

# Strategic Plan

## 2021-2025



VICTORIAN ALCOHOL AND DRUG ASSOCIATION

## Aboriginal and Torres Strait Islander acknowledgment

VAADA acknowledges the Wurundgeri Woiwurrung People as the traditional owners of the land on which we reside and pay respect to elders past, present and emerging. We also acknowledge that this land was never ceded.

## Message from the Executive Officer

Victorian Alcohol and Drug Association's (VAADA) 2021-2025 Strategic Plan builds on the achievements of recent years and looks to our future landscape. In contributing to its development, I acknowledge the generous input of the VAADA Board, staff, the Victorian Alcohol and other Drug (AOD) sector, colleagues with peer and lived experience, key cross sector partners and funding bodies. Work in the AOD field is complex and the environment ever changing. We confront growing demand, increasing community and consumer expectations, the impact of the COVID-19 Pandemic, and a reform-heavy environment. Significant reform processes such as the Royal Commissions into Family Violence and Mental Health bring opportunity and inevitable system disruptions, both intended and unintended. The 2021-2025 Strategic Plan positions VAADA and the sector to engage with these opportunities, rise to the challenges, and to articulate the way forward from our position of specialist knowledge.

## About VAADA

VAADA is the peak body representing publicly-funded AOD services in Victoria. We work to prevent and reduce AOD-related harms in the Victorian community by ensuring the people experiencing those harms, and the organisations that support them, are well-represented in policy, program development and public discussion.

### We do this 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
- Maximizing opportunities to build the capacity and capability of the sector
- Keeping our members and stakeholders informed about issues relevant to the sector and
- Supporting evidence-based practice that reduces AOD related harms and maintains the dignity of those who use AOD (and related) services.

## Our members and partners

VAADA works with a broad range of member and partner organisations across Victoria and nationally.

Representing the needs, interests and views of our members is our primary focus. Our members comprise agencies working in the AOD field, as well as those individuals who are involved in, or have a specific interest in, prevention, treatment, rehabilitation, harm reduction or research aimed at minimising AOD-related harms.

### We also work closely with a range of other key partners and stakeholders, including:

- People with lived experience of AOD dependency and the services that support them
- AOD sector funding bodies, including governments
- Primary Health Networks
- Non-government peak and advisory bodies and other stakeholders
- VAADA members working with specific populations or providing broader state-wide services.
- Non-government and government organisations working across the human and health services spectrum, including mental health, criminal justice, housing, Aboriginal services, family, children and carers
- Quality improvement service providers such as the Australian Council on Health Care Standards (ACHS) and Quality Innovation Performance (QIP)
- Research bodies
- Workforce and industry education, training and advisory bodies
- Media agencies.

## VISION

A Victorian community in which alcohol and other drug (AOD)-related harms are reduced and well-being is promoted to support people to reach their potential.

## PURPOSE

VAADA leads AOD policy, workforce development, and public discussion across membership, related sectors and the community to prevent and reduce AOD harms in Victoria

## PRINCIPLES

### WE ARE COLLABORATIVE

We foster inclusive engagement that is representative of our sector and values diverse lived experience.

### WE ARE PROFESSIONAL

We demonstrate transparency, integrity and accountability in all of our work.

### WE ARE RIGHTS-BASED

We are driven by social justice underpinned by compassion and a commitment to intersectional equity.

### WE ARE PROGRESSIVE

We challenge the status quo through strategic thinking, courageous advocacy and a commitment to innovation.

### WE ARE EVIDENCE-INFORMED

We promote an evidence-informed and outcomes-focused approach to policy and practice.

## 1 Partnerships and engagement (Collaboration)

### 1.1 Member engagement and communications

We will represent members' interests, harness their collective expertise, and strengthen their capacity through purposeful engagement, communication and information sharing, knowledge transfer, and transparent reporting.

### 1.2 Intersectoral collaboration

We will foster intersectoral collaboration, promote system coordination and reduce fragmentation by developing strong relationships and joint initiatives with key government, community, private and academic partners.

### 1.3 Diverse representation, access and equity

We will strengthen AOD cultural safety and statewide accessibility by ensuring system and service design responds to the diverse needs and lived experience of people who use drugs and their families, and of the services that support them.

## 2 Leadership and influence (Advocacy)

### 2.1 Policy and funding advocacy

We will undertake effective advocacy to ensure AOD services and systems are underpinned by robust policy frameworks and sustainable funding models responsive to current and emerging community need.

### 2.2 Engaging with reforms

We will provide solutions-focused leadership to clearly articulate the AOD sector's specialist and strategic relationship to key reforms, ensure member interests are well represented, and innovation opportunities are proactively engaged.

### 2.3 Addressing stigma and discrimination

We will tackle stigma and discrimination in the community and within the health and human services sector by promoting an understanding of the links between AOD-related harms and the broader determinants of health.

## 3 Sector and system strengthening (Strong sector)

### 3.1 A sector vision and model of care

We will lead a compelling vision for the AOD sector underpinned by a well-defined, flexible and evidence-based model of care that offers integrated treatment options, early intervention, harm reduction and prevention.

### 3.2 Workforce planning and capability

We will strengthen our focus on AOD workforce planning to grow, retain and recognise professional and peer workforce capacity and capability, respond to workforce gaps, and promote sector quality, wellbeing and innovation.

### 3.3 Data, research and evaluation

We will foster partnerships, commission research, and work to strengthen access to reliable AOD data to identify sector gaps, define outcomes, inform priority setting and system design, and support evidence-informed practice.

## 4 Organisational capacity and sustainability (Strong peak)

### 4.1 Strengthening reputation and impact

We will strengthen our standing as an accountable, trusted and credible voice for the AOD sector by further developing our governance, planning processes, and capacity to measure and communicate the impact of our work.

### 4.2 People skills, capabilities and culture

We will maintain a staff and board environment that is high-performing, flexible and collegiate, delivers the necessary mix of skills, promotes a culture of learning, development and reflective practice, and supports autonomy, accountability and wellbeing.

### 4.3 Ensuring our sustainability

We will develop a strategy for planned growth that ensures our staffing, resources, systems and infrastructure are sustainable and enable us to meet our broadening remit, stakeholders' expectations, and future aspirations.



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