

Public Drug & Alcohol Services and Non-Government Organisations (NGOs) filling each other's gaps for the benefit of patients

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Disclosure of Interest Statement:

No conflict of interest.

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Background



- **Salvation Army, William Booth House (WBH)**
 - residential withdrawal management and rehabilitation service
 - shortage of GPs - limitations on service provision (admission, review and ongoing care of clients)
- **South-Eastern Sydney Local Health District (SESLHD) Drug and Alcohol Service**
 - hospital inpatients - bed blockage
 - withdrawal management/rehabilitation - continuity of care



SOUTH EASTERN SYDNEY LOCAL HEALTH DISTRICT

AND

THE SALVATION ARMY (NSW) Property Trust

**For: the provision of medical support by SESLHD Drug and Alcohol Service to The Salvation Army
At William Booth House, Surry Hills.**

For the period: 1 February 2024 – 1 February 2026

Model of Care



- SESLHD D&A Service provides a weekly medical clinic at WBH
- WBH accept direct transfer of hospital inpatients
 - continue withdrawal management and/or commence rehabilitation program
- Pilot: February – August 2024



Pilot Outcomes

(February – August 2024)

- 25 Medical clinics
- 129 booked appointments
- 95 (74%) appointments attended



Demographics

- 74% Male
- Mean age = 39 years
- Primary Drug of Concern;
Methamphetamine
Alcohol
Cannabis

* Polydrug use



Hospital Transfers

- 7 patients (6 male) transferred from hospital to WBH
 - hospital admission for withdrawal management, medical and/or mental health conditions
 - 2 from Mental Health inpatient unit
 - 2 admitted for withdrawal management
 - 3 presented to ED/admitted for physical health conditions (& withdrawal management)
- Withdrawal Management and/or Rehabilitation Program
 - All 7 completed the withdrawal and participated in the rehabilitation program



Case Study – Hospital transfer to WBH

- 61 year old man, single and lives in shared rental accommodation with a relative
- Medical history:
 - Epilepsy (Tegretol, Epilim)
 - Wernicke's encephalopathy in 2020
 - Malnutrition due to poor diet (inadequate protein and micronutrient (vitamins & minerals) intake)
 - Asthma (Pavtide inhaler, Ventolin)
 - Hypercholesterolemia (Rosuvastatin)
 - Peripheral sensory neuropathy
 - Potential Neurocognitive Disorder – further assessment required



Substance Use

- Alcohol:

- 12 standard drinks/day (5-6/days per week)
- Reduced to 4 standard drinks/day (Naltrexone)
- 12 days abstinent in community

- Tobacco – 30 cigarettes/day

- Cocaine – 1 gram/week

- Cannabis – one joint/week

- First D&A treatment intervention



Treatment Plan

Withdrawal Management:

- D&A Outpatient clinic - Medical Officer commenced patient's alcohol withdrawal regime
- Admitted to hospital – 3 days
- Arranged discharge summary, hand-over, medication, hospital transport
- Transfer to WBH – completed 6 days withdrawal unit

Residential Rehabilitation:

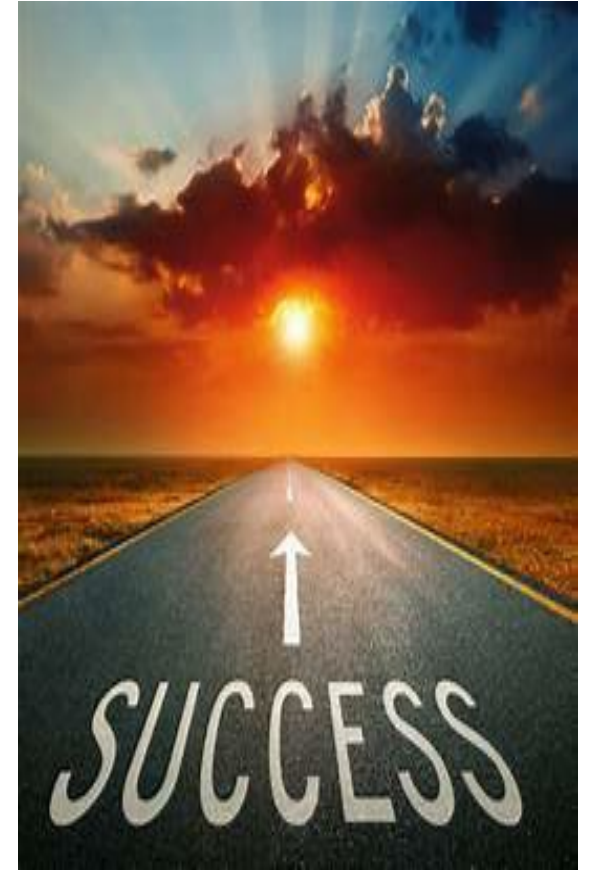
- Completed 88 days (3 months)
- Major recovery breakthroughs - living skills, building healthy boundaries with family members
- SESLHD dietician provided advice re diet



Outcome

Community Based Treatment:

- Discharged to community from WBH
- Neuro-psychological assessment - major neurocognitive disorder
(due to multiple aetiologies – epilepsy, alcohol, head injury, vascular)
- Arrangements for ongoing support – disability services
- Relapse prevention groups, counselling
- Remains abstinent – four months
- “...the most important thing for ...(client)... was the continuity of care”
(Case Worker WBH)



Feedback – Hospital inpatient transfer to WBH

“...a valuable asset ...to complete withdrawal management. It has also been a great addition to the D&A options we can offer clients with comorbidity, admitted to the mental health units.”

(Comorbidity CNC, SESLHD)

“Dr ..., Mental Health consultant expressed his thanks, acknowledged the collaboration, and how it benefitted clients.”

(Comorbidity CNC, SESLHD)



Feedback – Model of Care



“...a direct line of contact between SESLHD and WBH for the continuing care of individuals, and work in collaboration to ensure the individual’s needs are met as they are safely and efficiently transitioned into residential care.

This greatly benefits both organisations as we can gain valuable insights regarding the individual’s medical and addiction related history to ensure no stone is left unturned in their continued care....” (Nurse Team Leader WBH)

Conclusions



- Arrangement is successful and achieving positive outcomes
- Refined some processes (minor)
- Potentially look at options for enhancing the arrangement in the future
- Review model prior to contract renewal (February 2026)