VICTORIAN ALCOHOL & DRUG ASSOCIATION

Victorian election statement

Equitable access to alcohol and other drug treatment for all Victorians

2022

VAADA Vision

A Victorian community in which the harms associated with drug use are reduced and general health and well being is promoted.

VAADA Objectives

To provide leadership, representation, advocacy and information to the alcohol and other drug and related sectors.

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1. About VAADA

VAADA is a non-government peak organisation representing Victoria's publicly-funded alcohol and other drug (**AOD**) services. VAADA aims to support and promote strategies that prevent and reduce the harms associated with AOD use across the Victorian community. VAADA's purpose is to ensure that the issues for people experiencing harms associated with substance use, and the organisation's who support them, are well-represented in policy, program development and public discussion.

VAADA seeks to achieve its aims by:

- Engaging in policy development;
- Advocating for systemic change;
- Representing issues identified by our members;
- Providing leadership on priority issues;
- Creating a space for collaboration within the AOD sector;
- Keeping our members and stakeholders informed about issues relevant to the sector; and
- Supporting evidence-based practice that maintains the dignity of those who use AOD (and related) services.

VAADA's membership comprises agencies working in the AOD field, as well as those individuals who are involved, or have a specific interest, in the prevention, treatment, rehabilitation or research aimed at minimising the harms caused by AOD.

2. Executive Officer's review

The pandemic, which has overshadowed almost all aspects of public life, has featured as a dominating factor determining broader health priorities. The pandemic and associated restrictions have drawn parallel to the notion of increasing anxiety across the population, characterising the health response through a mental health lens.

While the mental health impacts have been severe, with many of the responses across the nation being commendable, the narrowing focus on mental health as a panacea to COVID-19 related harms has left the growing number of people experiencing substance dependence banked up in ever longer waiting lists.

The impact of the pandemic on people seeking alcohol and other drug (AOD) treatment has compounded a range of pre-existing issues, and laid bare a number of fault lines across the system

This paper draws from a number of sources detailing escalating AOD related harms, including increasing co-occurring mental health issues, family violence and a range of other issues. We have seen changes in the composition of substances, with a surge in alcohol related treatment demand, no doubt facilitated by a disappointingly limp approach in liquor regulation.

Pre existing workforce issues, including recruitment and capability have been exacerbated, not only by the pandemic, but also the looming threat of a well resourced rapidly expanding mental health sector. This will generate a high demand for workers, potentially cannibalising the AOD treatment sector of experienced clinicians and heightening an existing workforce shortage crisis.

Going back through the past decade, while some investment relating to particular issues such as methamphetamine and the overburdened residential rehabilitation may have temporarily eased some immediate needs, demand is exceeding supply. Sadly, the 2022/23 budget will see the first reduction in AOD spending for well over a decade (at least).

The situation is grave for so many Victorians.

The legacy of a disjointed reform process, the possibility of additional pressure brought about by MH reforms and a pipeline of work coming from justice/forensic clients and growing numbers of voluntary clients places the system under severe stress. The system is clearly broken and was never fixed after its last reform.

The position of the Victorian Alcohol and Drug Association (VAADA) is clear; too many Victorians have been suffering on waitlists, unable to access AOD treatment in a timely manner, with harms escalating year on year. The pandemic has exacerbated this crisis. There is an immediate need to prioritise a significant uplift in the sector, including regional services and ensure that we not only have a capable work ready workforce for today but also the foundations in place for tomorrow's workforce.

Sam Biondo

3. Summary of recommendations

Recommendation 1	**The 100EFT of AOD workers is extended**
Recommendation 2	**To ensure that all Victorians can access AOD treatment when they need it, increase the capacity of the sector by 250 EFT over the next two years**
Recommendation 3	**The capacity of Victoria's residential rehabilitation system is increased to provide for a minimum of 1 bed per 10,000 head of population and ensure that there are accessible residential rehabilitation and detoxification beds in all regions of Victoria.**
Recommendation 4	**Invest $1.5M to extend the activity of VAADA's Elevate! program to better coordinate training, streamline student placements and enhance the attraction of staff to Victoria's AOD sector. This entity would progress options for micro-credentialing, course development and opportunities to upskill new and existing AOD workers. A central co-ordinating team of at least two additional staff would support the Elevate! program.**
Recommendation 5	**Invest $2M to develop a broad 'industry plan' for the AOD sector which undertakes an assessment of the core elements of the Victorian AOD system, current and future demand as well as forecasting future workforce and infrastructure need and resource the progression of that plan.**
Recommendation 6	**Improve industrial and wellbeing conditions of the AOD workforce in alignment to similar changes in the mental health workforce to improve workforce attraction and retention.**

4. About this statement

The Victorian Alcohol and Drug Association has developed this statement to detail some of the key needs of Victorians experiencing alcohol and other drug (AOD) dependency and related harms.

This statement is based on data derived from the funded AOD treatment sector relating to service access and capacity.

It highlights that the wait list and times for treatment has lengthened during the pandemic and that entrenched limitations in capacity have hampered the sectors ability to always provide timely support to Victorians in need.

Data from this statement has been derived from surveys administered across the Victorian AOD treatment sector; these include four snapshot waitlist surveys[1] administered between September 2020 and December 2021 as well as an annual sector priorities survey[2].

5. Accessible AOD treatment creates a healthier and safer community

AOD treatment provides a return on investment, reduces acute health demand and expenditure and harmful and expensive interactions with the justice system.

AOD treatment provides an $8 return for every $1 of investment[3]

AOD treatment reduces the frequency of ambulance attendances and hospitalisation for the following year[4]

Residential rehabilitation is more cost effective than prisons, saving over $200,000 per person[5]

AOD reduces the duration of heroin dependence by up to 45%[6]

The Drug Court achieves significant reductions in recidivism and saves the government $1.2M per year in prison expenditure

[1] The waitlist snapshot surveys seek information on wait lists and wait times.
[2] The sector priorities survey is administered annually and seeks to identify key challenges facing the sector.
[3] J Coyne, V White, and C Alvarez, C, *Methamphetamine: focusing Australia's National Ice Strategy on the problem, not the symptoms*, Australian Strategic Policy Institute, Barton, 2015, p 21.
[4] Manning, V et al, 'Substance use outcomes following treatment: findings from the Australian Patient Pathways Study', *Australia and New Zealand Journal of Psychiatry*, vol 51 no 2, 2017, pp. 177-189.
[5] National Indigenous Drug and Alcohol Committee, 'An economic analysis for Aboriginal and Torres Strait Islander offenders prison vs residential treatment', Australian National Council on Drugs research paper no 24, accessed 13 January 2020, https://www2.deloitte.com/au/en/pages/economics/articles/cost-prison-vs-residential-treatment-offenders.html, xi.
[6] National Treatment Agency for Substance Misuse. n.d. Treat addiction, cut crime. UK.

6. COVID-19 and AOD dependency – the forgotten issue

COVID-19 has increased demand for treatment with increasing substance dependence to be persisting for years after the pandemic concludes.

Crises generate increased at risk AOD use and harm. People living in regions where there have been natural disasters have experienced enduring increases in substance use and related harm.

- Following the Black Saturday fires, 23.2 percent those residing in severe fire affected areas engaged in heavy drinking compared to 17.6 percent in low affected areas;[7]
- Alcohol use was 1.4 times higher in fire affected areas following Black Saturday amounting to an estimated lifetime cost of $190 million;[8]
- Similarly, following the Queensland floods, people in flood affected areas were:

    - 5.2 times more likely to increase alcohol consumption;
    - 4.5 times more likely to increase tobacco usage; and
    - 5.1 times more likely to increase medication consumption[9].

The past year, under the pandemic, has generated a shift in trends amongst those presenting for treatment.

VAADA's sector priorities survey administered to the sector in 2021 revealed significant changes in the drivers of demand. Table 1 details various factors impacting changes in demand, with 90% of agencies citing COVID-19 and related issues being a factor in treatment demand. Almost 19 in 20 responding agencies cited mental health, illustrating the significant work that still needs to be done in line with the Royal Commission into Victoria's Mental Health System.

[7] Bryant et al. 2018. Longitudinal study of changing psychological outcomes following the Victorian Black Saturday bushfires. ANZJP. 52(6). Pp 542-551.
[8] Deloitte Access Economics 2016. The Economic Cost of the Social Impact of Natural Disasters. http://australianbusinessroundtable.com.au/assets/documents/Report%20-%20Social%20costs/Report%20-%20The%20economic%20cost%20of%20the%20social%20impact%20of%20natural%20disasters.pdf
[9] Turner et al 2013. Impact of the 2011 Queensland Floods on the use of Tobacco, Alcohol and Medication. 37 (4).

Table 1: Victorian AOD Agency Observations: Factors contributing to changes in AOD demand 2021[10]

	INCREASED	DECREASED	STAYED THE SAME	TOTAL
Family violence	74.36% 29	2.56% 1	23.08% 9	39
Safescript	29.63% 8	0.00% 0	70.37% 19	27
Mental Health	94.87% 37	2.56% 1	2.56% 1	39
Pharmacotherapy	46.43% 13	3.57% 1	50.00% 14	28
Changed drug use patterns	72.97% 27	0.00% 0	27.03% 10	37
Justice and Corrections issues	55.17% 16	10.34% 3	34.48% 10	29
COVID-19 and the associated restrictions	89.47% 34	2.63% 1	7.89% 3	38

It is clear that mental health is a leading factor for many people seeking support for AOD treatment. Despite recommendations 35 and 36 relating specifically to AOD, the treatment sector has to date been largely relegated as a footnote in the reforms.

[10] VAADA 2021. Sector Priorities Survey 2021. Victorian Alcohol and Drug Association.

7. Demand for AOD treatment has soared during the pandemic

Demand for alcohol and other drug treatment has surpassed sector capacity, with expanding waitlists and people missing out on support.

The Australian Institute of Health and Welfare reports that closed treatment episodes in Victoria have increased by 87.5% between 2014/15 to 2019/20[11]

VAADA's waitlist surveys have revealed a reported 71.4% increase in the number of people waiting for treatment in the 15 months from September 2020 to December 2021

Seven in 10 AOD treatment agencies have reported an increase in the severity and prevalence of alcohol related presentations since the pandemic commenced

VAADA commissioned a survey of 526 people which indicated that 59.3% were of the view that wait times for treatment should not surpass a week[12]

Only between 26.8% and 56.4% of those in need of treatment access it. This translates to a demand gap of 43.6 to 73.2%, or 180,000 to 553,000 people nationally.[13]

The pandemic has ushered in a surge in demand for alcohol and other drug (AOD) treatment in Victoria.

Based on AIHW data in the five years leading up to 2019/20, there has been an 87.85% increase in the number of courses of treatment being administered by Victorian AOD treatment agencies.

[11] AIHW 2021. Alcohol and Drug Treatment Services. https://www.aihw.gov.au/reports-data/health-welfare-services/alcohol-other-drug-treatment-services/overview

[12] VAADA 2018. Commissioned community survey: alcohol and other drugs.

[13] A Ritter, J Chalmers and M Gomez, 'Measuring Unmet Demand for Alcohol and Other Drug Treatment: The Application of an Australia Population-Based Planning Model', *Journal of Studies on Alcohol and Drugs, Supplement*, s18, 2019, p. 42.

Figure 1: Completed courses of AOD treatment in Victoria - 2014/15 - 2019/20[14]

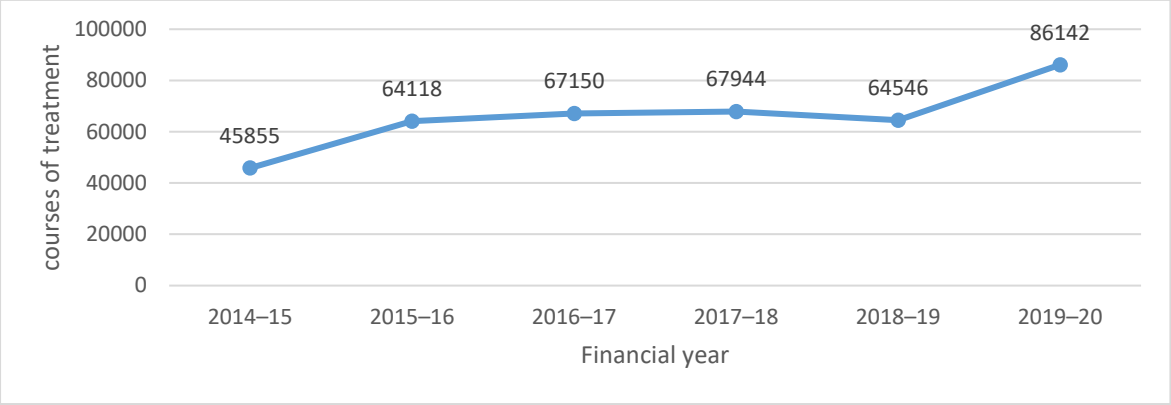


Figure 1 highlights a surge in demand in the 12 months leading to 2019/20 by 33.46%, aligning with increasing need for treatment as the pandemic commenced.

From September 2020, VAADA has been surveying government funded AOD treatment agencies to ascertain demand for treatment and agency capacity to meet this treatment demand.

Table 2 details the number of people waiting for AOD treatment on any given day within each survey reporting period.

Table 2: number of people waiting for AOD treatment each day during the survey-reporting period[15]

Survey reporting period	Number of people waiting	% change from September 2020
24/8 – 28/9/2020	**2385**	0
30/11/20 – 11/1/2021	**2427**	1.7% ⇧
1/7 – 30/7 2021	**3599**	50.9% ⇧
24/11 – 24/12 2021	**4088**	71.4% ⇧

As the pandemic progressed, wait lists increased, with a **71.4%** increase in people on the daily waitlist for treatment in the 15 months from September 2020 to December 2021.

Many of these people are presenting with alcohol as the primary substance of concern, with 70% of all treatment agencies in Victoria citing an increase in both the severity and prevalence of alcohol related presentations since the pandemic commenced. Agencies have indicated that there has been an increasing cohort of people who have not previously engaged in treatment presenting with alcohol related concerns during the pandemic. Equally, many people have relapsed and are waiting for treatment amidst escalating risks of substance related harm.

Now is not the time to succumb to pleas from the alcohol industry to ease up on alcohol regulations.

[14] AIHW 2021. Alcohol and Drug Treatment Services. https://www.aihw.gov.au/reports-data/health-welfare-services/alcohol-other-drug-treatment-services/overview

[15] VAADA's waitlist snapshot survey, which seeks information from funded AOD treatment agencies on waitlists, wait times and capacity has been administered four times.

8. High demand treatment types

i. Complex Counselling

This treatment type is designed for people experiencing severe AOD dependence and has a longer duration than standard counselling.

The wait list for complex counselling has increased by 65.26% in the 15 months between September 2020 (285 people) to December 2021 (471 people).

Figure 2: Daily wait list for Complex Counselling

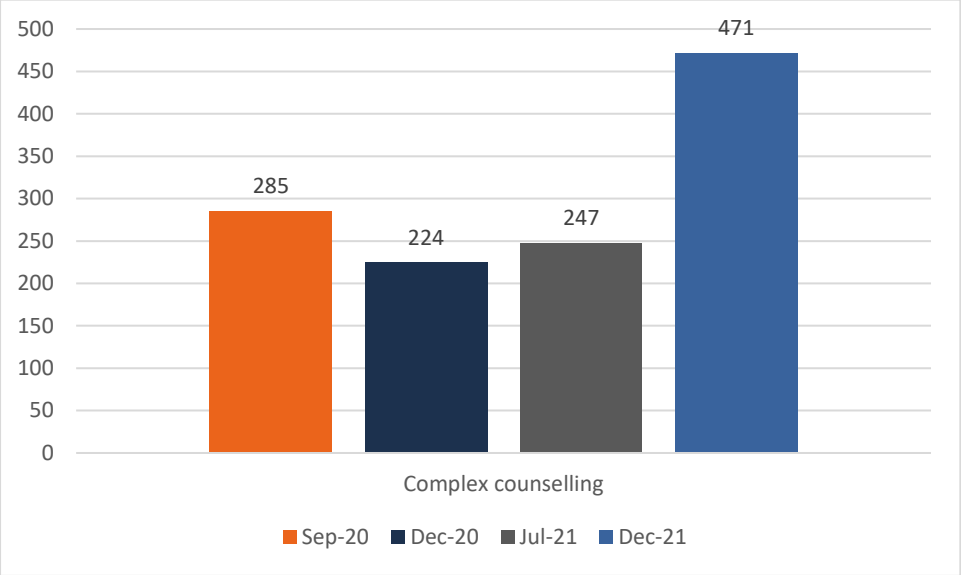


Figure 2 illustrates a surge in demand following the Delta wave and associated restrictions of the latter part of 2021.

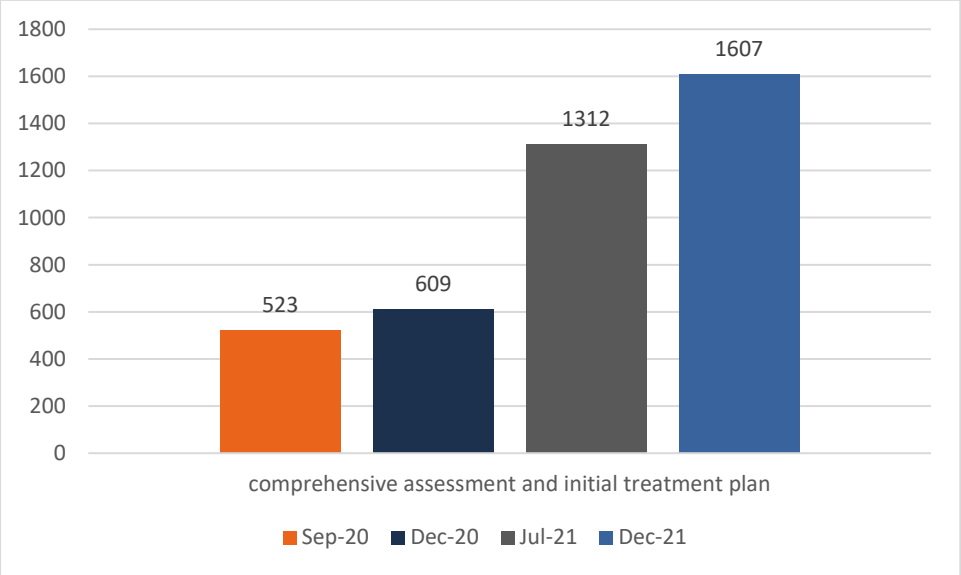
The mean wait time from complex counselling increased by one third in the four months from July 2021 **(18.33 days)** to December 2021 **(24.86 days)**.

ii. Comprehensive assessment and initial treatment plan

The comprehensive assessment determines the service user's treatment needs in greater detail and assists in ascertaining various risks and the most suitable treatment pathway.

The wait list for comprehensive assessment and initial treatment plan has increased by 207.26% in the 15 months between September 2020 (523 people) to December 2021 (1607 people).

Figure 3: Daily waitlist for Comprehensive assessment and initial treatment plan



The mean wait time for assessment increased from **9.2 days** (September 2021) to **15.83 days** (December 2021).

iii. Care and recovery coordination

Care and recovery coordination (CRC) provides an integrated approach to care for individuals in need of not only AOD treatment but also other health and support services.

The wait list for CRC has more than doubled, from 49 (September 2020) to 109 people (December 2021), this being an increase of 136.95% over the 15 month period.

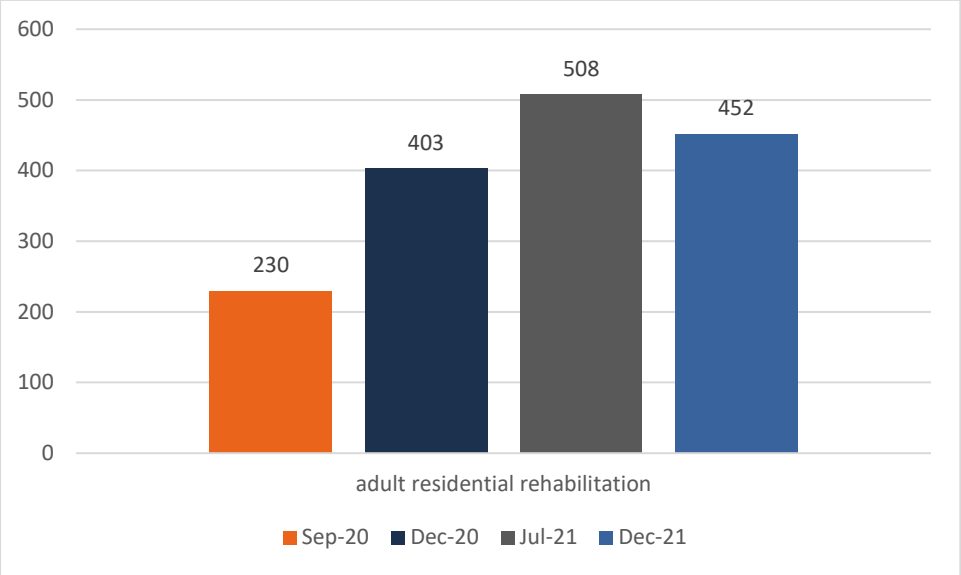
The mean wait time increased from **6.8** (July 2021) to **11.17** (December 2021) days.

iv. Adult residential rehabilitation

Adult residential rehabilitation provides longer term support for people experiencing AOD dependency; they may receive support in a therapeutic community for three months or longer.

The wait list for residential rehabilitation has increased by 96.52% in the 15 months between September 2020 (230 people) to December 2021 (452 people) with wait times spanning up to 90 days (this does not include the wait times for intake, assessment and withdrawal). The wait list for residential rehabilitation is likely to be conservative given that many people, while waiting for months, disengage.

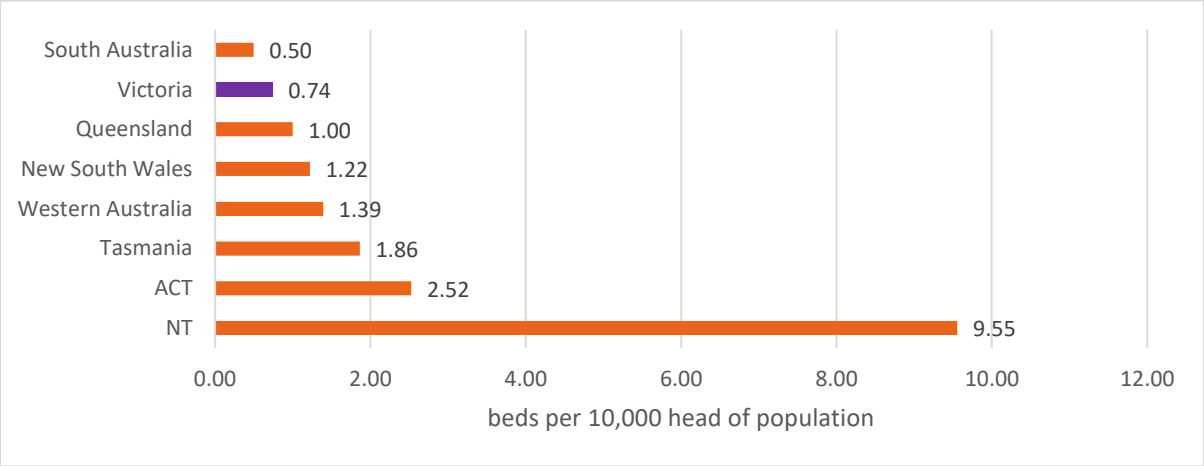
Figure 4: Single day waitlist for adult residential rehabilitation



The mean wait time for residential rehabilitation declined in the four months up to December 2021, in part due to expanding wait lists for residential withdrawal. It should also be noted that due to social distancing and related restrictions, access and throughput for residential AOD services has been curtailed.

The extensive wait times and wait lists for residential services are aligned to a lack of capacity, with some regions lacking any residential services. Despite the uplift of 2018, Figure 5 reveals that Victoria has the second lowest per capita residential rehabilitation bed rate in Australia.

Figure 5: residential rehabilitation beds per 10,000 head of population (2021)



The lack of capacity is in part fuelled by skewed priorities that see Victoria's prison bed per capita rate being almost 15 fold higher than the residential rehabilitation bed rate. The untenable political consensus of expanding the prison industry is driving a range of harms, including AOD related harms, with the opportunity cost amounting to less health, education and welfare services for at risk Victorians.

The surging growth of the prison system is one of the most egregious, wilful and ongoing policy failures in Victorian history.

Table 3: prison bed and residential rehabilitation bed per 10,000 head of population (2021)

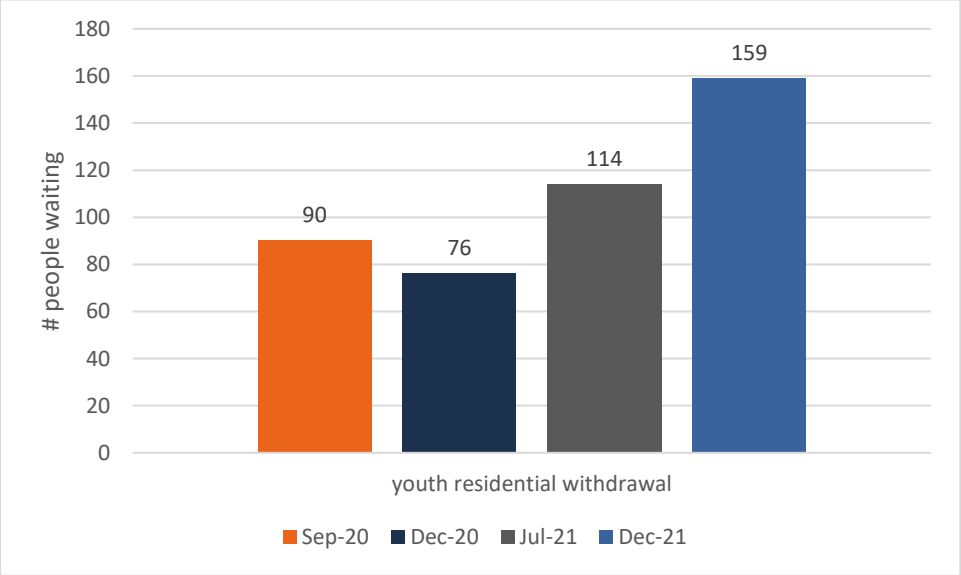
	number of beds	bed rate per 10,000 head of population
residential rehabilitation	492	0.74
prison	7257	10.92

v. Youth residential withdrawal

Youth residential withdrawal provides vital withdrawal and other support to young people experiencing AOD dependency.

The wait list for youth residential withdrawal has increased by 76.66% in the 15 months between September 2020 (90 young people) to December 2021 (159 young people).

Figure 6: Single day waitlist for youth residential withdrawal



The mean wait time for this service has more than trebled from 14.5 (July 2021) to 37.6 (December 2021) days. As with other treatment services, it is probable that there are some young people disengaging while waiting.

These expanding wait lists for treatment (as indicated above) are likely only a fraction of community need, as many people who cannot endure the extensive wait times will disengage and may recommence at higher levels of at risk substance use. For many, the level of desperation results in a last ditch approach to the unregulated private sector, often at great expense and little promise. Many of these families dig deep into superannuation or extend existing mortgages, with no promise of any positive outcomes.

Table 4 below reflects a community survey commissioned by VAADA in 2018 of 526 Australians which indicates that six in 10 people maintain the view that people should not have to wait for treatment for more than a week.

Table 4: 'How long should someone experiencing harmful AOD dependency wait for treatment?' [16]

	Frequency	Percent	Cumulative percent
1 day	**123**	**23.4**	**23.4**
Not more than 1 week	**189**	**35.9**	**59.3**
Not more than 1 month	62	11.8	71.1
Not more than 3 months	18	3.4	74.5
3 months plus	23	4.4	78.9
Don't know	111	21.1	100
Total	526	100.0	

6 in 10 believe AOD treatment wait times should not surpass 1 week

The current system is not adequately resourced to cater for community expectations.

9. The AOD sector lacks the capacity to meet current demand levels.

Despite some growth in capacity last decade, the AOD sector is acutely under resourced to cater for demand levels

Within the scope of currently funded AOD programs, the sector has reported that state-wide, there is a need for an additional 242.8 EFT to meet current demand

VAADA's sector priorities survey revealed that 56.82% of AOD agencies have reported a reduction in capacity to meet demand during 2020/21 (with 26% noting an increase in capacity)

Similar to other disasters, the pandemic, which has generated unprecedented levels of anxiety, health and social harms, will result in increased substance use and new, more harmful patterns of consumption (such as consuming more alcohol, more frequently, in isolation, in the home).

VAADA's 2021 sector priorities survey has revealed that more than nine in 10 agencies have reported an increase in demand relating to mental health. Increased demand generated by the ongoing mental health reforms will generate greater demand for AOD treatment, as more people, with co-occurring mental health and AOD issues engage support

Over the past decade, 107 Victorians have each day required an ambulance for AOD related issues

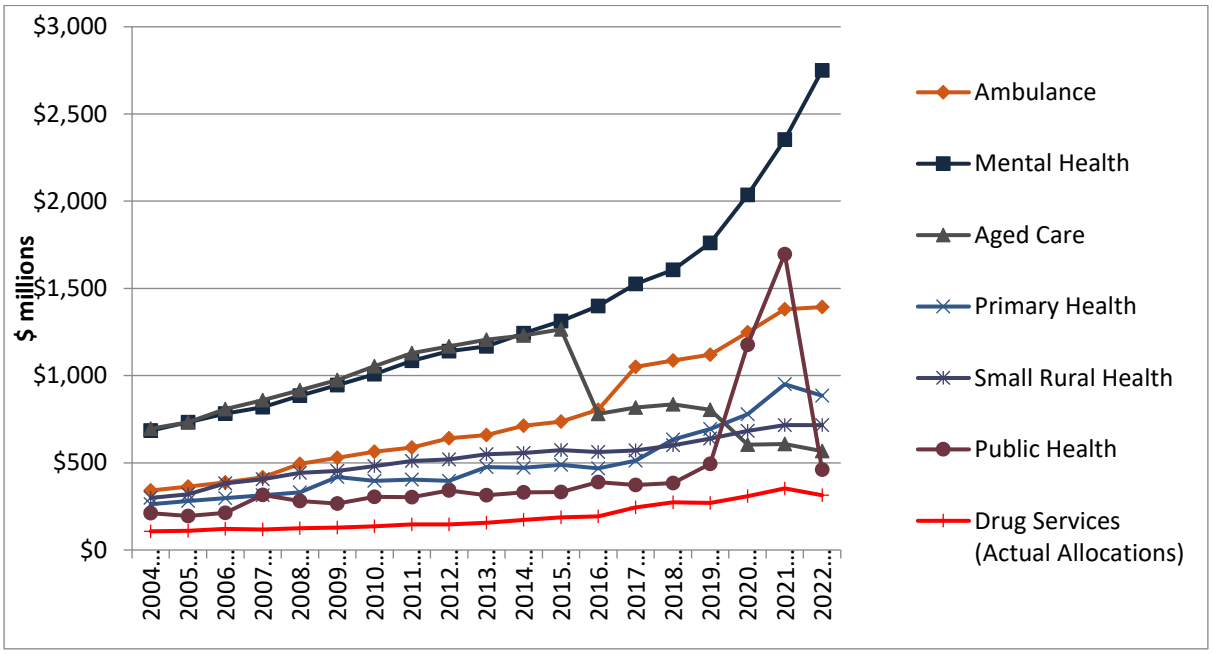
Over the past decade, 123 Victorians have each day attended hospital for AOD related issues

In the 2022/23 Victorian budget, AOD has experienced an 11.2% cut from the previous year, amounting to $39.8M

[16] VAADA 2018. Commissioned community survey: alcohol and other drugs.

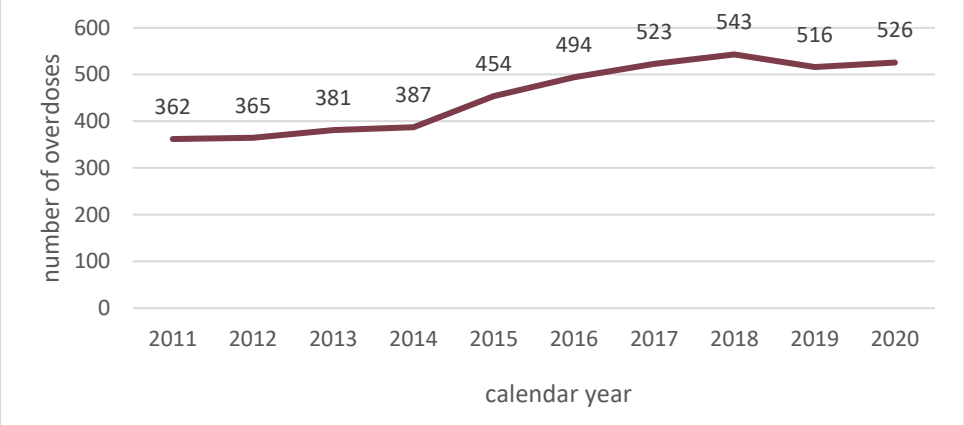
Victoria's AOD treatment sector has been chronically underfunded for decades. It has lagged behind other health sectors by way of growth despite escalating demand, with a telling impact regarding the health and wellbeing of Victorians.

Figure 7: Output funding (health) 2004/05 – 2022/23 (in $millions)[17]



The result of this entrenched neglect has been escalating AOD related ambulance, hospitalisation and fatal overdose numbers.

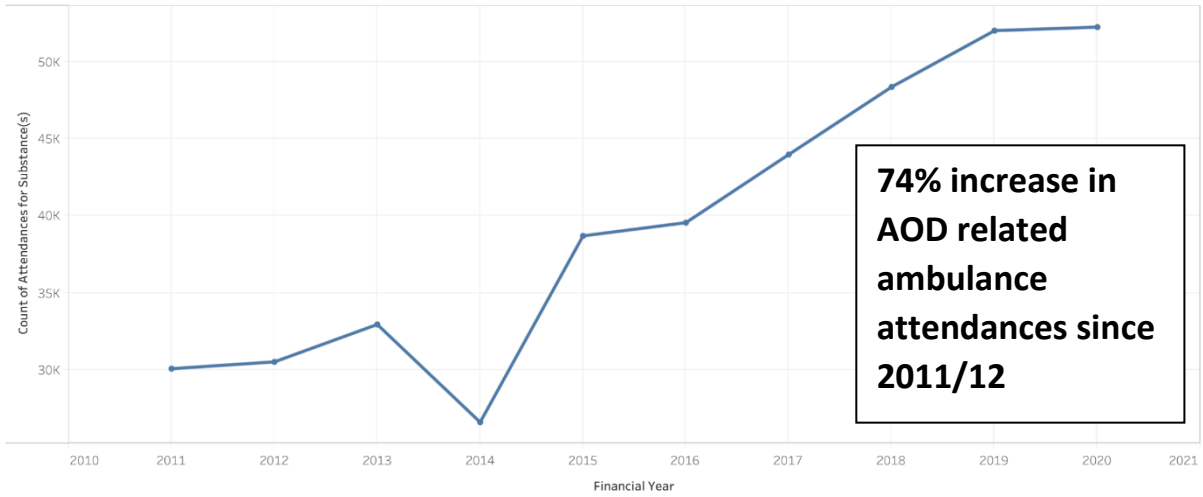
Figure 8: Fatal overdoses Victoria 2011-2020[18]



45% increase in fatal overdose since 2011

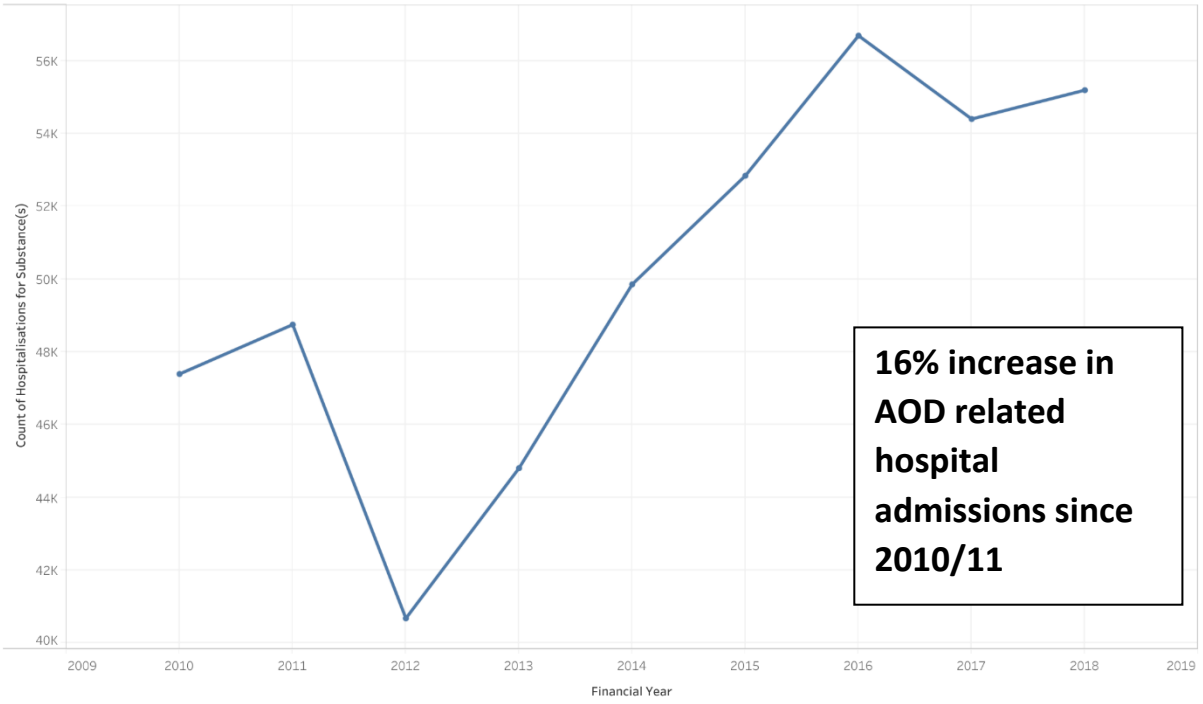
[17] Data for Figure 2 has been obtained from Victorian Government Budget Papers.
[18] Coroners Court of Victoria. 2021. Victorian Overdose deaths, 2011-2020. https://www.coronerscourt.vic.gov.au/sites/default/files/2021-07/CCOV%20-%20Overdose%20deaths%20in%20Victoria%202011-2020%20-%2029Jul2021.pdf

Figure 9: AOD related ambulance attendances in Victoria[19]



Over the past decade, 107 Victorians have each day required an ambulance for AOD related issues.

Figure 10: Alcohol and other Drug Hospitalisations in Victoria[20]



Over the past decade, 123 Victorians have each day attended hospital for AOD related issues.

[19] AODstats.org.au
[20] AODstats.org.au

Many of these AOD related acute health and associated harms would be diminished by an adequately resourced AOD system. People would be able to receive help, when they need it, rather than facing the escalating likelihood of increased at risk usage while waiting for support.

During the period of the pandemic, there has only be one significant funding announcement, that amount to $25M which would support the employment of 100 EFT of additional AOD treatment capacity. At time of writing, we understand this to be a one off investment in the AOD workforce. Accompanying this is a centralised AOD workforce training program, Elevate!, which will also conclude later this year with only one year of operation. It will be devastating for the community if these programs are not continued.

VAADA's December 2021 snapshot survey sought feedback from agencies on how much, if any, additional capacity across their funded programs is necessary to meet current levels of demand.

The aggregate figure from responding agencies, across all treatment types throughout Victoria was **242.8 EFT**. This is an additional 242.8% on the 100 EFT uplift mentioned above.

The breakdown of responses by service type is roughly aligned with the waitlist figures, with those treatment types experiencing longer queues generally listed as requiring greater EFT to meet current demand.

Figure 11 provides a breakdown by funded treatment type of EFT to meet current demand.

Figure 11: EFT required to meet current demand by treatment type

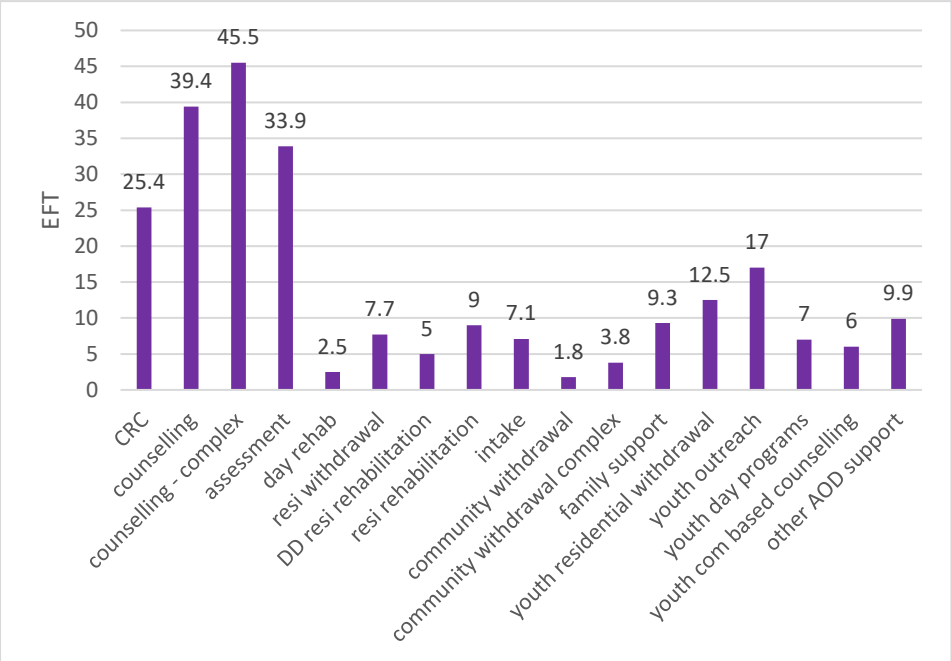
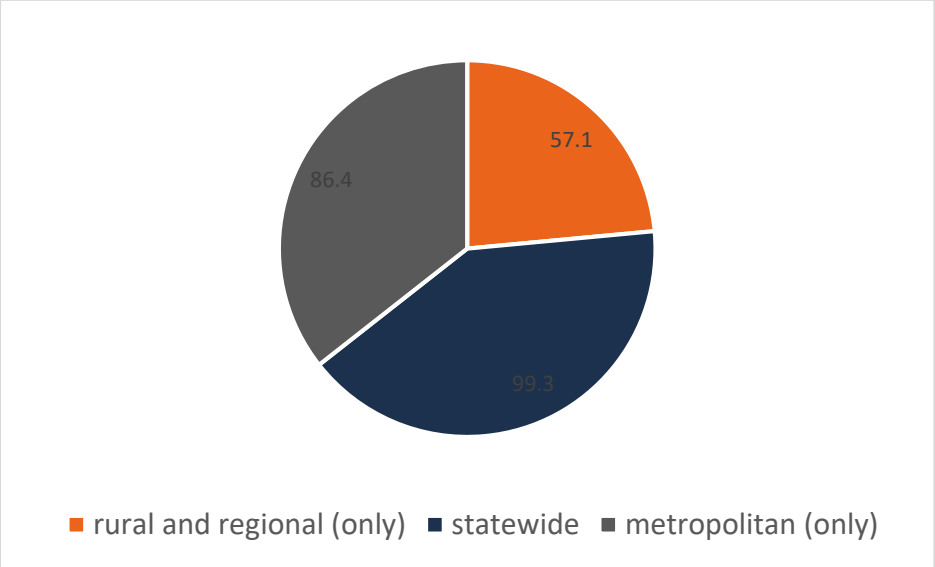


Figure 11 provides a high-level indication of where capacity is required by treatment program[21]. There are not only resource implications in meeting this need, but also workforce capability and planning needs, to ensure tan evaluable and highly skilled workforce can support Victorians seeking treatment.

Figure 12 details an analysis of the EFT data assessed by rural and regional, metropolitan and services that offer statewide programs (or are spread across both metropolitan and rural and regional areas).

Figure 12: EFT required to meet current AOD treatment demand: statewide, regional and metro



Statewide services, such as residential services and those operating across both metropolitan and regional areas, account for 40% of the required capacity. Rural and regional services account for 23% of the required capacity while metropolitan services account for 37% of the necessary capacity.

There is a need to progress an uplift in AOD treatment capacity by 250 EFT across the state.

[21] This is an under estimation due to agencies only responding to demand by treatment programs they are currently funded for. Therefore those programs with a smaller number of providers will have received a smaller number of responses, and therefore the aggregate figure may offer an overall underestimate of required capacity.

Mental Health – AOD sector forgotten amidst MH reforms and COVID-19

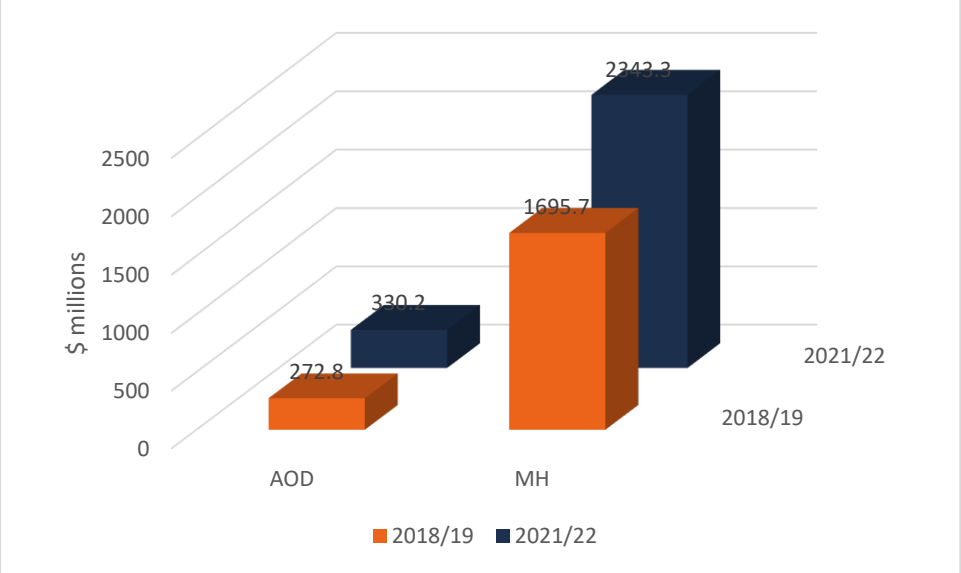
The Royal Commission into Victoria's Mental Health System found that in 2018/19, 19% of AOD clients (7147 people) had also engaged clinical mental health support over that period. This amounts to 9% of the number of people engaging clinical mental health services over the same period.

Looking at engagement with the mental health system over a longer period of time, 66% of AOD clients had previously seen a mental health clinician.

Despite the huge portion of people presenting for AOD treatment with co-occurring AOD and mental health concerns, AOD support is hampered by a lack of resourcing.

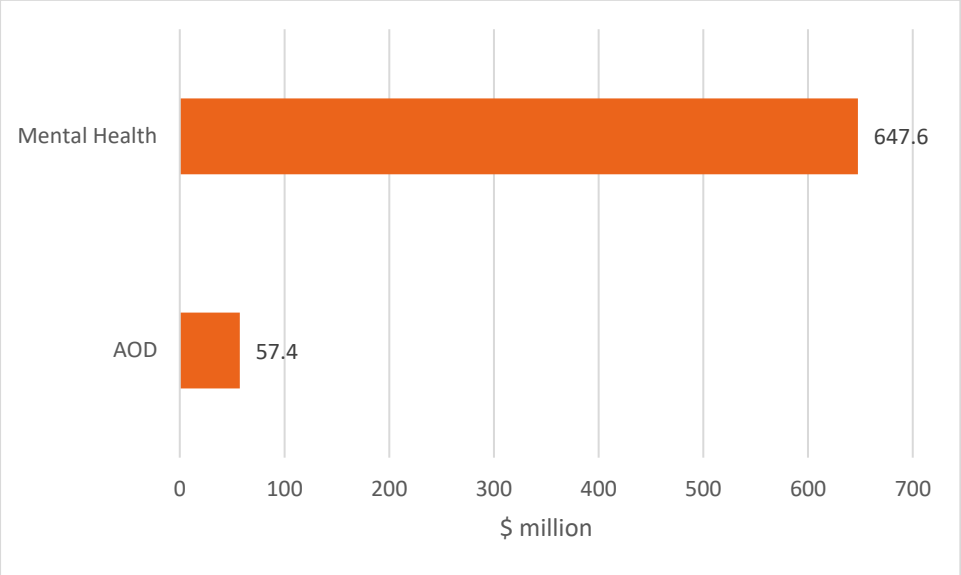
It is evident both in base funding and growth that the AOD sector is out of step with mental health, despite sharing many of the same service users.

Figure 13: sector growth 2018/19-2021/22 – state funded mental health and AOD



As indicated in figure 14, over the three year period, growth in the mental health sector is more than 11 fold the AOD sector over 2018/19 to 2021/22. Two thirds of AOD clients have a history of mental illness.

Figure 14: additional funding 2018/19-2021/22 – state funded mental health and AOD



10. Building a sustainable workforce

There are not enough qualified workers to fill all the available positions. This is coupled with a high rate of burn out and the greater appeal of well remunerated expanding sectors, such as mental health. We need to secure our existing workforce and put in place the building blocks to recruit tomorrow's workforce.

- AOD agencies responding to VAADA's 2021 sector priorities survey report that recruitment is the most significant challenge currently facing the sector;
- While agencies compete for a dwindling pool of quality workers, many workers look abroad to larger, more secure and better remunerated sectors; the growth in the mental health sector may have devastating impacts on recruiting and retaining skilled AOD clinicians;
- Retaining workers will require regular upskilling/training as well as competitive remuneration and employment conditions.

As in previous years, the 2021 VAADA Sector Priority Survey revealed enduring concerns regarding recruitment, retention and remuneration of staff in the AOD sector. Two thirds of all agencies responding to this survey listed recruitment as the most prominent concern. This was more pronounced among organisations located in rural and remote communities.

Agencies report that many workers have been exhausted by the pandemic, with increasing rates of workforce attrition. The sector is increasingly expected to demonstrate greater expertise and capability across a range of areas and populations, including family violence, child protection, youth, Aboriginal and Torres Strait Islander and CALD communities with no additional capacity to account for the burden of these expectations.

The AOD sector is also facing greater competition for staff from other sectors, such as mental health, providing greater stability and higher remuneration, taking workers away from AOD.

Already, agencies report that they have to readvertise positions - multiple times – and often have no choice but to employ someone who requires considerable support to carry out the work. In many cases, after more than a year of additional support and training, the now upskilled worker may seek more highly remunerated work in other sectors.

An uplift in industrial conditions across the sector should be progressed to allow greater competitiveness with other sectors in both wages and conditions.

There is an urgent need to establish and maintain mechanisms to efficiently upskill the Victorian AOD workforce on an ongoing basis as well as ensure that there is a sufficient supply of workers.

In alignment with the Victorian Government COVID-19 100 workers initiative, VAADA has been funded to provide training to new and current AOD workers. This funding being associated with the 100 workers initiative is therefore at risk of concluding later this year. This should be continued to provide the necessary upskilling opportunities to existing and new AOD workers into the future and to support the sector through the mental health reforms.

The Victorian Alcohol and Drug Association Inc. acknowledges the support of the Victorian Government.