

## Question 1

What other workforce development responses are required?

Dovetail provides support and assistance to the youth alcohol and other drug workforce in Queensland. As such, this submission will be limited to responding to the question *“What other workforce responses are required?”*

- 1) Support for front line workers in addressing the issues that sometimes lead to pharmaceutical drug misuse

From the research, it is clear that many young people prescribed benzodiazepines are attempting to address anxiety and / or insomnia. While it is not generally recommended as a first line treatment for these problems, the “quick fix” of benzodiazepines is sometimes attractive to both prescriber and patient. It is also clear from the research that non-drug therapies for these issues are generally much safer, and for many young people quite effective in addressing the underlying anxiety and / or insomnia.

Enhancing the broad youth work workforce’s ability to address these underlying issues could assist in reducing some of the demand for benzodiazepines amongst young people. There are a large number of workers who work with young people and may have a role to play in this. In Queensland, this includes but is not limited to:

- Youth Alcohol and Other Drug Workers
- School Based Youth Health Nurses
- Youth Support Coordinators
- Residential Youth Workers

- Alcohol, Tobacco and Other Drugs workers
- Youth Justice Case Workers
- Child and Youth Mental Health workers
- Police Citizens Youth Clubs
- Aboriginal and Torres Strait Islander Health Services
- NGO Alcohol and Drug Services
- Alternative Education Providers

Adequate training of youth workers in basic Cognitive Behaviour Therapy (CBT) and basic sleep hygiene practices may assist workers abilities to address these drivers of benzodiazepine use, and therefore limit a young persons need to present to a General Practitioner for these issues.

- 2) Information for front line workers on possible responses to client reports of prescription drug misuse

Anecdotally, some Youth Alcohol and Other Drug workers have reported instances of inappropriate prescribing, and being unsure of what to do and how to follow up adequately. In particular locations, workers describe “dodgy prescribers” who are known to both the workers and their clients to readily prescribe benzodiazepines and opiates outside of the usual prescribing guidelines. There may be some merit in enhancing the workforce’s understanding of appropriate prescribing practices, and avenues of complaint should aberrant prescribing practices be reported by clients.

Further to this, where prescription drug misuse is occurring amongst young people, adequate workforce training in harm reduction strategies would be beneficial. This includes safer injecting practices (including the supply of micron wheel filters free of charge), as well as information on avoiding dependence and overdose. Many workers who work with young people are not familiar with harm reduction practices relevant to injecting drug use or benzodiazepine use.

### 3) Overcoming the barriers to accessing professional development

There are a range of barriers experienced by the youth sector workforce in accessing high quality professional development. Many services (particularly in rural and remote areas) are small, and it is difficult for workers to go “offline” to attend training. For this reason, a mix of workforce development responses are required. This could include traditional “in person” training held in larger cities and regional centres, but also the use of the internet and services such as web casting, which allow participants to attend training online in real time. Static information resources such as lectures and presentations can be easily broadcast online using services such as You Tube. Also, online learning packages are now common place and are a cheap and effective way to deliver simple training content.