



# NSW Alcohol and Other Drugs Workforce Strategy 2023-2032

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.



The artwork is called 'Baalee'. It is inspired by the original artwork of Aboriginal artist Tanya Taylor and designed by the National Aboriginal Design Agency. This artwork symbolises the Centre for Aboriginal Health working in partnership with Aboriginal people to support holistic health and wellbeing and its role in the health system to build a culturally safe and responsive health service.

We acknowledge the people with lived and living experience of the impacts of alcohol and other drugs who have contributed to the development of this strategy. We could not do this work without their expertise, advice and involvement.

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

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ISBN

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<b>Aim</b>		<b>Vision</b>			
That the AOD workforce meets the needs of the NSW community.		A NSW AOD sector that is able to recruit and retain a skilled, diverse workforce that reflects the communities it supports. The AOD workforce is engaged, well-supported and has a positive experience of delivering high quality care throughout rewarding careers.			
<b>Goals</b>	<b>1. Attraction</b> Attract staff to the sector and build visible and appealing career pathways.	<b>2. Retention</b> Retain staff in the sector and ensure a supportive, safe, and rewarding work experience, with opportunities for development and career progression.	<b>3. Health system capability</b> Build capability of the health system to respond to AOD use and harms, while reducing stigma.	<b>4. Demands on the workforce</b> Reduce demands on the workforce through efficient systems that prioritise the experience of providing and receiving care.	
<b>Targets</b>	To be developed later	To be developed later	To be developed later	To be developed later	
<b>Objectives</b>	1.1 Develop an employee value proposition for the sector 1.2 Promote careers and entry pathways 1.3 Attract the workforce of the future 1.4 Expand the regional workforce 1.5 Build the Aboriginal workforce 1.6 Build the lived and living experience workforce	2.1 Promote the employee value proposition to sector staff 2.2 Improve employment arrangements 2.3 Provide leadership to the sector 2.4 Prioritise workforce wellbeing 2.5 Create opportunities for professional development and career progression 2.6 Revise AOD qualifications	3.1 Increase capability of the health workforce 3.2 Increase availability of AOD services in primary care settings 3.3 Reduce stigma	4.1 Adopt future focused models of care 4.2 Address the social determinants of health 4.3 Use data-informed service planning 4.4 Research evidence-based care 4.5 Engage with other national and state-wide workforce initiatives	

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# NSW AOD Workforce Strategy

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This strategy describes how NSW Health and our partners will work together to ensure the AOD workforce meets the needs of the NSW community.

The NSW AOD Workforce Strategy 2023-2032 sets a vision for an AOD workforce that is engaged and well-supported to deliver high-quality, person-centred interventions throughout rewarding careers.

The strategy describes four goals, each with a group of activities, to achieve our vision for the workforce:

1. Attract staff to the sector and build visible and appealing career pathways.
2. Retain staff in the sector and ensure supportive, safe, and rewarding work experience with opportunities for development and career progression.
3. Build capability of the health system to better respond to AOD use and harms, while reducing stigma.
4. Reduce demands on the workforce through efficient systems that prioritise the experience of delivering and receiving care.

## Implementation

This vision for the NSW AOD workforce will be realised over the next ten years, as the Strategy guides workforce-related investment and initiatives across the sector.

Actions will be set out across three horizons over the short term (years one to three), medium term (years four to seven) and longer term (years eight to ten).

Reporting against the strategy will occur through an annual snapshot summarising progress. The Strategy will be reviewed every three years and updated in accordance with the horizons.

This Strategy will be implemented through targeted resources and collaborations with key partners, including:

- Local Health Districts
- Specialty Health Networks
- Peak Organisations
- Non-Government Organisations
- Aboriginal Community Controlled Organisations
- Primary Health Networks
- People with lived experience
- Academics
- Other external partners.

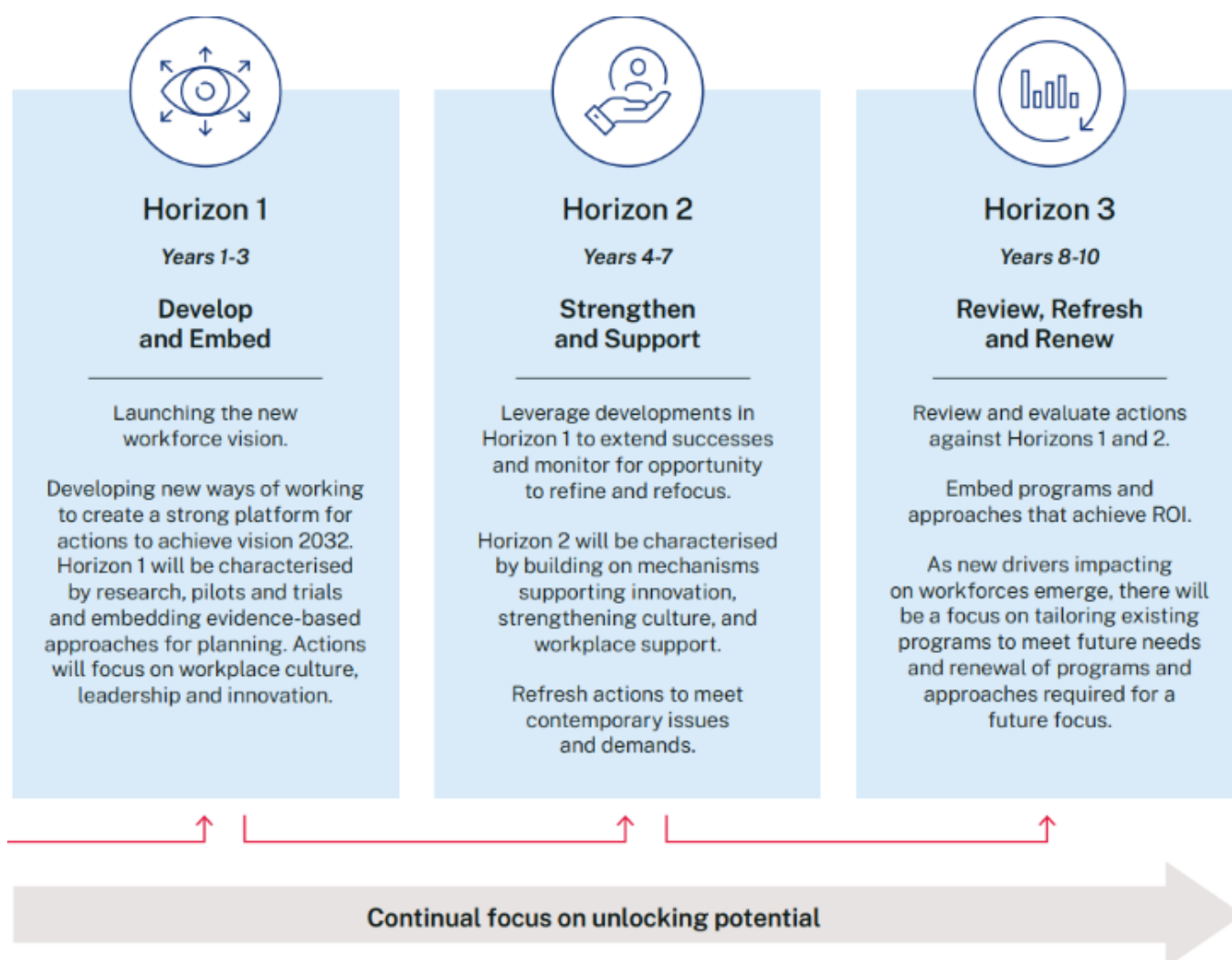
# Three Horizons

Actions will be set out across three horizons, and each horizon will have actions allocated across a three-year cycle.

Each cycle will be reviewed in consultation with stakeholders across the system, and new actions will be identified. The review will reflect successes, challenges, and drivers for change.

This will keep the strategy responsive and contemporary in a changing landscape.

Image below to be updated for AOD-placeholder.



# A changing landscape and future needs

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## Services are effective and benefit the community

Health, social and economic harms arising from alcohol and other drug use can impact individuals, their families and communities.

Prevention, harm reduction, treatment and support services are effective and improve health and wellbeing.

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

AOD services are delivered by a dedicated and experienced workforce, committed to improving outcomes for people. However, the supply of the AOD workforce is insufficient to meet current and rising levels of demand for services.

## Demand for services is increasing

Demand for health services is increasing due to changes in population growth, demographics, and overall disease burden. Activity across the health system is anticipated to double by 2031. [11]

In 2021/22, about 30,000 people used publicly funded treatment services. [1] About 25,000 people received opioid replacement treatment in public, private, and correctional settings. [2]

Recent inquiries have shown longstanding and increasing unmet demand for AOD treatment services. [3, 5, 13] An estimated 200,000-500,000 people each year across Australia need and seek AOD treatment but do not receive it, in part due to staff shortages. [3]

For some specialist services, such as the opioid treatment program (OTP), the community is

experiencing significant challenges in accessing treatment, with demand expected to grow.

## Workforce challenges can limit service access

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

Recent inquiries and research have found critical workforce shortages and challenges affecting recruitment, retention, and attraction of a qualified AOD workforce.[3-6]

These challenges have been worsened by the COVID-19 pandemic, which increased pressure on services. Challenges include:

- shortages of suitably qualified and skilled staff
- burnout and change fatigue
- fewer entrants to the sector
- limits on professional development opportunities, training and education, particularly in regional settings
- absence of coordinated recruitment and retention strategies
- disparities in remuneration and employment conditions between public sector and non-government services [4, 6-9].



# The AOD workforce

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The NSW AOD workforce is diverse. It is comprised of multidisciplinary workers, employed across public and non-government organisation services.

The AOD workforce includes those whose main role is to address specific AOD issues within the healthcare system. Other health workers are employed in mainstream health services. While their roles are not predominantly AOD-focused, they will encounter people who experience, or are at risk of AOD harm, and play an important role in preventing and minimising AOD risks and harms.

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

This section will include a brief overview of the AOD workforce and infographics based on the workforce census data.

## Our Values

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- Collaboration, Openness, Respect, Empowerment (CORE)
- Empathy
- Equity and Accessibility of Treatment
- Expertise for safe, high quality care
- Innovation and evidence-based models of care
- Efficiency and value for money
- Inclusive and culturally safe
- Flexible, responsive and consultative
- Supportive, Safe and Rewarding Work Environments

# 1. Attraction

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## Attract staff to the AOD sector through visible and appealing career pathways.

Attracting new staff into the AOD sector is critical to developing the workforce of the future. Development of the Aboriginal, lived experience, and regional workforces are a priority.

### 1.1 Develop an employee value proposition for the sector

The foundation of the Strategy will be an Employee Value Proposition. Developed in consultation with sector employees, this will clearly articulate the benefits and value of AOD careers to attract, engage and retain a skilled and diverse workforce that reflects the communities it supports.

- 1.1.1 Engage with the sector to develop an Employee Value Proposition.

### 1.2 Promote careers and entry pathways

Promoting the sector's profile and clarifying entry pathways will increase interest and engagement in AOD careers.

- 1.2.1 Market AOD careers to school leavers through undergraduate and vocational training pathways
- 1.2.2 Promote AOD career pathways across the healthcare sector
- 1.2.3 Advocate for AOD as a skilled visa category
- 1.2.4 Promote research opportunities available in AOD services

### 1.3 Attract the workforce of the future

Workforce planning will build a pipeline of sector recruits. This is informed by workforce data and modelling that identifies gaps and emerging changes. It will be supported by scholarships, traineeships, and placements in areas of need.

- 1.3.1 Expand access to the AOD skill set qualification
- 1.3.2 Increase placement opportunities
- 1.3.3 Provide scholarships and traineeships for AOD workforce qualifications and specialisation

### 1.4 Expand the regional workforce

Meeting demand for services in regional areas must be supported by a workforce to deliver them. This can be achieved by attracting people to train and remain in regional, rural and remote areas and equipping the workforce to meet the unique challenges in these areas.

- 1.4.1 Increase accessibility of AOD training for people in rural and regional areas
- 1.4.2 Partner with Regional Health to integrate regional health workforce initiatives
- 1.4.3 Support mentoring partnerships between metro and regional areas
- 1.4.4 Create supported longitudinal career pathways for people in regional areas.

## 1.5 Build the Aboriginal workforce

Building and supporting the Aboriginal workforce is critical to ensuring cultural safety across the health system. Tailor career pathways for Aboriginal health staff with a focus on attraction, recruitment, and retention.

- 1.5.1 Increase targets for Aboriginal identified positions
- 1.5.2 Develop ongoing collaborative and governance arrangements for Aboriginal workforce development
- 1.5.3 Develop an Aboriginal workforce sub-strategy

## 1.6 Build the lived and living experience workforce

Developing the AOD lived and living experience workforce is critical to improving the experience of receiving and providing care. This workforce has a leading role improving treatment outcomes and satisfaction and reducing stigma.

- 1.6.1 Establish a governance group with key stakeholders, including NUAA, NADA and people with lived and living experience
- 1.6.2 Provide resources to guide organisational readiness to support recruitment and onboarding
- 1.6.3 Provide access to targeted and accredited training pathways to upskill new entrants and support ongoing development

## 2. Retention

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Retain staff in the sector through a supportive, safe, and rewarding work experience, with opportunities for development and career progression.

Worker wellbeing and creating safe, inclusive, and healthy workplaces are key priorities of this strategy. We want to build a diverse workforce that reflects the communities we serve, who are valued and respected for the contributions they bring, and who strive to achieve the best possible outcomes for the people accessing their services. We aim to provide our workforce with ongoing professional development opportunities to ensure a competent and capable workforce who have a positive workplace experience and meaningful career pathways.

### 2.1 Promote the employee value proposition to sector staff

By clearly communicating the unique value of working in the AOD sector, the EVP establishes a mutually beneficial relationship, where employees feel valued, supported, and recognised, leading to increased retention.

- 2.1.1 Develop a communications campaign based on the Employee Value Proposition

### 2.2 Improve employment arrangements

Employment arrangements must be fit-for-purpose and outcomes-focused to support and retain the workforce.

- 2.2.1 Advocate for longer funding cycles to increase job security
- 2.2.2 Use contemporary funding models and advocate for changes in existing funding arrangements
- 2.2.3 Encourage role flexibility in employment arrangements

### 2.3 Provide leadership to the sector

NSW Health will provide leadership to the sector in partnership with key stakeholders at a state and national level. The sector vision and priorities will be articulated in collaboration with other government agencies.

- 2.3.1 Partner with NSW Government agencies to develop a strategic vision for the AOD sector

- 2.3.2 Align long-term workforce planning with key partners, including peak bodies and Primary Health Networks

- 2.3.3 Partner with the Australian Government and other jurisdictions to improve collaboration, coordination and communication

- 2.3.4 Advocate for mechanisms to improve engagement, such as additional MBS item codes

### 2.4 Prioritise workforce wellbeing

Workplaces promote wellbeing through positive, inclusive, and supportive work environments.

- 2.4.1 Support sector-wide communities of practice and networks, including for the lived experience workforce

- 2.4.2 Monitor workforce wellbeing

- 2.4.3 Promote workplace flexibility and support for staff to take leave

- 2.4.4 Support inclusion and diversity practice by promoting guidelines across the sector

## 2.5 Create opportunities for professional development and career progression

Professional development opportunities equip our workforce with the skills to meet health needs. Initiatives will be targeted across the employee life cycle, building leaders for the future.

- 2.5.1 Partner with NADA to promote shared cross-sector training opportunities
- 2.5.2 Partner with NADA to increase access to accredited and online professional development for NGOs
- 2.5.3 Promote professional development pathways, including leadership capabilities
- 2.5.4 Support new entrants into the AOD sector
- 2.5.5 Improve access to appropriate clinical, cultural and lived experience supervision models

## 2.6 Revise AOD qualifications

Nationally accredited training and multidisciplinary credentialling reflect contemporary practice.

- 2.6.1 Develop baseline capabilities for the sector, incorporating the clinical care standards
- 2.6.2 Partner with other jurisdictions on a nationally accredited lived and living experience worker training program
- 2.6.3 Engage with professional bodies to define consistent scopes of practice across the sector
- 2.6.4 Ensure that qualifications and accredited training are developed in consultation with the sector and reflect contemporary practice
- 2.6.5 In partnership with NADA, provide access to tailored micro credentials for the sector

# 3. Health system capability

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Build capability of the health system to respond to AOD use and harms, while reducing stigma.

The workforce across the whole health system has a key role supporting people at risk of or experiencing AOD-related harms. This includes recognition and identification, responding, and referrals. Delivery of prevention, brief interventions and other responses support timely engagement with services, and collaborative and integrated care. Engagement of the broader health workforce is supported by reducing the impact and experience of stigma associated with AOD.

## 3.1 Increase capability of the health workforce

Equip the health workforce with the capabilities needed for early identification and management of people at risk or experiencing AOD-related harms.

- 3.1.1 Advocate for AOD content in undergraduate and early vocational training
- 3.1.2 Enhance capacity of health services to manage AOD presentations by increasing accessibility and visibility of specialist support through DASAS and HCL.
- 3.1.3 Partner with peak bodies and Primary Health Networks to build AOD competencies across the health workforce

## 3.2 Increase availability of AOD services in primary care settings

AOD services in primary care settings normalises treatment, reduces stigma, and increases availability and access. This leads to improved outcomes.

- 3.2.1 Expand access to the Opioid Treatment Program in community pharmacies
- 3.2.2 Pilot new methods to encourage primary care clinicians to deliver AOD services
- 3.2.3 Facilitate shared care arrangements between primary care and public sector and NGO AOD services
- 3.2.4 Pilot models of care delivered in community pharmacy settings

- 3.2.5 Provide access to mentoring for GPs to assist in building confidence and improved management of AOD patients.
- 3.2.6 Enhance access to practice nurses to support primary care management of AOD.

## 3.3 Reduce stigma

Shift perceptions of working in the AOD sector and improve the experience of people accessing services.

- 3.3.1 Partner with the ACI, NUAA and NADA on actions of the Stigma and Discrimination Project
- 3.3.2 Reduce stigma through training, education, and sector champions
- 3.3.3 Reduce stigma as part of the communications campaign based on the Employee Value Proposition

# 4. Demands on the workforce

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Reduce demands on the workforce through efficient systems that prioritise the experience of providing and receiving care. This Strategy aims to reduce current demands on the workforce by improving the availability and delivery of care. This will reduce service utilisation over the longer term by keeping people healthy.

## 4.1 Adopt future focused models of care

Existing effective models of care are expanded. Models of care remain future focused by adapting to changes in science and technology. Innovative models improve efficiency and promote the provision of collaborative, multidisciplinary care.

- 4.1.1 Facilitate clinical transformation workshops to drive future focused models of care
- 4.1.2 Expand virtual care models
- 4.1.3 Continue to expand innovative models of care that support more efficient use of resources, such as long-acting Opioid Agonist Treatment.
- 4.1.4 Improve access to community-based care, including ambulatory withdrawal management

## 4.2 Address the social determinants of health

The health workforce delivers integrated care and partners across government, other organisations, and community to keep people healthy and well.

- 4.2.1 Partner across agencies to improve referral pathways and address the social determinants of health
- 4.2.2 Encourage early screening and prevention across health settings
- 4.2.3 Improve integrated and coordinated care

## 4.3 Use data-informed service planning

Invest into the collection of workforce data and analytics to ensure a multidisciplinary workforce is available to areas of need.

- 4.3.1 Monitor changes in workforce size, composition, and gaps through three-yearly census data collection
- 4.3.2 Identify data sources to prioritise locations for service planning, development, and improvement

## 4.4 Research evidence-based care

Clinical research drives evidence-based care models and practices to deliver the care of the future.

- 4.4.1 Support translational research through partnerships and grant opportunities
- 4.4.2 Build system-wide research and evaluation capacity to embed continuous improvement

## 4.5 Engage with other national and state-wide workforce initiatives

While the AOD sector faces its own challenges, it is also part of a larger national and state-wide health workforce. Workforce strategies and initiatives are implemented by the Australian Government and NSW Health that will also benefit the AOD sector. This includes but is not limited to the National Medical Workforce Strategy, the National Nurse Practitioner Strategy, the NSW Health Workforce Strategy and the Regional Health Strategy.

- 4.5.1 Establish health system partnerships to embed NSW Health workforce initiatives
- 4.5.2 Advocate for AOD sector needs within the health system
- 4.5.3 Pursue cross-jurisdictional collaboration on workforce

# Targets

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Targets to be developed later in consultation with stakeholders



# Future Health Guiding the next decade of care in NSW 2022-2032: Report

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This Strategy is guided by NSW Future Health: Guiding the next decade of care in NSW 2022-2032 to improve health services and patient care for the NSW community.

The initiatives in this strategy aim to ensure:

- People accessing AOD treatment and those that support them have positive experiences and outcomes that matter
- Safe care is delivered across all settings
- People are healthy and well
- Our staff are engaged and well supported
- Research and innovation, and digital advances inform service delivery
- The health system is managed sustainably

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## Other key strategies

This NSW AOD Workforce Strategy is influenced by, and operates alongside, other state-wide and national strategies, including:

- NSW Health Workforce Plan 2022-2032, which provides a delivery framework to guide the implementation of workforce-related strategies across the health system
- National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031
- National Agreement on Closing the Gap
- National Framework for Alcohol, Tobacco and other Drug Treatment
- NSW Health Regional Health Strategic Plan
- National Alcohol and Other Drugs Workforce Strategy (under development)
- NSW Whole of Government Alcohol and Other Drugs Strategy (under development)
- National Drug Strategy 2017-2026
- National Nurse Practitioner Workforce Plan
- The Integrated Prevention and Response to Violence, Abuse and Neglect Framework
- The Integrated Trauma Informed Care Framework
- Addressing AOD risks and harms is an important part of many NSW Government health priorities, including six of the 14 Premier's Priorities and key strategies for Hepatitis B and C, HIV, Sexually Transmissible Infections, Healthy Eating and Active Living, Aboriginal Mental Health and Wellbeing, and the First 2000 Days Framework.
- NADA Strategic Plan: 2023-2036
- NADA Workforce Capability Framework

# Development of the strategy

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Extensive consultation and engagement with key stakeholders has been used to develop and validate this strategy, including:

- NSW Health clinical and non-clinical staff representing Local Health District AOD services, Specialty Health Networks, pillars, and the Ministry of Health
- Targeted engagement with Aboriginal stakeholders representing Aboriginal Community Controlled Health Organisations and Aboriginal AOD workers
- Consumer representatives and members of the AOD lived and living experience workforce
- External partners including the Network of Alcohol and other Drugs Agencies, the NSW Users and AIDS Association, Agency for Clinical Innovation, Drug and Alcohol Nurses Australasia, Primary Health Networks, General Practitioners, and Non-Government Organisations
- Representatives from the Australian Government Department of Health and Aged Care

We thank everyone who participated in the consultation process for their valuable insights into the current challenges and opportunities for the NSW AOD workforce.

# References

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1. *NSW Minimum Data Set Collection for Drug and Alcohol Treatment Services 2021/22*. 2022.
2. Australian Institute of Health and Welfare, *National Opioid Pharmacotherapy Statistics Annual Data (NOPSAD) collection*. 2023.
3. Howard, D., Prof. SC., *Special Commission of Inquiry into crystal methamphetamine and other amphetamine-type stimulants*. 2020.
4. Searby, A. and D. Burr, *State of the workforce 2020: Mapping the alcohol and other drug (AOD) nursing workforce in Australia and New Zealand*. 2020: Queensland.
5. Portfolio Committee No. 2 - Health and Community Services, *Provision of drug rehabilitation services in regional, rural and remote New South Wales*. 2018, New South Wales. Parliament. Legislative Council.,: Sydney, N.S.W.
6. Kostadinov, V., et al., *Strengths, challenges, and future directions for the non-government alcohol and other drugs workforce*. *Journal of Substance Use*, 2021. **26**(3): p. 261-267.
7. Network of Alcohol and Other Drugs Agencies *Challenges and opportunities for the non government alcohol and other drug workforce*. 2022.
8. Roche, A., et al., *Characteristics and wellbeing of the NSW non-government AOD Workforce*. 2018.
9. Bailey, K., et al., *Workforce recruitment and retention for alcohol and other drug services: an Evidence Check rapid review brokered by the Sax Institute ([www.saxinstitute.org.au](http://www.saxinstitute.org.au)) for the NSW Ministry of Health*. 2019.
10. Wilson, H., et al., *What do general practitioners want from specialist alcohol and other drug services? A qualitative study of New South Wales metropolitan general practitioners*. 2022. **41**(5): p. 1152-1160.
11. NSW Health, *Future Health: Guiding the next decade of care in NSW 2022-2032*, N. Health, Editor. 2022.
12. State of New South Wales (NSW Treasury), *NSW Intergenerational Report*, N. Treasury, Editor. 2021.
13. Portfolio Committee No. 2 – Health, *Health outcomes and access to health and hospital services in rural, regional and remote New South Wales* 2022.