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

Dr Victoria Cock

Addiction Medicine Specialist DASSA

NO CONFLICTS OF INTEREST OR DECLARATION

Acknowledgement of Country

The land we work and live on is Aboriginal and/or Torres Strait Islander Land - always was and always will be.

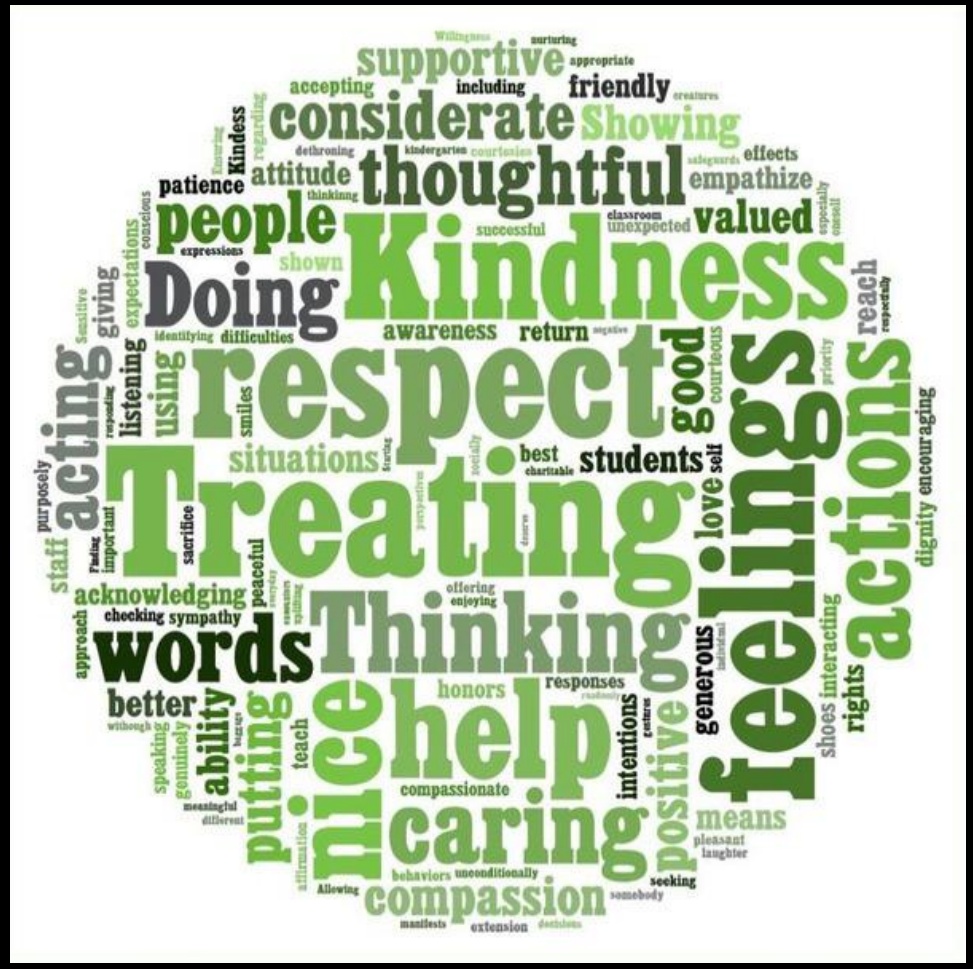
Colonization has and continues to have a profound impact on the lives of all First nations people.

As an Ally, I listen to and take action based on advice from First Nations Australian Friends' Colleagues and Community and I acknowledge the gravity of the work that I need to do every day to ensure the lives of all First Nations Australians are improved.

Acknowledgement of People With Lived and Living Experience of Substance use.

I also want to acknowledge all people who use and have used drugs and alcohol and that consequently you face daily stigma discrimination fear mistrust prejudice and misunderstanding.

I also want to acknowledge that I am here today to make sure your voice is the voice that shapes the future you want. I work for you.



What I had noticed

- "White middle class medicine" seems to be the norm across Australia (and the world……) barriers are multiple – person facility technology stigma
- My own service DASSA provides outstanding care to an enormous number of marginalised South Australians – in and outpatient.
- Evident that our care was more complex for particular groups to navigate - for rough sleeping or transient Aboriginal peoples.
- Not only complex but culturally not appropriate.

Hence the Idea…

- Lets take our AOD care to the people
- Lets adjust our systems to engage with the people and not the other way round
- The phrase “they’re not engaged in care” replaced with “we are not engaging them in our care”.
- The DASSA Aboriginal Connection Program team had provided non medical outreach for 2 decades to this group……

A model was developed and proposed

"one stop shop", culturally safe and appropriate, flexible and no-barrier service,

- Holistic: social; emotional; community and family connection.
- No comprehensive AOD + HR outreach service that we were aware of in SA.

Would this better engage homeless; rough sleeping or transient Aboriginal people in any form of alcohol and other drug care ?

Our Principles of care

Regularity – place and people.

First – just get someone to be comfortable enough to sit down and chat.

No engagement time to be wasted

No intervention too small. Water, a yarn and some kindness.

No appointment & no wait time

Flexibility.

Ability to pack up and move.

Chat about and treat what is their issue that day. (weaving in an AOD thread all the time)

Treat with no barrier – onsite; quick; direct in-the-hand care

Utilise a simple intervention to build some form of therapeutic relationship

Step up the process as you work towards the substance use – start with HR or brief interventions.

Hot supported referrals.

What the “on-the-street” plan was

JUST BUILD TRUST & A RELATIONSHIP.

The rest will grow from there……

On site direct care provision:

- Water and a yarn……
- Harm reduction: THN, condoms, sterile injecting equipment and sharps containers.
- Brief interventions, basic MI and education – injecting; vein care; consequences of risky alcohol intake and smoking; STI;s and BBV spread; liver health; lung health (e.g. bongs and TB risk); nutrition education
- Wounds and very basic primary care: BP check; BGL (most wanted just that but this gave time for a yarn…..)
- POC testing: HIV Hep C and syphilis
- Contraception and vaccinations
- Immediate hot facilitated supported referrals

CONCEPT GOT THE GREEN LIGHT

However instructions were clear :

No budget available. $AUD 0.

“If you want it – do it but make it cost neutral.”

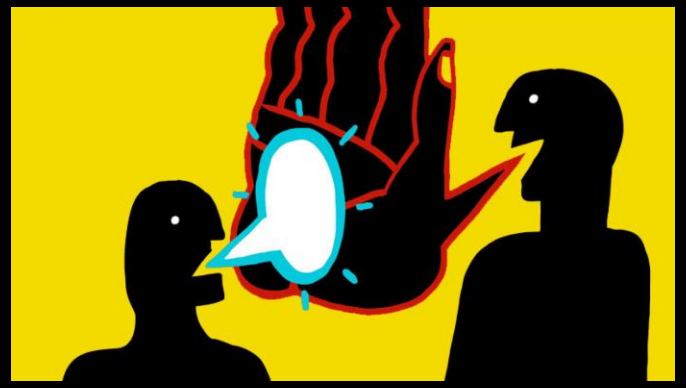
Who were we anticipating the clients would be

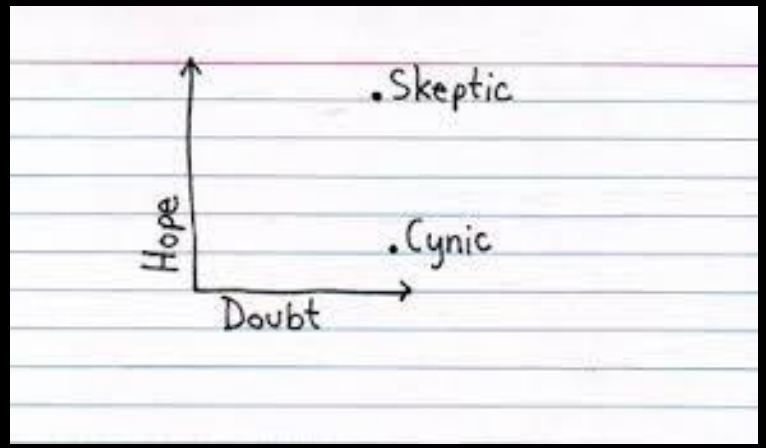
DASSA Aboriginal Connection Program knew

- Would anyone attend ??
- Homeless
- Alcohol dependent (?? Cannabis and/or methamphetamine dependent)
- Aboriginal and Non-Aboriginal – large South Sudanese refugee cohort
- Not engaged with any heath care
- Frequent acute sector ED presentations
- Frequent users of the SUU
- Frequent criminal justice encounters (police and prison)
- Known to be a part of the TB and syphilis outbreak in South Australia

There were and are the nay-sayers & sceptics

- "No one will return" –what are you going to do about giving them results ….. My team knew the cohort and knew their movements. They frequented services we knew like the SUU – partnerships (multiple cross agency) and the "grapevine" were our strength. Arguably better than our current BAU system
- Substitute GP – no AOD benefit. MOC: exactly not this. Very short-term meds provided as a bridge. Wounds addressed as engagement. Referrals facilitated and supported up and out for chronic and emergency care. Addressing these allowed for those conversations to start whilst you were busy.
- Dangerous
- "Punk rock medicine" I had worked as a South Africa Com Service doctor and in family Med in South Africa and ED's for 10 years ……. ☺





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First clinic 16 Feb 2024

(Budget AUD $0)

- I did it : no available medical FTE
- With existing ACP team
- A cardboard box of anticipated supplies – gathered from the storerooms of our current services
- A plastic container of medication
- Harm reduction supplies
- Borrowed an empty van with chairs and a table
- An enthusiastic and excited very small team

THANK YOU WHOLE OF DASSA

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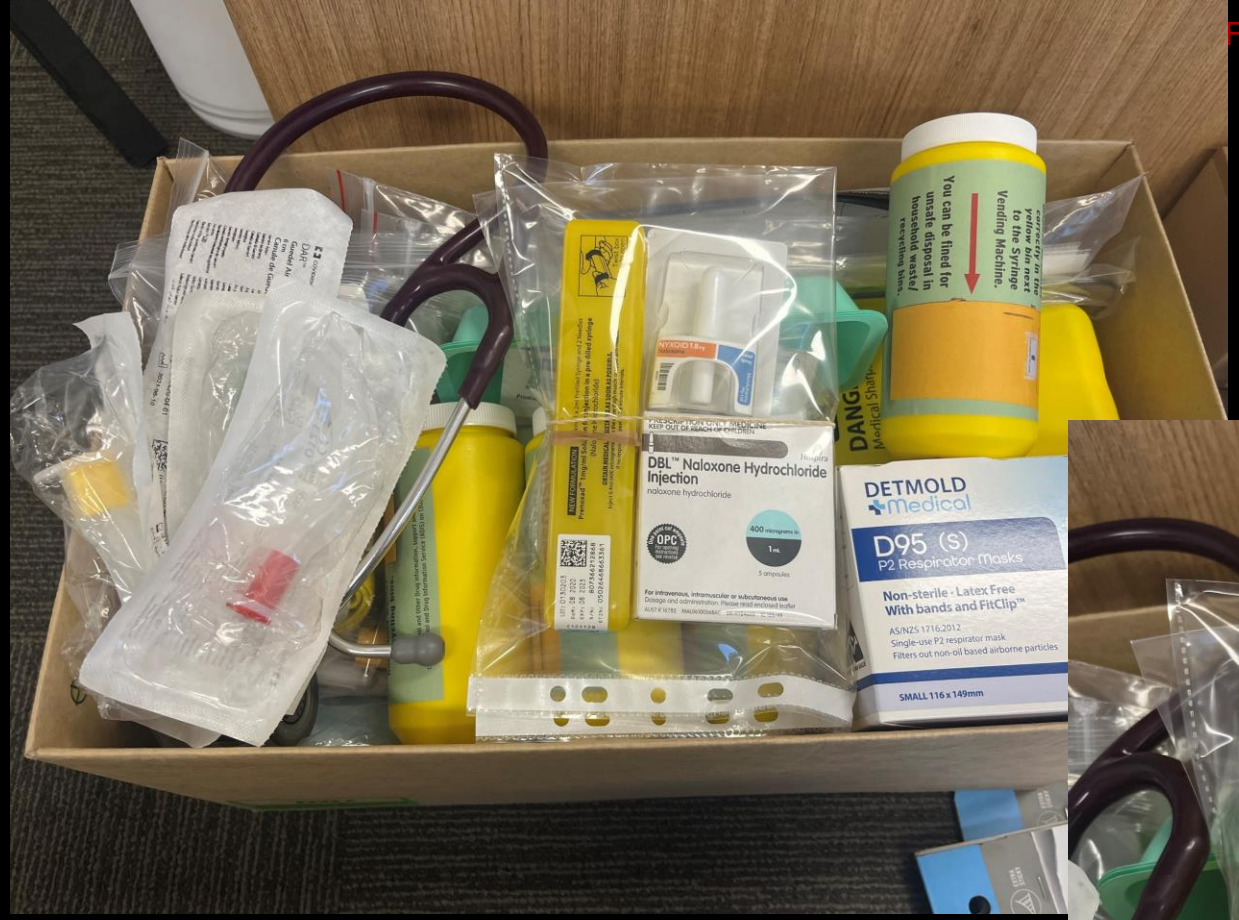

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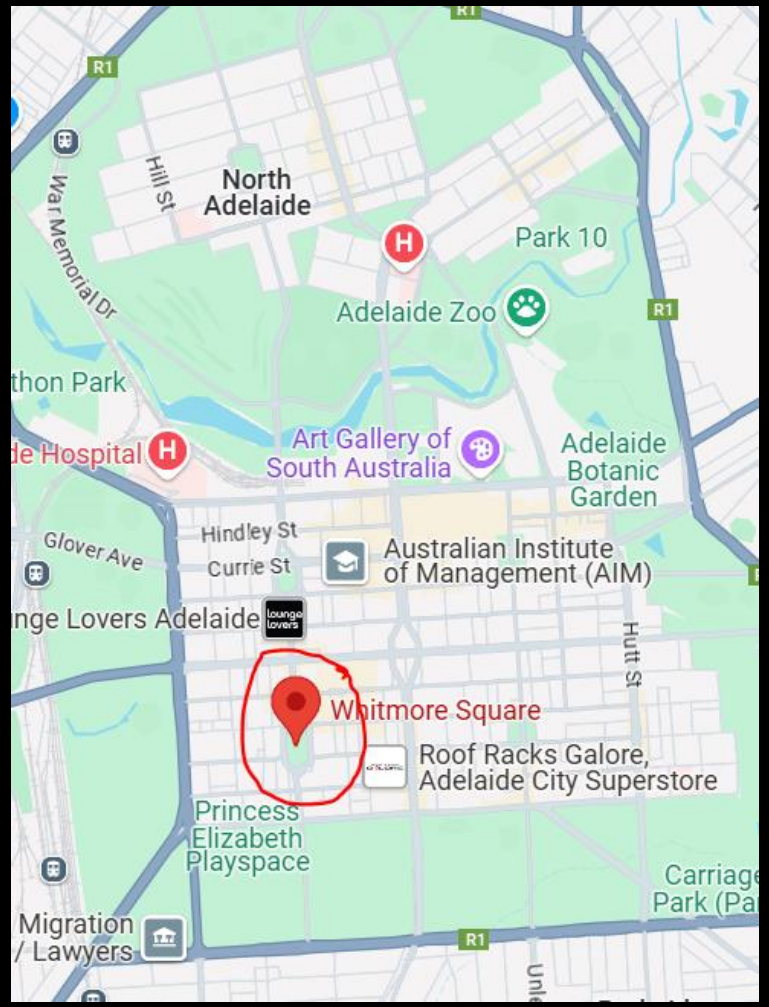

R1
North Adelaide
Hill St
War Memorial Dr
Park 10
Adelaide Zoo
thon Park
de Hospital
Art Gallery of South Australia
Adelaide Botanic Garden
Glover Ave
Hindley St
Currie St
Australian Institute of Management (AIM)
nge Lovers Adelaide
Hutt St
Whitmore Square
Roof Racks Galore, Adelaide City Superstore
Princess Elizabeth Playspace
Migration / Lawyers
R1

Seized opportunities in unlikely places

SA government to create 'safer place to gather' at Edwards Park for visitors from remote communities

Antisocial Behaviour

Mon 10 Jul 2023

Edwards Park will be the site of a "safer place to gather" for people travelling to Adelaide from remote

Continued weekly since.....

Come rain or shine...

And what did we see……

Data from 16 Feb 2024 to 31 Dec 2024 First 10 months

(Thank you Sonia, DASSA data analytics and Dr May AM registrar.)

45 clinics – once a week except 1.

- Each clinic 3-4 hours long
- Start at 930 am and finish 1230 midday
- Staff discussions and admin work in the afternoon. (Suits client profile……)
- Whitmore Sq, Edwards park and Port Augusta
- 129 individuals seen in the first 10 months
- 153 episodes of care as per the NMDS
- 260 service contacts
- Notable seasonal variation – and this is expected and people move to Country and back.
- Continues at same pace into 2025. Increased "return" clients

Demographics

- What we anticipated – MOSTLY (but not all) transient rough sleeping inner city Aboriginal people who were (mainly) alcohol dependent.

Data from the 153 episodes:

- 52.9 % (81) male; 45.8% (70) female
- Average age 40.1 years (7yo – 70 yo)
- Aboriginal and or Torres Strait Islander 76.5%
- 83% homeless (127). Rest home far away and residing in unstable vulnerable overcrowded tenancies.

Drug use

Identified primary drug of concern

- Alcohol 59.5% (91)
- Amphetamine 11.1% (17)
- Opioid 1
- Cannabis 2
- Nicotine – almost all

Over time we have seen an escalation in IV methamphetamine use in a cohort that largely used alcohol.

Related to forced relocation; access to alcohol; urban movement.

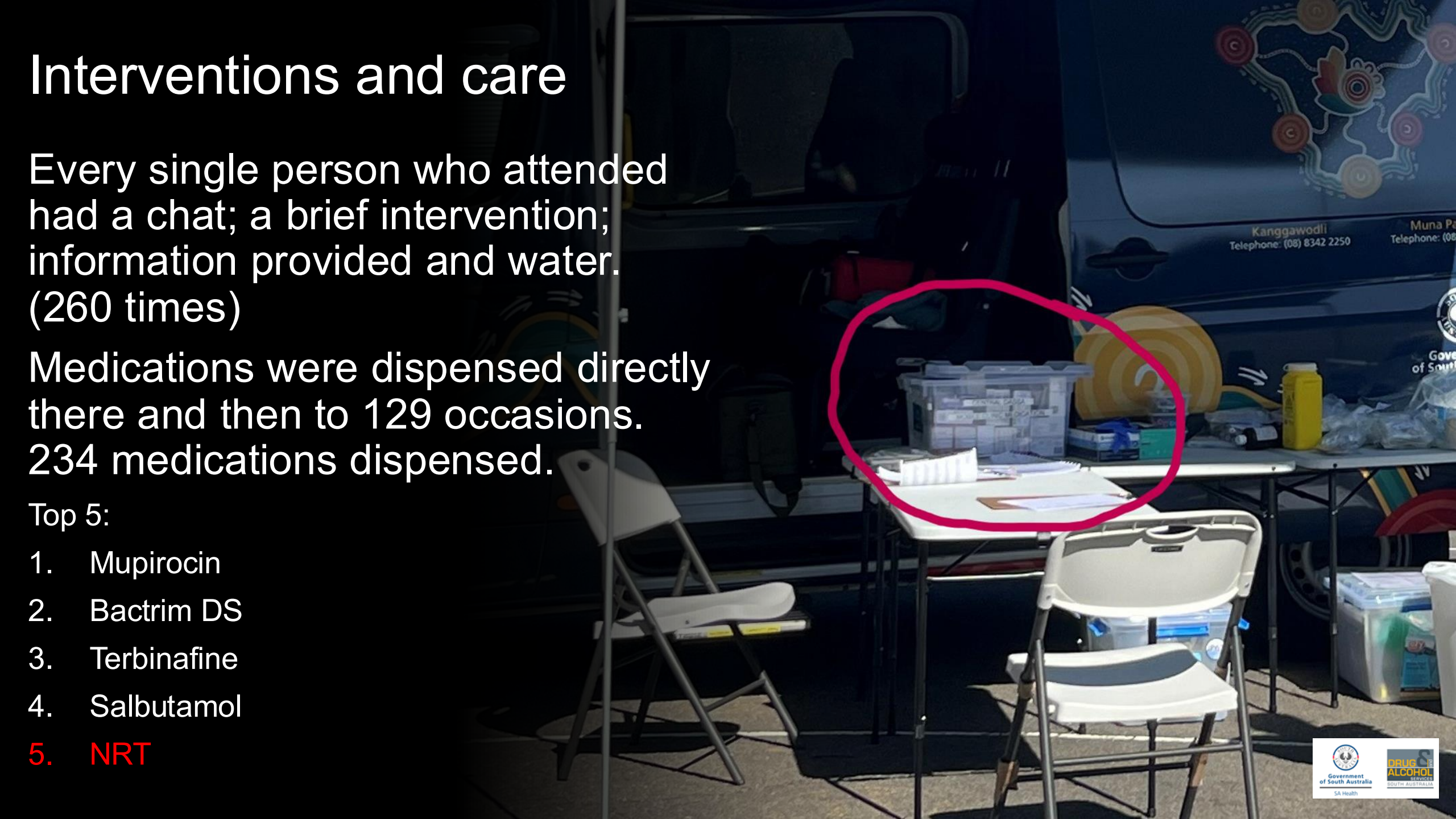
Interventions and care

Every single person who attended had a chat; a brief intervention; information provided and water. (260 times)

Medications were dispensed directly there and then to 129 occasions. 234 medications dispensed.

Top 5:

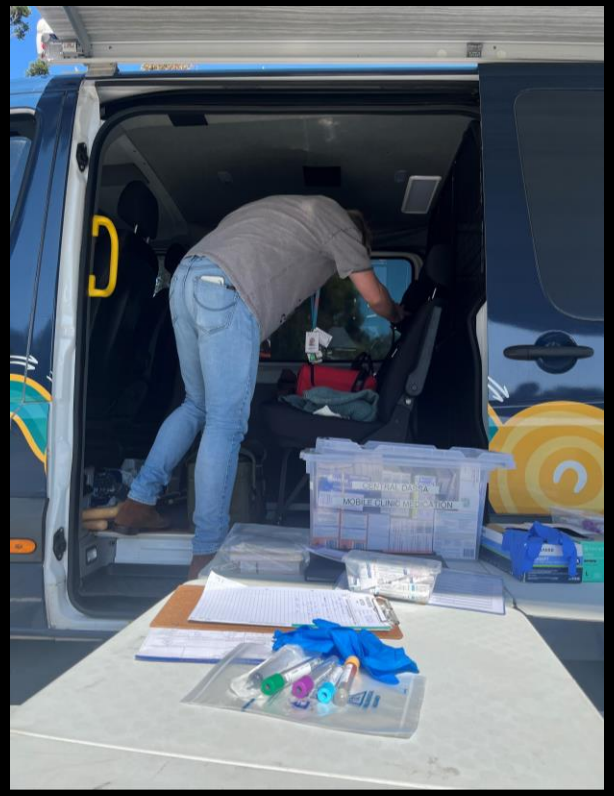
1. Mupirocin
2. Bactrim DS
3. Terbinafine
4. Salbutamol
5. NRT

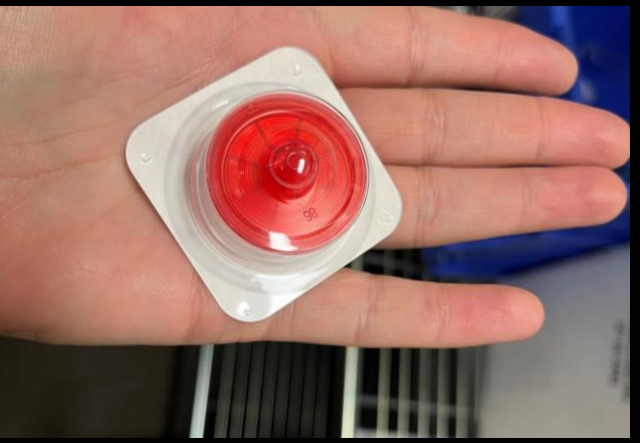


Connections and referrals to care

- 25 direct hot same day accompanied referrals made to our Inpatient Withdrawal Unit
- 26 GP referrals facilitated for ongoing chronic care – RHD; diabetes; hypertension; wound care.
- 7 specialist referrals facilitated – ID, renal, opthal ortho and plastics
- 7 emergency referrals facilitated to ED – end stage MAC; stab wounds
- 66 wounds cleaned and dressed
- 23 full sets of pathology bloods done
- Multiple POC – hep c HIV and syphilis
- Depo provera administration
- ! Referral to SHM for Implanon

Training opportunity – 3 of the Addiction Medicine registrars.





Harm reduction services

- Education to all – all substance use HR advice
- SIN – condoms and lubricant.
- Fitpacks to all injectors
- THN
- Issues identified – new injectors. Discarding equipment unsafely. Sharing.
- Sharps container provision. Removal of discarded injecting equipment.

This year Continued + Additions -

- A nurse in the team
- Regular registrars
- More boxes – robust, organised
- Revised medication lists
- Connections with UCC for Xrays etc
- Partners – SIN TB RVOT
- Community we serve are now actively exchanging larger sharps containers

Sept 2025 : Tapa Marnirniapinthi "Journey Toward Healing".

Joint budget bid with the Dept of Human Services.

Successful. Just under $AUD 1 000 000 for 3 years

2025

- Still a lot to be done
- Head out every week
- “Regulars”
- Trust - people happy to sit and “off load” their AOD concerns. No fear of negative consequences or hurdles

However

Worrying trend:

IV methamphetamine u

And from here…

Current : 830 + Direct clinical service contacts in 230 + individuals

Moving into 2026:

- Medical officer clinic 2 days a week from 2026
- Consideration of a NP / nurse led clinic in addition
- POC testing day
- Utilised for AOD promotional and education.
- Strong partnerships – DHS; SATB. New Partnerships : Health Justice Partnerships. (ALRM)

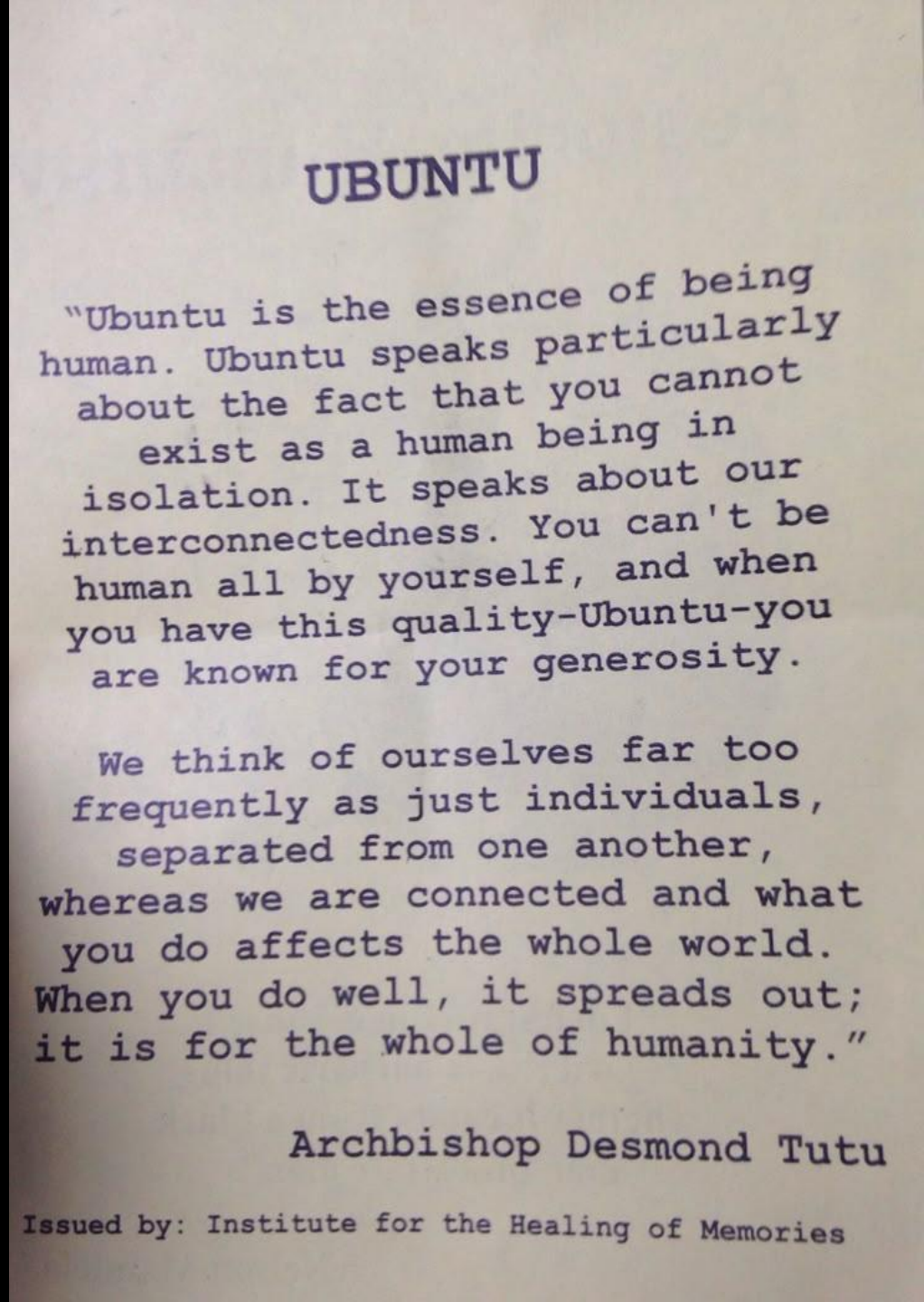
More than that :

validation and legitimacy

the fact that the people we see have largely just gone unnoticed or if noticed just too difficult

we have placed kindness and compassion first and shown these clients we do genuinely care..

We bit of and chewed the stinging nettle – deconstructed the comfortable…..



My reflections

- **Kindness is health care**
- **Trust is number 1**
- No interaction is ever too small
- Move around to where the people are.
- Harm reduction is critical.
- Consider budget; legislation; setting.
- Holistic care – bio/psycho/social/cultural health
- Reach out to partners; network. Tap into The Grapevine.
- Political will is the greatest barrier but be a brave : a fighting voice
- **What a privilege……**

Thank you !

PS: Come and chat over a cuppa and I will tell you some incredible individual case stories of what we have achieved for so many who have attended our service.