

THE IMPACT OF A PILOT SUPERVISED ALCOHOL PROVISION PROGRAM IN HOMELESS FIRST NATIONS AUSTRALIANS WITH ALCOHOL USE DISORDER WITHIN METROPOLITAN ADELAIDE AS AN INTERVENTION TO MAINTAIN ONGOING ENGAGEMENT IN HEALTHCARE – A RETROSPECTIVE COHORT STUDY

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Background:

Homelessness and co-occurring alcohol use disorder (AUD) pose significant public health challenges, disproportionately affecting First Nation Australians. The complex interactions between these issues limits healthcare engagement, leading to significant social, physical, and mental health sequelae. Alcohol abstinence in this population is often neither realistic nor an achievable goal, thus management is shifting towards alternative harm reduction strategies. Growing evidence supports managed alcohol programs as one such alternative approach for those experiencing cooccurring homelessness and AUD; however, there is no evidence of effectiveness in Indigenous populations.

Description of model of care/intervention/program:

In 2023, a three-month Supervised Alcohol Provision Program (SAPP) was created in response to safety concerns for homeless First Nations Australians in metropolitan Adelaide with cooccurring AUD. Implemented by the Drug and Alcohol Services South Australia (DASSA), the program provided supervised alcohol dosing in an inpatient setting, aiming to reengage this vulnerable population with social and healthcare services in a culturally sensitive environment. This program is the first of its kind targeting this specific Indigenous cohort, marking a further frontier in provision of service targeting Indigenous health in Australia.

Effectiveness:

This retrospective cohort study has investigated the impacts of this program on engagement 12-months after the program. There were 22 clients with 30 admissions total. Statistically significant findings include:

- Reduction in emergency department (ED) presentations by 45.7% 12-months post-SAPP, with 178 ED presentations compared to 328 ED presentations 12-months pre-SAPP
- Improved engagement with other specialist services 12-months post-SAPP compared to 12-months pre-SAPP, with attendance increased by 154%.

Conclusion and next steps:

The SAPP program significantly reduced ED visits and enhanced engagement with specialist services up to twelve months post program, suggesting it effectively engaged these vulnerable Indigenous clients with AUD and homelessness in a culturally safe setting. The greatest improvements in healthcare engagement occurred within the first three months, with a gradual decline thereafter. This suggests that the full benefits of the SAPP program for this population are postulated to be best realized through a long-term harm reduction contingency management approach.

Disclosure of Interest Statement:

No disclosures of potential conflicts of interest.