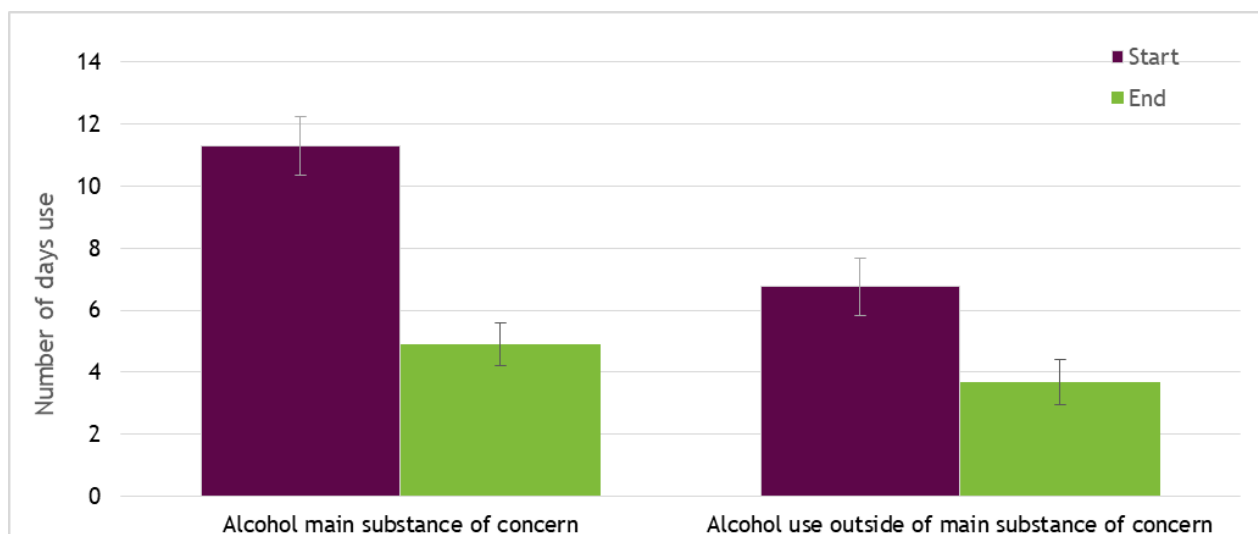
Graph 12 shows from treatment start to treatment end, for those stating alcohol as main substance of concern, there was reduction in the number of standard drinks (from 10.9 to 6.1) used in a typical drinking day. Tāngata whai ora identifying alcohol use outside of main substance of concern showed a reduction from 8.2 drinks to 4.5 drinks in a typical drinking day.

Graph 12: Standard drinks used in a typical drinking day at ADOM treatment start and treatment end for those matched pairs with alcohol use at treatment start, January to December 2017
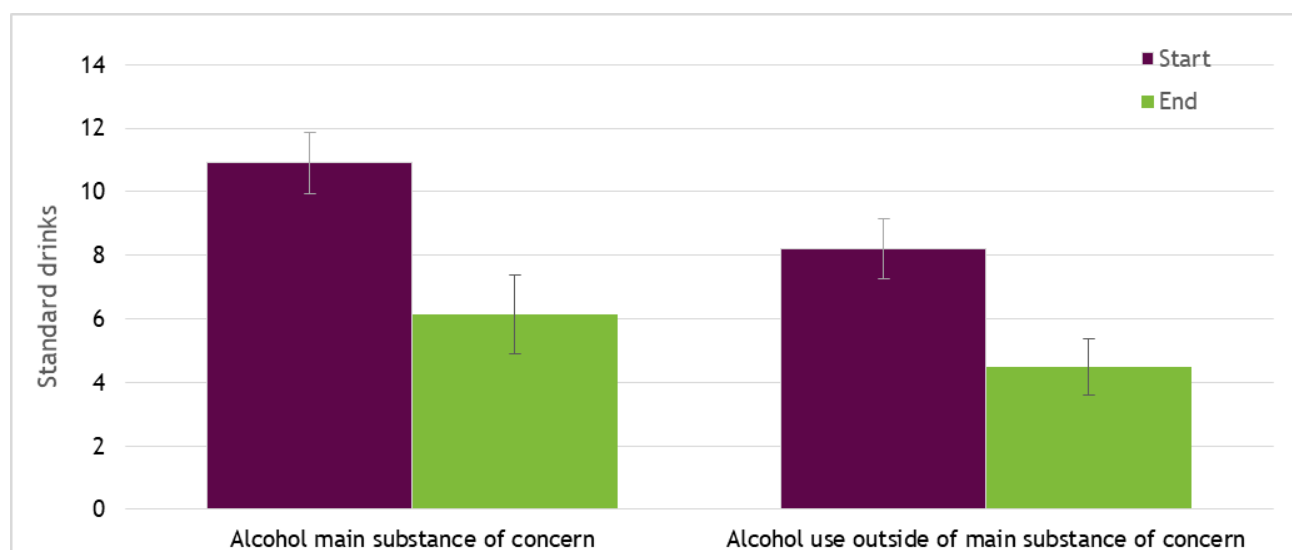
Table 1 (repeated from executive summary) provides analysis of the effect of treatment on substance use from treatment start to treatment end. Alcohol (days and amounts) show significant improvement from treatment start to treatment end.

Table 1: Average days of alcohol use and amounts used per day amongst those stating alcohol as main substance of concern, and those with any alcohol use outside main substance of concern; by ADOM treatment start, treatment end and outcome, matched pairs, Jan to Dec 2017

| 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					
Alcohol main substance of concern	11.3 (n=374)	4.9 (n=372)	6.4	0.79 (0.64-0.94)	Medium
Alcohol use outside of main substance of concern	6.8 (n=234)	3.7 (n=233)	3.1	0.47 (0.29-0.66)	Small
Q2: Alcohol number of standard drinks consumed in a typical days use					
Alcohol main substance of concern	10.9 (n=368)	6.1 (n=359)	4.8	0.45 (0.30-0.59)	Small
Alcohol use outside of main substance of concern	8.2 (n=229)	4.5 (n=224)	3.7	0.53 (0.34-0.72)	Medium

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

[5] Cohen, J (1992) A Power Primer, Quantitative Methods in Psychology, *Psychologic Bulletin* Vol 112, No.1 155-159.

Te Pou o te Whakaaro Nui   Matua Raki National Addiction Workforce Development

ADOM matched pairs by lifestyle and wellbeing (alcohol as main substance of concern)

Graph 13 and 14 show changes in lifestyle and wellbeing scores where alcohol is the main substance of concern. Of note is the improvement in at least weekly issues with mental health (from 43% to 18%), physical health (from 36% to 19%), family and friend arguments (from 32% to 11%), and meaningful activity (from 25% to 10%).

Graph 13: Distribution in lifestyle and wellbeing for ADOM treatment start and end for matched pairs, alcohol main substance of concern at treatment start, January to December 2017
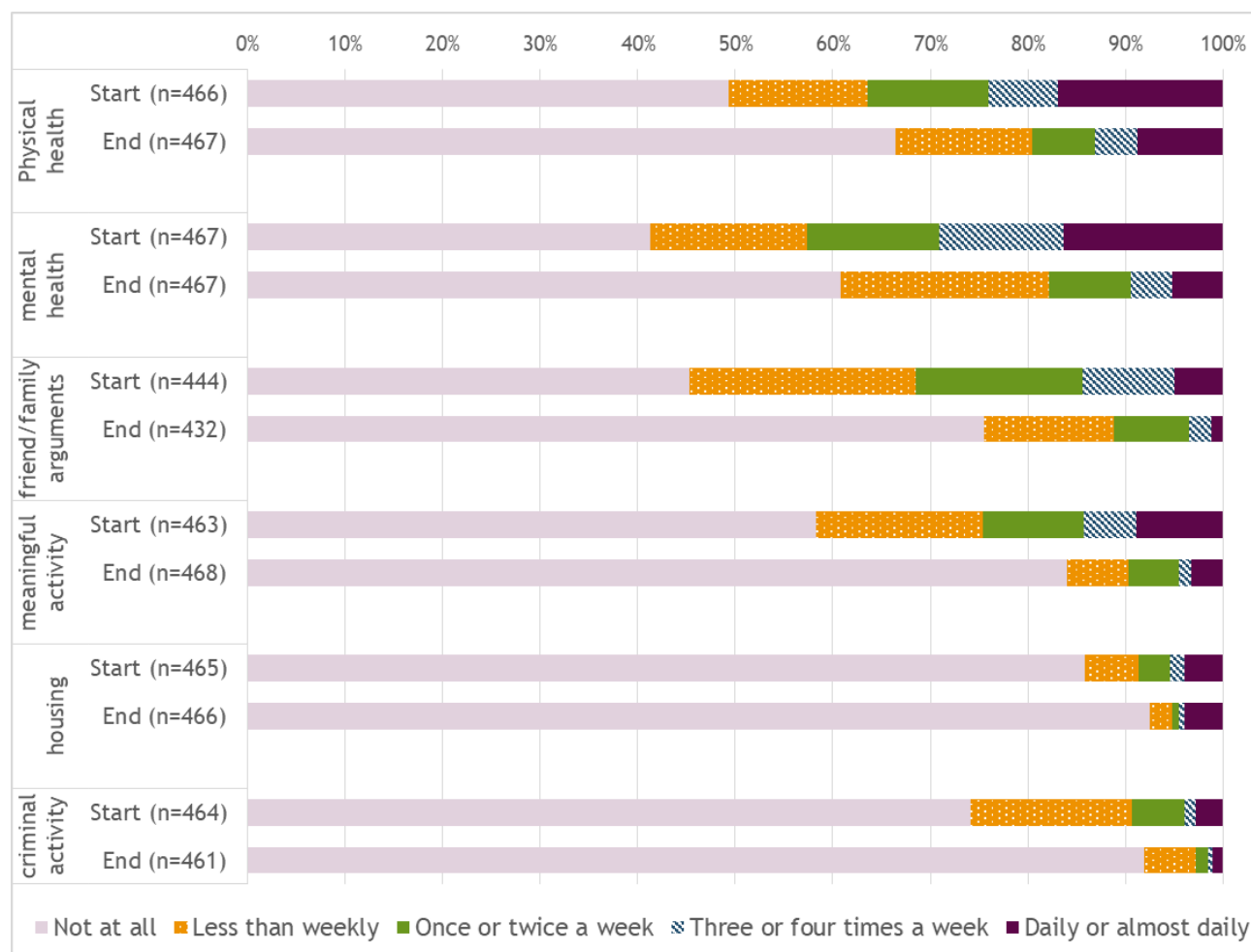

Graph 14: Distribution in lifestyle and wellbeing between ADOM treatment start and end for Q16 matched pairs, alcohol main substance of concern at treatment start, January to December 2017
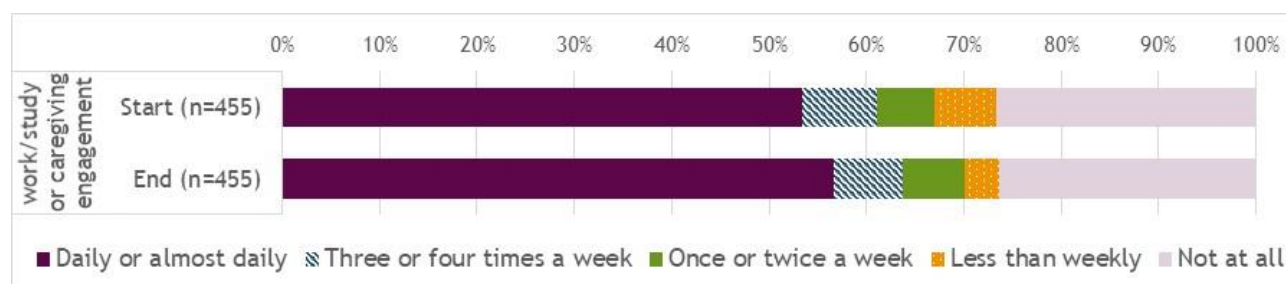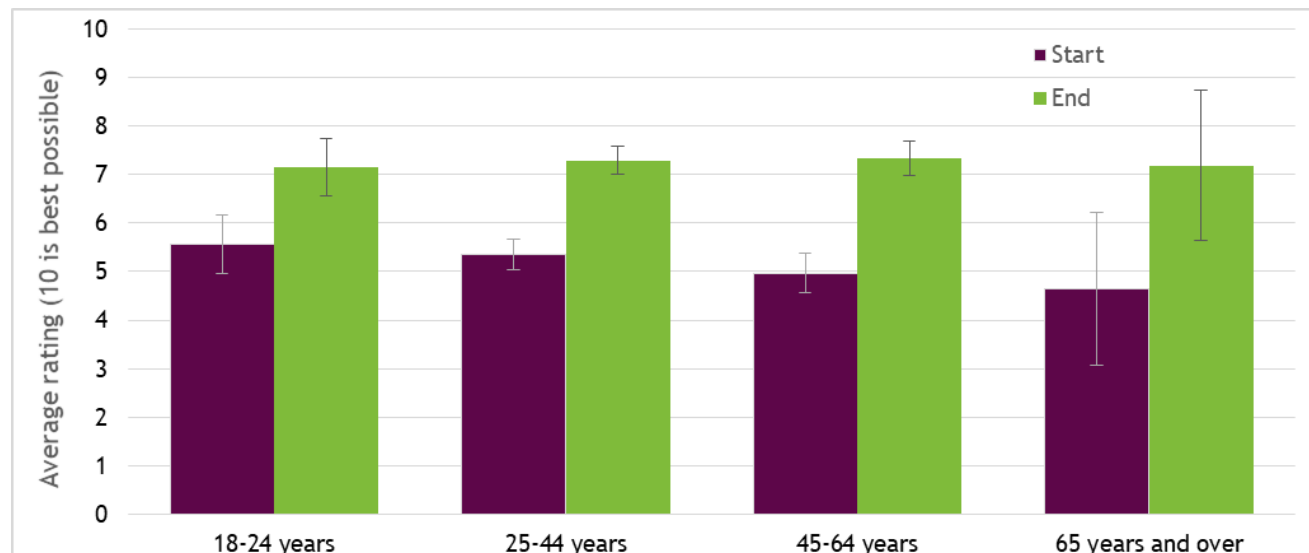
ADOM matched pairs by recovery by alcohol as main substance of concern

Graph 15 and 16 show positive change from treatment start to treatment end in how tāngata whai ora see themselves in relation to how close they are to where they want to be in their recovery, by age and gender.

Graph 15: Average self-rating of rates of closeness to desired recovery at ADOM treatment start and end collection, alcohol as main substance of concern, by gender, January to December 2017
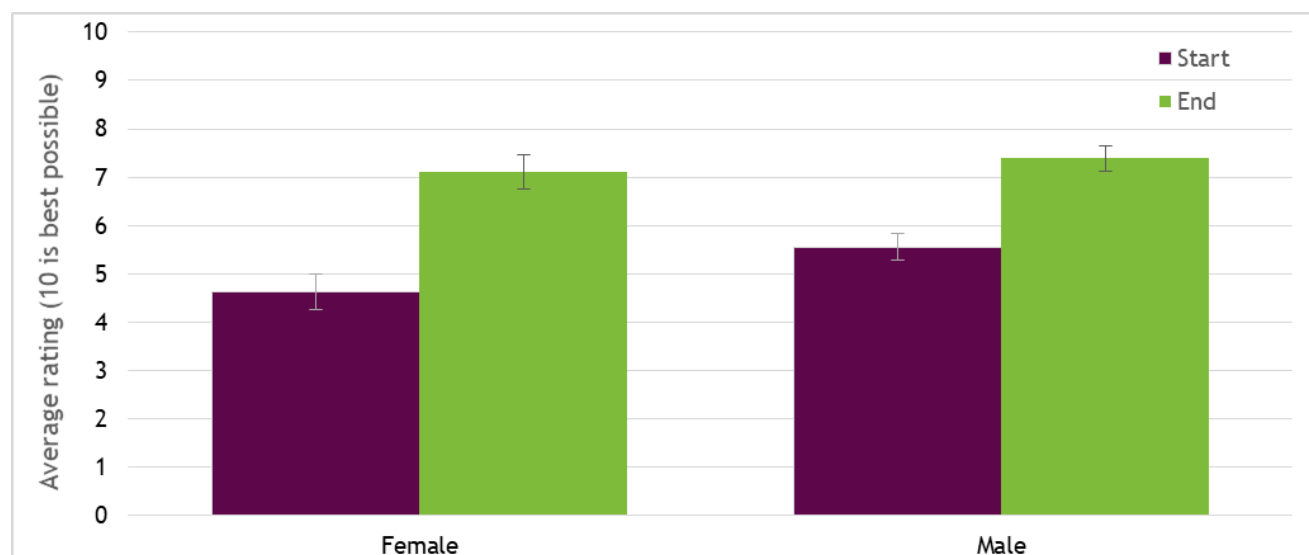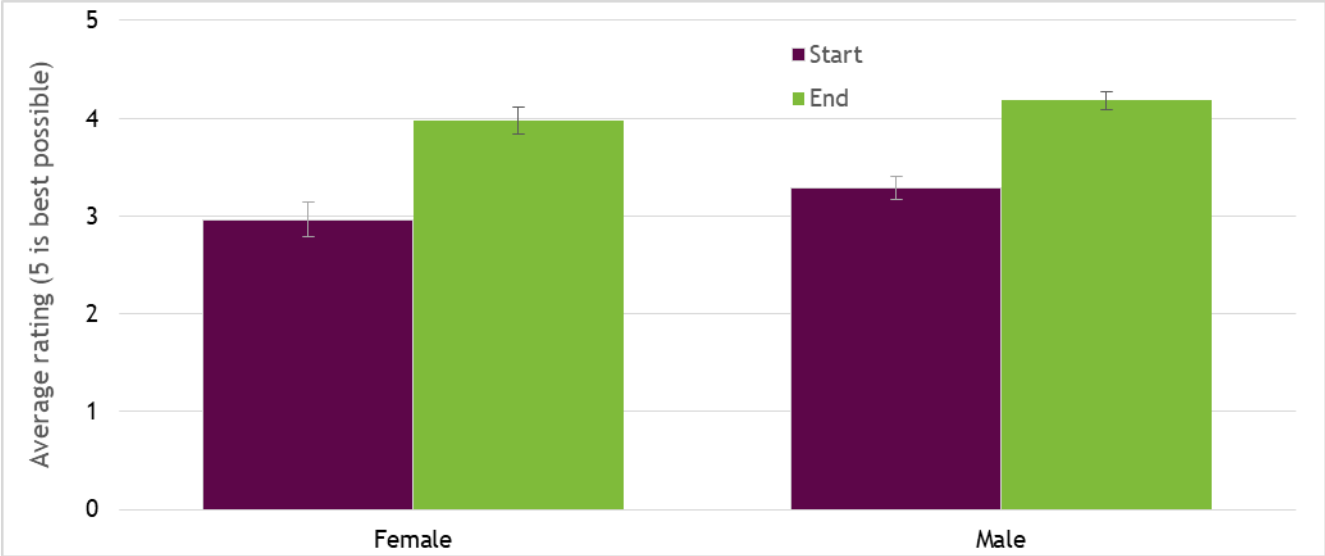

Graph 16: Average self-rating of rates of closeness to desired recovery at ADOM treatment start and end collection alcohol as main substance of concern, by age group, January to December 2017

Graph 17 and 18 show positive change from treatment start to treatment end in how tāngata whai ora regard progress towards their recovery goals, by age and gender.

Graph 17: Average self-rating of how satisfied tāngata whai ora are with progress towards achieving their recovery goals at ADOM treatment start and end collection, alcohol as main substance of concern, by gender, January to December 2017

Graph 18: Average self-rating of how satisfied tāngata whai ora are with progress towards achieving their recovery goals at ADOM treatment start and end collection, alcohol as main substance of concern, by age group, January to December 2017