

# DEVELOPING AN AOD STRATEGY FOR VICTORIA

What VAADA  
heard from the  
AOD Sector

November 2024

## Acknowledgement

VAADA acknowledge 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.



VAADA also 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.

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## Thank You

VAADA thanks the multiple organisations and people who have contributed their time and insights to support the preparation of this paper.

## Who is 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 AOD use across the Victorian community. Our vision is 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.

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

## Background

In April 2024, the Victorian Government announced, as part of the \$95.1m Statewide AOD Action Plan, that it would commit to develop an AOD Strategy for Victoria. There is widespread recognition that both foundational change and innovations are required to strengthen the AOD sector for the future, and that the best outcomes for individuals who use substances will be achieved through collaborative efforts. Strong and meaningful strategic direction requires alignment between the Commonwealth and State governments, interdepartmental collaboration within and between jurisdictions and support and authority for system integration in the interests of service users.

As a reflection of the human experience of substance use, good AOD strategy will recognise the interconnection between harm, supply and demand reduction and review the suitability of these understandings in relation to the current landscape. At present, in Australia, despite continued and consistent calls for balance across the three pillars of Australia's National Drug Strategy, expenditure on drug law enforcement, criminalisation and supply reduction lead Australia's response to AOD use and harms in comparison to health responses by a factor of almost 2:1.<sup>1</sup> Further, a useful strategy will recognise the social determinants of health that underpin the level of harm experienced by people who use substances and how the AOD sector can work best with intersecting systems of care to minimise these harms through a prevention and early intervention approach.

This paper identifies shared values, areas of concern and solutions from the Victorian AOD sector to support the development of an AOD Strategy for Victoria.

## Methodology

In preparing to play an active role in the development of an AOD Strategy for Victoria, VAADA has conducted two key consultations with its sector to frame its approach.

1. Roundtable workshop with other lead AOD organisations
2. Whole day consultation with AOD sector executives and leaders from across Victoria (see Appendix 1 for list of organisations represented).

We were fortunate to be able to begin this process having completed research on what a re-designed Victorian AOD service system could look like. The Drug Modelling Policy Program at the University of NSW was commissioned by VAADA to design a blueprint for a re-designed AOD service system, with a summary report providing background on problems and areas for action. *Care and Complexity: Towards a Redesigned Service System*,<sup>2</sup> aimed to provide a snapshot of the current AOD system based on research, data, history and experiences of people who use, work and interact with the AOD system. The findings presented a picture of a dedicated and passionate sector that is fraught with operational challenges because of stigma, poor policy, a legacy of multiple incomplete reforms and the frequent 'gap filling' that occurs for other systems of care provided by the AOD sector without adequate resourcing to meet needs and obligations. The research found that change was required in the following key areas:

- Data collection and funding models
- System navigation and access pathways
- Stigma
- Collaboration
- Workforce empowerment

These findings were used to frame the thinking in VAADA's second consultation.

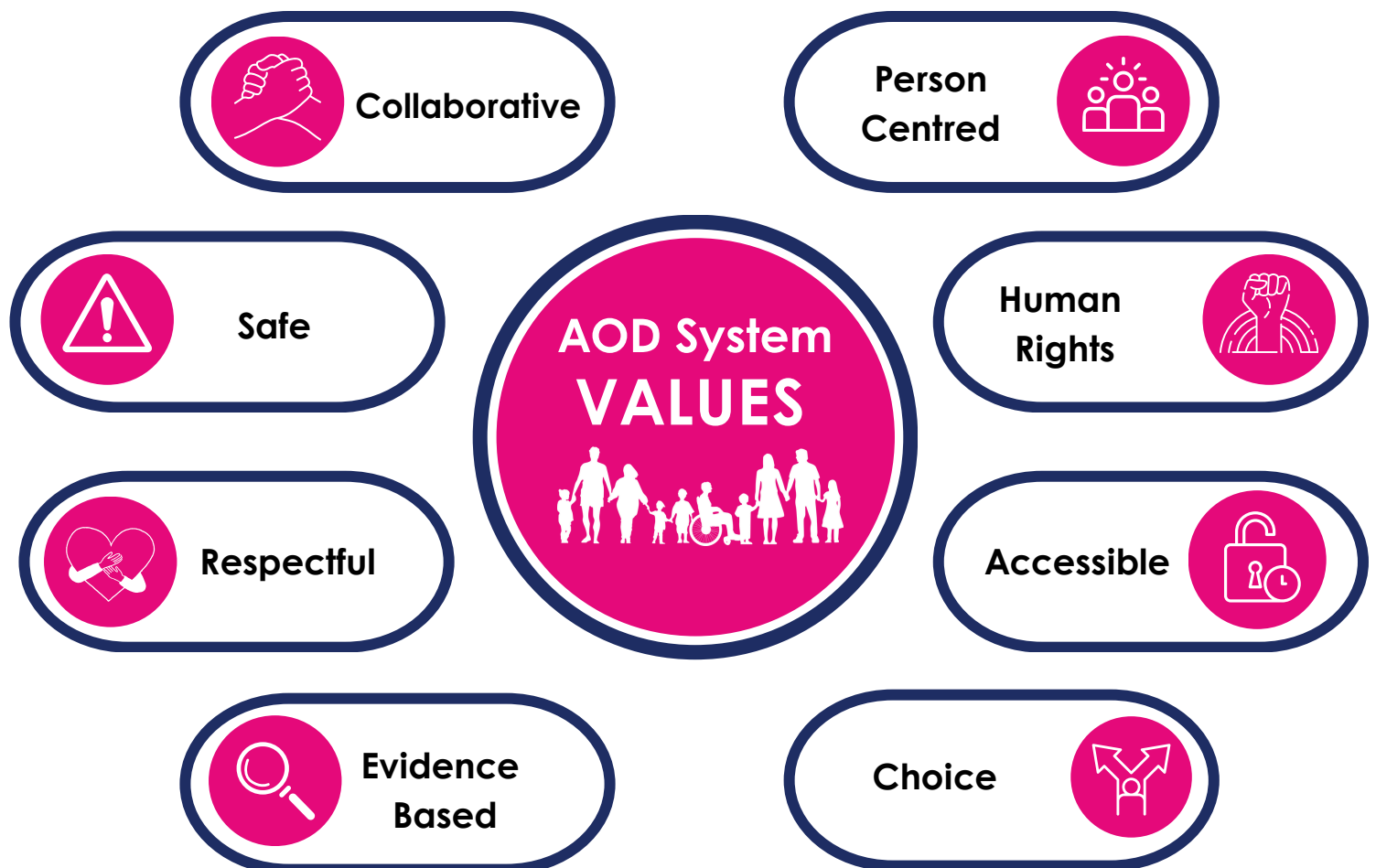
In addition, VAADA undertook a desktop review of AOD strategies in other jurisdictions including the recently released Tasmanian Drug Strategy,<sup>3</sup> Queensland AOD Plan<sup>4</sup> along with the soon to expire National Drug Strategy.<sup>5</sup> Various reviews of the AOD sector and adjacent systems (including mental health and family violence) were also reviewed to ensure our framing was reflective of common touchpoints for people who use substances.

## Part One: Establishing the right framework for an AOD Strategy

The AOD sector is not homogenous. Our history has been driven by dedicated, passionate individuals advocating in different contexts to reflect the needs of people who use substances. This includes harm reduction and treatment services, therapeutic communities, 12-step abstinence-based programs, peer support services, medical interventions, preventative perspectives and dedicated work with priority populations. These are all essential features of the AOD landscape today. Unfortunately, due to a lack of strategic coherence, these approaches are not often aligned and consequently reduce the strength of collective efforts to reduce harm.

Despite this, VAADA's consultations highlighted strong agreement between participants on foundational values and principles, underscoring that there is common commitment towards shared outcomes.

We heard loudly the following values should underpin Victoria's AOD Strategy.



Participants felt these values represented the AOD sector's focus on the best interests of people who use substances, their families, carers and supporters. There was clear agreement that Victoria's AOD Strategy needs to be built around the diversity of the Victorian community, taking a person-centred approach, with the system 'wrapping around' individuals and their families/supporters to provide holistic care that is accessible to all, safe, respectful and evidence based.

## Identifying barriers to change

In order to make change we must understand the barriers that impede progress. Participants in our broader consultation were asked to consider barriers across three different structural elements: the person, the system and society. The following table lists the barriers identified against each element by participants that could be a focus for change towards better outcomes for individuals who use substances and those supporting them.

Human	Societal	System
Greed and commercial interest	Australian cultural norms	Regulatory control
Self stigma, judgement, shame and ego	Poverty	Funding (including funding models)
AOD worker identity	Criminalisation of drugs	Health specialities and silos
Choice	Colonisation	Data, outcome measures and research
Fear	Human rights	Homelessness
Trauma	Power	Lack of understanding of the social determinants of health
Resilience	Political environment	Competitive tendering
	Societal attitudes / fear / naivety	Lack of LLEW funding
	Capitalism	Lack of service equity across the state
	Stigma	Risk perspective
		Lack of higher education training related to AOD

## Part Two: What needs to change?

### 1. Working with systems


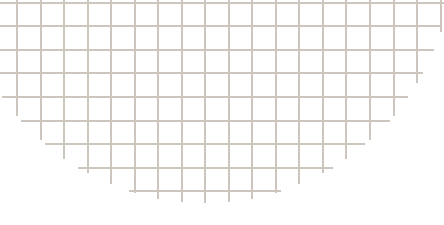
Participants were asked to review a diagram of various care systems in Victoria that individuals who use substances might engage with and assess whether this comprehensively reflected the experience of a person who uses substances. Participants saw fit to add additional systems of care to the diagram, with the disability sector featuring prominently. There was discussion if there were any mechanisms to enhance system integration / collaboration to ensure better outcomes for people who use AOD.



The overwhelming feedback was that people who use substances are everywhere within our community and therefore interact with all social care systems. This highlights the importance of a coordinated response across different areas of service. Some systems were identified as needing prioritisation as a result of the frequency at which people who use substances intersect with them. The priority systems and mechanisms identified by participants that enable collaboration are outlined in the table below.



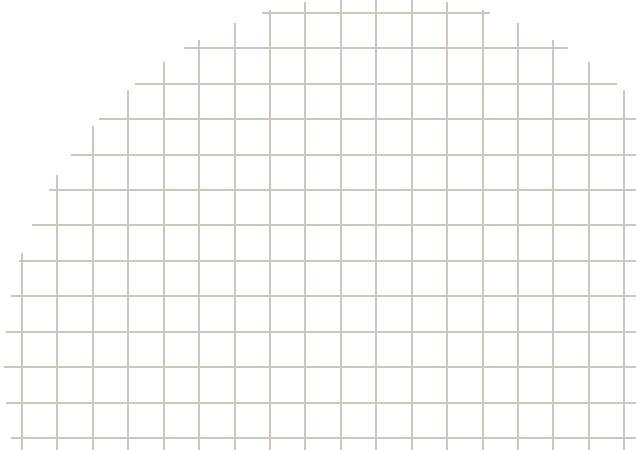
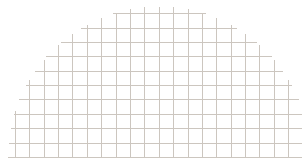
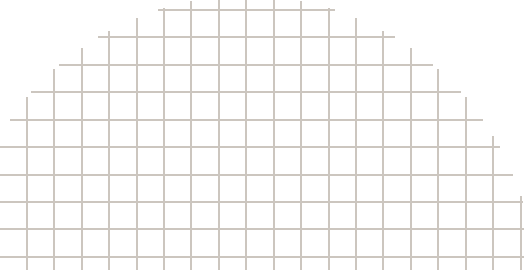




There was agreement that reduction of stigma through targeted AOD led anti-stigma campaigns, particularly with adjoining systems of care, would significantly enhance outcomes for individuals intersecting with these systems. To ensure that the AOD sector is truly accessible, a different approach to integration is required, one that is funded adequately and supported by appropriately integrated governance structures that do not overlook the unique values and skills of the AOD sector.

As described in the Care and Complexity report, the AOD system has a strong culture of working outside rigid funding structures to ensure that the complex and intersecting needs of individuals are best met. The frequency at which people present to the AOD sector with multiple needs necessitates a reliance on other systems of care to achieve the best outcomes for people. Participants identified a need to expand the capacity of the AOD sector to work collaboratively with other systems of care and increase collaborative relationships with other non-health and welfare related systems. A truly person centred AOD system will be designed around the person, ensuring that whatever needs an individual may have will be supported in some way when accessing an AOD service.

The activity also highlighted some interesting reflections on 'who' the AOD sector is, our professional identity, outcomes of services offered and protecting professional integrity. The extent to which AOD providers work across different systems is evidenced by the range of organisations that participated in our consultation (see Appendix 1). Organisations with foundations in the housing, family, hospital, primary health, social service, community health, mental health, priority populations and youth all employ AOD practitioners with different professional profiles, who manage funding structures, have different reporting requirements and deliver nuanced clinical offerings. This rich tapestry of service providers are all part of the AOD sector, working alongside AOD specific organisations. The treatment, harm reduction and lived and living experience expertise amongst this workforce, provides a unique richness to the available skill set in our sector. This diversity has been built over decades to reflect the needs of people who use substances, however, often these branches are forced to compete from a small resource pool through competitive tendering that compromises sector collaboration. There was consistent feedback that strengthening the AOD system's collective identity will in turn aid in better informing and influencing external systems.



## 2. Adequate funding to meet the needs of all Victorians

There was a strong emphasis on the need for adequate and sustainable funding for the AOD sector to provide high quality, AOD treatment, support, early intervention and prevention to meet the needs of all Victorians.

Participants shared that the current model of funding (DTAU) is not adequate in that it lacks flexibility to meet person centred needs, does not meet the cost of providing service and limits the way in which services can respond to community need. Further to this it is dissimilar to funding models in intersecting systems of care and therefore limits the capacity for integrated service delivery. There was no single solution identified when participants were asked what would address the funding problems. There were different models suggested such as block funding, or funding that is person based (akin to NDIS packages) and outcomes-based funding. Participants also called for funding amounts for specific activities to be reconsidered including for intake and assessment, care coordination, and community education. These suggestions strongly indicate the need for dedicated time and resources to further explore what will work best as part of a re-designed AOD service system. In keeping with the values identified earlier, this exploration should start with mapping the needs of people who use substances and how any funding allocation can enable their needs to be better met.

Aside from the need for urgent adjustments to the way AOD services are funded, participants also reflected on the need for more of the following program types to be funded.

Family  
Programs

Diversion

Prevention  
Initiatives

Health  
Promotion

Early  
Intervention

Homelessness  
Outreach

NSP in  
prison

Hospital based  
AOD programs

Women  
Specific Centres

Secondary  
NSPs

Harm Reduction  
initiatives

Peer Support in  
AOD services

ORT prescriber and  
dispenser initiatives

Increased access to  
Nalxonone for workforce

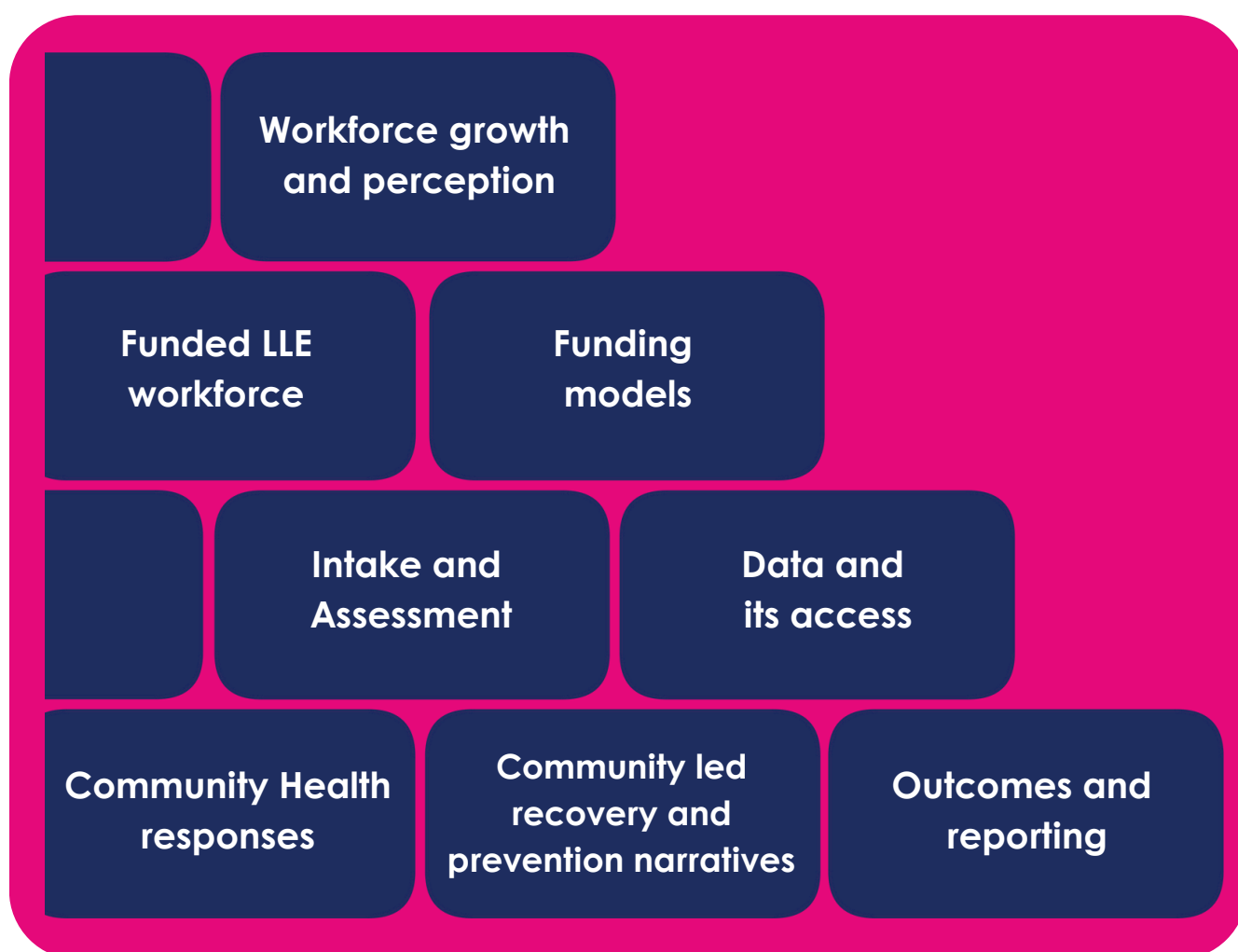
Community Residential  
Centres post release

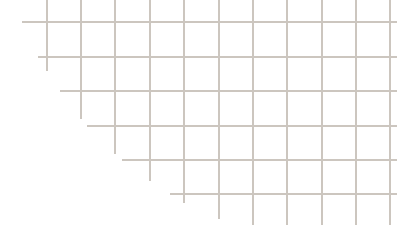

AOD Nurse Practitioners in  
community health services

AOD education in schools that  
includes harm reduction

### 3. Fixing the foundations of the AOD sector

In a sector that works across multiple systems, organisation types and with people who have varied needs it is common to find a range of different areas for improvement. However, when participants were asked to consider how the AOD sector can be improved to better reflect the values and needs of individuals, it was very clear that some foundational aspects required urgent attention prior to growth and innovation. The following diagram illustrates the foundational blocks of the system that have been identified as fractured, mirroring the themes identified in the Care and Complexity report.





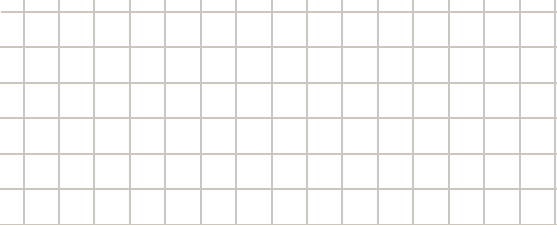
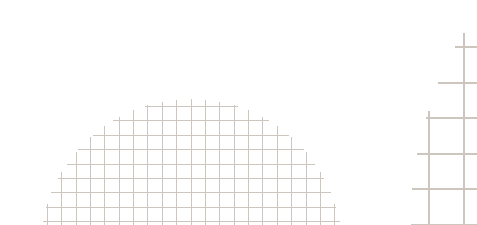
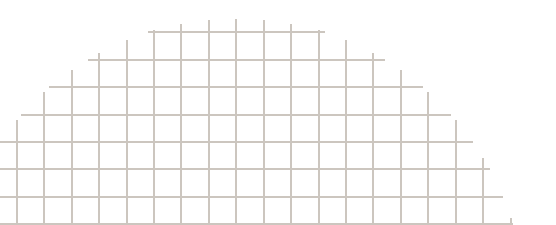
Participants highlighted the significant limitations in the funding model in enabling best practice service delivery. The inflexibility, episodic nature, low unit pricing, and imbalance between funding for clinical needs and administrative costs were all cited as requiring urgent action. There was a sense that without adjustments to this component of the system it was difficult for participants to foresee a successful AOD system.



As was reflected in the Care and Complexity report, the issue of access to the AOD sector was also sighted as an area for urgent reform. Participants noted that there is no obvious way for people to source information on where to seek support, the types of support available nor well defined entry pathways for supports that reflect the diverse needs in the community. The long-standing issue of waiting times for AOD services was also highlighted as a barrier. It was identified that addressing the limitations and complexity of the current intake system will positively impact outcomes for people. Further resourcing is required to better understand the extent and intersections between access issues, in order to identify potential solutions.

The AOD sector's heritage is built on people with lived and living experience of substance use trying to develop solutions for their communities. The 2023 VAADA Workforce Survey<sup>6</sup> highlighted that two-thirds of the AOD workforce identifies as having a lived and living experience of substance use as a consumer or carer, yet appropriate funding to amplify the capacity for LLE contribution is missing. Participants reflected the sector's commitment to LLE is curtailed by a lack of ongoing designated funding for LLE roles.

Since its inception, there have been numerous reviews conducted regarding the functionality of the Victorian Alcohol and Drug Collection (VADC) system that highlight its inefficiencies. Participants shared their frustration at not being able to easily access meaningful data to aid in service development alongside the complexities involved in using reporting templates. As reflected in the values exercise, participants put a strong emphasis on working to evidence, yet limited access to good data is a handbrake on evaluating impact and responding to emerging AOD threats and needs in the community. This is compounded by the lack of agreed outcome measures to support reporting and evaluation.

The impact of stigma cannot be underestimated in relation to substance use. As previously noted, stigma manifests across personal, public and government attitudes and responses.





There was a sense that a specific focus on stigma within an AOD Strategy would aid in addressing fundamental deficits in the system for service users. It was identified that shifting the narrative in the community away from fear, moral failing and need for punishment towards a health framed, acceptance and recovery concept would enable better outcomes. In addition to this, was the identification of the role that community health organisations play and could be enabled to further play in meeting the AOD needs of specific populations as a way of changing community perception.

Lastly, participants articulated the need to strengthen the AOD workforce, in terms of professional identity and respect, capability and capacity. In a tight labour market, where demand for professional skills across the care economy remains very high, the AOD sector struggles to recruit and retain its workforce against better resourced, paid and larger sectors. There is an urgent need for an industry plan that supports the skills of the AOD workforce and that offers attractive career pathways for professionals.

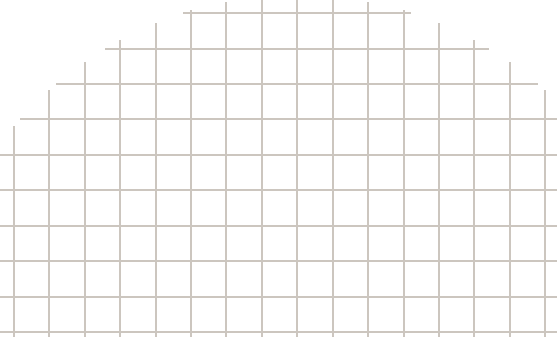
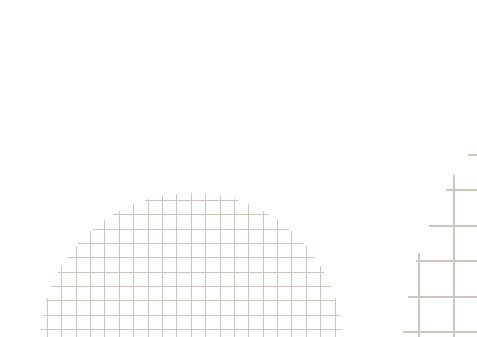
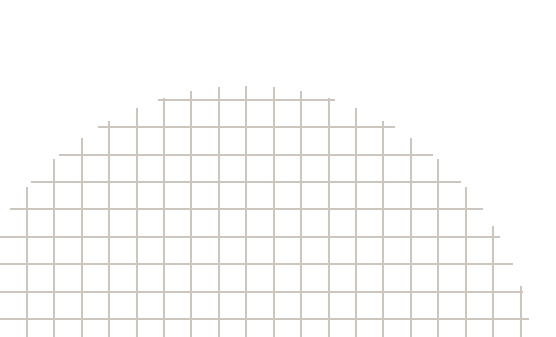
#### 4. The Forensic AOD System: A specific area for change

As long as substance use is criminalised, there will be a connection between the forensic system and people who use substances. It is recognised that people who use substances routinely intersect with police, courts, community correctional systems and prisons, however there are significant gaps in the way components of the forensic and AOD systems work together to maximise positive outcomes for people.

Participants in the second consultation, highlighted a variety of specific areas for change across the forensic system including:

- Gendered forensic AOD services
- After hours access to services post release
- Post release pathways
- AOD service provision within prison
- Equity in access to the forensic system across the state

Fundamentally, the priority placed by participants on the forensic system, highlights the importance of prioritising actions on this system in the AOD Strategy.





## Where to from here?

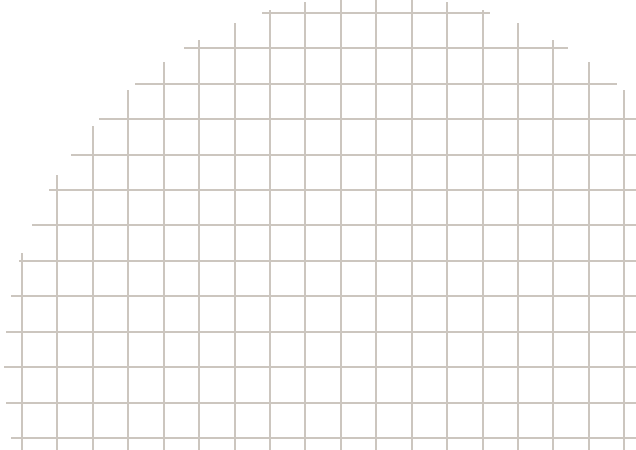
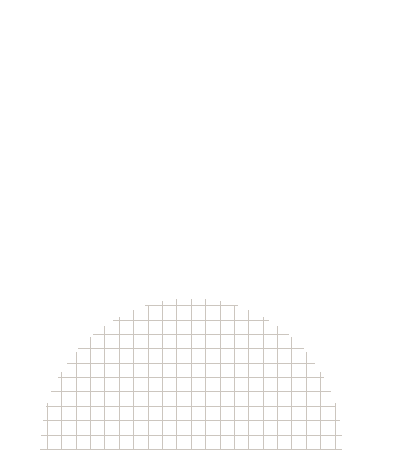
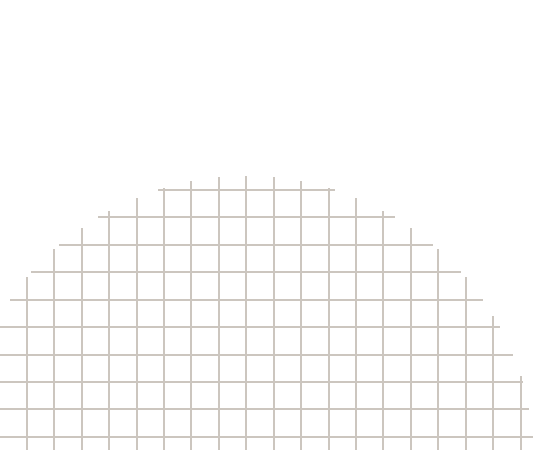
VAADA remain invigorated as we continue to embark on this opportunity to shift the landscape for people use substances, their families, carers and supporters through the development of a 10-year AOD strategy for Victoria.

We aim to continue to participate in conversations that can place the needs of people who use substances across all communities in Victoria first, and in undertaking this work to date have identified other groups whose voices are integral in shaping an AOD Strategy.

VAADA identifies the need to consult specifically with:

- People with lived and living experience of substance use, their families' carers and supporters
- People from specific populations who are under-represented in the AOD system
- People from specific populations that are over-represented in the AOD system
- Leaders from systems where people who use substances intersect (including emergency services, health and community services)

Ultimately to create a meaningful AOD Strategy that is person centered and which responds to the needs of all Victorians, will require opportunities for collaboration across different systems of care with a shared commitment to address the impacts of substance use in our community.



## Appendix 1: List of people / organisations consulted through this process

Turning Point	First Step	Self Help Addiction Resource Centre
Harm Reduction Victoria	Youth Projects	Pennington Institute
Alcohol and Drug Foundation	Liverwell	Access Health and Community
Jesuit Social Services	Drummond Street	Family Drug Support
Latrobe Community Health Service	Launch Housing	St Vincent's Health
Cohealth	EACH	Salvation Army
North Richmond Community Health	Yarra Drug and Health Forum	Thorne Harbour Health
Better Health Network	DPV Health	Meli
Odyssey Victoria	Australian Community Support Organisation	Inner Melbourne Legal Centre
VincentCare	Youth Support and Advocacy Services	Windana
Bendigo Community Health	Western Health	Ballarat Community Health
Anglicare	WRAD Health	Barwon Health
Caraniche	Your Community Health	Gippsland Lakes Complete Health
Merri Health	Uniting	Primary Care Connect



**Gillian Clark**  
Manager  
AOD Strategy and Reform

[gclark@vaada.org.au](mailto:gclark@vaada.org.au)

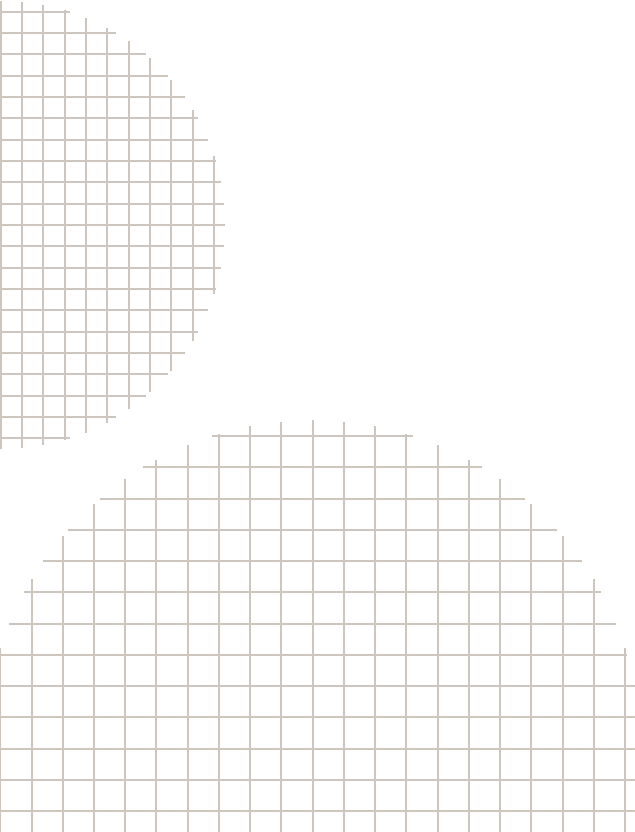
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## Reference

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- [1] Australian Alcohol Drug Council (2024) AADC Submission to the Inquiry into the health impacts of AOD in Australia [aadc.org.au/resources](https://aadc.org.au/resources)
- [2] <https://www.vaada.org.au/wp-content/uploads/2024/09/Care-and-Complexity- Towards-a-re-designed-service-system.pdf>
- [3] [https://www.health.tas.gov.au/sites/default/files/2024-04/tasmanian\\_drug\\_strategy\\_2024 - 2029.pdf](https://www.health.tas.gov.au/sites/default/files/2024-04/tasmanian_drug_strategy_2024_-_2029.pdf)
- [4] <https://info.qmhc.qld.gov.au/queensland-alcohol-and-other-drugs-plan>
- [5] [https://www.health.gov.au/resources/collections/national-drug-strategy\\_](https://www.health.gov.au/resources/collections/national-drug-strategy_)
- [6] [https://www.vaada.org.au/wp-content/uploads/2023/10/VAADA-Workforce-Development-Survey-Report-V6\\_web.pdf](https://www.vaada.org.au/wp-content/uploads/2023/10/VAADA-Workforce-Development-Survey-Report-V6_web.pdf)
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