

# Alcohol and Drug Workforce Capability Position Paper

Prepared by

Working Group Members<sup>1</sup>

(22 December 2020)

This Position Paper outlines the current status of the alcohol and other drugs (AOD) workforce, its pivotal role in quality care and service provision, and areas where urgent attention is needed to expand and build this crucial component of Australia's response to AOD issues. In doing so, a largely national perspective is presented with recognition that each State & Territory has its own unique challenges that should also be considered.

To maximise service integration, coordination and planning for this capacity and capability expansion, a detailed "Industry Plan" should be developed in consultation with the AOD sector. Elements of what the Plan might address are outlined below.

## Preamble

Substance use disorders are major contributors to the overall global burden of disease (Degenhardt et al., 2018). Australia is not immune from this burden. However, some estimates suggest that a significant increased investment over and above the amount currently spent nationally on AOD treatment (estimated in 2014 at \$1.2 billion)<sup>2</sup> is needed to meet demand, together with a corresponding expansion of infrastructure and the AOD workforce. It has been further suggested that these estimates may need to be adjusted

---

<sup>1</sup> Working Group Membership comprised Prof Ann Roche - National Centre for Education and Training on Addiction (NCETA) (Co-Chair), Dr. Stefan Gruenert – Odyssey House Victoria (Co-Chair), Jennifer Duncan – Australian Alcohol and Other Drugs Council (AADC), Sam Biondo – Victorian Alcohol And other Drug Association (VAADA), Peter Burnheim – Northern Territory Primary Health Network, Yvonne Bonomo – St. Vincent's Hospital Melbourne, Katie Flynn - Association of Alcohol and other Drug Agencies NT (AADANT), Dr Adam Searby – DANA President, Deakin University, Michael White, South Australian Network of Drug and Alcohol Services (SANDAS).

<sup>2</sup> Ritter, A., Mellor, R., Chalmers, J., Sunderland, M., & Lancaster, K. (2019). Key Considerations in Planning for Substance Use Treatment: Estimating Treatment Need and Demand. *Journal of Studies on Alcohol and Drugs, Supplement(s)18*, 22-30. <https://doi.org/10.15288/jsads.2019.s18.22>.

upwards in light of the impact of COVID-19, both in terms of new clients (suppressed demand) and deferred demand i.e., ballooning numbers of people seeking treatment but unable to be seen due to service limitations and cases of increased complexity.

Traditionally, the AOD sector has been comparatively 'low-tech' with very modest infrastructure requirements, unlike many other areas in health and medicine. Most of the cost involved in providing services has derived from the salaries and associated supports for the workforce. That is, the investment in the sector is largely an investment in the workforce. It is crucial to acknowledge the essential nature of this investment need and respond in a planned and meaningful way that accords with changing circumstances.

It is also noted that there are and will be increasing technological demands on the sector into the future as the mode of operation of many services change to accommodate different ways of doing business<sup>3</sup> in light of the impact of COVID-19. Increasingly, human capital will be largely focused on AOD technical skills. Currently, the AOD workforce lacks the requisite technical skills to build a digital capability and the AOD system lacks appropriate digital technology even where such skills exist. A greater investment in technology will be required to support the workforce (internal facing technology infrastructure) and to support clients (external facing technology infrastructure). Enhanced technology needs are not supported by existing funding models.

Investment in the workforce, including the development of their skills and capabilities, is pivotal to quality service provision in the alcohol and other drugs (AOD) sector as staff competence, confidence and role legitimacy impact implementation of best practice.<sup>4 5</sup>

While appropriate workforce development and related strategies are essential to meet the support needs of the workforce, they rarely receive the close attention or financial support warranted – this is the crux of this paper.

---

<sup>3</sup> Also see the section below on Aboriginal ways of doing business.

<sup>4</sup> Loughran H, Hohman M, Finnegan D. Predictors of role legitimacy and role adequacy of social workers working with substance-using clients. *Br J Soc Work*. 2008;**40**:239-256.

<sup>5</sup> McPhee I, Duffy T, Martin C. Optimising service provision by non-specialist advisors: The impact of alcohol and drugs awareness training on perceived levels of role legitimacy, adequacy and satisfaction. *Drugs Alcohol Today*. 2012;**12**:38-44.

A skilled and competent workforce is vital to effectively respond to alcohol and other drug (AOD) issues. Ensuring appropriate professional development and support for AOD workers, especially early career workers, is essential but largely overlooked.

The AOD workforce has long been plagued by shortages, high turnover, and recruitment challenges.<sup>6</sup> There has also been ongoing concern about relatively low compensation, lack of diversity, and the need for increased skill development in evidence-based treatment. These factors are compounded by short term funding cycles which impact stability/retention and recruitment (by diminishing the attractiveness of employment relationships).

The distribution of the AOD workforce across different service provider types is also important. The proportion of closed episodes of care provided by NGO services increased by 18% between 2009-10 and 2018-19 (i.e., from 60.7% to 71%).<sup>7</sup> In part, this trend may reflect the increased outsourcing of the provision of AOD services by the Australian Government to local commissioning bodies such as the Primary Health Networks,<sup>8</sup> which in turn equates to greater competition for scarce resources and greater need for financial resourcing of the sector to adequately address growing the workforce. Hence, there is a greater role played by the NGO sector with an increasing proportion of care falling to the NGO workforce. The professional development needs and the socio-demographic characteristics of the NGO AOD workforce vary substantially from the government AOD workforce, and these differences need to be incorporated into any response to support and build the capacity of the AOD workforce overall.<sup>9</sup>

An appropriately qualified, trained and sustainable workforce is the keystone to the AOD sector's capacity to deliver high quality services. A 'one size fits all' approach to workforce development is increasingly recognised as inadequate and ineffective for this diverse and multi-faceted AOD workforce. As in other health sectors, the AOD workforce is ageing,

---

<sup>6</sup> Hoge et al., (2013).

<sup>7</sup> National Minimum Data Set, AIHW, 2020.

<sup>8</sup> McDonald D., Stirling R. Evaluating the capacity building roles of the state and territory peak bodies in the Australian alcohol and other drug sector. *Evaluation Journal of Australasia*. 2019;19:39-48.

<sup>9</sup> Kostadinov V, Roche A, McEntee A, Duraisingam V, Hodge S, Chapman J. (2020). Strengths, challenges, and future directions for the non-government alcohol and other drugs workforce. *J Subst Use*. DOI:10.1080/14659891.2020.1812125.

feminised, and with a significant proportion who work part time. Ensuring early career and new workers entering the sector are sufficiently qualified, trained and supported is essential to ensuring the current and future sustainability of the AOD workforce required to meet service demand. These factors combined highlight the need for a nationally implemented strategy to develop a skilled workforce. Such an initiative would be a first for AOD in Australia.

### **Strengths of the AOD sector and workforce**

At the outset, the strengths and positive attributes of the AOD sector and its highly skilled and competent workforce are highlighted. The AOD sector is viewed as an exemplar of multidisciplinary and cross-sectional best practice and collaboration. It represents a rare example of the harmonious integration of addiction medicine, psychiatry, social work, psychology, nursing, community services and health, youth workers, and those with a lived experience of addiction and recovery working together towards common goals. The sector currently represents excellent value for money in spite of service limitations, with evidence indicating that for each \$1 invested a \$7 return is achieved. While the expansion of the sector is an excellent business proposition, optimal functioning and development are contingent upon the concomitant development of its workforce. This paper outlines where, why and how such development is required.

### **A Systems Approach**

Developing the capability of the AOD workforce also requires a broad systems approach that allows the full range of relevant issues to be canvassed. These issues involve considerably more than just the training needs of individual workers, and incorporates organisational and broader systems factors that impact the ability of workers to effectively, safely and efficiently function in evidence-based environments. It also involves a systems approach which is predicated on the understanding that the development of the workforce must include sophisticated knowledge of the broader systems in which they work.

What follows in this Position Paper should be viewed from a systems perspective and with cognisance of the implications of the current and evolving service sector distribution.

## Increased Complexity

The contemporary AOD sector is required to respond to increasingly complex and challenging client presentations that arise from a range of factors. These include ageing client cohorts, new and more potent drugs, new treatment modalities, and the expansion of harm reduction to encapsulate physical and mental health, and broader social concerns such as family and domestic violence, financial, housing and gambling problems. In addition, the growing needs of rural and remote communities, Indigenous, corrections services and their clientele, and specific populations groups such as CALD and LGBTQI communities have increasing expectations of support. In addition to the escalating complexity of client presentations, there are also growing expectations that the AOD sector will respond to AOD-related needs of other sectors such as aged care.

Greater client complexity requires workers in all disciplines to acquire more advanced and sophisticated clinical skill sets, and to develop a good understanding of the wider health and community services sectors. Moreover, the requirement for more advanced and specialised skills, including SEWB in the Aboriginal sector, is predicted to increase into the future.

### Address Stigma<sup>10</sup>

Stigma is both a major barrier to clients engaging in AOD treatment and the recruitment and retention of a sufficient and competent workforce. To achieve a substantial increase in the capacity of the AOD workforce the issue of how stigma affects the sector and the workforce must first be addressed. Stigma is the pivotal issue in building the capacity of the AOD workforce. Among recent studies with nurses,<sup>11</sup> stigma was a dominant theme identified, as reflected in comments about the perceived role legitimacy of working in the AOD sector such as: *“it’s not real nursing”* and *“why would you want to work with them?”*

Correspondingly, stigmatisation of AOD in general and its workforce specifically, is also a major challenge for attracting clinicians and others to the AOD sector. There is also the challenge of engaging those in the generic primary health care sector to support clients with

---

<sup>10</sup> Brener L et al. Predictors of health care workers’ support for discriminatory treatment and care of people who inject drugs. *Psychology, Health and Medicine*.  
<https://www.tandfonline.com/doi/abs/10.1080/13548506.2018.1546018>

<sup>11</sup> Searby, A., & Burr, D. (2020). *State of the workforce 2020: Mapping the alcohol and other drug (AOD) nursing workforce in Australia and New Zealand*. Drug and Alcohol Nurses of Australasia (DANA).

AOD issues. There are significant shortages of AOD-skilled GPs able and/or willing to be MATOD prescribers, undertake home detox, or provide ongoing primary health services to AOD dependent clients. A respondent to the recent NCETA workforce survey<sup>12</sup> stated that: *“...it’s as though the people working in the area are not as competent as other areas e.g., mental health. I don’t think the sector still has the respect it deserves.”*

Stigma extends well beyond community views and attitudes and is endemic in the health care system itself. Professor Wayne Hall, an internationally renowned researcher, in his 2020 APSAD address stressed how he was actively discouraged from moving into the AOD sector early in his prestigious career by his peers and mentors. While AOD clients experience high levels of stigma, so too do the workers who are engaged in the sector. The advancement of the sector is contingent upon stigma being effectively addressed.

### **Recruitment and Retention**

Recruiting and retaining the right quantum and type of workers is essential. A large proportion of the existing workforce is ageing and heading towards retirement, especially among nurses. With retirement and attrition, years of sector experience and corporate knowledge may be lost and not easily replaced. Retention challenges are different for various professional groups in the AOD workforce, highlighting the need for diverse and tailored pathways into AOD work, and tailored forms of support, training and supervision.<sup>13</sup> Further, the workforce must reflect the diverse populations experiencing harms from AOD use to ensure provision of accessible, safe and culturally appropriate treatment and support.

To-date, recruitment and retention strategies in the AOD sector have been characterised by local initiatives, with limited evidence of their effectiveness, rather than a broad based nationally consistent and data-informed suite of strategies. The latter requires greater

---

<sup>12</sup> Skinner N., McEntee A., Roche AM. Australia’s Alcohol and Other Drug Workforce: National Survey Results 2019-2020. National Centre for Education and Training on Addiction (NCETA), Flinders University.

<sup>13</sup> Examples of potential response strategies include linking University and vocational students to services for placements and instigating potential sector workforce entry, together with attractive remuneration, career pathways and professional development opportunities, that both attract and retain staff in the AOD sector. Facilitating the upskilling of vocationally qualified staff to higher education qualifications, and the use of skill sets and micro skilling from the vocational system for graduates to ensure they are work-ready, are further essential components of a comprehensive response focussed on community and geolocation needs.

investment in research and evaluation guided by the growing evidence base regarding factors that drive recruitment and retention in the sector that can inform appropriate responses and initiatives.<sup>14 15</sup>

NCETA's recent national workforce survey found that over a quarter of all AOD workers had less than 3 years' experience in the AOD sector. In the NGO sector, significantly more workers were found to have less than three years' experience. Conversely, a larger proportion of government than NGO workers had more than 10 year's AOD experience.

However, the single greatest barrier to both recruitment and retention is the pay differential between working in government compared to the NGO/community sector. NCETA's recent national workforce survey found that NGO workers were significantly more likely to report income levels that were below the national average.<sup>16</sup> In addition, the short-term nature of funding contracts (that disproportionately impact NGOs), and consequential work insecurity, is a major impediment to AOD workforce recruitment and retention in general and notably amongst nurses. Whilst this was addressed to some degree by the ERO and the changes in the SCHADS Award, the removal of the ERO by the federal government will set the sector back significantly in this regard.

### **Rewards and Awards**

A closer alignment between qualifications and pay rates is required to ensure staff are appropriately rewarded for their educational investment. Ensuring appropriate pay rates and reward for further training will also act as a retention strategy and will help minimise the drain away into other sectors, such as mental health where salaries are typically higher than in the AOD sector. Currently, when the AOD sector invests in the training and upskilling of its workers, it risks losing them to better paid and more secure jobs in other sectors. Individuals who have funded their own training may also be more motivated to move to jobs that provide a return on that investment. Unless remedied, we conspire in the

---

<sup>14</sup> Lai G et al. (2018). Factors affecting the retention of Indigenous Australians in the health workforce: A systematic review. *International Journal of Environmental Research and Public Health*, 15;914:doi:10.3390/ijerph15050914

<sup>15</sup> McEntee A. et al. (2020). Predictors of turnover intention in the non-government alcohol and other drug sector. *Drugs: Education, Prevention and Policy*, DOI:1080/09687637.2020.1759508

<sup>16</sup> The Australian average weekly income in November 2019 was \$1,658 for full-time employees (ordinary time earnings) (ABS, 2020).

uneconomical process of training people who subsequently go to better paid jobs elsewhere. The smaller proportion of workers with more than 10 year's AOD experience in NGO versus government AOD services may be indicative of this pattern of worker relocation.

Data from the recent National Alcohol and Other Drugs Workforce Survey<sup>17</sup> found that of a sample of approximately 1,500 AOD workers that among full time workers:

- 42% earned below the average Australian income<sup>18</sup>
- 34% earned the average income
- 20% earned above the average income.

Among workers with a clinical role the proportions earning below the national average salary were even greater, with 53% of all fulltime clinical AOD workers earning below the national average and 70.4% of fulltime NGO clinical workers earning below the national average.

In addition to salary levels, unpredictable and short-term funding arrangements contribute to short term tenures and to precarious employment conditions. The latter further compounds recruitment and retention challenges.

### **Supervision, Coaching<sup>19</sup> and Mentoring<sup>20</sup>**

Many newly trained AOD specialists, including doctors, are lost to the sector due to lack of ongoing support for their professional development in this area. This is an important issue for workers across the whole sector. Professional development needs could be more effectively and efficiently addressed through a better tuned system of supervision, training

---

<sup>17</sup> Skinner N., McEntee A., Roche AM. Australia's Alcohol and Other Drug Workforce: National Survey Results 2019-2020. National Centre for Education and Training on Addiction (NCETA), Flinders University.

<sup>18</sup> The average weekly income in November 2019 for full time employees was \$1,658 (ABS, 2020).

<sup>19</sup> Coaching relates to organisational practices as well as the support of evidence-based practices and processes. May include from novice to expert and expert to leader/innovation.

<sup>20</sup> Mentoring refers to longer term career and personal goals that may include career pathways, leadership and management aspirations.

pathways, support and experience building. Prioritisation should be placed on the jurisdictions with the greatest need in this regard.

Greater formalised support is also required for those workers with a lived experience of addiction and recovery. Recent research indicates that AOD workers with lived experience comprise a substantially larger proportion of the workforce than previously identified, with 65% of workers found to have personal or family/other lived experience in the national AOD workforce survey (Skinner et al., 2020). The nature and range of support should not only include better clinical supervision, training and support, but also self-care and organisational care (e.g., time out and appropriate debriefing). There are important issues related to the minimum training, qualifications, and experience standards that are expected of individual workers. How this might be achieved requires close consideration and mapping across all jurisdictions with detailed consultation to ensure appropriate support.

### **Quality Standards**

The need for quality standards has been recognised by the Australian Government with the development of the recent National Quality Framework for Alcohol and Other Drug Services, which also recognised the importance of the role of the workforce in achieving quality service provision. The current Standards and Frameworks, however, are limited in their range and scope, focussing largely on organisational processes and governance, rather than on workforce qualifications, development or supervision. This gap warrants remediation. Further, current guides are unclear about whether services are either self-monitored or audited by generalists with little knowledge of AOD issues. Active monitoring of compliance with appropriate quality standards is needed to ensure consumers will receive quality care, regardless of geographic location, and whether the provider is public or privately operated. Along similar lines, NADA has recently produced a Workforce Capability Framework<sup>21</sup> that details the core capabilities and associated behaviours expected of all NSW non-government AOD workers, and is flexible enough to include Aboriginal cultural knowledge and ways of working as well as SEWB. That unique resource is intended to provide a shared

---

<sup>21</sup> Network of Alcohol and other Drugs Agencies (2020). Workforce Capability Framework: Core Capabilities for the NSW Non Government Alcohol and other Drugs Sector. Sydney: NADA.

understanding of what AOD workers are expected to be capable of doing effectively and efficiently.

### **Pre-registration (and Undergraduate) Training**

Key professional groups such as nurses, psychologists, social workers, and doctors report little or no AOD input during their pre-registration training. Sporadic efforts to remedy this situation have produced limited and faltering results. A concerted national effort is required to achieve substantial input at the undergraduate level. Inclusion of AOD content at the undergraduate or pre-registration levels can establish the legitimacy of AOD issues, help to de-stigmatise it, and raise awareness of both career paths and training/PD options available that can be taken up at a later date.

The DANA report, *'State of the Workforce'* (2020), identified that undergraduate AOD input in nursing qualifications was a key driver for increasing motivation for future potential employees to work in the AOD sector. That is, being introduced to AOD issues at an early stage in their professional development raised levels of awareness and interest in working in the sector. Enhancing the provision of AOD content during pre-registration training programs across a range of disciplines could increase the level of knowledge and skill of the generic health workers, while also acting as a recruitment strategy to attract new/young workers into the sector.

### **Vocational Training, Career Paths and Progression Opportunities**

There has traditionally been a dearth of specialist undergraduate and postgraduate programs to meet the challenge of providing evidence-based practice in the alcohol and other drug treatment sector. At present, many required vocationally accredited training programs in the AOD sector (e.g., Certificate IV) are expensive. Whilst, in some instances, they are subsidized through government skills needs programs, this is not universally the case (jurisdictional variations exist). Additional qualifications gained through the course of AOD employment do not generally guarantee a corresponding increase in salary or automatically conferred promotional opportunities. This is a potential impediment to the uptake of ongoing training. As noted, a significantly higher proportion of early career AOD workers earned a salary below the national average and were less likely to hold permanent positions, making personal investments in expensive training difficult. While not an

unpredictable finding, it nonetheless underscores the need to ensure the affordability and/or subsidization (e.g., via scholarships or bursaries) of ongoing professional training and educational options and to provide individuals undertaking qualifications with an appropriate return on their, or their employer's, investment.

There are limited vocational and higher educational training opportunities available in most jurisdictions, and in some there is none. Some universities provide partial AOD qualifications but again this is limited. There is a need for a comprehensive strategy to address the vocational training requirements of the AOD workforce incorporating the full range of training requirements from Certificate II in Aboriginal Community Health, to Social and Emotional Wellbeing (SEWB) needs of Aboriginal workers, through to Diploma and Advanced Diploma, or vocational degrees in alcohol and other drugs.

In the recent National Alcohol and Other Drugs Workforce Survey<sup>22</sup> of approximately 1,500 AOD workers, participants nominated the following as their top priority areas for professional development:

1. Responding to multiple and complex needs (55%)
2. Leadership and management skills (48%)
3. Specific interventions or therapies (44%)
4. Service delivery/administration skills (43%)
5. Clinical skills for counselling treatment or therapy (42%)
6. Managing risky behaviour (42%)
7. Leadership skills (42%)
8. Providing clinical supervision (40%)
9. Skills or knowledge to support evidence-based practice (39%)
10. Management skills (38%)
11. Building and maintaining service partnerships (37%)
12. Training on AOD (35%)
13. Working with multi-disciplinary teams (33%).

---

<sup>22</sup> Skinner N., McEntee A., Roche AM. Australia's Alcohol and Other Drug Workforce: National Survey Results 2019-2020. National Centre for Education and Training on Addiction (NCETA), Flinders University.

To respond to these issues and to build skills over time it will be important to work in collaboration with the newly established National Skills Commission and Skills IQ, together with exploring other international models for micro credentialing staff.

Experiential placements across the AOD and wider health system should also be considered for early career staff to provide insights, make career pathways visible, and support skill transfer. If executed in a co-ordinated manner, this may also serve as an effective strategy for quickly orienting new staff to the AOD system when a surge workforce is needed, or when an expansion of services is being implemented. This approach should be complemented by enhancing the skills of senior clinicians to ensure that management, supervision, and secondary consultation processes can be offered by more highly trained and senior staff.

### **Managers**

Several of the priority professional development areas identified above relate to the role of managers. A common career advancement pathway in the AOD sector is into a managerial role. Unfortunately, there is little available by way of training, support or mentoring to upskill frontline workers in the substantially different role of a manager. This represents a significant area of need that would benefit not only the worker moving into or working in the managerial role but would also assist in the retention and succession of AOD workers more broadly.

### **Rural, regional and remote needs**

The maldistribution of the workforce further compounds workforce development problems, with higher concentrations of workers in metropolitan areas and chronic shortages in high need rural locations. Rural and regional areas of Australia have fewer AOD-related services and workers in those services experience significant barriers to accessing the professional development services that do exist. Such barriers include excessive travel distances, travel time, overnight stays, and backfill requirements. This has been a long-term issue, particularly in jurisdictions with large areas of low population density (e.g., SA, WA, NT). Specific strategies to address these gaps need to be considered, alongside infrastructure planning in these areas.

Where face-to-face services are required, efforts to increase rural and remote access to need to be accompanied by a commensurate focus on building the capacity of the workforce. Different strategies may be required to attract and retain workers in rural and remote areas. Greater emphasis may also need to be placed on a 'home grown' workforce that is supported by distance/online training opportunities, enhanced clinical supervision and mentoring and strong linkages with larger well-grounded services to provide support and integrated work experience. Establishing opportunities for the provision of a rural training experience is noted as an important recruitment strategy but one which has received comparatively limited attention.

Rural and remote services are also more likely to provide services to Aboriginal clients. The complexity of delivering these services and the barriers to accessing education and training on culturally appropriate service provision need to be addressed as a priority with the collaborative engagement of Aboriginal Controlled Community (ACC) services, training organisations and communities.

### **Indigenous AOD Workforce<sup>23</sup>**

Although there is a higher representation of Aboriginal and Torres Strait Islander workers in the AOD workforce (6%) relative to the percentage of the overall population (3%) this is nonetheless a major shortfall in terms of the proportion of Aboriginal clients seen in AOD treatment services (15%). Greater emphasis on the development and expansion of the Aboriginal AOD workforce is required.<sup>24</sup>

It is critically important that Indigenous services and the professional development of workers is led by appropriately supported and local Indigenous organizations, with Aboriginal trainers, addressing cultural awareness, competency/fitness as well as specific substance use issues in the Aboriginal communities, to ensure that it is culturally appropriate and relevant to each community. The approach should focus on producing a well-trained Indigenous workforce in both mainstream and Aboriginal-specific services,

---

<sup>23</sup> Wallace R., Allan J. (2019). NADA Practice Resource: Alcohol & other Drugs Treatment Guidelines for Working with Aboriginal & Torres Strait Islander People in a Non-Aboriginal Setting. Sydney: Network of Alcohol and other Drugs Agencies. <https://www.nada.org.au/wp-content/uploads/2020/06/NADA-Aboriginal-Guidelines-Web-2.pdf>

<sup>24</sup> Bailey J. et al. We are working for our people: growing and strengthening the Aboriginal and Torres Strait Islander health workforce. APO Report Aug, 2020.

providing client choice and capacity building opportunities and supporting Aboriginal ways of working.<sup>25</sup> This includes training involving yarning/narrative therapies, family support therapies, SEWB and traditional healing practices and practitioners. It is important for work in this sector to be seen as equivalent to other training and service provision not as an 'alternative' and should recognise the non-clinical care provided by local workforces and include flexible models of care to support local cultural practices. It is also essential to recognise the role of Aboriginal Health Workers and Aboriginal Health Practitioners (AHWs and AHPS) and ensure their inclusion in the broader workforce. Work supporting the integration of cultural healers and healing practices, that includes SEWB, needs to be recognised to enhance and empower the local workforce. This will require efforts to integrate western and Aboriginal and Torres Strait Islander knowledge systems in a way that does not leave local community-based staff in liaison roles but in equal roles to their non-indigenous counterparts.

The Aboriginal Drug and Alcohol Network (ADAN is an incorporated network in NSW)<sup>26</sup> reported that the most important priorities for the Aboriginal workforce were as follows:

1. There is a pressing need to expand the Aboriginal workforce, including Aboriginal people with lived experience. Aboriginal people with lived experience need to be valued as important members of multi-disciplinary teams to support Aboriginal people in AOD treatment
2. Mechanisms need to be put in place to support the recruitment and retention of Aboriginal workers in Aboriginal Community Controlled AOD Treatment Services, as well as mainstream AOD services.
3. Ensure that there is ongoing training, mentoring and development opportunities for Aboriginal workers.

---

<sup>25</sup> Aboriginal Community Controlled Health Organisations in Practice: Sharing Ways of Working from the ACCHO Sector. [https://create.sahmri.org/wpcontent/uploads/2020/02/ACCHO\\_Interactive\\_Resource2020.pdf](https://create.sahmri.org/wpcontent/uploads/2020/02/ACCHO_Interactive_Resource2020.pdf)

<sup>26</sup> Points 1-3 in this section were provided by the Aboriginal Drug and Alcohol Network (ADAN is an incorporated network in NSW).

## **Examples of Recruitment and Retention Challenges: Nurses, Nurse Practitioners (NPs), Doctors**

There is a set of common factors confronting the AOD workforce that are played out in various professional groups, as illustrated below through select examples. It is the factors that they hold in common in regard to growing shortages and recruitment and retention challenges that are compounded by location, age, national shortages, pay, and training deficits, that are of most importance. It is the elements in common, rather than the needs of specific groups, that are of most salience here.

In most AOD services, nurses are a fundamental to service provision. There is a global and national shortage of nurses and they were described in DANA's recent report, '*State of the Workforce*' (2020),<sup>27</sup> as 'endangered'. Nurses are also an ageing cohort, with 60% aged over 45 years. The jobs of these critical workers need to be protected whilst a renewal strategy is simultaneously implemented. But, as the DANA report highlighted there are significant difficulties in recruiting nurses in general, and into the AOD sector. Failure to recruit a younger workforce represents a major succession planning dilemma, and highlights the importance of promoting the sector as an attractive and rewarding one in which to work, as well as counteracting stigma and misconceptions associated with AOD work.

Using Nurse Practitioners (NPs) to address the gap in prescribers, may go some way to addressing this growing gap. NPs can also act as a hub providing support to the external GP primary care workforce encouraging GP's to prescribe OST/treat substance dependence. This can be further supported through telemedicine models complemented by various specialist supports such as psychiatry, addiction medicine, infectious diseases, hepatology etc. However, a strategy for wider implementation and building the capacity of NPs is required for a meaningful impact to occur. DANA is currently undertaking an exploratory exercise regarding the establishment of an NP model to address prescriber shortages, informed by a recent KPMG report<sup>28</sup> on nurse practitioners in other specialties that showed significant cost savings over current models.

---

<sup>27</sup> Searby, A., & Burr, D. (2020). *State of the workforce 2020: Mapping the alcohol and other drug (AOD) nursing workforce in Australia and New Zealand*. Drug and Alcohol Nurses of Australasia (DANA).

<sup>28</sup> KPMG. (2019). *Cost benefit analysis of nurse practitioner models of care report*, November 2018.

Workforce supply and ageing issues also apply to addiction medicine specialists, and in particular those involved in OST programs, where the diminishing supply of practitioners has long been a concern.<sup>29</sup> In addition, general practitioners are experiencing increasing difficulties in treating substance use disorders as knowledge and skills are lacking in this key area. Undergraduate and postgraduate medical education on alcohol and drugs is minimal. The heightened complexity of clients in the AOD sector warrants more specialist medical training. A position supported by the Royal Australian and New Zealand College of Psychiatry.<sup>30</sup> The Addiction Medicine Specialist (AMS) workforce urgently needs to grow.<sup>31</sup> Many current AMS are approaching retirement age with difficulties in attracting new trainees leading to insufficient numbers of trainees.<sup>32</sup> Given the burden of disease attributable to AOD, almost every large hospital would benefit from having an Addiction Medicine specialist.

### **Learning to Work with Consumers**

In recent years, greater emphasis has been placed on the importance of consumer involvement in the design and delivery of AOD programs, services and interventions of all types.<sup>33</sup> Hence, there is now an even greater imperative to engage with consumers in a meaningful and sensitive manner. It is important that consumers are trained and supported to provide input into staff recruitment, policy reviews, Board meetings, research projects, and a range of service delivery elements. Similarly, AOD workers require training to engage consumers in these areas. Providing tailored AOD professional development to the diverse array of consumer representatives and consultants is a critical part of the development of the sector, as is supporting the development of consumer representation/advocacy bodies. This requires resourcing and coordinated development and should be an explicit component of any workforce resourcing strategy.

---

<sup>29</sup> Hotham E, Roche A, Skinner N, Dollman B. The general practitioner pharmacotherapy prescribing workforce: examining sustainability from a systems perspective. *Drug Alcohol Rev.* 2005;24(5):393-400. <https://doi.org/10.1080/09595230500286013>.

<sup>30</sup> Aspex Consulting Report 2013. Department of Health and Ageing Analysis of proposed MBS items for Addiction Medicine.

<sup>31</sup> There are approximately 200 Addiction Medicine Specialists but only half are practising in the field.

<sup>32</sup> The number of AMS varies between states. NSW has the largest number of emerging specialists as there are funded public institution positions for AMS. In other states, the number of trainees in Addiction Medicine is limited to less than 20 in Victoria and even fewer in the other states. These low numbers reflect a lack of AMS positions in hospitals or AOD institutions and the lack of career paths on completion of training.

<sup>33</sup> Brener L., et al. Consumer Participation Project, CSRH, UNSW. 2019.

## **Peer and Lived Experience Workers**

The scope of AOD workers has expanded in recent years to incorporate pivotal roles played by peer workers. Peer workers extend and enhance many of the more traditional AOD worker roles. The high levels of stigma noted above that is experienced by AOD clients and workers who are engaged in the sector is also experienced by peer workers and consumers, perhaps even to a greater extent. In addition, it is increasingly recognised that that a very large proportion of the AOD workforce comprises workers with AOD lived experience,<sup>34</sup> either their own or that of family/friends. These workers have particular needs and support requirements that to-date have been largely overlooked.

## **Working Conditions and COVID-19 Considerations**

The recent COVID-19 pandemic has acted as a deterrent to the recruitment and retention of AOD workers, due to the perception that AOD work occurs in a high-risk environment. Many services promptly acted to ensure that staff who were considered vulnerable (e.g., those over 60 years of age (over 50 in Aboriginal and Torres Strait Islander organisations)) were appropriately protected, for instance by being required to work from home or being employed in alternative roles, raising a risk of workforce loss. The age profile of the workforce elevated risk concerns. Recent surveys of the treatment sector have found changes in demand during the pandemic, with most reporting increases in service demand as and well as greater complexity in the types of requests for support (State and Territory Alcohol and Other Drugs Peaks Network, 2020<sup>35</sup>). Further consideration of strategies to support recruitment in light of these additional barriers is required.

## **Workplace Mental Health and Worker Wellbeing**

It is increasingly recognised that AOD work entails a high degree of emotional labour. As such, it can be both personally rewarding and simultaneously very emotionally demanding. In view of this particular care and attention to the mental health and wellbeing of the

---

<sup>34</sup> Chapman, J., Roche, A., Kostadinov, V., Duraisingam, V., & Hodge, S. (2019). Lived Experience: Characteristics of Workers in Alcohol and Other Drug Nongovernment Organizations. *Contemporary Drug Problems*, 009145091989434. doi:10.1177/0091450919894341

<sup>35</sup> State and territory Alcohol and Other Drugs Peaks Network, July 2020. Impact of the COVID-19 pandemic on alcohol and other drug service delivery.

workforce is required. Averting untoward consequences such as burnout is also important, especially among younger and more inexperienced workers who are more vulnerable to work-related mental health impacts. Initiatives such as the development of national codes in this area are flagged as especially important.

### **New Modes of Service Delivery**

COVID-19 and associated social distancing requirements has also changed the way most services offer treatment. In many instances, this has further restricted availability to services that were already difficult to access, especially those involving residential care, outreach counselling and support, and services in regional/remote communities (especially in locations with tight travel restrictions). As a result, digital literacy of the workforce has become a prominent issue, perhaps even more so as the AOD workforce is an older workforce population necessitating upskilling in this respect. Addressing emerging digital needs is crucially important to the future success of the sector.

Telehealth, digital access, and distance delivery provide some alternatives to ameliorate this situation, and will provide greater flexibility into the future, but such methods remain problematic for the delivery of some services such as pharmacotherapy and residential rehabilitation. However, access for some groups may be difficult, especially those in rural/remote and Aboriginal settings, due to lack of phones, networks, and/or poor/intermittent connections. The implications of such access limitations have been highlighted in recent digital divide reports.<sup>36</sup> There remain concerns that not all clients are able to access services digitally. Australia has a significant digital divide: many residents in rural and remote areas do not have access to stable phone or internet and where they do confidentiality may be compromised (COSS reports on digital exclusion).

Such constraints notwithstanding, the AOD sector has responded to COVID-19 with a high level of agility and flexibility and substantially reconfigured service delivery and business models to accommodate the restrictions imposed by COVID-19, and they have served the clientele efficiently and effectively.

---

<sup>36</sup> Thomas, J, Barraket, J, Wilson, CK, Rennie, E, Ewing, S, MacDonald, T. 2019. *Measuring Australia's Digital Divide: The Australian Digital Inclusion Index 2019*, RMIT University and Swinburne University of Technology, Melbourne, for Telstra.

Barriers to traditional face-to-face training raise the spectre of a wider role for online and E-delivery of training and support,<sup>37</sup> an issue of even greater salience in the context of the current COVID-19 pandemic and requirements for social distancing. Strategies by which to efficiently and cost-effectively upskill AOD workers have taken on greater significance with an increasing emphasis on online and E-delivery options.

However, it is stressed that the role of telehealth, digital access and tele-mentoring practices, to increase access to and expand the provision of services, can only ever be an adjunct to face-to-face service delivery and not a replacement. Whilst acceptable for short periods of time for some clients, most services report that clients and staff prefer face-to-face service delivery. Evidence is yet to be established regarding which is more effective and efficient for most clients. Further, a lack of suitable devices and sufficient data plans mean that many of the most vulnerable clients are not able to access the support they require online.

In addition, the successful application of E-learning requires a range of modifications and adaptations, which to-date have largely gone unfunded. This includes the acquisition of new hardware and software, the training of the workforce to use the new equipment and to learn new modes of service delivery, and providing assistance to consumers to help them learn to interact in these new modalities.

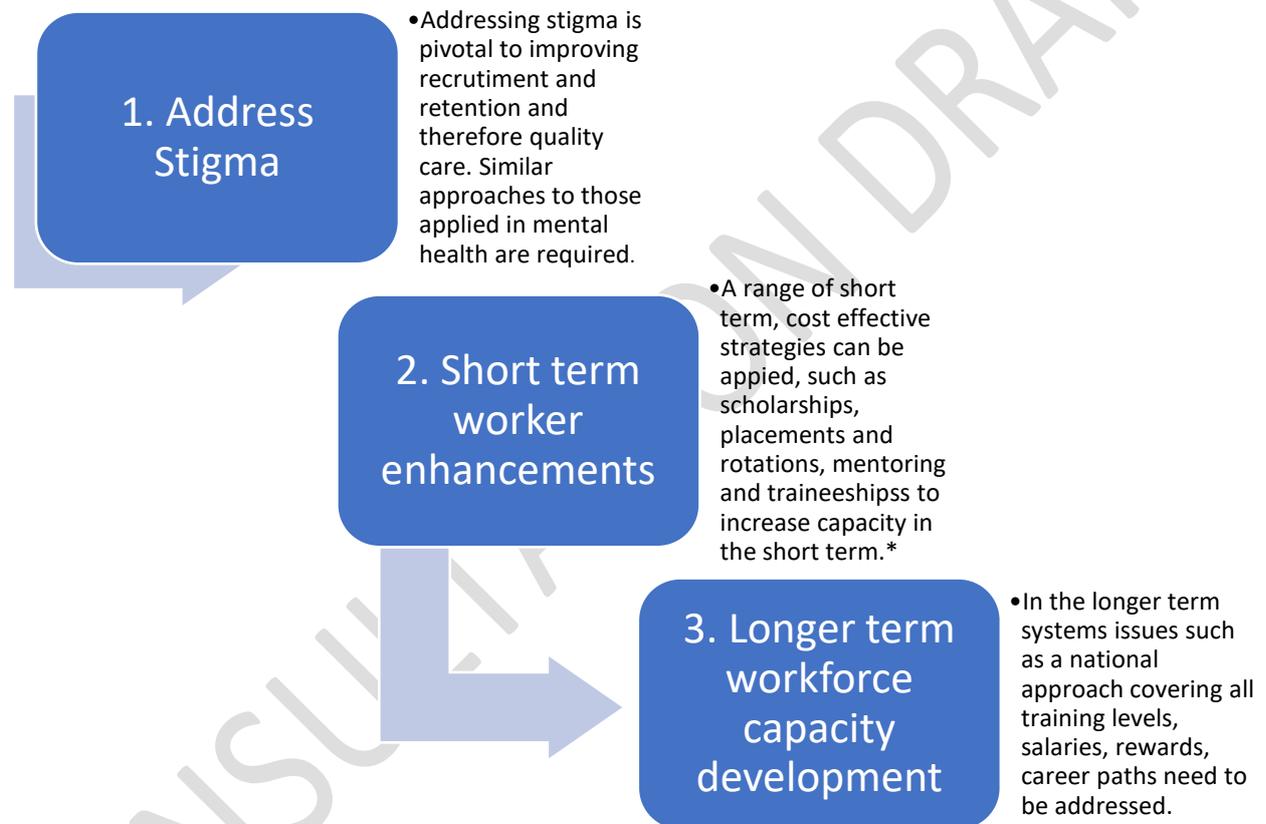
Access to well-designed online resources is required to improve workers' knowledge and adoption of evidence-based treatments. Online methods present opportunities for the cost-effective delivery of information and research findings to be made available to large numbers of workers. In addition to training, there is a need to follow up with other aspects of professional development including supervision and communities of practice, to ensure any self-paced or classroom training is properly imbedded in practice. Whilst this can also be done online in some cases, some of the traditional face-to-face elements of training should be maintained where appropriate skills development can best be demonstrated.

---

<sup>37</sup> Calder et al. (2017).

## Way Forward

In view of the wide range of issues highlighted above, the following initial set of tiered responses and actions are proposed as a preliminary way forward. Clearly, this is just an indicative beginning of a more complex process to be developed in consultation with the sector and key players.



#2 AOD staff placements in different locations, both within and across sectors, are required as part of staff training to broaden skills, knowledge, linkages and contacts with a range of related services. Reciprocal staff placements and rotations could be implemented to optimise skill development and knowledge exchange. These require support to implement, as supervision costs may be higher during these types of training programs.

## **Cost analysis**

To implement the range of remedial steps indicated above is not without cost implications. A full and detailed cost analysis is warranted. Core areas to be addressed include:

- 1) precise calculations of the workforce expansion required by worker types and the costs associated with supporting such an expansion,
- 2) training and development cost that incorporate the widened range of training and professional development options indicated above,
- 3) estimates of replacement costs and essentially also backfill for workers to undertake professional development activities
- 4) skill development in digital delivery alternatives.

In addition, cost analyses are required that incorporate the social and programmatic benefits accrued to the community in general and particular sub-populations from enhancing the AOD workforce.

## **Request in summary**

In view of the above, a case is made for substantial increase in funding and resourcing for workforce development within the next 3 to 5 years, to match a substantial increase in investment in AOD services and related infrastructure. This will support the National Drug Strategy which is pivotal to our nation's efforts to prevent and effectively address substance use problems, including the emergence of problems from use of crystal methamphetamine ("ice"), newly emerging substances of concern, the longstanding issues associated with alcohol, and new challenges related to COVID-19.

To support the new workforce, and to grow the capacity of the existing workforce, the implementation of a raft of workforce development strategies is also needed.

## **Recommendations**

- Implement a jurisdictionally tailored, as well as nationally consistent, approach to workforce capacity building with Commonwealth leadership and funding

- Develop a media recruitment program to promote the sector as an attractive and rewarding sector in which to work
- Support a broad national program to increase AOD content in core undergraduate programs including nursing, medicine, psychology and social work. In doing so, illustrate the range and type of graduate level positions available
- Research the role of Nurse Practitioners as they pertain to the AOD sector and support initiatives to develop these positions
- Identify the national need for Addiction Medicine Specialists and Psychiatrists with AOD expertise and support the development and sustainable provision of these positions
- Develop and implement a national program of AOD sector orientation for new staff including supported student placements, rotations and exchanges
- Enhance strong consultation mechanisms for the sector; for example, through the new, national peak body, the Australian Alcohol and Other Drugs Council (AADC) to provide sector leadership and assist with the task of identifying and responding to national workforce development needs.
- Specific and tailored support for peer/lived experience workers.
- Development of specific qualifications, experience and capability enhancement of managers.
- Develop sector capacity to support workplace mental health/worker wellbeing.