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Keeping the alcohol and other drug workforce resilient after the COVID-19 emergency

Pandemic-related burnout has been reported in different regions of the world for healthcare workers [1–4]. Some of the preliminary findings suggest increased symptoms of exhaustion, depersonalisation, depression, anxiety and sleep disturbances [5,6]. These symptoms are also familiar to Australian alcohol and drug workers, particularly those who have high workloads and are working overtime [7].

During acute stages of the pandemic, many face-to-face drug and alcohol services were suspended or disrupted, especially inpatient settings, with clinical staff being deployed to other areas of need within the healthcare sector [8–10]. Rapid shifts to telehealth for alcohol and drug services and home delivery of medications occurred to meet the need for continuity of services [8,10–12]. At the same time, the potential need for services expanded. There have been reports of increases in substance use patterns among people already using substances [13–15]. Several jurisdictions in Australia also made changes to allow the early release of low-risk or vulnerable inmates to reduce the risk of COVID-19 in prisons, thus increasing the demand for alcohol and drug services [16–18].

When the acute phase of the COVID-19 pandemic starts to subside, we need to make decisions about how alcohol and drug services will be delivered to avoid bottle-necks from the likely increases in demand and potential reductions in staff resilience.

There is likely to be a backlog of new and existing face-to-face alcohol and drug patient appointments once inpatient and outpatient appointments resume [19,20]. In the post-acute phase of COVID-19, health services will have to manage both accrued annual and sick leave balances of employees to reduce staff shortages. Hospital and health services should evaluate the effectiveness of some of their remote service delivery options that were trialled or operational during COVID-19 to determine the sustainability and cost-efficiency of these. Providing staff with options to balance face-to-face delivery and telehealth services may reduce burnout.

Since remote delivery and working from home arrangements were used in various alcohol and drug services both within the government sector and in the non-government sector, we should consider whether we can increase work-life balance in some services by making some of these options long term [21].

In order to manage individual levels of resilience post-acute COVID-19, we must not forget to look after ourselves when the pandemic-era self-care signs are removed from lunchrooms. We can borrow some of the strategies used during the pandemic more generally, including: normalisation of psychological responses during and after a pandemic [21–24]; encouraging self-care [21–23,25] including physical activity, good sleep hygiene, accessing social support, mindfulness and relaxation skills; and encouraging help-seeking behaviour [21,22,24,26–28] including Employee Assistance Programs and evidence-based online wellness packages [22,23,28]. Feeling stressed and overwhelmed in this situation is not reflective of individual resilience or job performance; understanding why our thoughts and physical reactions are occurring will help our bodies settle [29].

Longer term strategies for attracting and retaining staff within the alcohol and drug sector need to be considered, including recognising skills and specialty training of clinicians in alcohol and drug treatment, expanding training in brief alcohol and drug interventions for general practitioners and allied health professionals in the community, and increasing opportunities for university student placements in alcohol and other drug services.

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Conflict of Interest

The author has no conflict of interest.

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