

**2009–2010**

**NOVA SCOTIA ADDICTION SERVICES**

**ANNUAL REPORT**



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Helping Nova Scotians be healthier and safer

## Foreword

Nova Scotia Addiction Services values the importance of prevention and health promotion, coordinated treatment services, accountability, evaluation, research and knowledge exchange. The 2009–10 Annual Report highlights Addiction Services' commitment to delivering accessible and comprehensive quality services to individuals, families, and communities in a timely manner.

To improve the quality of client services, monitor outcomes, and manage costs, Nova Scotia Addiction Services developed Service Standards and Best Practices (2005).

District Health Authorities demonstrate adherence to provincial standards through the accreditation of programs, reporting, and outcome monitoring.

To help improve client care, a new provincial client information system (ASsist) was implemented between 2005 and 2007.

ASsist has allowed Addiction Services to measure standards, conduct outcomes monitoring activities, and produce reports for decision making and program planning.

## Introduction

I am pleased to present the 2009–10 Annual Report for Addiction Services of Nova Scotia. Program measurement and evaluation is an integral part of all services offered by Addiction Services. The purpose is to maintain and enhance the quality of services, provide data for future improvements and evidence to support administrative and clinical decision making. This report provides an overview of system performance and utilization for treatment services, and highlights the accomplishments of the past year.

I would like to acknowledge, with much appreciation, all of the work carried out by staff of Addiction Services to improve the health and safety of Nova Scotians.

I would also like to thank Terrilyn Hayward, Provincial ASsist Administrator, Addiction Services, Nova Scotia Department of Health and Wellness, and Cathy Smith, Research and Data Analyst, Annapolis Valley Health, for generating this report.

A handwritten signature in black ink, reading "Carolyn Davison". The signature is written in a cursive, flowing style.

Carolyn Davison, Director of Addiction Services  
Department of Health and Wellness

# Service Overview

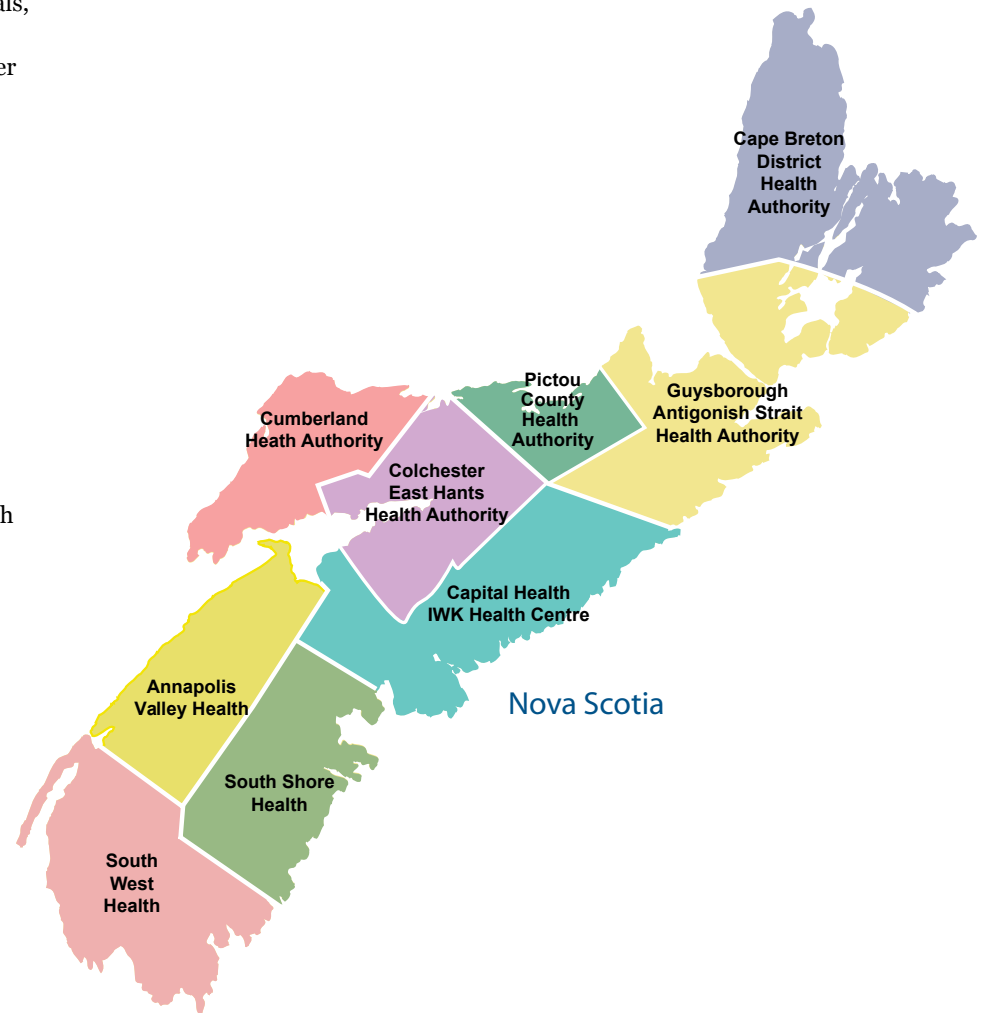
Addiction Services has a comprehensive approach that provides programs, services, and supports to individuals based on current, evidence-informed literature. Services range from health promotion and prevention activities for individuals who do not use substances or gamble, to early identification, brief intervention, and treatment for individuals and families who experience problems associated with use of substances and gambling.

The District Health Authorities and the IWK Health Centre are responsible for the delivery of all addiction prevention and treatment services to the public (Bill 34). Over forty Addiction Services offices are located throughout the province to help individuals, families, and communities with problems caused by the harmful use of substances and gambling. More than 400 full-time equivalents provide a range of services to over 12,000 clients each year.

At the provincial level, Addiction Services at Nova Scotia Health Promotion and Protection is responsible for

- defining core services
- facilitating provincial program development
- developing standards and best practices for service delivery
- developing provincial policies
- monitoring standards and auditing programs
- consulting with service providers in the District Health Authorities or IWK Health Centre.

The budget for Addiction Services in Nova Scotia is approximately \$39 million.





## Prevention and Health Promotion

Department of Health and Wellness programs are community-based initiatives that address the full continuum of risks based on accurate current information. Evidenced-based, effective strategies are focused on addictions related issues with the goals of promoting health, enhancing health, and reducing or minimizing harms associated with substance use or gambling. Supporting this prevention work in Addiction Services are a number of Provincial Strategies which encourage horizontal collaboration and relationship building at local, municipal, provincial, and federal levels. Provincial leadership for Addiction Services is provided by the Department of Health and Wellness. The Department of Health and Wellness supports and engages in the district Addiction Services health promotion and prevention work in an advisory and leadership role that includes best practice research, standards development, strategy development, knowledge exchange, and province wide capacity development.<sup>1</sup>

<sup>1</sup> *Draft Prevention and Health Promotion Standards (2010)*

# Treatment Program Descriptions

The treatment programs, services and supports offered by Addiction Services are guided by Service Standards and Best Practices (2005). Programs fall into one of three main categories: Community Based, Primary Care, or Structured Treatment. Programs include community based services with enhanced services for rural women and youth, nicotine and problem gambling-services, driving while impaired and alcohol ignition interlock programs, inpatient and day withdrawal management, addiction education, methadone maintenance therapy, and structured treatment. Program Definitions are listed below.

**Community Based Services (CBS):** Community-based (out client) services provide accessible outreach, early intervention, and treatment to individuals, families, concerned significant others, and groups in their own communities. Services are based on client needs and assessment.

**Adolescent Services:** A comprehensive range of age-appropriate programs and services are designed to target and meet the distinct substance-use and gambling-related needs of adolescents (ages 13-18) across the health-risk continuum. Programs are intended to recognize the distinctness of adolescents in terms of psychological, physical, and social development. These services include specialized community and school-based health promotion, prevention, early intervention, and treatment, as well as a specialized provincial program.

**Women's Treatment Services:** Services are designed to address women's specific experiences, issues, and realities. The focus of services is to encourage women to choose and direct their own lifestyle changes and to participate in the development of services based on their actual needs, rather than their needs as perceived by others.

**Nicotine Services:** Services provide efficient evidence-based educational programs and supportive treatment interventions to help people to stop using tobacco. Nicotine treatment is offered to individuals and groups and is based on client needs, strengths, and readiness for change.

**Problem Gambling Services:** Problem gambling services provide public awareness, health promotion, prevention, early intervention, and treatment for problem gamblers and their families.

**Driving While Impaired (DWI):** The program is provided for all persons suspended for, or convicted of, impaired driving offences. Drivers requesting reinstatement must complete this program, provided in partnership with the Registry of Motor Vehicles (RMV) and Service Nova Scotia and Municipal Relations (SNSMR). The program components are education, assessment, and treatment.

**Alcohol Ignition Interlock Program (AIIP):** AIIP is designed for those people who are convicted of alcohol-related offences. This program is voluntary for most first offences and mandatory for second and third offences including those causing bodily harm and death. Addiction Services, in partnership with RMV and SNSMR, will oversee the program. The program components are bi-monthly monitoring sessions, ongoing assessment, counselling or referral when deemed appropriate, as well as a six-month follow-up session post program exit.

**Withdrawal Management—Inpatient (Detox):** This is a process designed to optimize the health of individuals harmfully involved with alcohol, drugs, or gambling through the provision of a comprehensive range of integrated bio-psycho-social treatment services. These services include assessment, medically-managed detoxification, treatment planning, therapeutic and vocational counselling and support, education, and referrals.

**Withdrawal Management—Day (Day Detox):** Day detox is designed to meet the needs of individuals not requiring inpatient service. It allows clients to function in their own environment while medically managing their withdrawal.

**Addiction Education Program (AEP):** AEP is a service for individuals at risk for developing or maintaining harmful involvement with addictive substances or behaviours by providing specialized bio-psycho-social addiction information, education, and support for recovery. Service is offered on a residential or day-patient basis.

**Methadone Maintenance Therapy:** Opioid Replacement Therapy involves the replacement or substitution of a long-acting opioid drug (typically in an oral formulation) for the opioid(s) that the person is or has been administering intravenously. Opioids refer to all drugs, either natural or synthetic, with morphine-like actions.

**Structured Treatment Programs:** Structured treatment is an intensive time-limited group treatment service for clients who have successfully completed a withdrawal process. It provides bio-psycho-social assessment, education, counselling, and treatment. It is offered in both residential and non-residential settings.

# National Treatment Indicators

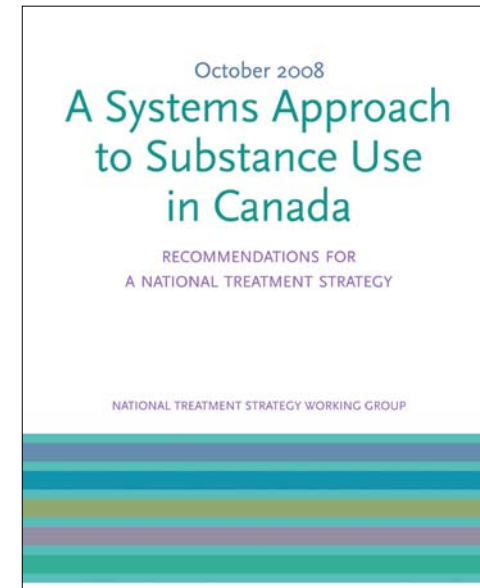
*A Systems Approach to Substance Use in Canada: Recommendations for a National Treatment Strategy* (2008), identifies the need for system measurement and monitoring and includes recommendations for a national system-measurement strategy. As such, Nova Scotia Addiction Services is collaborating with federal, provincial, and territorial partners to develop and measure national treatment indicators. The development of national treatment indicators will allow for the collection of more consistent information and will assist in

- identifying trends
- supporting system investments
- assessing system capacity
- informing system planning
- monitoring the impact of system change
- making meaningful comparisons between systems or system components

In addition, the national treatment indicators project will complement ongoing data collection and research initiatives, including

- the Canadian Alcohol and Drug Use Monitoring Survey (CADUMS)
- the Canadian Community Epidemiological Network on Drug Use (CCENDU)
- provincial student and population surveys (e.g., Nova Scotia Student Drug Use Survey)
- pilot initiatives (e.g., needs-based planning)
- jurisdictional DTFP initiatives involving system measurement and monitoring
- the Multilateral Evaluation Mechanism

The project is being funded until 2013 by Health Canada's Drug Treatment Funding Program (DTFP). Project guidance is provided by the National Treatment Strategy Leadership Team. Reports will be released annually by the Canadian Centre on Substance Abuse (CCSA), beginning in 2011.



## Provincial System Standards

Department of Health and Wellness facilitates the developmental process for Service Standards and Best Practices and plays a provincial role in monitoring and tracking system performance. Addiction Services of the District Health Authorities (DHAs), provide clinical expertise, environmental scanning, and best practice synthesis. Developed through key expert consultation and consensus within the field, provincial service standards ensure services are consistent and accessible to all Nova Scotians. Addiction Services of the District Health Authorities demonstrate adherence to provincial standards through the accreditation of their programs, district reporting, and outcome monitoring activities.<sup>2</sup>

<sup>2</sup> *Addiction Services Standards and Best Practices (2005)*

## Outcomes Monitoring System

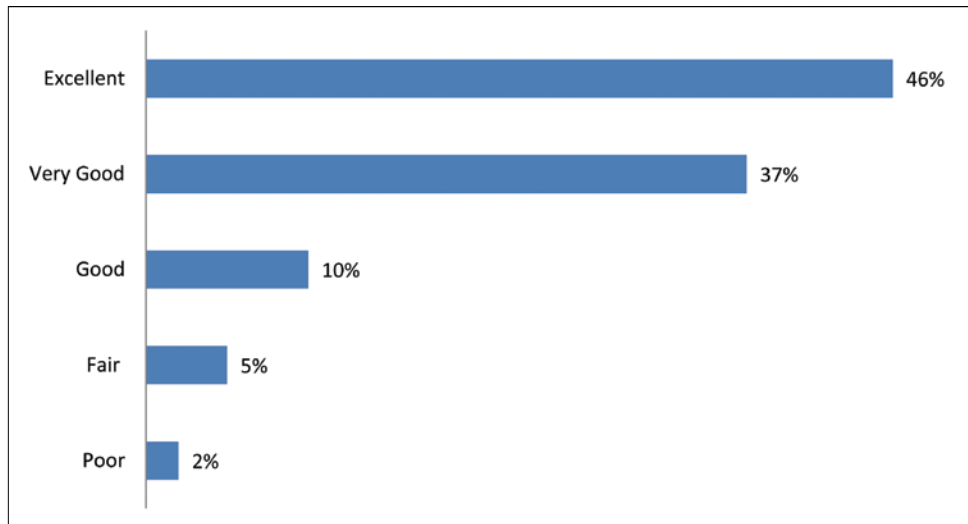
The Outcomes Monitoring System (OMS) is a process designed to provide outcome-oriented evaluation and accountability to key stakeholders, including service providers, clients, and the general public. The program was implemented to provide reliable and systematic feedback for maintaining and enhancing the quality of programs, services, and supports. OMS data contributes to ongoing program planning, development, and resource allocation. OMS also provides an opportunity for clients to reflect on their treatment, provide feedback on their experiences and re-engage in treatment if needed.

In a recent outcomes monitoring study with clients participating in the Alcohol Ignition Interlock Program (AIIP), almost everyone agreed that the help was easily available (98%) and the hours of operation were convenient (98%). They were happy with their overall relationship with the counselor(s) (96%); the service helped them understand all of the treatment options available to them (94%); and the location was easy to get to (92%). The majority also indicated that the services helped them to set (87%) and meet (89%) their goals, to identify ways in which to deal with issues and problems (84%), and to understand other options available to them outside of Addiction Services (82%).

The overall satisfaction rate was high: 97% of clients were either somewhat (16%) or very satisfied (81%) with the services they received. Most clients (96%) indicated that they would recommend the service to others and would return for help if needed (90%).

“Talking to the counselor made me think of issues that I had never thought about before. It opened my mind so I could make some really good decisions.”

### Overall Quality of Service



# Wait Times

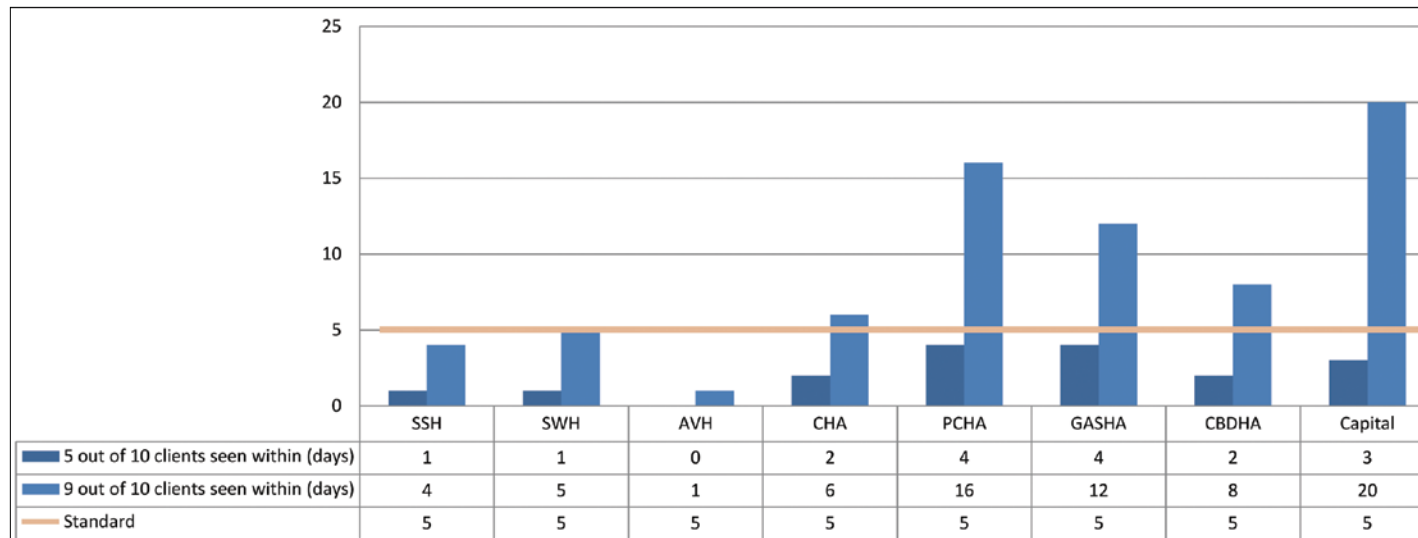
Addictions Services is committed to providing a range of comprehensive services that are accessible for Nova Scotians. Providing timely quality service to individuals, families, and communities is important. For this reason, Nova Scotia is the first province to develop provincially-standardized wait-time reporting for Addiction Services.

## Inpatient Withdrawal Management Wait Times

Withdrawal Management is a 24-7 service offered in eight locations across the province. Addiction Services ensures a timely provision of Inpatient Withdrawal Management to clients who meet admission criteria. The standard is 80% of clients meeting admission criteria are offered services within five business days. Provincially, 78% of admissions fall within the standard. The chart below demonstrates the actual days waited for the 50th and 90th percentile.

DHA	Beds
South Shore Health	6
South West Health	6
Annapolis Valley Health	6
Cumberland Health	10
Pictou County Health	15
Guysborough Antigonish Strait Health	10
Cape Breton Health	18
Capital Health	15
<b>Total Number of Beds Provincially</b>	<b>86</b>

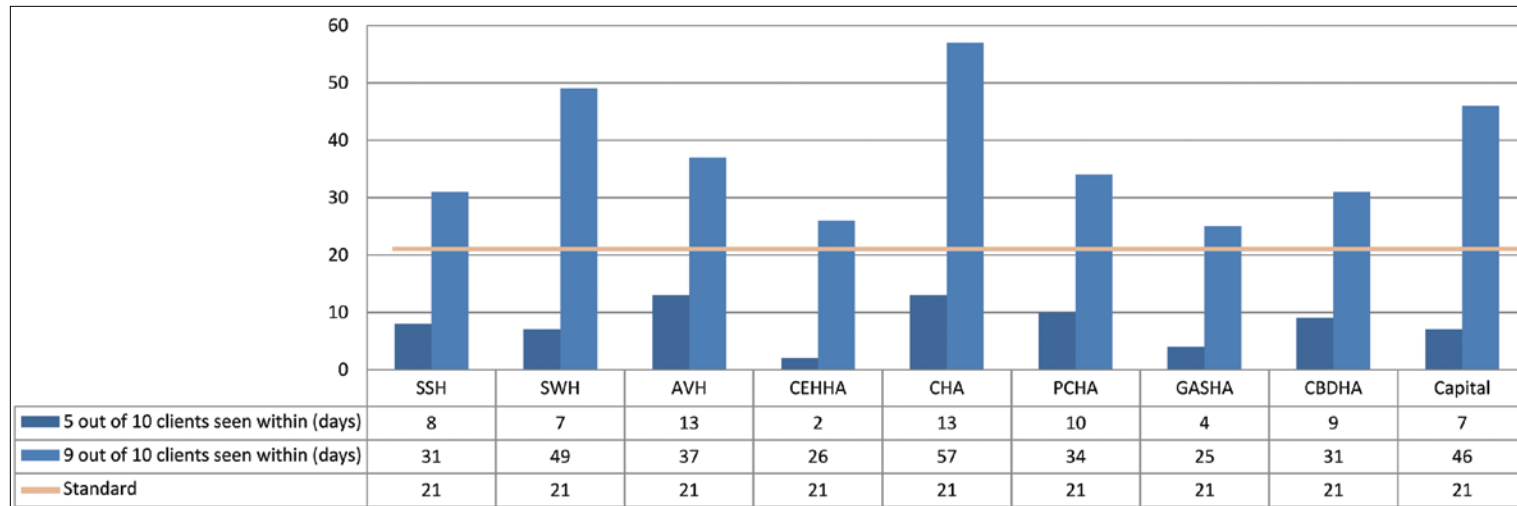
## Withdrawal Management Wait Times by DHA January 1–March 31, 2010



## Community Based Services—General Wait Times

Addiction Services provides accessible community-based services that are responsive to the diverse needs of all client populations and are delivered in, or as close as possible to, a client's home community. Offices exist in over 40 locations, and services are also offered within the community. The timely service standard for Community Based Services is 90% service standards for Community Based Services, 90% of potential clients are offered service options within 15 business days. Provincially, 79% of clients served fall within the standard. The chart below demonstrates the actual days waited for the 50th and 90th percentile.

### CBS General Wait Times by DHA January 1–March 31, 2010



## Sites for Specialized Community Based Services in Nova Scotia

South Shore Health	Bridgewater	Caledonia
	Chester	Liverpool
	Lunenburg	
South West Health	Barrington	Church Point
	Digby	Meteghan
	Shelburne	Yarmouth
Annapolis Valley Health	Annapolis	Berwick
	Kentville	Middleton
	Wolfville	
Colchester East Hants Health	East Hants	Truro
Cumberland Health	Amherst	Springhill
Pictou County Health	New Glasgow	Pictou
Guysborough Antigonish Strait Health	Antigonish	Guysborough
	Inverness	Port Hawkesbury
	Port Hood	Strait Richmond
Cape Breton Health	Baddeck	Cheticamp
	Glace Bay	Inverness
	New Waterford	North Sydney
	North of Smokey	North Side
	Sydney	
Captial Health	Cole Harbour	Dartmouth
	Dartmouth Purdy	Eastern Shore
	Halifax	Sackville
	Spryfield	Windsor
IWK Health Centre	Halifax	Sackville
	Waterville	Windsor



## Provincial Utilization and Performance Indicators

During the 2009–10 fiscal year, a total of 12,384 individual clients received specialized addiction treatment services and supports throughout the province of Nova Scotia. This accounts for 1.3% of all Nova Scotians and approximately 1.6% of Nova Scotians aged 15 and older.<sup>3</sup> Of the total number of clients treated, 61% were male and 39% were female. As evident in the chart below, while more clients are receiving treatment now compared to ten years ago, there has been a decline in numbers during the past three years. The decline is largely attributable to a change in nicotine treatment services, particularly to changes in the administration of Nicotine Replacement Therapy (NRT).

There were a total of 18,148 active client program registrations during the fiscal year. This number is higher than the count of individual clients, since an individual may register in more than one program. In this case, there was an average of 1.5 program registrations per client.

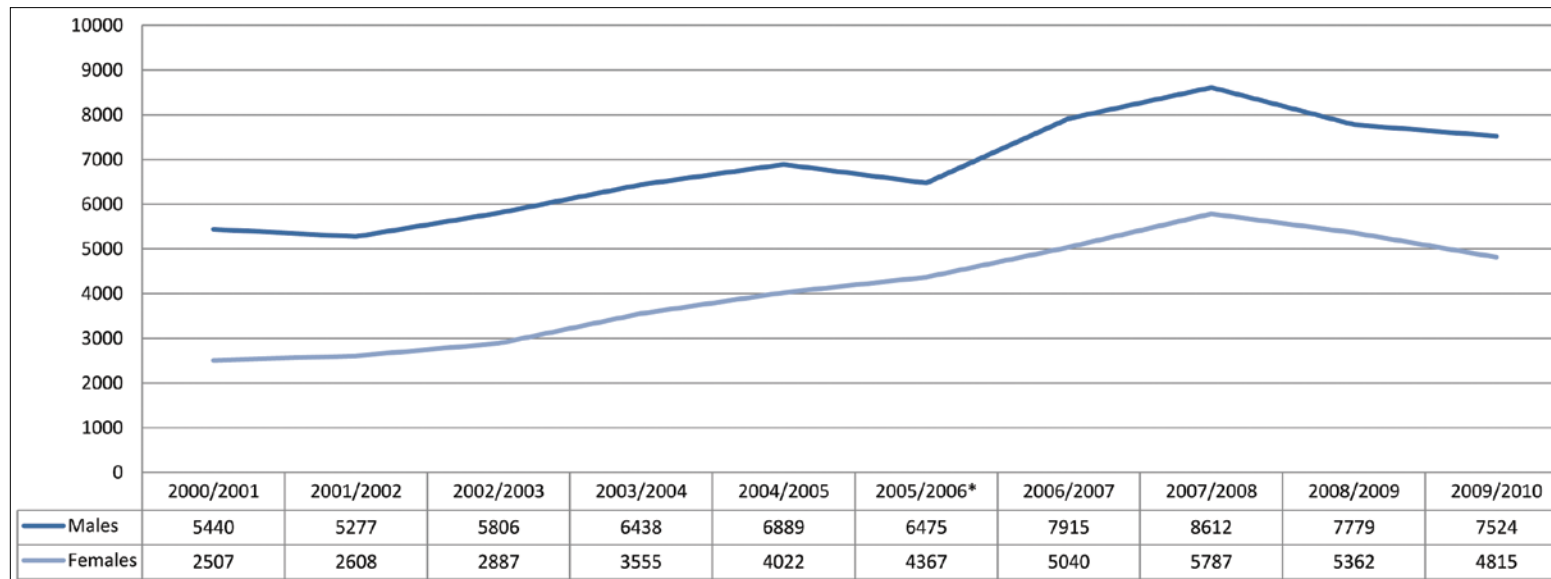
Addiction Services completed a total of 20,812 intakes during the report period. Ninety-seven per cent of the intakes were completed within one business day, exceeding the timely service standard of 90%. Seventy-three per cent of the intakes resulted in a program registration (the standard is that 90% of intakes will result in a program registration).

Nearly half (49%) of the registrations were for new (first-time) clients, which means that a marginal majority of clients continue with or return to service from previous years.

A total of 15,901 program registrations were discharged or closed during the fiscal year, and 53% of those were normal discharges or closures (this includes cases of mutual consent by the treatment provider and client).

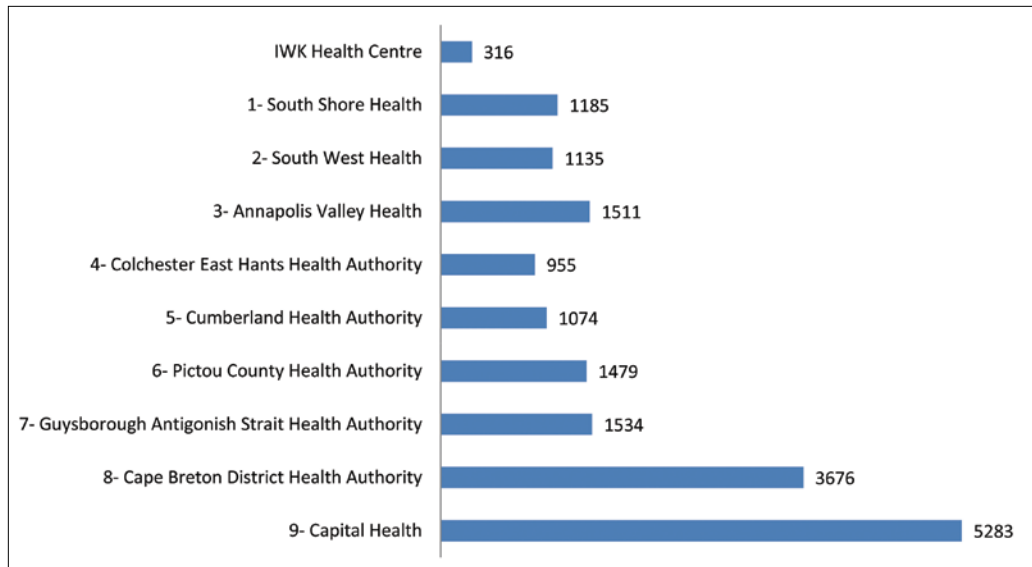
<sup>3</sup>2009 Nova Scotia population and population estimates provided by Statistics Canada (2010).

**Volume of Active Clients by Gender (2000–01 to 2009–10)**



The following chart compares basic utilization for all services and supports by each of the District Health Authorities and the IWK Health Centre. Capital Health provided 29% of services, Cape Breton provided 20% of services, rural areas (excluding Cape Breton) provided 49% of services, and the IWK Health Centre accounted for 2%.

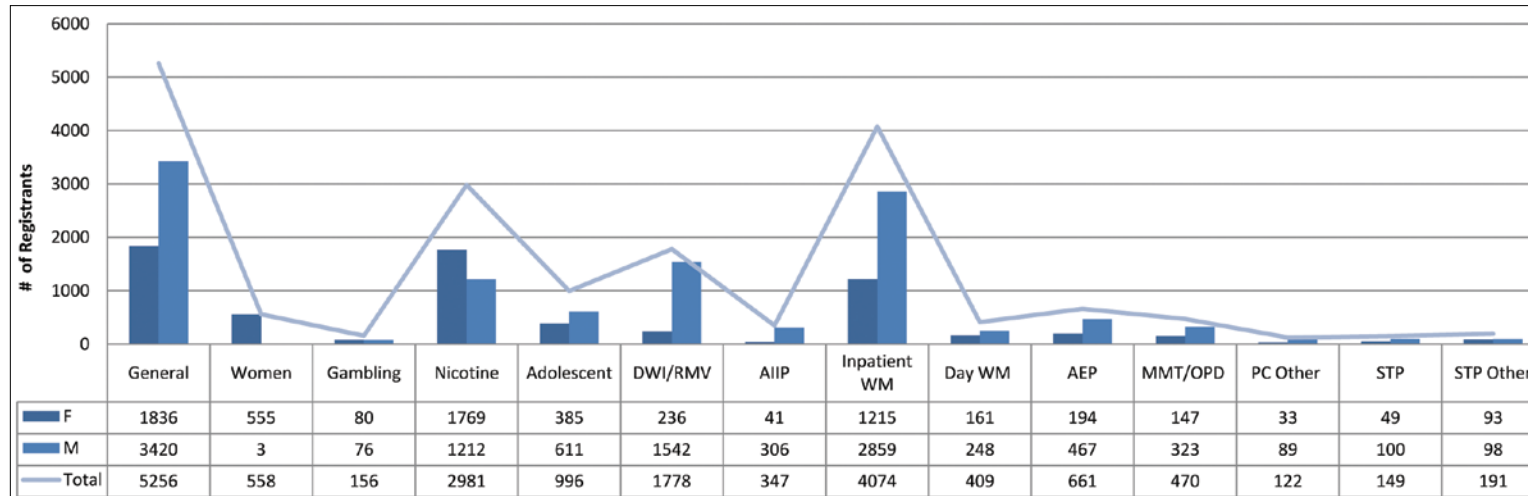
**Total Active Client Registrations by DHA/IWK  
2009–10, N =18,148**



About half of all services were provided by Capital Health and Cape Breton Health.

Most treatment provided was within the community based service category (66%). Primary care services accounted for 29%, Methadone/Opioid Treatment (MMT/OPD) accounted for 3%, and Structured Treatment Programs (STP) accounted for 2%. The following chart displays the active registrations by program name and gender.

**Active Registrations by Program and Gender  
Fiscal Year 2009–2010, N = 18,148 Provincially**



Adult clients (19 years and older) accounted for almost 92% of the total number of clients. Of the adult clients, alcohol accounted for 50% of the primary treatment issues. Nicotine accounted for 20%, prescription drugs for 17%, and illicit drugs for 10% of the primary treatment issues. Gambling accounted for 2.6% of all primary treatment issues.

Cocaine accounted for 5.3% and cannabis for 4.7% of the illicit-drug-based registrations. Opiates accounted for 15% of prescription-drug-based registrations.

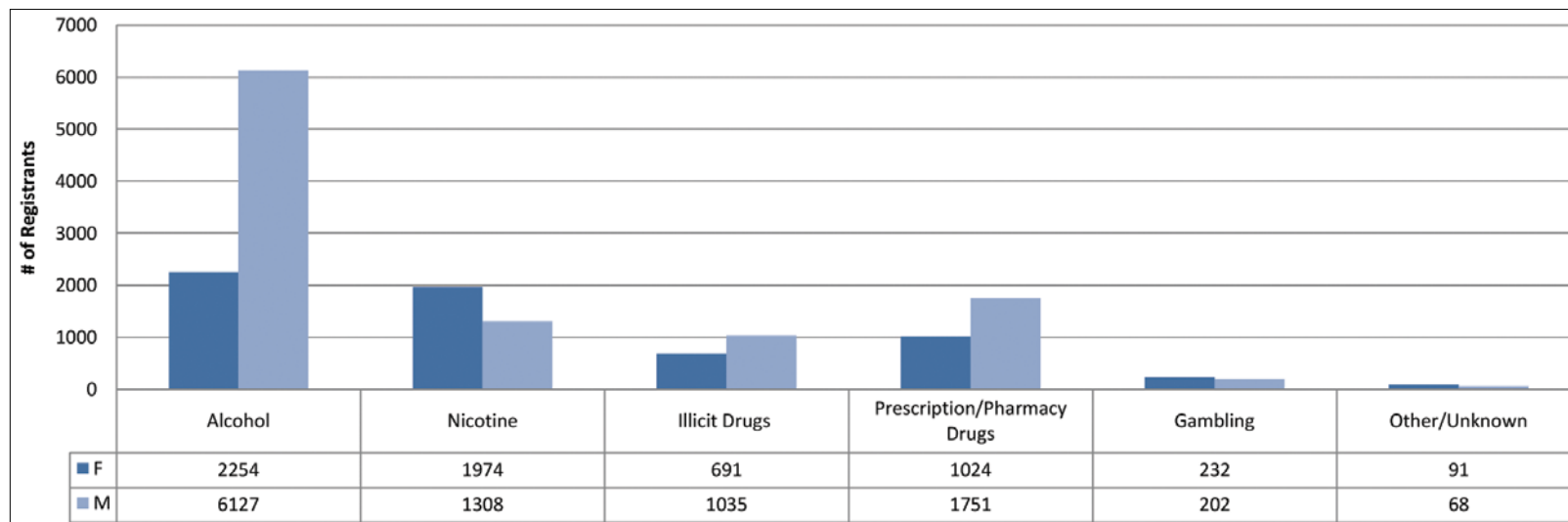
The most common *primary* treatment issue for both genders was alcohol (males=37% and females=14%), there were gender differences for subsequent issues. The second most common primary treatment issue was prescription drugs (11% ) for male clients and nicotine (12%) for female clients. The third most common primary treatment issue was nicotine (8%) for male clients and prescription drugs (6%) for female clients.

The direct social costs of alcohol use in 2006 exceeded the government's fiscal benefits.

\$242.9 million in costs versus \$224.2 million in revenues

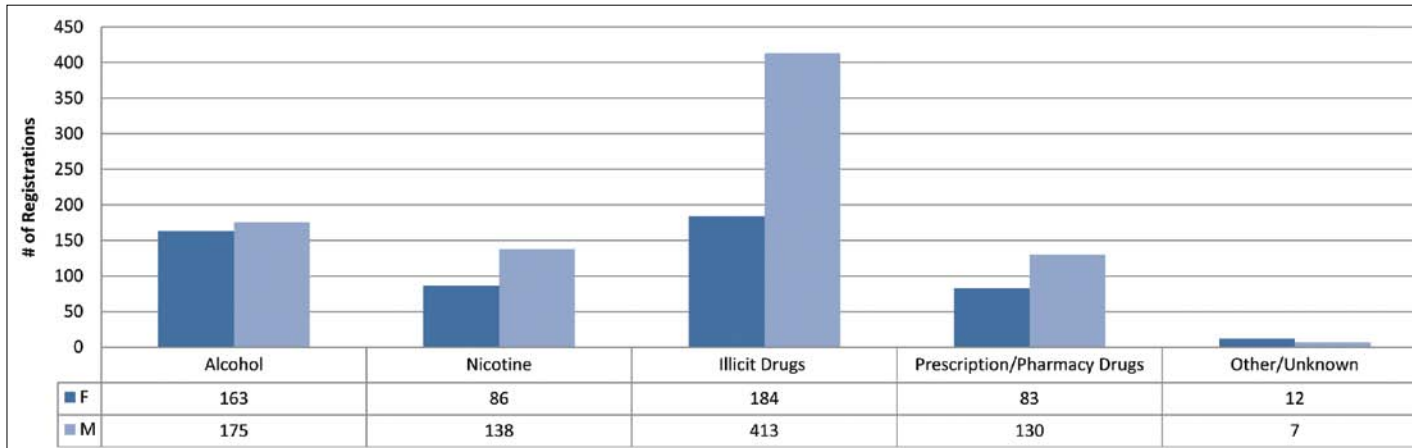
Source: Canmac 2009 report *Benefit/Cost Analysis—Alcohol Consumption in Nova Scotia*

**Adult Active Registrations by Primary Treatment Issue and Gender  
Fiscal Year 2009–10, N = 16,757, Provincially**



Adolescent clients (18 years and under) accounted for nearly 9% of the total clients. Of the adolescent clients, illicit drugs accounted for 43% of the primary treatment issues. Alcohol accounted for 24%, nicotine for 16%, and prescription drugs for 15%. In the illicit drug category, cannabis accounted for 39% of the primary treatment issues. In the prescription drug category, opiates accounted for 13% of the primary treatment issues.

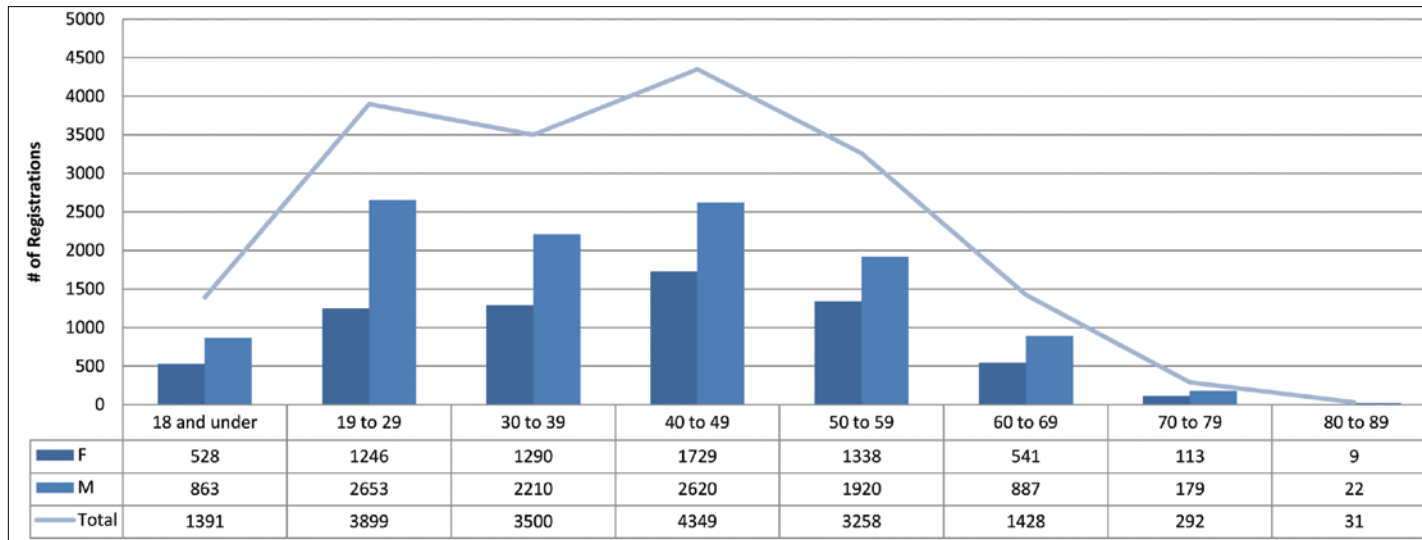
**Adolescent Active Registrations by Primary Treatment Issue and Gender  
Fiscal Year 2009–10, N = 1,391, Provincially**



# Client Demographics

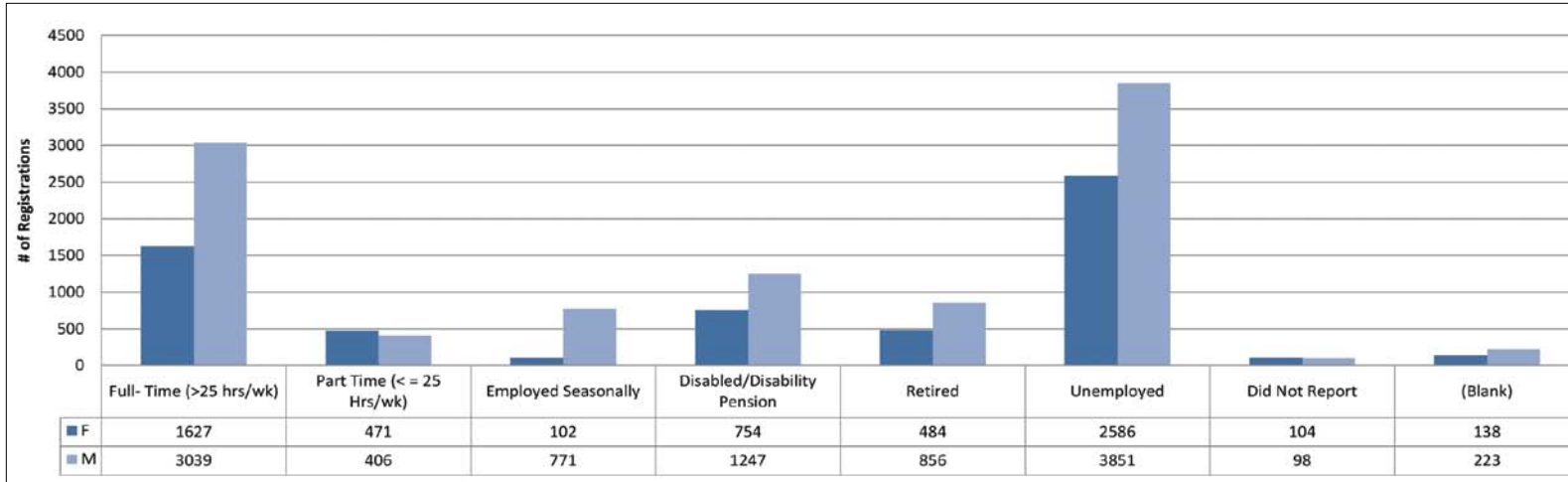
As illustrated, the majority of clients receiving treatment was aged 19 years and older; the median age was 40.

**Active Registrations by Age and Gender  
Fiscal Year 2009–10, N=18,148, Provincially**



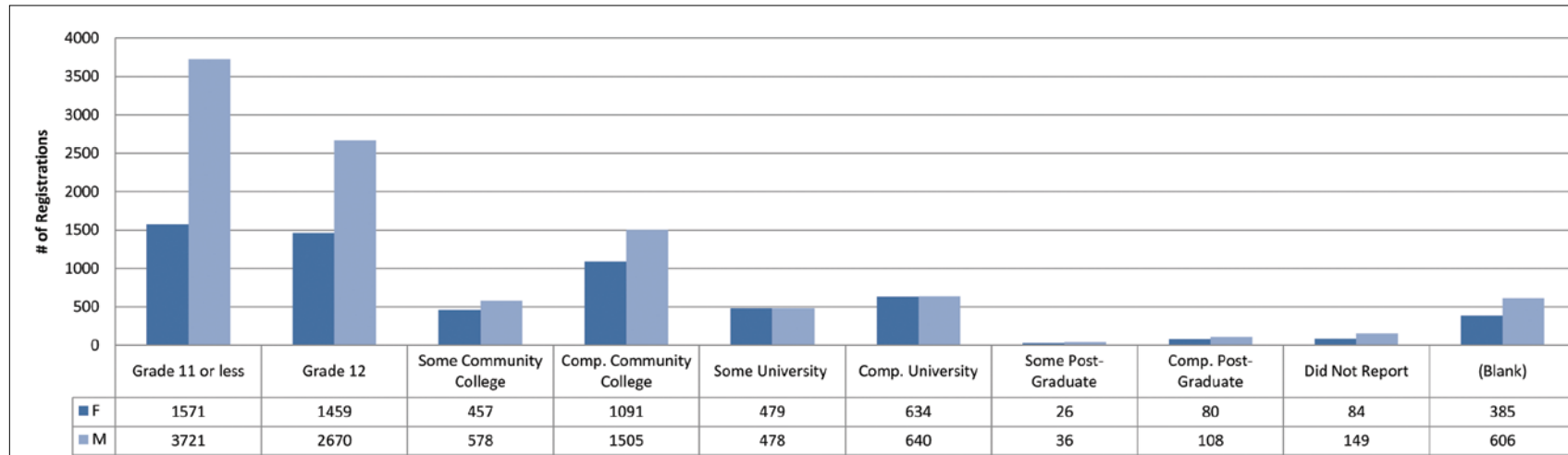
Of the adult clients, 38% were employed either full-time, part-time, or seasonally. A higher proportion of male clients were employed full-time (65%) or seasonally (88%), compared to women (35% and 12% respectively), whereas a slightly higher proportion of female clients (54%) were employed part-time compared to men (46%). The unemployment rate was also 38%. Overall, 12% of clients were disabled and 8% were retired.

**Adult Active Registrations by Employment Status  
Fiscal Year 2009–10, N= 16,757, Provincially**



Thirty-six per cent of adult clients had continued education beyond high school, of whom 15% had completed community college. One-quarter (25%) of clients had completed highschool, and roughly one third of clients (32%) had an education level of grade eleven or lower. Some gender differences were noted.

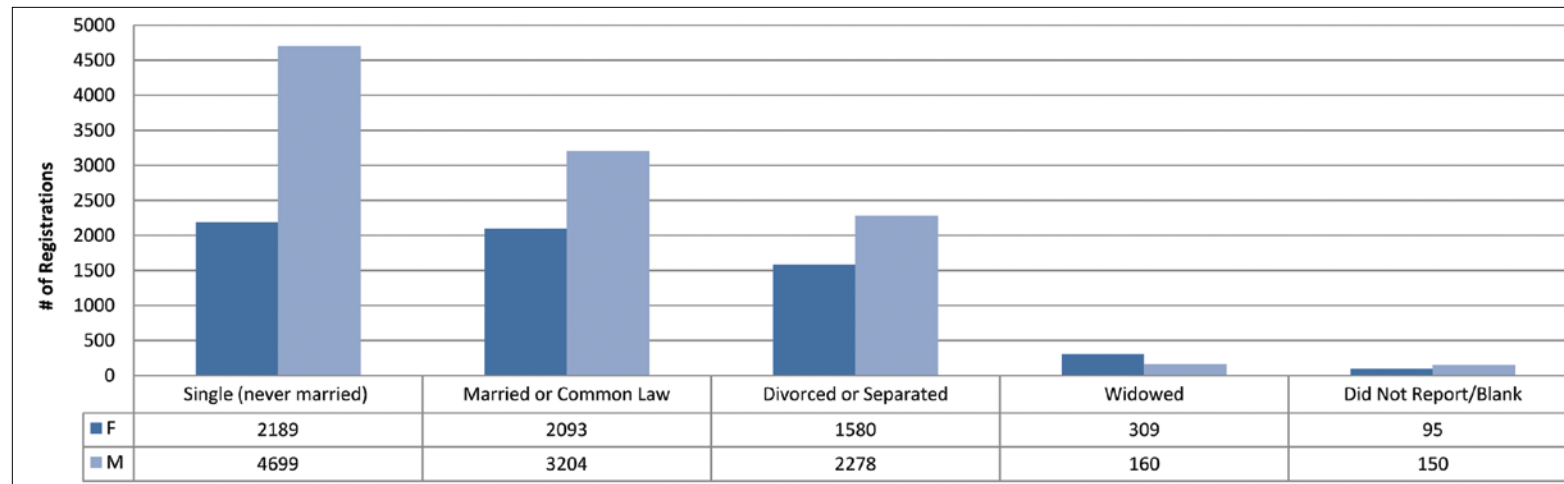
**Adult Active Registrations by Highest Level of Education  
Fiscal Year 2009–10, N = 16,757, Provincially**





Of the adult clients, 41% were single and had never been married, 32% were currently married or in a common law partnership, 23% were divorced or separated, and 3% were widowed. Sixty-six per cent of those widowed were female.

**Adult Active Registrations by Marital Status  
Fiscal Year 2009–10, N = 16,757, Provincially**



# Inpatient Withdrawal Management

Inpatient Withdrawal Management accounted for 22% of the total active program registrations during the fiscal year. A total of 2,429 unique clients were admitted (70% males and 30% females). On average, each client was admitted 1.7 times. There were 4074 active program registrations in the report period, of which 4,023 were new admissions within the period.

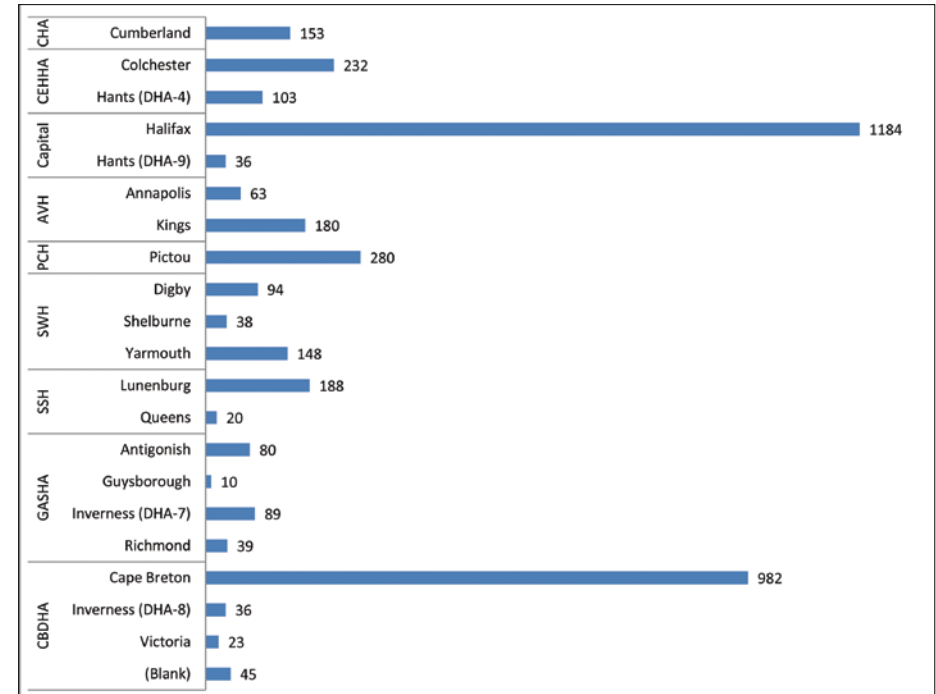
Of the 4,030 discharges, 1% of clients experienced withdrawal seizures during their stay (the standard is less than 2%), and less than 1% of clients experienced delirium tremens (DTs) during their stay (the standard is 0%).

The median length of stay was four days (minimum stay = 0 days; maximum stay = 50 days).

Just under a third of clients were residents of the Halifax Regional Municipality (29%), and almost a quarter of clients were residents of Cape Breton County (24%). Forty-five per cent of clients were residents of rural counties (excluding Cape Breton County).

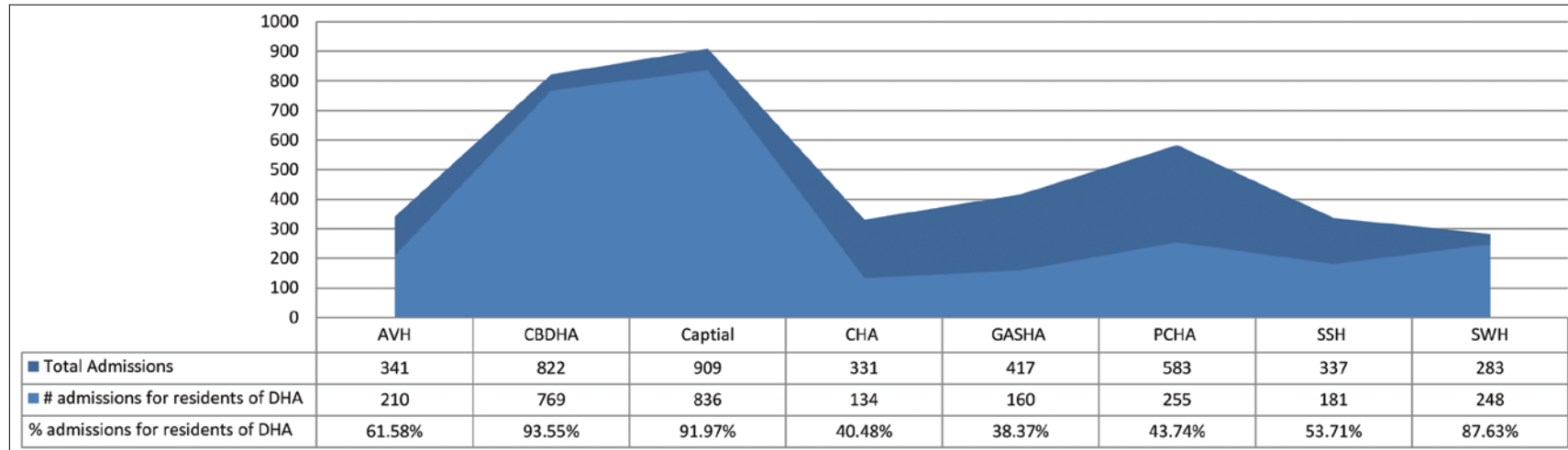
Clients often travel outside of their servicing DHA for Inpatient Withdrawal Management treatment.

**Inpatient Withdrawal Management Admissions by Client County of Residence  
Fiscal Year 2010–11, N= 4,023**



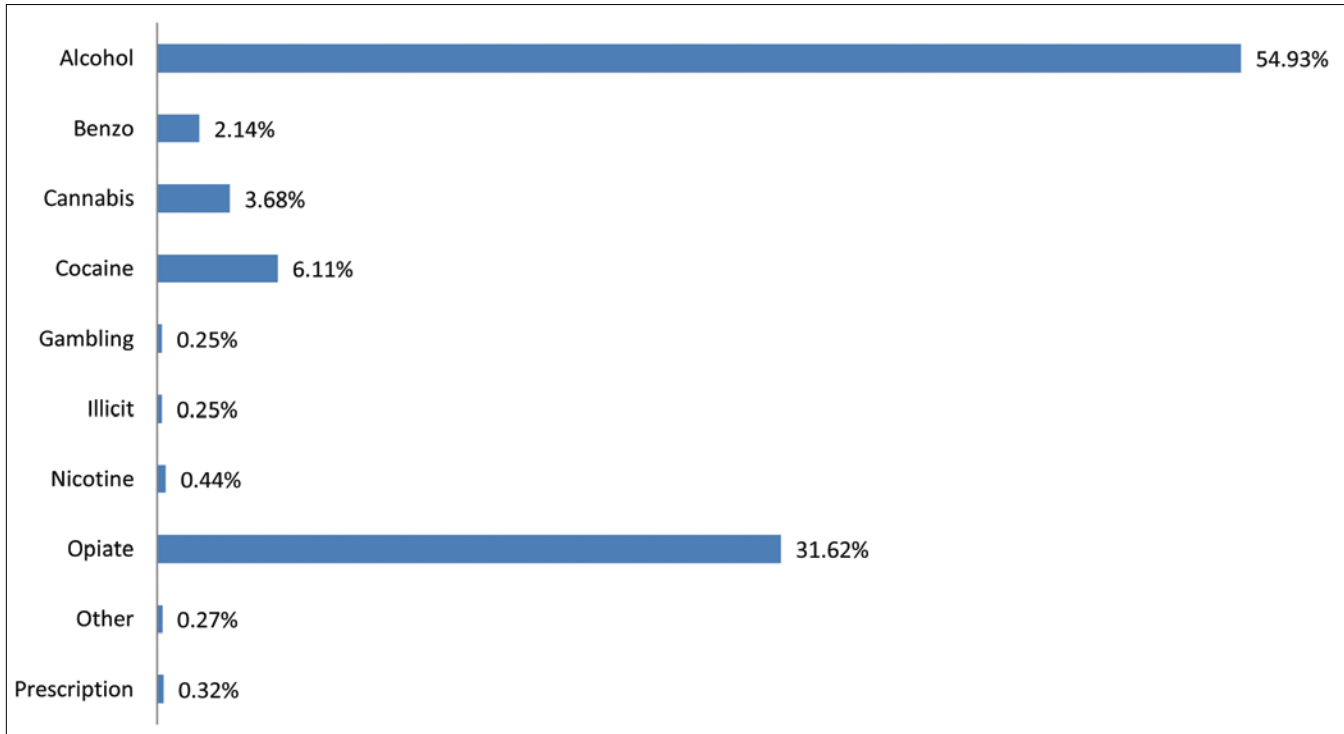
The chart below illustrates that the majority of admissions within Capital Health, Cape Breton Health, and South West Health were for residents of the respective area; rural districts tend to admit a larger proportion of clients from other DHAs.

**Inpatient Withdrawal Management Admissions  
Fiscal Year 2009–10, N = 4,023**



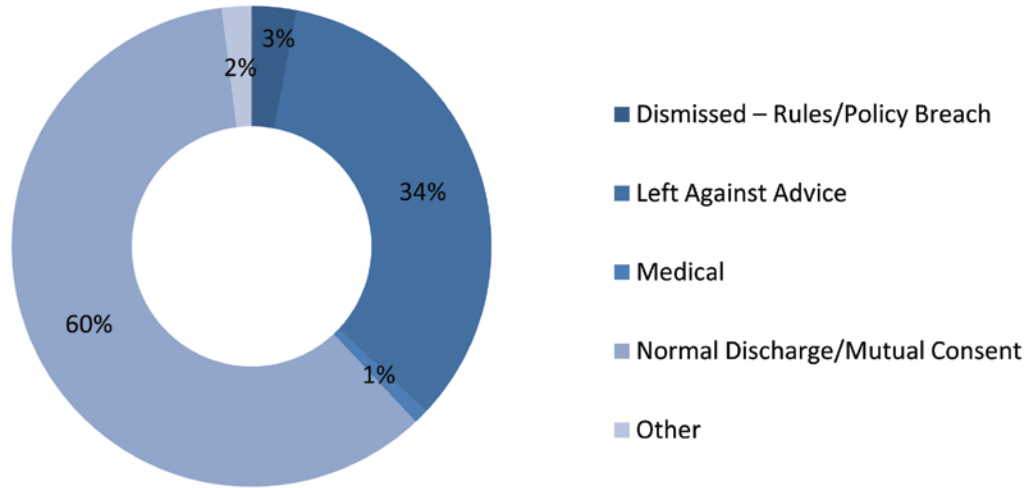
Clients who are admitted to Inpatient Withdrawal Management present with a range of substance issues; however, the most prevalent primary treatment issue is alcohol. Substances falling within the Opiate family account for almost 32% of the primary treatment issues. Social detoxification is available for clients experiencing problem gambling issues. Problem gambling accounts for less than one percent of the primary treatment issues.

#### Withdrawal Management Inpatient : Primary Treatment Issues

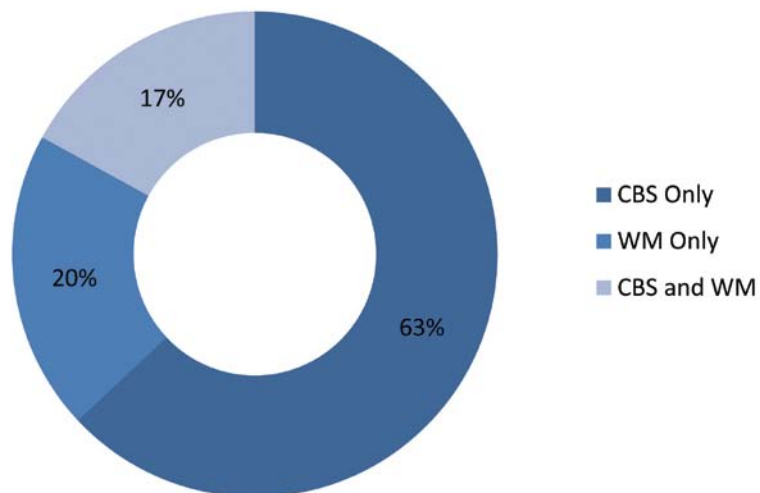


The majority (60%) of clients successfully completes Inpatient Withdrawal Management with a discharge status of normal. Seventeen percent of clients receive both Withdrawal Management and Community Based Services.

**Withdrawal Management Inpatient : Reason for Discharge  
Fiscal Year 2009–10, N = 4,030**



**Clients Accessing both CBS and WM Services  
Fiscal Year 2009–10, Provincially**

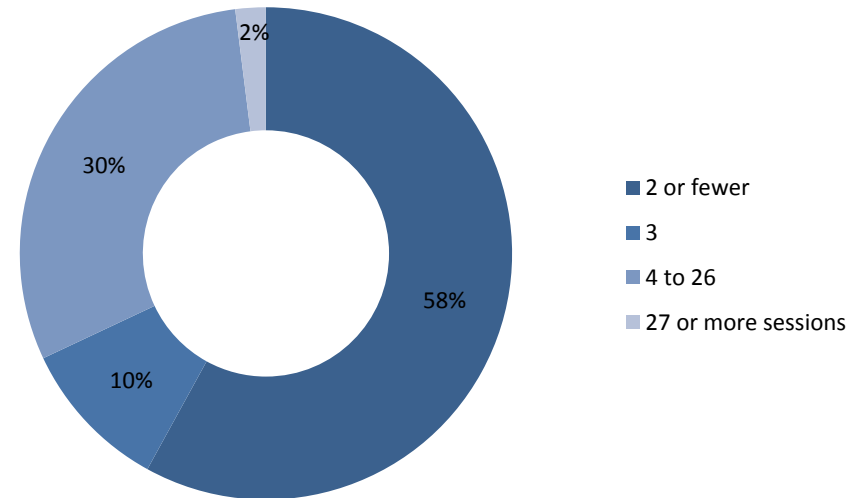


## Community Based Services (General, Gambling, and Women)

Community Based Services (General, Gambling, and Women) accounted for 33% of the total active program registrations during the fiscal year. A total of 5,619 unique clients received treatment (58% males and 42% females). Intake workers completed a total of 6,025 intakes, of which 73% resulted in program registration. Fifty-five per cent of the program registrations were for new clients. In total, there were 5,970 active program registrations (4,241 new program registrations and 1,729 registrations that were actively carried over into the report period). Throughout the fiscal year, Community Based Services (General, Gambling, and Women) staff provided 32,884 direct treatment sessions to 25,043 service recipients; this totaled 29,702 session hours. In addition, 3,097 treatment groups were delivered to a total of 21,127 group participants. The total number of group hours was 4,814, with a median group duration of 75 minutes. The median direct sessions per registration was two (minimum = 0, maximum 91), and the median group sessions per registration was zero (minimum = 0, maximum = 147). A total of 4,554 program registrations were discharged.

The top three primary treatment issues for clients of Community Based Services (General, Gambling, and Women) are alcohol (55%), illicit drugs (19%), and prescription drugs (11%). Cannabis (10%) and cocaine (9%) account for the majority of illicit drugs. Opiates account for nine percent of the prescription drugs. Problem gambling accounted for almost 7% of the primary treatment issues.

**CBS Direct Sessions per Registration**  
Fiscal Year 2009–10, N = 4,552, Provincially, (General, Gambling, and Women)



The following table measures some of the system standards for Community Based Services (General, Gambling, and Women). While the timely service standard for completing an intake within one business day was exceeded, there is room for improvement in other areas, such as increasing the number of clinical sessions and decreasing the cancellation/no show rate.

<b>System Standard</b>	<b>Target</b>	<b>Score</b>
Intakes completed within one business day	90%	98%
3 or more clinical sessions per registration	60%	42%
Cancellation/No Show Rate	<25%	27%
Case closure is normal/mutual consent	60%	28%

Information about other community-based programs, such as Adolescent Services, Nicotine Services, Driving While Impaired, and the Alcohol Ignition Interlock Program, can be found in Appendix B.





# Appendix A

## Wait Time Data Tables

January 1 to March 31, 2010

Program	DHA	5 out of 10 clients seen within (days)	9 out of 10 clients seen within (days)	Number of clients
<b>CBS</b>				
	SSH	8	31	94
	SWH	7	49	99
	AVH	13	37	106
	CEHHA	2	26	90
	CHA	13	57	38
	PCHA	10	34	84
	GASHA	4	25	84
	CBDHA	9	31	214
	Capital	7	46	360
<b>CBS Adolescent</b>				
	SSH	-	-	22
	SWH	-	-	
	AVH	-	-	37
	CEHHA	7	21	7
	CHA	14	44	17
	PCHA			
	GASHA	0	7	27
	CBDHA	5	28	62
	IWK	27	48	53
<b>CBS Nicotine</b>				
	SSH	-	-	7
	SWH	-	-	21
	AVH	-	-	58

Program	DHA	5 out of 10 clients seen within (days)	9 out of 10 clients seen within (days)	Number of clients
	CEHHA	6	58	76
	CHA	9	61	53
	PCHA	0	106	29
	GASHA			
	CBDHA	26	34	129
	Capital	4	7	317
<b>MMT/OPD</b>				
	CEHHA			
	CBDHA	47	92	40
	Capital	0	24	12
<b>STP CHOICES</b>				
	IWK	16	44	12
<b>STRUCTURED TREATMENT</b>				
	AVH	20	37	24
	Capital	22	33	22
<b>WITHDRAWAL MANAGEMENT</b>				
	SSH	1	4	90
	SWH	1	5	75
	AVH	0	1	87
	CHA	2	6	76
	PCHA	4	16	131
	GASHA	4	12	103
	CBDHA	2	8	185
	Capital	3	20	232

# Appendix B

## Performance Indicators Data Tables

April 1, 2009 to March 31, 2010

Provincial	Community Based								Primary Care					Structured Treatment			Blank	TOTAL
Program	General	Women	Gambling	CB Subtotal	Nicotine	Adolescent	DWI/RMV	AIP	Inpatient WM	Day WM	AEP	MMT/OPD	PC Other	21 Day	CHOICES	ST Other		
<b>Unique Active Clients</b> Must have an active registration within report period																		
Total Unique Active Clients	4951	542	151	5619	2883	920	1761	339	2429	343	605	448	97	71	61	181	0	12384
<b>Unique Active Clients by Gender</b>																		
% Males	64.7	0.06	48.3	58.4	40.8	61.2	86.8	88.5	70.4	60.6	69.9	68.3	72.2	66.2	68.9	54.5	-	60.8
% Females	35.3	99.4	51.7	41.6	59.2	38.8	13.2	11.5	29.6	39.4	30.1	31.7	27.8	33.8	31.1	47.5	-	39.2
<b>Unique Active Clients by Age</b>																		
% Adolescents (18 and under)	1.8	2.2	0	1.8	3.3	92.7	0.6	0.3	3.5	2	2.5	1.1	2.1	0	96.7	8.3	-	8.7
% Adults (19+)	98.2	97.8	100	98.2	96.7	7.3	99.4	99.7	96.5	98	97.5	98.9	97.9	100	3.3	91.7	-	91.6
<b>Active Registrations</b> Note that clients may have more than 1 active registration																		
Total Active Registration	5256	558	156	5970	2981	996	1778	347	4074	409	661	470	122	72	77	191	0	18148
<b>Active Registrations by Gender</b>																		
% Males	65.1	0.5	48.7	58.6	40.7	61.3	86.7	88.2	70.2	60.6	70.7	68.7	73	66.7	67.5	51.3	-	62.6
% Females	34.9	99.5	51.3	41.4	59.3	38.7	13.3	11.8	29.8	39.4	29.3	31.3	27	33.3	32.5	48.7	-	37.4
<b>Active Registrations by Age</b>																		
% Adolescents (18 and under)	1.8	2.2	0	1.8	3.2	92.4	0.6	0.3	3.3	1.7	2.3	1.3	1.6	0	97.4	9.9	-	7.7
% Adults (19+)	98.2	97.8	100	98.2	96.8	7.6	99.4	99.7	96.7	98.3	97.7	98.7	98.4	100	2.6	90.1	-	92.3
<b>Active Registrations by Treatment Type</b> Based on primary treatment issue																		
% Substance Use	87	69.4	7.7	83.3	99.9	92.1	100	98.3	99.6	99.5	98.8	95.1	99.2	95.8	100	96.3	-	93.7
% Gambling	4.5	2.5	82.7	6.3	0	0	0	0	0.2	0.5	0.6	0	0.8	4.2	0.3.1	0.3.1	-	2.2
% Other's Substance Use	7.6	27.2	2.6	9.3	0	7.3	0	0	0.2	0	0.5	0	0	0.0	0	0.5	-	3.5
% Other's Gambling	0.9	0.9	7.1	1	0	0.6	0	1.7	0	0	0.2	4.9	0	0.0	0	0	-	0.5

Provincial Program	Community Based								Primary Care					Structured Treatment			Blank	TOTAL
	General	Women	Gambling	CB Subtotal	Nicotine	Adolescent	DWI/RMV	AIP	Inpatient WM	Day WM	AEP	MMT/OPD	PC Other	21 Day	CHOICES	ST Other		
<b>Active Registrations by Primary Treatment Issue</b>																		
% Alcohol	55.9	60.4	6.4	55.1	0.1	26.6	97.9	97.4	54.9	50.1	56.9	0	81.1	68.1	15.6	56	-	48
% Nicotine	6.6	4.3	1.3	6.3	99.7	12	0.3	0	0.4	0.2	0.9	0	1.6	0	2.6	2.1	-	19.3
% Illicit Drugs	20.3	15.7	1.9	19.4	0	49.8	0.9	0.6	10	20.3	6.7	0.4	12.3	19.5	57.1	21.5	-	12.9
% Cannabis	10.6	6.8	1.9	10	0	45	0.3	0	3.7	5.9	3.3	0	6.6	4.2	50.6	11.5	-	7.3
% Cocaine	9.1	8.4	0	8.8	0	1.9	0.5	0.6	6.1	13.7	3.2	0.2	5.7	15.3	2.6	8.4	-	5.1
% Other	0.6	0.5	0	0.6	0	2.9	0.1	0	0.2	0.7	0.2	0.2	0	0	3.9	1.6	-	0.5
% Prescription/Pharmacy Drugs	10.8	12.8	0.6	10.7	0.1	9.7	0.8	0.3	34	28.1	34.8	94.4	3.2	8.3	24.7	14.6	-	16.4
% Benzodiazepine	0.8	2	0	0.9	0	1.3	0	0	2.1	2.9	3.3	0.2	0	0	0	0.5	-	1
% Opiates	9.1	9.7	0.6	8.9	0.1	7.7	0.4	0	31.6	24.7	31.2	93.8	1.6	8.3	24.7	14.1	-	14.9
% Other	0.9	1.1	0	0.9	0	0.7	0.4	0.3	0.3	0.5	0.3	0.4	1.6	0	0	0-	0.5	
% Gambling	4.8	2.9	88.5	6.8	0	0.2	0	0	0.2	0.5	0.6	0	0.8	4.2	0	3.1	-	2.4
% Unknown/Other/Blank	1.6	3.9	1.3	1.8	0	1.6	0	1.7	0.3	0.7	0.2	5.1	0.8	0	0	2.6	-	1
<b>New Intakes</b>																		
Total New Intakes	5366	458	201	6025	2776	942	1597	321	6786	549	855	353	173	76	96	225	38	20812
% Intakes Completed within 1 Business Day	98.2	98.7	98.5	-	98.2	78.8	99.4	97.2	97.5	96.5	99.1	95.2	100	98.7	51	87.1	44.7	96.7
% Intakes Resulting in Registration	72.4	74	81.6	72.8	90.3	73	90.5	94.7	59.7	68.5	78.7	52.1	74	94.7	68.8	88.4	0.3	72.5
<b>New Registrations</b>																		
Total New Registrations	3757	374	110	4241	2523	732	1522	296	4023	393	655	192	122	72	68	183	0	15022
% First Time Registration	54.8	56.4	51.8	54.8	70.7	72.3	78.9	10.5	32.5	14.5	3.7	3.6	13.1	54.2	44.1	17.5	-	49.2
Based on first registration in ASsist																		
<b>Discharges/Case Closures</b>																		
Total Discharges/Case Closures	5256	558	156	5970	2981	996	1778	347	4074	409	661	470	122	72	77	191	0	18148
% Normal/Mutual Consent Discharges	26.7	36.7	23.3	27.5	55.6	39.4	93.3	65.3	60.6	60.1	85	16.8	90.9	86.1	36	77.3	-	53.4

Provincial	Community Based								Primary Care					Structured Treatment			Blank	TOTAL
Program	General	Women	Gambling	CB Subtotal	Nicotine	Adolescent	DWI/RMV	AIPP	Inpatient WM	Day WM	AEP	MMT/OPD	PC Other	21 Day	CHOICES	ST Other		
Median Direct Sessions per Registration	2	2	3	2	0	2	2	3	-	-	-	-	-	-	-	-	-	-
Min Direct Sessions per Registration	0	0	0	0	0	0	0	0	-	-	-	-	-	-	-	-	-	-
Max Direct Sessions per Registration	91	43	40	91	10	154	22	7	-	-	-	-	-	-	-	-	-	-
Median Group Sessions per Registration	0	0	0	0	4	0	2	0	-	-	-	-	-	-	-	-	-	-
Min Group Sessions per Registration	0	0	0	0	0	0	0	0	-	-	-	-	-	-	-	-	-	-
Max Group Sessions per Registration	147	92	59	147	179	11	40	4	-	-	-	-	-	-	-	-	-	-
Median Length Registration Open (days)	208	244	231	212.5	53	190	43	205	4	17	3	266	3	19	23	11	-	-
Min Length Registration Open (days)	0	9	13	0	0	0	0	6	0	0	0	7	0	0	0	0	-	-
Max Length Registration Open (days)	5245	5823	1079	5823	1871	1911	1131	371	50	51	9	3657	13	19	73	91	-	-
<b>Community Based Treatment Sessions</b> Direct occurred therapeutic treatment sessions only																		
Total Community Based Treatment Sessions	27224	3292	2367	32884	1095	5240	-	-	-	-	-	-	-	-	-	-	-	20812
Total Session Hours	24386	3126	2189	29702	496	4733	-	-	-	-	-	-	-	-	-	-	-	96.7
Total Session Participants	29050	3524	2467	35042	1198	6793	-	-	-	-	-	-	-	-	-	-	-	72.5
Median Session Duration (in minutes)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
<b>CBS Treatment Groups</b> Includes Therapy, Support, Education, and Information types																		
Total CBS Treatment Groups	2811	236	50	3097	1743	231	209	-	-	-	-	-	-	-	-	-	-	5280
% First Time Registration	54.8	56.4	51.8	54.8	70.7	72.3	78.9	10.5	32.5	14.5	3.7	3.6	13.1	54.2	44.1	17.5	-	49.2
Total Group Hours 4084	651	79	4814	2031	505	1120	-	-	-	-	-	-	-	-	-	-	8470	
Total Group Participants	19558	1377	192	21127	12836	2808	2569	-	-	-	-	-	-	-	-	-	-	39340
Median Group Duration (in minutes)	75	120	90	75	60	60	360	-	-	-	-	-	-	-	-	-	-	70

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