

# Australia's National Alcohol and Other Drug Workforce Development Strategy

**Roger Nicholas**  
National Centre for Education and  
Training on Addiction

# The Strategy

- Project being undertaken by NCETA
- Being prepared at the request of the Intergovernmental Committee on Drugs
- Overseen by a Project Working Group
- Project auspiced by NT Health.

# The Consultation Process

- Forums in each jurisdiction
- Written submission process
  - [nceta.flinders.edu.au](http://nceta.flinders.edu.au)
- Key informant interviews

## Why Have a Strategy?

- Workforce development is a central plank of the National Drug Strategy 2010-2015
- Continuous improvement and adaptation for specialists and generalists
- Prevention becoming an increasing priority
- Shift towards working across sectors to reduce AOD harm in individuals and communities (multiple morbidities)
- Shifting patterns of use: poly drug use / synthetics / broader age spectrum
- Identify the workforce implications of the current strategic and operational environment
- Balance current needs and prepare for the future

## Scope

- Specialist workers in treatment, prevention, health promotion and community services including needle and syringe program workers and peer workers
- Police, emergency medical services, paramedics and correctional officers, Indigenous law enforcement workers
- The mental health workforce
- The broader health and medical workforce, including general practitioners and other primary health care workers and hospital workers
- Indigenous health workers

## Scope

- Culturally and linguistically diverse health and community service workers
- Pharmacists and the pharmacy workforce
- The education sector
- Community and support services, including workers from the welfare, homelessness, unemployment, income support , youth, child protection and disability sectors

# The Process

- Literature review
- Discussion paper  
(available at [nceta.flinders.edu.au](http://nceta.flinders.edu.au))
- Mapping exercise
- Consultation process
  - Workshops
  - Written submissions
  - Key informant interviews
- Synthesis of information
- Multiple iterations
- Final product – June 2014

# What is Workforce Development (WFD)?

*...a multi-faceted approach which addresses the range of factors impacting on the ability of the workforce to function with maximum effectiveness in responding to alcohol and other drug related problems. Workforce development should have a systems focus. Unlike traditional approaches, this is broad and comprehensive, targeting individual, organisational and structural factors, rather than just addressing education and training of individual mainstream workers (Roche, 2002).*



# The Four Evolutionary Phases of WFD in the AOD Field

## *Phase 1: the individual focus*

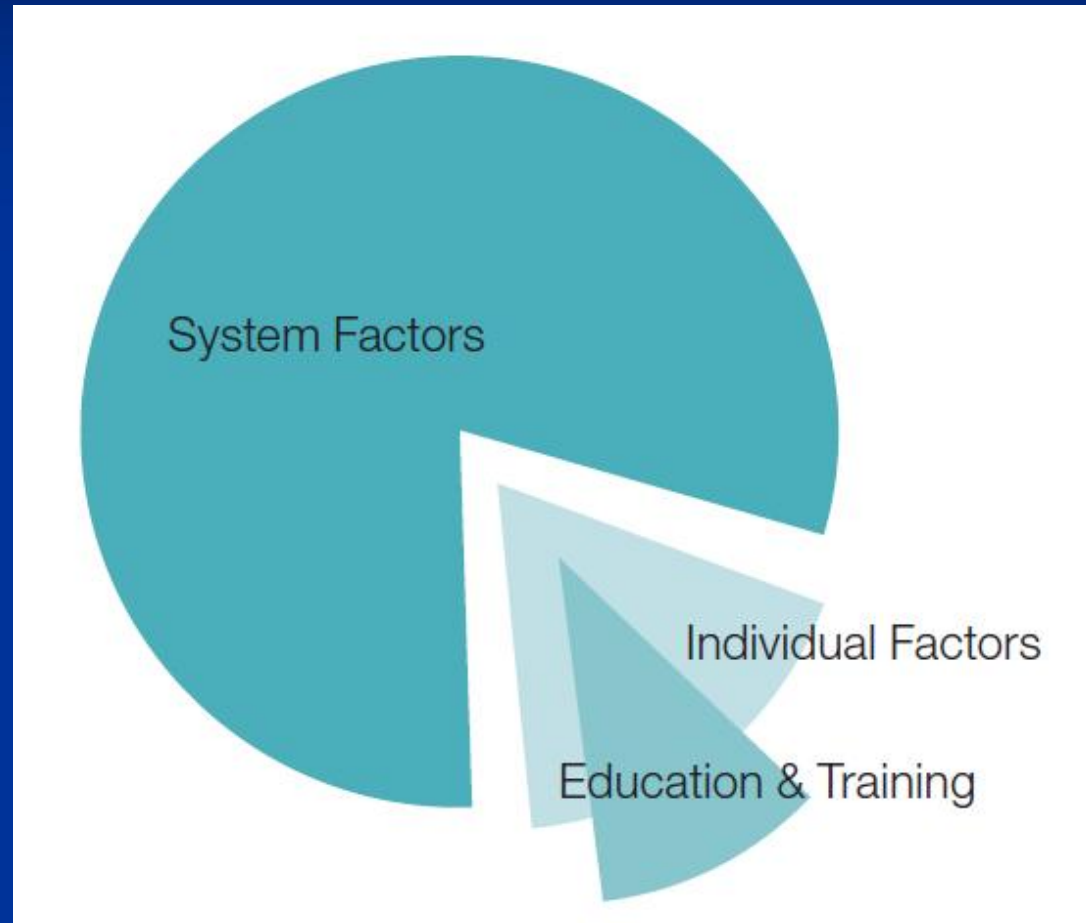
- Education and training programs and resources to enhance individual workers' knowledge and skills
- Failed to take into consideration the influence of the systems in which people worked
- This approach does not generally lead to sustainable work practice change

# The Four Evolutionary Phases of WFD in the AOD Field

## *Phase 2: internal systems approach*

- A step forward; focused on the internal systems in which people work
- Education and training seen as a subset of workforce development
- Recruitment, retention, leadership, supervision, career development, workforce wellbeing, role clarification
- The problem of siloing remained

# Education and Training as a Subset of Workforce Development



(Roche & Pidd, 2010)

# The Four Evolutionary Phases of WFD in the AOD Field

## *Phase 3: a human services systems approach*

- How can we collaborate effectively with workers from other sectors to better prevent and reduce AOD harm?
- Increased recognition of the complex nature of problem prevention, intervention and treatment led to the need to work across boundaries and use the skills of other workers
- Structured relationships with other sectors
- Up-skilling of generalist workers

# The Four Evolutionary Phases of WFD in the AOD Field

## *Phase 4: into the future*

- Adapting a human services approach to address existing and future challenges

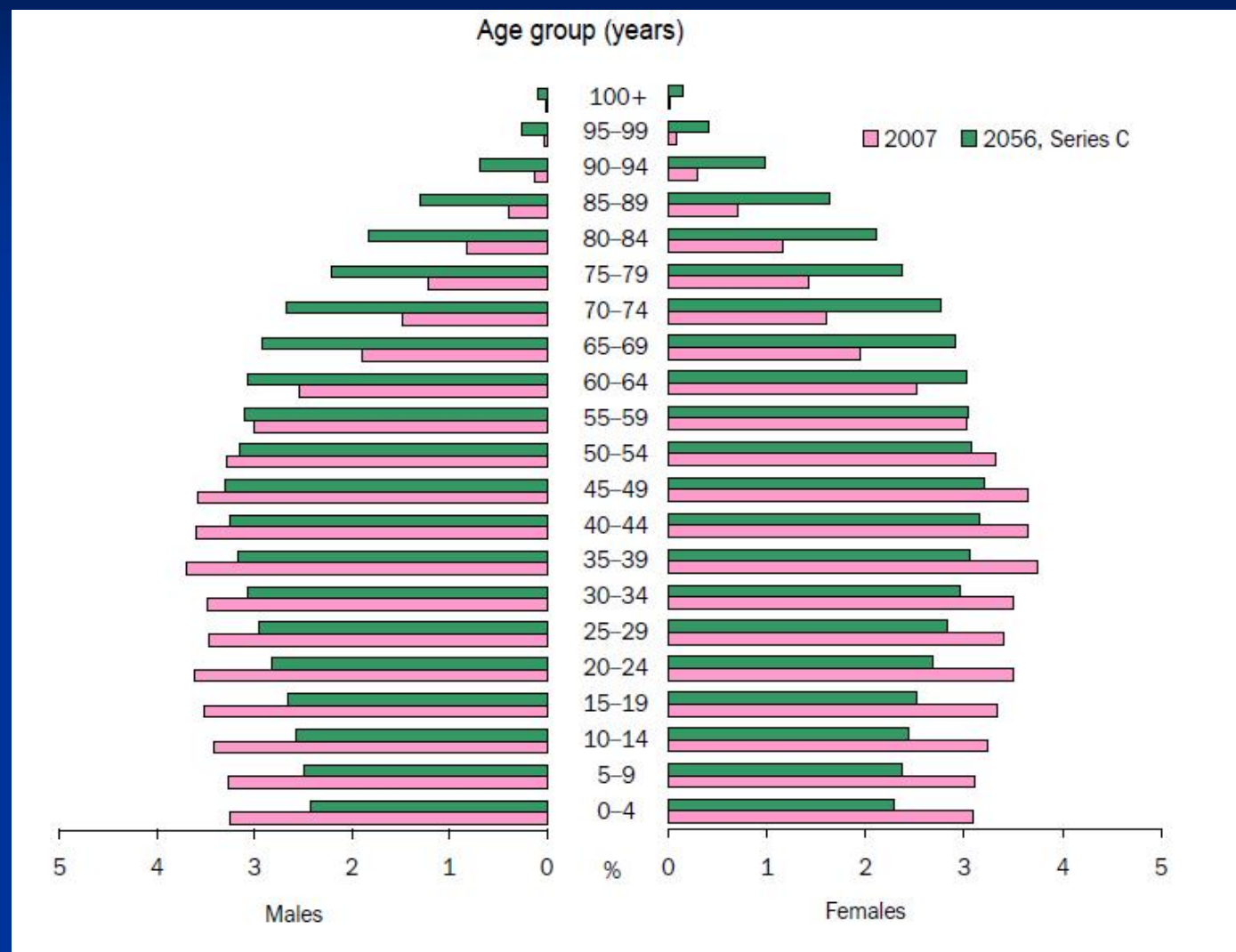
# National Profile of the Specialist AOD Workforce

- The majority of specialist workers are female
- The majority of specialist workers are aged 45 years or older
- Approximately one third of specialist workers are employed part time
- Median length of AOD service is five years
- The largest occupational groups are AOD workers and nurses
- A substantial number of workers have no formal AOD-specific qualifications.

(Roche & Pidd, 2010)

# Bigger picture influences on the WFD Strategy

# Ageing Australian Population

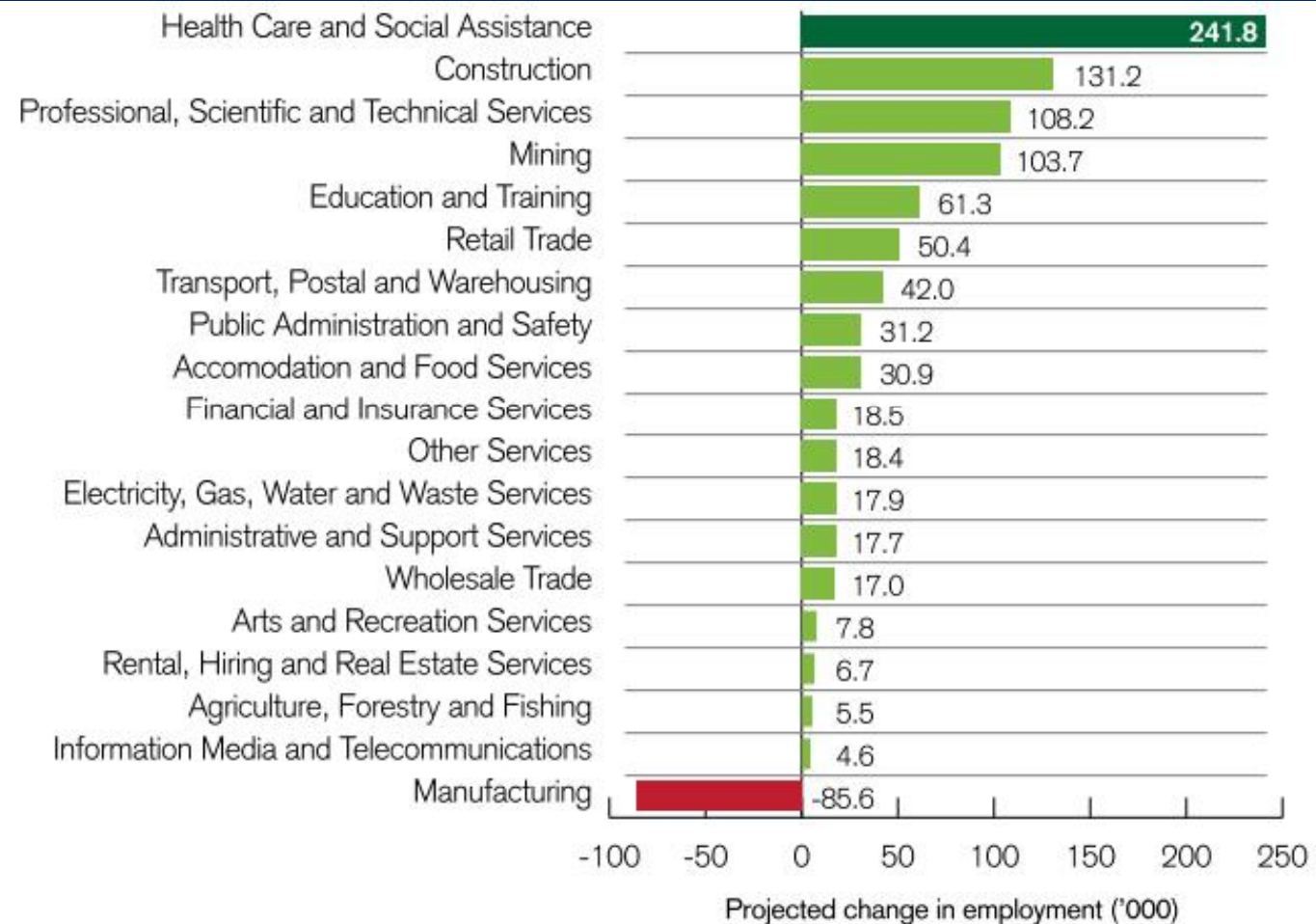




## So What?

- ↑ non-communicable diseases including accumulated AOD harm
- ↑ proportion of population with ↑ rates of AOD use / harm
- More complex drug interactions and sensitivities
- Ageing AOD specialist workforce + retirement of highly skilled workers
- ↑ competition for workers, especially registered nurses (particularly in the context of globalisation of the workforce)

# Projected Employment Change 2011/12 - 2016/17



Source: DEEWR 2012.

## Emerging Issues

- New substances / patterns of use
  - Synthetics / pharmaceuticals / smart drugs
- New prevention paradigms and treatments
  - Social determinants of health
  - Integrated models of care in recognition of multiple morbidities
  - New pharmacotherapies
- Enhancing consumer input into care e.g. client-led care
- On-going restructuring e.g. potential integration of AOD and MH agencies
- Outcomes- (rather than inputs- or outputs-) focused funding

# Pressure Point Issues

- Minimum Qualifications
- Multiple Morbidities
- Family inclusive practice

# Minimum Qualifications / Accreditation to Work in Specialist AOD Roles

- Varies between jurisdictions
- Particularly contentious concerning workers with lived experience
- “Minimum” versus “essential” qualifications
- Lack of minimum standards may lead to AOD field being seen as unprofessional
- Only Vic and ACT have mandated minimum Certificate IV qualifications
- Who pays for training costs including backfill?
- ↑ minimum qualifications = ↑ wages pressure

# Minimum Qualifications / Accreditation to Work in Specialist AOD Roles

- Disincentive to base level entry into AOD work (??)
- Is Cert IV achievable? Too low? Existing staff?
- 86% of drug treatment managers prefer staff to have higher education qualifications and one third support graduate minimum qualification levels (Pidd et al., 2010)
- Concerns from managers and trainers that the current VET package (CHC08) is too generic (Roche et al., 2012)
- Tension between employers and governments (specialised versus generic training)
- Matching qualification levels to tasks



# Multiple Morbidities

- Physical / mental / social health co-morbidities very common among people experiencing AOD harm
- Multi-morbidities are the norm among people with chronic health / social problems
- Most common among the most disadvantaged
- At times current approaches focus too much on single morbidities
- Co-location, multi-D teams, inter-professional education, cross sectoral WFD, enhanced in-house generalist service provision, enhanced linkages
- Need to balance against the risks of being all things to all people and deskilling of specialists

# Family Inclusive Policy and Practice

- Among parents involved in substantiated child neglect cases in Victoria:
  - 1/3 had alcohol problems
  - 1/3 had other drug problems (Dept. Human Services, 2002).
- Among Victorian substantiated child protection cases, caregiver “alcohol abuse” identified in:
  - 1/3 of all cases
  - 36% of protective interventions
  - 42% of court orders (Laslett et al., 2012).



# Family Inclusive Policy and Practice

- Links to family / domestic violence (FDV)
  - In the US, 40-8-% of women in AOD treatment experience violence
  - 4-40 % of women in FDV programs have AOD problems (Guitierres & Van Puymbroek, 2006)
- Complex links between AOD problems and FDV
- Very high rates among Indigenous Australians
- Seeing the family as the unit of intervention
- A strengths-based approach

# Summary

## Strategy Development:

- Provides an opportunity for the AOD field to set itself up to cope with future challenges and have a sustainable workforce
- Provides an opportunity to examine ways of working with other agencies / sectors to better meet the needs of clients with complex needs
- Enhances our capacity to reduce AOD harm



To provide a written submission:

**[nceta.flinders.edu.au](http://nceta.flinders.edu.au)**

# Conclusion