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National Addiction Workforce Development

Alcohol and other drug outcome measure (ADOM)

Report Seven

Summary of ADOM collection data for period July 2018 to June 2019

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Te Pou o te Whakaaro Nui

Part of the Wise Group

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 is the seventh national Alcohol and other drug outcome measure (ADOM) report, covering the period July 2018 – June 2019. Data used in this report is from PRIMHD and supplied by the Ministry of Health. It was extracted on 9 October 2019. This report has a focus on matched pairs of tāngata whai ora who completed an ADOM at treatment start, and again at treatment end. An overview of the method is included in Appendix A.

Part one of this report focuses on ADOM collection in PRIMHD, part two focuses on treatment start ADOM collections, and part three explores matched pairs of treatment start and treatment end collections, of which there were 1,858 analysed for this report (Part 3). Matched pairs show a medium-to-large reduction in substances used between treatment start and treatment end (Table 1). Some District Health Boards (DHBs) that are not yet submitting ADOM collections may have an impact on those numbers.

ADOM treatment start analysis indicates that amphetamine-type stimulants use has slightly dropped (20.0% in last report, covering period July 2017 to June 2018, and 18.7% in this) in terms of reported main substance of concern. It should be noted that amphetamine-type stimulants, as specified in the ADOM, do not differentiate between amphetamine powders, pills containing amphetamine, or methamphetamine.

Table 1: *Average days of substance use amongst those with use at treatment start, by ADOM treatment start, treatment end and outcome, matched pairs, July 2018 - June 2019*

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	9.7 *(n=1,252)*	5.0 *(n=1,251)*	4.7	0.59 (0.51-0.67)	Medium
Q2: Alcohol number of standard drinks consumed in a typical days use	10.5 *(n=1,161)*	4.6 (n=*1,144)*	5.9	0.73 (0.65-0.82)	Medium
Q3: Cannabis days of use	12.4 *(n=477)*	6.4 *(n=475)*	6.0	0.61 (0.48-0.74)	Medium
Q4: Amphetamine-type stimulant days of use	8.1 *(n=183)*	2.0 *(n=183)*	6.0	0.93 (0.71-1.14)	Large
Q5: Opioids days of use	8.0 *(n=45)*	2.1 *(n=44)*	5.8	0.69 (0.26-1.11)	Medium
Q6: Sedatives/Tranquilisers	12.1 *(n=56)*	2.3 *(n=55)*	9.8	1.03 (0.63-1.42)	Large
Q10: Injected Drug Use	7.2 *(n=50)*	2.0 *(n=47)*	5.2	0.80 (0.38-1.21)	Large

Notes: Cohen (1992)[1] reports the following intervals for d: .2 to .5: small effect; .5 to .8: medium effect; .8 and higher: large effect.

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

Part 1: ADOM in PRIMHD

- 32,557- the total number of episodes of care opened into PRIMHD from **mandated services;** both DHB and Non-government organisation (NGO), between 1 July 2018 and 30 June 2019.
- 11,969 - the total number of valid ADOM **treatment start collections**.
- 1,858 - the total number of matched pairs - those ADOM collections that have *both* a treatment start and treatment end. Treatment end in the period.

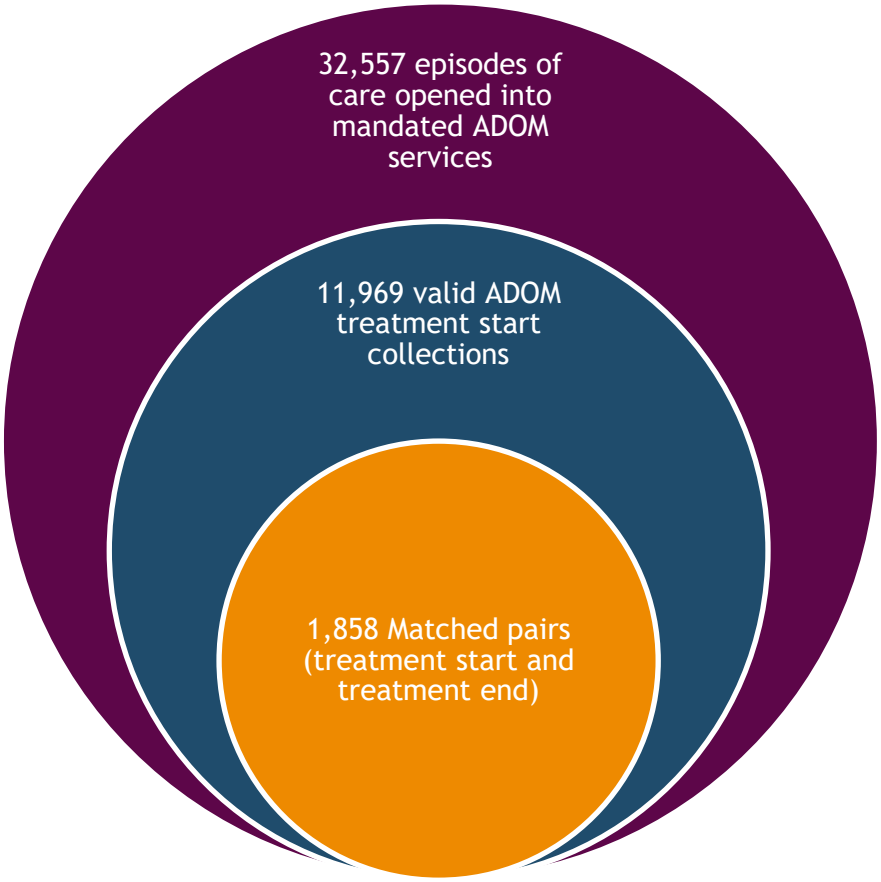

Figure 1: *Total number of AOD episodes of care entered into mandated services, ADOM treatment start, and ADOM matched treatment start and end pairs, July 2018 to June 2019*

When interpreting findings in this report it is important to bear in mind the figures above. **Analysis on small numbers does not lead to effective population level interpretation. The analysis in this report is of those people accessing adult, community AOD services with both** 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.

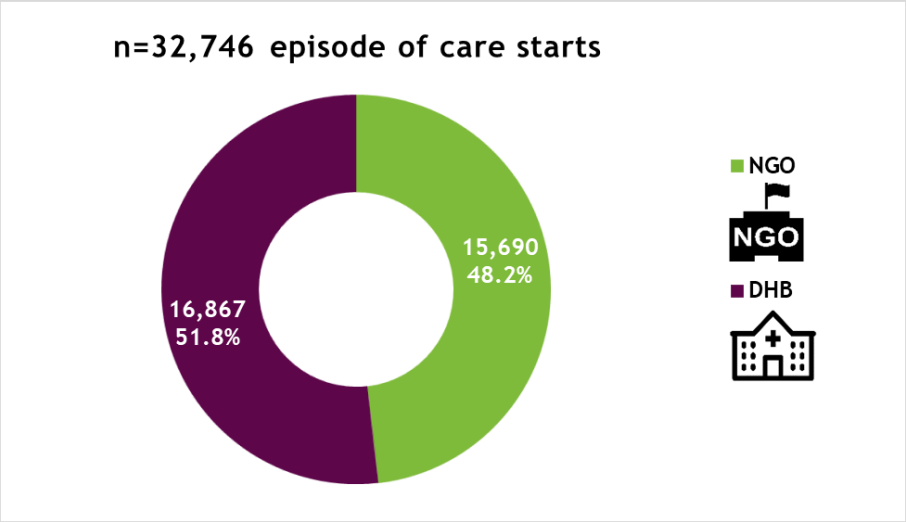

Figure 2: *AOD episode of care into ADOM mandated services, by organisation type (NGO and DHB), July 2018 to June 2019*

This shows the number and percentage of episodes of care starts in ADOM mandated AOD services by NGOs and DHBs. There are more treatment start collections within DHBs than NGOs.

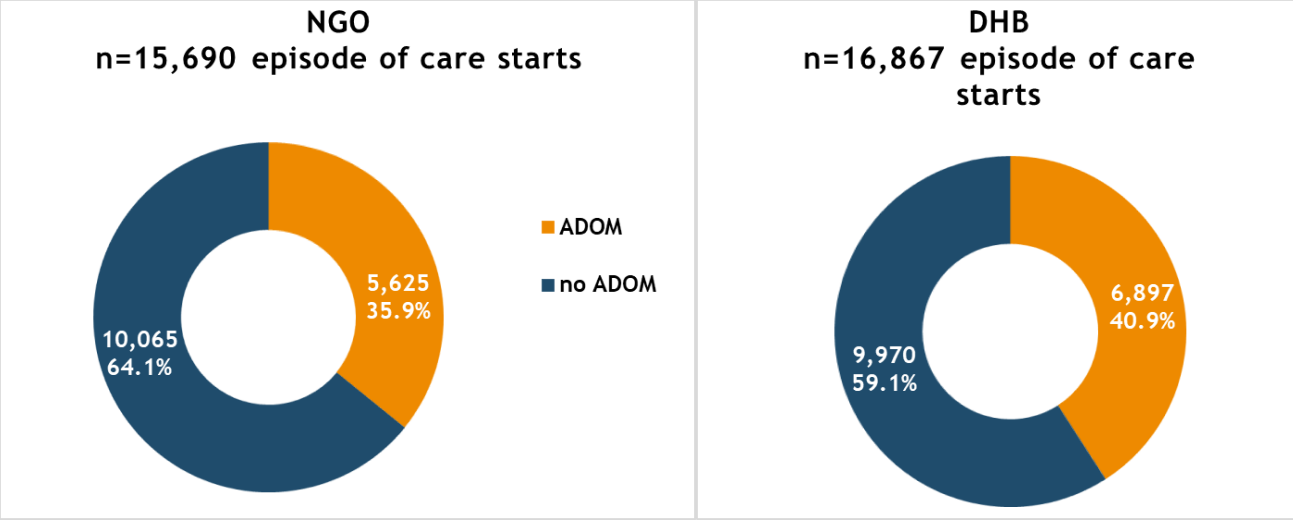

Figure 3: *AOD episode of care with at least one ADOM collection (treatment start or assessment only) by organisation type (NGO and DHB), July 2018 to June 2019*

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. NGOs have a higher ratio of ADOM collections (treatment start or assessment only) against episode of care starts than DHBs.

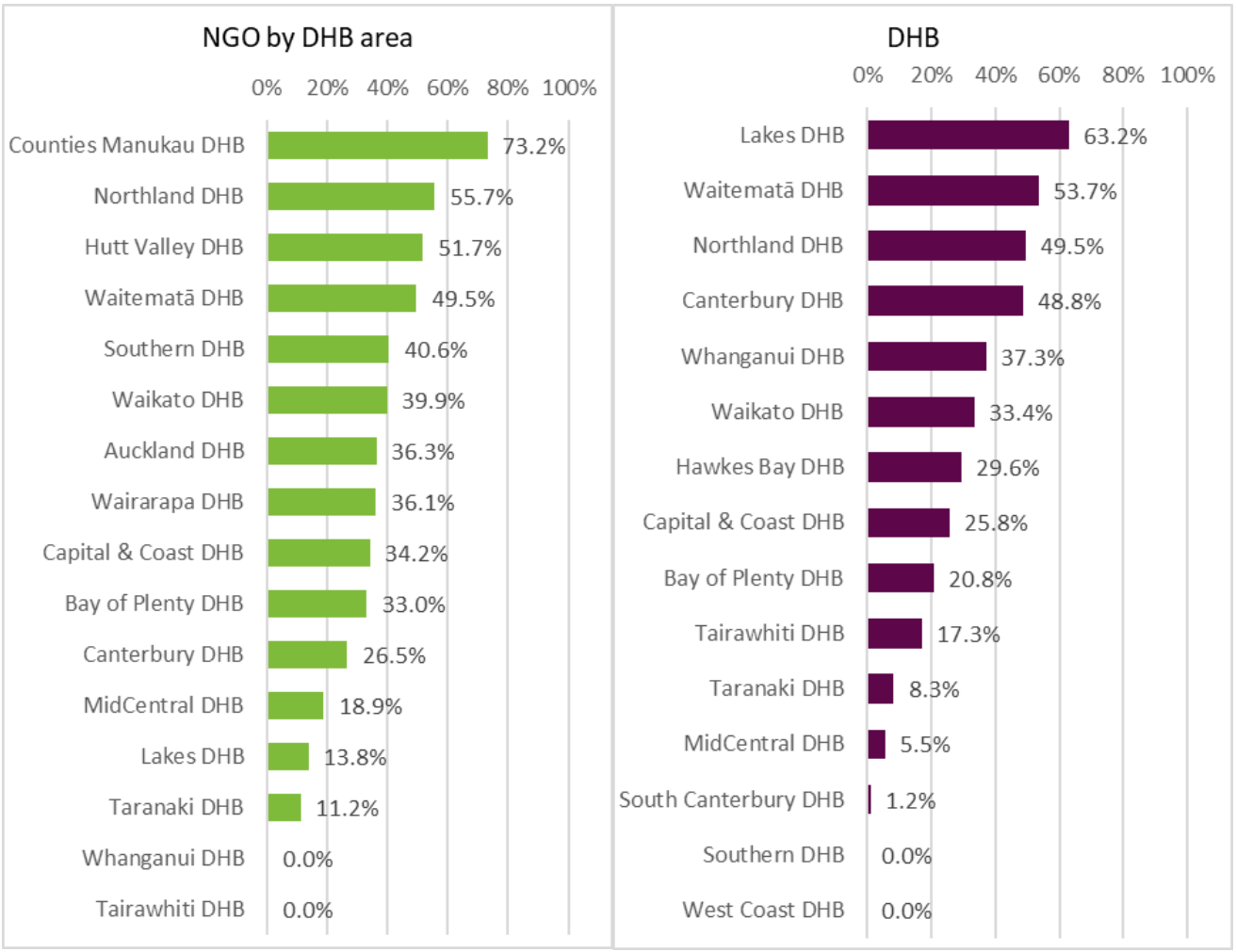

Figure 4: *Percentage of AOD episode of care into mandated services with at least one ADOM Collection (treatment start or assessment only) by organisation type and DHB area[2], July 2018 to June 2019*

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). This is largely due to IT system issues and does not indicate that ADOM is ***not*** being used in these DHBs. Please note percentages at Lakes DHB reflect small total tāngata whai ora numbers.

[2] There are no eligible NGOs currently in the Nelson Marlborough. Hawkes Bay, West Coast and South Canterbury DHB area have very small numbers of ADSOM collections. 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

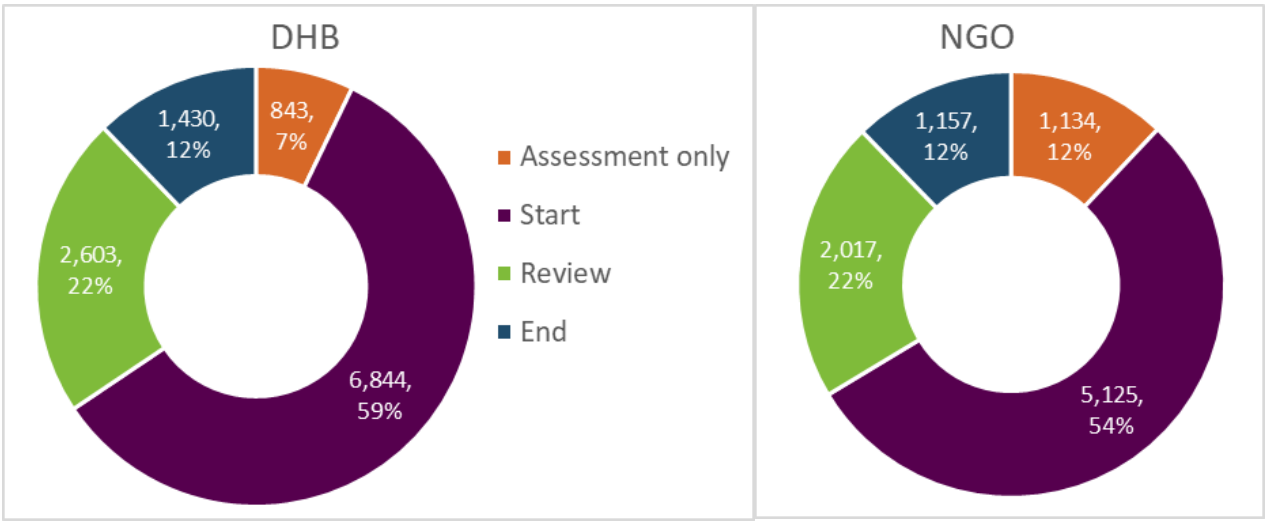

Figure 5: *Number valid ADOM collection by reason for collection and organisation type, July 2018 to June 2019*

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

Table 2: *Number of ADOM collection valid and not valid, by reason for collection, July 2018 to June 2019*

Reason for collection	Valid	Not valid	Total	% valid
Assessment only	1,977	83	2,060	96%
Start	11,969	519	12,488	96%
Review	4,620	403	5,023	92%
End	2,587	571	3,158	82%

Table 2 shows many ADOM collections met the report building business rules (see Appendix A for an overview).

Part 2: ADOM treatment starts

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 and DHB area level.

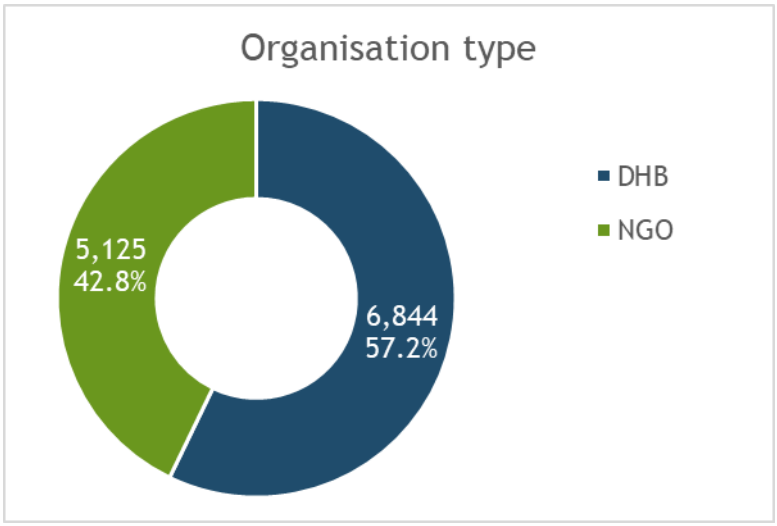

Figure 6: *Valid ADOM treatment start collection by organisation type, July 2018 to June 2019*

Figure 6 shows valid ADOM treatment start collections by DHB and NGO. DHBs have more valid treatment start ADOMs recorded than NGOs (see appendix A for business rules).

Table 3: *Profile of ADOM treatment start collection by gender, ethnicity and age group, July 2018 to June 2019*

	Number	Percentage
Gender		
Female	3,699	30.9%
Male	8,270	69.1%
Total	**11,969**	**100.0%**
Ethnicity		
Māori	3,936	32.9%
Pasifika	1,454	12.1%
Other	6,579	55.0%
Total	**11,969**	**100.0%**
Age group		
18-24 years	1,931	16.1%
25-44 years	7,048	58.9%
45-64 years	2,778	23.2%
65 years and over	212	1.8%
Total	**11,969**	**100.0%**

Table 3 shows the demographic profile of treatment start ADOM collections. The gender distribution is in line with people accessing AOD services. Māori people make up one-third of ADOM start collections (32.9 per cent), and are over represented compared to the general Māori population (17 per cent).[3][4] People aged 25 to 44 years reflect the largest age group accessing services and are over represented compared to the general population (35 per cent).

[3] Information taken from https://www.stats.govt.nz/information-releases/2018-census-population-and-dwelling-counts-nz-stat-tables

[4] Māori people make up 31.7% of hazardous drinkers https://minhealthnz.shinyapps.io/nz-health-survey-2017-18-annual-data-explorer/_w_23067b45/#!/explore-topics

ADOM treatment start collections by substance of concern

In this section the main substance of concern is explored. When tāngata whai ora present to services and complete their first ADOM, they are asked what their main substance of concern is; this may differ from the substance they use most frequently. A main substance of concern reflects the substance that is or has been causing the most issues in their life. Figure 7 shows alcohol is the most commonly stated main substance of concern among the 10,035 treatment start collections.[5]

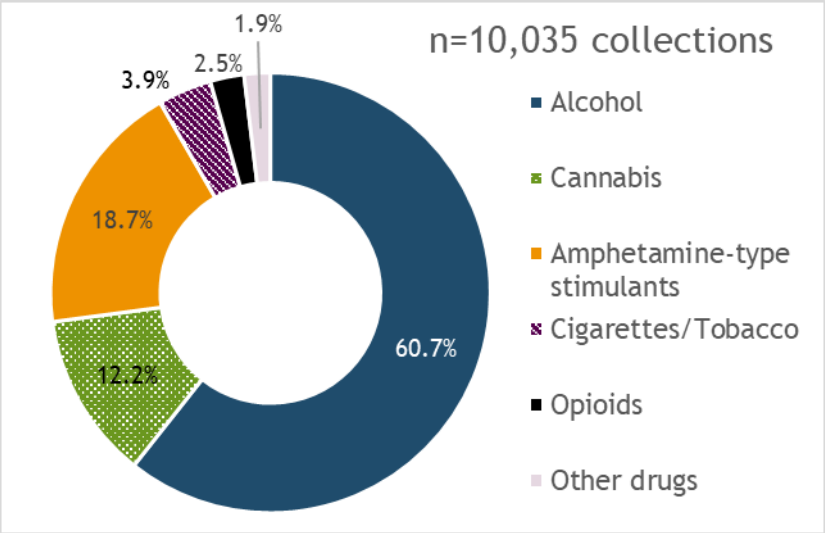

Figure 7: *Distribution of substance of main concern at ADOM treatment start collections (DHB & NGO combined), July 2018 to June 2019*

As people often use multiple substances, secondary substance(s) of concern were also examined. Where alcohol is not reported as the main substance of concern, it features prominently as a second substance of concern. Amphetamine-type substances were secondary substances of concern where cannabis and alcohol were the primary substances of concern. Cigarettes/tobacco feature in all areas as a substance of concern.

Table 4: *Second substance of concern by substance of main concern, July 2018 to June 2019*

Substance of main concern	number	Second substance of concern	number
Alcohol	6,087	Cannabis	1,011
		Cigarettes/Tobacco	1,093
		Amphetamine-type stimulants	302
Cannabis	1,228	Alcohol	377
		Cigarettes/Tobacco	167
		Amphetamine-type stimulants	147
Amphetamine-type stimulants	1,881	Cannabis	552
		Alcohol	460
		Cigarettes/Tobacco	160

[5] Note, ADOM is collected in service settings and not all 11,969 people specify a substance of concern at treatment start. Figures quoted here are not indicative of substance use in the general population, particularly, as not every person who has a substance use problem, accesses services.

Main substance of concern by gender

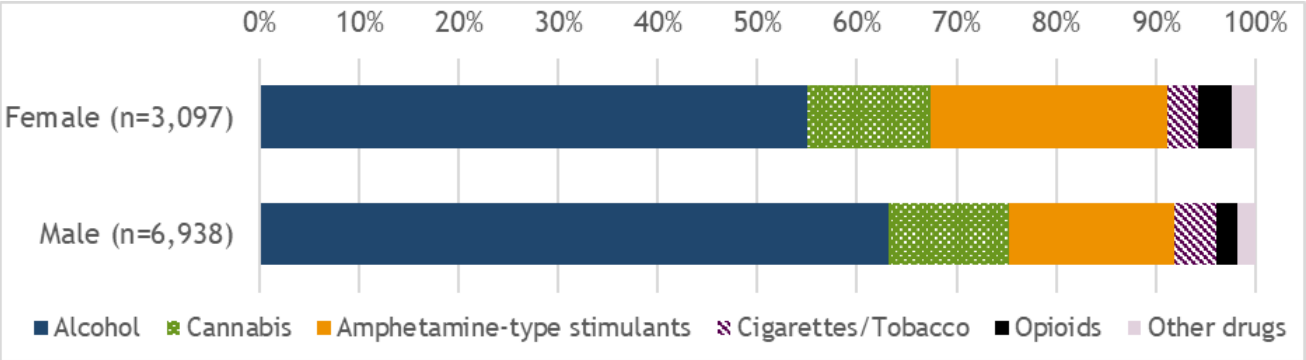

Figure 8: *Distribution of substance of main concern at ADOM treatment start collections, by gender, July 2018 to June 2019*

Figure 8 shows that alcohol was more frequently reported by men as a main substance of concern, and amphetamine-type substances and opioids by women.

Main substance of concern by age group

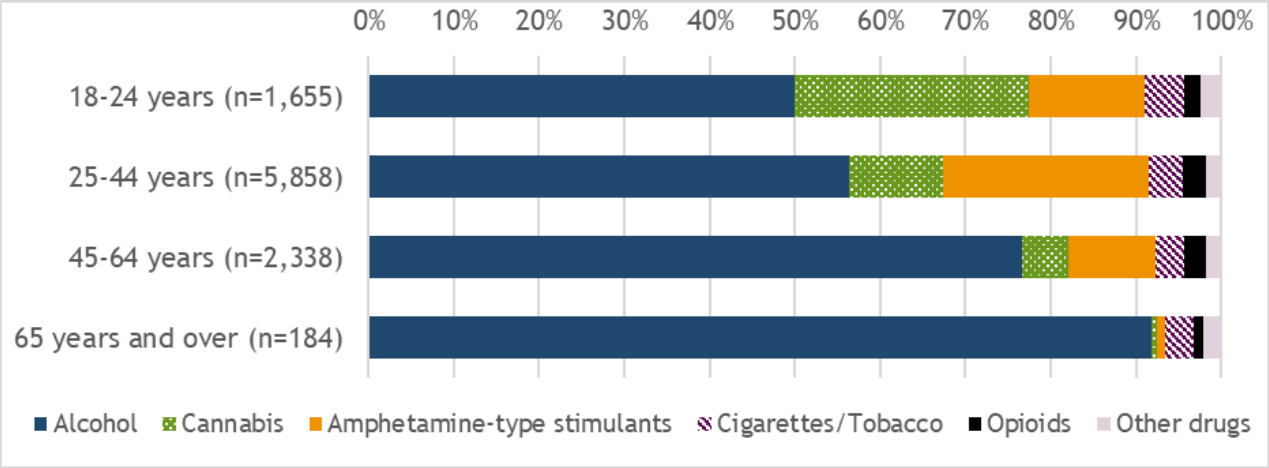

Figure 9: *Distribution of substance of main concern at ADOM treatment start collections, by age group, July 2018 to June 2019*

Figure 9 shows main substance of concern for different age groups. Across all age groups, alcohol is the main substance of concern, particularly among people aged 65+ years. Cannabis features more frequently in the youngest age group. Amphetamine type substances are more prevalent amongst 25-44 year olds.

Main substance of concern by ethnicity

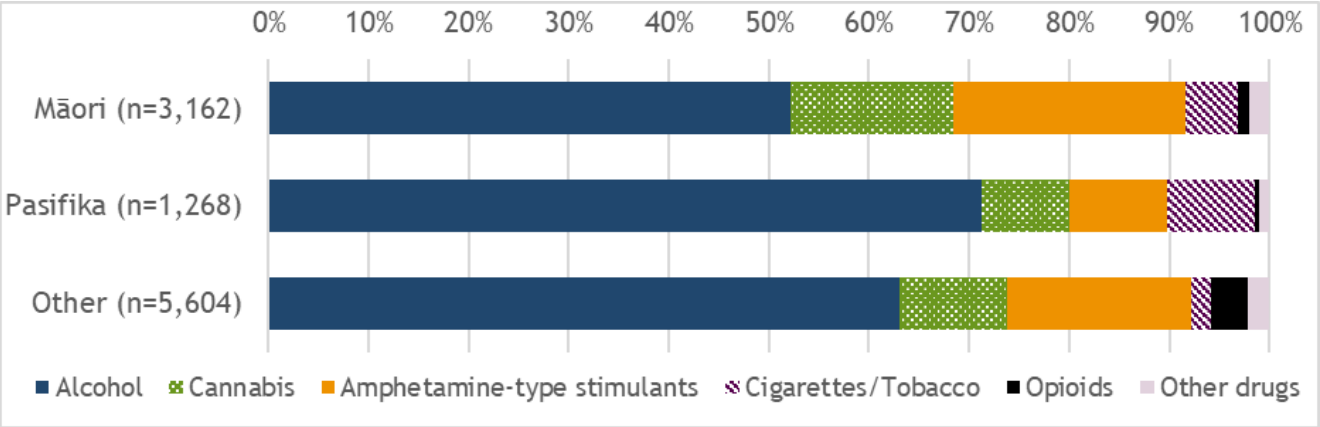

Figure 10: *Distribution of substance of main concern at ADOM treatment start collections, by ethnicity, July 2018 to June 2019*

Figure 10 shows within each ethnic group, alcohol was the most commonly reported main substance of concern. The next most common substances of concern for amphetamine-type stimulants and cannabis (along with cigarette/tobacco for Pasifika people). Opioids were more of a substance of concern among other ethnic groups than for Māori or Pasifika people.

ADOM treatment start collections by lifestyle and wellbeing

This section is focused on the lifestyle and wellbeing of people accessing services, based on the questions collected in Section 2 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?

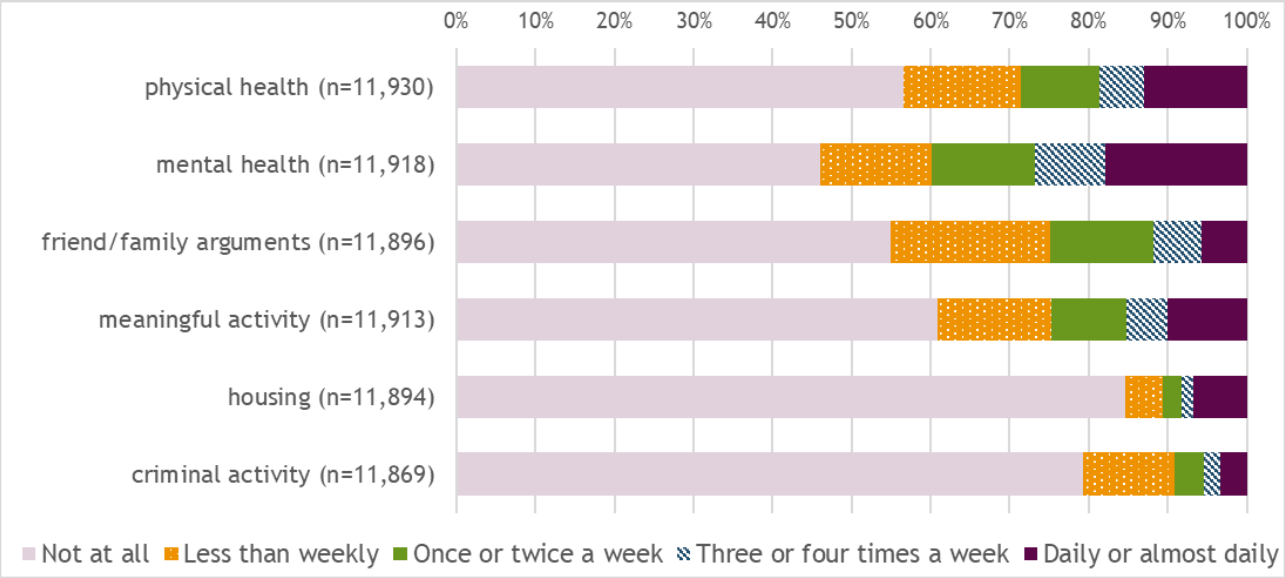

Figure 11: *Distribution of lifestyle and wellbeing responses at ADOM treatment start collections, July 2018 to June 2019*

Figure 11 indicates the lifestyle and wellbeing of tāngata whai ora has been negatively impacted, regardless of their gender, age, ethnicity or substance used.

Each week about one-third (29 per cent) of tāngata whai ora experience at least some physical health problems, and 40 per cent of people mental health problems. Around 9 per cent of tāngata whai ora stated they were engaged 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?

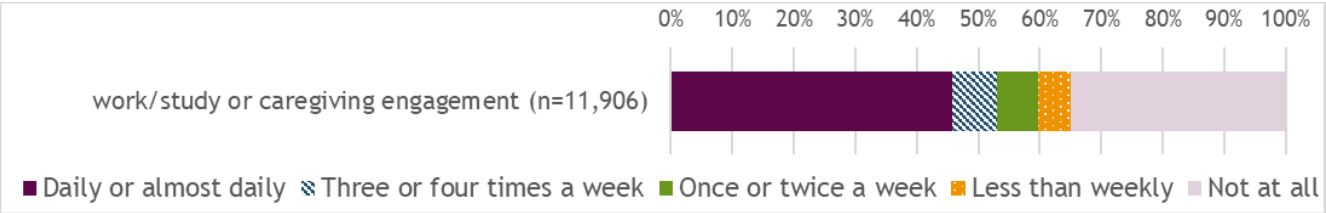

Figure 12: *Distribution of lifestyle and wellbeing Q16 responses at ADOM treatment start collections, July 2018 to June 2019*

Figure 12 shows engagement with work and other activities where higher scores reflect better the engagement with work and other activities. Around 60 per cent of tāngata whai ora reported being engaged in work, study or caregiving each week.

Lifestyle and wellbeing – by gender and ethnicity

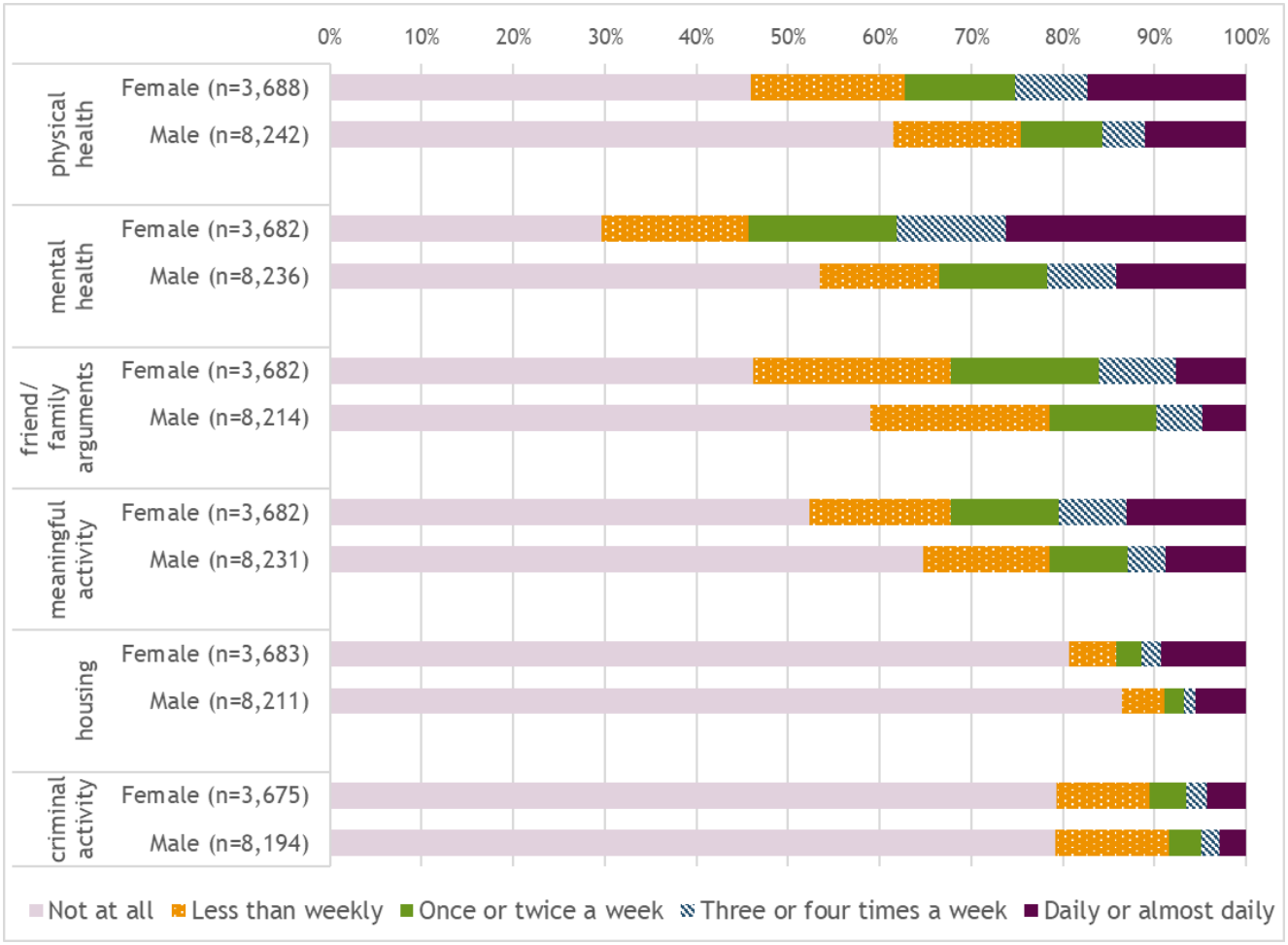

Figure 13: *Distribution of lifestyle and wellbeing responses at ADOM treatment start collections, by gender, July 2018 to June 2019*

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

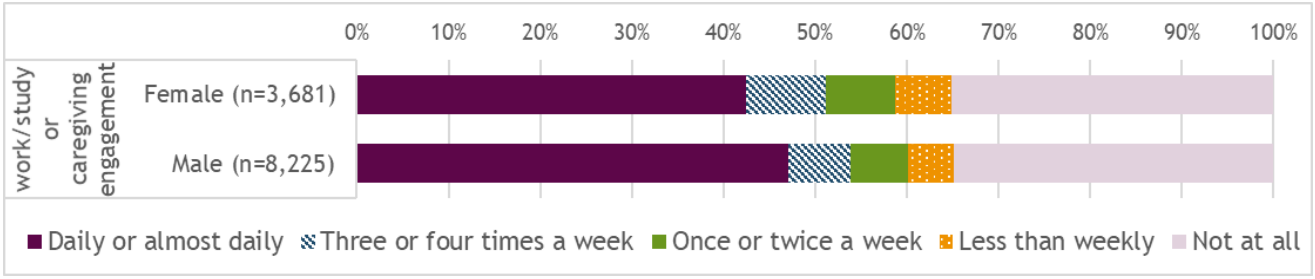

Figure 14: *Distribution of lifestyle and wellbeing responses Q16 (engagement with work, study or care giving) at ADOM treatment start collections, by gender, July 2018 to June 2019*

Figure 14 shows males and females were engaged with work, study or caregiving activities at a similar rate.

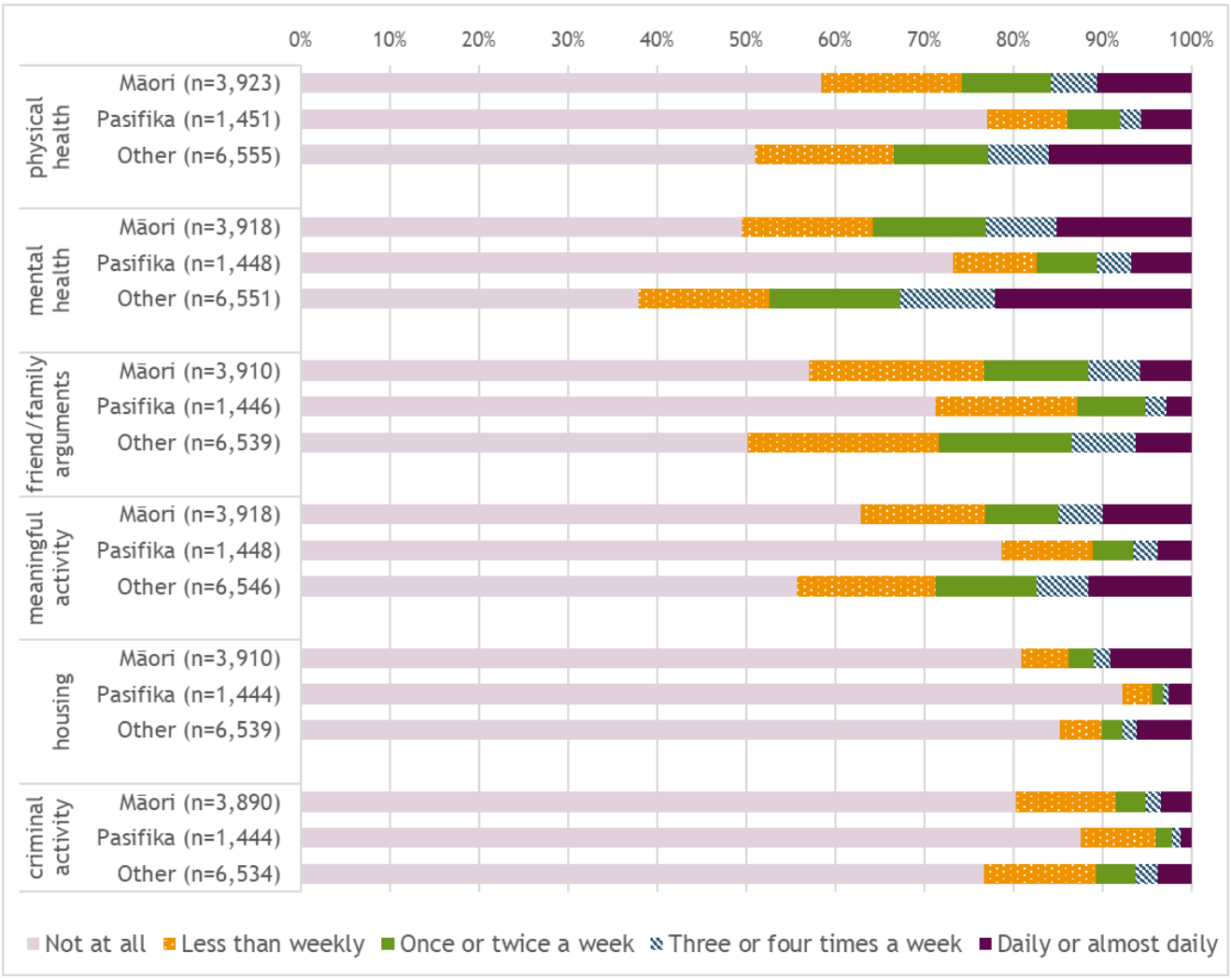

Figure 15: *Distribution of lifestyle and wellbeing responses at ADOM treatment start collections, by ethnicity, July 2018 to June 2019*

Figure 15 shows the response to Section 2 ADOM lifestyle and wellbeing questions by ethnic group. Māori and Pasifika people appear to have less lifestyle and wellbeing concerns compared to other ethnic groups. However, Māori have more concerns than Pasifika people, particularly in relation to mental and physical health. Other ethnic groups have both more physical and mental health issues than Māori or Pasifka peoples. This could reflect cultural perceptions of physical and mental health and wellness.

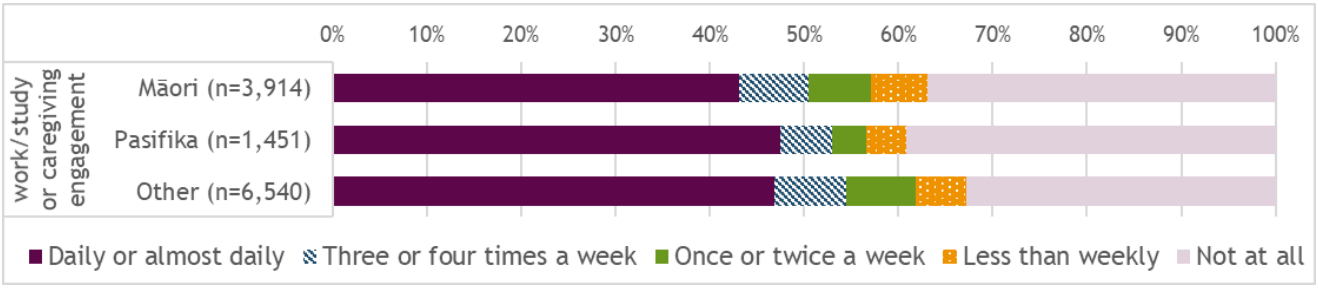

Figure 16: *Distribution of lifestyle and wellbeing responses Q16 (engagement with work, study or caregiving) at ADOM treatment start collections, by ethnicity, July 2018 to June 2019*

Figure 16 indicates that Pasifika people tend to be slightly more engaged with work, study or caregiving than tāngata whai ora in other ethnic groups on a daily basis, but less so overall. At least one-third of people were not engaged in work, study or caregiving at all.

Part 3: Outcomes (matched pairs)

This section reports on outcomes based on matched pairs between treatment start and treatment end based on ADOM collections.

1,858

Matched start and end pairs

There were 1,858 matched pairs of treatment start and treatment end ADOM collections between July 2018 and June 2019. Please note tāngata whai ora starting treatment in this period may still be in treatment and therefore will not be included in matched pairs analyses, though may be in future reports. Also, did not attend (DNA) drop offs exclude a significant number of potential matched pairs (see Appendix A for inclusion rules), in other words, we are not able to capture data relating to change, though change may have happened for the tāngata whai ora that did not have a matched pair completed.

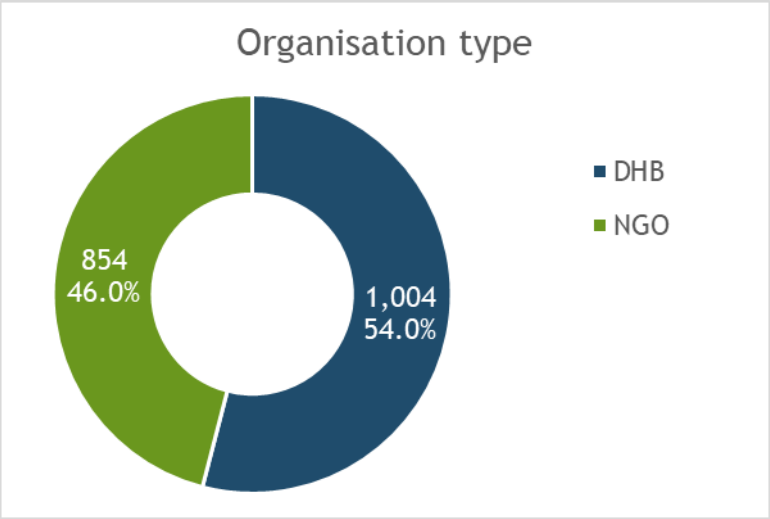

Figure 17: *Percentage of ADOM matched pairs by organisation type, July 2018 to June 2019*

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

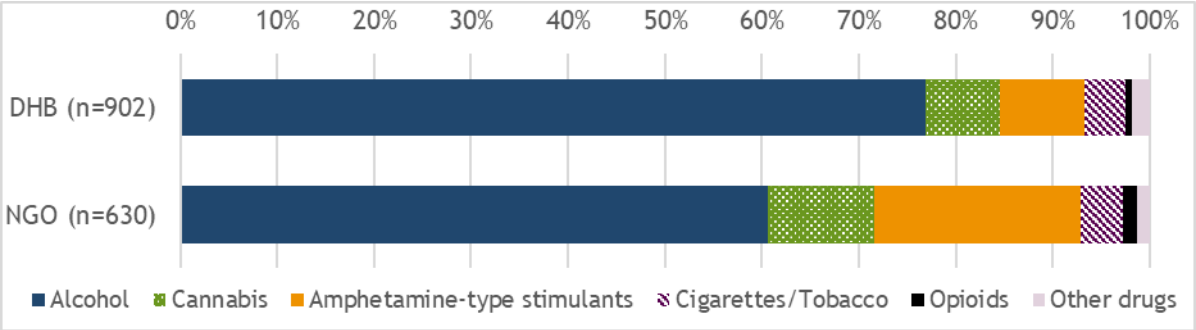

Figure 18: *Percentage of ADOM matched pairs by main substance of concern at treatment start, by organisation type, July 2018 to June 2019*

Figure 18 shows tāngata whai ora are more likely to report alcohol as the main substance of concern in DHBs and amphetamine-type stimulants in NGO settings, this is possibly due to GP referrals to DHBs and 'drop ins' at NGOs.

ADOM matched pairs by substance of concern

Outcome for tangata whai ora between treatment start and treatment end have been calculated for any substance use due to the number of matched pairs available. Further analysis will be possible when data is available.

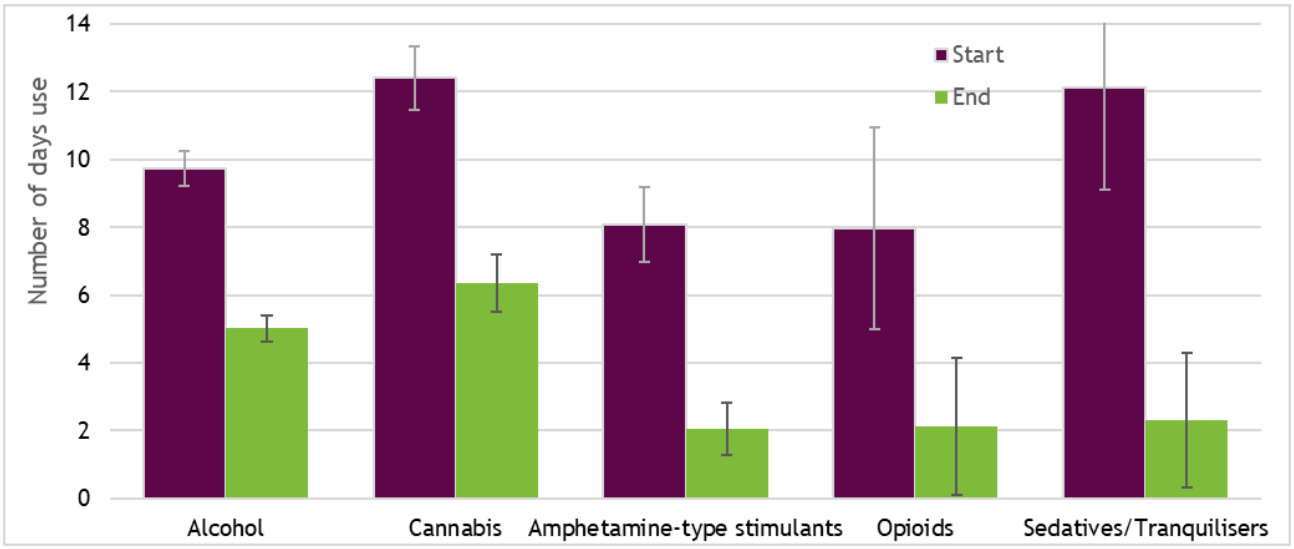

Figure 19: *Days of substance use in the past four weeks at ADOM treatment start and treatment end for those matched pairs with substance use as treatment start, July 2018 to June 2019*

Figure 19 shows a decrease in substance use between treatment start and treatment end in all substances.

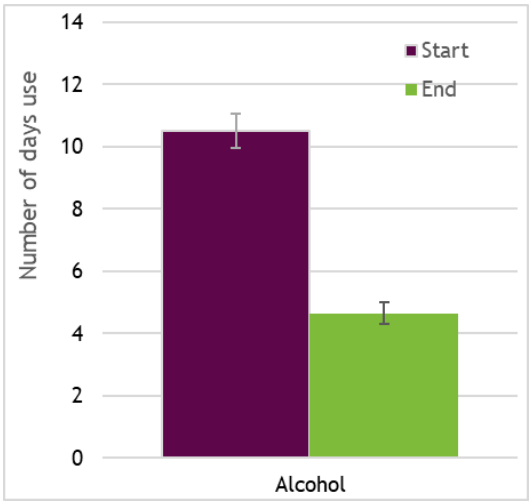

Figure 20: *Standard drinks used in a typical drinking day at ADOM treatment start and treatment end for those matched pairs with use at treatment start, July 2018 to June 2019*

Figure 20 shows a reduction in the number of standard drinks used in a typical drinking day (from 10.5 to 4.6 on average), by tāngata whai ora, from treatment start to treatment end.

Table 5: *Average days of substance use amongst those with use at treatment start, by ADOM treatment start, treatment end and outcome, matched pairs, July 2018 to June 2019*

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	9.7 *(n=1,252)*	5.0 *(n=1,251)*	4.7	0.59 (0.51-0.67)	Medium
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Q10: Injected drug use	7.2 *(n=50)*	2.0 *(n=47)*	5.2	0.80 (0.38-1.21)	Large

Notes: Cohen (1992)[6] reports the following intervals for d: .2 to .5: small effect; .5 to .8: medium effect; .8 and higher: large effect.

Table 5 shows large reductions in days of use of sedatives/tranquilisers and amphetamine-type stimulants between treatment start and treatment end. Large reductions in injecting drug use were also found.

ADOM matched pairs by lifestyle and wellbeing

This section explores the changes between treatment start and treatment end in lifestyle and wellbeing.

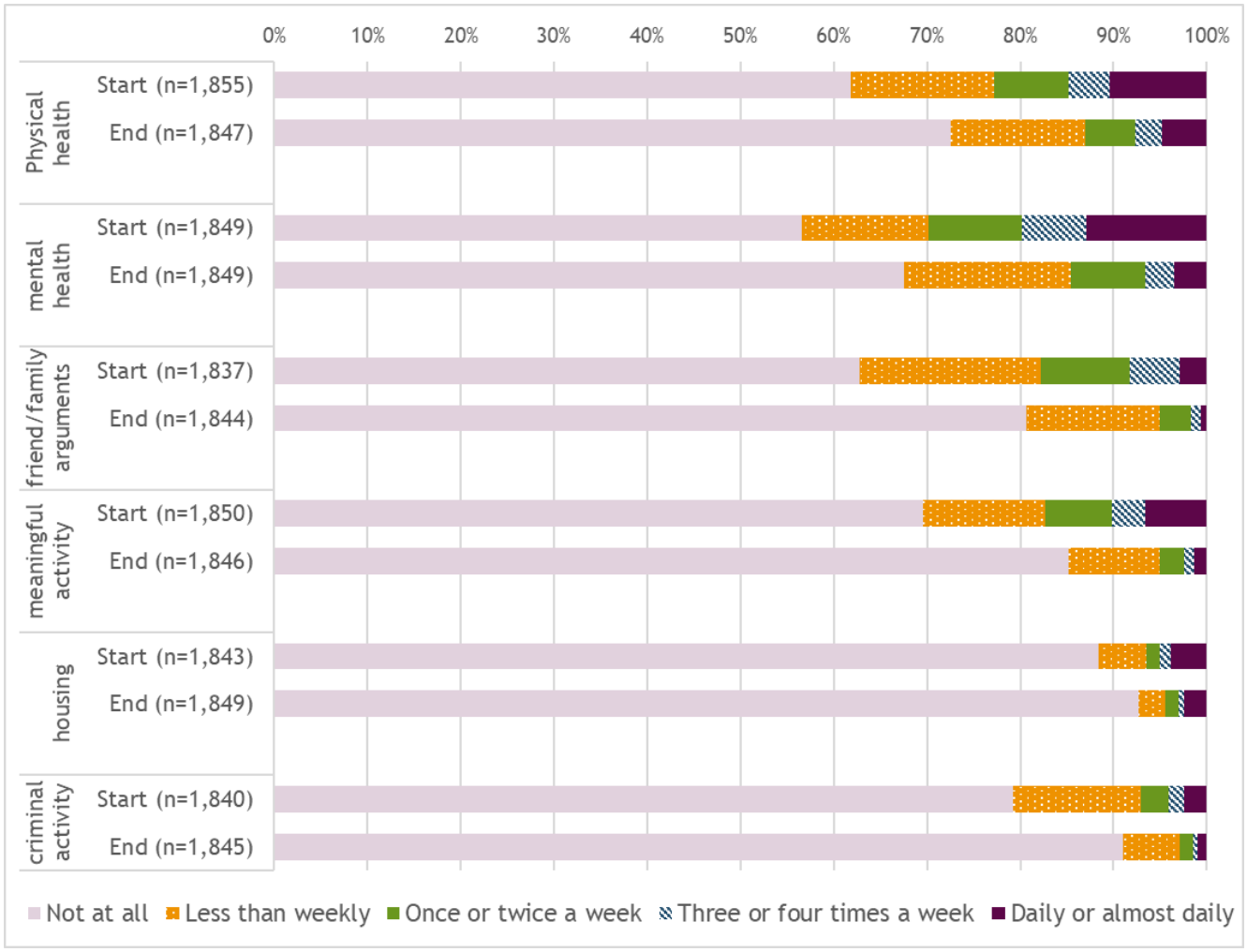

Figure 21: *Distribution in lifestyle and wellbeing for ADOM treatment start and end for matched pairs, July 2018 to June 2019*[7]

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

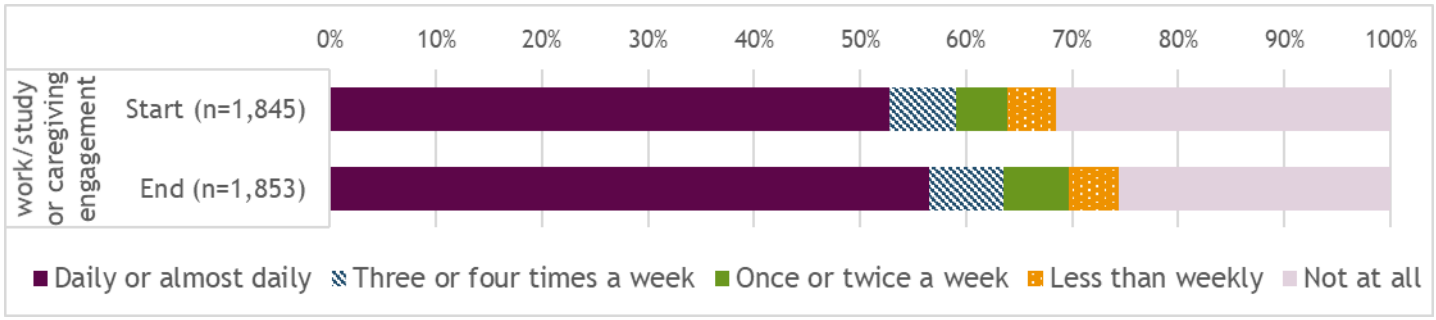

Figure 22: *Distribution in lifestyle and wellbeing between ADOM treatment start and end for Q16 matched pairs, July 2018 to June 2019*

[7] 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 missing rules.

Figure 22 shows a small positive change between treatment start and treatment end in employment, study and caregiving.

ADOM matched pairs by recovery

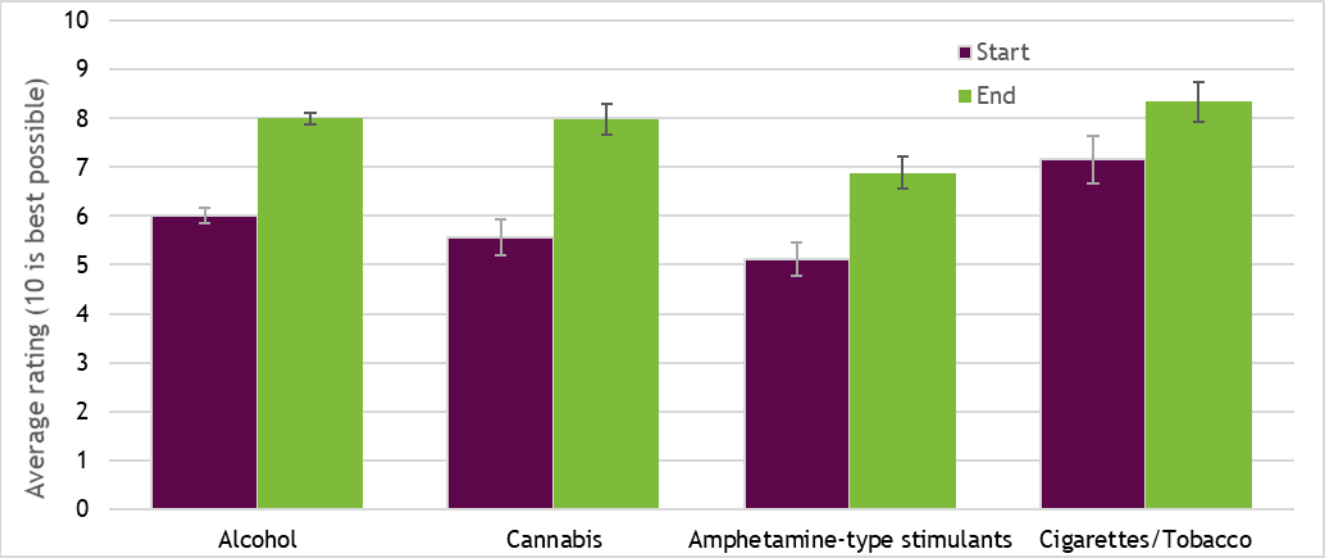

Figure 23: *Average self-rating of rates of closeness to desired recovery at ADOM treatment start and end collection, by selected substance of main concern (at treatment start), July 2018 to June 2019*

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

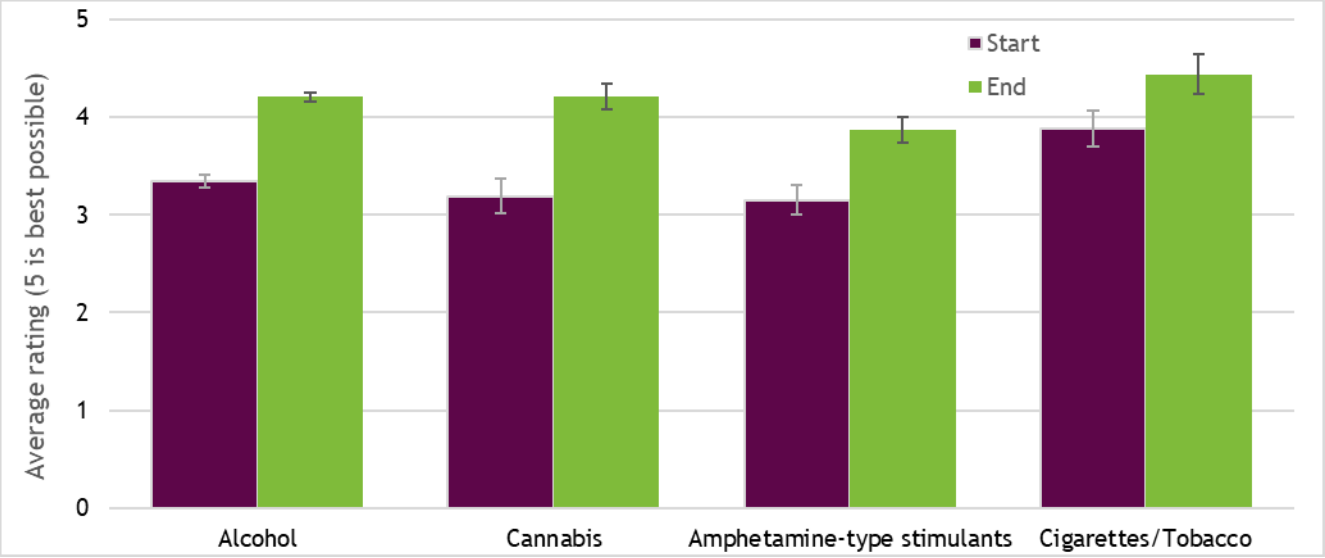

Figure 24: *Average self-rating of how satisfied tāngata whai ora are with progress towards achieving their recovery goals at ADOM treatment start and end collection, by selected substance of main concern (at treatment start), July 2018 to June 2019*

Figure 24 shows positive changes between treatment start and treatment end in how tāngata whai ora regard progress towards their recovery goals. Between treatment start and treatment end, those using amphetamine-type stimulants showed slightly less progress toward their recovery goals compared to others, this could be for a number of reasons including stigma attached to amphetamine type substances, or criminal justice involvement. Those stating cigarettes/tobacco as main substance of concern showed the least positive change.

In conclusion

This report analyses data from ADOM in PRIMHD and attempts to balance information useful to the AOD sector workforce, and length of report.

It is pleasing to note that there are positive changes in alcohol and drug use post treatment intervention. It is perhaps even more useful to confirm that people's lifestyle and wellbeing improves and their own reflection on where they are in their recovery shows positive change.

The report highlights improvements in many areas from treatment start to treatment end using ADOM data. However, gaps still exist. This may bias the results report here. With a greater number of valid ADOM collections, conclusions regarding tāngata whai ora accessing services can be made with greater confidence

Appendix A. Method[8]

Inclusion and exclusion criteria

AOD episode of care entering mandated services:

- includes teams mandated to collect ADOM[9]
- 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 uses a local outcome tool (Visual ADOM-R) which does 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[10]
- 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.

[8] 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

[9] 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.

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