

# SCOPING THE SPECIALIST ALCOHOL WORKFORCE:

## Phase 1 of the Australian Alcohol Workforce Research Project

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*"...It's nice to finally see some work being done on alcohol."*  
An Australian AOD Treatment Service Manager, May 2002

This paper describes the first phase of a program of work, supported by the Commonwealth Department of Health and Ageing, that examines various aspects of the health and human services systems responses to the management of alcohol related problems. The first phase of the program aims to analyse the alcohol workforce, the services provided and the issues faced in the management and treatment of alcohol related problems in specialist treatment services. Data collection occurred through one-on-one telephone interviews with managers of alcohol and other drug (AOD) specialist treatment agencies across Australia using the Clients of Treatment Service Agencies (COTSA) database, comprising 550 AOD treatment services, as the sampling frame. Preliminary data analysis has identified a number of workforce development issues and industry wide concerns regarding patterns of alcohol use and the ability of AOD services to manage and respond effectively to alcohol related problems.

### BACKGROUND

Alcohol misuse is a major public health problem in Australia. There is a wide range of documented harmful effects which are a major and increasing source of morbidity and mortality (Chikritzhs et al, 2000). Alcohol misuse is estimated to be responsible for over 3,000 deaths and over 72,000 hospitalisations annually (Chikritzhs et al, 2000). The financial impact of health problems relating to alcohol consumption is estimated at \$4.5 billion per annum including health care costs, legal costs and decreased worker productivity (Commonwealth of Australia, 2001).

The alcohol misusing population is heterogenous with a wide range of problems (NHRMC, 2001). Over the past 10 years there have been significant changes in the patterns and correlates of alcohol misuse. Middle aged and older men are no longer the major group with alcohol related problems. There has been a marked increase in problematic

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alcohol use and associated harms among young people, particularly young women (Australian Institute of Health and Welfare, 2002).

Effective interventions with the alcohol misusing population can make a significant contribution to the reduction of alcohol related harm in Australia. Traditionally, sectors within the health and community welfare fields, such as specialist treatment agencies, have been expected to provide such interventions. However, a varied workforce is needed to engage and intervene with the heterogenous population who experience problematic alcohol use. Individuals with alcohol related problems can make contact with a range of non-health services (eg the criminal justice system, the education system, the social services system). Such contact can offer a significant opportunity to engage with alcohol users who would not routinely access health and community services.

In response to this complexity in the alcohol misusing population, the National Centre for Education and Training on Addiction (NCETA) has developed a multi-staged research program the Australian Alcohol Workforce Research Project. This research is designed to sequentially examine the responses of health and human services sectors to current and emerging patterns of problematic alcohol use. The study focuses on how well equipped these services are to respond to current and emerging patterns of problematic alcohol use. The future program of research will be developed in incremental stages to examine the primary care system, allied health, education and criminal justice systems and their capacity to identify and manage problematic alcohol use. These stages are outlined in Figure 1.

In January 2002 NCETA commenced the first stage (Project 1) of the project Scoping the Specialist Alcohol Workforce. Project 1 is a survey of managers of specialist AOD treatment services. The aim of this scoping exercise is to provide a snapshot of how alcohol fits into the specialist treatment services, identifying the types of services available, the composition of the frontline workforce and workforce development issues. It is anticipated that the outcomes of the Alcohol Scoping Project will inform the development of a national alcohol workforce agenda for health professionals and others engaged in the management of clients with high risk, hazardous and dependent alcohol use. While there is substantial research on responding to alcohol related problems, comparatively little is known about the alcohol workforce and related workforce development issues.

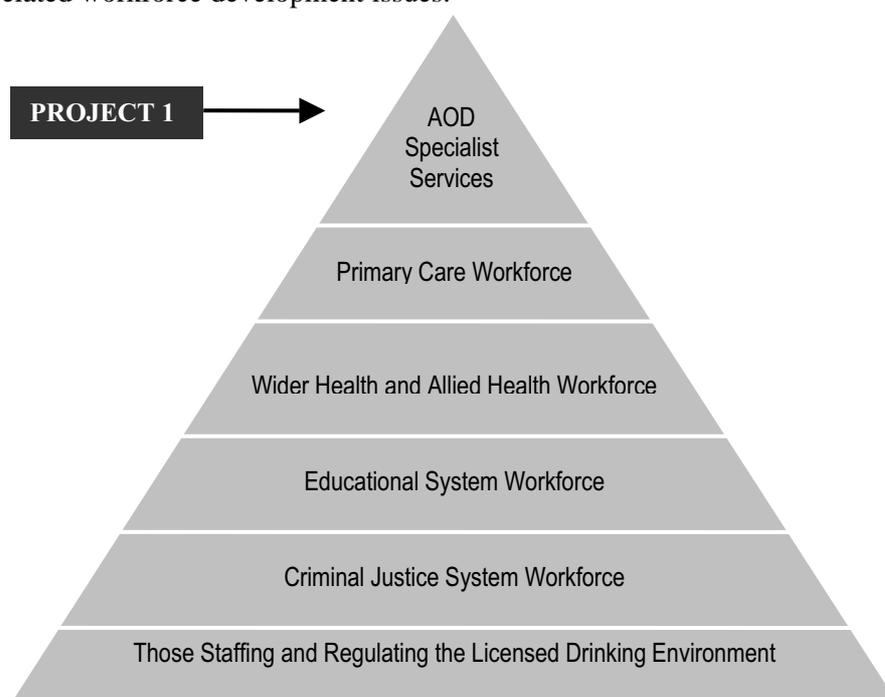


Figure 1: Proposed Stages of The Australian Alcohol Workforce Program of Research

## DESIGN AND PRELIMINARY FINDINGS

A purposive semi-structured survey was developed and piloted. The survey was administered via indepth telephone interviews (mean duration 21 minutes) and/or self completion electronic or postal questionnaires. The survey instrument contains 59 items and addresses information about the treatment agency, its workforce and workforce development issues. A copy of the survey is available from NCETA on request.

The 2001 version of the Clients of Treatment Service Agencies (COTSA) database (Shand and Mattick, 2001) was used to define the sampling frame. The database consisted of 550 specialist services. COTSA defined a drug and alcohol treatment service as:

*...an agency that provides one or more face to face specialist treatment services to people with an alcohol and/or other drug problem*  
(Torres et al, 1995)

As of June 2002, a total of 177 agencies (33%) were represented by interviews with managers, of which 107 had been entered into the database at the time of writing. The initial check on the COTSA database revealed that 14 of the 550 agencies on the database in 2001 (3%) were no longer functioning. This left a total 536 AOD specialist treatment agencies (this is the figure subsequently used as the denominator in this study). A 50% response rate has been targeted. Table 1 outlines these figures and is indicative of the status of the study at the time of writing.

Table 1: Status of Agencies on the COTSA Database

Number	Percent	Status
550	100%	Number of agencies on the COTSA database
14	3%	Agencies not contactable due to closure / rationalisation
37	7%	Refused to participate as agency does not provide alcohol treatment
177	33%	Already interviewed as part of Alcohol Scoping Project

Both quantitative and detailed qualitative data were collected. Preliminary analysis has been undertaken. Substantially more indepth qualitative data was obtained than originally anticipated, largely reflecting the enthusiasm with which respondents participated in the survey.

The study had two main objectives. The first was to ascertain the present capacity of AOD specialist treatment services to engage with clients who have alcohol related problems and identify the proportion of alcohol-related work. The second was to identify workforce development issues specific to AOD specialist services.

This paper reports the findings from a preliminary data analysis. This preliminary analysis was conducted using the 107 survey responses available at the time of writing. The following section will outline some descriptive data on the AOD workforce, service provision and patterns of alcohol presentation. It will then address some of the workforce development issues highlighted by managers.

## ALCOHOL AND THE AOD SPECIALIST TREATMENT SERVICES

### AOD Workforce

The Alcohol Scoping Project is the most recent and, to our knowledge, only study that maps the composition of frontline workers within AOD specialist treatment services throughout Australia. Managers reported

their staff composition to be as shown in Table 2. An estimate of the total AOD specialist workforce across Australia has been calculated from the preliminary data set by multiplying staff figures reported by managers of the 107 agencies surveyed by five ( $n=107$ ,  $107/536 = 5 = 20\%$ ). The national estimates of staff numbers are also shown in Table 2. The percentage distribution of discipline groups is representative of the 536 remaining agencies on the COTSA database.

**Table 2: Estimated and Reported Numbers of Frontline Workers in AOD Specialist Services Across Australia by Discipline (n=107)**

Professional Discipline	N	%	Estimated National Number
AOD Workers / Miscellaneous	680	42	3,400
Nurses	492	30	2,460
Psychologists	201	12	1,005
Social Workers	133	8	665
Doctors	85	5	425
Psychiatrists	27	3	135
<b>Total</b>	<b>1,618</b>	<b>100</b>	<b>8,090</b>

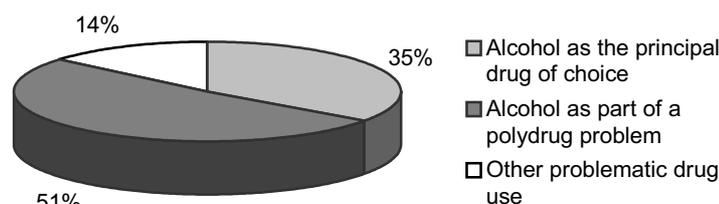
The data revealed that there were few frontline workers who engaged exclusively with clients who have an alcohol related problem. Managers stated that it was not feasible to have workers who were focused solely on alcohol. Workers need to be multi-skilled to manage the diverse range of problems with which clients present.

### Service Provision

Interviews were carried out with managers from all areas of the AOD sector, including non-government, Government and private organisations. Managers reported that a large proportion of AOD agencies provided outpatient withdrawal and rehabilitation services. The 107 agencies surveyed provided 86 outpatient services compared to 45 inpatient services, with some agencies providing both inpatient and outpatient services. The majority of agencies (78%) dealt primarily with clients who had an alcohol and/or other drug problem. Twelve percent of the agencies surveyed dealt primarily with illicit drugs while 9% had a focus on providing treatment for alcohol related problems. Preliminary analysis also indicated the managers of 44 agencies (41%) reported having a waiting list of clients.

### Patterns of Alcohol Presentation

Managers reported that alcohol problems are a significant part of the workload for many AOD specialist services. They estimated that 35% of clients presented with alcohol as their principal drug problem. Additionally, 51% of clients presenting with polydrug use also identified alcohol as a problem (see Figure 2).



**Figure 2: AOD Managers' Estimates of Alcohol Presentations to Specialist Treatment Services**

Forty five percent of managers also believed that the number of clients presenting with alcohol related problems had increased in the past year, with 48% of managers indicating they expected an increase in alcohol presentations over the next three to five years (see Figure 3). Forty three percent of managers reported that the proportion of clients presenting with problematic alcohol use had remained static over the past year.

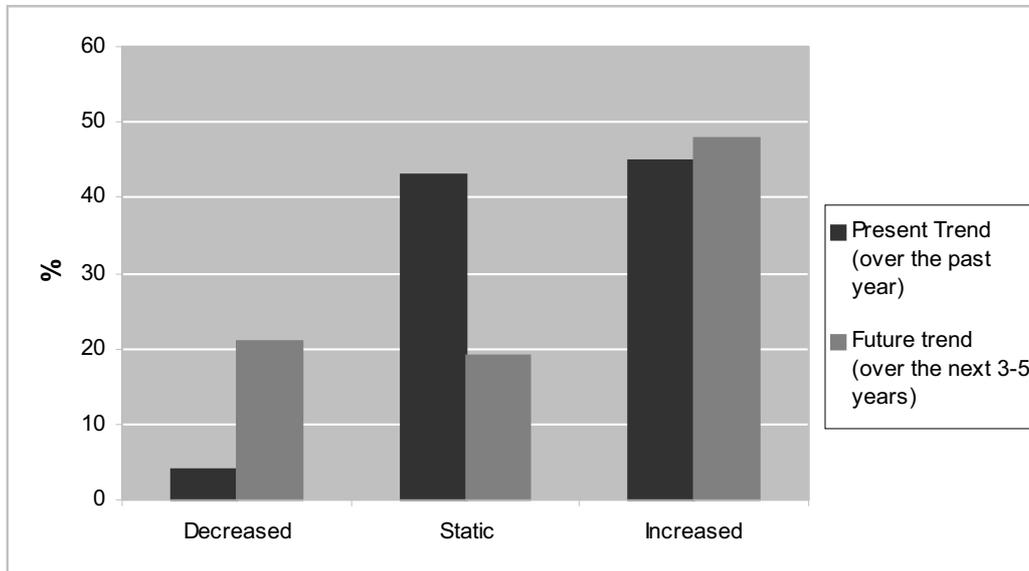


Figure 3: AOD Managers' Perceptions of Present and Future Trends in Alcohol Presentations to Treatment Services

## Polydrug Use

A recurrent theme in the qualitative data was the increase in the number of clients who are presenting to treatment services with polydrug problems. Managers expressed concern over the unique challenges that these clients posed and the ability of their services to meet the clients' needs. They also acknowledged that alcohol and tobacco use were often of less immediate concern, superseded by the management of illicit drug problems. Managers recognised a need for early intervention and education around the use of alcohol, due to its social acceptability and availability.

The study has demonstrated the diversity and complexity of alcohol related problems and helped identify a typology of the presentation of alcohol related problems. Figure 4 highlights the various ways people can present with alcohol problems and identifies that problematic alcohol use often co-occurs with problematic use of other drugs.

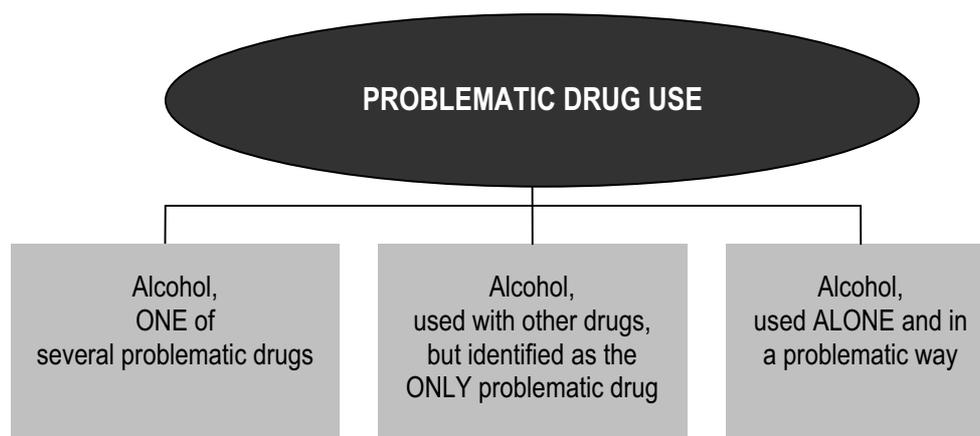


Figure 4: Typology of Alcohol Related Presentations to Specialist Treatment Services

The study encountered problems obtaining alcohol specific information from the managers. A potential explanation is the steady increase in polydrug use which results in alcohol being overlooked in relation to illicit. There are also organisational factors which inhibit the ability of managers to provide alcohol specific information. Many agencies did not operate and collect data in a way that enabled them to distinguish between alcohol and other drugs in terms of presentation, workload, workforce education and training, funding and policy.

### **Comorbidity**

Managers expressed concern over the increasing incidence of co-occurring mental illness and alcohol and other drug problems. Of particular concern was the lack of adequately trained staff to engage with clients with a mental illness. Managers were worried about the wellbeing of clients and questioned whether mental health or drug and alcohol services are best placed to provide quality care for dual diagnosis clients. Managers feared that “people are slipping through the gaps”, and emphasised the need for the development of a dual diagnosis policy throughout Australia.

### **WORKFORCE DEVELOPMENT ISSUES**

The previous section identified polydrug use and co-occurring mental illness and AOD problems as major workforce development issues for the AOD sector. This section outlines associated workforce development issues around funding, staffing and education and training.

### **Funding**

Seventy five percent of managers considered their funding levels to be inadequate. Over a third (36%) believed their agencies would not be able to manage and respond effectively to an increase in alcohol-related presentations. Managers reported that inadequate levels of funding impacted in various ways such as lack of client follow up, inadequate staffing levels, low salary budgets and consequently the inability to attract experienced staff, little maintenance of buildings and equipment, and no long term planning for future agency direction. These factors appeared to be exacerbated in rural and remote areas with managers of rurally based treatment agencies identifying the high cost of travel to city based training and conferences, time barriers, and lack of staff to backfill staff positions during training as major workforce development issues.

## Staffing

The majority of managers (60%) indicated that they had difficulties recruiting new staff. This was a significant concern for managers of non-government organisations (NGOs). Managers of NGOs also indicated that they were often forced to employ unqualified and inexperienced staff, and as a result a large proportion of their resources and budget was allocated to intensive training. Difficulties were also evident in retention of newly trained staff. This was attributed to the low salaries offered. Many managers were also concerned that the AOD field did not offer a structured career pathway for new staff. Fifty percent of managers indicated that there was a need for professionalisation of the AOD workforce. Forty four percent of managers felt they needed more support. Feelings of isolation and fear of burnout were also re-occurring themes.

## Education and Training

Education and training needs were identified as significant workforce development issues by 75% of managers, with 42% of managers reporting a lack of suitable courses for their frontline AOD workers. Twenty three percent of managers believed that staff development and training initiatives did not adequately prepare their staff to respond to AOD problems. Managers identified staff workload, lack of staff to backfill positions, limited internal and external training opportunities and insignificant staff development and training budgets as barriers to meeting the education and training needs of their workforce.

## Client Population Groups

Some managers expressed concern that certain population groups were under served by specialist treatment agencies. Examples were cited of alcohol dependent middle aged women and elderly clients who reported that they did not feel comfortable presenting to a specialist alcohol and drug treatment service where they perceived the focus to be on the treatment of illicit drugs.

## SUMMARY

The preliminary findings from the Alcohol Scoping Project, in conjunction with a substantial body of supporting literature, highlight the need for continuing research into provision of specialist treatment services for alcohol and other drug related problems. The project findings indicate continuing presentation of clients with problematic alcohol use to specialist treatment services, with more people presenting for treatment with alcohol related problems than any other single drug type. Managers also predicted an increase in demand for alcohol treatment services and identified certain population groups as being underserved by specialist treatment services.

Managers reported that workforce development issues impacted on the ability of services to effectively manage alcohol problems, as well as other drug problems. The recruitment and retention of trained AOD frontline workers were identified as major workforce development issues for specialist treatment agencies. The findings highlight the need for the application of workforce development strategies at a system, organisational and individual level within the AOD sector. Managers identified many significant workforce development issues. These will form the basis of recommendations for future policy and strategies for the development of a national alcohol workforce agenda.

The first stage of the Australian Alcohol Workforce Research Project has been well received and has inspired interest across Australia. This paper provides an overview of the preliminary analyses. Initial

findings indicate that throughout the industry there is increasing emphasis being placed on alcohol. There is also interest in the potential role of generalist health professionals and other professions such as police, teachers and bar staff to provide education and early interventions. In line with these ideas subsequent stages of the Australian Alcohol Workforce Research Project will further explore the actual and potential alcohol workforce and their capacity to intervene and manage alcohol related problems.

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