



UNIVERSITY
OF WOLLONGONG
AUSTRALIA

NADAbase Snapshot Report 18/19

Time frame: 1st July 2018 to 30th June 2019

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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 17,913 unique commencement assessments were completed (63% male, 36% female). About 20% of participants identified as being of Aboriginal and/or Torres Strait Islander decent. The large majority of participants were born in Australia (89%) and reported that English was their preferred language (97%). Almost half of all participants were accessing temporary benefits as their primary source of income (45%). See Table 1 for further descriptions.

Table 1. MDS demographic information for participants who entered treatment during the 18-19 financial year.

	N	%	Mean	SD
Age (years)			33.7	12.69
Gender				
Male	11342	63.3		
Female	6491	36.2		
Transgender female	20	.1		
Transgender male	14	.1		
Non binary / indeterminate	9	.0		
Not stated	30	.2		
Indigenous status				
Neither Aboriginal or Torres Strait Islander	13578	75.8		
Aboriginal but not Torres Strait Islander Origin	3236	18.1		
Aboriginal and Torres Strait Islander	204	1.1		
Torres Strait Islander but not Aboriginal Origin	59	.3		
Not stated	836	4.7		
Sexuality				
Straight or heterosexual	8479	47.3		
Lesbian, gay, homosexual	323	1.8		
Bisexual	219	1.2		
Queer	31	.2		
Not stated	4007	22.4		
Not asked	4854	27.1		
Country of birth¹				
Australia	15855	88.5		
New Zealand	377	2.1		
England	249	1.4		
Vietnam	95	.5		
Iran	92	.5		
Lebanon	57	.3		
Philippines	55	.3		

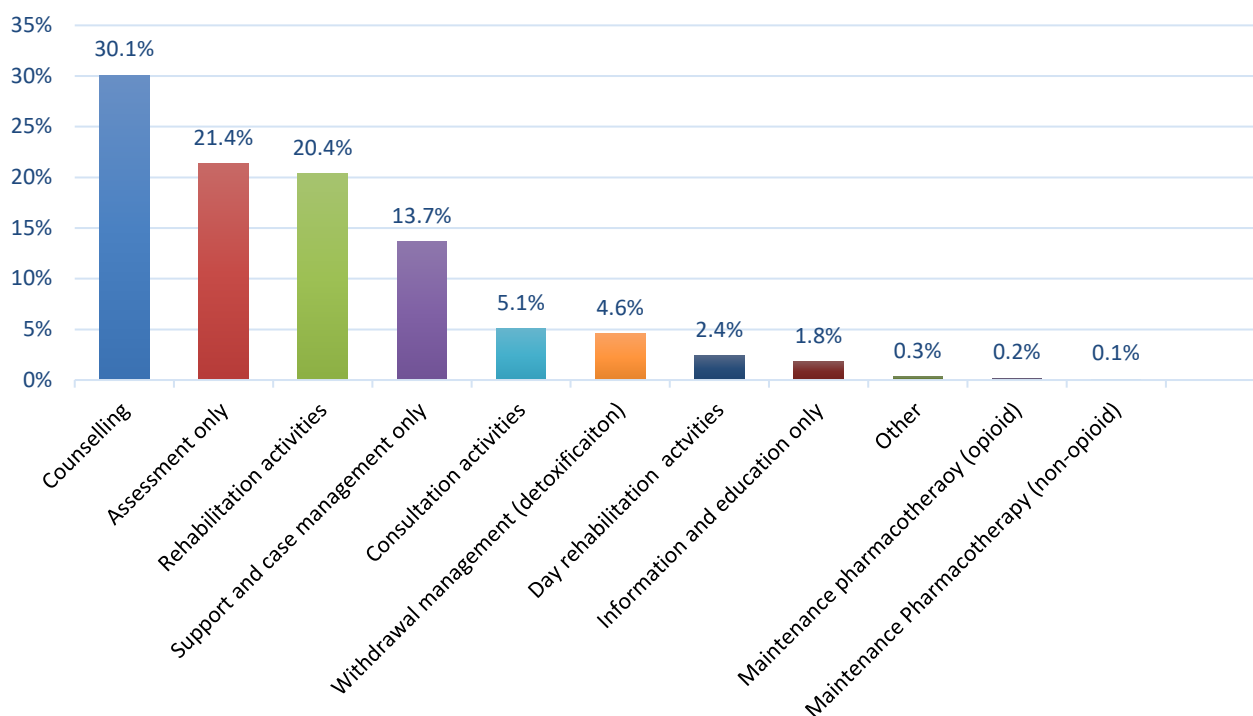
South Africa, Republic of	52	.3
Fiji	49	.3
Bahrain	45	.3
India	39	.2
United States	39	.2
Ireland, Republic of	35	.2
Sudan	34	.2
Scotland	30	.2
Not stated	53	.3
Other	757	4.2
Preferred language¹		
English	17371	97.0
Persian, excluding Dari	71	.4
Arabic	65	.4
Vietnamese	43	.2
Aboriginal English, so described	41	.2
Not stated	120	.7
Other	202	1.1
Principle source of income		
Temporary benefits (e.g. sickness, unemployment)	8050	4.9
Pension	2230	12.4
Full-time employment	1889	10.5
No income	1546	8.6
Not stated/not known/described	1676	9.4
Part-time employment	1022	5.7
Dependent on others	693	3.9
Other	395	2.2
Student allowance	364	2.0
Retirement fund	48	.3
Accommodation		

Rented house or flat	7820	43.7
Privately owned house or flat	3379	18.9
Not known	1564	8.7
Other	1965	11.0
No usual residence/homeless	959	5.4
Prison/detention centre	921	5.1
Alcohol or other drug treatment residence	318	1.8
Hostel/supported accommodation	378	2.1
Boarding house	213	1.2
Shelter / refuge	280	1.6
Caravan on serviced site	72	.4
Psychiatric hospital	44	.2

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

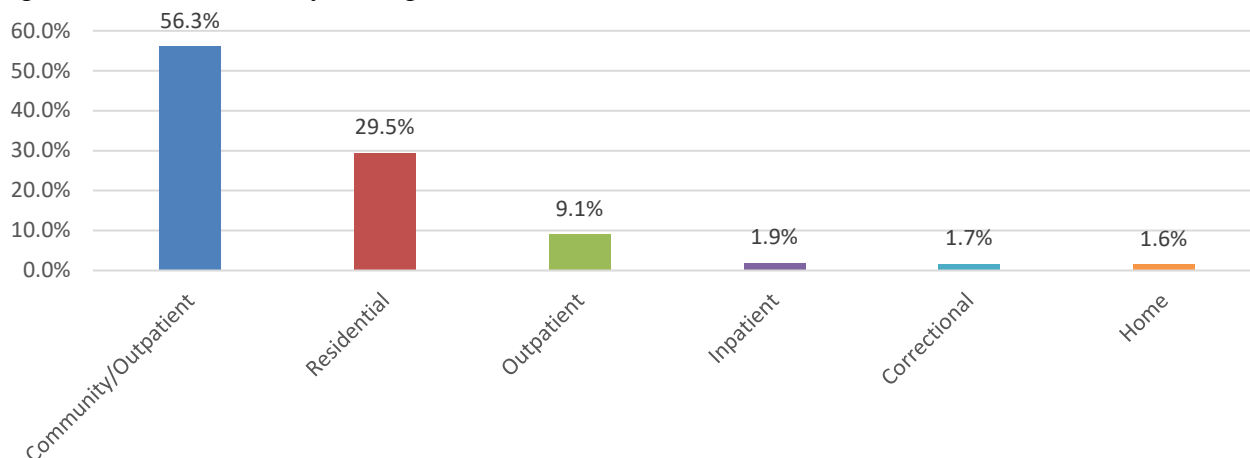
1.2 Main treatment type: Figure 1 provides a description of the main treatment type for people during this period. Counselling (30%), assessment only (21%), and rehabilitation activities (20%) were the three most common main treatment types.

Figure 1. Main Treatment Type



1.3 Service delivery setting. Figure 2 provides a summary of the primary service delivery settings. Community / outpatient (56%) and residential (30%) 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 (33%), 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 (24%) were the most highly endorsed ‘other drug of concern’. This was followed by nicotine (24%), 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

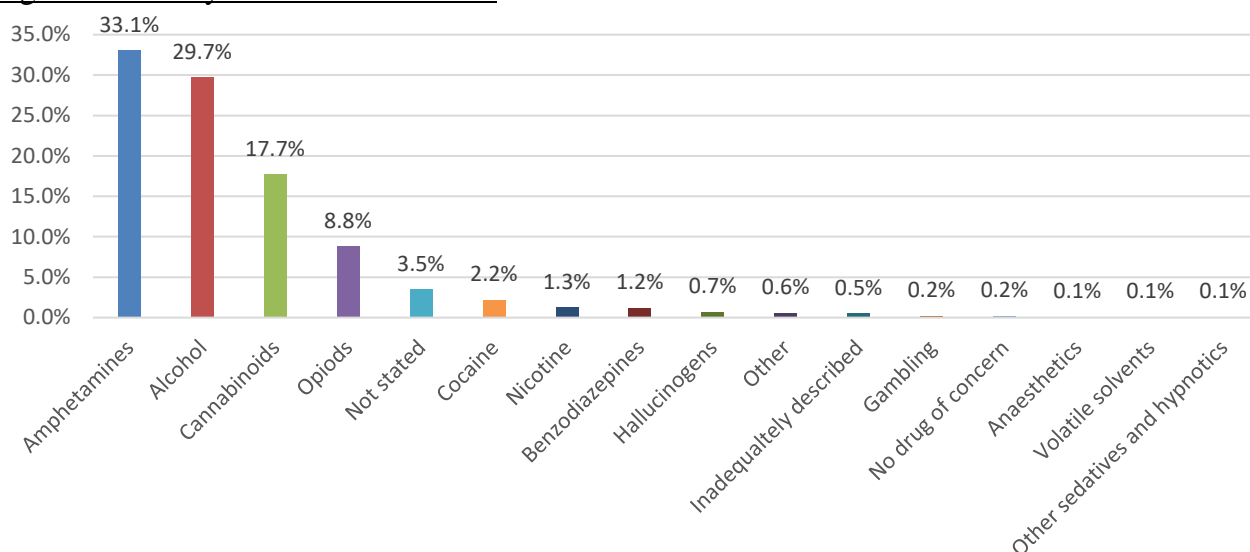
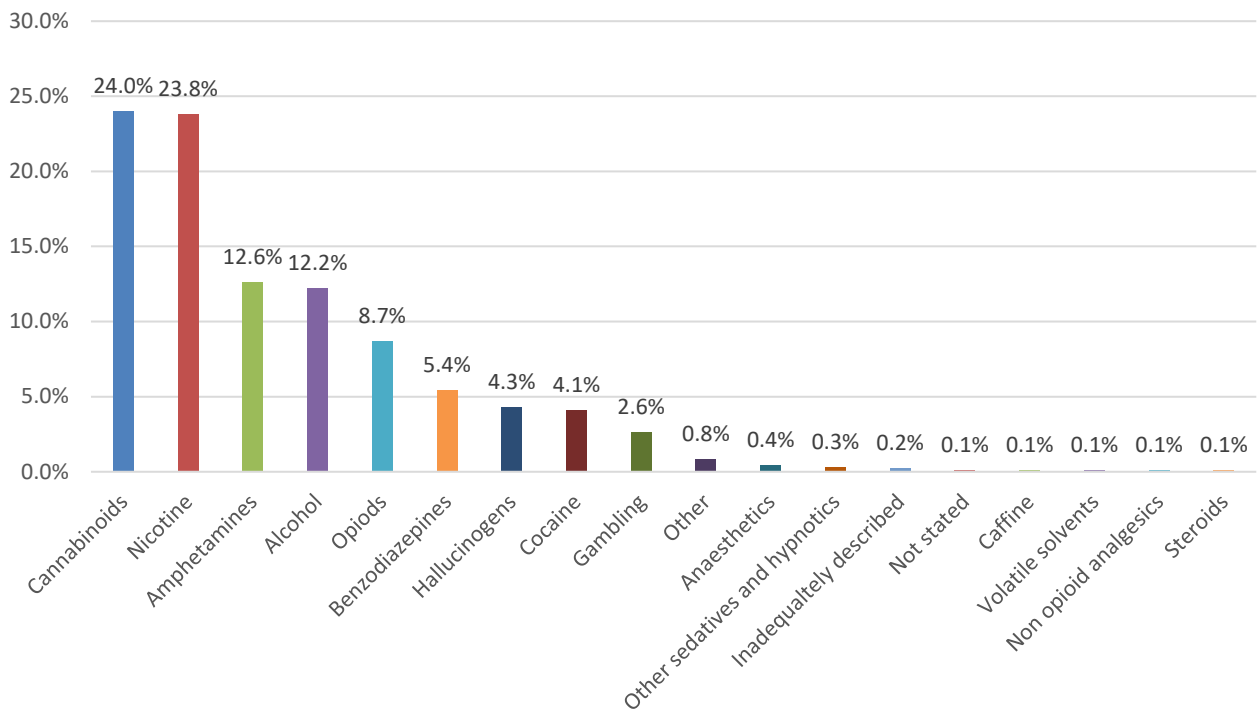


Figure 4. Other substances of concern



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

Figure 5: Primary drug of concern by Indigenous status

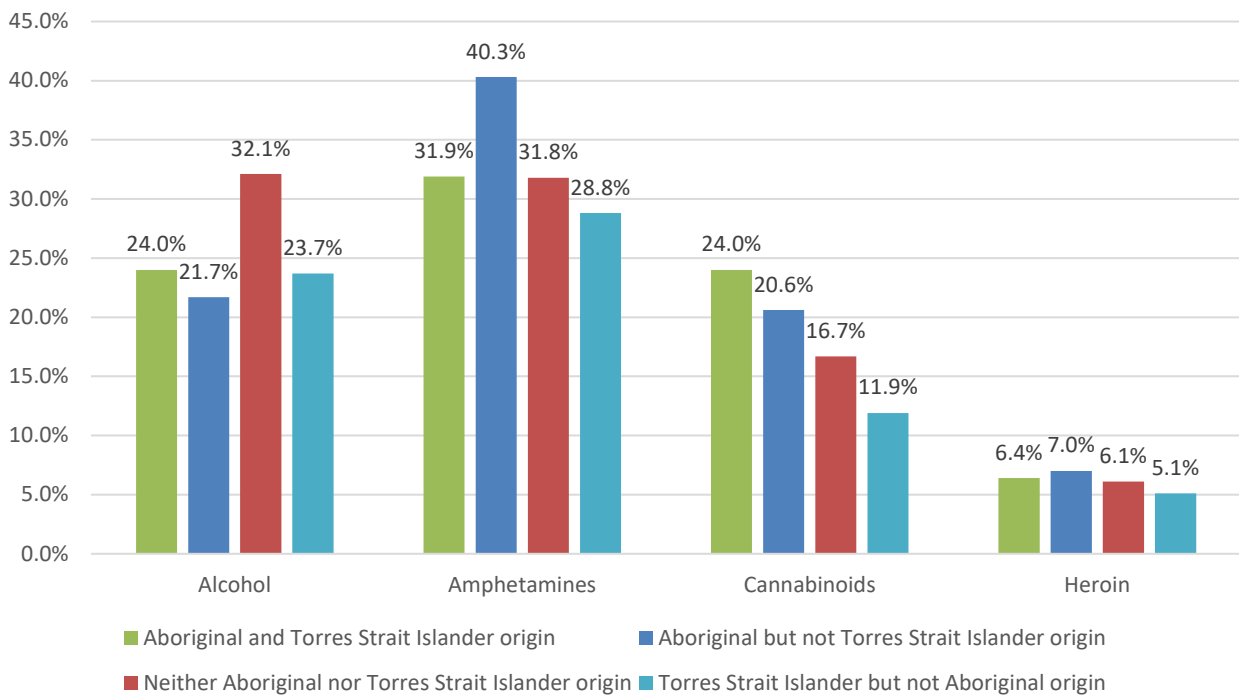
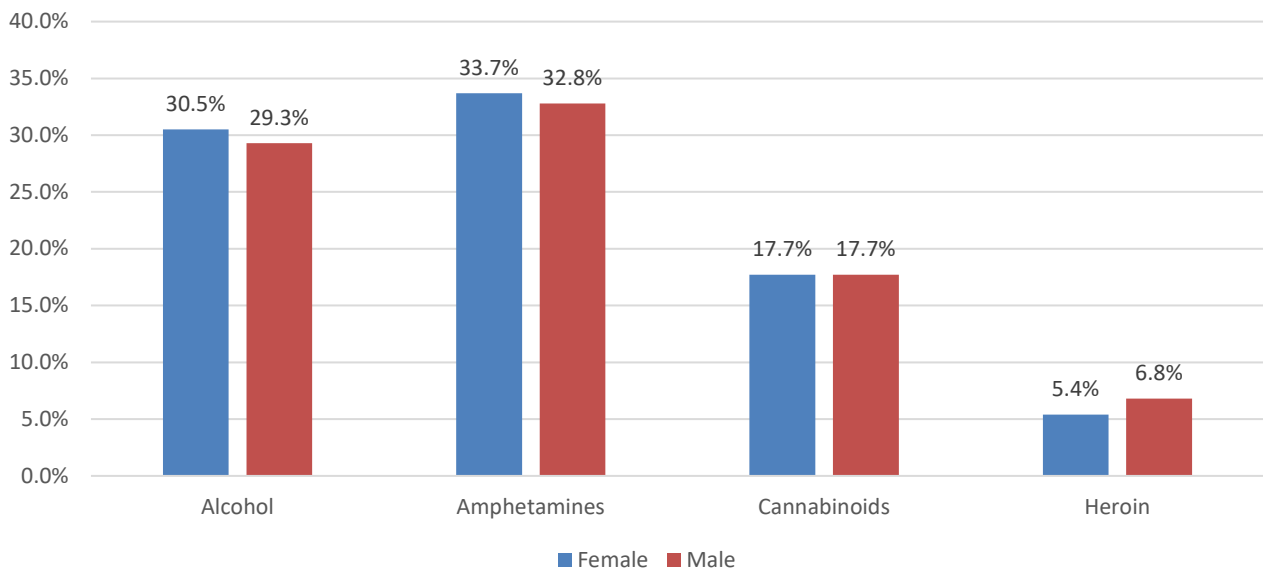
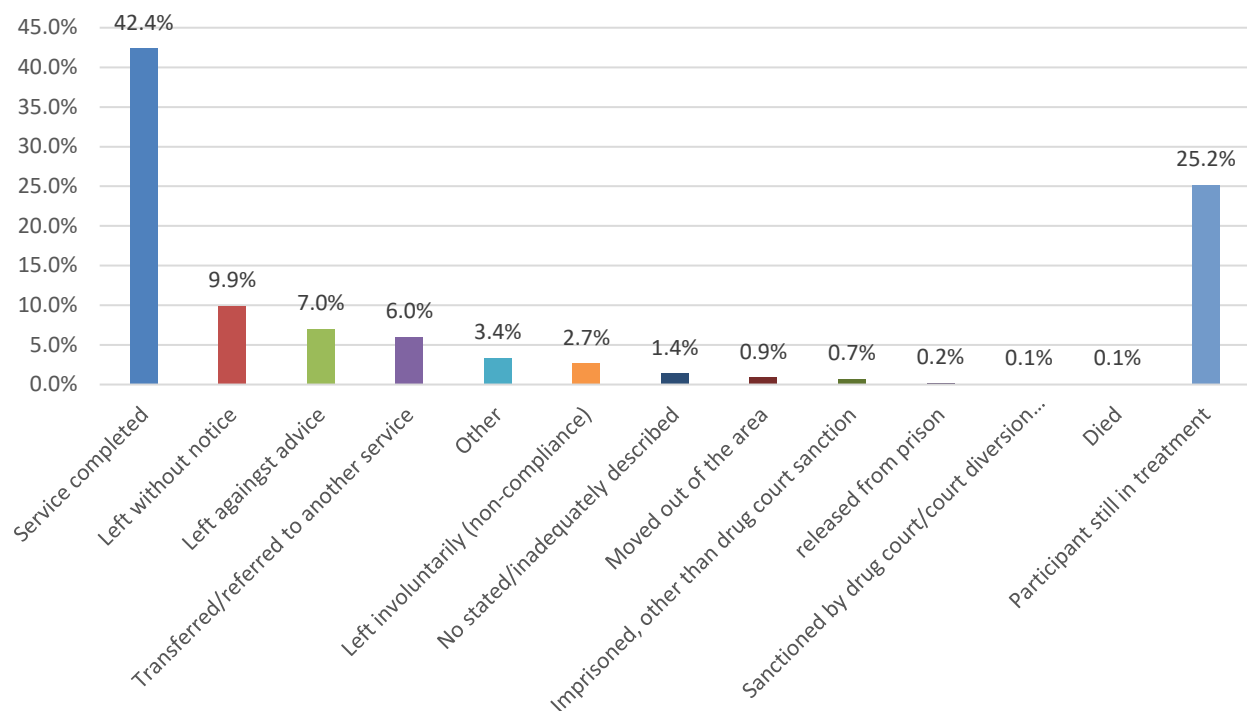


Figure 6: Primary drug of concern by gender



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’ (42%). This was followed by ‘left without notice’ (10%), and ‘left against advice’ (7%). For about 5% of participants it was unclear why the person left treatment as the categories ‘other’ or ‘not stated’ were selected. A relatively large number of participants were still in treatment (25%).

Figure 7. Reason for leaving treatment

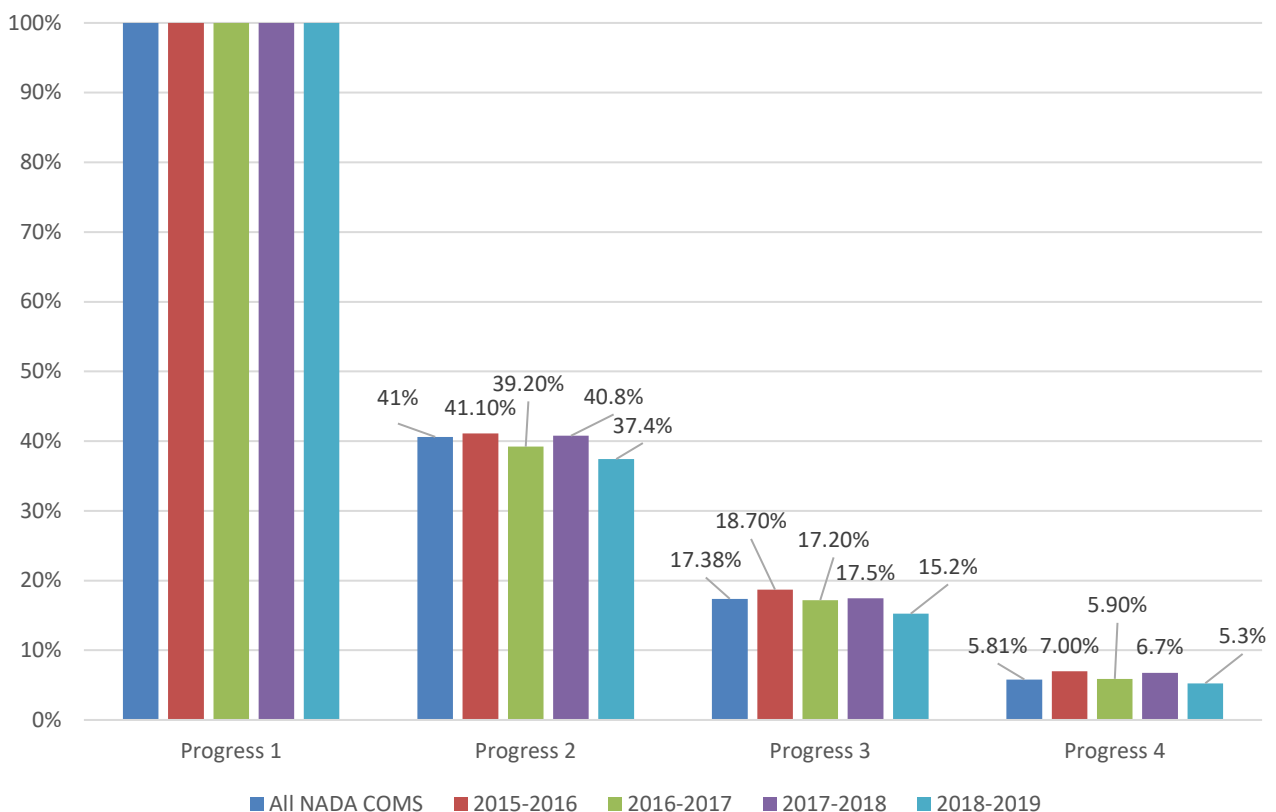


Section Two: COMS

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 2018 to 2019 financial year. There is a consistent trend across both the life of the NADA Coms and 2018 to 2019 period for about 40% of participants to complete a second assessment and about 17% of participants to complete a third assessment. Completion of assessments were slightly down for this period, with 37% completing a Progress 2 and 15% completing a Progress 3.

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), 86% of people complete at least 2 assessments, 66% completed at least 3 assessments, and 32% completed at least 4 assessments. This was lower with people attending outpatient counselling, with 56% completing at least 2 assessments, 27% completing at least 3 assessments, and 12% completing at least 4 assessments.

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

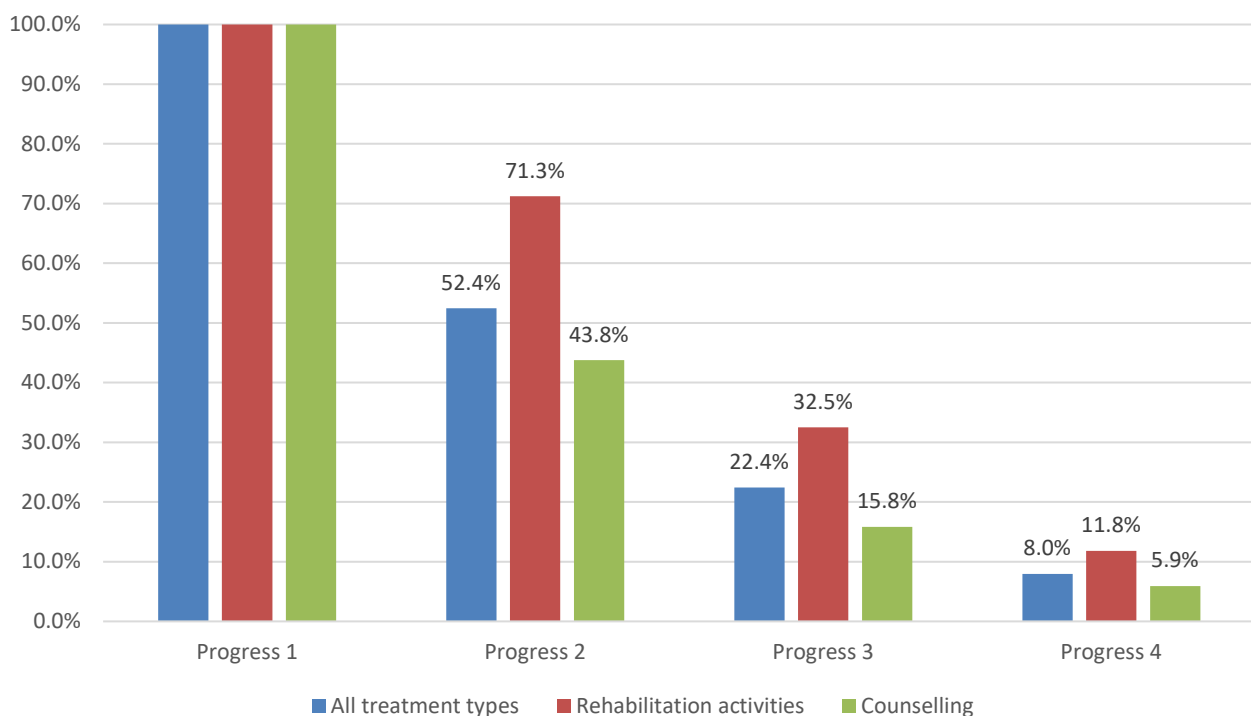


Figure 10. Proportion of COMS progress assessments completed for people who stayed in treatment for 60-days or more

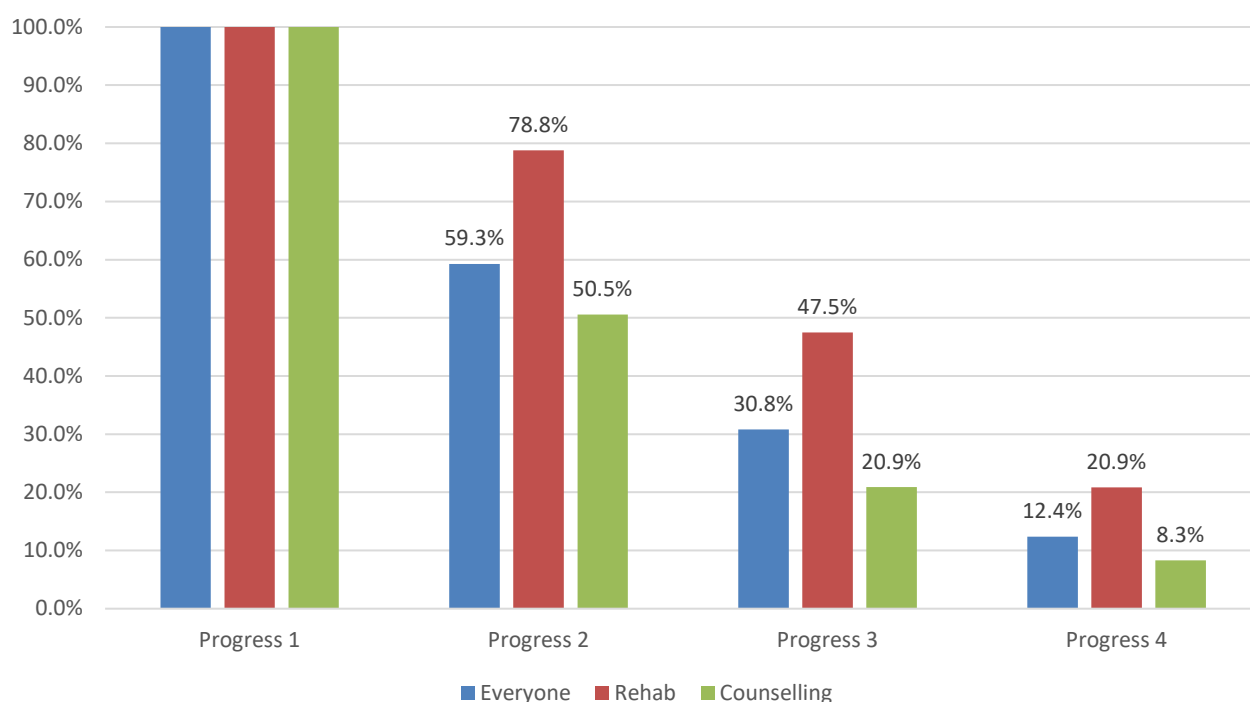
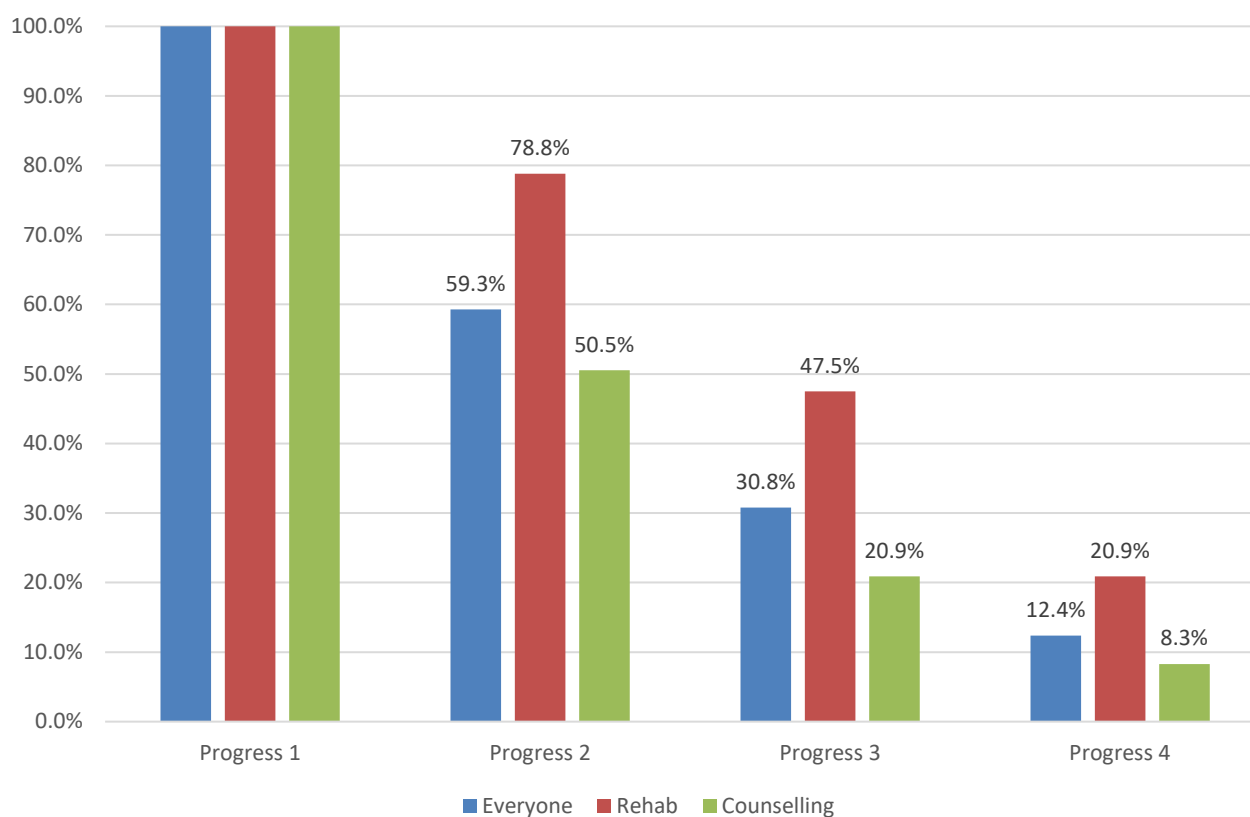


Figure 11. Proportion of COMS progress assessments completed for people who stayed in treatment for 90-days or more



2.1 Demographics: During the 2018/19 period 6819 unique commencement assessments were completed (64% male, 36% female). About 20% of participants identified as being Aboriginal and/or Torres Strait Islander decent. The large majority of participants were born in Australia (89%) and reported that English was their preferred language (96%). Forty-two percent of all participants were accessing temporary benefits as their primary source of income. See Table 2 for further descriptions.

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

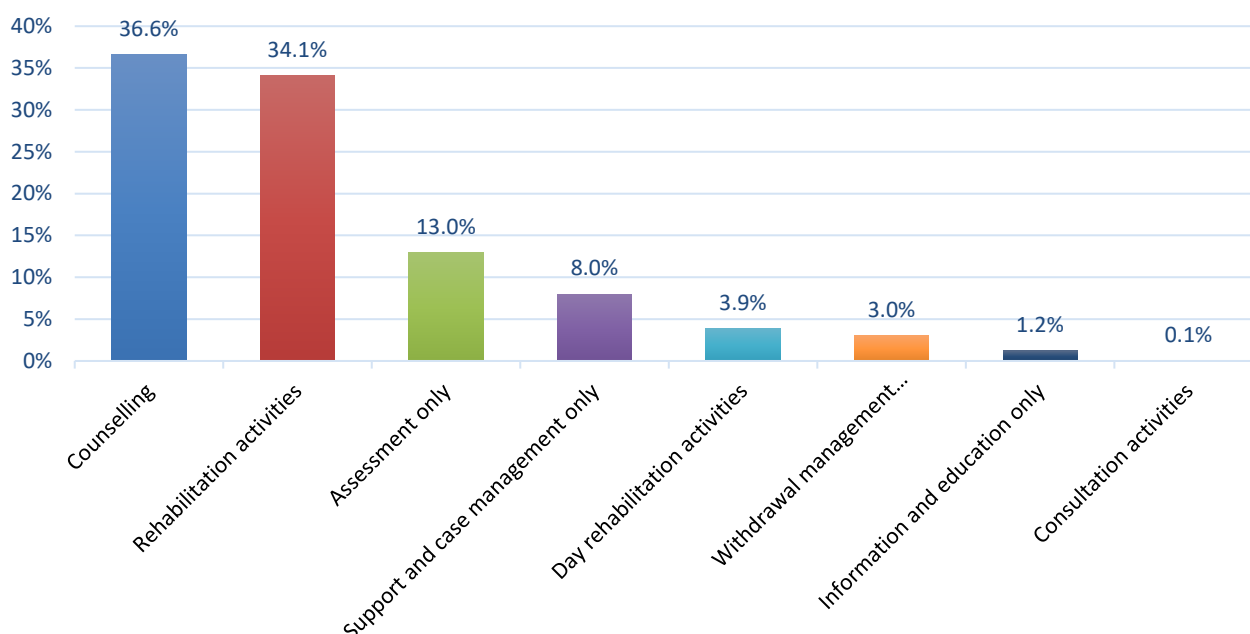
	N	%	Mean	SD
Age (years)			31.6	12.3
Gender				
Male	4353	63.8		
Female	2422	35.5		
Transgender female	13	.2		
Not states	11	.2		
Non binary / indeterminate	10	.1		
Transgender male	8	.1		
Intersex	2	.0		
Indigenous status				
Neither Aboriginal or Torres Strait Islander	5267	77.2		
Aboriginal but not Torres Strait Islander Origin	1239	18.2		
Aboriginal and Torres Strait Islander	92	1.3		
Torres Strait Islander but not Aboriginal Origin	24	.4		
Not stated	197	2.9		
Sexuality				
Straight or heterosexual	3033	44.5		
Lesbian, gay, homosexual	211	3.1		
Bisexual	79	1.2		
Queer	16	.2		
Not stated	2200	32.3		
Not asked	2200	32.3		
Country of birth				
Australia	6040	88.6		

New Zealand	187	2.7
England	92	1.3
Vietnam	36	.5
Iran	34	.5
Other	430	6.3
Preferred language		
English	6557	96.2
Other	262	3.8
Principle source of income		
Temporary benefits (e.g. sickness, unemployment)	2864	42.0
Pension (e.g. aged, disability)	1144	16.8
Dependant on others	585	8.6
Full-time employment	581	8.5
No-income	580	8.5
Part-time employment	462	6.8
Student allowance	199	2.9
Retirement fund	18	.3
Other	123	1.8
Not known	263	3.9
Usual Accommodation		
Rented house or flat	838	56.3
Privately owned house or flat	1382	20.3
Prison / detention centre	334	4.9
No usual residence / homeless	338	5.0
Hostel / supported accommodation	133	2.0
Shelter or refuge	139	2.0
Boarding house	113	1.7
AOD treatment residence	95	1.4
Caravan on a serviced site	36	.5
Psychiatric hospital	8	.1

Other	204	3.0
Unknown	199	2.9

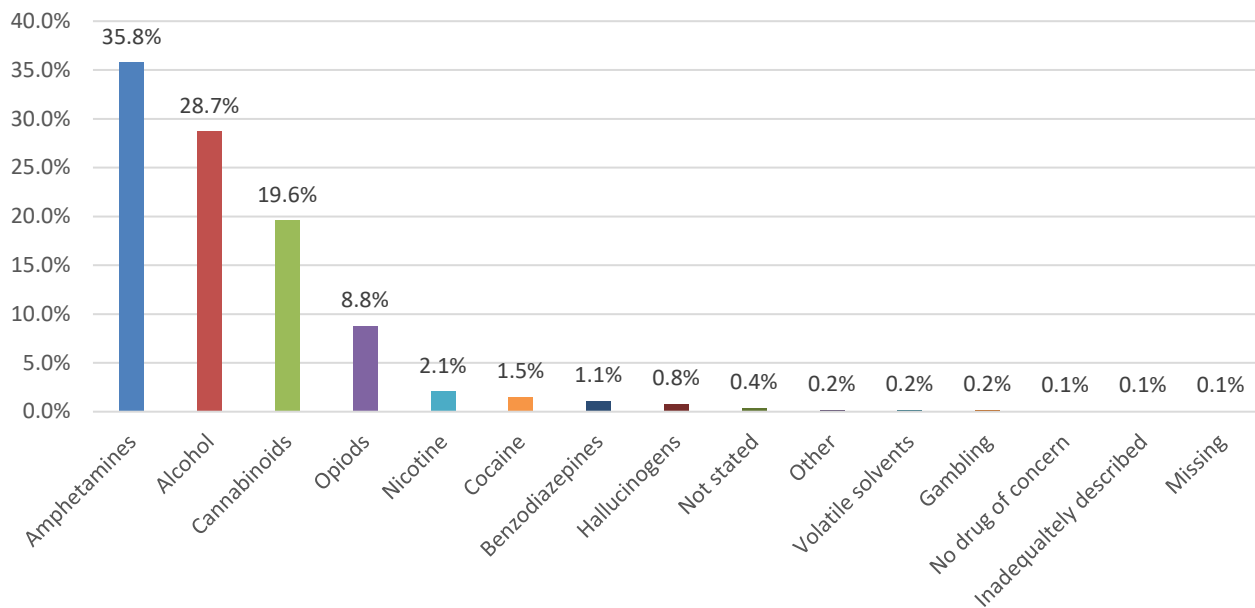
2.2 Main treatment type: Of the participants who entered treatment during the period, 37% were attending counselling services (see Figure 12). This was followed by people accessing rehabilitation activities (34%) and people attending for assessment only (13%).

Figure 12. Main Treatment Type



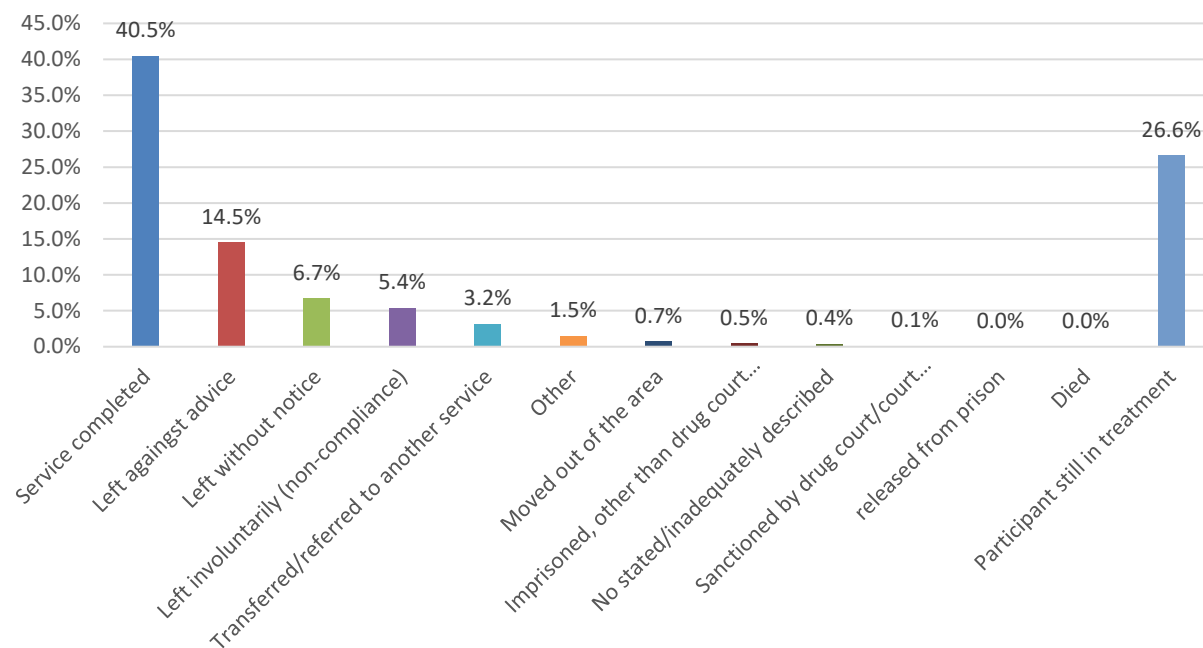
2.3 Substances of Concern: All participants were asked to nominate their primary substance of concern. Amphetamines was rated the highest endorsed substance (36%), followed by alcohol (29%) and cannabinoids (20%; see Figure 13).

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 (41%%) or they had left against advice (15%). Approximately 27% 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, 61% of the participants had ‘never injected’ any drugs. Of those participants who had “injected or hit up” drugs in the last 3-months (n = 1312, 22%), 330 (25%) had shared needles and 328 (25%) had shared injection equipment during this period. One hundred and twenty-eight participants (10%) 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	%
When did you last inject/hit up any drug		
Never injected	3671	61.4%
Last three months	1312	22.0%
More than 3 but less than 12 months ago	499	8.3%
12 months ago or more	432	7.2%
Not stated	63	1.1%

Note. Data was missing for 842 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)

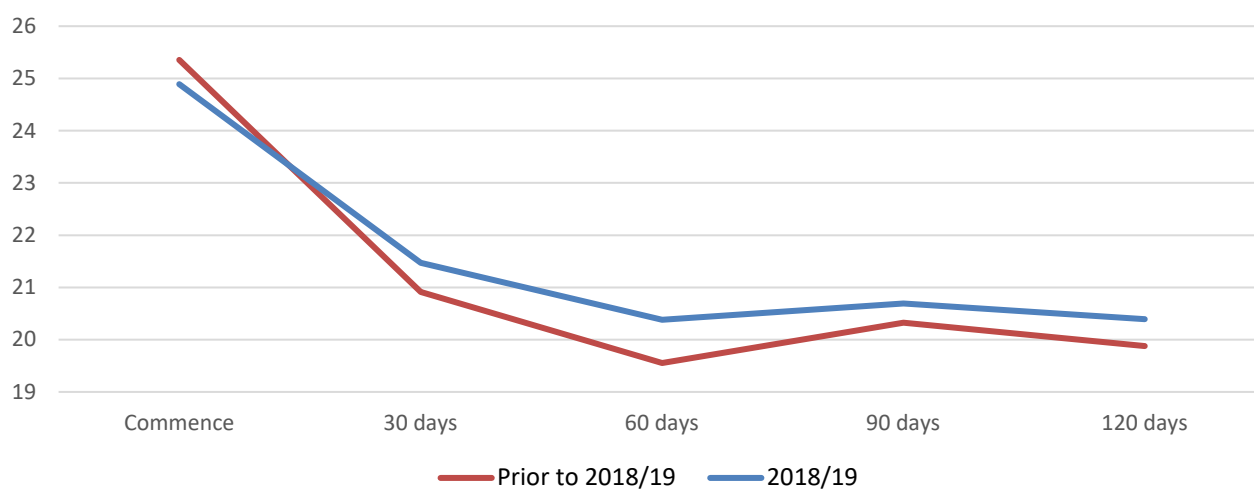


Figure 16. Substance dependence (SDS)

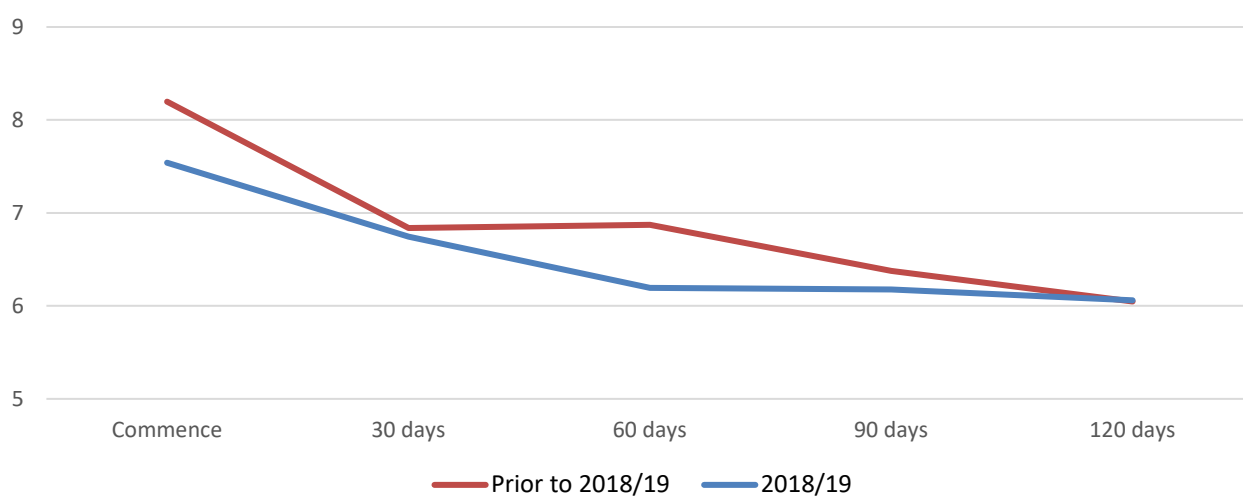


Figure 17. Quality of life (QOL)

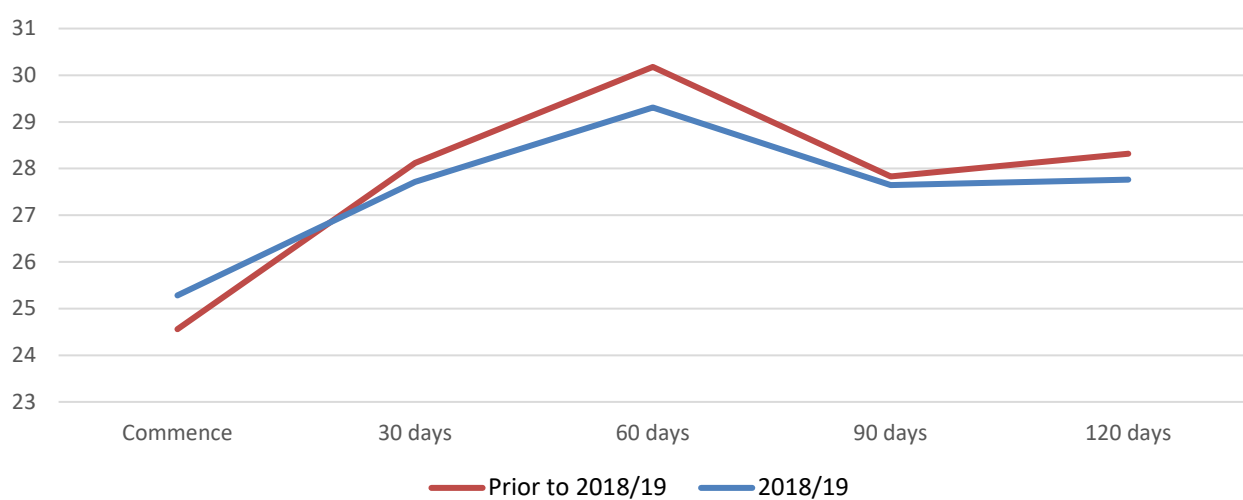


Figure 18. Symptom distress (K10): Women and Men

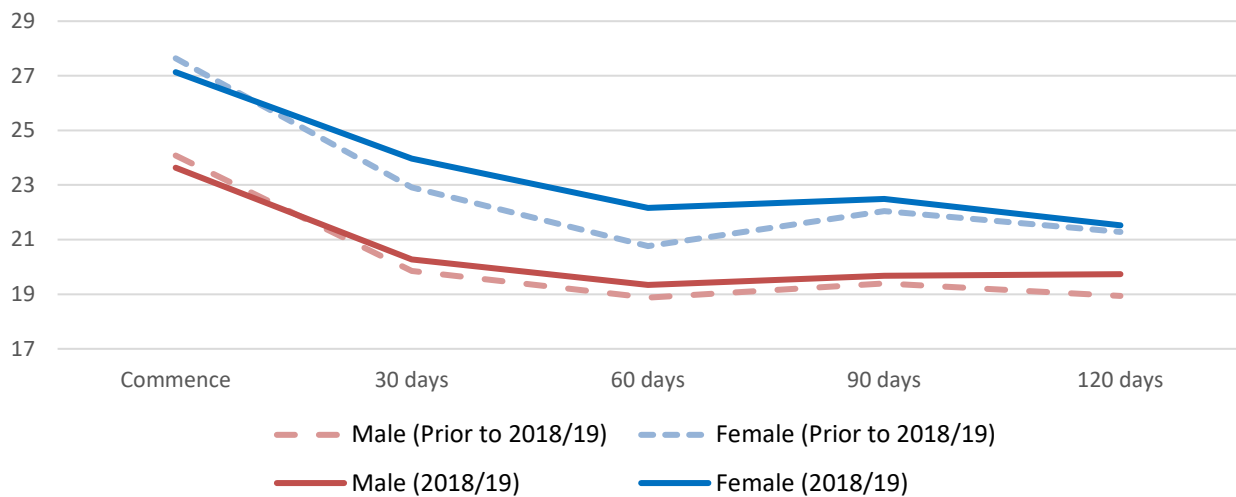


Figure 19. Severity of Dependence (SDS): Women and Men

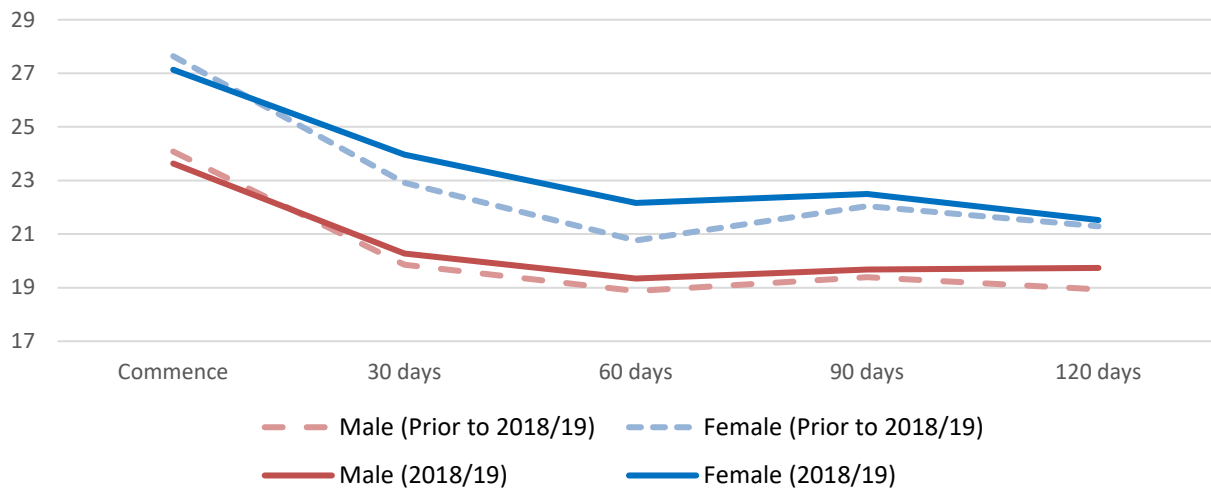


Figure 20. Quality of Life (QOL): Women and Men

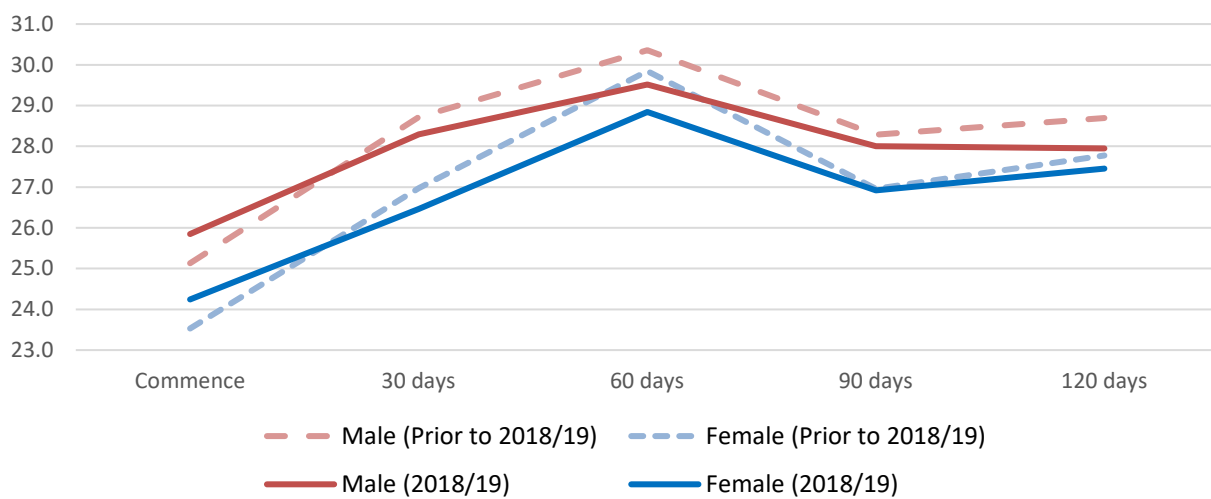


Figure 21. Symptom distress (K10): ATSI and non-ATSI

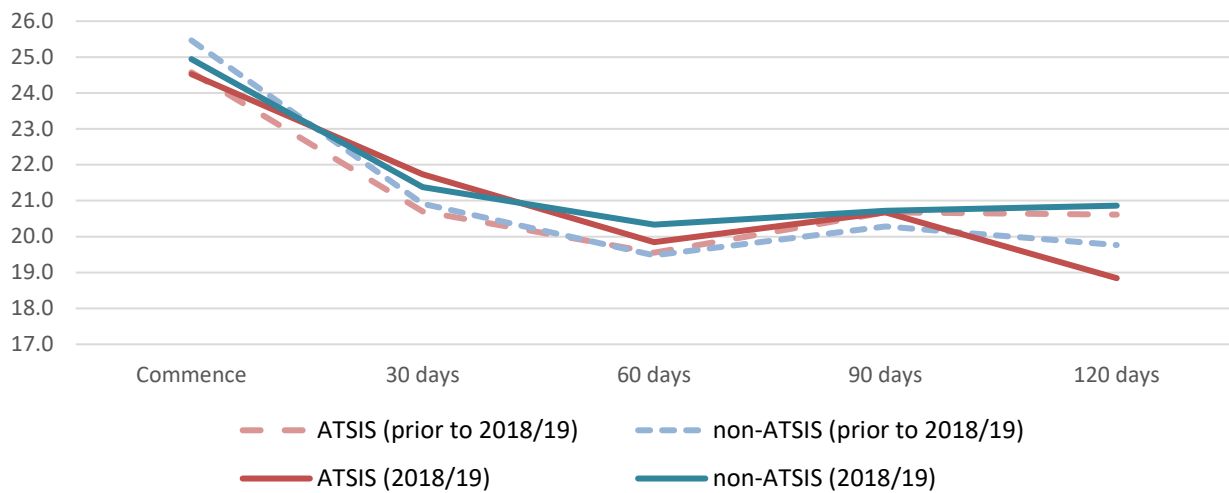


Figure 22. Substance dependence (SDS): ATSI and non-ATSI

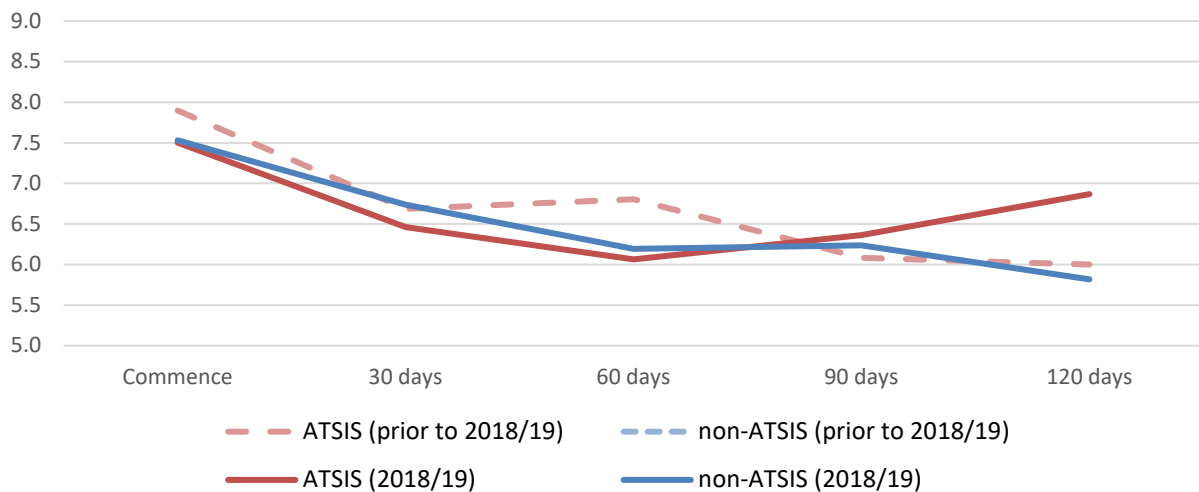


Figure 23. Quality of Life: ATSI and non-ATSI

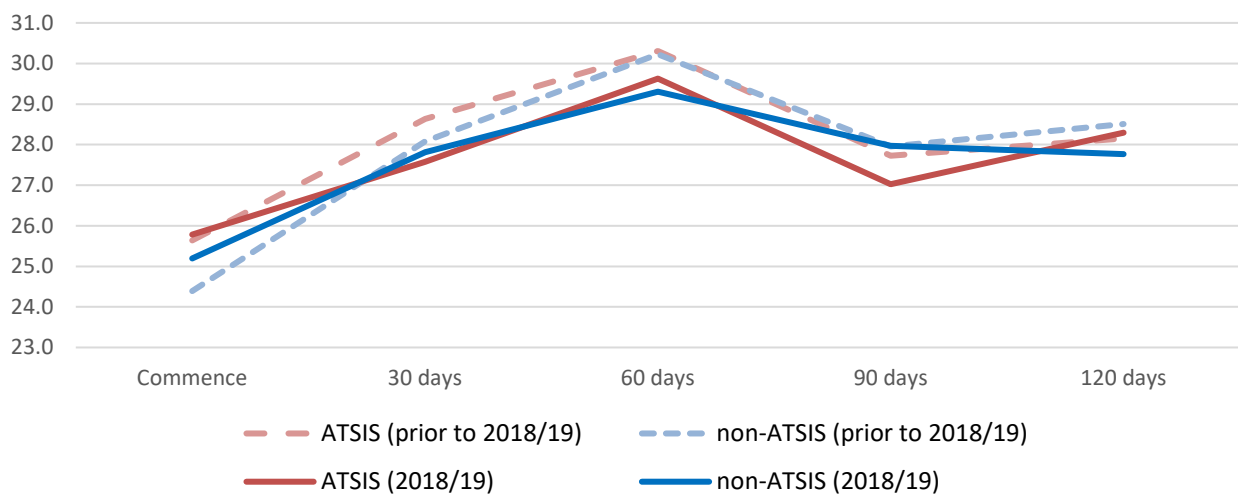


Figure 24. Symptom distress (K10): Service settings

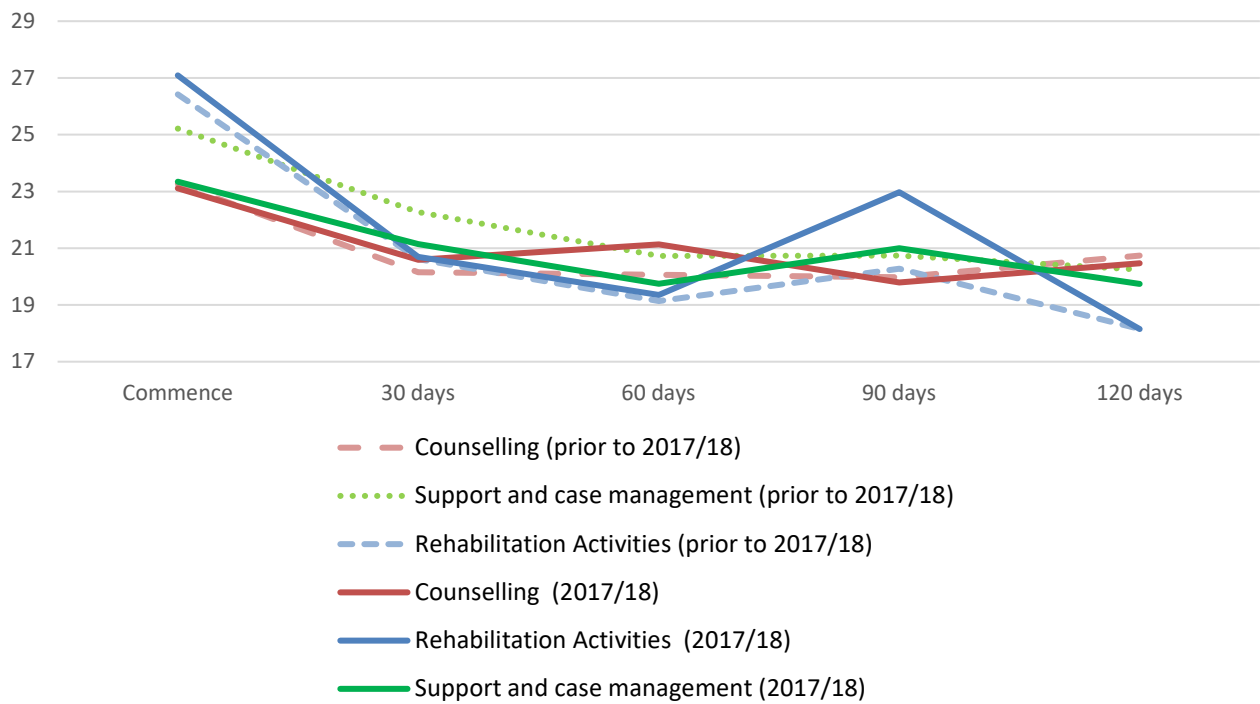


Figure 25. Substance dependence (SDS): Service setting

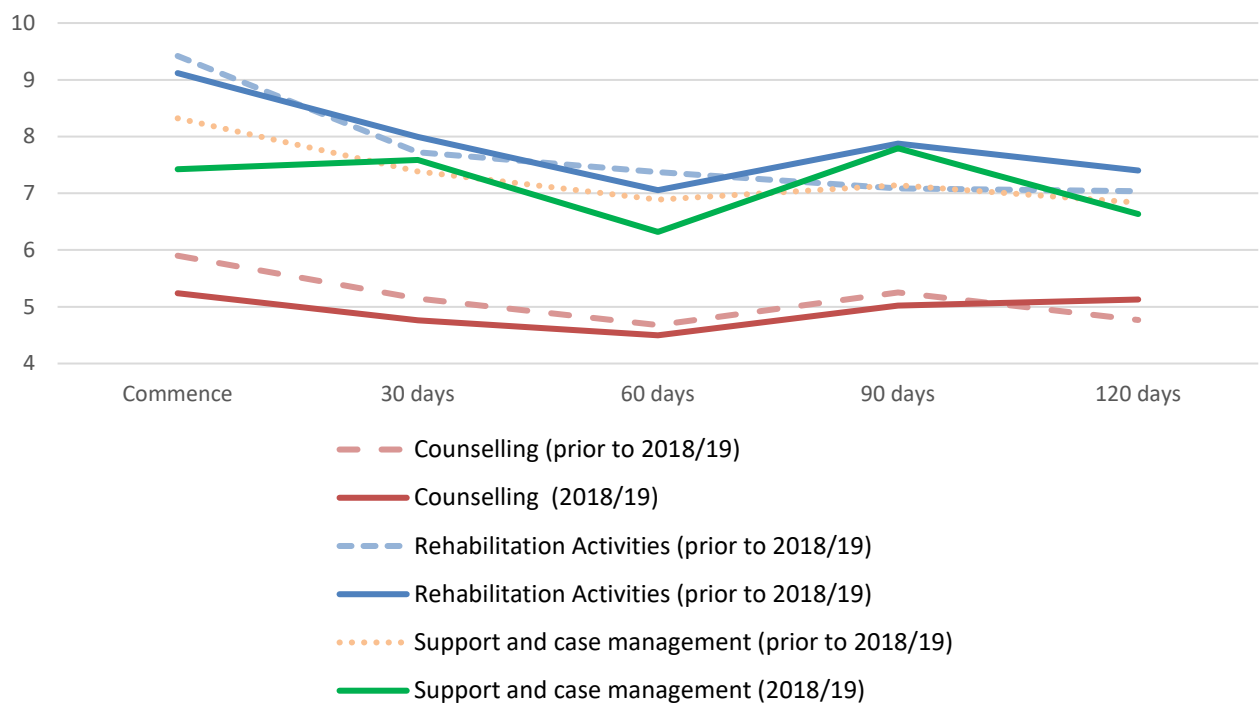


Figure 26. Quality of life: Service setting

