



## State Budget Submission 2024

### 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.*

### Contact

Chris Christoforou  
Chief Executive Officer

Victorian Alcohol and Drug Association  
211 Victoria Parade, Collingwood 3066  
p. 03 9412 5600 f. 03 9416 2085  
vaada@vaada.org.au  
[www.vaada.org.au](http://www.vaada.org.au)  
ABN 19 039 293 679

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## 1. Executive Summary

Through our annual state budget submission, the Victorian Alcohol and Drug Association (VAADA) provides advice to government on essential program spending and reform to reduce alcohol and other drug (AOD) related harms in the Victorian community.

VAADA's submission identifies a range of priority areas where there is a need for improvement to enhance AOD system functionality and to achieve the objectives of a world class health system. Our goal is to improve the wellbeing of all Victorians by ensuring timely, accessible, effective and culturally safe AOD services are available across Victoria. We note that there is a unique set of challenges impacting all Victorians, including economic and environmental which can create impediments to recovery from AOD dependence.

AOD services continue to be overburdened in Victoria at a time when a specialist AOD system needs continued investment – not only to meet demand but from reforms such as the Royal Commission into Victoria's Mental Health System (RCVMHS) and Royal Commission into Family Violence.

VAADA is playing an active role in these reforms on behalf of its members and intends to continue prioritising evidence-based health solutions to ensure that there is no wrong door for people who are experiencing co-occurring AOD, mental health or family violence issues. Nonetheless further government investment in these important reforms via the AOD system is required.

In 2023 we saw the long awaited legislative change to decriminalise public intoxication in Victoria. We note that this substantial change involves a number of VAADA member agencies delivering a health led response to drunkenness. We welcome reform that takes a health approach rather than a justice approach and will continue to work with government and other key stakeholders to ensure that the decriminalisation of public intoxication is successful and community wellbeing is prioritised.

Alongside increased service demand and major public health reforms, AOD service providers are grappling with the challenges of insecure contracts, piecemeal funding and a lack of quality data to address often complex addiction needs. Further, attracting and retaining a professional workforce, at a time when there is a high demand across the social and community services industry for counselling and therapeutic skills, remains a strategic focus for VAADA, with continuing investment in AOD workforce capability vital.

Considering these challenges and opportunities, VAADA believes that the Victorian Government needs to engage all stakeholders from the AOD sector to develop an AOD Strategy for Victoria. Government investment in AOD treatment would be greatly enhanced through the development of a strategy to provide oversight, direction and planning for the AOD sector. This strategy should seek to encapsulate all funded activity and government policy relating to AOD.

By investing appropriately, the Victorian Government can not only reduce harms but deliver an economic dividend at a time of fiscal constraint by redirecting spending from the tertiary end of the service system, including from courts, prisons and hospitals. Our submission demonstrates the value of government leading with some bold reforms to achieve robust savings to the budget and achieve greater wellbeing throughout the community.

Chris Christoforou

## About VAADA

VAADA is a member based peak body representing organisations that support people with AOD needs 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 design, program development and public discussion.

We do this by

- Engaging in policy development
- Advocating for systemic change
- Speaking on issues identified by our members
- Providing system leadership
- Creating space for professional collaboration in the AOD sector
- Maximizing opportunities to build professional capacity and capability
- Keeping our members and stakeholders informed about issues relevant to AOD; and
- Supporting evidence-based practice that reduces AOD related harms and maintains the dignity of those who use AOD (and related) services.

VAADA acknowledges First Peoples as the traditional owners of the land on which we reside and work. We pay respect to Elders past and present and acknowledge that First Peoples have never ceded sovereignty to country. VAADA supports Voice, Truth and Treaty.



## 2. Summary of recommendations

**Recommendation 1:** *Develop a Victorian AOD Strategy to provide strategic planning and coherence to Victoria's response to AOD issues and related harms. This strategy should encompass whole of government involvement, be resourced appropriately and continue to be monitored and evaluated.*

**Recommendation 2:** *Provide additional resourcing of \$20M for the transition of 84 AOD Trainees into continuing AOD roles over the next two years.*

**Recommendation 3:** *An Industry Plan should be developed as part of a Victorian AOD Strategy and should facilitate a partnership between the AOD sector, the Department of Health and Department of Jobs, Skills, Industry and Regions.*

**Recommendation 4:** *Develop a Harm Reduction Framework to provide an appropriate policy and program lens for Victoria as part of its AOD Strategy. This should include a Fentanyl Readiness Plan.*

**Recommendation 5:** *As part of a Victorian AOD Strategy prioritise improving the quality and utility of AOD treatment data to allow for greater client outcomes, better service evaluation and local agency planning.*

**Recommendation 6:** *The DTAU does not cover the cost of providing treatment. There is a need to review the value of the DTAU in the short term and review the funding formula for service types as part of a Victorian AOD Strategy.*

**Recommendation 7:** *Immediately apply a 20% loading on the DTAU for rural and regional AOD agencies to incentivise recruitment and support them to meet the increased cost of doing business.*

**Recommendation 8:** *Increase the loading for forensic services from 15% to 25% to provide agencies with greater capacity to reduce waitlists and create a more accessible forensic system.*

**Recommendation 9:** *Increase the capacity of the Victorian pharmacotherapy system through the provision of funding for various innovations including increased capacity in community health and hospitals, as well as creating funded positions for nurse practitioners.*

**Recommendation 10:** *Commit to passing legislation which will remove criminal justice sanctions for minor possession and use of currently illicit substances. A starting point should be supporting legislation currently in the Victorian Parliament to decriminalise cannabis.*

**Recommendation 11:** *Prioritise the implementation of an overdose prevention centre in the LGA of Melbourne and establish an implementation plan to increase access to these services in other high risk LGAs.*

**Recommendation 12:** *The Victorian government should implement a drug checking and real time public early warning system to reduce harms relating to novel psychoactive substances (NPS) and other drugs in line with five recommendations of the Coroners Court of Victoria.*

**Recommendation 13:** *Provide \$3m over 4 years to DanceWize to expand the number and capacity of service including specialised supports, training and resources to reduce AOD related harm at festivals and events across Victoria.*

**Recommendation 14:** VAADA is resourced \$1M over three years to represent the AOD sector in progressing the RCMHS recommendations relating to AOD and mental health system integration, including support for the establishment of a reference committee of AOD sector leaders to advise and support this process.

**Recommendation 15:** Prioritise the implementation of recommendation 29 from the RCMHS to ensure that Victoria has an independent Consumer Leadership Agency.

**Recommendation 16:** Resource AOD residential support for various LGBTIQ+ communities, run by relevant LGBTIQ+ controlled community organisations in partnership with experienced AOD agencies.

**Recommendation 17:** Fund specialist mature aged AOD outreach through two additional teams who can support mature aged Victorians experiencing AOD dependency in their homes.

**Recommendation 18:** That the Victorian Government resource an additional 16 FTE of family therapists across Victoria (approximately \$3.5M p/a) to support escalating concerns of youth AOD use among Victorian families.

**Recommendation 19:** That the Victorian Government take immediate measures to address the lack of cultural responsiveness in the AOD system for First Peoples in Victoria while continuing to prepare for the reform recommendations that will emanate from the Yoorrook Justice Commission.

**Recommendation 20:** \$20 million over 2 years to establish an interagency partnership program between multicultural and AOD services to support and pilot accessible and culturally safe services for priority CALD communities.

### 3. Building coherence through an alcohol and other drug strategy

Victoria needs a funded alcohol and other drug (AOD) strategy to strengthen and coordinate resources to maximise the states' health response to AOD harms. Victoria has been bereft of a whole of government AOD strategy for many years, relying on various plans and other documents generally relating to specific funded outputs, substances, programs and sections of the AOD system<sup>1</sup> rather than providing strategic oversight on means to address broader AOD issues.

There have also been a number of AOD related Parliamentary inquiries<sup>2</sup>, the results of which have not been built into any meaningful strategic coherence or planning.

The consequences of this piecemeal approach to sector governance, oversight and strategic planning has been partly canvassed by two Victorian Auditor-General (VAGO) reports which have highlighted a number of deficits within the service system as well as the inadequacy of reporting and data systems<sup>3</sup>.

The recommendations from these VAGO reports, as well as other reports such as the ASPEX report<sup>4</sup>, remain in part unattended which has contributed to a level of incoherence in the AOD treatment system. Government investment in AOD treatment would be greatly enhanced through the development of a strategy to provide oversight, direction and planning for the AOD sector. This strategy should seek to encapsulate all funded activity and government policy relating to AOD.

The fragmented approach to AOD system oversight is exemplified by the significant reform agenda progressing through the Royal Commission into Victoria's Mental Health System (RCVMHS) with over 20 recommendations from that process impacting upon the systems supporting people experiencing AOD dependence and related harm.

There is a pressing need to develop an AOD strategy which captures all AOD related activity, harms, priority populations and policy areas. The primary purpose of the strategy should be reduced AOD related harm in Victoria. It should reflect content from the current iteration of the National Drug Strategy and draw together relevant government departments, community agencies and the broader community. The strategy should be resourced, with the progression of the strategic goals

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<sup>1</sup> These include *Victoria's Alcohol Action Plan 2008-2013*; *A new blueprint for alcohol and other drug treatment services 2009-2013*; *Victorian amphetamine-type stimulant (ATS) and related drugs strategy 2009-12*; *New Directions for alcohol and drug treatment services*; *Reducing the alcohol and drug toll Victoria's Plan 2013-2017*; *Ice Action Plan*; *Victoria's Alcohol and Other Drugs Workforce Strategy 2018-2022* and the *Drug Rehabilitation Plan*.

<sup>2</sup> These include the Inquiry into strategies to reduce harmful alcohol consumption; Inquiry into misuse/abuse of benzodiazepines and other forms of pharmaceutical drugs in Victoria; Inquiry into the supply and use of methamphetamines, particularly ice, in Victoria; Inquiry into Drug Law Reform; Inquiry into the use of Cannabis in Victoria.

<sup>3</sup> VAGO. 2011. *Managing Drug and alcohol Treatment and Prevention Services*. <https://www.audit.vic.gov.au/report/managing-drug-and-alcohol-prevention-and-treatment-services>; VAGO. 2022. *Victoria's Alcohol and Other Drug Treatment Data*. <https://www.audit.vic.gov.au/report/victorias-alcohol-and-other-drug-treatment-data?section=34252--2-planning-the-vadc&show-sections=1#34252--2-planning-the-vadc>

<sup>4</sup> The Victorian Government commissioned Aspex Consulting to undertake a review of the Community Mental Health and AOD treatment systems following the 2014 recommissioning process. Aspex Consulting 2015. *Independent review of new arrangements for the delivery of MHCSS and drug treatment services*. Final Report. Department of Health and Human Services.

assessed and overseen by a coordinating Independent Body or Commissioner. This strategy would be well supported through the development of a Chief Addiction Medicine Officer position who could support the Department of Health in progressing and meeting the targets of the Strategy.

The mandate of this strategy should go beyond AOD treatment and harm reduction to reflect on areas such as liquor regulation, the justice system and road safety. The various items listed in this submission should also be linked in with a strategy. Specific to the AOD treatment sector, this strategy should provide coherence and seek clarity on the following areas:

- Demand for treatment and sector capacity
- Workforce planning, development and capability;
- Harm reduction; and
- Enhancing AOD data systems.

***Recommendation 1:*** *Develop a Victorian AOD Strategy to provide strategic planning and coherence to Victoria’s response to AOD issues and related harms. This strategy should encompass whole of government involvement, be resourced appropriately and continue to be monitored and evaluated.*

#### *Demand for treatment and sector capacity*

According to data sourced from Victorian AOD treatment agencies, wait lists have increased by 40.6% from 2385 in 2020 to 3354<sup>5</sup> in 2023. This data correlates with Victorian treatment data, which indicates that the number of treatment episodes delivered from 2014/15 (45,855 episodes) to 2021/22 (87,630 episodes) increased by 90%<sup>6</sup>. It is probable that despite this increase in completed episodes, there remains large swathes of the population which cannot access treatment, given research has indicated that, annually, between 180,000 to 553,000 people nationally are in need of AOD support but not accessing services<sup>7</sup>.

A key priority for a Victorian AOD Strategy should be to ensure timely access to AOD treatment. To achieve this, there is a need for a sustainable increase to the service system. An immediate solution is to continue to invest in initiatives like the Victorian Government AOD Traineeship program, but to also guarantee pathways to employment for graduates, by funding continuing places in the AOD treatment system over the next 2 years. This will address immediate pressures around workforce capacity and ensure an additional number of services can be provided to the Victorian community in areas of highest need.

***Recommendation 2:*** *Provide additional resourcing of \$20M for the transition of 84 AOD Trainees into continuing AOD roles over the next two years.*

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<sup>5</sup> VAADA 2023. VAADA Waitlist Survey.

<sup>6</sup> AIHW 2023. Alcohol and Drug Treatment Services. <https://www.aihw.gov.au/reports-data/health-welfare-services/alcohol-other-drug-treatment-services/data>

<sup>7</sup> 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.



### 11 Enhancing AOD workforce development and capability

The Victorian AOD workforce is a passionate yet fragile workforce. VAADA's 2023 Workforce Survey<sup>8</sup> revealed an enduring, skilled but ageing workforce. A cornerstone of the AOD workforce is the high level of lived/living experience of AOD (40% with a lived/living experience and 45% with a family member with a lived/living experience), coupled with a depth of years of experience working in the sector (53% have worked in the sector for 7 years or more). Despite high levels of commitment and satisfaction working in AOD, the VAADA survey revealed that 3 in 10 (28%) of respondents frequently think about leaving the AOD sector.

Recruitment continues to be a key challenge for many agencies. This is exacerbated in regional Victoria, with 51% of rural and regional workers noting recruitment is 'extremely' or 'very' challenging compared to 27% of metropolitan based workers. To address identified challenges and areas for capability building, an Industry Plan should be developed to be a cornerstone of a broader Victorian AOD Strategy. This plan would address workforce challenges, building the workforce for tomorrow and the foundations for a stronger AOD system for all Victorians.

**Recommendation 3:** *An Industry Plan should be developed as part of a Victorian AOD Strategy and should facilitate a partnership between the AOD sector, the Department of Health and Department of Jobs, Skills, Industry and Regions.*

### Reducing AOD related harm

Every fatal overdose matters. In 2022, 549 Victorians lost their lives to fatal overdoses<sup>9</sup>, with the trauma and harm rippling through the wider community. This is the highest number of fatal overdoses since at least 2009 but likely on record for Victoria. There are a range of other measures of harm, demand and treatment; during 2021/22, there were 43,344 AOD related ambulance attendances, 56,772 AOD related hospitalisations<sup>10</sup> and 36,375 Victorians seeking AOD treatment<sup>11</sup>.

Many of these harms are preventable with a range of evidence informed measures available.

While this data presents a daunting picture of AOD harms in Victoria, it would be far worse if it were similar to various international jurisdictions such as Canada and the USA<sup>12</sup>, where the drug market has become inundated with fentanyl. The impact of this has been devastating. Victoria currently has few contingency measures in place should fentanyl harms escalate.

While we commend the Victorian Government on leading a number of welcome reforms, including making the Medically Supervised Injecting Room in North Richmond permanent, commencing a

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<sup>8</sup> Trezona Consulting Group. 2023. Victorian Alcohol and other Drugs Workforce Development Survey. VAADA.

<sup>9</sup> Coroners Court of Victoria. 2023. Victorian Overdose Deaths 2013 – 2022.

<https://coronerscourt.vic.gov.au/victorian-overdose-deaths-2013-2022>

<sup>10</sup> Aodstats.org.au

<sup>11</sup> AIHW 2023. Alcohol and other drug treatment services in Australia.

<https://www.aihw.gov.au/reports/alcohol-other-drug-treatment-services/alcohol-other-drug-treatment-services-australia/contents/state-and-territory-summaries/victoria>

<sup>12</sup> In 2021, there were approximately 71,000 fatal overdoses in the USA attributed to synthetic opioids (predominantly fentanyl). Similarly, in Canada, there are 22 deaths daily attributed to overdose, with approximately 84% of those fatalities attributed to fentanyl. CDC. 2023. Opioid Overdose.

<https://www.cdc.gov/drugoverdose/deaths/opioid-overdose.html>; Health Infobase. 2023. Opioid and stimulant-related harms in Canada. <https://health-infobase.canada.ca/substance-related-harms/opioids-stimulants/>

health based approach to public intoxication and increasing the availability of naloxone across the community, further benefit can be derived by taking a harm reduction approach to a broader number of AOD policy areas. The Victorian Government should develop a Harm Reduction Framework, including a Fentanyl Readiness Plan, as elements of a Victorian AOD Strategy.

**Recommendation 4:** *Develop a Harm Reduction Framework to provide an appropriate policy and program lens for Victoria as part of its AOD Strategy. This should include a Fentanyl Readiness Plan.*

#### *Enhancing AOD data systems*

Timely, accurate and accessible data are essential in building coherence across any service system. It allows you to identifying gaps, pressure points and areas for targeted action. Victoria's AOD treatment system has never had the benefit of a comprehensive data system that can be used to strategically inform service priorities and community need. Successive VAGO reports<sup>13</sup> have highlighted deficiencies in AOD data systems. Reforms to date, including the implementation of the Victorian Alcohol and Drug Collection (VADC) as a reporting portal, have not achieved their intended purpose.

VADC is a resource heavy and complex tool, that takes scarce resources away from frontline services. AOD treatment service reporting provides limited circular information that allows service providers to innovate offerings in response to evidenced community need. It is essential that a Victorian AOD Strategy prioritise building coherence into treatment data systems, so that service providers have greater visibility and control of the data they provide, the goal being to support equity in the service system, including for communities in need that are currently underserved.

**Recommendation 5:** *As part of a Victorian AOD Strategy prioritise improving the quality and utility of AOD treatment data to allow for greater client outcomes, better service evaluation and local agency planning.*

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<sup>13</sup> Ibid 2.

## 4. Cost of doing business

In providing optimal levels of care and achieving best outcomes, AOD treatment agencies are increasingly having to engage in unfunded activity, which is not built into the price of a Drug Treatment Activity Unit (DTAU)<sup>14</sup>.

### *Reform the DTAU*

The current DTAU is based on the erroneous notion that AOD presentations are unencumbered with other issues. Consistent feedback from the sector reveals that AOD workers are burdened with unfunded work which can take hours of additional unremunerated time. Specifically, over two thirds of agencies responding to VAADA's 2021 sector priorities survey identified a range of unfunded activity, some of which includes:

- liaising and supporting service users with the NDIS;
- secondary consults;
- referring to other AOD agencies;
- mental health as well as family violence supports
- Providing crisis support to people who attend without going through the intake system;
- Aftercare;
- Family work;
- Collation of information relating to referral to withdrawal services;
- Intake inquiries that don't progress to referral;
- Follow up with clients who do not engage in counselling;
- MARAM secondary consults;
- Education about AOD services;
- Crisis calls relating to mental health;
- Housing, especially as there is often a scarcity of suitable stock;
- Calls to GPs and hospital based secondary consultations;
- Supporting clients through Court;
- Various compliance activities;
- Liaison with Child Protection;
- Community engagement and educational activities; and
- Extensive travel duration particularly in rural and regional areas.

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<sup>14</sup> The Drug Treatment Activity Unit (DTAU) funding unit for most AOD state funded residential services and adult non-residential services.

Notwithstanding the introduction of the AOD Indirect Support pilot in 2023, agencies advise that the gap between the DTAU funding model and the cost of doing business urgently needs review. For example, the family violence risk framework MARAM, imposes legal responsibilities on AOD agencies which are not appropriately factored into unit pricing. The length of treatment for clients with family violence issues has been described on average one third longer due to the extra time taken to identify, assess, and manage risk relating to family violence issues and coordination with other services. This includes the FVISS and CISS requests/responses, safety planning, MARAM-informed case noting, and consultations with Specialist Family Violence Advisors.

Similarly, Victorian AOD residential rehabilitation providers describe the inadequacy of the DTAU and how smaller residential rehabilitation services are running at a significant loss, particularly in regional areas. While the 2023/24 Victorian budget provided support for these services (generally in regional Victoria) a permanent solution is needed.

The 2015 Government-commissioned ASPEX report which examined the state of the AOD sector, identified the inadequacies of the current DTAU funding model. The ASPEX Report recommended that the then Department of Health and Human Services undertake a costing study to analyse the appropriateness of the DTAU rate, given its inflexible nature and low costing, which means that the funding for some activities was too low to meet the actual costs of supporting vulnerable Victorians experiencing AOD dependency.<sup>15</sup> This work is yet to proceed.

***Recommendation 6:*** *The DTAU does not cover the cost of providing treatment. There is a need to review the value of the DTAU in the short term and review the funding formula for service types as part of a Victorian AOD Strategy.*

#### *Accessible AOD treatment in rural and regional Victoria*

People in rural and regional areas experience greater mental health distress, are at greater risk of alcohol related harm and carry a greater burden of disease when compared with people in major cities<sup>16</sup>. The rate of AOD related hospitalisations in Victoria is higher in regional areas (748.3 people per 100,000 head of population) compared to metropolitan areas (631.2 people per 100,000 head of population)<sup>17</sup>.

The workforce supporting regional communities experiencing heightened AOD related harm is also under duress, with staff recruitment being an enduring challenge in regional Victoria.

There is a need to enhance incentives for specialist AOD skills to be encouraged to work in regional Victoria. VAADA recommends that a standard loading be applied to DTAU for regional AOD services to allow them to incentivise regional employment.

***Recommendation 7:*** *Immediately apply a 20% loading on the DTAU for rural and regional agencies to incentivise recruitment and support them to meet the increased cost of doing business.*

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<sup>15</sup> Aspex Consulting, *Independent Review of New Arrangements*, p. 54.

<sup>16</sup> AIHW. 2023. Rural and remote health. <https://www.aihw.gov.au/reports/rural-remote-australians/rural-and-remote-health>

<sup>17</sup> AODstats.org.au

### *Making the forensic system viable*

The forensic AOD treatment system provides treatment to people engaged in the justice system. This includes people on various court orders, including parole (but not people in prison who are supported through Corrections Victoria or other providers in private prisons).

AOD treatment agencies providing forensic services receive a loading for each client of 15% on top of the value of the DTAU for the course of treatment provided. This amount does not adequately cover the cost of running these services, which involve greater levels of complexity and administrative responsibility. The loading does not properly account for the high rate of people not attending appointments or the difficulties in achieving fee for service payments (unachievable in most catchments), which results in agencies potentially providing treatment services to some of our most at risk community members without funding.

Given the prioritisation of forensic service users within the treatment system, bottlenecks are often created for other people experiencing AOD harm, who are unable to be serviced with wait times blowing out to up to three months in some regions. It impedes responsive access to treatment for voluntary service users, who may exit treatment or experience preventable harms while waiting. Meanwhile agencies put their waiting lists on hold and temporarily close treatment to new clients, in order to work through an extensive queue.

To ensure that the forensic treatment can be provided without impeding the voluntary system, there is a need to increase the forensic loading to 25% to increase overall service supply.

***Recommendation 8:*** *Increase the loading for forensic services from 15% to 25% to provide agencies with greater capacity to reduce waitlists and create a more accessible forensic system.*

## 5. Reforming Victoria's fragile pharmacotherapy system

Victoria's pharmacotherapy system is in deep crisis with a small number of prescribing general practitioners supporting a high volume of patients experiencing opioid dependence. In 2022, Victoria had the highest number of patients on record<sup>18</sup>, at 15,153, representing 23 service users per 10,000 head of population, a near doubling of the rate from 1998 (12 per 10,000).

Despite the unambiguous benefits associated with pharmacotherapy treatment, the Victorian model is on the brink of collapse with an ageing population of prescribing general practitioners nearing retirement and a paucity of new practitioners opting in. The fragility of the system became starkly apparent in Frankston in 2023, where up to 1800 patients are supported through a single clinic. While the tenuity of the pharmacotherapy system in Frankston has been a long-standing issue, the potential collapse of support would be catastrophic. While the government's efforts in maintaining support through the 2023/24 budget announcement, which has provided a lifeline for the patients in Frankston, is to be commended, the unpredictability and fragility of the system, combined with the need for government to often rapidly respond to evolving challenges illustrates the dire need for reform.

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<sup>18</sup> AIHW. 2023. National Opioid Pharmacotherapy Statistics Annual Data collection.  
<https://www.aihw.gov.au/reports/alcohol-other-drug-treatment-services/national-opioid-pharmacotherapy-statistics/contents/opioid-pharmacotherapy-clients>

Reform of the pharmacotherapy system, through improved access to treatment in Victoria, needs to feature as an essential element of a Victorian AOD Strategy. However with Melbourne continuing to experience the highest rate of heroin use nationally<sup>19</sup>, there is a pressing need to immediately address uplift in pharmacotherapy capacity across Victoria.

**Recommendation 9:** *Increase the capacity of the Victorian pharmacotherapy system through the provision of funding for various innovations including increased capacity in community health and hospitals, as well as creating funded positions for nurse practitioners.*

## 6. Reducing substance related harm

As noted above, there is a pressing need to build coherence into reducing AOD related harms in Victoria. There is a need for the development of a companion Harm Reduction Framework to accompany the broader AOD Strategy. This Framework should provide policy and practice guidance from a range of agreed evidence informed harm reduction measures.

### *Drug Law Reform*

The criminalisation of currently illicit drugs draws a large number of people who use drugs into the criminal justice system. Furthermore, the criminalisation of drugs has done little to deter usage and prevent uptake, and reduce the harms relating to AOD use.

While the seizure data appears quite high, it has had limited impact on the supply of illicit drugs; for instance, the amount of heroin seized in 2020/21 nationally (1278 kgs) surpassed the estimated level of consumption (estimated at 984 kgs<sup>20</sup>)<sup>21</sup>, with pandemic related international factors having a greater impact on supply.

Besides limited efficacy, the criminalisation of drugs also contributes towards the stigma experienced by people who use drugs which reduces help seeking behaviour<sup>22</sup>.

A Harm Reduction Framework should underpin a Victorian AOD strategy, providing the evidence base to progress drug law reform, shifting responses to illicit drugs from the justice system to the health system.

**Recommendation 10:** *Commit to passing legislation which will remove criminal justice sanctions for minor possession and use of currently illicit substances. A starting point should be supporting legislation currently in the Victorian Parliament to decriminalise cannabis.*

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<sup>19</sup> ACIC. 2023. National Wastewater Drug Monitoring Program reports.

<https://www.acic.gov.au/publications/national-wastewater-drug-monitoring-program-reports>

<sup>20</sup> Ibid

<sup>21</sup> ACIC 2023. Illicit Drug Data Report 2020/21. <https://www.acic.gov.au/publications/illicit-drug-data-report/illicit-drug-data-report-2020-21>

<sup>22</sup> Farrugia et al. 2021. Basic care as exceptional care: addiction stigma and consumer accounts of quality healthcare in Australia. *Health Sociology Review*, 30:2, 95-110, DOI: 10.1080/14461242.2020.1789485

### *Saving lives*

The number of fatal overdoses in Victoria during 2022 were the highest in 13 years and likely highest this century. Heroin contributions to fatal overdose were the highest since 2000; methamphetamine contributions the highest on record. Novel psychoactive drug<sup>23</sup> (NPS) contributions were also the highest on record.<sup>24</sup>

Many of these fatalities are preventable. There are a number of initiatives which should be progressed to reduce this toll.

### *Overdose Prevention Centres*

An increasing number of jurisdictions are progressing sensible and pragmatic policies such as Medically Supervised Injecting Rooms (MSIR)<sup>25</sup> and drug checking services and public alert systems.

While VAADA commends the government on making permanent Victoria's first MSIR in North Richmond, amidst escalating harm there is a need for more capacity. The MSIR in North Richmond has achieved some laudable goals, including preventing over 60 fatalities with naloxone<sup>26</sup> and managing another 7,700 overdoses as well as providing over 141,090 referrals and supports, with 948 people commencing opioid pharmacotherapy (and potentially attending the MSIR to receive their medication rather than to use illicit drugs)<sup>27</sup>.

The LGA of Melbourne has had the highest rate of heroin related overdose in Victoria during 2022 with two fatal overdoses each month. There is an urgent need for a CBD based Overdose Prevention Centre.

***Recommendation 11:*** *Prioritise the implementation of an overdose prevention centre in the LGA of Melbourne and establish an implementation plan to increase access to these services in other high risk LGAs.*

### *Drug checking and public alert systems*

Drug checking or pill testing provides real time information on the emergence of new and hazardous substances, not only novel psychoactive substances but also substances like fentanyl which have devastated other jurisdictions.

This service is unique in that it provides people who have already purchased and otherwise intend on consuming an illicit substance, the chance to have it checked and to reconsider their consumption. It also provides an opportunity for a skilled AOD worker to liaise with the individual and provide them with accurate information regarding the substance and the risks associated with consumption.

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<sup>23</sup> Novel Psychoactive drugs replicate traditional illicit drugs but are often more hazardous.

<sup>24</sup> Coroners Court of Victoria. 2023. Victorian Overdose Deaths 2013 – 2022.

<https://coronerscourt.vic.gov.au/victorian-overdose-deaths-2013-2022>

<sup>25</sup> Overdose prevention centres are also known as medically supervised injecting facilities.

<sup>26</sup> Department of Health. 2023. Review of the Medically Supervised Injecting Room. [Review of the Medically Supervised Injecting Room 2023 | health.vic.gov.au](#)

<sup>27</sup> NRCH. 2023. Medically Supervised Injecting Room. [Medically Supervised Injecting Room \(nrch.com.au\)](#)

We need a real-time early warning system to protect the community and provide the broader public health system with information which allows for preparation in the event of new and emerging hazardous substances. This early warning system must be supported by drug checking, as per the recommendations from five coronial findings. This system would save lives, informing the community of hazardous substances in circulation, prior to people using these substances, providing people intending to use drugs an opportunity to reconsider their decision.

**Recommendation 12:** *The Victorian government should implement a drug checking and real time public early warning system to reduce harms relating to novel psychoactive substances (NPS) and other drugs in line with five recommendations of the Coroners Court of Victoria.*

#### *Increasing the capacity of DanceWize*

In the absence of other harm reduction initiatives at festival and events, DanceWize single handedly provides vital advice and peer support to thousands of Victorians. Run by Harm Reduction Victoria (HRVic) for more than 3 decades, DanceWize operates with 2 program staff, 200 program volunteers and a limited budget.

DanceWize is only funded to support 15 events annually in Victoria. Given the growth in the number, size and spread of such events, and the complex challenges arising from recreational AOD use, there is an urgent need for the breadth of DanceWize to be expanded upon, incorporating additional resourcing to attend a greater number of events, provide gender-based support and further enhance community resources and training.

**Recommendation 13:** *Provide \$3m over 4 years to DanceWize to expand the number and capacity of service including specialised supports, training and resources to reduce AOD related harm at festivals and events across Victoria.*

## 7. Integrating AOD and mental health responses

There remains significant work to be done, to successfully progress Recommendation 35 from the RCMHS as it relates to integration between the AOD and mental health systems.

The establishment of the Hamilton Centre in 2023 (RCVMHS Recommendation 36) is an important step forward in supporting mental health sector capability to respond to co-occurring AOD issues, including through training and secondary referral, however with 20 separate recommendations from the RCMHS deemed to be of high relevance to the AOD sector, effective system integration will only occur by taking a long term approach to the task of building the capacity of two strong systems that can work together.

There remains a high level of apprehension and concern in the AOD sector that mental health reform implementation to date does not provide the assurance, level of capability and support to the AOD sector to be able to effectively fulfil the intentions of effective system integration. This includes by having appropriate levels of AOD expertise within new mental health system governance arrangements that are being established as part of the new Victorian mental health and wellbeing system.



Building AOD sector wisdom into the progression of these recommendations takes time, and the Department of Health and the Victorian Government must take a long-term approach to this task via further investment in the AOD sector, to ensure effective participation and representation and to cement new structures as part of integrated models of care.

**Recommendation 14:** *VAADA is resourced \$1M over three years to represent the AOD sector in progressing the RCVMHS recommendations relating to AOD and mental health system integration, including support for the establishment of a reference committee of AOD sector leaders to advise and support this process.*

## 8. Prioritise lived and living experience

Recommendation 29 from the RCVMHS called for an independent consumer leadership agency to be established as part of the foundational architecture to enable transformation of Victoria's mental health system.

This not for profit, consumer governed and driven agency is intended to bring lived experience leadership and consumer-led approaches to the fore by:

- **fostering new consumer-created initiatives for healing and support** by supporting and testing new ideas and expanding effective approaches so that peer led options are a genuine part of the service mix
- **nurturing and connecting consumer leaders who are influential** in sector governance, management and development
- **uplifting system capability in lived experience involvement** by being a centre of excellence and supporting identification and implementation of evidence-informed and best practice approaches to drive systemic change
- **being a sector backbone and offering co-location services** that provide back-of-house support for new lived experience led organisations and services to start, grow and develop.

As it stands, the Consumer Leadership Agency is yet to be funded or established. While it remains missing from the rapidly changing mental health landscape, lived experience leadership is at risk of being sidelined and the opportunity for people with lived and living experience of the mental health and wellbeing system being at the centre of reformed systems will be missed.

VAADA stands with consumer leaders calling for the urgent funding of a Consumer Leadership Agency in the upcoming state budget.

**Recommendation 15:** *Prioritise the implementation of recommendation 29 from the RCVMHS to ensure that Victoria has an independent Consumer Leadership Agency.*

## 9. AOD support that is responsive to diversity

There are a range of cohorts which would benefit from AOD support but, for various reasons, either do not or are unable to engage in treatment services. Barriers to treatment include limited sector capacity, stigma, capability and expertise in working with certain communities as well as issues relating to cultural safety and specialist services.

In particular, there is a need for community-controlled specialist AOD services and/or collaboration across difference sectors to support a number of priority cohorts.

### *Providing safe AOD support for LGBTIQ+ communities*

While not uniform, it is generally accepted that people from LGBTIQ+ communities experience greater levels of AOD related harm<sup>28</sup>. For instance, homosexual and bisexual people are 3.2 times more likely to use cannabis, 5.8 times more likely to use ecstasy and 3.7 time more likely to use cocaine when compared with the general community<sup>29</sup>.

Despite higher rates of AOD use and related harm within many LGBTIQ+ communities, there are relatively low rates of service engagement. While the data available is indicative that a portion of people from LGBTIQ+ communities are happy with mainstream AOD support, there is also a significant portion who have a preference of AOD services with greater specialisation or specific LGBTIQ+ run agencies providing support. This is due to the experience of LGBTIQ+ community members who have, in mainstream and other services, at times experienced stigmatising language, discrimination, mis-gendering and other harms, potentially deterring service engagement<sup>30</sup>. Specialist services would increase service engagement among these communities and thereby facilitate better and more efficacious health outcomes compared to generalist organisations.

**Recommendation 16:** *Resource AOD residential support for various LGBTIQ+ communities, run by relevant LGBTIQ+ controlled community organisations in partnership with experienced AOD agencies.*

### *Supporting mature aged Victorians*

Matured aged people experience greater health problems than younger cohorts, use more medication, and are more likely to experience significant life transitions such as retirement or losing a life partner. As an individual ages, their physiological tolerance of AOD diminishes, resulting in a greater risk of substance related harm.<sup>31</sup>

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<sup>28</sup> Amanda Roxburgh et al, 'Sexual Identity and Prevalence of Alcohol and Other Drug Use among Australians in the General Population' (2016) 28 *International Journal of Drug Policy* 76; Hill AO et al. 2021. Writing themselves in 4; the health and wellbeing of LGBTIQ young people in Australia. Latrobe University.

<sup>29</sup> Hill AO et al. 2020. Private Lives 3; health and wellbeing of LGBTIQ people in Australia. Latrobe University.

<sup>30</sup> Ibid

<sup>31</sup> M Taylor and H Grossberg, 'The growing problem of illicit substance use in the elderly: a review', *Prim Care Companion CNS Disord.* Vol. 14, no. 4, 2012.

Currently, there is only one AOD treatment program in Victoria specifically servicing mature aged people<sup>32</sup>. VAADA recommends the extension of this outreach program through an additional two outreach teams, to provide specialised AOD treatment to older adults in different parts of Victoria (1 metropolitan, 1 regional). Demand for and efficacy of this program should be evaluated with a view to offering it statewide.

**Recommendation 17:** *Fund specialist mature aged AOD outreach through two additional teams who can support mature aged Victorians experiencing AOD dependency in their homes.*

### *Responding to the needs of young Victorians and their families*

The youth AOD system was developed approximately 25 years ago and has experienced little change since that time. Access to the Victorian youth AOD system for specific treatment types is often reliant on postcode. Gaps in the system are compounded by a significant increase in demand in recent times as noted in Table 1 below.

**Table 1: YoDAA recorded contacts to youth AOD support**

Reporting period	Number of contacts	% change from Jan – June 2022
Jan - June 2022	1695	
July – Dec 2022	3823	125% increase
Jan – June 2023	5145	204% increase

Table 1 highlights that biannual contacts increased over an 18 month period from 1695 to 5145, amounting to a 204% increase.<sup>33</sup> While the capacity of the current youth AOD system is an issue, there are also elements of contemporary practice which remain largely unfunded by the state.

The introduction of a new stream of funded AOD treatment providing therapeutic AOD family work should be progressed. The youth AOD treatment sector has indicated that this is an enduring gap in the service system. Family work is supported by the RCMHS, which cites ‘[i]t is vital that families and carers are welcomed into community care services and provided with support as soon as possible’.<sup>34</sup>

**Recommendation 18:** *That the Victorian Government resource an additional 16 FTE of family therapists across Victoria (approximately \$3.5M p/a) to support escalating concerns of youth AOD use among Victorian families.*

### *Supporting self determined solutions for First Peoples*

The Victorian AOD Strategy should provide direction, resourcing and oversight to ensure that AOD services in Victoria can support future reforms emanating from the Yoorrook Justice Commission, as to how First Peoples are best placed to deliver solutions to their communities. With the Yoorrook Justice Commission currently inquiring into health, and VAADA progressing a submission to Yoorrook on First Peoples experiences of the AOD service and treatment system, it is hoped that the truth

<sup>32</sup> Older Wiser Lifestyle (OWL) Program ran by Peninsula Health. [Older Wiser Lifestyle \(OWL\) Program - Peninsula Health](#)

<sup>33</sup> YoDAA 2023

<sup>34</sup> Royal Commission into Victoria’s Mental Health System. 2021, Vol. 2, pp 215.

telling commission will reaffirm the ongoing leadership by Aboriginal people, communities and organisations in addressing the harms of AOD use stemming from the trauma of colonisation.

With the final report of the Yoorrook Justice Commission more than 12 months away, there are immediate needs for the Victorian AOD system to safely and responsively meet the treatment and healing needs of First Peoples. We can begin preparing for these reforms through a number of measures, including by resourcing VACCHO to deliver Aboriginal cultural safety training to the Victorian AOD workforce, addressing the lack of detox services that are available particularly in remote and regional areas, by supporting ACCO's to develop placed based services, while urgently funding additional Aboriginal women's treatment services given the 8 bed Winja Ulupna service is the only AOD treatment centre for First Nations women in all of Victoria.

***Recommendation 19:*** *That the Victorian Government take immediate measures to address the lack of cultural responsiveness in the AOD system for First Peoples in Victoria while continuing to prepare for the reform recommendations that will emanate from the Yoorrook Justice Commission.*

#### *Accessible AOD support for multicultural communities*

In 2023, ECCV and VAADA published a joint paper examining AOD issues in multicultural communities, and the barriers faced by community members in accessing services.<sup>35</sup> This paper highlighted how the AOD treatment system can be perceived as complex, difficult to access and may not have consistent levels of cultural capability necessary for optimal engagement of many culturally diverse communities.

Specialist program support currently afforded to migrant and refugee communities is scarce and sporadic, often contingent on unfunded (or short-term funded) yet innovative partnerships between multicultural and AOD agencies. These existing programs should be capitalised upon.

The best outcomes for members of multicultural communities experiencing AOD harm are achieved when AOD services work in conjunction with agencies that are already working with at-risk refugee and migrant communities, who in return help to build the cultural capability of generalist services. Facilitating this coordinated service response may involve a range of structures, including partnerships, co-located services and staff placements. Various collaborations should be supported with peak bodies playing a coordinating role. This would support collaboration, facilitate enhanced culturally sensitive practice, and provide a liaison point between the Department of Health and broader sectors.

***Recommendation 20:*** *\$20 million for 2 years to establish an interagency partnership program between multicultural and AOD services to support and pilot accessible and culturally safe services for priority CALD communities.*

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<sup>35</sup>ECCV and VAADA 2023. Preventing alcohol and other drug related harm in multicultural communities. <https://eccv.org.au/wp-content/uploads/2023/02/ECCV-VAADA-Joint-Statement.pdf>