National AOD Workforce Development Strategy

Submission By: Alcohol Tobacco and Other Drug Association ACT (ATODA)

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Response to the Review and Revision of the National Alcohol and Other Drug (AOD) Workforce Development Strategy Discussion Paper

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Introduction

The Alcohol, Tobacco and Other Drug Association ACT (ATODA) represents the Alcohol Tobacco and Other Drug (ATOD) sector in the ACT. Members include specialist alcohol and other drug treatment organisations, distinguished drug experts with deep knowledge of the criminal justice system and population health; the group representing families and friends who have lost loved ones to drugs; and the peer-based organisation for people with lived experience of drug use in the ACT.

ATODA welcomes this discussion paper regarding the review and revision of the National Alcohol and Other Drug (AOD) Workforce Development Strategy (the Strategy). As the discussion paper notes, there have been a number of significant changes that impact the AOD workforce since the development of the first Strategy, and a revised and goal-orientated strategy is important to ensure a skilled and sustainable workforce.

In preparing this submission ATODA has not repeated the detailed analysis and evidence from the literature on these important issues, as this is already covered in the discussion paper. This submission responds specifically to the questions posted in the discussion paper, drawing on ACT data and experiences where it may provide useful insight into workforce challenges felt nationally. The data is largely drawn from the 2021 ACT AOD Workforce Profile, which will shortly be published. The AOD Workforce Profile has been undertaken in the ACT every three to four years since 2006.

In developing this submission, ATODA has consulted with the Executives of specialist AOD treatment services in the ACT, as well as with the ACT AOD Workers Group, which includes workers' representatives from those services.

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

A number of new or heightened workforce challenges and opportunities have emerged since the development of the first Strategy. The following is not an exhaustive list.

Keeping pace with demand

A significant issue is that the size of the workforce in the AOD sector generally, but in the NGO sector specifically, is not keeping pace with the increase in demand for services.

- A more than doubling of the number of episodes of care between 2011 and 2020 (Alcohol and Other Drug Treatment Services National Minimum Data Set), has not been matched with an equivalent increase in the AOD workforce, which only increased by 62% between 2011 and 2021 (2011, 2021 Workforce Profile).
- About half of AOD workers in the ACT disagree with the statement that "There are enough AOD workers at our program to meet current client needs"; and nearly half disagree that "AOD workers at my program are able to spend enough time with clients" (2021 Workforce Profile).
- There is an ageing AOD workforce—the average age of respondents to the 2021 ACT AOD Workforce Profile was 43.7 years, with the highest proportion of workers concentrated in the 40 – 49 year old age group.

Challenges shared with the broader community sector

The experience of the ATOD sector regarding workforce challenges are consistent with challenges faced in the broader community services sector. A recently published report

regarding funding for the community sector in the ACT found that cost pressures were resulting in a number of service delivery areas being inadequately funded, including professional development and training, and professional/clinical supervision.[1] The report also noted the issue of competition between community sector and better compensated public service roles, and the issue of resource constraints impacting staffing through service providers relying on casual staff, hiring staff with different qualifications than what the role ideally requires, or limiting availability of services to clients.

Other issues

Other issues that have emerged include:

- Changes in the scope and scale of peer AOD workers, which presents significant opportunities – discussed in further detail in response to **Question 6**;
- AOD workers increasingly being required to manage competing interests and differing views around treatment goals, for example, where providing treatment to court-mandated clients (such as through the Drug and Alcohol Sentencing List in the ACT) or to families and friends;
- Increased uncertainty regarding job security with increased reliance on short-term employment contracts due to lack of fixed funding: this has implications for staff retention and development into leadership positions;
- Uncertainty over what significant legal reform may mean for treatment demand and expectations (for example in the context of likely decriminalisation of a range of drugs in the ACT); and
- Increased complexity in clients, who are presenting with more comorbidities and increased expectations of integrated care.

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?

A key priority action to address AOD workforce challenges is to improve remuneration for the workforce. High proportions of workers in the ACT AOD sector report below average ACT weekly earnings, and about one-third of workers in the ACT AOD Workforce Profile nominated 'low salary/poor benefits' as a reason for workers to leave the AOD sector—this was the second most likely reason given, behind 'high stress/burnout' (nominated by nearly two-thirds of respondents). Data from the 2021 ACT AOD Workforce Profile shows that about one-third of all workers in the AOD sector earn at or above the ACT average weekly total earnings of $1,500.30. When considering only full-time workers, less than half of all full-time workers in the AOD sector, and less than one-third of full-time AOD Workers (only) earn at or above the ACT average weekly ordinary time earnings of $1,908.60

The workforce profile includes characteristics often associated with low earning workforces: about two-thirds of the ACT AOD workforce is female, 44% work part-time or casually, and nearly one-third were born in a country other than Australia (2021 Workforce Profile).

[1] Cortis N, Blaxland, M. and Adamson, E. *Counting the Costs: Sustainable funding for the ACT community services sector*. 2021. Sydney: UNSW Social Policy Research Centre.

A second priority action is to reduce stigma for the AOD workforce – discussed in further detail in response to **Question 11**.

Discussion question 3: Thinking about specialist AOD workers:
(a) What are the priority WFD issues for AOD specialist 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?

Considering responses to the 2021 ACT AOD Workforce Profile and the consultations held toward the preparation of this submission, the following workforce development issues continue to be of concern and important to the specialist AOD workforce:

- High stress and burnout continues to be cited as a key reason for workers leaving the sector (see **Question 11**)
- Low levels of remuneration: Workers in the AOD sector continue to be among the most poorly paid in the ACT workforce (see **Question 2**), and this is cited as a key reason for workers leaving the sector
- Development of a Peer Workforce with a clearly defined scope of practice and appropriate accredited training and career pathways, and that is integrated into the service system (see **Question 6**)

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?

ATODA notes that ATODA provides AOD training to workers from related allied sectors with clients who may be experiencing or are at risk of experiencing AOD issues in the ACT. To support generalist workers and workers in allied sectors it is important to ensure appropriate networks, referral pathways, embedded collaboration and information sharing, as well as dedicated training and professional development as required to ensure the entirety of the health and community sector workforce has the appropriate skills to support clients with AOD issues as appropriate and within the scope of their interaction with the client. There is also a gap in relevant AOD training included in the curriculum of many related health degrees.

Discussion question 5: Thinking about the workforce groups who identify as Aboriginal or Torres Strait Islander:
(a) What are the priority WFD issues for these 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?

While recruitment of workers to the AOD sector is a general challenge in the ACT, there is a specific ongoing challenge in recruiting Aboriginal and Torres Strait Islander people to the

AOD workforce. Currently, there are around seven AOD positions at the two ACT Aboriginal and Torres Strait Islander community-controlled organisations, and nine Aboriginal and Torres Strait Islander-identified positions within mainstream AOD services. Similar to many community sector and non-government organisations, mainstream AOD services struggle to attract Aboriginal and Torres Strait Islander people to fill these, and other non-identified, roles. The Commonwealth Public Service is a large employer of Aboriginal and Torres Strait Islander people in the ACT, and community-based organisations cannot compete with the relatively higher wages offered in the public service. The closure of an Aboriginal and Torres Strait Islander-specific employment agency in the ACT has further inhibited AOD services from receiving recruitment assistance.

This presents a challenge to the sector in increasing the number of Aboriginal and Torres Strait Islander people working in the ACT. An additional but related issue is that most AOD intervention types are currently not available through the Aboriginal community-controlled sector, and must be accessed through mainstream services (e.g. medicated withdrawal, residential rehabilitation). Four mainstream AOD services have Aboriginal and Torres Strait Islander-identified positions, and as described above report challenges in recruiting staff to these positions. The ACT government has committed to building an Aboriginal and Torres Strait Islander-specific AOD rehabilitation facility, which will provide further pressure on recruitment of Aboriginal and Torres Strait Islander people to the AOD sector.

On a positive note, Aboriginal and Torres Strait Islander people working in the AOD sector have successfully taken advantage of accessing the fully-subsidised Certificate IV in AOD through the Qualification Strategy implemented by ATODA on behalf of the ACT Government. The training includes the provision of specific support days for all workers and has been particularly helpful in supporting workers who have previously had limited access to formal education.

A sector-wide strategy to guide Aboriginal and Torres Strait Islander AOD workforce recruitment, retention, support and training across Aboriginal and non-Aboriginal services is required. This includes investigating how to better facilitate recruitment, and identifying how Aboriginal and non-Aboriginal services can work together to draw upon a limited workforce to best support Aboriginal and Torres Strait Islander people through their AOD treatment.

Discussion question 6: Thinking about other the 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?
(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?
(d) Are there Australian or international examples of effective WFD for these groups that could be replicated/adapted?

In responding to this question ATODA has focused on the role of peer workers, which presents significant emerging opportunities since the original Strategy.

The previous National AOD Workforce Development Strategy 2015 – 2018 included only a passing reference to the role of Peer Workers in the AOD sector. Outcome area 6 included the action: “Undertaking an examination of the potential for consumer worker roles in the AOD field (as has occurred in the mental health field), including the development of role definitions and capabilities” (p.22). Variable progress has been made on this in some states and territories, including for instance in Victoria through dedicated programs of work (a Strategy for the AOD Peer Workforce in Victoria) and Tasmania (the ATOD Peer Workforce Project). However, there has been little strategic national commitment to this.

ATODA suggests that the next AOD Workforce Development Strategy includes a strong national commitment to action, to further the development of a Peer Workforce in the AOD sector, and appropriate resourcing to further this action to support:

- A clear articulation of the definition of, and job description for, Peer Workers, and how this differs (or does not) from being a worker in the AOD sector with lived experience of AOD use and/or AOD-related harms;
- Establishing a Peer Workforce as an integrated part of AOD service and system design, with Peer Workers accepted as professionals working alongside other workers in the AOD sector;
- An accredited framework or qualification standard for Peer Workers, that provides options and support to obtain accredited qualifications, specifically relevant to the skills required for peer-based AOD service delivery, and ensures that the Peer Workforce remains accessible to people with lived experience;
- Professional supports, including practice supervision, peer networks, and professional development opportunities; and
- Clear pathways for recruitment and career development, and strategies for retention.

In the ACT, the value of the Peer Workforce has become increasingly apparent during the COVID-19 pandemic, when AOD Peer Workers were mobilised to lead an outreach response alongside other health professionals and community workers, to provide health and social support to people experiencing disadvantage. This included people using AOD and/or experiencing AOD-related harms, with this often intersecting with experiences of other types of disadvantage (e.g. homelessness). The pandemic response highlighted that this model is extremely successful at reaching community members who might otherwise be marginalised from receiving appropriate supports. Their positions as Peers placed these workers in a relationship of trust, and enabled the types of responses that non-peer employees of non-peer-type organisations would normally not be in a position to offer. The involvement of Peers in this way not only ensured the success of the public health COVID-19 response (e.g. by supporting people to isolate or quarantine or get vaccinated), but encouraged and channeled people into AOD treatment and support when they otherwise would not have accessed these services.

The AOD sector in the ACT has worked collaboratively and cohesively across non-government and government organisations, and across all intervention-types. The sector takes particular pride in the strength of the collaborative relationships between the consumer organisation, the Canberra Alliance for Harm Minimisation and Advocacy (CAHMA), and other AOD services (i.e. non-consumer led organisations, both government and non-government). CAHMA and its workforce is highly valued and respected for the specific expertise that Peer Workers bring to the sector. However, until the experiences of 2020 and

2021, this expertise was largely limited to the specific harm reduction, peer information and education, and advocacy functions delivered by CAHMA.

The mobilisation of public health resources highlighted a very specific and unique role for Peer Workers in leading responses in ways that connect marginalised community members to the health and social services that they are entitled to as members of the ACT community. The potential to more strongly integrate and formalise an AOD Peer Workforce within the ACT AOD sector has been brought to light. Peer Workers and Peer Organisations clearly have an increasingly important role in supporting drug treatment and complex case management of clients, including ensuring appropriate AOD treatment matching, and liaising and integrating with residential services.

Currently, about half of the clients of CAHMA have recently left residential AOD services. This has meant a tightening of professional boundaries by the organisation and a change in how the organisation conceptualises its purpose and operations. The organisation no longer just represents people who use drugs, but also people who want to be abstinent and who need extra support in their lives and AOD treatment journeys. It has led to a rethink about how to balance differing treatment goals and pathways of people accessing AOD harm reduction and treatment services.

In the ACT AOD sector, the Peer Workforce is limited to CAHMA, and at mid-2021, CAHMA employed 19 staff. A large proportion of these workers have been employed as part of a specific volunteer/casual employment program. This program provides people with stable casual hours, providing access to skill-building activities and training and building confidence and a track record to explore pathways into further work. Within an appropriate strategic framework that supports a Peer Workforce, this program could be built upon to provide pathways into appropriate employment within the AOD sector. While CAHMA is already expert at delivering peer- based support, there is also potential scope for a pathways into a Peer Workforce within other specialist AOD services or outside of the AOD sector.

Peer Workers are eligible to participate in the training activities offered under the ACT's Qualification Strategy (e.g. AOD Skillset and/or the Certificate IV in AOD). However, the existing formalised training is not tailored to the needs of a Peer Workforce, neither in terms of content, nor, for some workers, in terms of delivery and assessment. Peer workers are typically aware of elements of this training, but might require more information about role boundaries and scope of practice, as well as about maintaining professional distance and self-care. A specialised set of skills are needed for Peer Workers to meet the challenges of delivering specific supports, within specific contexts and modalities, while also managing the practical challenges of being a peer delivering services to peers. As many Peer Workers have limited experience with formal training and education programs, the requirements of the AOD Skillset/Certificate IV AOD can be out-of-reach for some of these workers.

It is still difficult for some Peer Workers to participate in, and complete, the Certificate IV in AOD, and that an alternative accredited pathway is needed. Importantly, any training provided to Peer Workers must be accredited to provide legitimacy to the Peer Worker role. Current Peer Workers have noted that some AOD clinicians are reluctant to accept their expertise as legitimate professionals working alongside them. Formal recognition of the role, integration of these roles within the service system, and accredited training would assist and support Peer Workers to be recognised by other AOD professionals.

The development of a specific 'Peer Worker' role category should also consider how to utilise the lived experience of workers in other roles within the AOD workforce. Many workers in the ACT AOD sector who may not identify specifically as 'Peer Workers' have current or past lived experience of alcohol and other drugs. Over 60% of workers in the ACT AOD sector indicated having lived experience of AOD, with more than half of these having personal lived experience. Many of these workers indicated in the most recent ACT AOD Workforce Profile that they specifically draw upon their lived experience in their daily practice with clients of their services. This could potentially be drawn upon to enhance practice.

Discussion question 7: What WFD strategies for the AOD workforce will best support and ensure effective service delivery for client groups who identify as Aboriginal and Torres Strait Islander? What are the immediate priorities for attention and action in this area?

It is critical that Aboriginal and Torres Strait Islander people retain choice in AOD service providers. Clearly, it is important that, where possible Aboriginal and Torres Strait Islander people are able to access all types of AOD interventions from Aboriginal community-controlled organisations. However, where these are not available, or where Aboriginal and Torres Strait Islander people prefer to access AOD services through a mainstream provider, everything should be done to ensure that the care and support provided is culturally safe. As such, all organisations—both mainstream and Aboriginal Community-controlled—should receive resourcing and have in place mechanisms to maintain culturally safe AOD programs.

Culturally safety can be achieved partly through the recruitment and retention of Aboriginal staff, and this has been discussed in **Question 5** above. However, mainstream AOD services have the responsibility to ensure that all staff deliver services in a culturally safe environment, and that the provision of treatment, care and support to Aboriginal and Torres Strait Islander clients is carefully monitored. One way in which this can be done is through service user experience surveys which could include specific questions to monitor experiences of care, including cultural safety. Such surveys should, of course, feed into mechanisms that take the survey findings and translate these into service improvement. The ACT AOD sector implements a three-yearly Service Users Satisfaction and Outcomes Survey (SUSOS) with service users of all specialist AOD services on a single day. This includes provisions to measure aspects of service use experience such as cultural security and safety to inform quality improvement across the AOD sector. In the 2018 SUSOS, Aboriginal and Torres Strait Islander people reported a slightly lower (but statistically significant) level of satisfaction with their service experience, but it was still high (median score of 26.0, compared to mid-point score of scale of 20.0 and highest score of 32.0). Of all survey respondents (n=575), 89.2% of service users 'agreed' or 'strongly agreed' that 'This service respects your cultural values', with a mean score of 4.4 (of 5.0). These scores provide insight to services on how well the sector responds to the needs of Aboriginal and Torres Strait Islander service users and Culturally and Linguistically Diverse service users.

Discussion question 8: What are the key WFD strategies for the AOD workforce will best support and ensure effective service delivery for client groups with specific and unique needs (e.g., younger or older people, people who identify as LGBTIQ+, clients with complex needs)? What are the immediate priorities for attention and action in this area?

While the ACT AOD workforce is, in many ways, highly diverse, it could never proportionally represent the population, although it should always work towards it. A lack of specific diversity does not necessarily mean that the workforce is ill-prepared to deliver services to particular population groups. The sector should always be striving to understand the proportional makeup of the population of people experiencing problematic AOD use, and how this is reflected in the proportional makeup of people accessing AOD services. Understanding this makeup will inform services where they should be accessing professional development, and in relation to which population groups.

As identified above, the ACT AOD sector implements a three-yearly Service Users' Satisfaction and Outcomes Survey (SUSOS) that includes the provision of information about the profile of service users of specialist AOD treatment and support services, and maps this to their experiences of services. The AOD sector utilises this information alongside other sources (such as their own internal surveys) to understand workforce development that may be needed to better respond to specific client groups.

In the 2021 ACT AOD Workforce Profile, the following clients groups were identified by workers as priorities to guide professional development, either for the sector as a whole, or for themselves:

- Clients with acquired brain injury
- Clients with co/multiple comorbidities
- Clients from culturally and linguistically diverse backgrounds
- Forensic AOD clients
- Older clients
- Clients with gambling problems

Discussion question 9: How can integrated care with other sectors (e.g., mental health) best be achieved in practice to support clients with multiple and complex needs? Are there Australian or international examples of best practice in this area that could be replicated?

There is a need and opportunity to improve the capacity of the entire service system to respond to community members living with multiple co-morbidities and experiencing increasing complexity.

Within the ACT, ATODA proactively provides AOD training to allied sectors, including mental health. There is a need for other sectors to similarly provide appropriate training to the AOD sector and to assist in breaking down siloes. Better links with other sectors would also assist with reducing stigma. Client-centered care is at the heart of the ATOD sector in the ACT, and that requires strong collaboration across the service system.

In the ACT AOD workers recognize increasing complexity of clients as a challenge, as noted through several sources.

- SUSOS 2018 – data can be used to show complexity of clients (homelessness, unemployment, disability, requesting (and receiving) help with multiple ancillary services, such as mental health, dental health, family issues, etc.)
- Workforce Profile 2021 – 'responding to multiple and complex needs (e.g. dual diagnosis, trauma, family violence)' appears in top 5 training gaps for particular areas of work practice for a number of respondents.

Discussion question 10: Considering funding models and arrangements in the AOD sector: (a) What are the priority WFD funding issues for the AOD sector? (b) What are the immediate priorities for attention and action in relation to WFD-related funding? (c) What types of funding models would best support the capacity and effectiveness of the AOD workforce?

There is a significant gap in investment in ATOD services both nationally and locally. At the national level investment in ATOD treatment needs to at least double to meet the demand for services.[2] This accords with waiting lists for treatment programs and the experiences of people who seek support for drug and alcohol use in the ACT. Preliminary findings from the Drug and Alcohol Service Planning modelling (DASPM) specific to the ACT indicate that up to 4,750 more people need treatment than are currently being treated through exiting services, with an investment gap of approximately $24 million. Insufficient investment has a significant impact on the workforce, including in terms of recruitment, retention and worker wellbeing.

The recently released *Counting the Costs: Sustainable funding for the ACT community services sector* report noted above makes a number of relevant recommendations regarding sustainable funding models for the community sector, which ATODA recommends NCETA considers in the context of this question.[3]

Discussion question 11: Considering recruitment and retention in the AOD sector: (a) What are the key issues and challenges? (b) What are the immediate priorities for attention and action? (c) What initiatives would best support effective recruitment and retention in the AOD sector?

In the 2021 ACT AOD Workforce Profile, Executives of specialist AOD services have identified the following key issues and challenges to recruitment.

- The top three reasons preventing them from achieving their desired recruitment outcomes are:
    - Applicants have inadequate training and education
    - Applicants do not have enough relevant AOD experience
    - Low numbers of applicants
- Among top challenges for the AOD workforce over the next three years:
    - A limited number of people are attracted to working in AOD
    - It is particularly challenging to recruit to highly specialized professional AOD positions, such as counsellors, psychologists, nurses and addiction medicine specialists
    - The quality of applicants, particularly in terms of their level of experience and knowledge regarding the complexity of the field, is low

A consultation meeting with Executives also raised the issue of the relative stigma involved in working in the AOD field, relative to other health sectors. In the hierarchy of the health and community services sectors, alcohol and other drugs is ‘at the bottom’. Within the health

[2] Ritter A, Berends L, Chalmers J, et al. *New Horizons: the review of alcohol and other drug treatment services in Australia. Final Report*. Sydney: Drug Policy Modelling Program, National Drug and Alcohol Research Centre, UNSW, 2014 (released Nov. 2015).

[3] Cortis N, Blaxland, M. and Adamson, E. *Counting the Costs: Sustainable funding for the ACT community services sector*. 2021. Sydney: UNSW Social Policy Research Centre.

professional alcohol and other drugs is seen as possibly the least prestigious specialty, and this makes it difficult to attract workers to the sector.

Among the suggestion to counteract these perceptions, Executives noted that improved links with services in other sectors would be helpful to improve understanding of AOD issues and reduce stigma among workers in those sectors. In addition, the current public discussion in the ACT around the decriminalisation of all drugs is likely to improve the public's understanding of AOD issues and their perceptions of people who use AOD. Should this bill be passed it will be interesting to monitor the impact on the public perception of AOD use, and the impact this may have on the stigma perceived by workers in the AOD field.

A positive action a new Strategy could commit to in relation to stigma could be increased positive promotion about working in the AOD workforce, as occurs for other areas of the health workforce from time to time. National campaigns could be targeted at the jurisdictional level, and peaks could have a role to support the Government or NCETA in this as well.

The issue of recruitment is distinct from the issue of why people leave the sector. Interestingly, the perception of stigma and low prestige does not appear to be a significant reason for people to leave the AOD sector. 'Stigma/lack of respect' was not nominated as one of the main reasons for why workers leave the sector in either the Workers or Organisation Surveys of the 2021 ACT AOD Workforce Profile. Further, the statement 'I'm proud to tell others where I work' scored well—mean 4.4 (out of 5.0); median 5.0). Stigma is clearly not seen to be a key reason for leaving the sector; instead the following were nominated as having the greatest impact:

- High stress/burnout
- Low salary/benefits (see **Question 2**)
- Experience of difficult clients
- Workload
- Lack of career opportunities

Discussion question 12: What substances should be considered of particular concern for the AOD sector at the current time and into the future and what are the implications for AOD WFD to ensure effective responses?

It is often difficult to predict future trends in the drug market and trends in drug use, and to match treatment practice to meet these changes. It is critical for the AOD sector maintain flexibility and agility to response to these trends quickly and effectively. This can be supported through:

- Timely monitoring systems, strong networks with workers on the ground (including Peer Workers), and effective communications to notify the sector of drug trends.
- Access to training to inform knowledge and practice, and that can be quickly mobilized to respond to observed trends.
- Availability and agility of funding to implement training and/or to make practical changes for appropriate responses—this may be changes for instance to modalities of service delivery (e.g. use of outreach to reach particularly vulnerable groups), or modifications to infrastructure to facilitate specific responses.

Further, the AOD sector must be appropriately resourced and trained to respond to, and provide treatment for, the substance that will kill more people who use AOD than any other

substance: tobacco. Many services have made efforts to implement specific nicotine dependence treatment and smoking cessation support alongside AOD treatment. However, the AOD sector is under-resourced to provide best practice nicotine dependence treatment, and the AOD workforce would benefit from up-skilling to be able to provide appropriate smoking cessation support.

Discussion question 13: Should minimum educational qualification standards for specialist AOD workers be implemented in all jurisdictions?

All ACT government-funded or -delivered AOD services are required to ensure that their workforce meet the requirements of the ACT AOD Qualifications Strategy (QS) within three years of their employment. This requires a minimum qualification of either an AOD qualification equivalent to or above a Certificate IV in AOD, or a health, social or behavioural sciences related tertiary qualification along with the four core units of the AOD Skillset; plus a first aid qualification. More than 85% of workers participating in the 2021 ACT AOD Workforce Profile either fully or partially met the ACT AOD Qualifications Strategy, or were currently undertaking or planning to undertake (within 12 months) the required training.

In the 2021 ACT AOD Workforce Profile, the majority of direct-client service delivery respondents (57%) indicated that they agreed that the Certificate IV is an appropriate minimum level qualification for the AOD workforce in the ACT (around 20% responded 'maybe' or 'don't know'). While fewer than five respondents felt that the minimum level should be set below the Certificate IV, a large minority (20%) indicated that they felt that the minimum qualification should be above the Certificate IV. For these respondents, the main reason for their opinion was that the complexity of AOD treatment required higher levels of qualifications, with several suggesting either a minimum AOD qualification at Diploma level or a requirement to also achieve a Certificate IV in Mental Health. Several respondents indicated that the Certificate IV was adequate for entry level workers (for example support workers), but that the more complex work required of Case Managers needed a higher level of training and on-the-job experience.

The Qualification Strategy, with the minimum requirement set at the Certificate IV level, has served the ACT well, helping the sector to achieve an appropriate minimum AOD qualification, and providing more specific AOD knowledge to prepare workers from other health and social sectors for AOD work. A key aspect is that training is fully subsidized by the ACT Government. ATODA would encourage a formalized national approach to a Qualifications Strategy. Such a national approach could include an agreed minimum qualification (Certificate IV in AOD), but could also articulate (required and/or suggested) minimum qualifications and/or experience tiered against the scopes of practice of different AOD work roles. To be most effective at recruiting appropriately qualified workers to the sector, such a Qualifications Strategy should ideally be fully funded.

The full funding of the ACT AOD Qualifications Strategy has been successful at providing equitable access to all AOD workers to the attainment of a minimum qualification. There has been a steady rise from just over half of eligible workers fully meeting the minimum qualification in 2011 to almost three-quarters of workers indicating that they meet the minimum qualification in 2021. The fully-funded QS provides pathways into the AOD sector by people from varied background, including:

- People who have more limited experiences with formal education are supported to participate and succeed through flexible delivery and student support days. About

one-quarter of workers delivering AOD services to clients indicated that their highest level of education was a Certificate IV or less.

- The QS provides people with non-AOD background with a pathway to AOD-specific work. About half of workers delivering AOD services to clients had worked in a different sector before coming to the AOD sector, and about 40% had a Bachelor degree or higher in a non-AOD health, social or behavioural science course.
- The QS enables workers in the AOD sector to access free training. Around sixty percent of workers delivering AOD services directly to clients earn below the ACT average weekly total earnings.
- As a collective activity available to the entire workforce in the AOD sector the benefit extends across the entire sector, and is not just limited to individual services. Data from the 2021 Workforce Profile suggests that workers are likely to stay within the AOD sector, even if they leave their current organisation; their participation in the QS benefits the entire AOD sector.

Discussion question 14: How well is the current vocational education system meeting the needs of the AOD workforce and sector? What are the immediate priorities for action in this area?

An immediate priority is to ensure greater access to training to boost the AOD workforce given the workforce shortages. Recently in the ACT there have been developments to include AOD course units as part of the eligible courses under JobTrainer, which is a please step in this regard. ATODA also notes there is no qualification for peer workers – please see detailed discussion on this at **Question 6**.

Discussion question 15: What are the key issues and challenges for professional development (PD) in the AOD workforce? This may include issues related to accessibility, quality, modalities (e.g., supervision, training), content (e.g., priority KSAs) or other matters.

In the ACT, the attainment of this required minimum qualification is facilitated by the provision of *full* scholarships to undertake either the four AOD Skillset units (for those with a non-AOD tertiary degree), or the entire AOD Certificate IV in AOD. All AOD workers delivering AOD treatment and support directly to clients in ACT government-funded programs are eligible for these fully-subsidised places, across government and non-government services, and across all intervention types. As a collective AOD sector activity, training is purchased and organised for the sector by the peak AOD organisation (ATODA) from Registered Training Organisations (RTOs). During the COVID-19 pandemic, these RTOs have been able to successfully adapt to provide online training options.

The fully-funded Qualification Strategy in the ACT is associated with a large increase in attainment of minimum qualifications in the ACT AOD sector. ATODA would advocate for full funding of all AOD training supporting the attainment of minimum AOD qualifications—including multiple tiered levels of minimum qualifications matched to the scopes of practice of various job roles (see **Question 13** for more detail regarding the Qualifications Strategy).

A separate issue from a Qualifications Strategy is the need to recognise in a more formal way ongoing professional development. A recognition framework for advancement could assist in capturing ongoing development and in better recognizing and retaining an expert workforce. There is a gap in relevant Continued Personal Development (CPD) opportunities

for AOD as currently exists for other related professions such as counselling and mental health studies. CPD packages would increase knowledge and help upskill staff to higher levels of employment.

Other important issues that have been raised by workers in the ACT regarding retention include the need for workers to learn how to manage vicarious trauma, the need for more accessible professional supervision (including external where possible and appropriate), and opportunity for mentorships or other means of supporting AOD workers through their careers.

Discussion question 16: What WFD strategies will best support AOD services, workers and clients to engage effectively with digital and online service provision? What are the immediate priorities for attention and action in this area?

ATODA notes that the capabilities of AOD services, as with all services, in relation to digital and online service provision have greatly improved as a consequence of COVID-19, and services have put in place a range of innovative solutions. However there are specific costs incurred with this, including IT and training costs, and this will likely need to be a feature of service delivery going forward with a clear understanding from funders of the costs and needs in relation to the workforce. There are also anecdotal reasons not to rely too heavily on online service provision, including: preference of many clients for face to face service delivery and associated therapeutic value; lack of technology access by clients; and inability to guarantee the privacy of interactions.

Discussion question 17: To what extent is the development of a national AOD workforce data collection a priority (e.g., an AOD workforce census)? How could this data collection be integrated with, and leverage, existing jurisdictional AOD workforce data collections? What existing data collections could be used to monitor progress?

Previous efforts at doing a national workforce survey have had limited success, with very low response rates in some jurisdictions. Jurisdictional level workforce censuses tend to have a much stronger response rate, such as the ACT AOD Workforce Profile. It is important to note that as jurisdictions themselves are the primary funders of ATOD services, they are the most interested consumer of that information. Given strong jurisdiction-specific surveys exist, there may be an opportunity to harmonise or expand these so that comparable insights nationally can be draw. The Australian Alcohol and other Drugs Council (AADC) could play a role in this and liaise with peaks.

Discussion question 18: What are the priority actions for effective and timely monitoring and implementation of the revised Strategy?

ATODA notes that a key action regarding effective monitoring and implementation is to ensure there is a meaningful servicer user inclusion in the governance. In addition employers should also be included in the governance arrangements, along with worker representatives.

About ATODA

ATODA is the peak body for the alcohol, tobacco and other drug (ATOD) sector in the ACT. Its purpose is to lead and influence positive outcomes in policy, practice and research by providing collaborative leadership for intersectoral action on the social determinants of harmful drug use, and on societal responses to drug use and to people who use drugs.

ATODA's vision is a healthy, well and safe ACT community with the lowest possible levels of alcohol, tobacco and other drug related harms. Underpinning ATODA's work is a commitment to health equity, the social and cultural determinants of health, and the values of collaboration, participation, diversity, respect for human rights, social justice and reconciliation between Aboriginal and Torres Strait Islander people and other Australians.