Response to the South Australian Alcohol and Other Drug Sector Workforce Development Framework 2024-2032

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Introduction

SANDAS welcomes the development of this Framework and recognizes its value as a guiding document for use by the sector across government, nongovernment and education components of the AOD sector. The major concern, which SANDAS has raised persistently through the consultation process is that the Framework lacks an implementation strategy which most importantly requires the commitment of funding to action it. Given the size of the workforce this would not be an onerous cost to the government. SANDAS calls on the State government to undertake a process of financial modelling to identify implantable actions under the Framework and commence commissioning the most critical in a first stage of funding. Over the life of the Framework, services to meet the Purpose of the Framework could be incrementally commissioned. SANDAS believes that working collaboratively with government and the department we could develop an implementation strategy which would significantly improve outcomes for South Australian's experiencing harms from their or their loved one's alcohol and drug use.

Purpose of the Workforce Framework

The purpose of the Framework is appropriate but limited by the fact that the Framework represents an unfunded 'promise' at the last election for the incoming government to address the workforce development needs of the sector. Whilst this has been an important process in order to better identify our workforce and recognise current and future challenges, it does not provide any plan or resourcing for implementation that would seek to address these challenges, reduce the pressure on the AOD treatment system, or achieve improved outcomes for our clients.

The Framework is a coherent, well researched and articulated statement of the current state of workforce development, the ongoing and emergent need and the opportunities and challenges. However, without an implementation component it remains a purely aspirational document. This is disappointing given the commitment of time and effort made by those in SA Health (DASSA), other government departments and the non-government treatment and education sectors to develop a comprehensive Framework to inform workforce development implementation strategies. The purpose of this document appears to be to provide information to the sector on needs and priorities and rely on the services to implement strategies at their own cost

Whilst AOD organisations may use the document for reference there are no mechanisms established by the Framework to oversight the se implementation activities, coordinate them nor measure any outputs of longer-term outcomes.

Target Audience

Given the limitations mentioned above, the Target Audience as identified is appropriate. It would be hoped that some of the sectors and workforces outside of the scope of this document may use it to inform their engagement with AOD workforce development activities. This would be particularly valuable in sectors with large crossovers with AOD sector clients and people who use drugs (who are not necessarily in or ever going to require treatment. This would include development of resources by the child welfare, justice, emergency services and primary health sectors. This is not a

call to include these sectors in the Framework but to highlight the need for other sectors to incorporate some AOD content in similar Frameworks.

Development of the Workforce Framework

This section should include an acknowledgement of people with lived and living experience who contributed to the development of the Framework including those working in the AOD sector more broadly and those working in identified roles.

Vision and Principles

SANDAS support these as written and applaud the aspirational vision they embody. The acknowledgement of the need for a sustainable workforce again highlights the need for an implementation strategy.

SA AOD Sector Workforce Development Framework summary table

This is a useful consolidation of the Framework and would provide the basis for a monitoring framework in the event the necessary resources were brought to bear to implement the Framework.

AOD Trends Informing Workforce Needs

This section provides a useful background on AOD trends which will impact the workforce development needs of the sector. Importantly it highlights the impact of alcohol and other drug use on the wider health sector and the quality of life of people in our community. Without explicitly saying as much it highlights the significant impact a well-resourced and capable alcohol and drug sector could have on reducing the population level burden of disease arising from alcohol and drug use (which contribute significantly to the burden inherent in cancer, cardiovascular disease and neurological conditions as well as mental health). We would like to see this point made more explicit.

Governments can make significant savings by delivering early intervention, prevention, primary and tertiary interventions in relation to alcohol, tobacco and other drugs. Investments in alcohol and drug mitigation strategies has been shown by the Australian Productivity Commission and research undertaken by the Drug Policy Modelling Program) UNSW) to return $5-7 to government for every dollar invested[1].

The Framework identifies several groups disproportionately affected the harms associated with drug use. There are small number of omissions. Groups that should be included include the LGBTIQA+ community and women both prior to and during pregnancy, in the context of the significant increase in women's drinking over the last 10 years.

The Framework also raises the issue of MATOD prescribers in SA. SANDAS would consider this point understated as this is a major gap in the current system, particularly in regional areas, and is having significant impact on the AOD workforce who are supporting clients who cannot get access

[1] Ritter, A, Chalmers, J, Gomez, M, "Measuring Unmet Demand for Alcohol and Other Drug Treatment: The Application of an Australian Population-Based Planning Model," Journal of Studies on Alcohol and Drugs, vol. Supplement No. 18, pp.
42-50, 2019.

to MATOD treatment due to lack of prescribers, lack of dispensers, or high levels of stigma and discrimination by prescribers and pharmacies. SANDAS considers that a significant piece of work may be required by those in government or the medical professions to work with professional bodies to raise awareness of the impact of health discrimination against people who use alcohol and other drugs, especially considering the impact on the individual, their family members (especially children) and the wider community that such discrimination causes.

The AOD sector in South Australia

This section provides a comprehensive description of the workforce, no further feedback.

The AOD workforce profile in South Australia

This is a useful consolidation of the workforce demographics. However, it is worth noting that the current FTE equivalent of 573 workers currently services approximately 10,000 clients. To meet the needs of the community estimated conservatively at 40,000 people receiving some form of treatment would require the Framework to identify process for quadrupling the workforce.

Key challenges for the workforce

This section highlights most of the significant issues facing the workforce. However, one omission is the challenge of engaging people who are digitally disconnected. There is the risk that 'the digital transformation megatrend' will leave behind a considerable number of the most vulnerable who are not and cannot afford to be connected. This highlights the need for a workforce that can design and deliver effective assertive outreach programs that engage with people otherwise excluded by the system.

Where do we need to focus our efforts?

SANDAS supports the breadth and scope of this section. The foci of this section covers all the identified issues briefly but comprehensively.

South Australian AOD sector workforce priorities and actions

The priority areas and objectives under this section are appropriate. Whilst the Framework does not indicate who should undertake the Actions aligned to the objectives, in a second phase there would be significant value in identifying who may have carriage and what resourcing may be required. For example, whilst SANDAS and its members work to implement components of Priority Area 1 by engaging students on placements, this is currently unfunded work and can be highly resource intensive. SANDAS also engages in curriculum development activities, sits on university (Flinders and UniSA) advisory boards, national advisory bodies (HumanAbility) but without increased capacity could not meet this need alone.

In Action 2.2.2 add "provide ongoing support for" the LLE workforce.

In Priority Area 3 include specific mention in the objectives to provide access for all workers to clinical/practice supervision appropriate to their needs. This may require the development of new models of peer supervision led by peers. Currently the provision of appropriate supervision across the workforce is at best patchy and in many places (especially but not only rural and remote) woefully inadequate due to a lack of resources.

Action 3.2.1 could be enhanced to read, 'Develop strategies to enhance worker wellbeing and monitor outcomes over time'.

The Indicator of Success 'There is a decreased in the rate of turnover in the SA AOD sector' could be clarified to incorporate considerations of increased turnover that may be caused by factors beyond the control of the sector, such as aging populations, and poor, inconsistent commissioning or untimely contract extensions and short term contracting.

For Priority Area 4 an indicator of success could be included to capture the value of the two way flow of data and information developed out of that data. E.g., Workforce data that is collected and submitted by service providers is consolidated and provided back to the sector to enhance planning capabilities.

Priority Area 5 would benefit from an action that supports the transference of services for Aboriginal services to Aboriginal Community Controlled organisations and that enhance Aboriginal led planning and implementation of programs.

System enablers

It should be noted that Stigma is not an enabler, this statement needs to be reframed. There may be value in changing 'Stigma' to 'stigma and discrimination' as over the next 5 years there may be a move to establish that discriminating against people with a particular health condition such as alcohol and drug dependence is unlawful.

Applying the Workforce Framework

Consistent with comments elsewhere, this framework will remain aspiration and full implementation is not achievable without the allocation of the necessary resources by government and commissioning bodies to make it happen. It also requires the allocation of staff and time by the sector to undertake actions identified, requiring these to be embedded in KPIs negotiated at the time of commissioning.

SANDAS would welcome the establishment of a regular workforce census to identify progress against baseline, qualified by the limitations of resourcing.

Dependencies

This section identifies key players and their roles. The lack of the identification of those services or departments who have a key role in funding the Actions listed is again an issue. Commissioning bodies and government departments are the primary source of funding and should be identified as such.

Conclusion

This is a comprehensive document that captures a significant amount of knowledge about the AOD sectors workforce development needs and how to meet them. A few minor additions or changes have been recommended. One major change is the explicit recognition of the need for and potential sources of funding, as without this element, full implementation of the Framework is not possible.

SANDAS would like to take the opportunity to thank the Department of Health and Wellbeing and DASSA in particular for the time and attention they have brought to these issues and the considerable amount of work done to consult extensively with the sector. We welcome the opportunity to continue to work together to explore how the significant workforce issues identified through this process can be addressed for the wellbeing of our workers, clients and wider South Australian community.