National AOD Workforce Development Strategy

Submission By: Hepatitis SA

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

Hepatitis SA Clean Needle Program Peer Projects

The Clean Needle Program (CNP) Peer Projects at Hepatitis SA is funded by Drug and Alcohol Services South Australia to provide full-time CNP peer educators at three high volume CNP sites (over 3,000 client contacts per annum) across metropolitan Adelaide, as well as sessional peer educators on a regular part-time basis at 3 other CNP sites. All CNP sites with peer educators are hosted by agencies external to Hepatitis SA. The Peer Education team is supported by a Coordinator and a Project Worker, both of whom also have lived experience of injecting drug use

CNP peer educators provide the following services:

- The distribution of sterile injecting equipment and disposal equipment to people who inject drugs.
- The distribution of an extended range of sterile injecting equipment on a cost recovery basis
- The provision of education relating to injecting drug related harms, in particular blood borne viruses such as HIV and hepatitis C.
- Intensive support for CNP clients, where required, including
- Referral to health, drug treatment and welfare services.

The Project Coordinator provides:

- Regular supervision of CNP peer educators.
- Facilitation of regular training, networking and professional development activities for CNP peer educators with a focus on engaging priority populations and strengthening the support of CNP host agencies.
- Regular liaison with the management of host agencies and Drug and Alcohol Services South Australia to ensure the smooth running of the CNP primary sites with peer educators.
- Workforce development for agencies hosting CNP services
- Participation / advice on various advisory committees at the national and local level
- Coordination of SA peer involvement in a range of national harm reduction / BBV research projects

The Project Worker provides:

- Assistance to the Coordinator in the recruitment and orientation of peer educators to Hepatitis SA
- Assistance in providing regular supervision, debriefing and support for peer educators across both projects where required
- Administrative tasks required to operate the program - including organising professional development activities for peer educators, ordering of stock, assisting with financial administration, travel & accommodation where appropriate

- Ongoing maintenance of appropriate records and data systems relevant to the position
- Facilitation of a regular network meeting for the South Australian AOD peer workforce

Workforce Development Specific to Peer Workers

A specific workforce education need that is unique to peer workers is training and education on boundaries. Peer workers occupy a space of shifting, blurred and precarious boundaries where they face less work/life separation than the general AOD workforce, and are more likely to be impacted by their personal life or life experience bleeding into the work space. It's not unusual for CNP peer educators to be accessing the same AOD services that their client group is accessing. It is common for CNP peer workers on OMT, for example, to be approached by their clients after hours when the peer worker is at their dispensing pharmacy for OMT dosing. One CNP peer educator has stated that they are always 'on' [always available to provide peer support or peer education] because they live in the same area where they work and they are a part of the local community.

There is also an urgent need for workforce education in self-care, especially on the topic of worker burnout (recognising, preventing and managing burnout) and vicarious trauma. Burnout and vicarious trauma experienced by CNP peer workers are linked to the blurred boundaries where peer workers' personal lives and work lives overlap. Peer workers may be providing support services to people they may know outside of the work space, or clients' issues may trigger memories of a peer worker's own traumatic experiences. Peer workers, especially those workers who may be aiming for abstinence or reduced drug use, also need to learn to recognise when working as a peer is having a negative impact on their health and wellbeing.

More support for newly recruited peer workers is needed to reduce any barriers to their employment in the field. Additionally, paid support and training in basic expectations of employment - time management, basic IT skills, written and verbal communication skills and professional conduct would be useful to provide to anyone with current/recent lived experience of drug use who is interested in a peer role.

Recognition and Accreditation of Peer Work

The unique knowledge and experience of peer workers strengthens the AOD sector, yet this contribution is often unrecognised. The skills set of people with lived experience should be considered in a comparable manner to skills gained only through vocational/tertiary education. There also needs to be easy processes to gain Recognition for Prior Learning (RPL) for lived experience and peer knowledge in order for educational qualifications to be more accessible to peer workers.

One can always learn the policies, organisational procedures, drug use statistics and legislation relevant to working in the AOD sector. What can't be learnt on the job is personal experience - you can't learn to be a peer. Yet because peer workers' core knowledge comes through life experience, the role of peer worker is undervalued, and peer workers are often

regarded as an 'add-on' rather than an intrinsic part of AOD service provision. Peer work needs to be acknowledged as a valid field in the AOD sector that requires specific in-depth knowledge, skills and experience.

An immediate goal should be to implement a Certificate IV in AOD Peer Work. The only nationally recognized vocational education for the peer workforce is the Certificate IV in Mental Health Peer Work. Although both the mental health sector and the AOD sector employ people with lived experience as peer workers, a certificate in Mental Health cannot be considered to be a suitable substitute for a Certificate in AOD. The skills, knowledge and experience required are vastly different for each of these 2 sectors, and AOD peer work requires targeted vocational education that is specific to the needs of AOD peer workers. The lack of accredited qualifications in AOD peer work is an indication of the lack of recognition and the lowly status of peer work in this sector.

An example of effective peer based workforce development is the Scarlet Alliance National Training and Assessment Program (SANTAP) https://scarletalliance.org.au/SANTAP/. Scarlet Alliance is the Australian Sex Workers Association, a national peer organisation by and for sex workers. The national training program was developed by sex workers, for sex worker peer educators, and consists of an online training module and a Diploma of Community Development. In the past, the Australian Injecting and Illicit Drug Users League (AIVL) drug user peer organisation developed a certificate course for people who inject drugs, covering drug user community development, advocacy and peer education. The course was run as an external learning pilot around 2002-2004 and participants who completed the course gained a Certificate IV qualification. Although the course did not continue after the pilot, the course content was considered by participants as useful in terms of knowledge and skill development. Sustainability of AOD peer work courses for accredited qualifications is needed to build a recognised and valued AOD peer workforce.

The lack of formal qualifications, the lack of recognition of peer work, and the stigma associated with drug use and therefore AOD peer work, also makes it difficult to move on from peer work. There are limited career pathways for peer workers - they are seldom able to gain employment in the sector in non-peer roles. Real action needs to be taken to validate peer work and address the stigma of drug use that taints AOD peer work by association.

Recruitment Issues

Recruiting for the AOD peer workforce is a key challenge. The benefit of CNP peer workers is that their knowledge of AOD, of drug users' lifestyles, the drug using environment and drug use practices enables them to develop a rapport with clients/service users and provide accurate and current information. CNP Peer workers are trusted by the client group to provide credible information in a non-judgmental way and in language that drug users can relate to. Drug markets, types of drugs used and drug environment are constantly shifting and changing, therefore, to be effective, peer workers need to have current or recent knowledge of drug use practices. This presents the challenge of recruiting peer workers who have current/recent knowledge (and are potentially engaged in active drug use or have only

recently stopped using) but who also need to be reliable, good at time-management, professional and not be dealing with external factors that may impact on their ability to perform their job. Applicants for peer positions who have current/recent knowledge and connection to the drug using community are often not in a place where they can manage the expectations of employment, and applicants who are most able to manage the expectations of the role are often too far removed from the drug using experience (perhaps not having used drugs for years or decades) that they do not have the credibility with the client group. The difficulty is in recruiting peer workers who possess the right balance of up-to-date knowledge of drug use and ability to undertake the professional role of peer worker. There can also be misunderstanding about what a peer worker is – the majority of AOD peer workers in Australia are people who have used drugs in the past, are now expected to be 'in recovery' or abstinent, and are employed to support clients through withdrawal and outpatient drug treatment. Then there are AOD peer workers who are current or recent drug users who provide on-site or outreach harm reduction (ie injecting equipment and safer injecting information) to people who use/inject drugs, to reduce the risks or harms of drug use.

Recruiting appropriate peer workers with relevant experience of injecting drug use (ie to provide peer support and education to people who inject drugs) can be made more difficult if the recruiting organisation/agency is unable to advertise for people with experience/lived experience of injecting drug use when recruiting. Experience of injecting is crucial to the peer role in a Clean Needle Program (CNP) where CNP peer educators are expected to provide education in safer injecting practices and correct use of injecting equipment, to have expert knowledge in local drug markets and environments and to engage with clients from a perspective of shared experiences Currently, due to what we understand are political sensitivities, Drug and Alcohol Services South Australia have made it a requirement of our funding that *personal experience of injecting drug use* is not able to be used in selection criteria or employment advertisements, even when when recruiting for peer workers. Not being able to specify lived experience of injecting opens up the recruitment process to anyone with knowledge or interest in injecting drug use, even if they have no personal experience. It also acts to exclude people who inject/have injected drugs - when personal experience is not included in recruitment advertising, people with personal experience of injecting assume that they do not fit the criteria for applying for advertised positions.

Recruiting a diversity of AOD peer workers is also an issue. This is particularly the case for Aboriginal and Torres Strait Islanders and people from Culturally and Linguistically Diverse backgrounds, where the stigma associated with injecting drug use in these smaller communities where people know each other and their families, deters any interested people from applying. Recruiting young people as peer educators is also difficult because young people do not often access AOD services, particularly CNP services where most CNP peer educator recruitment occurs.

Workforce Development Opportunities

Most of the available online training and short courses are at a level that is too basic for AOD workers who have been in the sector for a long time. Most courses don't provide in-depth training/education or investigate topics in any detail.

There is a real lack of appropriate workforce training for AOD peer workers – the training available is often not relevant to peer work. Access to training can be difficult for our CNP peer educators as their unique roles in CNP service provision mean that only another CNP peer educator can backfill. The result is a reduced opportunity for access to professional development as service provision and other organisational needs take priority. Peer workers are not often involved in research, other than as recruiters of research/survey participants and so peer workers are less likely to submit abstracts to conferences (even as co-authors or presenters). Having an abstract accepted is often a prerequisite for conference scholarships, other than the limited number of 'community' scholarships that are in high demand with many more applicants than available scholarships. Many of the AOD conferences are quite clinical, aimed at health professionals, AOD treatment providers and researchers, and have no community stream. Harm Reduction International (HRI) is an international NGO that aims to reduce the negative impacts of drug use and drug policy. HRI holds a biennial conference and prioritises community/peer participation as conference organisers, presenters and attendees and always invites (and supports) the local drug user peer organisation to co-host the conference. I have had the opportunity to attend HRI conferences and recommend this conference as a leading example of a professional development opportunity with relevant content and a non-stigmatising environment for AOD peer workers https://www.hri.global/conference-2019.

Even when some of the AOD conferences include a Community stream, the focus is generally on *community* as service users (drug treatment services, in-patient or outreach detox and withdrawal services) rather than *community* as people who use drugs and have harm reduction needs. Introducing a lived experience/community stream in the more clinical AOD conferences would assist in inclusiveness for this workforce and offer encouragement for the peer workforce to present and share their work.