NSW Health



NSW Alcohol and Other Drugs Workforce Strategy 2024–2032



Centre for Alcohol and Other Drugs, NSW Ministry of Health

Acknowledgement

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

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

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

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

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

We acknowledge the people with lived and living experience of the impacts of alcohol and other drugs (AOD) 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 AOD-related risks and harms. We thank them for their contribution to the development of this strategy.

NSW Alcohol and Other Drugs Workforce Strategy 2024–2032 for public health and NGO settings

Aim That the AOD workforce meets the needs of the NSW community.		Vision 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.		
Goals	1. Attraction Attract staff to the sector to build a diverse, multidisciplinary workforce. Create visible and appealing career pathways.	2. Retention Retain staff in the sector and ensure a supportive, safe, and rewarding work experience, with opportunities for development and career progression.	3. Health system capability Build capability of the health system to respond to AOD use and harms, while reducing stigma.	4. Demands on the workforce Reduce demands on the workforce through efficient systems that prioritise health outcomes and the experience of providing and receiving care.
Indicators	Proportion of positions filled	Proportion of staff reporting positive workplace experience	AOD services occurring in other health settings	Staff report that systems are efficient and health outcomes are prioritised
Objectives	 Develop an employee value proposition for the sector Promote careers and entry pathways Attract the workforce of the future Expand the regional workforce Build the Aboriginal workforce Build the lived and living experience workforce 		3.1 Increase capability of the health workforce3.2 Increase availability of AOD services in primary care settings3.3 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

Contents

NSW AOD Workforce Strategy	3
A Changing Landscape and Future Needs	7
The AOD Workforce	9
1. Attraction	11
2. Retention	14
3. Health System Capability	17
4. Demands on the Workforce	19
Indicators	21
Future Health Guiding the Next Decade of Care in NSW 2022 – 2032 Report	23
References	25

NSW AOD Workforce Strategy

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 2024-2032 sets a vision for an AOD workforce that is engaged and wellsupported to deliver high-quality, person-centred interventions throughout rewarding careers.

The NSW Alcohol and Other Drugs Workforce Strategy is for the NSW Alcohol and Other Drugs sector. It includes actions to build the workforce across all settings, including public health and non-government organisations. It is the result of extensive collaboration, research, and strategic planning. It outlines a holistic approach to building and sustaining a skilled workforce that can effectively respond to AOD challenges within NSW communities.

Designed in collaboration with the AOD sector, the nineyear strategy outlines initiatives over three horizons to attract, recruit, and retain an appropriately skilled workforce, including the Aboriginal and lived and living experience workforce. Recognising that AOD-related presentations are treated across multiple settings, the strategy also describes activities to build the capability of the health system to respond to AOD use and harms.

Aligned with overarching public health goals outlined in the Future Health Strategy and NSW Health Workforce Plan, the Strategy will support equity in population health by addressing workforce-related factors that impact accessibility and quality of care and by ensuring the use of evidence and data to guide program development and decision making. By investing in workforce training, recruitment, and retention strategies that prioritise inclusivity and integration of care across the health system, the strategy seeks to bridge gaps in service delivery and reduce health disparities, contributing to more equitable outcomes in the prevention and treatment of substance use across the population.

In this Strategy, we prioritise and embrace the values of partnership and collaboration as essential pillars in our mission to ensure the AOD workforce meets the needs of the community.

The alignment of shared values across the public and non-government sectors and the broader health system, centred around public health, harm reduction and community well-being forms a strong foundation for collaboration, and working together effectively towards the common goals within this strategy.

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.

Development of the Strategy

Extensive consultation and engagement with key stakeholders across a range of ages and career stages 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.

Implementation

Work has already started on many of the activities identified in this strategy. This vision for the NSW AOD workforce will be further realised over the next nine 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 nine).

Reporting against the strategy will occur through an annual snapshot. The snapshot will summarise progress against indicators linked to each of the four goals. The Strategy will be reviewed every three years and updated in accordance with the horizons model outlined below.

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

- Local Health Districts
- Specialty health networks
- Australian Governments
- NSW Ministry of Health divisions
- Peak organisations
- Professional bodies
- Non-government organisations
- Aboriginal community controlled organisations
- Primary health networks
- People with lived and living experience
- Mental health sector
- Education providers
- Academics
- Other external partners

Three Horizons

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

Each cycle will be reviewed in consultation with stakeholders across the system, and new actions will be identified, as needed. The review will reflect successes, challenges, and drivers for change, as well as progress against indicators linked to each of the four goals.

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

HORIZON 1 Years 1-3

Develop and Embed

Launching the new workforce vision.

Developing new ways of working to create a strong platform for actions to achieve the vision.

Horizon 1 will be characterised by evidence-based planning, pilots, trials and partnerships.

Actions will focus on identifying short term actionable priorities, and laying the foundations for long-term approaches.

HORIZON 2 Years 4-7

Strengthen and Support

Leverage developments in Horizon 1 to extend successes and monitor for opportunity to refine and refocus.

Horizon 2 will be characterised by building on mechanisms supporting innovation, strengthening culture, and workplace support.

Refresh actions to meet contemporary issues and demands.

HORIZON 3 Years 8-9

Review, Refresh and Renew

Review and evaluate actions against Horizons 1 and 2.

Embed programs and approaches that achieve return on investment.

As new drivers impacting on workforces emerge, there will be a focus on tailoring existing programs to meet future needs and renewal of programs and approaches required for a future focus.

Continual focus on unlocking potential

A Changing Landscape and Future Needs

AOD treatment is proven to be effective

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 AOD treatment services. [1] About 25,000 people received opioid dependence 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 across the full range of roles in the sector. [3]

For some specialist services, the community is experiencing significant challenges in accessing treatment, with demand expected to grow.

Workforce challenges can limit service access

Some 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 regional¹ settings
- absence of coordinated recruitment and retention strategies
- disparities in remuneration and employment conditions between public sector and nongovernment services. [4, 6-9]

¹ Throughout this strategy, the term 'regional' is used to refer to all regional, rural and remote locations in NSW.

The AOD Workforce

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.

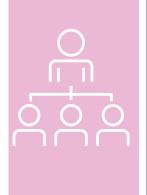


33% of the AOD workforce work in allied health

31% of the AOD

workforce

are nurses



43% of positions are within non-government services



32% of positions are taking longer than 6 months to fill

*Statistics on this page are as of the census date 30 September 2022.

1. Attraction

Attract staff to the sector to build a diverse, multidisciplinary workforce. Create 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 and living experience, and regional workforces is a priority.

1.1 Develop an employee value proposition for the sector

An employee value proposition (EVP), whether for an organisation or in this case, the AOD sector, is a concise statement that outlines what it offers employees in exchange for their skills, contributions, and commitment. It covers the unique benefits, rewards, and opportunities that differentiate the sector and attract and retain talent.

An employee value proposition will define the unique benefits and experience of working in the AOD sector. 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, including targeted messaging to assist with sector-wide recruitment and retention.

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 careers 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 Attract staff through promotion of available research opportunities

- 1.2.5 Create supported long-term career pathways
- 1.2.6 Partner with ACI to establish a Sector Champions network, promoting AOD careers to tertiary and VET students

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 Enable increased access to qualifications which build entry level skill sets in required roles
- 1.3.2 Increase placement opportunities and create positive placement experiences, with a focus on nursing and other key roles.
- 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 regional areas
- 1.4.2 Partner with Regional Health Division (NSW Health) to integrate regional health workforce initiatives
- 1.4.3 Support mentoring and placement partnerships between metro and regional areas
- 1.4.4 Create supported long-term career pathways for people in regional areas
- 1.4.5 Partner with Workforce Planning and Talent Development (NSW Health) to connect with education providers

1.5 Build the Aboriginal workforce

Building and supporting the Aboriginal workforce is critical to ensuring cultural safety across the health system. We plan to 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 in improving treatment outcomes and satisfaction and reducing stigma.

- 1.6.1 Establish a governance group with key stakeholders, including NSW Users and AIDS Association (NUAA), Network of Alcohol and other Drugs Agencies (NADA) and people with lived and living experience
- 1.6.2 Provide resources to guide organisational readiness to employ people with lived and living experience
- 1.6.3 Work in partnership with people with lived and living experience to develop position descriptions and clear integration of roles within models of care
- 1.6.4 Provide access to targeted training pathways to upskill new entrants and support ongoing development
- 1.6.5 Address barriers to employment in the AOD sector for people with lived and living experience

2. Retention

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. Development of the EVP is outlined in 1.1.

2.1.1 Develop a communications campaign based on the Employee Value Proposition, including targeted messaging for priority audiences

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 health sector engagement and interagency service delivery

2.4 Prioritise workforce wellbeing

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

- 2.4.1 Support sector-wide communities of practice, networks and supervision, including for the lived and living 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
- 2.4.5 Promote cultural and psychological safety in the workforce

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 crosssector training opportunities
- 2.5.2 Partner with NADA to increase access to accredited training and other workforce development for NGOs
- 2.5.3 Promote professional development pathways, including succession planning and leadership capabilities
- 2.5.4 Support new entrants into the AOD sector
- 2.5.5 Improve access to appropriate clinical, cultural and lived and living experience supervision models
- 2.5.6 Promote and support professional development opportunities and scholarships

2.6 Revise AOD qualifications

Nationally accredited training and multidisciplinary credentialling reflect contemporary practice.

- 2.6.1 Develop baseline competencies 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 training options for the sector

3. Health System Capability

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

The medical, nursing and allied health 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 Drug and Alcohol Specialist Advisory Service (DASAS) and Hospital Consultation Liaison (HCL)
- 3.1.3 Partner with peak bodies and Primary Health Networks to build AOD competencies across the health workforce
- 3.1.4 Partner with Mental Health to build AOD skills and competencies in the mental health workforce
- 3.1.5 Partner with other areas of health to build AOD skills and competencies, such as gastroenterology and oncology

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 partnerships and integrated 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 primary care clinicians to assist in building confidence and improved management of AOD patients in communities
- 3.2.6 Enhance access to primary care practice nurses to support management of AOD in primary care settings

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 Agency for Clinical Innovation (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

Reduce demands on the workforce through efficient systems that prioritise health outcomes and 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 depot buprenorphine
- 4.1.4 Improve access to community-based care, including withdrawal management
- 4.1.5 Support informal models of care delivered by family, carers and friends
- 4.1.6 Implement new technologies to improve service efficiency, such as the Single Digital Patient Record

4.2 Address the social determinants of health

Housing, purpose and connection are strong protective factors. The circumstances in which people are born, raised and live significantly affects the likelihood of being affected by alcohol and other drug use.

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 proactive referral pathways that address the social determinants contributing to AOD use and recovery

- 4.2.2 Encourage early screening and brief interventions across other health services
- 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 regular 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
- 4.4.3 Prioritise research to align with policy and program needs
- 4.4.4 Support staff to partner with and be involved in research

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 National Aboriginal and Torres Strait Islander Health Workforce Framework, 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

Indicators

Goal 1: Attraction	Data Source
Primary Indicator: Proportion of positions filled	Workforce Data
 Secondary Measures: Number of AOD roles overall Time taken to fill advertised roles Number of Aboriginal roles (identified) and proportion filled Number of Lived and Living Experience roles and proportion filled 	Workforce Census NGO survey NSW Health State Management Reporting System (Stafflink)
Goal 2: Retention	Data Source
Primary Indicator: Proportion of staff reporting positive workplace experience	Workforce Surveys
Secondary Measures:	People Matter Employment Survey
 Survey responses on wellbeing and experience measures 	NGO survey
 Proportion of staff being retained beyond 12 months 	Workforce Census
Goal 3: Health System Capability	Data Sources
Primary Indicator: AOD services occurring in other health settings	Prescribing and Service data
Secondary Measures:	Pharmaceutical Benefits Scheme data
 Rates of pharmacotherapy prescribing (Opioid and Alcohol pharmacotherapies) in primary care settings 	National Opioid Pharmacotherapy Statistics Annual Data (NOPSAD)
Number of new and previous callers to Drug	DASAS reporting data
and Alcohol Specialist Advisory Service	
(DASAS) by role	HCL data
	HCL data *Measures for HCL and Stigma will be developed post-release of this strategy, in line with Value-Based Health Care
(DASAS) by roleIncreased number of Drug and Alcohol Hospital	*Measures for HCL and Stigma will be developed post-release of this strategy, in
(DASAS) by roleIncreased number of Drug and Alcohol Hospital Consultation Liaison consults*	*Measures for HCL and Stigma will be developed post-release of this strategy, in
 (DASAS) by role Increased number of Drug and Alcohol Hospital Consultation Liaison consults* Stigma* 	*Measures for HCL and Stigma will be developed post-release of this strategy, in line with Value-Based Health Care
 (DASAS) by role Increased number of Drug and Alcohol Hospital Consultation Liaison consults* Stigma* Goal 4: Reduce Demands on the Workforce Primary Indicator: Staff report that systems are 	*Measures for HCL and Stigma will be developed post-release of this strategy, in line with Value-Based Health Care Data Sources
 (DASAS) by role Increased number of Drug and Alcohol Hospital Consultation Liaison consults* Stigma* Goal 4: Reduce Demands on the Workforce Primary Indicator: Staff report that systems are efficient and health outcomes are prioritised 	*Measures for HCL and Stigma will be developed post-release of this strategy, in line with Value-Based Health Care Data Sources Workforce Surveys
 (DASAS) by role Increased number of Drug and Alcohol Hospital Consultation Liaison consults* Stigma* Goal 4: Reduce Demands on the Workforce Primary Indicator: Staff report that systems are efficient and health outcomes are prioritised Secondary Measures: Proportion of staff reporting intention to leave 	*Measures for HCL and Stigma will be developed post-release of this strategy, in line with Value-Based Health Care Data Sources Workforce Surveys People Matter Employment Survey

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

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 the Future Health 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

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
- Commonwealth Aboriginal and Torres Strait Islander Workforce Strategy 2020-2024
- National Framework for Alcohol, Tobacco and other Drug Treatment
- NSW Health Regional Health Strategic Plan
- National Alcohol and Other Drugs Workforce Strategy (under development)
- Value Based Health Care in NSW Framework
- 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
- NSW Regional Health Strategic Plan 2022-2032
- Addressing AOD risks and harms is an important part of many NSW Government health priorities, including 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

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