Characteristics of women accessing rehabilitation AOD treatment in NSW, by gender-specific programs

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Acknowledgement

- I would like to acknowledge the Ngunnawal people as Traditional Custodians of the land on which we are meeting here today. We extend this acknowledgement to all Aboriginal and Torres Strait Islander people across Australia, and pay our respects to Elders past, present and future.
- For this study, we acknowledge our members and the women who access their services their data, their story.



Background

- Previous research did not observe differences in the risk of readmission and completion of treatment for women-only and mixed gender treatment programs for substance use disorders (1).
- Qualitative interviews provided mixed evidence that women with polysubstance use would benefit from engaging in women-only residential treatment (2,3).
- Little is known about other treatment engagement models including specialized non government organisation (NGO) alcohol and other drugs (AOD) services, especially in Australian treatment setting
- The information will help guide towards evidence generation at practice-level changes for improved outcomes among women seeking treatment in the broader AOD context.



- 1. Olivari CF, Gonzáles-Santa Cruz A, Mauro PM, Martins SS, Sapag J, Gaete J, et al. Treatment outcome and readmission risk among women in women-only versus mixed-gender drug treatment programs in Chile. Journal of Substance Abuse Treatment. 2022;134.
- 2. 1.Day C, White N. Gender-Specific Online Content Is Important and Timely for Women Receiving Treatment for Substance Use Disorders. Journal of Women's Health.2020;29(5):605-606.
- 3. Neale J, Tompkins CNE, Marshall AD, Treloar C, Strang J. Do women with complex alcohol and other drug use histories want women-only residential treatment? Addiction. 2018;113(6):989-97.

Data source, NADAbase

- National and NSW Minimum Data Set (2000)
- Client Outcome Measurement System (2010)
- Gender and sexuality data items (2016, 2023)
- Risk screeners (2017) FDV, Suicide, BBV
- Nicotine dependence (2017)
- ATOP (2019)
- Under review or being considered:
 - Update risk screeners
 - Pregnancy status + children
 - Culture (First Nations and CALD)

NADA network of alcohol and other drugs agencies		
	Welcome to NADAbase	
	Login (?	
	Username or Email Address	
	Password	
	Forgot password?	
	Login Cancel	
	any NADAbase queries related to data entry or reports, please email labasesupport@nada.org.au	
	ou would like more information about how to use NADAbase you can access the DAbase Tutorial here	





* Credit to Dr Robert Stirling's presentation

Methods

- NADAbase
- Routinely collected data from women accessing rehabilitation treatment at 31 NGO AOD services in NSW, FY 2012-2024
- Women were at least 18 years old, engaged with treatment for at least one day
- For women presenting with more than one episode across the services, the **most recent episode** was analysed



Study population

116,794 people	 265,898 episodes 2012-2024
30,050 people	 57,037 episodes Women-only & Mixed gender programs Valid SLK
7,862 women	 Rehabilitation Closed episodes 18 years old and over





Main measures and outcomes

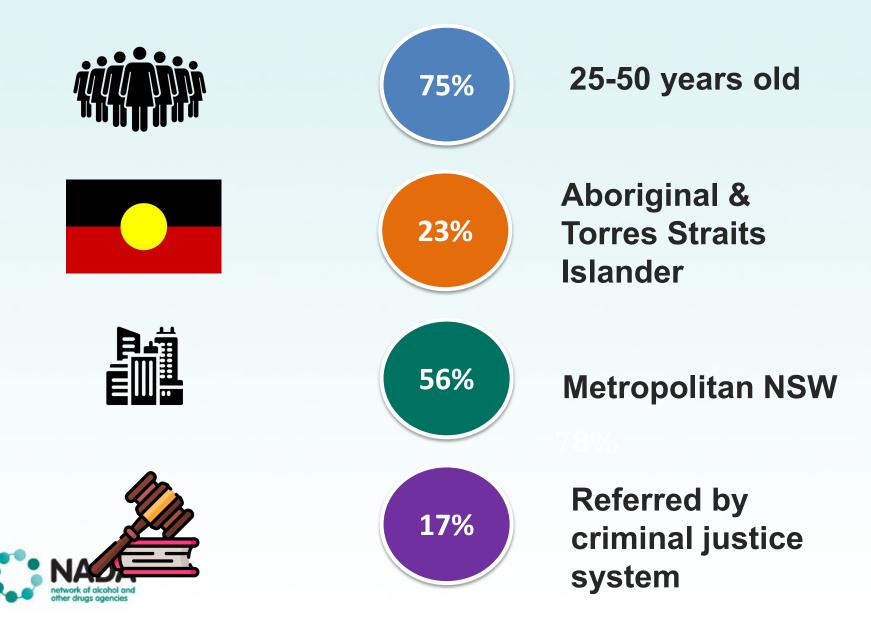


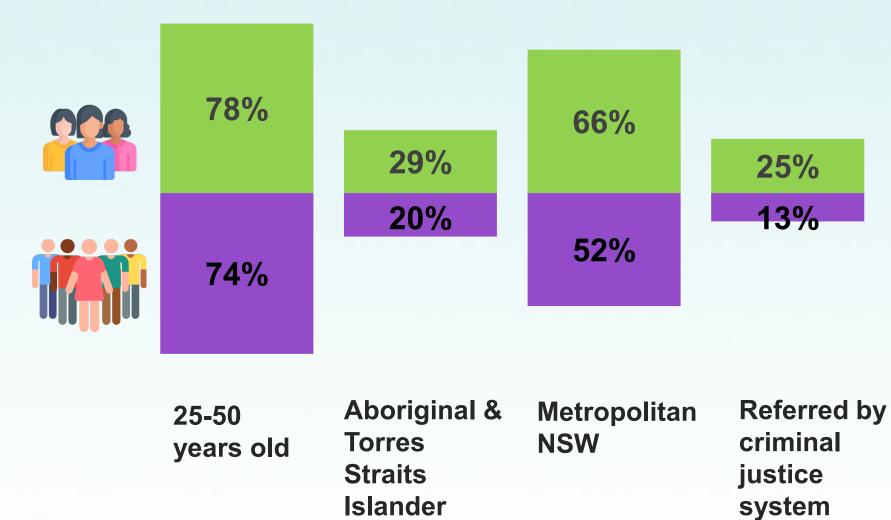
Gendered-services

- Women-only, n=2,363
- Mixed-gender, n=5,499

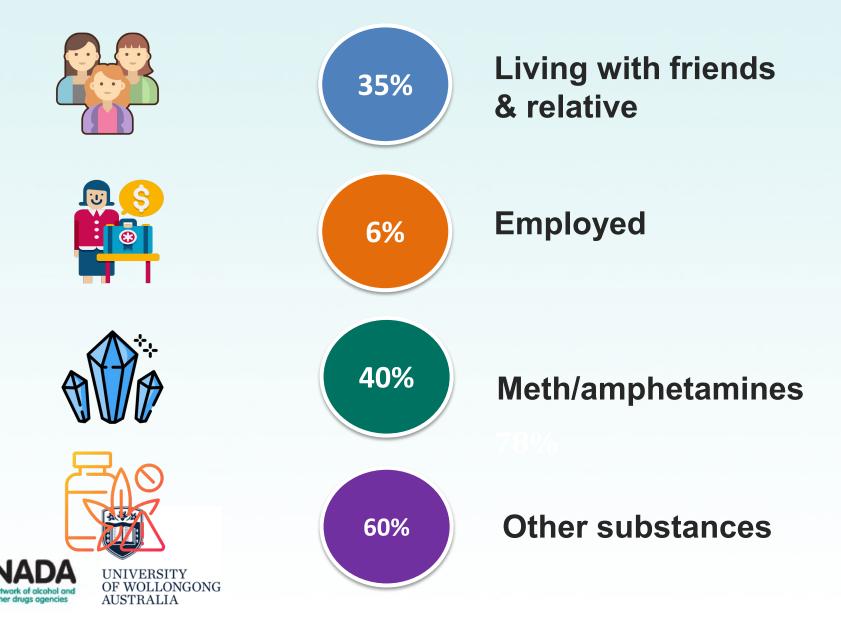
Planned completion vs Left treatment

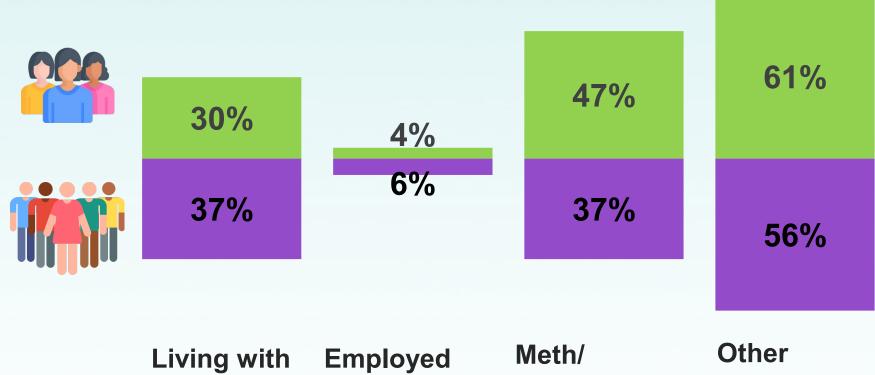












friends /relatives amphetamines substances



Results

- 38% women completed treatment
- 45.5% (women-only) and 35.3% (mixed gender) completed treatment

	Unadjusted model				Ad	Adjusted Model		
Predictors	OR	CI	р	OR	CI	p		
(Intercept)	0.55	0.52 -	0.58 <0.001	0.62	0.54 –	0.70 <0.001		
Mixed gender	Referenc	e		Referenc	e			
Women-only	1.53	1.39 –	1.69 <0.001	1.65	<mark>1.48 –</mark>	<mark>1.83</mark> <0.001		

** adjusted for age, Aboriginal & Torres Straits Islander status, nominated language, primary substance of concern, referral by criminal justice system, living arrangement, types of income & remoteness of residence



Interpretation

- Completing treatment is one of the many facets of treatment outcomes.
- Real-world data
- NADAbase limitation
- Next step: Health outcomes

Thank you!



Thank you!

Questions?



Back-up



	mixed (N=5499)	women (N=2363)	P-value
Age, treatment entry,v2	((11 2000)	
25-<50 years	4060 (73.8%)	1848 (78.2%)	<0.001
18-<25 years	744 (13.5%)	337 (14.3%)	
50 years and older	695 (12.6%)	178 (7.5%)	
Age, treatment entry		. ,	
Mean (SD)	36.6 (10.6)	34.6 (9.42)	<0.001
Median [Min, Max]	35.2 [18.1, 73.4]	33.2 [18.1, 73.1]	
Year, treatment entry			
preCovid, 2012-2019	3797 (69.0%)	1387 (58.7%)	<0.001
postCOVID, 2020-2024	1702 (31.0%)	976 (41.3%)	
Aboriginal and Torres Straits Islander			
Non Aboriginal and Torres Straits Islander	4283 (77.9%)	1568 (66.4%)	<0.001
Aboriginal and Torres Straits Islander	1085 (19.7%)	691 (29.2%)	
Not Stated	131 (2.4%)	104 (4.4%)	
Primary substance of concern			
alcohol	2046 (37.2%)	660 (27.9%)	<0.001
meth/amphetamines	2046 (37.2%)	1106 (46.8%)	
cannabis	618 (11.2%)	218 (9.2%)	
opioids	600 (10.9%)	297 (12.6%)	
others	189 (3.4%)	82 (3.5%)	
Referral by criminal justice system			
no	4772 (86.8%)	1777 (75.2%)	<0.001
yes	727 (13.2%)	586 (24.8%)	
Employment			
benefits/pension/retirementfund	4528 (82.3%)	2018 (85.4%)	<0.001
employed	316 (5.7%)	90 (3.8%)	
no income/dependent on others	389 (7.1%)	176 (7.4%)	
others/not stated	266 (4.8%)	79 (3.3%)	
Living			
alone	1502 (27.3%)	760 (32.2%)	<0.001
partner and/or children	747 (13.6%)	328 (13.9%)	
alone with children	484 (8.8%)	326 (13.8%)	
friends/relative	2059 (37.4%)	710 (30.0%)	
others/not stated	707 (12.9%)	239 (10.1%)	



