NCETA
Australia's National Research Centre on AOD Workforce Development

FLINDERS UNIVERSITY

WORKFORCE DEVELOPMENT CHALLENGES IN THE ALCOHOL AND OTHER DRUGS SECTOR: A CHANGING LANDSCAPE

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Counties Manukau AOD Provider Collaborative
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Vision

- …if a sector is constantly looking backwards or inward rather than scoping out future opportunities, we'll always be playing catch-up.
- This is particularly true …where our awareness and ability to adapt to changing conditions is paramount to achieving impact.

Workforce has always been
seen as important;
but more so today than ever before.

What role can workforce
development play ?

Evidence Based Practice Exhortations

- It takes 17 years to turn 14% of health research into the benefit of patient care.

  (L Green, 2007)

Who is the AOD workforce?

- Specialist AOD workers
- Generalist workers
  - The criminal justice workforce
  - Emergency medical services
  - Mental health workforce
  - Broader health and medical workforce
  - Community welfare and support services
  - Pharmacists and the pharmacy workforce
  - The aged care sector
  - The education sector.

Current Context

- The AOD field has experienced unprecedented changes over the last 20+ years that have major implications for the development of a responsive and sustainable workforce.
- Provision of quality and timely AOD services has been substantially impacted by:
  - changing patterns of substance use
  - increased prevalence of polydrug use
  - a growing recognition of mental health/drug use comorbidity issues
  - an expanding knowledge base
  - advances in treatment protocols and
  - an emphasis on evidence based practice
  - important changes in the (ageing) workforce, and in the broader community.

Drivers of Change

- Expectation and pursuit of excellence
- Focus on Quality, Quality frameworks
- Standards
- Accreditation
- Complexity of drug use
- Standardised assessment
- Case management/formulations
- Inter-sectoral collaboration

5 Imperatives

1. Transforming the Workforce – battling for talent
2. The Knowledge Economy – learning to compete
3. Corporate Social Responsibility
4. Duty of Care – managing your risk
5. Business Continuity

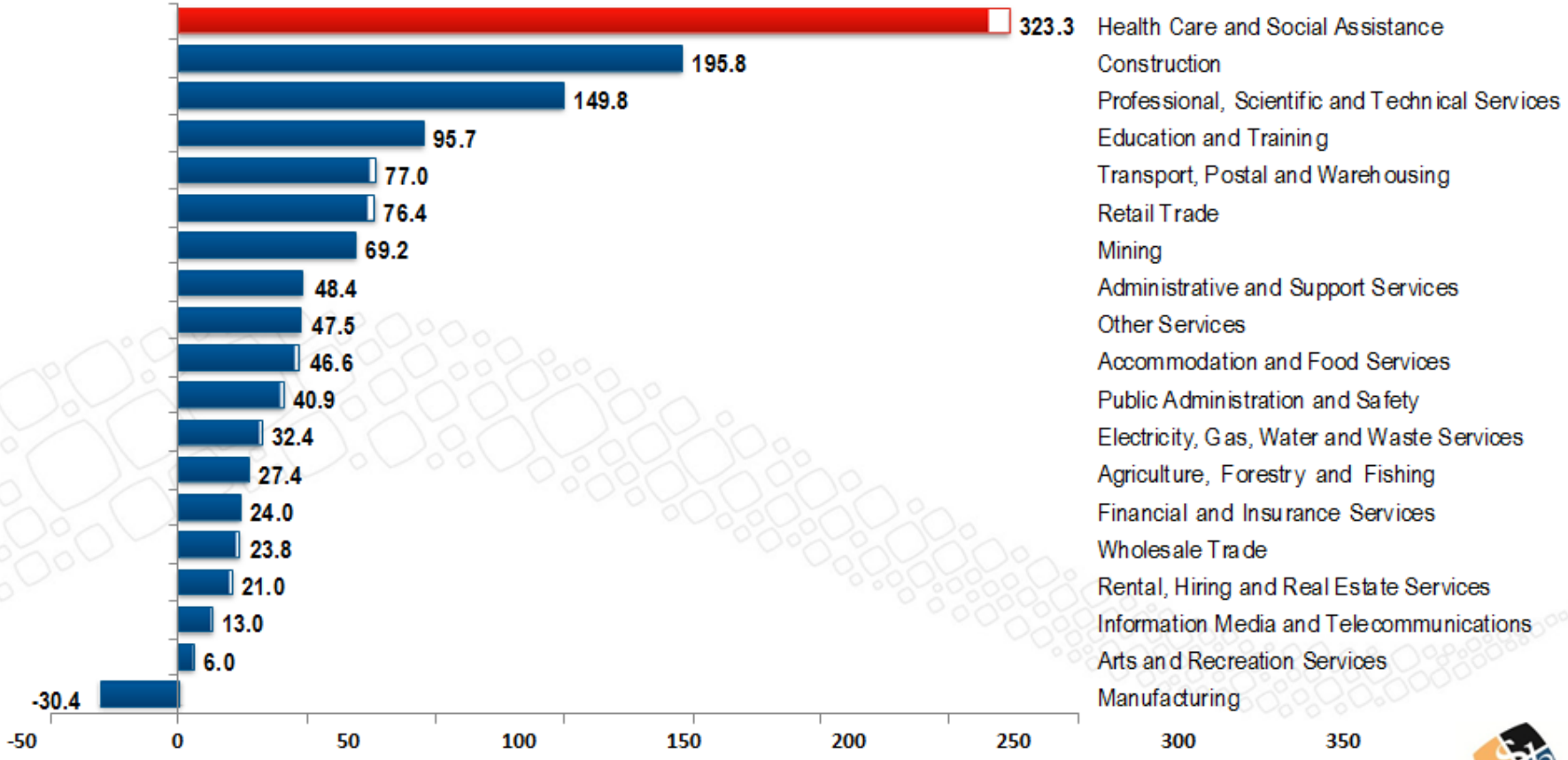
(Simon Carter (2006), Sustaining the vitality of Australian businesses. The critical role of buildings and workplaces. Colliers International)

Key Areas of Focus

- Expectation and pursuit of excellence
- Focus on **Quality**, Quality frameworks
- **Outcome** and performance measure
- Standards
- Accreditation
- Complexity of drug use
- Standardised assessment
- Case management/formulations
- Inter-sectoral collaboration
- Recovery

E-Scan: Industry Intelligence

Predicted workforce growth in the 5 years to 2015-16 all industries



Community Services & Health Industry Skills Council

Will the Millennials Revive the Nonprofit Sector ?

Who Are the Millennials?

In the US, the Millennial generation is the biggest in US history—even bigger than the Baby Boom.

- Millennials 15-35 year olds (92 mil) **[1.2 mil 28%]**
- Gen X 36-50 year olds (61 mil) **[.9 mil 21%]**
- Boomers 51+ year olds (77 mil) **[1.4 mil 32%]**

- [NZ figs in green]

Why Millennials Will Revive the Nonprofit Sector

- they'll be a hub for the next wave of talent
- they will have more private capital going toward the public good than ever before.
- both governments and the private sector will be looking to them for innovation and expertise.
- they'll have a better understanding of the potential for impact before we commit funding.
- they'll be equally focused on solving problems — and helping people rebound more effectively from them.

Diverse Landscape

Contested knowledge

Ideological Conflicts

Stigma and Deservingness

Systems vs Individualised Focus

...with alcohol and drug problems

the church sees the sin,

the world the vice,

the state the crime,

and the medical profession

uncovers a disease.

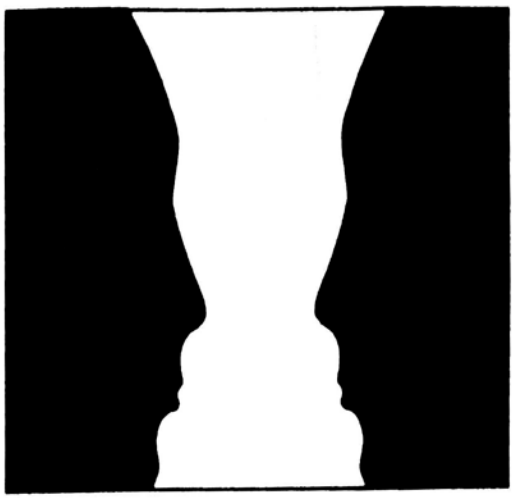
Philosophical and Ethical Challenges

When the abuser is in your family,
it's a health issue.

When the abuser is in another,
it's a criminal issue.

Stephen Soderbergh;
Director of 'Traffic'

FIGURE 2-1



Vase or Faces?

Stigma

…alcohol and drug use problems

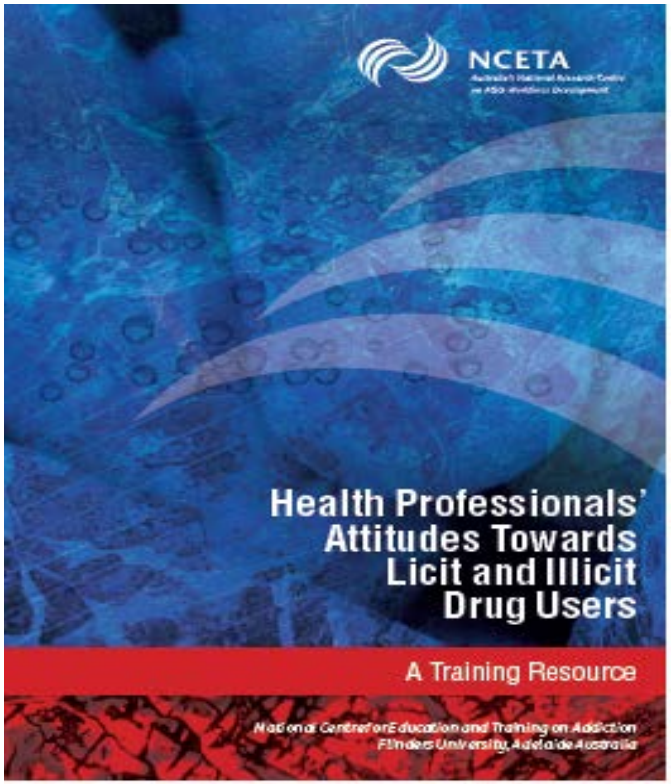
are heavily moralized territories,

often resulting in stigma and marginalization,

….and these factors are important

in adverse outcomes.

Room, 2005 Drug and Alcohol Review



The Ethical Dilemma of Deservingness

What are the social justice implications of providing care to individuals with stigmatised conditions?

Provision of health care (for example) represents a dilemma of: social justice (equitable access to high quality care) and distributive justice (high quality care is a scarce resource).

Judgements of deservingness relate to the justice or fairness of an outcome; a just and deserved outcome is likely to be viewed with satisfaction and approval, whereas an unjust and underserved outcome will be met with disapproval and displeasure

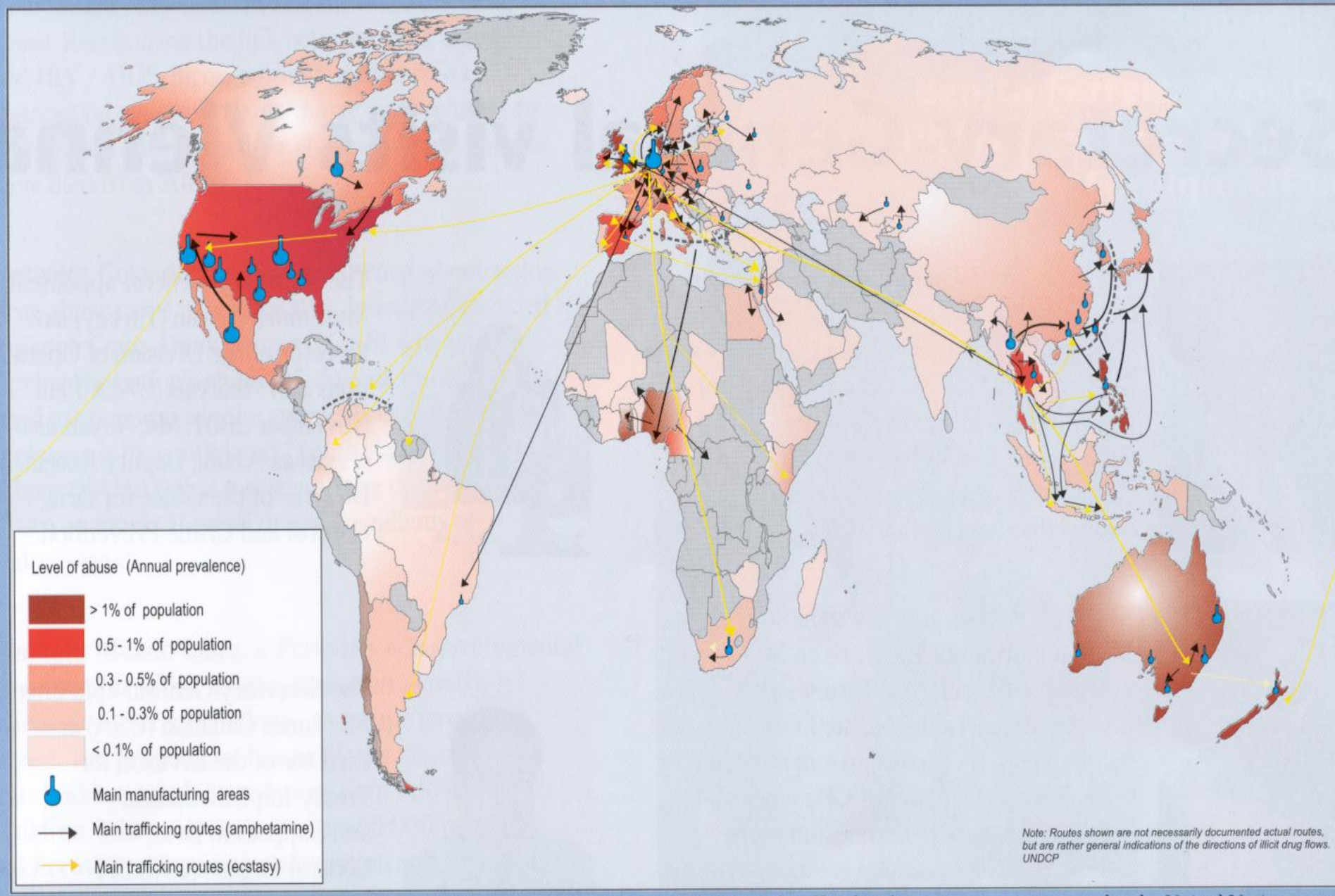
(Skinner, Freeman, Feather and Roche, 2007)

The place of pleasure: The conundrum of human behaviour

- When Plato denounced the study of human emotions as inferior to the study of reason he effectively extinguished an examination of pleasure as a serious academic study.
- Classical literature is replete with reference to the importance of ‘good’ or ‘happiness’ but there is little reference to pleasure.
- Pleasure is a socio-cultural construction.

Coveney and Bunton (2003) In pursuit of the study of pleasure: implications for health research and practice.

Abuse of amphetamine-type stimulants



Note: The boundaries and names shown and the designations used on this map donot imply official endorsement or acceptance by the United Nations.

“A drug is a substance
that when injected
into a guinea pig
produces
a scientific paper.”

Speed control in Israel

When drivers pass by, they almost stop completely due to the holes and to avoid car damages.

This is a strategy currently used in Israel as a high-speed control.
It is more economical than using cameras, radar, police officers, etc.

They move them around every day!

AOD Treatment: An Historical Perspective

1950-60's - Dedicated handful of workers, many 'recovering' individuals, and charitable and religious bodies. The focus was almost exclusively alcohol.

1970's - Strong influence from Psychiatry, and the AA model of dependence and treatment. The field became increasingly specialised, systematised, clinical and disease oriented. Growing interest in research.

1980's - Research began to have significant impact. Early and brief intervention found effective, increasing scope for a wider range of professionals (eg GPs, nurses) to be involved. Increasing emphasis on the broader public health model.

1990's - No longer seen as the domain of health but now included police, the judiciary, the media, politicians, and families, especially as the types of drugs and the harms associated with their use changed.

2000's - expanding knowledge base. Polydrug use. Greater awareness of the geo-political forces that impact on use. Growing ideological conflict.

A Decade of Growing Recognition

Examples of the growing recognition of workforce development

1997	Evaluation of the National Drug Strategy (NDS) 1993-1997 makes no reference to workforce development
1998	National Drug Strategic Framework 1998-2002/03 makes passing reference to workforce development
2003	NDS evaluation refers to workforce development 17 times
2004	NDS makes only one reference to workforce development but an entire paragraph devoted to discussion of the issue
2005	Intergovernmental Committee on Drugs (IGCD) Annual Report to the Ministerial Council on Drug Strategy (MCDS) mentions workforce development 10 times
2009	The NDS Evaluation undertaken by Siggins Miller highlighted the extent to which workforce development had been largely overlooked in any systematic and planned efforts at the national level.

Defining ‘Older People’

‘… when you now wake up at the same time that you used to go to bed on a Saturday night’.

>55 years; 60 or 65 years

Young old 60-65 to 75

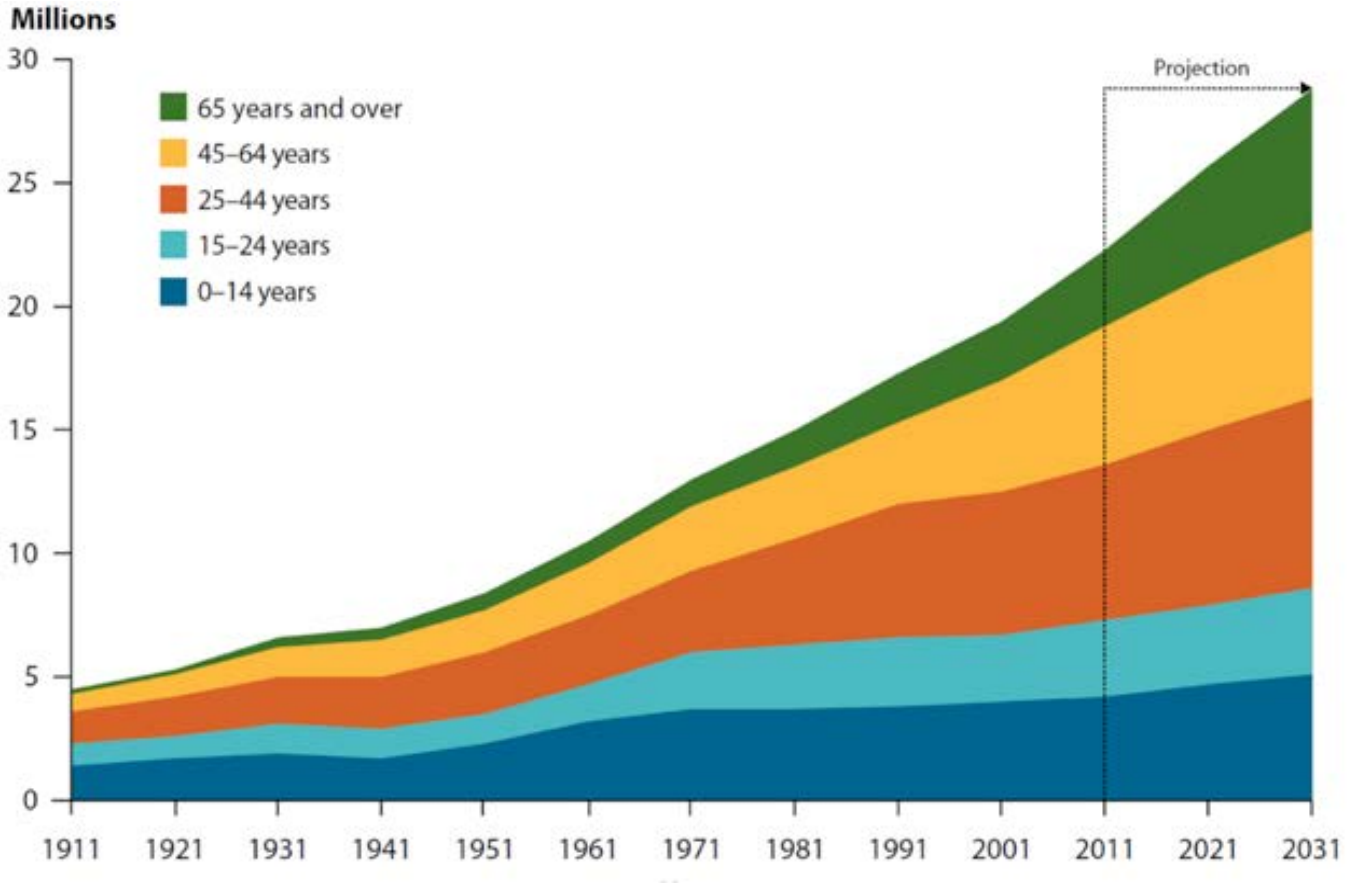
Old 75-85

Very old 85+

Aboriginal and Torres Strait Islander peoples: old at 40

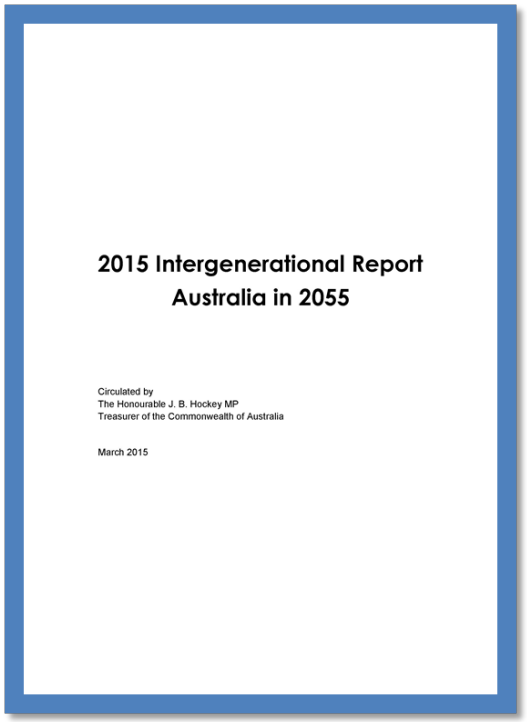
Unprecedented Demographic Changes

Australia's population is ageing and doing so at a faster rate than ever before
(Australia to 2050: Future challenges, 2010).

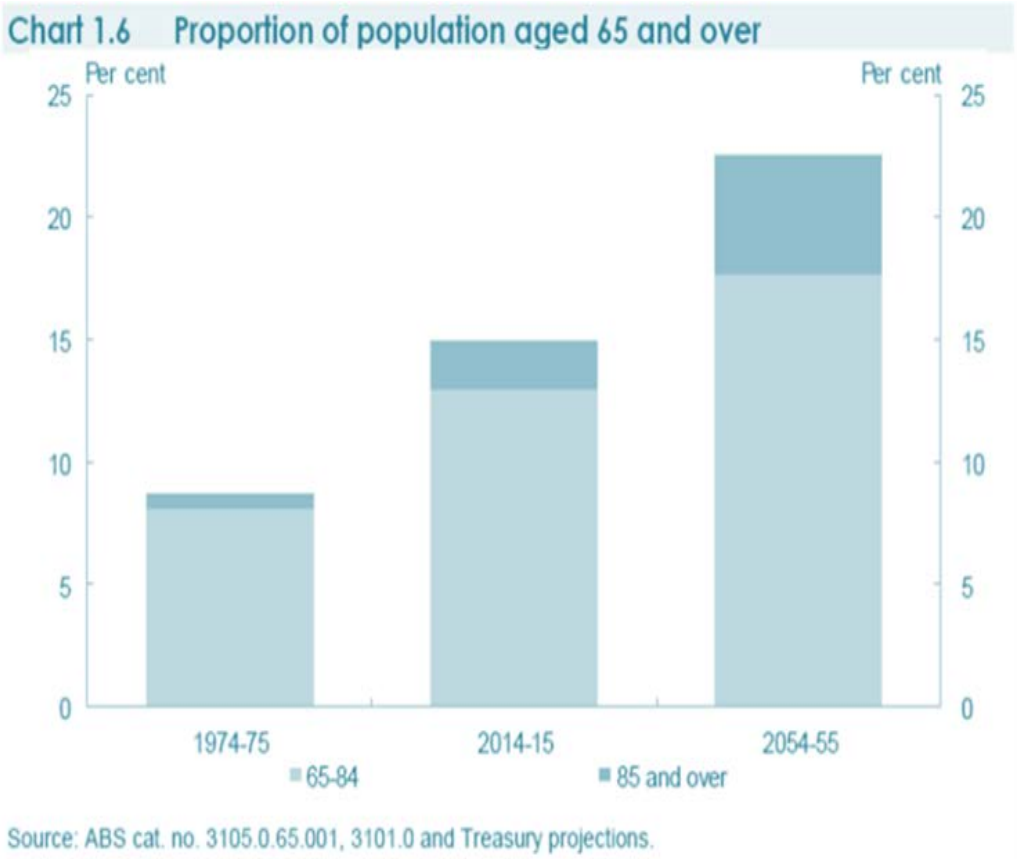


Australia's Ageing Population

"We are at critical juncture in our history"
JB Hockey

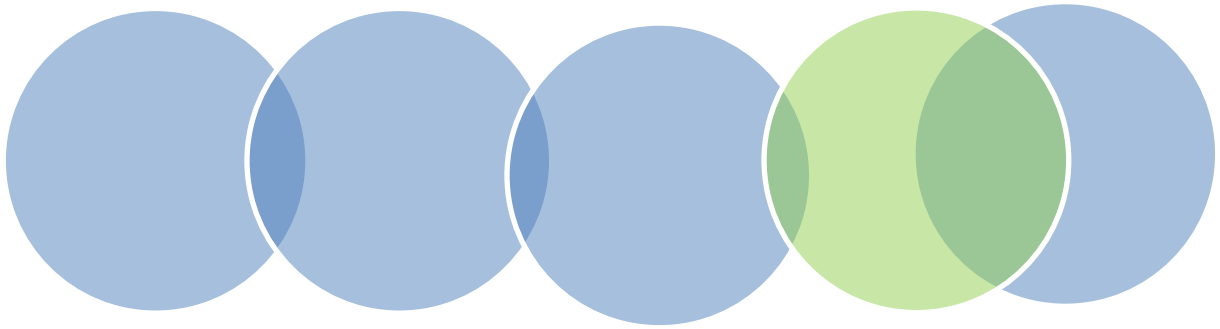


Australia's population is ageing. Over the next 40 years, the population aged 65 and over are expected to almost double.



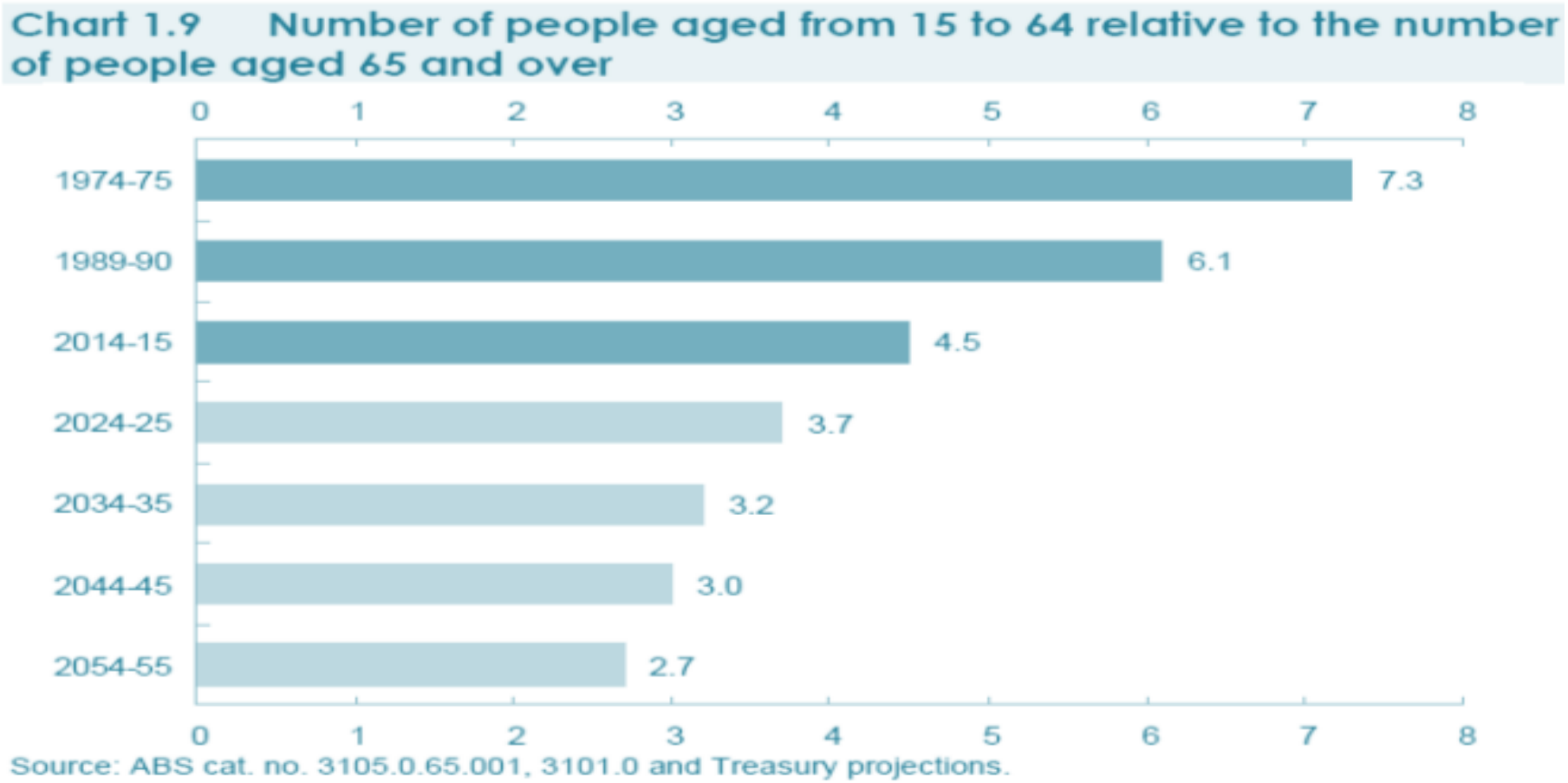
Changing Age Profile

- Proportion of people 65+ years projected to increase from 14% in 2014 to 18-20% in 2026.
- In 10 years, 1 in 5 Australians will be over 65.

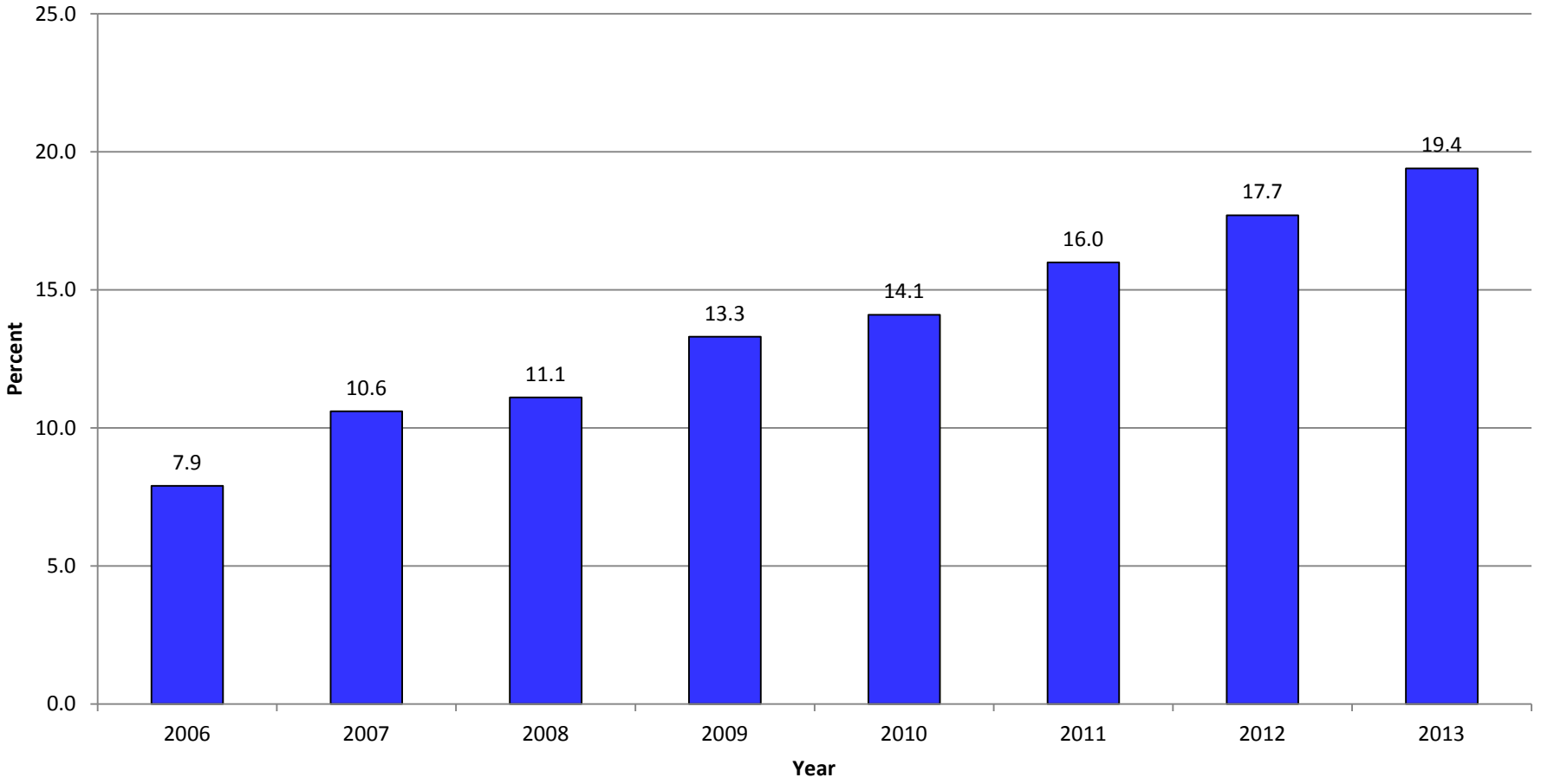


Currently there are 4.5 people aged 15-64 for every person aged 65+. Over the next 40 years, this ratio is forecast to drop to 2.7 people aged 15-64 for every person aged 65+.

(2015 Intergenerational Report: see Charts 1.8 and 1.9)

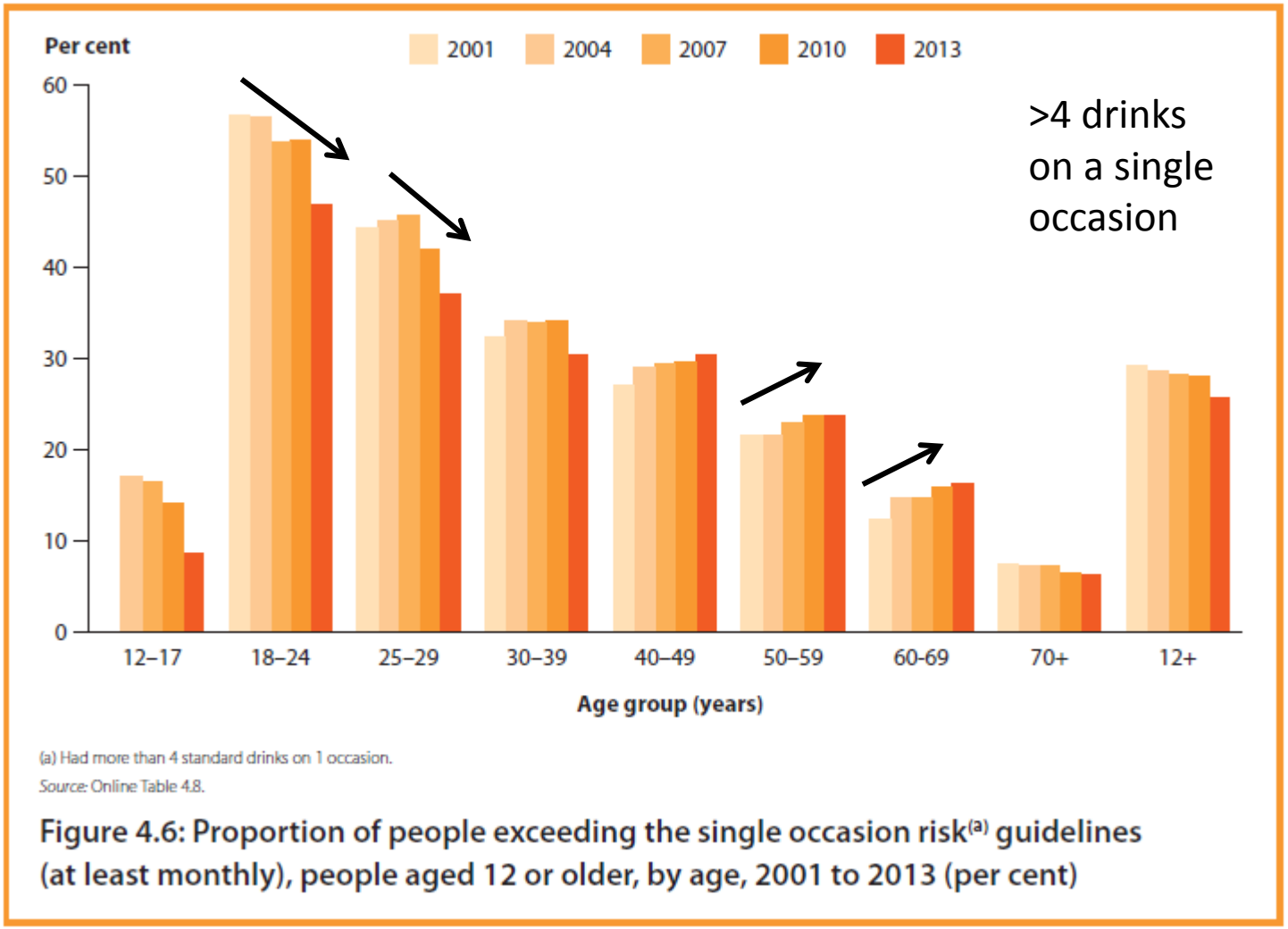


Clients receiving pharmacotherapy on a snapshot day, 50+ years, 2006-13



Source: Australian Institute of Health and Welfare 2014. National opioid pharmacotherapy statistics 2013. Drug treatment series no. 23. Cat. no. HSE 147. Canberra: AIHW.

Approx 30% increase in single occasion risky drinking among 60-69 year olds

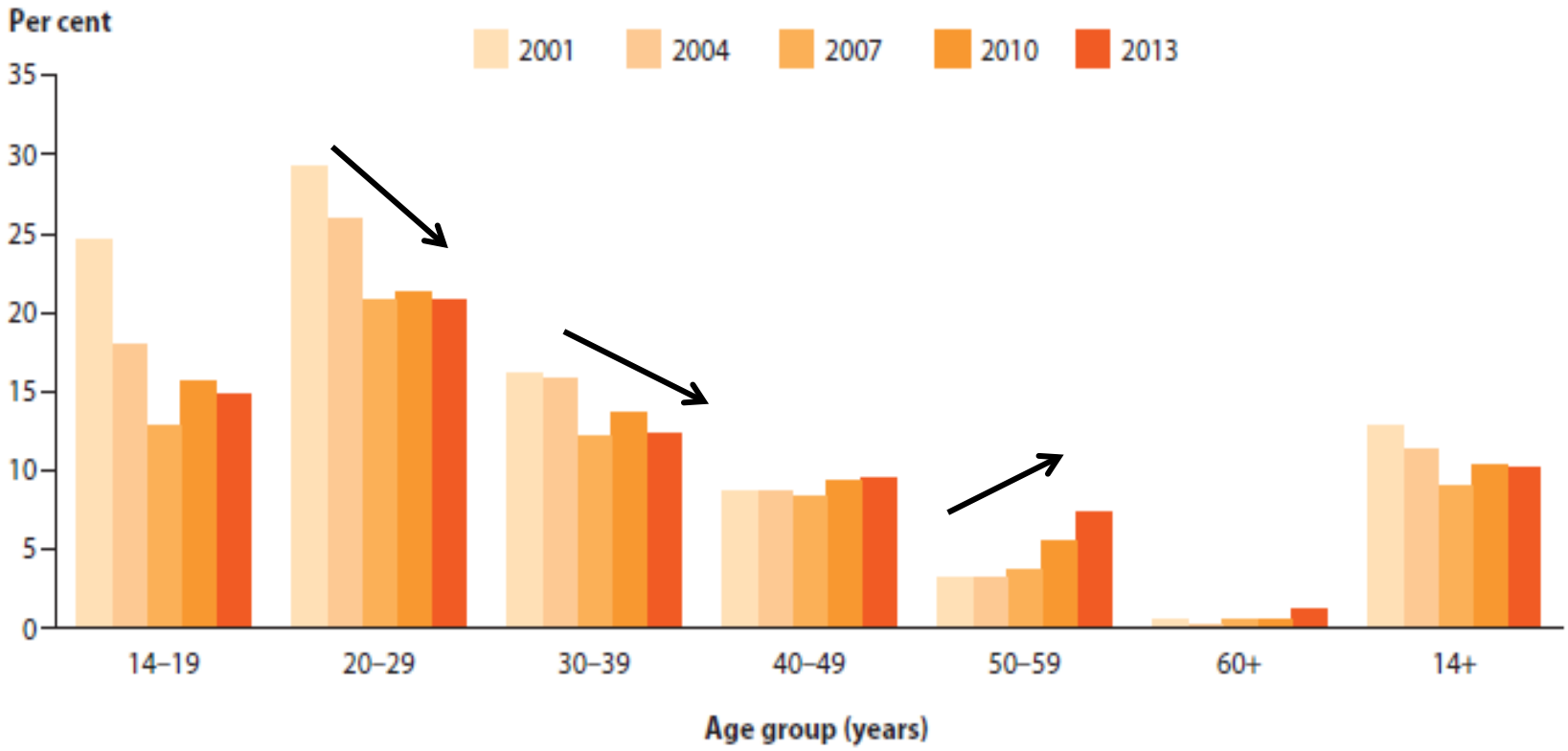


(a) Had more than 4 standard drinks on 1 occasion.

Source: Online Table 4.8.

Figure 4.6: Proportion of people exceeding the single occasion risk[(a)] guidelines (at least monthly), people aged 12 or older, by age, 2001 to 2013 (per cent)

Cannabis Use (NDSHS 2001 – 2013)



(a) Used in the past 12 months.

Source: Online Table 5.15.

Figure: 5.6: Recent[a] use of cannabis, people aged 14 or older, by age, 2001 to 2013 (per cent)

Multiple morbidities

The Lancet

Epidemiology of multiple morbidity and implications for health care, research and medical education

(Barnett et al., Lancet, 2012; 380:37-43)

Multiple morbidities

- Management of rising prevalence of long-term disorders is main challenge facing governments and health-care systems world wide.
- Use of many services to manage individual diseases can become duplicative and inefficient, and is burdensome and unsafe for patients/clients because of poor coordination and/or integration
- MM progressively more common with age

Co-ocurrence of Physical Health Disorders and Mental Illness

Australian adults with a diagnosis for mental illness have a significantly increased likelihood of a phsyical health disorders

(Scott et al., ANZJPH, 2012)

The Challenge

- A fundamental challenge in responding effectively to all potential client and community needs is in co-ordinating a broad range of services and supports.
- Providing appropriate services and supports across a range of systems not only reduces substances use problems but also improves a wide range of *outcomes* related to health, social functioning and criminal justice.

Avoiding Disconnects Between…

- Understanding AOD problems/issues
- Conceptualising and agreeing on solutions/responses
- Identifying evidence of cause/effect/resolution
- Developing and implementing service system responses
- Achieving integration across other service systems

Engaging, retaining and growing the requisite workforce.

  - ***WFD entails ALL of the above***
  - ***Training (alone) is NOT WFD, and in isolation will always be a failed solution***

Defining Workforce Development

…a multi-faceted approach which addresses the range of factors impacting on the ability of the workforce to function with maximum effectiveness in responding to alcohol and other drug related problems.

*Workforce development should have a **systems focus**.*

Unlike traditional approaches, this is broad and comprehensive, targeting individual, organisational and structural factors, rather than just addressing education and training of individual mainstream workers

(Roche, 2002).

Training is not the driver of change, but an operational response to other change drivers which include workplace change, the introduction of new technology and quality assurance.

In this sense, education and training are not an end in itself, rather only one means by which to achieve a particular outcome.

(Gore, 2001)

The different levels and components of workforce development

A workforce development perspective moves the focus from ……

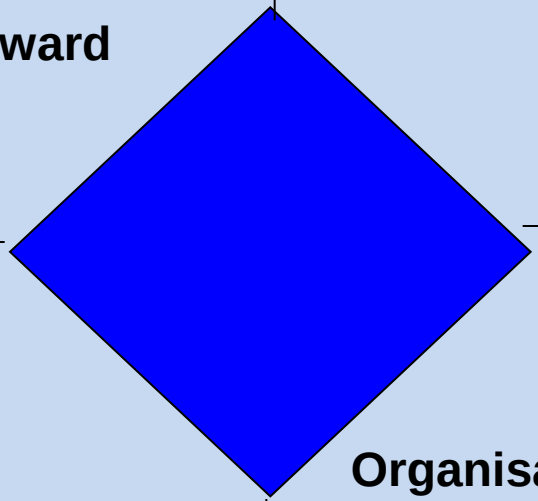
- Individual workers, to ….
- Intra-agency issues, to …
- A human services systems approach, to …
- Enhancing the workforce's capacity to change and evolve to meet future challenges.

INDIVIDUAL

Role adequacy
Role legitimacy
Individual motivation & reward
Personal views
Career motivation

TEAM

Team capacity
Informal support
Formal support
Teamwork
Mentoring



WORKPLACE

Clinical supervision
Workplace feedback
Workplace pressure & support
Workplace conditions

ORGANISATION

Organisational role legitimacy
Systems influence
Opportunity for input
Organisational monitoring & review
Professional development opportunities

No Single Sector Can Tackle this Challenge Alone

- Primary care
- Hospital based care
- Specialised addiction services
- Housing
- Employment
- Supports for families and carers

The Need for A AOD Workforce Development Strategy

- develop an evidence based conceptual framework that can identify & drive priority workforce development, planning & implementation activities in the current & future AOD service system
- apply this framework to the formulation of a clearly articulated workforce strategy
- the framework & strategy will be used to configure & support the current and future AOD workforce, with the ultimate aim of providing effective, accessible & innovative AOD service provision.

Why have an AOD Workforce Development Strategy?

1. Identify workforce implications of the current strategic and operational environment;
2. Enhance the professionalisation of the workforce;
3. Meet current needs and prepare for the future;
4. Raise the profile of strategic workforce planning within organisations and influence change from the top down;
5. Integrate workforce planning with future directions for organisations and sectors.

A conceptual framework is required that will capture the complex interplay of key elements within a workforce development approach, including:

- Professional and personal attributes of workers
- Professional development and training
- Service delivery and program elements
- Organisational structures, processes, supports and resources
- System or sector features
- Workforce supply
- The knowledge and evidence base with consideration to the national context
- Policy and operational drivers.

A Workforce Development Strategy is also needed to...

1. Assess the current state of the workforce;
2. Facilitate the seamless movement of AOD workers within and across jurisdictions as a result of more standardised qualifications;
3. Create, drive and implement workforce planning;
4. Improve performance;
5. Enhance service quality and outcomes;
6. Enhance career development options; and
7. Optimise transfer of evidenced-based practice.

- A workforce development strategy will need to consider multiple issues including:
    - workforce mapping, monitoring, and planning
    - recruitment and retention
    - awards, remuneration and career paths
    - professional development
    - accreditation and minimum qualifications
    - clinical supervision and mentoring
    - leadership and management
    - workforce support
    - worker wellbeing.

Any workforce development strategy needs to not only consider funding arrangements, but also factors such as:

- employment conditions
- industrial awards
- the relationship between qualifications and remuneration, and
- career pathways.

Retention & recruitment

Most common barriers cited include:

- Poor salary, terms and conditions
- Lack of professional and career development opportunities
- High workloads and work stress
- Complexity of roles
- Poor public profile (stigma of work)
- Difficult work environments
- Uncertainty of tenure due to short-term funding
- Limited clinical supervision and managerial support
- Limited recognition for effort

(Duraisingam et al., 2006; NADA, 2003; VAADA, 2003; WANADA, 2003a, 2003b).


N CỎ MAY
ỜI SỐNG PHỤC VỤ KHÁCH DU LỊCH

Emergent issues

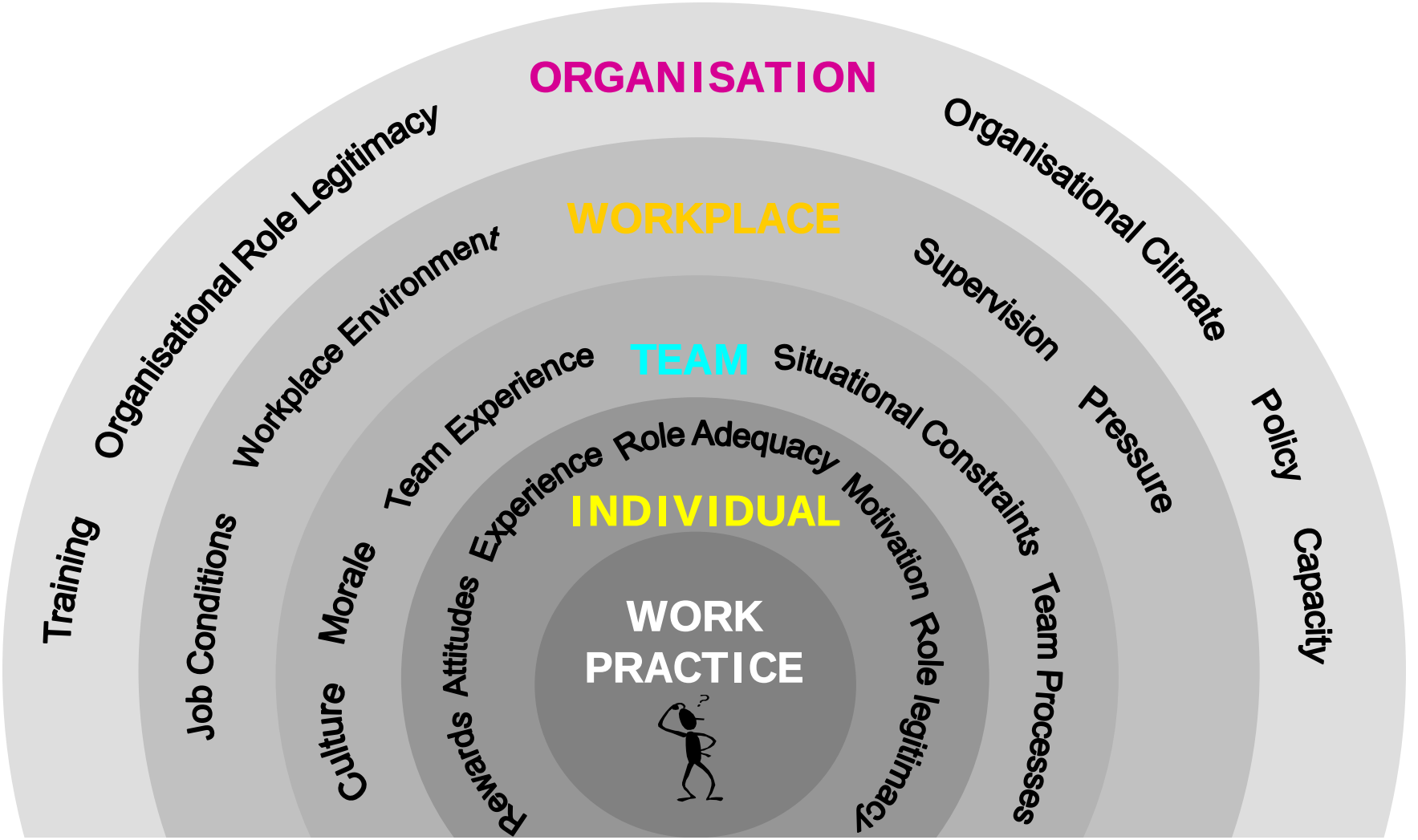
1. Gaps in data concerning specialist AOD workforce (let alone non-specialists) - impediment to workforce planning
2. Key future challenges:

   Ageing population / workforce, recruitment & retention, new drugs / treatments, multiple morbidities
3. Inter-jurisdictional differences in jobs, roles/titles, patterns of service delivery
4. Should we have minimum qualifications?
5. Differences between NGOs and government bodies

Traditional approach to improving work practice

Estimated that as little as ***ten percent*** of training expenditures in the US pays off in on-the job-performance. (Baldwin and Ford, 1988)

Conceptual Map



Growing Priority Areas
(beyond co-morbidity)

1. Indigenous worker's needs
2. Addressing prisoners' AOD related health
3. Social inequity and AOD
4. Inter-connected issues (eg MH, housing)
5. Child protection/wellbeing
6. Pharmaceutical misuse
7. Ageing population (pain management)

Strategy development principles

- Reflect the 3 NDS pillars
- Systems focus
- Involving extensive consultation
- Focus on the needs of specialists, recognising the contributions from diverse sectors
- Need to understand the workforce to enhance workforce development and planning
- Importance of quality and evidence-based practice
- Address current and future challenges
- Foster intersectoral cooperation
- Focus on areas of need
- Importance of Indigenous culture to Indigenous responses

WFD Goals

- To enhance the capacity of the AOD workforce to prevent and minimise alcohol and other drug-related harm across the domains of supply, demand and harm reduction activities.
- To create a sustainable AOD workforce that is capable of meeting future challenges, of innovation and reform.

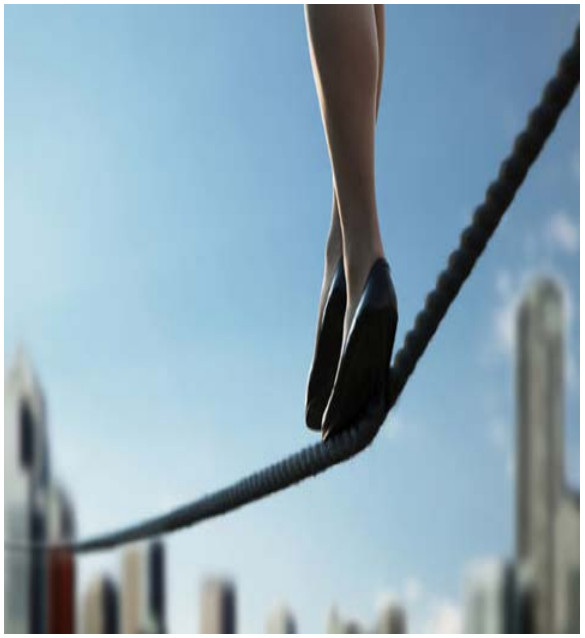
Outcome areas (i)

1. Understand the specialist AOD prevention and treatment workforce
2. Create a sustainable specialist AOD prevention and treatment workforce by addressing recruitment and retention issues
3. Match roles with capabilities
4. Enhance capacity to cater for older AOD clients as well as those with co-and multiple morbidities and other complex needs
5. Improve child and family sensitive practice
6. Improve consumer participation in AOD service provision policy and planning

Outcome areas (ii)

7. Increase the capacity of the workforce to respond appropriately to AOD issues among Aboriginal and Torres Strait Islander peoples, culturally and linguistically diverse groups, and lesbian, gay, bisexual, transgender and intersex individuals
8. Enhance the capacity of generalist health, community, welfare and support services workers to prevent and reduce AOD harm
9. Continue to develop the criminal justice workforce to prevent and reduce AOD harm
10. Promote the ability of the education sector to prevent and reduce AOD harm

The Policy Context



National Drug Strategy

The National Health Reform Agenda

National E-health Strategy

National Mental Health Strategy

National Pain Strategy

Australian Commission on Safety and Quality in Health Care

Development of clinical guidelines

National registration of health practitioners

Systems Approaches and Integrated Care

A Systems Approach to Substance Use in Canada:

Recommendations for a national treatment strategy (2008)

A Systems Approach to Substance Use in Canada: Recommendations for a national treatment strategy (2008)

- Vast majority of Canadians affected by substance use problems do not use specialised addiction services.
- They access other sectors of the health care system such as social services, housing and education.

Tools

CCSA Systems Approach Workbook (2012)
Change management modules

Historically, little integration or effective communication within and between systems and jurisdictions that provide services and supports.

Result is gaps in services and barriers to access to help people with significant health problems at a time of great personal strain.

Who have to navigate a complex and ever-changing labyrinth of services and supports.

The Goal

- Development of a tiered continuum of services and supports to address the broad spectrum of risks and harms conferred by substance use.

Challenges

- **Tolerating silos**
- **Antiquated decision-making**
- **Lack of alignment**
- **Haphazard communication methods**
- **Strategy is not linked to operations**
- **Lack of adaptable leadership**

Leadership Styles

Source: A Surrealistic Mega-analysis of Redisorganization Theories (Oxman, Sackett, Chalmers, Prescott, 2005)

Mutt

Bulldog

German Shepherd

Poodle

Mutt

- The most common type of leader: self-focussed, with a need to piss all over everything to mark territory.

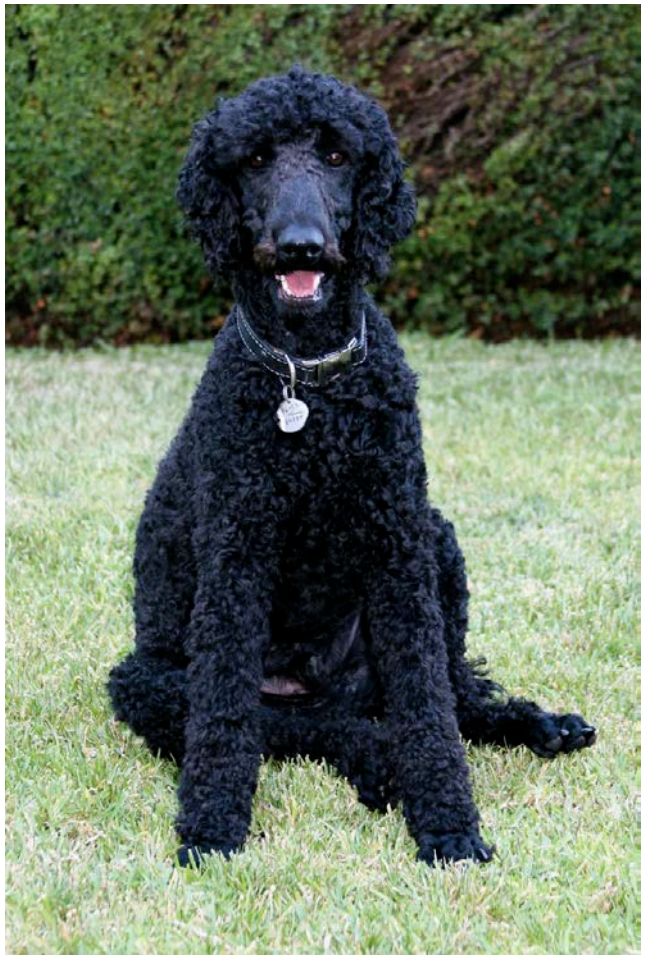
Bulldog

- Well meaning, but incompetent, and dangerous when aroused.

German Shepherd

- Bureaucratic, commonly suffer from anal retentiveness, which makes them irritable.

Poodle



- Ideological, focussed on a specific peculiar way of looking at the world, to the exclusion of empirical evidence, practical experience and common sense.

Whither AOD Sector 2000+

- Social determinations of health (early life experiences, work, unemployment, social exclusion)
- Integrated models of care (mental health, aged care, child and family, Indigenous, NESP, prisoners,
- Complex health and comprehensive community services models

Priority Issues

- Identify and retain core AOD expertise (competencies) through:

  1. identified leadership

  2. explicit AOD-specific programs (service delivery) and training

  3. career options, pathways and appropriate rewards

  4. avoid a) medical and/or b) mental health dominance.

The Future

www.nceta.edu.au

- Think Upstream
- Think Outcomes
- Think Partnerships and Collaborations

Vision without action is a day dream,

Action without vision is a nightmare.

Japanese proverb.

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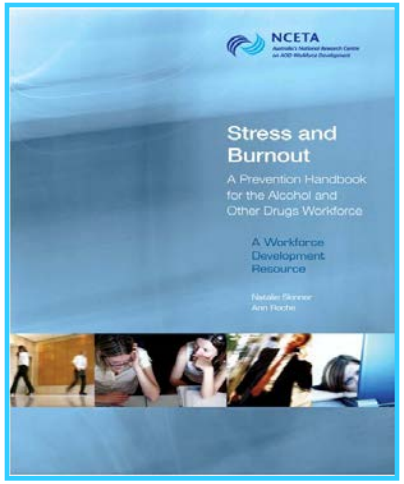
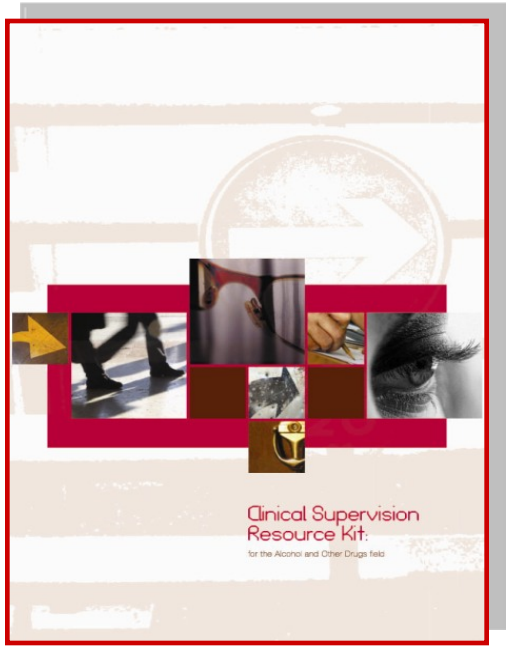
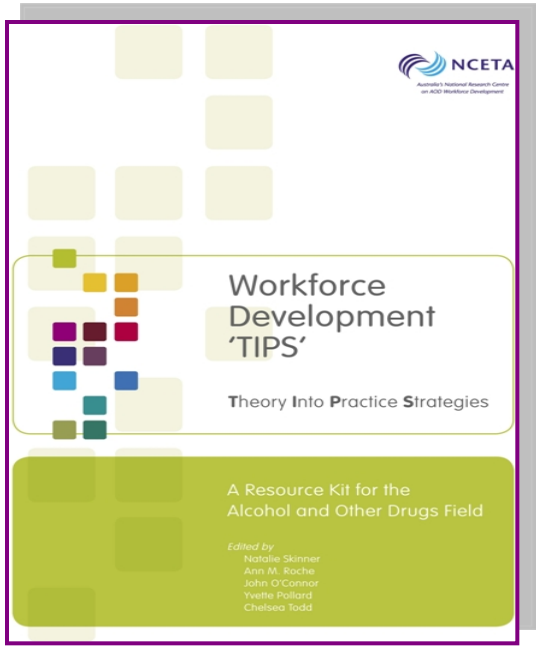
NCETA WFD Tools

- Practical tools:
  - Stress & Burnout Booklet
  - Clinical Supervision Resource Kit
  - TIPS Kit – WFD Tools & Resources







Workforce Development Strategies (TIPS Kit)

1. Capacity Building
2. Salary
3. Recruitment, Retention and Turnover
4. Career Paths
5. Role Clarity
6. Qualifications and Training Issues
7. Mentoring
8. Clinical Supervision
9. Debriefing
10. Team and Co-Worker Support

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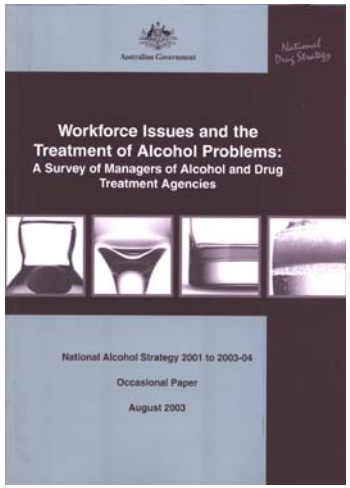
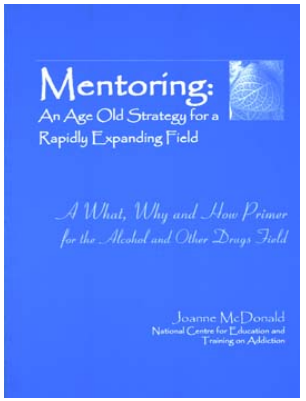
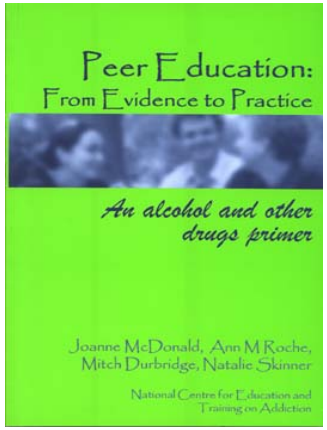
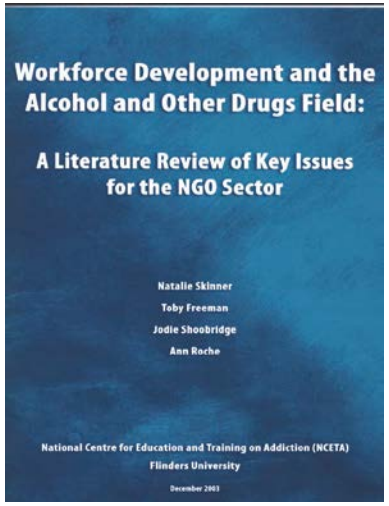
Workforce Development









Stigma

…alcohol and drug use problems

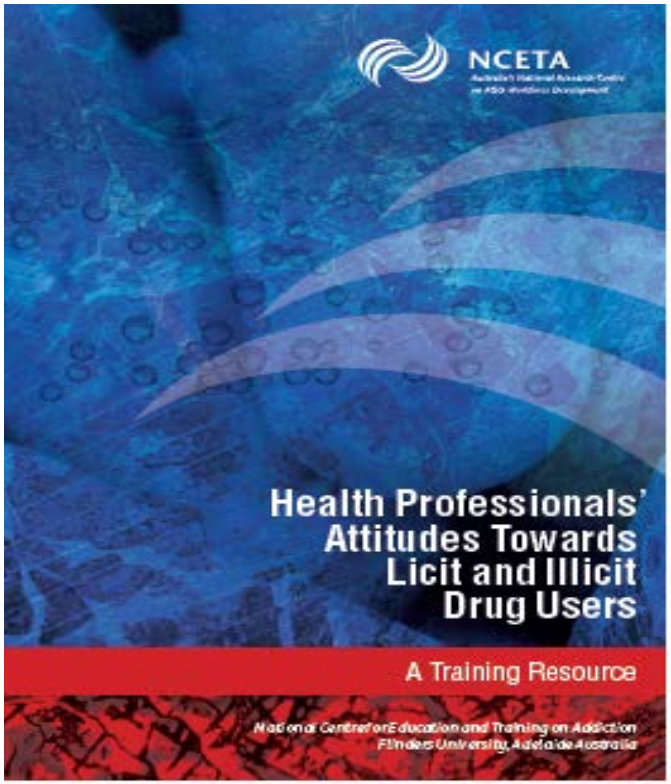
are heavily moralized territories,

often resulting in stigma and marginalization,

….and these factors are important

in adverse outcomes.

Room, 2005 Drug and Alcohol Review



Minimum Qualifications

Survey AOD managers (n=186; 44% NGO sector)

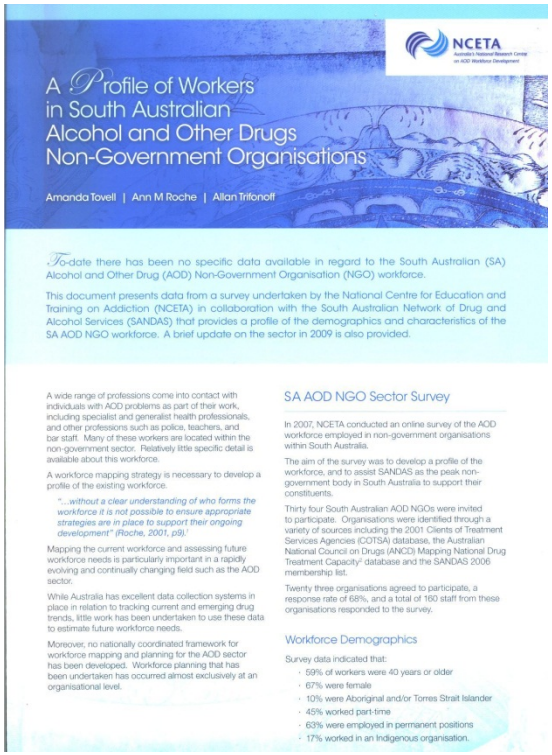
- Most managers (82%) support a Minimum Qualification
- VET quals are consider ‘sufficient’,

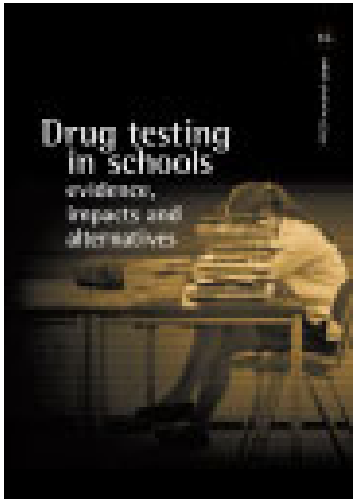
  but more than half think it

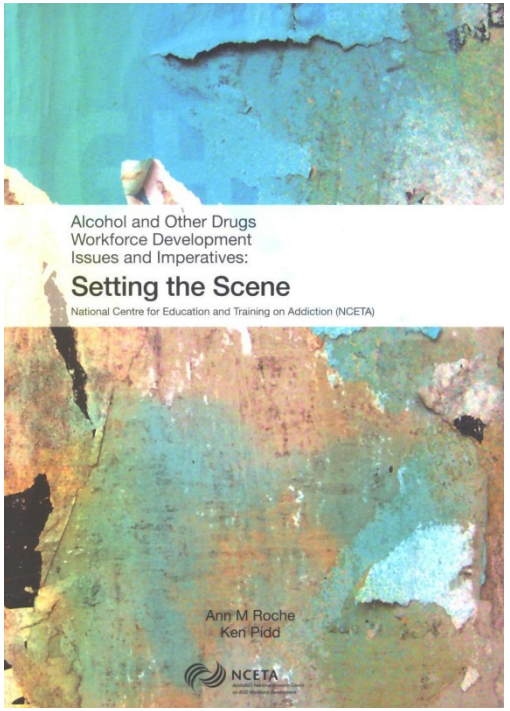
  should be higher than Cert IV
- One in three support quals at

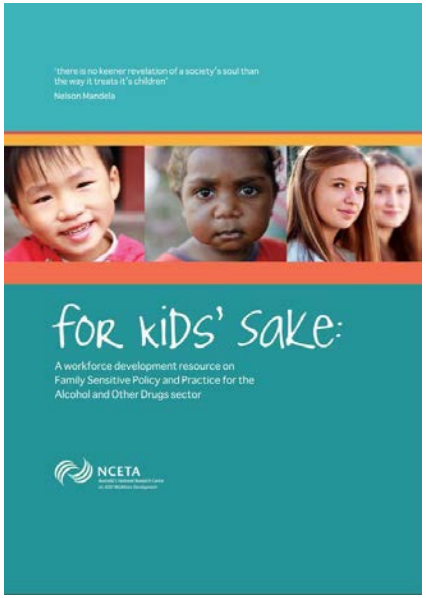
  undergraduate or postgraduate

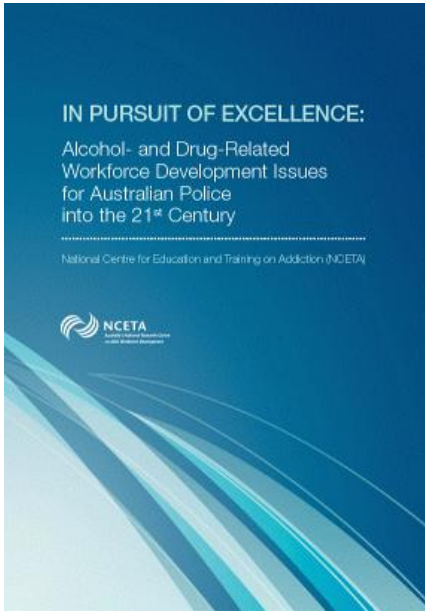
  level

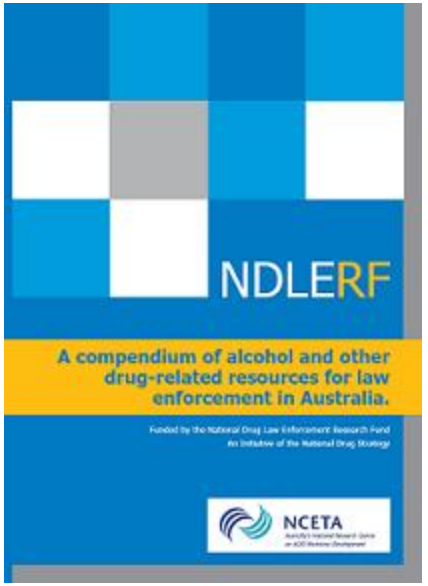

NCETA
A Profile of Workers in South Australian Alcohol and Other Drugs Non-Government Organisations
Amanda Tovell | Ann M Roche | Allan Trifonoff
To-date there has been no specific data available in regard to the South Australian (SA) Alcohol and Other Drug (AOD) Non-Government Organisation (NGO) workforce.
This document presents data from a survey undertaken by the National Centre for Education and Training on Addiction (NCETA) in collaboration with the South Australian Network of Drug and Alcohol Services (SANDAS) that provides a profile of the demographics and characteristics of the SA AOD NGO workforce. A brief update on the sector in 2009 is also provided.
A wide range of professions come into contact with individuals with AOD problems as part of their work, including specialist and generalist health professionals, and other professions such as police, teachers, and bar staff. Many of these workers are located within the non-government sector. Relatively little specific detail is available about this workforce.
A workforce mapping strategy is necessary to develop a profile of the existing workforce.
"...without a clear understanding of who forms the workforce it is not possible to ensure appropriate strategies are in place to support their ongoing development" (Roche, 2001, p9).
Mapping the current workforce and assessing future workforce needs is particularly important in a rapidly evolving and continually changing field such as the AOD sector.
While Australia has excellent data collection systems in place in relation to tracking current and emerging drug trends, little work has been undertaken to use these data to estimate future workforce needs.
Moreover, no nationally coordinated framework for workforce mapping and planning for the AOD sector has been developed. Workforce planning that has been undertaken has occurred almost exclusively at an organisational level.
SA AOD NGO Sector Survey
In 2007, NCETA conducted an online survey of the AOD workforce employed in non-government organisations within South Australia.
The aim of the survey was to develop a profile of the workforce, and to assist SANDAS as the peak non-government body in South Australia to support their constituents.
Thirty four South Australian AOD NGOs were invited to participate. Organisations were identified through a variety of sources including the 2001 Clients of Treatment Services Agencies (COTSA) database, the Australian National Council on Drugs (ANCD) Mapping National Drug Treatment Capacity[2] database and the SANDAS 2006 membership list.
Twenty three organisations agreed to participate, a response rate of 68%, and a total of 160 staff from these organisations responded to the survey.
Workforce Demographics
Survey data indicated that:
59% of workers were 40 years or older
67% were female
10% were Aboriginal and/or Torres Strait Islander
45% worked part-time
63% were employed in permanent positions
17% worked in an Indigenous organisation.

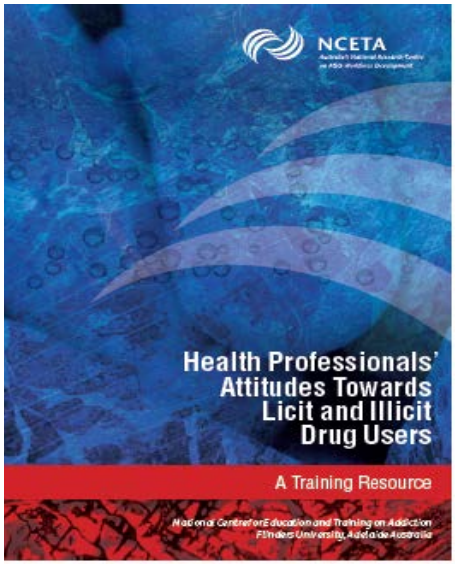

Drug testing in schools
evidence, impacts and alternatives

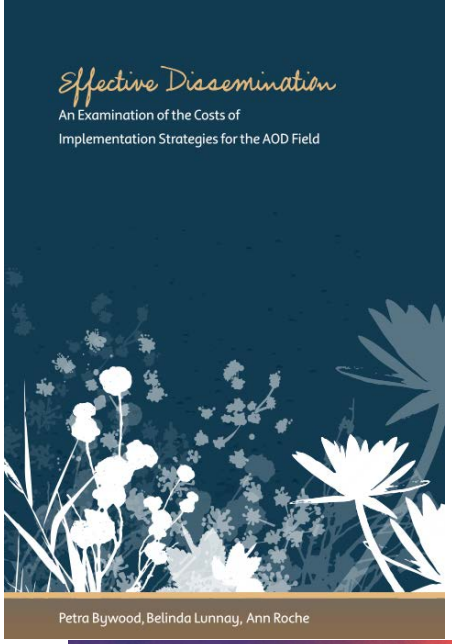

Alcohol and Other Drugs Workforce Development Issues and Imperatives:
Setting the Scene
National Centre for Education and Training on Addiction (NCETA)
Ann M Roche
Ken Pidd
NCETA


'there is no keener revelation of a society's soul than the way it treats it's children'
Nelson Mandela
for kids' sake:
A workforce development resource on Family Sensitive Policy and Practice for the Alcohol and Other Drugs sector
NCETA

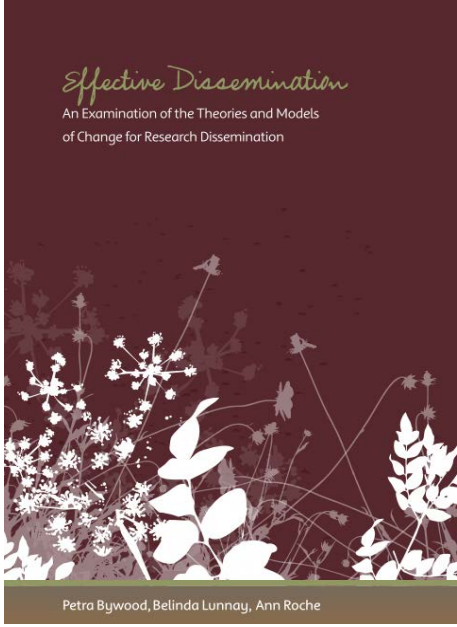

IN PURSUIT OF EXCELLENCE:
Alcohol- and Drug-Related Workforce Development Issues for Australian Police into the 21st Century
National Centre for Education and Training on Addiction (NCETA)
NCETA


NDLERF
A compendium of alcohol and other drug-related resources for law enforcement in Australia.
NCETA

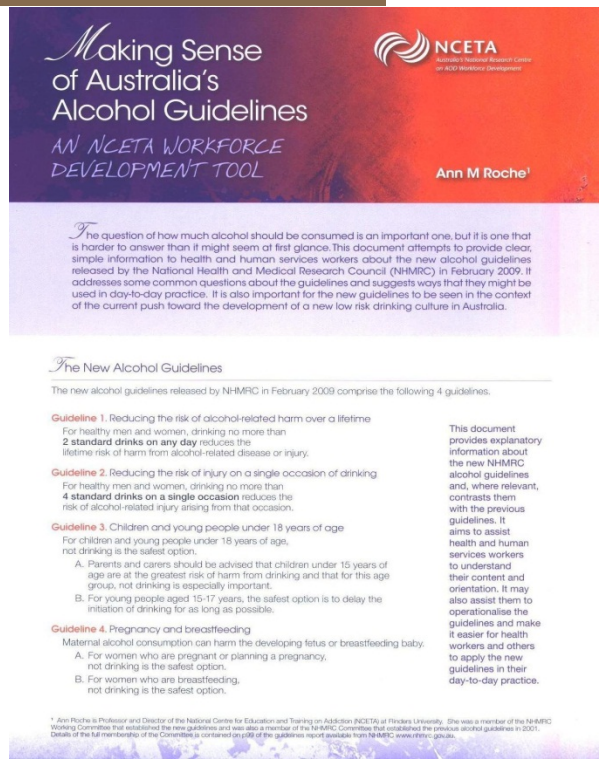

NCETA
Health Professionals' Attitudes Towards Licit and Illicit Drug Users
A Training Resource
Macquarie Centre for Education and Training on Addiction
Flinders University, Adelaide Australia

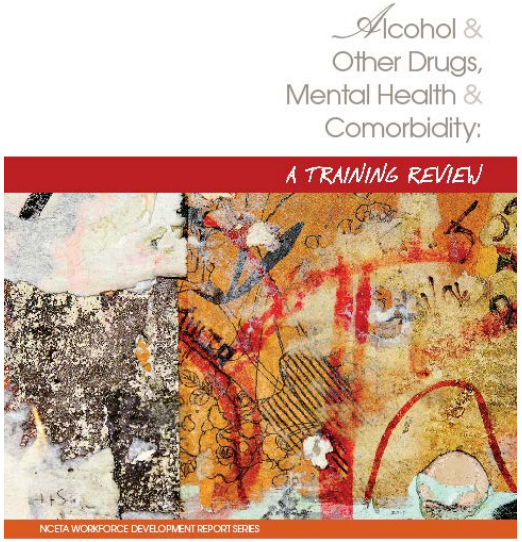

Effective Dissemination
An Examination of the Costs of Implementation Strategies for the AOD Field
Petra Bywood, Belinda Lunnay, Ann Roche


Effective Dissemination
A Systematic Review of Implementation Strategies for the AOD Field
Petra Bywood, Belinda Lunnay, Ann Roche


Effective Dissemination
An Examination of the Theories and Models of Change for Research Dissemination
Petra Bywood, Belinda Lunnay, Ann Roche


NCETA
A Workforce Development CHECKLIST for the AOD field
Ann M Roche | Ken Pidd
There is increasing interest in workforce development (WFD) in the alcohol and other drugs field. Unless workforce development is tackled effectively the alcohol and other drugs (AOD) field will fail to flourish and its ability to provide optimal service delivery at the level of prevention, policy or clinical care will be under continual threat. The checklist provided here offers a quick overview of some of the key issues that fall under the umbrella of WFD.
Effective workforce development goes beyond just the provision of education and training to include issues such as recruitment and retention, workforce planning, professional and career development, and worker wellbeing. This broader approach to workforce development involves a wide range of individual, organisational, structural and systemic factors that can impact on the ability of the workforce to effectively and efficiently respond to AOD issues.
There have been substantial changes in the AOD field in recent decades that have major implications for the development of a responsive, effective, and sustainable AOD workforce.
Provision of quality and timely AOD responses has been substantially impacted by:
- changing patterns of substance use,
- increased prevalence of polydrug use,
- a growing recognition of mental health/drug use comorbidity issues,
- an expanding knowledge base,
- advances in treatment protocols, and
- an emphasis on evidence based practice.
There are also other issues facing the wider Australian workforce such as:
- advances in technology,
- an ageing workforce, and
- a tight labour market.
These factors have led to increased recognition of the need for effective workforce development approaches to enhance the capacity of the AOD workforce to respond to current and emerging AOD issues. Traditionally, most WFD effort has been directed to training, and much of that has been at the level of non-accredited short courses.
However, what is required is a broad, comprehensive and integrated array of WFD strategies that are tailored to the needs of particular workplaces, services and individual workers – both current and future.
While some excellent WFD initiatives have occurred in Australia over recent years, many key players remain unclear about constitutes 'workforce development' and how it differs from being more than just training. To address this issue, NCETA has developed a user-friendly check list of issues that fall under the umbrella of workforce development. The checklist highlights pivotal issues that every organisation should address as part of a systematic WFD response.
The checklist is broad ranging, but not exhaustive. There may be other WFD issues of particular relevance to specific situations. Nonetheless, the checklist provides a useful jumping off point in the development of a tailored and comprehensive approach. It is also a useful WFD training tool and can be used to instigate initial discussions and plans.
Why the Need For Workforce Development (WFD)
AOD use and related problems cut across society and impact a wide range of health, education, human service, police, and criminal justice workers. There is also a growing demand for services, policies and programs from specialist AOD agencies as well as generalist workers.
Compounding this increased demand for services are substantial difficulties in recruiting and retaining qualified AOD staff, particularly in rural and remote areas (Duraisingam, Pidd, Roche, & O'Connor 2006; Wolinski, O'Neill, Roche, Freeman, & Donald, 2003; Pitts, 2001).


Making Sense of Australia's Alcohol Guidelines
AN NCETA WORKFORCE DEVELOPMENT TOOL
NCETA
Ann M Roche[1]
The question of how much alcohol should be consumed is an important one, but it is one that is harder to answer than it might seem at first glance. This document attempts to provide clear, simple information to health and human services workers about the new alcohol guidelines released by the National Health and Medical Research Council (NHMRC) in February 2009. It addresses some common questions about the guidelines and suggests ways that they might be used in day-to-day practice. It is also important for the new guidelines to be seen in the context of the current push toward the development of a new low risk drinking culture in Australia.
The New Alcohol Guidelines
The new alcohol guidelines released by NHMRC in February 2009 comprise the following 4 guidelines.
Guideline 1. Reducing the risk of alcohol-related harm over a lifetime
For healthy men and women, drinking no more than 2 standard drinks on any day reduces the lifetime risk of harm from alcohol-related disease or injury.
Guideline 2. Reducing the risk of injury on a single occasion of drinking
For healthy men and women, drinking no more than 4 standard drinks on a single occasion reduces the risk of alcohol-related injury arising from that occasion.
Guideline 3. Children and young people under 18 years of age
For children and young people under 18 years of age, not drinking is the safest option.
A. Parents and carers should be advised that children under 15 years of age are at the greatest risk of harm from drinking and that for this age group, not drinking is especially important.
B. For young people aged 15-17 years, the safest option is to delay the initiation of drinking for as long as possible.
Guideline 4. Pregnancy and breastfeeding
Maternal alcohol consumption can harm the developing fetus or breastfeeding baby.
A. For women who are pregnant or planning a pregnancy, not drinking is the safest option.
B. For women who are breastfeeding, not drinking is the safest option.
This document provides explanatory information about the new NHMRC alcohol guidelines and, where relevant, contrasts them with the previous guidelines. It aims to assist health and human services workers to understand their content and orientation. It may also assist them to operationalise the guidelines and make it easier for health workers and others to apply the new guidelines in their day-to-day practice.
[1] Ann Roche is Professor and Director of the National Centre for Education and Training on Addiction (NCETA) at Flinders University. She was a member of the NHMRC Working Committee that established the new guidelines and was also a member of the NHMRC Committee that established the previous alcohol guidelines in 2001. Details of the full membership of the Committee is contained on p28 of the guidelines report available from NHMRC www.nhmrc.gov.au.

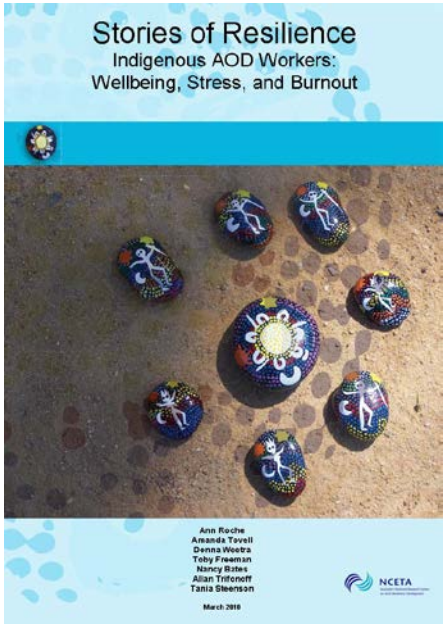

Alcohol & Other Drugs, Mental Health & Comorbidity:
A TRAINING REVIEW
NCETA WORKFORCE DEVELOPMENT REPORT SERIES
Ann M Roche
Vinita Duraisingam
Peina Wang
Amanda Tovell

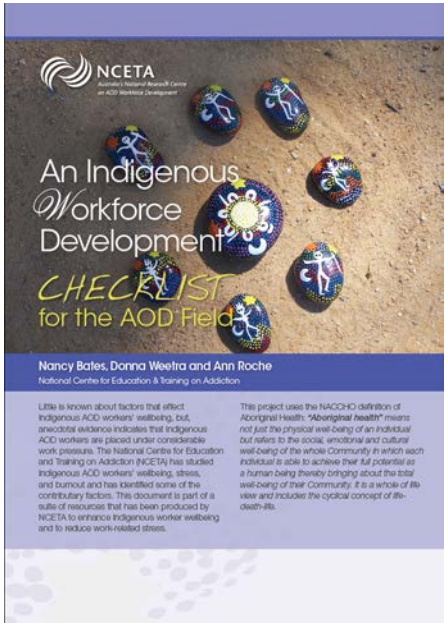
10 Contributors to Work-related Stress among Indigenous Alcohol and Other Drug Workers

Factors	Descriptor
1. Workloads	Workloads were invariably high and not commensurate with the resources available to meet the needs.
2. Expectations	Workers consistently demonstrated high levels of personal commitment to their work role and their community. In addition, there is a complex set of community obligations that workers need to fulfil.
3. Boundaries	Many workers saw being available 24/7 was part of a cultural obligation; others were increasingly learning to place appropriate limits and boundaries in culturally secure ways to prevent burnout.
4. Recognition, Respect and Support	Workers reported that recognition or respect was often not afforded to them. They also were often solo or isolated workers with insufficient support.
5. Working Conditions	Difficult and stressful working conditions were common, especially among workers in rural and remote settings.
6. Racism and Stigma	High levels of stigma were associated not only with alcohol and other drug work but also the Aboriginality of the clients and the workers. Racism was commonly experienced from co-workers and mainstream community and constituted a major source of stress.
7. Complex Personal Circumstances	Many workers were single parents or responsible for dependent children, elderly and other family members. Many had experienced significant bereavements, domestic violence, and previous problems with alcohol or drugs. Family members were also often alcohol and other drug clients.
8. Loss and Grief and Sorry Business	Heavy community losses through premature deaths including suicides. Traditional bereavement leave was rarely adequate. The importance of Sorry Business, and loss overall, was also often not understood.
9. Culturally Safe Ways to Work	Although noted to be improving, there was a significant lack of understanding about Indigenous ways of working. This created regular conflict and clashes with mainstream colleagues and services and undermined the health and wellbeing of both clients and workers.
10. Funding, Job Security and Salaries	Short term funding and short term appointments with low salaries contributed to high stress levels and high turnover rates.

10 Principal Workforce Development Strategies to facilitate Indigenous Alcohol & Other Drug Worker Wellbeing and Reduce Work-Related Stress

Factors	Descriptor	Response Strategies
1. Capacity Building	Building capacity of workers, organisations and communities to provide culturally appropriate (Indigenous) and culturally safe (mainstream) alcohol and other drug services is a crucial social determinant of health.	Address organisational funding issues to provide continuity of funding, provide sufficient funds to allow appointment of adequate numbers of staff, implement appropriate workforce planning, and management and leadership training programs.
2. Salary	Recognition of work demands and the unique role played by this workforce to improving the overall health status of Indigenous people through more equitable salaries across all sectors.	A move to parity of salaries for all levels of staff across all sectors including government, community controlled and non-government health services.
3. Recruitment, Retention and Turnover	Complex and difficult work and employment conditions, especially in remote areas, create a constant strain on alcohol and other drug workers and acts to discourage new recruits from entering the field and fuels high turnover.	Promote a positive image of the alcohol and other drug field. Recruit Indigenous high school students into tertiary education pre-employment workshops, support for literacy and numeracy, pre-vocational courses, introductory, job rotations, and flexible traineeship and apprenticeship on-the-job programs that involve managers in additional responsibilities.
4. Career Paths	Lack of career pathways and opportunities for professional advancement for Indigenous people in alcohol and other drug work was commonplace and compounded recruitment and retention challenges.	Create new staffing categories that workers can aspire to that provide incentives and promotional and further skill development opportunities.
5. Role Clarity	Very broad and overly inclusive roles and lack of role clarity were common.	Better definition of worker's roles within their organisations are required. Providing resources to support workers through clinical supervision, mentoring and debriefing could be achieved at relatively low cost.
6. Qualifications and Training Issues	Alcohol and other drug workers often did not have sufficient knowledge or adequate access to training. Training at higher levels was also indicated.	Extend the focus beyond the Indigenous workers at the level of Certificate III and Certificate IV and provide management training.
7. Mentoring	Mentoring was recognised as a valuable professional development tool.	Implement mentoring as a standard support strategy.
8. Clinical Supervision	Clinical supervision was recognised as an effective strategy to prevent or manage stress but was not widely implemented.	Implement clinical supervision as a standard strategy to prevent or manage stress. Develop Indigenous-specific clinical supervision guidelines for the alcohol and other drug sector.
9. Debriefing	Debriefing was recognised as an effective mechanism to reduce stress; however debriefing opportunities and preferences were highly varied and were often found to be non-existent.	Identify and promote various forms and sources of debriefing suitable for Indigenous workers and their working contexts.
10. Team and Co-Worker Support	The need for diverse forms of support for workers was a priority.	Worker support is needed at various levels and in various forms and includes mentoring, clinical supervision, formal and informal debriefing opportunities as well as recognition of good work.


Stories of Resilience
Indigenous AOD Workers:
Wellbeing, Stress, and Burnout
Ann Roche
Amanda Tovell
Donna Weetra
Toby Freeman
Nancy Bates
Allan Trifonoff
Tania Steenson
March 2018
NCETA


NCETA
An Indigenous
Workforce
Development
CHECKLIST
for the AOD Field
Nancy Bates, Donna Weetra and Ann Roche
National Centre for Education & Training on Addiction
Little is known about factors that effect Indigenous AOD workers' wellbeing, but, anecdotal evidence indicates that Indigenous AOD workers are placed under considerable work pressure. The National Centre for Education and Training on Addiction (NCETA) has studied Indigenous AOD workers' wellbeing, stress, and burnout and has identified some of the contributary factors. This document is part of a suite of resources that has been produced by NCETA to enhance Indigenous worker wellbeing and to reduce work-related stress.
This project uses the NACCHO definition of Aboriginal Health: "Aboriginal health* means not just the physical well-being of an individual but refers to the social, emotional and cultural well-being of the whole Community in which each individual is able to achieve their full potential as a human being thereby bringing about the total well-being of their Community. It is a whole of life view and includes the cyclical concept of life-death-life.


NCETA
Indigenous Alcohol and
Other Drug (AOD) Workers'
Wellbeing, Stress & Burnout
Brief Report No.1
"The recent history of ... Aboriginal and Torres Strait Islander communities, is one of loss of land (often accompanied by violence), forced removal, and detention of differing clans in missions and reserves, with consequent loss of culture, autonomy, identity and life skills. Many patients come from such traumatised family backgrounds. Dealing constantly with traumatised patients and the resulting problems of unemployment, poor education, substance misuse and violence can become a threat to the wellbeing of staff. [1 p.5]"
"...high levels of stress and burnout impact on the effectiveness and wellbeing of individual workers, AOD organisations and the wider sector. Preventing stress and burnout, and addressing current levels of stress and burnout, is a priority workforce development (WFD) issue for the AOD field. [2 p.338]"
Little is known about factors that effect Indigenous AOD workers' wellbeing, but, anecdotal evidence indicates that Indigenous AOD workers are placed under considerable work pressure.
The National Centre for Education and Training on Addiction (NCETA) has studied AOD workers' wellbeing, stress, and burnout. This project described here explores Indigenous AOD worker-related issues.
This project uses the South Australian Aboriginal Health Partnership's definition of wellbeing:
"Enjoying a high level of social and emotional wellbeing can be described as living in a community where everyone feels good about the way they live and the way they feel. Key factors in achieving this include connectedness to family and community and control over one's environment and exercising power of choice." [3]
Background and Context
Indigenous Australians are at high risk of health and social problems associated with AOD use.[4] They are often marginalised in terms of health care services and other forms of social inequities (e.g., income, housing, education, and employment).[5] Compared to non-Indigenous Australians, a larger proportion of Indigenous Australians live in remote areas where health services are limited.[6] Cultural differences can add to difficulties in accessing culturally safe health care and AOD services.[7]
Indigenous people are also under-represented in the health workforce. Indigenous people comprise 2.5% of the population, but represent only 1% of the health workforce.[8] This places additional stress on Indigenous workers.
There have been few investigations into the wellbeing of Indigenous AOD workers. There is also limited research on Indigenous AOD issues including Indigenous workers' experiences of dealing with clients with AOD problems, and the impact that this may have on them as workers.
Indigenous AOD workers may experience a greater range of stressors and pressures in their work roles than non-Indigenous AOD workers. The role of an Indigenous AOD worker can involve an especially heavy burden. Further, the work that is undertaken by Indigenous AOD workers is often complex and demanding, and can entail very personally relevant issues including:
- loss and grief,
- trauma,
- stigma, and
- social disruption.


NCETA
An Indigenous
Services Database
and Other Resources
Indigenous Alcohol and
Other Drug (AOD) Workers'
Wellbeing, Stress & Burnout