

Tertiary Training on Alcohol and other Drugs in Australia: A Review

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EXECUTIVE SUMMARY

The National Centre for Education and Training on Addiction recently examined the alcohol and other drug (AOD) education and training opportunities for Australian frontline workers and those currently working, or seeking to work, in the AOD field.

The project involved:

- identifying the key providers of AOD tertiary education and training in Australia
- inviting these key providers to participate in a two day Forum held in Adelaide in December 2001. The Forum sought to identify factors and strategies to optimise success and minimise threats to courses, and also to identify key strategic development issues for advancing tertiary AOD courses
- documenting challenges within the Higher Education and VET sectors which have influenced or impacted on AOD education and training in Australia in the 21st century
- an audit of Higher Education and VET sector AOD education and training. This information was transferred onto an Internet resource and CD-Rom.

Responding to the education and training needs of frontline workers

A diverse range of human service workers frequently encounter alcohol and other drug issues in their generalist practice and have the potential to respond to AOD-related harm.

Education and training needs of frontline workers include:

- appropriate knowledge, skills and competencies
- resources and training systems
- broad based strategies
- tailored education and training programs, which meet specific professional and situational requirements of specialist and generalist workers.

Providers of AOD education in Australia

Australian AOD education takes place in a range of tertiary sectors which include:

- University or Higher Education institutions
- Vocational Education and Training organisations (VET) eg TAFE
- Registered Training Organisations (RTOs).

The Higher Education and VET sectors are currently facing a range of new and complex challenges, which include:

- keeping pace with technological innovation
- maintenance of revenue
- increasing pressure to become more flexible, competitive, and innovative
- changing student demands and expectations
- inadequate funding arrangements
- workload challenges.

These emerging factors have important implications for tertiary education in general but also impact on alcohol and other drug education and training in the tertiary sector.

Factors influencing AOD education in Australia

A number of factors have impacted on both the Higher Education and VET sectors in recent years. These include:

- decreasing funding
- pressure on Universities to generate private income
- increased teaching costs
- large reductions in academic and general staff
- increased debt burden and paid work commitments of full-time students
- students spending less time on campus and more time in paid employment which impacts on their ability to study, access learning resources and manage competing demands
- blurring of boundaries between Higher Education and VET sectors
- high production costs for course materials
- rapid technological change
- great variation in academic and student skills and attitudes towards technology
- globalisation and increased international competition
- increasing articulation arrangements between vocational and higher education sectors.

AOD tertiary educators and trainers concur that these Higher Education and VET sector challenges have also significantly influenced their courses resulting in:

- substantial increases in course fees over the past five years which have impacted on enrolments
- pressure to maintain participant numbers
- increasing pressure to adopt on-line delivery of courses.

Recent trends in AOD Tertiary Education

AOD tertiary educators and trainers have identified a range of positive recent developments including:

- new courses being offered by a wider range of institutions and organisations
- an increase in the integration of AOD content into mainstream curricula
- high level of consistency in course content across different AOD training programs
- substantial resource development, however more funding is required for these products to be well disseminated.

2002 AUDIT of AOD Tertiary Education and Training

NCETA established a database of all Higher Education and VET sector courses available in Australia in 2002. The project revealed the following:

- AOD content was identified in tertiary institutions in all Australian states and territories

- AOD Undergraduate units of study were identified within health, justice, policing, education, psychology, nursing and social work/welfare
- AOD postgraduate courses tended to be offered as a multidisciplinary program
- VET courses tended to follow the Australian National Training Association (ANTA) Framework
- recent inclusion of AOD courses or units of study within Education, Law, Policing, Criminal Justice, Criminology, Management and Indigenous fields
- most AOD undergraduate courses are offered as on campus offerings
- postgraduate AOD courses are predominantly offered in distance or flexible delivery mode.

Challenges for potential and existing students

The Audit of AOD tertiary courses highlighted a number of issues which could present barriers to potential students attempting to access and understand information presented on tertiary internet sites. These included:

- vague, inadequate and unclear information
- outdated information
- website linkage problems
- inconsistencies between institutions regarding course language eg “program”, “elective”, “option”, “subject”
- variations across Australia in the titles of course providers eg “lecturer”, “program manager”, “course coordinator”, “program director”.

Recent achievements in the AOD education and training sectors

Achievements in the past five to ten years identified during the review, included:

- an increase in the number of AOD courses
- an increase in the range of AOD courses
- an expanded array of AOD education and training providers
- a broader coverage of diverse disciplines.

Future challenges

Current deficits and future challenges include:

- maintaining the achievements of the past five years
- risk of significant erosion of the advances made
- need for improved coordination between education and training providers
- establishment of mechanisms for national oversighting and monitoring of the provision of AOD education and training
- greater support offered to existing training providers
- more effective and efficient exchange of resources.

OVERVIEW

Australia has seen a substantial increase in the provision of alcohol and other drug (AOD) education and training by tertiary providers in the last decade (Roche 2001). Diverse AOD tertiary education and training opportunities exist at both undergraduate and postgraduate levels across all states and territories.

During 2002, the National Centre for Education and Training on Addiction (NCETA) undertook a project to examine AOD tertiary education and training opportunities for Australian frontline workers and those currently working, or seeking to work, in the AOD field. The project also sought to identify factors, which impact on the quality of AOD education and training. This document outlines the key findings of the project, presents an examination of the current tertiary sector and explores how a changing tertiary sector is impacting on AOD education and training in the 21st century.

This report is presented in six sections.

Section 1 provides a definition of what is meant by the term “frontline workers”, and briefly outlines the rationale for providing education and training opportunities at the tertiary level to these workers.

Section 2 provides an overview of the providers of education and training – Higher Education, Vocational Education and Training and Registered Training Organisations.

In **Section 3** recent trends in alcohol and other drug education and training in Australia are examined and discussed. This section also documents the perspectives of tertiary providers of AOD education and training regarding courses, content and course delivery, funding, staffing issues, students’ issues and resources.

Section 4 examines the external factors currently impacting on AOD education and training in Australia.

Section 5 provides an overview of the recent NCETA review of AOD education and training opportunities in Australia.

Section 6 explores the implications of the finding of this review for the AOD field.

Section 1.

RESPONDING TO THE EDUCATION AND TRAINING NEEDS OF FRONTLINE WORKERS

A diverse range of human service workers frequently encounter alcohol and other drug issues in their generalist practice and have the potential to respond to alcohol and other drug (AOD) related harms. These frontline workers include doctors, nurses, mental health workers, social workers, psychologists, counsellors, youth workers, crisis care workers, ambulance officers, pharmacists, public health workers, general welfare workers, police, school counsellors and teachers, health workers responding to the needs of indigenous people, drug treatment providers and correctional services workers (Allsop, Cormack, Addy, Ashenden, Ask & Beel 1998).

A recent national alcohol scoping study undertaken by NCETA asked managers of AOD treatment agencies to identify categories of staff within their agencies (Wolinski, O'Neill, Roche, Freeman & Donald 2003). The managers' responses are outlined in Table 1. These managers represent 65% of services listed on the COTSA data base. It is the only information of its type available on Australian AOD services.

Table 1: Reported (and estimated) number of therapeutic staff working in 318 (and 486) AOD specialist treatment agencies in 2003

Occupation	Actual staff		Occupation	Actual staff	
	N (%)	Estimated staff*		N (%)	Estimated staff *
Nurses	1,206 (26)	1,843	Allied Health	70 (1)	107
AOD workers	873 (19)	1,334	Psychiatrists	60 (1)	92
Psychologists	400 (9)	611	Ancillary staff	60 (1)	92
Counsellors	272 (6)	415	Teachers/Trainers	58 (1)	89
Social workers	265 (6)	405	Managers	49 (1)	75
Administration	234 (5)	358	Health/Edu officers	33 (0.7)	50
Youth workers	209 (4)	319	Graduates***	26 (0.5)	40
Doctors	175 (4)	267	Aboriginal workers	17 (0.4)	26
Peer workers**	154 (3)	235	Project officers	9 (0.2)	14
Volunteers	94 (2)	144	Pharmacists	7 (0.1)	11
			Other staff	419 (9)	640
			Total****	4,690 (100)	7167

* Managers who answered for multiple agencies provided an aggregate staff total and breakdown. The 65% response rate was used to calculate an estimate of the total number of AOD workers in the sector, by occupation.

** Peer workers were defined as workers who are similar to the client group in terms of characteristics such as age, gender or cultural background, have had similar life experiences and have sufficient social standing or status within the group to exert influence.

*** Graduates were defined as employees with an undergraduate degree in the area of social science.

**** Managers provided estimates of the number of people their agency employed (not full-time equivalents).

Allsop et al (1998) observed that the provision of AOD education and training was diverse and varied throughout Australia in terms of its nature, delivery, content, quality and quantity. While human service professionals usually have adequate knowledge, skills and competencies to undertake their professional role, this does not necessarily equip them to identify and offer appropriate responses to alcohol and other drug-related issues encountered in their professional practice. Furthermore, many people with AOD related problems may never come in contact with AOD specialist services, but will encounter generalist services offered by frontline workers and may be amenable to intervention from these sources (Scowcroft 2000).

It is important, therefore that frontline workers are able to provide strategic responses consistent with their broader role and have adequate information, resources and training systems to provide them with the capacity to respond to AOD problems in the context of their work (Scowcroft 2000). Recent recommendations have promoted a shift away from individually oriented, ad hoc training towards broad-based strategies which identify and build core skills for frontline workers (Allsop et al 1998; Scowcroft 2000).

Roche (1998) documented a hierarchy of AOD education and training needs to be met across a broad range of disciplines, and identified that a variety of approaches are required to respond to these needs. Roche (1998) emphasised the need to tailor education and training programs to meet the specific professional and situational requirements of specialist and generalist workers. Specifically, education and training needs to adequately prepare graduates to deal with AOD-related issues in their work practice, and employers must have the confidence that a worker has the skills to adequately address the aspects of delivery their clients require (Scowcroft 2000).

Wolinski et al (2003) found that while managers of AOD treatment services also view education and training as a major component of workforce development needs, adequate funding, staffing issues, workforce development policy and responses to AOD issues were also crucial.

Section 2.

PROVIDERS OF ALCOHOL AND OTHER DRUG EDUCATION IN AUSTRALIA

Australian AOD education largely takes place in a range of tertiary institutions which includes, the university or “Higher Education” sector, Vocational Education and Training (VET) Institutions such as TAFE and Registered Training Organisations (RTOs). It is common for collaborative industry partnerships to exist between these institutions (Dwyer 2001). For example, TAFE Institutes collaborate closely with universities in joint programs with industry, research, professional development of staff and student articulation pathways (TAFE Directors 2001).

Table 2 shows the number of tertiary institutions in each state, offering AOD content during 2002. For further information see Section 5 of this document.

Table 2: Number of Institutions offering AOD Tertiary content in 2002 by state

State	Higher Education	TAFE	RTO
ACT	1	1	-
NSW	9	11	-
NT	1	1	-
QLD	6	7	-
SA	3	2	-
TAS	1	-	-
VIC	5	5	1
WA	4	6	1
Total	30	31	2

Higher Education Sector

Overview of the Higher Education Sector

The Australian Higher Education system consists of 37 predominantly publicly-funded universities, a number of non-university institutions and two private universities. Diversity exists within the Higher Education sector, which is demonstrated in the composition of Australian universities. For example, some universities function as “dual-sector” institutions combining TAFE programs and Higher Education programs. In contrast, older universities, which are typically located in major capital cities, offer a wide range of courses and have significant research programs. Newer universities developed since the 1950’s are often less well resourced and usually have a narrower teaching and research base (Parliament of Australia Senate Committee 2001).

Diversity is also evident in the student population: some universities have a preponderance of school-leavers who are full-time, on campus students, whereas other institutions have a larger proportion of their student population who are undertaking

distance studies or part-time studies. International enrolments are also common in many Australian universities (Parliament of Australia Senate Committee 2001).

Kemp (1999) highlighted that the core business of universities is teaching and learning in an environment where increasing numbers of students from diverse educational and social backgrounds are participating in tertiary education. Higher Education is currently facing new challenges such as keeping pace with technological innovation, maintenance of revenue, competition, changing student demands and expectations, and pressure to provide a balance between “generic graduate attributes and employment-related skills” (Nelson 2002). Increasingly, Australian universities have needed to become more competitive, innovative and flexible in response to a more diverse market.

In 2001 a Senate Committee Inquiry into the capacity of universities to meet Australia’s Higher Education needs culminated in a comprehensive document, *Universities in Crisis*, which highlighted a number of significant challenges facing the Australian Higher Education sector. Inadequate and inappropriate funding arrangements, governance issues, large class sizes, declining standards in education and workload difficulties were amongst the issues identified by the Inquiry. These factors have implications for tertiary education in general, but also impact on alcohol and other drug education and training in the tertiary sector.

AOD-related education in the Higher Education Sector

Most universities within Australia offer alcohol and other drug content within selected programs. Traditionally, Health Science or Psychology faculties have generated alcohol and other drug curricula, electives or higher degree programs. More recently, other faculties/departments have incorporated alcohol and other drugs into their curriculum or suite of courses. Such courses are discussed in greater detail later in this document.

Vocational Education and Training

Overview of the VET sector

Vocational Education and Training (VET) is commonly described as “education and training for work”. Its purpose is to develop and recognise the competencies or skills of learners. Traditionally, the focus has been on post-secondary, non-university education and training based on apprenticeships. Recent reforms have led to vocational education and training programs being offered in secondary schools, stronger links with university study options and six levels of qualifications offered in most industries which comprise Certificate 1-IV, Diploma and Advanced Diploma levels (ANTA 2003).

TAFE Institutes are located in every state and territory of Australia, with campuses in metropolitan, rural and some remote areas. TAFE courses provide a wide range of applied and technical skills, which are not available through the Higher Education sector. TAFE Institutes account for nearly 75% of VET students and approximately 84% of curricula hours delivered via VET (TAFE Directors 2001).

AOD education and training in the VET sector

TAFE is widely recognised as a provider of education and training for specialist drug and alcohol workers and for generalist “frontline” workers in the Community Services and Health Sector. Courses provided range from Certificate III to Advanced Diploma level.

These qualifications consist of “*common endorsed units of competence*”, generic to all Community Service sectors and incorporate specialist AOD units of competence. The units reflect relevant industry skills and contain essential underpinning knowledge and theory. TAFE AOD courses are generally developed with extensive formal and informal consultation with relevant industry sectors and accredited by an expert panel (Dwyer 2001). Endorsed components of the Community Services package consist of three parts:

- Competency standards
- National Qualifications and
- Training Assessment Guidelines (ANTA 2002 p 3).

The packages are of particular relevance to workers in alcohol and other drugs, aged care, child protection and juvenile justice, children’s services, community work, community housing, disability work, non-clinical mental health work, and youth fields.

National Training Framework

The Community Services Package recognises the role of the AOD worker. It is a component of the National Training Framework which was established to make training and regulatory arrangements simple, flexible and relevant to the needs of industry. The Australian National Training Association (ANTA) Agreement was instituted to establish collaboration between the Commonwealth, State and Territory governments and provide the policy and regulatory frameworks for the VET system. Nationally agreed standards through the Australian Quality Training Framework (AQTF) ensure quality of vocational education and training services throughout Australia (ANTA 2003). The National Training Framework identifies AOD qualifications at Certificate III, Diploma and Advanced Diploma levels (Scowcroft 2000).

The recently Revised Community Services Training Package (ANTA 2002, pp8-12) has resulted in increased flexibility and an increased number of electives. Units can now be chosen from a range of different areas, resulting in an increased number of qualifications, and transferability of skills between different work areas. The revised training package seeks to reflect workplace requirements and changes and meet future workforce skill needs. In addition, it aims to provide improved articulation between the VET and Higher Education sectors for the provision of career pathways (ANTA 2002).

Various pathways are aligned to the qualifications. The diagram below outlines how the Australian Qualifications Framework (AQF) links with a range of learning pathways between schools, vocational education and training providers and universities (<http://www.aqf.edu.au/lp.htm>). Articulation and credit transfer arrangements can be negotiated between registered vocational education and training providers and universities. Recognition of prior learning (RPL) enables credit to be granted towards qualifications through assessment.

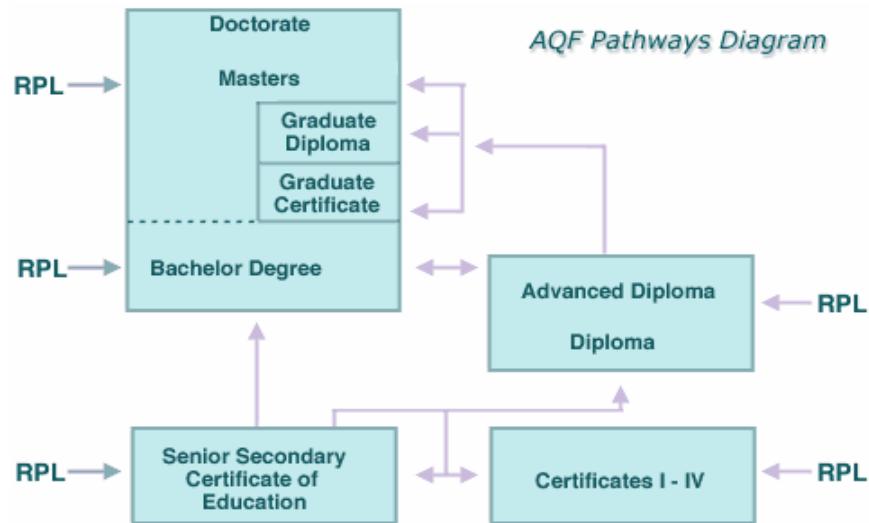


Figure 1: Australian Qualifications Framework (Source: Australian National Training Association 2003)

Registered Training Organisations

Many AOD and community organisations have been nationally recognised by State and Territory Training Authorities as providers of AOD training products and services. These organisations have been registered to deliver training, assessment of competency and to issue Australian Qualifications Framework (AQF) qualifications (National Training Information Service 2003). RTOs are regularly audited to ensure that their courses meet the AQTF competency standards, enabling the qualifications they issue to be recognised throughout Australia (ANTA 2001).

Section 3.

RECENT TRENDS IN ALCOHOL AND OTHER DRUGS TERTIARY EDUCATION

In 1998, following a request by the Commonwealth Department of Health and Aged Care, the National Centre for Education and Training (NCETA) conducted an extensive scoping review of alcohol and other drug education and training for frontline professionals in Australia (Allsop et al 1998).

At the time, AOD education and training in Australia was identified as diverse and varied in terms of its nature, delivery, content, quality and quantity. The scoping review highlighted marked differences between education and training programs which ranged from being “*systematic, well planned and adequately resourced*” to those that were viewed as “*ad hoc, unstructured and not adequately resourced*” (Allsop et al 1998).

The NCETA review also identified significant differences in the nature and extent of education and training between states and territories and between different professional groups and different organisations. In addition, major gaps were identified in the provision of education and training for frontline professionals, particularly those responding to youth, and clients with mental health and coexisting conditions. The review also highlighted:

- a lack of skilled trainers to develop and deliver drug education and training
- the lack of systematic evaluation processes attached to AOD education and training programs.

Allsop et al (1998) recommended that AOD education and training be provided at multiple levels including pre-service, post-basic, in-service and programs. It was also recommended that strategies be put in place to address structural factors at organisational and discipline levels. Other recommendations included:

- flexible modes of education and training delivery
- improved use of information technology
- clear program design incorporating clear learning objectives
- links to standards and evidence-based practice
- clear assessment protocols
- course content to focus on skill development in addition to knowledge and attitudes
- adequate resourcing
- development of a critical mass of quality drug educators in Australia.

Since that review, a number of other reviews have been undertaken including the CEIDA NSW Training Needs Report in November 2000 and the NSW Drug and Alcohol Training Forum in March 2001. Key findings from these two reviews identified that:

- AOD training for frontline professionals was a significant issue
- a wide range of workers have AOD training needs
- comprehensive and coordinated organisational approach to AOD education and training is required
- core skills to prepare graduates to adequately address AOD client issues were needed.

NCETA Forum – Perspectives from AOD Tertiary Training Providers

To further develop an understanding of the current status of AOD tertiary education and training and emerging trends and needs, NCETA initiated a review in 2001. As an initial step in the review process, key providers of tertiary AOD education and training courses from the Higher Education and VET sector were invited to attend a two-day *AOD Tertiary Training Meeting* at the National Centre for Education and Training on Addiction, in Adelaide in December 2001. Twenty six delegates from the tertiary sector attended the Forum (see Appendix 1). Delegates came from all states of Australia and represented all training provider sectors. The Forum also included delegates from the Department of Health & Ageing, the Drugs Program Bureau of NSW Health and NCETA.

The aim of the Forum was to identify:

- factors and strategies which optimise the success and minimise threats to courses
- key strategic development issues for advancing tertiary AOD courses
- AOD education and training activities occurring within the Australian Tertiary sector
- factors which impact on maintaining quality AOD education and training.

Delegates identified a range of issues related to the courses and course content offered in tertiary institutions, modes of course delivery, educational resources, funding, marketing and retention of students. The delegate's views on these issues are outlined below.

Courses

It was apparent at the Forum that significant advances in relation to tertiary level AOD education and training have been made in the past decade. Many new courses have been developed to cater for the increasing demand for such courses, and are offered by a wider range of organisations and institutions. While this result was applauded, some delegates expressed concern that some new courses have occurred with little planning, national oversight or coordination. This was seen to have resulted in a seemingly uneven distribution of available training opportunities.

Delegates also reported that within the university sector, most courses appear to be at the graduate level and cater largely (but not exclusively) to students with a clinical orientation. In contrast, delegates identified that within the VET sector, there is a wider range of courses catering for the needs of students with varying educational backgrounds and different educational needs.

Several delegates stated that many AOD courses/topics are still viewed as "side issues" to main programs or curricula, rather than as "core business". Nevertheless, it was

observed that AOD content is starting to be integrated into the curriculum by some schools/departments. This trend was viewed as very positive.

The fact that such integration has taken five to ten or more years to occur was seen as indicative of the long lead-time required for such integration. On average, it was estimated that five to ten years was required to achieve a substantial level of curriculum consolidation and integration. However, even then it was not guaranteed and the vulnerability and sustainability of some courses was stressed. Examples of such vulnerability included the potential loss of some courses if the key staff member moved on.

It was also observed that the focus of graduate level and in-service training has been driven to a large extent by the need to up-skill the existing workforce to meet current clinical and other service demands. Less attention appeared to have been directed to the initial professional training needs of workers who were newly recruited to the AOD field, or to those who might potentially be recruited to the field.

Fees and Course Costs

The Forum identified that course fees, particularly at the university post-graduate level, have increased substantially over the past five years. Delegates reported that in some cases the increases had been greater than 100% per subject during this time frame. The higher fee structures demanded by some universities had resulted in decreased enrolments, although demand for the courses was still perceived to be high overall. This issue is not unique to the AOD field, and is discussed further in Section 4 of this document.

Delegates reported that where universities did not apply HECS or Post Graduate Education Loans Scheme (PELS), students or their employees were faced with large education and training costs. The Higher Education Contribution Scheme (HECS), introduced in Australia in 1989, requires tertiary students to make either an up-front or deferred contribution towards the cost of their tertiary education. This contribution supplements the funding of the Australian higher education system. The Post Graduate Education Loans Scheme was introduced in 2002 and offers loans for eligible students enrolled in fee-paying, postgraduate, non-research courses. Students can borrow up to the limit of the tuition fees for their course each semester.

Delivery modes

AOD tertiary education training in Australia has traditionally been delivered largely via distance education which was reported to have been well received and to have “worked” relatively successfully. However, no formal evaluation of these courses, or modes of delivery, have been undertaken. Forum delegates also noted the importance of face-to-face training from a pedagogical perspective. Several delegates asserted their preference for many content areas to be undertaken through face-to-face training (eg the development of counselling skills). In particularly sensitive areas, such as co-morbidity, this mode of education and training was seen to be especially appropriate.

Increasing pressure on many universities to adopt on-line delivery modes was noted. The cost involved in on-line delivery was raised by delegates. The unknown educational efficacy of this mode of delivery was highlighted as an important consideration. It was also recognised that use of flexible learning promotes some inequities for students who are inexperienced computer users or live in remote areas.

Delegates noted that Distance Education students typically receive a range of materials to support their learning which can include online course materials, videotaped lectures, printed overheads, readings, and regular phone/email contact with lecturers to help maintain enthusiasm.

In the VET sector, delivery modes vary and include workplace learning initiatives, workshop/classroom approaches and visits/placements. Oral presentations, visual displays or role-plays are sometimes utilised as alternatives to formal essays for assessment purposes. A delegate from the VET sector reinforced the need for all assessment to occur within the parameters of nationally endorsed community sector guidelines and further suggested that a range of pathways are required to suit different learner needs and circumstances.

Case study learning approaches have been widely utilised by AOD educators and trainers for some time. Problem-based learning, a recent extension to this approach, was also discussed by Forum delegates. Problem-based learning is considered a useful teaching strategy as it uses “real life” situations, focuses on thinking skills, requires integration of knowledge, skills, attitudes and behaviours and it also promotes self-directed and lifelong learning and encourages a shared learning experience (Conway & Little, 2001). Delegates at the NCETA Forum suggested that this style of learning warranted further exploration and application in AOD education and training.

Work-based training was identified as an emerging strategy in some jurisdictions. Little is known of the efficacy, demand or desirability of this approach for professional development. This was flagged as an area that needed to be monitored closely in the future. The implications of work-based training in terms of consistency, standards and breadth of training were discussed. Concerns about the quality of work-based training were also raised. These were flagged as important areas to be address.

Educational resources

It was evident from the Forum that considerable work has been undertaken in relation to resource development. However, this area is often not well funded nor the products well disseminated. Many AOD resources were noted to be of high quality. The delegates recommended that more opportunities and mechanisms for resource sharing be developed. There was agreement that more effective mechanisms for sharing existing resources and other educational tools, experience and materials of trainers was needed. At present, this largely occurred through informal networks, serendipity or osmosis. Long time lags in the dissemination of materials were also reported. It was suggested that a yearly meeting or “Fair” could be held to allow opportunity to show-case new resources, courses or other educational innovations.

Course content

A reasonably high level of consistency was identified in course content across different AOD training programs. The Forum was in agreement that little attention has apparently been directed to non-clinical training areas (eg teachers, police, corrections). With the increased expansion of the role of police in the AOD area over the last five years, there appears to be a need to expand education and training efforts to these broader professional groups.

Updating training package and course content was recognised by delegates to be increasingly problematic. This is an important issue in light of increasing shifts to evidence-based practice, which necessitates very up to date and well-critiqued content and course materials.

It was noted that within cash-strapped universities the revision of courses, especially when delivered in a fixed mode (eg via distance education packages), was particularly expensive and often difficult to achieve. It was also noted that some universities restrict how frequently course materials can be updated. Study guides and readers are often expected to have a shelf life of five years. However, this may be unacceptable if the content is to be contemporary, relevant, and reflect evidence-based research. This is particularly the case in the AOD field, which is evolving rapidly and where the knowledge base is expanding at a rate that may warrant revisions every 12-24 months.

Student issues

Those undertaking postgraduate AOD courses typically included GPs, nurses, psychologists, social workers and counsellors. A delegate from the VET sector explained that within their institution all enrolments are external. At that institution, provision of external courses was largely offered in recognition of the fact that many students are shift workers or have young children or other commitments which make physical access to the institution difficult.

The life and work experiences of students are acknowledged by the VET sector. Several VET delegates described how students already working in the alcohol and other drugs field are often offered an assessment of their skills. This can result in students being awarded units of credit, which can reduce the amount of study needed to complete the requirements of their education program. To be eligible, the student must have been working in the field for six months full-time, have undertaken a formal induction program in their workplace and have evidence of training relevant to their position.

It was noted that within the VET sector many students have a history of drug or alcohol use or have a significant other who uses or has used drugs or alcohol in a problematic way. Such students feel they want to give back to the community and assist others. While such student needs are acknowledged, several VET sector delegates expressed concern that this has presented some special issues for them.

Meeting the diverse needs of multi-disciplinary students presented challenges for many delegates. Multidisciplinary face-to-face courses allow interaction with students from a range of professions, interests and backgrounds. This not only broadens the opportunities for interactive learning, but also provides networking opportunities. Courses with direct application to the workplace were perceived to have more success in the maintenance of student numbers and employer support.

Staff issues

Important staff issues raised by delegates included ongoing challenges for academic staff related to keeping content relevant and up-to-date, the shift in focus from face-to-face to flexible delivery, dealing with government and university bureaucracy, increasing workload demands and competing responsibilities.

Funding

Fee paying courses are common in the tertiary sector. It was evident from the Forum that full-fee paying courses are struggling to maintain viability. Delegates stressed the pressure to maintain participant numbers. This challenge is further documented in Section 4, which provides an overview of factors currently affecting the Higher Education and VET sectors in general.

It was suggested that funding by the Department of Education, Training and Employment (DETE) for Registered Training Organisations is inadequate, demand for fee-paying courses is low and that administrative requirements are often onerous.

The Forum provided recognition of the income generated by enrolling international students. Several delegates indicated that their universities require a minimum fee per student. Keeping fees low and equitable was noted to be a major issue for course providers. One delegate suggested that there was a need to provide more support for students to undertake AOD courses by marketing fees as being tax deductible and promoting instalment plans for course payments.

Industry collaboration

It was observed that much training occurred in isolation from the industry it serves. However the Forum also noted that a far higher level of partnership now exists than was the case ten, or even five, years ago. Many AOD service providers offer clinical and educational expertise either as consultants in the development of teaching and learning materials or as teaching staff to tertiary courses. In addition, support and expertise has been provided at the curriculum development stage, for clinical placements and supervision of postgraduate students.

Many Registered Training Organisations (RTOs) provide AOD education and training programs in conjunction with the university and/or VET sectors. Many of the AOD programs conducted by RTOs have university endorsement. In a number of universities, AOD service providers have funded academic positions. It was also noted that learning partnerships are increasingly being set up between TAFE and industry. Here the focus is on workplace learning and the assessment of AOD-related knowledge and skills.

Supervision

The Forum highlighted the importance of adequate supervision in facilitating the translation of knowledge and skills into practice. This was raised both as an issue for training per se and also in relation to the work place. It was observed that relatively little attention has been directed to the development and inclusion of good supervisory experiences embedded within training programs. Similarly, fostering development of supervisors with the skills to take on this role has also received relatively limited attention.

Evaluation

While formative and summative evaluation occurs in the tertiary sector, evaluation of the impact of training on professional practice and behaviour change does not appear to have taken place. This was identified as a high priority area. Concomitant with an examination of the impact of training on work place practice is the need to also focus on broader systems issues and capacity building.

Advocacy

Many delegates suggested that substantial change in professional practice, and associated training, could be effectively achieved through changes to the registration requirements of the key professional bodies. For example, it was suggested that if nurse or psychology registration required AOD content then pre-service training would be encouraged. To date, little effort has been focused on these systems and structural issues.

NCETA was seen as having a pivotal role in lobbying key discipline/professional groups such as Registering Authorities, Unions and Professional Colleges, to advocate for AOD education and training to be taken up as core business, and to act as a facilitator for regular communication between key groups.

Additional issues arising from the NCETA Forum

A number of additional issues were raised by delegates for consideration and discussion during the two-day Forum. One was identification that there are often no entry-level qualifications required for work in the AOD field. Other issues related to educational outcomes, particularly questions regarding: What are we trying to teach? What is it we wish students to take away with them as a result of our teaching?

In response to these questions, delegates indicated that it was obviously important for graduates to have basic or essential content knowledge and skills. It was suggested that there are “*various ways of understanding addiction issues*” as reflected in the numerous models of addictive behaviour. One delegate stated that “such models influence the content of the course and frame the way in which we and our students consider the addictions field”.

It was noted that undergraduate courses, in contrast to postgraduate courses, provide an avenue for large numbers of students to be introduced to AOD issues. However, it was also recognised that large class sizes make it difficult to address issues related to skill acquisition. Delegates highlighted the need for well-structured workplace supervision to assist students to develop real world skills.

The issue around the extent to which certain groups are able to use what they have learned in their practice was raised. This led to the question “should we target the ‘front-line troops’ or the managers and directors who are best placed to influence policy and practice?” Following discussion, the delegates recommended that ideally both groups should be targeted.

At the end of the first day of the Forum, delegates were asked to reflect upon the presentations and discussions they had been involved in during the day, and identify their top three issues regarding AOD tertiary education and training.

A range of “top priority” issues were identified. These included:

- increasing enrolments
- maintaining the availability of existing courses
- maximising staff and resource efficiency
- keeping courses afloat with small numbers

- implementing capacity building strategies to sustain efforts to reduce harm
- improving collaboration between education and training providers
- influencing professional bodies more effectively
- ensuring education and training initiatives are more sustainable and impactful.

Delegates were also asked to consider the role that they would like to see for NCETA with regard to AOD tertiary education and training. Delegates articulated the following functions:

- clearinghouse function
- facilitating articulation (eg between VET and Higher Education)
- examination of policy processes to determine particular or appropriate outcomes
- public relations and social marketing approaches to drug issues
- working with professional bodies
- dissemination of research.

The NCETA Forum provided delegates with the opportunity to identify and debate the range of complex issues currently impacting on tertiary AOD education and training. Challenges, opportunities and hopes were discussed and common themes highlighted. Delegate experiences reflected the problems and pressures facing the Higher Education and VET sectors in the 21st century generally and also mirrored the changing nature of academic work. These issues are outlined in greater detail in Section 4.

Section 4.

FACTORS INFLUENCING AOD EDUCATION IN AUSTRALIA

The NCETA Forum highlighted many issues which are also relevant to the tertiary sector in general. Higher Education is currently undergoing extraordinary changes as students and academics face a rapidly changing learning environment, and students and their potential employers face the global, knowledge-driven society of the future (Jones & Creese 2001, Lambert 2002). New paths and new professions are emerging. Graduates and workers are increasingly expected to be flexible, innovative, independent, self-determined, active learners with demonstrated ability to be pro-active in their approach to address learning and workplace challenges. There is no longer certainty about one's chosen career path, job, place of work, home location, relationships or economic circumstances (Hase & Kenyon 2000).

The Australian Higher Education sector has recently undergone a number of major reviews. The recent Senate Committee Inquiry into Higher Education (2001) was conducted in response to increasing concerns within the Higher Education sector about the effect of changes to policy and financial settings over the past five years. Evidence was collated from 364 submissions from a broad range of individuals and organisations, including 32 confidential submissions and public hearings held across the country (Parliament of Australia 2001).

Many of the findings and recommendations from the Senate Committee Inquiry (Parliament of Australia 2001) and other Higher Education reviews reflect perspectives and experiences similar to those already outlined in Section 3. Many of these factors identified have significant implications for the AOD field, and these are outlined below.

Higher Education in the 21st Century

Funding

The 2001 Senate Committee Inquiry into Higher Education highlighted decreasing funding at a time when universities are said to be “essential to the knowledge economy” (Parliament of Australia, Senate Committee, 2001 p13). The Inquiry highlighted pressure on Universities to generate private income.

“The commercialism of Higher Education is said to be undermining institutional autonomy and academic freedom in Australia....a range of concerns including external funding for research and full fee paying students determining which courses will survive, what subjects are taught, who is being promoted or retrenched; research being adapted to attract outside funding and the need to attract fee paying students constraining academics’ ability to pursue research they consider important, and pressure to pass fee paying students.”
(Parliament of Australia Senate Committee, 2001 p19)

Well-funded universities were held to be fundamental to Australia's future prosperity (AVCC Discussion Paper, 2001). Issues relating to current Higher Education funding arrangements are increasingly well documented (Nelson 2002, UWA perspective document 2002, p. 2; Parliament of Australia Senate Committee 2001).

Resource allocation for universities comes in the form of a Base Operating Grant that provides for the principal teaching and research functions of the universities, and allows universities autonomy and flexibility in their use of Commonwealth funding. Since 1998, universities have been offered additional funding at a reduced or "marginal level" for enrolments above the agreed student load (ie, equivalent full-time student unit - EFTSU). Universities are required to repay the Commonwealth for any unfilled places. It has been suggested that this also provides all universities with an incentive for over-enrolment to cover attrition and other forms of wastage (Parliament of Australia Senate Committee, 2001 p. 53).

At the time of writing, approximately 64% of funding (including Higher Education Contribution Scheme funding) for higher education was provided by the Commonwealth Government. The remainder came from Australian students, international students and a range of other funding sources (Nelson 2002).

The University of Technology, Sydney (UTS) Postgraduate Students Association identified that the introduction of up-front fees has led to a decline in enrolments (Parliament of Australian Senate Committee 2001, p57). One of the Senate Inquiry recommendations was for:

"...the government to alter the current funding models and identify alternative models that better reflect the specific needs of regional and new universities, and those serving larger populations of disadvantaged students, as well as ensuring that provision of places is in line with national needs".
(Parliament of Australia Senate Committee, 2001 p89)

Given this, it is not surprising that providers of AOD tertiary education and training are witnessing similar challenges within their own institutions and courses.

Resources and staffing issues

The Senate Committee Inquiry into Higher Education identified a range of resource and staffing issues which included:

- increased teaching costs due to the expanding use of information and communication technologies
- increased salary costs
- large reductions in academic and general staff, relative to an
- expansion in the numbers of students enrolled over the past ten years
- a shift from full-time to fractional and casual staff.

The above factors have resulted in increased academic workloads, loss of enthusiasm and recruitment and retention issues, which in turn can affect the availability of courses and student morale. Similarly, Coaldrake and Stedman (1999) identified:

- that academic work has become more specialised and demanding

- new tasks are blurring old distinctions between categories of staff
- an increase in the separation of resources for research from those dedicated to general university operations
- a significant reduction in the level of operating resources per student
- increasing use of summer semesters
- ongoing pressures on academic staff to find time to accommodate a multitude of expectations placed upon them
- increased emphasis on performance, professional standards and accountability.

Coaldrake and Stedman (1999) highlight the multi-layered roles and expectations of contemporary academics:

“Academics are being asked to meet the needs of more diverse student groups, to teach at more flexible times and locations, to master the use of information technology in teaching, to design curricula around learning outcomes and across disciplines, to teach in teams, to subject their teaching to evaluation and develop and implement improvements, to monitor and respond to evaluations made by students and graduates, to improve assessment and feedback, to meet employer needs, and to understand and use new theories of student learning....research demands are increasing: to improve postgraduate supervision, to publish or patent, to establish links with industry, and to prepare, submit and review grant applications”. (p14)

Coaldrake and Stedman (1999) further argue that as expanding numbers of part-time and mature-age students attend university, the boundaries between distance education and on-campus delivery will blur, and the distinctions in staff work underpinning the two modes will become harder to sustain.

Maintaining alcohol and other drug courses in such an environment is a complex and challenging task for tertiary providers.

Students

A university education is a significant investment for students (Kemp 1999). An important finding of the 2001 Senate Committee Inquiry was the recognition of the increasing debt-burden and paid work commitments of full-time students, and the declining quality of teaching conditions.

“Increases in HECS burden for students and higher charges for some courses have important influences on student’s course choices. Government funding also distorts universities’ course offerings in favour of courses that are attractive to full fee-paying students. The variety of course offerings within a discipline in turn effects demand. Universities’ capacity to shift courses to areas of high demand but greater cost is hampered by the current funding models which do not compensate them for the additional costs that they incur”.

(Parliament of Australia Senate Committee 2001, p10)

The Senate Committee also noted that student’s perceptions of occupational opportunities, including income levels can effect enrolment patterns. The Committee also observed that students, employers and families who are incurring course costs are

demanding and expecting high standards from the institutions. McInnes (2001) noted that :

“Universities are needing to respond to a generation of highly mobile and technologically connected students, with demands that many academics find difficult to accept” (p4)

McInnes (2001) also acknowledges that students are spending less time on campus and more time in paid employment, which impacts on their ability to study, access learning resources and manage competing demands on their time. Anecdotal reports from students indicate that employers are supportive of their study needs, however they are often unable or reluctant to release them to attend courses or provide study time during work hours. This is particularly evident in the AOD sector, but also generally across health and welfare sectors. Clare, White, Edwards, and van Loon (2002) support this view and have identified a number of workplace factors as follow:

- recruitment difficulties
- fewer people working in full-time paid work
- natural attrition
- increased staff turnover
- rostering issues
- maintenance of high quality service provision with limited staff numbers
- difficulties backfilling positions and
- workforce down-sizing.

These factors limit opportunities for employers to support study leave, which has significant implications for maintaining student satisfaction, student retention and course completion.

Market driven factors

The Senate Committee identified a predominant higher education focus on short-term market needs. This short term focus was argued to be inconsistent with the government’s responsibilities for ensuring that universities are able to meet long-term economic needs related to the production of skilled graduates and high quality independent research.

The market for fee-paying courses was identified as small and concentrated in certain disciplines – business, administration and economics (Parliament of Australia Senate Committee 2001 p52). The Senate Committee observed that some courses continue to survive because academics are passionate and committed to teaching their area of interest and expertise, not because students demand them. This is evident with many AOD tertiary providers who strongly believe that AOD content is an essential component of health and welfare curricula and research.

Market pressures have led many universities to promote a wide range of options for students, such as combined degrees, flexible and mixed mode delivery and summer schools.

Courses

A major finding of the Senate Committee related to courses and course availability. While it was emphasised that Higher Education should be accessible, and responsive to the education needs of individuals and societies, intellectual standards and rigour must be maintained.

Another important finding of the Senate Committee was the blurring of the boundaries between the Higher Education and VET sectors. It was observed that some duplication occurs in course offerings across sectors, particularly at the Graduate Diploma level, and there is also an increasing two-way movement of students. Universities have been pressured to increase their offerings of vocationally oriented, full fee courses in response to the need to earn additional income. Rationalism has seen the disappearance of specialist and “niche” courses, and the duplication of popular courses, often under different badges (Parliament of Australia Senate Committee 2001 p.146).

Production of course materials is a high cost for both the Higher Education and VET sectors. While the Internet provides an easy method of making existing text-based teaching materials accessible to students, reduction in paper costs appears to be a significant motivation for the Higher Education sector (Parliament of Australia Senate Committee 2001 p172). Paper and print costs have shifted to students, who report they prefer to print their online course materials and resources than view them on screen (Brace-Govan & Clulow 2000).

Coaldrake and Stedman (1999) suggest that structuring curriculum around external needs and demands, rather than securing resources for a department or school, is a major challenge for universities. This directly confronts issues of academic independence.

Technological innovation

Increasingly technology is underpinning and supporting innovation in teaching and learning. Meeting technological requirements in a market of rapid technological change presents many challenges for the Higher Education and VET sectors. Universities are actively seeking ways to effectively use technology and ensure that it is both accessible and convenient for users. This requires resourcing, planning, coordination, and adequate training for staff and students utilising the technological systems.

There is great variability in the skills and attitudes of academics and students towards technology (Harwood 2002). Those who seek to teach more flexibly and use technology to enhance their teaching find themselves faced with major changes in the way they work, and frequently find conflicts with established practices governing workload allocation and professional recognition and reward (Coaldrake & Stedman 1999). The development of advanced interactive learning opportunities requires skills in instructional design, application design, technical implementation skills, multimedia graphic design skills, knowledge of copyright law and research skills (Jones & Creese 2001). These skills are often remote from the traditional knowledge, experience and expertise of academic staff, and often require greater reliance on external “experts” to develop, organise and design innovative ways of teaching.

Jones and Creese (2001) also argue that it is essential for academics and general staff to collaborate in order for student-centred teaching and learning processes to occur in conjunction with technology assisted on-line education. For example, Jones and Creese

(2001) suggest academic staff retain responsibility for the subject content and assessment while general staff take responsibility for copyright, intellectual property, marketing issues and provision of technical expertise.

Resource-based teaching involves significant preparation and shifts the focus of academic time from designated face-to-face contact hours to more flexible patterns of activities. These activities can include responding to emails and hosting on-line discussions often outside usual work hours (Coaldrake & Stedman 1999).

While technological innovation has led to significant advances in the delivery and production of course materials, it should also be acknowledged that many students have incurred heavy printing costs, and face challenges with outdated software, bandwidth problems and the ongoing challenges of computer breakdowns (Coaldrake and Stedman 1999).

The Senate Committee (2001) identified that inequities exist between students who are reluctant, unable or otherwise unlikely to have access to computers and those with the resources and knowledge and confidence to use computers.

On a positive note, McInnes (2001) maintains that:

“The range of institutions, courses and subjects now available, combined with the increasingly sophisticated access to flexible modes of delivery and electronically generated communities of learners, puts students in a powerful position to shape the undergraduate experience to suit their own timetables and priorities.” (p3)

A study by Felix (2001) analysed how students perceive the usefulness of web-based materials. Key factors identified included:

- clear and logically organised content
- clear objectives
- meaningful feedback
- easy navigation.

Kenny (2003) reports a strong relationship between student confidence and familiarity with online technology and their satisfaction with on-line learning. He also identified that students are more positive about courses which:

- are flexible
- are clear
- are easy to follow
- enable them to move at their own pace
- provide prompt feedback and
- have contact with lecturers and other students.

Kenny (2003) also noted that many students need support with independent learning and time management skills associated with on-line delivery. Staff skills, coupled with an understanding of the online learning environment and the effective use of the tools, were identified as key factors in student satisfaction.

Collaboration

Kemp (1999) highlighted that collaboration occurs across disciplines within universities, across universities through the sharing of courses and facilities, across sectors, between universities and providers of vocational education and training sector, between universities and industry, and internationally. Universities and the VET sector have been working closely with business and industry to identify the skills and attributes that employers identify as necessary for graduates to meet workplace requirements. This has led to a range of teaching and learning techniques, the use of workplace placements and the development of courses directed toward specific employment outcomes (Kemp 1999).

Vocational Education and Training sector in the 21st century

TAFE has made significant contributions to post-secondary education, but also in the up-skilling, re-skilling and re-entry of workers to the Australian workforce. In recent years, the VET sector has significantly increased its role in the delivery of AOD education and training. Consequently, it is useful to examine some of the issues regarding VET courses, course delivery and its ability to meet increasing demands for a skilled workforce and respond rapidly to the changing skill needs of organisations and individuals.

Vocation education responses to workforce change

A number of factors have significantly impacted on vocational education and training in Australia in the last few years. ANTA (1998-2003) identify these as:

- globalisation and international competition
- the emergence of service and knowledge-based industries as important sources of employment
- the impact of new information and communication technologies
- changes in employment opportunities and working arrangements
- social changes and community expectations.

Community Services and Health Training Ltd (2001) have identified eight considerations for the VET sector to remain innovative, relevant and competitive. These are:

1. meeting the needs of industries by defining and providing relevant and portable workplace skills
2. providing flexible, innovative and accessible training/learning and assessment pathways and practices
3. promoting lifelong learning to maintain a workforce that is responsive to changing skill needs
4. identifying and providing flexible training/learning, assessment and career pathways
5. facilitating the establishment of effective articulation arrangements
6. ensuring access and equity in vocational education outcomes
7. promoting and marketing the value of a learning culture
8. ensuring continuous improvement in the efficiency, accountability and delivery of training services.

These recommendations complement the vision outlined in *Australia's National Strategy for Vocational Education and Training 1998-2003: A Bridge to the Future* (ANTA 1998), which sought to:

- equip Australians for the world of work
- enhance the mobility of the labour market
- achieve equitable outcomes in vocational education and training
- increase investment in training
- maximise the value of public vocational education and training expenditure.

Meeting the needs of consumers of education and training

The Senate Employment, Workplace Relations, Small Business & Education Committee conducted an inquiry into the Quality of Vocational Education and Training in Australia. The enquiry identified the need to ensure equitable access for all Australians to vocational education and training in order to enhance their capacity to participate fully in society and take advantage of emerging education, training and employment opportunities (Senate Employment, Workplace Relations, Small Business & Education Committee 2000).

The Senate Committee identified the challenges of achieving high-level global competitiveness. Amongst the Committee's recommendations was the promotion of "a truly national and truly integrated VET system" which is committed to "broad-based, transferable knowledge and skills", "quality", and "nationally consistent VET arrangements" and "mutual recognition of training and qualifications" (Senate Employment, Workplace Relations, Small Business & Education Committee, pp. xviii-xix).

Funding

The VET sector shares similar funding challenges to those of the Higher Education sector. The TAFE Directors (2001) Position Statement observed that public investment in vocational education and training as a proportion of GDP has been falling recent years. The authors of that paper highlight the fact that despite increased enrolments, funding for TAFE has been inadequate. The TAFE Directors Position Statement recommends additional funding to improve programs, facilities, professional development for teaching staff, student support services and support for applied research.

Investment in vocational education and training has been highlighted as a critical economic issue (NCVER 2001; ANTA 1998; TAFE Directors 2001). The Senate Committee (2000) also recommended that the Commonwealth recognise its obligation to ensure VET is adequately funded.

Evaluation and research

Following consultations with key stakeholders in 2001, the National Centre for Vocational Education Research (NCVER) identified a number of research priorities, which are documented in its *National Research and Evaluation Strategy for VET 2001-2003*. These include:

- identifying changing patterns of demand for vocational education and training and linkages to the global economy

- lifelong learning and the social and community impact of VET
- innovation and the changing skills of the Australian workforce
- analysis of pathways for the transition of education to work
- evaluation of VET providers
- evaluation into the quality of teaching and learning in VET
- outcomes of vocational education and training
- evaluation of equity within vocational education and training
- international comparisons of VET
- future development of the VET sector.

These key priorities have since been “mapped” by NCVET to the component parts of the document *A Bridge to the Future 2001-2003*.

Teaching and Learning

Australian workers, and especially those in the AOD field, seeking to update their skills or acquire new ones require diverse and flexible learning pathways. These pathways should encourage and enable people to undertake vocational education and training programs, and meet current and future industry skill needs (ANTA 1998). Increased demand for flexible, convenient and accessible training is directing the VET sector towards new forms of education and communication technology. Articulation arrangements between vocational and Higher Education have been strengthened and lifelong learning strategies promoted (ANTA 1998).

NCVER (2001) recommended an analysis of the learning benefits and outcomes of flexible delivery strategies. In addition, NCVER has advocated research to identify the implications of lifelong learning and cultural influences on learning strategies, and highlighted a need for longitudinal studies into learning outcomes.

The Senate Committee (2000) recommended that ANTA take steps to strengthen National Training Support Materials so they provide specific guidelines on appropriate learning strategies, teaching programs, courses and resource materials.

Competency-Based Training

Competency-based training (CBT) was introduced in Australia in the 1980's as part of a wider economic policy measure to improve the skill levels of the Australian workforce, enable Australian industry to be more globally competitive and establish new career structures for the Australian workforce (NCVER 1999). CBT training was designed to assist individuals to attain knowledge and skills to meet industry-specified standards.

The Vocational Education, Employment and Training Advisory Committee (1992) defined CBT as:

“...training geared to the attainment and demonstration of skills to meet industry specified standards rather than to an individual's achievement relative to that of others in a group”.
(NCVER 1999, p2)

Competency standards are recognised as providing an industry benchmark for training and assessment. ANTA (2002) argued that competency standards specify the scope and knowledge to be covered in a training package, enable definition of industry roles

and are a useful guide when designing job classifications, workplace appraisal and skill development. All AOD courses offered by the VET sector are competency based.

CBT has its supporters and critics. CBT has formalised work-based learning with the attainment of qualifications, and has provided a bridge between industry clients and VET providers which has led to clearer goals and relevant content for courses (NCVER 1999). On the other hand, Mulcahy (1999) argued that CBT often includes an over-emphasis on “*specific skills for specific jobs*”. A challenge, Mulcahy argued, is to increase the capacity for learning that goes beyond achieving pre-set outcomes or goals.

Some critics argue that while CBT is well suited for technical skill acquisition, the capacity to develop conceptual and experiential knowledge, flexibility, and adaptability are restricted (NCVER Research Forum 1999). Experienced teachers using extended pedagogies added to CBT can achieve transferable skills in learners (NCVER Forum 1999). The NCVER Forum also noted that:

“some VET teachers and trainers perceive that there has been a reduction in professional autonomy through the mandating of industry competency standards and a concomitant narrowing of learning experiences, and a fragmentation of cumulative educational experience and learning.”

NCVER (1999) identified the need for better integration of educational experiences which address key competencies into CBT programs so that learners can build knowledge and skills cumulatively. NCVER (1999) also argued that CBT learning needs to be portable and articulate with other education sectors, and recognise the importance of adequately trained and supported workplace assessors.

Bloch (1999) argued that competency based assessment does not recognise additional effort, and competency standards may not always sufficient knowledge and theory. Bloch (1999) stated that to meet users needs it is important to use qualified assessors and ensure quality of standards. Additionally, Bloch (1999) stressed the importance of establishing training and assessment partnerships between industry and RTO's. Her research revealed that where successful partnerships existed, the competency based assessment practice had improved because both parties were aware of the industry realities impacting on assessment (Bloch, 1999).

NCVER (1999) maintained that for competency standards to be a viable base for CBT and training packages, it is essential that they maintain their currency with industry by accurately reflecting the skills required by industry. NCVER (1999) further maintain that the capacity for flexibility and local customisation of training packages needs to be facilitated, and aimed towards the achievement of a balance between job specific skills and educational experiences which equip learners to grow and develop.

On a more positive note, Billet (1999) argues that CBT has increased interactions between providers and enterprises. This has resulted in clearer goals and relevant content for courses and increased opportunities to ensure workplace experiences for students; thus increasing the potential to transfer knowledge to the workplace.

Role of trainers in CBT

Mulcahy (1999) criticised the outcome-based models of VET which presuppose that teachers and trainers can interpret these outcomes and turn them into complete

curriculum. Mulcahy (1999) maintained that experienced teachers and trainers can play a transformational role in CBT by supplementing the curriculum and employing a variety of pedagogical approaches (eg reflection upon current practices, dialogue, problem-solving through the use of workplace scenarios, coaching, self-directed learning).

In acknowledgment of this, the Senate Inquiry Committee (2000) recommended that “*a national professional teaching standards and registration body be established with responsibility, authority and resources to develop and maintain standards of professional practice for VET teachers and trainers*”.

Tertiary AOD Education and Training

The significant changes and challenges currently facing Higher Education and VET sectors have important implications for AOD tertiary education. Mainstreaming AOD curricula has presented major challenges for both the Higher Education and VET sector in recent years. As the tertiary sector strives to keep pace with technological change, market forces and competition for enrolments, AOD education and training providers must find innovative ways to promote, deliver and sustain their courses.

Section 3 presented the reflections of providers of AOD courses and their concerns regarding funding, maintenance of courses, diminishing enrolments and funding pressures. These issues have been reiterated in more general terms in the Higher Education and VET literature outlined in this section.

Section 5.

AN AUDIT OF ALCOHOL AND OTHER DRUG TERTIARY EDUCATION AND TRAINING (2002)

In addition to obtaining information from delegates attending the NCETA AOD Trainers meeting in December 2001, NCETA undertook a comprehensive review of all Higher Education and VET courses available in Australia during 2002. From that review a database was produced and is available in two formats:

1. CD-ROM
2. NCETA Internet Site (www.nceta.flinders.edu.au)

The project aimed to identify what courses were available, course content and target audiences. The intention was to develop a database that would be available nationally, and aimed particularly at potential and existing students.

Methodology

University and TAFE sectors were the main focus for the project. While it is acknowledged that Registered Training Organisations (RTO's) provide AOD education and training programs, they were only included in this review of education and training courses if they were identified as offering courses which articulated with or were offered in conjunction with Higher Education or the VET sector.

Information regarding the courses was obtained from:

- internet searches
- December 2001 NCETA Forum
- extensive personal communication with AOD educators and trainers via telephone or email
- reviews of course advertising fliers and advertising materials
- published course directories.

An interim search of AOD tertiary education was conducted between September and December 2001 using the Higher Education Directory and personal communication via phone and email. A second search was conducted during February-March 2002 using the following Search Engines:

Australian Universities General Information Web Servers

<http://www.darmstadt.gmd.de/~rudolphc/auniwebs.htm>

Commonwealth Department of Education, Science and Training, Higher Education Institutions of Australia Website

<http://www.detya.gov.au/highered/ausunis.htm>

EdNA online Education Network Australia

<http://www.edna.edu.au/>

TAFE Internet sites in each state and territory were examined. Additional data and clarification was gained via email communications with course coordinators and personal communications via telephone.

Process

A broad search was made for faculty/divisions under the following headings, on all Higher Education and TAFE Internet sites from each state and territory:

- Behavioural Science
- Counselling
- Community Services
- Criminal Justice
- Education
- Health Sciences
- Hospitality and Tourism
- Indigenous
- Law
- Medicine
- Mental Health
- Nursing
- Occupational Therapy
- Physiotherapy
- Policing
- Psychiatry
- Psychology
- Public Health
- Social Science
- Social Work
- Sociology

Once located, the faculty/division site was then examined for evidence of AOD related courses, electives, or units of study. A range of approaches was used to navigate the sites which included keyword searches, department searches, staff searches, course and unit searches. Online course directories were also examined where available. Keywords included terms such as “addiction”, “alcohol and other drug”, “drug”, “alcohol”, “AOD”, “AOD course”, “addiction studies”, “drug and alcohol”, “substance abuse”, “substance use”, “drug policy”, “community services”, “AOD treatment”, “alcohol intervention”, “epidemiology”, “counselling”, “harm reduction”, “public health”, and “youth issues”.

Clarification was sought from course coordinators or course secretaries by telephone or email where the information outlined on the Internet site was vague, inadequate, ambiguous or unclear.

The aim was to identify what courses existed and also to determine whether the programs of study outlined on the Internet sites were one-off workshops within courses, electives, or fully accredited courses. The review also aimed to determine how the courses were structured and the target audiences for the courses.

Other areas of consideration when searching the Internet sites related to which type of tertiary institution was offering the course ie University, TAFE or Registered Training Authority (RTO).

Some difficulties were experienced while navigating some Internet sites. This alerted us to the difficulties that prospective students would encounter in attempting to locate and access courses and course information on Higher Education and VET sites.

In April 2002, an Access database was established by NCETA. This process revealed some inconsistencies and problems with the data, which led to a more refined search being undertaken between May-June 2002. This search led to the identification of additional courses. During August-September 2002 the data was collated.

In October 2002, a CD-ROM outlining all the tertiary courses available across Australia was produced and widely distributed throughout Australia by NCETA. The CD-ROM is available from the NCETA at no cost (nceta@flinders.edu.au). The information can also be accessed from the NCETA Internet site in the form of PDF files (www.nceta.flinders.edu.au).

Limitations of the project

While the project attempted to locate all tertiary AOD courses on offer in 2002, it must be acknowledged that some courses may have been unintentionally omitted. These courses were new, not highly publicised or unknown at the time of writing the report. Such potential oversights highlight the need for AOD tertiary courses to be well marketed, course information easily accessed and readily updated. It is further noted that new courses are duplicated on a regular basis. Hence, this type of review needs to be undertaken regularly.

NCETA Tertiary Trainers' Data Base

Initial findings

An initial search of the various tertiary Internet sites revealed inconsistency of language regarding courses such as "Program", "Elective", "Option", "Subject", "Topic", "Module" "Course", "Minor", "Major". Another example was the term "course" which in a number of institutions may relate to the actual award, but in others may be one of many single units of study to be completed to meet the requirements of the award. This inconsistency presented some challenges in the choice of terminology to be used in the development of the NCETA CD-ROM and Internet resource.

Assessment criteria and language were also noted to be inconsistent (eg, "credit points", "units"). Significant inconsistency was also observed across Australia regarding the requirements for tertiary qualification completion. This has implications for students seeking to undertake cross-institutional enrolments or recognition of prior learning (RPL). For example a Graduate Certificate in Alcohol and Drug Studies in one state requires the

successful completion of 40 units over one year (“four courses worth 10 units each”), whereas a similar course in another state requires the successful completion of 18 units over one year (“two core topics plus one elective”).

Similarly, the title of lecturers responsible for courses varied throughout Australia and included “Course Coordinator”, “Course Manager”, “Program Manager”, “Program Coordinator”, “Program Director”. Variations were also identified in the terms used to describe the mode of delivery of courses such as “On Campus”, “Internal”, “External”, “Distance Education”, “Flexible Delivery”, and “Mixed Mode”.

These inconsistencies are acknowledged and often expected by those in the field. However, intending and existing students anecdotally report that course selection and enrolment processes are complex and difficult enough without these added ambiguities.

Many Internet sites proved difficult to navigate, particularly with regard to locating contact details for the courses and institutions. Much investigation time was consumed during this navigation process and highlighted the need for Internet sites to be made more easily navigable and provide current, clear and relevant information. Contact information such as institution address, contact phone numbers, course coordinators needs to be easily and quickly accessible.

Tertiary qualifications

Within the AOD sector, AOD content is often a component of a recognised tertiary qualification. Recently, the tertiary sector has witnessed an increase in the number of AOD specific qualifications. These qualifications are categorised into various levels by the Higher Education Sector and VET sector:

Higher Education Sector:

- Doctoral Degree
- Masters Degree
- Graduate Diploma
- Graduate Certificate
- Bachelor Degree
- Advanced Diploma
- Diploma

Vocational Education and Training Sector:

- Advanced Diploma
- Certificate IV
- Certificate III
- Certificate II
- Statement of Attainment

AOD content within tertiary courses

AOD content was identified in tertiary institutions in all Australian states and territories. The review identified many undergraduate AOD units of study within health, justice, policing, education, psychology, and social work/welfare. Some units were core topics within health disciplines, but were often also available as electives or optional study units to students in other disciplines or tertiary institutions. Content was often quite similar within these units of study - introduction to AOD concepts and models, policy, harm

minimisation and social justice issues – but adapted to meet the needs of the particular audience.

Undergraduate students now have the opportunity to undertake degree, diploma and advanced diploma courses in AOD studies in a number of Higher Education and VET institutions around Australia. Many of these courses had common foundation or core units at first year level, and specialist AOD stream units to be undertaken at second or third year.

An additional finding was the availability of AOD courses specifically developed for Indigenous students or those working with the Indigenous community. The Audit revealed that a number of institutions had made considerable effort in recent years to attract Indigenous students into Aboriginal studies or mainstream courses. It was also evident that individual needs of these students are a major consideration and that in many instances supportive environments have been established to encourage Indigenous students to undertake and sustain their studies.

Post-graduate courses tended to be offered as a multidisciplinary program providing theoretical knowledge and skills training in a socio-cultural context. The content of these courses frequently included:

- pharmacology
- health promotion
- public health
- policy
- assessment
- community intervention strategies
- counselling
- crisis intervention
- motivational interviewing
- relapse prevention.

Higher Education and VET institutions continue to use the expertise of specialist AOD organisations for their courses. These frontline workers may be released as teaching staff or provide curriculum support, expertise and/or placement supervision. Many AOD organisations have a commitment to build the capacity of a professional workforce by establishing collaborative partnerships between specialist agencies and tertiary providers. The tertiary sector values the partnerships and high quality of educational support it receives from the AOD field.

It is vital to ensure that TAFE and Higher Education teaching staff are competent to teach AOD curriculum. While it is valuable for tertiary organisations to take on AOD education and training, this needs to be in collaboration with existing AOD service providers, researchers, and the AOD field. This raises the issue of how reasonable is it for Universities to take on the AOD education role without the ongoing partnerships that have been developed with health and welfare sectors. It could be argued that it is not realistic to expect tertiary institutions to keep pace with a rapidly changing AOD field, research trends and application of diverse models/theories without strong links with the AOD field.

VET courses tended to follow the ANTA Framework. Although content differed slightly between VET institutions, assessment was aligned to the successful acquisition of key competencies and workplace assessment.

Faculties/Departments offering AOD courses

The review identified a large range of institutions across Australia offering AOD courses. It was anticipated that these courses would be primarily targeted at the health sector, since Psychology, Nursing and Health disciplines have traditionally developed and maintained the courses available at the tertiary level.

As Table 3 shows, a somewhat unexpected finding was the recent inclusion of AOD courses or units of study within:

- Education
- Law
- Policing
- Criminal Justice
- Criminology
- Management
- Indigenous studies

Table 3: Higher Education and VET Faculty/Divisions offering AOD courses by state

Faculty/Divisions	ACT	NSW	NT	QLD	SA	TAS	VIC	WA
Anthropology		4						
Behavioural Science		4						
Community Medicine		4						
Community Services	4	4	4	4	4		4	4
Community Studies							4	
Criminal Justice		4						
Criminology				4			4	
Education		4		4			4	
Health								
Health Science		4						
Hospitality & Tourism		4		4			4	
Indigenous Health Studies		4	4					
Law		4					4	
Management		4						
Medicine		4		4				4
Mental Health		4					4	4
Nursing		4	4		4		4	4
Pharmacology					4		4	
Political Science/Public Policy						4		
Psychology	4	4		4	4	4		4
Psychological Medicine		4						
Public Health		4		4	4		4	4
Rural Health							4	
Social Science			4					
Social Welfare/Social Work		4		4				

Some law faculties have recently included postgraduate and undergraduate AOD content and the content material includes:

- drug policy regulation and reform
- public policy
- international treaties
- international and domestic policy
- state and federal responsibilities
- detection, investigation, prosecution, sentencing
- rehabilitation and drug treatment.

In addition, the VET sector has recently included Responsible Alcohol Service within its Tourism and Hospitality courses. Gambling issues have also been included in some courses.

Undergraduate and Postgraduate courses

While there has been a significant increase in recent years in the number of AOD courses available at the Undergraduate level, Table 4 shows that Postgraduate and TAFE courses predominate.

Table 4: Number of tertiary courses and electives by level

Course	Number
Undergraduate course	6
Undergraduate core topic ¹	13
Undergraduate elective	11
Postgraduate course	33
Postgraduate core topic ²	7
Postgraduate elective	11
TAFE courses	69

¹ Undergraduate core topics found in mental health, Aboriginal mental health, Indigenous/cultural studies, Aboriginal Health, medicine and criminology

² Postgraduate core topics are found in clinical psychology, psychology and medicine

Multidisciplinary Courses

The review revealed a growing availability of multidisciplinary AOD courses and electives which are outlined in Table 5. (A more detailed presentation of all courses is provided in Appendix 2).

Many of these multidisciplinary courses/electives were noted to be Graduate Certificates or Graduate Diplomas and offered predominantly by Health Faculties.

Common themes in the content of the undergraduate multidisciplinary courses included:

- prevention, harm reduction, application of public health principles, epidemiology
- socio-political and economic perspectives
- AOD models and theories
- biological, pharmacological and behavioural factors relevant to AOD

- Indigenous and cultural issues, integrated approaches, special populations
- clinical assessment, interventions, counselling, advocacy
- promoting change, treatment, dependence, withdrawal
- skill development.

Postgraduate courses had similar content, but tended to also have a greater emphasis on:

- critical reflection
- critical analysis skills
- development of advanced skills in planning, policy, evaluation, research, and management.

Inter-faculty/departmental collaboration appears to have led to the increase in multidisciplinary offerings. Whether this has been a result of academic partnerships, recognition of the broad social context of alcohol and other drug issues and its relevance to frontline workers or economic rationalisation, the outcome has been beneficial.

Table 5: Multidisciplinary AOD Courses/Electives by Level and State

Undergraduate	Postgraduate
Diploma of Social Science (AOD) NT (Indigenous students only)	Masters in Social Science (AOD Strand) NSW
Advanced Diploma of Social Science (AOD) NT (Indigenous students only)	Graduate Certificate/Diploma of Health Science (AOD studies) NSW
AOD studies (core/elective) QLD	Master Health Science (Drug and Alcohol Studies) NSW
Electives in AOD Studies NT	Master Applied Management NSW
Drugs in Society SA	Graduate Diploma of Health Law NSW
Professional Certificate Alcohol and other Drugs: Practical Responses to Contemporary Issues SA	Graduate Certificate Drug Education Studies NSW
Health & Rehabilitation Psychology TAS	AOD Issues Among Indigenous Australians NT
Drugs & Society VIC	Graduate Certificate in AOD Studies NT
Drug & Alcohol Issues in Rural Health VIC	Masters Health Studies (Addiction) QLD
Alcohol and other drugs WA	Postgraduate Diploma in Addiction Studies QLD
Bachelor of Health Science (Addiction Studies) WA	Graduate Certificate in Health (Drugs & Public Health) SA
Minor in Addiction Studies WA	Graduate Diploma in Primary Health Care SA
AOD Electives within Nursing NSW	Master Science Primary Health Care (Drugs & Public Health) SA
AOD Electives within Nursing QLD	Graduate Diploma in AOD Studies SA
AOD Nursing Option SA	Masters in AOD Studies SA
AOD Electives within Social Work QLD	Graduate Certificate in AOD Studies VIC
AOD Electives within Health Science NSW	Graduate Diploma in Substance Abuse Studies VIC
AOD Elective SA (available to all university students)	Postgraduate Diploma of Health Science (Addiction Studies Stream) WA
	Postgraduate Studies in Substance Misuse WA
	Postgraduate/Executive Certificate in Addiction Studies WA
	Graduate Certificate in AOD Abuse Studies WA
	Graduate Certificate in AOD Abuse Studies (Medical Management) WA
	Addiction Studies 501 WA

Undergraduate	Postgraduate
	Addiction Studies 503 WA

Flexible Delivery

The review of AOD tertiary education found that while most undergraduate courses continued to be “on campus” offerings, flexible delivery options such as mixed mode and online were increasingly available. Postgraduate AOD courses have traditionally been offered in a distance education or flexible delivery format.

Flexible delivery requires creativity and consideration of the target audience. Section 4 highlighted that while computers have been around for several decades, many students have difficulty accessing course materials and resources online due to outdated computer equipment and software, and a limited financial capacity to maintain reliable modem, broadband and Internet access.

Successful outcomes from flexible delivery require efficient time management skills, family and/or employer support and release from responsibilities as required. Employers do not always support or have the resources to support remuneration of study costs or provide study leave release time. It is important for course providers to acknowledge these issues and support students’ capacity to manage their time effectively.

Section 6: CONCLUSION

This review found that AOD education and training opportunities to be widely available within the Australian Higher Education and VET sectors at both undergraduate and postgraduate levels. The availability of such AOD education and training opportunities have expanded significantly in the areas of education, indigenous health, law, policing and mental health since the 1998 NCETA review for the then Commonwealth Department of Health and Aged Care.

Achievements in the past five to ten years identified during the review included:

- an increase in the number of AOD courses
- an increase in the range of AOD courses
- an expanded array of AOD education and training providers
- broader coverage of diverse disciplines.

Current deficits and future challenges include:

- maintaining the achievements of the past five years
- risk of significant erosion of the advances made
- the need for improved coordination between education and training providers
- the need to establish mechanisms to allow for national oversighting and monitoring of the provision of AOD education and training
- greater support offered to existing training providers
- better exchange of resources between institutions.

Funding and resource issues in recent years have negatively impacted on the capacity of the Higher Education and Vocational Education Sectors to maintain equitable, accessible and flexible learning outcomes for students. This has significantly impacted on development and delivery of AOD tertiary courses within Australian tertiary institutions. Flexible delivery has provided new opportunities for students and staff, but also presented many challenges.

AOD education and training must maintain the challenge of meeting competency requirements within the VET sector, while remaining sufficiently flexible to accommodate professional practice requirements/standards in a changing workplace.

Roche (1998) maintained that for education and training programs to be effective they must reflect the multidisciplinary nature of the field and draw upon a cross-section of disciplines. The current offerings of AOD tertiary courses are clearly in line with a multidisciplinary approach, however it is also essential that a critical mass of skilled workers be created and retained to address alcohol and other drug-related issues. To support these workers, tertiary institutions must provide flexible learning pathways and

effective education and training to ensure workers are adequately prepared and confident to meet the variety of demands faced in the workplace.

Training is frequently viewed as a solution to workplace problems. But education and training, is only part of the equation. A learning and workforce environment which promotes the development of lifelong learning (learning throughout life) and lifewide learning (learning from life) is essential. Work role clarification, organisational support, resources, appropriate management structures, workplace systems and linkages and professional links are also vital components which support the transfer of learning to the workplace.

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Appendix 1: 2001 NCETA Forum Delegates

Prof Ann Roche, Director National, Centre for Education and Training on Addiction, Flinders University

Ms Darlene Addy, NCETA

Dr Amanda Baker, University of Newcastle

Ms Cally Berryman, Victoria Institute of Technology

Mr Satch Campbell, Canberra Institute of Technology

Dr Sharon Dawe, Griffith University

Prof Charlotte de Crespigny, Flinders University

Dr Ann Deehan, NCETA

Mr Peter Dwyer, TAFE NSW

Ms Tracy Fortune, Drugs Program Bureau, NSW Department of Health

Ms Jill Grove, NCETA

Ms Lyn Hill, Department of Health & Ageing

Ms Tess Hill, National Drug Strategy Unit, Department of Health & Ageing

A/Prof Gary Hulse, University of Western Australia

Ms Carol Kennedy NCETA (proxy for Elizabeth Haebich, University of South Australia)

Mr Trevor King, Turning Point Alcohol and Drug Centre

Dr Olga Lapatko, University of Adelaide

Dr Alison Marsh, Curtin University

Mr Ted Monaghan, Canberra Institute of Technology

Dr Bridie O'Reilly, Northern Territory University

Mr Bill Parlet, QADREC, University of Queensland

Ms Melissa Raven, Flinders University

Ms Sue Rayner, NCETA

Dr David Ryder, Edith Cowan University

Ms Mary Saunders, Spencer Institute of TAFE

Ms Celia Wilkinson, Next Step Specialist Drug and Alcohol Services

Appendix 2: Alcohol and other drug courses by state

Australian Capital Territory

Institution	Title	Post Grad	Under Grad	Full Course	Semester Course
Australian National University	Treatment of Addiction	4			4
Canberra Institute of Technology	Certificate IV Community Services (AOD work) Diploma of Community Services		4 4	4 4	

New South Wales

Institution	Title	Post Grad	Under Grad	Full Course	Semester Course
Australian Catholic University	Substance Abuse (Drugs & Alcohol)		4		4
Barrier Reef Institute of TAFE	Community Services (AOD work) Statement of Attainment		4	4	
Charles Sturt University	Drugs, Crime & Society		4		4
	Mental Health & Substance Abuse		4		4
	Substance Abuse – Assessment & Management 1		4		4
	Psychology of Substance Abuse		4		4
	Bachelor of Social Science (Social Welfare) Drug, Alcohol & Addiction Strand			4	
	Drug Studies		4		4
Hunter Institute of TAFE	Certificate III Community Services (AOD work) Certificate IV Community Services (AOD work)		4 4	4 4	
Illawara Institute of TAFE	Certificate III Community Services (AOD work) Certificate IV Community Services (AOD work) Diploma of Community Services (AOD work)		4 4 4	4 4 4	
Macquarie University	Drugs Across Culture		4		
	Master in Social Health (Drugs & Alcohol Strand)	4			4
	Advanced Topics in Physiological Psychology				
	Psychosocial Aspects of Alcohol & Other Drug Use		4	4	

New England Institute of TAFE	Certificate IV Community Services (AOD work)	4	4		4 4
North Coast Institute of TAFE	AOD work (Statement of Attainment) Certificate IV Community Services (AOD work)			4	
North Sydney Institute of TAFE	Certificate IV Community Services (AOD work) Diploma of Community Services (AOD work)		4 4	4 4	
Open Training & Education Network	Certificate IV Community Services (AOD work)		4	4	
Riverina Institute of TAFE	Community Services (AOD Work) Statement of Attainment Certificate IV Community Services (AOD work)		4 4 4 4	4 4 4	
South Western Institute of TAFE	Certificate IV Community Services (AOD work)		4	4	
Southern Cross University	Studies in Substance Abuse		4		4
Southern Sydney Institute of TAFE	Certificate IV Community Services (AOD work)		4	4	
University of New South Wales	Alcohol & Other Drugs	4			4
University of Newcastle	Alcohol & other Drug Studies Graduate Certificate in Health Science (Alcohol & Other Drug Studies) Graduate Diploma in Health Science (Alcohol & Other Drug Studies) Master of Health Science (Alcohol & Other Drug Studies) Master of Applied Management	4 4 4 4 4		4 4 4 4	4
University of Sydney	Drugs & Society Psychology & Other Drugs Psychology of Addiction Short course: Working with Clients who use Alcohol & Drugs Addictive Behaviours Substance Abuse Problems Alcohol & Other Drugs 1 Alcohol & Other Drugs 2 Drugs, Policy & the Law	4 4 4 4 4 4 4 4 4	4 4 4 4	4	4 4 4 4 4

University of Western Sydney	Addictive Behaviours: Theory, Assessment & Management Graduate Certificate in Drug Education Studies	4			4
University of Wollongong	Drug Problems & Issues	4 4		4	4
Western Institute of TAFE	Provide Responsible Service of Alcohol AOD Work Statement of Attainment Certificate III Community Services (AOD work) Certificate IV Community Services (AOD work) Diploma of Community Services (AOD work)	4	4 4 4 4	4 4 4	4

Northern Territory

Institution	Title	Post Grad	Under Grad	Full Course	Semester Course
Batchelor Institute of Indigenous Tertiary Education	Certificate II Community Services (AOD work) Certificate III Community Services (AOD work) Certificate IV Community Services (AOD work) Diploma of Social Science (Alcohol and other drugs) Advanced Diploma of Social Science (Alcohol and other drugs)		4 4 4 4 4	4 4 4 4	
Northern Territory University	Certificate III Community Services (AOD work) Certificate IV Community Services (AOD work) Alcohol and other Drug Issues Among Indigenous Australians Course in Drink Driver Education Graduate Certificate in Alcohol and other Drug Studies Electives in Alcohol and other Drug Studies	4	4 4 4 4 4	4 4 4 4	4 4

Queensland

Institution	Title	Post Grad	Under Grad	Full Course	Semester
Barrier Reef Institute of TAFE	Certificate III Community Services (AOD work) Certificate IV Community Services (AOD work)		4 4	4 4	
Bond University	Applied Psychology Major (Drugs and Behaviour) Graduate Certificate in Applied Psychology (Addiction) Postgraduate Diploma in Applied Psychology (Addiction) Advanced Alcohol, Drugs and Crime	4 4 4	4	4 4	4 4
Bremer Institute of TAFE	Certificate III Community Services (AOD work) Diploma in Community Services (AOD work)		4 4	4 4	
Central Queensland Institute of TAFE	Certificate IV Community Services (AOD work)		4	4	
Central Queensland University	Drugs in Society Clinical Social Work in Mental Health				4 4
Gold Coast Institute of TAFE	Certificate IV in Community Services (AOD work)		4 4		
Griffith University	Studies in Alcohol & other Drugs		4	4	
James Cook University	Preventative Medicine & Addiction Studies		4		4
North Point Institute of TAFE	Certificate III in Community Services (AOD work)		4		4
Queensland University of Technology	Alcohol & Drug Studies		4		4
Tropical North Institute of TAFE	Certificate III in Community Services (AOD work)				4
University of Queensland	Graduate Certificate in Addiction Studies Postgraduate Diploma in Addiction Studies Master of Health Studies (Addiction)		4 4		4
Yeronga Institute of TAFE	Certificate IV Community Services (AOD work) Diploma of Community Services (AOD work)	4 4 4		4 4 4	
			4		

			4	4	
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South Australia

Institution	Title	Post Grad	Under Grad	Full Course	Semester Course
Douglas Mawson Institute of TAFE	Certificate III Community Services (AOD work)		4	4	
Flinders University	Graduate Certificate in Health (Drugs & Public Health)	4		4	
	Graduate Diploma in Primary Health Care	4		4	
	Master of Science (Primary Health Care) Drugs & Public Health Stream			4	
	Graduate Certificate in Health (Alcohol & other Drug Studies)	4		4	
	Graduate Diploma in Nursing (Alcohol & other Drug Studies)	4		4	
	Master of Nursing (Alcohol & other Drug Studies)	4		4	
Spencer Institute of TAFE	Certificate II (AOD work)	4	4	4	
	Certificate III (AOD work)		4	4	
	Certificate IV (AOD work)		4	4	
	Diploma in AOD Work		4	4	
	Graduate Diploma in Alcohol & Drug Studies			4	
University of Adelaide	Master in Alcohol and Drug Studies			4	
	Alcohol & Drug Issues in Nursing	4			
University of South Australia	Professional Certificate in Alcohol & Other Drugs – Practical Responses to Contemporary Issues	4	4	4	4
			4	4	4

Tasmania

Institution	Title	Post Grad	Under Grad	Full Course	Semester Course
University of Tasmania	Topics in Rehabilitation		4		4
	Health & Rehabilitation Psychology		4		4
	Sex, Drugs and Toxic Waste: Risk and Regulation		4		4

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Victoria

Institution	Title	Post Grad	Under Grad	Full Course	Semester
Bendigo Regional Institute of TAFE	Diploma in Community Services (AOD work)		4	4	
Chisholm Institute of TAFE	Community Services Certificate (AOD work)		4	4	
Deakin University	Graduate Certificate in Addiction Studies	4		4	
	Graduate Diploma in Addiction Studies	4		4	
	Master of Health Science (Addiction Studies)	4		4	
Goulburn Oven Institute of TAFE	Certificate IV Community Services (AOD work)		4		
La Trobe University	Drug Abuse in Australia		4	4	4
	Contemporary Issues in Mental Health Nursing Practice B: Drugs & Alcohol		4		4
	Drug Use & Addictive Behaviour A & B		4		4
Monash University	Alcohol & Drugs		4		4
	Drugs & Society				4
	Drug & Alcohol Issues in Rural Communities	4			4
	Drugs & the Law	4			4
	Dual Disabilities	4			4
Swinburne University of Technology (TAFE)	Certificate IV in Community Services (AOD work)		4	4	
Turning Point	Certificate IV (AOD work)				
	Graduate Certificate in Alcohol & Other Drug Studies		4	4	
University of Ballarat TAFE	Certificate IV Community Services (AOD work)	4		4	
University of Melbourne	Drugs & Justice		4	4	
Victoria University	Diploma of Community Services (AOD work)	4			4
	Graduate Diploma in Substance Abuse Studies	4		4	
		4		4	

Western Australia		Post Grad	Under Grad	Full Course	Semester
Institution	Title				
Centra TAFE	Certificate III Community Services (AOD work) Certificate IV Community Services (AOD work)		4 4	4 4	
Curtin University of Technology	Addiction Foundation 100, 101 Addiction Studies 501, 502, 503 Postgraduate Diploma of Health Sciences (Addiction Studies Stream) Alcohol & other Drugs Master of Nursing (Substance Misuse) Postgraduate Diploma in Clinical Nursing (Substance Misuse) Postgraduate Diploma in Health Sciences (Addiction Studies)	4 4 4 4 4	4		4 4 4
CYO'Connor Institute of TAFE	Certificate III Community Services (AOD work)	4	4		
Drug & Alcohol Services (formally Next Step)	Postgraduate Studies in Substance Misuse	4		4 4	
Eastern Pilbara Institute of TAFE	Certificate III in Community Services (AOD work)			4	
Edith Cowan University	Bachelor of Health Sciences (Addiction Studies) Minor in Addiction Studies Postgraduate/Executive Certificate in Addiction Studies		4 4 4		4
Midland College of TAFE	Certificate III Community Services (AOD work) Certificate IV Community Services (AOD work)		4 4	4 4	
Murdoch University	Psychology of Addictions & Substance Misuse		4		4
South East Metropolitan College of TAFE	Certificate III Community Services (AOD work)		4		
University of Western Australia	Graduate Certificate in Alcohol & Drug Abuse Studies Graduate Certificate in Alcohol & Drug Abuse Studies (Medical Management) Graduate Diploma in Alcohol & Drug Abuse Studies Psychiatric Comorbidity	4 4 4	4	4 4	4
West Coast College of TAFE	Certificate III Community Services (AOD work) Certificate IV Community Services (AOD work)		4	4	

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			4	4	