NADAbase Snapshot Report 15/16

Time frame: 1st July 2015 to 30th June 2016

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Background: The current snapshot provides an overview of the data that was collected within the NADAbase during the 2015-2016 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 10,280 unique commencement assessments were completed (64% male, 36% female). About 17% 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 (46%). See Table 1 for further descriptions.

Table 1. MDS demographic information for participants who entered treatment during the 15-16 financial year.

	N	%	Mean	SD
Age (years)			34.1	12.6
Gender				
Male	6525	63.5		
Female	3730	36.3		
Non-binary / indeterminate	3	.0		
Transgender female	3	.0		
Intersex	1	.0		
Not stated	18	.2		
Indigenous status				
Neither Aboriginal or Torres Strait Islander	8316	80.9		
Aboriginal but not Torres Strait Islander Origin	1602	15.6		
Aboriginal and Torres Strait Islander	81	.8		
Torres Strait Islander but not Aboriginal Origin	31	.3		
Not stated	250	2.4		
Country of birth				
Australia	9248	90.0		
New Zealand	175	1.7		
England	135	1.3		
Vietnam	62	.6		
Fiji	42	.4		
Lebanon	36	.4		
Italy	35	.3		
Philippines	31	.3		
United States	30	.3		
Other	486	4.7		
Preferred language				
English	10025	97.5		

Vietnamese	41	.4
Italian	32	.3
Arabic	30	.3
Other	152	1.5
Principle source of income		
Temporary benefits (e.g. sickness, unemployment)	4709	45.8
Pension (e.g. aged, disability)	1780	17.3
Full-time employment	920	8.9
No income	842	8.2
Not stated	831	8.1
Part-time employment	516	5.0
Dependent on others	327	3.2
Other	161	1.6
Student allowance	151	1.5
Retirement fund	43	.4
Usual Accommodation		
Rented house or flat	5261	51.2
Privately owned house or flat	2415	23.5
Not known	644	6.3
No usual residence/homeless	494	4.8
Alcohol or other drug treatment residence	377	3.7
Prison/detention centre	268	2.6
Other	261	2.5
Hostel/supported accommodation	223	2.2
Shelter / refuge	128	1.2
Boarding house	124	1.2
Caravan on a serviced site	45	.4
Psychiatric hospital	40	.4

Notes. County of birth or preferred language listed if 30 or more participants[1].

1.2 Main treatment type: Figure 1 provides a description of the main treatment type for people during this period. Rehabilitation activities (28%), assessment only (20%), and counselling (18%) were the three most common main treatment types.

Figure 1. Main Treatment Type
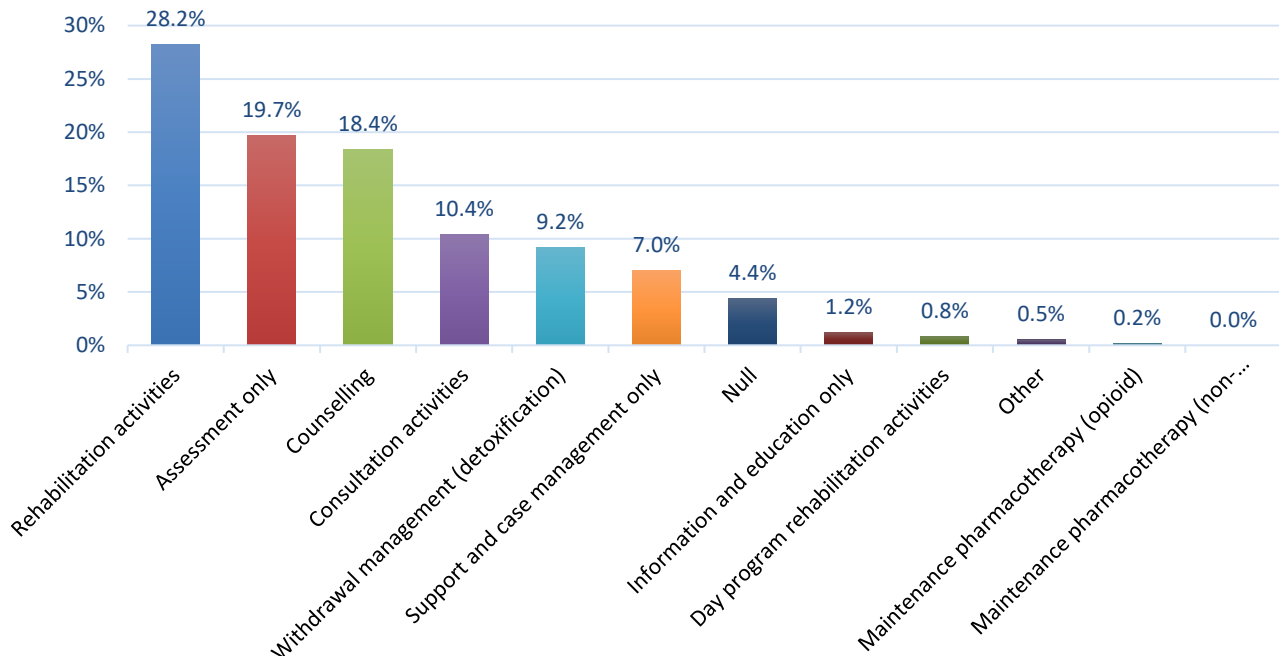
1.3 Service delivery setting. Figure 2 provides a summary of the primary service delivery settings. Community / outpatient (50%) and residential (44%) were the most highly endorsed treatment settings.

Figure 2. Service delivery setting
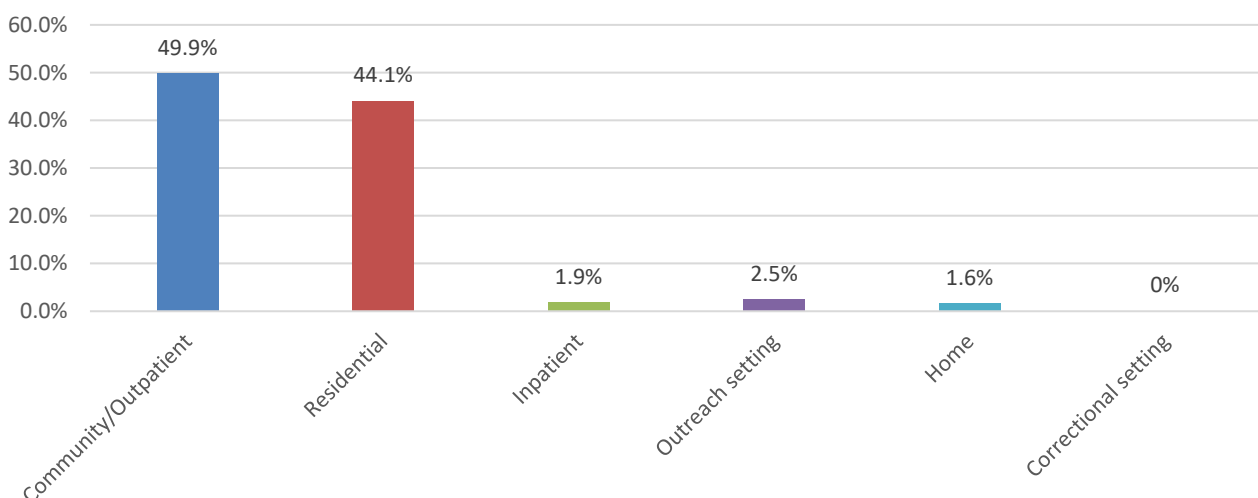
1.4 Substances of Concern: All participants were asked to nominate their primary substance of concern (see Figure 3). Amphetamines (including methamphetamines) were the highest endorsed primary substance of concern (35%), followed by alcohol (29%) and cannabinoids (17%). Participants were also asked 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 (20%), alcohol (14%), and amphetamines (14%). 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
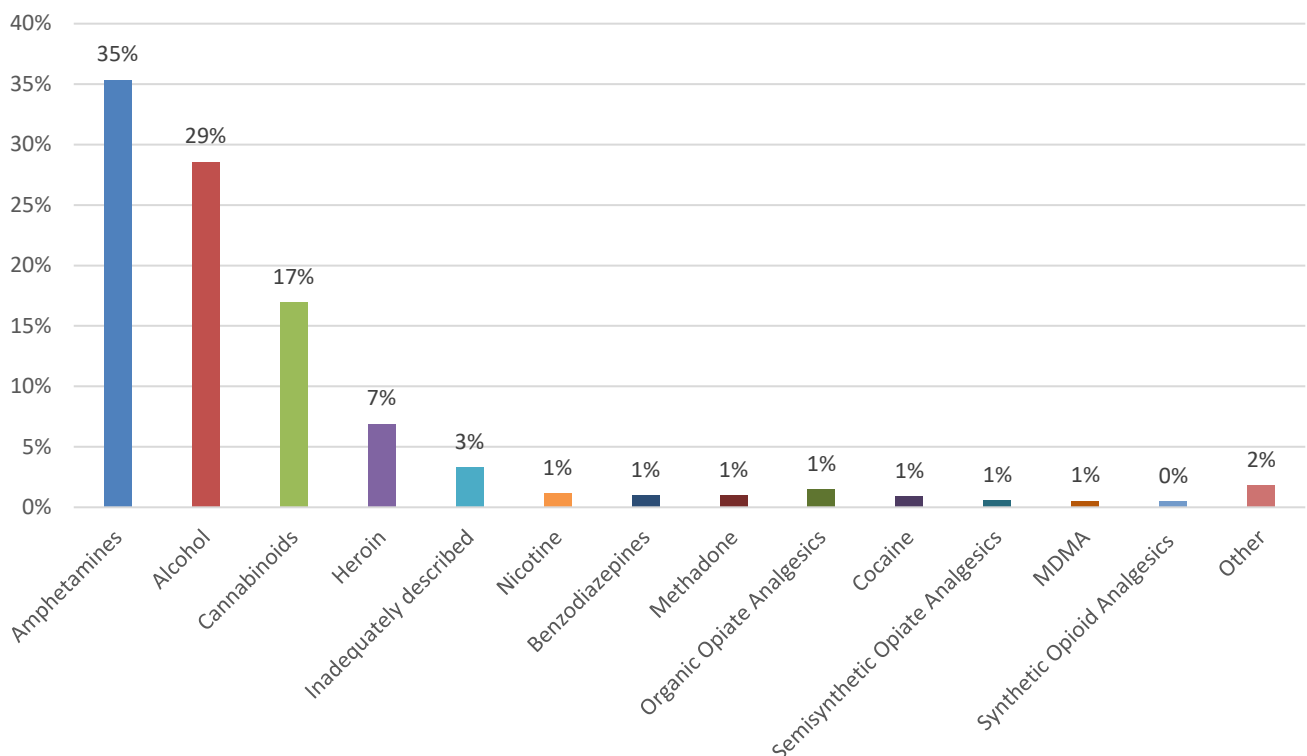
Note. Organic Opiate Analgesics include Codeine, Morphine and Organic Opiate Analgesics not specified. Semisynthetic Opiate Analgesics includes Buprenorphine, Oxycodone and Semisynthetic Opioid Analgesics, NEC but does not include Heroin. Synthetic Opioid Analgesics includes Fentanyl and Oxycodone, but does not include Methadone.

Figure 4. Other substances of concern
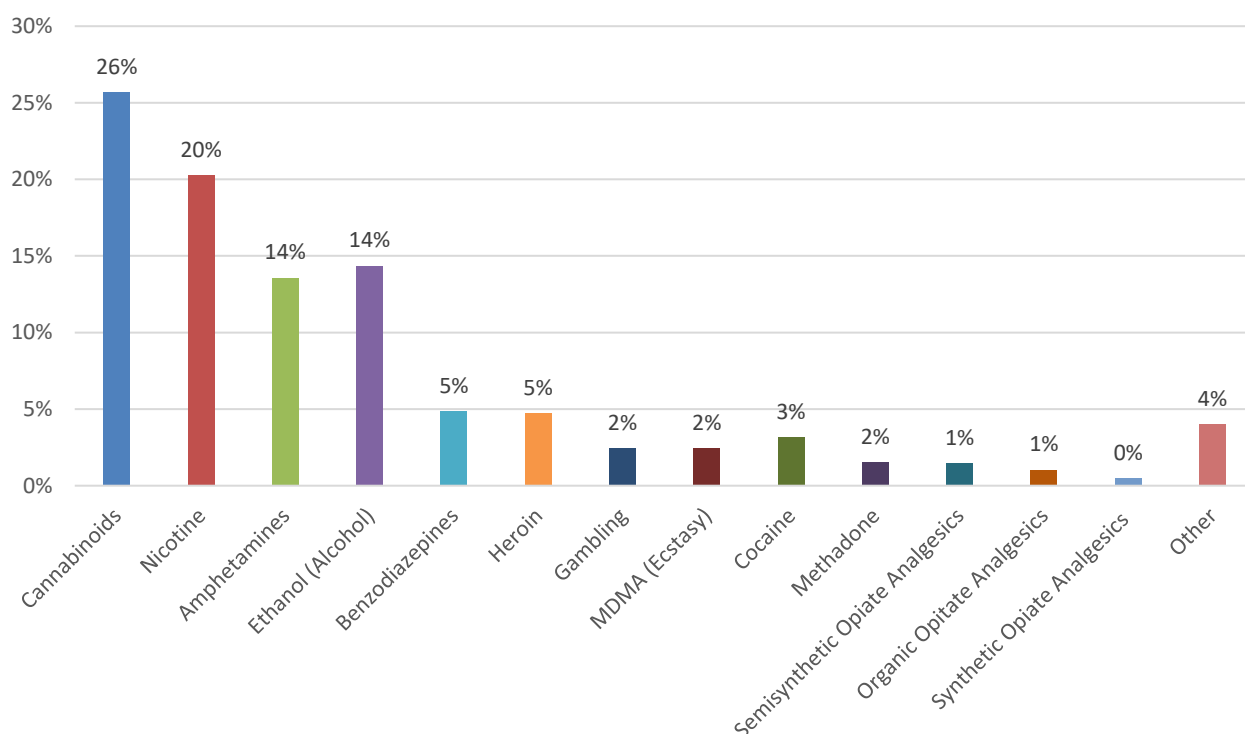
Note. Organic Opiate Analgesics include Codeine, Morphine and Organic Opiate Analgesics not specified. Semisynthetic Opiate Analgesics includes Buprenorphine, Oxycodone and Semisynthetic Opioid Analgesics, NEC but does not include Heroin. Synthetic Opioid Analgesics includes Fentanyl and Oxycodone, but does not include Methadone.

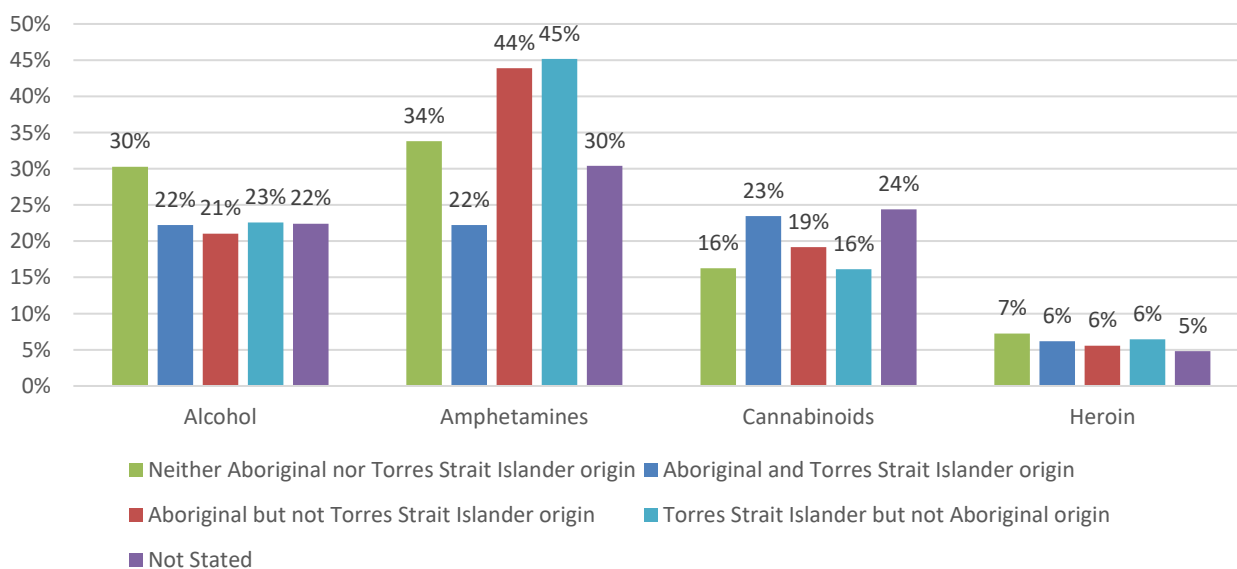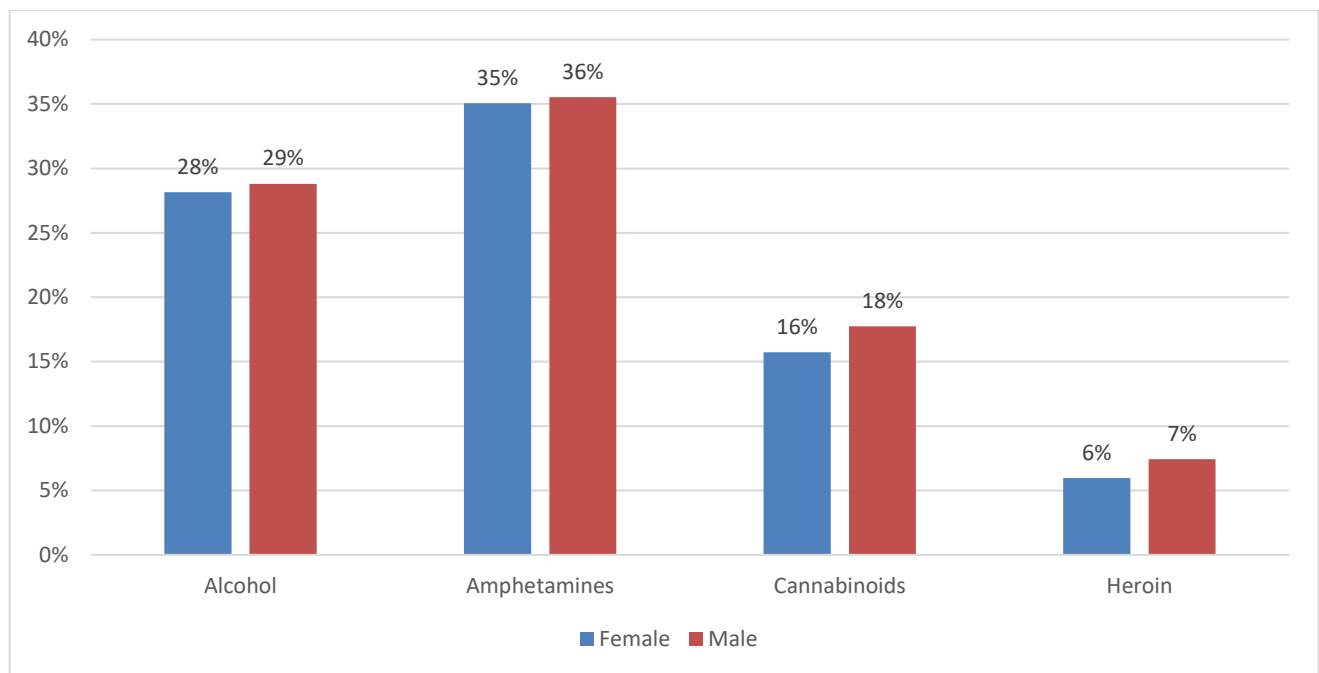## Figure 5: Primary drug of concern by Indigenous status

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' (54%). This was followed by 'left against advice' (12%), and 'left without notice' (10%). For about 7% 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
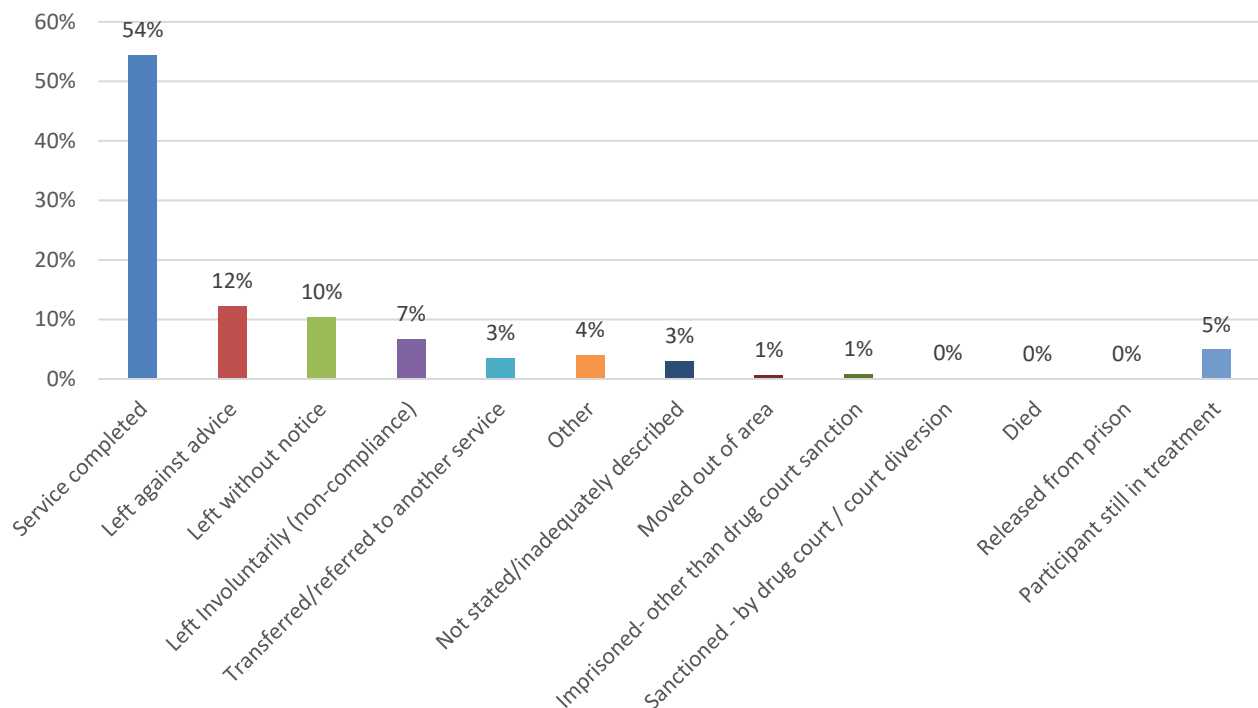
Section Two: COMS

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 2015 to 2016 financial year. There is a consistent trend across both the life of the NADA Coms and 2015 to 2016 period for about 41% of participants to complete a second assessment and about 19% of participants to complete a third assessment.

Figure 8. Total assessments completed by participants
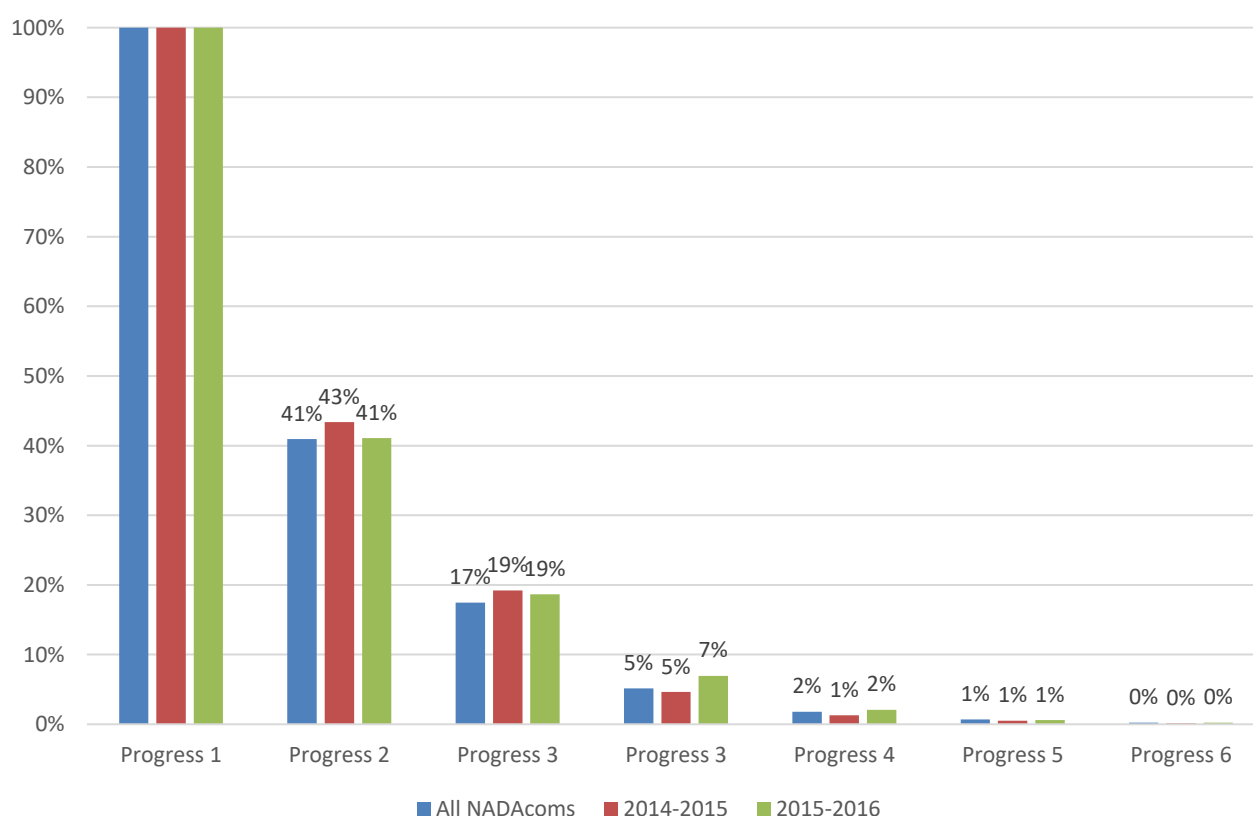
2.2 Proportion of COMS assessments completed: To examine the pattern of survey completion in more detail, further analysis was conducted to examine the proportion of people who completed multiple assessments during their treatment. Analysis focused on people who had stayed in treatment for 30-days or 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
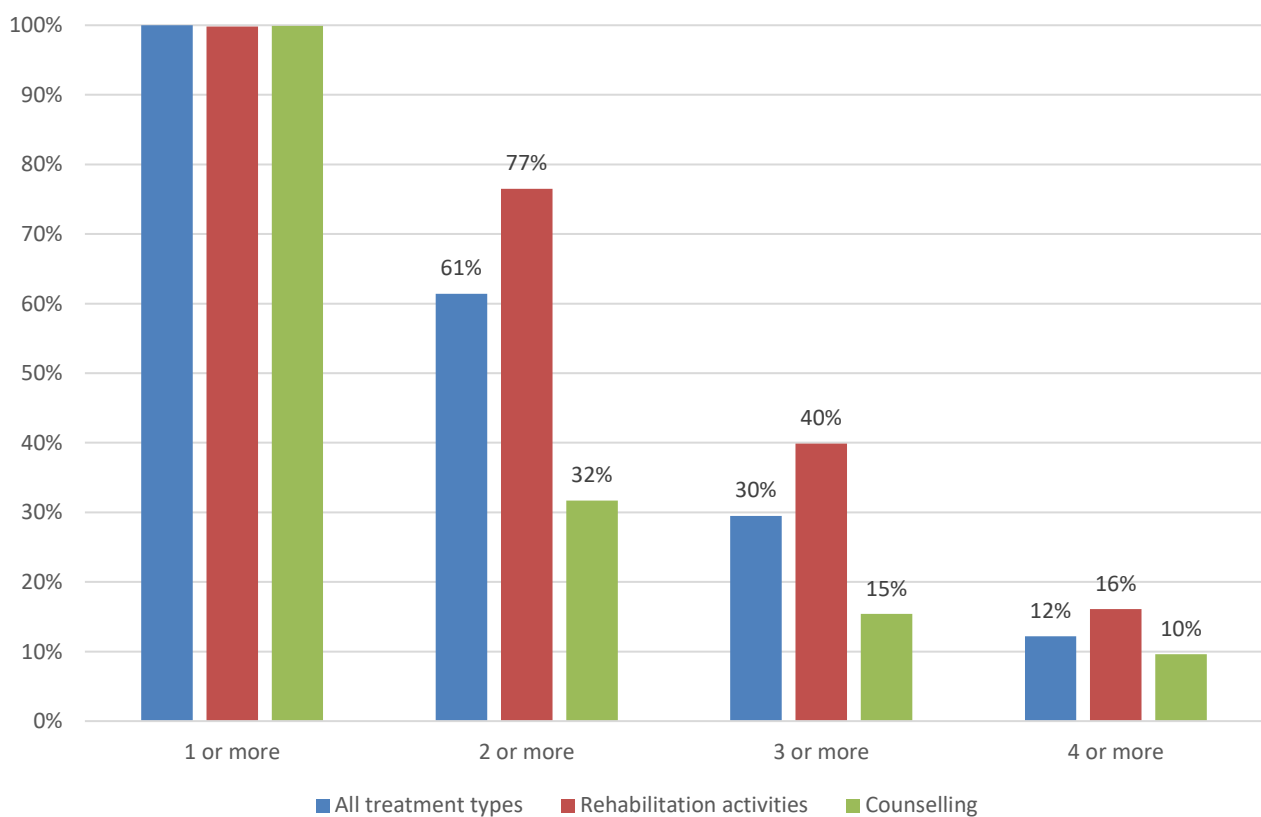
Figure 10. Proportion of COMS progress assessments completed for people who stayed in treatment for 60-days or more
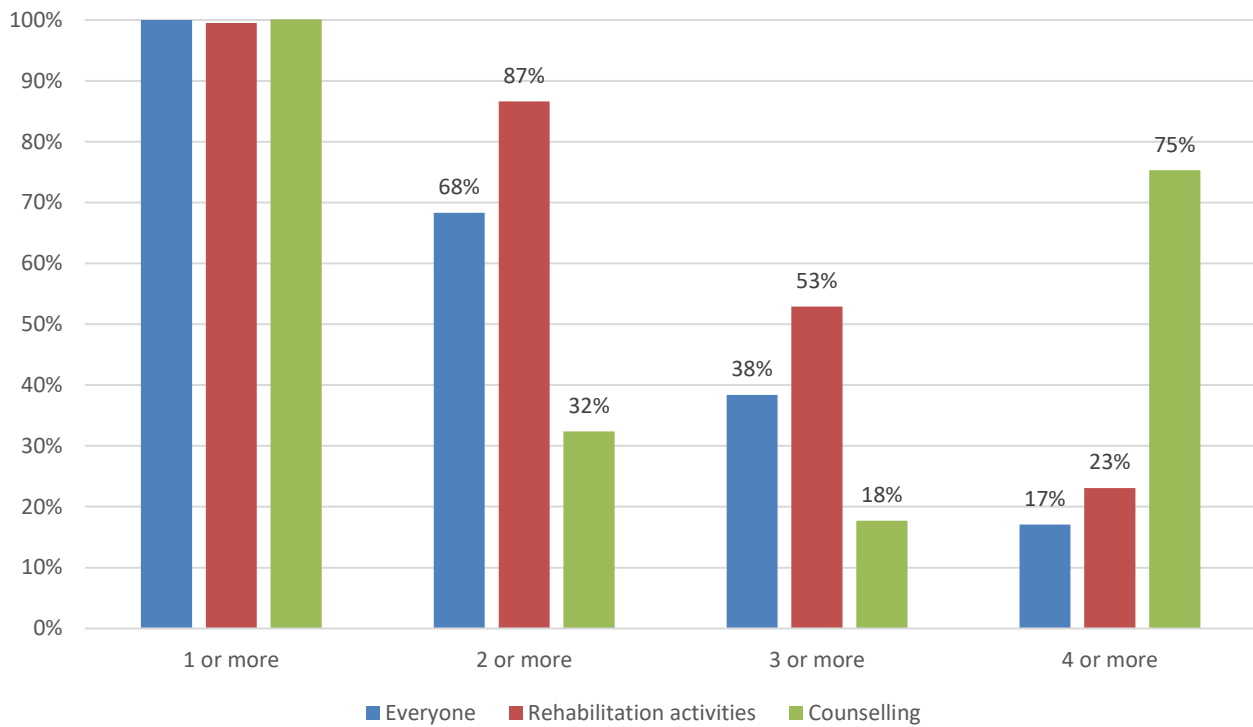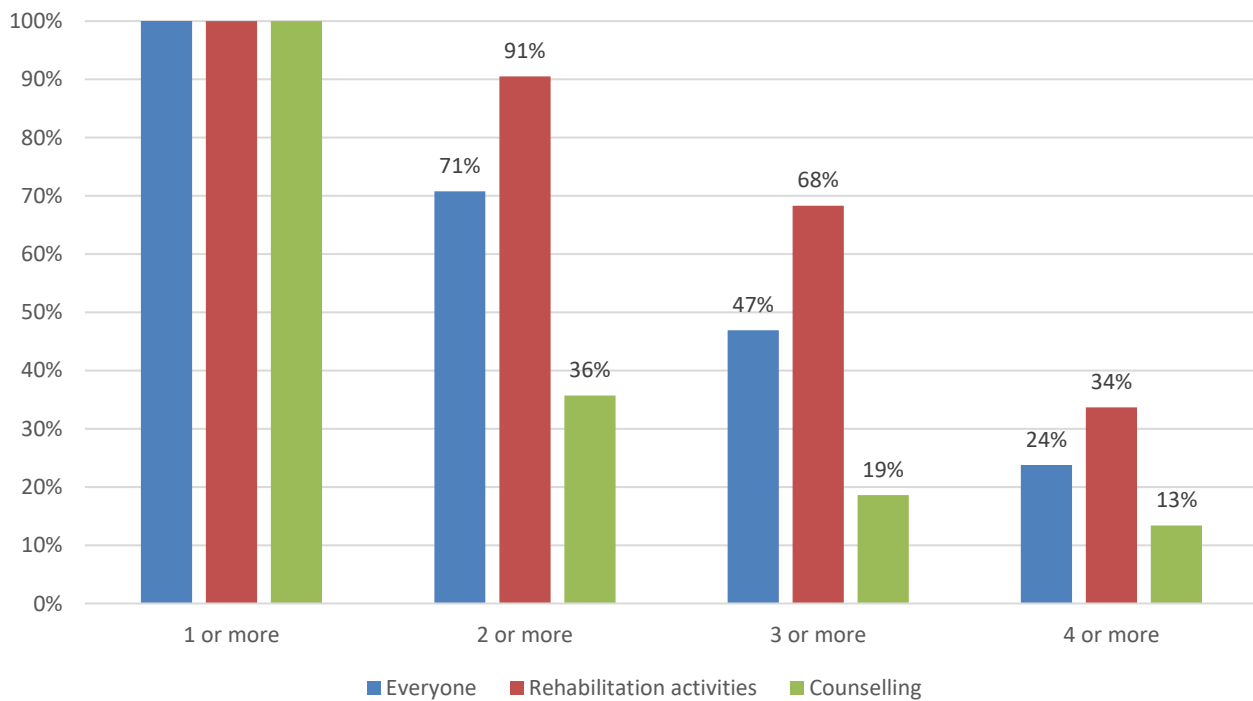

Figure 11. Proportion of COMS progress assessments completed for people who stayed in treatment for 90-days or more

2.1 Demographics: During the 2015/16 period 3854 unique commencement assessments were completed (64% male, 36% female). About 16% 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 (97%). Almost half of all participants were accessing temporary benefits as their primary source of income (47%).

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

	N	%	Mean	SD
Age (years)			32.6	11.3
Gender				
Male	2476	64.2		
Female	1372	35.6		
Transgender female (5??)	2	.1		
Not stated				
Indigenous status				
Neither Aboriginal or Torres Strait Islander	3132	81.3		
Aboriginal but not Torres Strait Islander Origin	569	14.8		
Aboriginal and Torres Strait Islander	31	.8		
Torres Strait Islander but not Aboriginal Origin	13	.3		
Not stated	109	2.8		
Country of birth				
Australia	3432	89.1		
New Zealand	95	2.5		
England	58	1.5		
Vietnam	29	.8		
Lebanon	14	.4		
United States	13	.3		
Other	213	5.5		
Preferred language				
English	3749	97.3		

|		
Other	105	2.7
Principle source of income		
Temporary benefits (e.g. sickness, unemployment)	1810	47
Pension (e.g. aged, disability)	814	21.1
No-income	303	7.9
Full-time employment	299	7.8
Dependant on others	148	3.8
Part-time employment	160	4.2
Student allowance	49	1.3
Retirement fund	9	.2
Other	74	1.9
Not known	110	2.9
Missing	78	2.0
Usual Accommodation		
Rented house or flat	2172	56.4
Privately owned house or flat	792	20.6
Prison / detention centre	52	1.3
No usual residence / homeless	198	5.1
Hostel / supported accommodation	105	2.7
Shelter or refuge	62	1.6
Boarding house	71	1.8
Other	76	2.0
Unknown	158	4.1
Missing	78	2.0

2.2 Main treatment type: Of the participants who entered treatment during the period, nearly half were attending residential rehabilitation services (61%). This was followed by people accessing counselling (16%) and people attending specialist non-government AOD services for assessment only (10%). See Figure 10.

Figure 12. Main Treatment Type
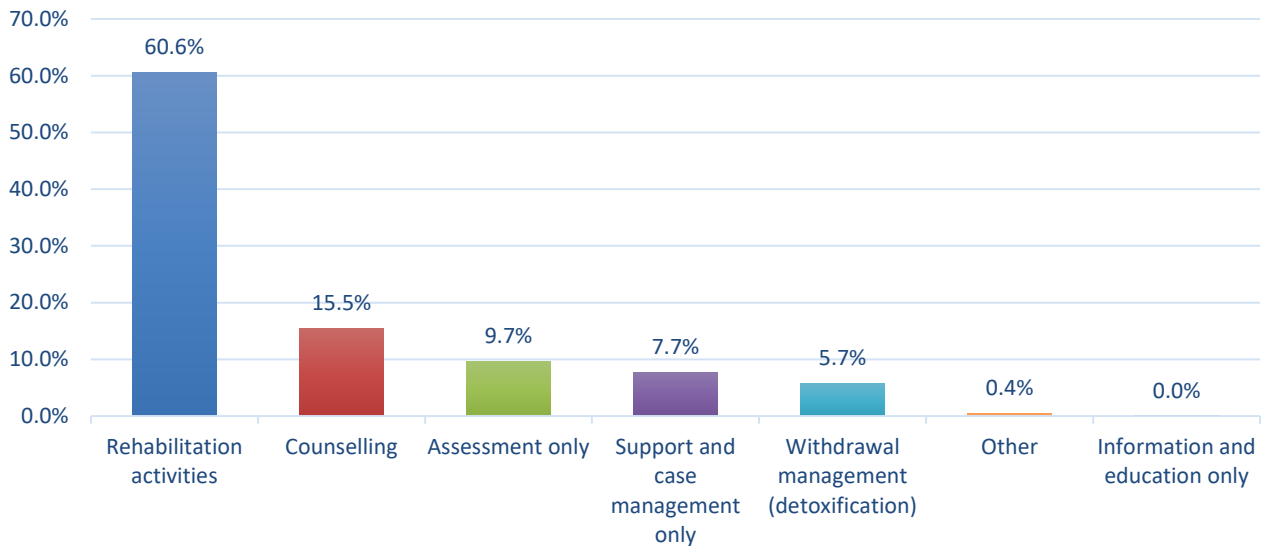
2.3 **Substances of Concern:** All participants were asked to nominate their primary substance of concern. Amphetamines was rated the highest endorsed substance (42%), followed by alcohol (31%) and opioids (13%; see Figure 11).

Figure 13. Primary substance of concern
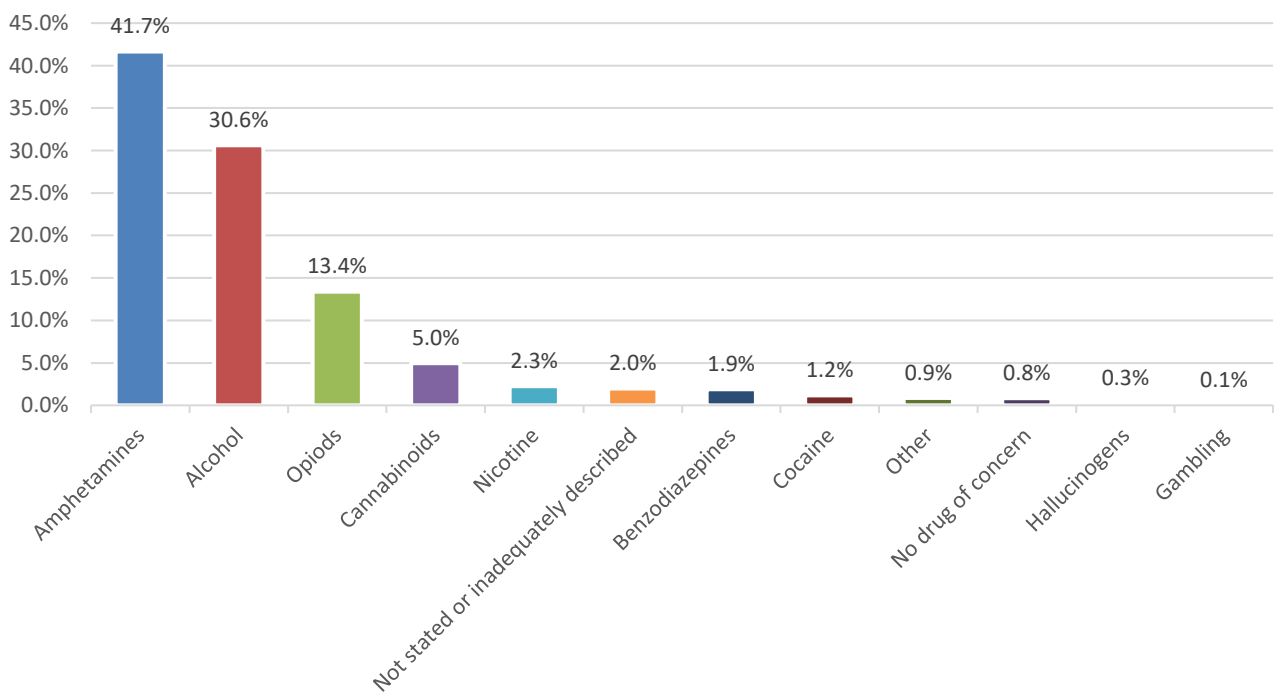
2.4 Reasons for leaving treatment: Figure 12 provide a summary of the reasons that people left treatment. The most common reasons were that the person had completed treatment (48%), they had left against advice (16%), or had left involuntarily (10%). Approximately 9% were still attending treatment.

Figure 14. Reason for leaving treatment
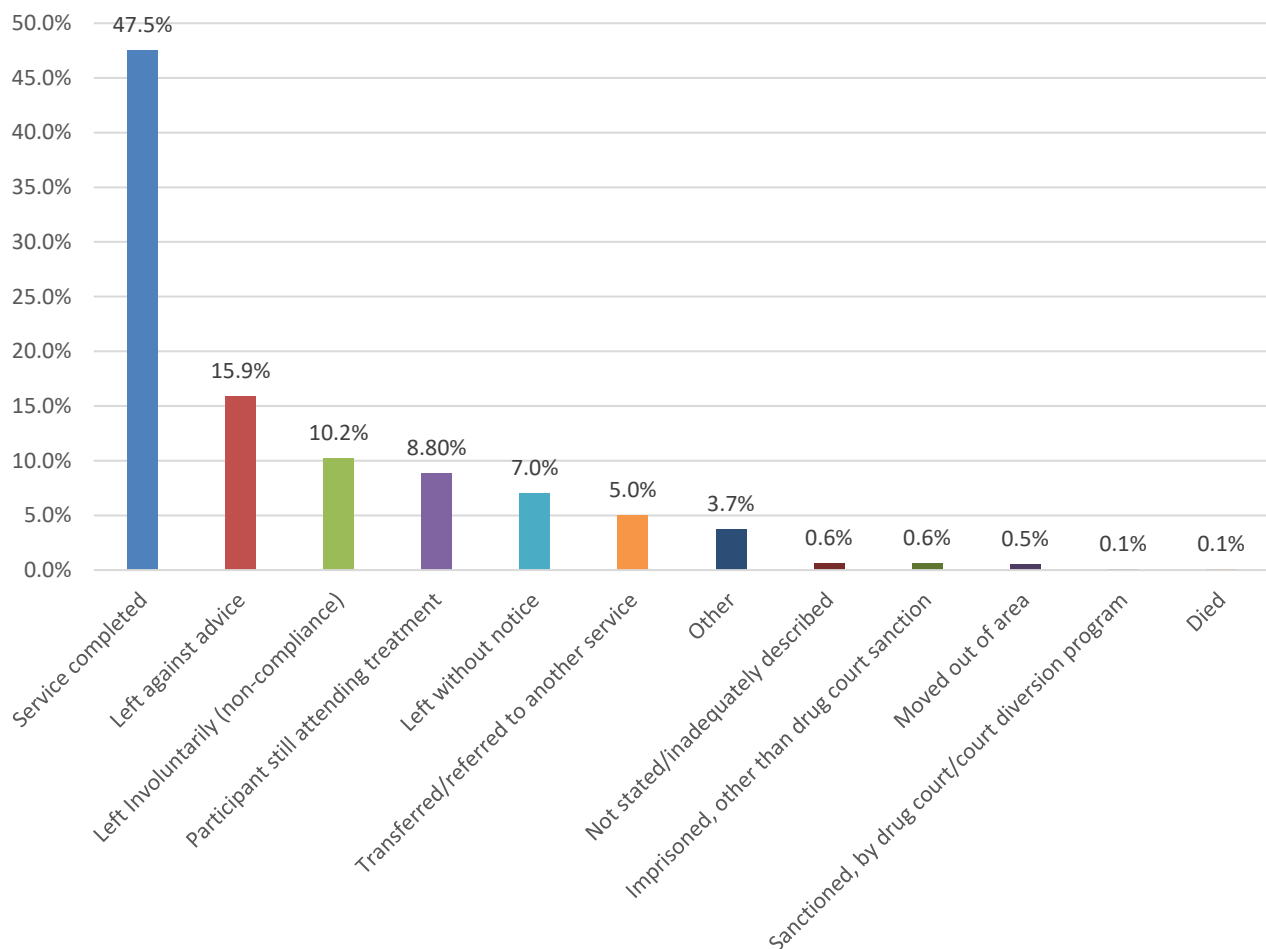
Injecting Drug Use: Participants were asked to indicate when they last "injected or hit up" any drug. As highlighted in Table 3, 51% of the participants had 'never injected' any drugs. Of those participants who had "injected or hit up" drugs in the last 3-months (n = 987, 22% of total sample), 220 (22%) had shared needles and 268 (27%) had shared injection equipment during this period. One hundred and six participants (10.7%) 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	1956	50.8
Last three months	987	25.6
More than 3 but less than 12 months ago	327	8.5
12 months ago or more	334	8.7
Not stated	250	6.5

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.
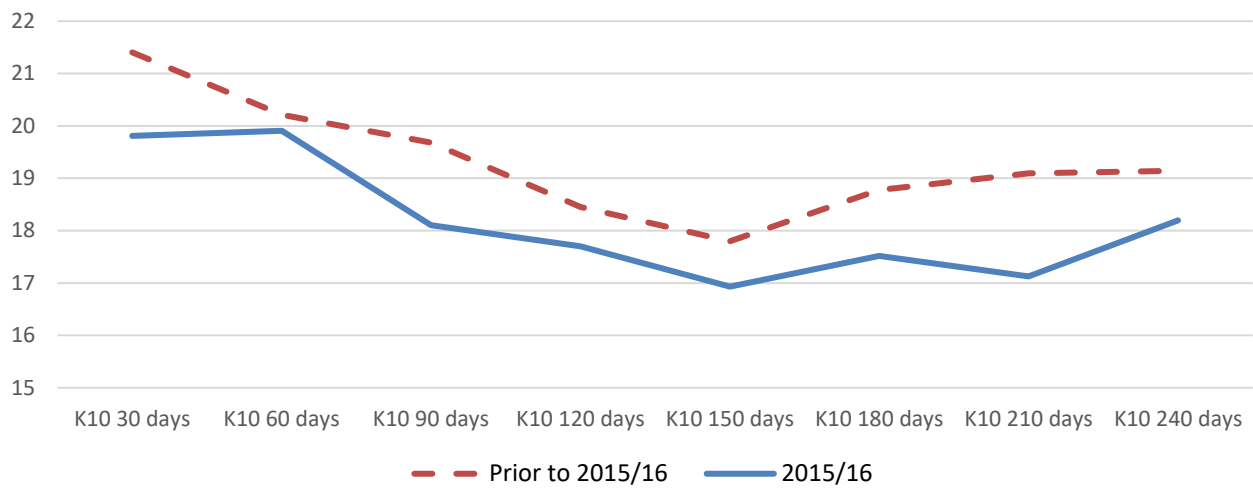
Figure 15. Symptom distress (K10)
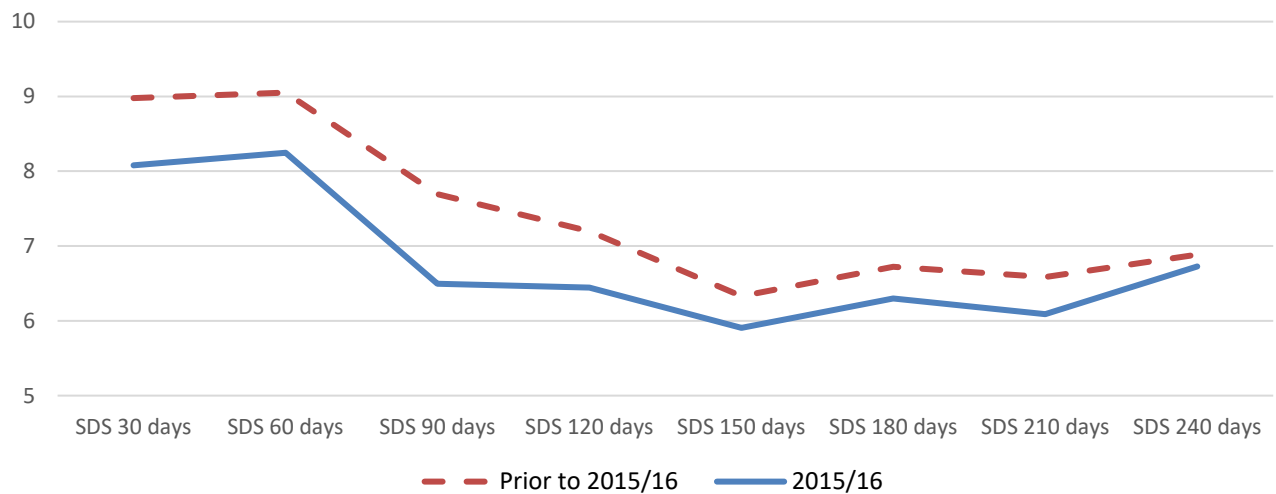

Figure 16. Substance dependence (SDS)
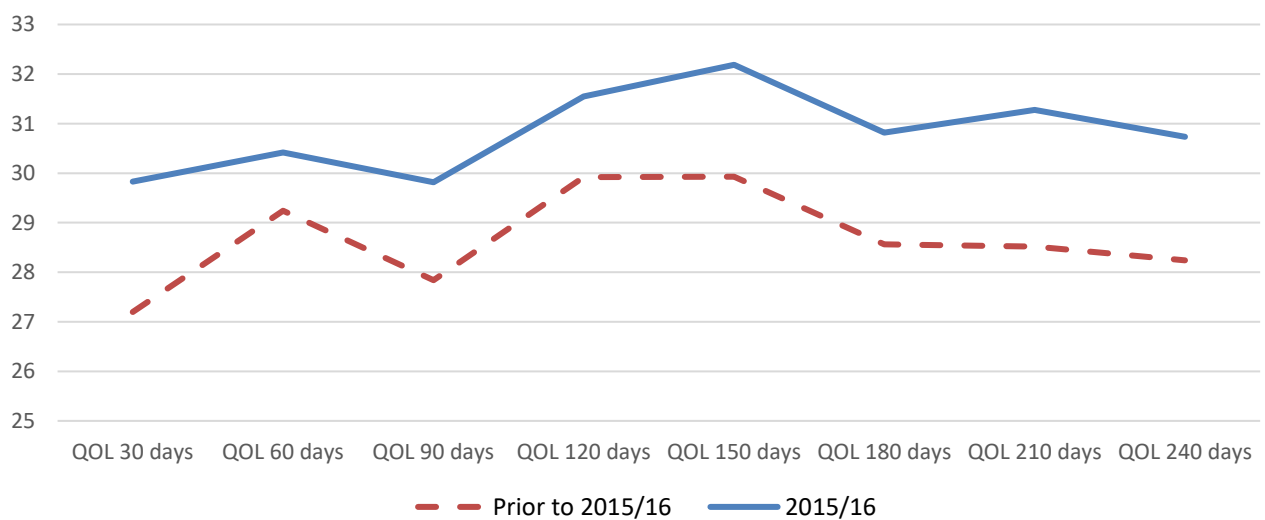

Figure 17. Quality of life (QOL)

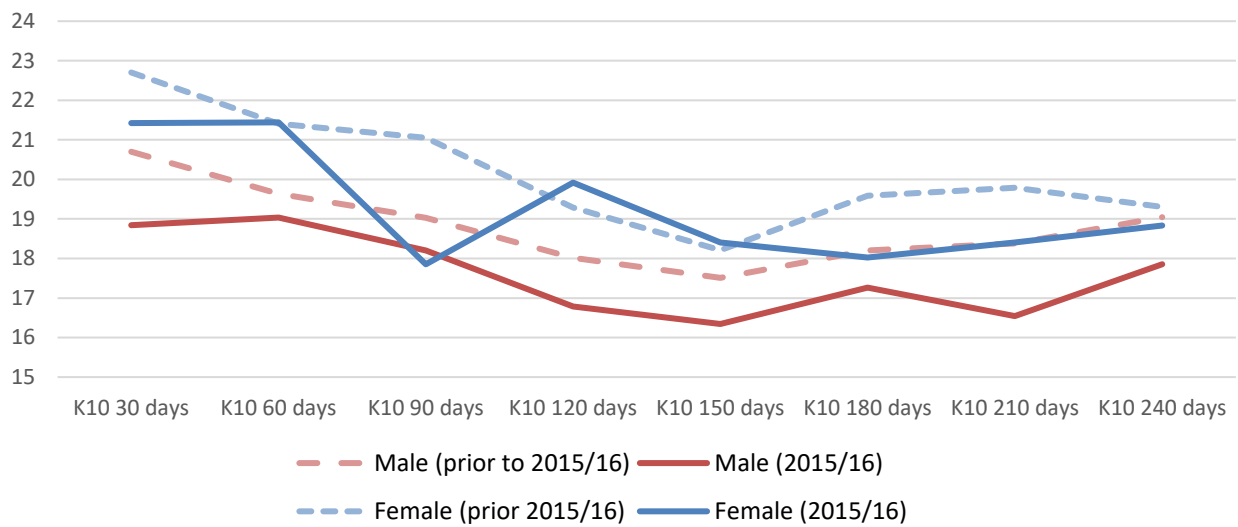## Figure 18. Symptom distress (K10): Women and Men

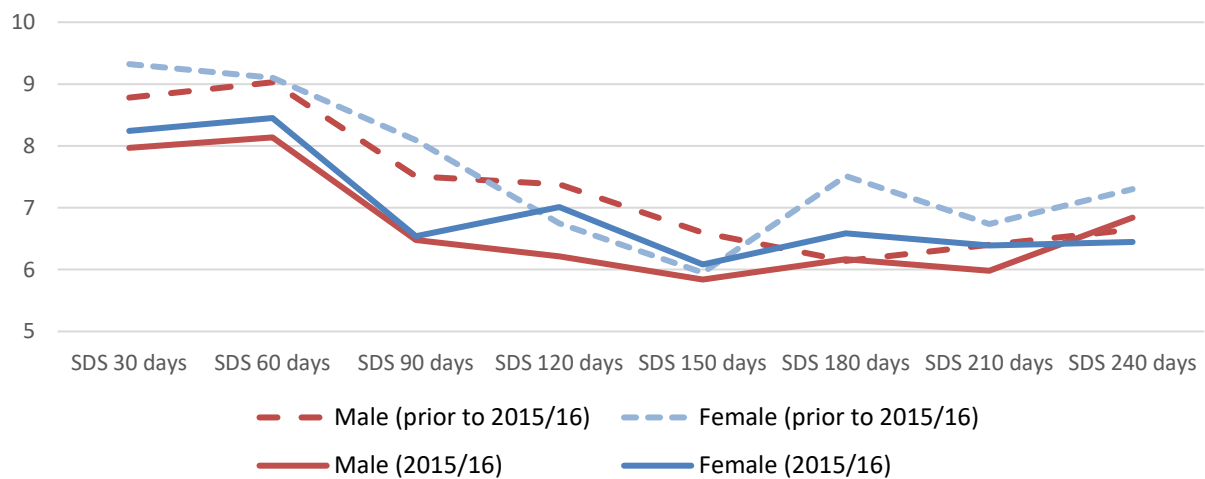## Figure 19. Severity of Dependence (SDS): Women and Men

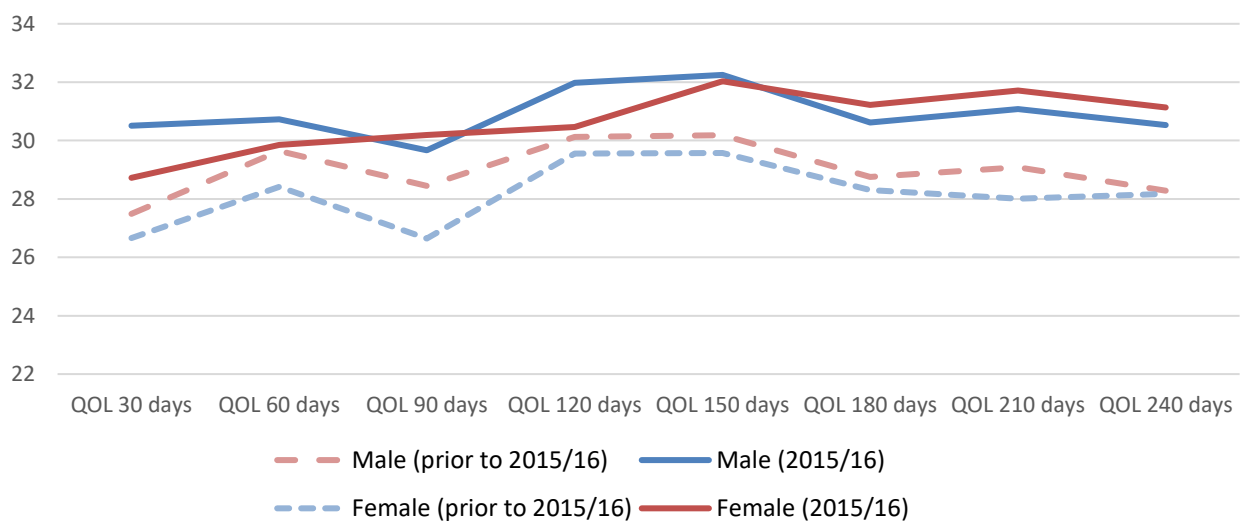## Figure 20. Quality of Life (QOL): Women and Men

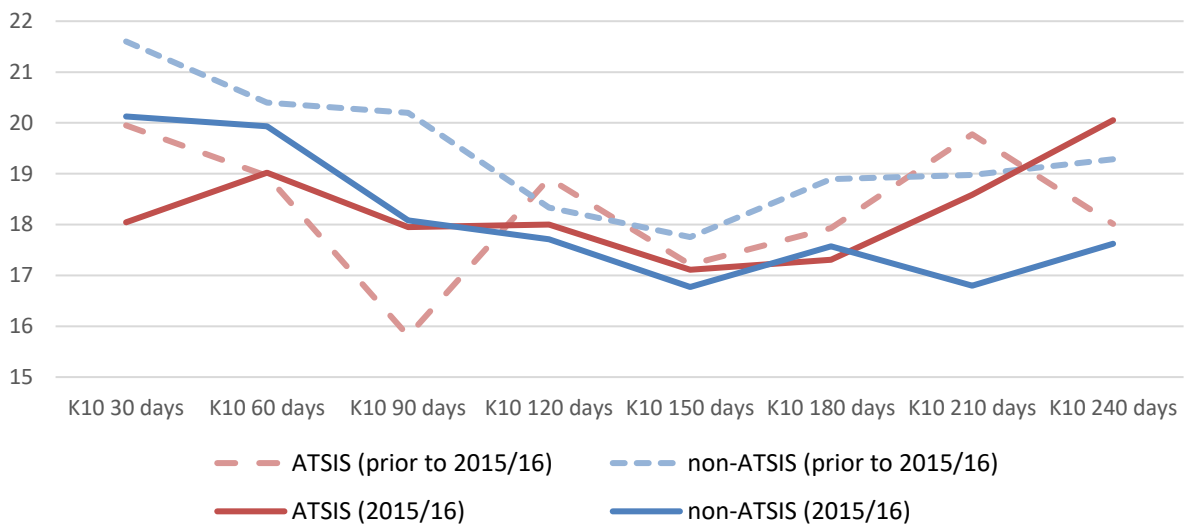Figure 21. Symptom distress (K10): ATSI and non-ATSI

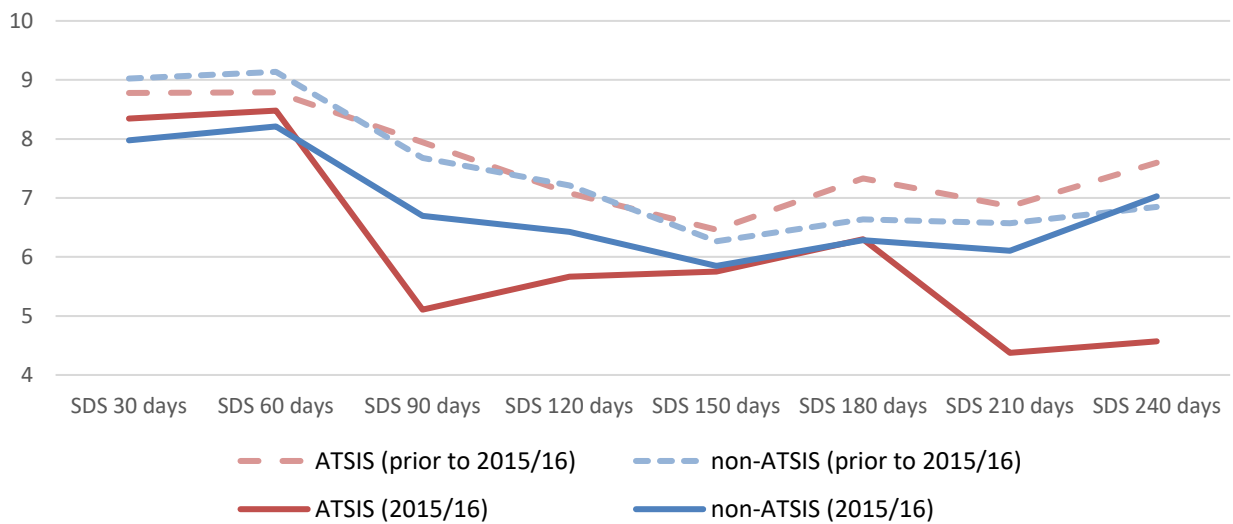Figure 22. Substance dependence (SDS): ATSI and non-ATSI
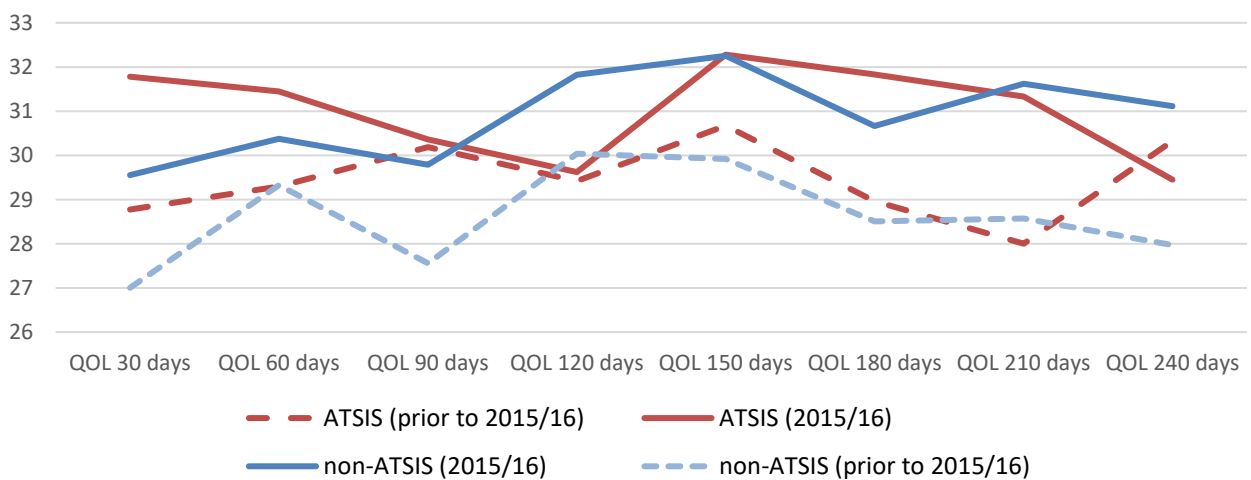

Figure 23. Quality of Life: ATSI and non-ATSI

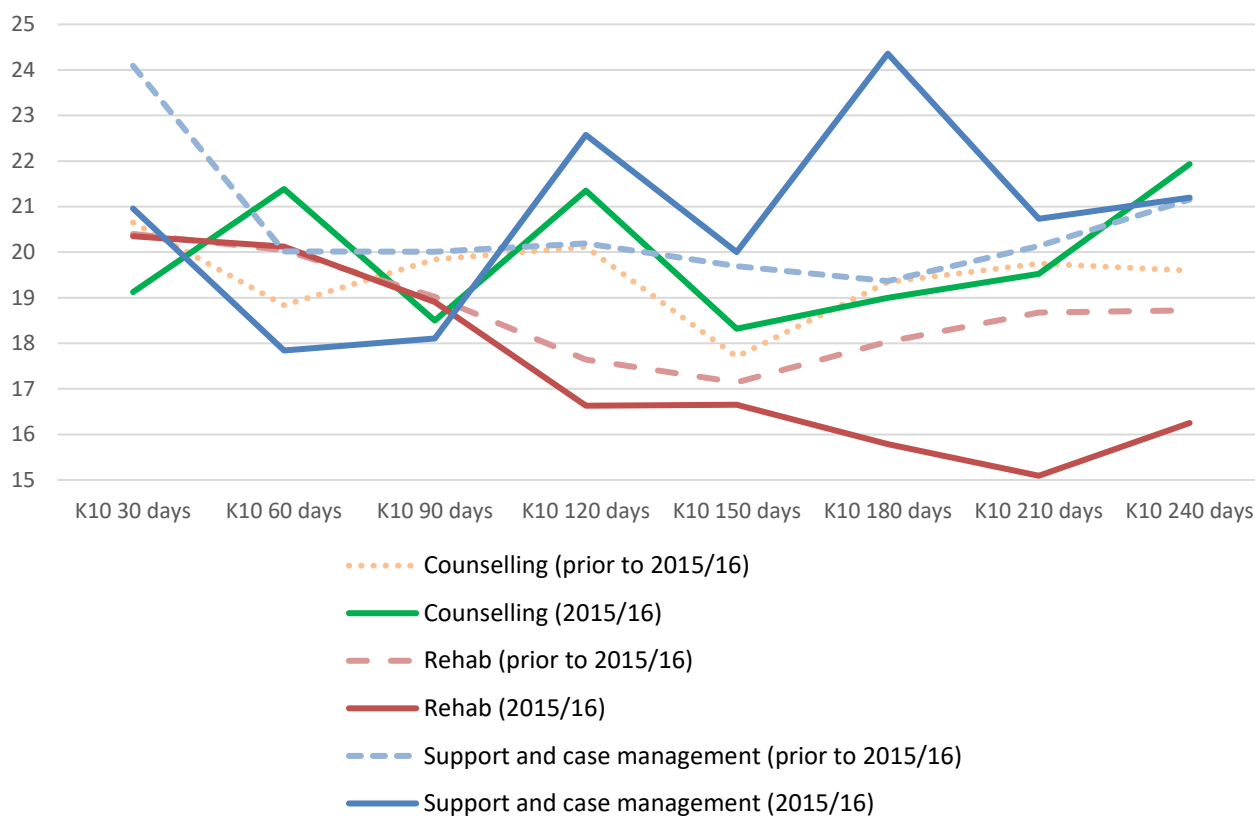Figure 24. Symptom distress (K10): Service settings

- ...... Counselling (prior to 2015/16)
- ——— Counselling (2015/16)
- – – – Rehab (prior to 2015/16)
- ——— Rehab (2015/16)
- – – – Support and case management (prior to 2015/16)
- ——— Support and case management (2015/16)

Figure 25. Substance dependence (SDS): Service setting

- ...... Counselling (prior to 2015/16)
- – – – Rehab (prior to 2015/16)
- – – – Support and case management (prior to 2015/16)
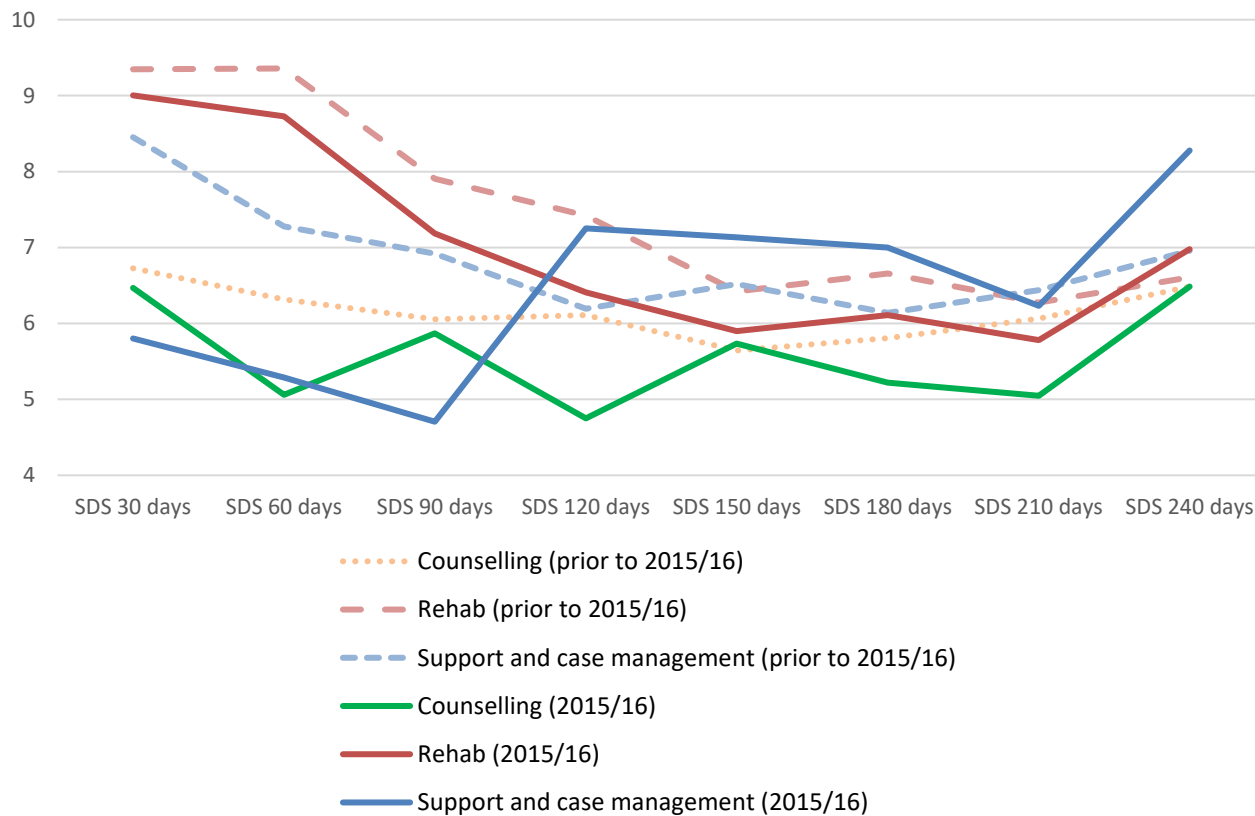- ——— Counselling (2015/16)
- ——— Rehab (2015/16)
- ——— Support and case management (2015/16)

Figure 26. Quality of life: Service setting