

National AOD Workforce Development Strategy

Submission By: APSAD

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

Response to Discussion Questions

Thank you for the opportunity to comment on the review and revision of the National Alcohol and other Drug Workforce Development Strategy. This submission focuses on the issues that are most relevant to APSAD's membership and the Society's key roles.

APSAD is Australia's leading multidisciplinary organisation for professionals involved in the drug and alcohol field. It is dedicated to promoting improved standards in clinical practice for medical practitioners and other health professionals who deal with alcohol and other drug-related problems in the course of their work. It also provides a network of drug and alcohol professionals in Australia, New Zealand and the Asia Pacific. The Society is also involved in promoting population health, particularly as it relates to preventive interventions concerning alcohol, tobacco, pharmaceutical products and illicit drugs.

APSAD currently has 500 members across Australia and around the world. The Society has particularly strong links with New Zealand and the Asia Pacific region. Our members represent a wide range of professional disciplines including; educators, counsellors, general practitioners, nurses, physicians, psychologists, medical researchers, public health experts, pharmacists, policy advisors, psychiatrists, social/behavioural researchers and administrators.

As Australia's leading multidisciplinary organisation for professionals involved in the alcohol and other drug field, APSAD also considers the diversity of alcohol and other drug worker's professional and employment background, training, and experience to be a major strength of the sector. We also acknowledge the challenges this creates for developing a National Alcohol and other Drug Workforce Development Strategy that meets the diverse education, training, professional development needs of the multiple stakeholders involved. While the importance of the generalist alcohol and other drug and peer workforce is acknowledged, their inclusion in this strategy further complicates the Workforce Development Strategy issues involved. Given the significant gaps in Workforce Development Strategy that exist in the alcohol and other drug sector, we wonder if it would be more beneficial to first develop a comprehensive National Workforce Development Strategy plan for specialist workers (including those with unique needs) before targeting the entire alcohol and other drug workforce.



The suggested use of a census to map the National Alcohol and other Drug Workforce could be beneficial for Workforce Development Strategy planning if it has a high response rate and provides accurate information about the size and make-up of the alcohol and other drug specialist workforce including medicine/psychiatry, nurses, psychologists, counsellors and peer support workers by state, capital city, towns, regional and remote areas. We are concerned the response rate to the census may be low for this purpose and think this workforce information could be better accessed through an audit of the human resource records of funded alcohol and other drug services. Alternatively, services could be asked to provide this information as part of the Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS NMDS). Once obtained, this alcohol and other drug workforce information should be mapped against existing information on the demand for alcohol and other drug treatment [1] and the state/federal, government/non-government funding available. Triangulating alcohol and other drug workforce, treatment demand and funding information in this way will ensure a comprehensive National whole of Alcohol and other Drug Workforce Development Strategy can be developed.

We agree that more stable and secure funding models are required, as the short-term funding provided to much of the service sector creates critical instability in the workforce. Clearer career steps and pathways, access to clinical supervision and high-quality professional development, and a level of remuneration that reflects the education, training, and experience of alcohol and other drug workers are also required to increase job security and retention. However, the increasing complexity of the clients presenting to alcohol and other drug services is a major concern. Rather than expecting alcohol and other drug workers to develop advanced and specialised skills in the treatment of multiple comorbidities, we wonder if a clearer focus on the role of alcohol and other drug services in treating primary alcohol and other drug use problems (with secondary comorbidities) may help to reduce the growing demands on alcohol and other drug workers and services.

The lack of a standard minimum qualification to work in the alcohol and other drug sector is a major contributor to these workforce issues. A national minimum standard is needed, which clearly specifies the competencies required to provide safe, high quality alcohol and other drug care. This will require the development of competency mapping tools to credential the qualifications and experience of alcohol and other drug workers to ensure they meet the National standard. A training accreditation process should be established to ensure courses meet National standards and are highly accessible and affordable. A staged plan for implementing minimum standards should be developed, with adequate lead time and clear timeframes.



The lack of alcohol and other drug content in undergraduate university and vocational programs also needs to be addressed. The establishment of partnerships between alcohol and other drug services and education/training institutions through the provision of guest lectures, and volunteer and student placements would not only enhance skill development but also provide a pipeline for the recruitment of new workers into the sector. Experience in the alcohol and other drug sector would be particularly valuable for students wishing to enter postgraduate training programs in psychology and social work. Micro-credentialling options in which alcohol and other drug workers complete a series of short courses that can be articulated into a certificate or graduate diploma could also be considered as a way of upskilling existing staff and developing career steps/pathways.

Reference

1. Ritter A, Chalmers J, Gomez M. Measuring unmet demand for alcohol and other drug treatment: The application of an Australian population-based planning model *Journal of Studies on Alcohol and Drugs*. 2019:42-50.