



NADA
network of alcohol and
other drugs agencies



UNIVERSITY
OF WOLLONGONG
AUSTRALIA

NADAbase Snapshot Report 16/17

Time frame: 1st July 2016 to 30th June 2017

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Background: The current snapshot provides an overview of the data that was collected within the NADAbase during the 2016-2017 financial year. The snapshot is divided into three sections: (1) description of participants who entered treatment using the NSW Alcohol and Other Drugs Treatment Services (AODTS) Minimum Data Set (MDS), (2) description of participants who completed at least one NADAbase Client Outcome Management System (COMS) survey, and (3) a summary of client outcomes during this period using NADAbase COMS.

Section 1. MDS:

This section presents an overview of the NSW AODTS Minimum Data Set (MDS) data collected during this period across the NGO sector.

1.1 Demographics: During this period 10672 unique commencement assessments were completed (62% male, 37% female). About 18% of participants identified as being of Aboriginal and/or Torres Strait Islander decent. The large majority of participants were born in Australia (90%) and reported that English was their preferred language (98%). Almost half of all participants were accessing temporary benefits as their primary source of income (44%). See Table 1 for further descriptions.

Table 1. MDS demographic information for participants who entered treatment during the 16-17 financial year.

	N	%	Mean	SD
Age (years)			33.5	12.6
Gender				
Male	6651	62.3		
Female	3990	37.4		
Transgender female	13	.1		
Transgender male	1	.0		
Non binary / indeterminate	1	.0		
Not stated	15	.1		
Indigenous status				
Neither Aboriginal or Torres Strait Islander	8445	79.1		
Aboriginal but not Torres Strait Islander Origin	1755	16.3		
Aboriginal and Torres Strait Islander	166	1.6		
Torres Strait Islander but not Aboriginal Origin	36	.3		
Not stated	290	2.7		
Country of birth¹				
Australia	9569	89.9		
New Zealand	217	2.0		
England	138	1.3		
Vietnam	58	.5		
South Africa	40	.4		
Fiji	35	.3		
Philippines	30	.3		
Other	585	5.5		
Preferred language¹				
English	10448	97.9		
Vietnamese	42	.4		
Not stated	38	.4		
Other	144	1.4		

Principle source of income

Temporary benefits (e.g. sickness, unemployment)	4650	43.6
Pension	1710	16.0
Not stated/not known/described	944	8.8
Full-time employment	1047	9.8
Part-time employment	593	5.6
No income	853	8.0
Dependent on others	498	4.7
Student allowance	182	1.7
Other	158	1.5
Retirement fund	37	.3

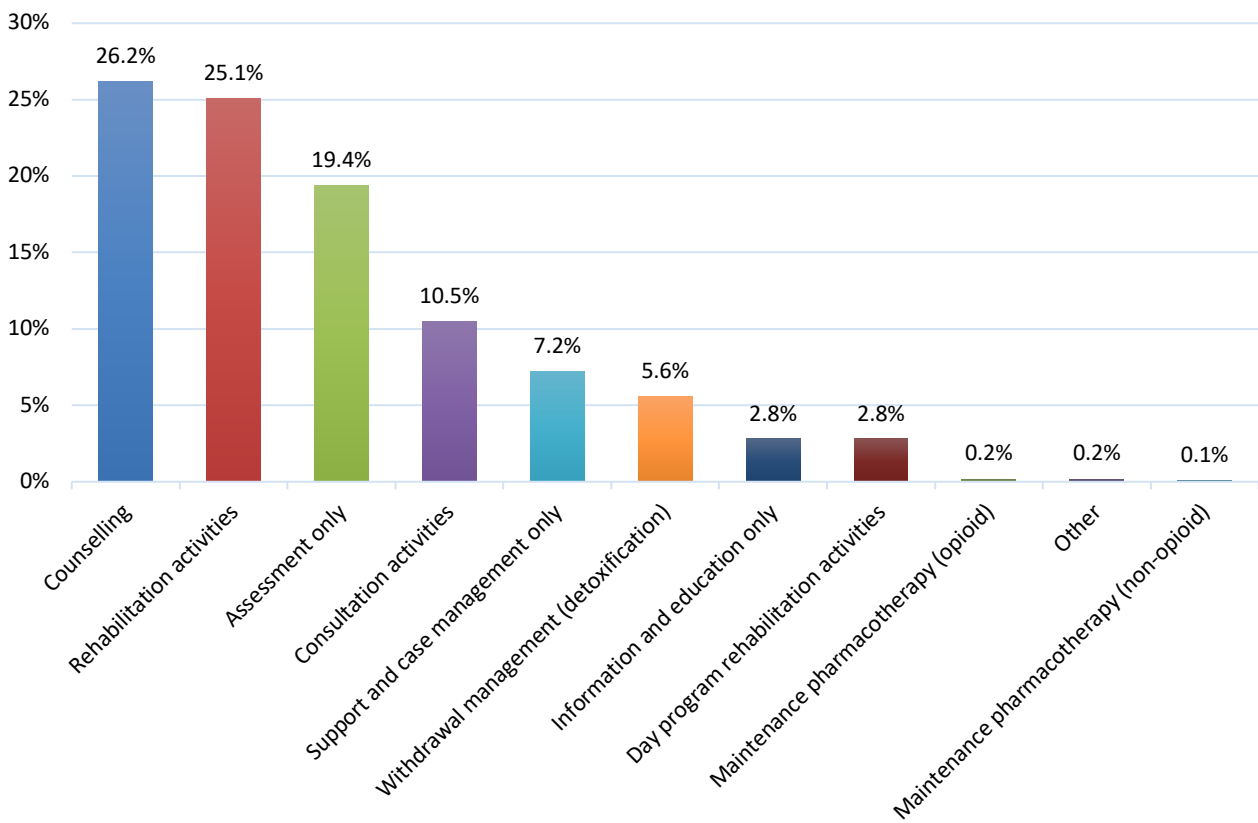
Accommodation

Rented house or flat	5561	52.1
Privately owned house or flat	2354	22.1
Not known	792	7.4
Other	371	3.5
No usual residence/homeless	432	4.0
Prison/detention centre	378	3.5
Alcohol or other drug treatment residence	192	1.8
Hostel/supported accommodation	205	1.9
Boarding house	157	1.5
Shelter / refuge	147	1.4
Caravan on serviced site	48	.4
Psychiatric hospital	35	.3

Notes. County of birth or preferred language listed if 30 or more participants¹.

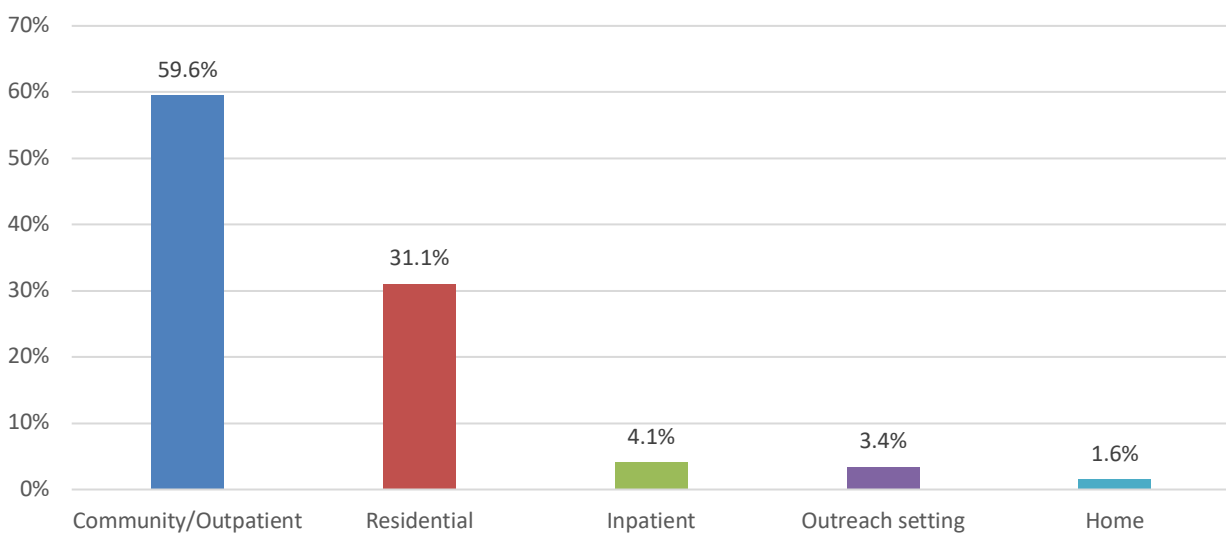
1.2 Main treatment type: Figure 1 provides a description of the main treatment type for people during this period. Counselling (26%), rehabilitation (25%) and assessment only (19%) were the three most common main treatment types.

Figure 1. Main Treatment Type



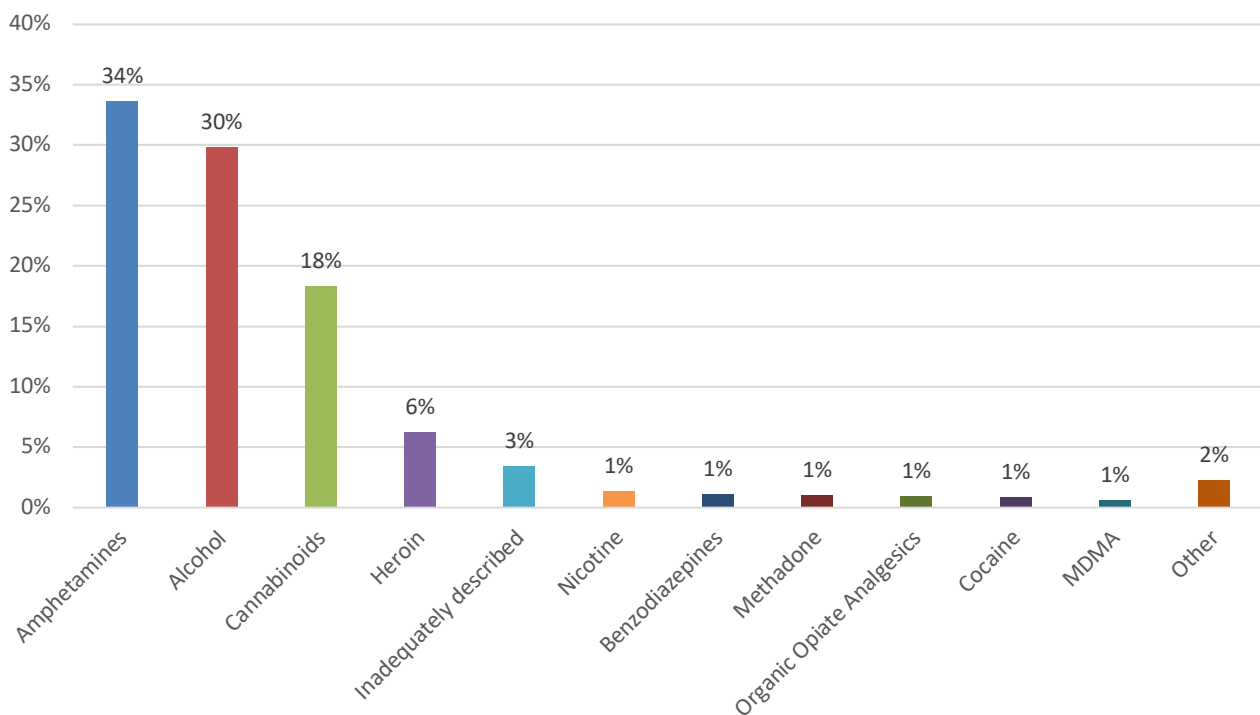
1.3 Service delivery setting. Figure 2 provides a summary of the primary service delivery settings. Community / outpatient (60%) and residential (31%) were the most highly endorsed treatment settings.

Figure 2. Service delivery setting



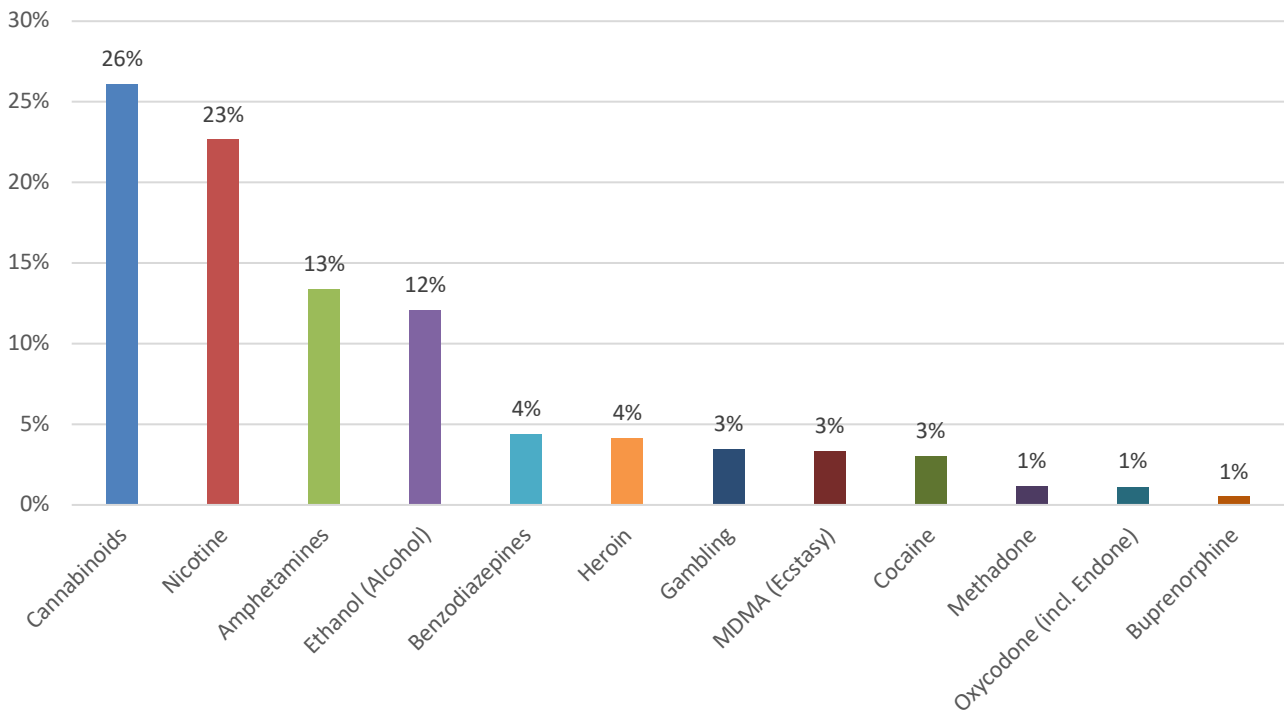
1.4 Substances of Concern: All participants were asked to nominate their primary substance of concern (see Figure 3). Amphetamines (including methamphetamines) were the highest endorsed primary substance of concern (34%), followed by alcohol (30%) and cannabinoids (18%). Participants were also asked to nominate any other substances of concern (see Figure 3). If applicable, participants could nominate multiple other substances of concern. Cannabinoids (26%) were the most highly endorsed ‘other drug of concern’. This was followed by nicotine (23%), amphetamines (13%), and alcohol (12%). Figures 5 and 6 present the primary substance of concern based on Indigenous status and gender respectively. These figures just include the 4 most commonly endorsed primary substances of concern.

Figure 3. Primary substance of concern



Note. Organic Opiate Analgesics include Codeine, Morphine and Organic Opiate Analgesics not specified.

Figure 4. Other substances of concern



Note. Organic Opiate Analgesics include Codeine, Morphine and Organic Opiate Analgesics not specified.

Figure 5: Primary drug of concern by Indigenous status

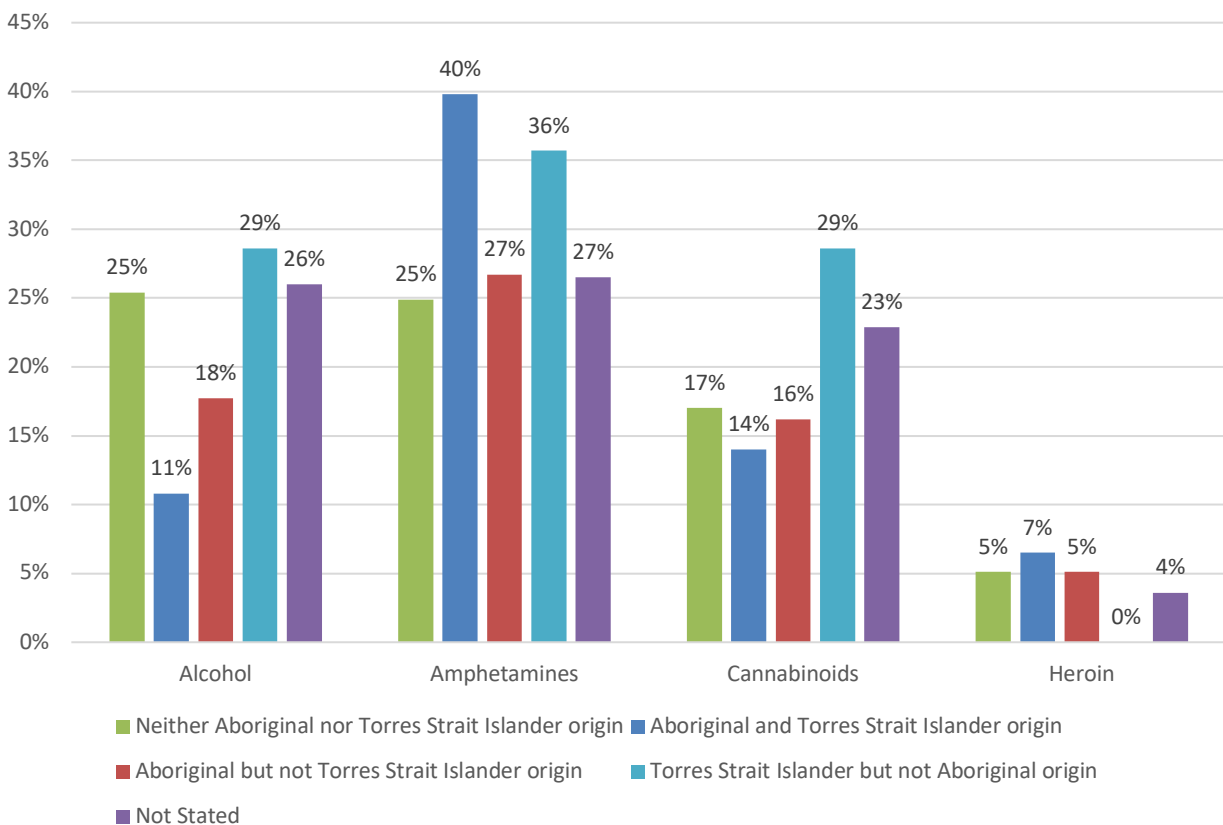
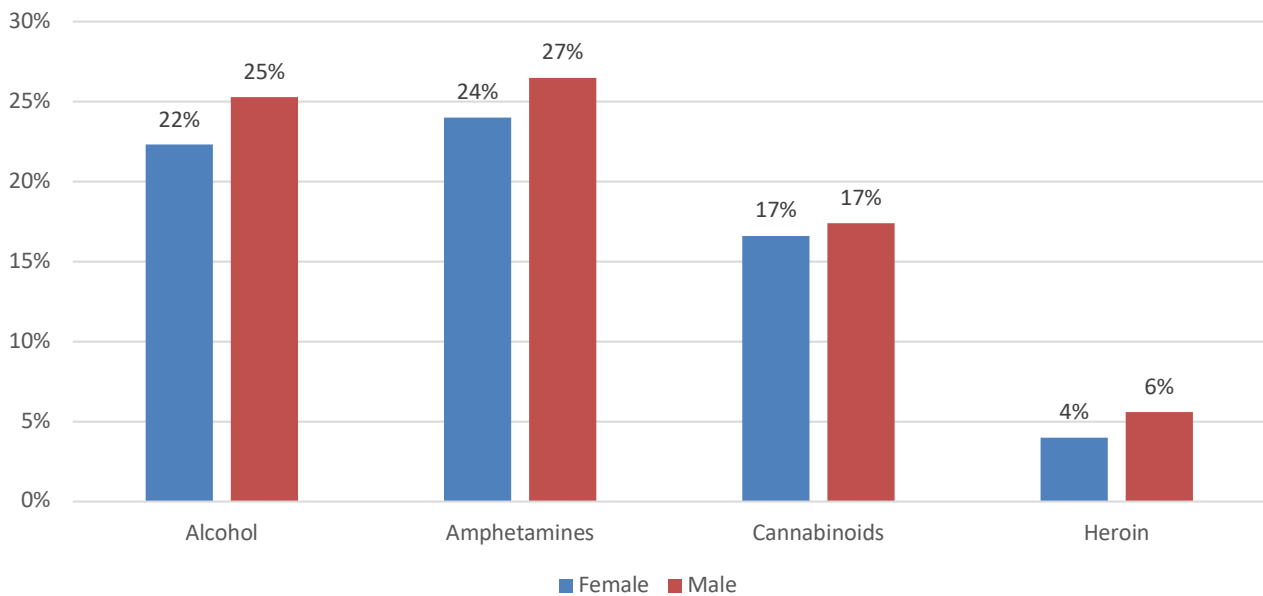
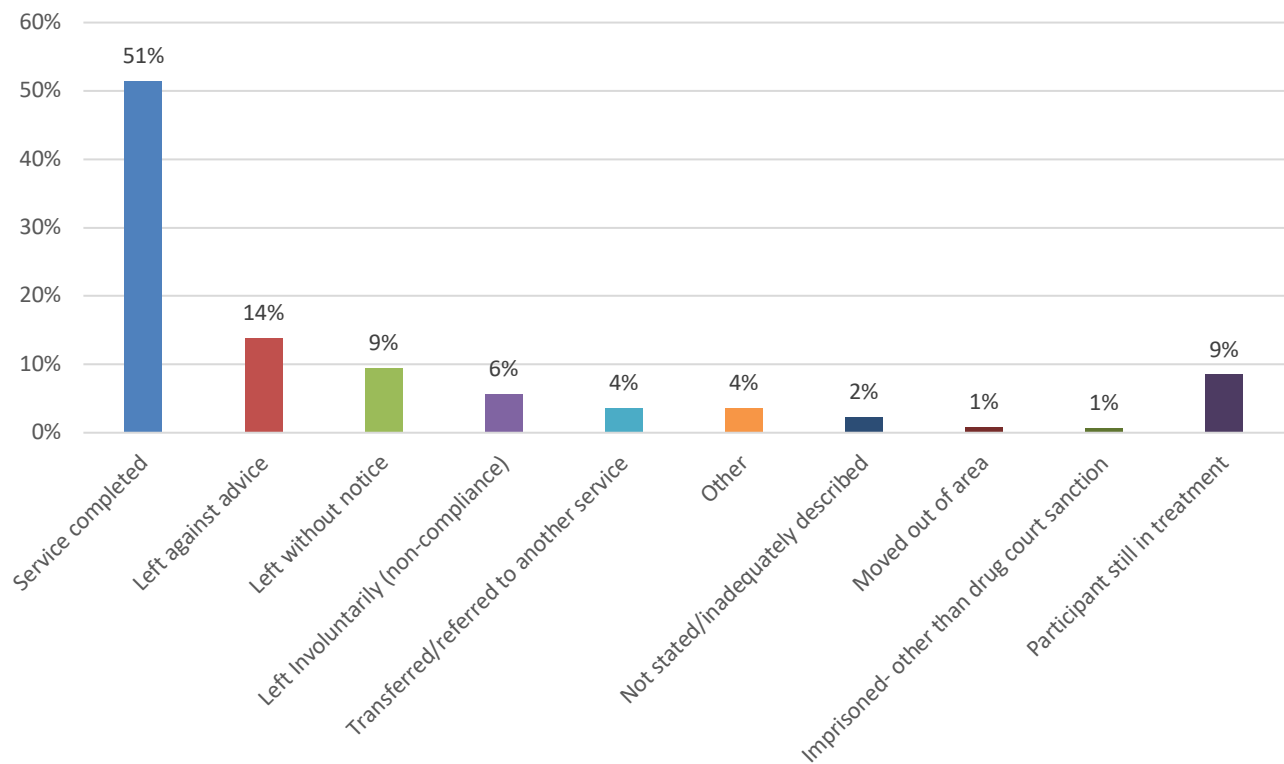


Figure 6: Primary drug of concern by gender



1.5 Reasons for leaving treatment: Figure 7 provide a summary of the reasons that people left treatment. The highest endorsed response was ‘service completed’ (51%). This was followed by ‘left against advice’ (14%), and ‘left without notice’ (9%). For about 6% of participants it was unclear why the person left treatment as the categories ‘other’ or ‘not stated’ were selected.

Figure 7. Reason for leaving treatment

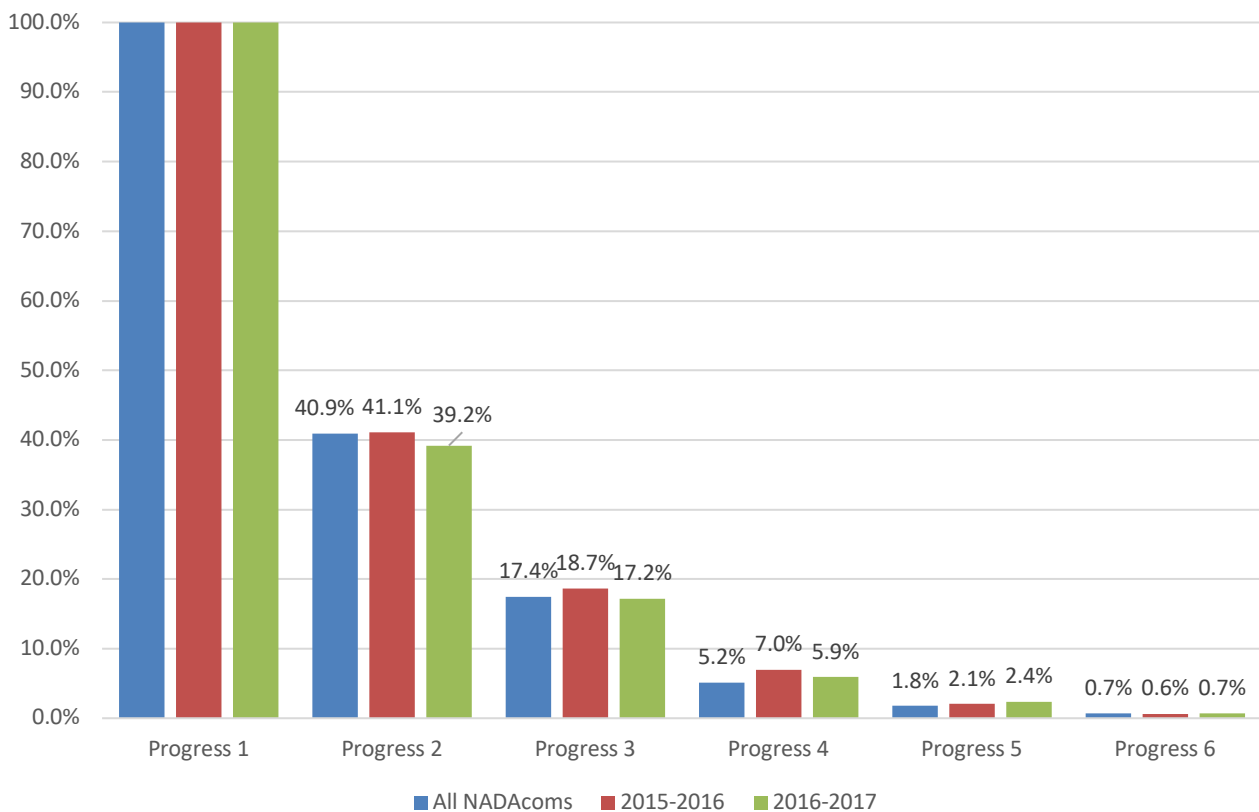


Section Two: COMS

This section provides an overview of the total NADA COMS assessments completed during the period. It also provides an overview of the participants who entered treatment during this period and completed at least one NADA COMS.

2.1 Total COMS completed: Figure 8 provides an overview of the total number of COMS assessments that have been completed. The blue bars describe the total number of assessments that have been completed across the life of the NADA Coms. The red bars provide the number of assessments that were completed during the 2016 to 2017 financial year. There is a consistent trend across both the life of the NADA Coms and 2016 to 2017 period for about 40% of participants to complete a second assessment and about 17% of participants to complete a third assessment.

Figure 8. Total assessments completed by participants



2.2 Proportion of COMS assessments completed: To examine the pattern of survey completion in more detail, further analysis was conducted to examine the proportion of people who completed multiple assessments during their treatment. Analysis focused on people who had stayed in treatment for 30-days or more (Figure 9), 60-days or more (Figure 10), and 90-days or more (Figure 11). Each figure compares the total number of assessments completed by all participants (blue bars), people who were attending residential activities (red bar) or counselling (green bars).

Figure 9. Proportion of COMS progress assessments completed for people who stayed in treatment for 30-days or more

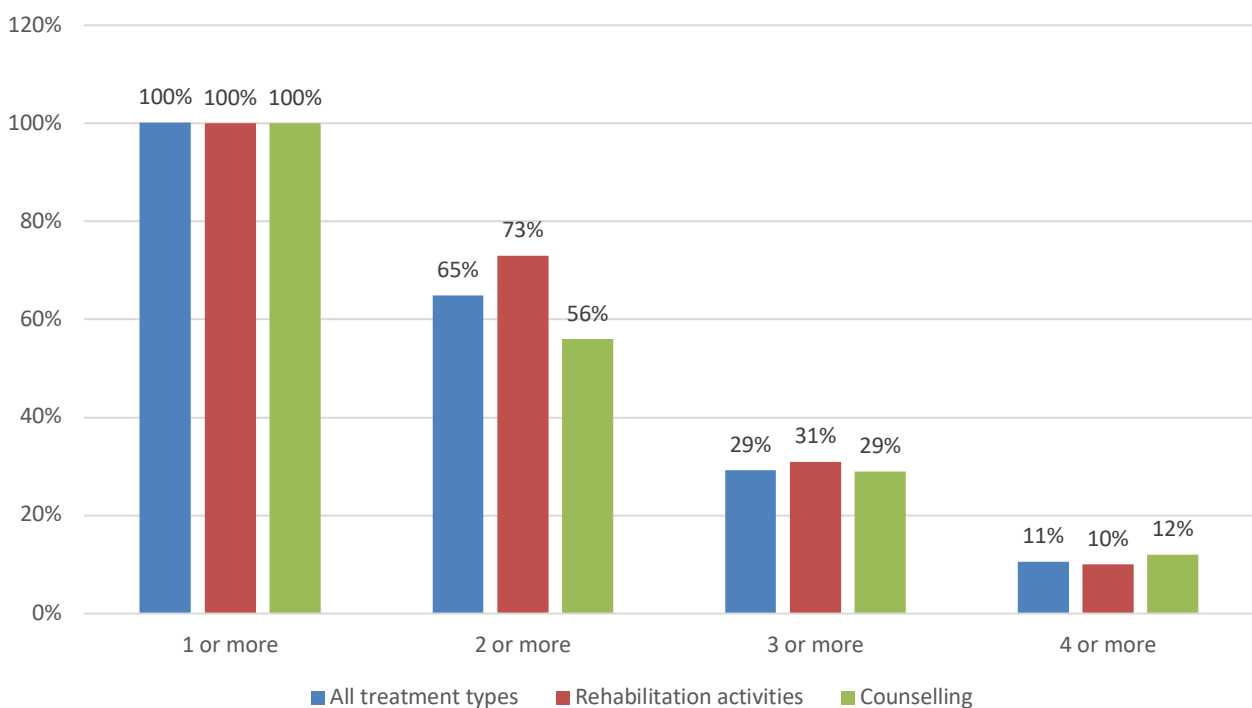


Figure 10. Proportion of COMS progress assessments completed for people who stayed in treatment for 60-days or more

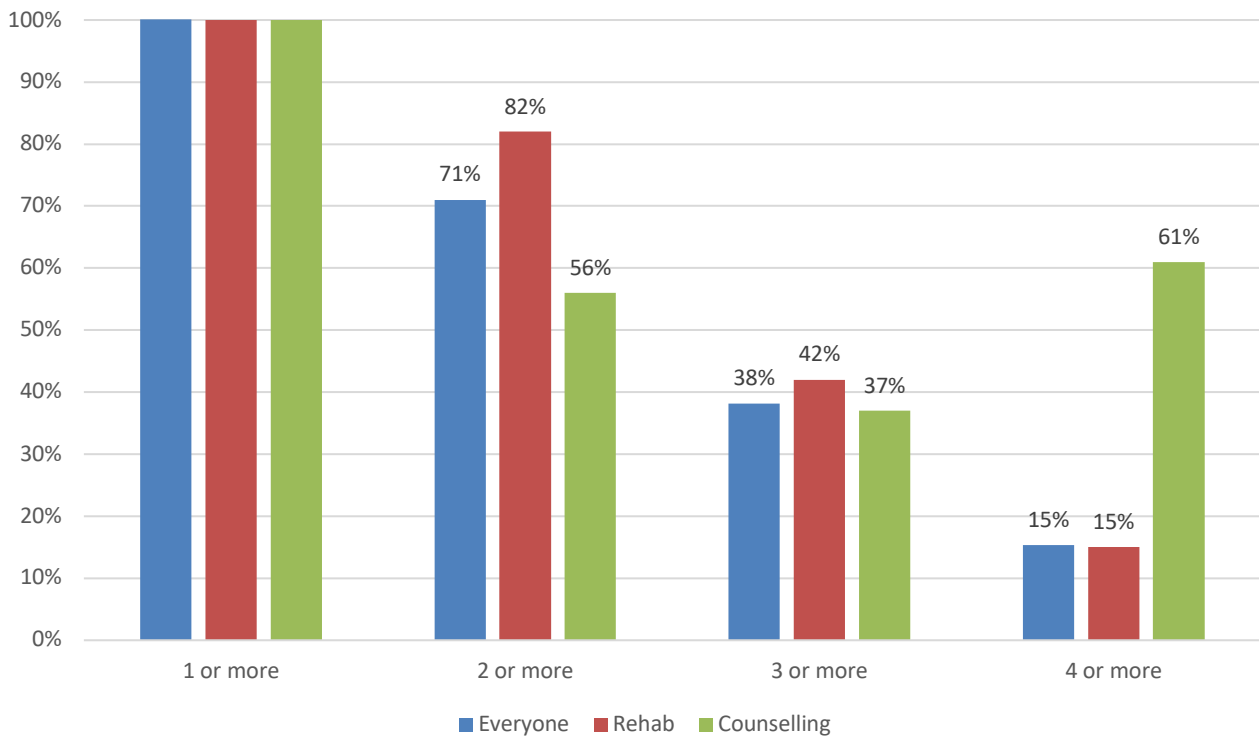
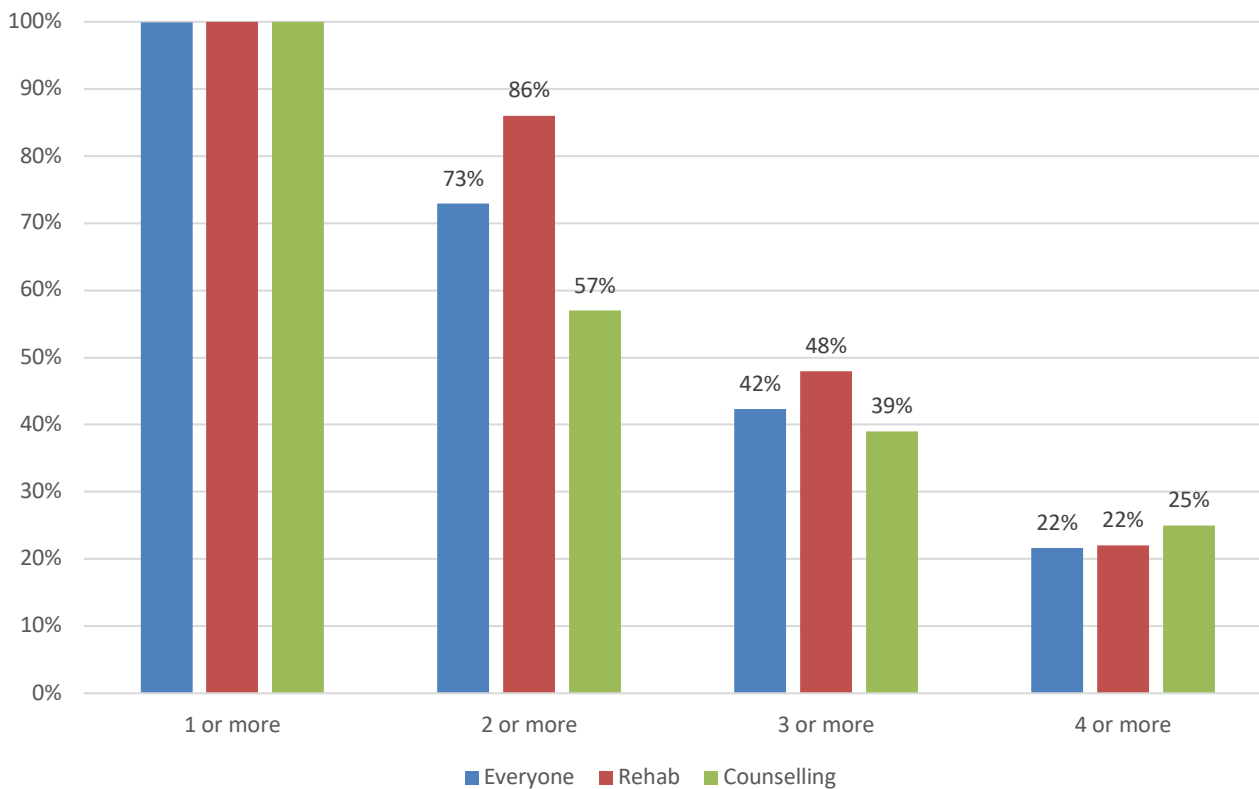


Figure 11. Proportion of COMS progress assessments completed for people who stayed in treatment for 90-days or more



2.1 Demographics: During the 2016/17 period 4391 unique commencement assessments were completed (64% male, 36% female). About 18% of participants identified as being Aboriginal and/or Torres Strait Islander decent. The large majority of participants were born in Australia (90%) and reported that English was their preferred language (98%). Almost half of all participants were accessing temporary benefits as their primary source of income (48%). See Table 1 for further descriptions. Nearly half of all participants were attending residential rehabilitation services (46%). This was followed by people accessing counselling (23%) and people attending specialist non-government AOD services for assessment only (16%).

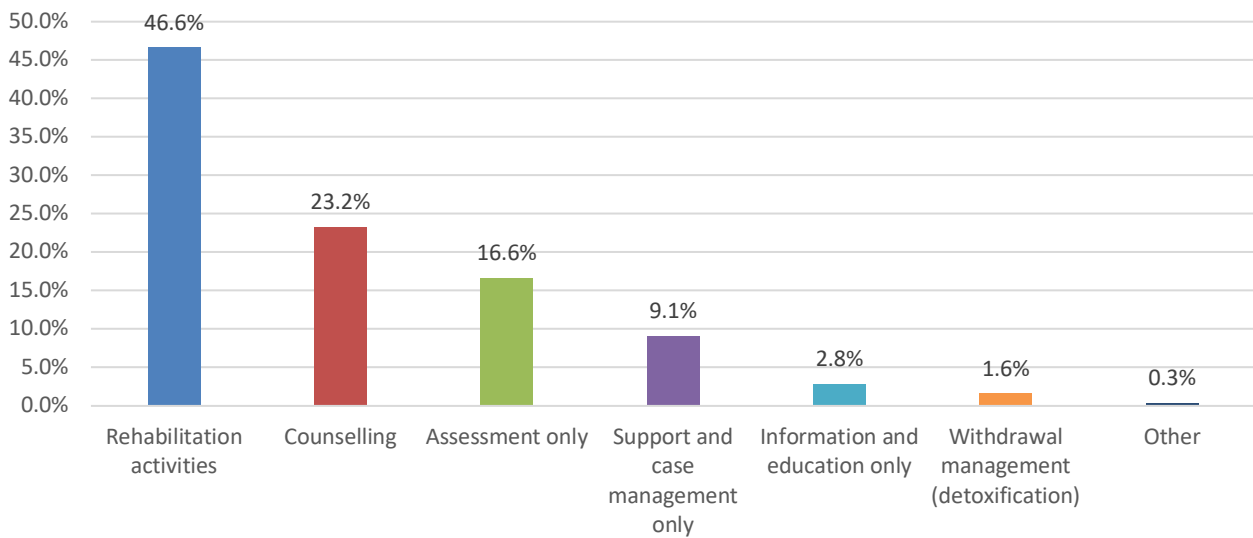
Table 2. Demographic information for the first COMS assessment occasion.

	N	%	Mean	SD
Age (years)			31.4	11.5
Gender				
Male	2788	63.5		
Female	1584	36.1		
Transgender female	9	.2		
Intersex	1	.0		
Transgender male	1	.0		
Non binary / indeterminate	1	.0		
Not stated	7	.2		
Indigenous status				
Neither Aboriginal or Torres Strait Islander	3490	79.5		
Aboriginal but not Torres Strait Islander Origin	715	16.3		
Aboriginal and Torres Strait Islander	72	1.6		
Torres Strait Islander but not Aboriginal Origin	22	.5		
Not stated	92	2.1		
Country of birth				
Australia	3949	89.9		
New Zealand	137	3.1		

England	61	1.4
Scotland	18	.4
South Africa	18	.4
Other	208	4.7
Preferred language		
English	4316	98.3
Other	75	1.7
Principle source of income		
Temporary benefits (e.g. sickness, unemployment)	2119	48.3
Pension (e.g. aged, disability)	713	16.2
No-income	482	11
Full-time employment	354	8.1
Dependant on others	214	4.9
Part-time employment	202	4.6
Student allowance	88	2
Retirement fund	11	.3
Other	81	1.8
Not known	76	1.7
Usual Accommodation		
Rented house or flat	2400	54.7
Privately owned house or flat	929	21.1
Prison / detention centre	221	5.0
No usual residence / homeless	218	5.0
Hostel / supported accommodation	102	2.3
Shelter or refuge	70	1.6
Boarding house	63	1.4
Other	238	5.4
Unknown	150	3.4

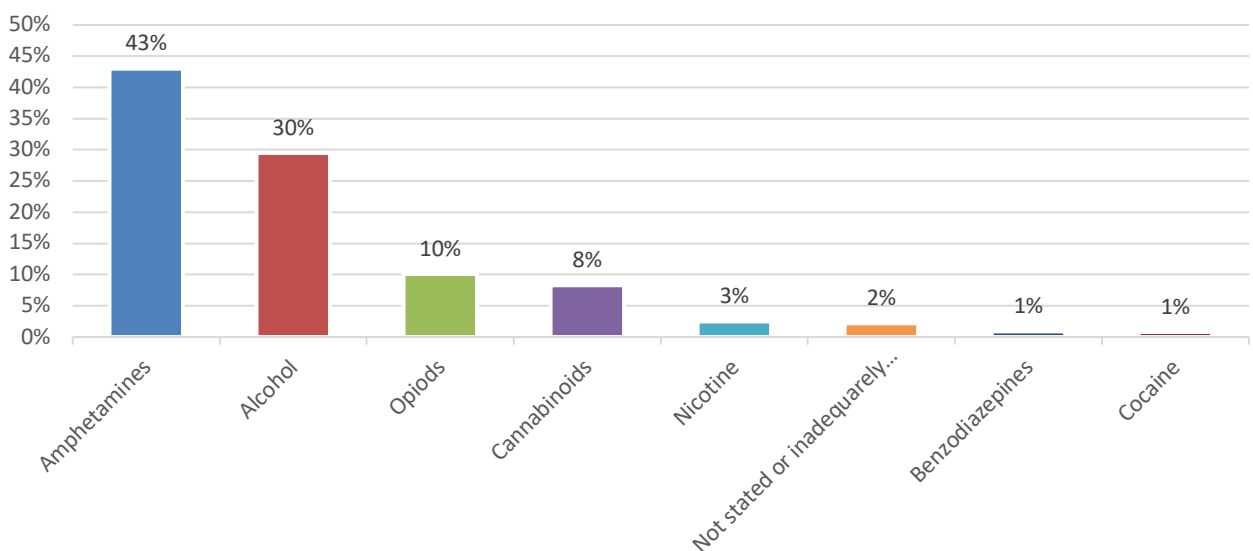
2.2 Main treatment type: Of the participants who entered treatment during the period, nearly half were attending residential rehabilitation services (46%). This was followed by people accessing counselling (23%) and people attending specialist non-government AOD services for assessment only (16%). See Figure 10.

Figure 12. Main Treatment Type



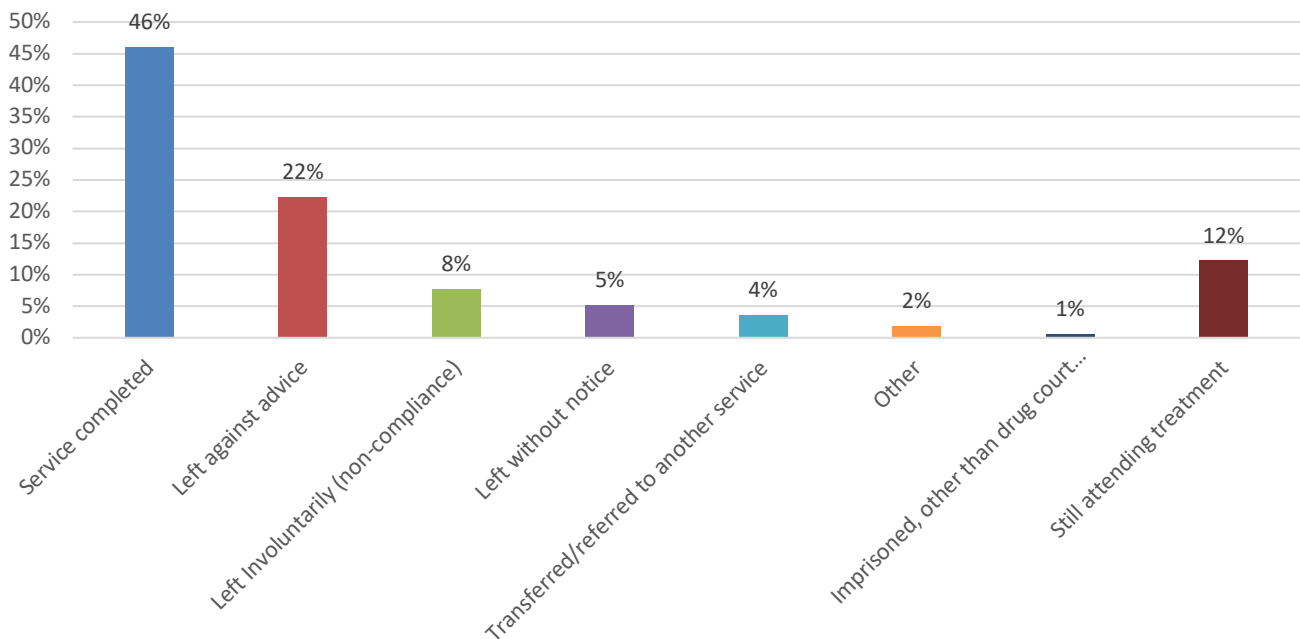
2.3 Substances of Concern: All participants were asked to nominate their primary substance of concern. Amphetamines was rated the highest endorsed substance (43%), followed by alcohol (30%) and opioids (10%; see Figure 11).

Figure 13. Primary substance of concern



2.4 Reasons for leaving treatment: Figure 12 provide a summary of the reasons that people left treatment. The most common reasons were that the person had completed treatment (46%) or they had left against advice (22%). Approximately 12% were still attending treatment.

Figure 14. Reason for leaving treatment



Injecting Drug Use: Participants were asked to indicate when they last “injected or hit up” any drug. As highlighted in Table 3, 56% of the participants had ‘never injected’ any drugs. Of those participants who had “injected or hit up” drugs in the last 3-months (n = 943, 22%), 235 (25%) had shared needles and 298 (31.6%) had shared injection equipment during this period. One hundred and two participants (10.8%) who reported injecting during the previous 3-months also reported that they overdosed in the 3-months prior to entering treatment.

Table 3. Description of injecting drug use.

	N	%
When did you last inject/hit up any drug		
Never injected	2458	56%
Last three months	943	22%
More than 3 but less than 12 months ago	405	9%
12 months ago or more	346	8%
Not stated	239	5%

Section Three: Client Outcome Data

The remaining figures present a comparison of the outcome data over time for gender, Indigenous status and service setting (i.e. counselling, rehabilitation and case management). As the assessment measures are not consistently completed at standard times by the organisations, the outcome data were grouped according to the time period in which they were completed. COMS surveys completed before 14-days were not included, as it was considered that participants would not have received a ‘sufficient dose’ of treatment to meaningfully interpret changes over time. The time periods were 30-days (14-days to 29-days), 60-days (30 days to 59-days), 90-days (60-days to 89-days) and 120-days (90-days to 190-days). If a participant had completed two assessments during a time period, the latest assessment was included in the analysis. As the same participants have not necessarily completed an assessment at each of these periods of time and the data is grouped across a large range of different services, it is important to consider the following graphs as average trends. As demonstrated across all of the comparisons, symptom distress (measured by the Kessler-10) tended to demonstrate a consistent reduction over time. Substance dependence (measured by the Substance Dependence Scale) tended to increase initially, and then gradually reduce. Quality of life (measured by the EUROHIS World Health Organisation Quality of Life Scale) tended to show rapid improvements in the initial stages of treatment and then tended to maintain those improvements over time. However, see the following Figures for individual sub-group differences.

Figure 15. Symptom distress (K10)

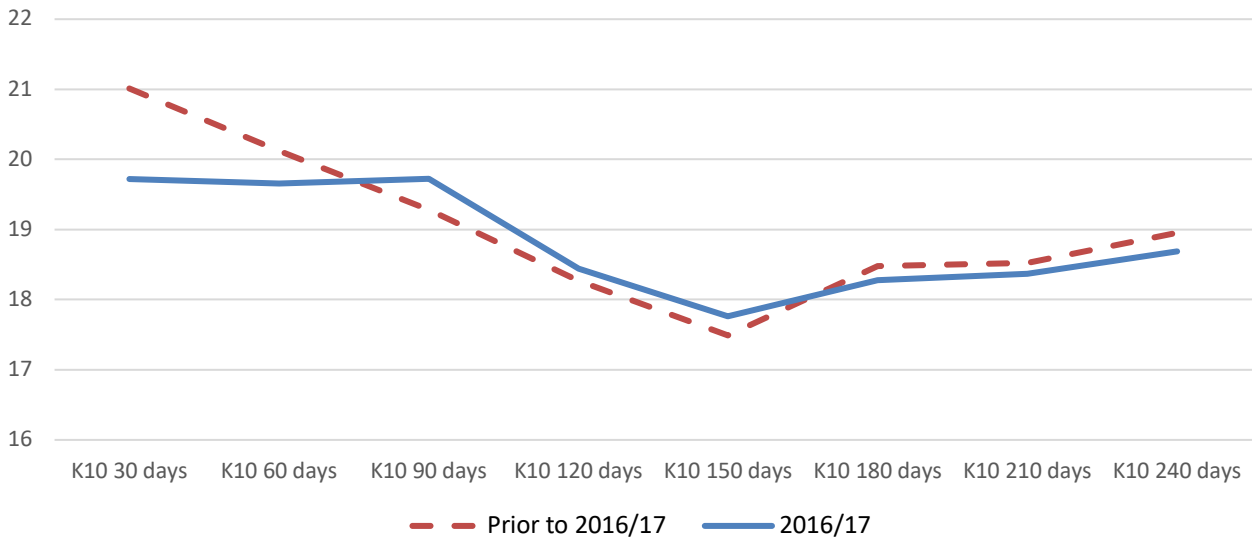


Figure 16. Substance dependence (SDS)

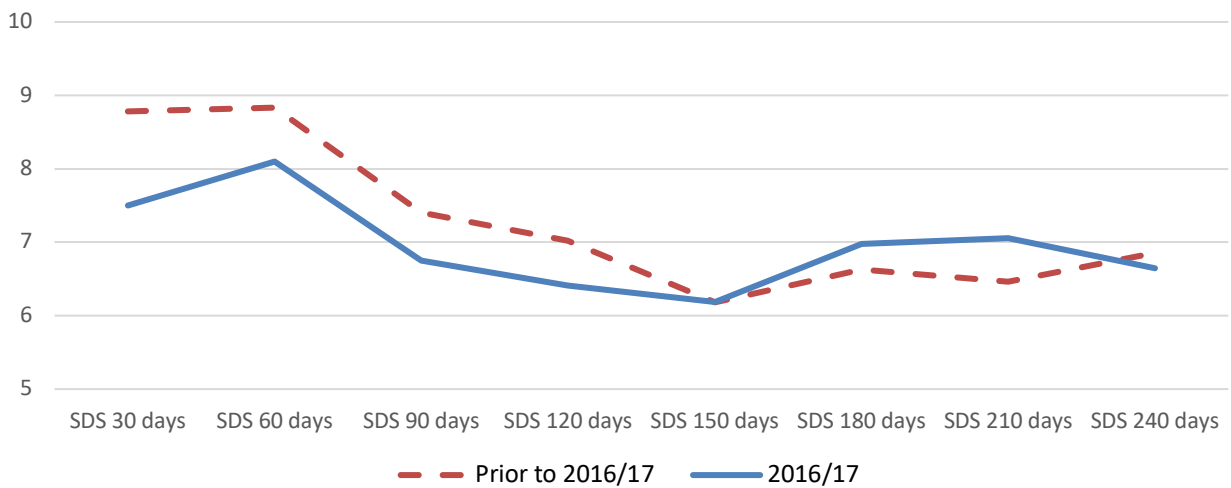


Figure 17. Quality of life (QOL)

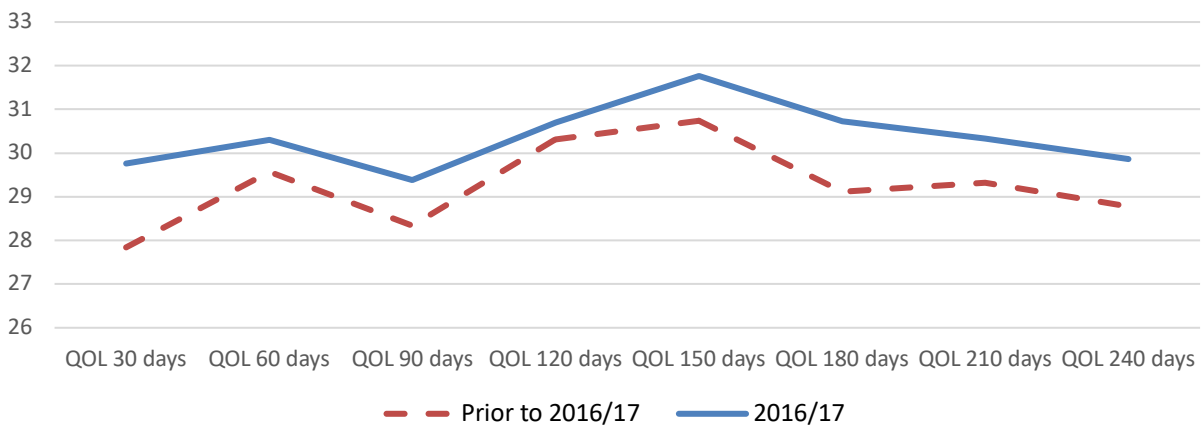


Figure 18. Symptom distress (K10): Women and Men

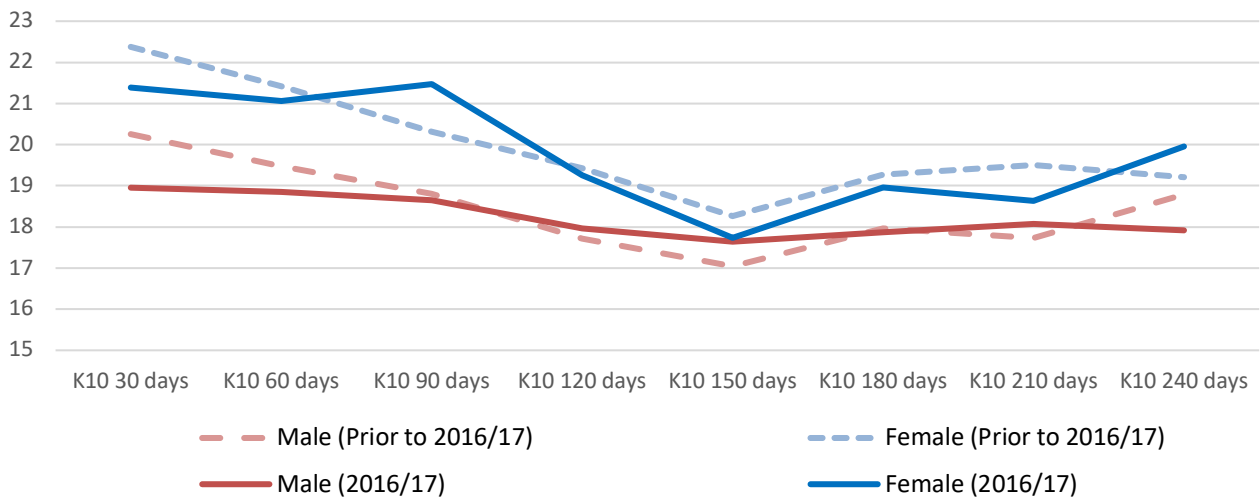


Figure 19. Severity of Dependence (SDS): Women and Men

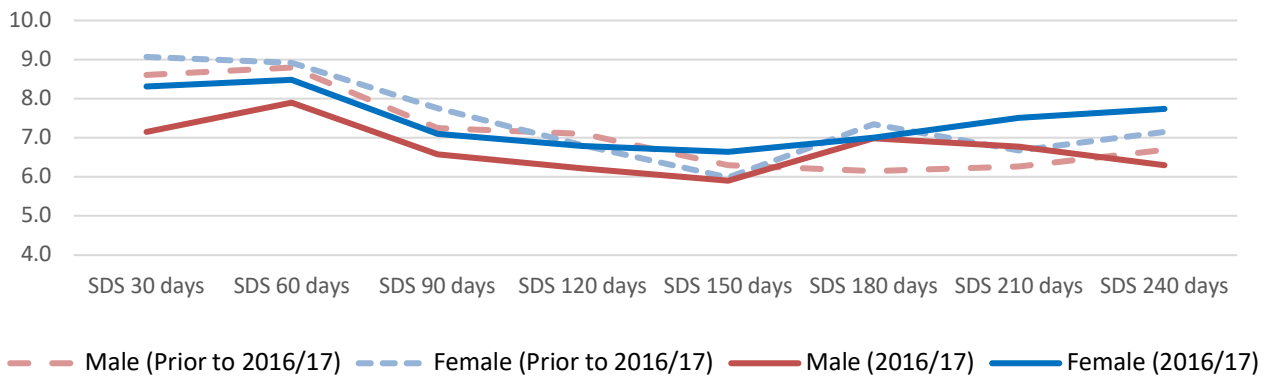


Figure 20. Quality of Life (QOL): Women and Men

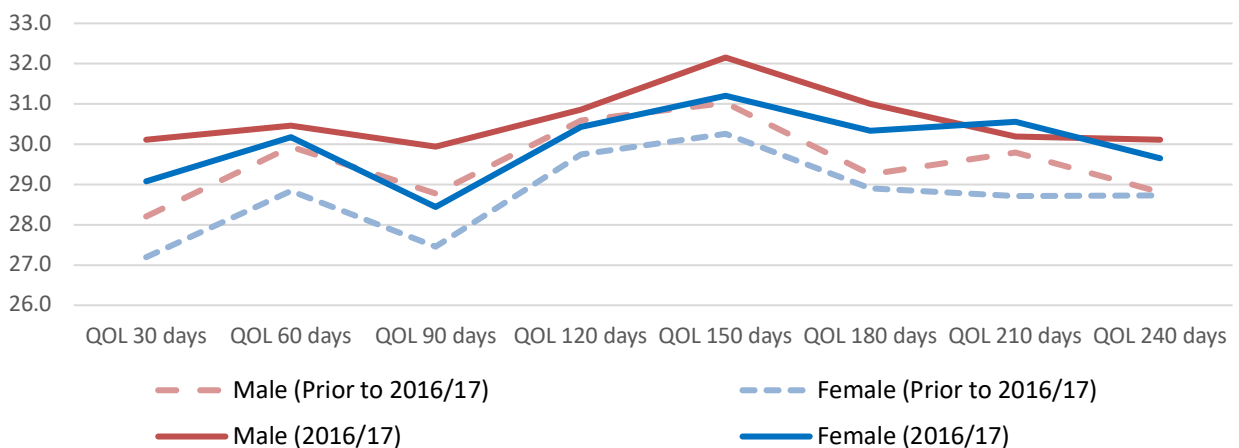


Figure 21. Symptom distress (K10): ATSI and non-ATSI

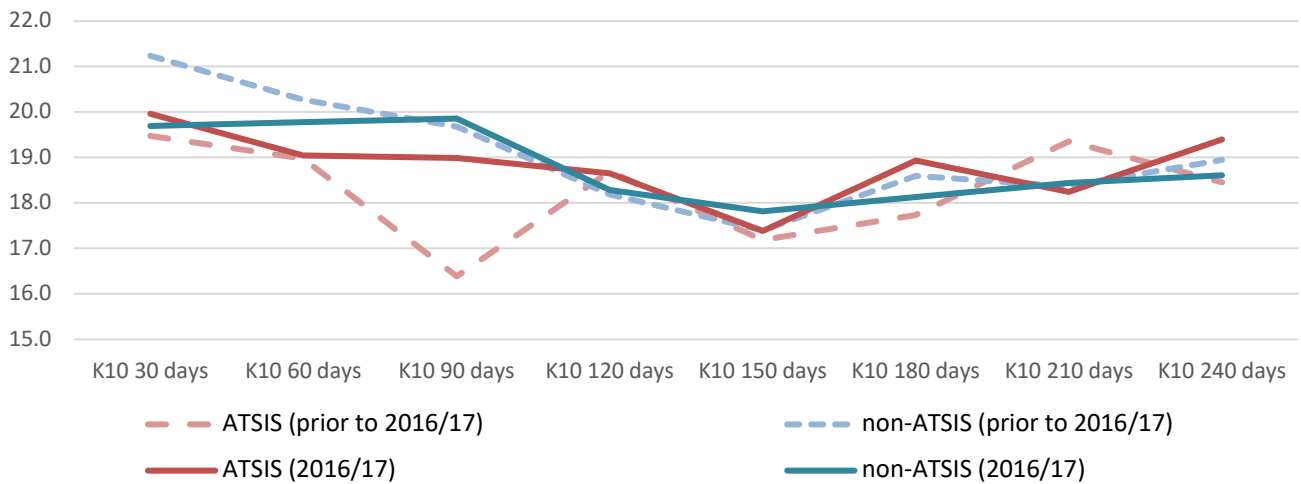


Figure 22. Substance dependence (SDS): ATSI and non-ATSI

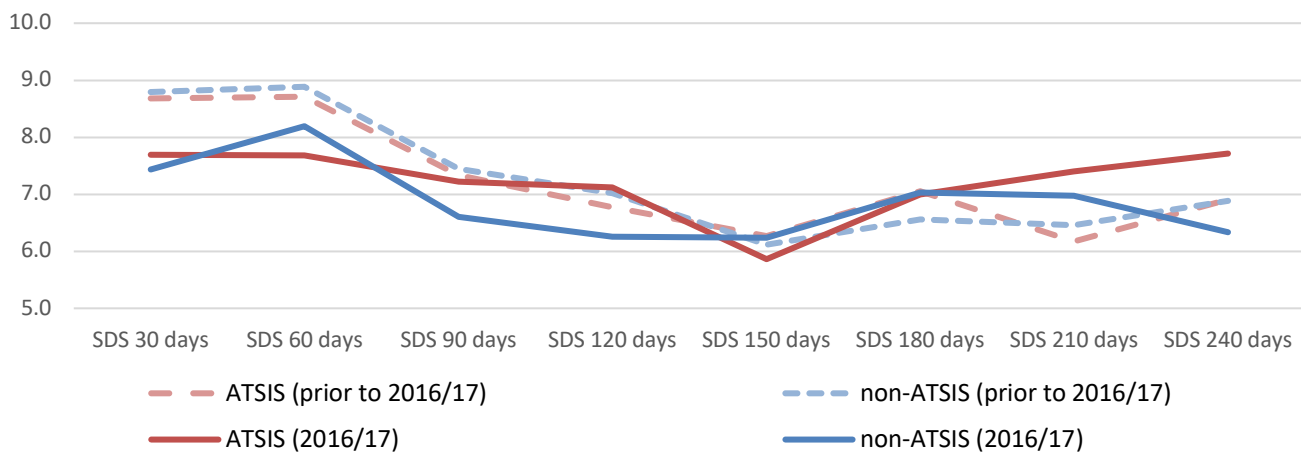


Figure 23. Quality of Life: ATSI and non-ATSI

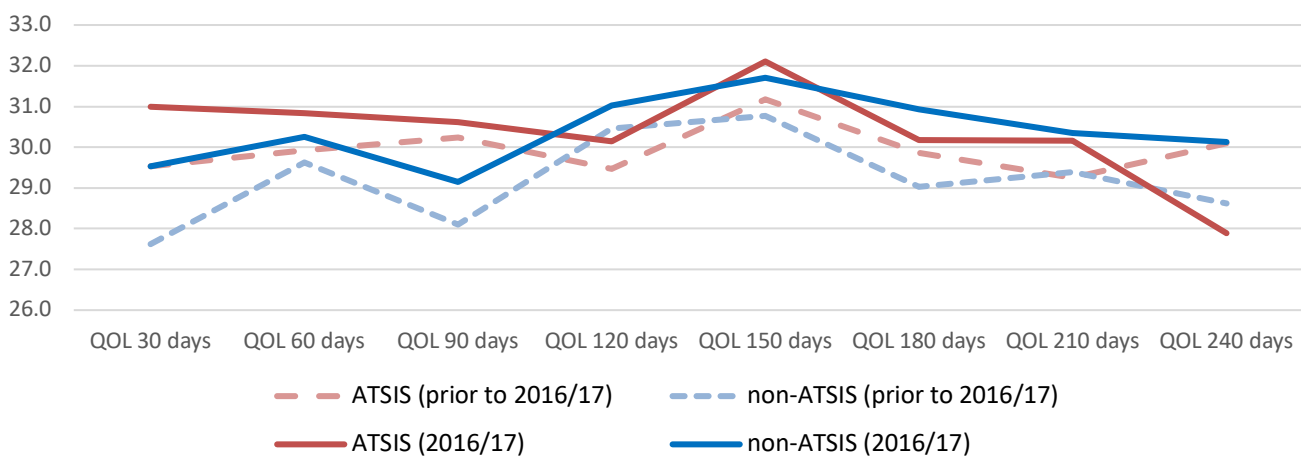


Figure 24. Symptom distress (K10): Service settings

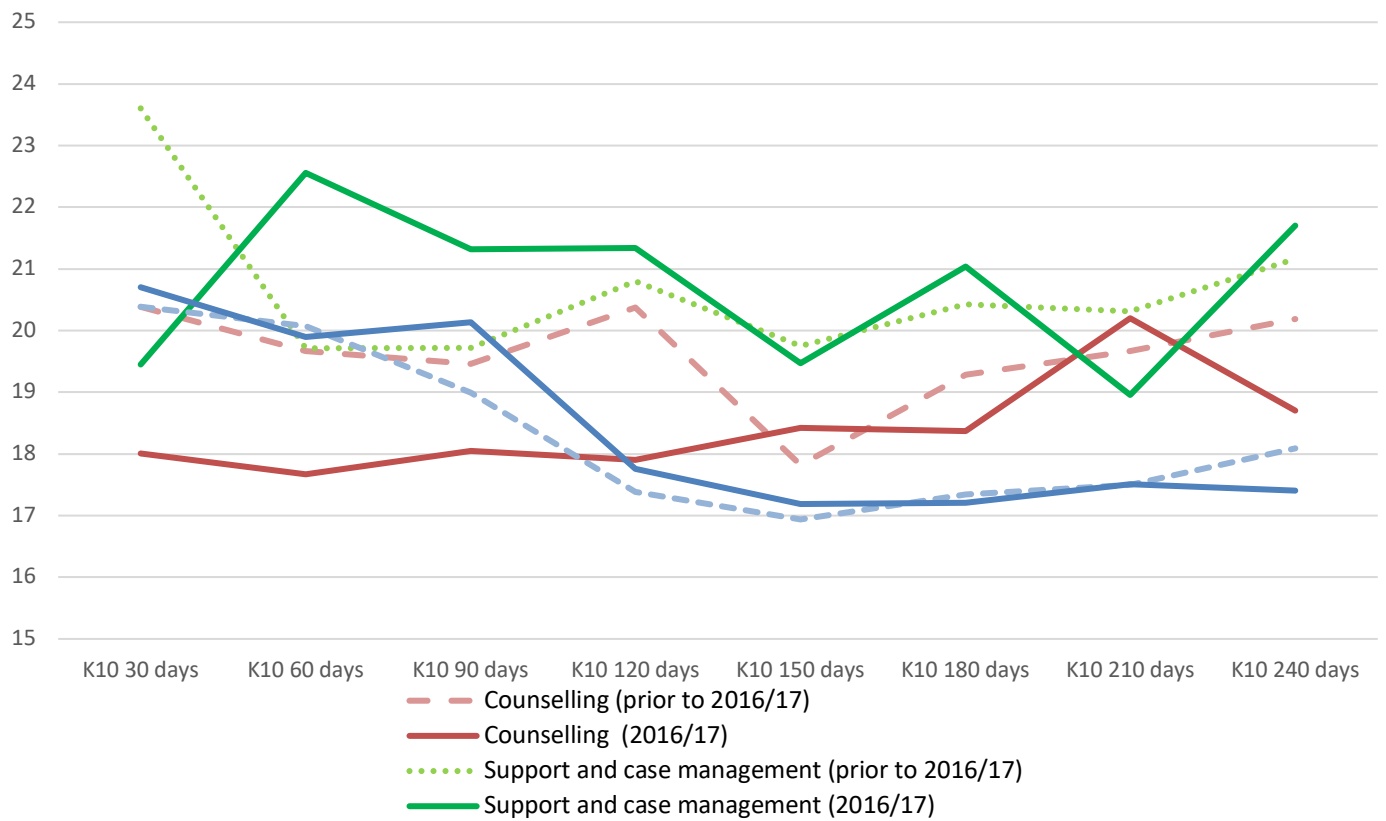


Figure 25. Substance dependence (SDS): Service setting

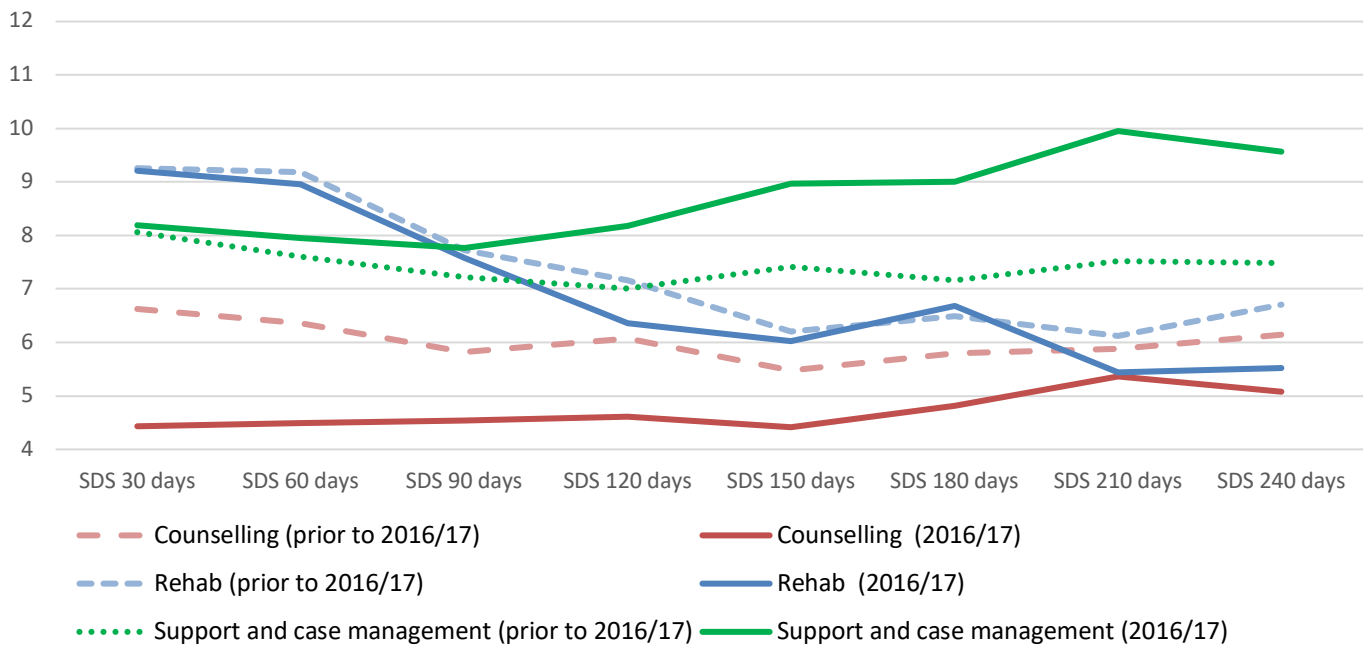


Figure 26. Quality of life: Service setting

