NADAbase Snapshot Report 20/21

Time frame: 1st July 2020 to 30th June 2021

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Background: The snapshot provides an overview of the data that was collected within the NADAbase during the 2020-2021 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 19856 unique commencement assessments were completed (62% male, 37% female). About 24% of participants identified as being of Aboriginal and/or Torres Strait Islander decent. Most participants were born in Australia (89%) 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 20-21 financial year.

	N	%	Mean	SD
Age (years)			32.8	13.1
Gender				
Male	12326	62.1		
Female	7327	36.9		
Not stated	140	.7		
Non-binary / Indeterminate	23	.1		
Transgender Female	19	.1		
Transgender Males	15	.1		
Intersex	6	.0		
Indigenous status				
Neither Aboriginal or Torres Strait Islander	14461	72.8		
Aboriginal but not Torres Strait Islander Origin	4230	21.3		
Not stated	924	4.7		
Aboriginal and Torres Strait Islander Origin	178	.9		
Torres Strait Islander but not Aboriginal Origin	63	.3		
Sexuality				
Straight or heterosexual	9778	49.2		
Lesbian, gay, homosexual	363	1.8		
Bisexual	341	1.7		
Queer	54	.3		
Not stated / inadequately described	4926	24.8		
Not asked	4394	22.1		
Country of birth[1]				
Australia	17635	88.8		
New Zealand	410	2.1		
England	173	.9		
Not stated	127	.6		
Not adequately stated	108	.5		
Vietnam	92	.5		

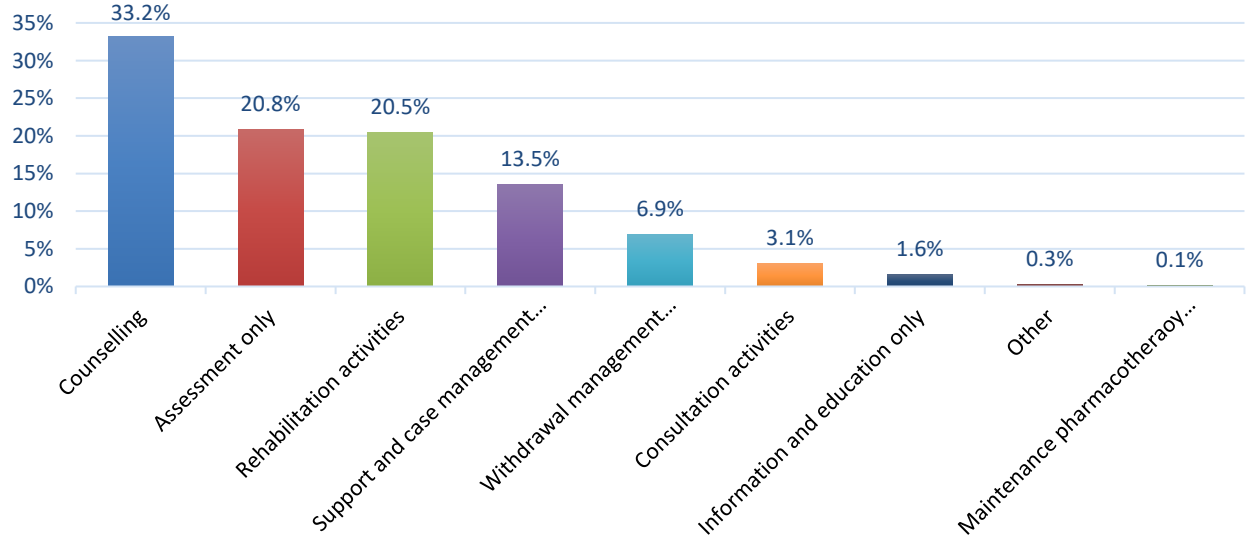
Lebanon	80	.4
Fiji	76	.4
Philippines	60	.3
South Africa, Republic of	57	.3
United States	55	.3
Iran	54	.3
Sudan	52	.3
Bahrain	51	.3
India	47	.2
Thailand	38	.2
Samoa	33	.2
Ireland, Republic of	31	.2
Other	677	3.4
Preferred language[1]		
English	19394	97.7
Not stated	74	.4
Arabic	69	.3
Vietnamese	55	.3
Aboriginal English, so stated	41	.2
Persian, excluding Dari	29	.1
Other	194	1.0
Principle source of income		
Temporary benefit (eg unemployment)	9275	46.7
Pension (eg aged, disability)	2214	11.2
Full-time employment	2107	10.6
Part-time employment	998	5.0
No income	848	4.3
Dependent on others	702	3.5
Student allowance	330	1.7
Other	321	1.6
Retirement fund	64	.3

Not stated/not known/inadequately described	2997	15.1
Accommodation		
Rented house or flat (public or private)	9413	47.4
Privately owned house or flat	5289	26.6
Not known	1877	9.5
No usual residence/homeless	989	5.0
Other	696	3.5
Prison/detention centre	401	2.0
Hostel/supported accommodation services	331	1.7
Shelter/refuge	295	1.5
Boarding house	243	1.2
Alcohol/other drug treatment residence	221	1.1
Caravan on a serviced site	83	.4
Psychiatric hospital	18	.1

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

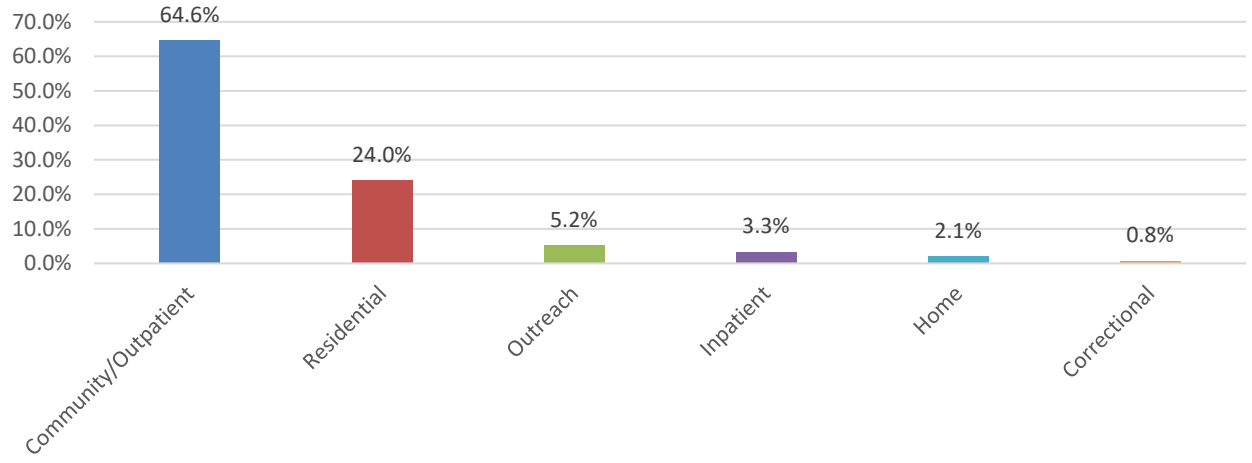
1.2 Main treatment type: Figure 1 provides a description of the main treatment type for people during this period. Counselling (33%), assessment only (21%), and rehabilitation activities (21%) were the three most common main treatment types.

Figure 1. Main Treatment Type



1.3 Service delivery setting. Figure 2 provides a summary of the primary service delivery settings. Community / outpatient (65%) and residential (24%) 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). Alcohol was the highest endorsed primary substance of concern (34%), followed by amphetamines (28%) 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 (23%) were the most highly endorsed 'other drug of concern'. This was followed by nicotine (22%), alcohol (13%), and amphetamines (13%). Figures 5 and 6 present the primary substance of concern based on Indigenous status and gender respectively. These figures just include the 4 most endorsed primary substances of concern.

Figure 3. Primary substance of concern

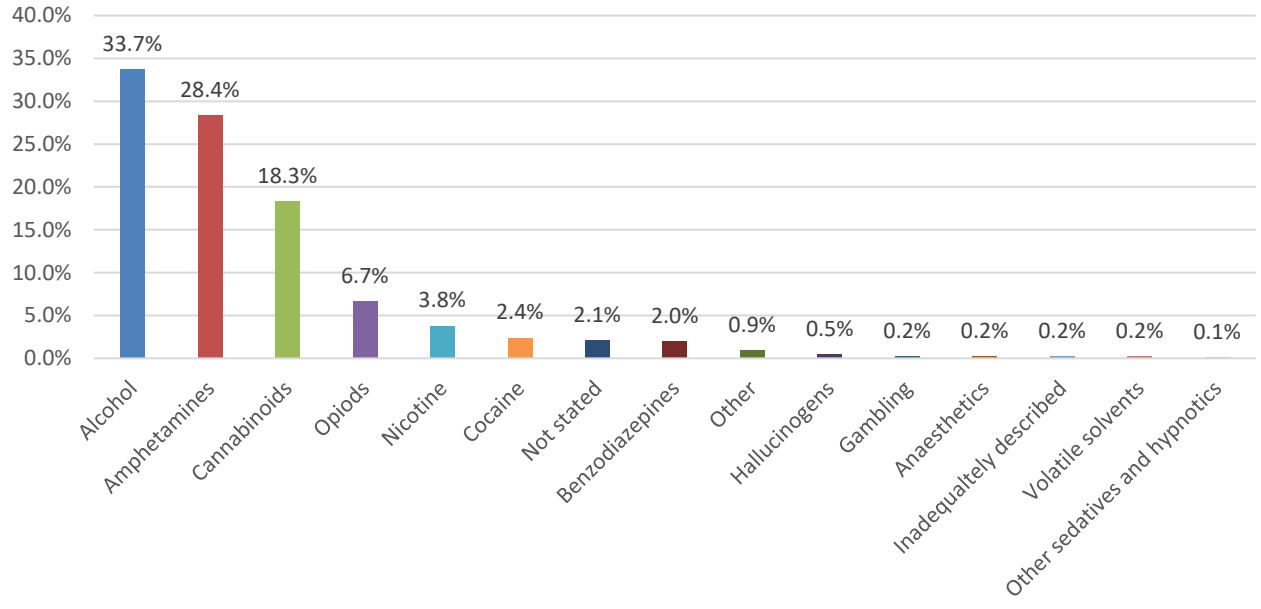


Figure 4. Other substances of concern

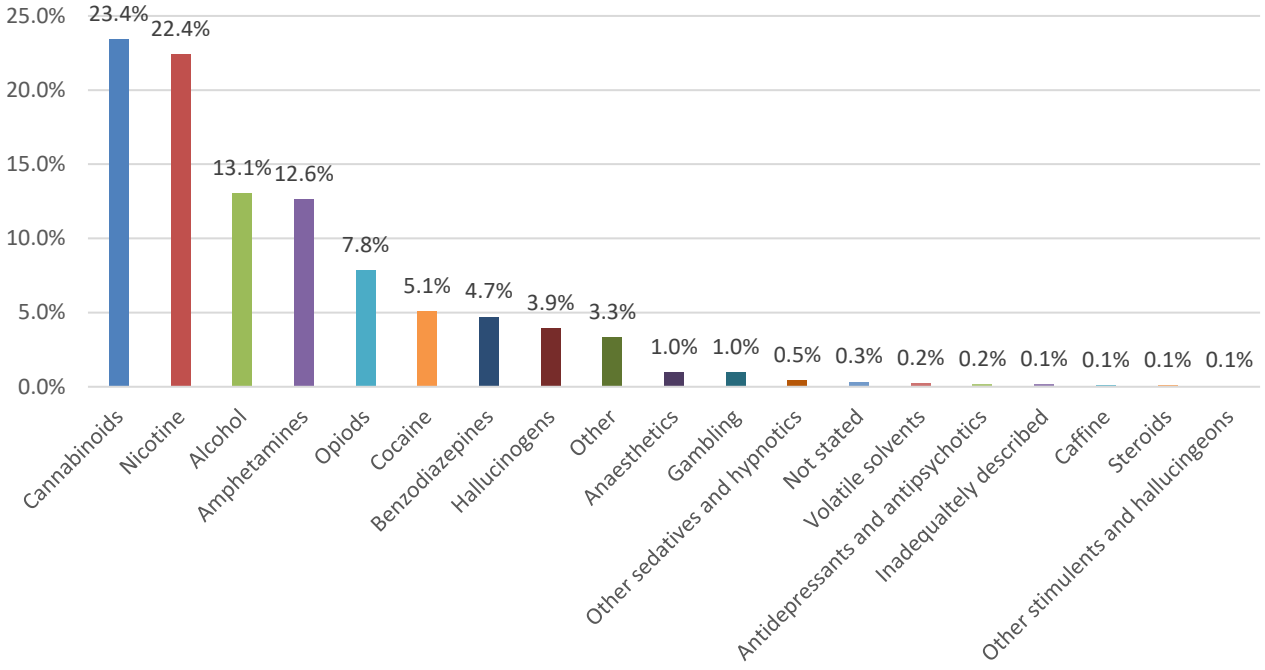


Figure 5: Primary drug of concern by Indigenous status

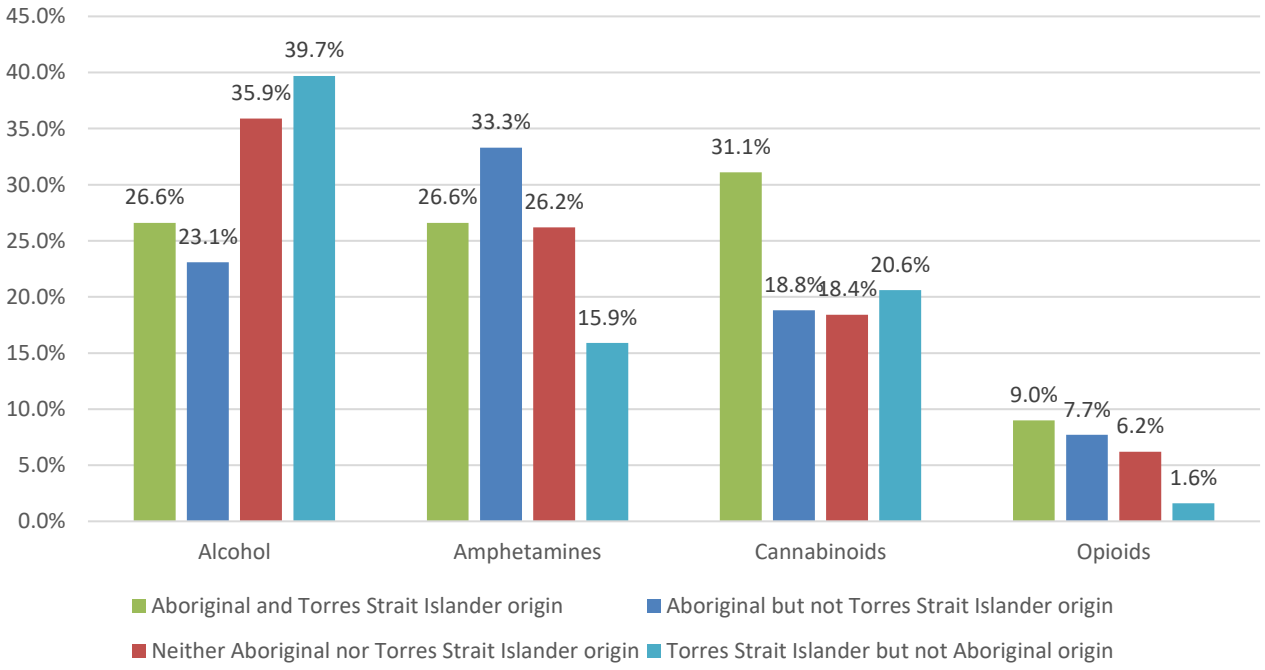
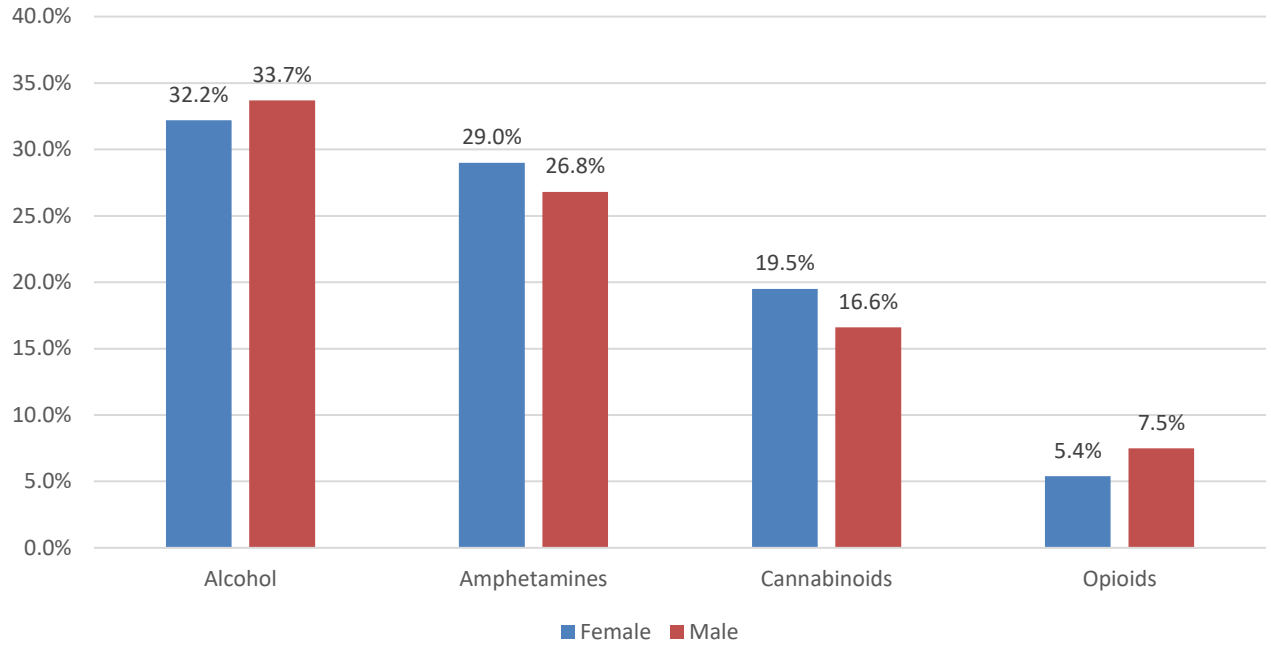
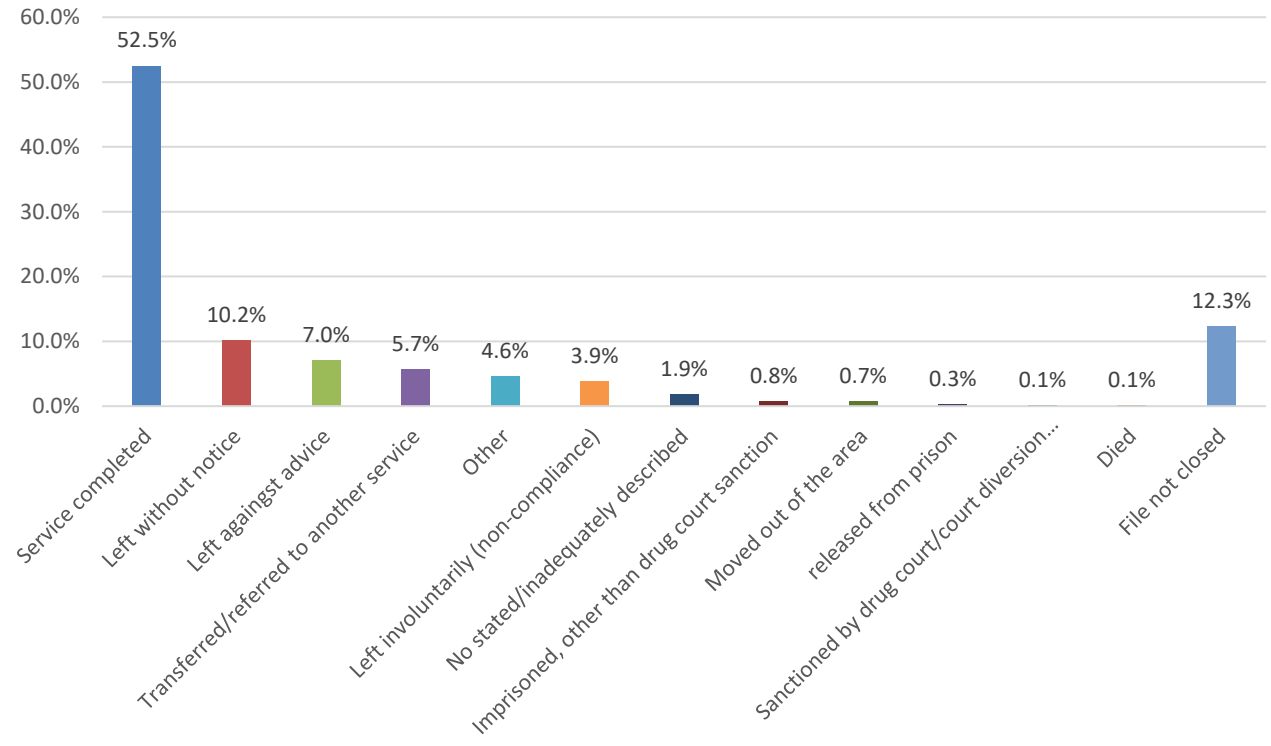


Figure 6: Primary drug of concern by gender



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 without notice' (10%), and 'left against advice' (8%).

Figure 7. Reason for leaving treatment

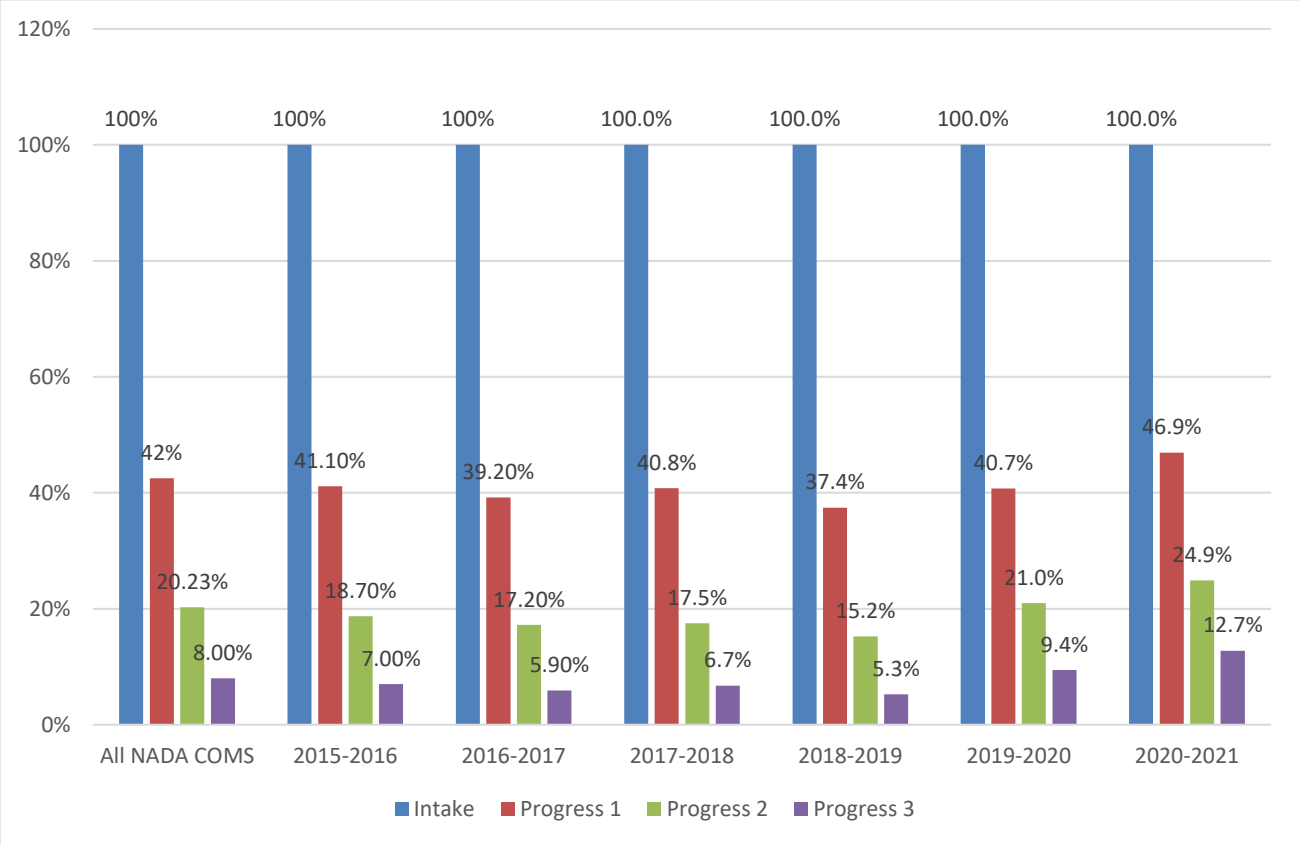


Section Two: COMS

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 across the life of NADA COMS (i.e., All NADA COMS), and for the period 2015-2016, 2016-2017, 2017-2018, 2018-2019, 2019-2020, and 2020-2021.

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

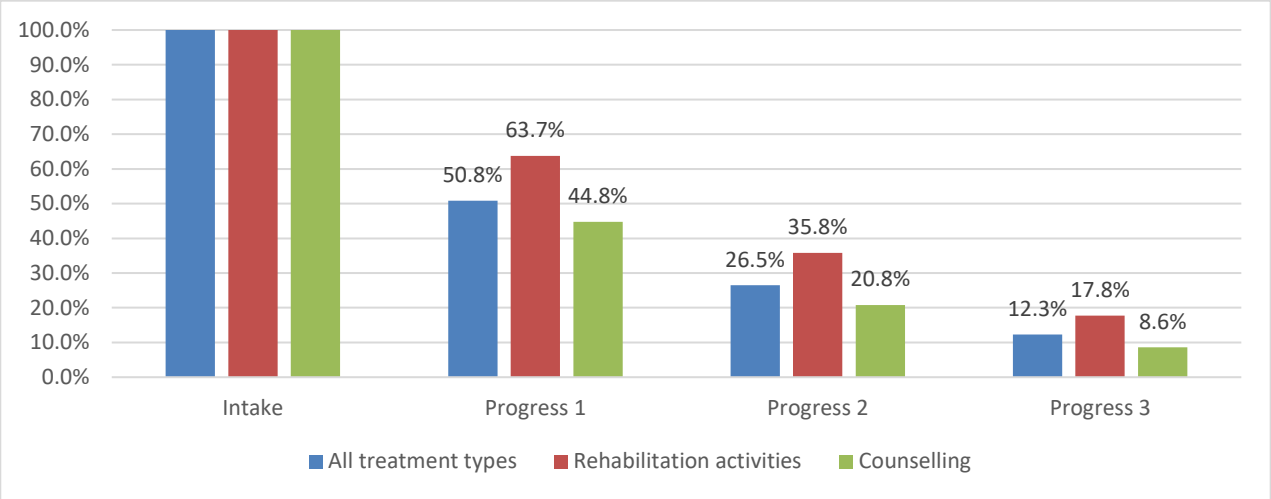


Figure 10. Proportion of COMS progress assessments completed for people who stayed in treatment for 60-days or more

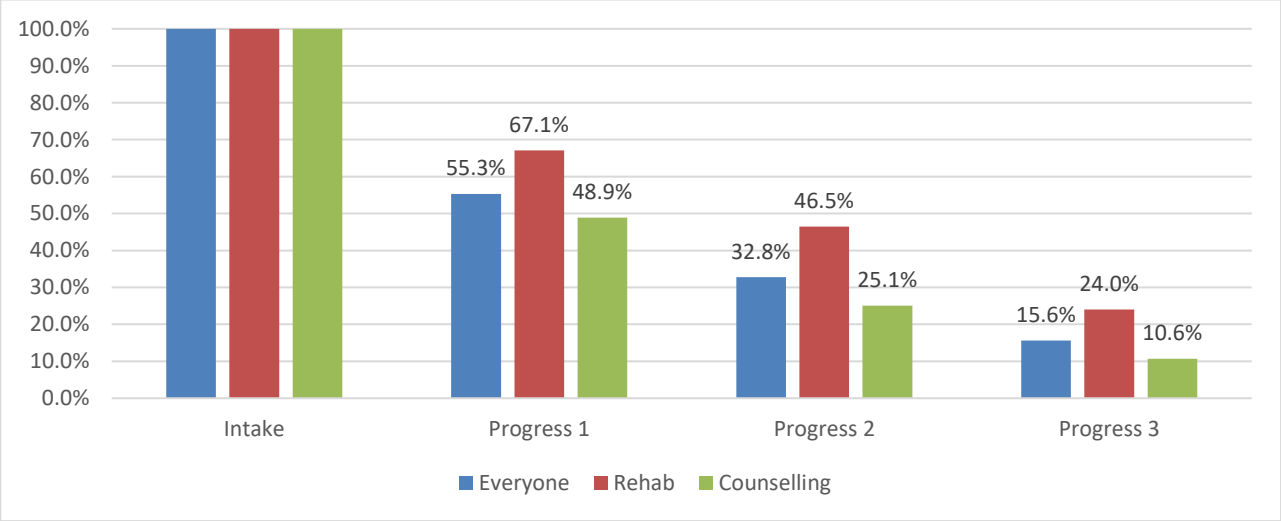
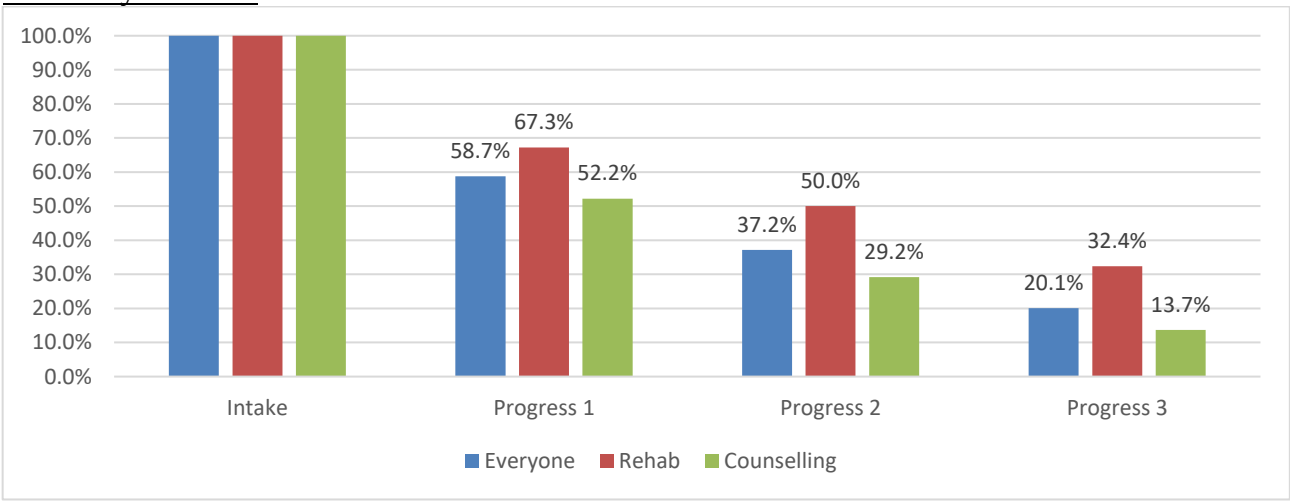


Figure 11. Proportion of COMS progress assessments completed for people who stayed in treatment for 90-days or more



2.1 Demographics: During the 2020 - 2021 period 4855 unique commencement assessments were completed (64% male, 36% female). About 22% of participants identified as being Aboriginal and/or Torres Strait Islander. Most participants were born in Australia (89%) and reported that English was their preferred language (96%). Forty-four 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.

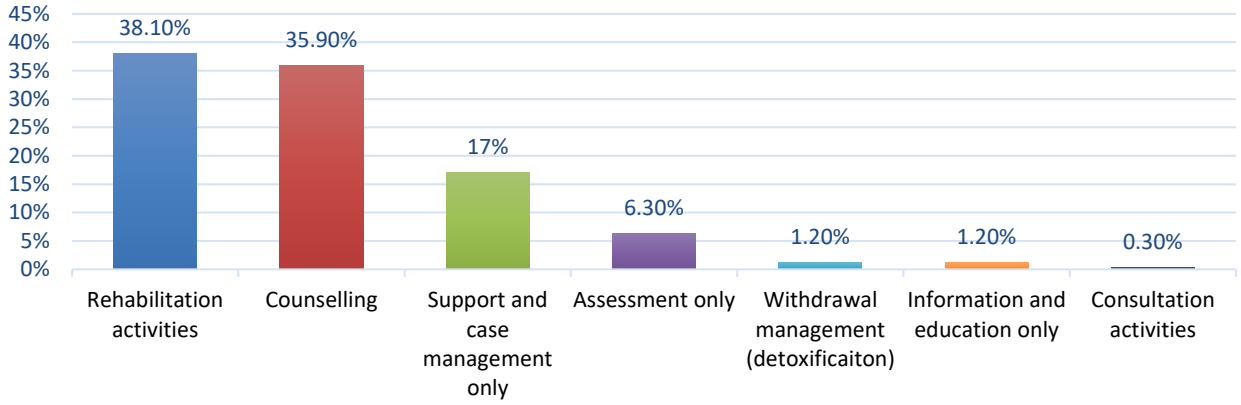
	N	%	Mean	SD
Age (years)			31.4	12.2
Gender				
Male	3089	63.6		
Female	1743	35.9		
Transgender Female	8	.2		
Transgender Males	5	.1		
Non-binary / Indeterminate	4	.1		
Not stated	4	.1		
Intersex	2	.0		
Indigenous status				
Neither Aboriginal or Torres Strait Islander Decent	3696	76.1		
Aboriginal but not Torres Strait Islander Origin	978	20.1		
Not stated	120	2.5		
Aboriginal and Torres Strait Islander Origin	37	.8		
Torres Strait Islander but not Aboriginal Origin	24	.5		
Sexuality				
Straight or heterosexual	2410	49.6		
Not stated / inadequately described	1569	32.3		
Not asked	647	13.3		
Lesbian, gay, homosexual	130	2.7		
Bisexual	85	1.8		
Queer	14	.3		
Country of birth				
Australia	4312	88.8		

New Zealand	101	2.1
England	43	.9
Lebanon	28	.6
Vietnam	25	.5
Iran	22	.5
Sudan	20	.4
Other	304	6.3
Preferred language		
English	4641	95.6
Arabic	38	0.8
Other	176	3.6
Principle source of income		
Temporary benefit (e.g. unemployment)	2155	44.4
Pension (e.g. aged, disability)	973	20.0
Dependent on others	461	9.5
Full-time employment	444	9.1
Part-time employment	311	6.4
No income	206	4.2
Not stated/not known/inadequately described	118	2.4
Student allowance	100	2.1
Other	78	1.6
Retirement fund	9	.2
Usual Accommodation		
Rented house or flat (public or private)	2701	55.6
Privately owned house or flat	1140	23.5
No usual residence/homeless	263	5.4
Not known	179	3.7
Other	114	2.3
Shelter/refuge	105	2.2
Boarding house	86	1.8

Alcohol/other drug treatment residence	84	1.7
Hostel/supported accommodation services	80	1.6
Prison/detention centre	61	1.3
Caravan on a serviced site	36	.7
Psychiatric hospital	6	.1

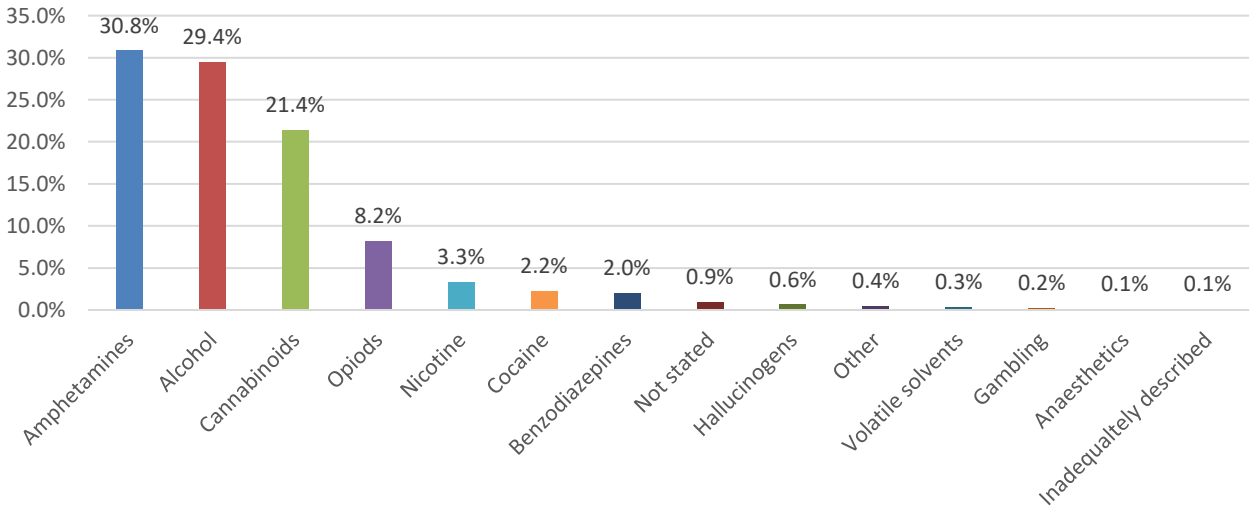
2.2 Main treatment type: Of the participants who entered treatment during the period, 38% were attending rehabilitation activities (see Figure 12). This was followed by people accessing counselling (36%) and people attending for support and case management (17%).

Figure 12. Main Treatment Type



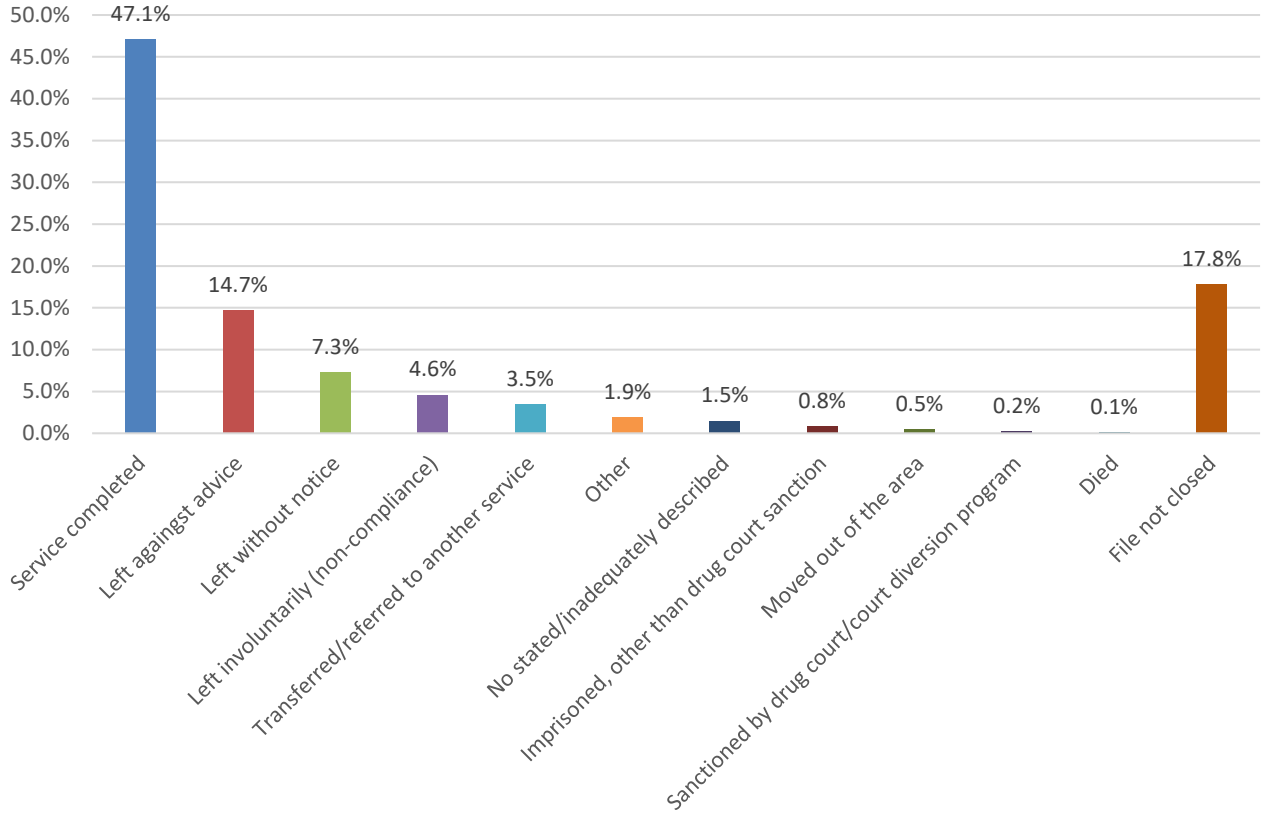
2.3 **Substances of Concern:** All participants were asked to nominate their primary substance of concern. Amphetamines was rated the highest endorsed substance (31%), followed by alcohol (29%) and cannabinoids (21%; see Figure 13).

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 (47%) or they had left against advice (15%).

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, 59% of the participants had 'never injected' any drugs. Of those participants who had "injected or hit up" drugs in the last 3-months (n =724), 137 (19%) had shared needles and 184 (25%) had shared injection equipment during this period. Seventy 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.

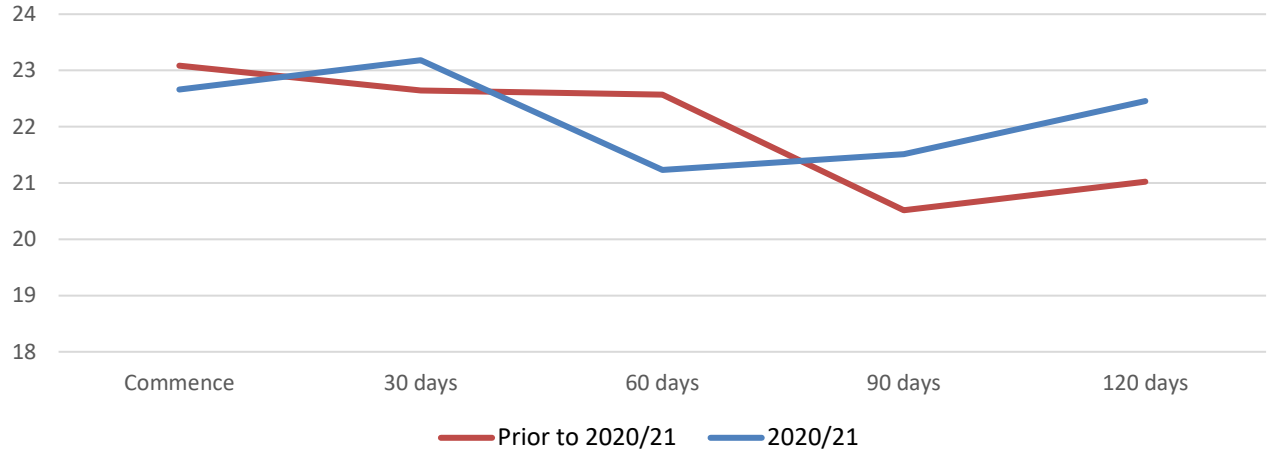
	N	%
When did you last inject/hit up any drug		
Never injected	2838	58.5
Last three months	724	14.9
More than 3 but less than 12 months ago	398	8.2
12 months ago or more	338	7.0
Not stated	511	10.5

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). Each of the figures provides a comparison between participants who accessed treatment prior to 30th June 2020, and participants that accessed treatment during the current period (i.e., from 1st July 2020 to the 30th June 2021).

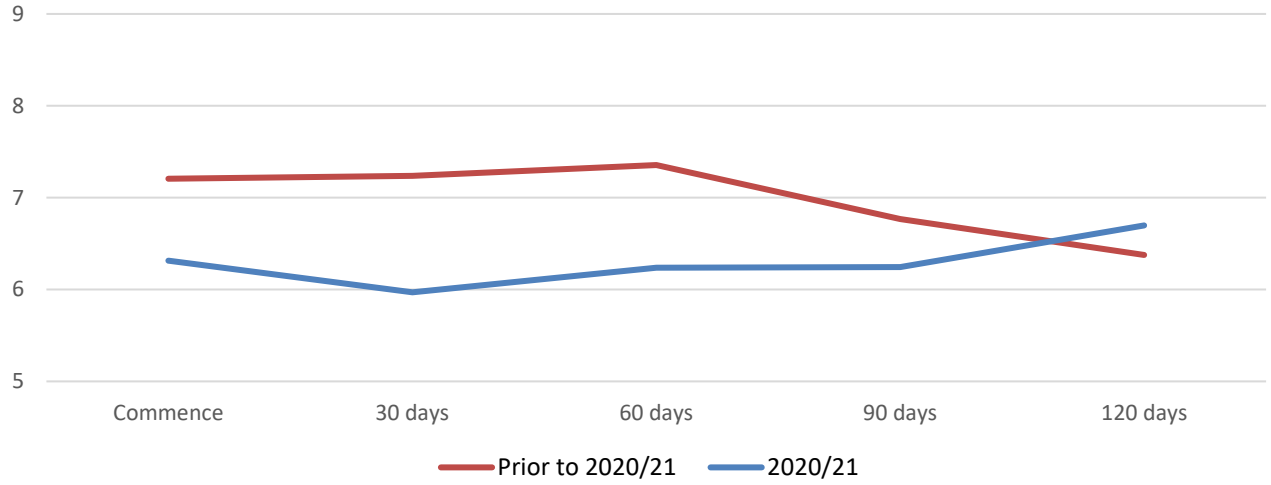
As the assessment measures are not consistently completed at standard times by the organisations, the outcome data were grouped according to the period in which they were completed. The persons first assessment was included (commencement). COMS surveys completed before 14-days were not included, as it 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 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 the comparisons, symptom distress (measured by the Kessler-10) tended to demonstrate a consistent reduction over time (i.e., decreases in K10 scores). Substance dependence (measured by the Substance Dependence Scale) tended to increase initially (i.e., scores increased), and then gradually reduce (i.e., scores decreased). 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 (i.e., increases in scores) and then tended to maintain those improvements over time. However, see the following Figures for individual sub-group differences.

Figure 15. Symptom distress (K10)



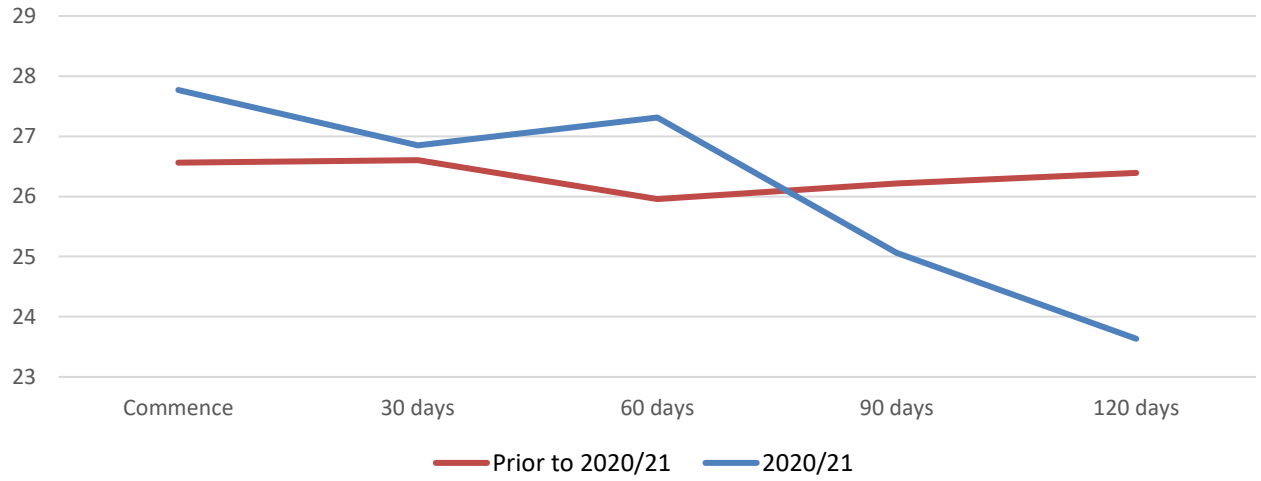
Note. Client improvements are demonstrated by reductions in K10 scores

Figure 16. Substance dependence (SDS)



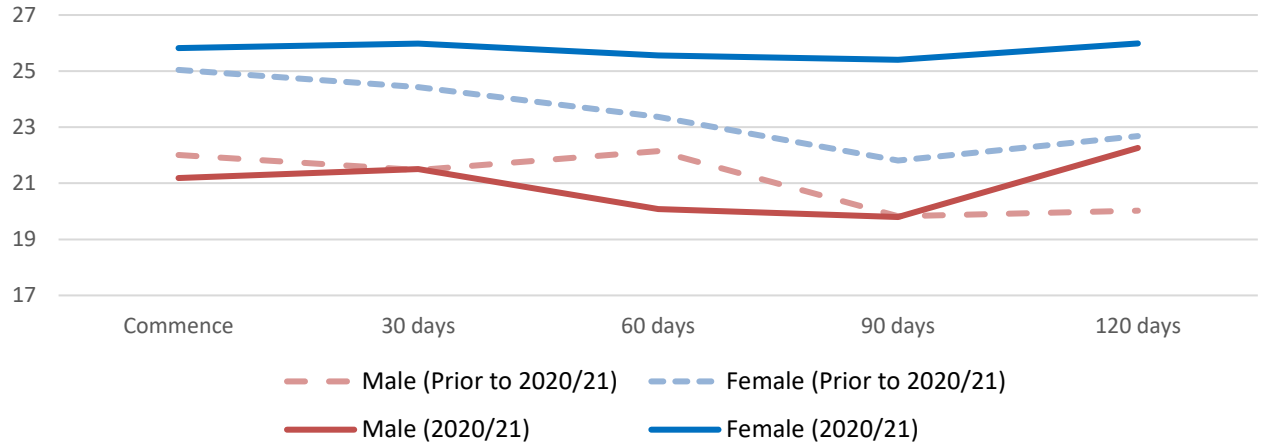
Note. Client improvements are demonstrated by reductions in SDS scores

Figure 17. Quality of life (QOL)



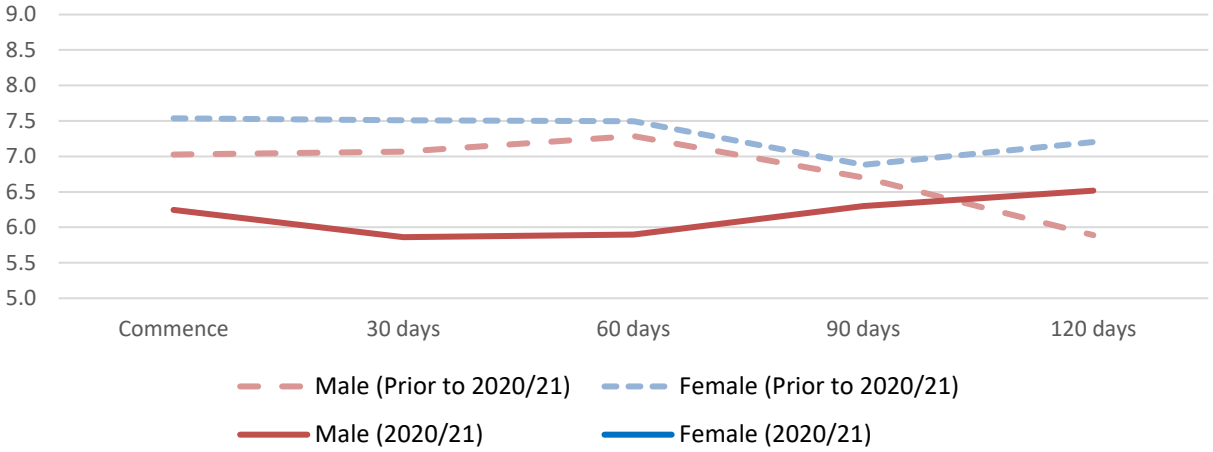
Note. Client improvements are demonstrated by increases in QOL scores

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



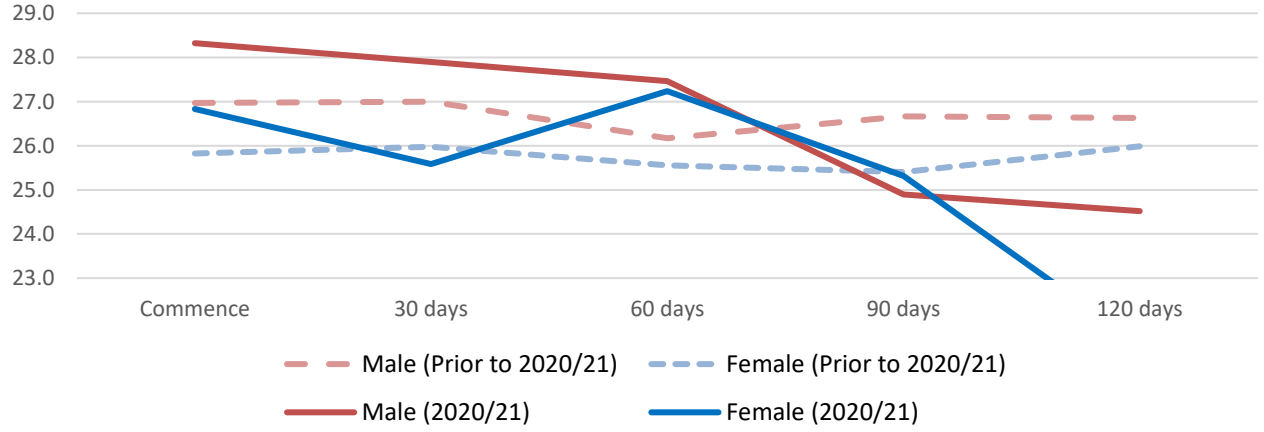
Note. Client improvements are demonstrated by reductions in K10 scores

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



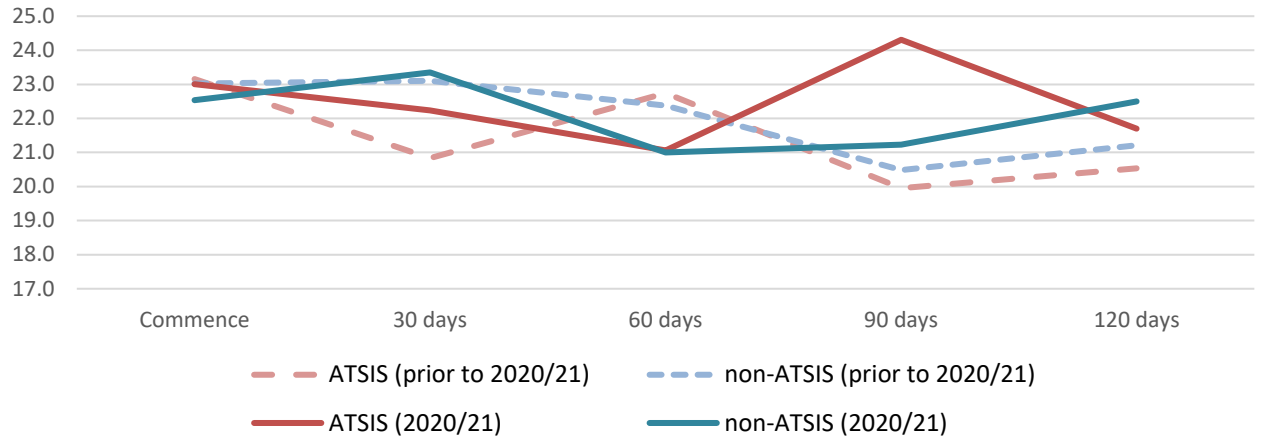
Note. Client improvements are demonstrated by reductions in SDS scores

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



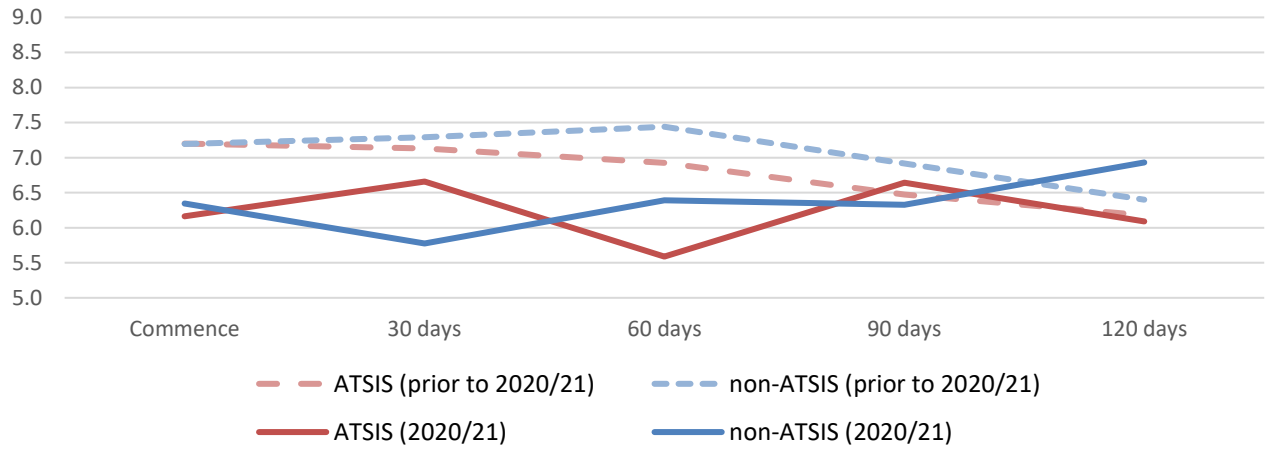
Note. Client improvements are demonstrated by increases in QOL scores

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



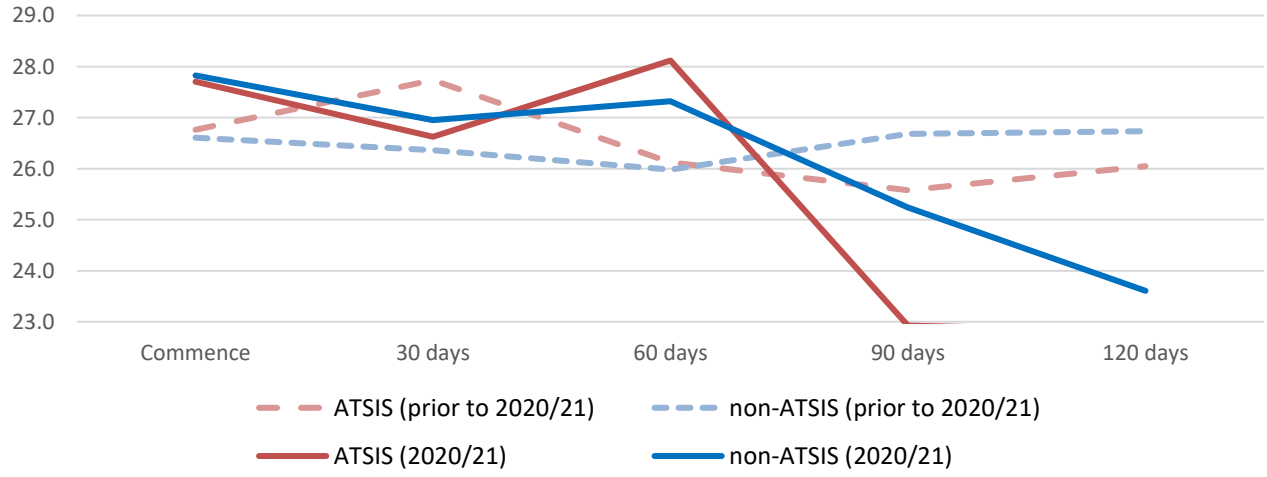
Note. Client improvements are demonstrated by reductions in K10 scores

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



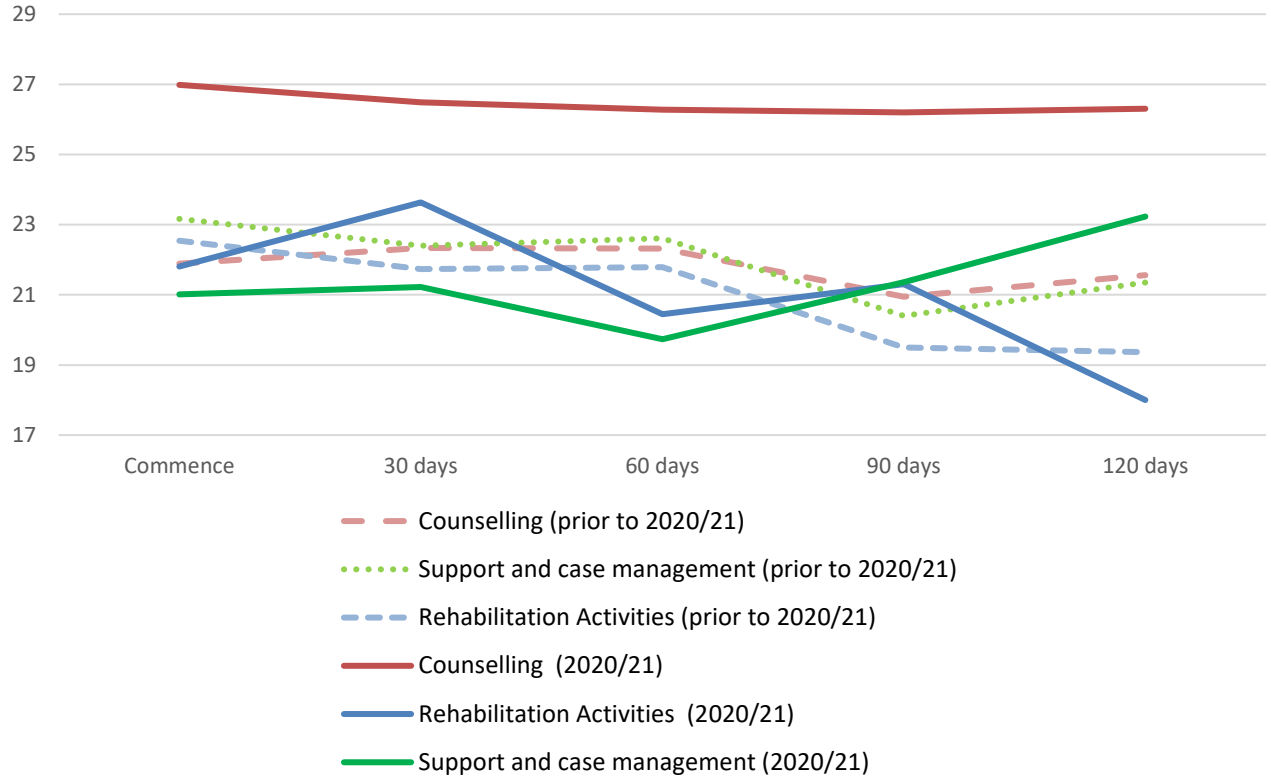
Note. Client improvements are demonstrated by reductions in SDS scores

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



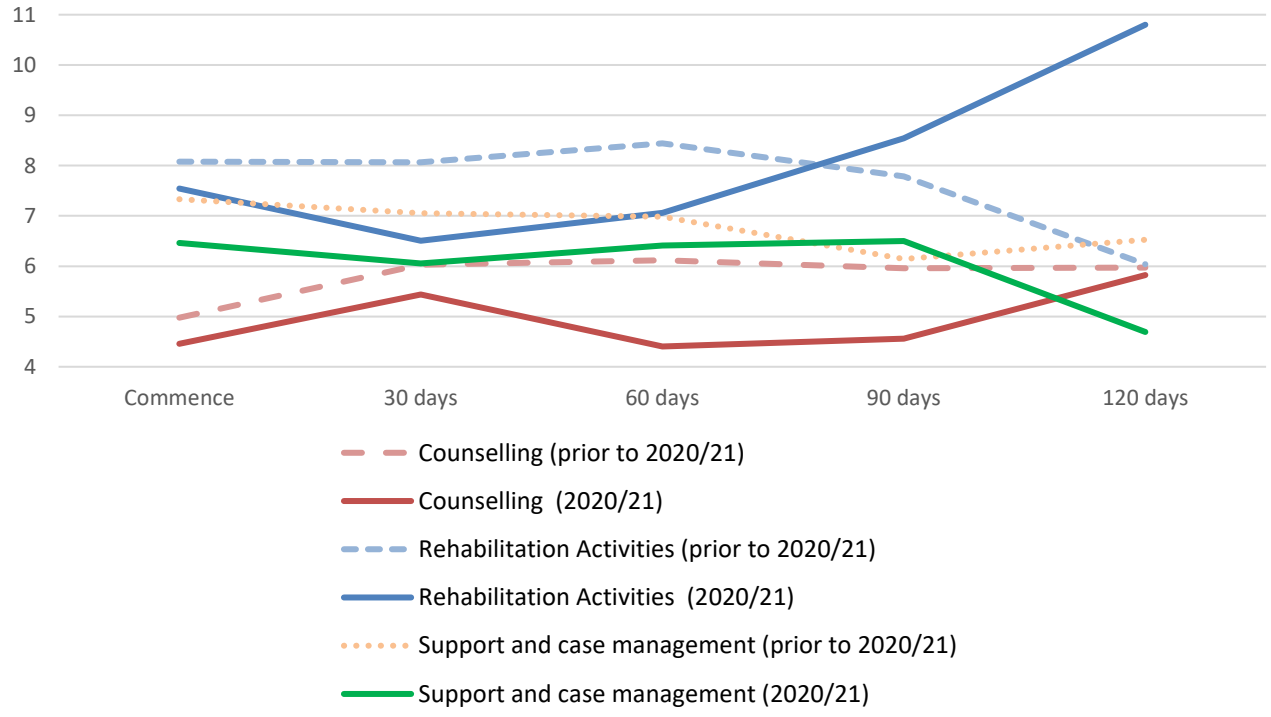
Note. Client improvements are demonstrated by increases in QOL scores

Figure 24. Symptom distress (K10): Service settings



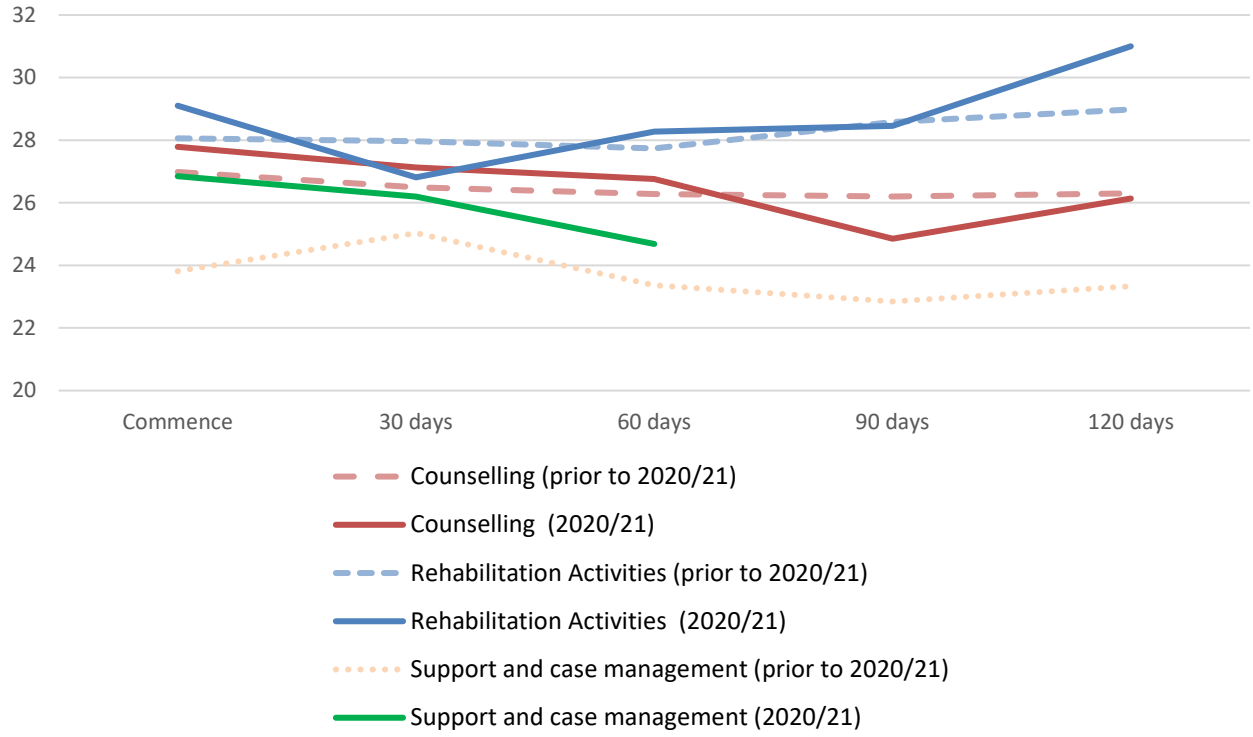
Note. Client improvements are demonstrated by reductions in K10 scores

Figure 25. Substance dependence (SDS): Service setting



Note. Client improvements are demonstrated by reductions in SDS scores

Figure 26. Quality of life: Service setting



Note. Client improvements are demonstrated by increases in QOL scores