

# Alcohol and other drug outcome measure (ADOM)

## Report Eight

Summary of ADOM collection data  
for period January 2017 - December  
2019

Published June 2020

Focus on tāngata whai ora with amphetamine-  
type stimulants as main substance of concern

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Te Pou o te  
Whakaaro Nui

Part of the Wise Group



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## Glossary

AOD	Alcohol and Other Drug (services).
Matched pairs	Two collections of completed ADOM: one at treatment start and one at routine treatment end.
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. Ministry of Health.
Tangata whai ora, Tāngata whai ora	Term encompassing, client, service user, consumer, people that access services. (plural uses macron).

## Acknowledgements

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Rhonda Robertson of Te Pou for their peer review and support. External peer review was done by Debby Sutton of Odyssey and Sheridan Pooley of Waitematā DHB.

# Executive summary

This 8th national ADOM report covers the period from 1 January 2017 to 31 December 2019<sup>1</sup> and is based on PRIMHD data extracted on 17 April 2020. It focuses on the outcomes for tāngata whai ora who identified amphetamine-type stimulants<sup>2</sup> (ATS) as their stated main substance of concern following treatment in community-based outpatient adult addiction services. This reflects the sector's request for a focus on amphetamine-type stimulants to understand the impact and outcomes for tāngata whai ora accessing community addiction services.

## Key objectives

Understanding the impact of amphetamine-type stimulants as the stated main substance of concern for ADOM collections in PRIMHD between 1 January 2017 and 31 December 2019 on:

- lifestyle and wellbeing issues at treatment start, including any gender and ethnicity differences
- outcomes following treatment, including amphetamine-type stimulants use, lifestyle and wellbeing issues, and recovery.

## Method

Appendix A provides an overview of the method used in this report. Note, the ADOM does not differentiate between formulations i.e. amphetamine powders, pills containing amphetamine, or methamphetamine. Sub-analyses are therefore not possible.

**Note, this data does not describe amphetamine-type stimulant issues in the general population<sup>3</sup>.**

## Key findings

Analysis involves 575 matched pairs (where treatment start, and treatment end data was collected for the same person) where amphetamine-type stimulants were the main substance of concern. Results highlight an association between treatment and positive changes in most aspects of lifestyle and wellbeing<sup>4</sup> including tāngata whai ora achieving their desired recovery and recovery goals following treatment and a 'large' reduction in days of amphetamine-type stimulants use between treatment start and treatment end.

At ADOM treatment start nearly 20% specified their main substance of concern was amphetamine-type substances and three quarters of those tāngata whai ora were aged 25-44 years. Amongst those who, at treatment start, identified amphetamine-type stimulants as the main substance of concern, 30 per cent identified cannabis and 25 per cent alcohol as secondary substances of concern.

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<sup>1</sup> This time period enables a larger data sample.

<sup>2</sup> Does not differentiate between amphetamine powders, pills. For example, Dexedrine, ProCentra, Dextrostat, Ritalin, Concerta, Vyvanse.

<sup>3</sup> For treatment starts amphetamine-type stimulants was main substance of concern for 19.6% or 16.2% of total. For matched pairs treatment start cannabis as the main substance of concern was 16.0% of those where this was specified or 13.2% of total.

<sup>4</sup> Apart from engagement with work, study or caregiving.



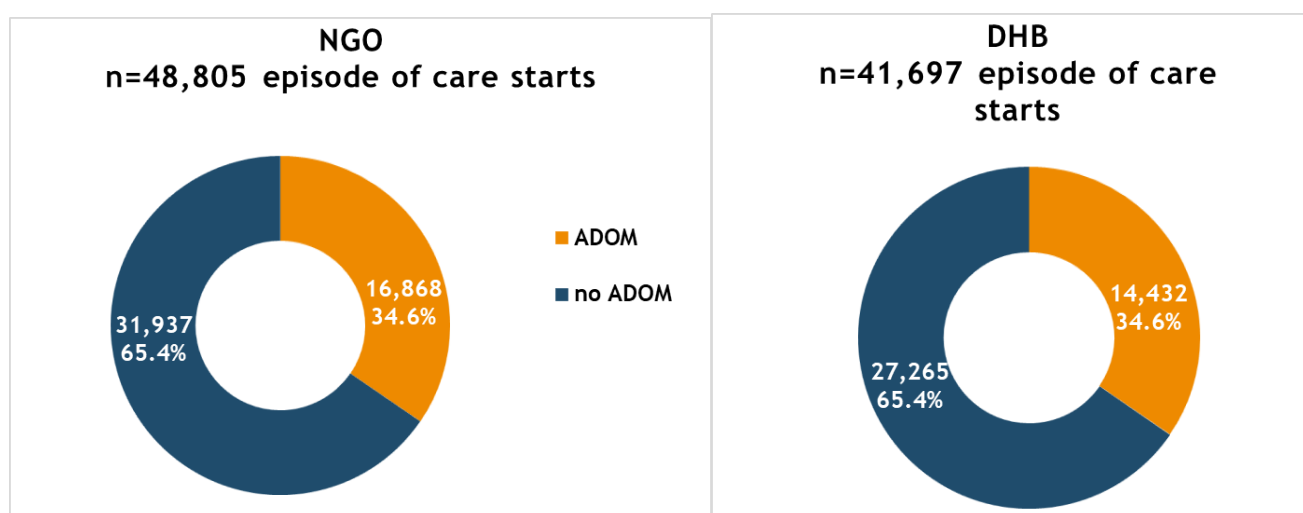
# Part 1: ADOM in PRIMHD

This section describes mandated services' collection of ADOM in PRIMHD between 1 January 2017 and 31 December 2019.

- **90,502** - Total episodes of care opened in DHBs and non-government organisations (NGOs).
- **28,917** - Total valid ADOM **treatment start collections**.
- **4,699** – Total valid ADOM treatment start collections with amphetamine-type stimulants stated as the main substance of concern.
- **4,341** – Total matched pairs – where an ADOM collection for tāngata whai ora has been made at *both* treatment start *and* treatment end within the period.
- **575** – Total matched pairs where amphetamine-type stimulants are the stated main substance of concern.

When interpreting this report's findings it is important to bear in mind the figures above.

Figure 1 shows the total number and percentage of episodes of care into ADOM mandated addiction services by NGOs and DHBs. NGOs collected more treatment start collections than DHBs.



**Figure 1: Addiction service episode of care with at least one ADOM collection (treatment start or assessment only) by organisation type (NGO and DHB), January 2017 to December 2019 (all substances).**

Figure 1 shows NGOs and DHBs have the same ratio of ADOM collections (at treatment start or assessment) against episode of care starts. This is based on the percentage of at least one ADOM collection (treatment start or assessment only) against episodes of care in DHBs and NGOs.

# ADOM collections by reason for collection, amphetamine-type stimulants as main substance of concern

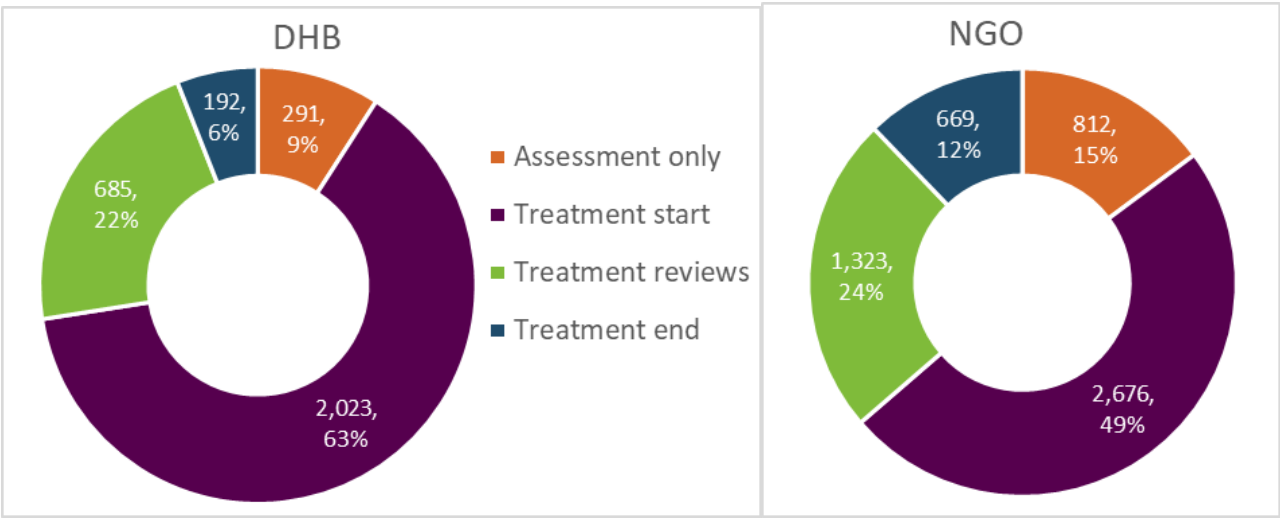
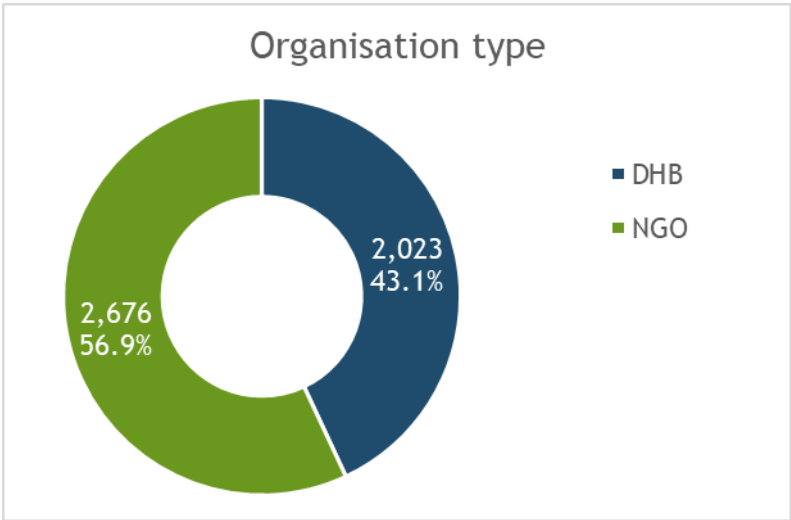


Figure 2: Number valid ADOM collection by reason for collection and organisation type, amphetamine-type stimulants main substance of concern.

Figure 2 shows the **total** ADOM collections for amphetamine-type stimulants as the main substance of concern by all ‘reason for collection’ (RFC): assessment, start, review or treatment end. Although DHBs undertook a higher proportion of treatment start collections NGO services show more collections for all reasons for collections than DHBs. Treatment start information is focused on in the next section of this report.

## Part 2: ADOM treatment starts where amphetamine-type stimulants is the stated main substance of concern

This section describes ADOM treatment start information for amphetamine-type stimulants as the main substance of concern and provides an overview of the demographics, substance use, and health and wellbeing of tāngata whai ora attending community-based addiction services at a national level. Analyses are based on valid<sup>5</sup> ADOM collections (see Appendix).



*Figure 3: Valid ADOM treatment start collection by organisation type, amphetamine-type stimulants main substance of concern.*

Figure 3 shows 4,699 valid ADOM treatment start collections for amphetamine-type stimulants as a main substance of concern by DHB and NGO, with percentages. NGOs have more valid treatment start ADOMs recorded than DHBs.

<sup>5</sup> Have 4 or less missing items in ADOM. This excludes questions 7, 9 and 11.



Table 1: Profile of ADOM treatment start collections by gender, ethnicity and age group, amphetamine-type stimulants main substance of concern and other treatment starts

	Amphetamine-type stimulants main substance of concern		Treatment starts (Amphetamine- type Stimulants not stated main substance of concern)	
	Number	Percentage	Number	Percentage
Gender				
Female	1,910	40.6%	7,365	30.4%
Male	2,789	59.4%	16,850	69.6%
<b>Total</b>	<b>4,699</b>	<b>100.0%</b>	<b>24,218</b>	<b>100.0%</b>
Ethnicity				
Māori	1,789	38.1%	8,198	33.8%
Pasifika	262	5.6%	2,728	11.3%
Other	2,648	56.4%	13,292	54.9%
<b>Total</b>	<b>4,699</b>	<b>100.0%</b>	<b>24,218</b>	<b>100.0%</b>
Age group				
18-24 years	579	12.3%	4,064	16.8%
25-44 years	3,559	75.7%	13,412	55.4%
45-64 years	556	11.8%	6,177	25.5%
65 years and over	5	0.1%	565	2.3%
<b>Total</b>	<b>4,699</b>	<b>100.0%</b>	<b>24,218</b>	<b>100.0%</b>

Table 1 shows the demographic profiles of treatment start ADOM collections where amphetamine-type stimulants is the main substance of concern compared to other treatment starts. A higher percentage of females and a slightly higher proportion of Māori identified amphetamine-type stimulants as their main substance of concern than other treatment starts. Three quarters of tāngata whai ora with amphetamine-type stimulants as their main substance of concern were aged 25-44 which is higher than their proportion of the population.<sup>6</sup>

Although this report primarily focuses on amphetamine-type stimulants as the main substance of concern, tāngata whai ora often use multiple substances as depicted in Table 2. Among collections identifying amphetamine-type stimulants as their main substance of concern, 30 per cent reported cannabis as a secondary substance of concern, and 25 per cent alcohol.

Table 2: Second substance of concern for amphetamine-type stimulants as main substance of concern

Substance of main concern	number	Second substance of concern	number
Amphetamine-type stimulants	4,699	Cannabis	1,395
		Alcohol	1,134
		Other drug, unspecified <sup>1</sup>	344

(1) Includes Cigarettes/Tobacco as new code which was not in place for the whole period of analysis.

<sup>6</sup> In comparison, Census data indicates people aged 25-44 years reflect 35 per cent of people in the general population aged 18 and over.  
<https://www.stats.govt.nz/information-releases/2018-census-population-and-dwelling-counts-nz-stat-tables>.

## ADOM treatment start collections by lifestyle and wellbeing

This section focuses on the lifestyle and wellbeing of tāngata whai ora accessing addiction services who reported amphetamine-type stimulants as their main substance of concern. These questions are included in section 2 of the ADOM.

### Question key:

**Q12** How often has your physical health caused problems in your daily life?

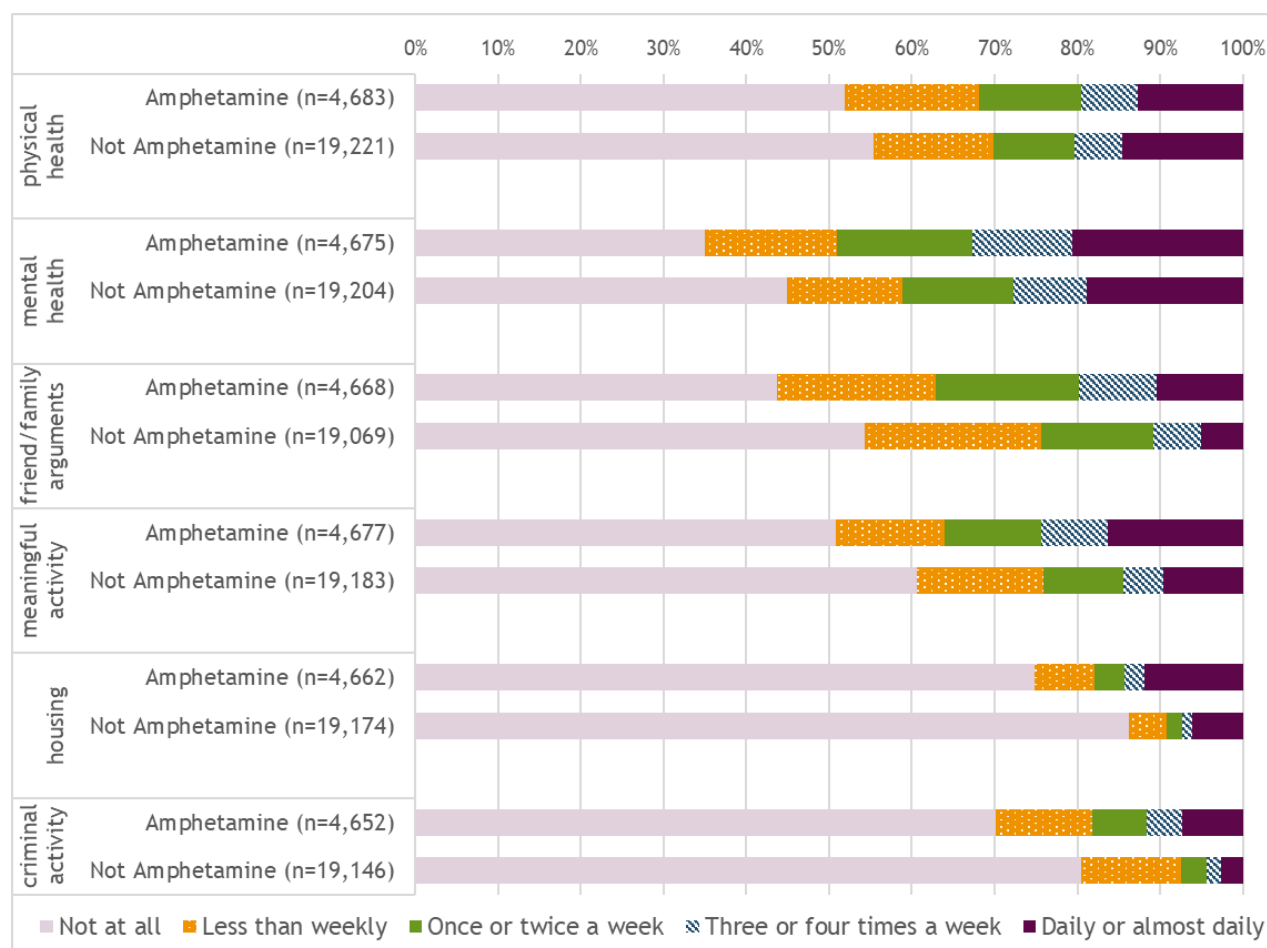
**Q13** How often has your general mental health caused problems in your daily life?

**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 4: Distribution of lifestyle and wellbeing responses at ADOM treatment start collections, amphetamine-type stimulants main substance of concern versus not amphetamine.**

Figure 4 shows overall response distribution of lifestyle and wellbeing ratings comparing ADOM treatment starts with amphetamine-type stimulants as main substance of concern to ADOM treatment starts that do not. Other than physical health, the two groups differ in most lifestyle and wellbeing concerns. Results indicate

tāngata whai ora who report amphetamine-type stimulants as their main substance of concern are more likely to have problems with (in order) their mental health, family and friends, engagement in meaningful activities and physical health. Less than 20 per cent of tāngata whai ora reported engagement in criminal activity at least weekly.

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?

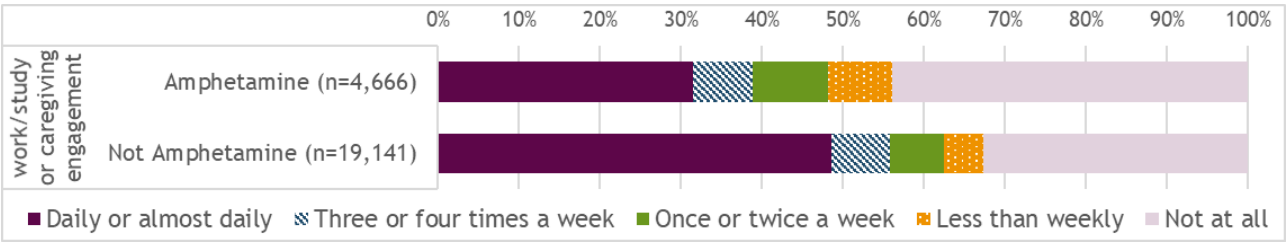
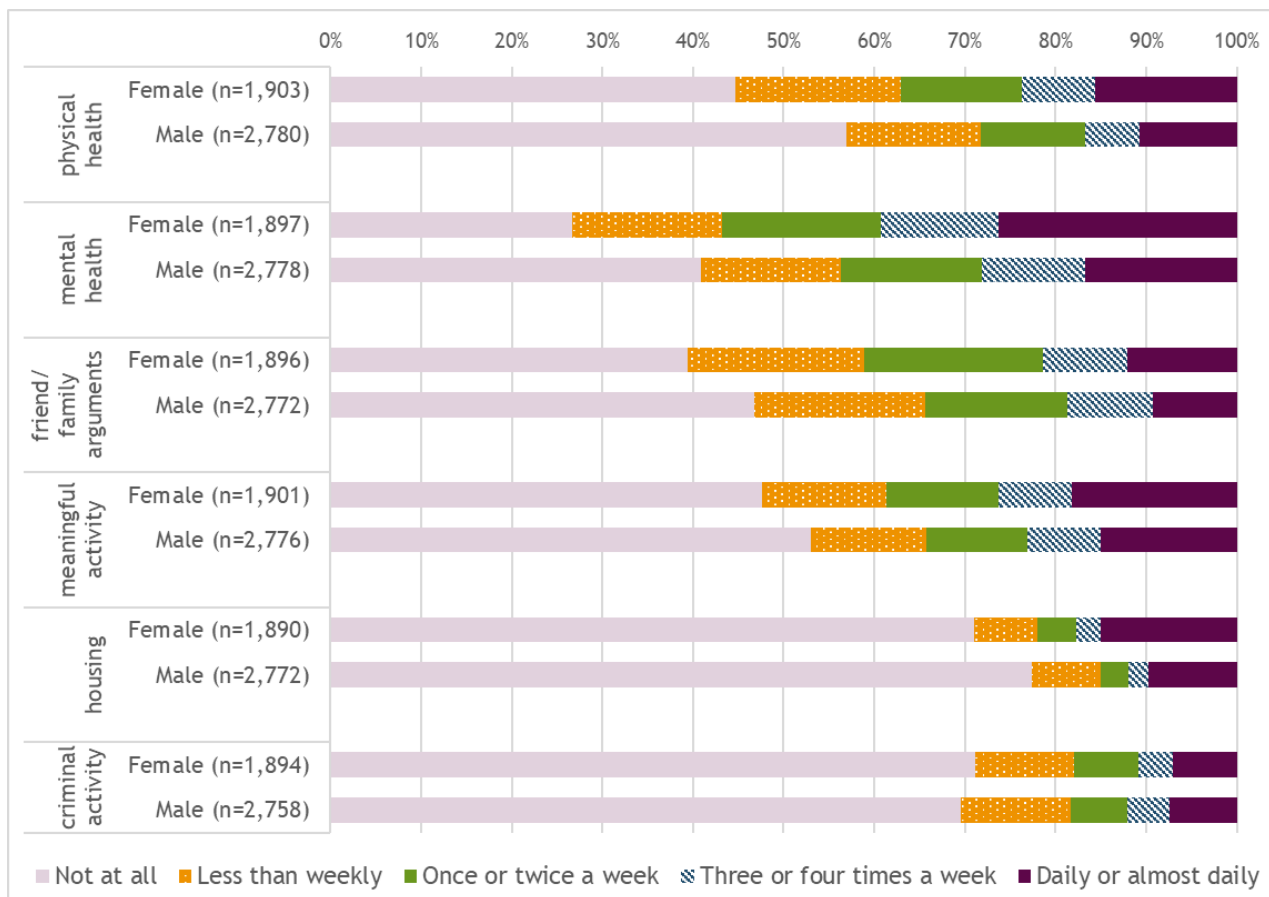


Figure 5: *Distribution of lifestyle and wellbeing Q16 responses at ADOM treatment start collections, amphetamine-type stimulants main substance of concern versus not amphetamine.*

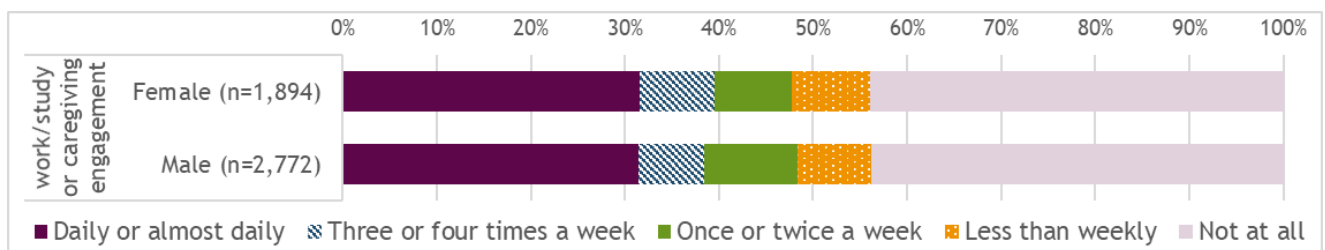
Figure 5 shows that 48% of tāngata whai ora were engaged in work, study or caregiving activities at least weekly which is 14% lower than tāngata whai ora with treatment starts in which amphetamine-type stimulants are not the main substance of concern.

## Lifestyle and wellbeing - by gender and ethnicity



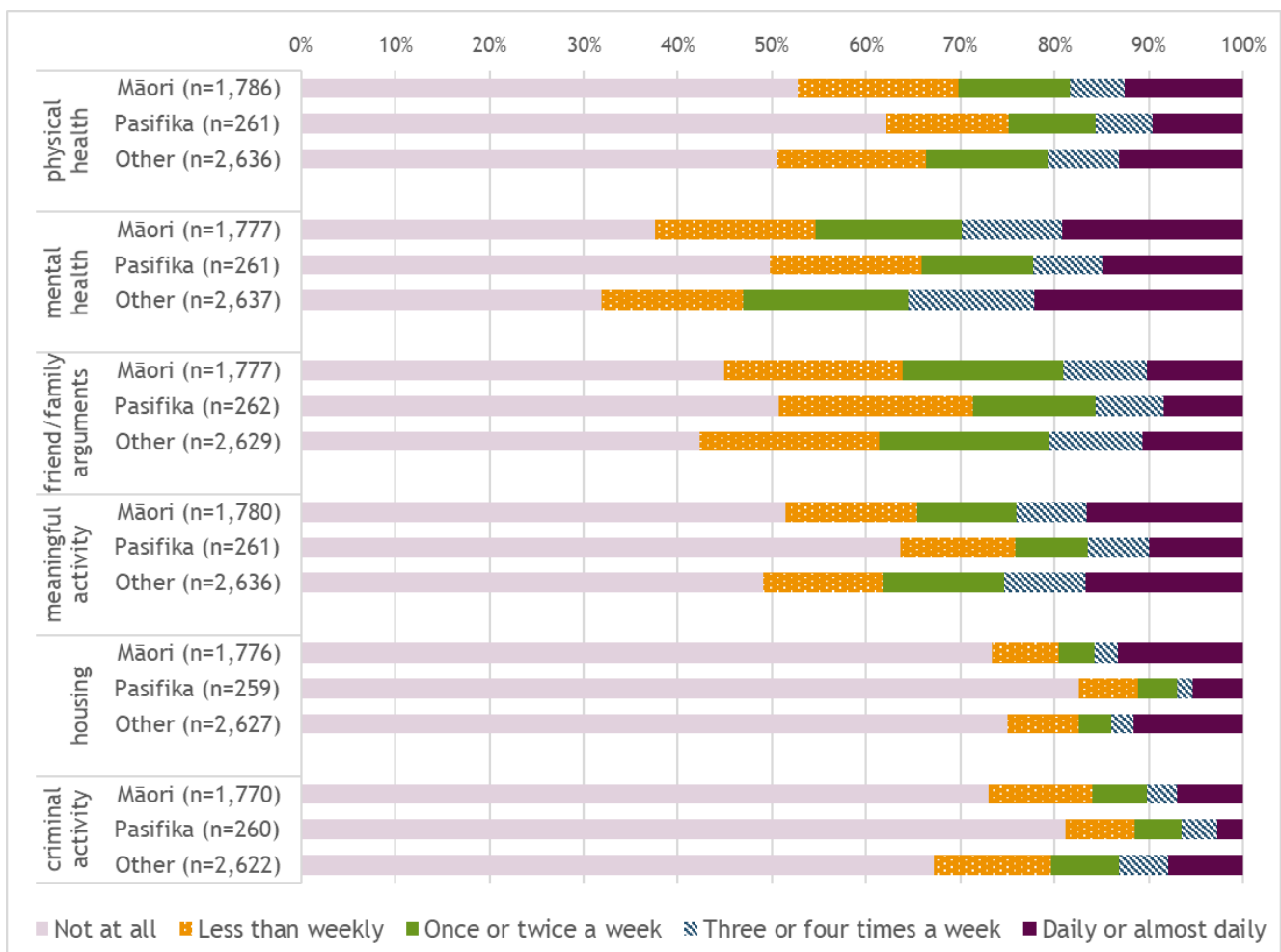
**Figure 6:** Distribution of lifestyle and wellbeing responses at ADOM treatment start collections, by gender, amphetamine-type stimulants main substance of concern.

Figure 6 indicates females with amphetamine-type stimulants as a main substance of concern are more likely to have lifestyle and wellbeing concerns particularly in relation to housing, mental and physical health. Criminal activity was similar for males and females.



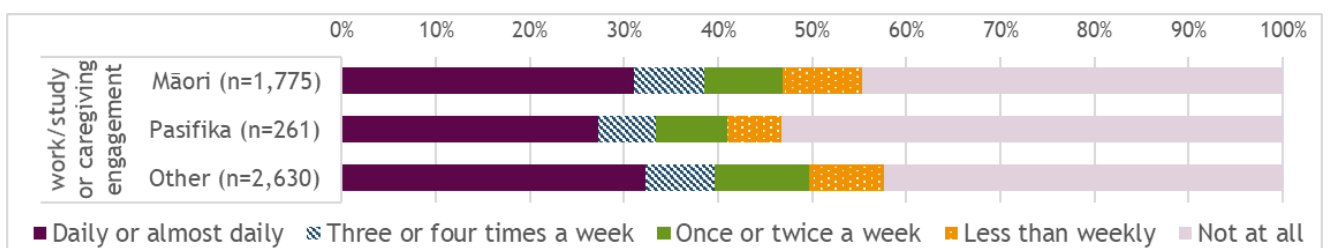
**Figure 7:** Distribution of lifestyle and wellbeing responses Q16 (engagement with work, study or care giving) at ADOM treatment start collections, by gender, amphetamine-type stimulants main substance of concern.

Figure 7 shows males and females were similarly engaged with work, study or caregiving activities.



**Figure 8:** Distribution of lifestyle and wellbeing responses at ADOM treatment start collections, by ethnicity, amphetamine-type stimulants main substance of concern.

Figure 8 shows the lifestyle and wellbeing of tāngata whai ora by ethnic group. Ratings differed between groups, with Pasifika showing less impact. Overall results indicate that across all ethnic groups the biggest lifestyle and wellbeing issues were related to mental health, physical health, meaningful activity and problems with family and friends.

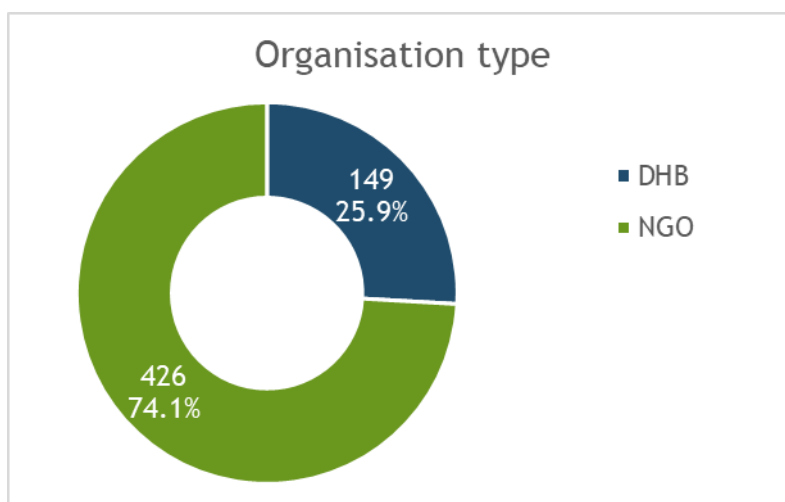


**Figure 9:** Distribution of lifestyle and wellbeing responses Q16 (engagement with work, study or caregiving) at ADOM treatment start collections, by ethnicity, amphetamine-type stimulants main substance of concern.

Figure 9 indicates Pasifika people are slightly less engaged with work, study or caregiving than tāngata whai ora in other ethnic groups.

## Part 3: Outcomes (matched pairs) for those stating amphetamine-type stimulants as their main substance of concern

This section examines outcomes for 575 matched pairs following treatment who reported amphetamine-type stimulants as their main substance of concern at treatment start, and had both treatment start and treatment end ADOM collections (matched pairs).<sup>7</sup>



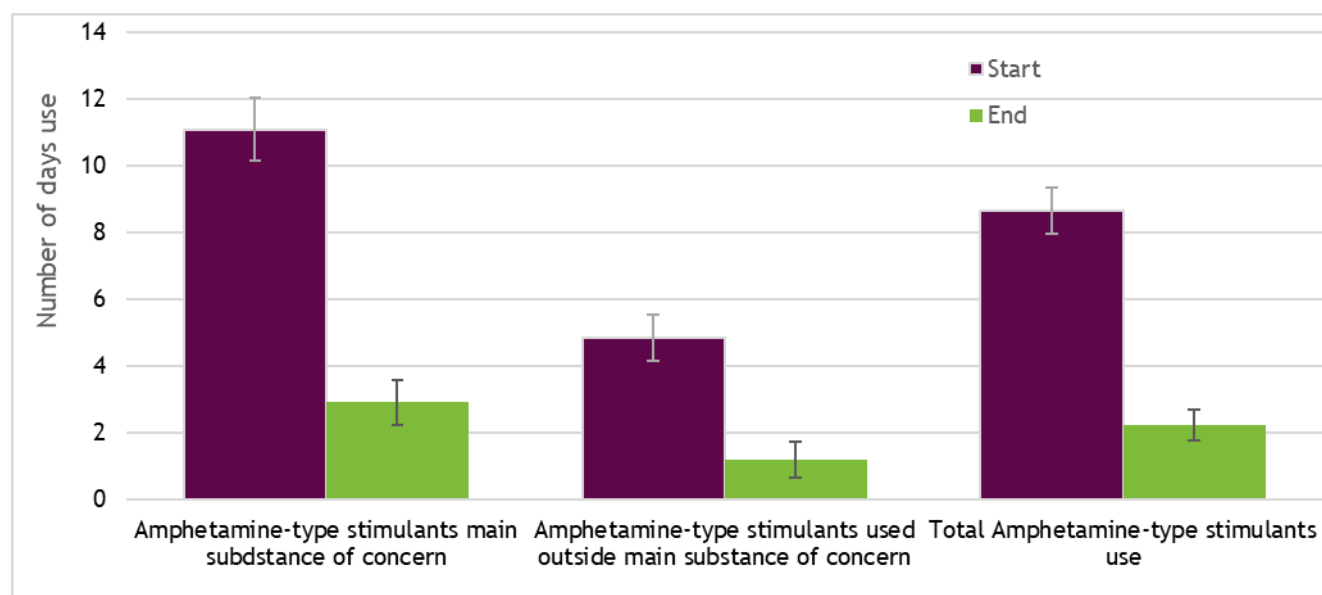
*Figure 10: Percentage of ADOM matched pairs by organisation type, amphetamine-type stimulants main substance of concern*

Figure 10 shows NGOs offering community services collect a much larger number of matched pairs than DHBs.

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<sup>7</sup> Tāngata whai ora who are still in treatment will not be included in matched pairs analyses; Also, did not attend (DNA) drop offs exclude a significant number of potential matched pairs (see Appendix A for inclusion rules).

## Treatment start and end, amphetamine-type stimulants



**Figure 11: Days of amphetamine-type stimulants use in the past four weeks at ADOM treatment start and treatment end for matched pairs with amphetamine-type stimulants at treatment start.**

Figure 11 shows days of amphetamine-type stimulants use decreased between treatment start and treatment end. The average number of days of amphetamine-type stimulants use for all matched pairs was 8.6 days at treatment start compared to 2.2 days at treatment end indicating a reduction in days of amphetamine-type stimulants use by 6.4 days. For tāngata whai ora reporting amphetamine-type stimulants as their main substance of concern there was a decrease from 11.1 to 2.9 days - a decrease of 8.2 days.

**Table 2: Change in days of Amphetamine-type Stimulants use between treatment start and treatment end.**

ADOM Question	Start mean	End mean	Outcome (Start minus end mean)	Cohen's d (effect size with 95% CI)	Effect of treatment
<b>Q3: Amphetamine-type Stimulants<sup>8</sup> (days of use 0-28)</b>	8.6 (n=511)	2.2 (n=509)	6.4	0.95 (0.82-1.07)	Large
<b>Amphetamine-type Stimulants use where main stated substance of concern is Amphetamine-type Stimulants</b>	11.1 (n=311)	2.9 (n=310)	8.2	1.11 (0.94-1.28)	Large
<b>Amphetamine-type Stimulants outside main substance of concern</b>	4.8 (n=200)	1.2 (n=199)	3.6	0.80 (0.60-1.01)	Large

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

<sup>8</sup> Any amphetamine-type stimulant use at all

<sup>9</sup> 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 lifestyle and wellbeing between treatment start and treatment end where amphetamine-type stimulants was the main substance of concern.

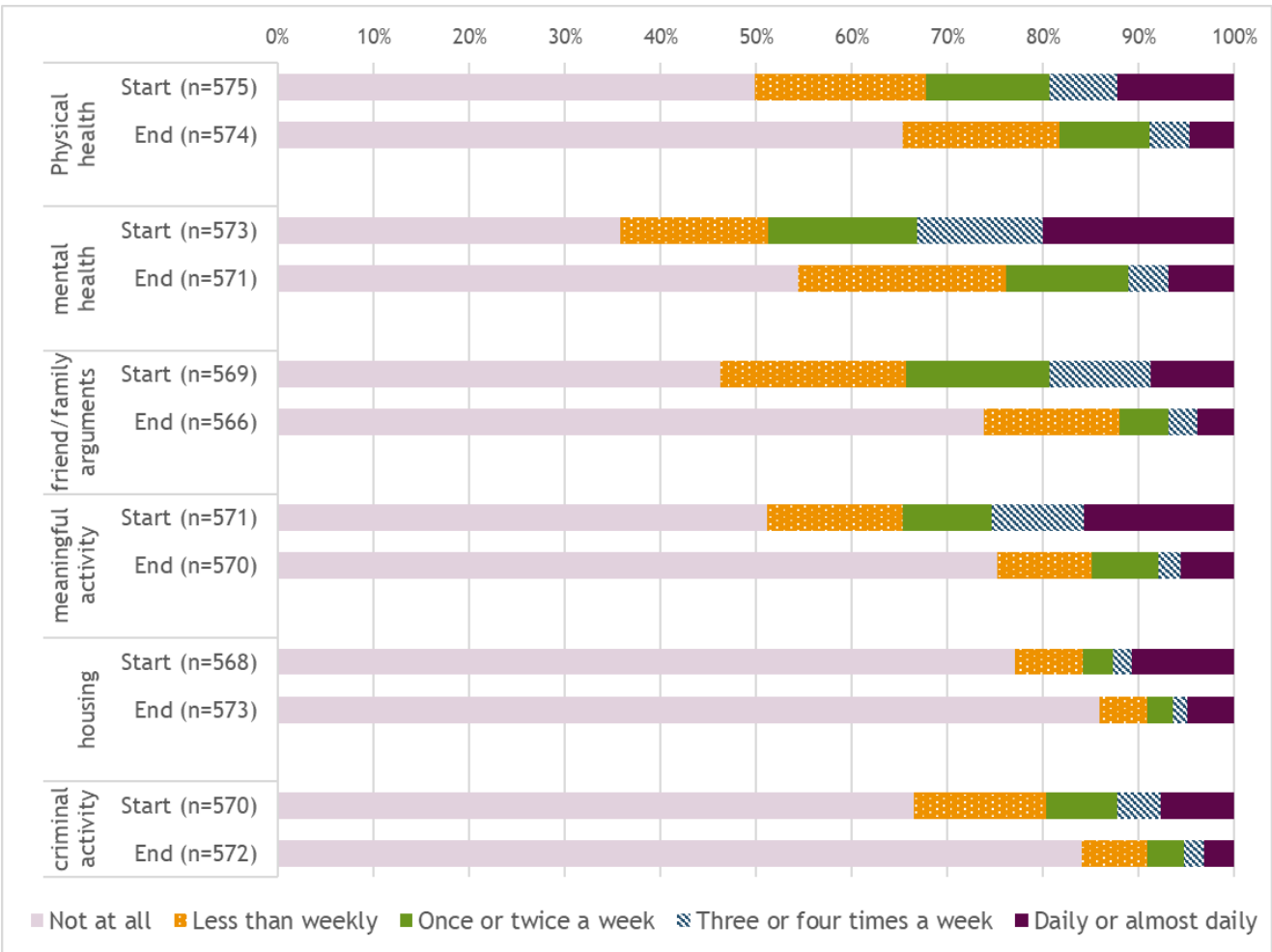
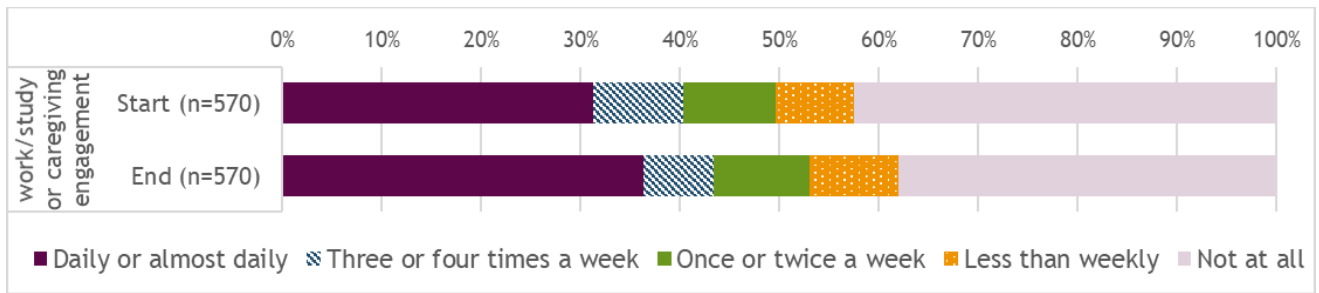


Figure 12: Distribution in lifestyle and wellbeing for ADOM treatment start and end for matched pairs, Amphetamine-type Stimulants main substance of concern.<sup>10</sup>

Figure 12 shows positive changes in all lifestyle and wellbeing issues examined between treatment start and treatment end.

<sup>10</sup> The matched pair total is 575. 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 missing rules.





**Figure 13:** Distribution in lifestyle and wellbeing between ADOM treatment start and end for Q16 matched pairs, amphetamine-type stimulants main substance of concern.

Figure 13 indicates a small positive change in engagement in employment, study and caregiving between treatment start and treatment end particularly for those engaging in these activities daily or almost daily.

# ADOM matched pairs by desired recovery and recovery goals

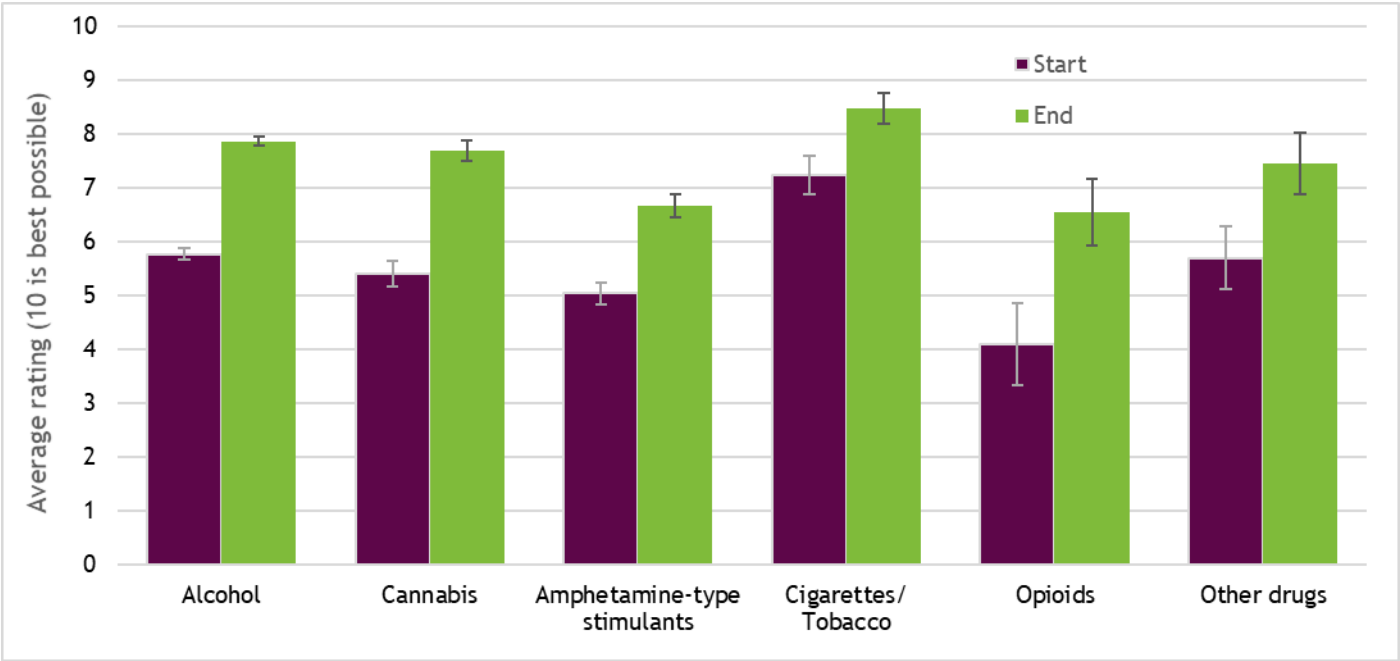


Figure 14: Average self-rating of rates of closeness to desired recovery at ADOM treatment start and end collection, by main substance of concern.

Figure 14 shows at treatment end tāngata whai ora feel closer to their desired recovery.

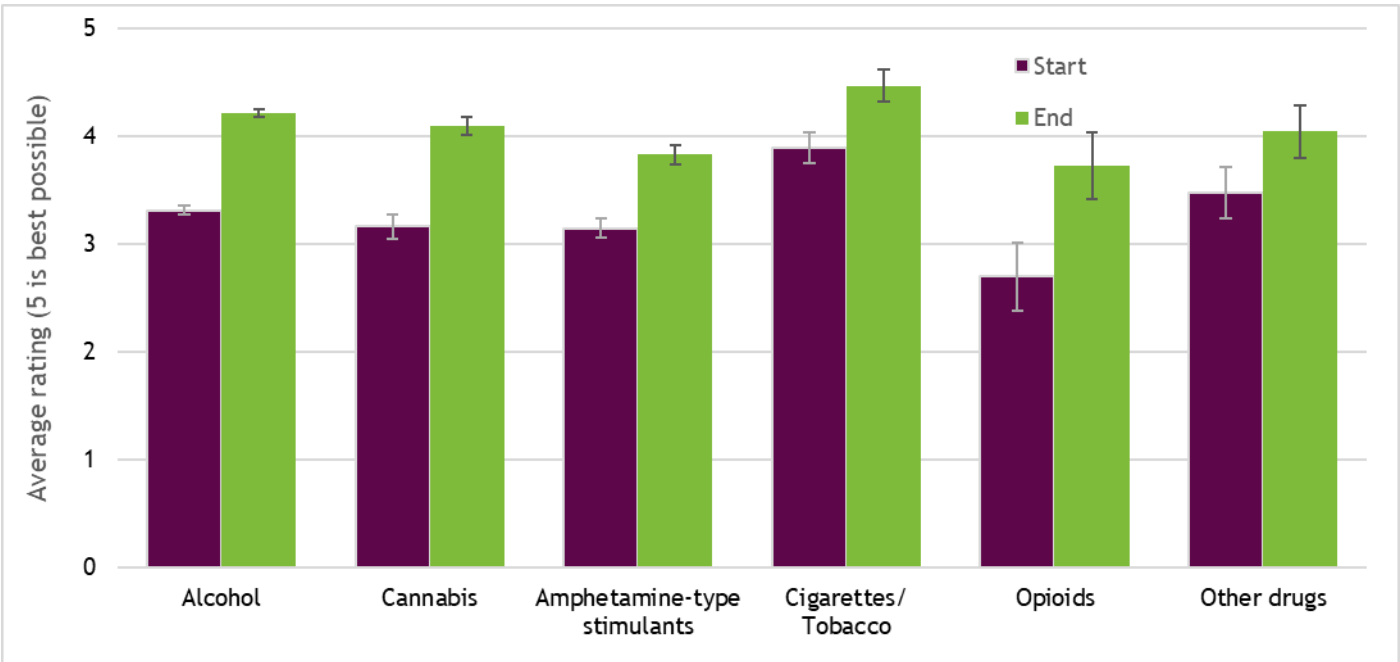


Figure 15: Average self-rating of how satisfied tāngata whai ora are with progress towards achieving their recovery goals at ADOM treatment start and end collection, by main substance of concern.

Figure 15 shows tāngata whai ora feel more satisfied with their progress at treatment end with the progress they make towards achieving their recovery goals.

## In summary

This report examined the outcomes for tāngata whai ora accessing community addiction services who reported amphetamine-type stimulants as their main substance of concern with a focus on the frequency of use, lifestyle and wellbeing connected to amphetamine-type stimulants use, and recovery goals for tāngata whai ora.

Analyses showed tāngata whai ora who indicated amphetamine-type stimulants was their main substance of concern experienced positive changes in most lifestyle and wellbeing domains between treatment start and treatment end.

There was a reduction in the number of days tāngata whai ora used amphetamine-type stimulants which indicates that the effect of treatment on days of use is large.

Tāngata whai ora reported positive changes in achieving recovery goals following treatment in terms of both average self-rating to desired recovery and satisfaction with progress towards achieving recovery goals.

# Appendix A. Method<sup>11</sup>

## Inclusion and exclusion criteria

### AOD episode of care entering mandated services:

- includes teams mandated to collect ADOM<sup>12</sup>
- 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
- excludes Waitematā DHB before 31 March 2018 from referrals and ADOM data as this DHB area used a local outcome tool (Visual ADOM-R) which did not align with PRIMHD mapping requirements.

Treatment start with 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<sup>13</sup> (valid collections)
- excludes RC19 – Treatment end – DNA and RC21 – Treatment end – other
- excludes Waitematā DHB collections before 31 March 2018 as the data uses local outcome tool (Visual ADOM-R) which does not align to PRIMHD mapping requirements.

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.

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<sup>11</sup> 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>

<sup>12</sup> 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.

<sup>13</sup> This is excluding questions 7, 9 and 11.

