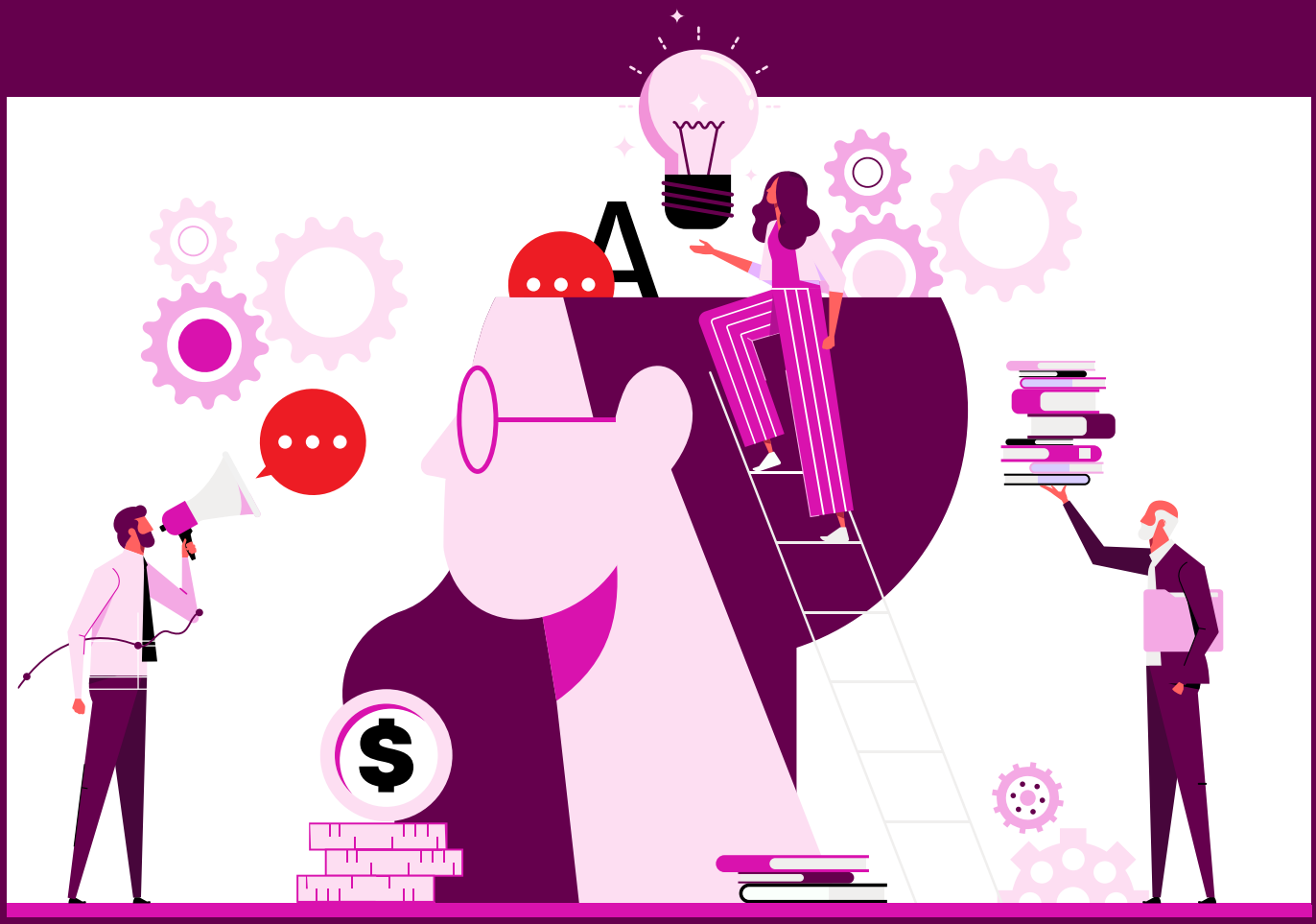
NSW Health

NSW AOD Workforce Strategy Consultation 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 this consultation process. 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 this consultation process.

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Executive Summary

The Centre for Alcohol and Other Drugs, NSW Ministry of Health (CAOD) consulted with stakeholders across the Alcohol and Other Drugs (AOD) and related sectors to inform the development of a NSW AOD Workforce Strategy (the Strategy). The purpose was to understand the key issues, challenges and priority action areas that would improve AOD Workforce outcomes. This report presents outcomes from consultations, an overview of methodology, and the key themes and actions identified by stakeholders.

The key themes raised by stakeholders include:

1. Improving access to professional development and supervision, and clearer career pathways
2. Addressing worker shortages, including difficulty recruiting
3. Promoting the value of AOD work and reducing stigma of people who access services and work within the sector itself
4. Enhancing workforce attraction and retention through improving employment conditions, including sector mobility and disparities between public sector and NGO services
5. Building a workforce that reflects the diversity of people seeking services and support, including the Aboriginal and lived and living experience workforce, and a workforce to support CALD and gender and sexuality diverse people
6. The need for improved worker wellbeing and support
7. Investing in the AOD sector, funding stability, length of contracts and delays in renewals
8. Improving access to and experiences of treatment through enhanced models of care
9. The need for a state-wide, whole-of-government AOD strategy.

Stakeholders noted workforce shortages, particularly in non-metropolitan areas, result in additional pressures, causing staff burnout and reduced wellbeing. This is exacerbated by limited access to AOD-related support in other areas of the health system, including general practice and prevention services.

For the non-government sector, added recruitment and retention challenges result from varying conditions across multiple funding sources, such as contract cycle lengths. These factors result in an inability to compete with public sector employment conditions, such as job security, access to professional development opportunities, and remuneration.

Identified initiatives for prioritisation in the Strategy include:

- Grow the size and availability of the workforce, including the Aboriginal and lived and living experience workforces
- Standardise and improve access to training to upskill workers for entry into the AOD sector, increase professional development opportunities and strengthen career pathways
- Build AOD capabilities across the broader health system, particularly in general practice, preventative health and allied health services
- Reduce the demands on the AOD workforce. Initiatives could include developing more efficient models of care and addressing underlying causes of AOD-related harm.

The findings and recommendations presented in this report identify the importance of workforce investment and targeted initiatives to address challenges and ensure sustainable access to services. The valuable insights outlined in this report will be used by the CAOD to develop a Workforce Strategy to attract, retain, and nurture a sustainable workforce that meets the needs of the NSW community.

Introduction

The NSW AOD sector is experiencing significant workforce challenges. A capable and supported workforce is critical in addressing AOD-related harms for individuals, families and communities. Recent Inquiries have recommended that a targeted Workforce Strategy is developed to attract, retain, and nurture a sustainable workforce that meets the needs of the community.

In June 2022, the CAOD, NSW Ministry of Health, commenced a stakeholder engagement and consultation process with key stakeholders across the AOD and related sectors. The purpose of the consultation was to inform the development of a NSW AOD Workforce Strategy (the Strategy), through gaining an understanding of the key issues, gaps, challenges and priority action areas that would improve AOD workforce outcomes.

The consultation process consisted of interviews, focus groups, project stakeholder meetings and a draft-for-comment process. The CAOD spoke with representatives from the AOD and related sectors from diverse roles, backgrounds, and geographical locations.

Stakeholders described key challenges facing the AOD workforce, including shortages across the full spectrum of roles that make up the workforce, high levels of staff burnout, inadequate and inconsistent employment conditions, lack of access to professional development opportunities, stigmatising attitudes, and low numbers of Aboriginal workers and workers with lived experience of AOD issues.

Throughout the consultation process, participants suggested initiatives to address these challenges. These recommendations include actions to attract new staff and facilitate entry into the AOD sector, improve access to professional development and training, prioritise worker wellbeing, upskill the broader health workforce in responding to AOD-related issues, improve efficiency, and build a workforce that better reflects the diversity of the community it serves.

This report contains a description of the consultation methodology, conclusions and priority actions identified by stakeholders. Appendix 2 presents the full thematic analysis capturing the detail of these discussions. Appendix 3 contains the results of a survey of the Agency for Clinical Innovation's Drug and Alcohol Network which supplemented the CAOD's consultation process. Questions used to guide key informant interviews and focus group discussions are included in Appendices 4, 5, and 6.

Insights identified in this report will be used to inform the development of the draft Strategy. Opportunities for consultation and feedback will be available in mid-2023 via three draft-for-comment processes before finalisation in late 2023.

NSW Health is using the term 'lived and living experience workforce,' often referred to as the 'peer workforce'. While many 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. This terminology reflects advice provided by key stakeholders and is chosen in recognition that language may shift over time.

Methodology

Between June 2022 and March 2023, the CAOD consulted with key stakeholders to better understand workforce challenges and potential initiatives to address these from a range of different perspectives.

The consultation strategy consisted of four phases (**Appendix** 1) including:

1. Key informant interviews
2. Focus group discussions
3. Project stakeholder meetings
4. Draft-for-comment process

To mitigate the capacity constraints and worker fatigue across the sector, the CAOD adopted a targeted consultation approach, supplemented with clinician feedback through a recent survey conducted by the Agency for Clinical Innovation. This survey was completed in March 2022. It received 98 responses from predominantly frontline clinicians within the AOD workforce.

1. Key Informant Interviews

The CAOD conducted 12 interviews with representatives from LHD AOD services, PHNs, NGOs, Peak Organisations, and the broader sector. Interviewees and focus group attendees included service directors, addiction medicine specialists, researchers, chief executive officers, nurse practitioners, GPs, Aboriginal AOD workers, and AOD workers.

The interviews were guided by eight questions (see **Appendix** 4) designed to prompt discussion of the main challenges facing the AOD workforce, existing and proposed workforce development initiatives, activities that should be prioritised within an AOD workforce Strategy, and evaluation methods. Interviews were held over a six-week period from August-September 2022 and ran for 60 minutes each.

The interviews were transcribed, and codes were assigned to key words and phrases within the transcribed text. Coded text was then collated and interpreted into broader themes. The number of times each theme was mentioned was counted to establish which were the primary themes.

2. Focus Group Discussions

Focus groups were facilitated at the Drug and Alcohol Program Council (DAPC) meeting on 8 September 2022 and at lived and living experience worker meetings on 3 and 4 November 2022. The focus groups were guided by questions (see **Appendix** 4) designed to prompt discussion of the main challenges facing the AOD workforce, existing and proposed workforce development initiatives, activities that should be prioritised within an AOD workforce Strategy, and evaluation methods.

Drug and Alcohol Program Council Meeting (DAPC) – 8 September 2022

The DAPC is a quarterly meeting of senior representatives and leaders from the NSW AOD sector who influence policy, practice and the AOD service system. Members provide advice to the CAOD to inform policy, programs, service planning and emerging areas of concern related to the sector.

The CAOD provided an overview of the context and the consultation processes. DAPC members were split into five focus groups, each assigned with a different discussion question.

Each focus group were assigned one discussion question and presented with the themes that emerged from the key informant interviews. Focus group participants were asked whether they agreed or disagreed with these themes, and to identify key gaps and priorities for the workforce Strategy.

Lived and living experience Worker Focus Group Meetings – 3 and 4 November 2022

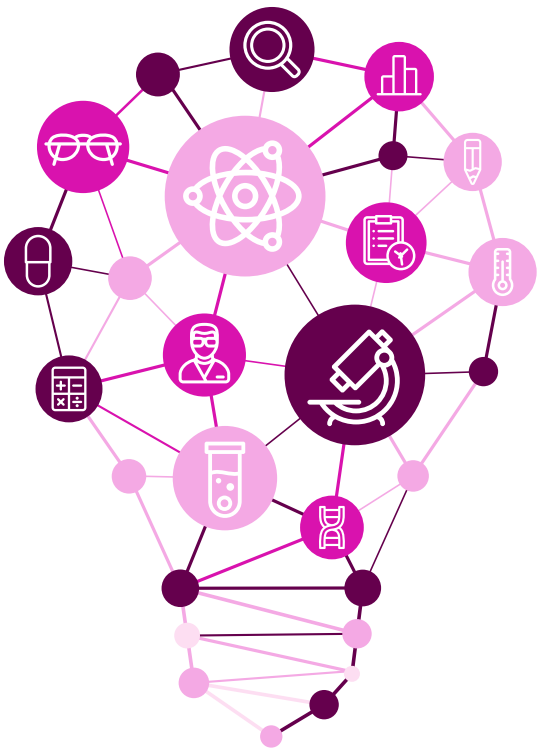
The CAOD held two lived and living experience worker focus groups over two days with six members of the CAOD's Consumer Reference Committee who had experience as AOD lived and living experience workers. The focus groups were guided by discussion questions (see **Appendix** 5) that were specific to the experiences, challenges and opportunities relating to the AOD lived and living experience workforce.

NGO Focus Group Meetings – 21 and 27 March 2023

The CAOD held two focus groups over two days with representatives from the NADA Practice Leadership Group and NADA Board of Directors. This included a mix of NGO management and service provider representatives. The CAOD provided an overview of the context and the consultation processes. The focus groups were guided by discussion questions (see **Appendix** 4) concerning the main challenges facing the AOD workforce. Participants discussed existing and proposed workforce development initiatives, recruitment and retention, and activities that should be prioritised within an AOD workforce Strategy. Focus group participants were asked to provide their insights and to identify key priorities for the workforce Strategy.

3. Project Stakeholder Meetings

Representatives from the CAOD attended meetings with project stakeholders who work within the AOD sector, or sectors where the workforce engages with people who experience AOD-related harms. The purpose of the consultations was to identify intersections of work for mutual goal setting and collaboration. Minutes capturing the main points of discussion and action items from these meetings were recorded and included in the thematic analysis (see **Appendix** 2).



Agency for Clinical Innovation Drug and Alcohol Network Survey

As a result of meeting with the Agency for Clinical Innovation (ACI), a survey of their Drug and Alcohol Network was identified for inclusion in the consultation report. The survey asked ACI Drug and Alcohol Network members to identify AOD sector priorities, including those related to workforce.

The survey received 98 responses from predominantly frontline AOD workers. It provides valuable insight into priorities from the perspective of AOD clinicians across the sector. The survey questions and responses have been shared by the ACI to help inform the development of the workforce Strategy. An analysis of the responses is included within this report (see **Appendix** 3).

4. Draft-For-Comment Process

A draft version of this report was circulated to all stakeholder groups within the AOD and related sectors. 15 responses were received, including from key stakeholders such as the Network of Alcohol and Other Drugs Agencies, NSW Users and AIDS Association, Centre for Aboriginal Health, the Aboriginal Workforce Unit, Mental Health Branch, and Prevention and Response to Violence, Abuse and Neglect. The feedback received has been integrated into this report. The report will be used to inform the development of the draft AOD Workforce Strategy. Further consultation is planned with the broader AOD sector over three rounds of editing and feedback to refine the draft Strategy.

Conclusion

Throughout the consultation process, stakeholders described the AOD workforce as committed and dedicated, while facing several challenges. The following key themes emerged from the consultation process (see **Appendix** 2):

1. Improving access to professional development and supervision, and clearer career pathways
2. Addressing worker shortages, including difficulty recruiting
3. Promoting the value of AOD work and reducing stigma of people who access services and work within the sector itself
4. Enhancing workforce attraction and retention through improving employment conditions, including sector mobility and disparities between public sector and NGO services
5. Building a workforce that reflects the diversity of people seeking services and support, including the Aboriginal and lived and living experience workforce, and a workforce to support CALD and gender and sexuality diverse people
6. The need for improved worker wellbeing and support
7. Investing in the AOD sector, funding stability, length of contracts and delays in renewals
8. Improving access to and experiences of treatment through enhanced models of care
9. The need for a state-wide, whole-of-government AOD strategy.

Stakeholders noted the success of the Strategy could be measured by both workforce and outcomes metrics, highlighting the need for more centralised and better-quality data. Outcomes metrics would require careful consideration to ensure they are applicable for the range of AOD intervention types and services and needs of people experiencing AOD-related harms.

Stakeholders described existing workforce initiatives that have demonstrated success, including accredited AOD qualification and training initiatives delivered by the Network of Alcohol and other Drugs Agencies (NADA), post-graduate scholarships and graduate training programs, capacity building for primary care, strong relationships with undergraduate clinical training providers and 'grow your own models' through AOD placement opportunities for nursing and medical students.

From the consultation process, the following key areas were identified as essential for informing the workforce Strategy:

- Build on existing workforce development and recruitment initiatives that have shown promising results, such as AOD training for the NGO sector and GPs, scholarships, and graduate training programs
- Grow the size and availability of the workforce, including the Aboriginal and lived and living experience workforce
- Build AOD capabilities across the health system, particularly in general practice and allied health
- Standardise training to upskill workers for entry into the AOD sector, increase professional development opportunities and strengthen career pathways
- Reduce the demands on the AOD workforce. Initiatives could include efficient models of care, and improved capability across other areas of the health system, including prevention and trauma services, and general practice.

Initiatives suggested by stakeholders within these categories are expanded in Table 1 over the page.

Table 1: Suggested Workforce Initiatives by Stakeholders

Grow the AOD workforce

- Increase investment into the sector to address unmet demand, improve employment conditions and reduce workforce shortages.
- Develop an AOD workforce Strategy
- Develop a marketing campaign to attract new entrants to the AOD sector.
- Promote AOD career pathways to school leavers and university students
- Investment and support to increase the size and visibility of the AOD lived and living experience workforce
- Investment and support to increase the size and visibility of the Aboriginal AOD workforce, including leadership positions.
- Increase funding and support for Nurse Practitioner roles
- Support scholarships for students to undertake qualifications and post-graduate studies in disciplines required within the AOD workforce
- Support placement and graduate programs within AOD services
- Advocate for improved sector mobility, including through entitlement transfers across the AOD sector.
- Advocate for simplified visa processes to make it easier to hire overseas workers
- Advocate for increased AOD content in undergraduate medical and nursing degrees and early training for community, pharmacy, psychology, trauma services and other allied health disciplines.
- Advocate for improved employment conditions for the NGO AOD workforce, including remuneration, contract security and other benefits.

Build AOD capabilities

- Provide more accessible training and support for new and existing AOD workers to increase their skills in responding to AOD risks and harms
- Support paid clinical attachments, traineeships, and placements for GPs in AOD services
- Expand Drug and Alcohol Consultation Liaison positions across NSW

Skill development and career progression

- Support the delivery of nationally accredited AOD training to the current and future AOD workforce
- Develop guidance about the knowledge, skill and experience requirements for different positions within the AOD workforce
- Increase access to cultural safety training
- Increase opportunities for leadership and management skills
- Increase worker wellbeing initiatives, including supervision and mentoring

System improvements

- Support innovation, including the development of new models of care. Such models should support better value healthcare, including integrated care and enhanced experience of delivering and receiving care.
- Support improved access to OAT, such as via community pharmacy.
- Reduce long-term healthcare utilisation and workforce demand through early identification, prevention, and partnerships.
- Advocate for changes to MBS items to increase GP remuneration for supporting people experiencing alcohol and other drug related harms.
- Measure the success of workforce initiatives through various metrics, including workforce size and composition.

Appendix 1

Appendix 1: consultation strategy

Table: Overview of the consultation strategy, including target audiences, objectives, mechanisms, status, and products.

	Target Audiences	Objective	Mechanism	Status	Products
1	Key informants: • Prof Nicholas Lintzeris,Director Drug and Alcohol Services, SESLHD • Prof Paul Haber, Clinical Director Drug Health Services, SLHD • Prof Adrian Dunlop, Director Drug and Alcohol Services, HNELDH • Ms Jo Telenta, Manager, Service Development and Performance, AOD, Coordinare, South Eastern NSW PHN • Mr Jason Crisp, Director Integrated Mental Health, Drug & Alcohol Services, WNSWLHD • Mr Stephen Ling, Nurse practitioner, HNELHD • Dr Robert Stirling & Ms Chris Keyes, CEO and Deputy CEO, NADA • Mr Garth Popple, Executive Director, We Help Ourselves • Dr Hester Wilson, GP, Addiction Medicine Specialist • Mr Mark McLean, Nurse practitioner, ISLHD • Dr Jenny James, GP and GP trainer, VMO Drug Health Services, SWSLHD • Dr Deborah Zador, Chief Addiction Medicine Specialist, Centre for Alcohol and Other Drugs • Dr Mary Harrod, CEO, NSW Users and AIDS Association	Interview stakeholders from across the AOD sector to better understand key workforce issues and inform the development of the AOD Workforce Strategy	Interviews	Completed	Consultation report including thematic analysis of interviews

Table: Overview of the consultation strategy, including target audiences, objectives, mechanisms, status, and products.

	Target Audiences	Objective	Mechanism	Status	Products
2	Focus groups: • Drug and Alcohol Program Council (DAPC) • AOD lived and living experience workers • Mixed representation from the NADA Practice Leadership Group and NADA Board of Directors	Present the consultation themes to Drug and Alcohol Program Council to collect feedback and input from LHD AOD Directors/ Managers and other AOD sector representatives. Workshop specific lived and living experience and NGO workforce challenges and opportunities with representatives from the AOD lived and living experience and NGO workforces.	Focus groups with DAPC, lived and living experience workers and NGO representatives	Completed	Consultation report including thematic analysis of focus groups
3	Project stakeholder Meetings: • Mental Health Branch • Centre for Aboriginal Health • Nursing and Midwifery Office • Agency for Clinical Innovation (ACI) • Network of Alcohol and other Drugs Agencies (NADA) • Aboriginal Corporation for Drug and Alcohol Network (ACDAN) • Aboriginal Drug and Alcohol Residential Rehabilitation Network (ADARRN) • Drug & Alcohol Nurses Australasia (DANA) • Primary Health Networks (PHNs) • Australian Government Department of Health and Aged Care	Meet separately with stakeholders from across the AOD and related sectors to inform the development of the AOD Workforce Strategy. Identify intersections of work for mutual goal setting and collaboration.	Meetings	Completed	Minutes of meetings capturing the main points of discussion and action items Consultation report

Table: Overview of the consultation strategy, including target audiences, objectives, mechanisms, status, and products.

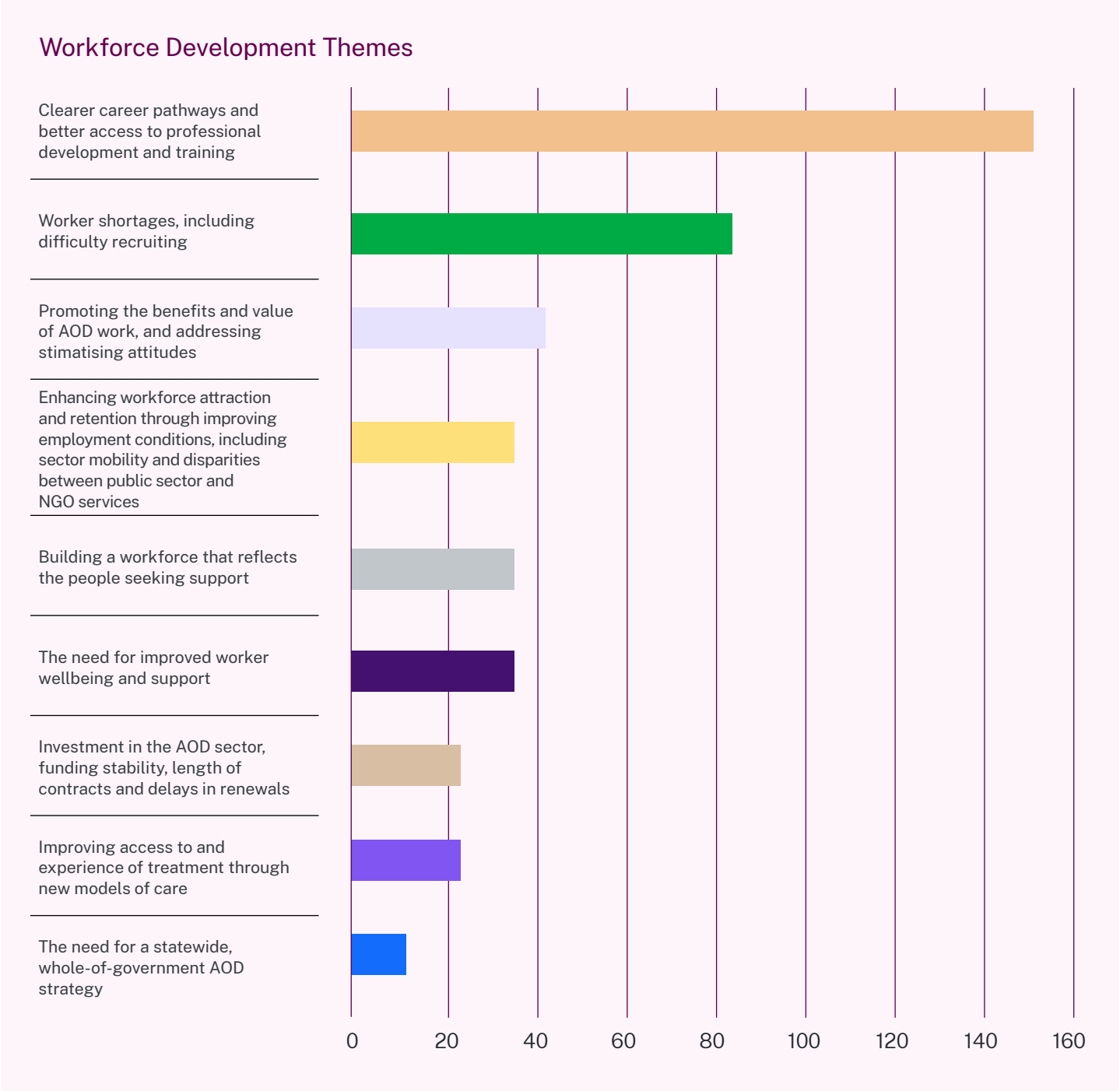
	Target Audiences	Objective	Mechanism	Status	Products
4	CAOD Executive/Chief Health Officer Project sponsors: Matt Craig, Debbie Kaplan • Key informants • Additional project stakeholders • AOD sector representatives • AOD workforce representatives	Allow previously consulted audiences to provide feedback on the draft AOD Workforce Strategy Consultation Report, to ensure that their previous feedback has been captured and incorporated. Allow for final input into the development of the Strategy before finalisation.	Draft-for-comment process	Consultation Report -Completed Strategy -Planned for mid-2023	Finalised Consultation Report and draft AOD Workforce Strategy integrating feedback from consultation

Appendix 2

Appendix 2: thematic analysis

Throughout the consultation process, stakeholders identified consistent themes as the primary issues for consideration, as outlined in Figure 1.

Figure 1: Graph of workforce development themes from key informant interviews



Clearer career pathways and better access to professional development and training

Stakeholders discussed career pathways, worker professional development and training both to upskill the broader health workforce in competencies required to support people who use AOD, and as a recruitment and retention strategy for the AOD workforce. Stakeholders described the need for training across the employee life cycle, including clear career paths into the AOD sector, professional development, career progression and succession planning which includes leadership and development initiatives for existing staff.

"[We need to] look at what is it we need different people in the service system to be able to do, and what are the learning pathways to get them there."

Several interviewees and focus group attendees raised the need for standardised training and recognised credentials to current and future AOD sector staff across the full spectrum of positions within the sector. Insight in QLD and Turning Point in Victoria were cited as examples of organisations dedicated to designing and delivering training for the AOD sector. Stakeholders identified the need for more clearly defined knowledge, skills, and experience levels for different positions in the workforce, and suggested this training should be delivered through a dedicated registered training organisation for the AOD sector. Training should be developed for all areas of the workforce. Some stakeholders noted that training options should also be available to other allied health staff who support people who use AOD, such as Neuropsychologists, Occupational Therapists and Exercise Physiologists.

"The Government should ensure that there are standardised training packages for AOD staff in the sector, including on stigma, child protection etc."

Aboriginal stakeholders noted the need for training that addresses organisational cultural safety and clear career pathways for the Aboriginal AOD workforce – particularly into senior positions. They recognised the importance of Aboriginal role models in a variety of roles and at different levels of seniority. They noted difficulties for some Aboriginal workers in registering with AHPRA as an Aboriginal Health Practitioner.

Development of career pathways for nursing staff, including opportunities for nurses to develop leadership skills, was raised as a priority for the sector.

Stakeholders mentioned several successful workforce development and training initiatives had previously been provided by the NADA, The Matilda Centre, RACGP and ACRRM. However, it was felt that this training was not standardised, did not result in a recognised credential, and could be delivered more efficiently on a larger scale, given adequate resourcing.

Interviewees and focus group attendees noted that current workforce and funding shortages were barriers to offering education and training opportunities to staff.

"Education opportunities are expensive and time consuming and therefore it is hard for the sector to upskill."

AOD curriculum content

Many interviewees and focus group attendees identified the importance of embedding AOD content into vocational training, undergraduate and early graduate education, including community services and health, medical and nursing, pharmacy, and allied health qualifications. Stakeholders said that incorporation of AOD content would both increase the capacity of workers across the broader health system to respond to AOD use and harms and attract more staff into the AOD workforce by generating interest through early exposure.

"We need to be having conversations in the university space and getting AOD embedded into undergraduate training across many different disciplines."

Stakeholders noted the importance of including anti-stigma and discrimination topics within AOD training content to help shift perceptions of people who use AOD and the workforce who support them.

Attraction and recruitment initiatives

Stakeholders commonly suggested creating more student placements and graduate programs in AOD services as a means of attracting staff into the workforce. Stakeholders noted these programs need to be well resourced to ensure adequate support for students/trainees, appropriate remuneration and backfill for supporting positions, and appropriately paid positions for students to transition into.

"Other jurisdictions have a fully funded AOD skillset qualification for training clinicians or other workers who want to enter the AOD sector. Why isn't NSW doing that?"

"Opportunities for post graduate study are expensive, but when staff can be supported to undertake it financially and have flexibility in study leave, this can assist completion."

Interviewees cited several examples of placements and graduate programs that have resulted in the recruitment of long-term additional workers. Past successful initiatives have included TAFE placements, the Aboriginal AOD traineeship program, the Addiction Medicine Specialist training programs at SLHD and SESLHD, the FAChAMs positions for GPs, and the graduate nursing program at ISLHD.

"Student placements are a good way to get people interested."

Stakeholders noted that some of the supports required to ensure successful placement programs include:

- Use of a training framework
- Making longer term arrangements via permanent positions to support retention following placement
- Ensuring a variety of placement options for new graduates
- Programs being run by educators rather than managers
- Ensuring position numbers match the number of people on a placement program, so there are no vacancies between placements
- Building education, supervision, and development into graduate programs
- Ensuring senior staff demonstrate their skills to newer workforce
- Having a clinical nurse educator position to support the program.

Financial and housing incentives were also suggested to assist with staff recruitment, particularly in regional, rural, and remote locations.

Building general practitioner capacity

Stakeholders noted that there has been limited success in engaging more GPs to deliver AOD prevention and treatment, in particular OAT prescribing. Stakeholders suggested this could be related to lack of time, stigmatising and discriminatory attitudes, a belief that AOD treatment is not part of the GP role, and perceived difficulty and risks of providing care, particularly amongst older GPs. Another key reason was said to be the lack of appropriate MBS item numbers meaning that GPs are not adequately remunerated for supporting people with AOD-related problems.

Representatives of the NGO sector described difficulties in accessing GP prescribers for the people who use their services.

Interviewees and focus group attendees acknowledged that GPs could play an important role in early identification and brief interventions for people presenting with AOD-related risks and harms. Attendees considered the need for ongoing funding for GP training and support to increase their skills in responding to AOD issues, knowledge of and access to specialist advice, and understanding of referral pathways.

Suggested initiatives to better connect GPs with local AOD services included inviting GPs to complete paid clinical attachments, traineeships and placements in AOD services, and funding for Nurse Clinical Liaison positions to work within general practices.

"We need to make sure that GPs have the skills necessary to treat patients that come into their practices."

Addressing worker shortages, including difficulty recruiting

A frequently discussed topic amongst interviewees and focus group attendees was worker shortages. Stakeholders described an ageing workforce, and an absence of new entrants to the sector to replace retiring workers. They noted that this was an issue not only for the AOD sector, but also for the broader healthcare system.

Staff shortages and recruitment difficulties were described as particularly pronounced in non-metropolitan areas. Within the NGO sector, workforce shortages were said to be partly attributable to multiple funders with varying contract cycle lengths. Stakeholders noted that Australian Government-issued short-term contracts and late confirmation of contract extensions resulted in significant job insecurity and exacerbated unfavourable employment conditions for NGO workers in comparison to the public sector.

"It's impossible for us [the NGO sector] to compete with NSW health-based services on salaries or annual leave or all the other benefits that you get. People will always go to a job in NSW health first because the money is there, and people get more from it in terms of career progression. We (NGOs) are competing with that, and we become a bit of a poor brother to it."

Shortages exist across the full spectrum of AOD positions, including addiction medicine specialists, medical and nursing staff, GPs, psychologists, social workers, community support workers, case workers, other allied healthcare workers, and administrative support staff.

"The existing workforce currently doesn't match the need that is there."

Interviewees and focus group attendees shared difficulties in recruiting workers, including the absence of suitable candidates applying to roles, a low number of applicants proceeding to interviews, and roles remaining vacant after multiple unsuccessful attempts at recruitment. There was concern amongst stakeholders that, while the AOD workforce needs to be expanded to meet current demand for services, the creation of new roles will exacerbate existing recruitment challenges, particularly within the NGO sector.

Within the theme of worker shortages, stakeholders emphasised insufficient OAT prescribers had the potential to reach crisis point. Consistent with the broader AOD workforce, many current OAT prescribers with high caseloads are nearing retirement age, with insufficient new entrants to the workforce to maintain current capacity.

Stakeholders pointed to Nurse Practitioners as a possible alternative to GP prescribers, noting that these positions would require funding and support. One suggestion to ease the burden on OAT services was to develop a new model of care for people stabilised on OAT who do not require treatment within a specialised setting.

"We are about to reach a crisis [with opioid treatment] in NSW, with a lot of prescribers who have large patient numbers retiring, and no-one to take over their caseload."

The need to promote the benefits and value of AOD work, and address stigmatising attitudes

Stakeholders recognised that stigma and discrimination are key issues for the AOD sector, impacting both people accessing services and the workforce. Interviewees and focus group attendees reported that stigma and discrimination were barriers to attracting workers into the AOD sector. There are entrenched attitudes amongst healthcare workers around the perceived complexity and risk, the worthiness and value of people seeking treatment for AOD-related problems, and the perceived low success rates of AOD treatment. There are also negative perceptions of the field, including that it is not well remunerated, that treatment options are limited, and that working in AOD will result in a loss of skill or prestige.

"Stigma is a core issue facing the AOD workforce and it's embedded deeply in our social fabric."

"The patient group that we see are stigmatised, and by extension, staff involved in AOD are also stigmatised."

Lived and living experience workers spoke of facing stigma and discrimination from other health staff in the course of their work. Stakeholders suggested specific anti-stigma training courses be provided to the AOD workforce, along with increased support offered to people in lived and living experience worker roles.

Interviewees and focus group attendees described the need to market and rebrand roles in the AOD sector to be more competitive with other specialties and to promote AOD as a viable, rewarding career option. They noted shifting community attitudes around AOD, particularly in younger people, whose greater acceptance could be leveraged through targeted marketing campaigns to attract new entrants into the workforce.

"When was the last time a school counsellor sat down with a middle high school student and spoke to them about considering a career in drug and alcohol?"

Enhancing workforce attraction and retention through improving employment conditions, including sector mobility and disparities between public sector and NGO services

Stakeholders described payment rates as an issue affecting the broader healthcare system, particularly for NGO AOD workers, nurses, nurse practitioners and GPs. Interviewees and focus group attendees expressed the view that pay increases for the NGO sector, nurses and nurse practitioners would support both recruitment and staff retention. In General Practice, limited MBS item numbers means that practitioners are not adequately remunerated for supporting people with AOD-related health issues.

"Pay is very important and needs to be increased."

Building a workforce that reflects the diversity of people seeking services and support

Consistent with recommendations from the Ice Inquiry, stakeholders discussed the importance of having an AOD workforce whose composition reflects the diversity of people accessing services and support. The workforce should include people with living and lived experience of AOD use and other common co-occurring issues (mental health, homelessness and criminal justice involvement) and people from identified priority populations such as culturally and linguistically diverse backgrounds, Aboriginal and gender and sexuality diverse people.

Stakeholders highlighted the need for more Aboriginal AOD workers to increase the accessibility of culturally safe AOD treatment services through both direct service provision and dissemination of culturally safe practices to other services.

"Aboriginal clients are very important and ensuring services are culturally sensitive is essential."

Suggested Aboriginal workforce development initiatives included: funded and supported scholarships; mentoring programs; and creation of specified positions. It has been noted that simplification of the AHPRA registration process for Aboriginal Health Practitioners could influence recruitment into AOD services.

Stakeholders spoke of lived and living experience workers as an important recruitment pool for the AOD workforce who bring unique lived experience to supporting people who use AOD and contributing to service design. Interviewees and focus group attendees suggested that these roles need to be more clearly articulated with better integration within employing organisations. This includes ensuring access to the same supports and opportunities as other employees, such as professional development plans, Employee Assistance Programs, training, and supervision.

Stakeholders said increased investment in training and support of the lived and living experience workforce is required, with a focus on practical skills such as boundary setting, advocacy, purposeful story-telling, and therapeutic crisis intervention. Training for other health staff to better understand the role and value of the AOD lived and living experience workforce was also recommended.

"What the lived and living experience workforce does so well is have conversations with patients in ways other clinicians just can't. They have the experience and are trusted in a different way."

"The lived experience of lived and living experience workers provides a pathway to empathy and understanding for people accessing services. It's important for them to be involved in the multidisciplinary teams to be able to advocate for people."

Key challenges for lived and living experience workers at the recruitment phase may include health literacy, computer skills, less experience in completing job applications, and unclear role descriptions. Stakeholders described other barriers such as lengthy delays in the recruitment process and criminal background checks. While on the job, lived and living experience workers talked about facing stigma and discrimination, navigating difficult boundaries with the people they support, and dealing with vicarious trauma. Lived and living experience workers may also need to support to navigate their own potential for relapse. Lived and living experience workforce development and support was highlighted as a priority for the sector. Other priority workforce populations that require consideration include the LGBTIQA+ and CALD communities.

The need for improved worker wellbeing and support

Stakeholders described burnout as a key issue affecting the AOD workforce stemming from worker shortages, an increasing workload, and limited resources. Stakeholders suggested that increased staff were needed to address burnout and support worker wellbeing initiatives, such as allowing staff to access leave, receive clinical supervision or engage in professional development and training opportunities. This was said to be particularly challenging in regional, rural, and remote areas where services may only be staffed by a single clinician.

"The sector is struggling significantly from burnout, with insufficient staff to support the time required for wellbeing."

There was consensus amongst interviewees and focus group attendees that the issue of burnout had been exacerbated by the COVID-19 pandemic and recent environmental disasters, which have placed added pressure onto an already struggling healthcare system. This has resulted in increased worker stress and a greater number of workers retiring or exiting the workforce.

"The system was under pressure before COVID. COVID has just brought it to the forefront. And AOD was already suffering before COVID, and COVID has just made it worse, along with other issues like floods and fires."

Investing in the AOD sector

Stakeholders consistently raised underfunding of the AOD sector as a key issue impacting the workforce. Insufficient funding was said to lead to reduction in staff numbers and hours, inability to support and train new staff members, and inability to meet increasing demand for treatment services. It has also led to difficulty providing more than the bare minimum of clinical services, such as wraparound support, family care and aftercare services, administrative support, and allied health services.

Within the NGO sector, insufficient investment was said to have led to worse pay and other employment conditions compared to the public sector, exacerbating recruitment and retention difficulties. Reported issues included pay disparity with the public sector, limited funding for training, and the need to manage multiple funding sources to deliver a single service. Uncertainty around the renewal of short-term contracts was also said to create a sense of job insecurity amongst staff, leading to increased staff turnover.

Interviewees and focus group attendees said that without additional funding into the sector, it would be very difficult to implement any new workforce initiatives, and that this would be detrimental to worker wellbeing, capacity, research capacity, and experiences of providing and receiving care.

"We have been going backwards in AOD funding. There haven't been any significant funding enhancements to the sector for a long time."

Improving access to and experience of treatment through new models of care

Interviewees and focus group attendees highlighted opportunities for improved models of care in the AOD sector to provide better value healthcare, reduce pressures on the workforce, and improve staff experiences of delivering care. Examples included providing more timely access to specialist support through virtual care, transitioning inpatient withdrawal management services to ambulatory withdrawal management models, investing more in community-based treatment services, making services more people-centred and trauma-informed, and funding preventative AOD treatment services to reduce healthcare utilisation and workforce demand over the long term.

"Changes to the model of care that give a clinician or anyone working in that space a sense of satisfaction with their work has to go a long way."

Stakeholders noted that people with AOD-related health problems often experience coexisting conditions and require access to a variety of allied health services, as well as services outside the healthcare system. Better integrated care would provide a better experience for both people accessing services and the workforce.

"When someone comes for treatment for addiction, how much of the ancillary care do we want to be providing? We could be doing more which would make it a better place to come for the patient and a better place to work, too."

Virtual care models and expansion of telehealth was seen as an important way of increasing access to AOD services, but one that requires investment in workforce and technology. Virtual care treatment models also need to be further developed to ensure service quality and consistency.

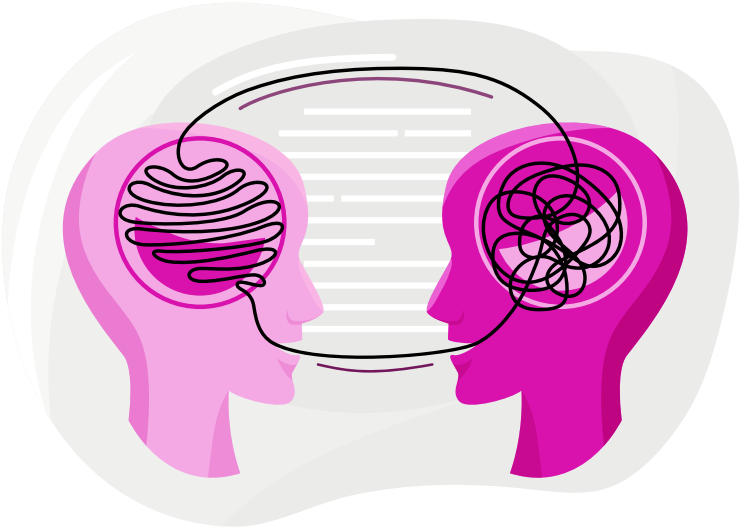
Aboriginal stakeholders emphasised the need to incorporate cultural healing practices into other evidence-based care models, as well as the importance of Aboriginal-led service design for Aboriginal people.

The need for a state-wide, whole-of-government AOD strategy

Stakeholders spoke of their desire for a whole-of-government AOD strategy to provide leadership and direction on future funding into the sector, as well as to improve coordination of workforce initiatives.

"A state-wide AOD plan and funding commitments to grow the workforce are critical."

Interviewees and focus group attendees noted a state-wide AOD strategy should highlight the important role that the Aboriginal workforce provides and recognise the way the Aboriginal workforce engages with communities.



Appendix 3

Appendix 3: Agency for Clinical Innovation drug and alcohol network survey

Background

The ACI Drug and Alcohol Network includes representatives from across the AOD sector, including clinicians, managers, academics, and consumers. It works to design and promote better healthcare for those seeking treatment for substance use issues. The network collaborates to develop evidence-based, innovative programs, frameworks, and models of care.

In February-March 2022, the ACI Drug and Alcohol Network conducted a survey of its members to inform development of its strategic priorities for the next five years. The survey asked members to identify AOD sector priorities, potential support mechanisms the network could implement, and examples of innovative practice that could be scaled up and implemented across the sector.

The survey received 98 responses, predominantly from clinicians and managers working in AOD service delivery across the government and NGO sectors. It therefore provides valuable insight into AOD sector priorities from a clinical perspective. The survey questions and responses have been generously shared by the ACI to help inform the development of the workforce Strategy.

Analysis

The responses identified workforce development as one of the top four priority areas for the ACI network to focus on. Workforce development initiatives also featured amongst the other three priority areas of improving AOD service outcomes and experiences for Aboriginal people, improving collaboration and connection across the sector, and virtual care and its application in AOD settings.

Workforce development

In relation to workforce development, network members highlighted concerns about workforce shortages, difficulties attracting and retaining staff, and ageing prescribers. They described burnout, inadequate remuneration, inadequate staffing levels, lack of training opportunities, and limited follow-up capacity as some of the key issues affecting the AOD workforce.

Suggested initiatives to address these challenges included:

- Increased investment into the AOD sector
- Strategies to attract new staff
- Scholarships for AOD training and qualifications
- Development of the AOD lived and living experience workforce and lived and living experience-led education models
- Investment in capacity building (including training, supervision, mentoring, wellbeing)
- Inclusion of AOD content in undergraduate courses
- Building the AOD capacity of GPs
- Promotion and embedding of the clinical care standards
- Development of core competencies and centralised AOD training for the government and NGO workforce
- Development of amphetamine-specific training
- Embedding AOD into nursing curriculums
- Trauma informed training for the AOD sector, including managing self-harm and working with vulnerable people

Improving AOD service outcomes and experiences for Aboriginal people

Several workforce development initiatives were suggested to help improve outcomes and experiences for Aboriginal people. These included:

- Delivery of cultural safety training for the whole AOD workforce
- Increasing the size and visibility of the Aboriginal AOD workforce
- Collaboration with Aboriginal community-controlled organisations on Aboriginal-led design of treatment services
- Incorporation of traditional healing methods into models of care

Improving collaboration and connection across the sector

Better collaboration and linkages between services was seen as important for improved, person-centred outcomes and experiences, and improved experiences for the AOD workforce. Workforce development related initiatives in this priority area included:

- More networking opportunities
- Development of a forum to support the lived and living experience workforce
- Information sharing across the government and NGO sectors, including training and models of care.

Virtual care and its application in AOD settings

Survey responses highlighted virtual care as a means of expanding access to AOD treatment services, particularly in rural and remote communities. Suggested workforce development initiatives related to virtual care included:

- Development of clinical guidelines and a model of care for virtual care in AOD settings
- Training and change management to support the AOD workforce to adopt virtual care models

Appendix 4

Appendix 4: Key Informant Interview Questions

1. Please can you start by telling me about yourself. What is your background, and what is your interest in AOD workforce?
   - What prompted you to work in AOD?
   - Is your experience like others you know, in that you fell into it?
2. Are you familiar with any workforce approaches or current trends/initiatives that have been effective, or are promising?
   - Other states/territories, NGOs, research groups, other countries, etc.
3. What do you see as the main challenges or issues facing the AOD workforce?
4. Does your position involve staff recruitment and retention? If yes, do you have difficulty recruiting and retaining staff?
   - Why?
   - Has this changed over time?
   - What could be done about this?
5. Fast forward seven years-if a Workforce Strategy was successful, what does the AOD workforce look like?
   - What activities have been prioritised (government and AOD sector)
   - How would we measure success?
6. What activities should be prioritised by government and the broader AOD sector over the next three years to alleviate the current pressures on the workforce? How should be measure success?
7. What activities does your organisation currently do, or could do to drive workforce capacity and capability?
   - What supports may be required to facilitate this?
8. Are there any other comments you would like to raise?

Appendix 5

Appendix 5: Lived and Living Experience Worker Focus Group Questions

1. a. What has been your experience as an AOD lived and living experience worker?
   b. Please tell us briefly where you have worked and what your main duties were in the role(s)
   c. What were some of the good and not good things about your AOD lived and living experience worker role?
2. What are the challenges you see for someone trying to find employment as a lived and living experience worker?
3. What training is needed for the AOD lived and living experience workforce?
4. What support is needed for the AOD lived and living experience workforce?
5. How do you see the lived and living experience worker being involved in the workplace?
6. Is there anything else that is important for us to consider for the AOD lived and living experience workforce?

Appendix 6

Appendix 6: Aboriginal Organisations Focus Group Questions

1. Are you familiar with any current workforce development trends or initiatives that have been effective, or are promising?

2. What activities should be prioritised by government and the broader AOD sector over the next three years to alleviate the current pressures on the workforce? How should we measure success?

3. What activities does your organisation currently do, or what could you do to drive workforce capacity and capability? What supports would you need?

4. Are there any other comments you would like to raise?

Abbreviations

Abbreviation	Definition
ACDAN	Aboriginal Corporation for Drug and Alcohol Network
ACI	Agency for Clinical Innovation
ACRRM	Australian College of Rural & Remote Medicine
ADARRN	Aboriginal Drug and Alcohol Residential Rehabilitation Network
AHPRA	Australian Health Practitioner Regulation Agency
AOD	Alcohol and Other Drugs
CAOD	Centre for Alcohol and Other Drugs, NSW Ministry of Health
DANA	Drug & Alcohol Nurses Australasia
DAPC	Drug and Alcohol Program Council
FAChAMs	Fellows of the Australasian Chapter of Addiction Medicine
GP	General Practitioner
HNELDH	Hunter New England Local Health District
ISLHD	Illawarra Shoalhaven Local Health District
LHD	Local Health District
MBS	Medicare Benefits Schedule
NADA	Network of Alcohol and other Drugs Agencies
NGO	Non-Government Organisation
OAT	Opioid Agonist Treatment
PHN	Primary Health Network
RACGP	Royal Australian College of General Practitioners
SESLHD	South Eastern Sydney Local Health District
SLHD	Sydney Local Health District
SWSLHD	South Western Sydney Local Health District
VMO	Visiting Medical Officer
WNSWLHD	Western New South Wales Local Health District

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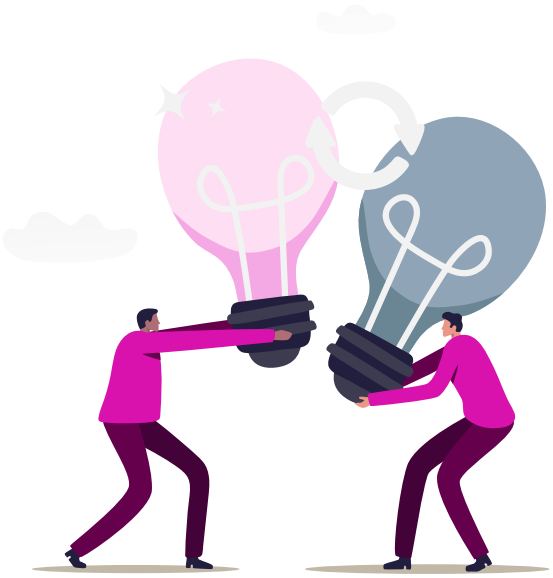

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