

# National AOD Workforce Development Strategy

## Submission By: Alcohol Tobacco and other Drugs Council Tasmania (ATDC)

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# **The perspective from Tasmanian AOD organisations**

**Submission to NCETA Workforce  
Development Strategy Consultation**

**February 2022**



## About the ATDC

The ATDC is the peak body representing and supporting community organisations, and the people they assist, to reduce alcohol, tobacco and other drug-related harm for all Tasmanians. Our vision is a Tasmania without alcohol, tobacco or other drug-related harm or discrimination. Problematic use of alcohol, tobacco and other drugs continues to be a major cause of harm in Tasmania and is a significant driver of preventable death, disease and illness, psychological distress, unemployment, homelessness, police arrests and prison sentences.

As an independent not-for-profit organisation, the ATDC represents a broad range of alcohol, tobacco and other drug organisations. These organisations provide information and awareness, prevention and early intervention, harm reduction, and specialised treatment and recovery services and programs.

Working with all spheres of government and the community, the ATDC plays a vital role in leading, collaborating and advocating for increased investment in treatment services and population-based initiatives that reduce the harm associated with problematic substance use across Tasmania.

The ATDC supports the sector by delivering training, networking and information-sharing opportunities, as well as undertaking policy and advocacy projects with and on behalf of our members. At all times, our work is underpinned by a commitment to evidence-based practices and policies, consumer participation, harm reduction, and partnerships and collaboration.

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## Acknowledgments

We recognise the Tasmanian Aboriginal people are the traditional owners of the land on which we live and work.

The ATDC wishes to thank all of our members who contribute to the information in this submission. We also acknowledge the many volunteers in our sector and those with a lived experience. The ATDC also gratefully acknowledges the financial and other support provided by the Tasmanian Department of Health and the Australian Government.



## Background

This submission provides a response to the consultation process conducted by the National Centre on Education Training on Addiction (NCETA) to support the development of a second National AOD Workforce Development Strategy.

The National AOD Workforce Development Strategy aims to be a useful resource and guide for the AOD sector to inform planning and implementation of workforce development (WFD) activities at a national, jurisdictional and organisational level. Specifically, the Strategy is designed to:

- Identify key WFD priorities, activities, gaps, and challenges within the AOD sector
- Provide support and guidance for WFD programs and initiatives
- Offer a framework for ongoing monitoring and implementation of WFD activities
- Facilitate a shared understanding of WFD concepts and applications within the AOD and related sectors.

## To support the development of this submission the ATDC has...

- Collated material from previous consultations, including biennial Tasmanian AOD workforce survey information.
- Participated in a national consultation discussion forum facilitated by NCETA and AADC that included representatives from the AOD sector in other states/jurisdictions. From this process it is clear that there are many synergies across jurisdictions when it comes to opportunities to enhance the AOD workforce.
- Developed this submission to represent Tasmanian member organisations and to supplement the national consultation discussion forum. This submission represents the 'Tasmanian situation and priorities' when it comes to workforce development and does not seek to duplicate the information already provided.
- In the discussion forum, participants were encouraged to nominate 'three issues that have emerged since the last strategy (2015)' as well as identify 'three actions that could be taken in the next strategy'. This submission adopts that format, noting that from consultation with members, the ATDC has added a fourth action.



## Three issues since 2015

### **1. Rising rates of client complexity**

AOD workers are assisting an increasing number of clients with complex needs, indicating that a focus on sector service system integration (both vertical and horizontal) is required over the coming years in order to meet this challenge. This requirement echoes the call for improved service integration made in the *Reform Agenda for the Alcohol and other Drugs Sector in Tasmania*. The Reform Agenda identifies the opportunity for better coordination, collaboration and communication across the AOD system and with other sectors such as mental health, housing, employment and justice.

Capacity raising of AOD staff to address co-occurring issues/complexity in clients also requires attention and investment, especially with relation to co-occurring AOD and mental health presentations.

Rates of client complexity as well as issues with referrals and availability of other professionals has had an impact on staff wellbeing, driving stress and burnout.

### **2. Rise in demand for AOD services/ increased referrals**

AOD organisations (both community managed and government public services) have been reporting increased levels of demand in the last two years. Increased referrals have added to already stretched services and in some cases waitlists have increased from levels previously experienced pre-2015.

Identification of the levels of unmet demand was quantified in the 2017 report '*A single Tasmanian alcohol and other drugs (AOD) service system framework*', in which it was identified (from drug policy modelling) that between 6,000-7,000 Tasmanians are currently not accessing treatment. Since this time, demand has increased.

This has had an impact, alongside the pandemic, on staff wellbeing resulting in increased stress and burnout.

AOD treatment, support and education services in Tasmania require further investment to meet rising demand.

### **3. Availability of work ready staff**

ATDC member organisations report that finding "work ready" AOD staff is a challenge. In some cases, organisations have recruited staff from interstate or internationally (e.g. from New Zealand) to address local shortfall. In addition to increasingly complex client presentations, ATDC members are reporting an increasing need for AOD services related to the COVID-19 pandemic. If more funding is made available for AOD services to address demand, this will necessitate the recruitment of more AOD staff. It is currently uncertain how and where these professionals will be sourced. If strategies to address recruitment are not prioritised, workforce shortages may occur as existing workers approach retirement.



With only a quarter of the ATDC workforce survey respondents possessing AOD-specific qualifications, the responsibility to upskill new workers rests primarily with employer organisations, the vast majority of which are not registered training providers. While many organisations are competent and experienced in providing on-the-job mentoring—by promoting professional webinars and providing debriefing and support—others lack the confidence and/or capability. Sourcing appropriate and accredited AOD-specific training was frequently identified as a challenge during consultation with ATDC member organisations.

Community managed organisations report that they have to invest considerable time in new staff to become AOD specialists, only for them to leave for better remuneration in other sectors.

## Four priority actions

### ***1. Spotlight on funding arrangements***

While the majority of funding arrangements emanate from state and territory governments, there is still significant portion of funding provided by the Australian Government. ATDC members report frustration with current funding arrangements generally due to the short duration of contracts and the late notification of renewals against the administrative burden associated with reporting to multiple funding sources. These factors undermine the considerable investment in the workforce by community managed organisations due to the impact on staff turnover.

Five-year (or even four-year) funding agreements would make an immediate difference to service delivery. It makes sense that the length of funding contracts should be aligned with the period required to achieve agreed upon outcomes. Funding for core AOD treatment needs to be long standing as organisations require a secure commitment to allow for planning, implementation and review.

Five-year funding agreements would decrease the time consuming and costly burden of regular competitive tendering processes. This would mean more time for the provision of treatment services and make an enormous difference to smaller organisations who find this process more difficult than larger ones.

Recruiting and retaining appropriately qualified staff across the community-managed health sector is a recognised challenge. Five-year funding agreements would make it easier to attract and retain good staff and also encourage organisations to invest in their workforce.

Lastly, co-commissioning, between federal and state governments, of services that keeps the above in mind would further support organisations in delivering services.



## ***2. Increasing access to training***

As noted earlier, there are challenges to recruiting 'work-ready' staff to AOD specialist positions, as staff often present without these specialist skills and therefore community-managed organisations have to invest considerable time in upskilling. A nationally coordinated focus on raising the capacity of tertiary institutions (both TAFE and universities) to increase the accessibility of AOD skills and qualifications (either within existing courses or as discrete standalone delivery) would be an appropriate consideration for a future strategy.

Tasmania's specialist AOD workforce is comparatively small (around ~250 individual people) and, similar to the national profile is populated by people with a diverse range of qualifications. This means that there may only be a small number of people wanting a particular type of training at any given time. A central directory of what is available as well as flexible delivery options would assist smaller jurisdictions such as ours.

This action is particularly salient for services in rural/remote locations. Access to appropriate professional development opportunities presents an additional challenge in these locations meaning that additional investment in travel and accommodation (as well as associated backfill of positions) is required.

## ***3. Funding the implementation of a National AOD Workforce Strategy***

It is important that a national AOD Workforce Strategy has funding attached to it, in order to implement actions. The considerable investment that peak bodies (and their members) make to contribute to these federal and state processes (while expected) should be honoured by ensuring that there are follow through actions.

Moreover, collaboration between federal and state and territory governments to identify opportunities for collective action and aligning strategy would bring efficiencies while also increasing buy-in from community-managed organisations.

## ***4. Supporting the AOD peer workforce and the lived experience voice generally***

There has been a clear shift toward incorporating peers into the AOD workforce in a number of capacities. The Tasmanian AOD sector commenced its journey to introduce peer workers in recent years through a project that raised the capacity of individuals to become peer workers (with 30 individuals trained) while also readying organisations to incorporate them into service delivery. At the level of the sector there needs to be more opportunities to support and strengthen these roles. For example: the development of clear career pathways, relevant training both accredited and non-accredited and a qualified peer supervisors' route for qualifications and employment.

In closing we note that the real purpose of these processes is to improve services for the community and in doing so reduce drug related harm.

Lastly, we thank NCETA for the opportunity to contribute to this process of informing a new National AOD Workforce Strategy while expressing gratitude to our member organisations for their ongoing contributions that informs our work. We look forward to future collaboration.