

The Impact of a **Pilot Supervised Alcohol Provision Program in Homeless First Nation Australians** with Alcohol Use Disorder in metropolitan Adelaide as an intervention to maintain ongoing engagement in Healthcare – a Retrospective Cohort Study

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# Statement of Acknowledgement

I acknowledge the land we meet on today is the traditional lands of the Gadigal people of the Eora Nation and that I respect their spiritual relationship with their country; and that their cultural and heritage beliefs are still as important to the living Gadigal people today.

I also pay respects to the cultural wisdom and authority of Aboriginal & Torres Strait Islander peoples visiting/attending from other areas of Australia.



## Alcohol use disorder in those experiencing homelessness



- Co-occurring - Two-thirds of people experiencing homelessness have alcohol use disorder.
- Complex interactions, Cyclical in nature, often perpetuating and increasing disadvantage.
- Associated with increased morbidity, mortality, and distrust of healthcare and social support systems.



# Indigenous Australians

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- Experience 2.3x more disease burden than non-Indigenous Australians, with alcohol as the second largest contributor to disease.
  - Indigenous Australians' rate of homelessness is 8,8x more than non-Indigenous Australians.
  - Indigenous Australians are overrepresented in judicial systems with alcohol and other drugs as leading cause

\* [AIHW \(2023\). The burden of disease and injury in Aboriginal and Torres Strait Islander people](#)

\*\* [2.01 AIHW Health Performance Framework 2.01 Housing](#)

\*\*\* [Aboriginal over-representation: Criminal justice system, quarterly report- June 2024. Bureau of Crime Statistics and Research](#)

# Indigenous Australians

- Root causes relate back to intergenerational trauma, effects of colonisation, and mistreatment by the Australian Government.
- There is very limited literature investigating Managed Alcohol Programs for Indigenous Australians experiencing homelessness and alcohol use disorder



[\\* Intergenerational trauma and mental health \(IMH 18\), 2023 \(AIHW\)](#)



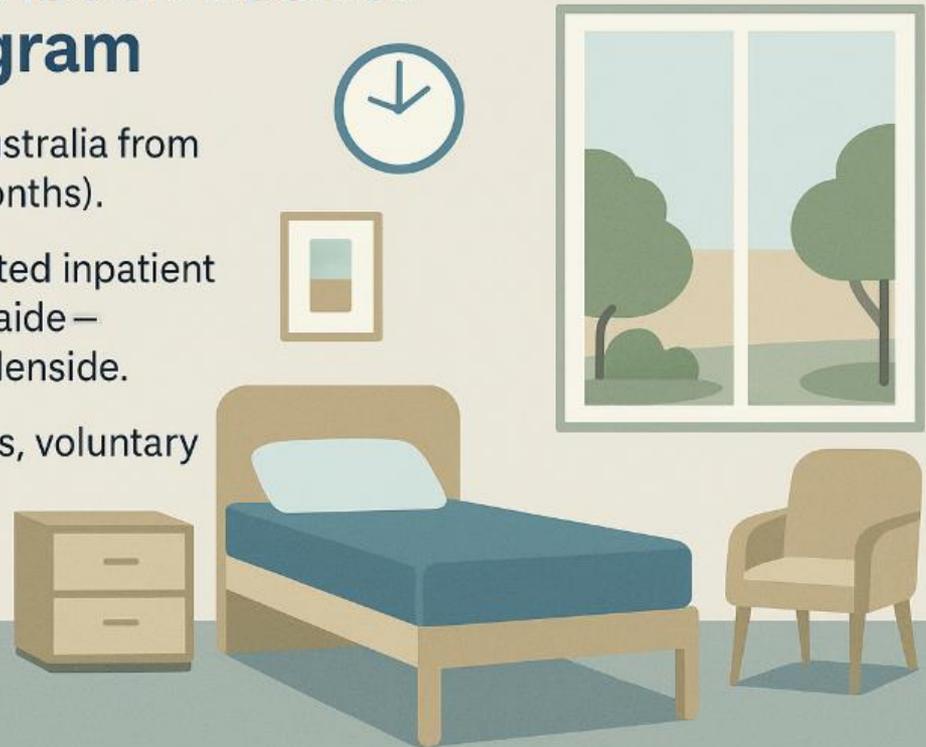
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# DASSA Supervised Alcohol Provision Program

- Conducted in South Australia from 16/08/23–8/11/23 (3 months).
- Admitted to the dedicated inpatient withdrawal unit in Adelaide – Withdrawal Services, Glenside.
- Admission length: 3 wks, voluntary



## DASSA Supervised Alcohol Provision Program

- Multidisciplinary culturally safe intervention aimed to stabilise alcohol use, address acute medical and mental health concerns, and coordinate care for complex conditions
- Holistic support approach to stabilise acute social situations, facilitate service engagement, and assist clients to secure safe accommodation on discharge
- Provision of alcohol in measured dosing during this admission



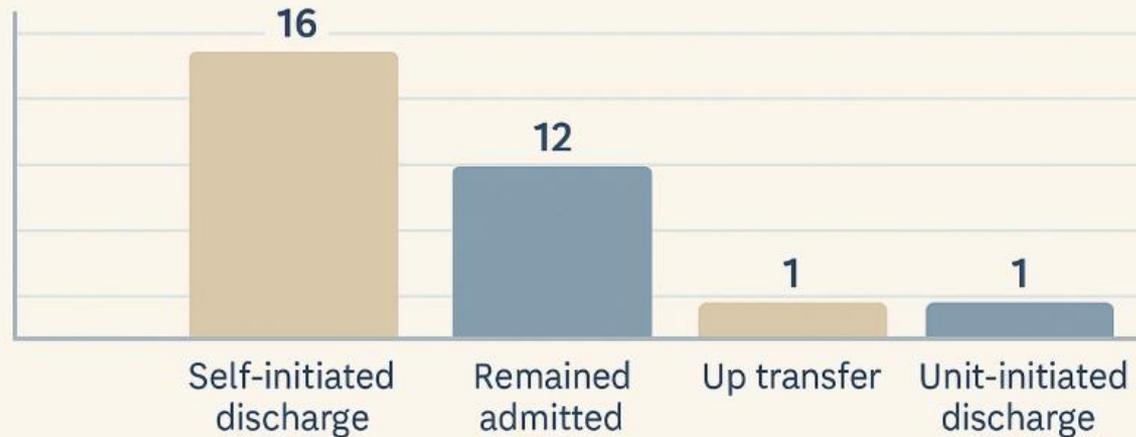
# Outcomes

- 22 clients in total
- 15 female, 7 male clients
- Ages: 28–56yo



# Outcomes

- 30 admissions, 16 self-initiated discharge, 12 remained admitted for full admission, 1 up transfer, 1 unit-initiated discharge.
- 10 admissions for male clients, 20 admissions for female clients



# Outcomes

- 4 female and 3 male clients had more than one admission
- 9 females and 3 males completed a full admission
- Length of stay: 0-35 days



# Outcomes



- 328 presentations pre-program

- 178 presentations post-program

Reduction by 150 presentations, a statistically significant 45,7% change



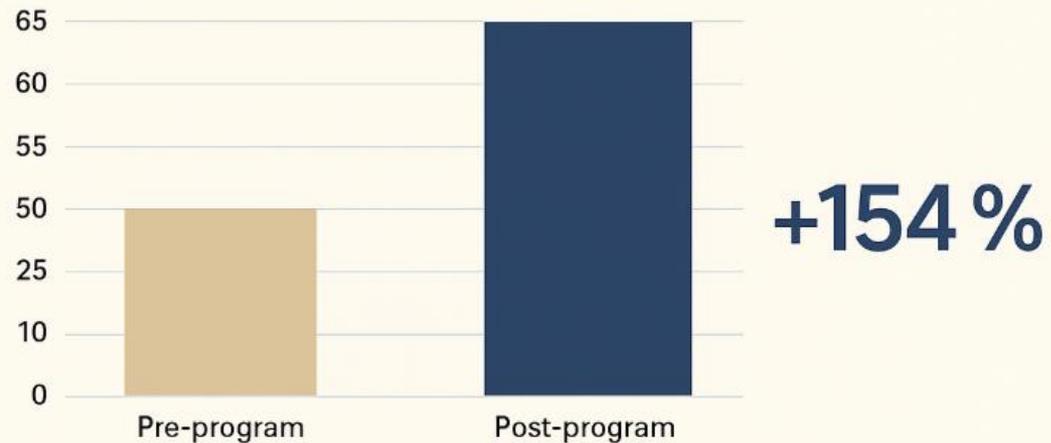
# Outcomes

- Hospitalisations: 36 hospitalisations pre-program; 28 hospitalisations post-program, no statistically significant change.
- AOD engagement: 95 appointments attended pre-program; 81 appointments attended post-program, no statistically significant change.



# Outcomes

- Other specialist appointments: 24 appointments attended pre-program; 64 appointments attended post-program, a statistically significant increase of 154%



# Outcomes

- Data broken down for 3, 6, and 12-months post program.
- Changes noted across all data sets at 3months; however, not sustained to 6 and 12 months.
- Presentations to emergency departments and hospitals post-program were still mostly for alcohol and homelessness related issues.



# Limitations

- Small sample size limits power.
- Transience and aliases limit data capture.
- Effects of seasonality not included.



# Limitations

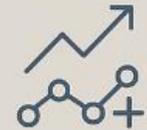
- Access to South Australian public health electronic records only.
- Reliance on correct input on electronic records, subject to human error.



## Conclusion and next steps

The program was associated with a statistically significant reduction in emergency department presentations and a significant increase in engagement with other specialist services at 12 months post-program.

These findings suggest that a supervised alcohol provision program delivered in a culturally safe, multidisciplinary setting may support this vulnerable, complex cohort to engage in harm reduction and broader healthcare; however, results should be interpreted cautiously given the study limitations.



## Conclusion and next steps

- Changes seen at 3 months and not sustained are suggestive that the intervention may have been too short, and potentially a longer-term harm reduction residential program may be more effective with longer-term lasting effects.
- Further research is required



# Drug and Alcohol Services SA

A Focus on Indigenous Health

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