Why Tasmania Needs an Alcohol and Other Drug Peer Workforce

A person in a dedicated peer worker role is an employee with lived experience of substance use who, through a designated role in a workplace, supports the wellbeing of clients with alcohol and other drug use issues. A peer worker can also be an employee with lived experience of supporting a family member through substance use who, in a designated role in a service, provides referral, education and support to the family members of the person in treatment. The peer worker operates from their own lived experience and experiential knowledge, supported by training and mastering of competencies.

Peer worker is the generic term which can encompass specific roles for this workforce including peer educator, peer recovery coach, peer recovery specialist, peer support worker, and peer support specialist.

Key Points

Recovery is a contested term in the AOD sector. This paper uses the term to denote the idea of the recovery of a quality of life, whatever that means for the consumer – secure housing, social connection, employment, and other personal goals and not as a substitute for "cure" or "abstinence".

Despite the work of organisations like Tasmanian Users' Health and Support League (TUHSL) in the peer worker space since the late 1990s, the dedicated AOD Peer Worker role is only just beginning to gain broader traction in Tasmania.

DEN has received funding by the Tasmanian Community Fund (TFC) Primary Health Tasmania (PHT) and the Tasmanian Health Organisation (THO) for a State-wide Peer Worker Project to provide training to both organisations and potential peer workers in preparation for an AOD peer workforce.

There is an extensive body of research and practice-based evidence for the development and support of an AOD workforce, demonstrating that the introduction of peer workers into the system is a necessary and positive step forward for the AOD sector.

A broad range of issues, both barriers and enablers, are shown to impact on the decision to employ peer workers. Barriers are often the result of organisational culture and may be more reflective of unconscious bias of staff and management than actual risks or challenges.

An abundance of evidence showcases a clear and consistent suite of directions for creating an effective and sustainable peer workforce. As with any service innovation, commitment and support from stakeholders is essential in achieving the desired outcomes.

Services need to take the time to prepare their organisations for a peer workforce and consider a number of issues to ensure a smooth transition into a system that values the lived experience and knowledge.

With the lack of a designated peer workforce in Tasmania, currently career pathways have not been well established to support a number of peer worker in the immediate future.

There are good examples of peer worker roles in other Australian jurisdictions and on the international scene which give a good indication of potential pathways and roles for peer workers.

den
drug education network

Recovery

"Recovery" is used a lot in articles and reports which speak to the peer work force and it is important to address this contested term at the outset.

> *"Historically in the AOD sector the word recovery has been used as part of the abstinence or 12 step program originating from the temperance or Alcoholics Anonymous movement. The use of this word applies pressure and sometimes judgement and as such is seen negatively by some people in the AOD sector."* [1]

Today the concept of recovery in the AOD sector is evolving from an expectation of abstinence to a description that emphasises wellbeing and quality of life. Recovery in this context is used to describe recovery "*as a transformative experience of personal growth, abstinence as an individual choice, and the importance of family and community support.*" [2] There is a conflict between the peer worker model which emphasises recovery in this context and which does not require abstinence and traditional clinical models of intervention. Regarding the evolution of the recovery concept in the AOD sector, the Mental Health Commission WA has noted that, "*The general consensus was that recovery from using was the main focus in the early days, but it then became important to work on other areas of life in order to maintain recovery.* *'White-knuckled' abstinence with no improvement in life did not constitute recovery for this group.*"[3] This recovery concept does not adhere to the use of the "recovered" or "recovering" "addict" or "alcoholic" but instead embraces the idea of the recovery of a quality of life, whatever that means for the consumer – secure housing, social connection, employment, and other personal goals.

Importantly, a contemporary recovery paradigm encompasses a holistic focus on a person's life where markers of recovery are defined by the person themselves.

Background

The Australian Injecting & Illicit Drug Users League (AIVL) was funded in the early 2000s to develop and deliver an accredited Certificate 4 in Community Services for peer workers in Drug User Organisations (DUO) across Australia. The CEO of AIVL[4] has informed DEN that this training was for all peers – those employed in standard jobs in the sector who identified as peers and those who were employed as designated peer workers.

During the period 2010-2014 peers were employed in Anglicare Tasmania's Needle and Syringe programs in treatment, care and support roles and for health promotion activities, including hepatitis C volunteer community peer educators. In addition, as far back as 2008, The Tasmanian Council on AIDS Hepatitis & Related Diseases (TasCAHRD)

employed peers on their needle and syringe programs. Although the staff did not have the term in their position title, they were however "*employed because of their close connection to the client population and personal lived experience as was the case in NSPs in other states.*"[5] Some Needle and Syringe Program (NSP) projects are specifically provided by peer organisations such as the NSW Users and AIDS Association (NUAA), whereas within other NSPs the peer roles are not designated Peer Worker roles and therefore not employed as such. However, "*a majority of the staff working within primary NSP's identify as peers as they have experience with drug use, drug use lifestyles and injecting,*"[6] even though the role is not formally identified as a peer role.

In an Australian report, Meumann and Allan inform us: "*It is common in the AOD sector for people with lived experience of drug use and treatment*

1   Corry, Angela. 'Alcohol and Other Drug and Mental Health Cross Sector Forum Summary Report August 2014'. Summary. Western Australian Network of Alcohol & other Drug Agencies (WANADA), August 2014. http://wanada.org.au/index.php?option=com_docman&view=download&alias=52-wanada-alcohol-and-other-drug-and-mental-health-cross-sector-forum-2014-summary-report&category_slug=capacity-building-complex-needs&Itemid=265.

2   Pillay, Irene, David William Best, and Dan Lubman. 'Exploring Clinician Attitudes to Addiction Recovery in Victoria, Australia'. Alcoholism Treatment Quarterly 32, no. 4 (2014): 375–92. https://doi.org/10.1080/07347324.2014.949126.

3   Government of Western Australia Mental Health Commission. 'AOD Recovery: Consumer Perspectives', May 2018. https://www.mhc.wa.gov.au/media/2382/aod-recovery-consumer-perspectives.pdf.

4   Melanie Walker. Personal Communication, December 2019.

5   Pennington Institute. 'Not Just Naloxone: Insights into Emerging Models to Reduce Drug Harms'. Victoria: Pennington Institute, 2017. https://www.pc.gov.au/__data/assets/pdf_file/0010/240769/sub264-mental-health-attachment.pdf.

6   Meumann, Nick, and Juliaine Allan. 'Peer Workforce Models in Alcohol and Other Drug Treatment'. Lives Lived Well, March 2019. https://www.coordinare.org.au/assets/298704c8ac/Literature-Review_AOD-peer-support-models.pdf.

to work in standard roles rather than peer roles. In a report about the characteristics of the NSW non-government workforce, 42% of respondents identified that they had a 'lived experience' of AOD use and 29% of workers identify that they had disclosed this to their workplace. Despite the high number of workers who had identified as having a lived experience only 12% respondents identified that they worked within a 'lived experience' role (Roche et al. 2018). While there are limited peer support roles within the AOD organisation, there is a significant number of AOD workers who openly identify as being a peer." [7]

Despite the work of organisations like Tasmanian Users' Health and Support League (TUHSL), a consumer organisation which has maintained *"a reservoir of peers to ensure services engage in credible consumer participation and to contribute to quality assurance and improvement processes across the sector"* [8] and which employed peer workers to deliver funded peer education services since its inception in the late 1990s, in Tasmania, the dedicated AOD Peer Worker role is only just beginning to gain broader traction.

As well as a history of peers employed in the sector as support workers, positive signs of change include:

- The Alcohol, Tobacco and Other Drugs Council (ATDC) has almost completed work on its Consumer Organisation Project
- The Salvation Army's Bridge program has in place a Matrix Aftercare Program to encourage and promote involvement in community self-help / peer support groups
- Other AOD treatment services are beginning to integrate peers into their service provision.
- DEN itself has received funding by the Tasmanian Community Fund (TFC) Primary Health Tasmania (PHT) and the Tasmanian Health Organisation (THO) for a State-wide Peer Worker Project to provide training to both organisations and potential peer workers in preparation for an AOD peer workforce. This project is a first for Tasmania.

The value of peer workers to the AOD sector

There is an extensive body of research and practice-based evidence for developing and supporting peer work in the AOD sector. There is increasing evidence that the introduction of peer workers into the workplace is a necessary and positive step forward for the AOD sector.

In many parts of the world and, indeed, in Australia, AOD peer work is not a new initiative. Australia's Drug User Organisations (DUO) led the way internationally with their establishment in the 1980s, developed by and for peers to deliver education and treatment referral. These groups have now branched out into dance party activities, delivering peer education in prisons, participating in naloxone distribution and overdose prevention including attending emergency departments.

The Dapaanz NZ (a membership association representing the professional interests of practitioners working in addiction treatment) scoping document of 2017 has made the important point:

"The literature highlights some risk in moving towards formal systems typically associated with defined career pathways i.e., the loss of authenticity in peer work, without which peer work ceases to be peer work. However, it is also evident that there is a risk that without formal systems, peer work can mutate into something that is defined by others. A further risk is that it fails to be recognised as a valued option alongside AOD treatment." [9]

DEN agrees that it is critical to ensure a dedicated peer workforce for the reasons elucidated in the Dapaanz paper. Supporting literature for the role of dedicated peer workers provide the following validations:

- Peer workers assist in improving health and wellbeing outcomes for people with substance use issues. A systematic review evaluating the use of peer support workers reported significant decreases in substance use and improved recovery capital (e.g., housing stability, self-care, independence, and health management) for individuals who used peer support services.[10]

7   Meumann, Nick, and Juliaine Allan, 2019

8   Anglicare Social Action and Research Centre (SARC). 'Strengthening the Disability Voice in Tasmania'. Anglicare Tasmania, May 2016. https://purpleorange.org.au/tasmaniadpo/application/files/6515/1131/0617/Strengthening_the_disability_voice_in_Tasmania.pdf.

9   Dapaanz. 'Scoping AOD Peer Workforce Career Progression Pathway'. New Zealand, December 2017. https://www.dapaanz.org.nz/vdb/document/131.

10   Bassuk, Ellen L., Justine Hanson, R. Neil Greene, Molly Richard, and Alexandre Laudet. 'Peer-Delivered Recovery Support Services for Addictions in the United States: A Systematic Review'. Journal of Substance Abuse Treatment 63 (1 April 2016): 1–9. https://doi.org/10.1016/j.jsat.2016.01.003.

- According to the Victorian AOD workforce strategy, "*The value of peer workers in the AOD sector is immense and often quoted as a necessary part of recovery. People seeking help are less likely to feel judged or stigmatised by those who have a similar experience. Equally important is how people with this lived experience of substance-related harm apply that in advocacy, research, education and policy roles Defining and supporting pathways from 'service user' to 'peer worker' is an important aspect of growing this workforce.*" [11]

- The 2017 Western Australian multi-stakeholder Peer Workforce Study conducted by the WA Peer Supporters' Network found that with relation to peer workers consumers reported, "*Positive experiences included experiencing hope, feeling understood, and feeling able to be more open and ask questions without being judged, as a result of the relationship.*[12]

- In New Zealand, Counties Manukau Health has the highest concentration of funded AOD peer support programmes in the country with more than 30 peer support workers operating in the region.

  The Auckland-based AOD Provider Collaborative[13] found that: "A*OD peer support is effective, delivers good value for money and is a valuable component of AOD service delivery that contributes positively to people's recovery. Service users participating in the evaluations noted they valued the intentional peer support provided to them. They felt understood and experienced positive impacts in their recovery. They felt their lives were improved through the peer support provided and believed themselves to be better resourced to manage their AOD addiction.*" [14]

- The Alcohol Tobacco & Other Drug Association ACT (ATODA) makes the point: "*People who use drugs engage well with harm reduction interventions delivered using peer-based approaches.*" [15] A Canadian study also notes: "*Globally, public health research and practice has shown that involvement of people with lived experience results in improved health outcomes and reduced health disparities by improving the acceptability and utilization of health services and removing barriers to access.*"[16]

- The NSW Users and AIDS Association stresses: "*A consumer-focused workforce can reduce stigma and discrimination in the AOD sector and beyond.*" [17] Indeed, "*people seeking help are less likely to feel judged or stigmatised by those who have a similar experience.*" [18]

- In a paper for the US organisation SAMHSA, W. White wrote that peer worker models "*could be… an instrument that triggers the broader transformation*" of the AOD system; and that peer worker services "*will be a boon if they widen the doorways of entry into recovery and enhance recovery quality and durability.*" [19]

  The involvement of peer workers is a system change element which can potentially be viewed as only a risk to be managed, rather than as an opportunity for improving the AOD treatment service delivery system as a whole.

- A New Zealand report makes the point that peer workers can also play a role in wider system change. This report states: "*It is arguable that, by definition, the development of peer roles will disrupt business as usual in the AOD and mental health systems. Introducing 'out and proud' service users into service delivery blurs the hitherto stable boundary between provider and user. Peer support roles also explicitly challenge traditional notions of expertise. These disruptions represent a significant paradigm shift for the sector, in line with client centred practice.*" [20]

11   Victoria State Government. 'Victoria's Alcohol and Other Drugs Workforce Strategy 2018 - 2022', 2018. https://www2.health.vic.gov.au/about/publications/ResearchAndReports/victoria-alcohol-other-drugs-workforce-strategy-2018-2022.

12   WA Peer Supporters' Network (WAPSN). 'The Peer Workforce Report: Mental Health and Alcohol and Other Drug Services'. WA Peer Supporters' Network, 2018. http://www.comhwa.org.au/wp-content/uploads/2017/06/The-Peer-Workforce-Report-2018.pdf.

13   *The AOD Provider Collaborative (AOD Collaborative) is funded by Counties Manukau DHB and brings together 16 AOD treatment services, as well as interested stakeholders, from across Auckland to work together for system-level changes.*

14   AOD Provider Collaborative. 'Evaluating Peer Support Services | Projects'. AOD Provider Collaborative. Accessed 21 October 2019. http://www.aodcollaborative.org.nz/peer-support-synthesis.

15   Alcohol Tobacco & Other Drug Association ACT. Strengthening Specialist Alcohol and Other Drug Treatment and Support: Needs and Priorities for the ACT 2016-2017. ATODA Monograph Series 3. Canberra: Alcohol Tobacco and Other Drug Association ACT (ATODA), 2016. https://www.chnact.org.au/sites/default/files/Monograph_3_Strengthening_Specialist_AOD_Treatment_Support_Needs_Priorities_ACT.pdf.

16   Greer, Alissa M., Serena A. Luchenski, Ashraf A. Amlani, Katie Lacroix, Charlene Burmeister, and Jane A. Buxton. 'Peer Engagement in Harm Reduction Strategies and Services: A Critical Case Study and Evaluation Framework from British Columbia, Canada'. BMC Public Health 16, no. 1 (27 May 2016): 452. https://doi.org/10.1186/s12889-016-3136-4.

17   NSW Users and Aids Association (NUAA). 'Welcome to NUAA'. NUAA. Accessed 21 October 2019. https://nuaa.org.au/.

18   Victoria State Government, 2018

19   White, William L. 'The History and Future of Peer-Based Addiction Recovery Support Services (Executive Summary)'. Washington, DC, 2004. http://www.bhrm.org/media/pdf/recovery-P-BRSSConcPaper.pdf.

20   King, Julian, and Graham Panther. 'Peer Support Themes'. New Zealand: AOD Provider Collaborative, 29 July 2014.

- Employing peer workers can help lead the shift to a truly person-centred system since the emphasis of the peer worker is not on the clinical but the personal.

  Furthermore, according to the authors of a NZ report: "*If peer support is able to influence innovation throughout the system, communication and learning can flow from peer support workers to managers, funders and policy makers as well as from the top down. This approach helps to ensure that ongoing refinement of the initial innovation is informed by all stakeholders.*" [21]

- According to Victoria's Self Help Addiction Resource Centre (SHARC), "*The AOD peer workforce is recognised as an integral part of quality service delivery, resulting in many organisations formalising and integrating peer work into their service. A peer worker is someone who utilises their lived experience of alcohol and other drugs, plus skills learned in formal training, to deliver services in support of others… Peer Workers have an overwhelmingly positive impact within SHARC services and in agencies around Victoria.*" [22]

Barriers and Enablers

Barriers are often the result of organisational culture and may be more reflective of unconscious bias of staff and management than actual risks or challenges. The following list illustrates the broad range of issues, both barriers and enablers, that may impact on the decision to employ peer workers:

Cultural Issues

- Failure of traditionally trained professionals to accept peer workers as legitimate colleagues and excluding them from collegial discussion regarding the support of mutual clients. This could lead to the risk to peer workers not being treated as professionals and therefore becoming vulnerability for exploitation (excessive hours, low pay/benefits/status; abuses of power in the relationships between peer workers and other professionals), alienation/isolation from the community, vulnerability for relapse.

- Organisational culture may impact on the decision to employ or not employ dedicated peer workers. There can be negative attitudes and stigma from those who do not value experiential knowledge and expertise. There may also be a perception that peer workers may be unstable and unreliable and unable to maintain professional boundaries.

  The WA Peer Supporters Network conducted a study to explore the peer workforce from the perspectives of different stakeholder groups using tailored surveys (an individual, family member and carer survey; a peer worker survey and a manager's survey). They found that one of the barriers was Staff resistance to having consumer/service users as part of the workforce.[23] There can also be negative attitudes and stigma from those within the service sector who do not value experiential knowledge and expertise.

- Consumer culture can also be a sticking point, especially when it comes to issues like who can be considered a peer.

  AIVL refers to The What Works and Why (W3) framework which it claims "*opens the way for another level of understanding of peer processes … which move beyond the quite limiting questions in this context of "who is a peer"* (current, past, occasional drug user, which drugs and when?) *to "what skills does a peer worker need to bring to do that job and work within the system"? This moves to focus on the skill of drawing on personal expertise and community knowledge as well as the ability to interpret social research and epidemiological research through a peer lens, in order to engage with peers whose experiences may differ from their own.*" [24]

Funding Issues

- Lack of specific funding for peer workers and peer worker roles. Cuts in treatment-related services, AOD health promotion and outreach services due to state fiscal austerity can lead to organisations deciding that peer workers are expendable and that real value for money rests in employing more clinical staff. Dapaanz commissioned a project to scope options for supporting a peer workforce career progression pathway.

  Key themes from workshops and interview

21   King, Julian, and Graham Panther, 2014

22   SHARC. 'Peer Workforce Development'. SHARC - Self Help Addiction Resource Centre (blog). Accessed 21 October 2019. https://www.sharc.org.au/peer-support/peer-support-capacity-building-peer-workforce-development/.

23   WA Peer Supporters' Network (WAPSN), 2018

24   Australian Injecting & Illicit Drug Users League. 'Peer Workforce Capacity Building Training Framework', 2019. http://aivl.org.au/wp-content/uploads/2019/02/Peer-Workforce-Capacity-Building-Training-Framework.pdf.

feedback included the concern "*that development of peer support could be perceived to be at the expense of developing clinical roles and that this has the potential to create tensions in the workforce. For example, it was reported that managers can be in a position of having to reduce clinician numbers so that they can develop peer roles. As services are already stretched, it was suggested that there is potential for resentment if clinical positions are reduced which is not a good situation for the peer workers coming in.*" [25]

Personal Issues

- The criminal history of applicants can present a barrier to employment. Individuals in recovery who may have had previous interactions with criminal justice systems may be required to register to Work with Vulnerable People. However, in many cases, applicants with criminal backgrounds are seen as assets in peer support programs, because the specificity of their lived experience is useful in engagement and relationship building.

  The Manager of the AOD Transitions Program, Community Restorative Centre (CRC) has reported, "*In our team we have workers who have lived experience of incarceration. Workers with lived experience of incarceration provide a deeper understanding of the consumer situation, can act as positive role models, and use their personal experiences to assist in decision making.*" [26]

- Length of time in recovery is another factor that is often under consideration during the hiring process. In those places where AOD peer workers are employed, there is variation in recovery time requirements, which can be anything from no specified time, e.g. NSP programs employ current users, to several months to four years. [27]

  According to a NZ report, with regards to 'Recovery time': "*There are various views and no clear consensus on when a person is ready, in the context of their own journey to wellbeing, to take on the challenges of peer work. Some organisations require a fixed length of abstinence from substances.*" [28]

  The issue of abstinence is problematic

as it is not a prerequisite for recovery in its current definition. In the document *AOD recovery: Consumer Perspectives* it is noted that "*abstinence that does not consider people's individual needs and aspirations is not recovery, suggesting that there is more to recovery than a change in AOD use.*" [29]

Since recovery in the sense employed by this document is from a purely personal perspective, it is problematic to make this a criterion of employment. This is an issue that should be discussed with the potential employee as an issue of wellbeing and capacity.

Organisational Readiness

There is an abundance of evidence showcasing a clear and consistent suite of directions for creating an effective and sustainable peer workforce. As with any service innovation, commitment and support from stakeholders is essential in achieving the desired outcomes.

Increasingly, there is a trend internationally "*toward the development of standards, guidelines, competence and a more 'organised' workforce. A key signal from the literature is that development, standardisation and any other moves towards professionalisation should be firmly underpinned by peer values and preferably peer led.*" [30]

There are well-documented ways to prepare organisations to employ Peer Workers including:

- Develop a clear strategy to embed a peer workforce in the service delivery model.

- Decide what the peer worker role in the service will involve and the tasks their workers will be expected to undertake.

- Decide on starting pay rate and a pay scale within the appropriate award that recognises the expertise of the Peer Worker and is commensurate with their role and tasks they will be required to undertake within the scope of that role.

- Provide training to staff to increase understanding and develop processes to support peer workers to work effectively.

25   Dapaanz. 2017

26   Paul [Manager of AOD Transitions Program, Community Restorative Centre]. 'We Asked You… What Are Your Thoughts on Consumer Engagement'. Advocate, March 2019.

27   National Council for Behavioural Health. 'Peer Support Workers in Emergency Departments: Engaging Individuals Surviving Opioid Overdoses - Qualitative Assessment', 2018. https://www.thenationalcouncil.org/wp-content/uploads/2018/12/Peer-Support-Workers-in-EDs-Issue-Brief.pdf.

28   Dapaanz, 2017

29   Government of Western Australia Mental Health Commission., 2018

30   Dapaanz, 2017

- Clarify and promote shared understanding regarding the complementary roles of peer support workers and clinical staff / other staff.

- Put in place supportive organisational systems and policies including training, codified ethical standards and complaint procedures, informed consent, confidentiality and clinical supervision.

- Ensure that peer workers are supported to:

  o attend internal committees and meetings and are supported to contribute to the broader organisation.

  o establish partnerships and relationships with key stakeholders in the sector.

  o attend external committees, meetings and platforms where policy decisions are made or discussed and are supported to undertake this through training, supervision and comprehensive orientation to the organisation and its work. This includes presenting at seminars and conferences.

- Provide a flexible workplace which, beyond allowing for all the typical flexible time for carer roles etc., allows people to work hours that best suit them, gives people the time off to attend meetings, support groups or doctors consultations, as is possible within the framework of work requirements .

- Develop best practice regarding supervision for peer workers and provide access to debriefing as required.

- Assist the whole organisations to become aware of existing cultures within their workplace (including power dynamics between staff and clients) and helping them carefully consider and address these when planning and undertaking peer worker employment.

- Ensure that ethical frameworks for peer work are firmly underpinned by peer values and are designed for peer work through the use of a co-design process to develop the peer workforce model and training.

The Victorian Alcohol and Other Drug Workforce Strategy notes: "*Co-designed activities in the initial stages may include facilitating a community of practice of the peer AOD workforce, conducting surveys, undertaking a situational analysis and developing and delivering priority training. Peer workers across the Victorian AOD treatment sector will bridge the gap between intake and admission to treatment and expand options for continuing care and recovery coordination after treatment planning.*" [31]

- A process and policies can be developed to support the employment of people with criminal records as AOD peer workers or peer educators, including response to mandated police checks and registration to Work with Vulnerable People. Organisational processes and approaches to criminal record issues is an opportunity to learn new ways of working with a peer workforce.

It is important to note that "*Tasmania and the Northern Territory are the only states and territories in Australia where it is clearly unlawful to decide not to hire someone for a job because they have a criminal record—unless there [is] an inherent requirement of the job a person can't do because they have a criminal record.*" [32]

Peer worker pathways and roles

It follows that, with the lack of a designated peer workforce in Tasmania, currently career pathways have not been well established to support a number of roles in the immediate future. However, there are examples of peer worker roles in other Australian jurisdictions and on the international scene which give a good indication of potential pathways and roles for peer workers.

In terms of roles, peer workers are often complementary to and work collaboratively with multi-disciplinary teams to provide support in line with organisational frameworks. Applying lived experience of the harms related to substance to use in a broad range of roles, including not only in needle and syringe programs and as recovery coaches and mentors in support roles, but also in advocacy, research, education and policy roles.

Peer workers have been employed in supervisory, consultant and advocacy roles and as members of working groups and committees. Peer workers can also participate on staff selection and recruitment panels and in staff training. Peer workers have provided support to consumers in residential settings as well as providing recreational and social

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31 Victoria State Government, 2018

32 Muddagouni, Kamna. 'How an Australian Criminal Record Affects Your Ability to Get a Job'. Vice (blog), 17 July 2018. https://www.vice.com/en_au/article/kzy84m/how-an-australian-criminal-record-affects-your-ability-to-get-a-job.

activity support. In fact, there are many opportunities for improved service through the employment of peer workers, including drug court and gaol diversion programs. The American Psychiatric Rehabilitation Association has reported on the roles of peer specialists within their jail diversion program.

They state that "*Due to their life experience they are uniquely qualified to perform the functions of the position. Peer support specialists assist jail diversion participants with community re-entry by providing access to housing, treatment and support services that promote recovery and lead to improved functioning in the community. This is accomplished by working with participants, caregivers, family members, and other sources of support to minimize barriers to treatment engagement, and to model and facilitate the development of adaptive coping skills and behaviors.*" [33]

Emergency departments (EDs) have also been identified as areas that present an opportunity to increase the provision of substance use-related services. Hospitals and EDs are ideal locations to provide consumers with a connection to appropriate services and support, including peer workers. Employing peer workers in ED settings allows them to engage in a meaningful way with individuals surviving overdoses.

A growing body of evidence suggests that peer workers can efficiently connect individuals with substance use disorders with proper treatment and recovery interventions, often to greater effect than primary care or clinical staff. [34]

AOD peer workforce strategies across Australia

There have been peer workers in the AOD sector across the world for many years. New Zealand also has a developing AOD peer worker workforce.[35] And Australian jurisdictions and organisations across the country are demonstrating an increased commitment to further development of a peer workforce and its incorporation within mainstream AOD services.

- The National AOD Workforce Development Strategy 2015 – 2018 had an outcome area 6 which included a stated objective of "*Employment of consumer workers*" [36]

- In November 2017 the Victorian DHHS funded the Self-Help Addiction Resource Centre (SHARC) to undertake a Peer Workforce Readiness Project to ensure the AOD sector is ready to implement and support the emerging peer workforce. SHARC's work in this project enabled a state-wide training and support model for AOD peer workers.

  Building on SHARC's established credentials in peer work initiatives and extensive trusted networks across the sector, the project has ensured the input and engagement of peer workers, agencies and other stakeholders in all aspects of the project towards the development of the SHARC Peer Worker Model. [37]

- Also in Victoria, the Alcohol and Other Drugs Workforce Strategy 2018–2022 calls for expansion and support of the peer workforce, stating that "*An AOD peer workforce network will be established to ensure that the peer workforce is sustainable and built on evidence-based practice. Co-designed activities in the initial stages may include facilitating a community of practice of the peer AOD workforce, conducting surveys, undertaking a situational analysis and developing and delivering priority training. Peer workers across the Victorian AOD treatment sector will bridge the gap between intake and admission to treatment and expand options for continuing care and recovery coordination after treatment planning.*" [38]

- The number of job advertisements for peer workers in the AOD NGO sector in South Australia suggests that this is clearly a developing workforce in that state. One example is the advertisement placed by Country & Outback Health in May 2019 for 2 full-time AOD peer support workers to be based in Port Pirie.

  The role was described as "*a unique role, where the Peer Worker shares their lived experience*

33   Schwartz, Cindy A. 'Developing a Role for Peer Specialists within a Jail Diversion Program'. PsyR Connections, 10 March 2012, 1 edition. https://www.psychrehabassociation.org/newsletters/psyr/developing-role-peer-specialists-within-jail-diversion-program.

34   National Council for Behavioural Health, 2018

35   Caldwell, Vanessa, and Suzy Morrison. 'Look Back, Move Forward: Growing the AOD Consumer and Peer Workforce'. 2015.

36   Intergovernmental Committee on Drugs. 'National Alcohol and Other Drug Workforce Development Strategy 2015–2018', 2015. https://www.health.gov.au/sites/default/files/national-alcohol-and-other-drug-workforce-development-strategy-2015-2018.pdf.

37   SHARC. 'Peer Workforce Development', n.d.

38   Western Australian Network of Alcohol & other Drug Agencies (WANADA). 'Comprehensive Alcohol and Other Drug Workforce Development in Western Australia: Full Report'. Perth: Western Australian Network of Alcohol & other Drug Agencies (WANADA), 2017. http://www.wanada.org.au/index.php?option=com_docman&view=download&alias=116-wanada-comprehensive-workforce-development-report-2017&category_slug=reports&Itemid=265.

to facilitate hope in others in their addiction recovery." Another advertisement described the role of the advertised Trainee Peer Worker as drawing on the applicant's "*lived experience of recovery from substance misuse, to instil confidence and hope in others about the journey of recovery.*" This job included support for ongoing learning with the opportunity to engage and complete a Certificate IV in Community Services – Alcohol and other Drugs.

- In WA the Western Australian Network of Alcohol and other Drug Agencies (WANADA) notes that "*Consultation with the alcohol and other drug services recognise that a peer workforce model can help shift the power balance between consumers and services, thereby empowering consumers to be more involved in decision making and service planning. The consultation found that many alcohol and other drug services employ staff or volunteers with experiential backgrounds or have a dedicated consumer engagement worker.*" [39]

- In Queensland, the Mental Health Alcohol and Other Drugs Workforce Development Framework 2016-2021 acknowledges "*that peer workers are valued by individuals, carers and families in a range of settings*" and includes as part of its Goal 1 (A workforce designed to deliver services to achieve optimal outcomes for individuals, their families and carers) the number one strategy to "*Develop and implement core competency frameworks across disciplines, including the peer and non-clinical workforces to clearly define required attitudes, values, knowledge and skills for MHAOD service delivery.*" [40]

- The NSW Users and AIDS Association (NUUA) continues to promote AOD peer workers in the state. They held their inaugural Peers and Consumers Forum in 2018 which celebrated the contribution of consumer and peer workers – either paid or voluntary – in New South Wales. NUAA notes that consumers and peers participate in a range of settings – AOD treatment services, needle and syringe programs, consumer groups in NSW. [41]

Conclusion

Based on the evidence presented in this discussion paper, there are substantial benefits for developing a peer workforce in Tasmania.

The WA Supporters Network emphasises the need for leadership from the top, stating, "*To make peer work widely available across the mental health and alcohol and other drug sector, clear government commitment and leadership must be signalled to the sector through policy commitments and strategic commissioning approaches that overcome contractual barriers, introduce funding streams and incentives, and ensure sectoral capacity building mechanisms are sufficient for supply, uptake, retention and quality of the peer workforce.*" [42]

Peer work has a long tradition in the AOD sector, beginning with mutual support groups. For some time now, there has been a developing peer workforce role within treatment and support settings. However, defined peer roles remain limited in AOD services.

Consistent with the growth of peer support roles in the mental health sector, the AOD sector is developing more opportunities for peer workers across all service types – community support, harm reduction and treatment.

It is generally agreed that peer workers can provide significant benefits to AOD services through an authentic connection with service users if they are well supported in a clearly defined and appropriately resourced role.

In Tasmania we are working towards the employment of designated peer worker roles in the AOD sector. The timely production of the Peer Workforce Development Strategy by the Mental Health Council of Tasmania can help inform a Tasmanian AOD sector peer work force strategy. [43]

To achieve a Peer Workforce, we need to provide training to potential peer workers and organisational readiness training to service provider organisational staff.

39   WANADA, 2017

40   Queensland Health. 'Mental Health Alcohol and Other Drug Workforce Development Framework'. State of Queensland, September 2017. https://www.health.qld.gov.au/__data/assets/pdf_file/0037/677539/mhaod_workforce_dev_framework.pdf.

41   NSW Users and Aids Association (NUAA). 'Peer Workers: Why You Need Them on the Team'. 2018. https://nadaconference.org.au/presentations/2018/day2-valuingthelivedexperienceintreatment-harrod.pdf.

42   WA Peer Supporters' Network (WAPSN), 2018

43   Mental Health Council of Tasmania. 'Peer Workforce Development Strategy', November 2019. http://mhct.org/wp-content/uploads/2019/11/MHCT_PWDS-Web.pdf.

In a first for Tasmania a project funded by the Tasmanian Community Fund, Primary Health Tasmania, and the Tasmanian Health Services South and run by a partnership of The Drug Education Network (DEN), Holyoake Tasmania, the Salvation Army and Youth, Family and Community Connections (YFCC) aims to inform the sector and produce a framework and resources to progress the development of an AOD Peer workforce in Tasmania.

The project has the support of the Self Help Addiction Resource Centre (SHARC) which promotes self-help approaches to recovery from severe alcohol and other drug related issues and works alongside the Victorian Department of Health and Human Services (DHHS) to support the growth, development and sustainability of Victoria's AOD peer workforce.

SHARC provides peer workforce development services including: peer worker training, supervision, resource development and facilitation of the Victorian AOD Peer Workforce Community of Practice.

The three core goals of the Peer Workforce Project are:

1. To place Peer Workers in AOD prevention and treatment programs, to better support the Tasmanian Community. This project aims to create a workforce of 36 peer workers over 3 years.

2. To improve knowledge and skills in the Community Sector, enabling them to support Peer Workers. This project will create a 'model of support' framework as well as develop training resources, which will help other organisations create their own peer workforces.

3. To increase community capacity and reduce alcohol, tobacco and other drug stigma in Tasmania. This project aims to create a state-wide network of peer workers, who will all have skills and knowledge to assist the community to access any help they need and have the important conversations that break down stigma.