Workforce Issues and Sustainability of the Aboriginal Alcohol and Drug Workforce

ACKNOWLEDGE

- Aboriginal and Non Aboriginal workers who work in the Drug and Alcohol Field
- Workers who undertake other Aboriginal health roles that drug and alcohol work become transient within
- All Services- both government and non government that support our workers and clients / community members when needed

Who am I

- Steve Ella
- Yuin Nation on the far South Coast of NSW
- Cultural links are in the Aboriginal community of La Perouse in Sydney.
- Live in the Darkinjung Community (NSW Central Coast)
- Aboriginal D&A worker since 1996
- Currently- State Coordinator Aboriginal D&A Traineeship Program and Manager, Counselling Service Central Coast LHD -D&A Service

Talk about

- NSW Workforce
- NSW initiatives
- Facts about the Workforce
- Role of Professional Bodies

Quote

"Indigenous AOD workers are not only confronted by the significant challenges experienced by the workforce in general (i.e., high job demands, complex client needs, and inadequate resources) but are also faced with organisational and systemic issues such as intermittent and uncertain funding, comparatively low salaries and limited career pathways, stigma and racism— all of which may have an impact on their health and well-being."

(Roche et al. The health and well-being of Indigenous drug and alcohol workers: Results from a national Australian survey)

NSW Overview

- The NSW Workforce
- Facts about the workforce
- Barriers that effect and influence this workforce
- Workforce initiatives
- The ADAN Network and Leadership group

NSW Snapshot

- NSW Aboriginal and Torres Strait Islander Population is 172,620 people
(2011 Census Quick-Stats : New South Wales)

Note:
This is approx. 31% of Aboriginal and Torres Strait Islander population Australia wide

- Number of Aboriginal Drug and Alcohol workers in NSW is still unknown with no scoping exercise undertaken

We think ??????? approx. 90 employees in gov, non gov, ACCHS and Residential rehabs

FACTS ABOUT THE NSW WORKFORCE

Masters Research conducted in 2011 when the workforce had approx. 60 workers identified in Aboriginal D&A positions

- • Age 40.5 years (average)
- • Males 60%
- • Females 40%
- • Length of time 10 years (average)

- three in five workers are male, in contrast to the national Aboriginal health workforce which is female dominant.

- In NSW, the non-government sector employs significantly more Aboriginal drug and alcohol workers than the government sector

Ella et al., 2012 (Masters data)

Facts About the NSW workforce

When Research Undertaken

- Majority of workforce employed as full time staff
- Wage disparities between government and non government sector alarming
- Just over 3 in 5 workers are on wage ranging from 20K to 50K

Ella et al., 2012 (Masters data)

BARRIER: SUPERVISION

- Just over three quarters of the Aboriginal workforce believe they receive a good support for supervision.
- Just under 1/3 of workforce have no supervision support
- Do not know if supervision is culturally or clinically relevant, or delivered by a suitable person

Ella et al., 2012 (Masters data)

Barrier: Job titles

- More than 10 industrial titles for same workforce

- Position names include:

Aboriginal Health worker, Aboriginal D&A worker, Aboriginal MH D&A worker, Aboriginal Drug & Alcohol Counsellor, Aboriginal D &A Caseworker, Aboriginal D&A Health Promotion, Aboriginal Youth D&A worker, Aboriginal Drug and Alcohol Consultant etc. + more

Ella et al., 2012 (unpublished Masters data)

Barrier: Role Clarity

- Duties of the NSW Aboriginal drug and alcohol worker have not been clearly defined.
- What does the work entail
- Role and responsibility - to whom
- No guidelines for when Job descriptions developed by local Service
- Why is this Important
  - **Has Implications of Awards and level of Pay**

Barrier: Salary and Award

- Just under a third did not know what award they are paid (27.5%)
- Government sector higher pay range compared with NGO, and uses different award- usually AHEO Award
- Aboriginal workers within the Non government system traditionally paid under the SACS Award (Social and Community Services Award) with some in Enterprise agreements

Ella et al., 2012 (Masters data)

NSW Workforce Initiatives

ADAN Network

- All Aboriginal D&A workers become members
- Network incorporates Aboriginal D&A workers from Government and non-Government services , ACCHS and residential rehabs etc.
- AHMRC is responsible in coordinating the network & Leadership Group via the ADAN Senior Project officer.
- Members should be on the ADAN e-list

LEADERSHIP GROUP ROLE

- Member for 3 years (voted on by workers)
- Build capacity (develop Future Aboriginal Leaders)
- Be effective consultants to advise Government and non Government peak bodies and represent workforce on various Gov and non gov committees
- Review / comment on policy, guidelines, programs, training and resources being developed
- Organise annual NSW Aboriginal drug and alcohol Symposium (in Bathurst 21st -23rd Oct 2014)
- Bi annual Managers forum

Other NSW Workforce Initiatives

- NSW Aboriginal Residential Rehabilitation, Healing & Drug and Alcohol Network
  - Development of a framework of best practice and model of care for Aboriginal Residential Rehabs in NSW- Coordinated by NADA and the AH&MRC I partnership with the NSW Aboriginal Res Rehab Managers
- NSW Aboriginal Drug and Alcohol Traineeship program
  - By Dec 2014 we will have 14 Graduates from University
  - Funding ends June 2014

Other NSW Initiatives

- Social Emotional Wellbeing (SEWB) Workforce Support Units (WSU) based at the AH&MRC
  - (WSU in NSW links with ADAN to ensure all AOD workers are included.)

- South Coast Regional WSU: South Coast Medical Service Aboriginal Corporation, Regional Services

  - *Developed DVD Resource "Alcohol and Other Drug Work- An Insight into the role of an Aboriginal and Other Drug Worker"*

ROLE OF PROFESSIONAL BODIES

- In NSW, majority of Initiatives signed off or supported by the ADAN Leadership group
- Having a body that represents the workforce has forged change and growth in NSW
- So
  - Is this be effective at a National level
    - NIDAC sit on the ANCD (the Principal Advisory Body to Government on Drug Policy)

A Handbook for Aboriginal alcohol and other Drug Work

- Workers asked for practical tool to help them in the field
- Developed a Text Book that is drug and alcohol specific within an Aboriginal drug and alcohol context
- Written in plain English, can be used by anyone in D&A field

Handbook for
ABORIGINAL ALCOHOL
and DRUG WORK

How to use The Handbook

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What to Look for

- look out for the brown, yellow and grey boxes

Death

Smoking is the leading cause of death in Aboriginal Australians. It causes one in every five deaths (many more deaths than alcohol or drug use cause). But tobacco is a 'silent killer'. You often do not see the harms until the illness is already severe. The three most common causes of death from smoking for Aboriginal Australians are heart and blood vessel disease (including strokes), lung disease and cancers. Nearly all lung cancer deaths (9 out of 10) are caused by smoking.

Consider local culture and views on causes of sickness

In some Aboriginal communities, commonly held beliefs may lead people to think that tobacco-related sickness (e.g. lung cancer, heart attack and stroke) happens because of sorcery and black magic. In these cases, it can be useful to work with community leaders, agencies and other community members to raise awareness that sickness such as lung cancer, heart attack and stroke can be caused by smoking. If the community speaks their own language, it can be useful to give messages about tobacco-related sickness in the local language and using local concepts. Ask local Aboriginal people to help you to explain it better.

- Injection into the muscle (intramuscular or IM) is safest if there is vomiting or stomach pain, if the person has not been eating well, or if alcohol dependence is severe.
- Injection into the vein (intravenously or IV) is needed if is the client is confused, or if there is any other reason to suspect Wernicke's Syndrome.
- The client can continue thiamine tablets (1–3 times each day) for a few weeks.

! Give thiamine as soon as possible for very heavy drinkers

Try to give thiamine as soon as a heavy drinker comes into detox and before they have sugary drinks or sweet food. Giving sugary drinks or food (or glucose in a drip) first can trigger Wernicke's Syndrome and lead to permanent memory loss.

Always have some thiamine on hand. If you are caught out without thiamine, toast and vegemite is safer than sweet foods.

The one exception to this rule is when a person has diabetes. If their blood sugar might be low (e.g. they had their insulin or diabetes tablet, then missed a meal), they may need sugar urgently.

Naltrexone and naloxone (Narcan, another opioid blocking drug) are used for rapid opioid detox. These drugs are given under medical supervision to a client who is opioid dependent, so that they go into severe opioid withdrawal. This is much more severe than the usual opioid withdrawal but shorter in duration. This treatment can be dangerous if not done under proper medical supervision. Even with medical supervision there are risks. Rapid detox can help people to get onto naltrexone more quickly. But the problem remains that people do not keep taking the naltrexone and usually relapse to opioid use.

There is research being conducted into forms of naltrexone that can be inserted under the skin as implants, which releases naltrexone for many months, or given as injections that work for about one month. While these are promising ideas, the treatments are still being tested and are not available in Australia at this time.

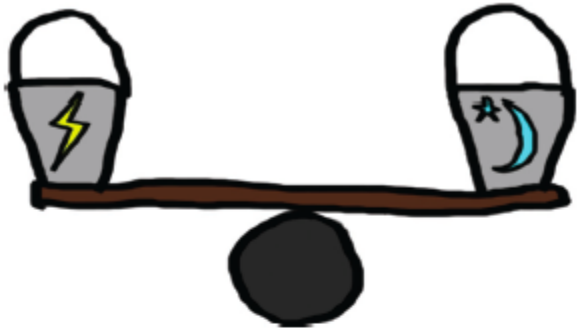
Counselling

People who use opioids, but are not dependent on them, can benefit from counselling

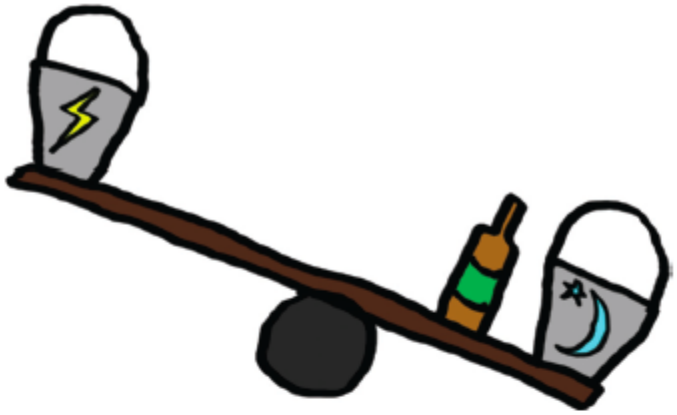
A	*Ask*	About physical and psychological symptoms.
N	*Note*	Appearance and behaviour.
X	*(e)Xplore*	Stressful life situations – e.g. relationships, money, legal.
I	*Intake of drugs*	Alcohol, tobacco, cannabis, caffeine, others.
E	*Everyday*	Approaches to managing stress – e.g. exercise, talking, music.
T	*Traditional issues*	Think about sorcery, payback, jealousing, and traditional practices.
Y	*Yesteryear*	Be alert to the person's past and issues such as health, trauma, childhood.

Plus

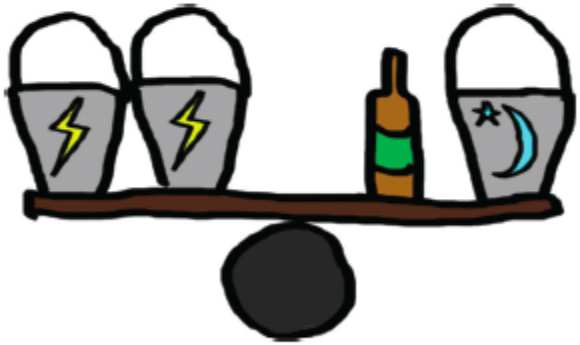
- 12 colour pages of pictures



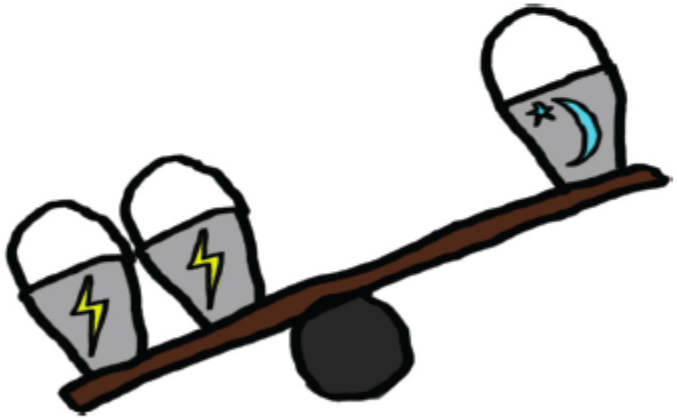
Our brains are naturally held in balance: we have natural 'uppers' that keep us awake and natural 'downers' that calm us down.



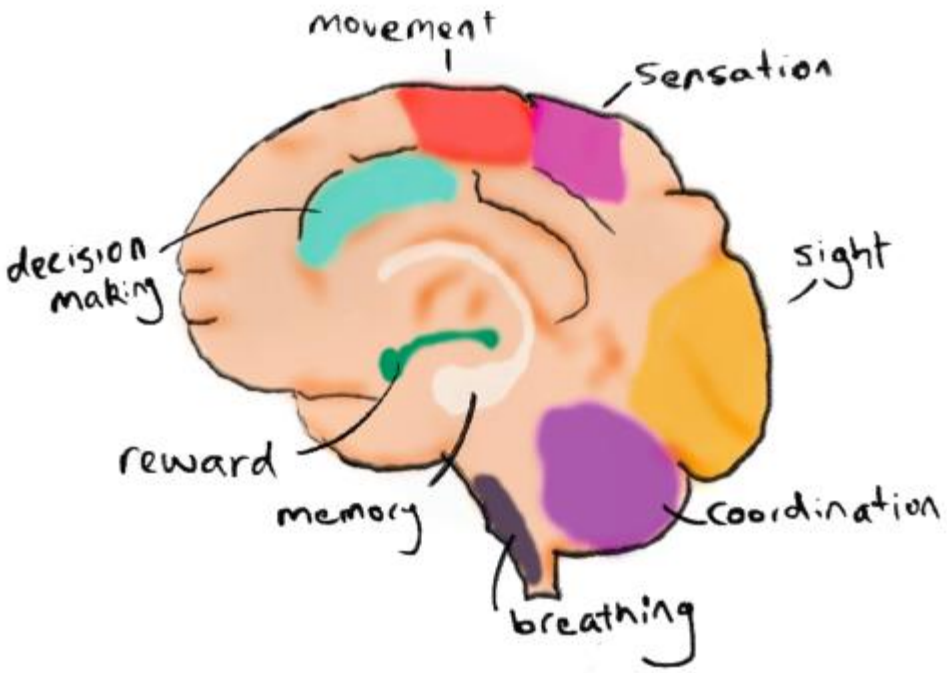
When a person who is not used to alcohol drinks far too much, it can make them so sleepy they become unconscious.



If a person keeps drinking often, their brain gradually adapts (tolerance). They can stay awake after drinking a lot, because they have increased their



When alcohol is stopped, the natural uppers are then too strong. The person is left jumpy, anxious and cannot sleep (withdrawal). It takes time for this to settle back to normal.



Alcohol intoxication affects many different parts of the brain.

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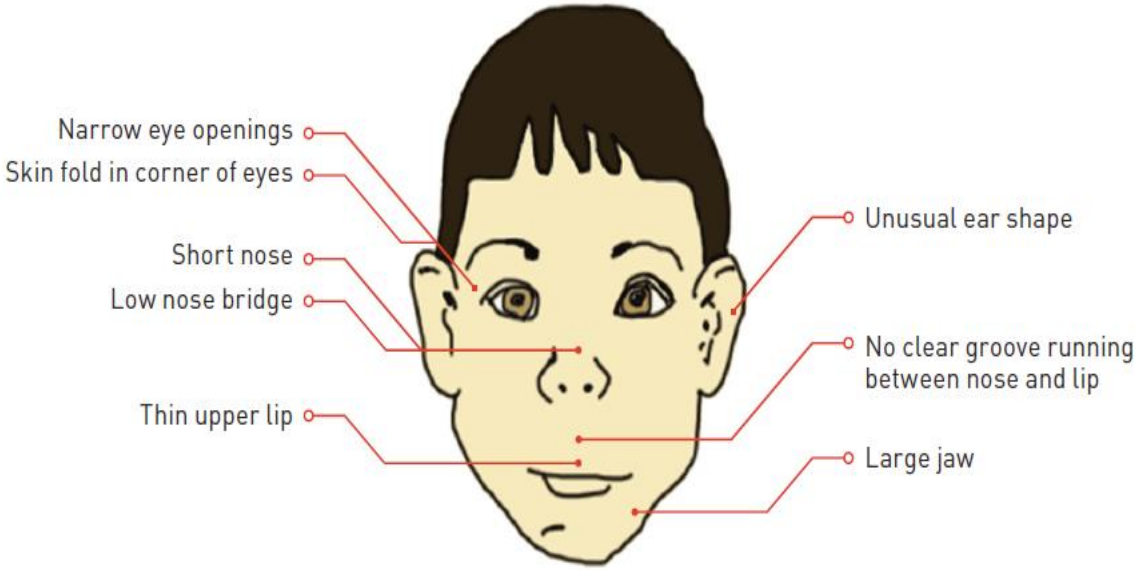
jaundice



This is what the face often looks like if a person has foetal alcohol syndrome (FAS).

Adapted from: Alcohol and Pregnancy and Fetal Alcohol Spectrum Disorder (2009). Telethon Institute for Child Health Research.

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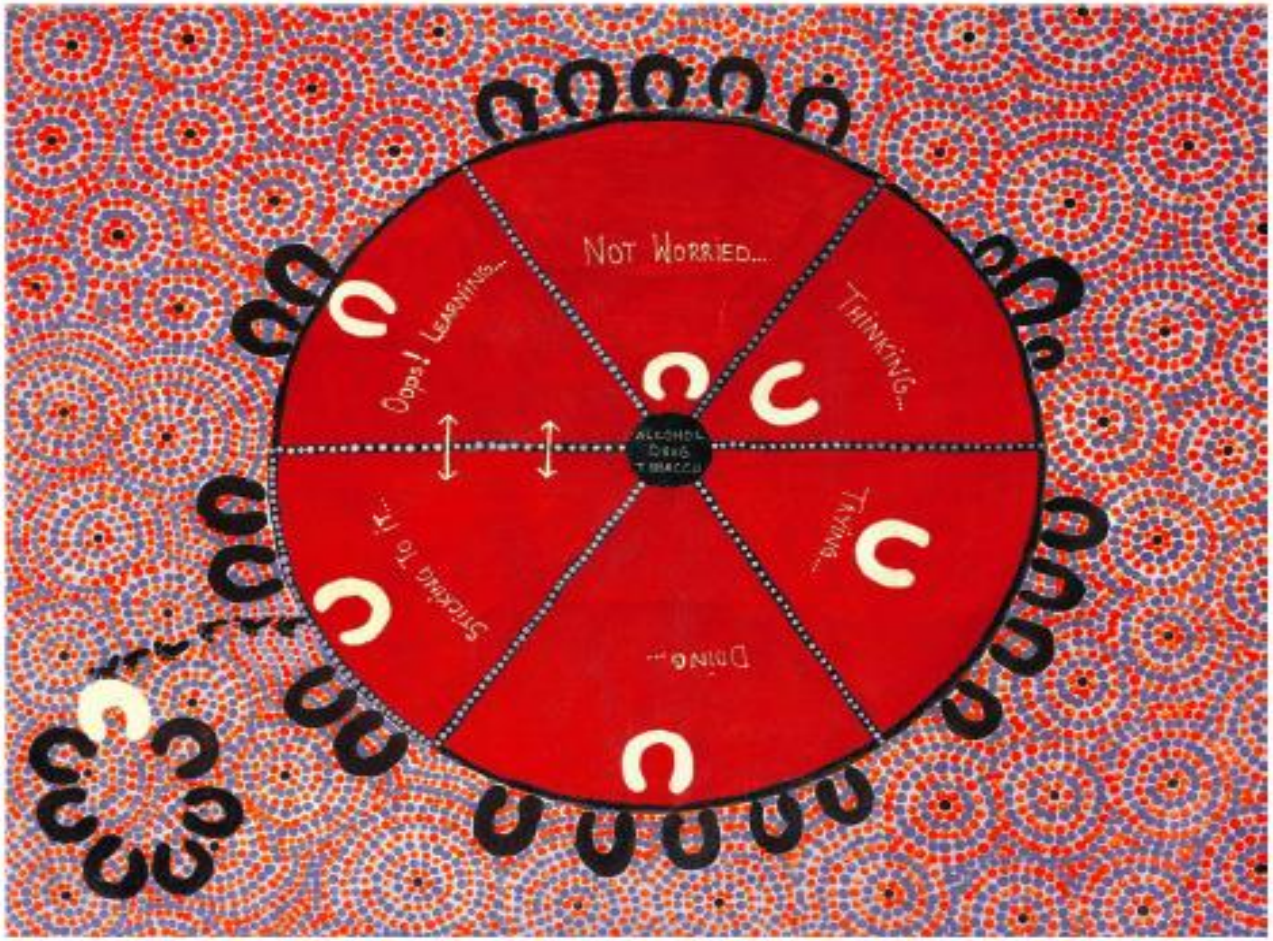
Stages of Change Model



Artists: Terry Simmons and Sophia Conway from Titjikala Community

How to get a copy

- to order a printed copy or download it for free

at

www. sydney.edu.au/medicine/addiction/indigenous

or email

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