



Alcohol and drug outcome measure (ADOM)

Report 10: Summary of ADOM collection data for period January to December 2020, alcohol as main substance of concern.

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Glossary

AOD	Alcohol and Other Drug (services).
Matched pairs	Two collections, in this case treatment start and routine treatment end collections.
Episode of care	Where multiple referrals for a person are overlapping or within 14 days they have been condensed to one episode of care using the first referral and last discharge.
PRIMHD	Programme for the Integration of Mental Health Data.
Tangata whai ora, Tāngata whai ora	Term encompassing, client, service user, consumer, people that access services. (plural uses macron).

Executive summary

This 10th national alcohol and drug outcome measure (ADOM) report covers the period January to December 2020 focusing on alcohol as the main substance of concern. It uses PRIMHD data supplied by the Ministry of Health extracted on 28 April 2021.

When tāngata whai ora present to services and complete their first ADOM, they are asked to report their main substance of concern - this may differ from the substance they use most frequently. A main substance of concern reflects the substance they consider is or has been causing the most issues in their life.

This report has three parts.

- Part one: ADOM collections in PRIMHD.
- Part two: 3,893 treatment start ADOM collections with alcohol as the main substance of concern.
- Part three: 618 tāngata whai ora with ADOM collections at both treatment start and end with alcohol as the main substance of concern (matched pairs).

An overview of the method is included in Appendix A. It is noted some District Health Boards (DHBs) are not yet submitting their ADOM collections to PRIMHD. Therefore, results do not reflect all people attending addiction services.

Part one shows most ADOM collections during 2020 were at treatment start. Of the alcohol and other drug (AOD) episodes of care into ADOM mandated services, one-third (33%) had a treatment start or assessment only for DHBs and one-quarter (24.1%) for NGOs.

Part two shows that at treatment start with alcohol as the main substance of concern:

- DHBs have more treatment starts than NGOs (2,689 (69%) and 1,204 (31%) respectively)
- there are twice as many males than females (70% and 30% females respectively)
- over half (59%) reflect people with an 'other' ethnicity which is comprised mostly of Europeans
- Māori reflect about one-quarter of people (27% compared to 15% in the general population in 2018)
- over half of people (54%) were in the 25-44 age group.

At the start of treatment, alcohol is by far the main substance of concern for most people (3,893), followed by amphetamine type stimulants (1,508) and cannabis (897). Alcohol is also an issue for many people who report other substances as their main substance of concern. At the beginning of treatment, many people report lifestyle and wellbeing problems regardless of their gender, age, ethnicity, or type of substance use.

Part three indicates that on average there is a decrease in alcohol use by the end of people's treatment, compared to the start. There is a significant reduction in the number of days and the level of alcohol use between treatment start and treatment end. Positive changes occur in all lifestyle and wellbeing problems except employment, study, and caregiving. This finding aligns with research by Lai and colleagues (2019) which used ADOM to show that reducing days of alcohol use improves lifestyle and wellbeing¹. People also report positive changes in terms of progress towards, and how satisfied they are about, achieving their desired recovery goals.

¹ Lai, J., Hanton, P., Jury, A., & Tuason, C. (2019). Reducing days of alcohol use improves lifestyle and wellbeing: an analysis of outcomes data from the New Zealand adult community alcohol and other drug services. *New Zealand Medical Journal*, 132(1495).

Part one: ADOM in PRIMHD

This section describes mandated services' collection of ADOM in PRIMHD between 1 January and 31 December 2020.

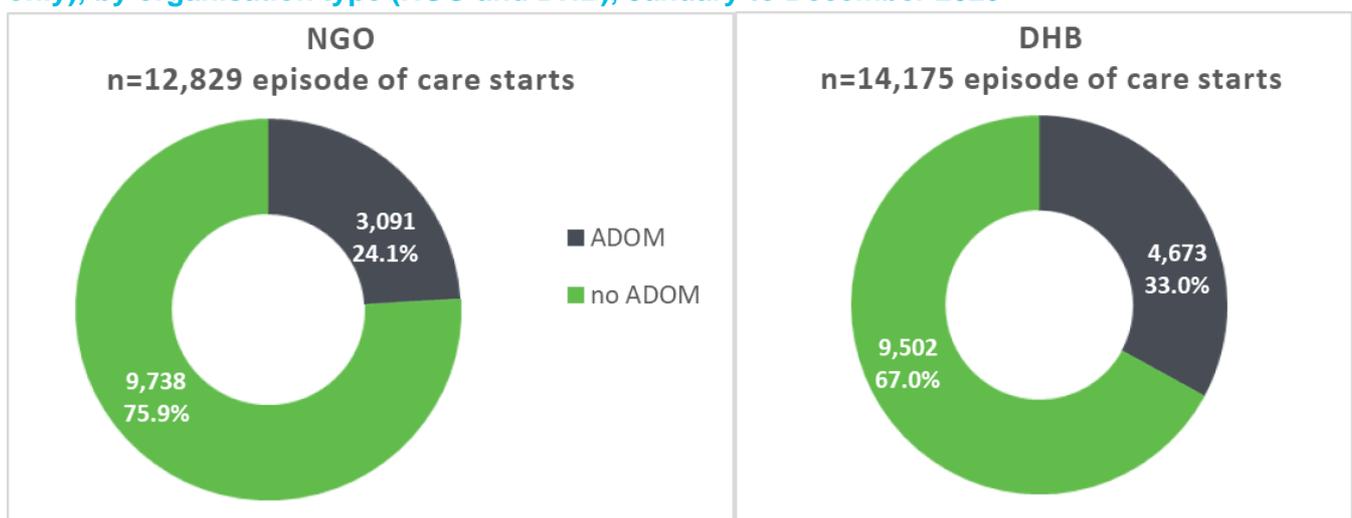
- **27,004** – total number of episodes of care opened for tāngata whai ora in PRIMHD from mandated services; both DHBs and NGOs.
- **7,612** – total number of valid ADOM treatment start collections.
- **3,893** – total valid ADOM treatment start collection with alcohol stated as the main substance of concern.
- **1,154** – total number of matched pairs – tāngata whai ora with ADOM collections at *both* treatment start and treatment end who have ended in the period.
- **618** – total matched pairs where alcohol is the stated main substance of concern.

When interpreting findings in this report it is important to consider the figures above. **Analysis on small numbers may not be generalisable. Data in this report cannot be used to estimate the level of AOD use in the general population.** The analysis in part three of this report includes people accessing community adult AOD services (including co-existing teams) with a treatment start ADOM collection, and a corresponding collection at treatment end (matched pairs). The outcomes for the group of people who do not have both ADOM collections are not captured in matched pair analyses and may differ from that reported here.

Figure 1 shows the number and percentage of episodes of care starts in ADOM mandated AOD services by NGOs and DHBs. There is more treatment start and assessment only² collections within DHBs than NGOs.

The percentage of at least one ADOM collection (treatment start or assessment only) against episodes of care in DHBs and NGOs is shown in Figure 1. DHBs have a higher ratio of ADOM collections (treatment start or assessment only) compared to episode of care starts than NGOs.

Figure 1: AOD episode of care with at least one ADOM collection (treatment start or assessment only), by organisation type (NGO and DHB), January to December 2020



² Assessment only is people who have an assessment but are not admitted into service for treatment.

ADOM collections with alcohol as main substance of concern by reason for collection

Figure 2 shows the total ADOM collections where alcohol is the main substance of concern by reason for collection (RFC): assessment, treatment start, treatment review or treatment end. DHB services had more treatment start and treatment end collections. A higher percentage of assessment only ADOM collections were undertaken in NGO services.

Figure 2: Number of valid ADOM collections with alcohol as main substance of concern, by reason for collection and organisation type, January to December 2020

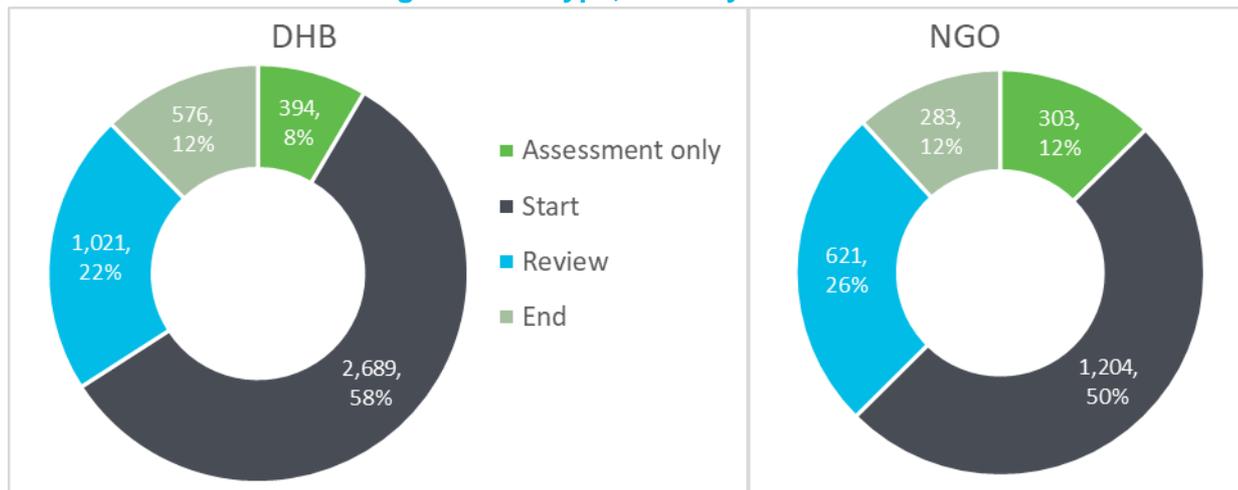


Table 1 shows how many ADOM collections were valid and met the report building business rules (see Appendix A for an overview). The percentage of valid ADOM collections is lower at treatment end.

Table 1: Number of ADOM collections valid and not valid with alcohol main substance of concern, by reason for collection, January to December 2020

Reason for collection	Valid	Not valid	Total	% valid
Assessment only	1,773	68	1,841	96%
Start	8,558	431	8,989	95%
Review	4,184	512	4,696	89%
End	1,951	555	2,506	78%

Part two: ADOM treatment start collections

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

Figure 3 shows DHBs have more valid treatment start ADOMs recorded than NGOs (see appendix A for business rules).

Figure 3: Valid ADOM treatment start collections by organisation type and alcohol as main substance of concern, January to December 2020

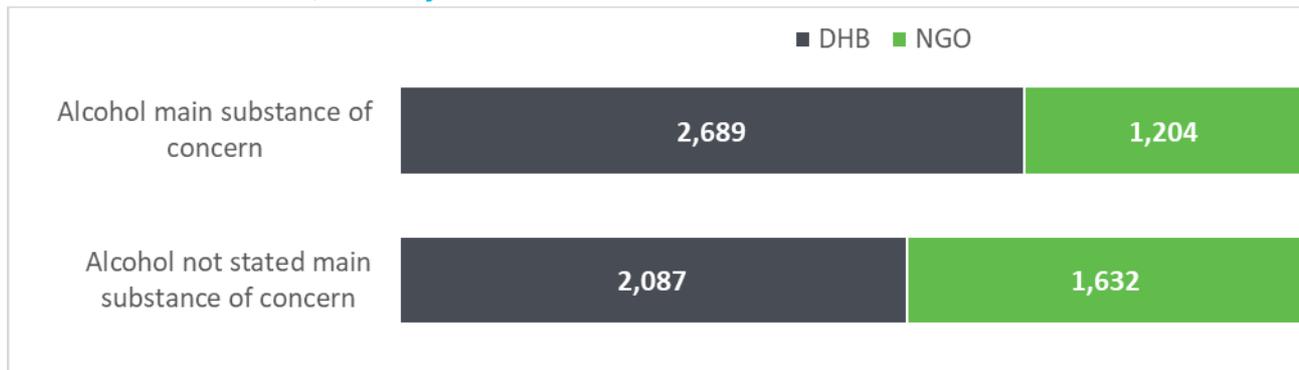


Table 2 shows the demographic profile of tāngata whai ora at treatment start for whom alcohol was the main substance of concern compared to other substances. The gender distribution is similar between the two groups. Māori make up over a quarter (27%) of ADOM treatment start collections where alcohol is the main substance of concern. This proportion is even higher where other substances are the main substance of concern (37% Māori). People aged 25 to 44 years comprise the largest age group with alcohol as the main substance of concern. Though, for people aged 45 and over, alcohol is more likely to be the main substance of concern than other substances.

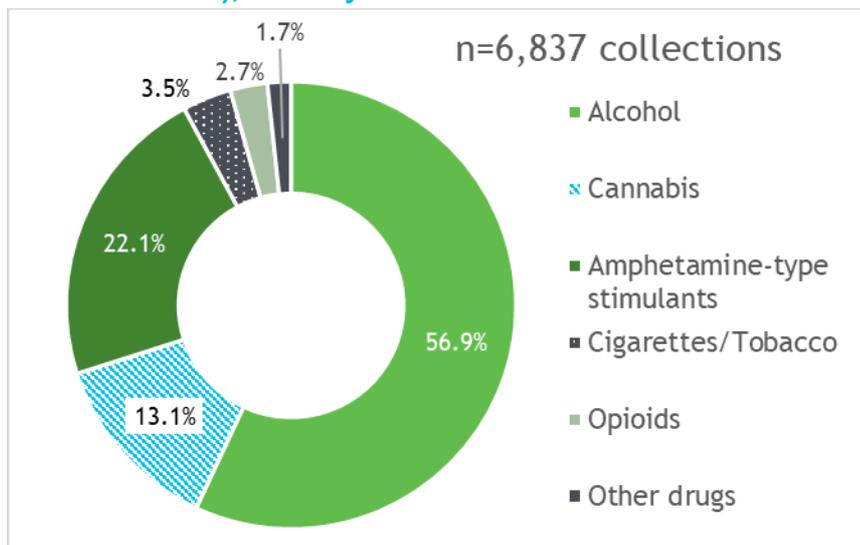
Table 2: Profile of ADOM treatment start collections by gender, ethnicity and age group, January to December 2020

	Alcohol main substance of concern		Alcohol not stated main substance of concern	
	Number	Percentage	Number	Percentage
Gender				
Female	1,174	30.2%	1,201	32.3%
Male	2,719	69.8%	2,518	67.7%
Total	3,893	100.0%	3,719	100.0%
Ethnicity				
Māori	1,042	26.8%	1,369	36.8%
Pasifika	565	14.5%	382	10.3%
Other	2,286	58.7%	1,968	52.9%
Total	3,893	100.0%	3,719	100.0%
Age group				
18-24 years	443	11.4%	682	18.3%
25-44 years	2,090	53.7%	2,384	64.1%
45-64 years	1,231	31.6%	618	16.6%
65 years and over	129	3.3%	35	0.9%
Total	3,893	100.0%	3,719	100.0%

ADOM treatment start collections by substance of concern

This section explores the main substance of concern for people at treatment start. When tāngata whai ora present to services and complete their first ADOM, they are asked to report their main substance of concern - this may differ from the substance they use most frequently. A main substance of concern reflects the substance they consider is or has been causing the most issues in their life. Figure 4 shows alcohol (57%) is the most commonly reported main substance of concern among the 6,837 ADOM collections at treatment start.³

Figure 4: Distribution of substance of main concern at ADOM treatment start collections (DHB & NGO combined), January to December 2020



³ Note, ADOM is collected in service settings and not all 7,612 people specify a substance of concern at treatment start. Figures quoted here are not indicative of substance use in the general population, which may differ as not all people access services.

As most people use multiple substances, secondary substance(s) of concern are examined for the people with alcohol as their main substance of concern (Table 3). The highest secondary substance of concern is cigarettes/tobacco, followed by cannabis and amphetamine-type substances.

Table 3: Second substance of concern by alcohol as substance of main concern, January to December 2020

Substance of main concern	number	Second substance of concern	number
Alcohol	3,893	Cigarettes/Tobacco	760
		Cannabis	705
		Amphetamine-type stimulants	225

Table 4 shows use of specific substances among people reporting alcohol as their main substance of concern in the 28 days before ADOM treatment start collection. Four in five people had used alcohol, cigarettes/tobacco was used by over half, and cannabis by one-quarter.

Table 4: Substance use for the group where alcohol is the main substance of concern, January to December 2020

Substance	% of treatment starts	Number used	Rate in last 28 days ¹
Alcohol	82%	3,186	13.5 days use
Cannabis	24%	942	12.1 days use
Amphetamine-type stimulants	7%	278	5.3 days use
Opioids	2%	87	8.4 days use
Sedatives/tranquilizers	4%	137	10.0 days use
Cigarettes/tobacco	51%	1,967	10.9 average per day

(1) Of those who use substances.

ADOM treatment start collections by lifestyle and wellbeing

This section focuses on the lifestyle and wellbeing of people accessing services, based on the questions collected in section two of the ADOM at treatment start.

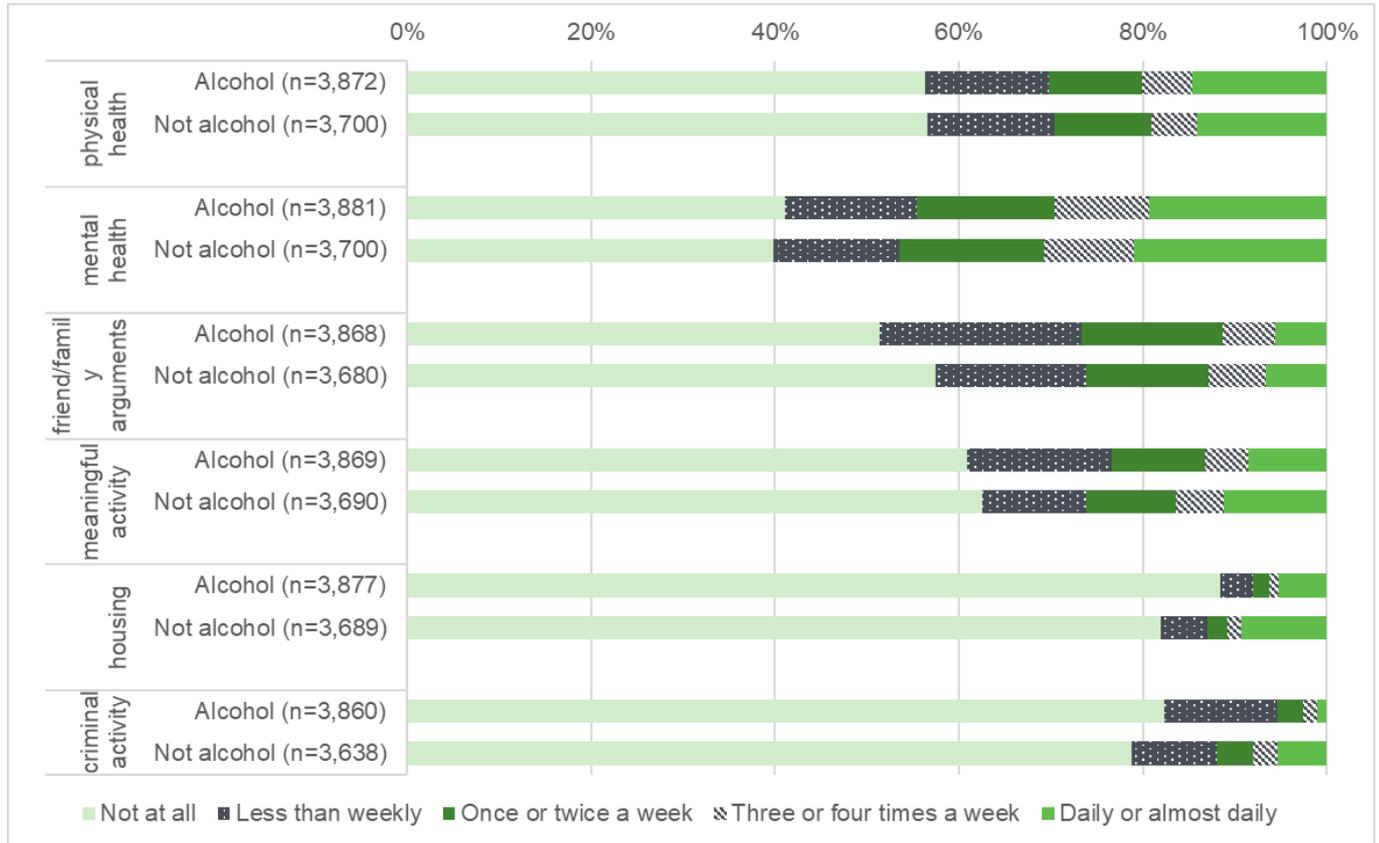
Lifestyle and wellbeing – all tāngata whai ora

Question key:
Q12 How often has your physical health caused problems in your daily life?
Q13 How often has your general mental health caused problems in your daily life?
Q14 How often has your alcohol or drug use led to problems or arguments with friends or family members?
Q15 How often has your alcohol or drug use caused problems with your work or other activities in any of the following: social, recreational, looking after children or other family members, study or other personal activities?
Q17 Have you had difficulties with housing or finding somewhere stable to live?
Q18 How often have you been involved in any criminal or illegal activity such as driving a motor vehicle under the influence of alcohol or drugs, assault, shoplifting, supplying an illicit substance to another person?

Figure 5 illustrates lifestyle and wellbeing problems for tāngata whai ora comparing ADOM treatment starts for people where alcohol was the main substance of concern compared to other substances of concern. Lifestyle and wellbeing issues were largely similar, though arguments with family/friends were slightly higher for people where alcohol was the main substance of concern, and housing and criminal activity were slightly lower.

About one in three (30%) tāngata whai ora reporting alcohol as their main substance of concern experience at least some physical health problems each week, and nearly half (45%) experience mental health challenges. Around 5% of tāngata whai ora say they engage in criminal activity at least once a week.

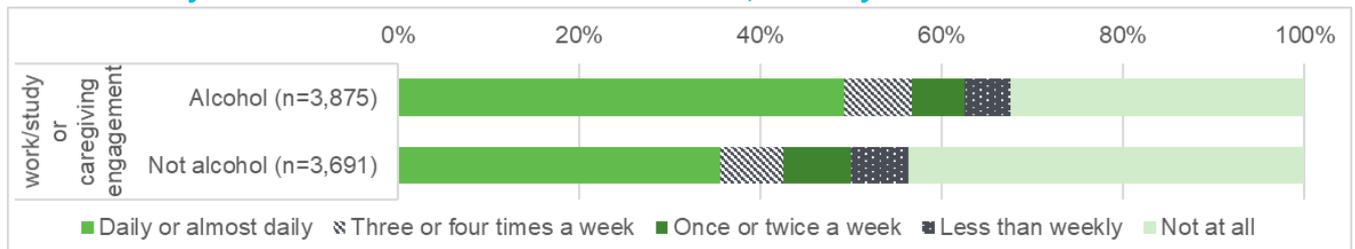
Figure 5: Distribution of lifestyle and wellbeing responses at ADOM treatment start collections, by alcohol as main substance of concern, January to December 2020



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

Figure 6 indicates two in three (63%) tāngata whai ora reporting alcohol as their main substance of concern are engaged in work, study, or caregiving each week compared to half of tāngata whai ora with other main substances of concern.

Figure 6: Distribution of lifestyle and wellbeing Q16 responses at ADOM treatment start collections by alcohol as main substance of concern, January to December 2020



Lifestyle and wellbeing alcohol main substance of concern – by gender and ethnicity

Figure 7 shows females are more likely to report lifestyle and wellbeing concerns in all areas except criminal activity.

Figure 7: Distribution of lifestyle and wellbeing responses at ADOM treatment start collections, alcohol as main substance of concern by gender, January to December 2020

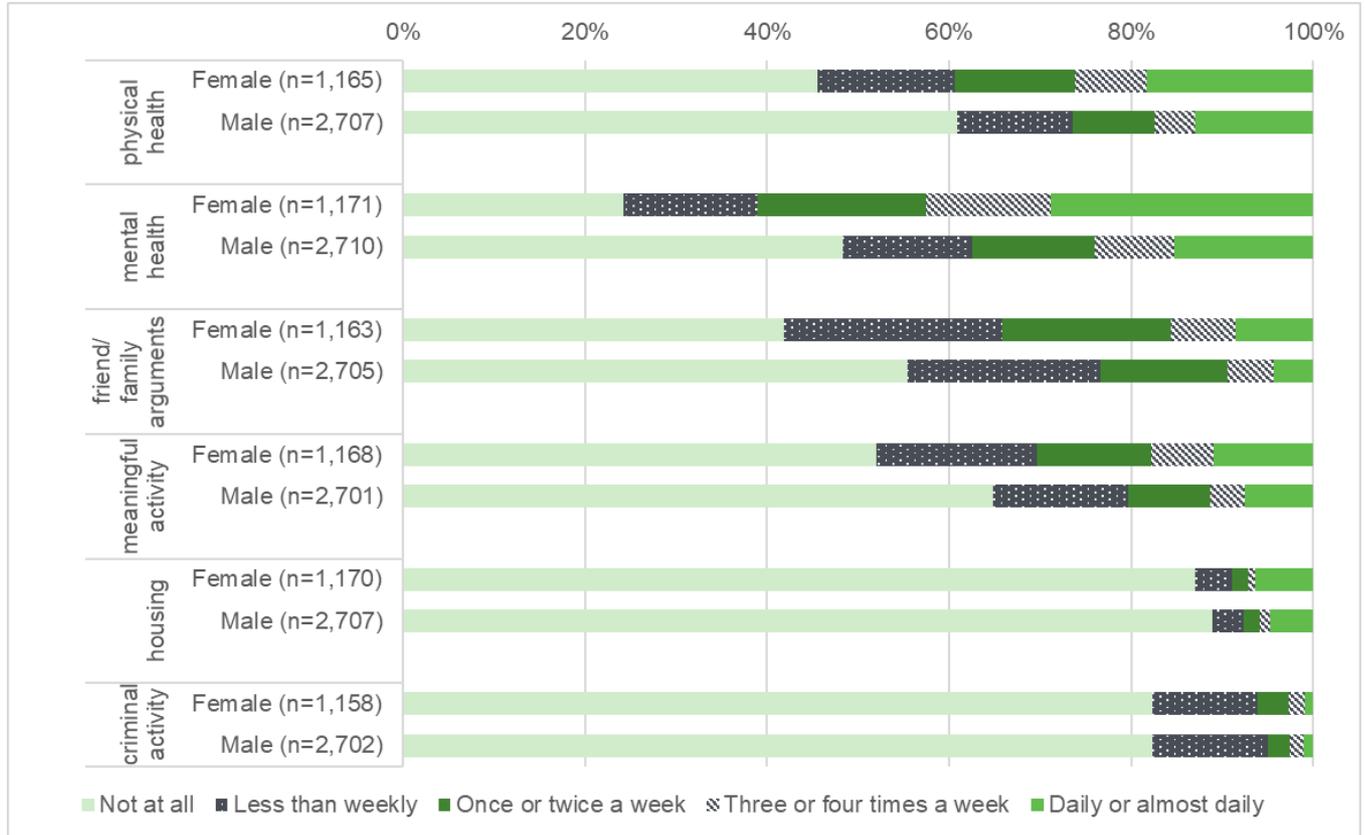


Figure 8 shows males and females are engaged with work, study, or caregiving activities at similar rates.

Figure 8: Distribution of lifestyle and wellbeing responses Q16 (engagement with work, study or care giving) at ADOM treatment start collections alcohol as main substance of concern, by gender, January to December 2020

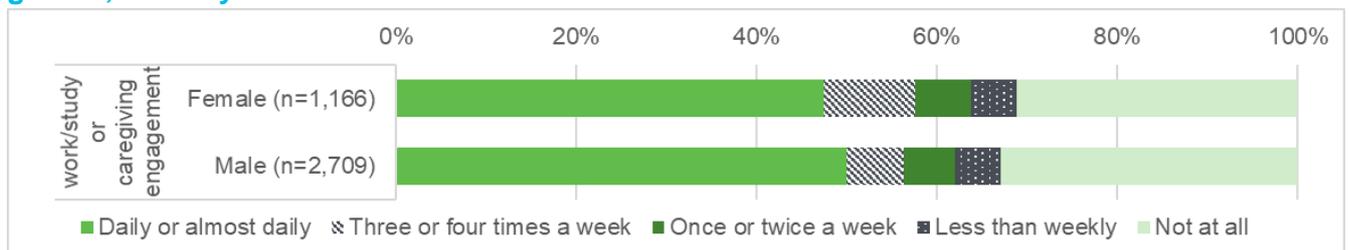


Figure 9 shows the response to section two ADOM lifestyle and wellbeing questions by ethnic group, where alcohol is the main substance of concern. Pasifika peoples report fewer lifestyle and wellbeing concerns compared to Māori and other ethnic groups. However, Māori report less concerns than 'other' ethnic groups (excluding Pasifika peoples), particularly in relation to mental health and physical health.

Figure 9: Distribution of lifestyle and wellbeing responses at ADOM treatment start collections, alcohol as main substance of concern, by ethnicity, January to December 2020

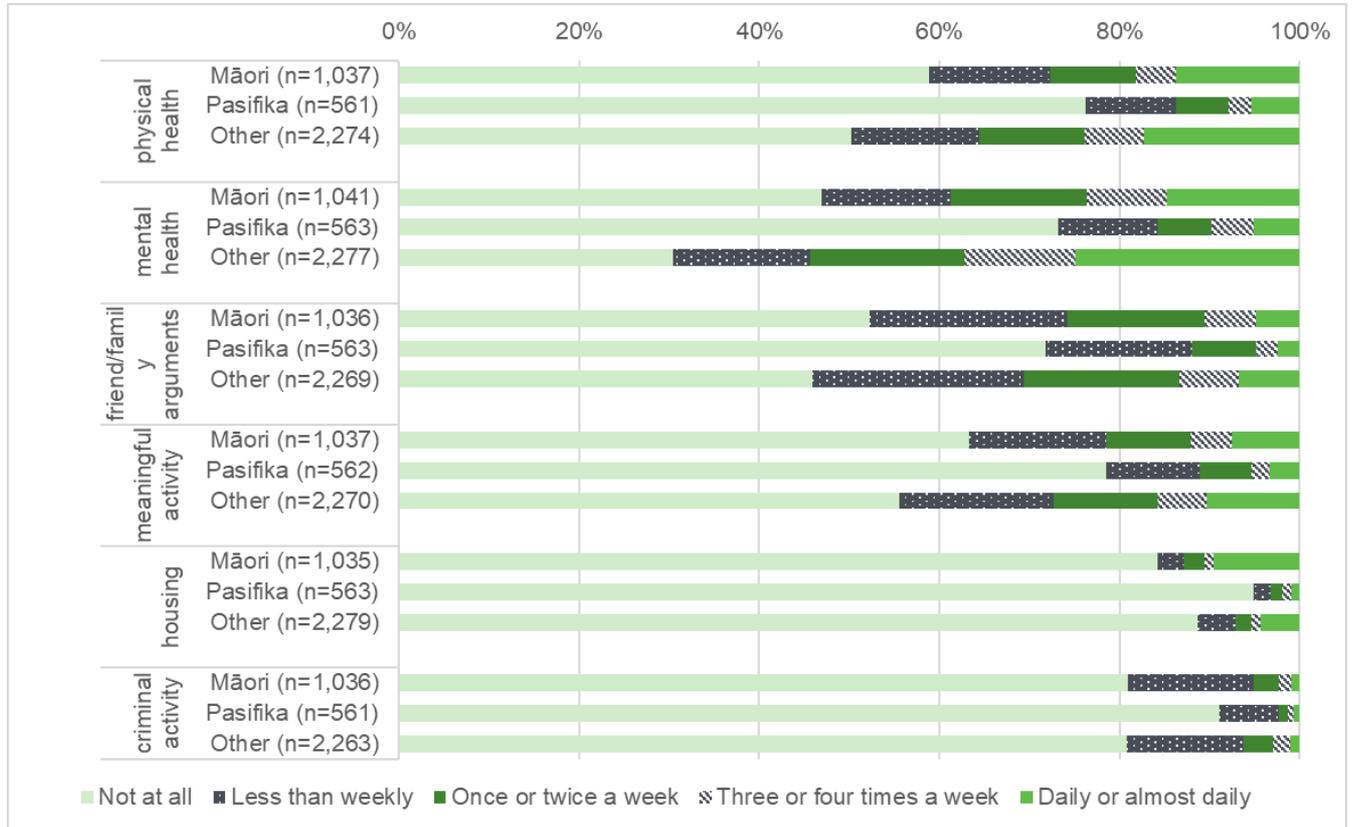
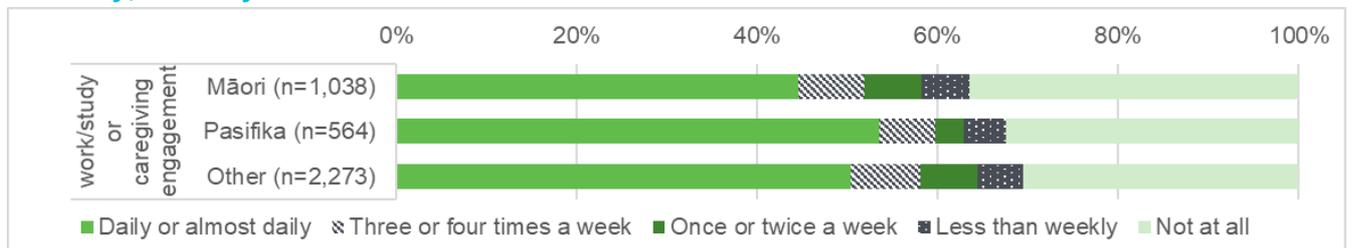


Figure 10 indicates at least one in three people are not engaged in work, study, or caregiving at all. There are slight differences in levels of engagement between Māori, Pacific, and other ethnic groups.

Figure 10: Distribution of lifestyle and wellbeing responses Q16 (engagement with work, study or caregiving) at ADOM treatment start collections, alcohol as main substance of concern, by ethnicity, January to December 2020



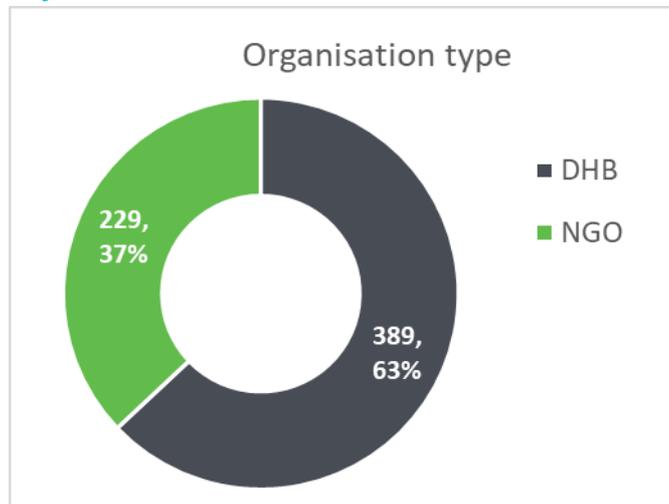
Part three: Outcomes (matched pairs)

This section describes outcomes for people accessing community AOD services where ADOM has been collected at both treatment start and treatment end (matched pairs), where alcohol is the main substance of concern. There were 618 matched pairs of ADOM collections at treatment start and treatment end, with the treatment end between January and December 2020.

Please note tāngata whai ora starting treatment in this period may still be receiving support and therefore will not be included in these matched pairs analyses, though they may be in future reports. A significant number of tāngata whai ora potential matched pairs have not been included due to drop offs (did not attend – DNA, see Appendix A for inclusion rules). Even though tāngata whai ora may have experienced change, we are unable to capture all data relating to change during treatment.

Figure 11 shows matched pair (treatment start and treatment end) collections are higher in DHBs than NGOs.

Figure 11: Percentage of ADOM matched pairs alcohol as main substance of concern by organisation type, January to December 2020



ADOM matched pairs for alcohol use

Outcomes for tāngata whai ora using alcohol between treatment start and treatment end are presented in this section.

Figure 12 shows a decrease in alcohol use for tāngata whai ora between treatment start and treatment end. This difference is greater for tāngata whai ora with alcohol as their main substance of concern.

Figure 12: Days of alcohol use in the past four weeks at ADOM treatment start and treatment end for those matched pairs with alcohol use at treatment start, January to December 2020

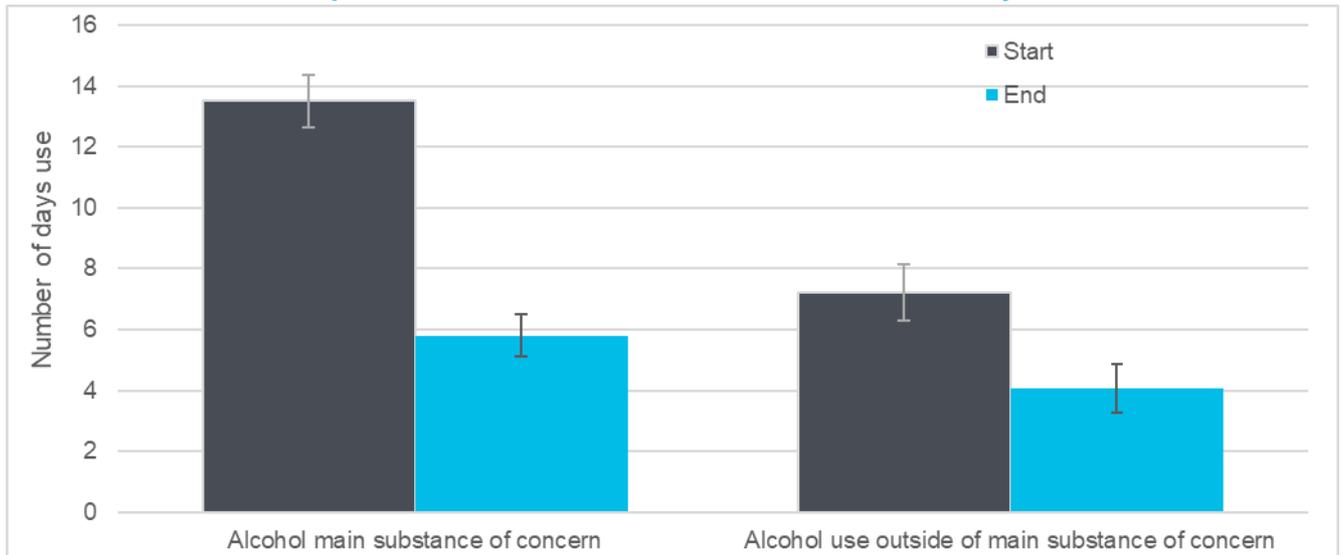


Figure 13 shows a reduction in the number of standard drinks tāngata whai ora consume in a typical drinking day between starting and ending treatment for alcohol as the main substance of concern (from 13.0 to 4.5 on average).

Figure 13: Standard drinks used in a typical drinking day at ADOM treatment start and treatment end for those matched pairs with use at treatment start, January to December 2020

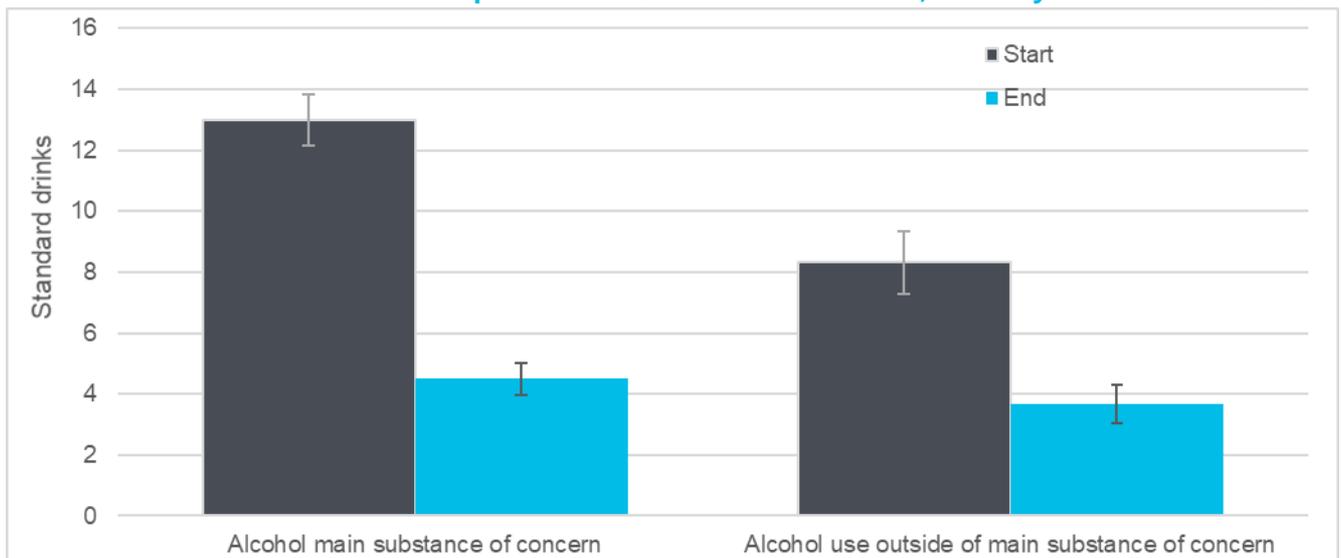


Table 5 indicates large reductions in the frequency and amount of alcohol use during treatment for people where alcohol was the main substance of concern at treatment start. This change is not as large for people consuming alcohol where it was not the main substance of concern.

Table 5: Average days of substance use amongst those with use at treatment start, by ADOM treatment start, treatment end and outcome, matched pairs, January to December 2020

Question	Start mean	End mean	Outcome (Start minus end mean)	Cohen's d (effect size with 95% CI)	Effect of treatment
Q1: Alcohol days of use					
Alcohol main substance of concern	13.5 (n=510)	5.8 (n=509)	7.7	0.85 (0.73-0.98)	Large
Alcohol use outside of main substance of concern	7.2 (n=262)	4.1 (n=262)	3.1	0.44 (0.27-0.62)	Small
Q2: Alcohol number of standard drinks consumed in a typical days use					
Alcohol main substance of concern	13.0 (n=502)	4.5 (n=497)	8.5	1.08 (0.95-1.21)	Large
Alcohol use outside of main substance of concern	8.3 (n=251)	3.7 (n=244)	4.6	0.68 (0.50-0.86)	Medium

Note: Cohen (1992)⁴ reports the following intervals for d: .2 to .5: small effect; .5 to .8: medium effect; .8 and higher: large effect.

⁴ Cohen, J. (1992). A power primer, quantitative methods in psychology. *Psychologic Bulletin*, 112(1), 155-159.

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

This section explores changes in tāngata whai ora lifestyle and wellbeing between starting and ending treatment where alcohol was reported as the main substance of concern.

Figure 14 shows positive changes in lifestyle and wellbeing in all areas between treatment start and treatment end.

Figure 14: Distribution in lifestyle and wellbeing for ADOM treatment start and end for matched pairs alcohol main substance of concern, January to December 2020⁵

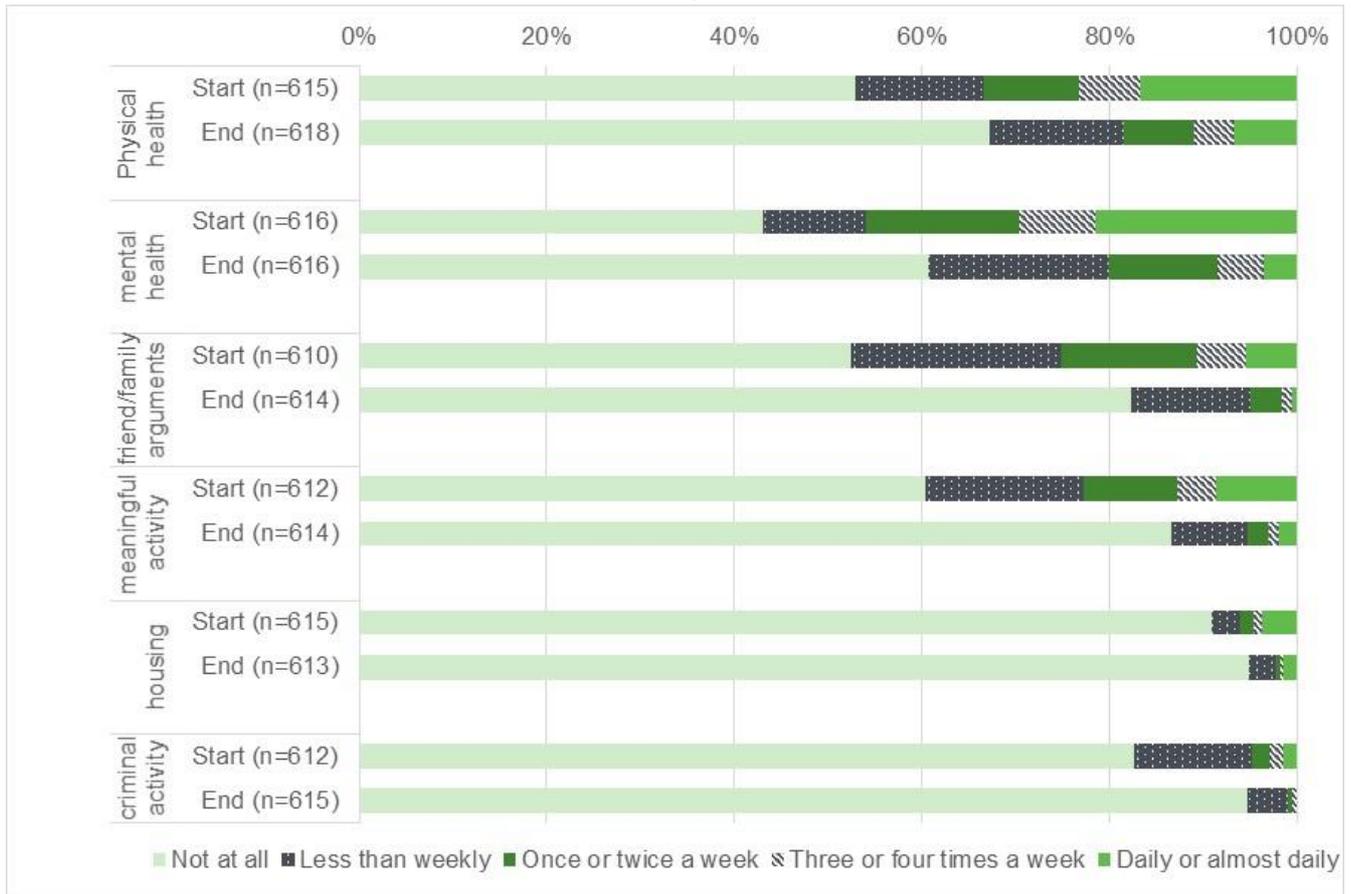
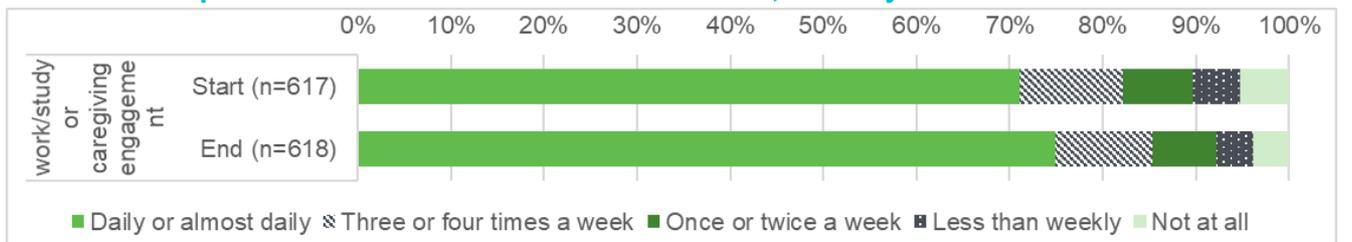


Figure 15 indicates little change between treatment start and treatment end in employment, study and caregiving.

Figure 15: Distribution in lifestyle and wellbeing between ADOM treatment start and end for Q16 matched pairs alcohol main substance of concern, January to December 2020



⁵ The matched pair total is 1,858. Some start, end figures and matched pair totals differ because a tangata whai ora may chose not to answer one of the questions at start or end, but still be within total data inclusion rules. Please see ADOM report building rules for a full explanation of methodology, inclusion and exclusion of data in these reports: <https://www.tepou.co.nz/resources/adom-report-building-rules/775>

ADOM matched pairs alcohol as the main substance of concern by recovery

Figure 16 shows positive changes between treatment start and treatment end in how tāngata whai ora see themselves in relation to where they want to be in their recovery across age groups where alcohol was reported as the main substance of concern. The difference is larger for people aged 45 and over.

Figure 16: Average rates of closeness to desired recovery at ADOM treatment start and end collection, alcohol as main substance of concern, by age group, January to December 2020

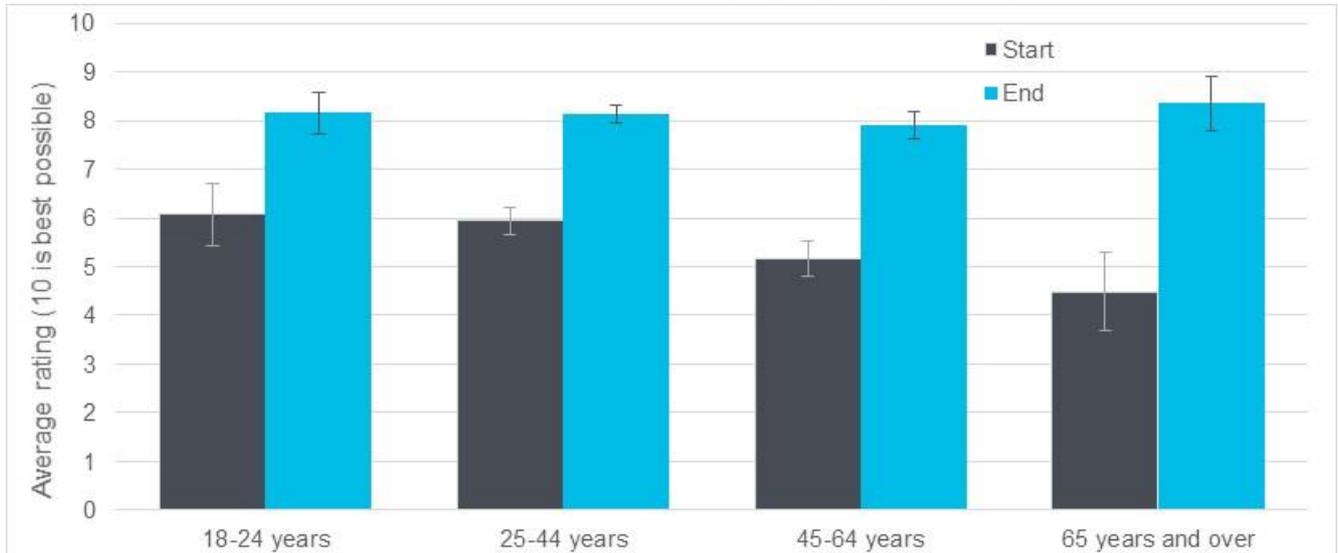
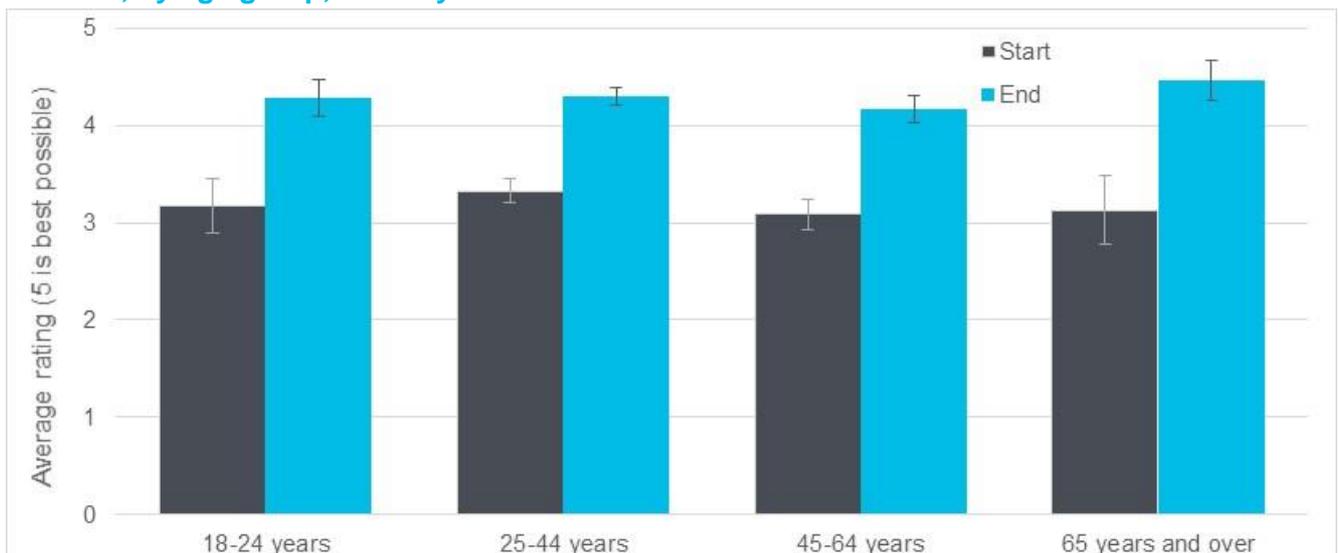


Figure 16 shows positive changes between treatment start and treatment end in how tāngata whai ora regard progress towards their recovery goals across all age groups where alcohol is the main substance of concern. There is larger difference for ages 65 years and over.

Figure 17: Average rating of tāngata whai ora satisfaction with progress towards achieving recovery goals at ADOM treatment start and end collection, alcohol as main substance of concern, by age group, January to December 2020



Conclusion

This report 10 summarises data from ADOM in PRIMHD with a particular focus on alcohol as the main substance of concern.

The report shows that most ADOM collections are at treatment start. Alcohol is by far the main substance of concern for people (3,893 collections), followed by amphetamine type stimulants (1,508 collections), and cannabis (897 collections).

Alcohol is also an issue for many people who report other main substances of concern.

This report shows positive reductions in tāngata whai ora substance use following treatment. Additionally, people's lifestyle and wellbeing ratings show positive improvements, along with their ratings of recovery.

While the available ADOM data used in this report provides useful results, gaps in the data still exist. There is a need to continue improving ADOM data collection. This will enable greater confidence in conclusions made about the impact of services on tāngata whai ora.

Appendix A. Method⁶

Inclusion and exclusion criteria

AOD episode of care entering mandated services:

- includes teams mandated to collect ADOM⁷
- includes team type of alcohol and drug team or a co-existing team
- includes tāngata whai ora aged 18 years and over
- includes referrals with an in-scope contact. Excludes activity settings: WR, PH, SM, OM and exclude activity type: T08, T32, T35, T46, T47 and T49. The activity type is a contact
- join referral together to make an episode of care if they overlap or have 14 days or less between referral end and referral start
- includes those episodes of care which start in the period of the report.

Treatment starts are within the episode of care: Include only episode of care with a treatment start ADOM collections including assessment only (RC13, RC14, RC15) in analysis.

ADOM collections analysis:

- includes teams recognised or identified as those mandated to collect ADOM
- includes tāngata whai ora are aged 18 years and over
- excludes ADOM collections with five or more missing items⁸
- excludes RC19 – Treatment end – DNA and RC21 – Treatment end – other.

For treatment start ADOM collections (RC13, RC14) is used.

ADOM matched pairs:

- are based on ADOM collections above
- includes those for 28 days or longer
- uses the date of the end collection. Start collection can be outside the period but after 1 July 2015.

Other notes

'Not specified' answers to items are excluded for specific questions. For example, for substance of main concern there are a number of collections without a response to this question.

⁶ Please see ADOM report building rules for a full explanation of methodology, inclusion and exclusion of data in these reports: <https://www.tepou.co.nz/resources/adom-report-building-rules/775>

⁷ 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.

⁸ This is excluding questions 7, 9 and 11.