



Submission to Infrastructure Victoria

Submission to Infrastructure Victoria's draft
30-year Infrastructure Strategy 2025-2055

April 2025

Contact
James Petty
Senior Policy and Research Officer
jpetty@vaada.org.au

Victorian Alcohol & Drug Association
Level 6, 222 Hoddle Street
Abbotsford VIC 3067
p. 03 9412 5600
vaada@vaada.org.au
www.vaada.org.au

Acknowledgement of Country

VAADA acknowledges the Traditional Owners of the land on which our work is undertaken. Our office stands on the country of the Wurundjeri people of the Kulin Nation. We pay our respects to all Elders past and present and acknowledge their continuing and ongoing connection to land, waters and sky.



Contents

About VAADA	1
Recommendations.....	2
Introduction	3
AOD Infrastructure and Capital Investment	4
Inadequate AOD Data Collection and Access	5
Expand Harm Reduction Infrastructure.....	6
Establish a Potent Synthetic Opioids Plan	7
Conclusion	8

About VAADA

The Victorian Alcohol & Drug Association (VAADA) is a member-based peak body and health promotion charity representing organisations and individuals involved in prevention, treatment, rehabilitation, harm reduction or research related to alcohol or drugs. VAADA aims to support and promote strategies that prevent and reduce the harms associated with alcohol and other drug (AOD) use across the Victorian community. Our vision is a Victorian community in which AOD-related harms are reduced and well-being is promoted to support people to reach their potential. VAADA seeks to achieve this through:

- Engaging in policy development
- Advocating for systemic change
- Representing issues our members identify
- 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
- Supporting evidence-based practice that maintains the dignity of those who use alcohol and other drugs and related services

VAADA acknowledges and celebrates people and their families and supporters who have a lived and living experience of alcohol, medication and other drug use. We value your courage, wisdom and experience, and recognise the important contribution that you make to the AOD sector in Victoria.

Recommendations

1. That the Infrastructure Strategy include a recommendation to establish a recurrent AOD capital infrastructure grants program—initially \$30 million over three years—to address urgent infrastructure gaps in the sector.
2. That the Infrastructure Strategy include a recommendation to establish dedicated AOD and/or withdrawal beds in all Victorian public hospitals to ensure statewide access to appropriate care and to embed AOD treatment as a core component of the public health system.
3. That, as part of its broader recommendation to invest in digital healthcare, the Infrastructure Strategy identify AOD data systems as a critical component of Victoria’s digital health infrastructure. This should include a call for the Victorian Government to fully commit to and implement all recommendations relating to AOD data made by both the *Royal Commission into Victoria’s Mental Health System* and the Victorian Auditor-General’s report on the Victorian Alcohol and Drug Collection.
4. That the Infrastructure Strategy recommend increasing investment in harm reduction infrastructure in Victoria, with a focus on:
 - Needle and Syringe Programs, including vending machines, particularly in regional Victoria.
 - Ongoing support for the Take-Home Naloxone Program.
 - Expand access to Overdose Prevention Facilities in high-need areas to reduce harm and improve service reach.
 - Appropriate infrastructure support for Victoria’s drug-checking service to ensure it can operate to best practice standards (i.e. a fixed site testing service supplemented by mobile drug-checking units capable of servicing multiple events simultaneously during high-demand periods).
5. That the Infrastructure Strategy recommend the Victorian Government develop and implement a Potent Synthetic Opioids Plan for Victoria to ensure an appropriately resourced, coordinated, evidence-based and rapid response to the emergence of high-risk synthetic substances, including early warning systems, cross-sector collaboration, workforce training, and access to harm reduction and treatment services, to minimise the risk of widespread harm and fatal overdose incidents.

Introduction

The Victorian Alcohol and Drug Association (VAADA) welcomes the opportunity to make a submission to Infrastructure Victoria's draft *30-Year Infrastructure Strategy 2025-2055*.

Over the next 30 years, Victoria's Alcohol and Other Drugs (AOD) sector will need to contend with a complex and evolving array of public health challenges, including the prioritisation of integrated treatment for those experiencing co-occurring health and wellbeing issues that involve AOD; an ever changing drug market and risks to health arising from novel psychoactive substances; as well as increasing demand for AOD treatment (including from Victorians currently underserved by existing services and infrastructure). Addressing these effectively over time requires a strong, well-planned infrastructure strategy that supports early intervention, coordinated care, and the development of evidence-based responses. This infrastructure must not only support the AOD sector itself but extend across interconnected systems of care such as health, housing, family violence and child protection, recognising the layered and intersecting needs of individuals affected by substance use. Quality, well-planned infrastructure is essential to pre-empting and ultimately managing the AOD-related issues Victoria will face in the decades ahead.

VAADA strongly supports Recommendation 18: *Build more residential alcohol and other drug (rehab and withdrawal) facilities*. This is a critical priority. As noted in the Draft Strategy, Victoria currently has the second lowest per capita rate of residential rehabilitation beds in the country, and a severe shortage of residential withdrawal beds. We commend the Draft Strategy for identifying geographical disparities in access to residential services, noting the lack of residential facilities in the Great South Coast, Goulburn and Wimmera Southern Mallee. And further, we commend the Draft Strategy calling on the Victorian Government to design and develop residential facilities for Aboriginal Victorians in partnership with First Peoples communities and Aboriginal Community Controlled Organisations. This aligns with a pre-existing commitment by the Government to build a residential rehabilitation facility for First Nations women by 2030.¹

In addition, VAADA strongly supports Recommendations 1, 17, 20, 21, 22 and 23. These address key areas of infrastructure that intersect with the needs of the AOD sector and the people it supports, including high-quality community health infrastructure; public hospital investment; improved forensic supports for people entering and leaving prison; and infrastructure that advances the health and wellbeing of First Nations Victorians.

However, the infrastructure needs of the AOD sector extend beyond residential treatment services. These include:

- addressing ageing infrastructure across community AOD services;
- expanding residential public intoxication services, particularly across regional Victoria;
- improving data capture, collection, access and analysis to better understand service demand and support effective service planning;

¹ VACCHO *Victorian Aboriginal Health and Wellbeing Partnership Agreement Action Plan 2023-2025*, Victorian Aboriginal Community Controlled Health Organisation and the Victorian Department of Health: https://www.vaccho.org.au/wp-content/uploads/2023/05/AHWPF-Action-Plan-2023-2025_Web.pdf

- investing in harm reduction infrastructure to enable people who use drugs to reduce the harms they experience; and
- increasing AOD treatment capacity within the public hospital system, including embedding dedicated AOD and withdrawal beds in public hospitals as a standard rather than an exception.

Our submission provides further detail on these priorities and the broader infrastructure needs that will enable Victoria to respond effectively, equitably, and sustainably to the challenges associated with alcohol and other drug use.

AOD Infrastructure and Capital Investment

Through consultations undertaken as part of its 2025-26 Victorian Budget submission, VAADA has identified a critical and growing risk posed by ageing and inadequate infrastructure across Victoria’s Alcohol and Other Drug (AOD) service system. Many AOD facilities are becoming outdated and no longer meet the standards required to support safe, effective, and modern models of care. Deteriorating infrastructure places additional strain on service providers, limits capacity, and undermines the therapeutic environment necessary for recovery.

To address this, VAADA has recommended the establishment of a dedicated \$30 million AOD capital infrastructure grants program. This program would support the renewal, upgrade and, where necessary, replacement of key facilities to ensure they are fit-for-purpose, accessible, and capable of delivering high-quality treatment and support.

More broadly, VAADA supports the draft Strategy’s emphasis on investment in public hospital and community health infrastructure. AOD treatment services—while often stigmatised and marginalised—are an essential component of both the primary and community health systems. For Victoria’s health infrastructure investment to be truly inclusive and effective, it must recognise AOD as “core business.” Funding for health infrastructure should reflect the central role AOD services play in supporting the health and wellbeing of individuals, families, and communities across the state.

The first step toward making AOD a core focus within public hospitals is the establishment of dedicated AOD and/or withdrawal beds in every public hospital across Victoria. AOD-related harms are widespread throughout the state, yet many regional centres currently do not have the primary health infrastructure to adequately respond to the health impacts of substance use. Introducing dedicated statewide AOD and withdrawal beds is a vital infrastructure initiative that will strengthen the system’s capacity to address AOD-related health needs where they occur and ensure equity of access to AOD-responsive care across the state.

Recommendation 1

That the Infrastructure Strategy include a recommendation to establish a recurrent AOD capital infrastructure grants program—initially \$30 million over three years—to address urgent infrastructure gaps in the sector.

Recommendation 2

That the Infrastructure Strategy include a recommendation to establish dedicated AOD and/or withdrawal beds in all Victorian public hospitals to ensure statewide access to appropriate care and to embed AOD treatment as a core component of the public health system.

Inadequate AOD Data Collection and Access

For decades, Victoria's Alcohol and Other Drug service system has been significantly hampered by inadequate data collection and restricted access to timely, accurate information. The ability to effectively plan services, including workforce requirements, evaluate program effectiveness, demonstrate value for money, and ensure high-quality, evidence-based care is fundamentally reliant on high-quality data. Reliable data is also essential for the Victorian Department of Health to undertake robust system-wide planning and to monitor service provider performance.

The Victorian Drug and Alcohol Collection (VADC) was intended to improve the quality and consistency of AOD data by standardising a set of data elements that treatment providers must report via their Client Management Systems (CMS) to the Department of Health. Unfortunately, the VADC has failed to achieve its aims, and the Victorian AOD sector still lacks a robust, accessible and standardised data system.

The 2022 Victorian Auditor-General's review of the VADC revealed substantial systemic failings in both data collection and accessibility.² Years after its implementation, the AOD sector continues to operate with virtually no meaningful access to data through the VADC.

Key issues identified in the Auditor-General's report include:

- Lack of access for service providers to both their own data and sector-wide aggregate data;
- Poor data quality, with the information collected failing to reflect the nature and outcomes of service delivery;
- Significant variability in IT systems and data collection approaches across the AOD sector and adjacent systems (i.e. primary health);
- Unreasonable cost burdens placed on providers to correct or improve data quality.

Despite recent efforts to improve the VADC, the Auditor-General concluded that the Department of Health's current approach is unlikely to address the root causes of poor data quality and access. A major contributor to these challenges is the lack of standardisation in CMS platforms used across the sector. Each system may define, capture, and classify data differently, creating inconsistencies and making it difficult to compare data across services. This issue extends to other parts of the healthcare system, in particular, public hospitals, where AOD-related data is also collected using varied systems and protocols.³

These findings are broadly consistent with other reports that have highlighted an inability of the Department of Health and Department of Families, Fairness and Housing to say whether service delivery is achieving intended outcomes.⁴ This is a significant gap: without information on outcome achievement, the government lacks a sound basis for its future investment and policy decisions.

² VAGO (2022) *Victoria's Alcohol and Other Drug Treatment Data*, Victoria's Auditor-General's Office, Victorian Government.

³ *Victoria's Health Services Plan (2024)*, developed by an independent Expert Advisory Committee, recommended the Victorian Government forcibly merge some hospital services, in part to address the challenges of data/CMS variability across primary health. The Victorian Government chose not to accept this recommendation

⁴ VAGO (2021) *Measuring and reporting on Service Delivery*, Victoria's Auditor-General's Office, Victorian Government.

Recommendation 3

That, as part of its broader recommendation to invest in digital healthcare, the Infrastructure Strategy identify AOD data systems as a critical component of Victoria's digital health infrastructure. This should include a call for the Victorian Government to fully commit to and implement all recommendations relating to AOD data made by both the *Royal Commission into Victoria's Mental Health System* and the Victorian Auditor-General's report on the Victorian Alcohol and Drug Collection.

Expand Harm Reduction Infrastructure

Harm reduction is a cornerstone of effective, evidence-based drug policy. It encompasses policies, programs, and practices aimed at minimising the health, social, and legal impacts associated with drug use, without necessarily requiring abstinence. Harm reduction approaches are grounded in human rights and public health principles, and they prioritise the dignity and safety of people who use drugs.

There is clear and consistent evidence that harm reduction interventions save lives.⁵ Harm reduction strategies reduce the spread of blood-borne viruses, improve public amenity, and connect people with treatment and other health services. In addition to these life-saving outcomes, harm reduction delivers substantial economic benefits. International and Australian research demonstrates that every dollar invested in harm reduction yields significantly more in avoided health and social costs.⁶

Despite this, harm reduction remains chronically underfunded in Australia—including in Victoria—particularly when contrasted with expenditure on supply and demand reduction. The vast majority of drug policy funding continues to be directed towards law enforcement. This is despite consistent evidence showing law enforcement activities such as drug seizures have little impact on illicit drug use or supply.⁷ In comparison, harm reduction is demonstrably more cost-effective and aligned with public health goals.

To better realise the benefits of harm reduction, Victoria must invest in the infrastructure needed to support and expand effective, evidence-based interventions. Key priorities include:

- **Needle and Syringe Programs (NSPs):** NSPs are a proven intervention for reducing the spread of HIV, hepatitis C, and other blood-borne viruses. However, access to these services remains limited in parts of Victoria, particularly in regional and rural areas. Some communities have no access to NSPs at all, or rely on insufficient secondary services, putting people who inject drugs at greater risk.
- **Take-Home Naloxone (THN):** Victoria has supported the rollout of the federally funded Take-Home Naloxone program, which provides a critical intervention in reversing opioid overdoses. Continued investment and strategic support is needed to ensure widespread community awareness, availability through diverse channels, and sustainable.
- **Overdose Prevention Facilities:** Overdose Prevention Facilities (OPFs)—also known as medically supervised injecting facilities—are a vital, evidence-based

⁵ Burnet Institute (2024) *DPMP Evidence Hub: Evidence brief for harm reduction initiatives*.

⁶ Harm reduction International (2024) *Making the investment case: Cost effectiveness evidence for harm reduction*.

⁷ ACIC (2023) *Illicit Drug Data Report: 2020-21*, Australian Criminal Intelligence Commission, Canberra.

component of a comprehensive harm reduction strategy. Currently, Victoria has a single OPF operating in the suburb of Richmond. Expanding these facilities to other key priority areas across the state would significantly broaden access to a life-saving health intervention, improve client pathways to wraparound health and social services, and relieve demand and amenity pressure on the existing Richmond facility.

- **Drug Checking Services:** Drug checking (or pill testing) is a harm reduction intervention that allows people to test the contents of drugs prior to use, thereby reducing the risk of overdose, poisoning, or harmful drug interactions. The Victoria Government is commended for committing to a trial of drug checking services (currently underway). To get the most out of this initiative, drug-checking should be made a permanent feature of Victoria’s harm reduction infrastructure and operate in accordance with best practice. This includes:
 - A permanent **fixed-site drug checking facility** to provide year-round access, supported by appropriately qualified staff and laboratory-grade testing.
 - **Mobile testing capacity**, primarily for deployment during the festival season, with the scale and flexibility to service multiple events across the state on the same weekend.

Investment in harm reduction infrastructure must ensure that these services are adequately resourced, strategically located, and embedded within Victoria’s broader public health and drug treatment systems.

Recommendation 4

That the Infrastructure Strategy recommend increasing investment in harm reduction infrastructure in Victoria, with a focus on:

- Needle and Syringe Programs including vending machines, particularly in regional Victoria.
- Ongoing support for the Take-Home Naloxone Program.
- Expand access to Overdose Prevention Facilities in high-need areas to reduce harm and improve service reach.
- Appropriate infrastructure support for Victoria’s drug-checking service to ensure it can operate to best practice standards (i.e. a fixed site testing service supplemented by mobile drug-checking units capable of servicing multiple events simultaneously during high demand periods).

Establish a Potent Synthetic Opioids Plan

Building on increased investment in harm reduction infrastructure, there is an urgent need for Victoria to develop and implement a dedicated Potent Synthetic Opioids Plan, with a particular focus on public drug surveillance and early warning systems.

Potent synthetic substances—including fentanyl, nitazenes, and emerging non-opioid synthetics—pose a growing threat to community safety and public health. These drugs can enter local drug markets suddenly, spread rapidly, and cause devastating harm, as evidenced by the overdose crisis in North America. Increasing detections of these substances in Australia—and recent local fatalities—make clear that Victoria cannot afford to be unprepared.

International experience demonstrates that early detection and timely public alerts are critical to preventing mass harm. Ireland’s November 2023 nitazene outbreak, for example, highlighted the need for robust surveillance systems, real-time drug-checking data, and mechanisms for rapid information sharing and dissemination between health services, government and affected communities.⁸

Victoria’s recent cluster of nitazene-related deaths in Broadmeadows, linked to contaminated cocaine, underscores the urgent need to strengthen the state’s drug monitoring and public warning infrastructure. A dedicated Potent Synthetic Opioids Plan must be established to resource a coordinated surveillance and alert system—integrating drug-checking services, forensic analysis, coronial data, and frontline service reporting—to enable early detection and rapid response to emerging threats.

Without this critical infrastructure in place, Victoria risks being caught off-guard by the next wave of potent synthetics—placing lives at unnecessary risk.

Recommendation 5

That the Infrastructure Strategy recommend the Victorian Government develop and implement a Potent Synthetic Opioids Plan for Victoria to ensure an appropriately resourced, coordinated, evidence-based and rapid response to the emergence of high-risk synthetic substances, including early warning systems, cross-sector collaboration, workforce training, and access to harm reduction and treatment services, to minimise the risk of widespread harm and fatal overdose incidents.

Conclusion

Victoria faces significant and growing public health challenges arising from alcohol and other drug (AOD) use. Fortunately, with the right investment and planning, we are well-placed to deliver a coordinated, evidence-based, and effective response that reduces drug-related harms and supports community health and wellbeing. Infrastructure is fundamental to achieving this.

Despite the scale of AOD-related harms—which cost the Victorian economy billions of dollars each year—the AOD sector has long been under-resourced within the broader health system. Access to treatment remains a critical issue, with national estimates suggesting that only 30% to 48% of people seeking AOD treatment are able to access it. There is no reason to believe Victoria fares any better.⁹

High-quality, accessible, and evidence-based AOD treatment depends on the infrastructure that supports it. Without adequate investment in infrastructure—including treatment facilities, harm reduction services, and public health surveillance—the capacity of the sector to meet growing demand will continue to be compromised.

VAADA commends Infrastructure Victoria for recognising the urgent need to expand residential treatment capacity. We strongly encourage the next 30-Year Infrastructure Strategy to build on this by addressing the full range of infrastructure needs across Victoria’s AOD system—ensuring it is fit-for-purpose, sustainable, and capable of meeting the needs of all Victorians seeking support.

⁸ Killeen, Lakes, Webster et al (2024) ‘The emergence of nitazenes on the Irish heroin market and national preparation for possible future outbreaks,’ *Addiction*, vol. 119(9).

⁹ Ritter and O’Reilly (2025) ‘Unmet treatment need: The size of the gap for alcohol and other drugs in Australia’, *Drug and Alcohol review*, vol. 44(3).