NSW Alcohol and Other Drugs Workforce Census Report

Centre for Alcohol and Other Drugs,
NSW Ministry of Health

Acknowledgement

The Centre for Alcohol and Other Drugs (CAOD), NSW Ministry of Health, acknowledges that Aboriginal and Torres Strait Islander peoples are the First Peoples and Traditional Custodians of Australia, and the oldest continuing culture in human history.

We pay respect to Elders past and present and commit to respecting the lands we walk on, and the communities we walk with.

We celebrate the deep and enduring connection of Aboriginal and Torres Strait Islander peoples to Country and acknowledge their continuing custodianship of the land, seas, and sky.

We acknowledge the ongoing stewardship of Aboriginal and Torres Strait Islander peoples, and the important contribution they make to our communities and economies.

We reflect on the continuing impact of government policies and practices and recognise our responsibility to work together with and for Aboriginal and Torres Strait Islander peoples, families, and communities, towards improved health economic, social and cultural outcomes.

We acknowledge the people with lived and living experience of the impacts of alcohol and other drugs who have contributed to the 2022 Alcohol and Other Drugs Workforce Census. We could not do this work without their expertise, advice and involvement.

We acknowledge the NSW AOD Workforce who work tirelessly to support people who experience Alcohol and Other Drugs (AOD)-related risks and harms. We thank them for their contribution to the development of the Census.

We express our sincere gratitude to all the organisations that completed the Census. The sector's contribution has resulted in a meaningful dataset that provides valuable insight into the current state of the workforce.

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Executive Summary

The NSW Alcohol and Other Drugs (AOD) sector is experiencing critical workforce shortages and challenges affecting attraction, recruitment and retention of a qualified AOD workforce [1-4]. The Special Commission of Inquiry into the Drug 'Ice' identified the need for a dedicated, evidence-based workforce strategy. However, to date, there has been limited data collection on the composition of the NSW AOD Workforce.

In 2022, the NSW Ministry of Health developed the inaugural NSW AOD Workforce Census (the Census) to establish baseline data on workforce supply, composition, distribution, and to identify gaps. The Census was sent to AOD services in November 2022 asking them to report on their workforce as of the census date 30 September 2022. The Census was completed by all AOD public sector services and 90% of NGO services in scope. This report captures key outcomes from the Census.

The AOD sector is supported by a committed and dedicated workforce consisting of 2,935 reported positions across 2,574 total full-time equivalent (FTE) roles. Within the sector, 57% of positions are within public sector services and 43% are within NGO services. Within public sector services, 64% of positions are in metropolitan services and 36% are in regional services. Most of the workforce is employed on a full-time or part time basis (88%) and employed in nursing, allied health and corporate positions (85%).

Census results highlight gaps and variations in workforce composition across the public and NGO sector as well as the metropolitan and regional public services. The regional workforce, Aboriginal Health and Lived and Living Experience workforce are also identified as priority workforces for growth in the Census.

Census results also highlight recruitment challenges in the workforce. Across the sector, 32% of recruitment took longer than six months, of which 15% of roles were unable to be recruited to. Significant vacancies were also identified with almost 12% of total FTE reported as vacant across the sector.

The 2022 Census provides the first comprehensive dataset for the NSW AOD Workforce which will be used to inform the development of the NSW AOD Workforce Strategy 2023-2032 (the Workforce Strategy). The Census will be administered on a periodic basis and will be used to inform ongoing monitoring of the Strategy and the development of the NSW AOD Workforce.

Introduction

1.1 AOD Services are effective and benefit the community

The health, social and economic harms that can arise from alcohol and other drug use can impact individuals, their families and communities. Prevention, harm reduction, treatment and support services are effective and improve health and wellbeing.

NSW Health funds programs delivered by public sector services, non-government organisations (NGOs) and primary care. They cross the continuum of care and include prevention, early intervention, brief intervention, treatment, continuing care and harm reduction. Treatment is provided in inpatient, non-admitted, residential and community-based settings.

AOD services are delivered by a dedicated and experienced workforce, committed to improving outcomes for people. They are essential in delivering positive change and outcomes that matter. However, the supply of the AOD workforce is insufficient to meet current and rising levels of demand for services.

1.2 Workforce challenges can limit service access

All areas across the health system are experiencing workforce challenges. For the AOD sector, these issues are compounded by additional barriers, including stigma and discrimination towards people who use drugs, as well as towards those working within the sector itself.

Recent inquiries and research have highlighted the critical workforce shortages and challenges affecting attraction, recruitment and retention of a qualified AOD workforce [1-4].

The Special Commission of Inquiry into the Drug 'Ice' (Ice Inquiry) identified the need for a dedicated, evidence-based workforce strategy. The NSW Government response to the Ice Inquiry committed to enhancing, developing, and sustaining the AOD workforce, including the Aboriginal and Lived and Living Experience Workforce. A targeted NSW AOD Workforce Strategy is under development, and will guide funded activities, including mentoring, skills building, education, and career pathway development.

Australia does not currently have a consistent national AOD workforce dataset. Previous workforce data collections in NSW have not captured data at a system level across public sector and NGO services. In 2022, the NSW Ministry of Health commenced the inaugural NSW Alcohol and Other Drugs Workforce Census (the Census) to inform the development of the Workforce Strategy.

This is a census of the specialist AOD workforce. We acknowledge that people receive AOD interventions and support in a variety of settings, including but not limited to maternity, emergency and mental health departments.

This report captures key outcomes from the Census. Discussion of census findings has been informed by stakeholder consultation. Data has been analysed at de-identified, aggregate level only, and reports are available for organisations with benchmark comparisons for the purpose of workforce and service planning.

The census will be administered on a periodic basis and used to inform the ongoing monitoring of the implementation of the Workforce Strategy and development of the NSW AOD Workforce.

The 2022 NSW AOD Workforce Census

The purpose of the Census is to gain a better understanding of the size, composition, distribution, and gaps of the NSW AOD Workforce. The 2022 Census captures baseline data that will inform a Workforce Strategy and enable ongoing monitoring and planning over time.

The Census was developed in consultation with sector stakeholders to capture appropriate role titles and award classifications. Two instruments were developed, and tailored to public sector and NGO settings, to ensure the census instrument reflected variances between public sector and NGO settings (see Appendix A and B).

The NSW Ministry of Health sent the Census to organisations in November 2022, asking for organisations to report on their workforce as of census date 30 September 2022. The Census was sent to all Local Health Districts (LHDs) and Specialty Health Networks (n=19) and NGO services that receive funding from NSW Health or were part of NADA's member network (n=81; see Appendix C). Services were asked to report on all AOD positions, irrespective of funding stream. This includes AOD roles resourced from other public sector budgets, such as mental health, and NGO positions from funders other than NSW Health, such as the Australian Government and the Department of Communities and Justice.

2.1　Caveats and Assumptions

- Some AOD services are not represented in the final data set. 95% of organisations completed the Census (n=100% public sector services, n=94% NGO services). Following data quality checks and verification, 92% of organisations were included (n=100% public sector services, n=90% NGO services) for analysis.

- Some Aboriginal Community Controlled Health Organisations (ACCHOs) were not included due to missing data. The total figures will be an underrepresentation of the workforce, particularly for the Aboriginal workforce.

- An AOD worker may work part-time across multiple organisations, including in the public and NGO sector. For this reason, the number of AOD positions is generally reported in this report rather than the number of employees as the number of positions may not reflect unique individuals.

- For the purpose of classification, AOD workers are included within the allied health category. We recognise that classifications across organisations may vary.

- Public sector services that reported at district or network levels have been geographically classified in accordance with the NSW Health Local Health District list (see Appendix D). For the purposes of this report, regional and rural NSW LHDs are referred to as regional LHDs. NSW Health have classified all Specialty Health Networks as metropolitan due to the concentration of service provision, but recognise services may be provided state-wide.

- Many NGOs provide services across numerous geographic locations and were not able to be classified as metropolitan or regional. Capacity for NGO geographic analysis will be included in future census iterations.

- For the purpose of the initial census, private correctional facilities were not included.

- NADA members have been classified as NGOs for the purpose of the Census. NSW Health recognises that this may not reflect the status of all NADA members including Aboriginal Medical Services (AMS) and ACCHOs.

- Future iterations of the Census will include a data dictionary. Some questions, particularly regarding recruitment times, may have been subject to varied interpretation.

- Figures have been rounded to the closest whole number for the purposes of the report.

The NSW AOD Workforce: Size and Employment Arrangements

The census asked organisations to report on total number of AOD positions, including employment arrangements. This included a breakdown of people in full time, part time, casual and contract roles.

3.1 Positions in the Sector

Organisations were asked to report the number of positions across employment arrangements. On September 2022, there were 2,935 reported AOD positions across the NSW Alcohol and Other Drugs workforce. The public sector setting employs more positions[1] at 57%, with 64% in metropolitan locations and 36% in regional locations. The remaining 43% are employed in NGO services.

There are
2935
positions in the NSW AOD workforce.

3.2 Full-Time Equivalent in the Sector

Organisations were asked to report the total FTE[23] in their workforce. Overall, the workforce consists of 2,474 total FTE. As shown in Figure 1 and 2 the public sector employs 60% of all total FTE (n=1,493), with 64% (n=953) in metropolitan settings, and 36% (n=541) in regional services. The NGO sector employs 40% of total FTE positions (n=980 FTE).

Figure 1. Proportion of Total FTE in Public and NGO Sector

■ Metropolitan ■ Regional
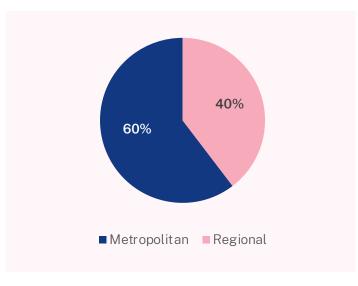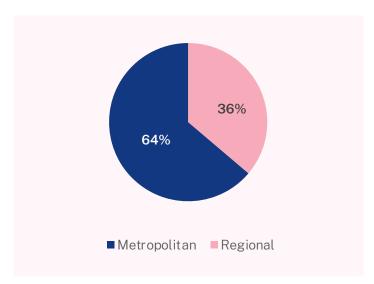
Figure 2. Proportion of Total FTE in Metrolpolitan and Regional Public Sector Services

■ Metropolitan ■ Regional

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[1] An AOD worker may work part-time across multiple organisations, including both in the public and NGO sector. For this reason, the number of positions is reported rather than the number of employees, as the number of positions may not reflect unique individuals.
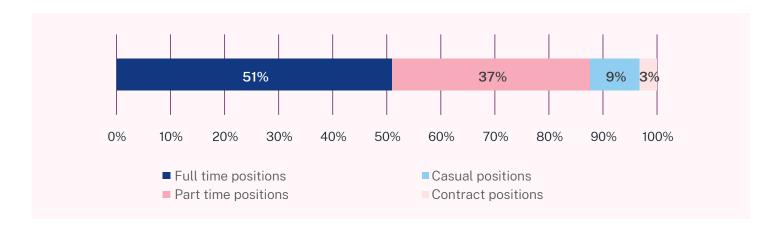
[2] FTE is a unit of measure that is based on the total number of hours worked. It does not indicate the actual number of people working in the workforce.

[3] Total FTE includes both vacant and filled FTE.

3.3   Employment arrangements

Organisations were asked to report the employment arrangements across all roles, including number of full-time, part-time, contract (temporary positions) and casual arrangements. The breakdown of arrangements across NSW AOD sector are displayed below in Figure 3.

Figure 3. Employment Arrangements in NSW AOD Sector

The composition of employment arrangements is consistent across public sector and NGO service settings. Just over half of all employment arrangements are full time. Part time, casual and contract employment comprise 49% of total employment arrangements. While descriptive analysis is not possible, the composition may be due to various factors, including available funding, and availability of flexible working arrangements for employees managing family commitments, or nearing retirement.

Roles in the Sector

There are a diverse range of roles across the sector. Role titles and classifications differ across public sector and NGO settings due to variations in models of care and award classifications.

In consultation with sector stakeholders, 55 public sector role categories and 34 NGO sector role categories were identified. This included grade variations. Roles have been mapped to seven workforce classifications to enable analysis and comparison. It is recognised that some organisations may vary in how they classify their roles.

Organisations were asked to report the total FTE in each role type. Table 1 below identifies the five most reported roles per classification. See Appendix E for the complete list of roles.

Table 1: Five Most Reported Roles Across Workforce Classifications by Total FTE

| Rank	Public Sector	NGO
Medical Workforce		
1	Addiction Medicine Specialist	Addiction Medicine Specialist
2	Junior Medical Officer	Medical: other
3	Registrar	Psychiatrist
4	Psychiatrist	
5	Career Medical Officer	
Allied Health		
1	Counsellor	AOD Case Manager/Worker
2	Psychologist	Counsellor
3	Social Worker (grade 1/2)	AOD Youth Worker
4	Senior Social Worker (grade 3 +)	Allied/Other Health: Other
5	Clinical Psychologist	Social Worker
Nursing		
1	Registered Nurse	Registered Nurse (in any capacity)
2	Clinical Nurse Consultant	Nurse Unit Manager
3	Clinical Nurse Specialist Grade 2	Other Nurse
4	Nurse Unit Manager	
5	Clinical Nurse Consultant Grade 1	
Corporate		
1	Administration Officer	Team Leader/Manager
2	Health Service Manager	Educator/Trainer
3	Team Leader/ Manager	Service Manager
4	Data Coordinator	Receptionist/Administration Officer
5	Service Director/ General Manager	Chief Executive Officer
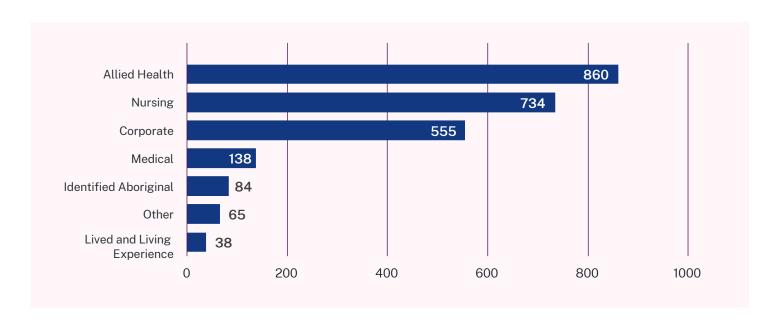
Table 1: Five Most Reported Roles Across Workforce Classifications by Total FTE (cont.)

Rank	Public Sector	NGO
Identified Aboriginal[4]		
1	Aboriginal Health Worker	Aboriginal Health Worker
2	Aboriginal Health Other	Aboriginal Health: Other
3	Aboriginal Health Practitioner	Social Emotional Wellbeing Worker
4	Aboriginal Health Nurse	Aboriginal Health Nurse
5	Social Emotional Wellbeing Worker	Aboriginal Health Practitioner
Lived and Living Experience Workforce[5]		
1	Peer Worker/Peer Support Worker	
Other Workforce[6]		
1	Other	

As identified in Table 1, the most common roles per classification vary according to public sector or NGO setting. This is most prevalent in the Allied Health classification, and reflective of variations in models of care and award classifications. The AOD sector total FTE are identified by workforce classification in Figure 4 below.[7]

The top three role classifications across the NSW AOD Workforce are Allied Health (which includes AOD workers), Nursing and Corporate which comprise 85% of total FTE.

Figure 4. Total FTE Per Workforce Classification

[4] Identified Aboriginal refers to Aboriginal identified roles only. Aboriginal employees in non-identified positions are captured in the remaining workforce classifications

[5] At the time of census collection, NSW Health used the term "Peer workforce". This has been since updated to Lived and Living Experience workforce in line with advice from key stakeholders

[6] The "Other" classification refers to any total FTE that did not fit into the previous six classifications.

The Nursing classification has the highest total number of total FTE within public sector services, compared to the Allied Health classification in the NGO sector. This variation reflects different models of care, and the prominence of nursing employees within public sector opioid treatment clinics.

4.1   Allied Health and AOD Workers

Allied Health encompasses a broad range of individual professions and does not have a single definition [5, 6]. They often have a defined scope of practice, a direct patient care role, and provide specialist support, mostly within a multidisciplinary team. Many professionals will have university qualification recognised by a national accreditation body.
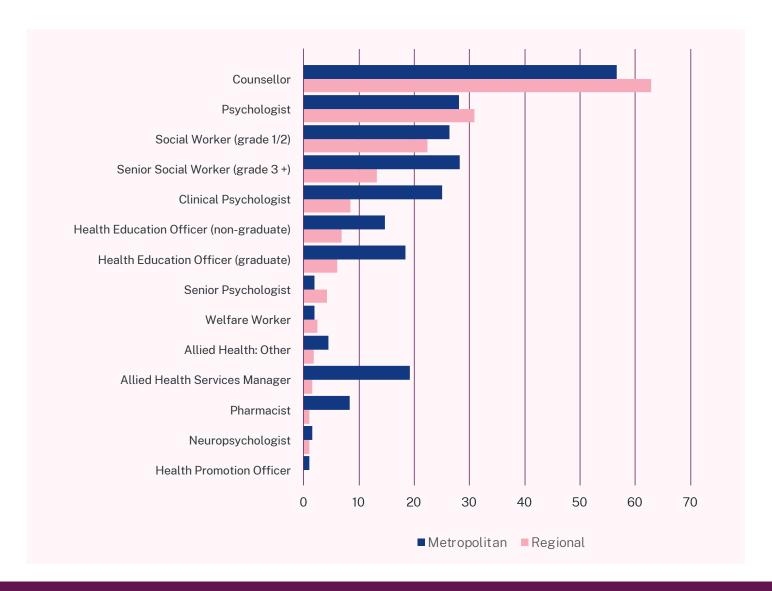
It is noted that some AOD workers may have diploma or certificate level qualifications. Such workers have been included within the Allied Health category for

analysis purpose and may be classified differently across organisations. The classification may need to be revised for future census collections.

Organisations reported the total number of positions and FTE in roles within the Allied Health classification. This was reported as the largest workforce classification, comprising 33% of the NSW AOD workforce. This includes 971 positions across 860 total FTE.

4.1.1   Public Sector

There are 396 Allied Health positions within the public sector. Figure 5 below identifies the total FTE in each Allied Health role across public sector metropolitan and regional settings.

Figure 5. Allied Health Total FTE In Public Sector by Region

Across metropolitan and regional public sector services, Counsellors comprise the majority of the AOD Allied Health workforce. Allied Health total FTE is comparable across metropolitan and regional locations. However, metropolitan services have a higher proportion of senior and specialised roles, such as senior social worker, clinical psychologist, allied health services manager and pharmacist.

4.1.2   NGO sector
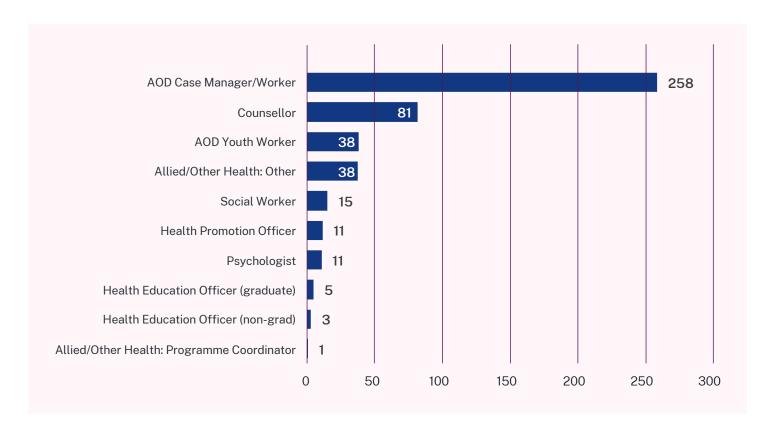
Allied Health is the largest workforce classification within NGO sector services, comprising 17% of the total workforce. There are 574 Allied Health positions with the NGO sector. Figure 6 below identifies the total FTE for each Allied Health role. A significant proportion of this workforce is made up of AOD Case Manager/Worker positions and Counsellor roles.

The NGO sector employs less Social Workers and Psychologists compared to public sector services. While conclusions cannot be drawn from this data, this may reflect factors such as differing models of care and variations in employment arrangements, which result in challenges for NGOs in attracting these roles.

While NGO models of care may support the functions of such roles, access to some specialist providers may need to be facilitated in the public or primary care sectors through shared care arrangements, strong referral pathways and integrated care models.

In 2021/22, "counselling" and "support and case management" was the most reported treatment in NSW [7]. Counsellors and AOD Case Managers and Workers play a critical role in the delivery of care, including the provision of intensive support and intervention.

Figure 6. Allied Health Total FTE in NGO Sector

4.2   Nursing

Organisations were asked to report the number of positions and total FTE of Nursing roles (including various grades and classifications). Nurse Practitioners and Nurse Educator roles were included in this classification.

The Nursing classification comprises 31% of the total AOD workforce in NSW. There are 894 positions working across 734 total FTE. Registered nurses comprise 67% of the total FTE in the Nursing classification.

4.2.1   Public Sector

Nursing is the largest workforce classification within public sector services, comprising 26% of the total workforce. There are 766 nursing positions in total in the public sector. Figure 7 identifies the total FTE in each Nursing role across public sector metropolitan and non-metropolitan settings.

As of census date, there are 12 filled Nurse Practitioner positions across 19 total FTE, including 9 vacant FTE. Nurse Practitioners are an integral, yet underrepresented position within the sector. Their expanded scope of practice includes diagnosing and prescribing pharmacological treatment, including opioid agonist medications.

There is a critical shortage in the supply of prescribers and an inability to meet levels of demand, resulting in access challenges. Strategies are required to reduce current vacancies and to increase total positions. This could include transitional roles, incentives, increased number of positions and nursing career pathways.

4.2.2   NGO sector

There are 128 nursing positions in the NGO sector. Figure 8 identifies the total FTE for each nursing role. There is just over 80 total FTE in the Nursing classification, including 60 total FTE of Registered Nurses (in any capacity), 12 total FTE of Nurse Unit Manager and 9 total FTE of Nurse "Other".

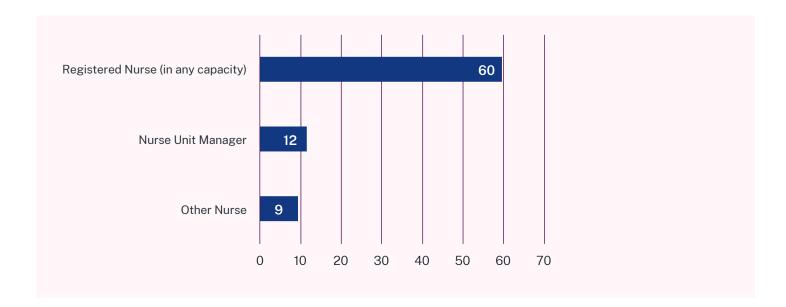**Figure 7. Nursing Total FTE in the Public Sector by Region**

Figure 8. Nursing Total FTE in the NGO Sector[8]

It is likely that the variances between public sector and NGO services Nursing Classification reflects variations in available funding, employment conditions and models of care, with public sector opioid treatment clinics employing a large nursing workforce.

The Nursing workforce comprises an integral component of the AOD workforce in both the public sector and NGO sector. Strategies are required to attract and support nurses to pursue a career in the AOD sector.

4.3   Corporate

The Corporate classification encompasses a diverse range of roles (Appendix E) including those that may provide clinical care as part of their role such as the Clinical Director or Team Leader, and non-clinical roles such as Data Coordinator and Administration Officer. Organisations were asked to report the number of positions and total FTE across the corporate workforce classification.

Corporate staff comprise 21% of the total NSW AOD workforce. This includes 623 corporate positions across 555 total FTE. There are 256 Corporate positions in the public sector and 357 in the NGO sector. The most common Corporate roles are Administration Officers and Health Service Managers in the public sector and Team Leader/Manager and Service Manager positions in the NGO sector. Strategies to target the workforce must consider people across all Corporate roles, including current and future managers and leaders.

4.4   Medical Workforce

The Medical Workforce classification includes a diverse range of specialist medical roles. This includes AOD specialisations, such as Addiction Medicine Specialist, as well as other specialities, such as psychiatrists, that are employed within an AOD service. Other positions include workers in various stages of the medical career pathway, such as registrars, trainees, Visiting Medical Officers (VMOs) and Junior Medical Officers.

Organisations were asked to report the total number of medical positions and total FTE. As previously noted, AOD workers may work across multiple organisations. It is likely that some of the medical workers may work across both public sector services and NGO services. The medical classification comprises 12% of the total NSW AOD workforce in NSW, including 192 people across 138 total FTE.

[8] Total FTE for each Nursing role type has been rounded to the nearest whole number for the purposes of the Figure 8. There is 80.38 Total FTE in the Nursing classification.

Figure 9. Medical Total FTE in the Public Sector by Region

4.4.1   Public Sector

There are 182 Medical positions in public sector services. Most of the total FTE consists of Addiction Medicine Specialists, Junior Medical Officers and Registrars. Figure 9 below identifies the distribution of medical positions across roles and geographic settings.

As identified in Figure 9, there is an inequitable distribution of the medical workforce across public sector settings, with most positions concentrated to metropolitan services and a reliance on VMOs in regional areas. This disparity highlights the importance of virtual care models and partnership arrangements with metropolitan services to ensure access to specialist supports in regional settings.

4.4.2   NGO sector

There are 10 positions in the medical workforce in NGO services. This is comprised of seven Addiction Medicine Specialists, one Psychiatrist and two Medical "Other" Roles.

The size of the medical workforce in the NGO sector is smaller than in public services. This reflects variations on models of care, and challenges for the NGO sector in attracting a medical workforce. Relationships currently exist between the primary, public and private sector to provide medical support to ensure access to medical workforce for people in NGO settings.

4.5   Aboriginal Health Workforce

Aboriginal AOD workers are essential for ensuring cultural safety within services. Their knowledge is critical to the effectiveness of AOD services to Aboriginal communities.

Organisations were asked to report both the number of Aboriginal identified and non-identified positions that are filled by workers who identify as Aboriginal. Some ACCHO responses were not included due to missing data. The following data is likely an underrepresentation of the Aboriginal AOD workforce.
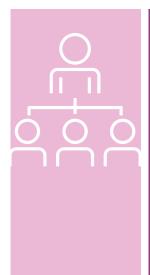
Across NSW there are 79 identified positions in the AOD workforce including 63 in the NGO sector and 16 in the public sector. Aboriginal Health Workers and Aboriginal Health Practitioners comprise 90% (n = 71) of this workforce. Overall, identified positions account for 2.7% of the total AOD workforce of which 1.2% (n=35) are employed in Aboriginal organisations.

There are 112 workers who identify as Aboriginal that are employed in a non-identified position. This includes 90 positions in the NGO sector and 22 in the public sector. Overall, non-identified positions account for 3.8% of the total AOD workforce of which 1.5% (n=43) of this are employed in Aboriginal organisations.

80% of the Aboriginal workforce in NSW is employed in the NGO sector including 41% (n=78; 35 identified and 43 non-identified) employed in Aboriginal organisations and 39% (n=75; 28 identified and 47 non-identified) in non-Aboriginal organisations. NGO services that do not include Aboriginal Organisations hold a larger proportion of Aboriginal workforce (5.9%) than public sector services (2.3%). As shown in Figure 10, within the public sector, most identified roles are in metropolitan areas while most non-identified roles are in regional areas.

There are **191** Aboriginal AOD workers in the sector

41% of the Aboriginal workforce is employed in Aboriginal organisations

Figure 10. Aboriginal Workforce in the Public Sector by Region

The AOD workforce currently meets the 3% target set for proportion of Aboriginal workers in the public sector [8]. In NSW in 2021/22, 16% of clients receiving Opioid Treatment Program (OTP) services identified as Aboriginal/Torres Strait Islander [9] and 20% of clients receiving AOD services other than OTP identified as Aboriginal/Torres Strait Islander [10]. The current composition of the AOD workforce does not yet reflect the clients that it serves. Growing the Aboriginal workforce in the AOD sector is identified as a priority in the Government response to the Special Commission of Inquiry into the Drug 'Ice' and the NSW AOD Workforce Strategy.

4.6   Lived and Living Experience Workforce

NSW Health uses the term 'lived and living experience workforce,' often referred to as the 'peer or consumer workforce'. This terminology reflects advice provided by key stakeholders and is chosen in recognition that language may shift over time. While people in the sector may have lived and living experience, this workforce encompasses people in identified positions only, who use their experience in the context of their roles.

The Census asked organisations to report on the total FTE and number of workers across employment arrangements. Across NSW, there are 68 lived and living experience workforce positions across 38 total FTE. Most of this workforce is employed within the NGO sector (58 positions consisting of 31 FTE).

There are 10 lived and living experience positions in the public sector, with seven positions in metropolitan services, and three in regional locations.

Support and development is required to build the growing lived and living experience workforce as identified as a priority in the Government response to the Special Commission of Inquiry into the Drug 'Ice.' The NSW AOD Workforce Strategy will include activities to develop, support and sustain this workforce across NSW.

4.7   Workforce: 'Other'

Organisations were asked to report any total FTE that did not fit into the previous six classifications. There were 108 positions across 65 total FTE in this category, 25 in public sector services and 83 in the NGO sector. Further consultation is required to understand the roles in this category so they can be more accurately captured in future census collections.

There are

68

Lived and Living Experience workers in the sector

Vacancies

All areas across the health system are experiencing workforce challenges. The COVID-19 pandemic has impacted the health (and social assistance) sector, with job vacancies 145% higher in May 2023 than in February 2020 [10]. Recent inquiries have confirmed that the AOD sector is experiencing critical workforce shortages and recruitment challenges [1-4].

Organisations were asked to identify how many FTE were vacant for each role on census date. The vacancy rate has been determined by calculating vacant FTE as a percentage of total FTE (that includes vacant FTE) for each role.

5.1   State-wide Sector Vacancies

As of census date, almost 12% of total FTE (or 285 FTE) were vacant.

For public sector services, 15% of total FTE were vacant. The vacancy rate was marginally higher for metropolitan services (15%) compared to regional locations (14%). The NGO vacancy rate was significantly lower, at almost 7%, noting that this data provides snapshot information as at census date only.

12% of roles in the sector were vacant on census date

Role Category	Vacancy Rate
Identified Aboriginal	18%
Nursing	14%
Medical	13%
Allied Health	12%
Corporate	8%
Other	7%
Lived and Living Experience	6%

There is a variance across the workforce classification vacancy rates. Across NSW, the identified Aboriginal Health workforce reported the highest total vacancy rate of 18%. This is followed by Nursing (14%), Medical (13%) and Allied Health (12%).

The number of vacant FTE was also examined in isolation, separate to the calculated vacancy rate as per the method previously outlined. Registered nurses reported the highest amount of vacant FTE in the public sector and Case Manager/Worker in the NGO sector (50 and 17 FTE respectively). As noted in this report, these roles report the most total FTE for each respective sector. Further information on vacant roles is available in Appendix F.

There are significant levels of unmet demand for treatment services. Service capacity limitations are exacerbated by challenges in attracting people into available positions. Vacancy rates highlight the need for targeted approaches within the NSW AOD Workforce Strategy to attract and grow the workforce to minimise unfilled positions and maximise system capacity. The vacancy rate provides baseline data of the current workforce and will be monitored over time.

Recruitment Challenges

The Census asked organisations several questions on recruitment. The data in response to these questions is presented below. There are limitations for data interpretation resulting from potential inconsistent question interpretation. Future census iterations will define recruitment within a data dictionary to ensure consistent interpretation across organisations. Consultation is required to understand how the recruitment process is defined and captured by services.

6.1   Recruitment

Organisations were asked to report the number of positions recruited to in the 12 months prior to census date. Across NSW, 630 positions were recruited to in this period. This represents 21% of the total number of positions across the sector on census day.

More recruitment occurred within NGOs than public sector organisations (383 and 247 positions respectively). Noting the NGO sector represents 40% of the total AOD workforce, the level of recruitment activity is considerably higher, compared to public sector services.

Consultation with the NGO sector identified factors that may contribute to higher recruitment activity in the NGO sector. This includes the short-term nature of funding arrangements within the NGO sector and less attractive employment conditions compared to the public sector.

There are limitations on the interpretation of this data. Conclusions cannot be drawn on the reason for recruitment, such as new roles being created, or if an existing employee moved within an organisation or the AOD sector.

21%
of positions were recruited to in the last 12 months

6.2   Recruitment times

Organisations were asked to report how long the recruitment period was for all roles recruited to in the 12 months prior to census date. Time to recruit may be impacted by administration processes including multiple levels of approval and role grading. The time to recruit is identified in Figure 11 below.

As identified in Figure 11, 32% of all recruitment took longer than six months, of which 15% of roles were unable to be recruited to. Figure 12 below provides a more comprehensive overview of recruitment times, by service type and region.

Figure 11. Time to Recruit in the NSW AOD Sector

Proportion

| 45% | 24% | 17% | 15% |

0%   20%   40%   60%   80%   100%

- Within three months
- More than six months
- Three to six months
- Were unable to be recruited to

Figure 12. Time to Recruit by Service Type and Region

Recruitment took the longest in metropolitan public sector services. This is significant, as these services represent almost 39% of the total workforce. NGOs recruited faster than public sector services, though 19% of recruitment took more than 6 months and 8% were unable to be recruited to.

6.3   Longest positions to recruit to

Organisations were asked to report the top three roles that took the longest to recruit to. This is outlined in Table 2 below.

Table 2. Top Three Roles that Took the Longest to Recruit

Top three longest roles to recruit	Metropolitan Public Services	Regional Public Services	NGO Sector
1	Psychologist	Registered Nurse	AOD Case Manager/Worker
2	Addiction Medicine Specialist	Counsellor	Counsellor
3	Health Service Manager	Nurse Practitioner	Registered Nurse

As noted in Table 2, Psychologists took the longest to recruit to in metropolitan public sector services. This may be due to the small pool of available and interested practitioners. Addiction Medicine Specialists, that serve a critical role across the AOD sector, took the second longest to recruit to in metropolitan public sector services. Regional areas and NGOs in particular may be reliant on metropolitan workforce for access to specialist support. Planning and building effective partnerships are essential to ensure ongoing availability and state-wide access to specialist support.

Other roles identified as taking the longest to recruit to include Registered Nurses and AOD Case Worker/Manager which, as previously noted, are the most common roles in the respective service setting. Strategies are required to ensure that suitable workforce is readily available and attracted to the AOD sector, including removing any administrative barriers to recruitment.

6.4   Staff turnover

The Census asked organisations to report on the number of people that left the service for any reason in the 12 months prior to census date.

There are limitations on the interpretation of this data. It is possible that employees working across multiple agencies left multiple AOD services during this period. In this instance, an employee may have been counted more than once. Most organisations do not capture reasons for leaving positions and it is unknown if an employee moved to another AOD service or left the AOD sector. For these reasons it is not possible to compare the number of people that left a service to the number of AOD positions on census date. The data reported below is not a measure of attrition from the AOD sector.

In the 12 months prior to census date, 503 people left an AOD service. Comparatively, more people left NGO services than public sector services (298 and 205 respectively). No further conclusions can be drawn on differences between the sectors. However, similar to recruitment, this is likely impacted by variations in employment conditions, including contract cycle periods and remuneration, compared to public sector services.

503
people left an AOD service in the past 12 months

Conclusions

The 2022 Census provides the first comprehensive dataset for the NSW AOD Workforce. This baseline data highlights current workforce gaps and challenges that the AOD sector is experiencing. Insights from the Census will be used to inform targeted strategies and priorities for the NSW AOD Workforce Strategy. Key priorities will include:

1. Targeted strategies to develop and grow the workforce across diverse positions, including clinical and non-clinical roles

2. Partnerships between public and NGO sector to ensure the provision of high-quality comprehensive care

3. Growth of the regional workforce and strategies to ensure equity of access to specialist care

4. Development of the nursing workforce including visible career pathways, in particular the Nurse Practitioner workforce

5. Growth of the Lived and Living Experience Workforce

6. Growth of the Aboriginal workforce (both identified and non-identified)

7. Strategies to attract and retain staff in the sector as well as address vacancies and time taken to recruit

The Strategy is a 10-year plan that will be reviewed and updated in years four and seven. The census will be administered on a periodic basis, and used to inform the development and monitoring of the implementation of the Strategy. Future census collections will include a data dictionary to ensure consistent interpretation and use supplementary well-being data to support census data.

References

1. Howard, D., Prof. SC,, Special Commission of Inquiry into crystal methamphetamine and other amphetamine-type stimulants. 2020.

2. Searby, A. and D. Burr, State of the workforce 2020: Mapping the alcohol and other drug (AOD) nursing workforce in Australia and New Zealand. 2020: Queensland.

3. Portfolio Committee No. 2 - Health and Community Services, Provision of drug rehabilitation services in regional, rural and remote New South Wales. 2018, New South Wales. Parliament. Legislative Council.,: Sydney, N.S.W.

4. Kostadinov, V., et al., Strengths, challenges, and future directions for the non-government alcohol and other drugs workforce. Journal of Substance Use, 2021. 26(3): p. 261-267.

5. Allied Health Profesions Australia, What is allied health? **https://ahpa.com.au/what-is-allied-health/**

6. Department of Health and Aged Care. About allied health care. **https://www.health.gov.au/topics/allied-health/about**

7. Australian Institue of Health and Welfare, Alcohol and other drug treatment services in Australia annual report. 2023.

8. NSW Public Service Commission, Aboriginal Employment Strategy 2019-2025.

9. Australian Institute of Health and Welfare, National Opioid Pharmacotherapy Statistics Annual Data Collection. 2023.

10. Australian Institute of Health and Welfare. Alcohol and other drug treatment services in Australia: early insights. 2023.

11. Australian Bureau of Statistics, Job Vacancies, Australia. 2023.

Abbreviations

Abbreviation	Definition
ACCHO	Aboriginal Community Controlled Health Organisation
AMS	Aboriginal Medical Service
AOD	Alcohol and Other Drugs
CAOD	Centre for Alcohol and Other Drugs, NSW Ministry of Health
JHFMHN	Justice Health and Forensic Mental Health Network
FTE	Full Time Equivalent
LHD	Local Health District
NADA	Network of Alcohol and other Drugs Agencies
NGO	Non-Government Organisation
OTP	Opioid Treatment Program
SCHN	Sydney Children's Hospital Network
SHN	Specialty Health Network
SVHN	St Vincent's Hospital Network
VMO	Visiting Medical Officer

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Appendix A

Appendix A: Public Sector Workforce Census Template

Contact

Item	Detail
Completed by	
Role	
LHD/SHN	
Phone number	
Email	

Locations of Services

Which Local Health District is your organisation and/or services located in or provide outreach service to on census date? Please choose "yes" to those that apply. Please leave those that do not apply blank.

LHD	Yes
Central Coast	
Illawarra Shoalhaven	
Nepean Blue Mountains	
Northern Sydney	
South Eastern Sydney	
Sydney	
Western Sydney	
Far West	
Hunter New England	

LHD	Yes
Mid North Coast	
Murrimbidgee	
North NSW	
Southern NSW	
South Western Sydney	
Western NSW	

Funded AOD Staff

Please provide the following number of AOD funded FTE and employees on the census date. Cells may be left blank where there are no FTE or employees.

Category	Role	Total FTE	Vacant FTE	EMPLOYEES			
				Full time	Part time	Casual	Contract
Medical	Addiction Med Specialist						
Medical	Psychiatrist						
Medical	Medical: Other						
Nursing	Nurse Unit Manager						
Nursing	Registered Nurse (in any capacity)						
Nursing	Nurse Unit Manager						
Nursing	Other Nurse						
Allied/Other Health	Psychologist						
Allied/Other Health	Social Worker						
Allied/Other Health	Counsellor						
Allied/Other Health	AOD Case Manager/Worker						
Allied/Other Health	AOD Youth Worker						
Allied/Other Health	Health Promotion Officer						
Allied/Other Health	Health Education Officer (graduate)						
Allied/Other Health	Health Education Officer (non-grad)						
Allied/Other Health	Allied/Other Health: Other						
Aboriginal Health	Aboriginal Health Nurse						
Aboriginal Health	Aboriginal Health Practitioner						
Aboriginal Health	Aboriginal Health Worker						
Aboriginal Health	Social Emotional Wellbeing Worker						
Aboriginal Health	Aboriginal Health: Other						

Peer Workforce	Peer Worker/Peer Support Worker/ Consumer Engagement Worker						
Corporate	Chief Executive Officer						
Corporate	Clinical Director						
Corporate	Service Manager						
Corporate	Team Leader/Manager						
Corporate	Project and/or Policy Officer						
Corporate	Researrch Coordinator/Officer						
Corporate	Data Coordinator/Officer						
Corporate	Intake Officer						
Corporate	Receptionist/Administer Officer						
Corporate	Educator/Trainer						
Corporate	Corporate: Other						
Other	Other						

Aboriginal Status

Please provide the following number of AOD funded FTE and employees on the census date:

Status	Number
Aboriginal identified roles FTE	
Employees that identify as Aboriginal in non-identified roles	

Recruitment

Of the funded AOD positions your agency had on the census date, how many were recruited to in the 12 months prior?

Period	Positions
AOD positions	

Time to Recruit

Of the funded AOD positions that were recruited to in the 12 months leading up to census date, how many were recruited to:

Period	Positions
Within 3 months	
3-6 months	
More than 6 months	
Were unable to be recruited to	

Longest to Recruit

Of the funded AOD positions that were recruited to in the 12 months leading up to census date, which positions took the longest to fill?

Rank	Role
Longest	
Second longest	
Third longest	

Retention

How many funded AOD employees left your agency during the 12 months leading up to the census (for any reason)?

Period	Positions
Employees that left	

Appendix B

Appendix B: NGO Sector Workforce Census Template

Contact

Item	Detail
Completed by	
Role	
LHD/SHN	
Phone number	
Email	

Funded AOD Staff

Please provide the following number of AOD funded FTE and employees on the census date. Cells may be left blank where there are no FTE or employees.

Category	Role	Total FTE	Vacant FTE	EMPLOYEES			
				Full time	Part time	Casual	Contract
Medical	Addiction Med Specialist						
Medical	Psychiatrist						
Medical	Career Medical Officer						
Medical	Visiting Medical Officer						
Medical	Junior Medical Officer						
Medical	Advanced Trainee						
Medical	Registrar						
Medical	Medical: Other						
Nursing	Director of Nursing						

Nursing	Nurse Manager
Nursing	Nurse Unit Manager
Nursing	Nurse Practitioner
Nursing	Clinical Nurse Specialist Grade 2
Nursing	Clinical Nurse Consultant Grade 1
Nursing	Clinical Nurse Consultant
Nursing	Clinical Midwife Consultant
Nursing	Nurse Educator
Nursing	Clinical Nurse Educator
Nursing	Registered Nurse
Nursing	Enrolled Nurse
Nursing	Assistant in Nursing
Nursing	Nursing: Other
Allied Health	Allied Health Services Manager
Allied Health	Senior Psychologist
Allied Health	Clinical Psychologist
Allied Health	Neuropsychologist
Allied Health	Psychologist
Allied Health	Senior Social Worker (grade 3 +)
Allied Health	Social Worker (grade 1/2)
Allied Health	Counsellor
Allied Health	Welfare Worker
Allied Health	Health Promotion Officer
Allied Health	Health Education Officer (graduate)
Allied Health	Health Education Officer (non-graduate)

Category	Role							
Allied Health	Pharmacist							
Allied Health	Allied Health: Other							
Aboriginal Health	Aboriginal Health Nurse							
Aboriginal Health	Aboriginal Health Practitioner							
Aboriginal Health	Aboriginal Health Worker							
Aboriginal Health	Aboriginal Health Other							
Aboriginal Health	Social Emotional Wellbeing Worker							
Peers	Peer Worker/ Peer Support Worker							
Corporate	Service Director/ General Manager							
Corporate	Clinical Director							
Corporate	Health Service Manager							
Corporate	Team Leader/ Manager							
Corporate	Project and/ or Policy Officer							
Corporate	Research coordinator							
Corporate	Health Information Manager							
Corporate	Health Information Officer							
Corporate	Data Coordinator							
Corporate	Intake Officer							
Corporate	Administration Officer							
Corporate	Corporate: Other							
Other	Other							

Aboriginal Status

Please provide the following number of AOD funded FTE and employees on the census date:

Status	Number	
Aboriginal identified roles FTE		
Employees that identify as Aboriginal in non-identified roles		

Recruitment

Of the funded AOD positions your agency had on the census date, how many were recruited to in the 12 months prior?

Period	Positions
AOD positions	
Employees that identify as Aboriginal in non-identified roles	

Time to Recruit

Of the funded AOD positions that were recruited to in the 12 months leading up to census date, how many were recruited to:

Period	Positions
Within 3 months	
3-6 months	
More than 6 months	
Were unable to be recruited to	

Longest to Recruit

Of the funded AOD positions that were recruited to in the 12 months leading up to census date, which positions took the longest to fill?

Rank	Role
Longest	
Second longest	
Third longest	

Retention

How many funded AOD employees left your agency during the 12 months leading up to the census (for any reason)?

Period	Positions
Employees that left	

Appendix C

Appendix C: List of Organisations and Services

Public sector

- Central Coast LHD
- Calvary Mater Drug and Alcohol Unit
- Far West LHD
- Hunter New England LHD
- Justice Health and Forensic Mental Health Speciality Network
- Illawarra Shoalhaven LHD
- Murrumbidgee LHD
- Mid North Coast LHD
- Nepean Blue Mountains LHD

- Northern NSW LHD
- Northern Sydney LHD
- South Eastern Sydney LHD
- South Western Sydney LHD
- St Vincent's Health Network
- Southern NSW LHD
- Sydney LHD
- Sydney Children's Hospital Network
- Western NSW LHD
- Western Sydney LHD

NGO Name	Service Name (if applicable)
2Connect Youth and Community Services	Ready Youth Drug and Alcohol Project
Aboriginal Health and Medical Research Council	
ACON	
Alcohol Drug Foundation NSW	Kathleen York House
Armajun Aboriginal Health Service	Armajun Aboriginal Health Service Drug and Alcohol Program
Barnardos Australia	Marrickville Canterbury Youth at Risk
Barnardos Australia	Adolescent Alcohol & Other Drug Abuse Diversionary Program
Calvary Health Care	Calvary Riverina Drug and Alcohol Centre
Catholic Care Social Services Hunter Manning	
CatholicCare Broken Bay - DAYSS	Manly Warringah Pittwater Youth Support Service
CatholicCare Sydney	Family Recovery
Centacare New England North West	The Centacare Youth Drug and Alcohol Services
Co.As.It	
Community Restorative Centre	AOD Transition Program
Construction Industry Drug and Alcohol Foundation	Building Trades Group Drug and Alcohol Program - Workplace Education Program
CORE Community Services	Drug and Alcohol Service
Detour House	

Directions Health Services	Counselling for People Using Methamphetamines
Drug and Alcohol Health Services	Drug and Alcohol Health Services
Family Drug Support	Family Drug Support Line, Information and Referral Service
Foundation House	
Glebe House	
Grow NSW	Grow Residential
Guthrie House	
Haymarket Foundation	Bourke Street Project
Hunter Primary Care	Headspace Newcastle
Kamira Alcohol and Other Drug Treatment Services Inc	Kamira
Karralika Programs	Child & Youth AOD service-Wagga and South Coast
Kedesh Rehabilitation Services (KRS)	Kedesh
Leichhardt Women's Community Health Centre	Alcohol and Drug Service
Life Education NSW	The Life Education program
Lives Lived Well	Lives Lived Well
Maari Ma Health Aboriginal Corporation	Drug and Alcohol Service
Maayu Mali	
MacArthur Drug and Alcohol Youth Services Committee Incorporated	Youth Solutions
Mercy Services	McAuley Outreach Service
Mission Australia	Junaa Buwa
Mission Australia	Mac River
Mission Australia	Continuing Coordinated Care Western NSW region
Mission Australia	Continuing Coordinated Care Northern Sydney region
Mission Australia	Drug and Alcohol Intervention Program
Mission Australia	South West Youth Services-Macarthur AOD Support
Mission Australia	Triple Care Farm
NADA	
Namatjira Haven Drug and Alcohol Healing Centre	
Ngaimpe Aboriginal Corporation	The Glen
Noffs Foundation	
NUAA	
Oakdene House Foundation	

Odyssey House	
ONE80TC	
Oolong House	
Orana Haven Aboriginal Corporation	
Phoebe House	
Redfern Aboriginal Service Medical Corporation	
Rekindling the Spirit	
Royal Flying Doctor Service of Australia	Western NSW AOD Outreach
Salvation Army	Adele House
Salvation Army	Drug and Alcohol
Salvation Army	Oasis Youth
Samaritans Foundation	Community Day Program
SMART Recovery Australia	
South Coast Women's Health and Welfare Aboriginal Corporation	Waminda
St Vincent de Paul Society	Continuing Care, Freeman House and Rendu
Sydney Drug Education Counselling Centre	
Sydney Women's Counselling Centre	
The Buttery	
The Fact Tree Youth Service	
The Farm in Galong	
The Station	
Uniting	Medically Supervised Injecting Centre Kings Cross
Waverley Action for Youth Services	
Waverley Drug and Alcohol Centre	
Wayback Drug and Alcohol Rehabilitation Centre	
Wayside Chapel Youth Services	
Weave	
Weigelli Centre, Weigelli Aboriginal Corporation	
Wesley Mission Community Services	Newcastle Youth Service
WHOS	
Women's Alcohol and Drug Advisory Centre	Jarrah House
Youth off the streets	Dunlea AOD Youth Service

Appendix D

Appendix D: Metropolitan and regional classification

Please refer to 2.1 Caveats and Assumptions for more information on metropolitan and regional classification of services.

Metropolitan	Regional	NGO
Nepean Blue Mountains	Calvary Mater Alcohol and Drug Unit	State-wide
Northern Sydney	Central Coast	
South Eastern Sydney	Far West	
South Western Sydney	Hunter New England	
Sydney	Illawarra Shoalhaven	
Western Sydney	Mid North Coast	
St Vincent's Health Network	Murrumbidgee	
Justice Health	Northern NSW	
Sydney Children's Hospital Network	Southern NSW	
	Western NSW	

Appendix E

Appendix E: Full list of AOD roles

Public sector

Category	Role
Medical	Addiction Med Specialist
	Psychiatrist
	Career Medical Officer
	Visiting Medical Officer
	Junior Medical Officer
	Advanced Trainee
	Registrar
	Medical: Other
Nursing	Director of Nursing
	Nurse Manager
	Nurse Unit Manager
	Nurse Practitioner
	Clinical Nurse Specialist Grade 2
	Clinical Nurse Consultant Grade 1
	Clinical Nurse Consultant
	Clinical Midwife Consultant
	Nurse Educator
	Clinical Nurse Educator
	Registered Nurse
	Enrolled Nurse
	Assistant in Nursing
	Nursing: Other

Category	Role
Allied Health	Allied Health Services Manager
	Senior Psychologist
	Clinical Psychologist
	Neuropsychologist
	Psychologist
	Senior Social Worker (grade 3 +)
	Social Worker (grade 1/2)
	Counsellor
	Welfare Worker
	Health Promotion Officer
	Health Education Officer (graduate)
	Health Education Officer (non-graduate)
	Pharmacist
	Allied Health: Other
Identified Aboriginal Health	Aboriginal Health Nurse
	Aboriginal Health Practitioner
	Aboriginal Health Worker
	Aboriginal Health Other
	Social Emotional Wellbeing Worker

Category	Role
Lived and Living Experience	Peer Worker/ Peer Support Worker
Corporate	Service Director/ General Manager
	Clinical Director
	Health Service Manager
	Team Leader/ Manager
	Project and/ or Policy Officer
	Research coordinator
	Health Information Manager
	Health Information Officer
	Data Coordinator
	Intake Officer
	Administration Officer
	Corporate: Other
Other	Other

NGO Sector Roles

Category	Role
Medical	Addiction Med Specialist
	Psychiatrist
	Medical: Other
Nursing	Director of Nursing
	Nurse Manager
	Nurse Unit Manager
	Nurse Practitioner
	Clinical Nurse Specialist Grade 2
	Nurse Unit Manager
	Registered Nurse (in any capacity)
	Nurse Unit Manager
	Other Nurse
Allied/ Other Health	Psychologist
	Social Worker
	Counsellor
	AOD Case Manager/Worker
	AOD Youth Worker
	Health Promotion Officer
	Health Education Officer (graduate)
	Health Education Officer (non-grad)
	Allied/Other Health: Other
Identified Aboriginal Health	Aboriginal Health Nurse
	Aboriginal Health Practitioner
	Aboriginal Health Worker
	Social Emotional Wellbeing Worker
	Aboriginal Health: Other
Lived and Living Experience	Peer Worker/Peer Support Worker/ Consumer Engagement Worker

Category	Role
Corporate	Chief Executive Officer
	Clinical Director
	Service Manager
	Team Leader/Manager
	Project and/or Policy Officer
	Researrch Coordinator/Officer
	Data Coordinator/Officer
	Intake Officer
	Receptionist/Administer Officer
	Educator/Trainer
	Corporate: Other
Other	Other

Appendix F

Appendix F: Supplementary vacancy data

	Public Sector			NGO Sector		
	Top 3 vacant roles (by vacant FTE)					
Rank	**Role**	**Vacancy rate**	**Vacant FTE**	**Role**	**Vacancy rate**	**Vacant FTE**
1	Registered Nurse	13%	50	Case Manager/worker	7%	17
2	Counsellor	16%	19	Registered Nurse	10%	6
3	Psychologist	22%	13	AOD Youth Worker, and Receptionist and Administration Officer	13%	5
	Top 3 vacant roles (by vacancy rate)					
1	Aboriginal Health Practitioner	100%	2	Health Education Officer	36%	1
2	Assisting in Nursing	83%	1	Research Coordinator/ Officer	20%	1
3	Career Medical Officer	49%	3	Nurse Unit Manager	17%	2