

Care without barriers: pioneering a comprehensive mobile outreach service in Adelaide, South Australia, to ensure care and treatment for all

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Background: Health systems are often designed for the white middle class and can be complex and confronting for marginalised populations. Aboriginal Australians experiencing homelessness and harmful substance use are at higher risk of being excluded from health services altogether. While alcohol and other drug (AOD) services are better at engaging marginalised groups, significant gaps remain, this gap noted amongst transient Aboriginal people rough sleeping in Adelaide's inner city. These individuals face layers of systemic and cultural barriers that make traditional service models inaccessible.

Description of Intervention: In response, a completely barrier-free mobile AOD outreach clinic was launched on 16 February 2024. The service prioritised trust, consistency, and accessibility, operating weekly from the same location with no appointments, intake forms, or eligibility criteria. Staffed by a doctor, nurse (when available), and DASSA Aboriginal Connection Program (ACP) workers, the clinic provided a holistic, flexible, and person-centred service using existing supplies, donated resources, and a loaned vehicle. Interventions included harm reduction education, wound care, phlebotomy, point-of-care testing, onsite medication dispensing, and facilitated referrals to inpatient withdrawal, GP, dental, specialist, and emergency services.

Effectiveness: From Feb to Dec 2024, the clinic held 45 sessions:

- 129 individuals engaged; 153 care episodes; 260 total contacts.
- 76.5% identified as Aboriginal and Torres Strait Islander
- 83% were homeless, sleeping rough or unstably housed.
- Main drugs of concern: Alcohol (59.5%), Amphetamines (11.1%)
- 234 medications dispensed; 66 wound dressings; 23 pathology sets.
- 25 inpatient AOD referrals; 26 GP; 7 specialists; 7 ED transfers

Conclusion and Next Steps: This is the first mobile AOD service in South Australia to offer comprehensive AOD care beyond a single-issue focus. The model proves that innovative, culturally safe, trauma informed, and completely barrier-free outreach can significantly transform how AOD services are delivered and accessed.

Implications for Practice or Policy: The model proves that innovative, culturally safe, trauma informed, and completely barrier-free outreach can significantly transform how AOD services are delivered and accessed. Its demonstrated success in reaching highly marginalised individuals has led to three years of dedicated state funding.