

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

Executive Summary

Natalie Skinner

Victoria Kostadinov

Vinita Duraisingam

Alice McEntee

Roger Nicholas

Jacqueline Bowden

National Centre for Education and Training on Addiction (NCETA), Flinders Health
and Medical Research Institute (FHMRI), Flinders University



Citation details

Skinner, N., Kostadinov, V., Duraisingam, V., McEntee, A., Nicholas, R. & Bowden, J. (2021). Review and Revision of the National Alcohol and Other Drug (AOD) Workforce Development (WFD) Strategy: Discussion Paper. Executive Summary. National Centre for Education and Training on Addiction (NCETA), Flinders Health and Medical and Research Institute (FHMRI), Flinders University, Adelaide, Australia.

Project contact

Victoria Kostadinov

Senior Research Officer, NCETA

ncetaconsultations@flinders.edu.au

Contact us



[National Centre for Education and Training on Addiction](#)

Flinders University

GPO Box 2100

Adelaide SA 5001

Australia



www.nceta.flinders.edu.au



nceta@flinders.edu.au



[nceta@facebook](https://www.facebook.com/nceta@facebook)



[@NCETAFlinders](https://twitter.com/NCETAFlinders)

Executive summary

The National Centre for Education and Training on Addiction (NCETA), Flinders University, has been commissioned by the Australian Government Department of Health to review and revise the National Alcohol and Other Drug (AOD) Workforce Development (WFD) Strategy 2015-2018.

Invitation for [stakeholder submissions](#)

This Executive Summary to the [Discussion Paper](#) highlight issues relevant to the updating of the Strategy. Discussion Questions (separate document) are provided to highlight key priorities and issues for stakeholders' consideration. A large range of topics are addressed in the Discussion Paper. Submissions are welcome to address some or all of the Discussion Questions, and/or to address other issues of importance and relevance.

Given the breadth of topics addressed in this paper, submissions are not anticipated to address every topic and/or Discussion Question. Submissions focussed on a particular topic(s) or issue(s) are welcome and expected.

Submissions may be written or in the form of an audio/video recording
Please email **written submissions** to ncetaconsultation@flinders.edu.au and include coversheet available from <https://nceta.flinders.edu.au/stakeholder-consultations/national-aod-wfd-strategy-stakeholder-consultation>
Please contact NCETA if you wish to provide a video/audio submission
(a confidential upload link will be provided)

**Submissions are due by 5pm CST Monday 28th
February 2022**

All materials are also available to download from <https://nceta.flinders.edu.au/stakeholder-consultations/national-aod-wfd-strategy-stakeholder-consultation>. These include:

- Discussion Paper & Executive Summary;
- Discussion Questions; and
- Submission coversheet.

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.

This paper provides a summary of issues relevant to the updating of the Strategy and potential areas for action to be addressed through the Strategy. For a more comprehensive coverage of these issues, a copy of the full Discussion Paper is available for download [here](#).

The AOD workforce

There are a wide range of professionals who may encounter individuals who have AOD-related problems as part of their job. Similarly, the Australian community and clients of AOD services include diverse social groups, many of whom have unique experiences and needs. An important aspect of the AOD workforce profile is to ensure that the diversity of the client population is also reflected in the diversity of the workforce (2).

Specialist AOD workers are those whose core role is assisting people with AOD problems (e.g., nurses, social workers, peer workers, addiction medicine specialists and specialist psychologists and psychiatrists).

Generalist workers are those whose core role does not involve addressing AOD-related issues, but who nonetheless come into contact with individuals who use AOD (e.g., police and corrections officers, the broader mental health and medical workforces, community and support service workers).

All workers involved in addressing AOD issues are included within the scope of the current Strategy.

Workforce development

Workforce development aims to enhance the capacity of the AOD sector, organisations and individual workers to prevent and respond to AOD-related problems, and to promote evidence-informed practice. Workforce development targets contextual factors at the individual, organisational, structural, and systemic levels. It is widely recognised that quality service delivery is dependent on a range of organisational, structural, and systemic factors that extend beyond the knowledge, skills and capacity of individual workers (1).

Workforce groups with unique needs

It is important that the entire AOD workforce, both specialist and generalist workers, receive adequate and appropriate WFD support. Some groups of workers have unique needs and require additional or specific supports to provide the highest quality service and maintain their wellbeing. These include rural regional and remote workers, Aboriginal and Torres Strait Islander workers, peer workers, opioid agonist therapy (OAT) prescribers, police and corrections professionals.

Worker wellbeing

Employment in the AOD sector is widely recognised as offering opportunities for work that is very meaningful and engaging, as well as work experiences that can be highly stressful and demanding (3). Poor worker wellbeing may result in burnout, high turnover, difficulties with recruitment and other associated costs for organisations (4). Strategies to address AOD workers' wellbeing to prevent poor mental health and support positive mental health need to be implemented at the individual, organisational and sector levels (1).

Stigma

People who work with or provide care to individuals who use AOD can be subject to 'stigma by association', whereby the stigmatisation of AOD use is extended to apply to those who are closely involved with this population (5). Such stigma may have significant effects on workers in terms of their wellbeing and job satisfaction, but also on the AOD sector as a whole. Stigmatisation can make the AOD field a less attractive career option and poses a barrier to recruitment and retention efforts. WFD initiatives at the individual, organisational and sector level are needed to effectively address AOD-related stigma for workers and clients.

Consumer groups with unique needs

Particular groups have unique needs when accessing AOD treatment and support. These include Aboriginal and Torres Strait Islander peoples, people identifying as lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ+), young people, older people and clients with multiple and complex needs. It is important that services have the requisite resources to cater to these groups, and staff have the awareness and skills to work with them in an appropriate, sensitive, and effective manner.

Consumer participation and representation

Consumer participation and representation is an essential part of an integrated, person-centred approach to health services (6). There is evidence that effective consumer partnerships result in positive consumer experiences and increased empowerment, as well as higher quality healthcare and improved safety (7). Consumer participation in workforce planning and development initiatives can also improve service design, delivery and effectiveness.

AOD sector structures and systems

A range of systemic and structural issues impact on the capacity and effectiveness of the AOD workforce and workforce development initiatives. These include broader global trends, such as the global health workforce shortage and correspondingly competitive job markets (1, 8); issues which have been exacerbated by the current COVID-19 crisis. More localised Australian issues also play a role, such as the dynamic environment in which the health workforce operates, with frequent reform efforts. Other key structural/systemic issues of importance to the sector and Strategy include:

- Funding models
- Growth of NGO service provision
- Increasing importance of inter- and intra-sector collaboration and partnerships
- Recruitment and retention challenges and priorities
- Need for adequate remuneration and rewards
- Promoting effective leadership and management.

Service delivery priorities and challenges

Service delivery in the AOD sector is complex and dynamic, involving a range of challenges. Contemporary and emerging issues of particular relevance to the Strategy review and revision include:

- The central role of clinical supervision and practice support in the delivery of high quality service delivery and effective treatment provision
- The increasing complexity of AOD issues and client presentations due to a range of social, geographical, economic and health-related factors
- New and changing substances of concern
- The imperative for evidence-informed practice, including addressing systemic and organisational barriers and facilitators to achieve this
- Evolving approaches to service provision (e.g., family inclusive practice and trauma-informed care)
- The increasing use of technology in service delivery and the need for digital upskilling of the workforce
- The impact of the COVID-19 pandemic on access to and provision of services.

Education, training, and professional development

Education and training is one of the keystones of an effective workforce that has the capacity to deliver high quality and effective AOD treatment and prevention services. There are a range of matters to be considered in relation to education and training for AOD specialists. Four issues are of particular focus:

1. Adopting minimum educational qualifications for AOD workers in all jurisdictions
2. Strengths and limitations of competency-based training
3. Availability and accessibility of foundational and advanced education and training programs to meet the needs of both early career/entry level workers and experienced workers
4. Availability and accessibility of specialised training to address specific areas of competency (e.g., trauma, family sensitive practice, new and emerging patterns of AOD use) (2).

It is important to note that appropriate education and training may be challenging to access for some workers and groups, workers in regional, rural and remote areas, workers from disadvantaged backgrounds, and Aboriginal and Torres Strait Islander workers. Programs, policies, and resources are needed to ensure that education and training are equitably available for all AOD workers.

Access to regular, ongoing professional development (PD) is important to ensure workers' skills remain honed and responsive to emerging issues. Examples include professional placements and secondments, conference attendance, mentoring and upskilling, education and training. Evidence from the broader health sector highlights the positive effects of comprehensive PD for both workers and clients (18, 19). PD is also a valuable recruitment and retention strategy for organisations. A number of barriers to AOD workers accessing PD have been identified. These include the financial costs involved, insufficient time or staff, unsupportive organisations or managers, and access difficulties (20).

Future steps

The review and revision of the National AOD WFD Strategy will be based on a comprehensive stakeholder consultation process and input from the AOD sector and other related sectors. Based on this process, a robust draft Strategy will be developed and delivered to the Department of Health in mid-2022 for review and feedback. It is also anticipated that the Australian National Advisory Council on Alcohol and Other Drugs (ANACAD) members will be consulted as part of this process. This feedback will then be incorporated into the final version of the Strategy. Implementation and monitoring of the revised Strategy is considered to be a shared responsibility between the Commonwealth, jurisdictions and other identified stakeholders within the Strategy. Stakeholder input on the effective implementation and monitoring of the revised Strategy is welcome.

Conclusion

Addressing and reducing AOD-related harm requires a skilled and sustainable workforce that has the capacity to respond effectively to problematic AOD use and related harms in a dynamic and often challenging social and economic environment. The Discussion Paper has highlighted a range of factors to be considered in the revision of the National AOD WFD Strategy (2015-2018).

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