

# Alcohol and Drug Outcome Measure (ADOM)

Guide for addiction practitioners

Version 4.2

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Te Pou o te  
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# Version control

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| 4.0     | August 2015        | Revised guide          | <ul style="list-style-type: none"> <li>replace term 'service user' with tangata whai ora (singular) and tāngata whai ora (plural)</li> <li>replace term 'clinician' with addiction practitioner. This term is more widely used in the addiction alcohol and other drugs (AOD) sector.</li> </ul>                                       |
| 4.1     | September 2016     | Annual review & update | <ul style="list-style-type: none"> <li>update FAQ</li> <li>update links to NGO guide to PRIMHD, utility resource guide and T code guide</li> <li>additional guidance regarding treatment start ADOM for OST services added</li> <li>amended feedback wheel.</li> </ul>   |
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The Ministry of Health contracted Te Pou to lead the Alcohol and Drug Outcome Measure (ADOM) implementation project. In this capacity Te Pou collaborated with Matua Raki and key addiction sector stakeholders to develop, test and evaluate resources that would support consistent national implementation and collection of an Alcohol and Drug Outcome Measure (ADOM).

The ADOM Implementation Project advisory group was established to ensure Alcohol and Other Drug (AOD) sector perspectives and clinical relevance were recognised. Te Pou wishes to acknowledge the advisory group members and others who have contributed to the project as outlined in previous versions of this document. Te Pou would like to acknowledge all those who participated in the pilot, training and have championed use of ADOM, implemented in their services and used it with tāngata whai ora

## Sources

This document includes both original content and content taken from other sources. Acknowledgement is given to the following sources:

Deering, D., Robinson, G., Wheeler, A., Pulford, J., Frampton, C., Dunbar, L. & Black, S. (2009).

*Preliminary work towards validating a draft outcome measure for use in the alcohol and drug sector.*  
Auckland: Te Pou o te Whakaaro Nui. <http://www.tepou.co.nz/resources/search>

South Eastern Sydney Local Health District (SESLHD) Drug & Alcohol Service. (2010). *The Australian Treatment Outcomes Profile (ATOP) version 2 Protocol*. Sydney, Australia: The Langton Centre, 591 South Dowling Street, Surry Hills, NSW.

National Health Service. (2010). *The protocol for reporting TOP [Treatment Outcomes Profile] A keyworkers guide*. London, United Kingdom: National Treatment Agency for Substance Misuse. Download from [www.nta.nhs.uk/uploads/treatment\\_outcomes\\_profile\\_keyworkers\\_guide\\_final\\_110110.pdf](http://www.nta.nhs.uk/uploads/treatment_outcomes_profile_keyworkers_guide_final_110110.pdf)

Galea, S., & Websdell, P. (2011). The Visual ADOM: Looking good. *Drug & Alcohol Review*, Vol. 30, Suppl. 1, pp.35. [http://onlinelibrary.wiley.com/journal/10.1111/\(ISSN\)1465-3362/issues?activeYear=2011](http://onlinelibrary.wiley.com/journal/10.1111/(ISSN)1465-3362/issues?activeYear=2011)

## Warning

This guide may be downloaded in PDF format for printing, but is uncontrolled unless viewed electronically from its original location. Where an uncontrolled (printed) document is used, it is the responsibility of the person using it to ensure that it is the latest version.

A controlled version can be accessed on the Te Pou website: <http://www.tepou.co.nz/outcomes-and-information/get-support-with-adom>

# About this guide

This guide is about the Alcohol and Drug Outcome Measure (ADOM). ADOM is a New Zealand designed and implemented measure. Section 1 describes the measure in more detail. The guide has been written with the core principal that, above all else, ADOM is a collaborative tool that is led by the tangata whai ora and facilitated<sup>1</sup> by the practitioner.

This guide is a companion document to the ADOM training for addiction practitioners. Participation in ADOM training is essential for all addiction practitioners before they facilitate the collection of ADOM with tāngata whai ora.

The guide contains information about ADOM, including a glossary, links to frequently asked questions about the ADOM collection process and information about ADOM data integration into the Programme for the Integration of Mental Health Data (PRIMHD) national data collection.

The guide includes the ADOM [information collection protocol](#) (Section 4). It is essential that practitioners using ADOM follow the protocol to ensure consistent collection of data. Collecting data consistently ensures that the data has the necessary integrity to enable it to be used to inform services and tāngata whai ora about outcomes for people using addiction services.

Further information on ADOM, including background on the measure's development, can be found at <http://www.tepou.co.nz/outcomes-and-information/alcohol-and-drug-outcome-measure>.

This guide has been issued, and subsequently amended, after the 1 July 2015 national implementation of ADOM to support the sector workforce. Other support resources can be found on the ADOM pages on the Te Pou website: <http://www.tepou.co.nz/outcomes-and-information/alcohol-and-drug-outcome-measure>

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<sup>1</sup> By 'facilitated' we mean that the tangata whai ora answers the questions and the practitioner helps with the process, guiding and clarifying where needed. We have not chosen the word 'administered' as this is not done to, but done by tāngata whai ora.

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# 1. About ADOM

The first version of the ADOM was developed in 2009 as part of the Mental Health – Standard Measures of Assessment and Recovery (MH-SMART) initiative. ADOM was developed by the Clinical Research and Resource Centre (Waitematā DHB), in collaboration with the National Addiction Centre (University of Otago), and with assistance from Auckland Community Alcohol and Drug Services (CADS), Waitematā and Canterbury DHBs and Waitematā CADS. The ADOM Implementation Project, October 2011, resulted in the development of a second version. It is this second version of ADOM that is the subject of this guide.

ADOM is a set of 20 questions in three ‘domains’ for tāngata whai ora, responses to which are collected at specific points in a tangata whai ora journey through a service or treatment. ADOM consists of three sections:

- **Section 1** – eleven 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.

ADOM was developed for use in adult community-based outpatient addiction services (also known and referred to in this documents as the AOD sector) where change can be measured over a period of time. It is important to remember that outcome measures are designed to demonstrate all change and this does not mean only improvement (progress). Therefore, to be most beneficial to the tangata whai ora recovery journey, the practitioner must present the ADOM to the tangata whai ora in a manner that ensures that they are able to openly discuss whatever changes have occurred.

The process for collecting ADOM information is a collaborative one, in which the practitioner introduces ADOM, and then facilitates the process of working through the questions in a manner that supports tāngata whai ora initiated responses (ratings) to each question.

ADOM collection points align with key ‘treatment stages’, for example, assessment, reviews and discharge; these present useful opportunities to facilitate ADOM and generate discussion between practitioners and tāngata whai ora. Data from each ADOM collection provides information about change in tāngata whai ora status in relation to their substance use, lifestyle and wellbeing and progress during treatment over time. ADOM collection focuses on treatment as a whole journey, and aims to demonstrate change over time.

ADOM reports will be available in early 2017. The report building has been overseen by a reports advisory group. The reports will initially focus on treatment start and end matched pairs to capture any change in outcomes.

## 1.1 Limitations

The [information collection protocol](#) for collecting ADOM focuses on treatment as a whole journey, and aims to demonstrate change over time. For this reason, ADOM has limited utility where all sections cannot be collected in an on-going way. Section 1 for instance may not show any change in a residential, abstinence based setting. ADOM is most relevant to community-based outpatient addiction services that are non-residential or inpatient in nature, and it is with these services that psychometric testing and validation has taken place.

## 2. Purpose of collecting ADOM outcome data

Outcomes data<sup>2</sup> collected using ADOM will be used for measuring changes in tāngata whai ora substance use, lifestyle and wellbeing, and their satisfaction with their recovery progress over time during a treatment episode.

Measurement of outcomes, by definition, presumes a comparison over time and requires information to be collected on at least two occasions, in order to allow measurement of change in outcome domains.

Outcome information can add value at many levels, for example it can:

- inform and shape treatment
- assist tāngata whai ora to view progress with their recovery
- provide practitioners with a means for reviewing treatment planning and goals
- assist organisations in recognising the impact of service models, service delivery and interventions
- assist in identifying local case complexity
- allow providers to self-assess at a team, service, regional and national level.

**ADOM is not an audit tool, and is not designed nor intended to be used as a measure of service or practitioner performance. There is however an expectation of increasing use of ADOM in those mandated services against referrals and this is likely to be reported on.**

ADOM is linked to the existing programme for the integration of mental health data (PRIMHD) national data collection, which comprises information such as face to face activity, ethnicity, diagnosis, legal status and referral information. The outcomes information from ADOM has the potential to add further value and understanding of the tangata whai ora treatment journey. It can begin to explain who receives what treatment or intervention and to what effect.

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<sup>2</sup> By 'data' we mean immediately available information from tāngata whai ora responses to ADOM as well as data in the more traditional sense of reported information that is reproduced.



## 3. ADOM eligibility criteria

### 3.1 Which services are eligible to collect ADOM data or information?

#### Eligible

The ADOM [information collection protocol](#) contained in Section 4 of this guide, covers DHB and NGO adult, community-based, outpatient addiction treatment services, including addiction practitioners working in mainstream teams or services. ADOM is a valid measure for collection in addiction service settings where there is ongoing clinical contact or treatment occurring with tāngata whai ora, over a period of time. This includes:

- adult community-based outpatient addiction services
- community-based outpatient after-care or continuing care programmes – post-residential
- outpatient intensive treatment programmes.

Residential and inpatient managed withdrawal services may benefit from collecting ADOM at admission only, to demonstrate the acuity and needs of tāngata whai ora at admission, and to provide comparative data for treatment or service review and development.

#### Exclusions

ADOM is not validated as a tool for collection in services or programmes that do not have ongoing tāngata whai ora face to face contact over a number of contacts. This includes:

- pre-treatment groups, for example, prison pre-release
- brief interventions (two sessions or less)
- tāngata whai ora under the age of 18, apart from 16 to 18 year olds living wholly independently (see below)
- navigation or 'signposting' services.

### 3.2 Which tāngata whai ora are eligible for ADOM collection?

#### Eligible

Tāngata whai ora:

- aged 18 years and over - note that where clinical or organisational factors dictate, younger tāngata whai ora attending an addiction service may be assigned to the adult group. For example ADOM use may be appropriate for a 16 year old who is employed, living alone or similar.
- enrolled with a community based government-funded DHB or NGO addiction treatment service or programme
- who have been in the community<sup>3</sup> for seven or more days in the past 28 days.

#### Exclusions

Tāngata whai ora who have been in an inpatient, custodial or remand setting for more than 21 days of the past 28 days.

Tāngata whai ora must have been in the community for seven or more consecutive days immediately prior to an ADOM collection. **Do not complete an ADOM until this is the case.**

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<sup>3</sup> Whilst there are residential services 'in the community' if someone is living in a drug free, controlled environment they would normally be excluded from ADOM use.

## 4. Information collection protocol (ICP) and the practitioners role

All addiction practitioners must complete ADOM core training prior to commencing ADOM collection and use with tāngata whai ora. ADOM trainers (who have completed an ADOM Train the Trainer Workshop) will facilitate this training for addiction practitioners. These trainers will be offered refresher training in the first 18 months of ADOM implementation. The core training covers how to engage tāngata whai ora in using ADOM, as well as answering some of the many questions that arise in relation to using this tool, such as the intent behind each question and each section of ADOM. In addition, the training is essential to familiarise practitioners with the ICP.

**Sections 4.1 to 4.4 (inclusive) is the ICP. Section 4.5 onwards describes the practitioner's role.**

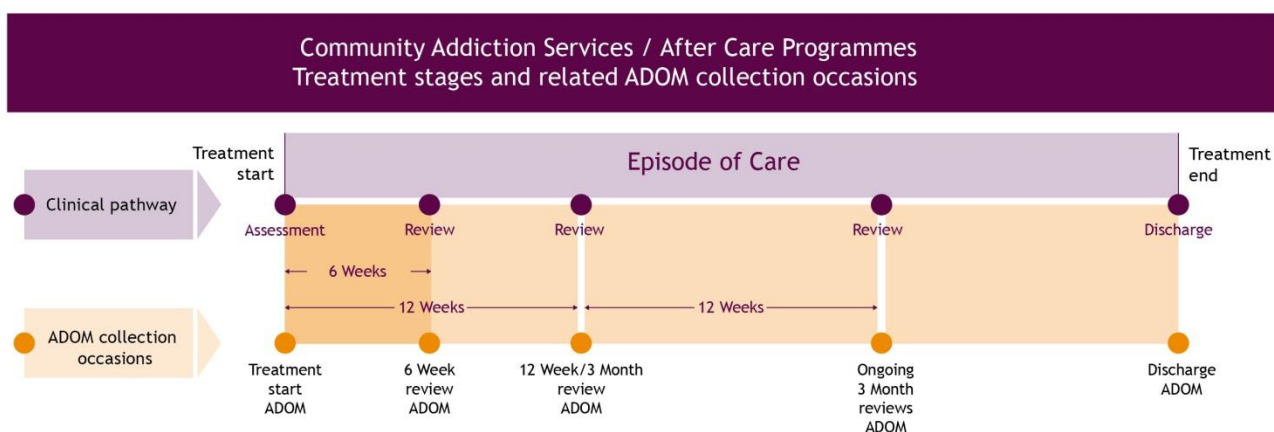
### 4.1 The ADOM Information Collection Protocol

The ICP standardises the collection of ADOM information. This is important as it means that the information can be compared across tāngata whai ora, teams or services, and we know that the information has integrity.

### 4.2 Clinical pathways and ADOM collection points

Figure 1 shows a standard clinical treatment pathway and the related ADOM collection occasions (points). There may be some variation amongst addiction services, in terms of entry procedures and treatment options (for example wait lists, triage, face to face counselling and groups). It will be important for services to clearly define their clinical pathways, and how the ADOM collection points and protocols will best integrate within these.

Figure 1: Clinical pathways aligned with ADOM collection occasions



#### Treatment start ADOM

The beginning of any new episode of care, including following a formal discharge for people returning to a service, is the treatment start. Following assessment, collection of ADOM at this point provides a baseline measurement for the tangata whai ora treatment journey. The ADOM results at this stage are useful in discussing the overall picture with the tangata whai ora, and identifying strengths and challenges for recovery.

## Review ADOM

Completing a review ADOM at six weeks, then on an ongoing basis every 12 weeks, provides the opportunity to look at changes compared to previous ADOM collections, and supports treatment review and goal setting with the tangata whai ora.

## Discharge ADOM

Tāngata whai ora will have a discharge ADOM collection when they complete an episode of care and are discharged by the service. This may be at a planned treatment end point, or when the tangata whai ora does not return for appointments and cannot be contacted (in this case administrative details only are provided. Do not answer sections 1, 2 and 3, as this cannot be tangata whai ora led). When referring on to another service, the discharge ADOM may provide a useful summary of the tangata whai ora status at the time of discharge.

## 4.3 ADOM collection occasions, collection reason and dates

Table 1 summarises:

- ADOM collection occasions – describes the points in treatment when ADOM is to be collected, treatment start (assessment), review, and treatment end (discharge) stages within an episode of care.
- The reason for collection – identifies the treatment stage prompting the ADOM collection occasion throughout the tangata whai ora treatment journey.
- ADOM collection dates – describes the timeframes that the ADOM collection occasion must occur within (to ensure consistent data collection).

The ADOM form contains all the reasons for collection listed in the table. Practitioners need to tick the reason for collection at each ADOM collection occasion.

Table 1: Summary of ADOM collection occasions throughout the tangata whai ora treatment journey

| Treatment start ADOM   | Reason for collection/collection date   |
|--|---|
| <ul style="list-style-type: none"> <li>New tangata whai ora entering service – assessment completed.</li> <li>Tangata whai ora entering service who has previously attended service(s) and been discharged.</li> <li>The intention is ongoing treatment with the service.</li> </ul>   | <ul style="list-style-type: none"> <li><i>Treatment start – new.</i></li> <li>Complete ADOM within 2 weeks of treatment start.</li> </ul>               |
| <ul style="list-style-type: none"> <li>New tangata whai ora entering service by referral from another addiction service. Assessment completed.</li> <li>The intention is ongoing treatment by the service.</li> <li>This is the most appropriate start use of ADOM for existing clients in Opioid Substitution Treatment Services (OST)</li> </ul> | <ul style="list-style-type: none"> <li><i>Treatment start – other AOD service.</i></li> <li>Complete ADOM within 2 weeks of treatment start.</li> </ul> |
| <ul style="list-style-type: none"> <li>New tangata whai ora entering service. Assessment indicates referral on to more appropriate service (eg residential, detox or mental health), or that the tangata whai ora is not appropriate to service.</li> </ul>  | <ul style="list-style-type: none"> <li><i>Assessment only.</i></li> <li>Complete ADOM within 2 weeks of assessment.</li> </ul>                          |



| Review ADOM   | Reason for collection/collection date   |
|---|---|
| <ul style="list-style-type: none"> <li>At 6 weeks from the treatment start.</li> </ul>  | <ul style="list-style-type: none"> <li><i>Treatment review – 6 weeks.</i></li> <li>Complete ADOM, 2 weeks either side of 6 week review due date is within the protocol.</li> </ul>              |
| <ul style="list-style-type: none"> <li>At 12 week intervals, from the last review ADOM.<br/><b>Note:</b> the second review is completed at 12 weeks from treatment start (which is 6 weeks after the first review) and then 12 weekly until discharge.</li> </ul> | <ul style="list-style-type: none"> <li><i>Treatment review – 12 weeks (3 months).</i></li> <li>Complete ADOM, 2 weeks either side of 12 week review due date is within the protocol.</li> </ul> |



| Discharge ADOM  | Reason for collection/collection date   |
|---|---|
| <ul style="list-style-type: none"> <li>At planned discharge from the current episode of care – treatment completed.</li> </ul>  | <ul style="list-style-type: none"> <li><i>Treatment end – routine.</i></li> <li>Complete ADOM within 1 week of treatment end date.</li> </ul>   |
| <ul style="list-style-type: none"> <li>Tangata whai ora does not attend planned appointments.</li> </ul>  | <ul style="list-style-type: none"> <li><i>Treatment end – DNA.</i></li> <li>Complete ADOM, administrative data only (not sections 1, 2 &amp; 3), within 1 week of treatment end.</li> </ul> |
| <ul style="list-style-type: none"> <li>When the tangata whai ora is being discharged from the current service and referred on to another AOD addiction service (this may be within the same organisation).</li> </ul> | <ul style="list-style-type: none"> <li><i>Treatment end – other AOD addiction service.</i></li> <li>Complete ADOM within 1 week of treatment end.</li> </ul>                                |
| <ul style="list-style-type: none"> <li>Other reasons, for example; tangata whai ora deceased or other reason that does not fit into categories above.</li> </ul>  | <ul style="list-style-type: none"> <li><i>Treatment end – other</i></li> <li>Complete ADOM, administrative data only, within 1 week of treatment end.</li> </ul>                            |

## 4.4 Administrative information to be recorded with the ADOM collection occasion information

At each ADOM collection occasion the practitioner is required to also record some additional key information that will add to the outcomes picture, both at an individual tangata whai ora level and at a national aggregated level. This administrative information is described in Table 2.

Table 2: Extra information to be collected with ADOM

| Information required            | Description  | Codes   |
|---------------------------------|--|---|
| Addiction service team          | Identifying the tangata whai ora primary team is important when tracking movement within an episode of care, and essential for comparing tāngata whai ora data within each team.   | For addiction services this will either be team name or team code.  |
| Collection occasion date        | <ul style="list-style-type: none"> <li>At treatment start and/or review, the collection occasion date is the date that ADOM is actually completed.</li> <li>At treatment end, this is the date the episode actually ended, ie date of planned discharge; or for DNA/other - the date of last contact from community settings.</li> <li>The <i>collection occasion date</i> is the reference date for all reports and statistical analyses of the data collected at any given collection occasion (treatment start, review, or end).</li> </ul> | <ul style="list-style-type: none"> <li>The date on which the ADOM collection is completed.</li> </ul>   |
| Collected by                    | Identifying the practitioner who completed the collection allows systems to provide reminders for reviews.   | The name of the practitioner completing the ADOM collection with the tangata whai ora.  |
| Mandated or voluntary referral  | It is important to indicate whether the referral has been received from a statutory organisation, and the tangata whai ora is mandated to attend for assessment, or whether the attendance is voluntary (without compulsion from a statutory agency).  | <ul style="list-style-type: none"> <li>Tick either 'mandated' or 'voluntary'.</li> <li>At times, tāngata whai ora may initially attend for mandated assessment and then return voluntarily – tick the box that applies to the current ADOM collection.</li> </ul>   |
| Number of days covered: 7 to 28 | The tangata whai ora must have been in the community for 7 or more consecutive days immediately prior to an ADOM collection. Do not complete ADOM until this is the case.  | Enter the number of days that the ADOM collection covers – this must be between 7 to 28 days.   |
| Co-existing Problems (CEP)      | Identifying whether a tangata whai ora is receiving CEP services (for mental health and addiction) can assist locally and nationally in interpreting information and linking with other PRIMHD data related to the current treatment.  | <p>Yes or No.</p> <p>Tick yes <b>only</b> if the tangata whai ora is currently receiving services for <b>both</b> mental health and addiction</p>   |
| Focus of care                   | Identifies the main focus of care provided over the previous period of care, for example either 6 or 12 weeks.   | <ul style="list-style-type: none"> <li>Engagement, screening and assessment.</li> <li>Active treatment – includes withdrawal management, specialist interventions, opioid substitution treatment and integrated care.</li> <li>Continuing care – includes relapse prevention, follow-up<sup>4</sup>.</li> </ul> |

4. Todd, F.C. (2010). *Te ariari o te oranga: The assessment and management of people with co-existing mental health and substance use problems*. Wellington: Ministry of Health.

## 4.5 Facilitating ADOM collection - the practitioner role

The process for collecting ADOM is a collaborative one, in which the practitioner introduces ADOM, and then facilitates the process of working through the ADOM questions, in a manner that supports tāngata whai ora initiated responses (ratings) to each question.

A practitioners skills using motivational approaches (positive engagement, listening and non-judgmental feedback) is as important in collecting outcomes information, as in everyday clinical practice and in all communication with tāngata whai ora.

Providing a safe confidential environment is also critical for tāngata whai ora to feel they can openly answer the questions. ADOM training will equip practitioners to fully understand the intent of the ADOM questions. The ADOM practitioner prompt sheet on the back of the ADOM form provides a quick reference guide.

Information gathered at any point using ADOM (treatment start, review, discharge) may help the practitioner and the tangata whai ora recognise the need to involve or refer to other services.

### ADOM form and structure

- **Administrative information, including demographic data** – this helps provide the context for the data collected. This section requires the practitioner to record the relevant indicators at each ADOM collection occasion.
- **Section 1** – questions 1 to 9 cover substance use and frequency, and questions 10 to 11 cover injecting use and sharing equipment.
- **Section 2** – questions 12 to 17 focus on lifestyle and wellbeing, while question 18 is about criminal or illegal activity.
- **Section 3** – questions 19 and 20 cover tāngata whai ora satisfaction with their own recovery goals.

### ADOM question types

The questions in ADOM use different types of ratings.

- **Timeline or frequency of use:** questions 1 to 7 (excluding question 2), question 10 and questions 12 to 18 ask tāngata whai ora to recall the number of days in the past four weeks (7 to 28 days) that the subject of the specific question occurred, for example “In the past four weeks, how many days did you use cannabis?”
- **Quantity used:** questions 2 and 8 ask the tangata whai ora to identify the amount of the substance used, for example, alcohol and tobacco. In the case of alcohol the practitioner converts this to standard drinks consumed and records the answer. An alcohol conversion chart is included in the practitioner prompt sheet on the back of the ADOM collection form. Where tāngata whai ora are using loose tobacco, roll your owns, 50gm = 100 cigarettes.
- **Prioritise concern about substance use:** question 9 asks tangata whai ora to identify the main substance(s) of concern, and prioritise the top three with ‘1’ being the substance of most concern.
- **Yes and no:** question 11 asks the tangata whai ora to select the relevant answer.
- **Rating scales:** questions 12 to 18 asks tāngata whai ora to confirm their rating (for example: not at all, less than weekly, once or twice a week, three or four times a week, daily or almost daily) for each question.
- Question 19 asks the tangata whai ora to allocate a rating on a 1 to 10 scale, where ‘10’ is the best possible.
- Question 20 asks tāngata whai ora to allocate a descriptive rating based on a 1 to 5 rating scale.



## Specific drugs - ADOM Section 1: questions 5, 6, 7 and 9

Where the form specifies opioids, or sedatives or tranquilisers, this means only **illicit or inappropriately** accessed opioids or benzodiazepines. For example street morphine, methadone, poppies, codeine, Rivotril, Xanax etc. (question 5) or misusing a prescription.

Where the tangata whai ora identifies that they are using ‘any other drugs’<sup>5</sup>, up to three of these can be recorded. It is recognised that current availability and trends indicate that these may change fairly rapidly. The focus of the discussion should be on the number of days used in the past 0 to 28 days rather than the substance per se (question 7).

Where a tangata whai ora identifies more than one substance of concern (there can be up to three), they are asked to prioritise these with ‘1’ being the substance of most concern to them (question 9).

## Injecting risk behaviour - ADOM Section 1: questions 10 and 11

If in Section 1 a tangata whai ora has reported using only non-injectable substances, for example alcohol or cannabis, then enter a ‘0’ for questions 4 to 9, and ‘No’ for questions 10 and 11. If a tangata whai ora has reported using ‘potentially injectable drugs’ in questions 4 to 7, then in your own words, ask the following.

- “The next two questions are about injecting drugs. Sometimes people using the drugs we’ve just talked about inject them. Thinking about the past four weeks [use calendar start and end dates], were there any occasions where you injected any of the drugs you’ve used?” (Tip: using a third person example can be helpful).
- If the tangata whai ora answers “No”, suggest you recheck by asking, “Have I got this right, that there were no days over this period that injecting occurred?” (Remember that a range of substances are injectable, for example. Benzodiazepines and methamphetamine).
- If the tangata whai ora answers “Yes”, use the calendar and say, “Let’s look together at the dates. Let’s work back from today. How many days would you say you injected this week? What about the week before?” etc.

Question 11 asks about sharing injecting equipment.

- Explain what sharing injecting equipment means, for example using someone else’s equipment, which has already been used, or someone else using yours, regardless of whether you were both present at the time or not. Equipment includes needles, syringes, water, spoons and filters. Check especially whether equipment has been shared between couples or partners.
- Say, “When you look back over the times you injected (on the calendar) can you mark the times that you shared injecting equipment?”

## Lifestyle and wellbeing - ADOM Section 2: questions 12 to 18

Questions 12 to 18 are designed to get a bigger picture of the life and lifestyle of the tangata whai ora, their levels of health and social functioning, their work, study or parenting, and their housing or accommodation. The intent of each question is explained below.

---

<sup>5</sup> This would include drugs not easily fitting into one of the other categories listed.

Make sure you introduce this section of ADOM by saying (as an example), “The questions in this next section look at what’s been happening in your life over the past four weeks related to your health and wellbeing.”

***Assure the tangata whai ora that:***

- it is straightforward and you will go at their pace
- “there are no right or wrong answers. It’s about how you see your world and what’s been happening over the past four weeks.”

***Remind them that:***

- this is their opinion of how things have been over the period that the ADOM is relating to
- it is confidential within the parameters already explained to them

Question 12 reads: “In the past four weeks, how often has your general physical health caused problems in your daily life?”

- This question is checking general physical health, so you need to keep it broad. The state of health of the tangata whai ora may be affected by the effects of substance use, but it may also be related to a co-existing physical health problem or medical condition, not effected by substance use.

Question 13 reads: “In the past four weeks, how often has your general mental health caused problems in your daily life?”

- Introduce by saying, “The first question asked about your general physical health, this next question asks about your general mental health and wellbeing.”
- Keep this question broad, as the response can get complex. For example the response may be as a consequence of substance use (improved or worsened in relapse) or may be due to a co-existing mental health problem such as depression, anxiety or schizophrenia, which could be worsened by substance use. However, it can also be present even when the tangata whai ora is abstinent.

Question 14 reads: “In the past four weeks, how often has your alcohol or drug use led to problems or arguments with friends or family members?”

- This question can cover conflict or difficult relationships, or fights or arguments caused by substance use, or could relate to conflict with partners, parents, friends or children. It could also relate to the need for whānau interventions, as a person may be abstinent but still be in conflict; they may need help with whānau functioning and communication, as even when abstinent their whānau or friends may have problems trusting them.

Question 15 reads: “In the past four weeks, 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 and other family members, study or other personal activities?”

- You should focus on the perception of the tangata whai ora for each of the above areas.

Question 16 reads: “In the past four weeks, how often have you engaged in any of the following: paid work, voluntary work, study, looking after children or other caregiving activities?”

- This question is about activity meaningful to a tangata whai ora; it is pro-social, broader than work, as not everyone will be in paid employment.



Question 17 reads: “In the past four weeks, have you had difficulties with housing or finding somewhere stable to live?”

- Keep the question broad, as responses may be related to substance use or other factors.

## Criminal or illegal activity - ADOM Section 2: question 18

Question 18 relates to criminal or illegal activity. Remind the tangata whai ora that this question only records the frequency of criminal or illegal activity, and **does not require an explanation of what** occurred and when. It relates to any criminal or illegal activity, whether there has been Police involvement or not. Again, using a calendar may help the tangata whai ora to recall events.

Question 18 reads: “In the past four weeks, 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, or supplying an illicit substance to another person?”

- This question is about illegal activity, which may or may not be related to substance use. **Do not record use of illegal substances**, as this has already been recorded in Section 1 of the ADOM form.

## Level of satisfaction with recovery - ADOM Section 3: questions 19 and 20

These questions have been included based on feedback from tāngata whai ora that a question measuring satisfaction or progress with their recovery would be useful. This proposal was supported by the ADOM implementation project advisory group. The concept and language of ‘recovery’ may be new to some tāngata whai ora and may need some time spent discussing between the tangata whai ora and practitioner so that the tangata whai ora is confident in their own rating of their own definition of recovery.

Question 19 asks tāngata whai ora to identify how close they are to where they want to be in their recovery - that is their progress towards wellbeing. Show the tangata whai ora the scale and explain its purpose. Again, emphasise that recovery is about **their** own goals and view of recovery.

Question 19 reads: “If ‘10’ on this scale is where you want to be in your recovery (best possible) – where would you put yourself right now?”

- This can lead to positive discussion about change, and be used as part of recovery planning etc. For example try asking, “If you were at your best possible rating right now what would be happening in your life?”; “What would help you get there?”; “What do you see as the most important thing to focus on to get there?”

Question 20 asks tāngata whai ora to rate their satisfaction with progress towards their goals. Show the tangata whai ora the scale and explain its purpose.

- Question 20 reads: “How satisfied are you with your progress towards achieving your recovery goals?”
- Again this can lead to discussion about change, or lack of change, related to their treatment goals and progress.

## 4.6 Helping tāngata whai ora with timelines - tips

It is recognised that addiction practitioners are skilled in engagement and gathering information about the frequency and amounts of alcohol and other drugs used, and the lifestyle and wellbeing of the tangata whai ora. The following tips are offered only to highlight the importance of engagement in gaining accurate information.

### Introducing ADOM

- The practitioner should talk about the process of completing ADOM with tāngata whai ora, stressing that it is **their** answers that are important. Also stress that the practitioner's role is to record their answers correctly, so you will check at times to make sure you are getting it right and may need to clarify things if asked.
- Go through the ADOM tangata whai ora information handout. [See Appendix 1.5.](#)

### Having a calendar handy

- Identify the date of this session and highlight the 28 days prior to this date. [See Appendix 1.4](#) for a calendar that can be printed off and used for this purpose.
- Ask tāngata whai ora to highlight any significant or special events during the past four weeks. Record these on the calendar.
- Work back through the weeks with them, when they are having trouble remembering.
  - Say, "I understand it's really hard to remember or be 100 per cent sure. So what would be your best guess for this?" Make sure they agree with what is recorded.
  - If a tangata whai ora says, "I was using every day", the practitioner may check by saying, "So, can I check, when you think back, there were no days in the past four weeks when you didn't use X?"
- Compare one week with another. Break it down to before and after any special events that they may have been identified on the calendar.

### Deciding on a rating

- If a tangata whai ora can't decide on the rating for a question, ie it is difficult to decide because there was variation over the time (with improvement now), ask if they think that it was more or less than specific ratings, for example "more than twice a week" or "less than daily or almost daily."

## 5. ADOM information

### 5.1 Glossary

This glossary provides a description of the key terms used in the ADOM [information collection protocol](#). It is recommended that all practitioners are familiar with these definitions.

|   |  |
|---|--|
| <b>ADOM</b>   | <p>The Alcohol and Drug Outcome Measure (ADOM) is a set of 20 questions for tāngata whai ora, responses to which are collected at specific stages in the treatment journey. ADOM includes <a href="#">Section 1</a> – questions about type and frequency of substance use; <a href="#">Section 2</a> – questions about lifestyle and wellbeing questions; and <a href="#">Section 3</a> – questions about a tangata whai ora’s satisfaction with their recovery goals.</p> <p>Data from each ADOM collection provides information about change in the status of a tangata whai ora in relation to their substance use, lifestyle and wellbeing.</p>  |
| <b>ADOM collection</b>                                    | <p>Refers to the process of the practitioner introducing and facilitating the responses of a tangata whai ora to each of the ADOM questions.</p> <p>All practitioners will be trained to fully understand the intent of each question, and the importance of providing a confidential and safe environment for tāngata whai ora responses.</p>   |
| <b>Ratings</b>  | <p>This refers to tāngata whai ora responses to ADOM – their answers to each of the ADOM questions are called ratings. The ratings are recorded and reviewed for change at following treatment stages.</p>   |
| <b>Casemix</b>  | <p>The New Zealand CAOS Casemix Classification for Mental Health uses the HoNOS measures for adults and children (HoNOS, HoNOS65+ and HoNOSCA). It groups tāngata whai ora episodes into one of 42 classes, based on a range of nine variables. Analysis of the outcomes allows providers to better focus on the differences between providers in the way in which services are delivered. Casemix can assist services in understanding what may contribute to improved outcomes for particular groups of tāngata whai ora. <a href="http://www.health.govt.nz/publication/new-zealand-casemix-system-overview">http://www.health.govt.nz/publication/new-zealand-casemix-system-overview</a></p> <p>ADOM was not included in the development of the New Zealand Casemix Classification.</p> |
| <b>CEP</b>  | <p>People experiencing co-existing mental health and substance use problems. Whilst it is recognised that recent definitions of CEP may include gambling and/or physical health problems, in terms of ADOM the definition remains MH &amp; Addictions.</p>   |
| <b>Practitioner</b>                                       | <p>Includes all health professionals – addiction clinicians, doctors, nurses and allied health staff working in addiction and mental health services.</p>  |
| <b>Community-based outpatient addiction service</b>       | <p>Outpatient services, such as one-on-one counselling, groups, intensive outpatient day programmes and community managed withdrawal (detoxification) services.</p>  |
| <b>Enrolled</b>   | <p>A tangata whai ora who is currently receiving support from a community-based outpatient addiction service and has an ‘open’ referral in the patient management system.</p>  |
| <b>Episode of care (treatment start to treatment end)</b> | <p>For the purposes of ADOM, an episode of care is a continuous period of contact between a tangata whai ora and a community-based outpatient addiction service or programme. An episode of care has a defined date of treatment start and treatment end with the same service.</p> <p>A tangata whai ora may only be the subject of one such episode of addiction care at any given time.</p>   |
| <b>Focus of care</b>                                      | <p>Identifies the main type of care provided over the previous period of care, e.g. either the past 6 or 12 weeks. Refer to <a href="#">Section 4.4</a> of this guide, which sets out the extra information that practitioners should record alongside the ADOM collection occasion information.</p>   |

|  |  |
|--|--|
| <b>Health of the Nation Outcome Scales (HoNOS)</b> | <p>HoNOS is a clinical outcome measure used to measure the health status of tāngata whai ora who use mental health services. It is not an assessment in itself, but rather is completed following an assessment, using all available information.</p> <p>The HoNOS family includes HoNOS (for adults), HoNOSCA (for children and youth), HoNOS65+ (for adults over 65), HoNOS secure (for forensic services) and HoNOS-LD (for services for people with a learning disability).</p> <p>HoNOS measures are rated with the use of an accompanying glossary. In a mental health setting, HoNOS is collected for tāngata whai ora with co-existing problems.</p>   |
| <b>Outcome measure</b>                             | <p>An outcome measure identifies change by using a standard tool or measure (questions) at defined points over a period of time.</p> <p>It is important to remember that outcome measures are designed to demonstrate all change – this does not mean only improvement (progress). Therefore, to be most beneficial to the recovery of tāngata whai ora, the practitioner must present the outcome measure in a non-judgmental manner, to ensure open discussion of whatever change has occurred- positive or negative.</p>  |
| <b>Period of care</b>                              | <p>The interval, within an episode of care, between one ADOM collection occasion and the next, eg either 6 or 12 weeks.</p>  |
| <b>PRIMHD</b>                                      | <p>Programme for the Integration of Mental Health Data (PRIMHD)<sup>6</sup> is the national integrated mental health information collection programme: <a href="http://www.health.govt.nz/nz-health-statistics/national-collections-and-surveys/collections/primhd-mental-health-data">http://www.health.govt.nz/nz-health-statistics/national-collections-and-surveys/collections/primhd-mental-health-data</a></p> <p>NGO guide to PRIMHD: <a href="http://www.platform.org.nz/OurPublications">http://www.platform.org.nz/OurPublications</a></p> <p>PRIMHD Information and Utility resource: <a href="http://www.tepou.co.nz/outcomes-and-information/primhd-projects">http://www.tepou.co.nz/outcomes-and-information/primhd-projects</a></p> <p>Guide to PRIMHD Activity Collection and Use: <a href="http://www.health.govt.nz/publication/guide-primhd-activity-collection-and-use">http://www.health.govt.nz/publication/guide-primhd-activity-collection-and-use</a></p> |
| <b>Recovery</b>                                    | <p>Defined as “the ability to live well in the presence or absence of one’s mental illness and/or addiction (or whatever people choose to name their experience)”.<sup>7</sup></p> <p>Recovery is commonly defined as living well in the community with natural supports. Recovery does not always mean people will return to full health or retrieve all their losses, but people can and do live well despite this. The description of recovery continues to evolve”:</p> <p><a href="http://www.hdc.org.nz/publications/other-publications-from-hdc/mental-health-resources/blueprint-ii-improving-health-and-wellbeing-for-all-nz-ers-how-things-need-to-be">http://www.hdc.org.nz/publications/other-publications-from-hdc/mental-health-resources/blueprint-ii-improving-health-and-wellbeing-for-all-nz-ers-how-things-need-to-be</a></p>   |
| <b>Tāngata whai ora</b>                            | <p>A person who experiences, or has experienced, mental health and/or addiction problems, and who uses, or has used, mental health and or addiction services. It covers the terms service user, client, consumer, and patient. A macron indicates (tāngata whai ora) more than one tāngata whai ora, eg a group.</p>   |
| <b>Treatment stages</b>                            | <p>Defines specific clinical treatment stages within an episode of care, (eg assessment, treatment start, review, discharge)</p>   |

<sup>6</sup> <http://www.health.govt.nz/nz-health-statistics/national-collections-and-surveys/collections/primhd-mental-health-data>

<sup>7</sup> Mental Health Commission. (1998). *Blueprint for Mental Health Services in New Zealand: How Things Need to Be*. Wellington: Ministry of Health – [click here](#)

## 5.2 Frequently asked questions

As a relatively new measure, Te Pou is on a mutual learning journey with both the addiction sector and tāngata whai ora that the sector serves. As such there are often new questions. Te Pou has a FAQ log that is regularly updated and can be found here: <http://www.tepou.co.nz/outcomes-and-information/get-support-with-adom>

### Why use ADOM?

ADOM has been developed as an easy-to-use outcome measure that can be integrated within standard clinical pathways and processes. It provides an easy way of monitoring and discussing both positive and less positive changes, as viewed by tāngata whai ora.

Using ADOM as a summary of practitioner and tāngata whai ora decision-making, regarding treatment planning and recovery, provides both with the opportunity to assess the effectiveness of the latest treatment or care plan of that tangata whai ora. It can also prompt discussion regarding future goals.

It is recommended that services implementing ADOM consider integrating ADOM collection within their clinical processes, policies and pathways. The [information collection protocol](#) (section 4) in this guide aligns ADOM collection occasions with key treatment stages to support this.

Some benefits of integrating ADOM within best-practice clinical pathways include the following.

- Monitoring progress with a tangata whai ora is an important component of good care and treatment planning, and improves treatment outcomes. ADOM can assist in clarifying recovery goals and tracking progress.
- It is highly desirable that the ADOM data system in use in services should provide a graphic illustration of ADOM collection occasions for individual tangata whai ora. Having this available when meeting with a tangata whai ora, provides easily understood feedback and gives an at-a-glance summary of the areas where change has, or has not, occurred, [see Appendix 1.2](#).
- Providing feedback to tāngata whai ora on ADOM results that are important to them, can be an effective motivational tool for use in your work.
- Looking at the changes demonstrated in ADOM graphs can be very informative for tāngata whai ora. Highlighting the progress tāngata whai ora have made towards their goals can reinforce recovery progress.

### How useful is ADOM for tāngata whai ora?

Feedback is an important part of engagement between tāngata whai ora and practitioners. The results of each ADOM collection may be shown to tāngata whai ora in a visual style by using the ADOM feedback wheel sheet, [Appendix 1.2](#). Tāngata whai ora have reported that they have found it really useful to see their ADOM rating results in a graphic or visual format and being able to compare their ADOM results over time using this format.

## Is ADOM a validated measure?

Yes. All sections and domains of ADOM are validated.

## Is ADOM anything like HoNOS to use?

Both ADOM and HoNOS are outcome measures developed for specific populations and service settings. HoNOS has 12 to 15 questions, and ADOM has 20. ADOM is tāngata whai ora-rated and is completed in collaboration with the practitioner, while HoNOS is a practitioner rated measure.

## How does the collection of ADOM relate to PRIMHD?

See [Section 5.3](#) for technical FAQ regarding ADOM and PRIMHD.

## Are services working with people with co-existing mental health and substance use problems expected to collect HoNOS and ADOM?

ADOM may be collected by addiction clinicians working with people with co-existing mental health and substance use problems where the tangata whai ora is enrolled with a service. Process pathways for the collection of more than one outcome measure (i.e. ADOM and HoNOS) will require local protocols. Over time, some best-practice standards, in terms of using more than one outcome measure, are likely to be developed.

## What if a tangata whai ora changes services?

The discharging service may provide the new service with a copy of the discharge ADOM. (The tangata whai ora may be given the discharge ADOM to provide it to the new service within 28 days.) The new service may either accept the discharge ADOM (if within 28 days) or, together with the tangata whai ora, complete a new ADOM at treatment start, following assessment.

## Who do I contact for further information or to provide feedback?

For further information, or to give feedback about the ADOM Implementation Project, please go to <http://www.tepou.co.nz/outcomes-and-information/alcohol-and-drug-outcome-measure>



## 5.3 How ADOM relates to PRIMHD

The Programme for the Integration of Mental Health Data (PRIMHD) is the national integrated mental health and addiction information collection programme. It has a vision of improving health outcomes for all mental health and addiction tāngata whai ora in New Zealand.

ADOM forms an integral part of the PRIMHD national collection – in the same manner as the Health of the Nation Outcome Scale ('HoNOS').

PRIMHD is one of nine priority projects described in the implementation plan of the *National Mental Health Information Strategy*<sup>8</sup>.

The collection of quality outcome data through PRIMHD will progress the development of a national dataset that supports a better and more detailed understanding of changes in health, wellbeing and circumstances for people accessing mental health and addiction services.

PRIMHD data will integrate outcomes and activity data to answer the 'to what effect' part of the question as demonstrated in Table 3.

**Table 3: Who receives what services, from whom, with what effect (outcome)**

| Question          | Answer  |
|-------------------|---|
| Who receives?     | Demographic and clinical characteristics of mental health and addiction service users (tāngata whai ora). |
| What services?    | Details of mental health and addiction services delivered.  |
| From whom?        | Service characteristics (team type).  |
| With what effect? | Consumer (tāngata whai ora) outcome data, such as severity of symptoms (HoNOS family, ADOM, KPP).         |

The dataset will also provide services with valuable information to support planning activities. For this reason, it is important that the sector continues to maintain momentum for embedding the collection of outcome measures into routine practice.

### Will ADOM be reported to PRIMHD alongside mental health outcomes data?

PRIMHD is able to accept ADOM data from qualifying services (DHBs and NGOs)

### Will ADOM information be available for participating addiction services to analyse?

Some minimum database requirements have been developed to help services ensure they have effective data collection, reporting and feedback processes in place. Te Pou is working towards ensuring all participating services have access to feedback. A minimum requirement for local systems would be the ability to produce an ADOM feedback wheel. See [Appendix 1.2](#) for the ADOM feedback wheel.

8. Ministry of Health. (2006). *National Mental Health Information strategy: Implementation plan 2006*. Wellington: Ministry of Health. [www.health.govt.nz/publication/national-mental-health-information-strategy-implementation-plan-2006](http://www.health.govt.nz/publication/national-mental-health-information-strategy-implementation-plan-2006)

## Will data held in PRIMHD for tāngata whai ora be accessible to allow comparison with ADOM data?

Services providing data to PRIMHD should have access to their own PRIMHD data locally. Te Pou will be working towards ensuring that this data is also available through the Ministry of Health's PRIMHD reporting processes.

In addition, Te Pou will produce ADOM reports from early 2017, the report building has been overseen by a reports advisory group. The reports will initially focus on treatment start and end matched pairs to capture any change in outcomes. This may in some places mean that changes are negative changes, this is useful information for any service or organisation to adapt delivery where needed.

ADOM reports are aimed at providing information that will assist services to improve service delivery and these reports will have a primary audience and focus of the AOD delivery sector.

Whilst ADOM is voluntary for, and led by tāngata whai ora, it is mandatory for practitioners in eligible services to offer ADOM to tāngata whai ora. There is an expectation of increasing use of ADOM in those mandated services against referrals and this is likely to be reported on.



# Appendices: Example ADOM implementation documents

This section provides examples of key documents that will support practitioner's use of ADOM. These are:

- [Appendix 1.1\(a\)](#): ADOM collection form (Form v2.0) and (b): ADOM practitioner prompt sheet – situated on the back of the ADOM collection form, to provide easy access to prompts for ADOM-trained addiction practitioners.
- [Appendix 1.2](#): ADOM feedback wheel – example of graphs for three collections. To be set up in the service's ADOM data collection and reporting system to produce visual graphs for tāngata whai ora. Can also be used manually, see Appendix 1.3.
- [Appendix 1.3](#): Blank ADOM feedback wheel – example.
- [Appendix 1.4](#): ADOM calendar – for use with tāngata whai ora when completing ADOM.
- [Appendix 1.5](#): ADOM information for tāngata whai ora – this is the recommended content for a handout to be developed by addiction services.

## Warning

Note that these documents are included here for reference purposes only. Addiction services implementing ADOM can access current versions of all key ADOM documents at <http://www.tepou.co.nz/outcomes-and-information/alcohol-and-drug-outcome-measure>

# Appendix 1.1(a): ADOM collection form<sup>9</sup>

## Alcohol and Drug Outcome Measure (ADOM)

Client Name:..... NHI:..... DOB:.....

Gender: ☐ Male ☐ Female Ethnicity:..... Team:.....

Referral Date:..... Referral Source:..... ☐ Mandated ☐ Voluntary

|                        |  |
|------------------------|--|
| Reason for collection: | Treatment Start: <input type="checkbox"/> New <input type="checkbox"/> Other AOD Service <input type="checkbox"/> Assessment only (up to 2 contacts)   |
|                        | Treatment review: <input type="checkbox"/> 6 weeks <input type="checkbox"/> 12 weeks   |
|                        | Treatment End: <input type="checkbox"/> Routine <input type="checkbox"/> DNA <input type="checkbox"/> Other AOD Service <input type="checkbox"/> Other |

Date of Collection:..... Collected by:..... Number of days covered: ..... (7-28)

Focus of care: ☐ Engagement/Assessment ☐ Active Treatment ☐ Continuing care CEP: ☐ Yes ☐ No

### Section 1: Alcohol and other drug use

| In the past four weeks how many days did you use/drink:  | Days used 0-28 | Notes  | Main substance of concern |
|--|----------------|--|---------------------------|
| 1. Alcohol   |                |  |                           |
| 2. How many standard drinks did you consume on a typical drinking day?   |                | Refer to ALAC conversion chart (over page)   |                           |
| 3. Cannabis  |                |  |                           |
| 4. Amphetamine-type Stimulants   |                | e.g. Methamphetamine, speed, Ritalin   |                           |
| 5. Opioids   |                | e.g. poppies, poppy seed, morphine, Nurofen plus, codeine  |                           |
| 6. Sedatives/Tranquilisers   |                | e.g. Diazepam (Valium), Temazepam, Benzos  |                           |
| 7. Any other drugs?<br>Specify what drugs (maximum of 3 'other drugs')   |                | e.g. Ecstasy, hallucinogens, solvents, GHB, party pills etc  |                           |
| 1.   |                | If 'other drugs' contains substances covered in the above questions please return to the appropriate question and recode |                           |
| 2.   |                |  |                           |
| 3.   |                |  |                           |
| 8. How many cigarettes have you smoked per day, on average?  |                | 50gm tobacco = 100 cigarettes  |                           |
| 9. Main substance of concern. For Questions 1 to 8 above, please identify up to three main substances of concern by writing a 1, 2 or 3 in the right hand column to identify priority. |                |  |                           |
| 10. On how many days have you injected drugs?  |                | If none, enter 0 and go to question 12.  |                           |
| 11. Have you shared any injecting equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No See over to clarify 'shared'.  |                |  |                           |

### Section 2: Lifestyle and wellbeing

| In the past four weeks :   | Not at all | Less than weekly | Once or twice a week | Three or four times a week | Daily or almost daily |
|--|------------|------------------|----------------------|----------------------------|-----------------------|
| 12. How often has your general physical health caused problems in your daily life?   |            |                  |                      |                            |                       |
| 13. How often has your general mental health caused problems in your daily life?   |            |                  |                      |                            |                       |
| 14. How often has your alcohol or drug use led to problems or arguments with friends or family members?  |            |                  |                      |                            |                       |
| 15. 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?                               |            |                  |                      |                            |                       |
| 16. How often have you engaged in any of the following: paid work, voluntary work, study, looking after children or other caregiving activities?   |            |                  |                      |                            |                       |
| 17. Have you had difficulties with housing or finding somewhere stable to live?  |            |                  |                      |                            |                       |
| 18. 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? (do not include using illegal drugs) |            |                  |                      |                            |                       |

### Section 3: Recovery

|  |                            |                                   |                            |                                     |                            |                                       |                            |                                    |                             |  |
|--|----------------------------|-----------------------------------|----------------------------|-------------------------------------|----------------------------|---------------------------------------|----------------------------|------------------------------------|-----------------------------|--|
| 19. Overall, how close are you to where you want to be in your recovery? Tick the number that best fits where you are now. (10 is the best possible) |                            |                                   |                            |                                     |                            |                                       |                            |                                    |                             |  |
| <input type="checkbox"/> 1   | <input type="checkbox"/> 2 | <input type="checkbox"/> 3        | <input type="checkbox"/> 4 | <input type="checkbox"/> 5          | <input type="checkbox"/> 6 | <input type="checkbox"/> 7            | <input type="checkbox"/> 8 | <input type="checkbox"/> 9         | <input type="checkbox"/> 10 |  |
| 20. How satisfied are you with your progress towards achieving your recovery goals?  |                            |                                   |                            |                                     |                            |                                       |                            |                                    |                             |  |
| <input type="checkbox"/> Not at all  |                            | <input type="checkbox"/> Slightly |                            | <input type="checkbox"/> Moderately |                            | <input type="checkbox"/> Considerably |                            | <input type="checkbox"/> Extremely |                             |  |

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ADOM Form Version 2.0

<sup>9</sup> This form is an example only. Current versions of ADOM resources can be accessed at <http://www.tepou.co.nz/outcomes-and-information/alcohol-and-drug-outcome-measure>

# Appendix 1.1(b): ADOM practitioner prompt sheet<sup>10</sup>

## ADOM Practitioner Prompt Sheet

### About the ADOM

ADOM was developed for use in community-based outpatient addiction services, including community-based 'after care' programmes, where outcomes (change) can be measured over a period of time.

Addiction practitioners are required to complete ADOM training with a recognised ADOM trainer, and be familiar with the guidance contained in the ADOM Guide for Addiction Practitioners before collecting ADOM with tāngata whai ora.

### Introducing the ADOM to service users

To introduce ADOM, provide the handout *ADOM information for service users/tāngata whai ora* and go through with them. Cover all points in the sheet and check for other questions and concerns.

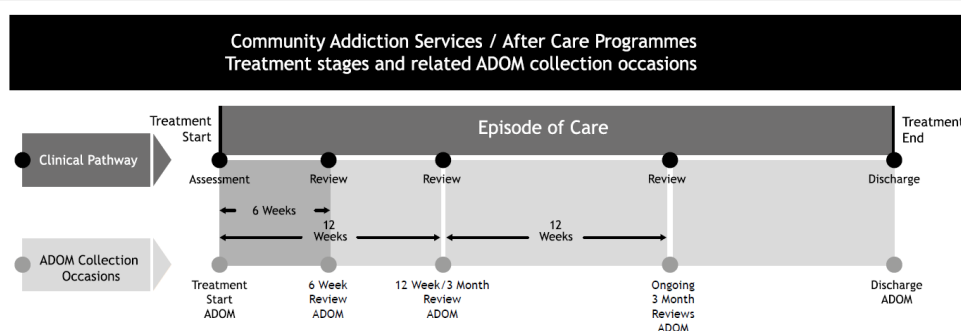
Ensure you cover confidentiality including use of information (local privacy protocols and that information is encoded when shared with MOH and researchers).

Where information is to be shared with other service providers it is good practice to ensure tāngata whai ora consent is gained. It is important that sharing information occurs according to local and national protocols and legislation.

### Why we are using ADOM

Data from each ADOM collection provides information about change to the status of the tāngata whai ora in relation to their substance use and psychosocial wellbeing. This helps in care planning and seeing what's happening as well as making looking back for changes easy. It also helps services to evaluate how well they are providing treatment.

### When is ADOM collected?



### How to complete the ADOM (for the complete Information Collection Protocol read the *ADOM Guide for Addiction Practitioners*)

- To be completed in person in a collaborative manner between tāngata whai ora and practitioner.
- Frame the interview – use the calendar page to clarify the last 28 days and record important events during this period that the tāngata whai ora recalls – this will help as you go through the form. Start at the top of the form and work through it.
- Number of days covered:** The tāngata whai ora must have been in the community for 7 or more consecutive days immediately prior to an ADOM collection. Do not complete an ADOM until this is the case.
- Timeline** – work back through each week – and record number of days as you go – then add for total.
- Introduce each question, and if needed explain the intent of the question – give the tāngata whai ora time to think about it.

#### Section 1 – Alcohol and other drug use

- The questions **do not** apply to prescribed medications; however, any misuse of prescription medication should be included, for example, taking more than prescribed; injecting of medications not intended to be injected.
- Use the ALAC conversion table (right) for alcohol

- Where Nil use – enter 0. It is important that '0' scores are not mistaken for missing/unanswered data.
- If the question cannot be answered, the item should be identified as NA 'Not answered'. This should be avoided as much as possible.
- Q11.** Sharing means using someone else's equipment which has already been used, or someone using yours, regardless of whether you were both present at the time or not – this includes partners/couples. Equipment includes needles, syringes, water, spoons, filters.

#### Section 2 – Lifestyle and wellbeing

- Before completing Section 2, highlight confidentiality and how the questions only record frequency, not the activity.
- Rating Scale** – if NO – tick 'Not at all'. If YES – support the tāngata whai ora to look at the calendar and calculate frequency by week – then determine the best rating and 'tick'.

#### Section 3 – Recovery

- Identify the response that best describes the current feeling of the tāngata whai ora about their recovery progress.

**What is a standard drink?**

Standard drinks measure the amount of alcohol you are drinking. One standard drink equals 10 grams of pure alcohol.

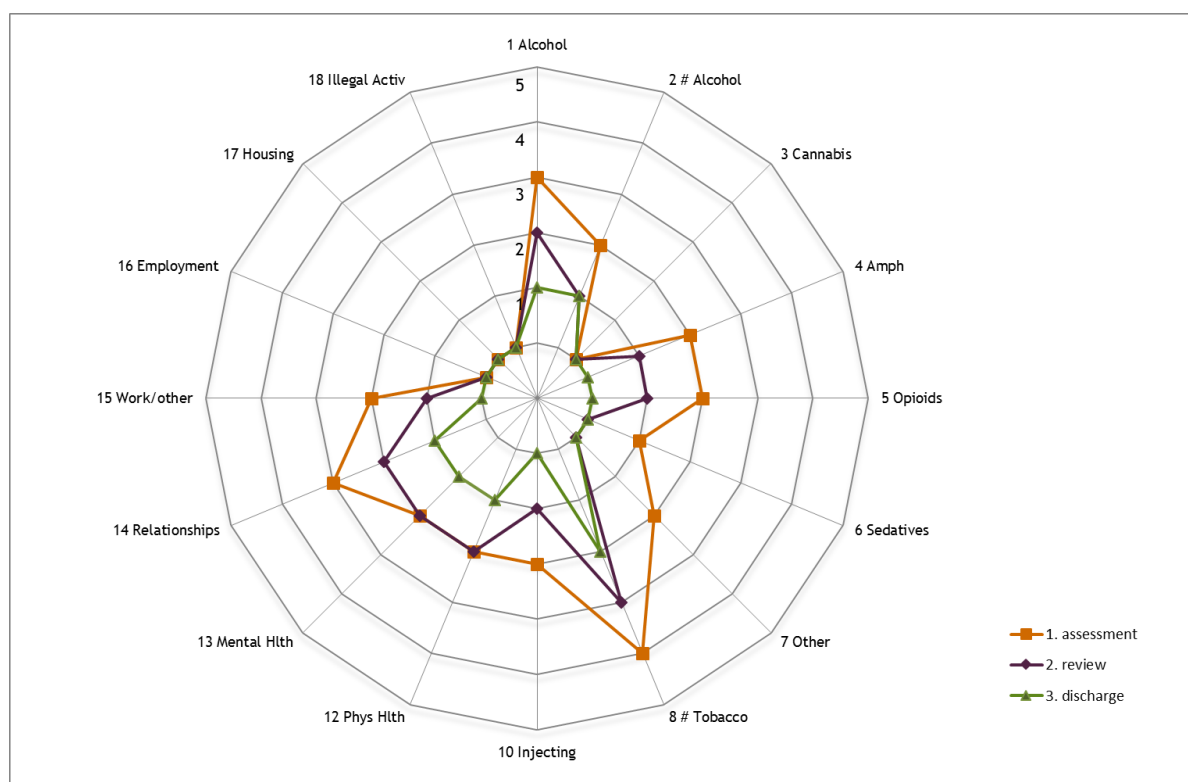
\*RTD (Ready To Drink)

| Approx. Standard Drinks | 330ML Can of Beer @ 4% ALC | 100ML Glass of Table Wine @ 12.5% ALC | 335ML Bottle of RTD* Spirits @ 8% ALC | 750ML Bottle of Wine @ 13% ALC | 1000ML Bottle of Spirits @ 47% ALC | 3 Litre Cask of Wine @ 12.5% ALC |
|-------------------------|----------------------------|---------------------------------------|---------------------------------------|--------------------------------|------------------------------------|----------------------------------|
| 10g of Alcohol          | 1                          | 1                                     | 2.1                                   | 7.7                            | 37                                 | 30                               |
|                         | Standard Drinks            |                                       |                                       |                                |                                    |                                  |

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10. This form is an example only. Current versions of ADOM resources can be accessed at <http://www.tepou.co.nz/outcomes-and-information/alcohol-and-drug-outcome-measure>.

## Appendix 1.2: Example ADOM feedback wheel<sup>11</sup>

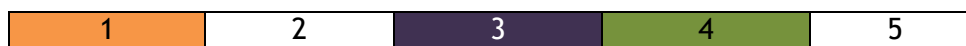


### Example 1: Recovery progress

Q19. Overall, how close are you to where you want to be in your recovery? (Where 10 = best possible)



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



Not at all

Slightly

Moderately

Considerably

Extremely

### Example 2: Additional ADOM information

| Legend                                | Review                             | Recovery (1-10) | Satisfaction (1-5) | Substance of Concern 1 | Substance of Concern 2 | Substance of Concern 3 | Other Drug (highest days of use) |
|---------------------------------------|------------------------------------|-----------------|--------------------|------------------------|------------------------|------------------------|----------------------------------|
| <span style="color: orange;">—</span> | 15.08.2013<br>Treatment Start- New | 4               | 1                  | Alcohol                | Cannabis               | Ecstasy                | GHB                              |
| <span style="color: blue;">—</span>   | 26.09.2013<br>Review               | 6               | 3                  | Alcohol                | Cannabis               | Ecstasy                | None                             |
| <span style="color: green;">—</span>  | 15.10.2013<br>Discharge Routine    | 7               | 4                  | Alcohol                | Cannabis               | Cigarettes             | None                             |

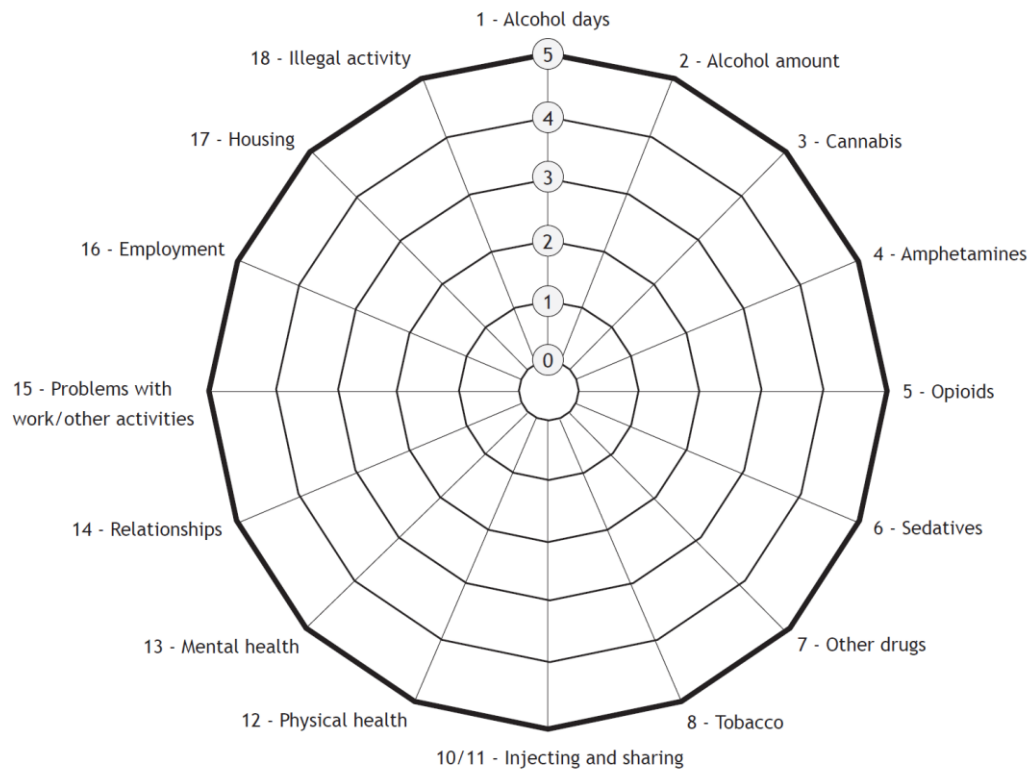
<sup>11</sup> This feedback wheel is an example only.

# Appendix 1.3: Blank ADOM feedback wheel - example<sup>12</sup>

This form can be used for up to three ADOM collections.

Record the date below and use a **different colour pen** each collection to show changes.

Date \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_



## Main substance of concern

Q.9 Substance \_\_\_\_\_ Substance \_\_\_\_\_ Substance \_\_\_\_\_

## Recovery progress

Q.19 Overall, how close are you to where you want to be in your recovery (Where 10 = best possible)

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|----|
|   |   |   |   |   |   |   |   |   |    |

Q.20 How satisfied are you with your progress towards achieving your recovery goals?

| Not at all | Slightly | Moderately | Considerably | Extremely |
|------------|----------|------------|--------------|-----------|
|            |          |            |              |           |

## Plan/goals

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<sup>12</sup> This form is an example only. Current versions of up-to-date ADOM resources can be accessed at <http://www.tepou.co.nz/outcomes-and-information/alcohol-and-drug-outcome-measure>

## Appendix 1.4: ADOM calendar<sup>13</sup>

The calendar is designed for use with tāngata whai ora to help them identify what's been happening over the past 28 days.

| Week | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|------|--------|---------|-----------|----------|--------|----------|--------|
|      |        |         |           |          |        |          |        |
|      |        |         |           |          |        |          |        |
|      |        |         |           |          |        |          |        |
|      |        |         |           |          |        |          |        |
|      |        |         |           |          |        |          |        |

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<sup>13</sup> This calendar is an example only. Current versions of ADOM resources can be accessed at <http://www.tepou.co.nz/outcomes-and-information/alcohol-and-drug-outcome-measure>

# Appendix 1.5: ADOM information for tāngata whai ora.<sup>14</sup>

This information is designed to introduce tāngata whai ora to the ADOM process, and should be available in all services using ADOM. Services should develop their own handouts incorporating this (and other relevant) information.

## What is ADOM?

The Alcohol and Drug Outcome Measure (ADOM) was developed for use in community-based outpatient addiction services. It is a way to help both you and your practitioner see the changes you have made over time.

Answering the ADOM questions also helps our services to see what we are doing well and what areas we can improve to better meet the needs of people using this service.

The ADOM asks a series of questions about your alcohol and other drug use over the past four weeks. There are also questions about your lifestyle and wellbeing, how things have been for you and your satisfaction with your recovery goals.

Answering the ADOM questions regularly over time gives you a clear overview of the changes that have happened during your treatment, and also helps you to see the areas in your life where making changes has been harder. It allows for a clearer picture of what's going on for you, and what areas you and your practitioner can focus on.

## What you need to know

- The ADOM will only be completed with your consent and participation. It is voluntary.
- The information you provide will be kept confidential at all times in accordance with the Health Information Privacy Code.
- The practitioner you meet with will ask you to answer the questions with them. If you agree, this will happen at your first visit, then at review times during your involvement with our service and, finally, when you leave the service.
- Your practitioner will support you to answer each of the questions based on how you think things have been for you over the past 28 days.
- You can refuse to answer any of the questions if you do not feel comfortable. The answers only record YES or NO, or the frequency of use or an activity. Specific events and personal information are not recorded.
- Your practitioner can give you a copy of the ADOM to take home. This is easy to view and can be part of your discussion with your practitioner – you will be able to look back on how you have answered the questions before and see where change has happened for you.

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14. This form is an example only. Current versions of ADOM resources can be accessed at <http://www.tepou.co.nz/outcomes-and-information/alcohol-and-drug-outcome-measure>



## What happens to my information?

Any information collected from you will be encoded so that no one will know which answers are yours. Once encoded, the information will be added to answers from other people using addiction services and may be viewed by:

- the Ministry of Health
- the Mental Health Commission
- research teams
- healthcare providers
- consumer and tāngata whai ora groups.

To find out more please visit <http://www.tepou.co.nz/outcomes-and-information/alcohol-and-drug-outcome-measure>

‘What Happens to Your Mental Health and Addiction Information?

<http://www.health.govt.nz/publication/what-happens-your-mental-health-and-addiction-information>