

IMPACTS OF A SUPERVISED ALCOHOL PROVISION PROGRAM IN HOMELESS INDIGENOUS AUSTRALIANS WITH ALCOHOL USE DISORDER WITHIN METROPOLITAN ADELAIDE AS AN INTERVENTION FOR ONGOING ENGAGEMENT IN HEALTHCARE – RETROSPECTIVE COHORT STUDY

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Introduction:

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.

Methods:

A retrospective cohort study was undertaken investigating the impacts of this program on engagement with healthcare 12-months after the program compared to 12-months pre-program. Parameters assessed were Emergency Department (ED) presentations, hospitalisations, Alcohol and Other Drug (AOD) Service engagement, and Other Specialist service engagement.

Key Results:

There were 22 clients with 30 admissions total. Statistically significant findings include:

- Reduction in ED presentations by 150 presentations, reflecting a 45.7% change 12-months post-SAPP
- Increased engagement with Other Specialist services with attendance increase by 154% 12-months post-SAPP.

Discussions and Conclusions:

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.

Implications for Practice or Policy:

A managed alcohol program delivered in a culturally safe setting may be an effective tool in engaging indigenous Australians with alcohol use disorder and co-occurring homelessness. This program is likely to have longer-term benefits if developed as a standalone program with longer term delivery of service.

Disclosure of Interest Statement: No disclosures of potential conflicts of interest.