

# National AOD Workforce Development Strategy

**Submission By:  
Victorian Alcohol and Drug  
Association (VAADA)**

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## Submission to the National Alcohol and other Drugs Workforce Development Strategy Consultation

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**From:** Sam Biondo, EO, Victorian Alcohol and Drug Association

Thank you for the opportunity to contribute to the consultation as part of the review of the National Alcohol and Other Drug (AOD) Workforce Development (WFD) Strategy 2015-2018, conducted by the National Centre for Education and Training on Addiction (NCETA), Flinders University.

This submission should be read in conjunction with our contribution to in-person consultations with NCETA in December 2021, and in February 2022. It captures a selection of key issues, rather than a detailed description of all the challenges and opportunities.

As the peak body representing funded AOD treatment services in Victoria, the Victorian Alcohol and Drug Association (VAADA) supports a strategic, structured, intentional, yet achievable approach to AOD workforce development. The starting position is an effective workforce strategy that has sufficient breadth and depth to target and meet diverse workforce needs (present and future), while also having the governance, architecture, funding and stakeholder support to get it done. The best strategy is useless without effective implementation.

One of the challenges in any implementation project is strong governance. That is, establishing an accountable authorising environment (including structure and staff) that can implement, oversee and evaluate the delivery of a workforce development strategy. We note the current governance vacuum in the national AOD policy arena with the cessation of the Council of Australian Governments (COAG) and the Ministerial Drug and Alcohol Forum (MDAF). The current structure, National Cabinet, does not include a replacement for the MDAF. At the same time, there is a continued disconnect between state and federal AOD policy (see PHN planning among other examples). This lack of governance needs to be addressed as a priority, to support development and delivery of a workforce development strategy (or the National Drug Strategy for that matter). We also note the importance of coordination and consistency between these, and other related strategies.

Regarding key issues for consideration in the development of a WFD strategy, we would like to emphasize the following:

- Remuneration and resourcing. Organisations need to be supported and appropriately resourced to implement WFD activities. This should not be an afterthought to development of funding models. Related to this, workforce development should consider remuneration and pay parity across allied sectors. Workforce recruitment and retention is aided (and conversely degraded) when roles pay well/ don't pay well.
- Recruitment and retention. Pathways, starting from academia and including subjects focused on AOD and addiction, help promote pathways into the AOD sector and strengthen its legitimacy, rather than people 'falling into' the AOD sector. Clear pathways of career progression within the AOD sector should be identified and strengthened. The pattern of short-term contracts for staff and late renewal of contracts negatively impacts recruitment and retention.

- Scope. The WFD needs to span systems, organisations and individuals. This also requires a mapping of the AOD workforce, to accommodate the diversity of AOD work – for example pharmacotherapy, harm reduction, peer work, priority populations, residential services, youth work etc. The AOD sector has a diverse yet specialised workforce. Some of these cohorts are also facing critical shortages and needs. For example, in Victoria we have a critical shortage of Addiction Medicine Specialists. The Pharmacotherapy system, via community-based GPs, is at crisis point with a limited number of prescribers managing large numbers of people. Many of these AMSs are close to retirement. The WFD should pay attention to these critical needs and plan to address these as much as practicable.
- Data. For too long data, at least in Victoria, has been woefully inadequate. WFD should be based on data and evidence, and support investment in improving data availability, quality, and integrity. Data should underpin Workforce planning and coordination, which itself should be strategic, coordinated, and purposeful.
- Stigma and legitimacy. While consumers have long been subject to discrimination, it is also widely understood in the AOD sector (if not more broadly), that AOD work is often seen as less attractive or desirable, compared to other social and community service work. This can flow through to government bureaucracies also where AOD portfolios are less desirable and AOD attracts less resourcing. We argue a key term in this context is ‘legitimacy’ and that a key task is to increase the legitimacy (and counter de-legitimisation) of the AOD sector. This requires a long term and strategic approach, but should not be overlooked in the development of this, and future WFD strategies.
- Role identification and classification. We suggest the AOD workforce and workforce development could benefit from a stronger taxonomy of roles. For example in allied community services, there is a well-defined set of roles and positions, such as practitioners and senior pracs in the mental health system. The supports consistent understanding of roles and requirements; remuneration; career pathways and required skills and experience.
- Special workforces. It is vital that First Nations peoples in particular, are attracted to working, and stay within, the AOD sector. Aboriginal and Torres Strait Islanders peoples are over-represented in AOD treatment settings. Supporting First Nations clients better is critical. The unique needs of Aboriginal and Torres Strait Islander workers are profound yet not sufficiently considered. For example there needs to be better availability of skilled clinical and cultural supervisors. We support an emphasis on better supporting Aboriginal and Torres Strait Islander workers

Thank you for the opportunity to highlight a range of key issues related to the review of the National AOD WFD Strategy 2015-2018. As noted in the NCETA discussion paper<sup>1</sup> a highly skilled, qualified and sustainable alcohol and other drug (AOD) workforce is imperative to effectively prevent and respond to problematic AOD use and related harms. We strongly endorse this position.

Sam Biondo



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<sup>1</sup> ([https://nceta.flinders.edu.au/application/files/7016/3969/7235/AOD\\_WFD\\_Strategy\\_Discussion\\_Paper\\_-\\_FINAL\\_.pdf](https://nceta.flinders.edu.au/application/files/7016/3969/7235/AOD_WFD_Strategy_Discussion_Paper_-_FINAL_.pdf))