



**NADA**  
network of alcohol and  
other drugs agencies



UNIVERSITY  
OF WOLLONGONG  
AUSTRALIA

## **NADAbase Snapshot Report 17/18**

**Time frame:** 1<sup>st</sup> July 2017 to 30<sup>th</sup> June 2018

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**Background:** The current snapshot provides an overview of the data that was collected within the NADAbase during the 2017-2018 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 15,644 unique commencement assessments were completed (65% male, 35% female). About 20% of participants identified as being of Aboriginal and/or Torres Strait Islander (ATSI) descent. The large majority of participants were born in Australia (88%) and reported that English was their preferred language (98%). Almost half of all participants were accessing temporary benefits as their primary source of income (47%). See Table 1 for further descriptions.

Table 1. MDS demographic information for participants who entered treatment during the 17-18 financial year.

	N	%	Mean	SD
<b>Age (years)</b>			33.7	12.3
<b>Gender</b>				
Male	10105	64.6		
Female	5490	35.1		
Transgender female	15	.1		
Transgender male	9	.1		
Non binary / indeterminate	4	.0		
Not stated	19	.1		
<b>Indigenous status</b>				
Neither Aboriginal or Torres Strait Islander	12137	77.6		
Aboriginal but not Torres Strait Islander Origin	2765	17.7		
Aboriginal and Torres Strait Islander	200	1.3		
Torres Strait Islander but not Aboriginal Origin	44	.3		
Not stated	499	3.2		
<b>Sexuality</b>				
Straight or heterosexual	6948	44.4		
Lesbian, gay, homosexual	289	1.8		
Bisexual	160	1.0		
Queer	17	.1		
Not stated	3509	22.4		
Not asked	4721	30.2		
<b>Country of birth<sup>1</sup></b>				
Australia	13771	88.0		
New Zealand	309	2.0		
England	222	1.4		
Vietnam	96	.6		
South Africa	79	.5		
Lebanon	72	.5		
Iran	62	.4		

Fiji	58	.4
United States	40	.3
Bahrain	38	.2
Philippines	37	.2
India	36	.2
Ireland, Republic of	35	.2
Sudan	34	.2
Scotland	33	.2
Thailand	32	.2
Not stated	61	.4
Other	629	4.0
<b>Preferred language<sup>1</sup></b>		
English	15301	97.8
Persian, excluding Dari	57	.4
Arabic	45	.3
Vietnamese	45	.3
Not stated	45	.3
Other	151	1.0
<b>Principle source of income</b>		
Temporary benefits (e.g. sickness, unemployment)	7287	46.6
Pension	2138	13.7
Full-time employment	1498	9.6
No income	1388	8.9
Not stated/not known/described	1092	7.0
Part-time employment	826	5.3
Dependent on others	635	4.1
Other	464	3.0
Student allowance	266	1.7
Retirement fund	46	.3
Missing	4	.0

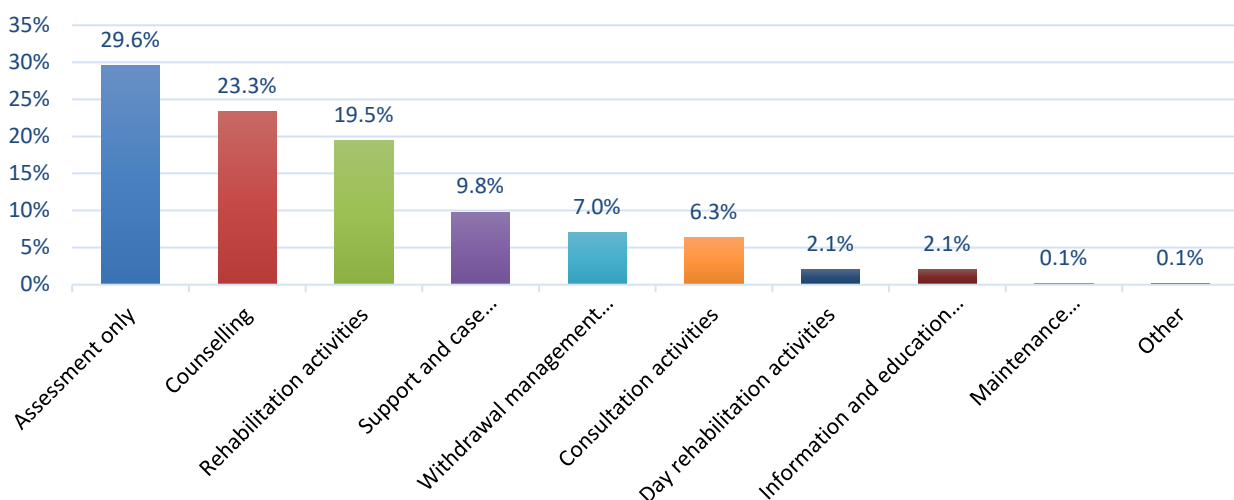
## Accommodation

Rented house or flat	6477	41.4
Privately owned house or flat	2947	18.8
Not known	1457	9.3
Other	2210	14.1
No usual residence/homeless	720	4.6
Prison/detention centre	812	5.2
Alcohol or other drug treatment residence	250	1.6
Hostel/supported accommodation	296	1.9
Boarding house	180	1.2
Shelter / refuge	196	1.3
Caravan on serviced site	65	.4
Psychiatric hospital	30	.2
Missing	4	.0

**Notes.** County of birth or preferred language listed if 30 or more participants<sup>1</sup>.

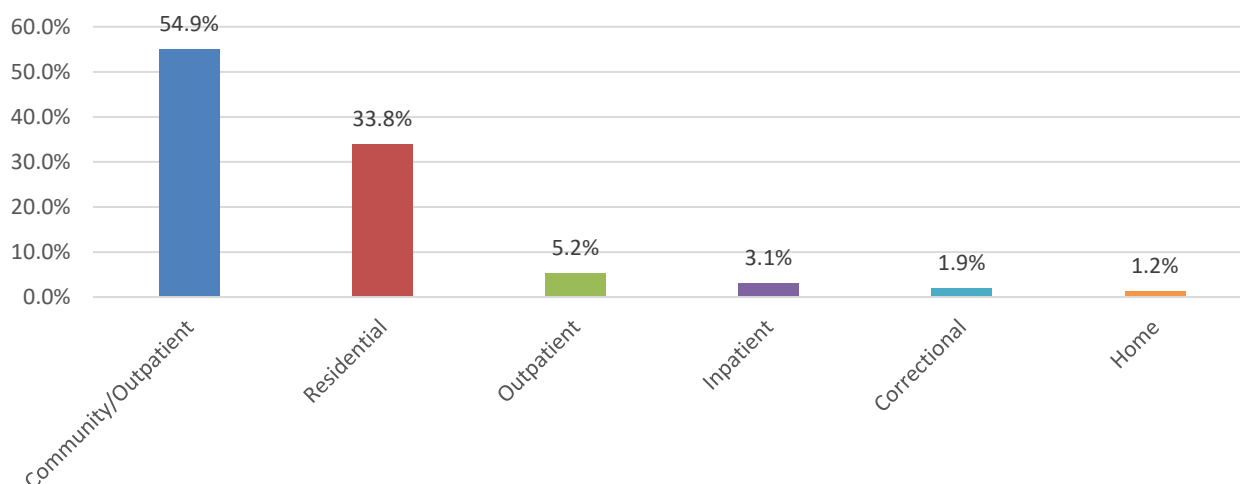
**1.2 Main treatment type:** Figure 1 provides a description of the main treatment type for people during this period. Assessment only (30%), counselling (23%), and rehabilitation activities (20%) were the three most common main treatment types.

**Figure 1. Main treatment type**



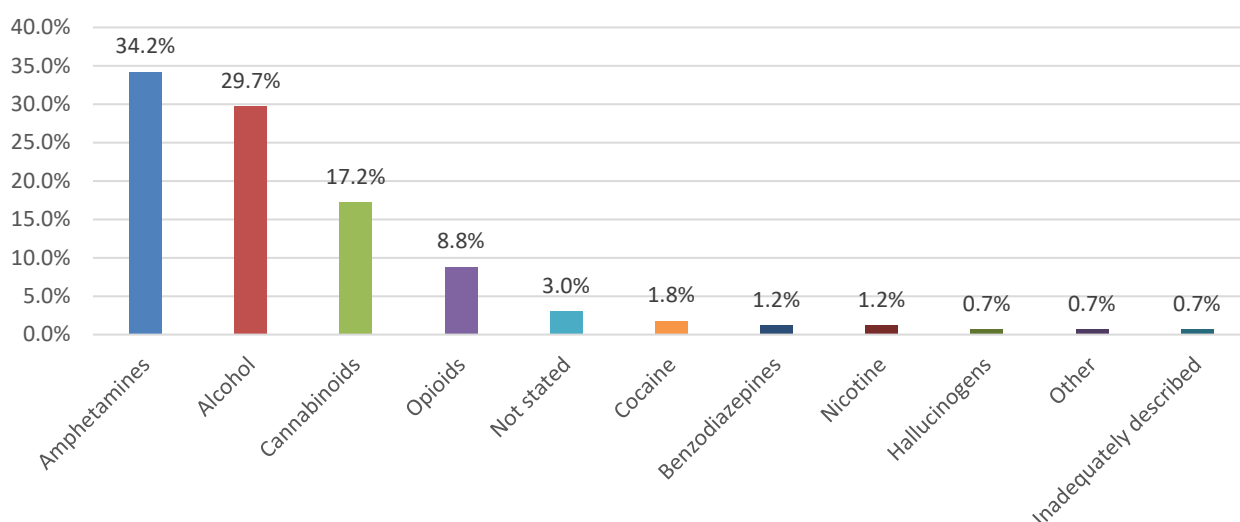
**1.3 Service delivery setting.** Figure 2 provides a summary of the primary service delivery settings. Community / outpatient (55%) and residential (34%) were the most highly endorsed treatment settings.

Figure 2. Service delivery setting

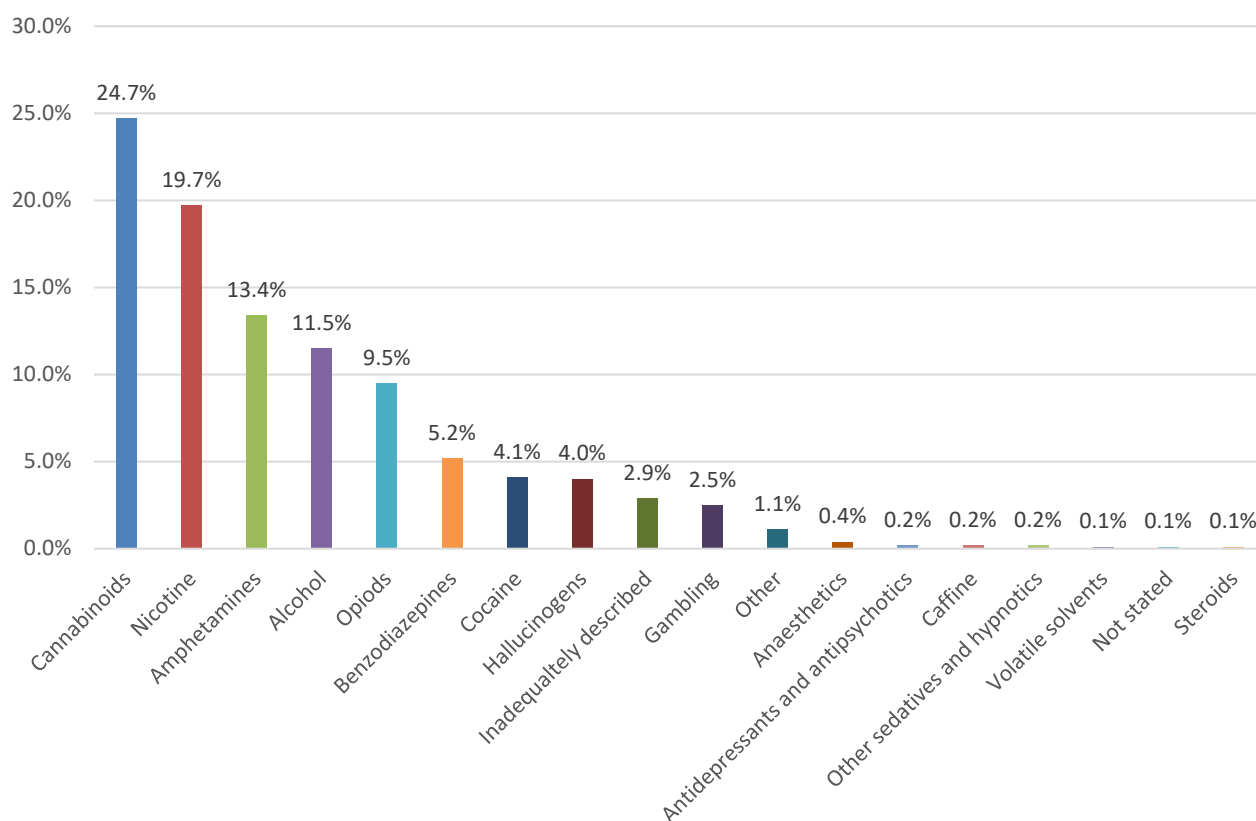


**1.4 Substances of Concern:** All participants were asked to nominate their primary substance of concern (see Figure 3). Amphetamines (including methamphetamines) were the highest endorsed primary substance of concern (34%), followed by alcohol (30%) and cannabinoids (18%). Participants were also asked 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.

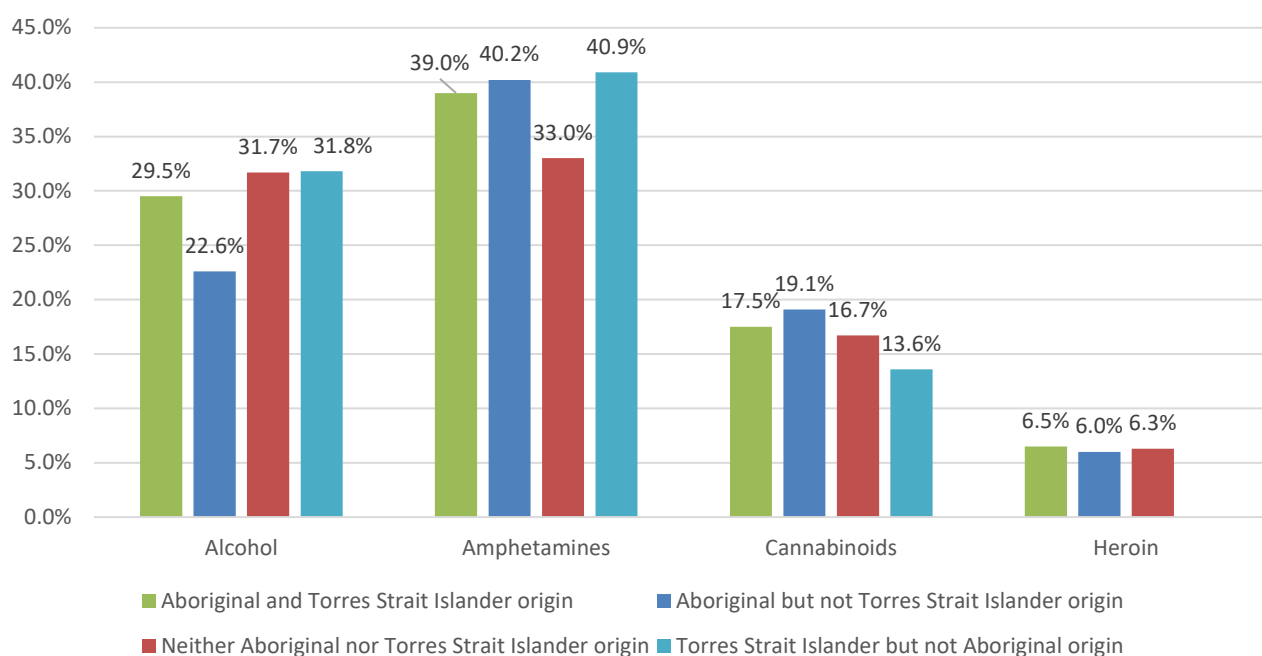
Figure 3. Primary substance of concern



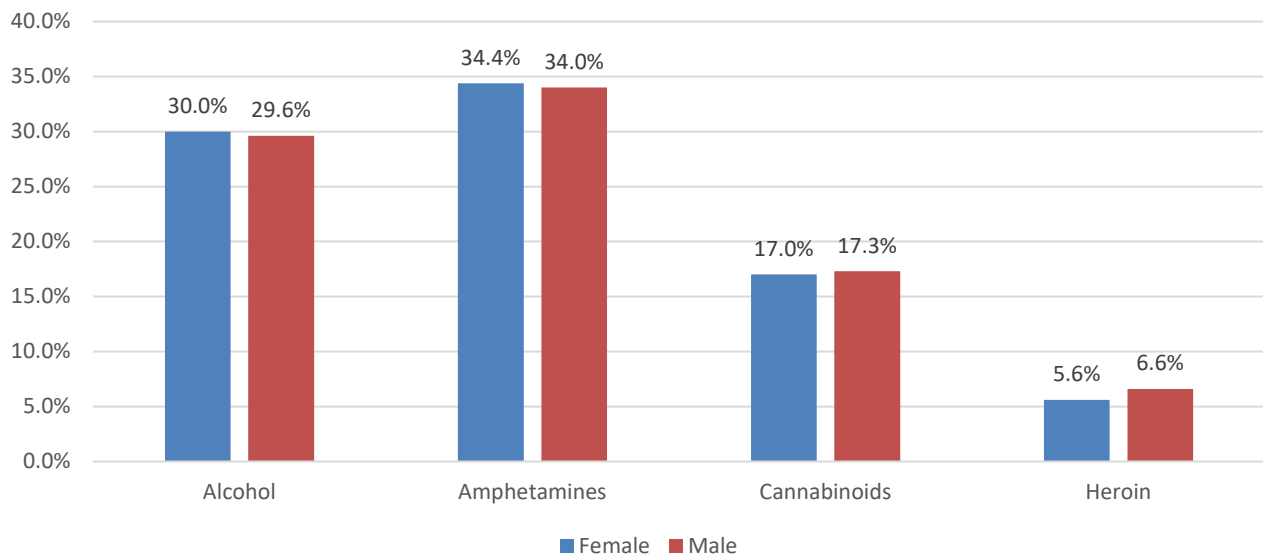
**Figure 4. Other substances of concern**



**Figure 5: Primary drug of concern by Indigenous status**

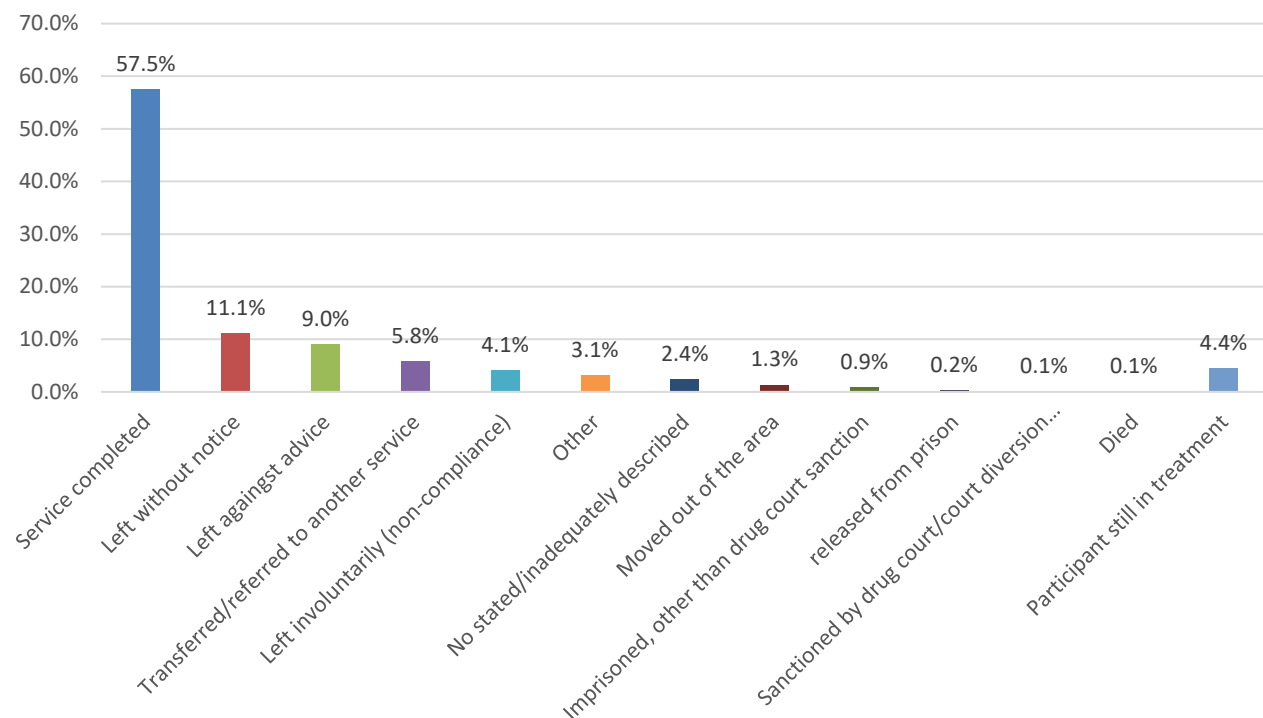


**Figure 6: Primary drug of concern by gender**



**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**

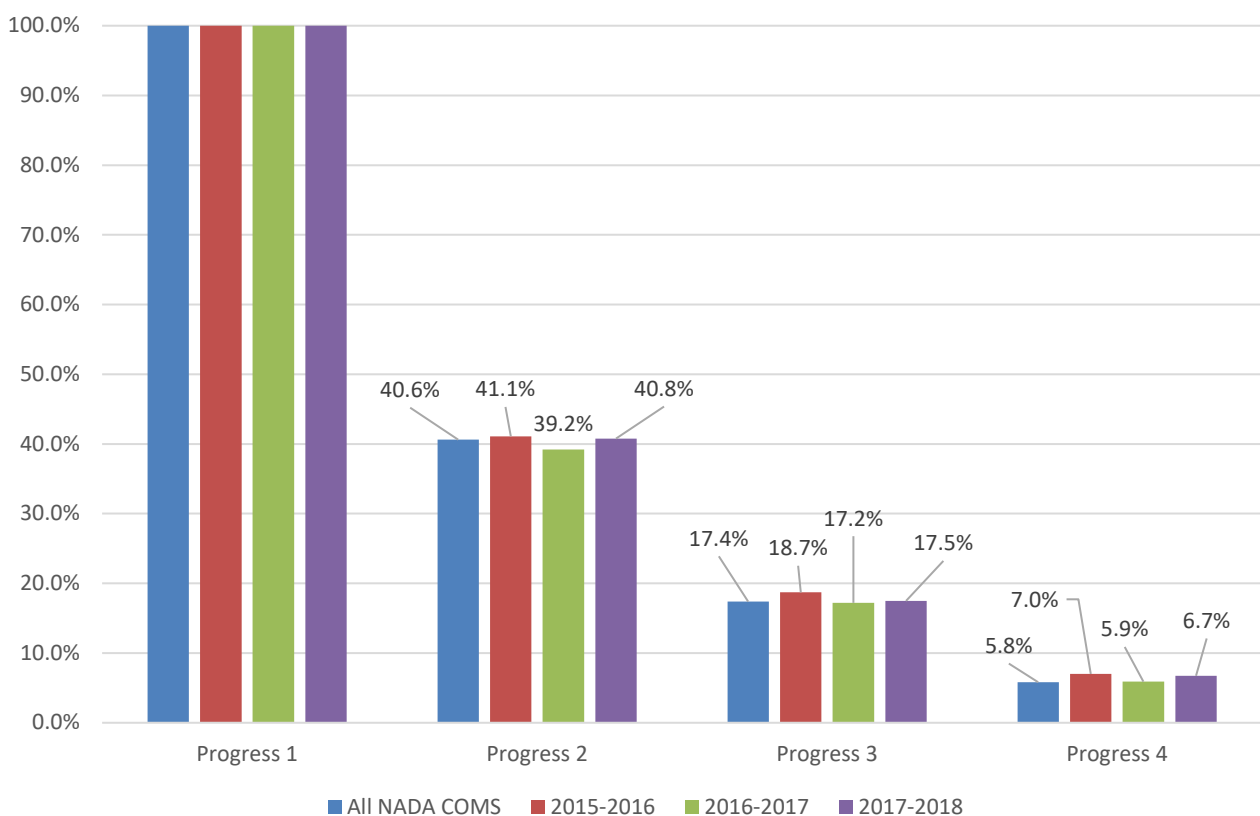


## Section Two: COMS

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 prior to this financial year. The red bars provide the number of assessments that were completed during the 2017 to 2018 financial year. There is a consistent trend across both the life of the NADA Coms and 2017 to 2018 period for about 40% of participants to complete a second assessment and about 17% of participants to complete a third assessment.

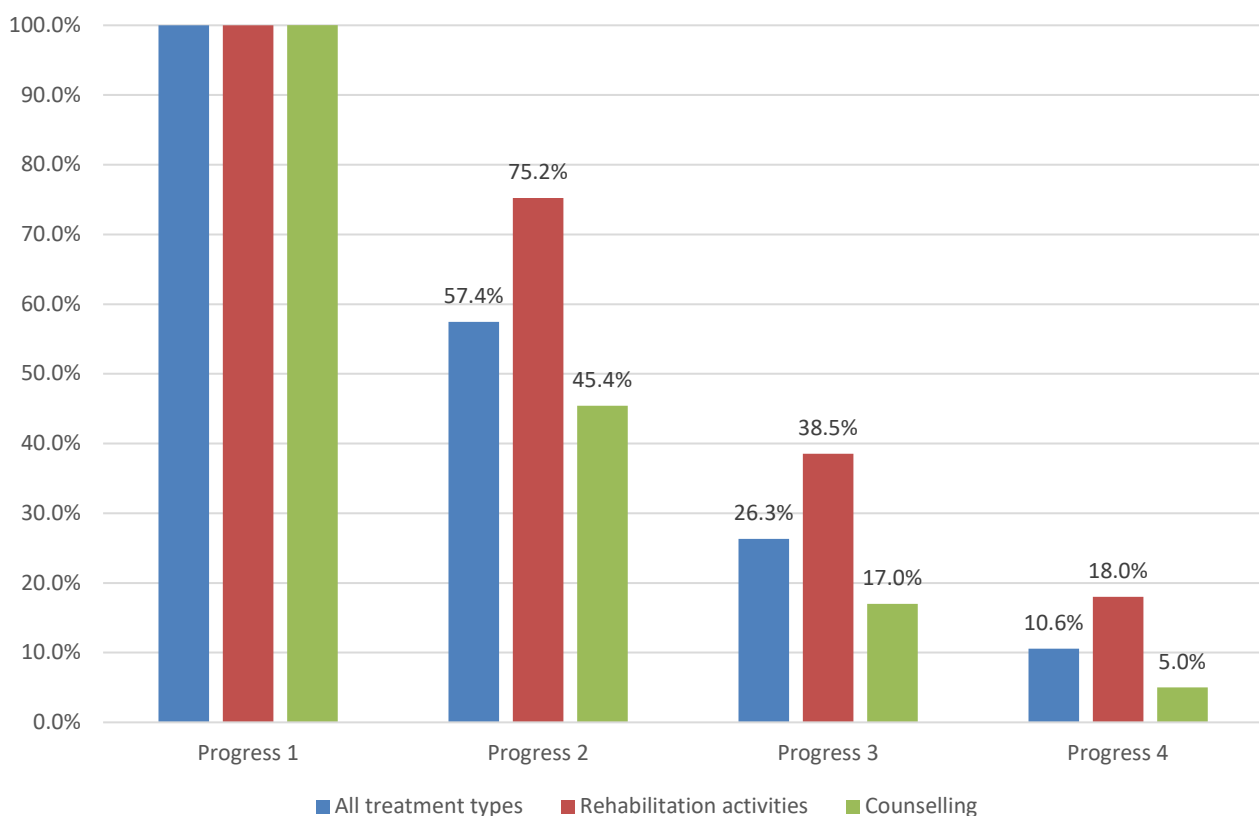
Figure 8. Total assessments completed by participants



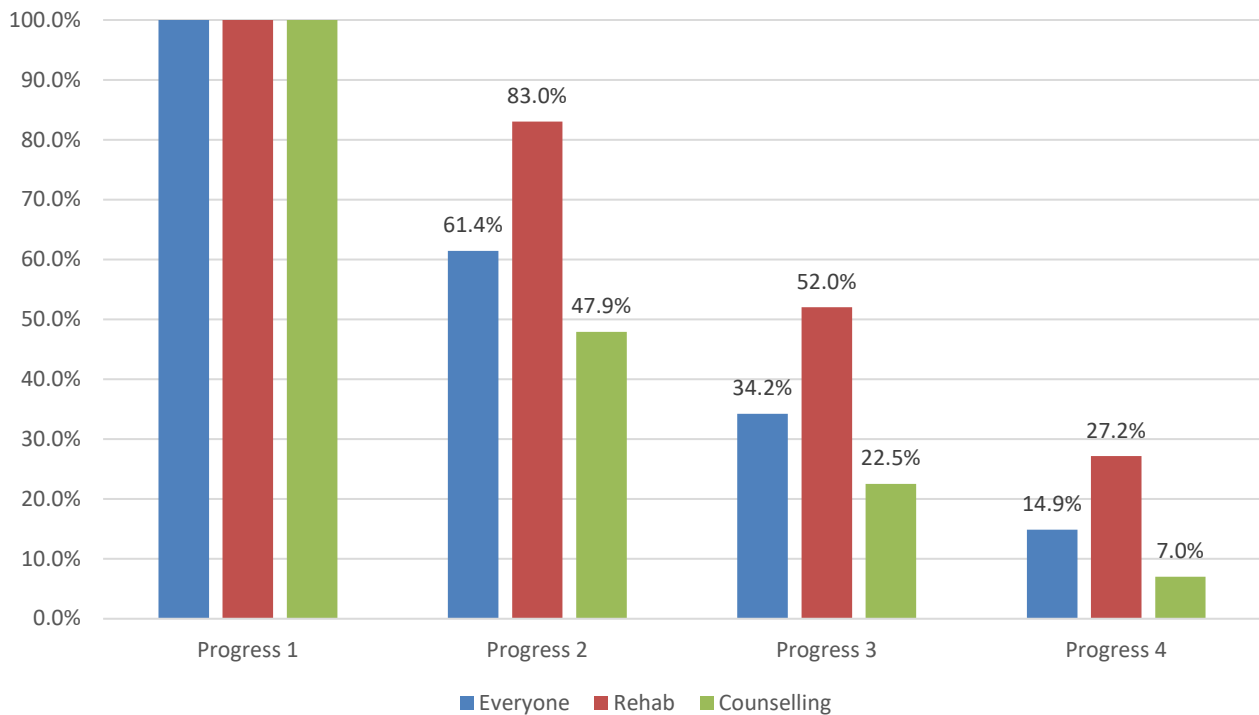


**2.2 Proportion of COMS assessments completed:** To examine the pattern of survey completion in more detail, further analysis was conducted to examine the proportion of people who completed multiple assessments during their treatment. Analysis focused on people who had stayed in treatment for 30-days 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). This provides a much more promising picture of survey completion across the sector. For example, for people attending rehabilitation activities for at least 90 days (see Figure 11), 87% of people complete at least 2 assessments, 66% completed at least 3 assessments, and 41% completed at least 4 assessments. This was lower with people attending outpatient counselling, with 50% completing at least 2 assessments, 26% completing at least 3 assessments, and 9% completing at least 4 assessments.

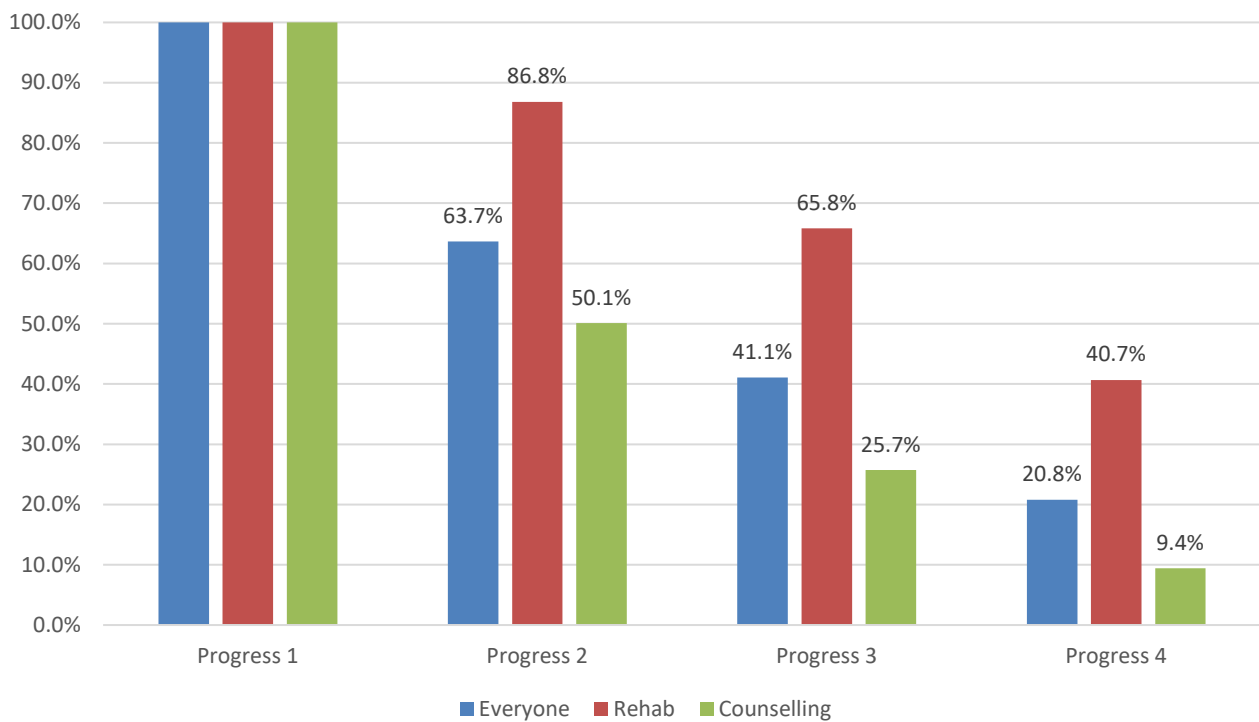
Figure 9. Proportion of COMS progress assessments completed for people who stayed in treatment for 30-days or more



**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 2017/18 period 6853 unique commencement assessments were completed (65% male, 35% female). About 19% of participants identified as being Aboriginal and/or Torres Strait Islander decent. The large majority of participants were born in Australia (87%) and reported that English was their preferred language (97%). Almost half of all participants were accessing temporary benefits as their primary source of income (47%). See Table 2 for further descriptions.

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

	N	%	Mean	SD
<b>Age (years)</b>			32.74	12.06
<b>Gender</b>				
Male	4447	64.9		
Female	2378	34.7		
Transgender female	12	.2		
Intersex	1	.0		
Transgender male	5	.1		
Non binary / indeterminate	5	.1		
<b>Indigenous status</b>				
Neither Aboriginal or Torres Strait Islander	5552	81.0		
Aboriginal but not Torres Strait Islander Origin	1077	15.7		
Aboriginal and Torres Strait Islander	95	1.4		
Torres Strait Islander but not Aboriginal Origin	27	.4		
Not stated	102	1.5		
<b>Sexuality</b>				
Straight or heterosexual	3238	47.2		
Lesbian, gay, homosexual	205	3		
Bisexual	52	.8		
Queer	14	.2		
Not stated	1916	28.0		
Not asked	1428	20.8		

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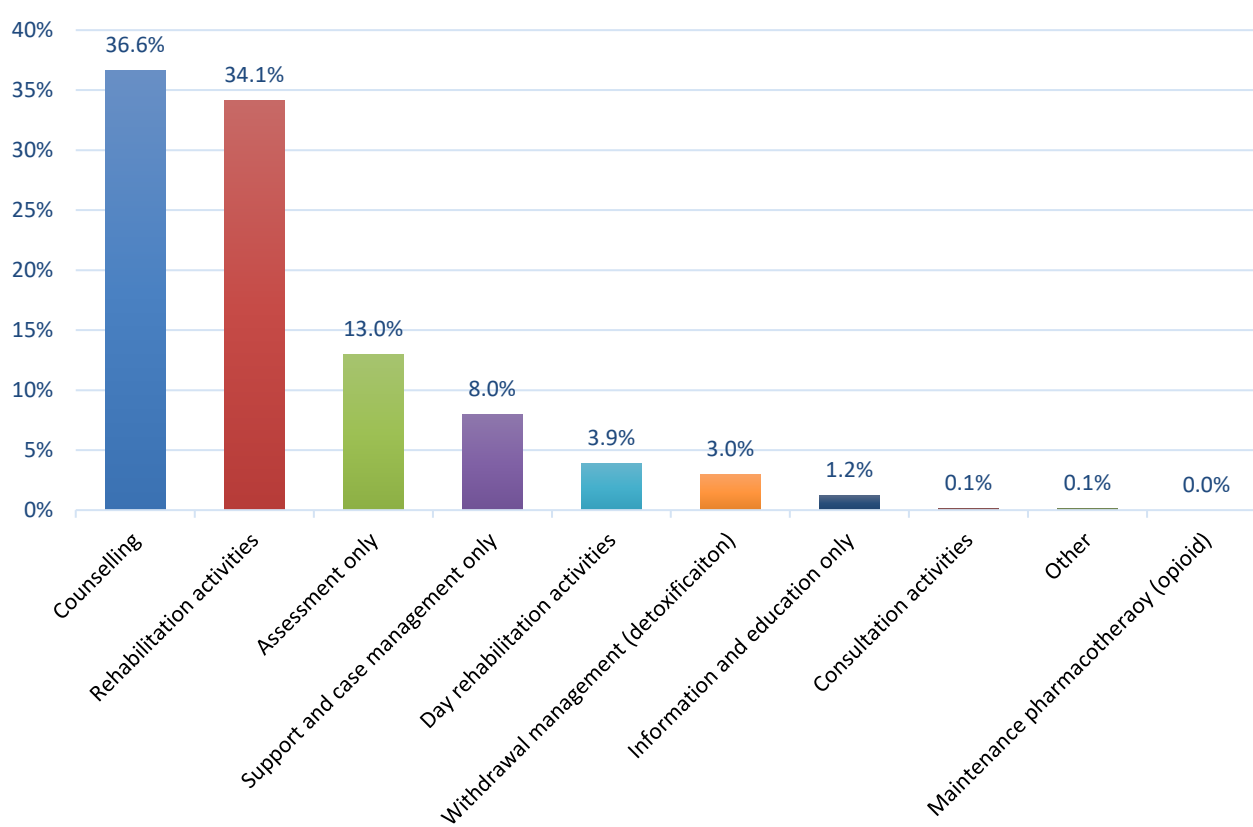
<b>Country of birth</b>		
Australia	5947	86.8
New Zealand	162	2.4
England	103	1.5
Vietnam	47	.7
Iran	44	.6
South Africa, Republic of		
Other	550	8.0
<b>Preferred language</b>		
English	6666	97.3
Other	187	2.7
<b>Principle source of income</b>		
Temporary benefits (e.g. sickness, unemployment)	3220	47.0
Pension (e.g. aged, disability)	1101	16.1
No-income	466	6.8
Full-time employment	695	10.1
Dependant on others	439	6.4
Part-time employment	415	6.1
Student allowance	157	2.3
Retirement fund	17	.2
Other	144	2.1
Not known	198	2.9
Missing	1	.0
<b>Usual Accommodation</b>		
Rented house or flat	3211	46.9
Privately owned house or flat	1253	18.3
Prison / detention centre	348	5.1
No usual residence / homeless	262	3.8
Hostel / supported accommodation	112	1.6
Shelter or refuge	100	1.5

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Boarding house	113	1.6
Other	1106	16.1
Unknown	190	2.8

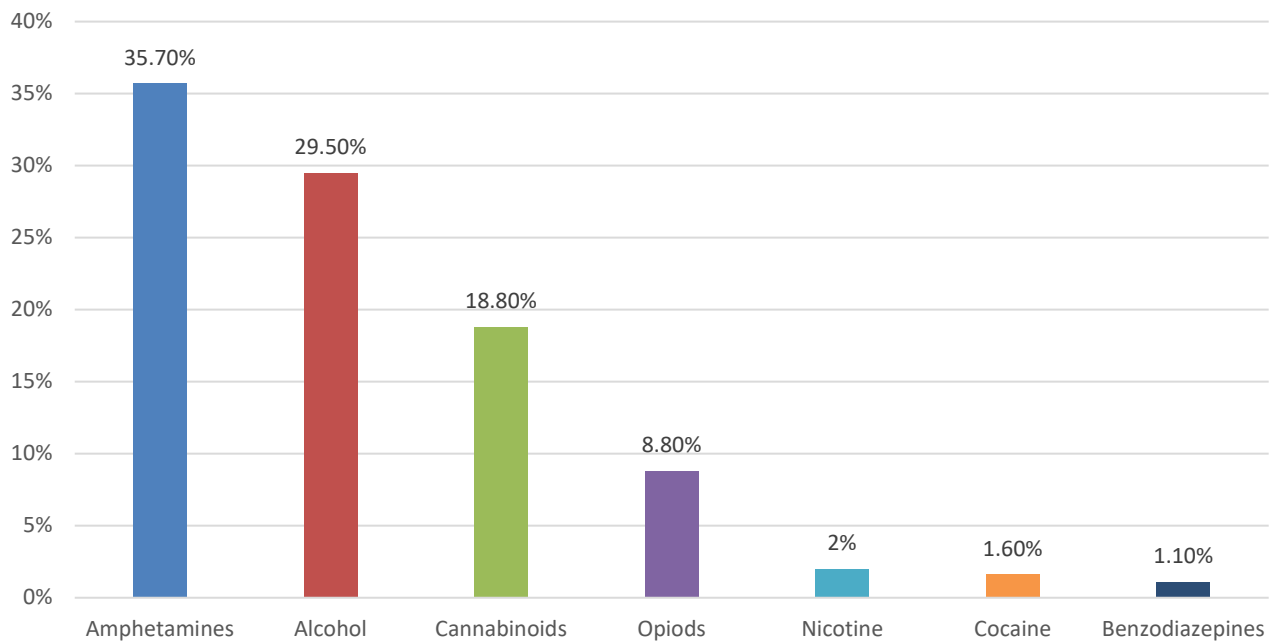
**2.2 Main treatment type:** Of the participants who entered treatment during the period, 37% were attending counselling services (see Figure 12). This was followed by people accessing rehabilitation activities (34%) and people attending specialist non-government AOD services for assessment only (13%).

**Figure 12. Main Treatment Type**



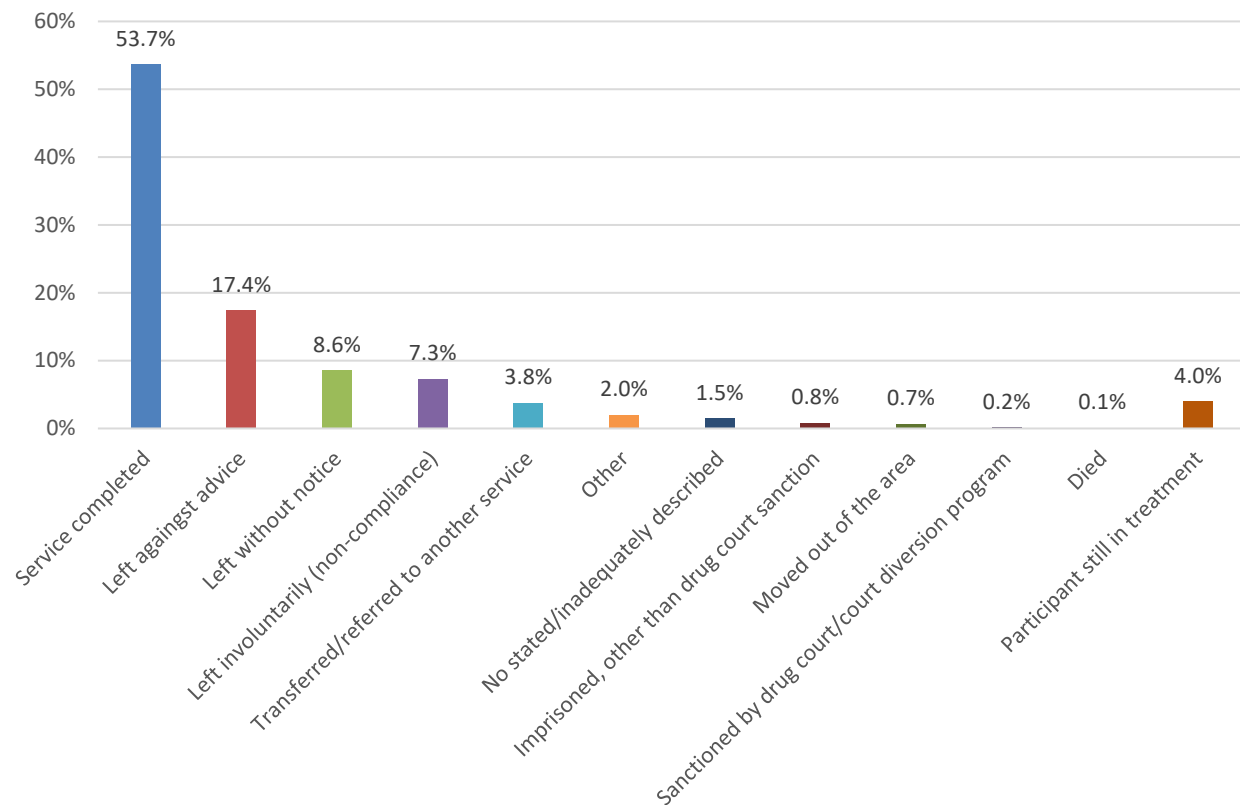
**2.3 Substances of Concern:** All participants were asked to nominate their primary substance of concern. Amphetamines was rated the highest endorsed substance (36%), followed by alcohol (30%) and cannabinoids (19%; see Figure 13).

**Figure 13. Primary substance of concern**



**2.4 Reasons for leaving treatment:** Figure 14 provide a summary of the reasons that people left treatment. The most common reasons were that the person had completed treatment (54%) or they had left against advice (17%). Approximately 4% 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, 51% of the participants had ‘never injected’ any drugs. Of those participants who had “injected or hit up” drugs in the last 3-months (n = 1270, 19%), 306 (24%) had shared needles and 325 (26%) had shared injection equipment during this period. One hundred and thirty-five participants (11%) who reported injecting during the previous 3-months also reported that they overdosed in the previous 3-months.

Table 3. Description of injecting drug use.

	N	%
<b>When did you last inject/hit up any drug</b>		
Never injected	3520	51.4%
Last three months	1270	18.5%
More than 3 but less than 12 months ago	445	6.5%
12 months ago or more	548	8.0%
Not stated	61	.9%

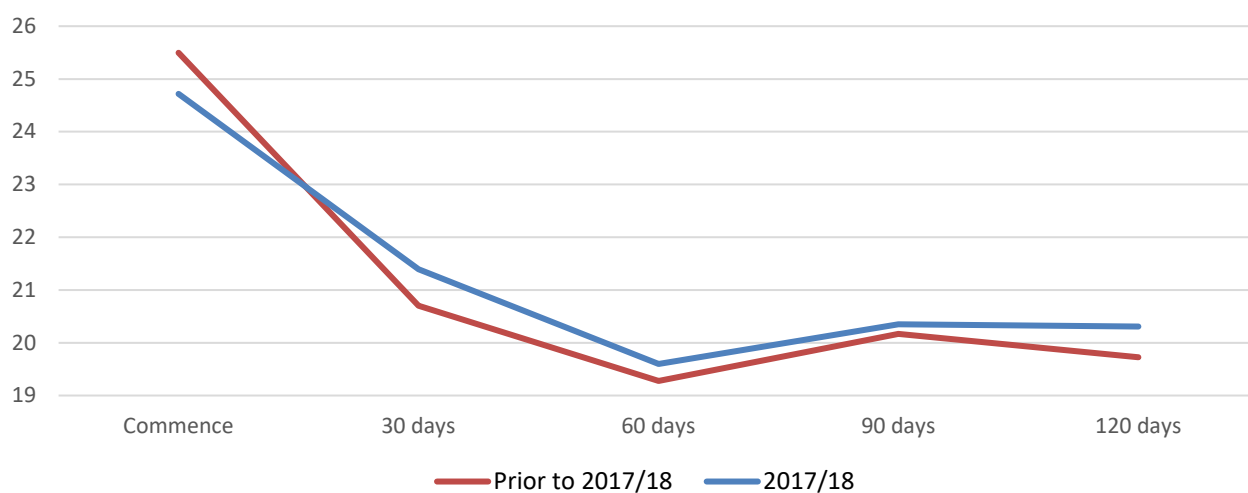
**Note.** Data was missing for 1009 participants.

### **Section Three: Client Outcome Data**

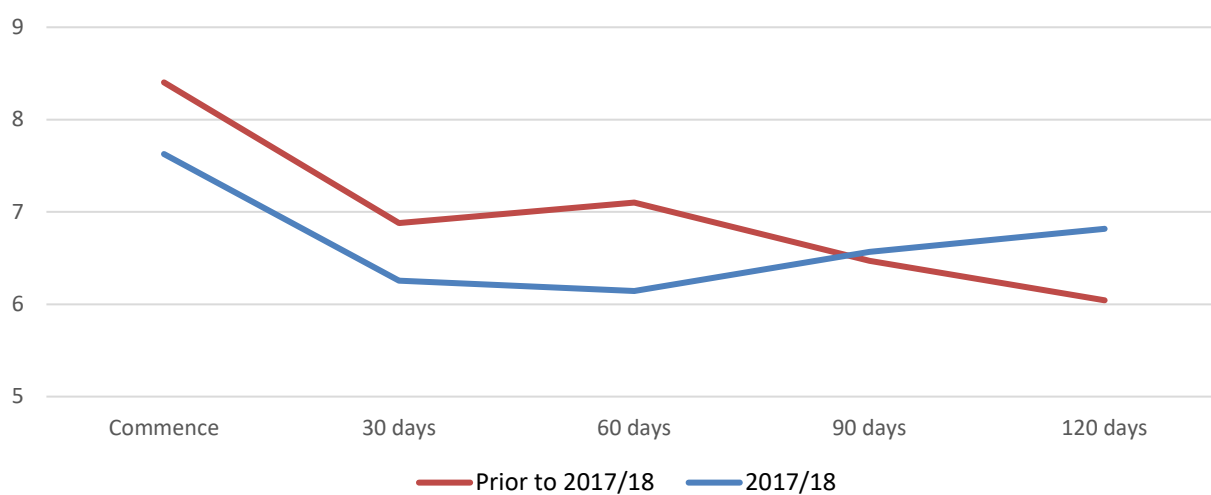
The remaining figures present a comparison of the outcome data over time for gender, Indigenous status and service setting (i.e. counselling, rehabilitation and case management). As the assessment measures are not consistently completed at standard times by the organisations, the outcome data were grouped according to the time period in which they were completed. The persons first assessment was included (commencement). 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 commencement, 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.



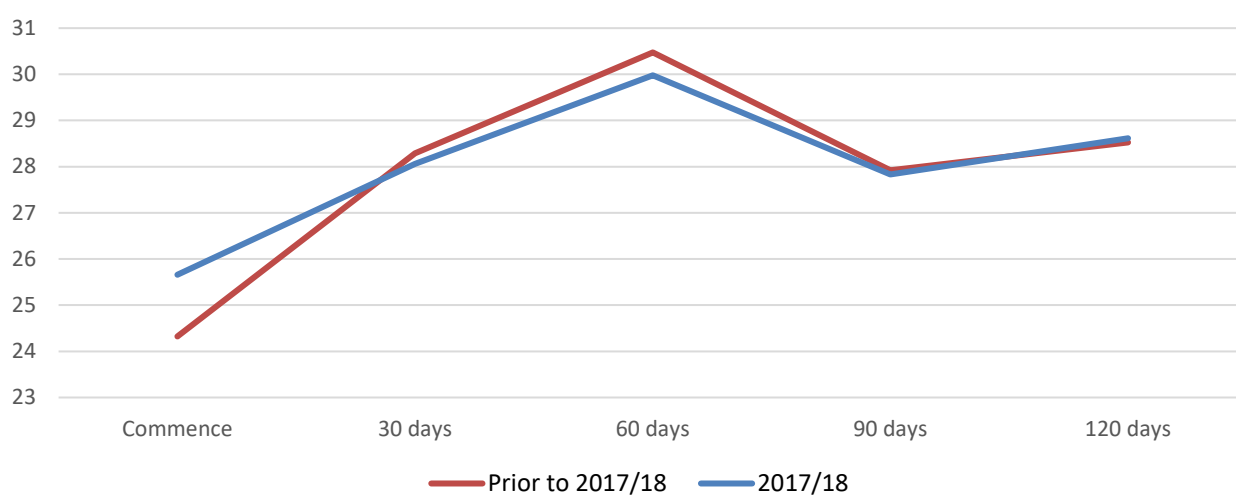
**Figure 15. Symptom distress (K10)**



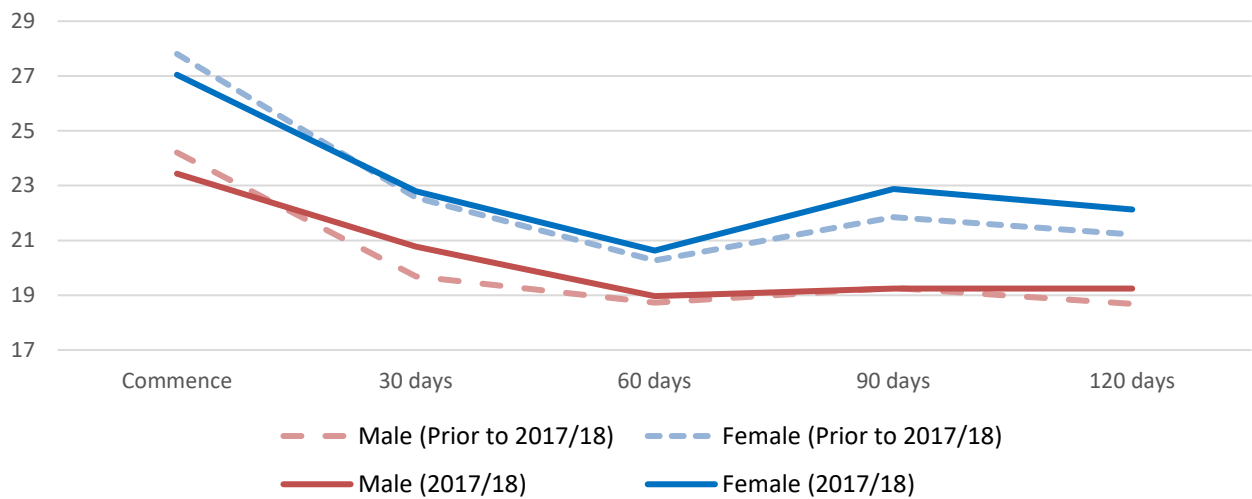
**Figure 16. Substance dependence (SDS)**



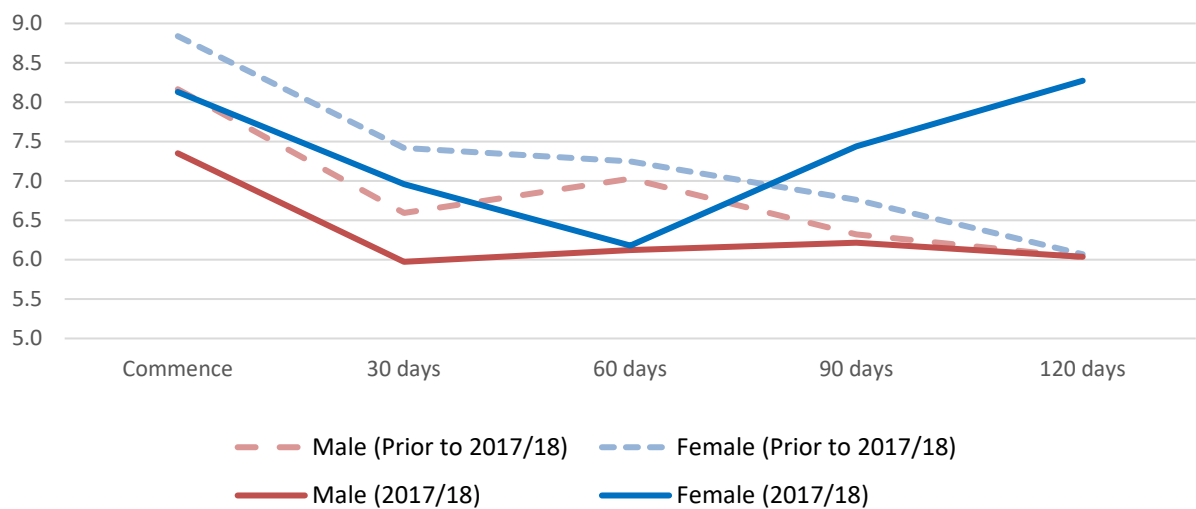
**Figure 17. Quality of life (QOL)**



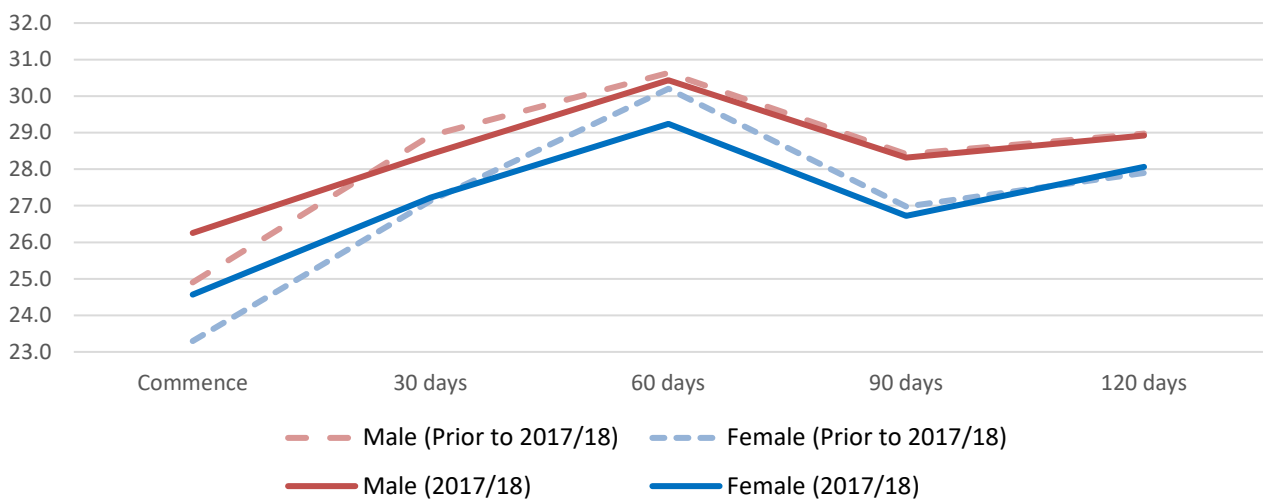
**Figure 18. Symptom distress (K10): Women and Men**



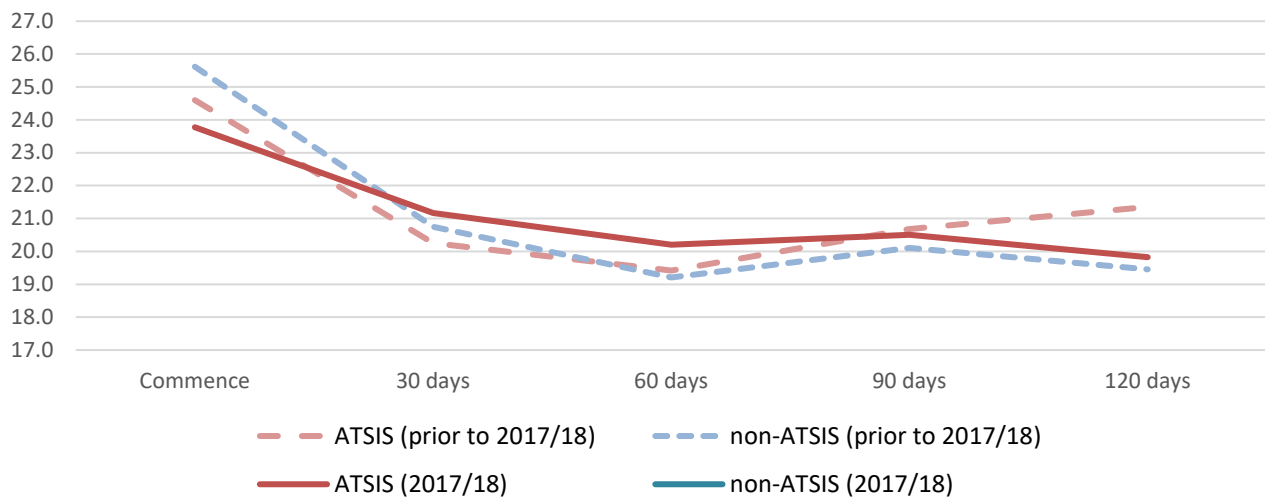
**Figure 19. Severity of Dependence (SDS): Women and Men**



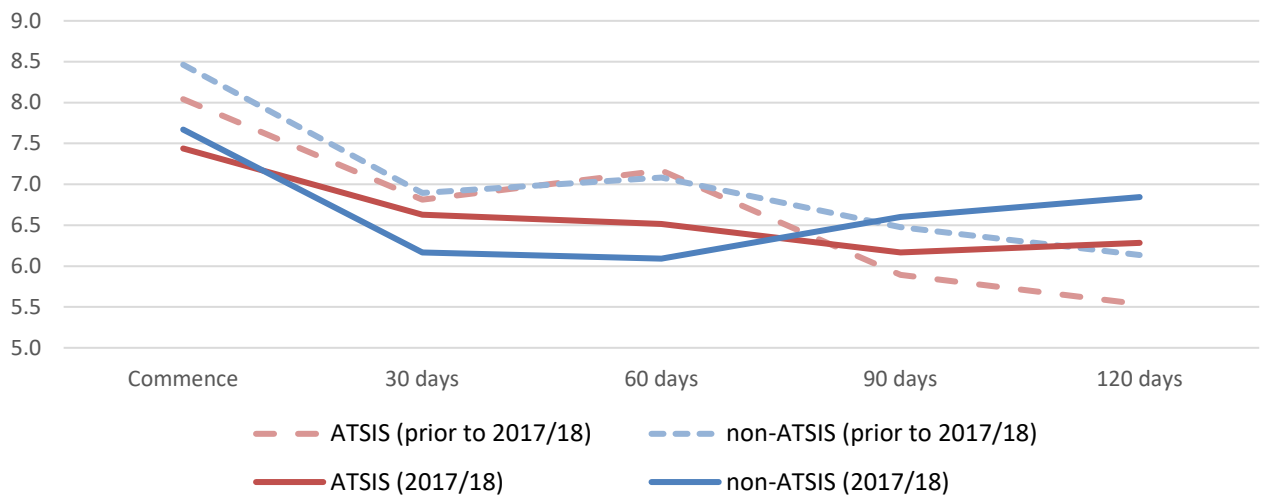
**Figure 20. Quality of Life (QOL): Women and Men**



**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**

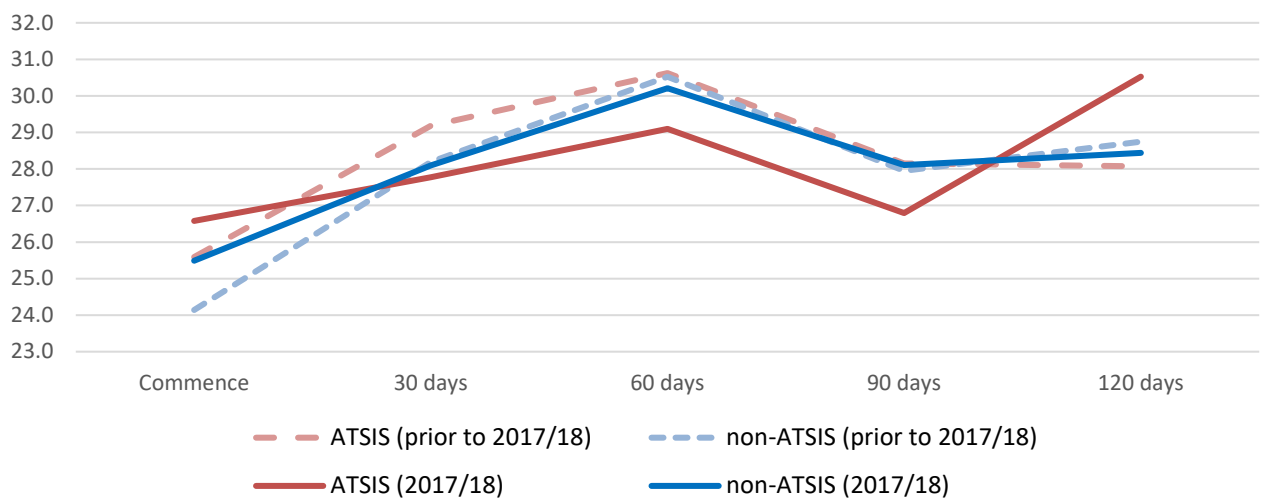


Figure 24. Symptom distress (K10): Service settings

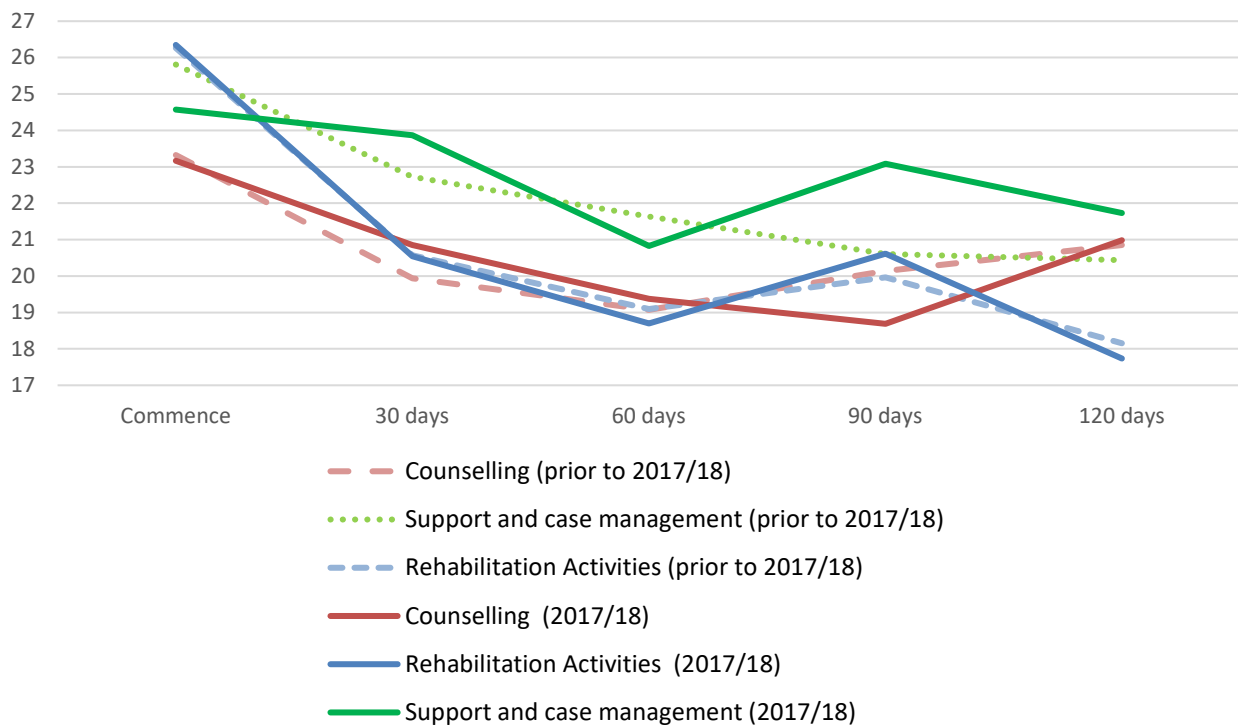


Figure 25. Substance dependence (SDS): Service setting

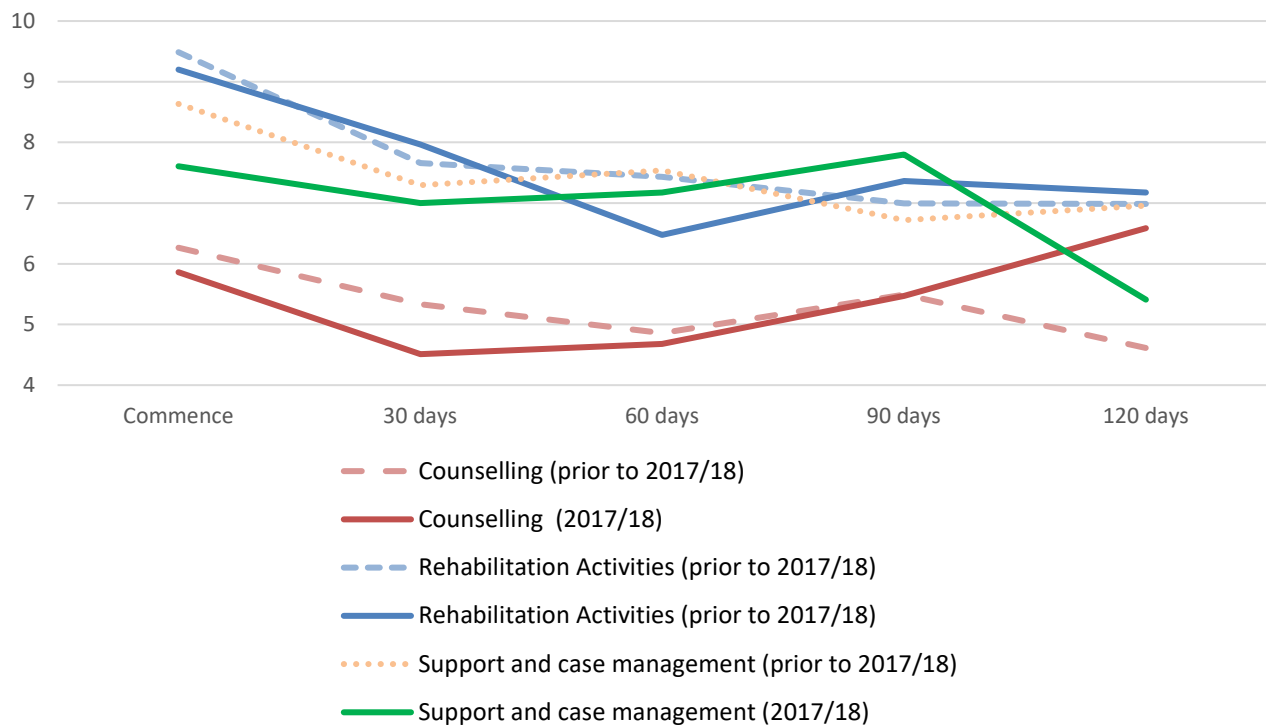


Figure 26. Quality of life: Service setting

