NADA
network of alcohol and other drugs agencies

NADAbase snapshot

Client outcomes data

Introduction data

Timeframe September 2010 to June 2015

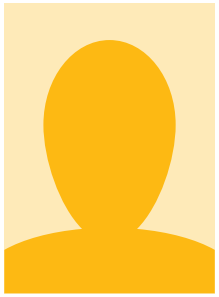
Participants

37 services across **28** organisations

11,744 completed at least one NADAbase COMS survey

4,025 (34%) people completed a minimum of two NADAbase COMS surveys

Of those who completed two or more NADAbase COMS surveys just over **60%** left treatment because they had completed their treatment.



Of these:

61% male

89% Australian-born

10% Aboriginal and/or Torres Strait Islander

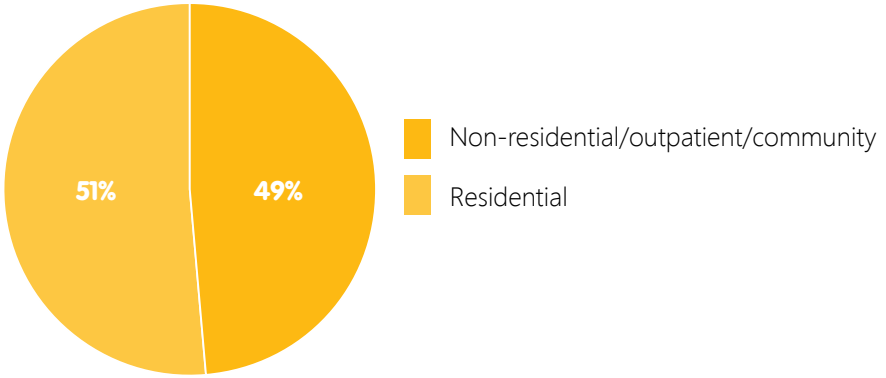
Age range: **17–77 years**

Average age: **36 years**

Note

In order to provide a clear overview of outcome data, only those clients who completed a minimum of two NADAbase COMS surveys (i.e. intake and at least one outcome survey) are included in the data presented.

Service demographics



The majority of treatment episodes in this snapshot were provided in a residential setting, which reflects the proportion of NADA members providing a residential treatment using NADAbase.

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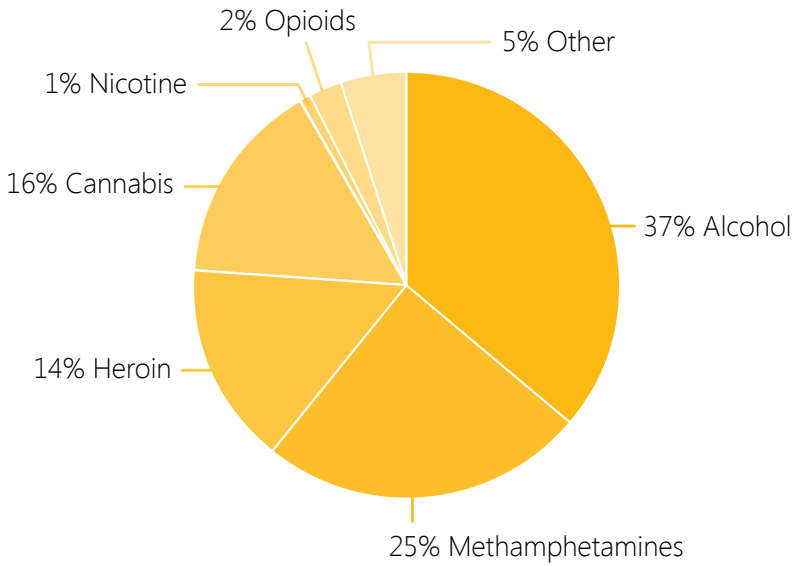
Introduction data | **Timeframe** September 2010 to June 2015

Primary drug of concern



The primary drug of concern continues to be alcohol, which has remained consistent over the past decade. People seeking treatment for concern relating to their methamphetamine use has been the significant change over the last five years.

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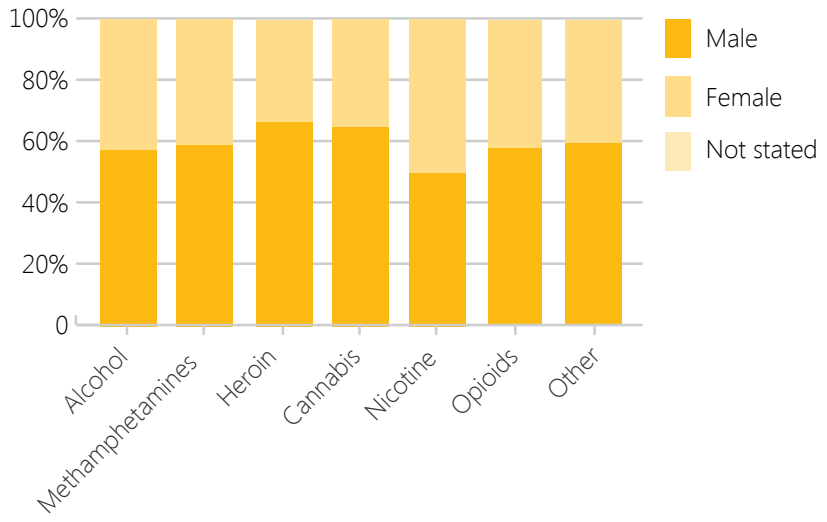
Baseline Demographic data analysed by common drugs of concern

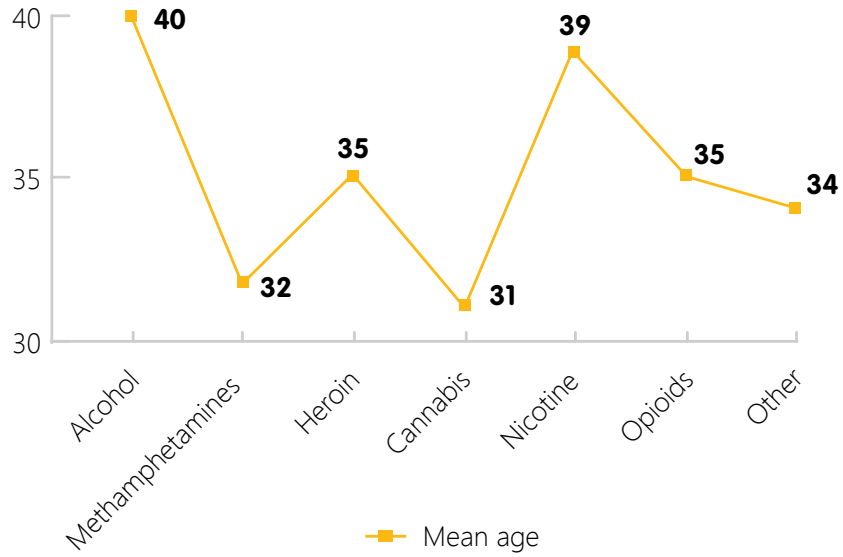
Timeframe September 2010 to June 2015

Primary drug of concern by gender



Gender differences regarding primary drug of concern are not pronounced, with an almost consistent 60-40% split males to females across substance type. Heroin and cannabis are identified slightly more by males than females, while nicotine is identified by both males and females equally as a drug of concern.

Primary drug of concern by mean age



Individuals who identified alcohol as their primary drug of concern were more likely to be older (40 years of ages), while younger individuals were more likely to identify cannabis as their primary drug of concern (31 years). Those who identified methamphetamine as their primary drug of concern were also a relatively younger group (32 years).

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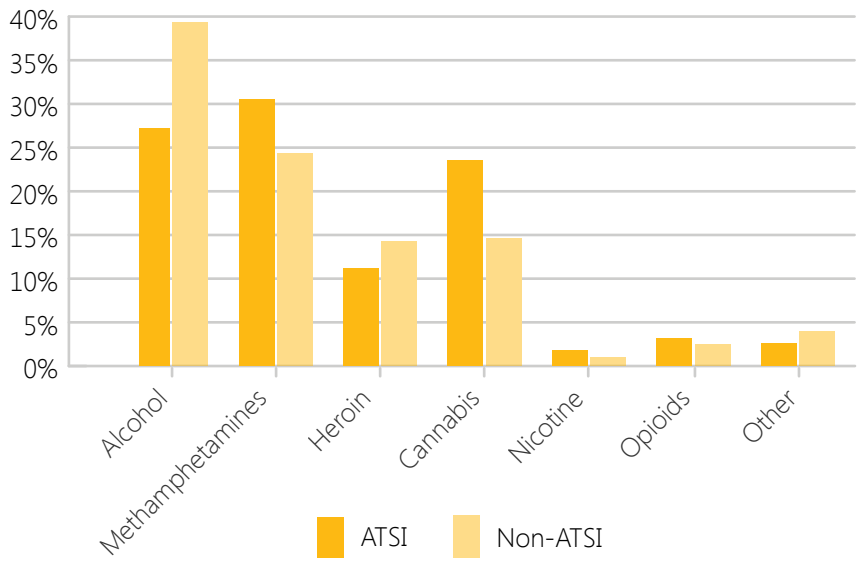
Baseline Demographic data analysed by common drugs of concern

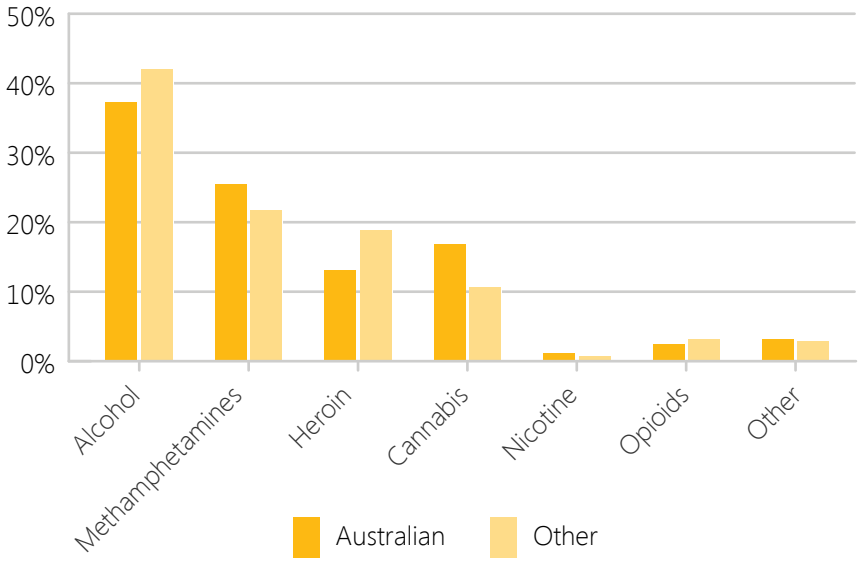
Timeframe September 2010 to June 2015

Primary drug of concern by Indigenous status



A greater proportion of people identifying as Aboriginal or Torres Strait Islander (ATSI) reported methamphetamine and cannabis as their primary drug of concern on entering treatment, compared with non-ATSI individuals, who were more likely to report alcohol and heroin as their primary drug of concern.

Primary drug of concern by country of birth



Australian-born participants were more likely to report methamphetamine and cannabis use than participants born in other countries. Alcohol and heroin were reported more often in those born in other countries compared to Australian-born.

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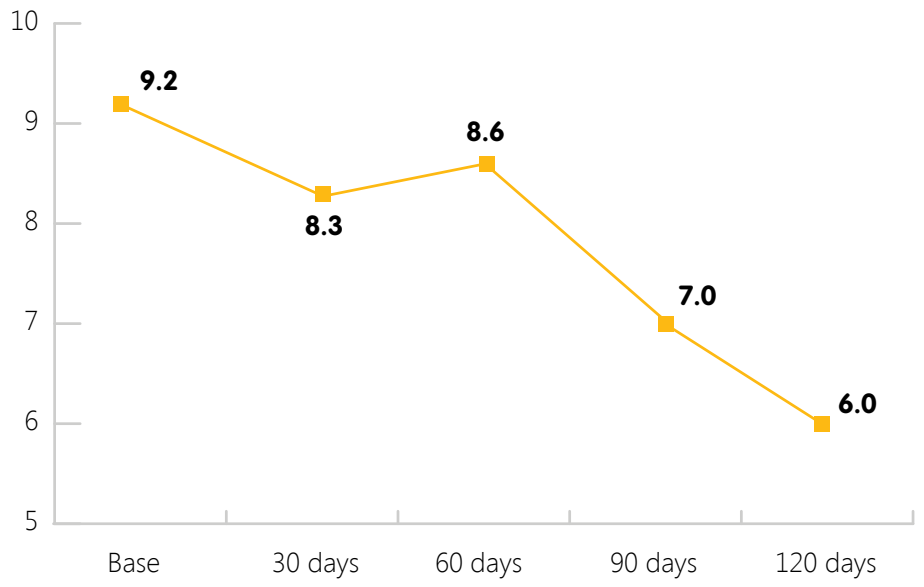
Client outcomes data

Client outcome data Reduction in drug dependency

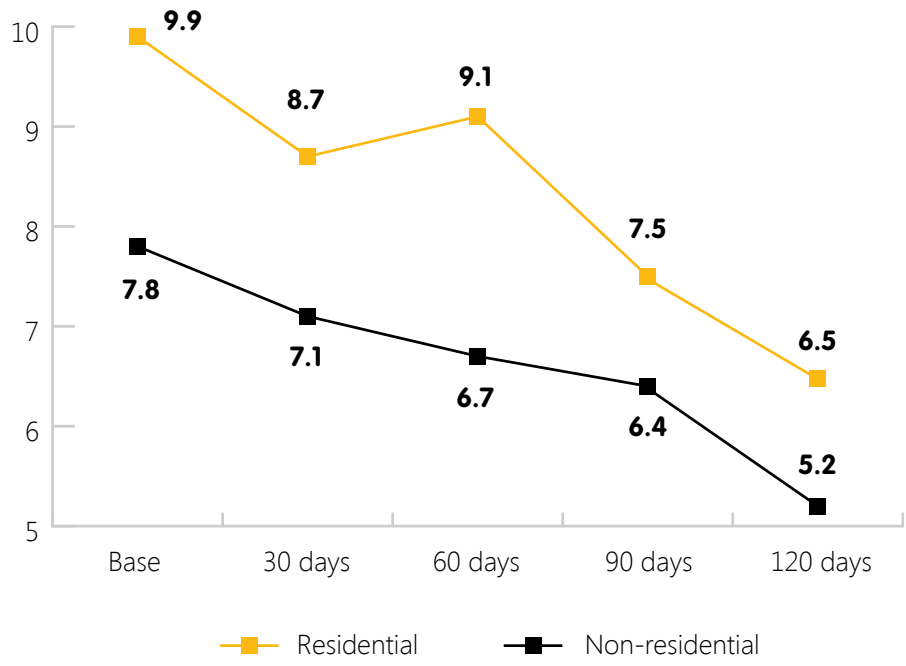
Timeframe September 2010 to June 2015

Severity of dependence scale (SDS)



As there is a great variance in the length of time individuals spend in treatment from program to program, calculations were based on survey data entry dates rather than the survey stages in NADAbase. On average, SDS scores declined with a reduction in dependence being statistically significant between both residential and non-residential services at all time points.

Severity of dependence scale (SDS) by treatment setting



Statistically significant between the two groups at all time points.

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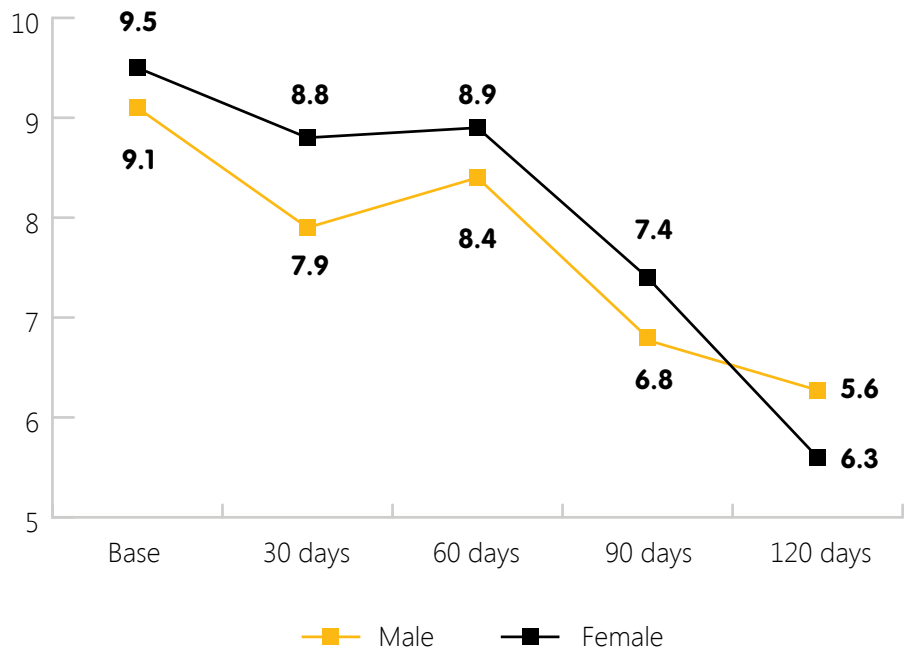
Client outcomes data

Client outcome data Reduction in drug dependency

Timeframe September 2010 to June 2015

Substance dependence severity by gender



Statistically significantly different SDS scores between gender at baseline, 30, 60 and 120 days.

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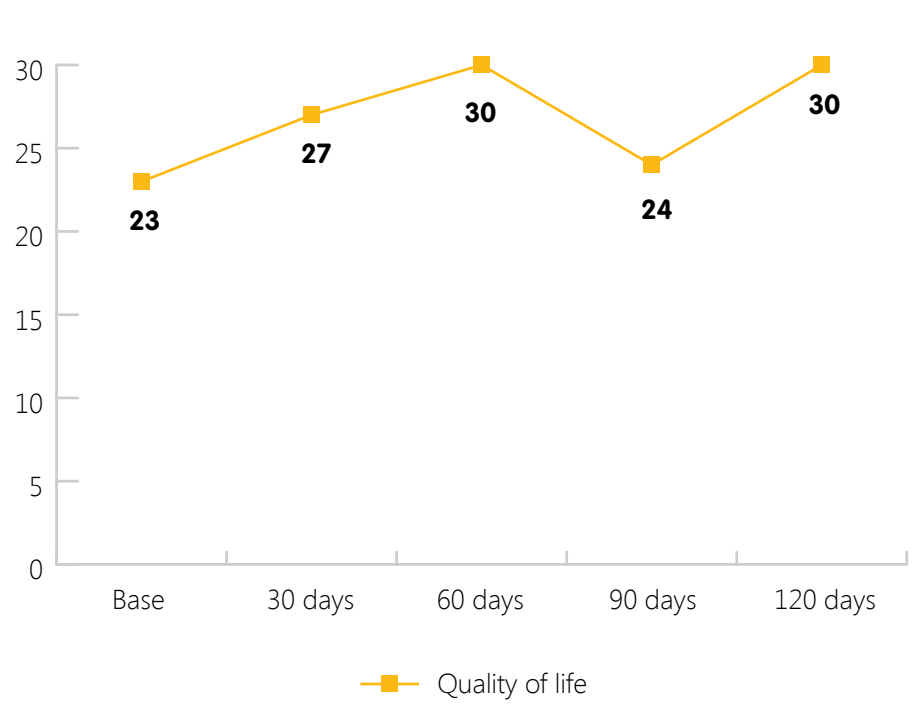
Client outcomes data

Quality of life General health and wellbeing (EUROHIS-QoL8)

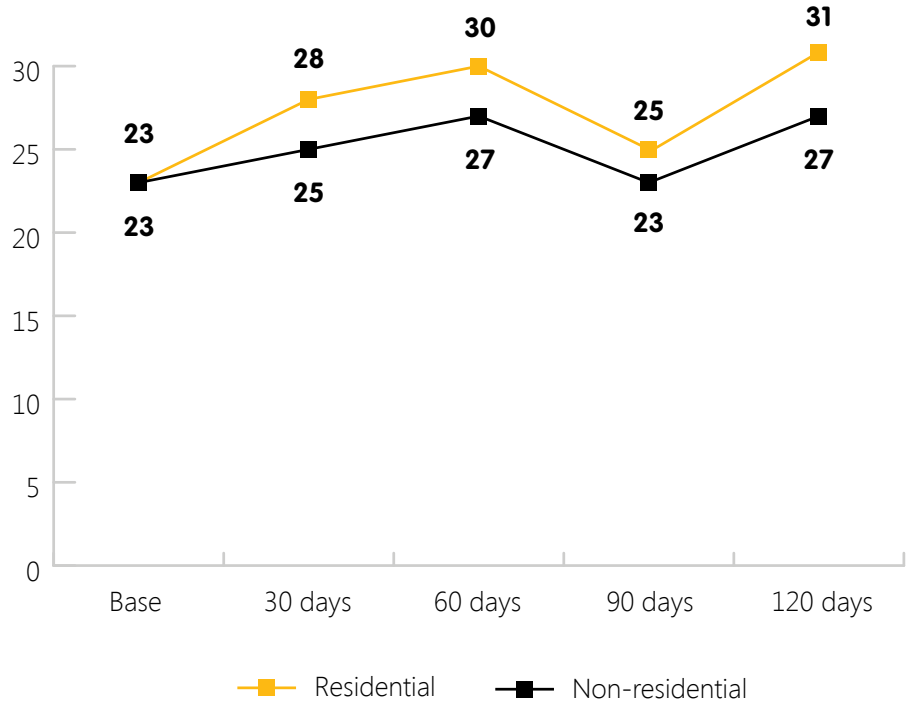
Timeframe September 2010 to June 2015

Quality of life over time



Quality of life improved overall for clients between base and 30 days, although there was a slight decline at 90 days. This decline may indicate concerns around completing treatment.

Quality of life by treatment type



Clients attending residential treatment services reported a greater increase in quality of life over time compared with clients not attending residential treatment services.

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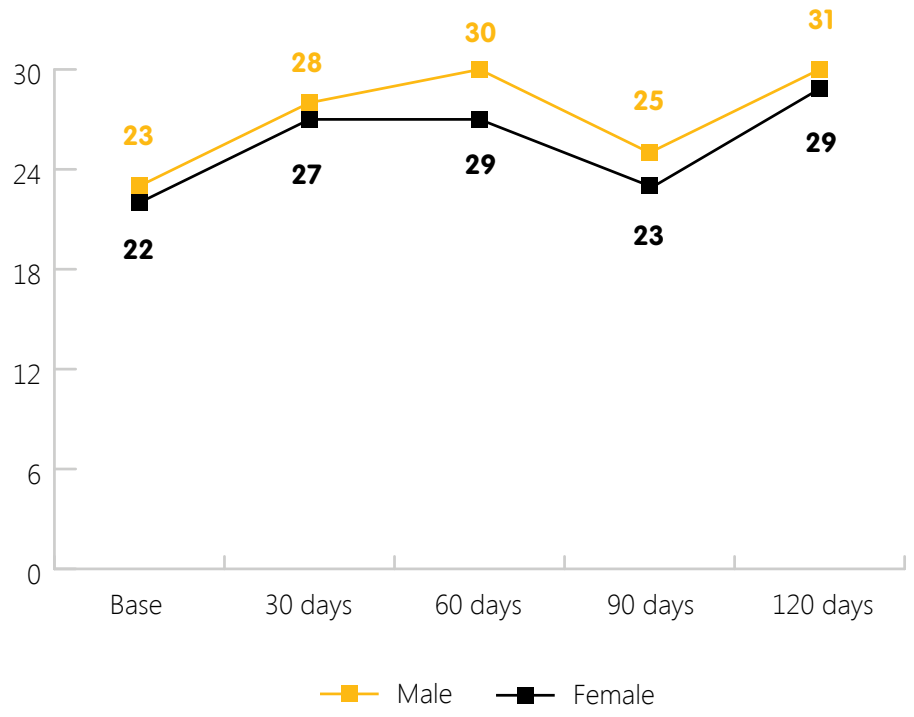
Client outcomes data

Quality of life General health and wellbeing (EUROHIS-QoL8)

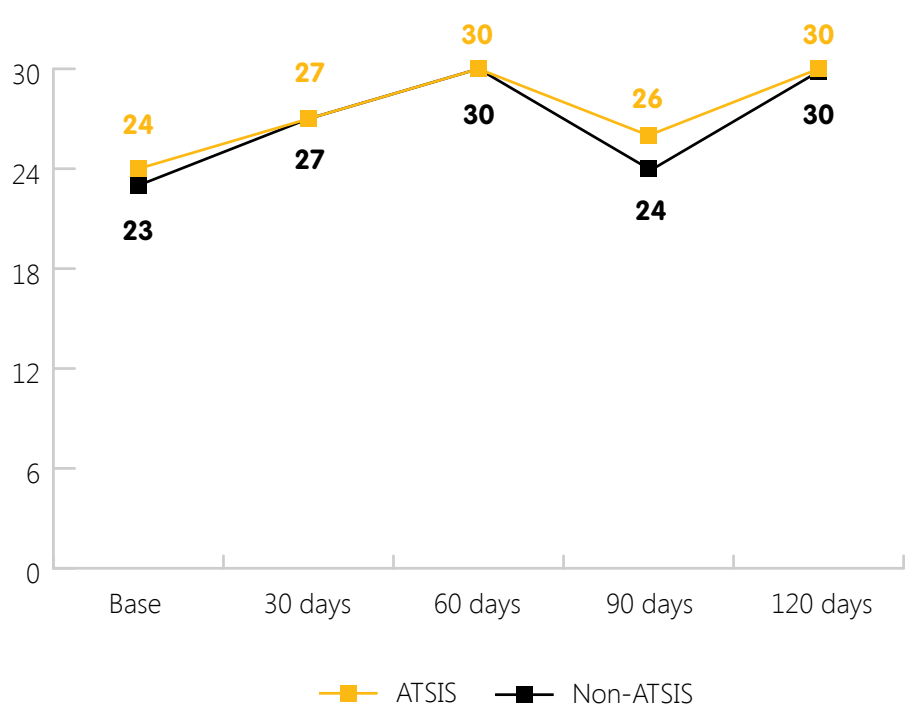
Timeframe September 2010 to June 2015

Quality of life by gender



There were little differences in quality of life across time between males and females, although women reported slightly lower scores overall.

Quality of life by Indigenous status



There were also few differences in quality of life scores between Aboriginal and/or Torres Strait Islanders and those clients who do not identify as Aboriginal and/or Torres Strait Islander.

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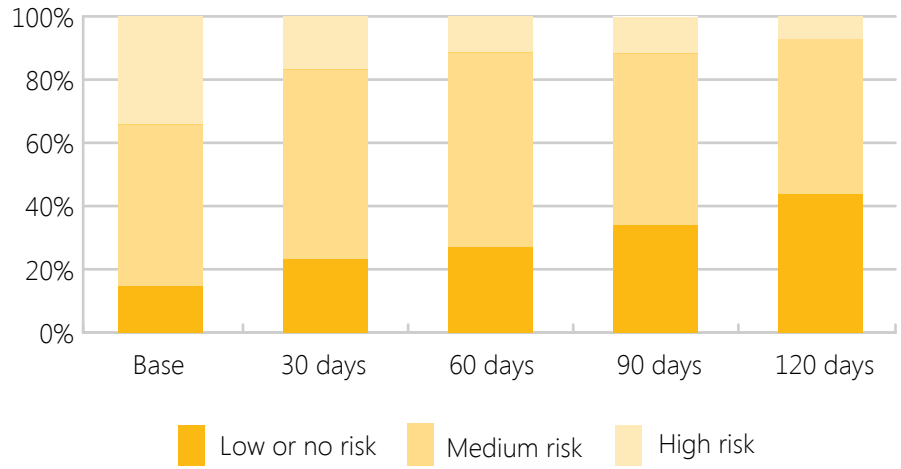
Client outcomes data

Overall reduction in mental health distress (K10)

Timeframe September 2010 to June 2015

Psychological distress



The proportion of clients categorised as at high risk of psychological distress declined from baseline to 120 days. There was a corresponding increase in the proportion of clients who were in the low or no risk category for psychological distress.

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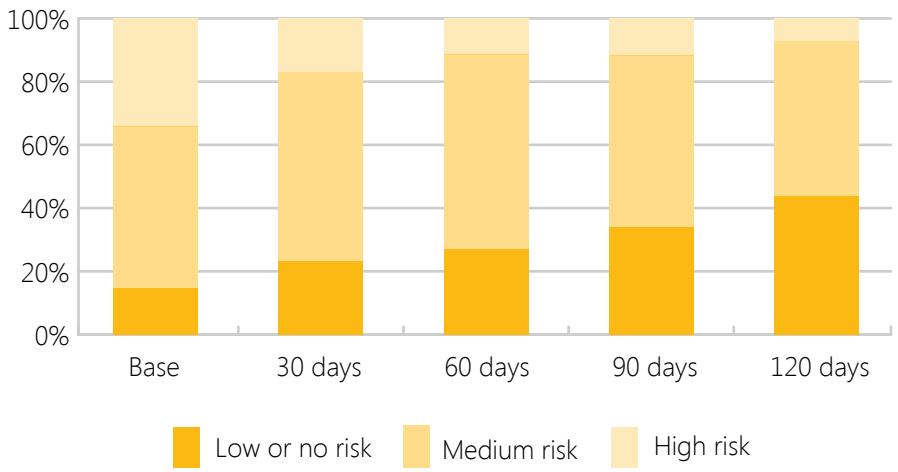
Client outcomes data

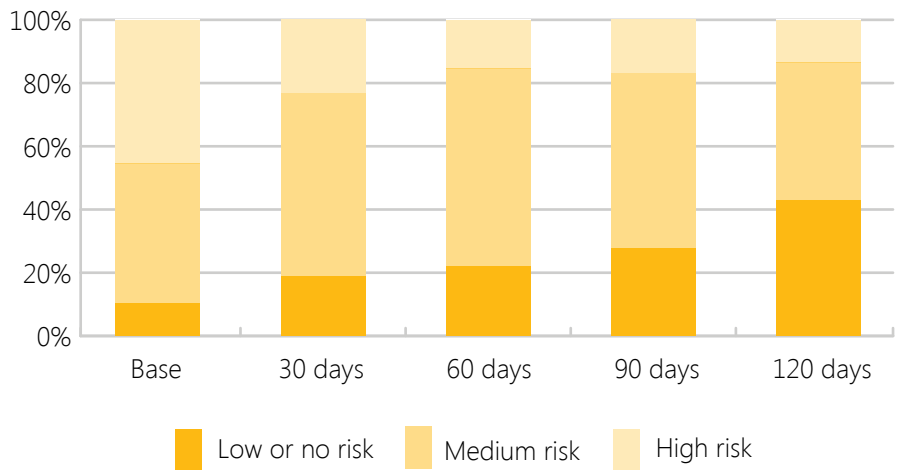
Overall reduction in mental health distress (K10)

Timeframe September 2010 to June 2015

Psychological distress by gender—male



Psychological distress by gender—female



Across the time points there was slight tendency for a greater rate of females to be in the high risk for psychological distress category compared to males. Although consistent with the overall sample, these rates declined across time.

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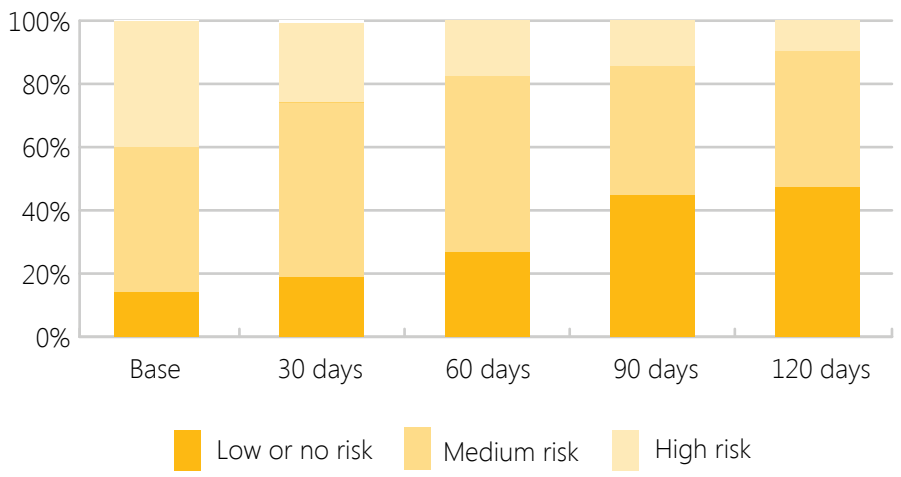
Client outcomes data

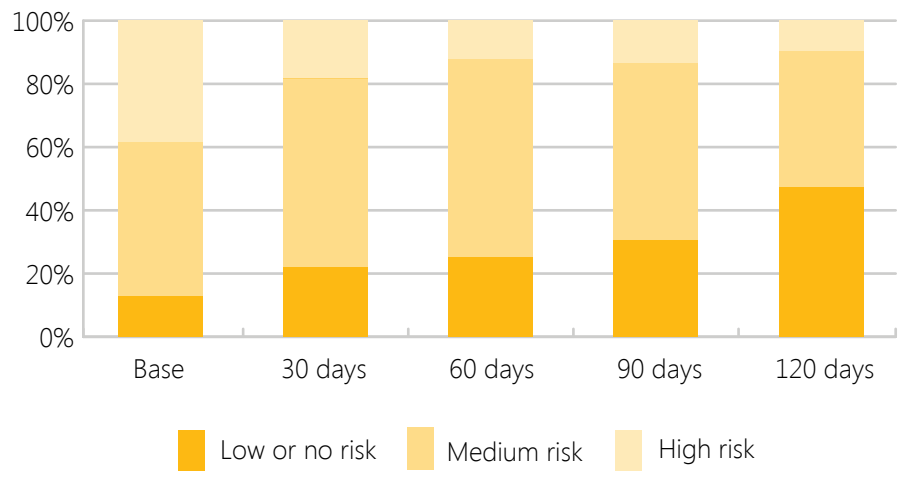
Overall reduction in mental health distress (K10)

Timeframe September 2010 to June 2015

Psychological distress by Indigenous status—Indigenous



Psychological distress by Indigenous status—non-Indigenous



There was little difference in the rate of Indigenous and/or Torres Strait Islanders categorised as high risk of psychological distress and other clients at baseline. The decline of the proportion of clients in the high risk group occurred for both Indigenous and/or Torres Strait Islanders and other clients over time, however the decreased appeared to occur earlier in Indigenous and/or Torres Strait Islanders.

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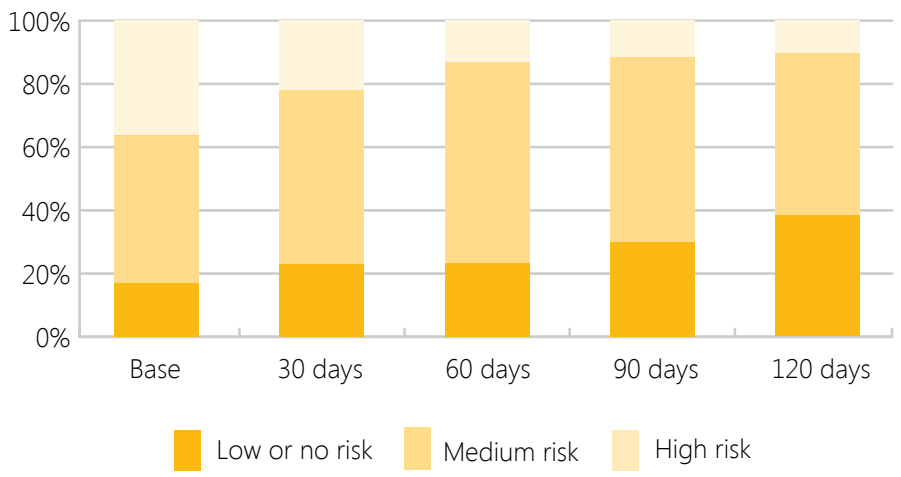
Client outcomes data

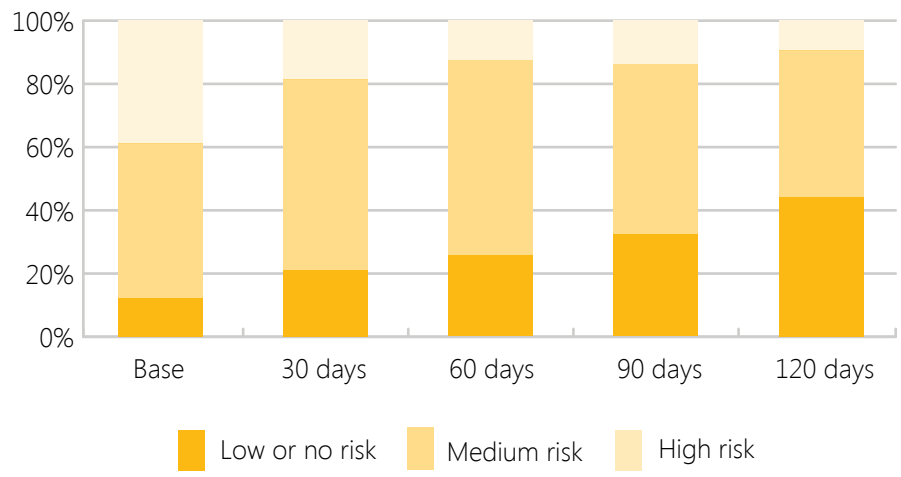
Overall reduction in mental health distress (K10)

Timeframe September 2010 to June 2015

Psychological distress in younger people—aged 17 to 24



Psychological distress in individuals aged 24 years and over.



Approximately 15% of the sample who completed a minimum of NADAbase outcome surveys were aged between 17 and 24 years.
There were slightly more individuals aged between 17 and 24 years in the low or no risk categories compared to those aged over 24 years at baseline. These differences decreased over time and at 60-days there was a greater proportion of individuals aged 24 years and over in the low or no risk categories compared to those aged 17 to 24 years.

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