

# Alcohol and other drug outcome measure (ADOM)

## Justice referrals

Summary of ADOM collection data for period October 2019 to September 2020

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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).
Justice Referral (JU)	Courts, Prisons, Corrections or Youth Justice.
Other Referral	All referral sources 'other' than justice referrals are named 'other' in this report. They include, but are not restricted to; Self-referral, other AOD service, whānau.

## Executive summary

This report explores ADOM for Justice referrals into PRIMHD and covers the period October 2019 to September 2020. Data used in this report is from PRIMHD and supplied by the Ministry of Health. It was extracted on 27 January 2021. Justice referrals include Courts, Prisons, Corrections or Youth Justice. This report includes three sections.

1. Compares the profile for ADOM in PRIMHD for Justice or Other referrals.
2. Looks at ADOM treatment starts for Justice or Other referrals.
3. Focuses on matched pairs for tāngata whai ora who completed an ADOM at treatment start, and again at treatment end.

Appendix A includes an overview of the method.

There are 457 matched pairs (treatment start and treatment end) analysed in this report. Matched pairs show a reduction in substances used between treatment start and treatment end (Table 4).

# Part 1: ADOM in PRIMHD<sup>1</sup>

When interpreting findings in this report it is important to bear in mind the figures below. **Analysis on small numbers does not lead to effective population level interpretation.** The analysis in this report is for people accessing adult community alcohol and other drug (AOD) services from a Justice referral compared to Other referrals. Justice referrals in this report is defined as relating to people who are referred from Justice which includes: Courts, Prisons, Corrections or Youth Justice.

We can see from this data that just under 29% of all episodes of care opened are for Justice referrals. Justice referrals reflected 31% of ADOM treatment starts, and 39% of the matched pairs.

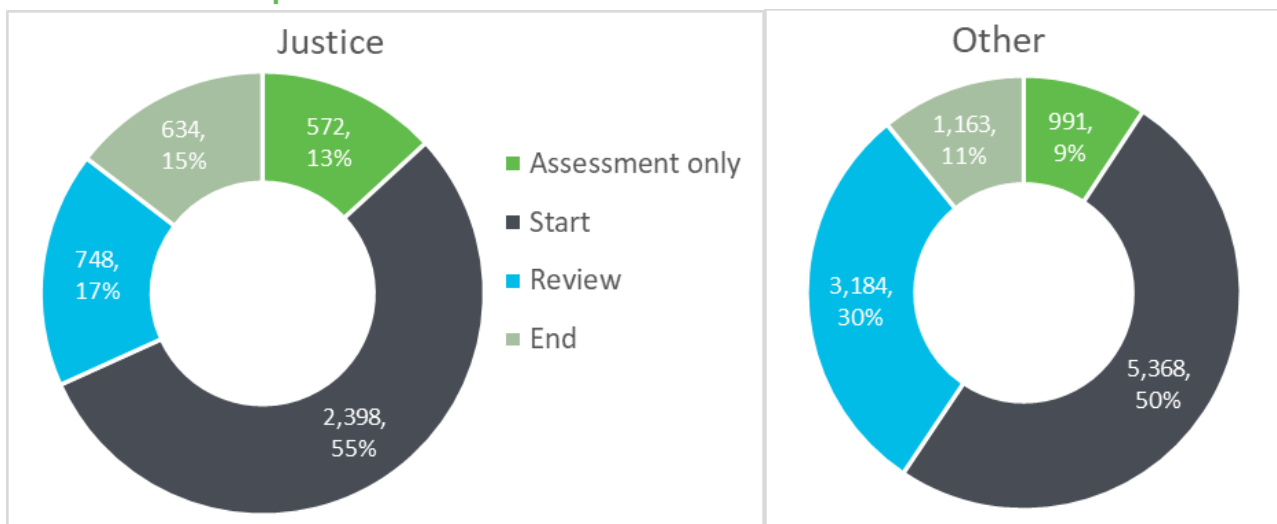
**Table 1: Total number of AOD episodes of care entering ADOM services, ADOM treatment start and ADOM matched treatments start and end pairs, by referral source, October 2019 – September 2020**

	Justice	Other	Total	% Justice
Episode of care opened into mandated ADOM service	8,078	19,169	27,635	29%
Valid ADOM treatment start collections	2,398	5,368	7,766	31%
Matched pairs	457	729	1,186	39%

## Justice ADOM collections by reason for collection

Figure 1 shows the total ADOM collections by reason for collection (RFC): assessment, start, review or treatment end. Justice referrals show more treatment starts and treatment end collections; a higher proportion of reviews are undertaken for Other referral sources.

**Figure 1: Number valid Justice ADOM collection by reason for collection and referral source, October 2019 to September 2020**



<sup>1</sup> See full ADOM report 9: <https://www.tepou.co.nz/resources/adom-report-9-november-2020>

Table 2 illustrates how a large proportion of collections meet report building business rules (see Appendix A). Valid data has been included in analyses. The percentage of valid ADOM completions for Justice is comparable with Other referrals for assessment and treatment start. Whereas treatment review and end ADOM collections are lower for Justice.

**Table 2: Number of Justice ADOM collection valid and not valid, by reason for collection and referral source, October 2019 – September 2020**

Reason for collection	Valid	Not valid	Total	% valid
Justice				
Assessment only	572	52	624	92%
Start	2,398	120	2,518	95%
Review	748	187	935	80%
End	634	291	925	69%
Other				
Assessment only	991	53	1,044	95%
Start	5,368	281	5,649	95%
Review	3,184	380	3,564	89%
End	1,163	168	1,395	83%

## Part 2: Justice ADOM treatment starts

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

Table 3 shows the demographic profiles of treatment start ADOM collections. There is a higher percentage of males in Justice referrals than Other sources. Māori and Pasifika people have a higher proportion of Justice referrals than Other sources. The largest age group, at 61%, are people aged 25 to 44. ADOM treatment starts for Justice referrals tend to be younger compared to Other referral sources. For Justice referrals, NGOs have more ADOM treatment start collections than DHBs, whereas it is the opposite for Other referrals.

**Table 3: Profile of ADOM treatment start collection, Justice and other referrals, by gender, ethnicity, age group and service setting, October 2019 to September 2020**

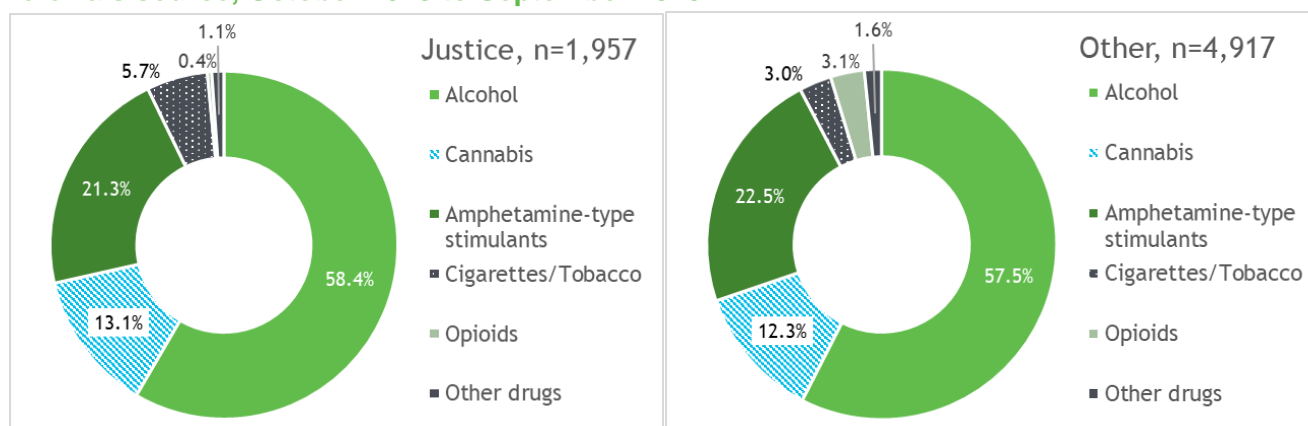
	Justice		Other	
	Number	Percentage	Number	Percentage
Gender				
Female	522	21.8	1,859	34.6
Male	1,876	78.2	3,509	65.4
<b>Total</b>	<b>2,398</b>	<b>100.0</b>	<b>5,368</b>	<b>100.0</b>
Ethnicity				
Māori	906	37.8	1,553	28.9
Pasifika	447	18.6	547	10.2
Other	1,045	43.6	3,268	60.9
<b>Total</b>	<b>2,398</b>	<b>100.0</b>	<b>5,368</b>	<b>100.0</b>
Age group				
18-24 years	410	17.1	741	13.8
25-44 years	1,471	61.3	3,124	58.2
45-64 years	485	20.2	1,357	25.3
65 years and over	32	1.3	146	2.7
<b>Total</b>	<b>2,398</b>	<b>100.0</b>	<b>5,368</b>	<b>100.0</b>
Service setting				
DHB	956	39.9	3,864	72.0
NGO	1,442	60.1	1,504	28.0
<b>Total</b>	<b>2,398</b>	<b>100.0</b>	<b>5,368</b>	<b>100.0</b>

## ADOM treatment start collections, Justice referrals, by substance of concern

In this section the main substance of concern is explored. When tangata whai ora present to services and complete their first ADOM, they are asked what their main substance of concern is; this may differ from the substance that they are using most. The main substance of concern is the substance that is or has been causing most issues in their life.

Figure 2 shows the main substance of concern stated by 1,957 people at treatment start<sup>2</sup> for Justice referrals. The main substances of concerns appear to be similar in Justice and Other settings.

**Figure 2: Distribution of substance of main concern at ADOM treatment start collections, by referrals source, October 2019 to September 2020**



## ADOM treatment start collections, Justice referrals, by lifestyle and wellbeing

This section is focused on the lifestyle and wellbeing of people accessing services, based on the questions collected in Section 2 of the ADOM at treatment start.

### Lifestyle and wellbeing – all tāngata whai ora

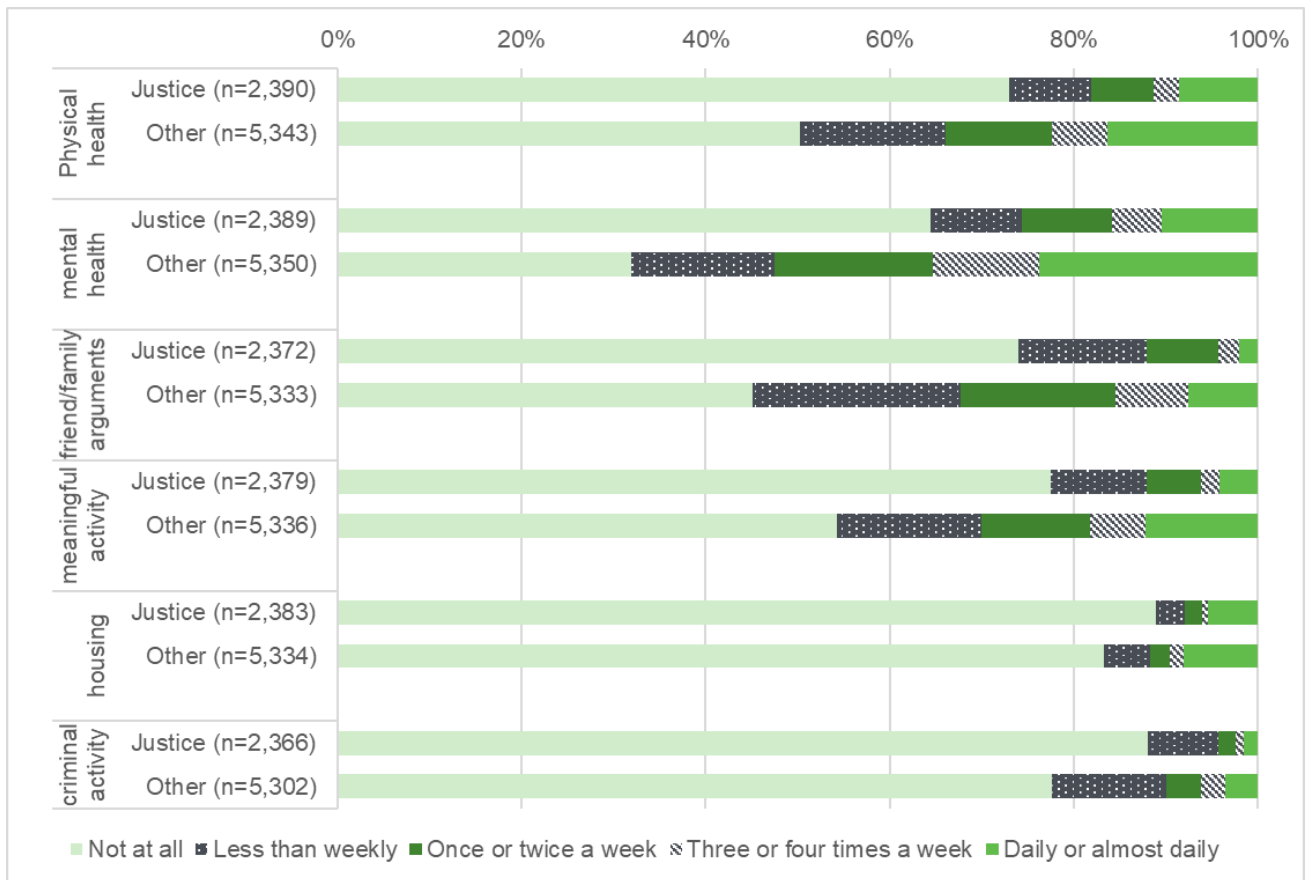
Question key:
<b>Q12</b> How often has your physical health caused problems in your daily life?
<b>Q13</b> How often has your general mental health caused problems in your daily life?
<b>Q14</b> How often has your alcohol or drug use led to problems or arguments with friends or family members?
<b>Q15</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?

<sup>2</sup> Please note that ADOM is collected in service settings and not all 2,398 (Justice referrals) and 5,368 (other referrals) people specify a substance of concern at treatment start. Figures quoted here are not indicative of substance use in the general population, particularly, as not every person who has a substance use problem, accesses services.



Figure 3 shows the overall distribution of responses by tāngata whai ora to ADOM Section 2, lifestyle and wellbeing questions. Results indicate the lifestyle and wellbeing of tāngata whai ora has been negatively impacted, though, seemingly less so for people referred by Justice than Other referrals.

**Figure 3: Distribution of lifestyle and wellbeing responses at Justice treatment start collections, by referral source, October 2019 to September 2020**

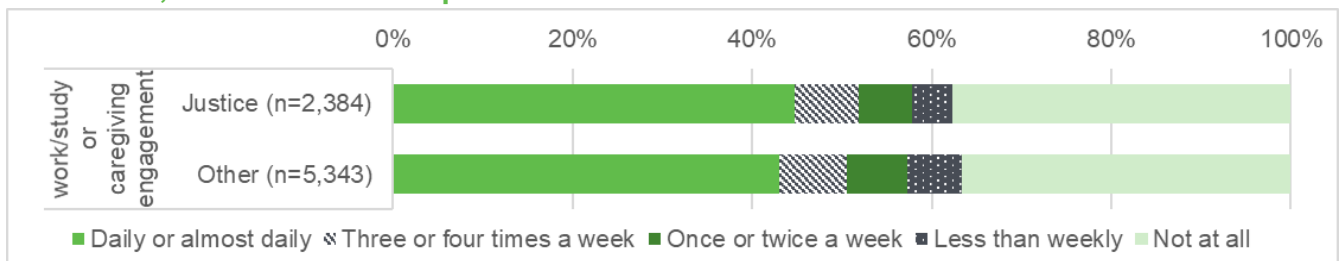


**Question key:**

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

Figure 4 shows engagement with work and other activities. The distribution on ADOM question 16 is presented separately as it is framed in reverse. Higher scores reflect better engagement with work and other activities. Over half of tāngata whai ora from Justice referrals report being engaged in work, study or caregiving activities each day.

**Figure 4: Distribution of lifestyle and wellbeing Q16 responses at ADOM treatment start collections, October 2019 to September 2020**





## Part 3: Outcomes (matched pairs)

This section reports on the matched pairs of treatment start and treatment end ADOM collections.

There were 457 matched pairs of treatment start and treatment end ADOM collections from October 2019 – September 2020 from Justice referrals. Please note that tāngata whai ora starting treatment in this period may still be in treatment and therefore not be included in matched pairs analyses; Also, did not attend (DNA) drop offs exclude a significant number of potential matched pairs (see Appendix A for inclusion rules).

### ADOM matched pairs by substance of concern

Treatment start and treatment end changes have been calculated for **any** substance use stated at treatment start, not specifically for people's main substance of concern. When more data is available, further analysis will be possible.

Figure 5 shows a decrease in substance use between treatment start and treatment end for both Justice and Other referrals. At treatment start, Justice referrals have a lower number of days of alcohol and amphetamine type substance use on average, while cannabis use is similar to Other referrals.

**Figure 5: Days of substance use in the past four weeks at ADOM treatment start and treatment end for those matched pairs with substance use as treatment start, October 2019 to September 2020**

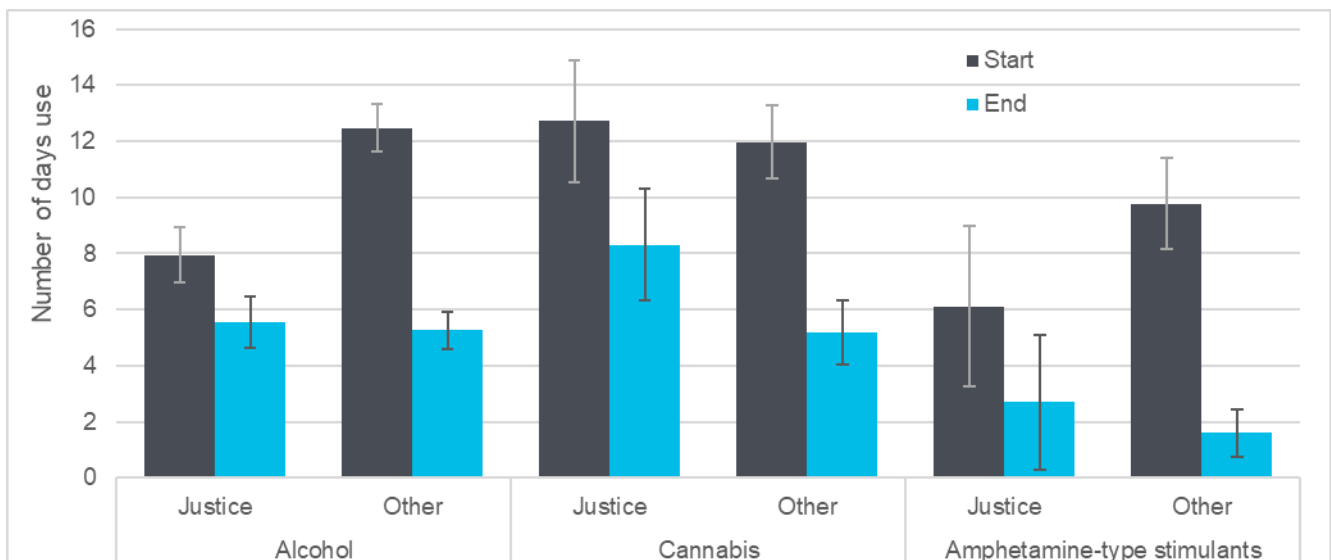


Table 4 shows reductions in all substances between treatment start and treatment end. Of note reductions for Justice referrals are smaller than other referrals. This likely reflects in part the smaller amounts of substances being initially used (see Figure 5).

**Table 4: Average days of substance use amongst those with use at treatment start, by ADOM treatment start, treatment end and outcome, matched pairs, and treatment effect, by referral source, October 2019 to September 2020**

Question	Referral Source	Start mean (number)	End mean (number)	Outcome (Start minus end mean)	Cohen's d (effect size with 95% CI)	Effect of treatment
<b>Q1: Alcohol days of use</b>	Justice	7.9 (267)	5.6 (266)	2.4	0.30 (0.13-0.47)	Small
	Other	12.5 (537)	5.3 (536)	7.2	0.80 (0.68-0.93)	Large
<b>Q2: Alcohol number of standard drinks consumed in a typical days use</b>	Justice	9.3 (263)	4.8 (254)	4.4	0.57 (0.40-0.75)	Medium
	Other	12.1 (524)	3.9 (520)	8.2	1.04 (0.91-1.17)	Large
<b>Q3: Cannabis days of use</b>	Justice	12.7 (103)	8.3 (103)	4.4	0.41 (0.14-0.69)	Small
	Other	12.0 (240)	5.2 (238)	6.8	0.71 (0.52-0.89)	Medium
<b>Q4: Amphetamine-type stimulant days of use</b>	Justice	6.1 (33)	2.7 (33)	3.4	0.46 (0-0.94)	Small
	Other	9.8 (112)	1.6 (112)	8.2	1.18 (0.90-1.47)	Large
<b>Q8: Cigarettes – average cigarettes smoked per day</b>	Justice	10.8 (263)	7.8 (257)	2.9	0.40 (0.23-0.58)	Small
	Other	10.3 (404)	6.6 (389)	3.7	0.58 (0.44-0.72)	Large

Notes: Cohen (1992)<sup>3</sup> reports the following intervals for d: .2 to .5: small effect; .5 to .8: medium effect; .8 and higher: large effect.

<sup>3</sup> Cohen, J (1992) A Power Primer, Quantitative Methods in Psychology, *Psychologic Bulletin* Vol 112, No.1 155-159.

## ADOM matched pairs by lifestyle and wellbeing

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

Figure 6 shows positive changes between treatment start and treatment end in lifestyle and wellbeing for Justice referrals. The biggest changes occurred in friend and family arguments and meaningful activity.

**Figure 6: Distribution in lifestyle and wellbeing for ADOM treatment start and end for matched pairs, Justice referrals, October 2019 to September 2020<sup>4</sup>**

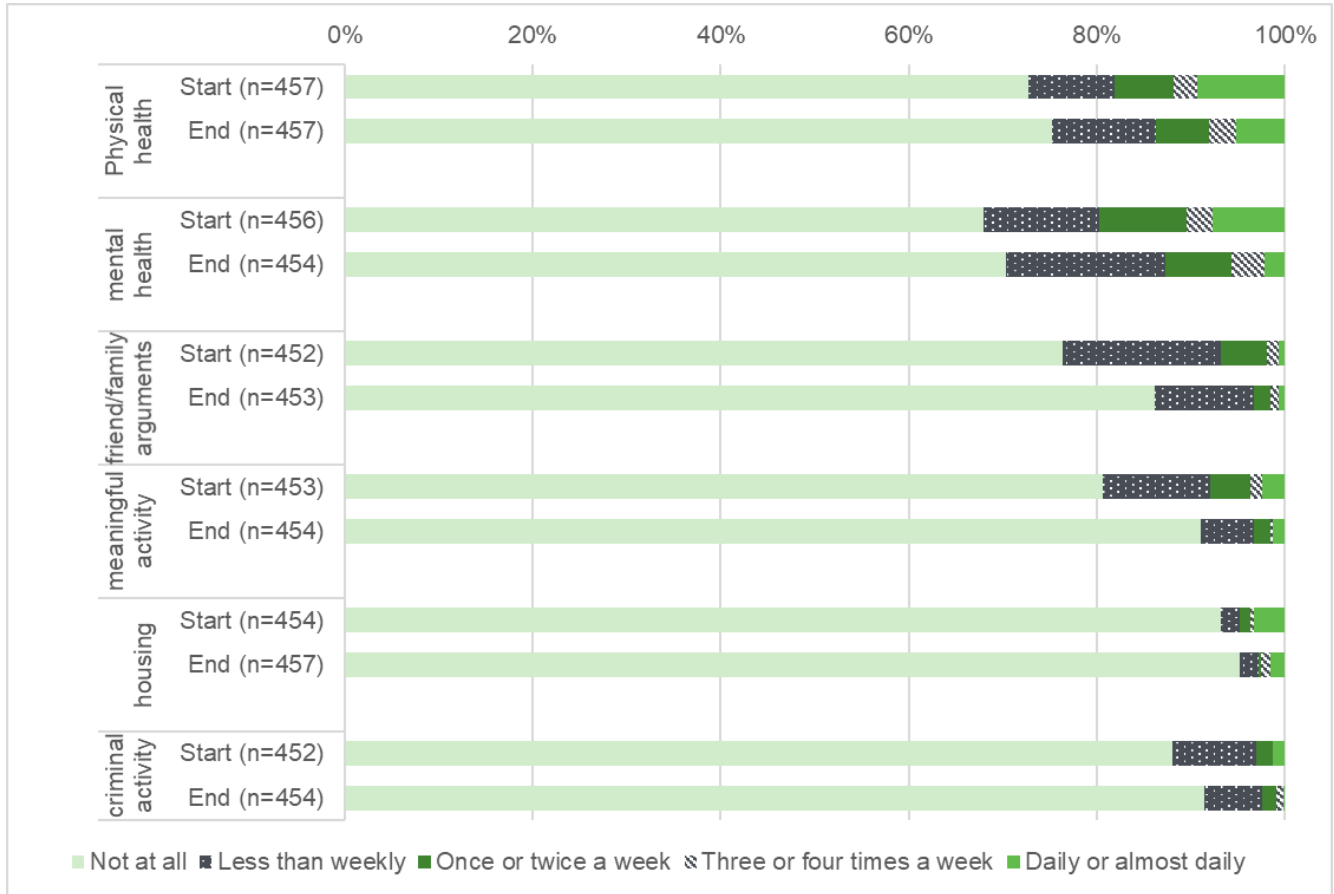
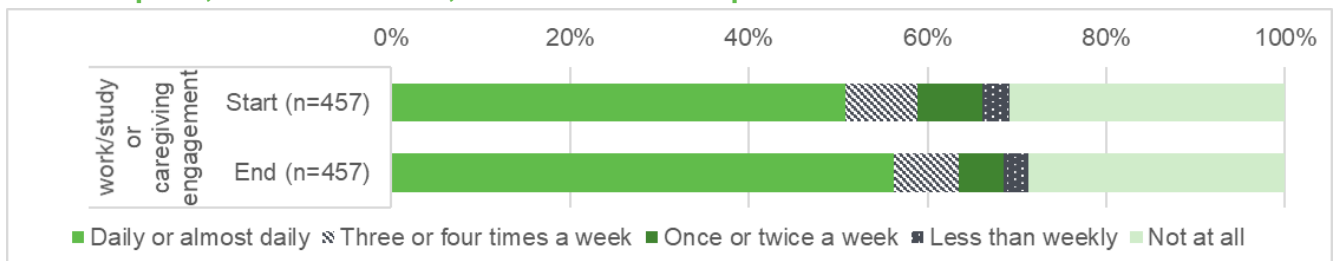


Figure 7 shows a small positive change between treatment start and treatment end in employment, study, and caregiving activities for Justice referrals.

**Figure 7: Distribution in lifestyle and wellbeing between ADOM treatment start and end for Q16 matched pairs, Justice referrals, October 2019 to September 2020**



<sup>44</sup> The matched pair total is 532. Some start, end figures and matched pair totals differ because a tangata whai ora may choose not to answer one of the questions at start or end, but still be within total data missing rules.

## ADOM matched pairs by recovery

Figure 8 shows positive changes from treatment start to treatment end in how tāngata whai ora see themselves in relation in how close they are to where they want to be in their recovery for Justice referrals and Other referrals.

**Figure 8: Average self-rating of rates of closeness to desired recovery at ADOM treatment start and end collection, by referral source, October 2019 to September 2020**

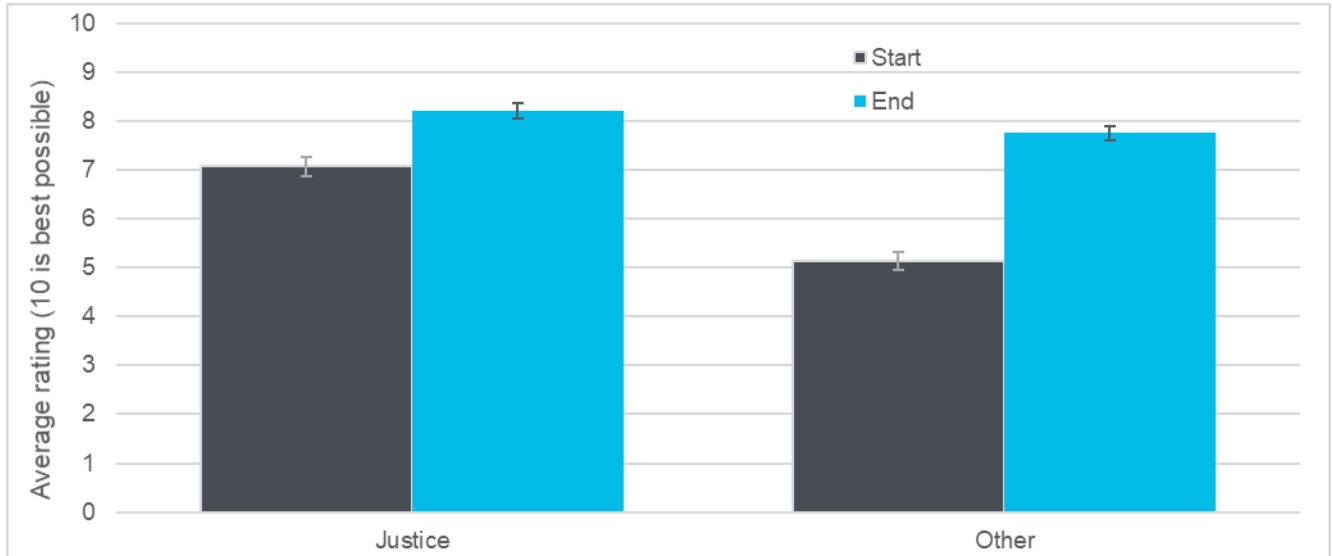
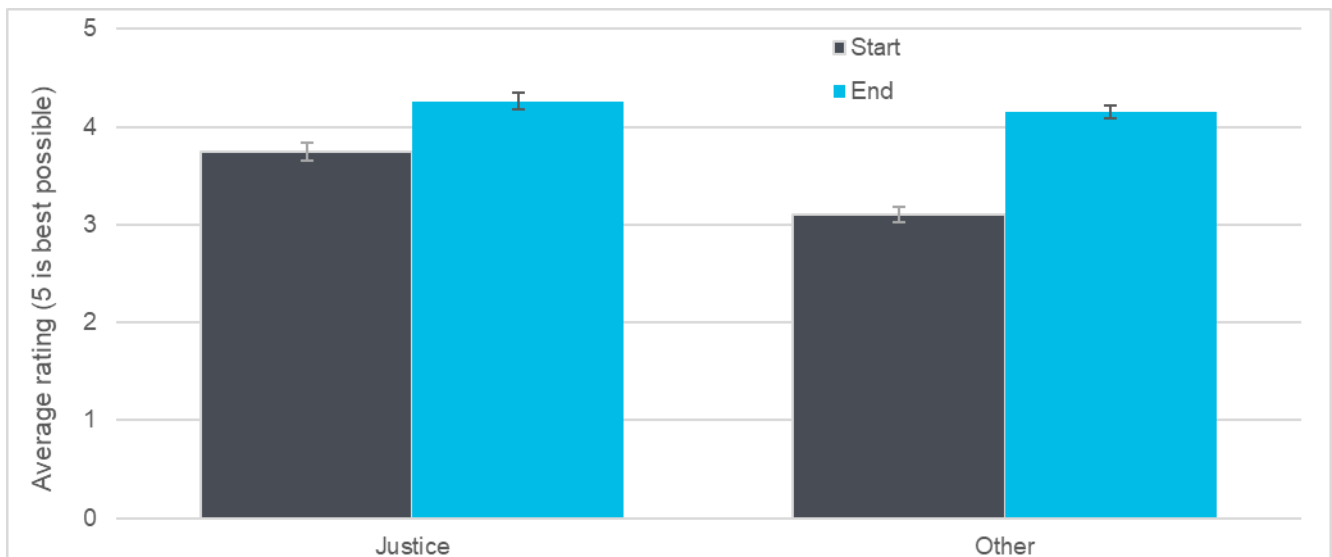


Figure 9 shows positive change from treatment start to treatment end in how tāngata whai ora regard progress towards their recovery goals for Justice referrals and Other referrals.

**Figure 9: Average self-rating of how satisfied tāngata whai ora are with progress towards achieving their recovery goals at ADOM treatment start and end collection, by referral source, October 2019 to September 2020**



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

### Inclusion and exclusion criteria

#### AOD episode of care entering mandated services, includes:

- teams mandated to collect ADOM<sup>6</sup>
- team type of alcohol and drug team or a co-existing team
- tāngata whai ora aged 18 years and over
- 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
- referrals joined together to make an episode of care if they overlap or have 14 days or less between referral end and referral start
- episodes of care which start in the period of the report.

Treatment starts are within the episode of care and include only episodes of care with a treatment start ADOM collection including assessment only (RC13, RC14, RC15) in analysis.

#### ADOM collections analysis:

- includes teams recognised or identified as those mandated to collect ADOM
- includes tāngata whai ora are aged 18 years and over
- excludes ADOM collections with five or more missing items<sup>7</sup>
- excludes RC19 – Treatment end – DNA and RC21 – Treatment end – other.

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

#### ADOM matched pairs:

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

#### Other notes

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

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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>

<sup>6</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>7</sup> This is excluding questions 7, 9 and 11.