

National AOD Workforce Development Strategy

**Submission By:
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Drug Education Network
Response to
Review and Revision of the National
Alcohol and Other Drug (AOD) Workforce
Development (WFD) Strategy

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The Drug Education Network

The Drug Education Network (DEN) is pleased to provide a response to the *NCETA Workforce Strategy consultation 2022*. DEN has focused on responding to three questions: one, two and six because of our leadership role in supporting the development of Tasmania's alcohol and other drug sector peer workforce.

The Drug Education Network is a non-government organisation delivering a range of health promotion, prevention, and early intervention programs to reduce the harm associated with alcohol, tobacco, and other drug (ATOD) use across Tasmania. We have a commitment to deliver services focused on community engagement and capacity building. DEN is recognized in the Tasmanian ATOD sector for its drug education, health promotion, and prevention and leadership role.

DEN works across the preventive health continuum. At the heart of DEN's work is Health Promotion, Prevention and Early Intervention (PPEI) approaches in averting alcohol, tobacco, and other drugs (PPEI). Our organisation supports the implementation of PPEI initiatives across government agencies and public, private and community sector providers.

DEN's service provision is evidence based, effective in school drug education, impactful in upskilling and developing the primary health, community and AOD sector workforce in AOD prevention and early intervention, and tackles the reduction of stigma and discrimination through education and leadership across all programs, as described in our 2020-2021 Annual Report.¹ In addition, DEN undertakes continual quality improvement and is establishing a best practice framework for our health promotion, prevention and early intervention activities to ensure all initiatives improve the health outcomes of Tasmanians.

DEN specialises in ATOD health promotion, prevention, and early intervention initiatives. DEN's services align with relevant Commonwealth, State and Tasmanian Health Service strategic directions, including the current National Drug Strategy, National Ice Action Strategy, the Tasmanian Drug Strategy, the Reform Agenda for the Alcohol and Other Drug Sector, and the AOD Sector Reform Agenda directed by the Department of Health.

DEN is currently engaged in the ATOD Peer Workforce Project which aims to train and introduce Peer Workers into the Tasmanian Alcohol, Tobacco and Other Drug Sector. The project aims to place Peer Workers in ATOD prevention and treatment programs, to better support the Tasmanian Community. This project aims to create a workforce of 36 peer workers over 3 years. All peer workers will have skills and knowledge to assist the community in accessing any help needed, and will have important conversations to break down stigma.

DEN is pleased to provide a response to the Review and Revision of the National Alcohol and Other Drug (AOD) Workforce Development (WFD) Strategy Discussion Questions, particularly as a significant part of our work is to provide the Tasmanian ATOD and Community Sector workforce with training and skills in the area of substance use.

¹ <https://annualreport.den.org.au/>

Review and Revision of the National Alcohol and Other Drug (AOD) Workforce Development (WFD) Strategy: Discussion Questions

GENERAL WFD QUESTIONS

Discussion question 1: What are the priority WFD issues that have emerged since the first Strategy (2015-2018)?

- *Important issues could include (but aren't limited to):*
Changing service delivery models including as a result of COVID-19
The need for more specialised skill sets to address complex presentations

Upskilling the AOD and Mental Health workforce with regard to co-occurring conditions needs to remain a focus to increase:

1. knowledge and awareness of co-occurring conditions.
2. Improve the confidence of those working with clients with co-occurring conditions.

Mills et al argue that “*The need for improved training and support of AOD workers in responding to comorbid mental disorders has been identified as a priority by numerous reviews and policy documents, as well as by AOD workers themselves. Within the AOD workforce, the management of co-occurring mental health conditions has been described as ‘the single most important issue... a matter akin to blood-borne viruses in the 1980s.’*”²

- *Growth in the proportion of the service delivery system provided by the NGO*

Community sector organisations are well placed to provide services including training, professional development for workers both inside and outside the AOD sector and information/education sessions for service users and their families.

- *Growth in digital and online service provision*

Organisations need ongoing financial and workforce development support to continue to adapt service provision to digital and online platforms.

- *The need for greater capacity building to support the Aboriginal and Torres Strait Islander AOD workforce*

The nationally recognised qualification: Certificate IV in Alcohol and other Drugs was adapted to be culturally appropriate for the development of the Aboriginal AOD workforce. The process of adaptation to align with best practice cultural safety and awareness approaches was undertaken in partnership between the Drug Education Network and the Tasmanian Aboriginal

² Katherine Mills, Christina Marel, Erin Madden, Maree Teesson (2019), Submission to the Australian Government Productivity Commission: Mental Health Inquiry Lessening the Burden of Comorbid Substance Use and Mental Disorders Through Evidence-Based Care: The Case for a National Minimum Qualifications Strategy, The Matilda Centre for Research in Mental Health and Substance Use, Sydney Medical School, University of Sydney, https://www.pc.gov.au/___data/assets/pdf_file/0003/240798/sub280-mental-health.pdf

Centre's Registered Training Organisation. There is a template and an evaluation report completed that can contribute to the knowledge base for applying this model in other locations in Australia.

Separate comment: It is also important to look at the benefits of providing cultural support workers for people from CALD backgrounds. Cultural appropriateness and safety are paramount when addressing the support needs of diverse people.

- *Stronger emphasis on integration of the peer/lived experience workforce into service provision*

We need to develop clear career pathways, relevant training both accredited and non-accredited, for AOD peer workers and a qualified peer supervisors' route for qualifications and employment to support roles for peer workers in AOD service delivery.

We must also consider:

- *A national body to look after the interests and professional development that is discipline-specific to the AOD peer workforce.*
 - *Benchmarking, data gathering and measurement of this workforce*
- *Increasing recognition of the importance of consumer representation and participation service delivery*

Not just engagement and participation but also co-design and co-production.

Discussion question 2: What are the priority actions to improve WFD at the a) systems, b) organizational, and c) individual worker levels in the short-medium (3-5 years) and longer (6-10 years) terms?

Important issues could include (but aren't limited to):

- *Reviewing and improving funding models to ensure AOD services have optimal support for capacity building and effective service delivery*

Minimum 5-year funding cycles are required.

- *Addressing remuneration and other employment conditions for AOD workers to achieve parity with similar sectors (e.g., mental health)*

Nothing further to add.

- *Development of a national AOD workforce census to guide workforce planning and WFD*

Nothing further to add.

- *Development and promotion of recruitment pathways into the AOD sector from related fields (e.g., public health, community services)*

Into AOD, as well as out from AOD into public health and community services.

- *Building and supporting structured career pathways within AOD organizations and the sector in general, including pathways into leadership and management*

Including for AOD peer workers.

- *Implementing programs and strategies to increase the accessibility of professional development, clinical supervision, and practice support for the AOD*

Noting that the peer workforce should have peer-led supervision to ensure the nature and characteristics of peer work are properly supported.

- *Developing and implementing public campaigns to address the stigma associated with AOD use and AOD work*

Additional funding for the purpose of national public campaigns and state tailored campaigns.

Discussion question 4: Thinking about generalist workers:

(a) What are the priority WFD issues for generalist workers?

(b) What WFD goals should be set for improving WFD outcomes for this group (i.e., what should be we aiming for?)

(c) What are the major steps in the short-medium and longer term to achieve these goals?

Priorities for generalist workers could include (but aren't limited to):

- *Integration of AOD content into pre-employment training at vocational and tertiary levels*
- *Increased accessibility to AOD-related training and professional development for established workers*
- *Strategies, programs, and support to facilitate integrated care that incorporates AOD professionals and organizations*
- *Targeted professional educational campaigns to address stigma and*

DEN supports all of these. Nothing further to add.

PRIORITY GROUPS

Discussion question 6: Thinking about others workforce groups with unique needs (e.g. rural, regional and remote workers, peer workers, law enforcement and corrections workers):

(a) What are the priority WFD issues for these workers?

The development of a nationally recognised qualification such as a Certificate IV in alcohol and drug peer work, with a pathway to a Diploma level qualification will be an important step in supporting the development of a Peer Workforce that receives consistent and benchmarked training. This needs to be part of a suite of strategies to support this workforce, so that they have a clear pathway for recognition of their skills and knowledge and can be remunerated appropriately.

Additionally, a national Peer Work framework would be helpful to provide guidance on key best practice components of Peer Workforce development, such as defining Peer Work, organisational readiness, peer work training, peer supervision and peer communities of practice. This framework could be informed by work already completed in this space by SHARC in Victoria.

(b) What WFD goals should be set for improving WFD outcomes for this group (i.e., what should be we aiming for?)

As above.

Both goals described above are important, and to be addressed in the short-medium term.

(d) Are there Australian or international examples of effective WFD for these groups that could be replicated/adapted?

SHARC is an organisation that has led the way in peer workforce development in Victoria and has developed Peer Workforce core competencies. This work is an important foundational step in developing and benchmarking a nationally recognised qualification.

SHARC has also developed and delivered organisational readiness training which is a key component of best practice peer workforce development.

The Drug Education Network (DEN) is currently working in partnership with three AOD service delivery organisations (Holyoake, Salvation Army and Youth Family and Community Connections), to develop an AOD peer workforce in Tasmania. Project completion is due in August 2023. DEN will then complete an evaluation of the project outcomes, impacts and learnings to be shared as a resource with the AOD sector in Tasmania and beyond. Additionally, DEN will be producing an AOD Peer Work framework as a resource for the AOD sector in Tasmania which will incorporate the learnings from this project.