Alcohol and Drug Outcome Measure (ADOM)

Introduction

This first ADOM report describes tāngata whai ora substance use, lifestyle and wellbeing, and recovery at a national level between 1 July 2015 and 30 June 2016. Alcohol and drug outcome measure collections detailed in this report do not represent the whole population, only those tāngata whai ora engaged with ADOM mandated services who completed ADOMs.

Background

The ADOM is intended to provide feedback to tāngata whai ora about changes in their recovery journey while in treatment. Secondary to that, collections submitted to Programme for the Integration of Mental Health Data (PRIMHD) provide opportunities to analyse data and build reports to inform the alcohol and other drug (AOD) sector. These reports are intended to support the sector in improving service delivery. The information that is collected and submitted to PRIMHD consists of:

- **Administrative information**
- **Section 1** – 11 questions about the type and frequency of substance use.
- **Section 2** – seven questions about lifestyle and wellbeing.
- **Section 3** – two questions about tāngata whai ora satisfaction with their recovery.

There are a number of collection points of ADOM information that align with the Information Collection Protocol (ICP).[1] These are at treatment start, 6 week review, 12 week review, three monthly reviews thereafter, and at treatment end. The information presented in this report is based on ADOM information collected at treatment start and treatment end where available.

The report

This ADOM report is broken into three parts[2]. Click on the underlined word to navigate to the part you require.

- Part 1 describes ADOM collection statistics and client characteristics at treatment start
- Part 2 analyses of changes between treatment start and treatment end
- Part 3 analyses of Opioid Substitution Services (OST).

In addition, Appendix 1 provides background tables to all the graphs.

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[1] Section 4 of 'ADOM Guide for addiction practitioners,' Version 4.1, August 2016
[2] The scope of the report is expected to expand over time as more data is collected.

Te Pou
o Te Whakaaro Nui

Matua Raki
National Addiction Workforce Development

Method[3]

Data used in this report is from PRIMHD (extracted 6 October 2016) as supplied by the Ministry of Health. The analysis period is for July 2015 to June 2016.

Inclusion/exclusion criteria

AOD referral entering into mandated services:

- includes teams mandated to collect ADOM[4]
- 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
- includes first in-scope contact for the referral is in the period of the report
- excludes Waitematā DHB 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 the corresponding referrals: Include only referrals 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[5]
- excludes RC19 – Treatment end – DNA and RC21 – Treatment end – other
- excludes Waitematā DHB 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.

Opioid substitution services data:

- based on ADOM collections above
- includes tāngata whai ora in services who are opioid substitution team (OST) and/or those who receive contact T18 – Methadone treatment specialist service attendances or T19 – Methadone treatment specialist attendances (consumers of authorised GPs).

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.
- The number of days covered by the ADOM collection were not required to be submitted to PRIMHD until 1 July 2016; so have not been considered in this report.

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[3] Please see ADOM report building rules for a full explanation of methodology, inclusion and exclusion of data in these reports.
[4] 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.
[5] This is excluding questions 7, 9 and 11.

Part 1: Collection statistics and treatment start collections

- **28,442** - The total number of referrals entered into PRIMHD from mandated services between 1 July 2015 and 30 June 2016.
- **7,031** - The total number of referrals with at least one ADOM collection (treatment start).
- **735** - The total number of matched pairs - those ADOM collections that have both a treatment start and treatment end.

Graph 1: Total number of AOD referrals entered into mandated services, ADOM treatment start, and ADOM matched treatment start and end pairs, July 2015 to June 2016
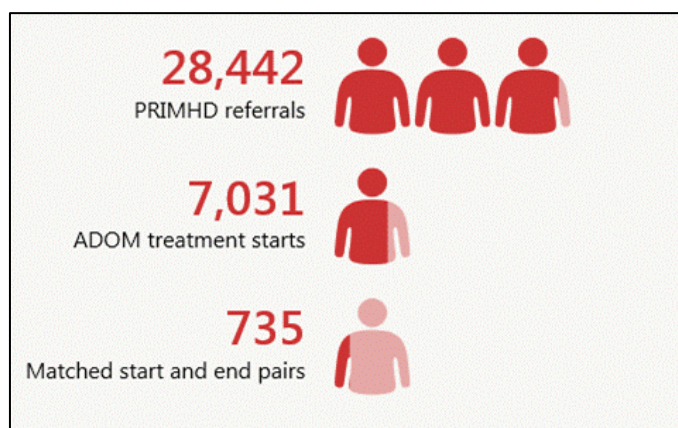
Please note, when interpreting this report it is important to bear in mind the figures above. Analysis on small numbers does not lead to effective population level interpretation. Of the referrals entered into PRIMHD, 25 percent have an ADOM collection at treatment start. Ten percent of ADOM collections at treatment start have a corresponding collection at treatment end (matched pairs). The number of collections reported to PRIMHD is expected to rise in the next period given that collection of ADOM was mandated from 1 July 2015.

Graph 2 shows the number and percentage of referrals into AOD services by NGOs and DHBs.

Graph 2: AOD referrals into mandated services, by organisation type (NGO and DHB), July 2015 - June 2016
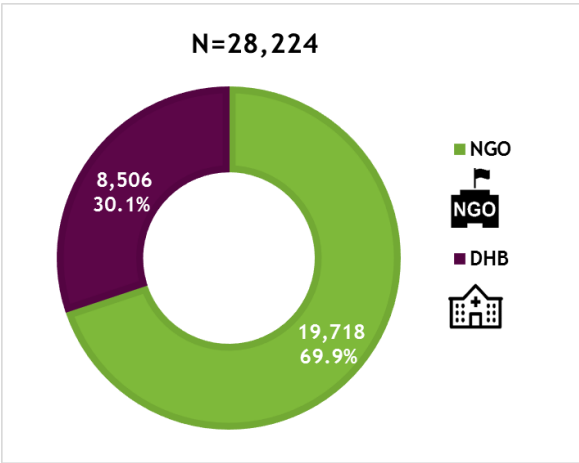
Graph 3 shows the percentage of at least one ADOM treatment start or assessment only collections against referrals in DHBs and NGOs. Over time the number of AOD referrals with ADOM collections is expected to rise for both NGOs and DHBs.
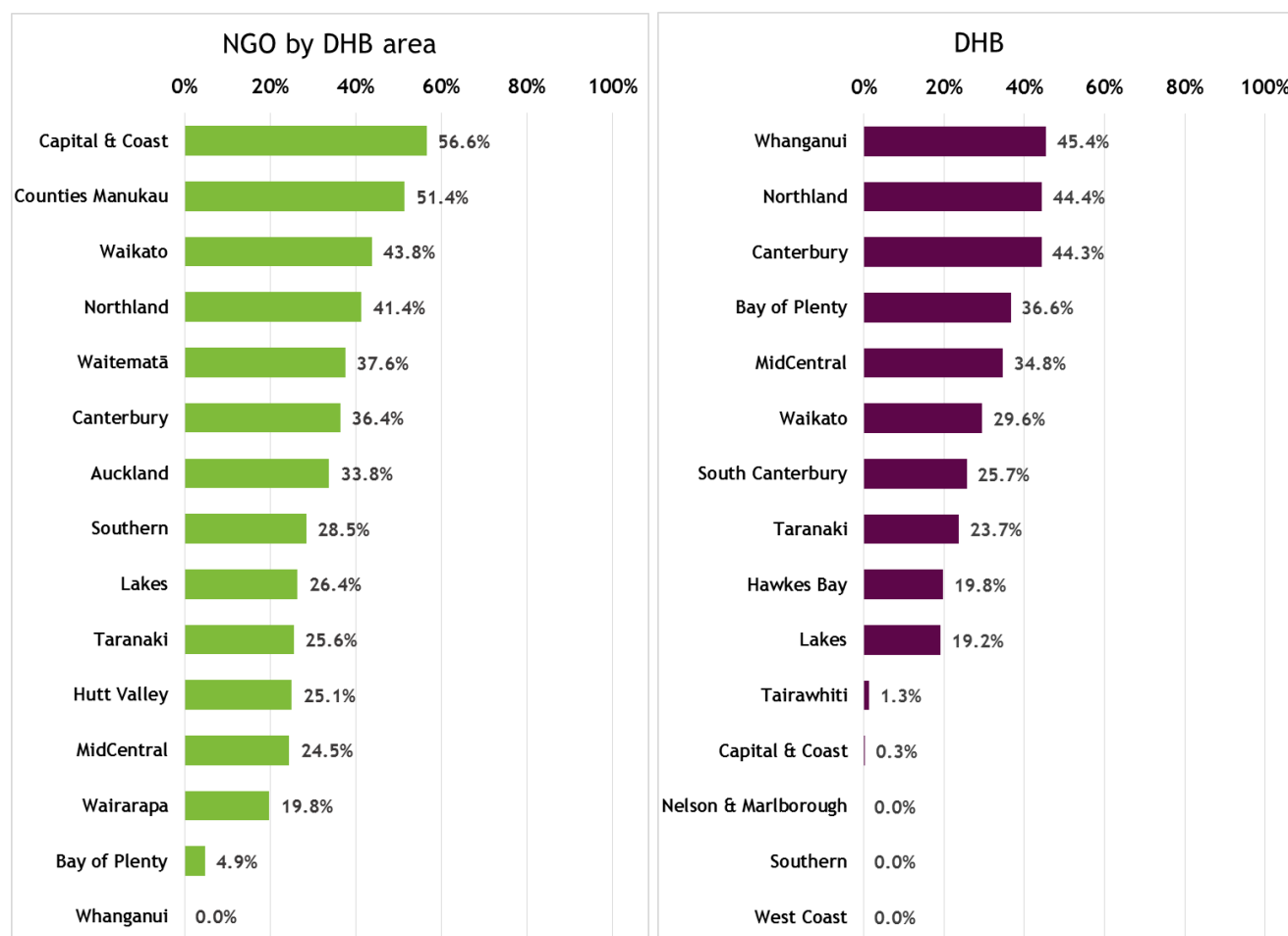
Graph 3: AOD referrals with at least one ADOM treatment start collection, by organisation type (NGO and DHB), July 2015 - June 2016
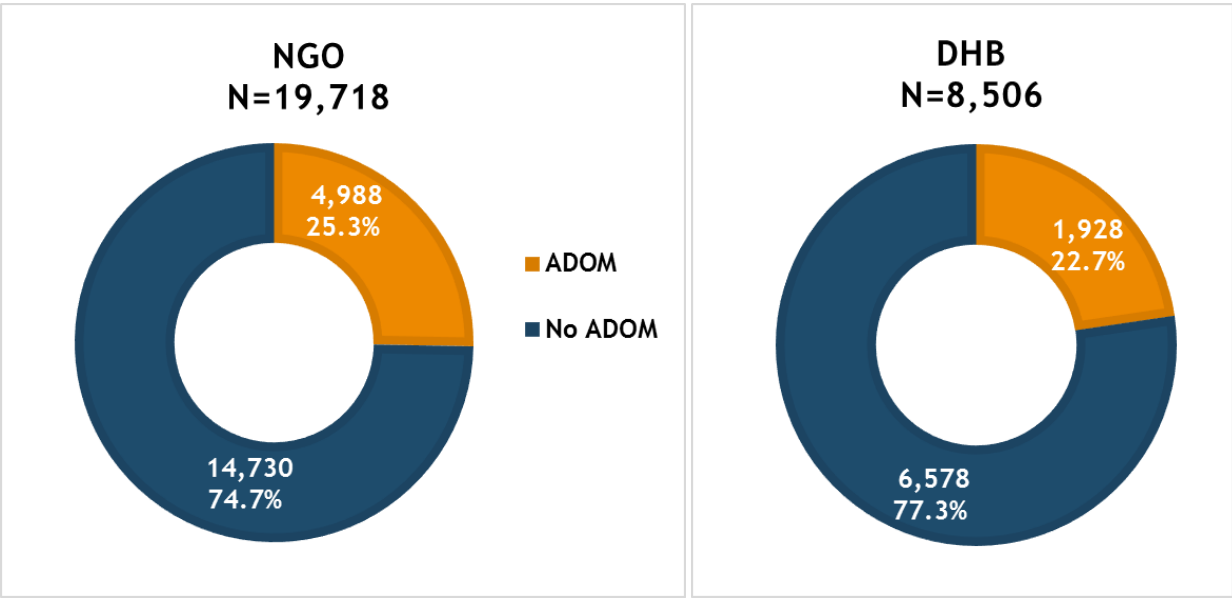
Graph 4 shows referrals with at least one ADOM (treatment start) collection by an NGO and a DHB in each DHB area[6]. Some DHBs show no ADOM collections because these have not been reported to PRIMHD. This is largely due to IT system issues and is no indication that ADOM is *not* being used in these DHBs. Because of this, the total number of ADOM collections is unknown.

In time it is expected we will be able to provide greater detail to specific NGO collections.

Graph 4: Percentage of AOD referrals into mandated services with at least one treatment start ADOM collection by organisation type and DHB area, July 2015 - June 2016

NGO by DHB area

DHB area	Percentage
Capital & Coast	56.6%
Counties Manukau	51.4%
Waikato	43.8%
Northland	41.4%
Waitematā	37.6%
Canterbury	36.4%
Auckland	33.8%
Southern	28.5%
Lakes	26.4%
Taranaki	25.6%
Hutt Valley	25.1%
MidCentral	24.5%
Wairarapa	19.8%
Bay of Plenty	4.9%
Whanganui	0.0%

DHB

DHB	Percentage
Whanganui	45.4%
Northland	44.4%
Canterbury	44.3%
Bay of Plenty	36.6%
MidCentral	34.8%
Waikato	29.6%
South Canterbury	25.7%
Taranaki	23.7%
Hawkes Bay	19.8%
Lakes	19.2%
Tairawhiti	1.3%
Capital & Coast	0.3%
Nelson & Marlborough	0.0%
Southern	0.0%
West Coast	0.0%

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[6] Waitematā DHB have significant collections (outside of this report) using their own tool.

ADOM collections by reason for collection

Graph 5 shows the total ADOM collections by reason for collection (RFC): assessment, start, review or treatment end. While NGO services show more treatment starts and treatment end collections, a higher proportion of reviews are undertaken in DHB services.

Graph 5: Number ADOM collection by reason for collection and organisation type, July 2015 - June 2016

	Assessment only	Starts	Review	Ends	Total
DHB	316 8.0%	1,939 49.1%	1,426 36.1%	269 6.8%	3,950 100.0%
NGO	761 8.2%	5,092 54.7%	2,370 25.5%	1,081 11.6%	9,304 100.0%
Total	1,077 8.1%	7,031 53.0%	3,796 28.6%	1,350 10.2%	13,254 100.0%

ADOM treatment starts

The following 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.

7,031
ADOM treatment starts

Graph 6 shows the profile of tāngata whai ora treatment start ADOM collections by age, gender and ethnicity. The gender distribution is in accordance with those accessing Alcohol and Other Drugs (AOD) services, indicating males are twice as likely to access services as females. Māori are over represented in the figures (36.2%) when comapred to the overall population. According to the 2013 census[7] Māori people account for approxiamately 15 per cent of New Zealands population. The largest age group by far is 25 to 44 year olds.

Graph 6: Profile of ADOM treatment start collection by gender, ethnicity and age group, July 2015 – June 2016
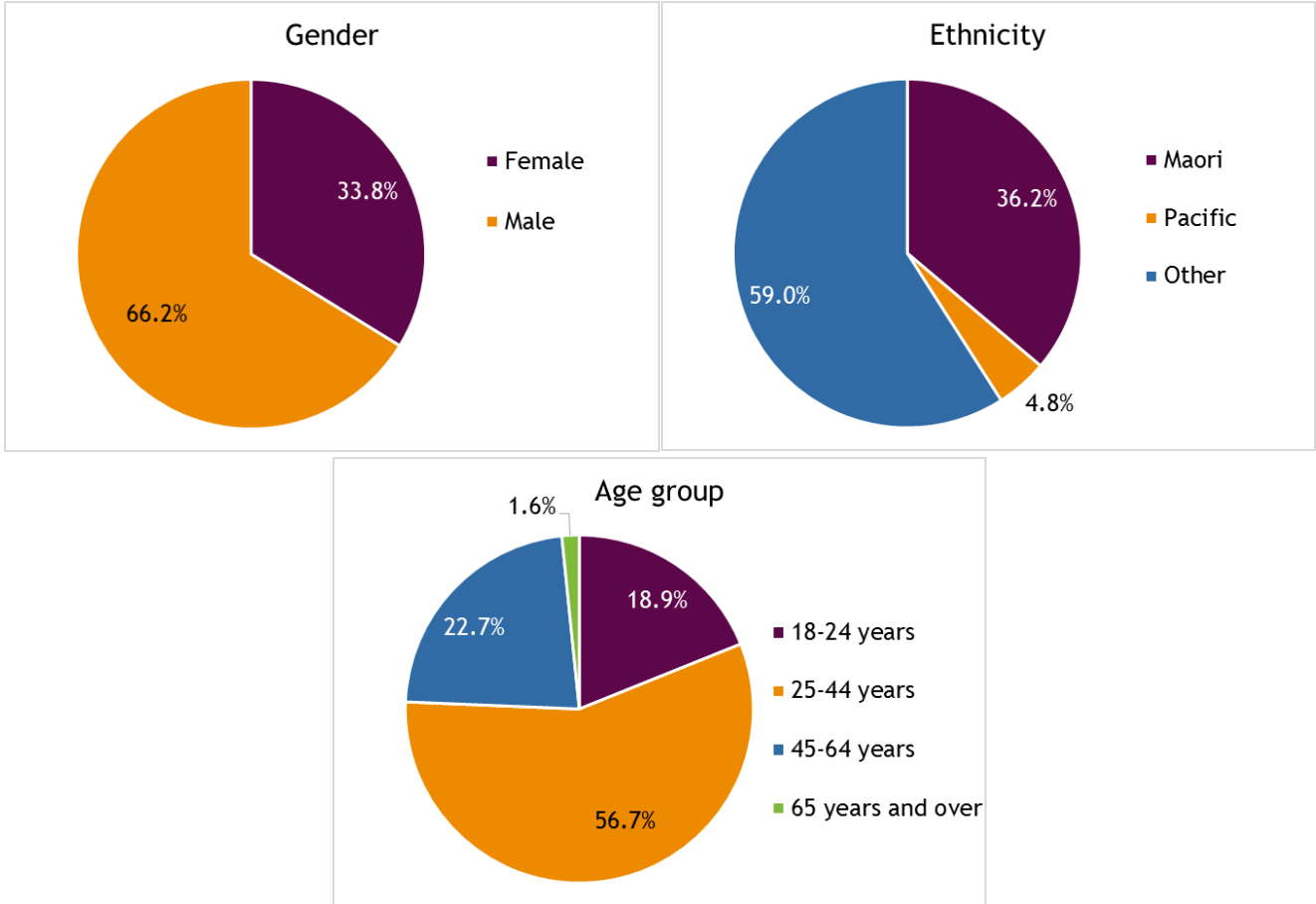
[7] Information taken from http://www.stats.govt.nz/Census/2013-census/profile-and-summary-reports/infographic-culture-identity.aspx

Graph 7 shows the distribution of stated main substance of concern among the 5,800 treatment start collections. Please note that ADOM is collected in service settings and not all treatment start collections specify a substance of concern. Therefore, figures quoted here are not indicative of substance use in the general population.

Graph 7: Distribution of substance of main concern at ADOM treatment start collections, July 2015 - June 2016
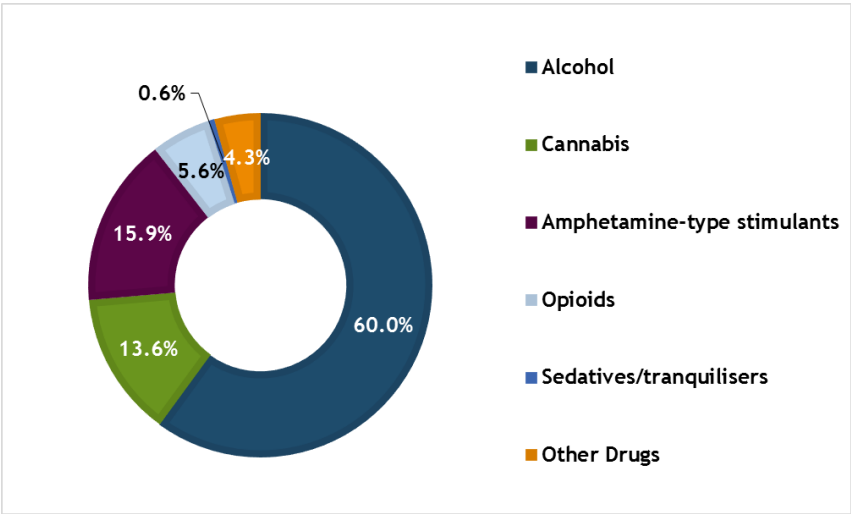
Graph 8 shows the main stated substance of concern at treatment start by organisation and substance. It is useful to note that apart from one service, all opioid substitution services (OST) reporting to PRIMHD sit within DHBs.

Graph 8: Distribution of substance of main concern at ADOM treatment start collections, by organisation type, July 2015 - June 2016
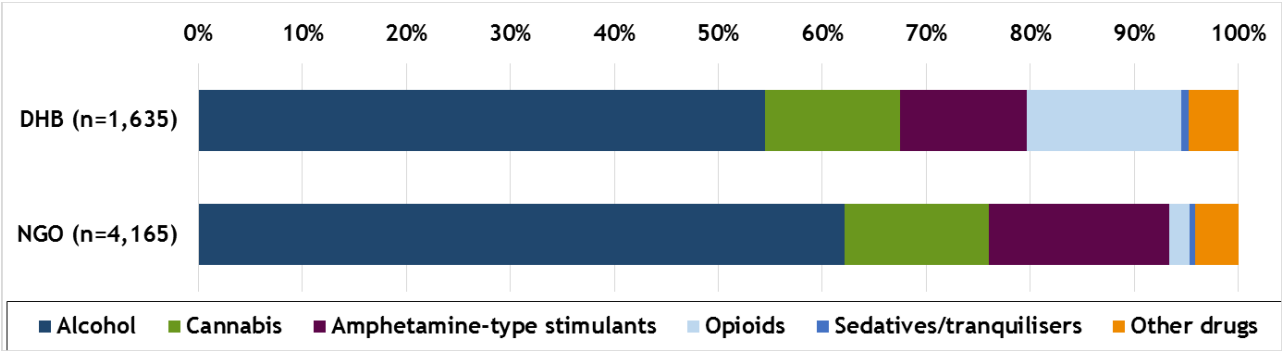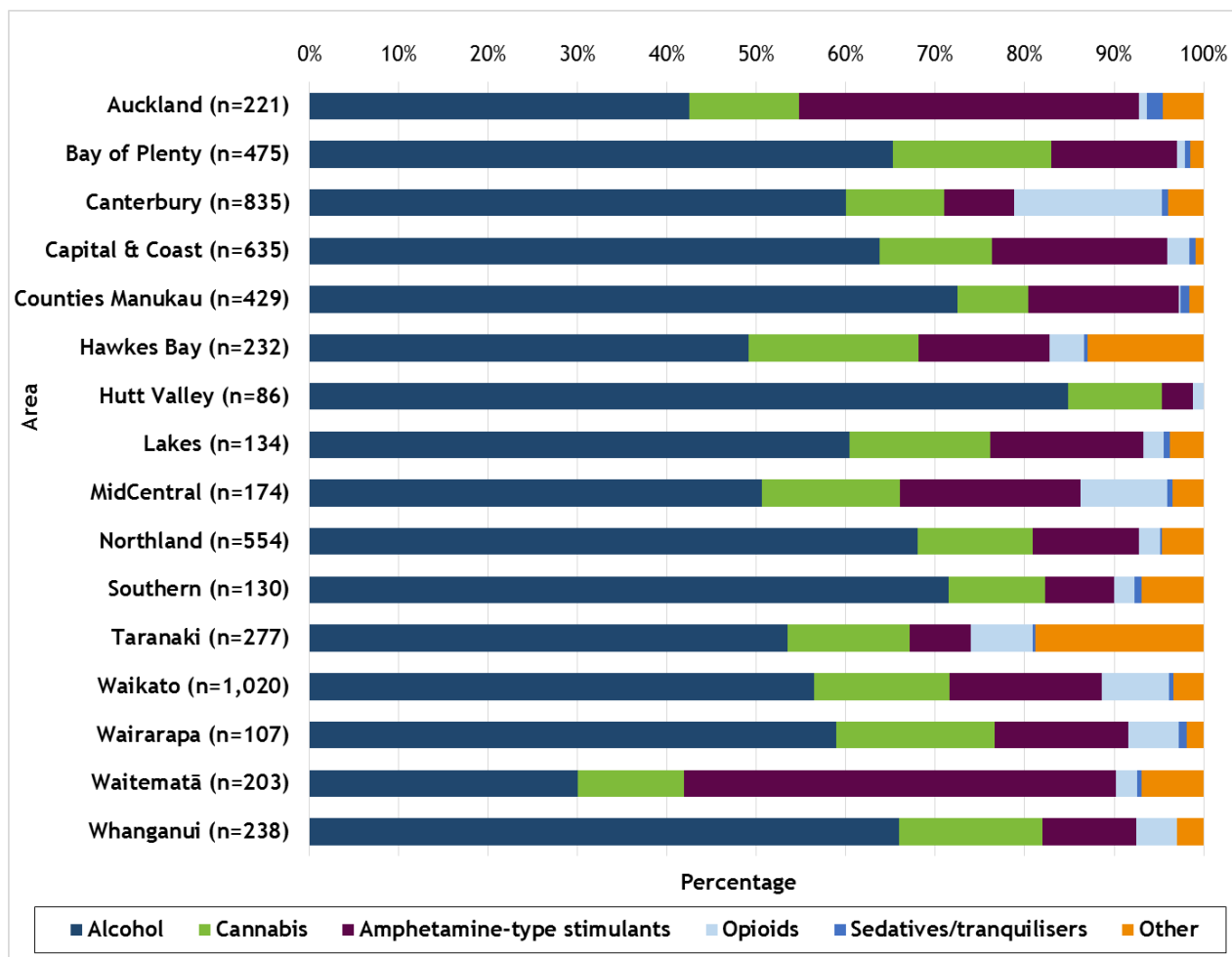
Table 1: Number and distribution of substance of main concern, at ADOM treatment start collections by organisation type, July 2015 - June 2016

Substance of main concern		DHB	NGO	Total
Alcohol	%	54.5%	62.2%	60.0%
	n	891	2,589	3,480
Cannabis	%	13.0%	13.9%	13.6%
	n	213	577	790
Amphetamine-type stimulants	%	12.2%	17.3%	15.9%
	n	199	722	921
Opioids	%	14.8%	2.0%	5.6%
	n	242	83	325
Sedatives/tranquilisers[8]	%	0.7%	0.5%	0.6%
	n	12	22	34
Ecstasy	%	0.1%	0.1%	0.1%
	n	1	3	4
Hallucinogens	%	0.1%	0.1%	0.1%
	n	1	6	7
Solvents	%	0.2%	0.1%	0.1%
	n	3	5	8
GHB	%	0.1%	0.2%	0.1%
	n	1	7	8
Other drug, unspecified	%	4.4%	3.6%	3.8%
	n	72	151	223
Total number		1,635	4,165	5,800

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[8] Whilst sedatives represent a small number throughout this report, the decision was made to include data and analysis on sedatives as the numbers are likely to increase with collection sizes.

Graph 9 shows stated main substance of concern by DHB area, including NGOs. Auckland and Waitematā (NGOs only) show significantly higher presentations of amphetamine-type stimulants than other DHB areas.

Graph 9: Distribution of substance of main concern at ADOM treatment start collections by DHB area, July 2015 - June 2016[9]


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[9] South Canterbury and Tairāwhiti DHBs have been excluded due to small numbers; Nelson Marlborough and West Coast DHBs do not have any ADOM submissions.

Main substance of concern by gender

Graph 10 shows the main substance of concern by gender. A greater proportion of females are identifying amphetamine type substances as main substance of concern than males.

Graph 10: Distribution of substance of main concern at ADOM treatment start collections, by gender, July 2015 - June 2016
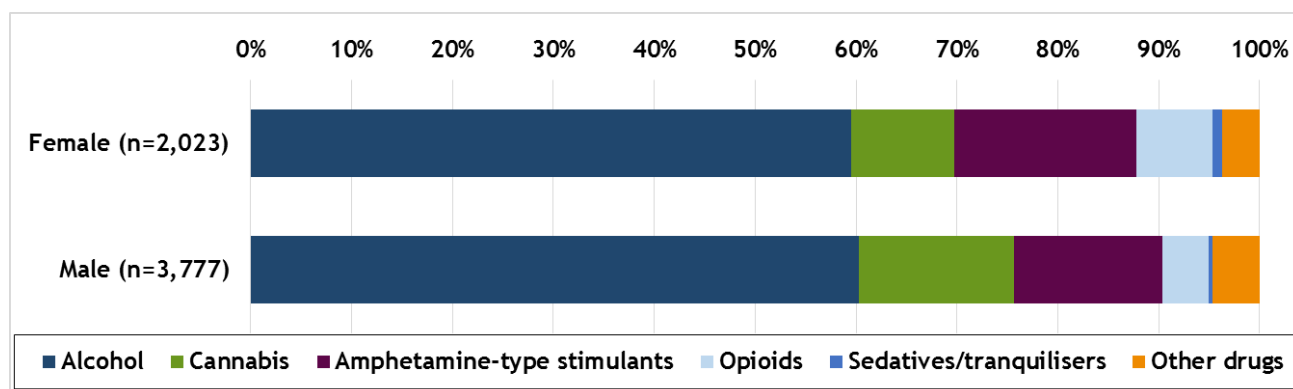
Main substance of concern by age group

Graph 11 shows main substance of concern by age and indicates a typical pattern of older people presenting to services with primarily alcohol problems.

Graph 11: Distribution of substance of main concern at ADOM treatment start collections, by age group, July 2015 - June 2016
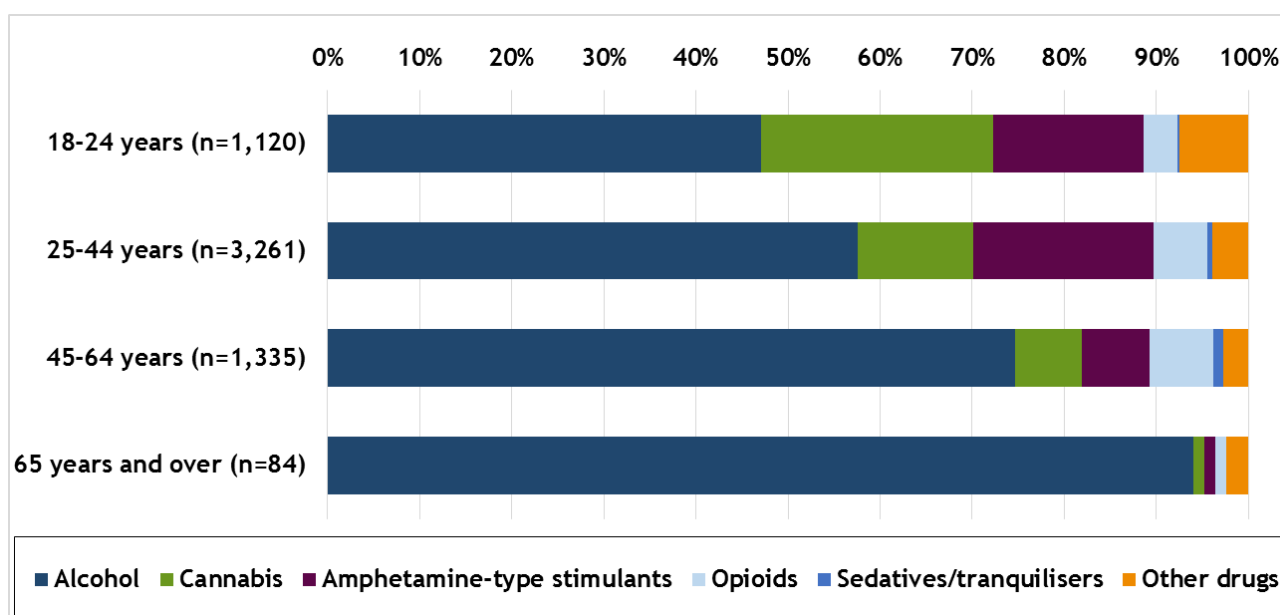
ADOM section 2 at treatment start

This section is focused on lifestyle and wellbeing 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?

Graph 12 shows overall response distribution of tāngata whai ora to ADOM section 2, lifestyle and wellbeing questions. All tāngata whai ora regardless of gender, age, ethnicity or substance used show that their lifestyle and wellbeing is currently negatively affected to some degree at treatment start.

Results indicate nearly 35 per cent of tāngata whai ora experience at least some physical health problems each week. In addition, nearly 55 per cent of people state they are affected by mental health problems each week. Around 12 per cent of tāngata whai ora engage in criminal activity weekly.

Graph 12: Distribution of lifestyle and wellbeing responses at ADOM treatment start collections, July 2015 - June 2016
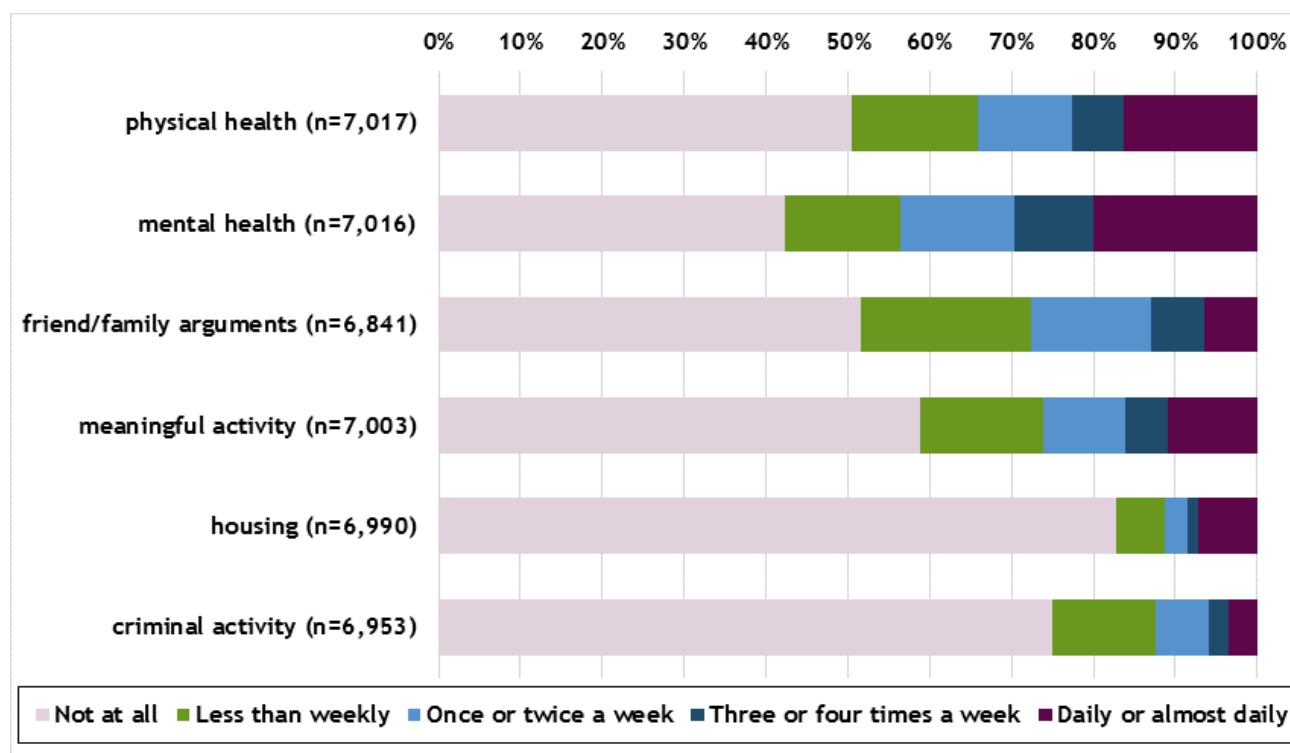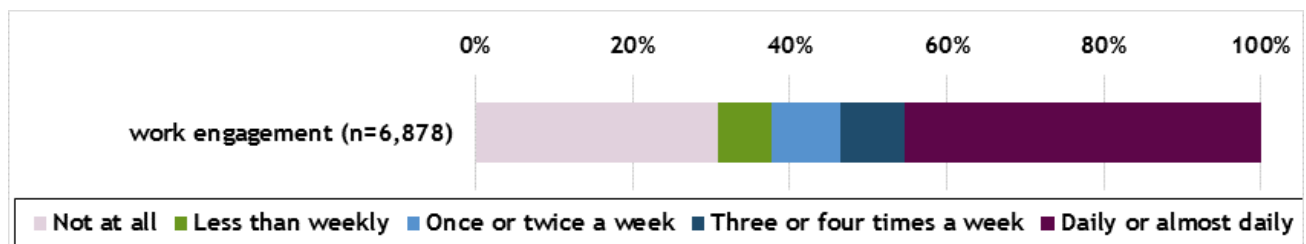
Question key:

Q16 How often have you engaged in any of the following: paid work, voluntary work, study, looking after children or other caregiving activities?

Graph 13 shows engagement with work and other activities. The distribution on question 16 is presented separately as it is a reversed question in ADOM. The higher the number the better the engagement with work and other activities. Over 60 per cent of tāngata whai ora report being engaged in work, study or caregiving each week.

Graph 13: Distribution of Lifestyle and wellbeing Q16 responses at ADOM treatment start collections, July 2015 - June 2016

Lifestyle and wellbeing – by main substance of concern

Lifestyle and wellbeing questions by main substance of concern are analysed in this section. Graph 14 shows tāngata whai ora that specify sedatives/tranquilisers and opiods as main substances of concern report greater physical health problems.
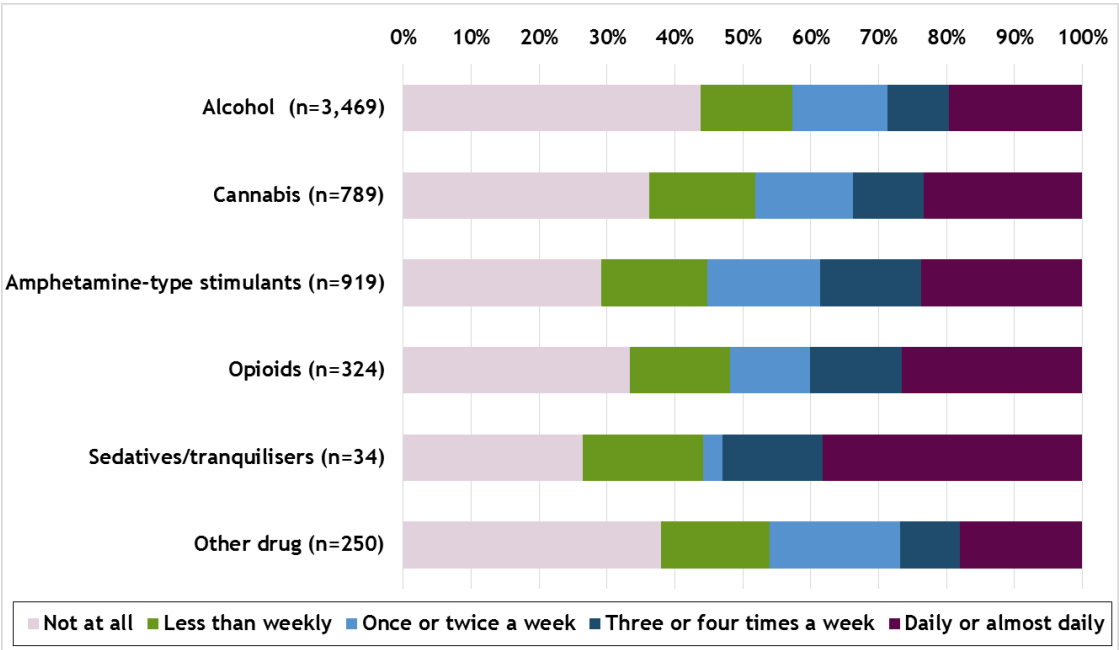
Graph 14: Distribution of Q12 (physical health problems) responses at ADOM treatment start collection, by substance of main concern, July 2015 - June 2016[10]

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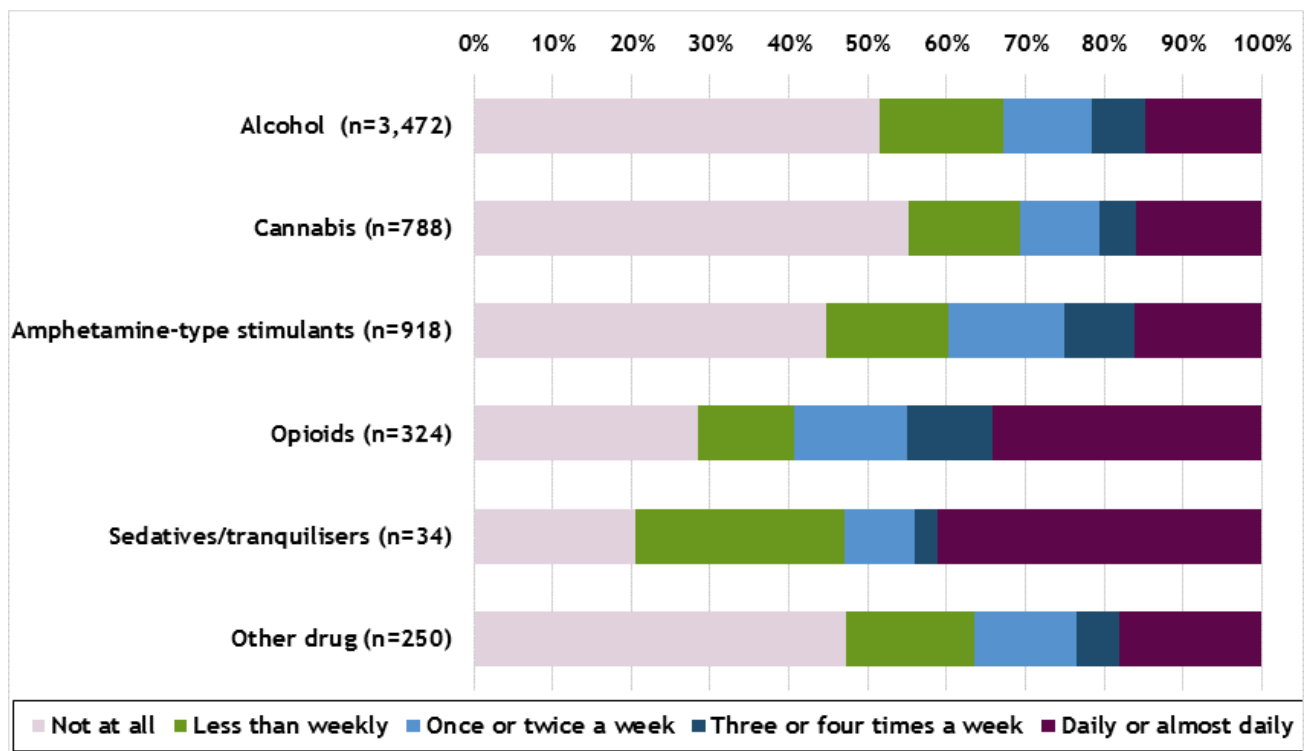
[10] Sedatives/tranquilisers have very low numbers so may not be statistically relevant (throughout).

Graph 15 indicates those who use sedatives/tranquilisers and amphetamine-type stimulants are more likely to have mental health problems[11].

Graph 15: Distribution of Q13 (mental health problems) responses at ADOM treatment start collection, by substance of main concern, July 2015 to June 2016

Graph 16 shows tāngata whai ora responses to how often they have had arguments or problems with family or friends due to their drug use. Those who specified amphetamine type substances and opiod use show more problems, more often.
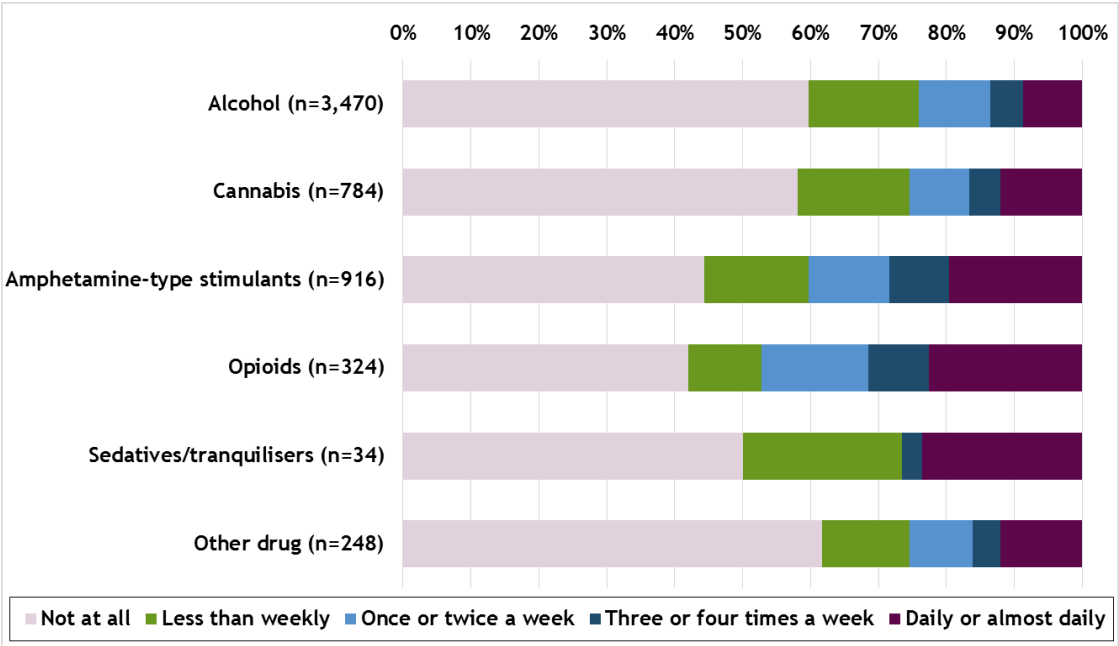
Graph 16: Distribution of Q14 (family & friend arguments) responses at ADOM treatment start collection, by substance of main concern, July 2015 - June 2016
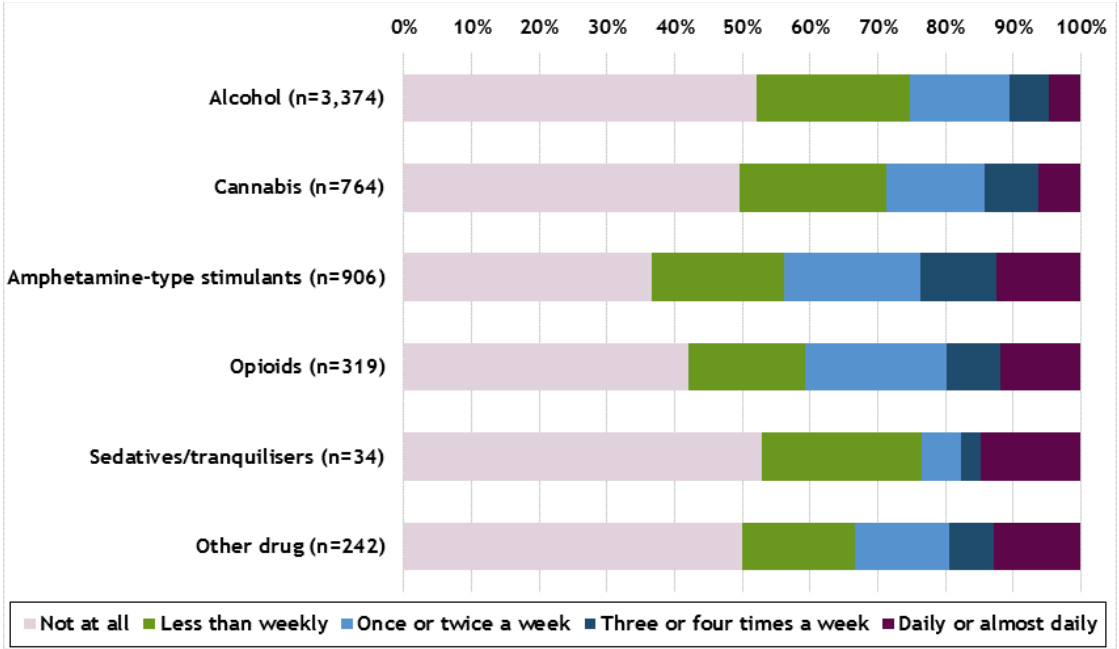
[11] Sedatives/tranquilisers are a small total number.

Graph 17 shows how often tāngata whai ora have problems related to work, social, care giving, recreational or other personal activities due to their alcohol or drug use. Those that specify amphetamine type stimulants or opioids as their main drug of concern are more likley to have problems and more often.

Graph 17: Distribution of Q15 (work, recreational, care giving problems) responses at ADOM treatment start collection, by substance of main concern, July 2015 - June 2016


Graph 18 shows engagement with work and other activities. Forty per cent of tāngata whai ora who specify amphetamine type stimulants or opioids as main substance of concern do not appear to engage in work, study or care giving at all.

Graph 18: Distribution of Q16 (engagement with work, study or care giving) responses at ADOM treatment start collection, by substance of main concern, July 2015 - June 2016
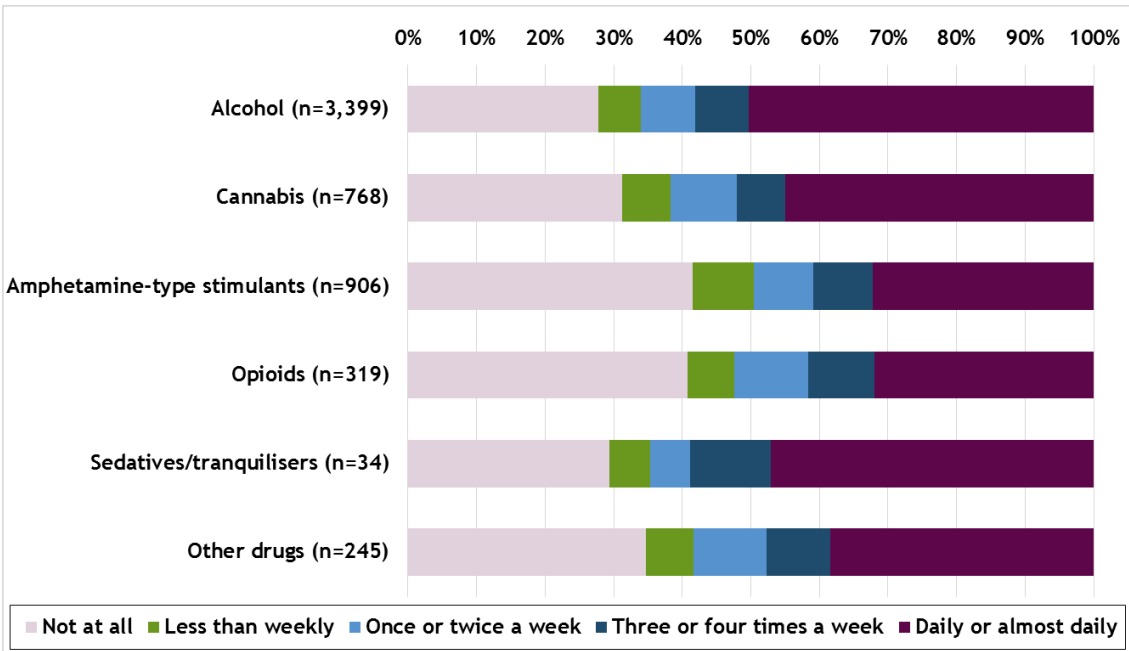
Graph 19 shows housing difficulties. Tāngata whai ora who specify amphetamine type stimulants as main substance of concern have the most problems with housing, about 30 per cent indicating some difficulties.

Graph 19: Distribution of Q17 (housing problems) responses at ADOM treatment start collection, by substance of main concern, July 2015 - June 2016
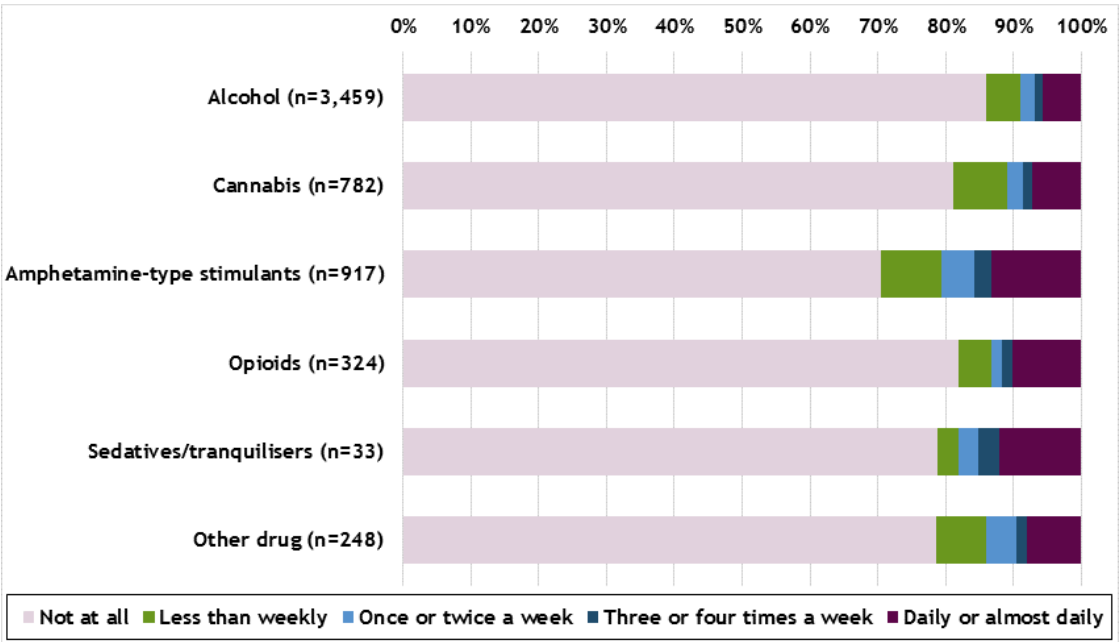
Graph 20 shows, by self-declaration, how often tāngata whai ora have been engaged in criminal and illegal activity in the past four weeks. Tāngata whai ora who specify amphetamine type stimulants or opioids as the main substance of concern appear to engage in criminal activity more often.

Graph 20: Distribution of Q18 (criminal and illegal activity) responses at ADOM treatment start collection, by substance of main concern, July 2015 - June 2016
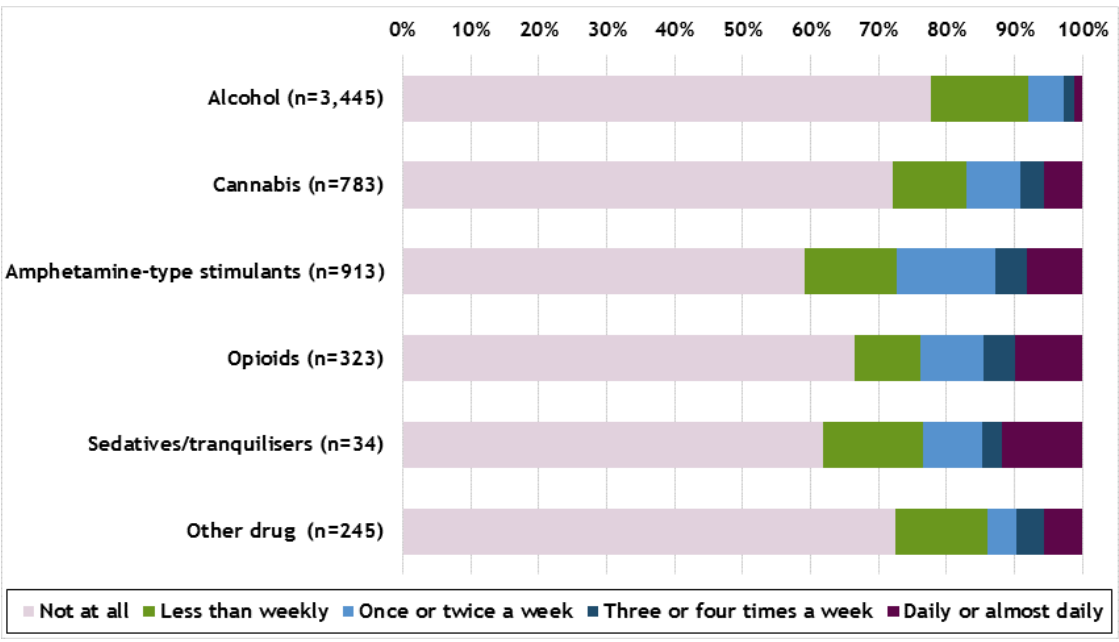
# Lifestyle and wellbeing – by gender and ethnicity

Graph 21 illustrates at treatment start differences between males and females in lifestyle and wellbeing. In general, females are more likely to report lifestyle and wellbeing concerns, particularly in relation to mental and physical health.

Graph 21: Distribution of lifestyle and wellbeing responses at ADOM treatment start collections, by gender, July 2015 - June 2016
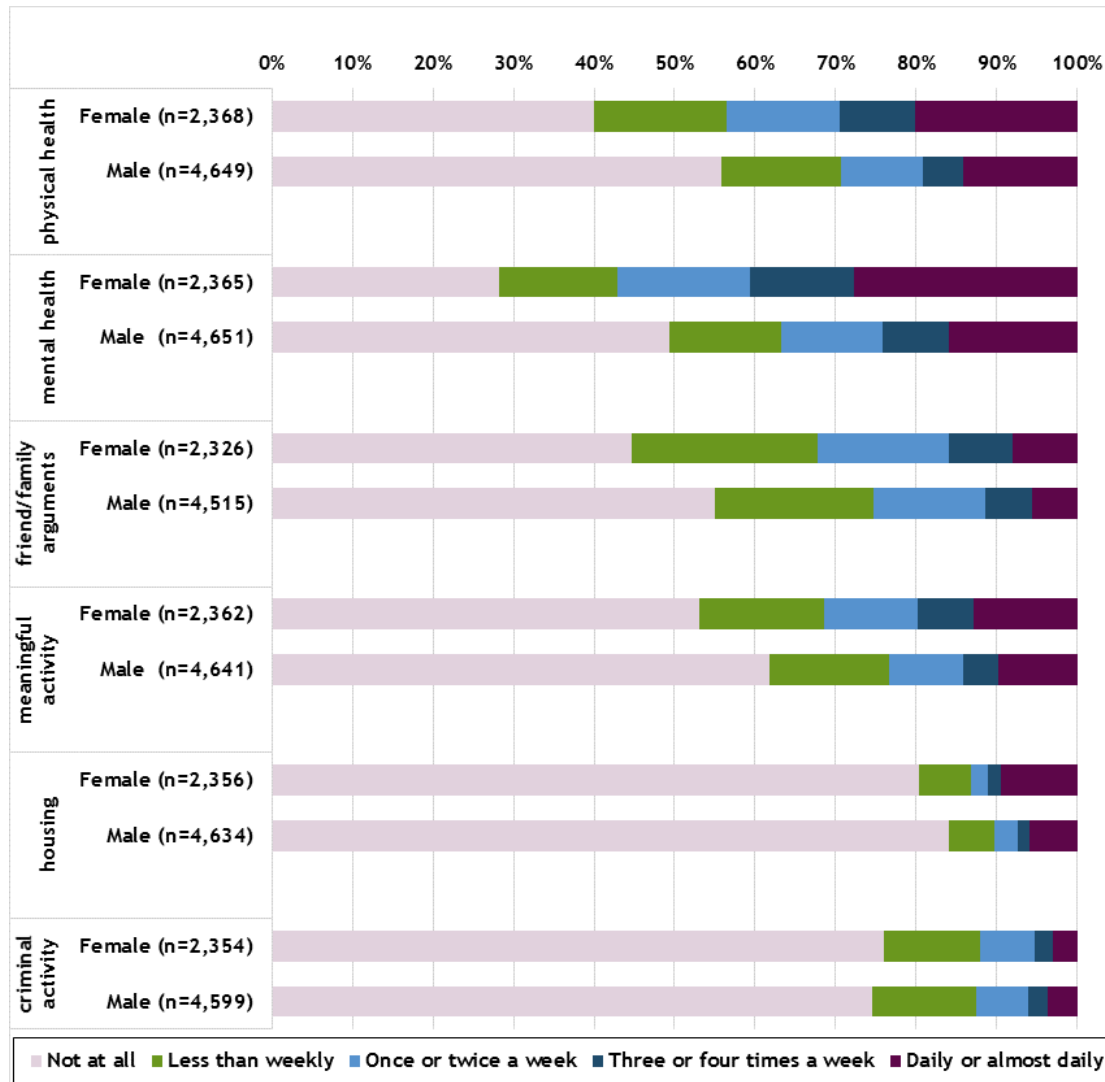

Graph 22 shows little difference between males and females in regards to engagement with work, study or caregiving activities.

Graph 22: Distribution of lifestyle and wellbeing responses Q16 (engagement with work, study or care giving) at ADOM treatment start collections, by gender, July 2015 - June 2016
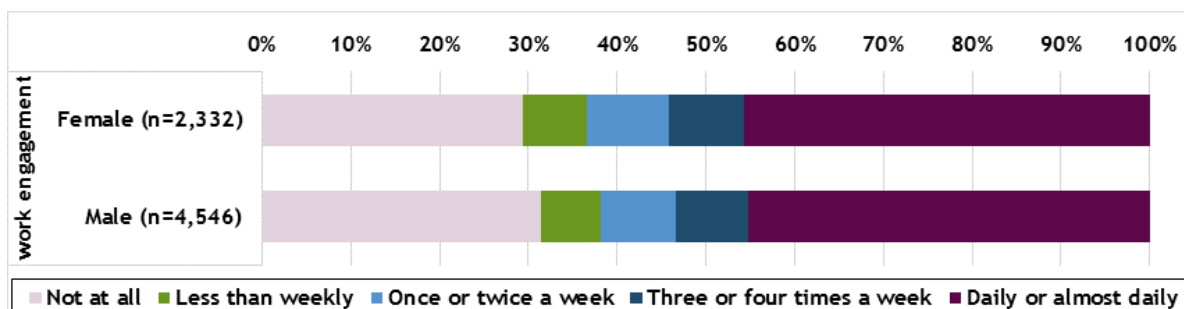
Graph 23 shows the response to section 2 ADOM lifestyle and wellbeing questions by ethnic group. Māori and Pacific peoples appear to have less lifestyle and wellbeing concerns compared to other ethnic groups. However, Māori people have more concerns than Pacific peoples, particularly in relation to mental and physical health. This may reflect different cultural perspectives of health and wellbeing, or a willingness to disclose.

Graph 23: Distribution of lifestyle and wellbeing responses at ADOM treatment start collections, by ethnicity, July 2015 - June 2016
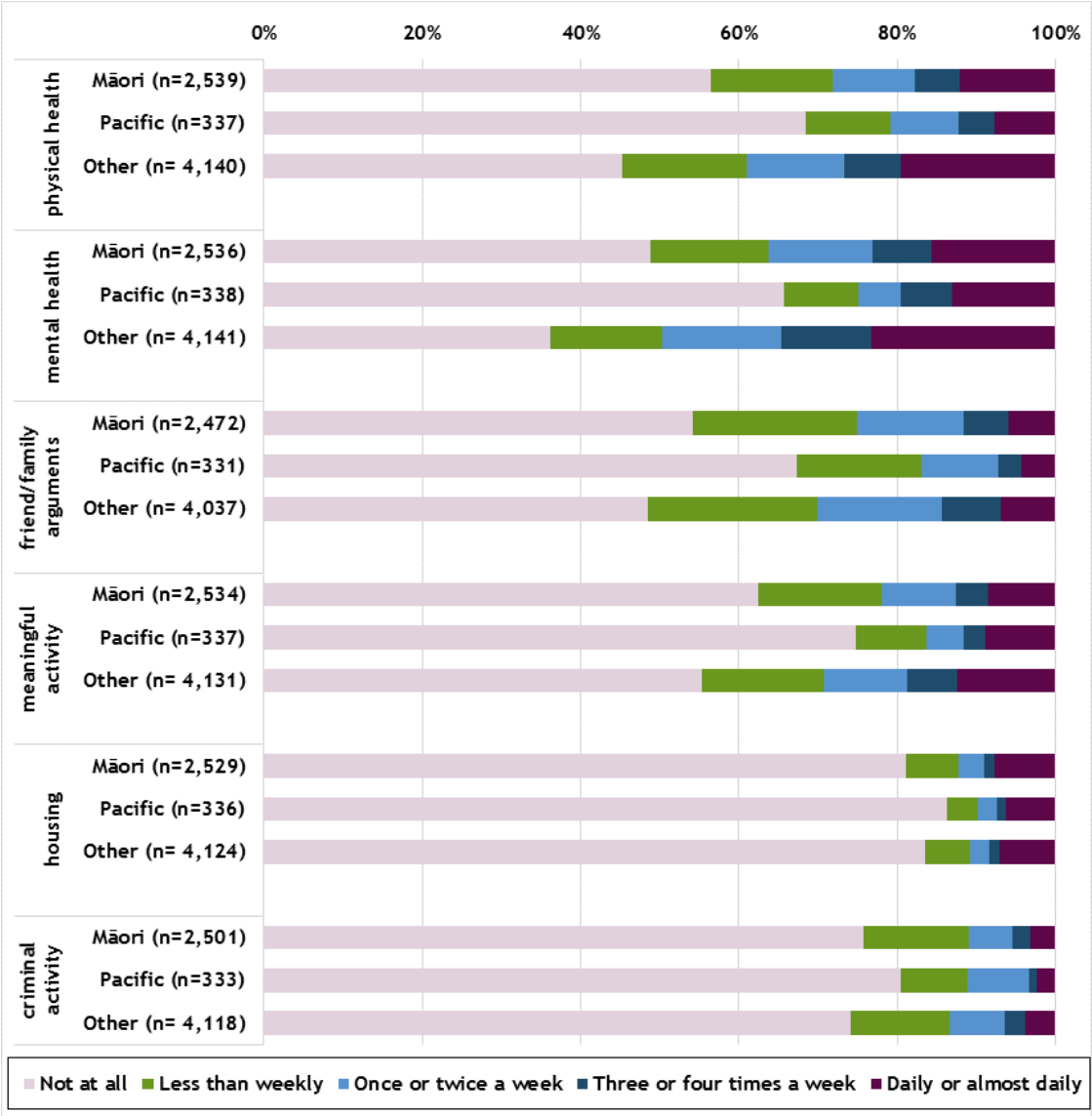
Graph 24 indicates there are few differences in engagement with work, study or caregiving among tāngata whai ora in different ethnic groups.

Graph 24: Distribution of lifestyle and wellbeing responses Q16 (engagement with work, study or care giving) at ADOM treatment start collections, by ethnicity, July 2015 - June 2016
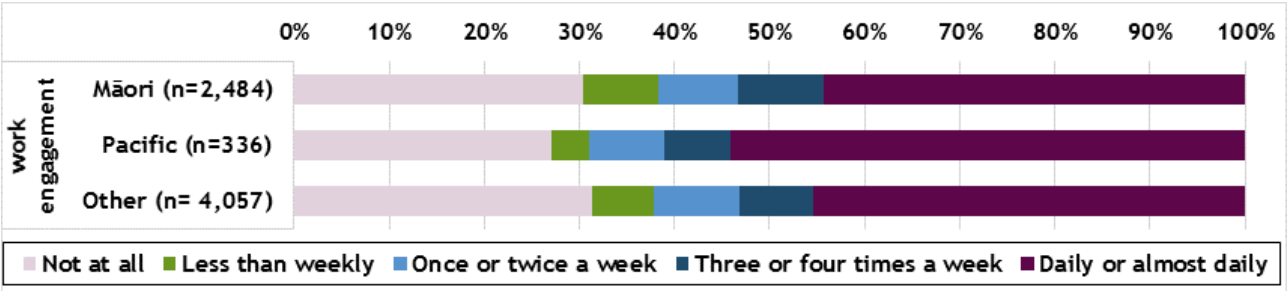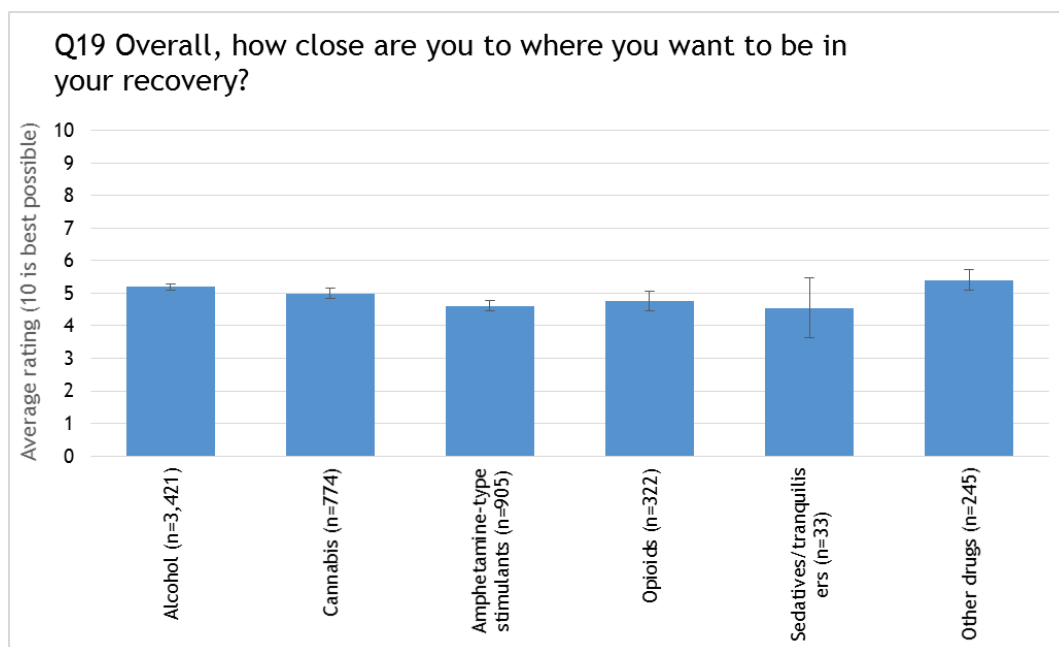
ADOM section 3: At treatment start.

Recovery by substance of main concern at ADOM treatment start

Graph 25 shows how close tāngata whai ora feel they are to where they want to be in their recovery at treatment start. A relatively even distribution suggests that whatever the stated substance of concern, at the start of treatment, tāngata whai ora have similar feelings of 'distance' from recovery.

Graph 25: Average self-rating of rates of closeness to desired recovery at ADOM treatment start collection, by substance of main concern, July 2015 – June 2016

Graph 26 shows how satisfied people are with progress toward their recovery goals.

Graph 26: Average self-rating of how satisfied tāngata whai ora are with progress towards achieving their recovery goals at ADOM treatment start collection, by substance of main concern, July 2015 – June 2016
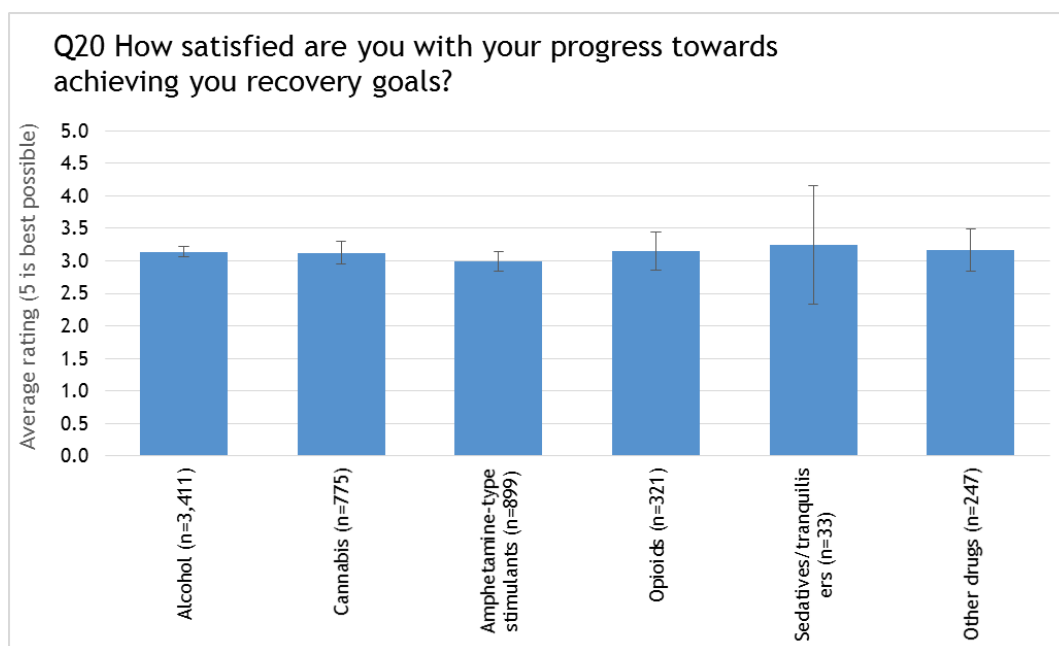
Part 2: Outcomes (matched pairs)

735
Matched start and end pairs

There are 735 matched pairs of treatment start and treatment end ADOM collections. This equates to about 10 per cent of the number of ADOM treatment starts. There may be several reasons for this:
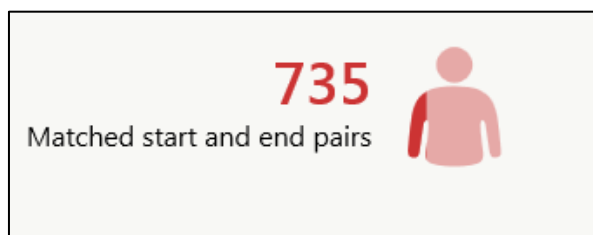
- tāngata whai ora starting treatment during this year may still be in treatment
- did not attend (DNA) drop offs would exclude a significant amount of potential pairs
- processes and policies related to ADOM collection may differ in services and organisations.

Graph 27 shows the percentage of matched pairs by main substance of concern. Compared to all ADOM collections at treatment start, matched pairs were more likely to report alcohol as the main substance of concern, and less likely to report and amphetamine type stimulants.

Graph 27: Percentage of ADOM matched pairs by main substance of concern, July 2015 – July2016
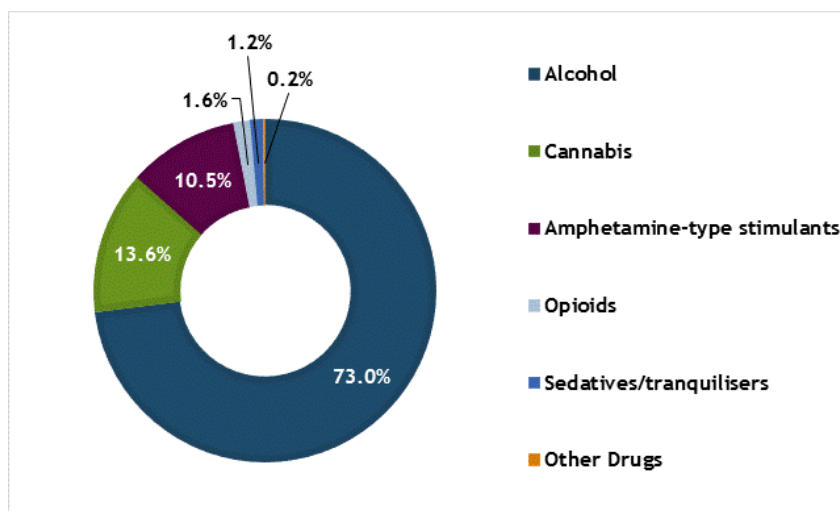

Table 2: Percentage and number of ADOM matched pairs by substance of main concern, July 2015 – July2016

Main substance specified at treatment start	n	%
Alcohol	419	73.0%
Cannabis	78	13.6%
Amphetamine-type stimulants	60	10.5%
Opioids	9	1.6%
Sedatives/tranquilisers	7	1.2%
Solvents	1	0.2%
Total	574	100%

ADOM section one

Due to the number of matched pairs currently available, treatment start and treatment end changes have been calculated for any substance use stated at treatment start, not specifically for main substance of concern. When more data is available, further analysis will be possible.

Graph 28 shows change in substance use between treatment start and treatment end. Results show a decrease in substance use between treatment start and treatment end. As an example, at treatment start the average number of days of alcohol use was 8.7 days compared to 4.3 days at treatment end. This indicates an average reduction in days of use by 4.4 days. Table 3 provides a full list of changes in substance use.

Graph 28: 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 2015 - June 2016
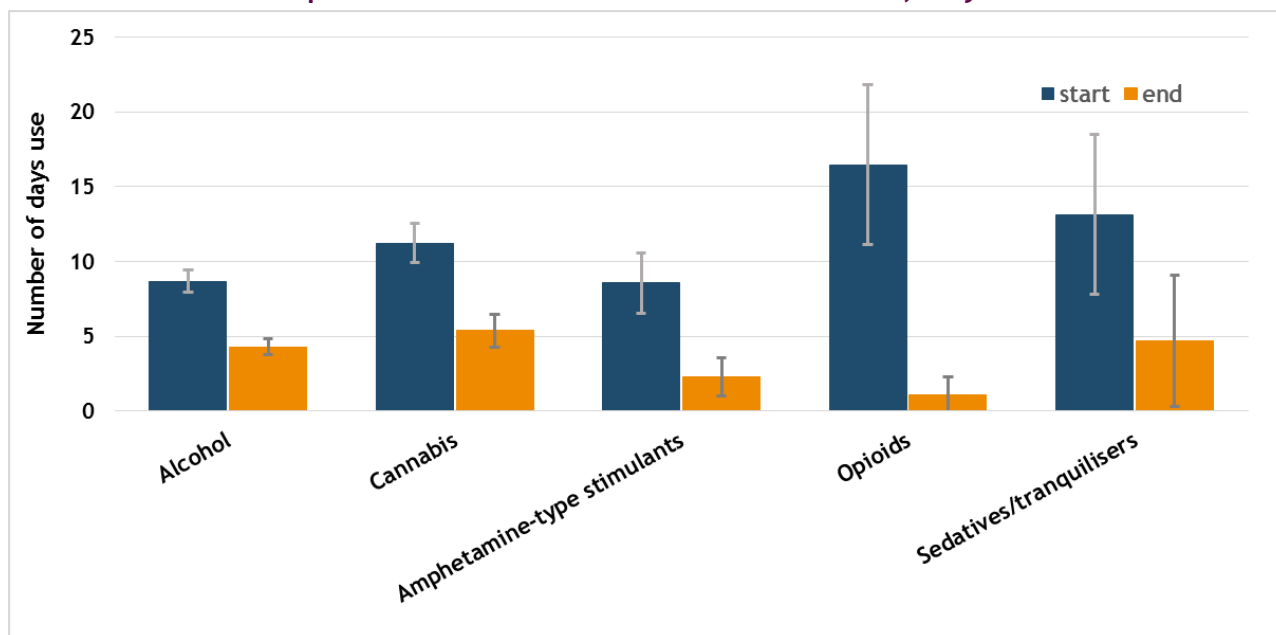
Graph 29 shows a reduction in the number of standard drinks used in a typical drinking day, by tangata whai ora, from treatment start to treatment end.

Graph 29: 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 2015 - June 2016
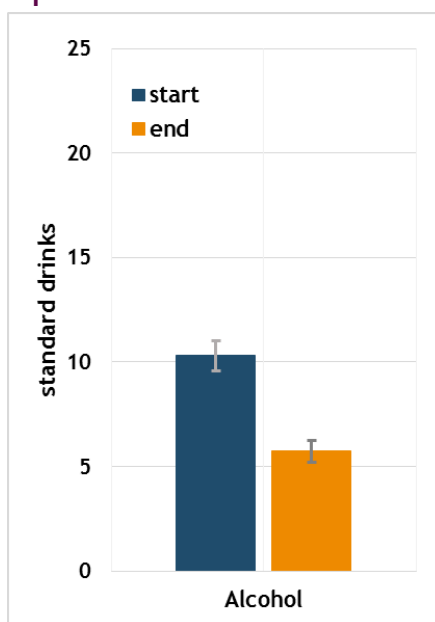
Graph 30 shows a slight reduction in tobacco/cigarette use. While smoking cessation is not the primary aim of AOD services, it will be interesting to explore changes of those that specify cigarettes/tobacco as main substance of concern when this field is permitted in PRIMHD.

Graph 30: Average number of tobacco/cigarettes smoked on average per day at ADOM treatment start and treatment end for those matched pairs with use at treatment start, July 2015 - June 2016
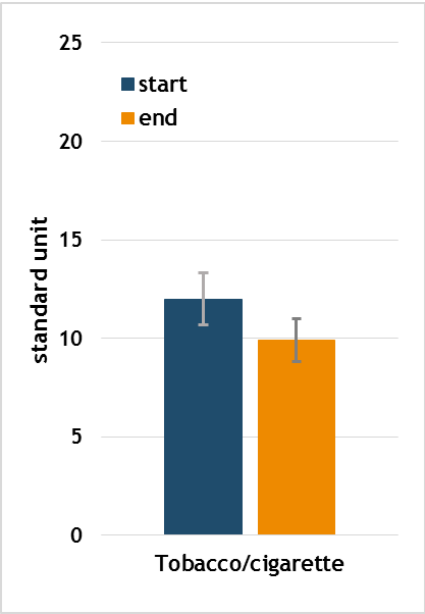
Table 3 provides analysis of the effect of treatment on substance use from treatment start to treatment end. Alcohol (days and amounts), cannabis, amphetamine-type stimulants and opioids all show significant improvement from treatment start to treatment end.

Table 3: Average days of substance use amongst those with use at treatment start, with confidence intervals, by ADOM treatment start, treatment end and outcome, matched pairs, July 2016 -June 2016

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	8.7 (n=494)	4.3 (n=494)	4.4	0.61 (0.48-0.75)	Large/strong
Q2: Alcohol number of standard drinks consumed in a typical days use	10.3 (n=481)	5.7 (n=477)	4.6	0.56 (0.43-0.69)	Large/strong
Q3: Cannabis number of days	11.2 (n=235)	5.4 (n=234)	5.8	0.62 (0.43-0.80)	Large/strong
Q4: Amphetamine-type stimulant number of days	8.6 (n=73)	2.3 (n=72)	6.3	0.87 (0.52-1.20)	Large/strong
Q5: Opioid number of days	16.5 (n=20)	1.1 (n=20)	15.4	1.86 (1.08-2.56)	Large/strong
Q6: Sedatives/tranquilisers number of days	13.1 (n=22)	4.7 (n=22)	8.5	0.77 (0.14-1.37)	Require larger sample to determine effect size with confidence
Q8: Cigarettes - number smoked on average per day	12.0 (n=441)	9.9 (n=429)	2.1	0.26 (0.12-0.39)	Small
Q10: Number of days injecting drugs	12.3 (n=14)	0.1 (n=14)	12.1	1.84 (0.91-2.66)	Large/strong

Notes: Cohen (1988) reports the following intervals for r: .1 to .3: small effect; .3 to .5: intermediate effect; .5 and higher: strong effect

ADOM section two

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?

Graph 31 shows positive changes between treatment start and treatment end in lifestyle and wellbeing.

Graph 31: Distribution in lifestyle and wellbeing for ADOM treatment start and end for matched pairs, July 2015 - June 2016[12]

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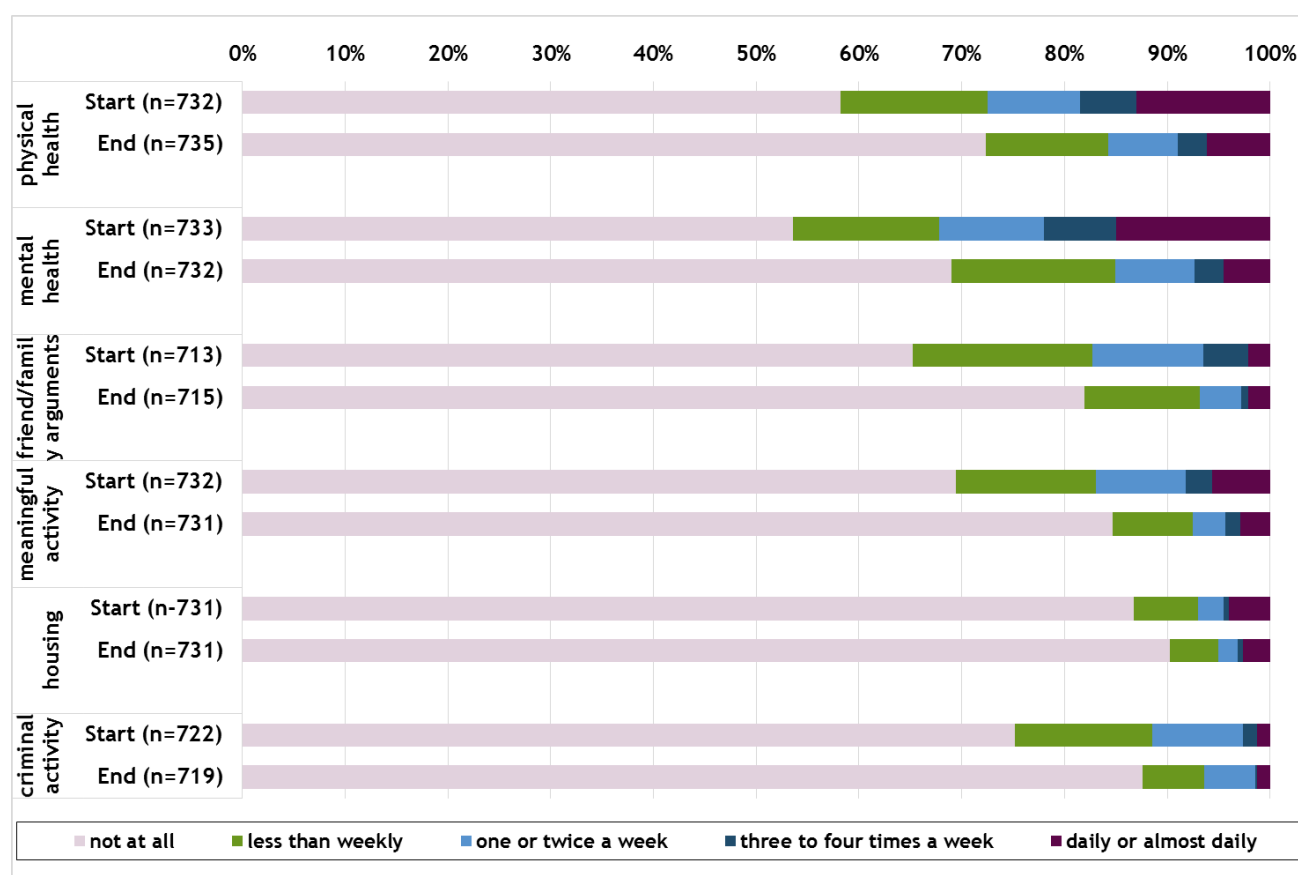
[12] The matched pair total is 735. Some start/end figures and matched pair totals differ because a tangata whai ora may chose not to answer one of the questions at start or end, but still be within total data missing rules.

Graph 32 shows a small but positive change between treatment start and treatment end in employment, study and caregiving.

Graph 32: Average improvement in lifestyle and wellbeing between ADOM treatment start and end for Q16 matched pairs, July 2015 - June 2016
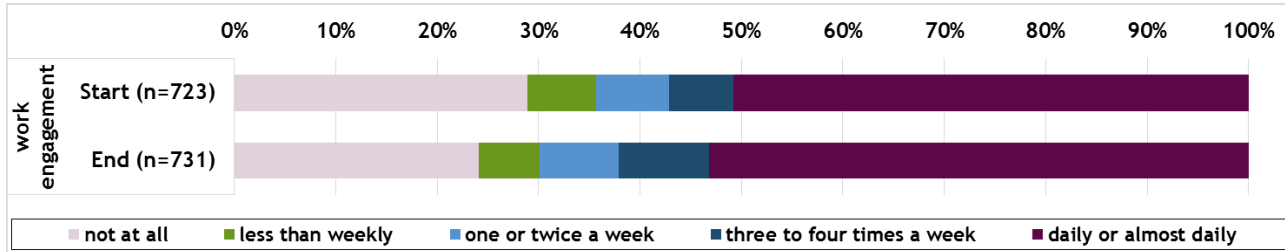
Graph 33 and 34 show change in lifestyle and wellbeing scores where alcohol is the main substances of concern.

Graph 33: Distribution in lifestyle and wellbeing for ADOM treatment start and end for matched pairs, alcohol main substance of concern at treatment start, July 2015 - June 2016
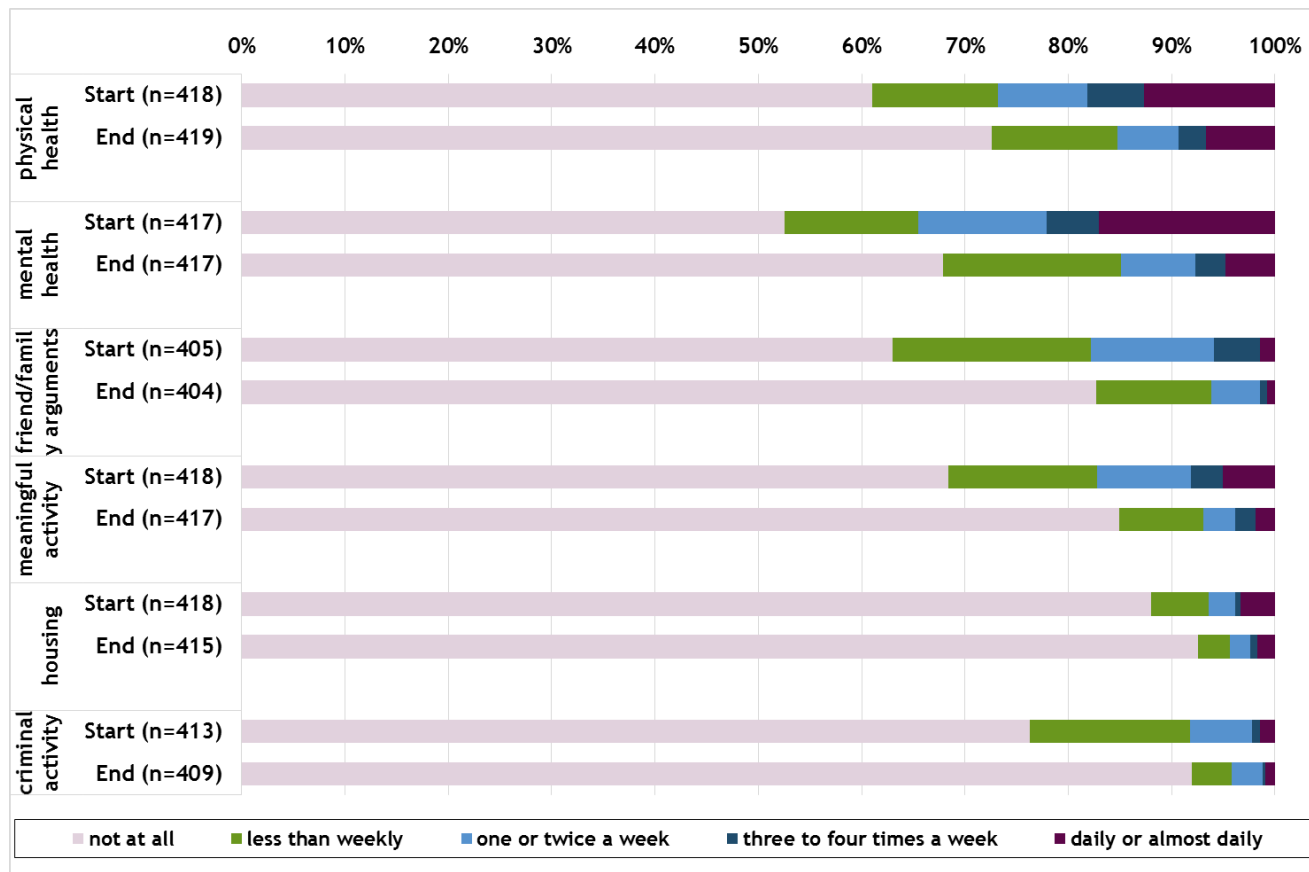
Graph 34: Average improvement in lifestyle and wellbeing between ADOM treatment start and end for Q16 matched pairs, alcohol main substance of concern at treatment start, July 2015 - June 2016
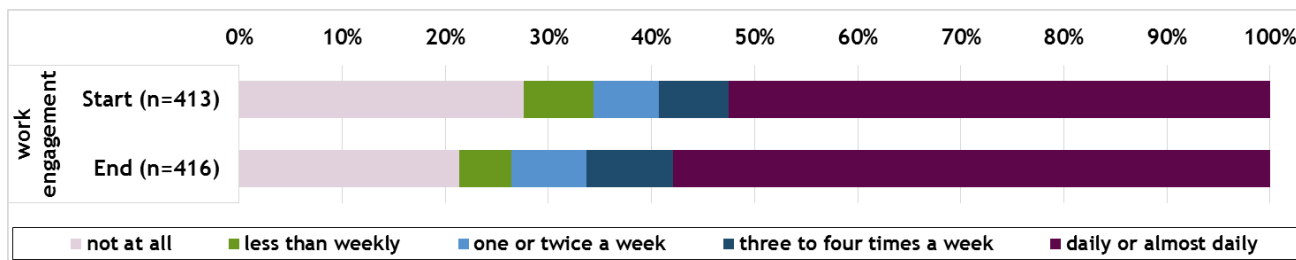
Graphs 35 and 36 show change in lifestyle and wellbeing scores where cannabis is the main substance of concern.

Graph 35: Distribution in lifestyle and wellbeing for ADOM treatment start and end for matched pairs, cannabis main substance of concern at treatment start, July 2015 - June 2016
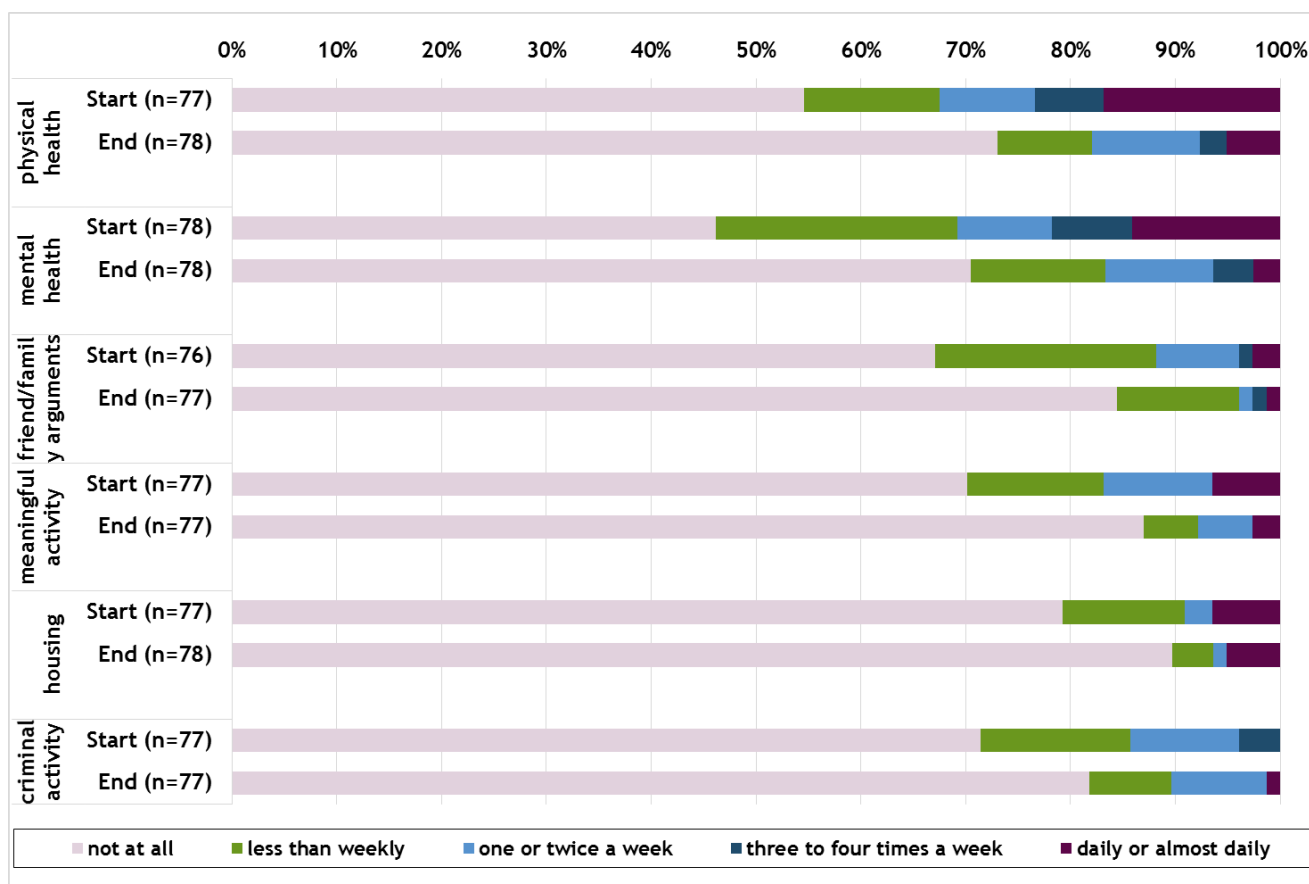
Graph 36: Average improvement in lifestyle and wellbeing between ADOM treatment start and end for Q16 matched pairs, cannabis main substance of concern at treatment start, July 2015 - June 2016
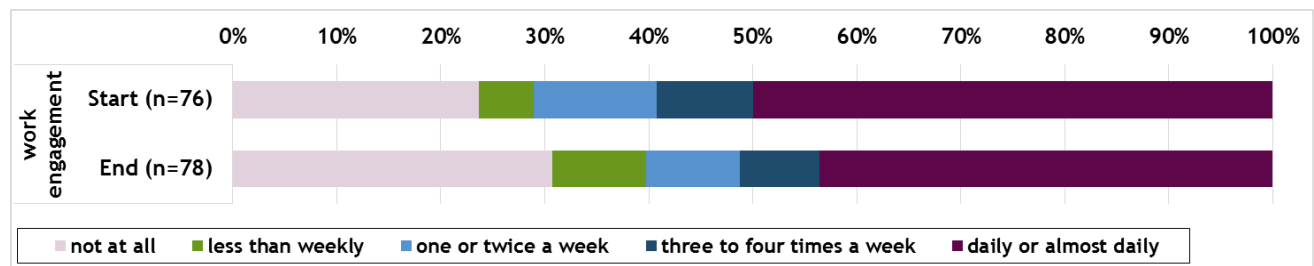
Changes in lifestyle and wellbeing in relation to use of amphetamine-type stimulants is shown in Graphs 37 and 38.

Graph 37: Distribution in lifestyle and wellbeing for ADOM treatment start and end for matched pairs, amphetamine-type stimulants main substance of concern at treatment start, July 2015 - June 2016
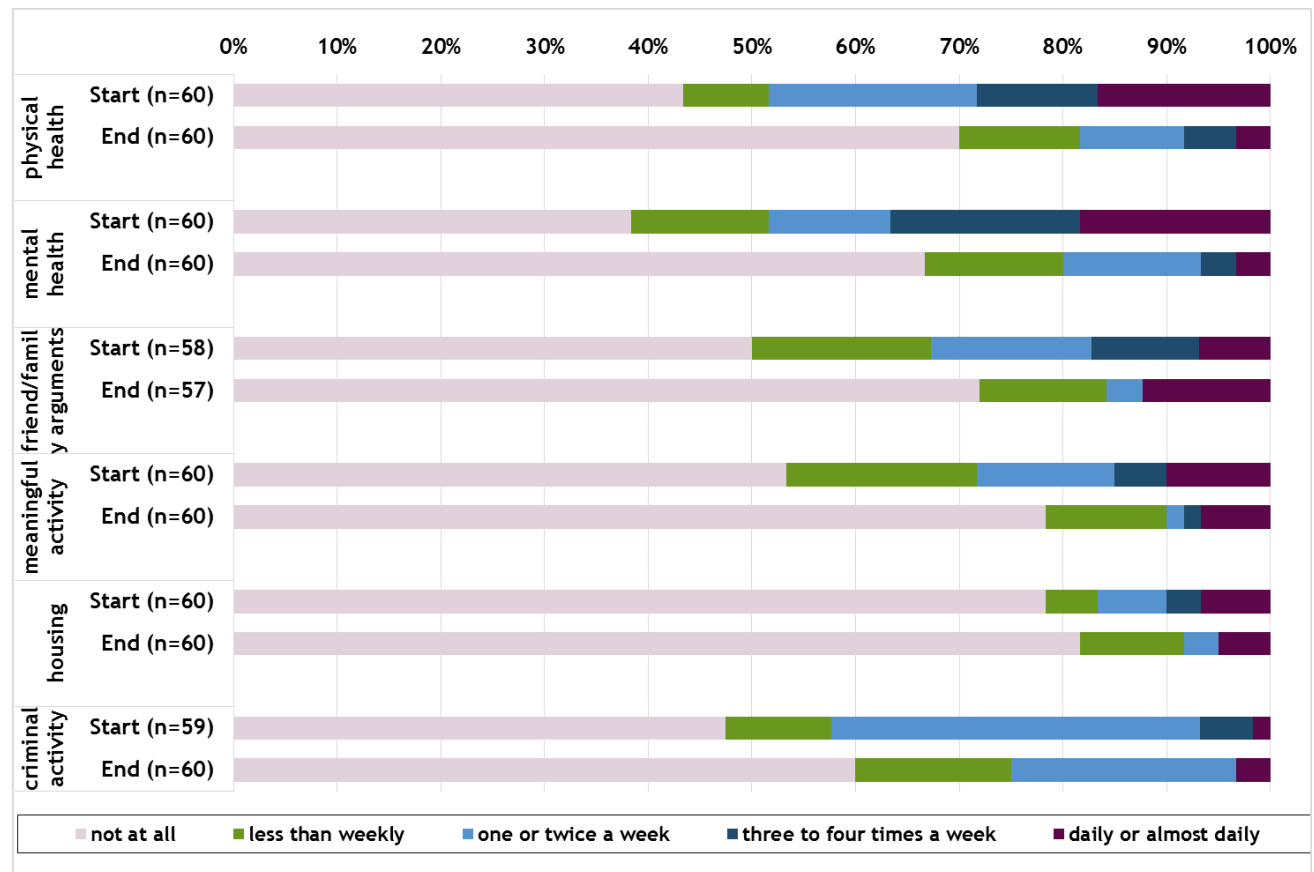
Graph 38: Average improvement in lifestyle and wellbeing between ADOM treatment start and end for Q16 matched pairs, amphetamine-type stimulants main substance of concern at treatment start, July 2015 - June 2016
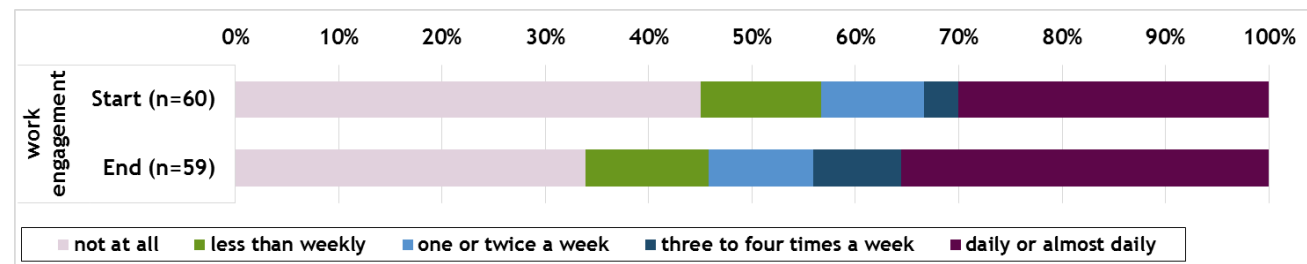

Injecting use:

Fourteen people stated that they had been injecting at the start of treatment, of the 14 one person reported sharing equipment. At treatment end only one person in this cohort was still injecting.

ADOM section three, recovery

Graph 39 shows positive changes from treatment start to treatment end in how tāngata whai ora see themsleves in relation in how close they are to where they want to be in their recovery.

Graph 39: Average self-rating of rates of closeness to desired recovery at ADOM treatment start and end collection, by substance of main concern, July 2015 – June 2016
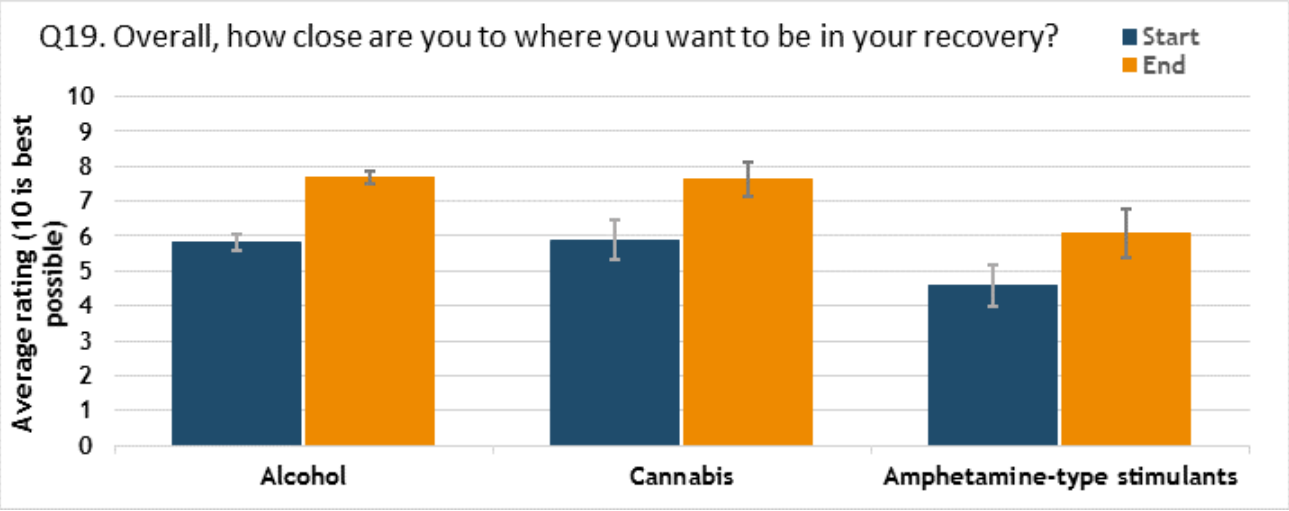
Graph 40 shows positive change from treatment start to treatment end in how tāngata whai ora see themsleves in relation in how close they are to where they want to be in their recovery, by gender. Males at the start of treatment state they are closer to recovery than females, this becomes more even at treatment end.

Graph 40: Average self-rating of rates of closeness to desired recovery at ADOM treatment start and end collection, by gender, July 2015 – June 2016
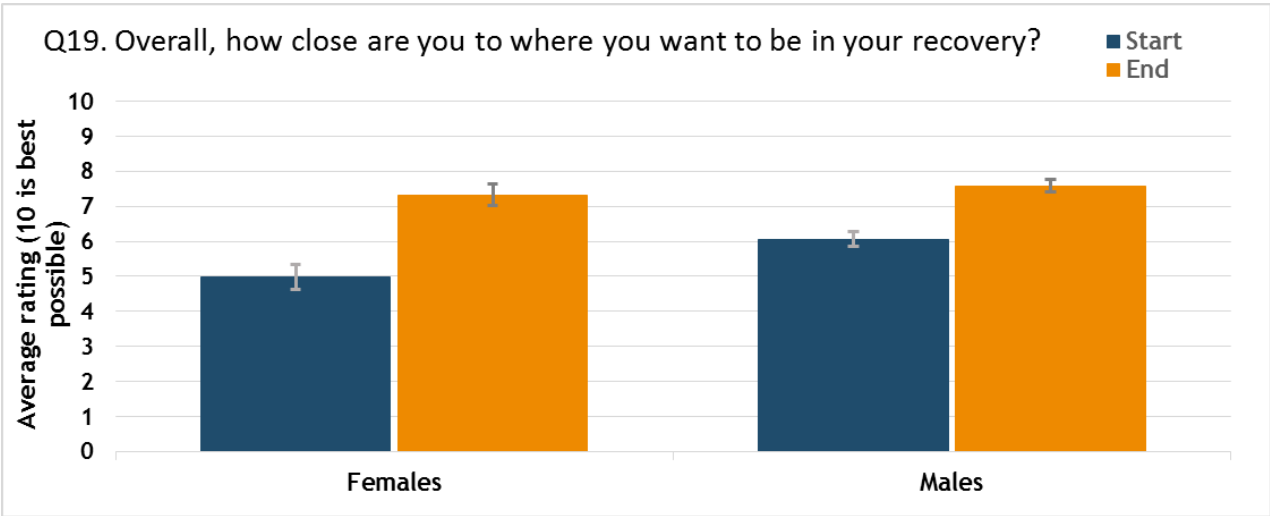
Graph 41 shows positive change from treatment start to treatment end in how tāngata whai ora regard their progress towards their recovery goals. Those using amphetamine-type stimulants show less progress toward recovery goals at treatment start and treatment end than those using alcohol or cannabis.

Graph 41: 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 substance of main concern, July 2015 – June 2016
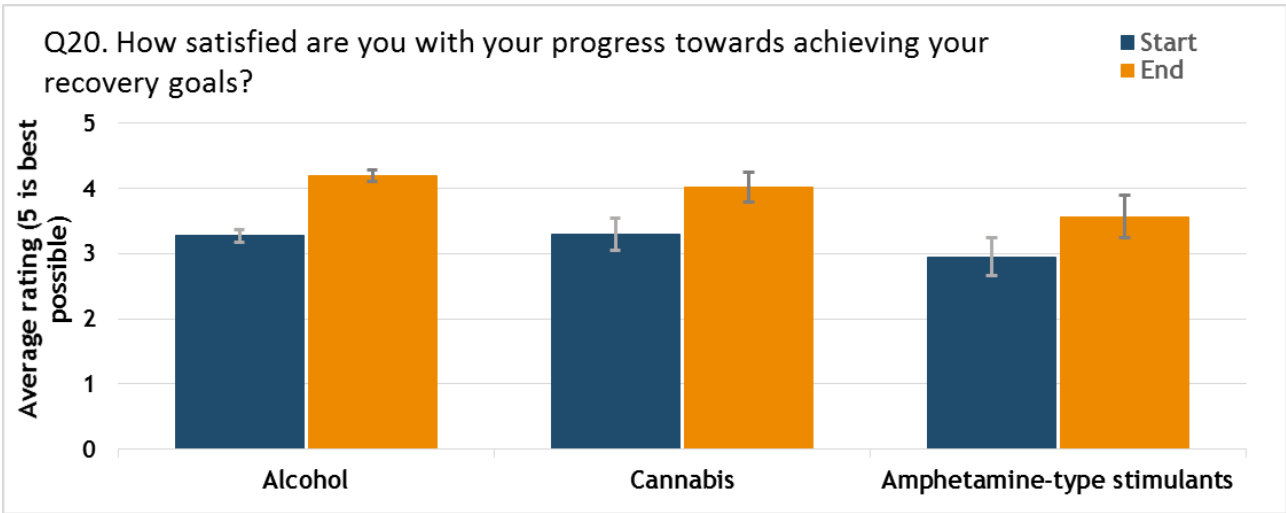
Graph 42 shows positive change from treatment start to treatment end in how tāngata whai ora regard their progress towards their recovery goals, by gender. There is no great difference in satisfiaction with progress between males and females.

Graph 42: 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 gender, July 2015 – June 2016

Q20. How satisfied are you with your progress towards achieving your recovery goals?
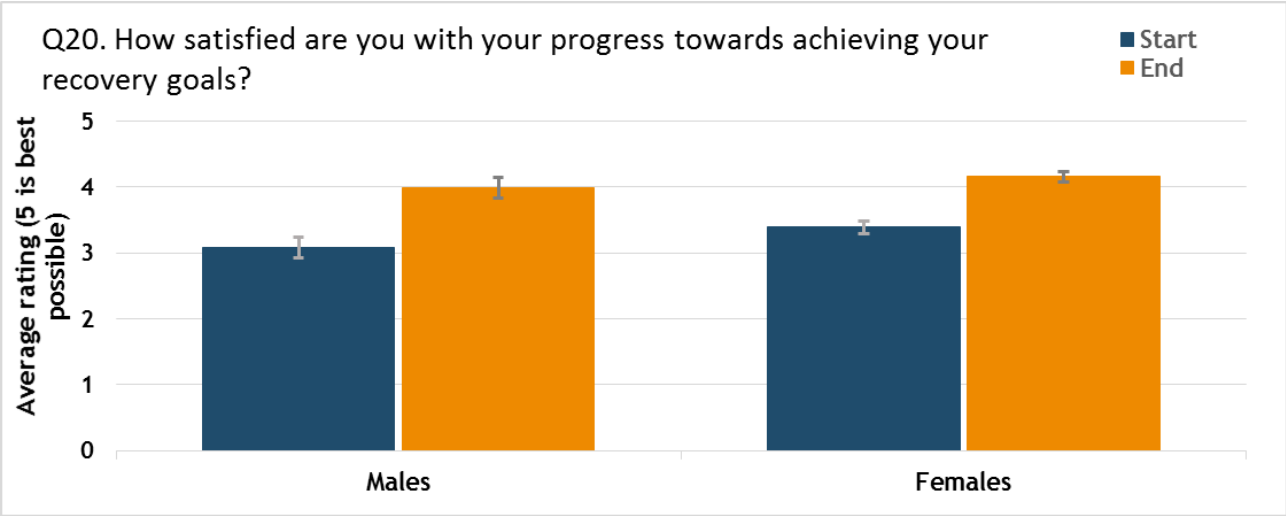
Conclusions

At this point matched pair data is quite small in comparison to treatment start data. It is expected the matched pair data, and subsequent outcome information, will grow significantly over the next 12 months. It is important to note that not all mandated services were ready to report on 1 July 2015, and that the 12 months post implementation has seen collections grow over time. Te Pou expects to report a different picture in the next six monthly report.

The treatment start collections give an indication of amphetamine-type stimulants becoming an issue and having particular effects in relation to housing and criminal activity. However, it should be noted that amphetamine-type stimulants as specified in the ADOM does not differentiate between amphetamine, pills or methamphetamine.

Treatment start collections also indicate more impact on lifestyle and wellbeing for females. Issues for Māori and Pacific peoples warrant further examination.

Large DHBs that are not yet submitting ADOM collections will have a significant impact on further reports as they come on line. Therefore it is expected total numbers, matched pairs and percentages will change in line with this.

Matched pairs show significant positive change between treatment start and treatment end for all substances. Greater and more sophisticated analysis will be possible as more matched pairs are collected and the number of collections rise.

Part 3: Opioid substitution services (OST)

It was agreed by the ADOM reports advisory group that OST presented specific challenges in AOD services, and that outcomes for this group may need to be highlighted specifically in all reports. All OST statistics are included in the report thus far, and are detailed here in part three as specific information that can be disaggregated from the main report. There are insufficient matched pair numbers at this stage to include further analysis.

Graph 43 shows total ADOM collections by DHB and NGO. Please note there are DHB[13] opioid substitution services that are not yet submitting ADOM data.

Graph 43: Number of ADOM collections for opioid substitution services, by reason for collection and organisation type, July 2015 – June 2016
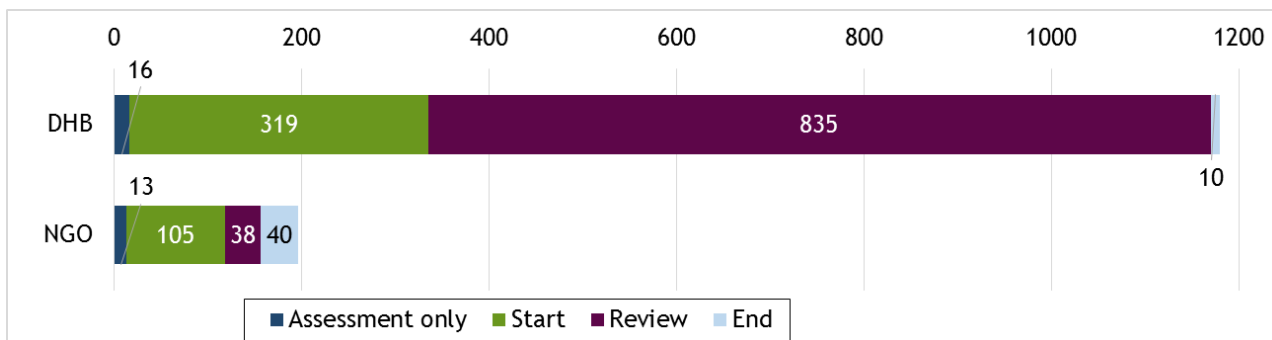
Table 4 shows a reduction in opioid use among the small set of matched pairs analysed.

Table 4: Average days and frequency of opioid use amongst those with use at treatment start by treatment start, end and outcome, ADOM matched pairs, July 2016 and June 2016[14]

Question	Start mean	End mean	Outcome (Start minus end mean)	Cohen's d (effect size with 95% CI)	Effect of treatment
Q5: Opioid number of days	16.5 (n=20)	1.1 (n=20)	15.4	1.86 (1.08-2.56)	Large/strong

Note: Cohen (1992)[15] reports the following intervals for r: .1 to .3: small effect; .3 to .5: intermediate effect; .5 and higher: strong effect

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[13] Until those DHBs submit ADOM information to PRIMHD we can only make an estimate based on new referrals in the time period, which is around 700 tāngata whai ora. This does not include existing tāngata whai ora that may have a 'teratment start other'.

[14] Note these are not necessarily the same people who are getting opioid substitution services.

[15] Cohen, J. (1992). *A power primer. Quantitative Methods in Psychology*, 112(1), 155-159.

Graph 44 shows physical and mental health were the areas most affected for tāngata whai ora in OST services.

Graph 44: Distribution of lifestyle and wellbeing responses at ADOM treatment start collections for opioid substitution services, July 2015 - June 2016
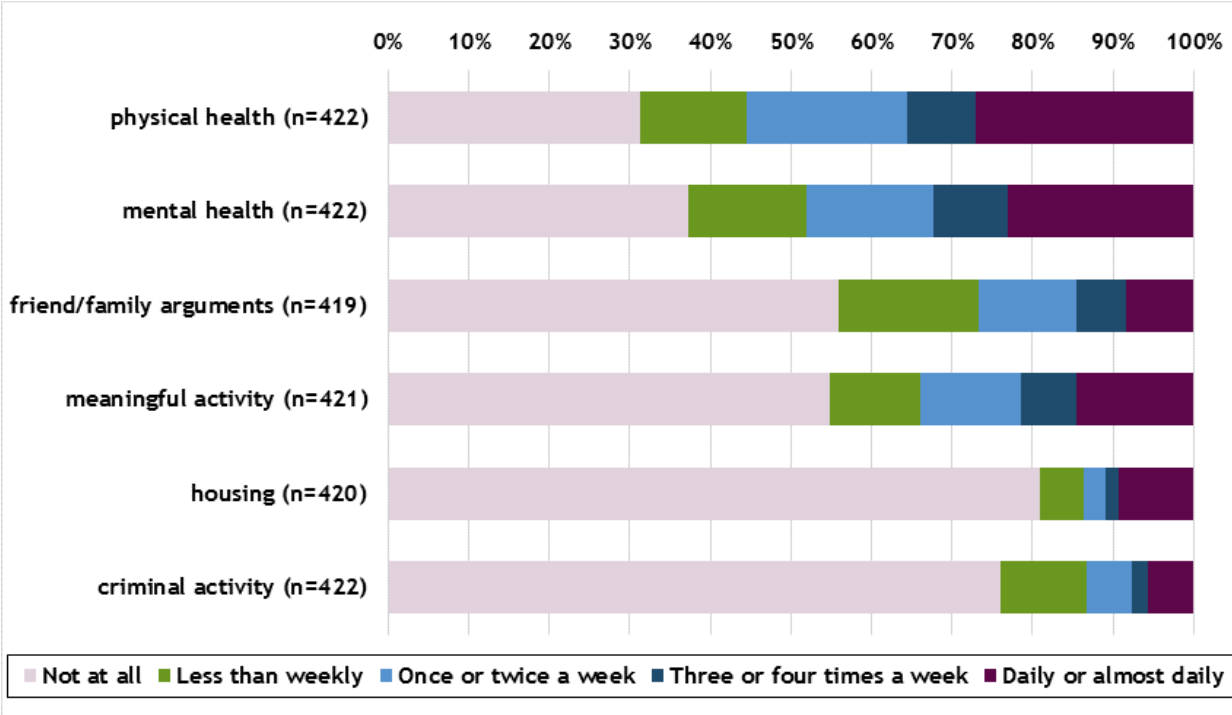
Graph 45 shows that nearly 40 per cent of tāngata whai ora accessing OST service were not working, studying or care giving, and only 35 per cent were doing so daily or nearly daily.

Graph 45: Distribution of lifestyle and wellbeing responses at ADOM treatment start collections for opioid substitution services, July 2015 - June 2016
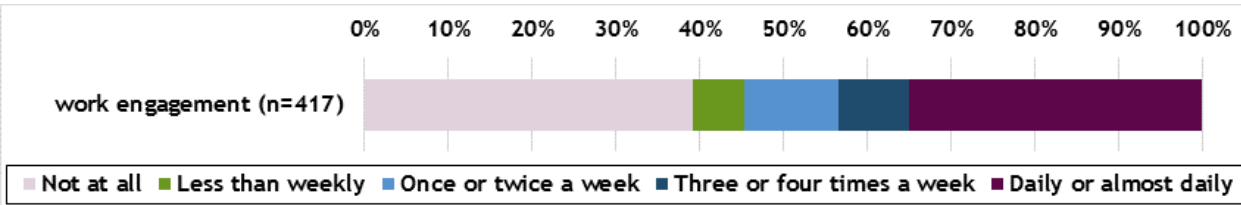
Graph 46 shows few differences in closeness to desired recovery, by age group.

Graph 46: Average self-rating of rates of closeness to desired recovery at ADOM treatment start collection for opioid substitution services, by age group, July 2015 – June 2016
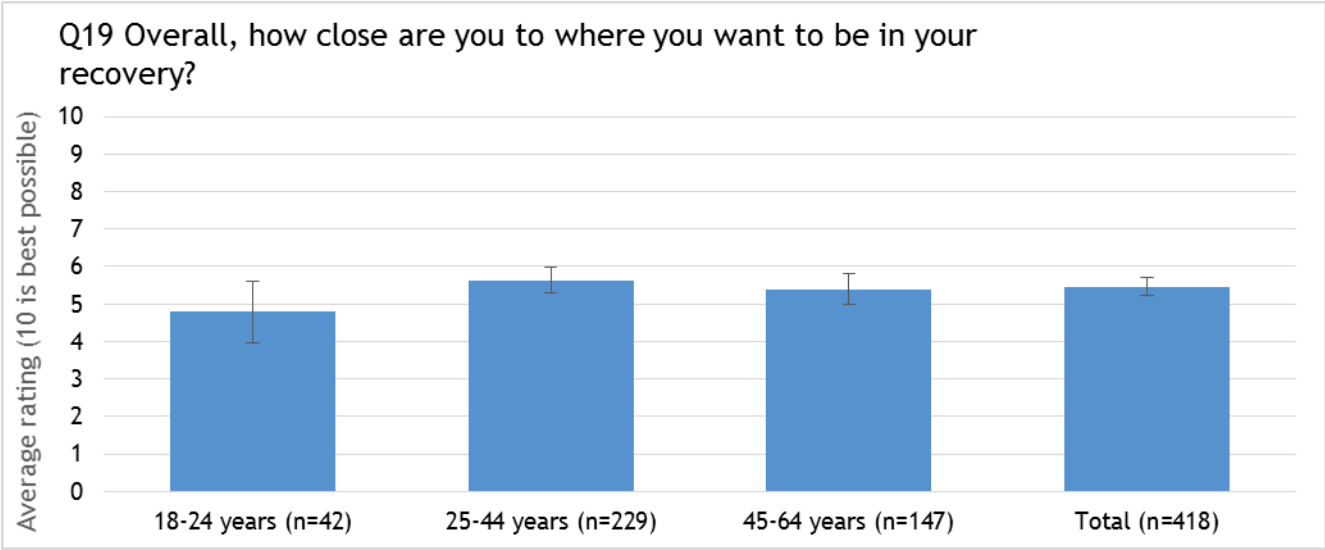
Graph 47 shows there is a similar satisfaction rating with recovery goal progress in each age group.

Graph 47: Average self-rating of how satisfied tāngata whai ora are with progress towards achieving their recovery goals at ADOM treatment start collection for opioid substitution services, by age group, July 2015 – June 2016
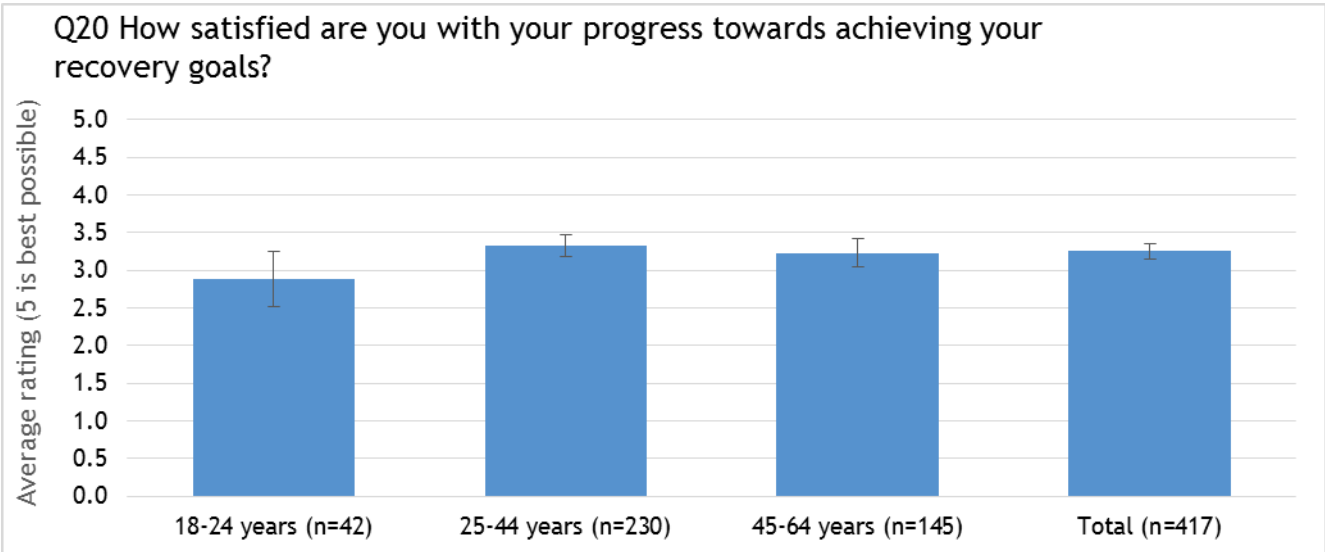
Appendix 1: Full tables.

Click on the underlined words to navigate to the corresponding graphs.

Appendix table 1: Number and distribution of substance of main concern at ADOM treatment start collections, by gender, July 2015 – June 2016

		Alcohol	Cannabis	Amphetamine-type stimulants	Opioids	Sedatives/ tranquilisers	Other drugs	Total
Female	**%**	59.5%	10.2%	18.1%	7.5%	1.0%	3.7%	
	n	*1,204*	*207*	*366*	*151*	*20*	*75*	*2,023*
Male	**%**	60.3%	15.4%	14.7%	4.6%	0.4%	4.6%	
	n	*2,276*	*583*	*555*	*174*	*14*	*175*	*3,777*

This table correlates to information in Graph 10.

Appendix table 2: Number and distribution of substance of main concern at ADOM treatment start collections, by age group and gender, July 2015 – June 2016

Main substance of concern		18-24 years	25-44 years	45-64 years	65 years and over
Alcohol	**%**	47.1%	57.6%	74.6%	94.0%
	n	*527*	*1,878*	*996*	*79*
Cannabis	**%**	25.3%	12.5%	7.3%	1.2%
	n	*283*	*409*	*97*	*1*
Amphetamine-type stimulants	**%**	16.3%	19.6%	7.4%	1.2%
	n	*183*	*638*	*99*	*1*
Opioids	**%**	3.7%	5.9%	6.9%	1.2%
	n	*41*	*191*	*92*	*1*
Sedatives / tranquilisers	**%**	0.2%	0.6%	1.0%	0.0%
	n	*2*	*18*	*14*	
Other drug	**%**	7.5%	3.9%	2.8%	2.4%
	n	*84*	*127*	*37*	*2*
Total (100%)	*n*	**1,120**	**3,261**	**1,335**	**84**

This table correlates to information in Graph 11.

Appendix table 3: Percentage and number of respondents to Q12 at ADOM treatment start collection, by main substance of concern, July 2015 - June 2016

Main substance of concern		Not at all	Less than weekly	Once or twice a week	Three or four times a week	Daily or almost daily	Total
Alcohol	%	51.4%	15.8%	11.2%	6.7%	14.9%	
	n	1,785	548	389	233	517	3,472
Cannabis	%	55.2%	14.1%	10.2%	4.6%	16.0%	
	n	435	111	80	36	126	788
Amphetamine-type stimulants	%	44.7%	15.6%	14.7%	8.9%	16.1%	
	n	410	143	135	82	148	918
Opioids	%	28.4%	12.3%	14.2%	10.8%	34.3%	
	n	92	40	46	35	111	324
Sedatives/tranquilisers	%	20.6%	26.5%	8.8%	2.9%	41.2%	
	n	7	9	3	1	14	34
Other drug	%	47.2%	16.4%	12.8%	5.6%	18.0%	
	n	118	41	32	14	45	250

This table correlates to information in Graph 14.

Appendix table 4: Percentage and number of respondents to Q13 at ADOM treatment start collection, by main substance of concern, July 2015 - June 2016

Main substance of concern		Not at all	Less than weekly	Once or twice a week	Three or four times a week	Daily or almost daily	Total
Alcohol	%	43.7%	13.6%	14.0%	9.0%	19.7%	
	n	1,517	471	487	311	683	3,469
Cannabis	%	36.2%	15.6%	14.4%	10.4%	23.3%	
	n	286	123	114	82	184	789
Amphetamine-type stimulants	%	29.2%	15.6%	16.6%	14.9%	23.7%	
	n	268	143	153	137	218	919
Opioids	%	33.3%	14.8%	11.7%	13.6%	26.5%	
	n	108	48	38	44	86	324
Sedatives/tranquilisers	%	26.5%	17.6%	2.9%	14.7%	38.2%	
	n	9	6	1	5	13	34
Other drug	%	38.0%	16.0%	19.2%	8.8%	18.0%	
	n	95	40	48	22	45	250

This table correlates to information in Graph 15.

Appendix table 5: Percentage and number of respondents to Q14 at ADOM treatment start collection, by main substance of concern, July 2015 - June 2016

Main substance of concern		Not at all	Less than weekly	Once or twice a week	Three or four times a week	Daily or almost daily	Total
Alcohol	%	52.2%	22.6%	14.8%	5.8%	4.7%	
	n	1,760	761	498	195	160	3,374
Cannabis	%	49.6%	21.6%	14.5%	8.0%	6.3%	
	n	379	165	111	61	48	764
Amphetamine-type stimulants	%	36.5%	19.5%	20.2%	11.3%	12.5%	
	n	331	177	183	102	113	906
Opioids	%	42.0%	17.2%	21.0%	7.8%	11.9%	
	n	134	55	67	25	38	319
Sedatives/tranquilisers	%	52.9%	23.5%	5.9%	2.9%	14.7%	
	n	18	8	2	1	5	34
Other drug	%	50.0%	16.5%	14.0%	6.6%	12.8%	
	n	121	40	34	16	31	242

This table correlates to information in Graph 16.

Appendix table 6: Percentage and number of respondents to Q15 at ADOM treatment start collection, by main substance of concern, July 2015 - June 2016

Main substance of concern		Not at all	Less than weekly	Once or twice a week	Three or four times a week	Daily or almost daily	Total
Alcohol	%	59.8%	16.2%	10.5%	4.8%	8.7%	
	n	2,074	561	366	166	303	3,470
Cannabis	%	58.2%	16.5%	8.8%	4.6%	12.0%	
	n	456	129	69	36	94	784
Amphetamine-type stimulants	%	44.3%	15.4%	11.9%	8.8%	19.5%	
	n	406	141	109	81	179	916
Opioids	%	42.0%	10.8%	15.7%	9.0%	22.5%	
	n	136	35	51	29	73	324
Sedatives/tranquilisers	%	50.0%	23.5%	0.0%	2.9%	23.5%	
	n	17	8	0	1	8	34
Other drug	%	61.7%	12.9%	9.3%	4.0%	12.1%	
	n	153	32	23	10	30	248

This table correlates to information in Graph 17.

Appendix table 7: Percentage and number of respondents to Q16 at ADOM treatment start collection, by main substance of concern, July 2015 - June 2016

Main substance of concern		Not at all	Less than weekly	Once or twice a week	Three or four times a week	Daily or almost daily	Total
Alcohol	%	27.7%	6.2%	7.9%	7.8%	50.4%	
	n	943	212	268	264	1,712	3,399
Cannabis	%	31.3%	7.0%	9.6%	7.2%	44.9%	
	n	240	54	74	55	345	768
Amphetamine-type stimulants	%	41.5%	8.9%	8.7%	8.6%	32.2%	
	n	376	81	79	78	292	906
Opioids	%	40.8%	6.9%	10.7%	9.7%	32.0%	
	n	130	22	34	31	102	319
Sedatives/tranquilisers	%	29.4%	5.9%	5.9%	11.8%	47.1%	
	n	10	2	2	4	16	34
Other drug	%	34.7%	6.9%	10.6%	9.4%	38.4%	
	n	85	17	26	23	94	245

This table correlates to information in Graph 18.

Appendix table 8: Percentage and number of respondents to Q17 at ADOM treatment start collection, by main substance of concern, July 2015 - June 2016

Main substance of concern		Not at all	Less than weekly	Once or twice a week	Three or four times a week	Daily or almost daily	Total
Alcohol	%	86.0%	4.9%	2.2%	1.3%	5.6%	
	n	2,976	168	75	45	195	3,459
Cannabis	%	81.1%	7.9%	2.3%	1.4%	7.3%	
	n	634	62	18	11	57	782
Amphetamine-type stimulants	%	70.4%	8.9%	4.9%	2.5%	13.2%	
	n	646	82	45	23	121	917
Opioids	%	81.8%	4.9%	1.5%	1.5%	10.2%	
	n	265	16	5	5	33	324
Sedatives/tranquilisers	%	78.8%	3.0%	3.0%	3.0%	12.1%	
	n	26	1	1	1	4	33
Other drug	%	78.6%	7.3%	4.4%	1.6%	8.1%	
	n	195	18	11	4	20	248

This table correlates to information in Graph 19.

Appendix table 9: Percentage and number of respondents to Q18 at ADOM treatment start collection, by main substance of concern, July 2015 - June 2016

Main substance of concern		Not at all	Less than weekly	Once or twice a week	Three or four times a week	Daily or almost daily	Total
Alcohol	%	77.8%	14.3%	5.2%	1.6%	1.1%	
	n	2,679	493	179	55	39	3,445
Cannabis	%	72.2%	10.9%	7.9%	3.4%	5.6%	
	n	565	85	62	27	44	783
Amphetamine-type stimulants	%	59.0%	13.6%	14.6%	4.6%	8.2%	
	n	539	124	133	42	75	913
Opioids	%	66.6%	9.6%	9.3%	4.6%	9.9%	
	n	215	31	30	15	32	323
Sedatives/tranquilisers	%	61.8%	14.7%	8.8%	2.9%	11.8%	
	n	21	5	3	1	4	34
Other drug	%	73.9%	13.5%	3.7%	4.1%	4.9%	
	n	181	33	9	10	12	245

This table correlates to information in Graph 20.

Appendix table 10: Percentage and number of respondents of lifestyle and wellbeing responses at ADOM treatment start collections, by gender, July 2015 - June 2016

Question	Gender		Not at all	Less than weekly	Once or twice a week	Three or four times a week	Daily or almost daily	Total
Physical health (Q12)	Female	%	39.9%	16.5%	14.0%	9.4%	20.1%	
		n	946	391	332	223	476	2,368
	Male	%	55.8%	14.8%	10.2%	4.9%	14.3%	
		n	2,595	686	475	230	663	4,649
Mental health (Q13)	Female	%	28.2%	14.7%	16.5%	12.9%	27.7%	
		n	667	347	390	306	655	2,365
	Male	%	49.4%	13.8%	12.7%	8.1%	16.0%	
		n	2,297	641	590	378	745	4,651
Friend/ family arguments (Q14)	Female	%	44.8%	23.0%	16.3%	8.0%	8.0%	
		n	1,041	535	378	185	187	2,326
	Male	%	55.0%	19.7%	13.8%	5.9%	5.6%	
		n	2,483	891	625	265	251	4,515
Meaningful activity (Q15)	Female	%	53.1%	15.5%	11.5%	6.9%	12.9%	
		n	1,254	367	272	164	305	2,362
	Male	%	61.7%	14.9%	9.1%	4.4%	9.8%	
		n	2,865	693	424	205	454	4,641
Housing (Q17)	Female	%	80.3%	6.5%	2.2%	1.5%	9.5%	
		n	1,892	152	52	36	224	2,356
	Male	%	84.1%	5.7%	2.9%	1.3%	6.0%	
		n	3,896	262	136	61	279	4,634
Criminal activity (Q18)	Female	%	76.0%	12.0%	6.7%	2.3%	3.0%	
		n	1,788	283	158	54	71	2,354
	Male	%	74.5%	12.9%	6.4%	2.4%	3.7%	
		n	3,428	595	294	111	171	4,599

This table correlates to information in Graph 21.

Appendix table 11: Percentage and number of respondents of lifestyle and wellbeing responses Q16 at ADOM treatment start collections, by gender, July 2015 - June 2016

Question	Gender		Not at all	Less than weekly	Once or twice a week	Three or four times a week	Daily or almost daily	Total
Work engagement (Q16)	Female	%	29.5%	7.1%	9.3%	8.5%	45.7%	
		n	687	165	216	198	1,066	2,332
	Male	%	31.4%	6.8%	8.4%	8.1%	45.3%	
		n	1,429	309	383	366	2,059	4,546

This table correlates to information in Graph 22.