



# Alcohol and drug outcome measure (ADOM)

Opioid substitution treatment, April 2018 to March 2021.

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## Contents

Acknowledgements.....	3
Glossary .....	4
Executive summary .....	5
Background .....	5
Key findings.....	5
Conclusion.....	5
Introduction.....	6
Purpose .....	6
Method .....	6
Key findings .....	7
OST data and ADOM.....	7
ADOM treatment start collections .....	9
ADOM treatment review collections .....	14
Recovery .....	18
Conclusion.....	19
References .....	19
Appendix: Method.....	20
Inclusion and exclusion criteria .....	20

## Glossary

<b>AOD</b>	Alcohol and other drug (services).
<b>OST</b>	Opioid substitution treatment (methadone and buprenorphine/naloxone treatment).
<b>Matched pairs</b>	Two collections, in this case treatment start and routine treatment end collections.
<b>Episode of care</b>	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.
<b>PRIMHD</b>	Programme for the Integration of Mental Health Data.
<b>Tangata whai ora, Tāngata whai ora</b>	Term encompassing client, service user, consumer, people that access services (plural uses macron).

# Executive summary

## Background

Opioid substitution treatment (OST) is well evidenced as a long-term treatment approach to reduce substance-related harm and improve the quality of life and wellbeing for tāngata whai ora with opioid use disorder.

This report uses Alcohol and other Drug Outcome Measure (ADOM) data from tāngata whai ora receiving OST in addiction services over a 3 year period from April 2018 to March 2021 and compares it with data for tāngata whai ora not receiving OST. Due to the importance of differentiating treatment starts and treatment reviews, the report is structured by focusing on each of these reasons for collection separately. When referring to tāngata whai ora on OST, this relates to the number of ADOM collections.

## Key findings

There were 6,129 tāngata whai ora who received OST in the 3 years under consideration, 26 per cent of whom had an ADOM collection. Tāngata whai ora receiving OST were more likely to be aged 45 to 64, male and identify as Other ethnicity (mainly European). Most OST occurs in DHB services.

Seventy per cent of tāngata whai ora on OST report opioids as the main substance of concern in the ADOM treatment starts. More than half of tāngata whai ora on OST report physical (52 per cent) and mental health (54 per cent) challenges at least weekly. About half are engaged in work or study (51 per cent). Tāngata whai ora on OST aged 25-44 years are more likely to report lifestyle and wellbeing concerns in all areas except physical health compared to those aged 45-64 years.

Amongst ADOM review collections on OST, 45 per cent continue to report opioids as the most common main substance of concern. The other half is fairly evenly distributed with alcohol, cannabis, amphetamine-type stimulants and cigarettes.

At treatment review, 48 per cent of tāngata whai ora on OST report physical health problems higher than those receiving non-OST support. While over one-third (36 per cent) of tāngata whai ora on OST at treatment review report mental health challenges, this is slightly better than those not on OST. Tāngata whai ora on OST are less likely than those receiving other support to report problems with engagement in meaningful activity, and arguments with friends and family. Around three per cent of tāngata whai ora on OST say they engage in criminal activity at least once a week.

Improvements in recovery for tāngata whai ora on OST were found at treatment review for all age groups.

## Conclusion

Overall, treatment start and review collections for tāngata whai ora on OST are similar to tāngata whai ora not on OST. An exception is reported main substance of concern, and tāngata whai ora on OST tend to report greater physical and mental health problems during the past week. Receiving OST is beneficial across all age groups in terms of achieving recovery goals.

# Introduction

The *New Zealand Practice Guidelines for Opioid Substitution Treatment* recognise “opioid dependence is a complex, relapsing condition requiring a model of treatment and care much like any other chronic health problem” (Ministry of Health, 2014). These guidelines underpin the broader objectives of opioid substitution treatment (OST) – to reduce substance-related harm and improve the quality of life and wellbeing for tāngata whai ora with opioid use disorder.

As a response to a chronic health condition, OST is well evidenced as a long-term treatment approach. The Ministry of Health report that 5,548 tāngata whai ora in 2019 were receiving OST in either specialist addiction services, primary care or prison settings. The number of tāngata whai ora on OST who are over the age of 45 years has been steadily increasing over the past decade, with about two-thirds (63 per cent) now aged over 45 (Ministry of Health, 2021). This is significant as treating an ageing population brings with it more health complications (Ministry of Health, 2021).

Co-existing physical health issues for tāngata whai ora with opioid use disorder is a significant issue. The cost of the burden of disease in Australia and New Zealand in 2014 was estimated to be \$12 billion excluding opioid dependence and \$17 billion (7.2 per cent of GDP) including this group (Royal Australian and New Zealand College of Psychiatrists, 2016).

The OST population is a unique subgroup of tāngata whai ora in addiction treatment. This group is often engaged with addiction services for an extended period over many years.

## Purpose

This report is set out in four sections and describes the following based on ADOM information.

1. The general characteristics of tāngata whai ora on OST in addiction services, and valid ADOM collections.
2. Substance use including main substance of concern and lifestyle and wellbeing issues for tāngata whai ora receiving OST compared to those receiving other addiction support at treatment start.
3. Substance use including main substance of concern and lifestyle and wellbeing issues for tāngata whai ora receiving OST compared to those receiving other addiction support at treatment review.
4. Recovery ratings at treatment start and review for tāngata whai ora receiving OST addiction support

## Method

It uses PRIMHD data supplied by the Ministry of Health extracted on 28 July 2021. The OST population is identified in this report by two criteria.

- First, they are seen by addiction teams providing OST treatment.
- Second, the tangata whai ora has OST type activity in referral, namely T18 Methadone<sup>1</sup> treatment specialist services attendances or T19 Methadone treatment specialist service attendances (consumers of authorised GPs).

For further details on the method, see the Appendix.

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<sup>1</sup> T18 and T19 also includes buprenorphine/naloxone as a substitution medication.

# Key findings

## OST data and ADOM

This section describes general characteristics of tāngata whai ora on OST in addiction services, and valid ADOM collections. The OST population is a unique subgroup of tāngata whai ora in addiction treatment. This group is often engaged with addiction services for an extended period over many years.

Tables 1 and 2 show the number of tāngata whai ora with three or more activities<sup>2</sup> that meet criteria for inclusion and those with at least one valid ADOM collection. This is a broad criteria as tāngata whai ora should have a collection every 3 months.

Table 1 shows that just over one-quarter of tāngata whai ora receiving OST have a valid ADOM collection. Māori, females, and those aged 18 to 24 are most likely to have a valid ADOM collection.

**Table 1: Number of OST tāngata whai ora who have three or more activities and the number with at least one ADOM collection, by demographic factors, April 2018 – March 2021**

	Tāngata whai ora with 3 or more activities	Tāngata whai ora with valid ADOM	% with ADOM
Age group			
18 - 24 years	139	52	37%
25 - 44 years	2,664	702	26%
45 - 64 years	3,199	796	25%
65 years and over	127	38	30%
<b>Total</b>	<b>6,129</b>	<b>1,588</b>	<b>26%</b>
Ethnicity			
Māori	1,180	357	30%
Pasifika	100	18	18%
Other	4,849	1,213	25%
<b>Total</b>	<b>6,129</b>	<b>1,588</b>	<b>26%</b>
Gender			
Female	2,434	684	28%
Male	3,693	904	24%
<b>Total</b>	<b>6,129</b>	<b>1,588</b>	<b>26%</b>

<sup>2</sup> For OST team any activity that has activity type of not T08, T32, T35, T46, T47 and T49 or activity setting is not WR, PH, SM, OM. For general AOD teams had activity type T18 and T19 and activity setting is not WR, PH, SM, OM.

Table 2 indicates Lakes, Waikato, Northland and Taranaki DHBs collect OST ADOM most consistently. Addiction services providing OST are largely within DHBs with only one NGO providing this type of treatment.

**Table 2: Number of OST tāngata whai ora who have three or more activities and the number with at least one ADOM collection, by organisation, April 2018 – March 2021**

	Tāngata whai ora with 3 or more activities	Tāngata whai ora with valid ADOM	% with ADOM
Northland DHB	275	168	61%
Waitemata DHB	1,387	61	4%
Waikato DHB	465	389	84%
Lakes DHB	131	111	85%
Bay of Plenty DHB	238	120	50%
Tairāwhiti DHB	30	7	23%
Hawkes Bay DHB	224	102	46%
Taranaki DHB	305	180	59%
MidCentral DHB	433	62	14%
Whanganui DHB	189	19	10%
Capital and Coast DHB	592	76	13%
Nelson Marlborough DHB	319		0%
West Coast DHB	127		0%
Canterbury DHB	986	318	32%
South Canterbury DHB	120		0%
Southern DHB	510		0%
NGO	141	2	1%

Table 3 shows how many ADOM collections were valid and met the report building business rules (see Appendix for an overview). The percentage of valid ADOM collections is lower at treatment end. The number of ADOM collections at treatment end for OST is small so no matched pair analyses were carried out.

**Table 3: Number of ADOM collections valid and not valid by OST referrals and reason for collection, April 2018 – March 2021**

Reason for Collection	OST			Non-OST		
	Valid	Total	%	Valid	Total	%
Assessment only	216	220	98%	6,285	6,553	96%
Treatment start	582	599	97%	28,959	30,226	96%
Treatment review	3,117	3,627	86%	11,324	12,378	91%
Treatment end	82	104	79%	6,543	8,074	81%



## ADOM treatment start collections

This section describes ADOM treatment start information for tāngata whai ora receiving OST compared to tāngata whai ora not receiving OST in addiction services. This provides an overview of the demographics, substance use, and health and wellbeing of tāngata whai ora attending services at a national level.

Table 4 shows the demographic profile of ADOM treatment start collections for tāngata whai ora on OST compared to those who are not. Females make up a higher proportion of collection for tāngata whai ora on OST compared to those not receiving OST (41 per cent and 31 per cent respectively). Non-Māori and non-Pasifika peoples make up 77 per cent of ADOM treatment start collections for tāngata whai ora on OST compared to 55 per cent non-OST. Those on OST are slightly older compared to non-OST, with fewer collections aged under 25 on OST.

**Table 4: Profile of ADOM treatment start collections by gender, ethnicity and age group, April 2018 to March 2021**

	OST		Non-OST	
	Number	Percentage	Number	Percentage
Gender				
Female	240	41%	9,117	31%
Male	342	59%	19,832	68%
<b>Total</b>	<b>582</b>	<b>100%</b>	<b>28,959</b>	<b>100%</b>
Ethnicity				
Māori	126	22%	9,616	33%
Pasifika	10	2%	3,403	12%
Other	446	77%	15,940	55%
<b>Total</b>	<b>582</b>	<b>100%</b>	<b>28,959</b>	<b>100%</b>
Age group				
18-24 years	31	5%	4,513	16%
25-44 years	327	56%	17,172	59%
45-64 years	209	36%	6,676	23%
65 years and over	15	3%	598	2%
<b>Total</b>	<b>582</b>	<b>100%</b>	<b>28,959</b>	<b>100%</b>

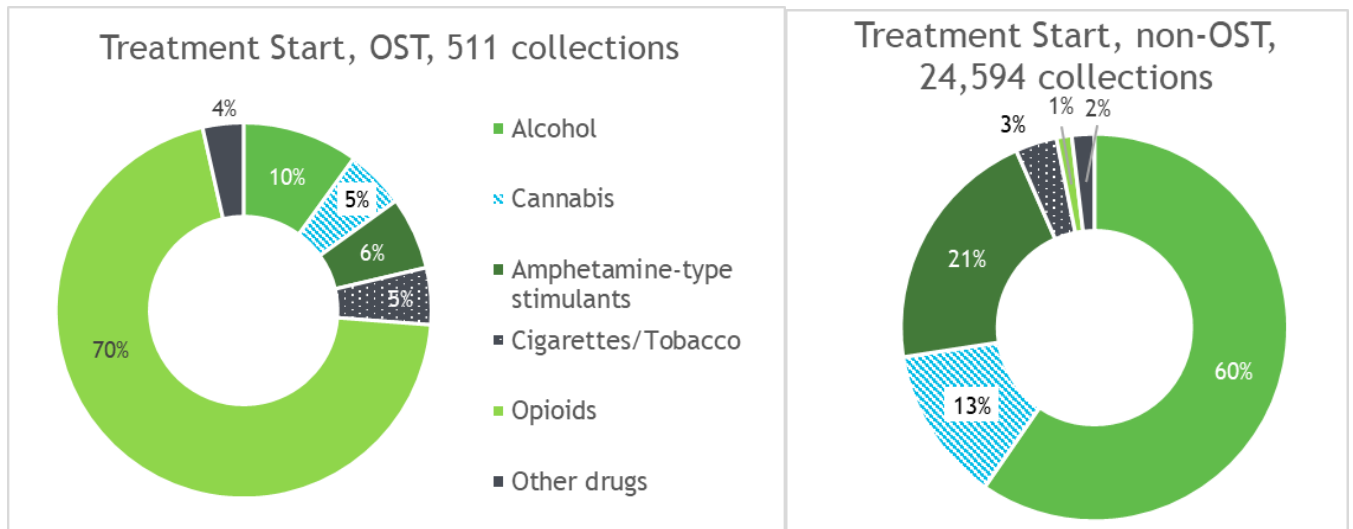
### ADOM treatment start collections by alcohol and other drug use

This section explores the main substance of concern for tāngata whai ora at treatment start, as well as other substance use. When tāngata whai ora present to addiction 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 1 shows opioids are the most reported main substances of concern (70 per cent) among the 511 ADOM collections at treatment start on OST.<sup>3</sup> For those not receiving OST, alcohol is the main substance of concern (60 per cent).

<sup>3</sup> Note, ADOM is collected in service settings and not all 582 people specify a substance of concern at treatment start. Figures quoted here are not indicative of substance use in people accessing services or the general population, which may differ as not all people accessing services complete an ADOM and only a small proportion of the population access services.

**Figure 1: Distribution of substance of main concern at ADOM treatment start collections, April 2018 to March 2021**



Most tāngata whai ora report using multiple substances at treatment start. The proportion using each substance at treatment start is shown in Figure 2. For those on OST, tobacco, cannabis and alcohol are commonly used alongside opioids. High levels of co-occurring substance use is seen in the OST group (based on the numbers of substances used concurrently).

**Figure 2: Per cent any substance use of ADOM treatment starts by OST referrals, April 2018 to March 2021**

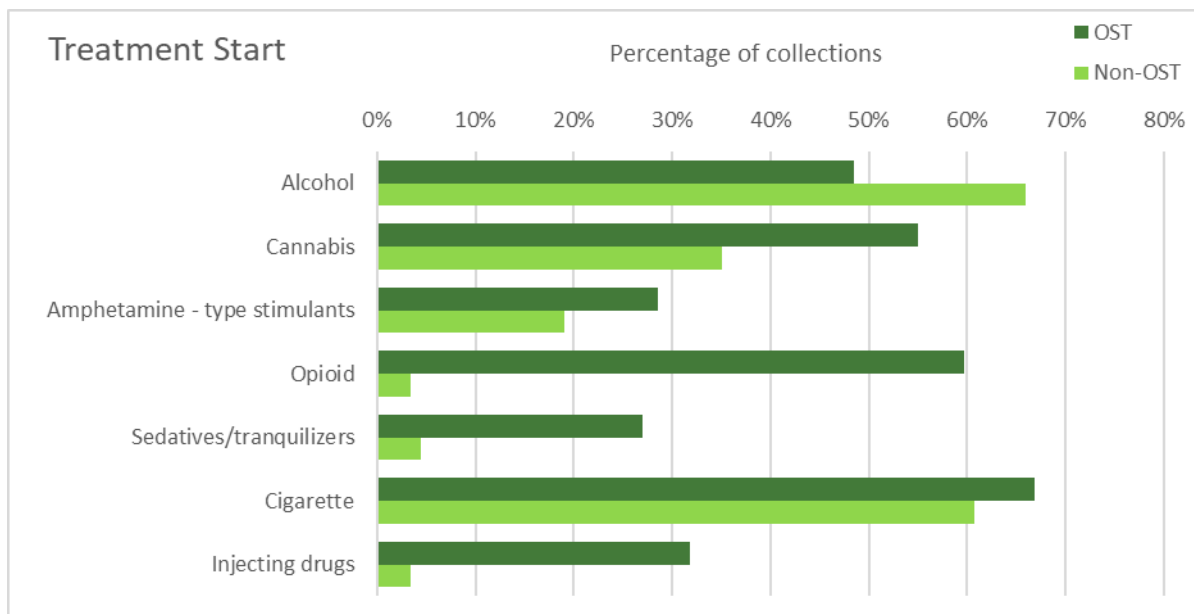


Table 5 further shows the rate of use of opioids and injecting drugs is much higher among tāngata whai ora on OST in the 28 days before ADOM treatment start collections compared to not receiving OST.

**Table 5: Any substance use for the ADOM treatment start by OST referrals, April 2018 to March 2021**

	OST		Non-OST	
	% of treatment starts	Rate in last 28 days <sup>1</sup>	% of treatment starts	Rate in last 28 days <sup>1</sup>
Alcohol days	48%	8.4	66%	10.8
Alcohol standard drinks per day	47%	6.4	66%	11.5
Cannabis days	55%	14.3	35%	13.7
Amphetamine - type stimulants days	29%	6.2	19%	9.5
Opioid days	60%	22.6	3%	11.7
Sedatives/tranquilizers days	27%	11.0	5%	11.5
Cigarette average per day	67%	11.7	61%	11.2
Injecting drugs days	32%	18.4	3%	9.8

(1) Of those who use substances.

### ADOM treatment start collections by lifestyle and wellbeing

This section focuses on the lifestyle and wellbeing of tāngata whai ora based on the questions collected in section two of the ADOM at treatment start.

#### *Lifestyle and wellbeing – all tāngata whai ora*

Question key:
<b>Q12</b> How often has your physical health caused problems in your daily life?
<b>Q13</b> How often has your general mental health caused problems in your daily life?
<b>Q14</b> How often has your alcohol or drug use led to problems or arguments with friends or family members?
<b>Q15</b> 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?
<b>Q17</b> Have you had difficulties with housing or finding somewhere stable to live?
<b>Q18</b> 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?

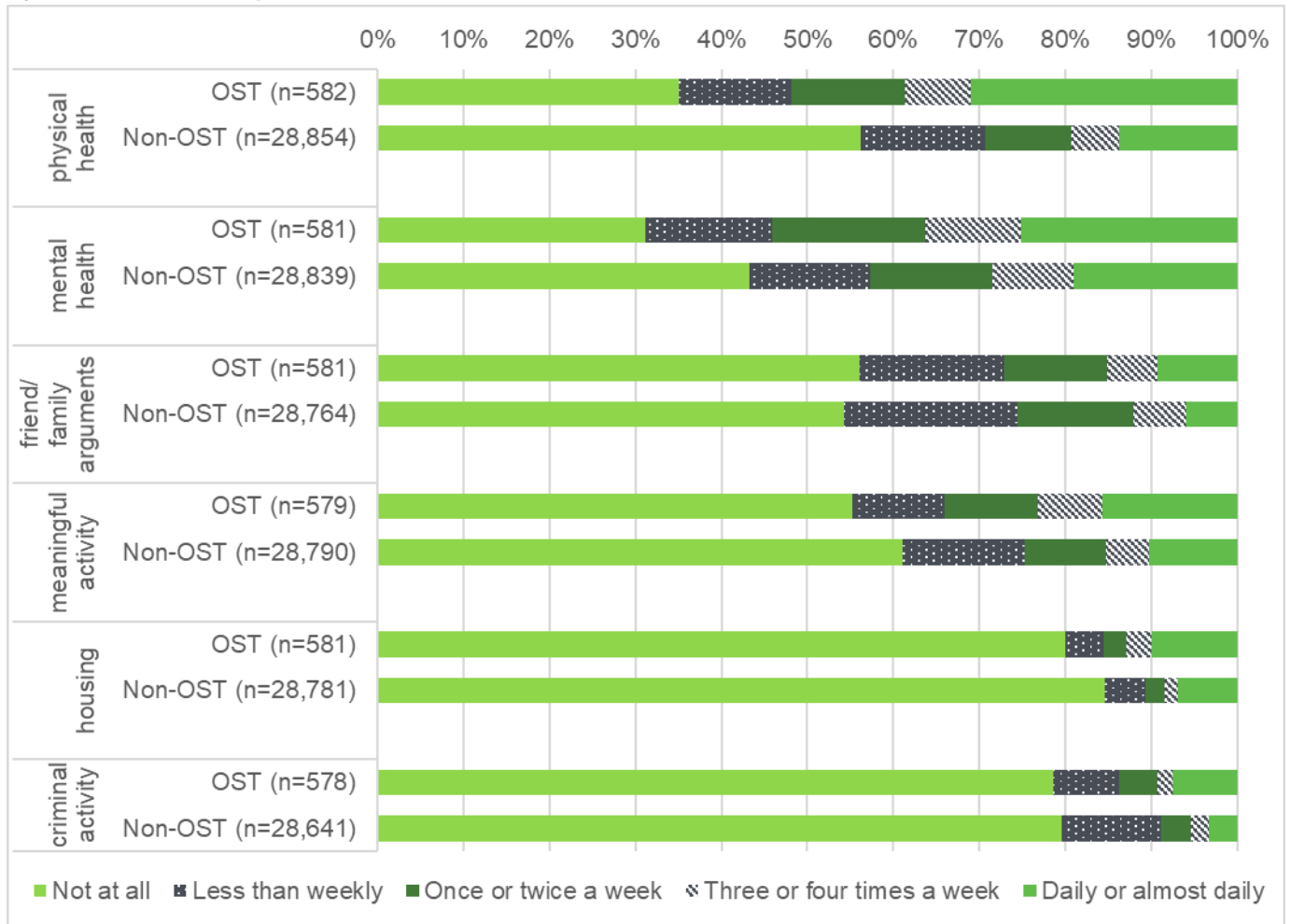
Figure 3 illustrates lifestyle and wellbeing problems at ADOM treatment start for tāngata whai ora on OST compared to those not receiving OST in addiction services.

The largest difference is for physical health followed by mental health, where problems are higher for tāngata whai ora who start OST. Over half of tāngata whai ora who start OST experience at least some physical health (52 per cent) and mental health (54 per cent) problems each week.

Tāngata whai ora on OST report slightly higher problems with engagement in meaningful activity and housing compared to those not on OST. One-third (34 per cent) of those on OST have problems with meaningful activity and 15 per cent problems at least weekly with housing.

Lifestyle and wellbeing issues are largely similar between tāngata whai ora on and not on OST for arguments with family/friends and criminal activity. Around 14 per cent of tāngata whai ora say they engage in criminal activity at least once a week.

**Figure 3: Distribution of lifestyle and wellbeing responses at ADOM treatment start collections, by OST referrals, April 2018 to March 2021**

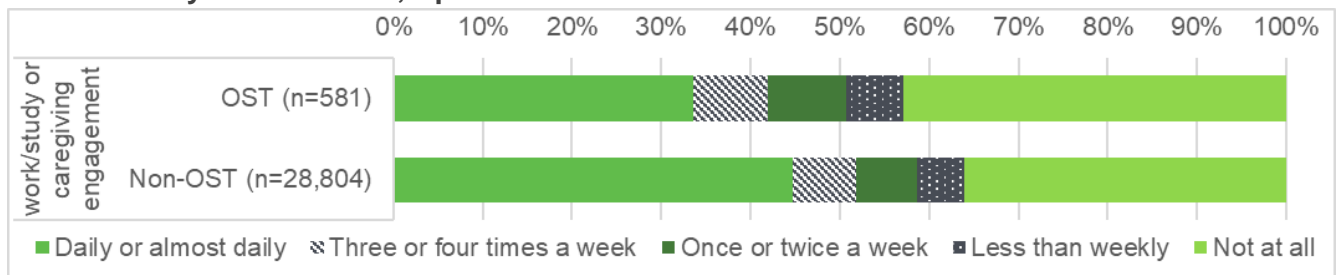


*Engagement in work or caregiving*

**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 4 indicates over half (51 per cent) of tāngata whai ora who start OST are engaged in work, study, or caregiving each week compared to 59 per cent of those not on OST.

**Figure 4: Distribution of lifestyle and wellbeing Q16 responses at ADOM treatment start collections by OST referrals, April 2018 to March 2021**



### Lifestyle and wellbeing OST referrals – by age group

Differences in lifestyle and wellbeing are found in relation to age group. Figure 5 shows tāngata whai ora on OST aged 25-44 years are more likely to report lifestyle and wellbeing concerns in all areas except physical health.

**Figure 5: Distribution of lifestyle and wellbeing responses at ADOM treatment start collections for OST referrals, by age group, April 2018 to March 2021**

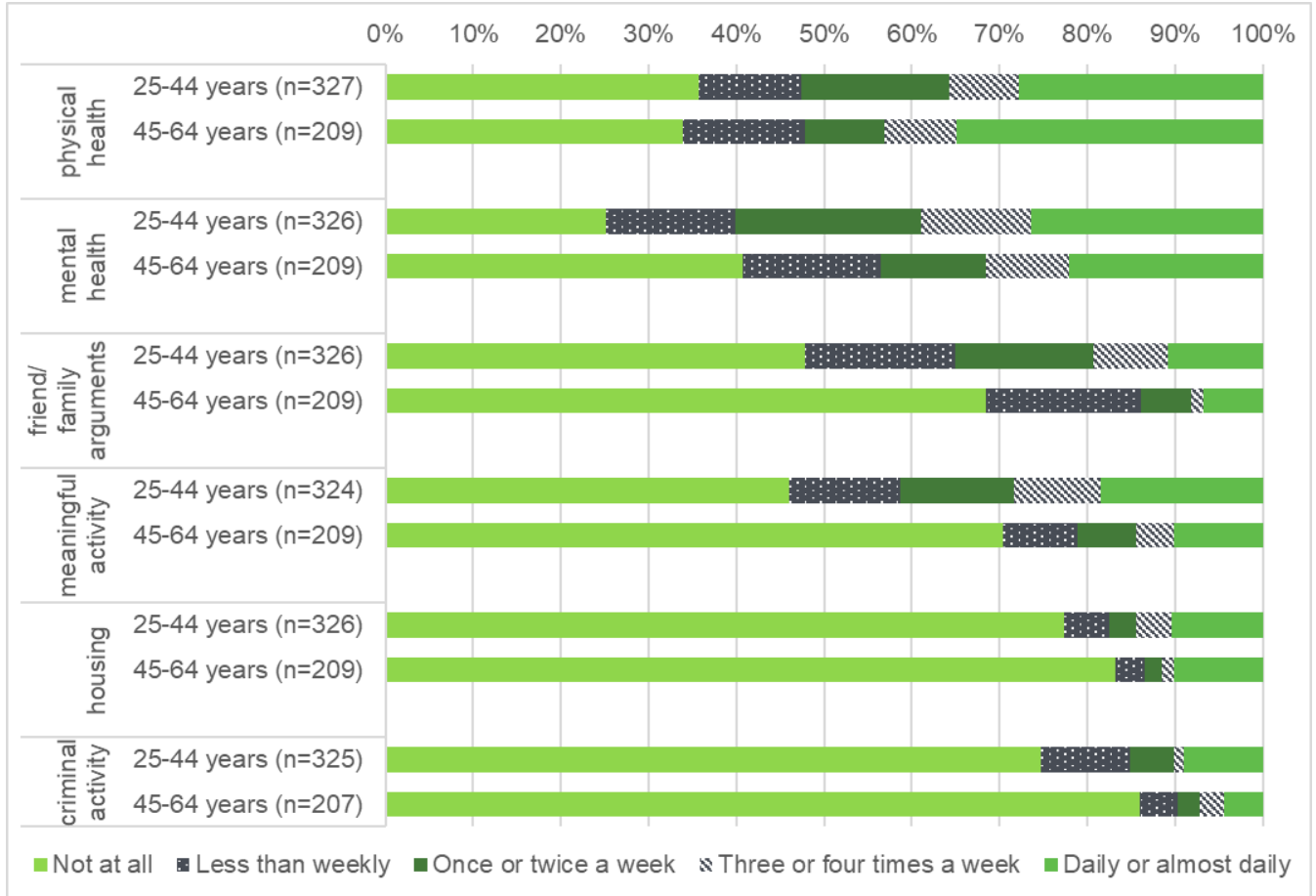
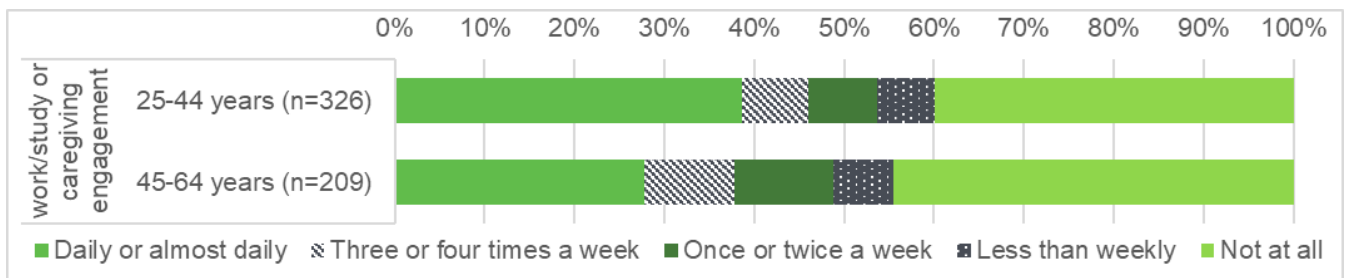


Figure 6 shows that at ADOM treatment start, tāngata whai ora on OST aged 25-44 years are slightly more likely to be engaged with work, study, or caregiving activities than those aged 45-64 years.

**Figure 6: Distribution of lifestyle and wellbeing responses Q16 (engagement with work, study or caregiving) at ADOM treatment start collections for OST referrals, by age group, April 2018 to March 2021**



## ADOM treatment review collections

This section describes ADOM treatment review information for tāngata whai ora on OST compared to tāngata whai ora not receiving OST. This provides an overview of the demographics, substance use, and health and wellbeing of tāngata whai ora attending addiction services at a national level. As the period is over 3 years, most tāngata whai ora are likely to have multiple collections. ADOM treatment reviews can be at 6 week or 12 week points of treatment.

Table 6 shows the demographic profile of tāngata whai ora on OST at treatment review compared to those who are not. The gender distribution is closer for tāngata whai ora on OST compared to tāngata whai ora not receiving OST (54 per cent males on OST vs 60 per cent males non-OST). Māori receiving OST make up 23 per cent of ADOM treatment review collections compared to 30 per cent of non-OST collections. The population for the OST collection is slightly older compared to the non-OST population.

**Table 6: Profile of ADOM treatment review collections by gender, ethnicity and age group, April 2018 to March 2021**

	OST		Not OST	
	Number	Percentage	Number	Percentage
Gender				
Female	1,424	46%	4,499	40%
Male	1,693	54%	6,823	60%
<b>Total</b>	<b>3,117</b>	<b>100%</b>	<b>11,324</b>	<b>100%</b>
Ethnicity				
Māori	703	23%	3,433	30%
Pasifika	11	0%	845	7%
Other	2,403	77%	7,046	62%
<b>Total</b>	<b>3,117</b>	<b>100%</b>	<b>11,324</b>	<b>100%</b>
Age group				
18-24 years	53	2%	1,217	11%
25-44 years	1,249	40%	6,253	55%
45-64 years	1,747	56%	3,492	31%
65 years and over	68	2%	362	3%
<b>Total</b>	<b>3,117</b>	<b>100%</b>	<b>11,324</b>	<b>100%</b>

### ADOM treatment review collections by alcohol and other drug use

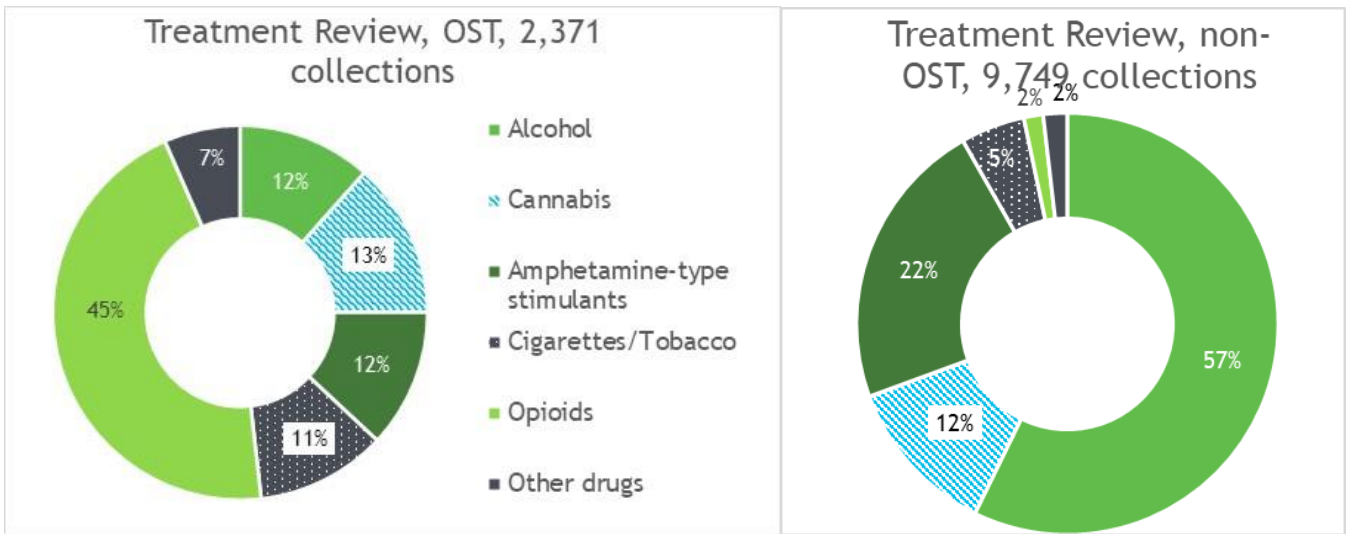
This section explores the main substance of concern for tāngata whai ora at treatment review, as well as other substance use. When tāngata whai ora present to services and complete their review ADOM, they are asked to report their main substance of concern. This may differ from the substance they use most frequently. A main substance of concern reflects the substance they consider is or has been causing the most issues in their life.

Figure 7 shows opioids (45 per cent) is the most commonly reported main substance of concern among the 2,371 ADOM collections at treatment review<sup>4</sup> on OST. The other half is fairly evenly distributed with

<sup>4</sup> Note, ADOM is collected in service settings and not all 3,117 people specify a substance of concern at treatment review. Figures quoted here are not indicative of substance use in people who access services as not all complete ADOM or the general population, which may differ as not all people access services.

alcohol, cannabis, amphetamine-type stimulants and cigarettes. This is different to non-OST collections where alcohol is the main substance of concern (57 per cent).

**Figure 7: Distribution of main substance of concern at ADOM treatment review collections, April 2018 to March 2021**



As tāngata whai ora can use multiple substances, Figure 8 examines the proportion using each type of substance at treatment review. Apart from alcohol, those on OST have higher levels of concurrent substance use especially for cannabis and cigarettes.

**Figure 8: Percentage any substance use of ADOM treatment review by OST referrals, April 2018 to March 2021**

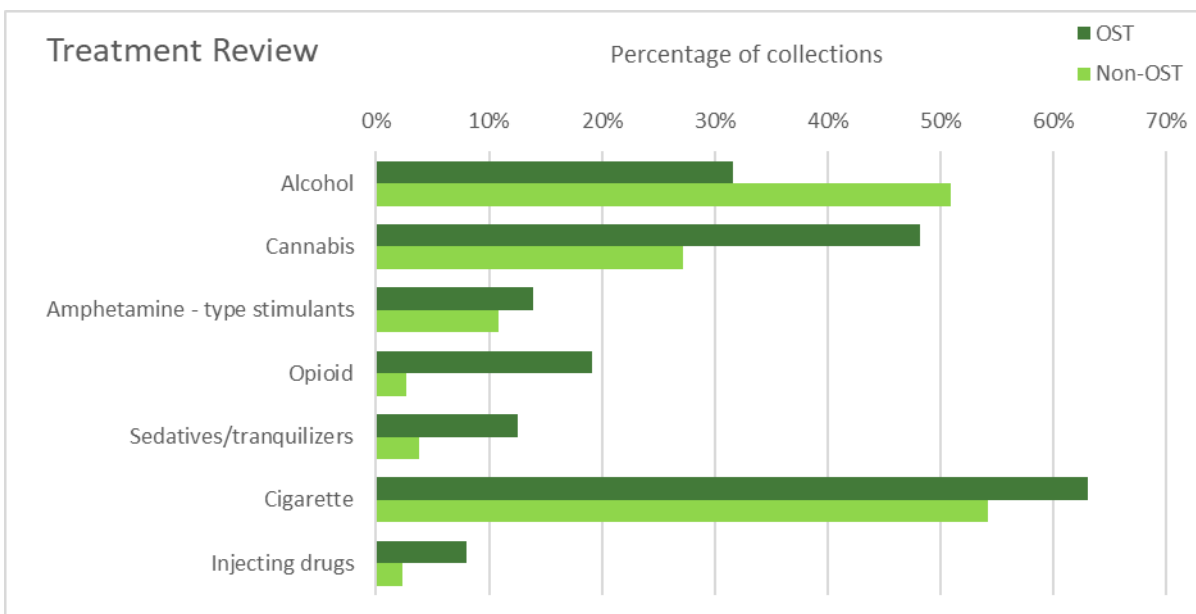


Table 7 shows use of specific substances among tāngata whai ora on OST in the 28 days before ADOM treatment review collection compared with those not on OST. This shows the rate of use for cannabis, opioid and sedative/tranquilizers use in the last 28 days is higher for tāngata whai ora on OST.

**Table 7: Any substance use for the ADOM treatment review by OST referrals, April 2018 to March 2021**

	OST		Non-OST	
	% of treatment reviews	Rate in last 28 days <sup>1</sup>	% of treatment reviews	Rate in last 28 days <sup>1</sup>
Alcohol days	32%	7.9	51%	9.6
Alcohol standard drinks per day	31%	5.0	51%	8.9
Cannabis days	48%	15.1	27%	13.6
Amphetamine - type stimulants days	14%	5.5	11%	6.8
Opioid days	19%	21.3	3%	14.0
Sedatives/tranquilizers days	13%	11.9	4%	10.3
Cigarette average per day	63%	9.7	54%	10.4
Injecting drugs days	8%	6.8	2%	8.5

(1) Of those who use substances.

### ADOM treatment review collections by lifestyle and wellbeing

This section focuses on the lifestyle and wellbeing of tāngata whai ora accessing services for ADOM at treatment review, based on the questions contained in a previous section.

Figure 9 compares lifestyle and wellbeing problems at ADOM treatment review for tāngata whai ora on OST to those who are not.

The largest difference is higher levels of physical health problems for tāngata whai ora who are on OST. Lifestyle and wellbeing issues are largely similar for problems with mental health and housing. OST was lower than non-OST for arguments with friends or family and meaningful activity.

About half (48 per cent) of tāngata whai ora who are on OST experience at least some physical health problems each week, and over one third (36 per cent) problems with mental health. Around 3 per cent of tāngata whai ora say they engage in criminal activity at least once a week.



**Figure 9: Distribution of lifestyle and wellbeing responses at ADOM treatment review collections, by OST referrals, April 2018 to March 2021**

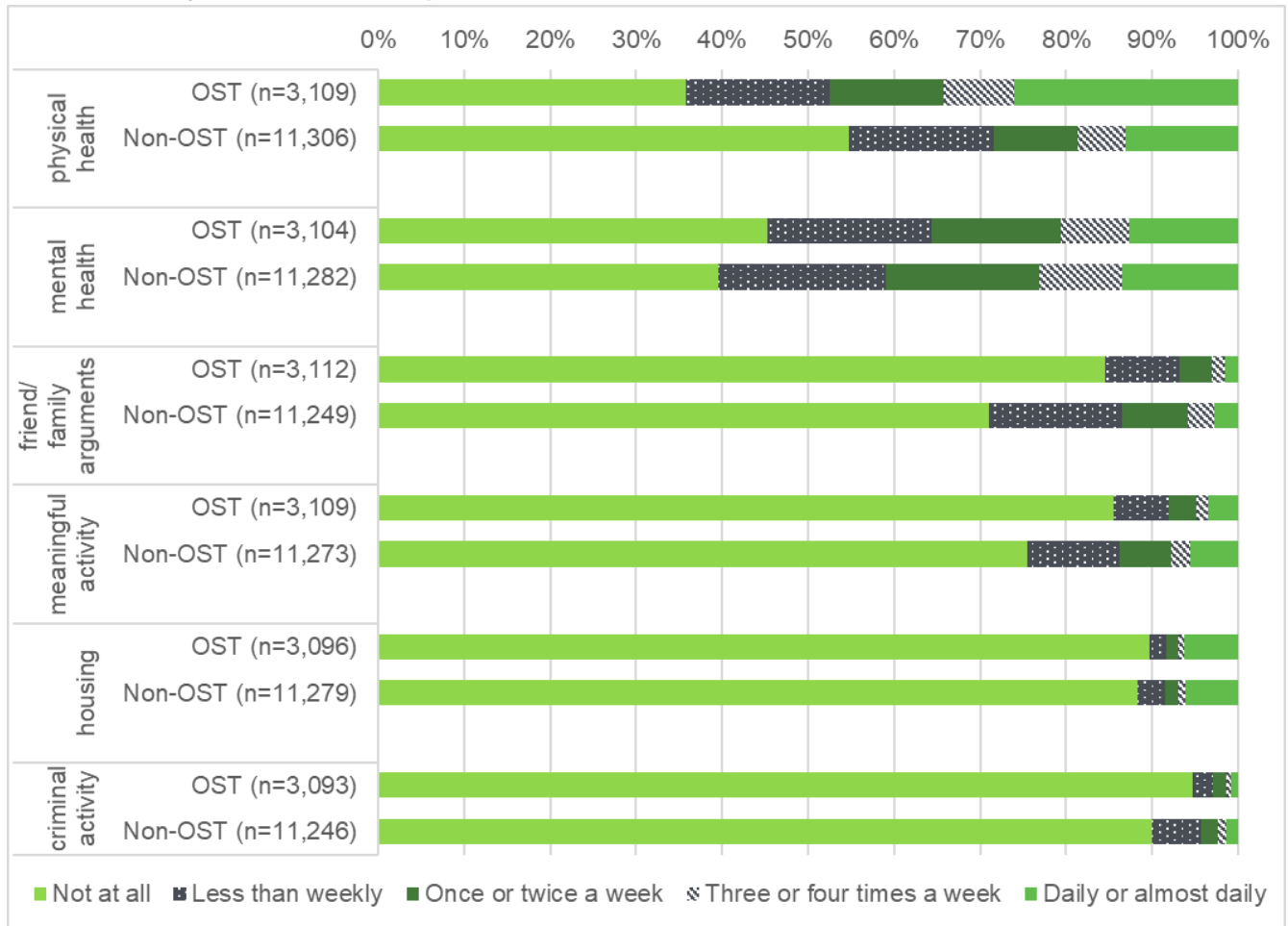
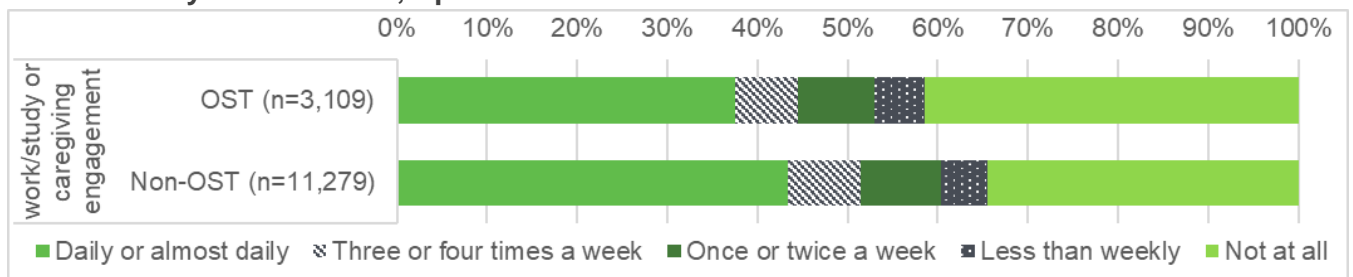


Figure 10 indicates over half (53 per cent) of tāngata whai ora who are on OST are engaged in work, study, or caregiving each week compared to 60 per cent of tāngata whai ora not receiving OST.

**Figure 10: Distribution of lifestyle and wellbeing Q16 responses at ADOM treatment review collections by OST referrals, April 2018 to March 2021**



The data was split for OST referrals by age, gender and ethnicity. As there were very little differences, no further results are displayed here.

## Recovery

This section covers tāngata whai ora recovery ratings at ADOM treatment start and review.

Figure 11 shows positive changes between treatment start and treatment end in how tāngata whai ora on OST see themselves in relation to their desired recovery across age groups.

**Figure 11: Average rates of closeness to desired recovery at ADOM treatment start and review, OST referrals, by age group, April 2018 to March 2021**

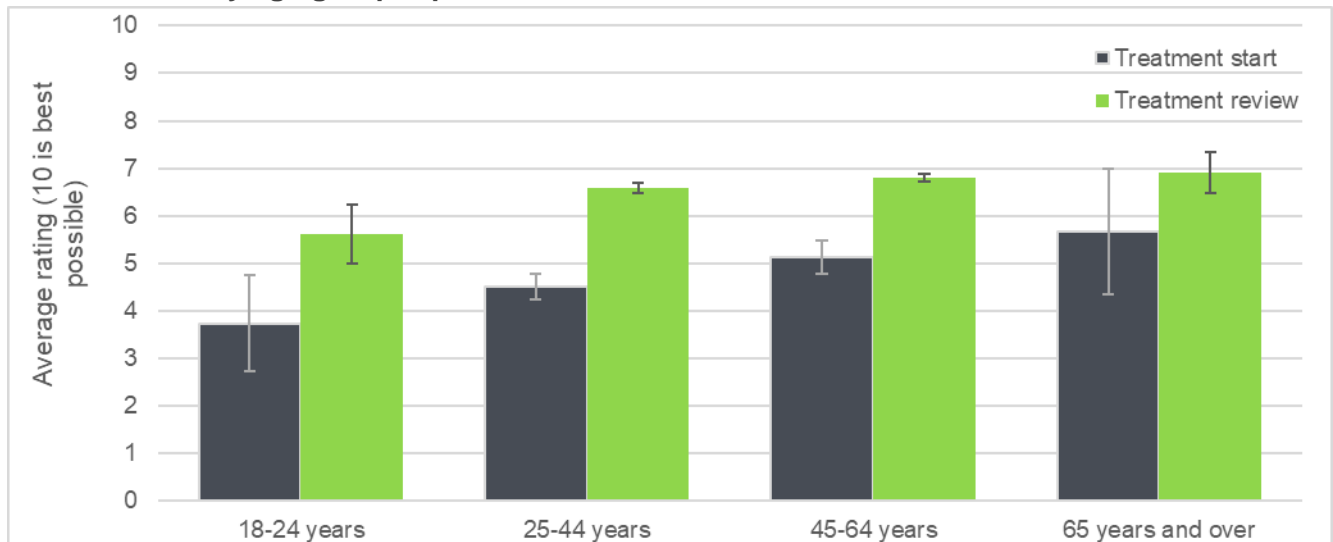
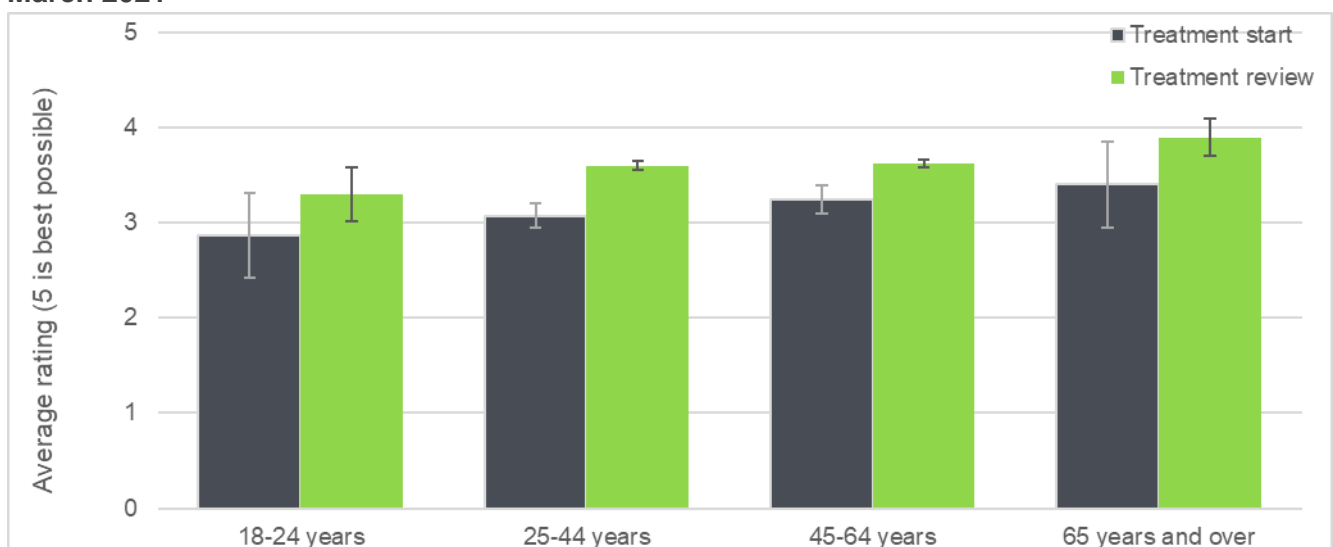


Figure 12 shows perceptions of progress towards recovery goals across all age groups for tāngata whai ora on OST. Both Figure 11 and 12 show that older people appear to be closer to their recovery goals at both treatment start and treatment end.

**Figure 12: Average rating of tāngata whai ora satisfaction with progress towards achieving recovery goals at ADOM treatment start and review, OST referrals, by age group, April 2018 to March 2021**



## Conclusion

There were 6,133 tāngata whai ora receiving OST in addiction services in the 3 years from April 2018 to March 2021. Overall, treatment start and review collections for tāngata whai ora on OST are similar to tāngata whai ora not on OST. An exception is reported main substance of concern, and tāngata whai ora on OST tend to report greater physical and mental health problems during the past week. Receiving OST is beneficial all age groups in terms of achieving recovery goals.

A limitation of this report is that only one-quarter (26 per cent) of tāngata whai ora on OST had at least one ADOM collection. To have more confidence in these results, increased ADOM collections are required. This may require more training, adoption of ADOM into general practice, and dissemination of reports to show the utility of collected data.

## References

- Ministry of Health. (2014). *New Zealand Practice Guidelines for Opioid Substitution Treatment 2014*. <https://www.health.govt.nz/publication/new-zealand-practice-guidelines-opioid-substitution-treatment-2014>
- Ministry of Health. (2021). *Office of the Director of Mental Health and Addiction Services Annual Report 2018 and 2019*. <https://www.health.govt.nz/publication/office-director-mental-health-and-addiction-services-annual-report-2018-and-2019>
- Royal Australian and New Zealand College of Psychiatrists. (2016). *The economic cost of serious mental illness and comorbidities in Australia and New Zealand*. <https://www.ranzcp.org/files/resources/reports/ranzcp-serious-mental-illness.aspx>

# Appendix: Method<sup>5</sup>

## Inclusion and exclusion criteria

### AOD episode of care entering OST:

- includes teams mandated to collect ADOM<sup>7</sup>
- includes team type of alcohol and drug team or a co-existing team
- includes tāngata whai ora aged 18 years and over
- includes referrals with an in-scope contact. Excludes activity settings: WR, PH, SM, OM and exclude activity type: T08, T32, T35, T46, T47 and T49. The activity type is a contact
- includes those episodes of care which start in the period of the report.
- OST group
  - OST specific teams
  - General AOD teams had activity type T18 and T19.

### ADOM collections analysis:

- includes teams recognised or identified as those mandated to collect ADOM
- includes tāngata whai ora aged 18 years and over
- excludes ADOM collections with five or more missing items<sup>8</sup>
- excludes RC19 – Treatment end – DNA and RC21 – Treatment end – other.

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

For ADOM treatment review collections (RC16, RC17) is used in analysis.

### 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.

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<sup>5</sup> Please see ADOM report building rules for a full explanation of methodology, inclusion and exclusion of data in these reports: <https://www.tepou.co.nz/resources/adom-report-building-rules/775>

<sup>7</sup> Some teams in the list are excluded. This is because the team is coded as a community mental health team, and AOD only referrals cannot be differentiated.

<sup>8</sup> This is excluding questions 7, 9 and 11.