Victorian Alcohol and other Drugs Workforce Survey Report 2025

Report prepared by:

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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.

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

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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.

The survey was informed by a Workforce Survey Advisory Group comprising representatives from the alcohol and other drugs (AOD) sector in Victoria whose input was greatly appreciated. Members of the Advisory Group were:

- **Amelia Berg** – Fuse Initiatives Coordinator, *Harm Reduction Victoria*
- **Anushka Ananth** – Workforce Development Coordinator, *VAADA*
- **Bindi Thomson** – House Operations Team Leader, Wangaratta AOD Therapeutic Community, *Gateway Health*
- **Brendan Witt** – Community Support and Engagement Manager**,** *Ramahyuck District Aboriginal Corporation*
- **Marcus Hough** – The Zone-Senior Practitioner, *Youth Support and Advocacy Service*
- **Oscar Grano** – Peer Workforce Development Officer, Peer Projects, *Self Help Addiction Resource Centre Inc*
- **Ruben Ruolle** – Manager Specialist AOD Services, Alcohol and Other Drug Services, *Each*
- **Scott Drummond** – Head of Policy and Practice, *VAADA*

We would also like to acknowledge Anita Trezona of Trezona Consulting for her review and quality assurance of the survey questions and Zhengning Duan, Masters in Social Work student from La Trobe University for his support with the analysis. We extend our appreciation to all survey participants for generously contributing to the survey and the AOD sector.

Contents

Executive Summary

The 2025 Victorian Alcohol and other Drugs (AOD) Workforce Survey provides a comprehensive snapshot of the sector, its strengths, challenges, and opportunities for development. Conducted by VAADA in 2025, the survey aimed to measure workforce capacity, capability and wellbeing, identify gaps and strengths, track progress since 2023 and provide an evidence base to inform sector advocacy and workforce planning.

The survey is intended to be a biennial measure of the status of Victoria's AOD workforce and to inform strategies that prepare the sector to meet the evolving needs of people seeking AOD treatment and support.

The 2025 survey included 486 eligible respondents (representing approximately 25% of the workforce) covering workers in dedicated AOD services as well as AOD roles within mental health, housing, justice, hospitals, and other community settings. Responses are based on self-assessment and participant perceptions. Comparisons with 2023 highlight patterns across the workforce rather than changes for individual workers.

Key findings highlight a skilled and committed workforce operating under significant pressure. The sector is made up of mostly women (71.8%), who also hold a majority of leadership roles (68%), reflecting a notable strength in gender equity at senior levels. The workforce also includes LGBTQIASB+ representation (nearly one in three identifying as sexually diverse, 6% identifying as gender diverse) and widespread lived and living experience (LLE) of AOD use, either their own (50%) or a family member or partner (44%). Aboriginal and Torres Strait Islander workers make up 3.5 per cent of the workforce survey, less than the 1 in 10 clients who identify as First Peoples.[1] While most workers understand the impacts of colonisation, confidence in applying this knowledge through culturally grounded partnerships or Aboriginal models of care remains limited. The results also show room to better reflect Victoria's cultural and linguistic diversity (CALD) within the AOD workforce. One in five workers were born overseas, yet only a small proportion use another language at work and one in five report low confidence using interpreters, despite most regularly supporting CALD communities.

1 VAADA (2025) *VAADABase AOD Sector Insights Report (2024-25)*. Melbourne. Victorian Alcohol and other Drug Workforce Development Survey 2023.

Workforce sustainability challenges include workload pressures, low pay, limited career pathways, declining mental health, and uneven access to high-quality supervision and professional development. Almost one in three workers frequently consider leaving the sector and recruitment remains particularly difficult in rural and regional areas. Fewer new entrants joined in 2025 compared with 2023, highlighting the need for expanded entry pathways and coordinated workforce planning.

The workforce continues to manage complex client needs including trauma, family violence, homelessness, and co-occurring mental health issues. Confidence is high in trauma-informed care and mental health support, but family violence practice and forensic system navigation remain areas requiring targeted capability development. Other areas for capability development include engaging families/carers and using the Victorian Alcohol and Drug Collection (VADC) system. Training preferences identified by respondents include therapeutic interventions, leadership and management skills, AOD program design and development and responding to multiple and complex needs.

Overall, the 2025 survey demonstrates a dedicated and capable AOD workforce that is resilient yet under pressure. Strengthening workforce capability, diversity, supervision, and wellbeing, supported by a clear industry plan, will be critical to ensuring a sustainable sector capable of delivering high-quality, person-centred care.

Seven key recommendations:

1. Develop a comprehensive AOD Industry Plan
2. Strengthen cultural safety and culturally grounded partnerships
3. Expand and support designated Lived & Living Experience roles
4. Enhance cultural diversity and build confidence in using interpreters
5. Strengthen workforce capability in complex practice areas
6. Invest in workforce wellbeing and supervision frameworks
7. Prioritise ongoing professional development and capability building

Background

Survey purpose

The 2025 Victorian AOD Workforce Survey provides a detailed overview of the sector's strengths, challenges, and opportunities for workforce development. Conducted by VAADA, the survey aimed to identify current workforce capability, capacity and wellbeing, highlight emerging issues, and inform strategies that strengthen the sector's ability to meet the needs of Victorians who use AOD while reducing AOD-related harms across the community.

The objectives of the survey were to:

- Measure the status of the workforce's capacity and capability
- Identify workforce gaps and strengths
- Measure progress against the 2023 survey results[2]
- Form an evidence base for sector development and advocacy

Scope and limitations

The 2025 Workforce Survey adopted a slightly broader eligibility criteria than the 2023 survey. It included workers whose roles involve responding to AOD use or related harms within dedicated AOD services, but also across related sectors such as mental health, homelessness, justice, and hospitals. Participation was based on respondents self-identifying as AOD workers.

In this report, "AOD workers" or "Victorian AOD workforce" is used to bundle a broad range of roles and specialisations in the AOD sector. The findings are limited to those respondents who completed the survey and does not capture the entire workforce. However, the sample size is large, with an estimated 25 per cent of people working in AOD sector completing the survey.

Comparisons with the 2023 survey should be interpreted carefully, as the two surveys likely involved different respondents. While some overlap is possible, the results indicate patterns in the workforce rather than changes for individual workers. Responses are based on participants' perceptions and self-assessments and have not been independently verified, though they offer a valuable view of the status and experience of the AOD workforce. The 486 eligible responses constitute a substantial sample, providing robust insights into workforce strengths, challenges and emerging trends.

2 Victorian Alcohol and Drug Association (VAADA) (2023). *Victorian Alcohol and Other Drugs Workforce Survey 2023.* Melbourne: VAADA.

Method

Survey development

The VAADA Victorian AOD Workforce Survey was first developed in 2023 through collaboration between VAADA and Trezona Consulting. Its design drew on several key frameworks and instruments, including the National Alcohol and other Drug Workforce Survey (NCETA)[3], the Network of Alcohol and other Drug Agencies (NADA) Workforce Capability Framework[4] and the Victorian Mental Health and Wellbeing Framework[5]. The 2025 survey is based on the 2023 instrument, refined for clarity and relevance. It has been informed by 2023 survey feedback and consultation with a 2025 Workforce Survey Advisory Group representing AOD workers across Victoria.

The 2025 AOD Workforce Survey included 51 questions across five areas:

1. Workforce demographics
2. Workforce profile
3. Workforce capacity and support
4. Workforce capability
5. Workforce wellbeing and satisfaction

Recruitment and participants

All individuals working in Victoria whose primary role involves responding to AOD use or related harms were eligible, including workers in dedicated AOD programs and those in broader health, mental health, housing, justice, or community settings where AOD support is delivered as a core function. The survey was promoted via VAADA communications, including member newsletters, the Elevate! training platform and other VAADA networks of AOD professionals. Participation was voluntary, with respondents who opted into the survey being able to withdraw at any point. To encourage engagement, participants who completed the survey could enter a draw for one of ten prizes.

Data collection and analysis

The survey was conducted online using Survey Monkey between 13 June and 25 July 2025. Of the 506 individuals who commenced the survey, 486 met the eligibility criteria and were included in the final dataset. Completion rates were high, with 92.7 per cent of included respondents answering most questions. A majority of the data collected was quantitative and is presented in this report through charts and tables. Qualitative insights from open-ended responses are included where relevant. Where possible, comparisons have been made with the 2023 survey results to highlight trends and changes across the workforce over time.

3 Skinner, N., McEntee, A. (2020). *Australia's Alcohol and Other Drug Workforce: National Survey Results 2019-2020.* Adelaide, South Australia: National Centre for Education and Training on Addiction (NCETA), Flinders University.

4 Network of Alcohol and other Drugs Agencies (2020). *Workforce Capability Framework: Core Capabilities for the NSW Non Government Alcohol and Other Drugs Sector.* Sydney. NADA.

5 Department of Health (2021). *The Victorian Mental Health and Wellbeing Workforce Capability Framework.* Melbourne. Victorian Government.

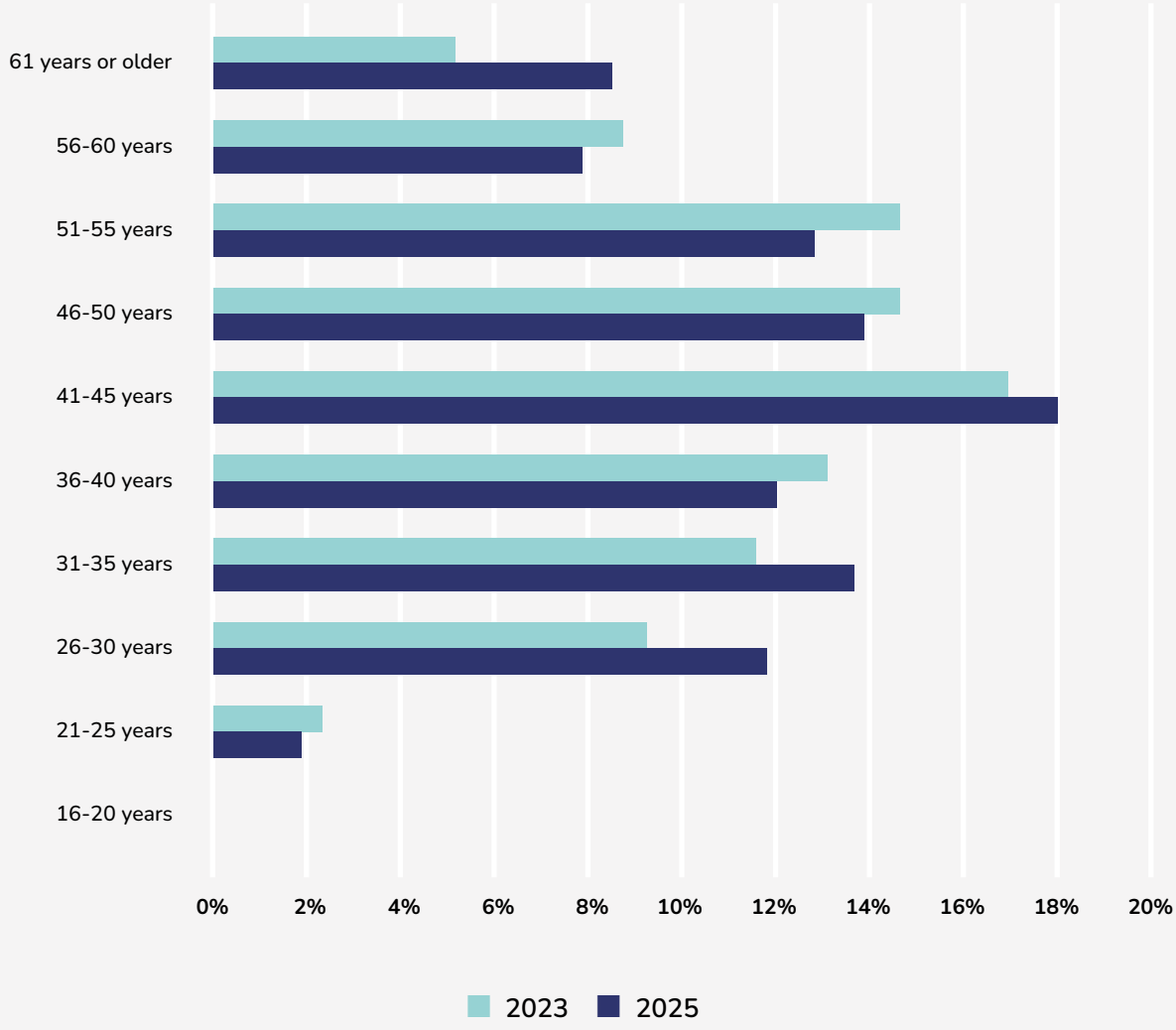
Results

WORKFORCE DEMOGRAPHICS

Age

In 2025, the age profile of the workforce sample continues to reflect a predominantly mature workforce (Figure 1). More than three-quarters of respondents (86.4%) were aged 31 years and over. The largest age bracket was 41-45 years (17.9%), closely followed by those aged 46-50 years (13.8%) and 31-35 years (13.6%). Workers under 30 years remain a minority (13.6%), though there has been a 4 per cent growth in the 26-35 age bracket since 2023.

Figure 1: Age distribution (2023 vs 2025)



Gender identity

In 2025, almost three-quarters of the sample workforce identified as women (71.8%), up from 65.7% in 2023). Men represented just under a quarter (23.9%), a decline from 28.6 per cent in 2023. Six per cent of respondents identified as gender diverse, non-binary, or trans (compared to 5% in 2023). Leadership roles reflected a similar gender distribution, with women making up 68.4 per cent of AOD sector leaders.

Sexual identity

Nearly two-thirds of respondents (62.9%) identify as heterosexual (down from 69.8% in 2023). At the same time, almost one in three (30.9%) reported diverse sexual identities including asexual, bisexual, pansexual, queer, lesbian or gay (a 7 per cent growth since 2023). This diversity is more concentrated in metropolitan services, where 8.4 per cent identified as gay and 9 per cent as queer (compared with 3 per cent and 3.5 per cent respectively in rural and regional services).

First Peoples status

Overall, 3.5 per cent of respondents identify as Aboriginal or Torres Strait Islander, with 1.4 per cent choosing not to disclose this information. Representation of Aboriginal and Torres Strait Islander workers in the survey has grown since 2023, rising from around 1.28 per cent in 2023, an increase of more than 2%.

Cultural diversity

The cultural diversity of the workforce was measured through responses to questions on country of birth, and languages spoken. Most respondents (77.1%) were born in Australia. Among those born overseas (22.9%), the most common countries of birth included the United Kingdom (24.1%), New Zealand (13.9%) and India (11.1%). Overseas-born workers were more likely to be based in metropolitan services (27.9%) than in rural and regional services (13.3%). Around one in five (21.8%) reported speaking a language other than English, with 3.3 per cent indicating that they used a second language in their AOD work.

Disability and long-term health conditions

A substantial proportion of respondents (14.9%) report living with a long-term health condition, impairment or disability that affects their everyday activities (compared to 13.8% in 2023). Four per cent of respondents preferred not to disclose this information in the survey.

Lived and living experience with alcohol or other drugs

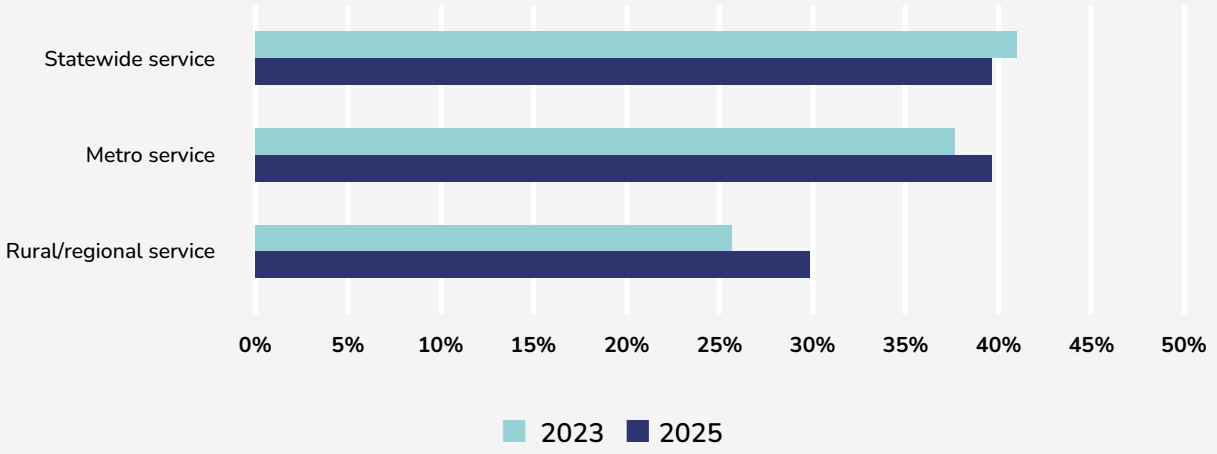
The proportion of workers reporting some form of lived or living experience (LLE) of AOD use (either their own or that of a family member) has increased to 93.4 per cent in 2025, from 85 per cent in 2023. Of these, 37.9 per cent identified as having lived experience, 12 per cent as having living experience, and almost half (44%) reported having a family member or partner with past or present AOD use. Only 5.7 per cent of respondents with LLE were in designated AOD peer worker roles in this survey.

WORKFORCE PROFILE

Service locations, funding and delivery settings

More than a third of respondents (39.7%) are based in a metropolitan location, while 29.9 per cent are located in a rural and regional area (Figure 2). Almost 40 per cent of respondents are employed by a statewide service, that is located across Victoria. Most respondents (80.8%) are employed in publicly funded services.

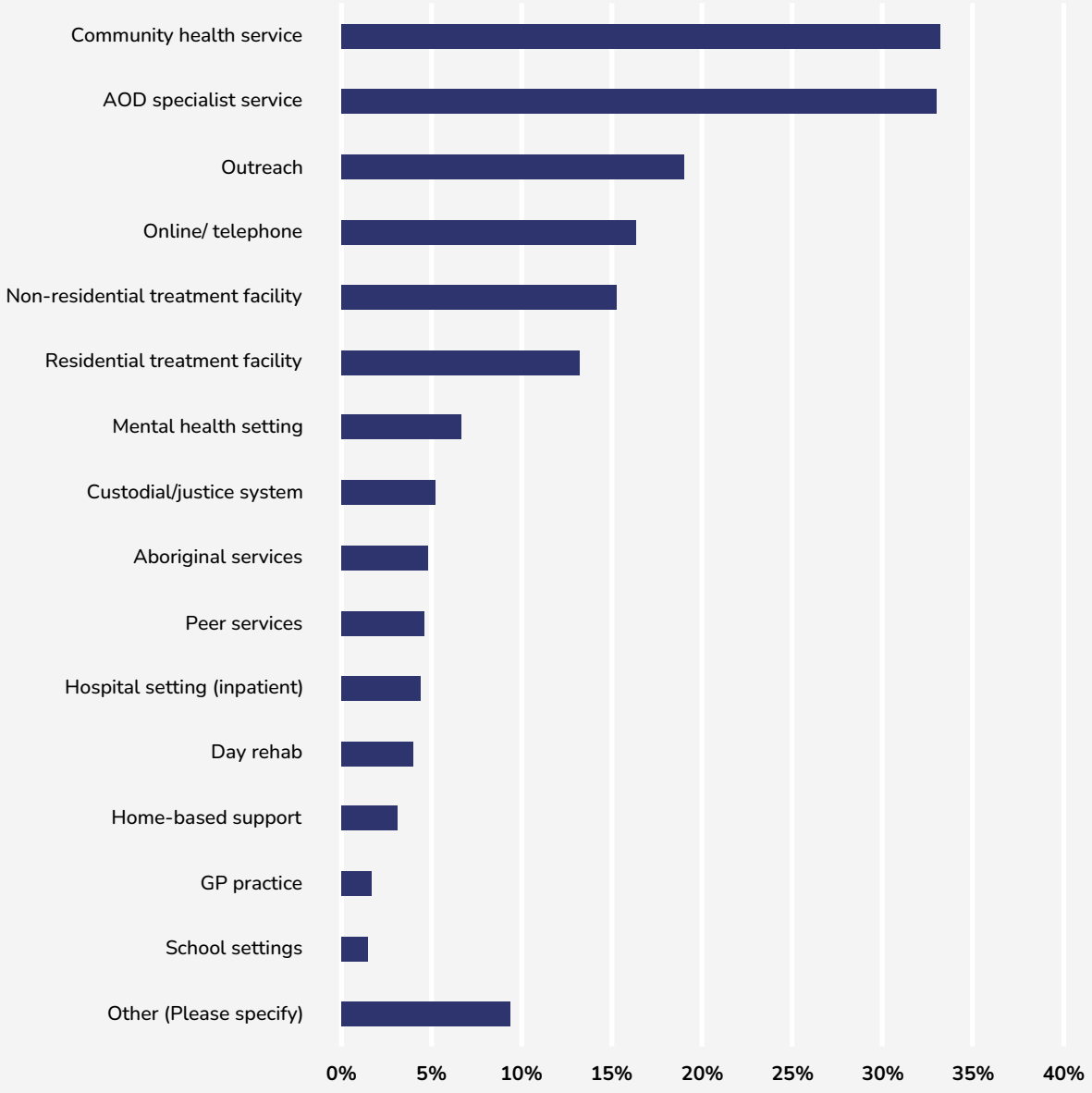
Figure 2: Service locations (2023 vs 2025)



Note: Percentages add up to more than 100% because respondents could select more than one service location.

Respondents were able to select up to three settings from which they mainly provide services (Figure 3). Community health (33.2%) and specialist AOD services (32.3%) remain the most common service types. Respondents also deliver care through outreach (19%) and telehealth (16.2%). Qualitative data collected from "other" response (9.4%) commonly referred to needle and syringe programmes, the medically supervised injecting room and housing services.

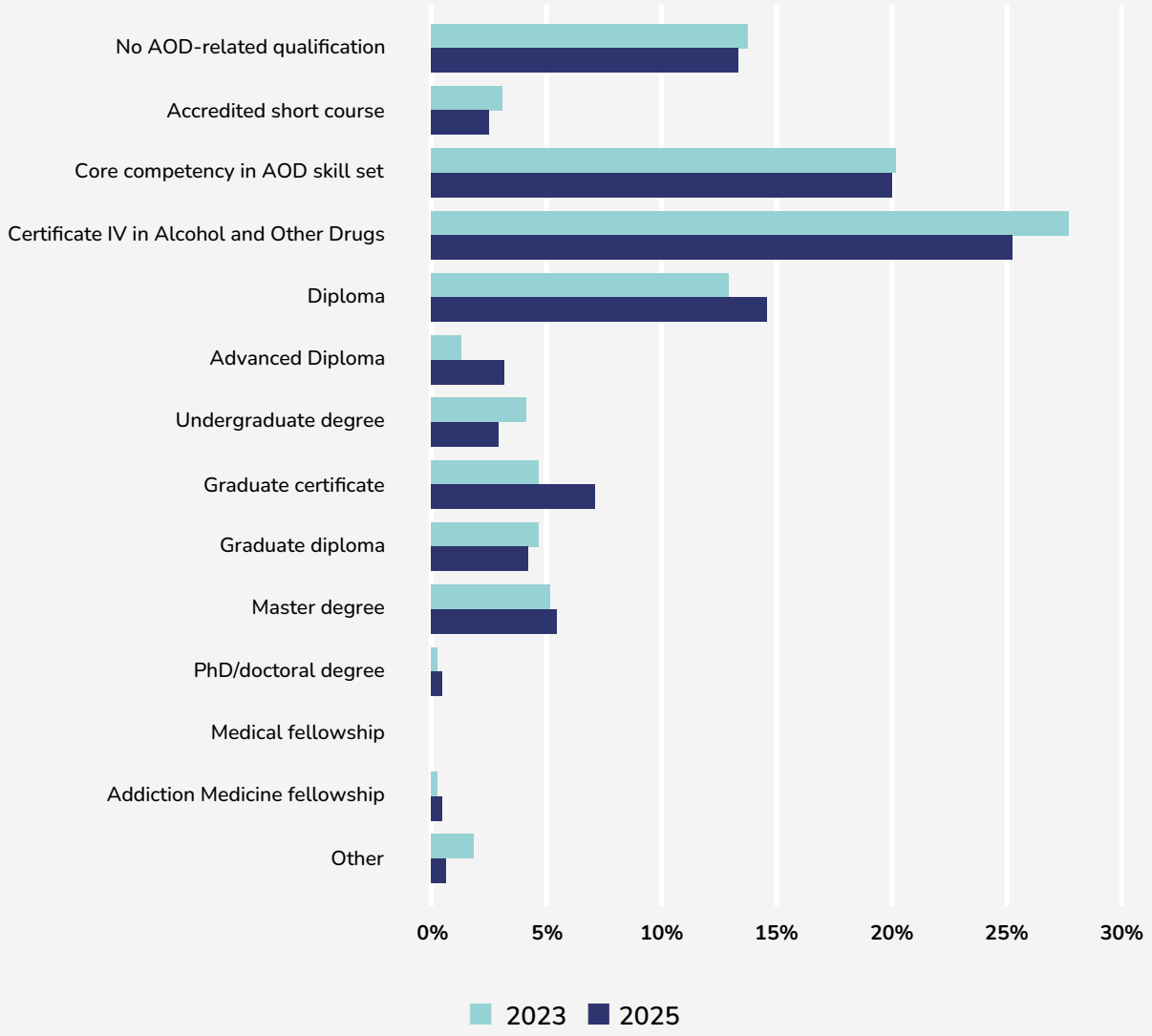
Figure 3: Service delivery settings



Qualifications and experience

Most respondents hold an AOD-specific qualification (Figure 4). The Certificate IV in AOD remains the most common AOD qualification (25%), followed by one or more units from the AOD Skill Set (20%). Since 2023, there has been a slight decline in Certificate IV and undergraduate AOD qualifications attainments and some growth in Advanced Diploma and Graduate Certificate attainments. Around 13 per cent reported no formal AOD qualification. The most common client service roles with no formal AOD qualification were AOD clinicians or counsellors (19.6%), nursing roles (16.1%) and harm reduction workers (14.3%).

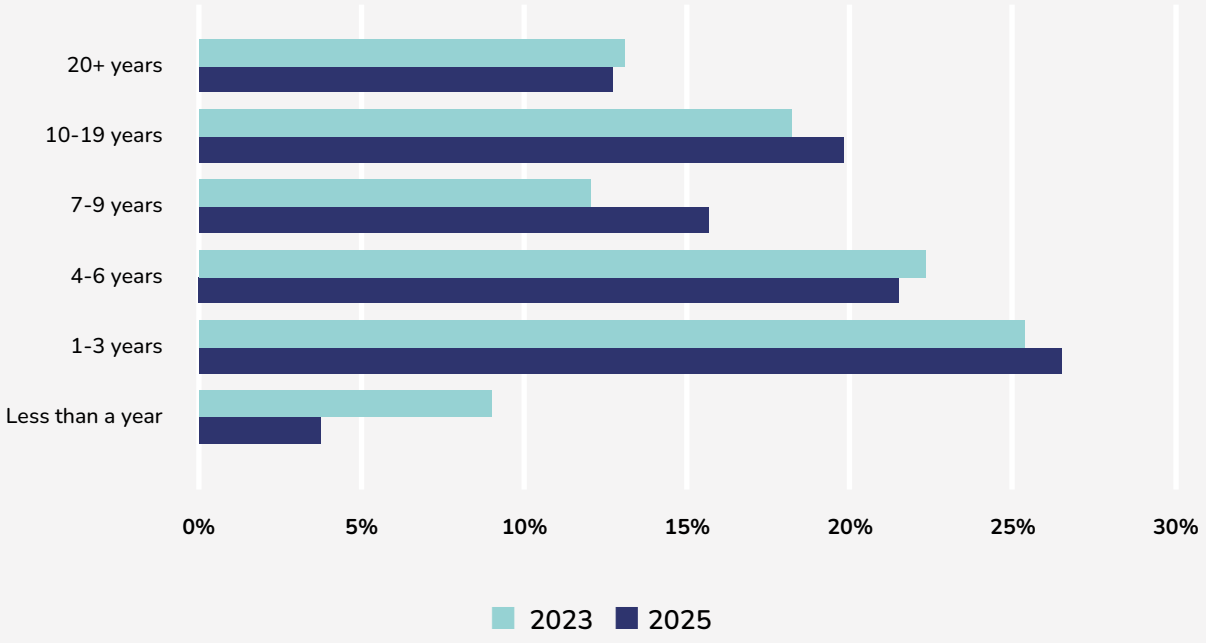
Figure 4: Highest AOD qualification (2023 vs 2025)



In terms of general qualifications, most respondents (69.9%) hold an undergraduate degree or higher and about a quarter (24.4%) hold a master's degree. However, these are in non-AOD specific related fields such as Social Work, Psychology or Nursing.

As shown in Figure 5, the workforce has an even spread of experience. Around one-third (32.6%) have worked in the sector for more than ten years, including 12.7 per cent with over 20 years of experience. At the other end, just under a third (30.3%) have less than three years' experience, with 3.8 per cent being new to the sector (compared to 9% in 2023).

Figure 5: Experience in the sector (2023 vs 2025)

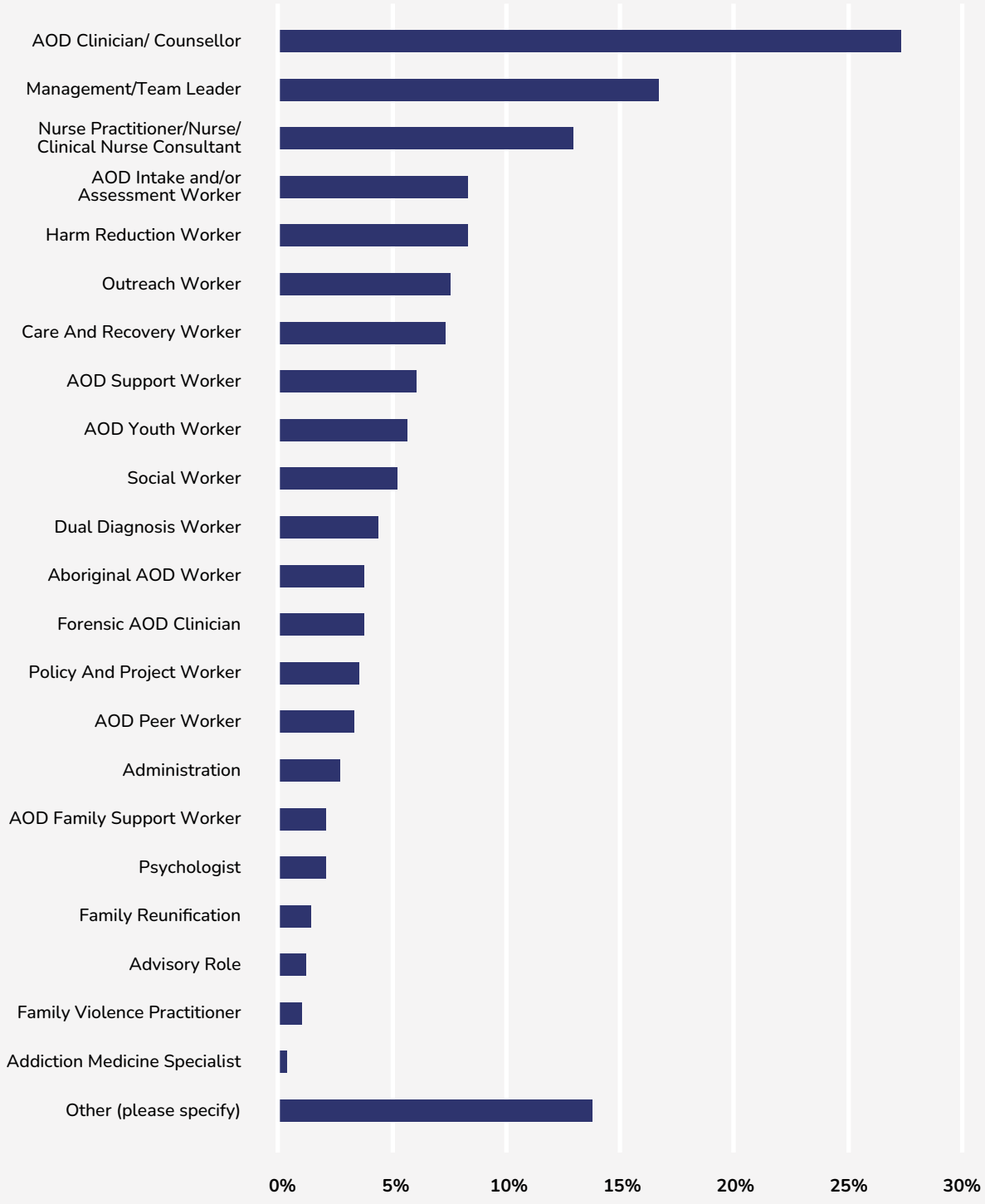


Roles and work functions

Respondents were asked to identify their current role based on 22 common role types across the Victorian AOD sector and had the option of selecting more than one (Figure 6, pg 16). The most common roles are AOD clinicians or counsellors (27.4%), followed by managers and team leaders (16.7%) and nursing roles (12.9%). Other roles represented include intake and assessment workers, outreach workers, and harm reduction practitioners. Peer workers (3.3%) and Aboriginal AOD workers (3.8%) remain a small but important part of the workforce.

Almost 14 per cent of respondents selected "other" as a response for this question. The most common "other" roles identified by respondents fell into five broad categories: harm reduction and needle-syringe programme, education/training and research, trainee and specialist clinical and nursing roles.

Figure 6: AOD job roles

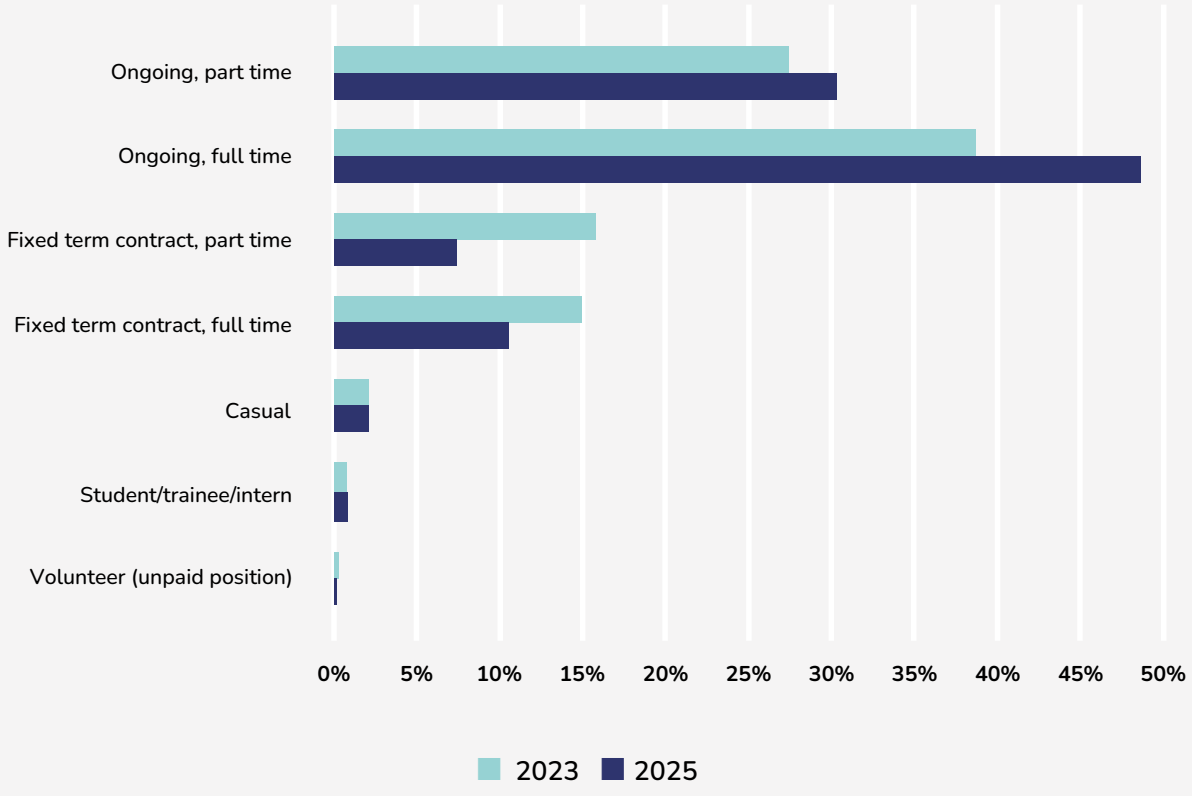


Employment conditions and income

Security of tenure has improved since 2023, with most of the sample (79%) now employed in permanent roles (compared to 66.1% in 2023) (Figure 7). Just under half (48.6%) hold full-time ongoing positions and 30.3 per cent hold part-time ongoing positions. However, one in five respondents (21%) remain in insecure roles such as fixed-term contracts, casual positions or trainee roles. Night and sleepover shifts remain uncommon, with fewer than 10 per cent of respondents reporting them as part of their regular work.

Union membership is high amongst survey respondents by national measures [6], with 39 per cent of respondents reporting union affiliation. Union membership was most common among social workers (56%) and nurses (33.3%).

Figure 7: Employment security (2023 vs 2025)



6 Australian Bureau of Statistics (2024), *Trade union membership.* Canberra. Australian Government.

Working beyond contracted hours was a regular feature among AOD workers (Table 1). Just over half of respondents (53.6%) reported regularly working additional hours (compared to 57.1 per cent in 2023). Most respondents reported working overtime a few times each month, though a small but notable group (6.7%) indicated they worked overtime daily or on most days of the week.

Among those who worked additional hours, the median amount of overtime was two hours per week.[7] AOD clinicians and counsellors most often reported overtime a few times per month (32.6%), while managers and team leaders more frequently worked overtime weekly or more (38.5%).

Compensation practices varied, with just over half of respondents (52%) reporting receiving time in lieu, and 14.6% being paid overtime rates (more common among nurses). However, more than a quarter (27%) said they were not compensated at all for the extra hours worked. This was mostly reported by AOD clinicians and counsellors.

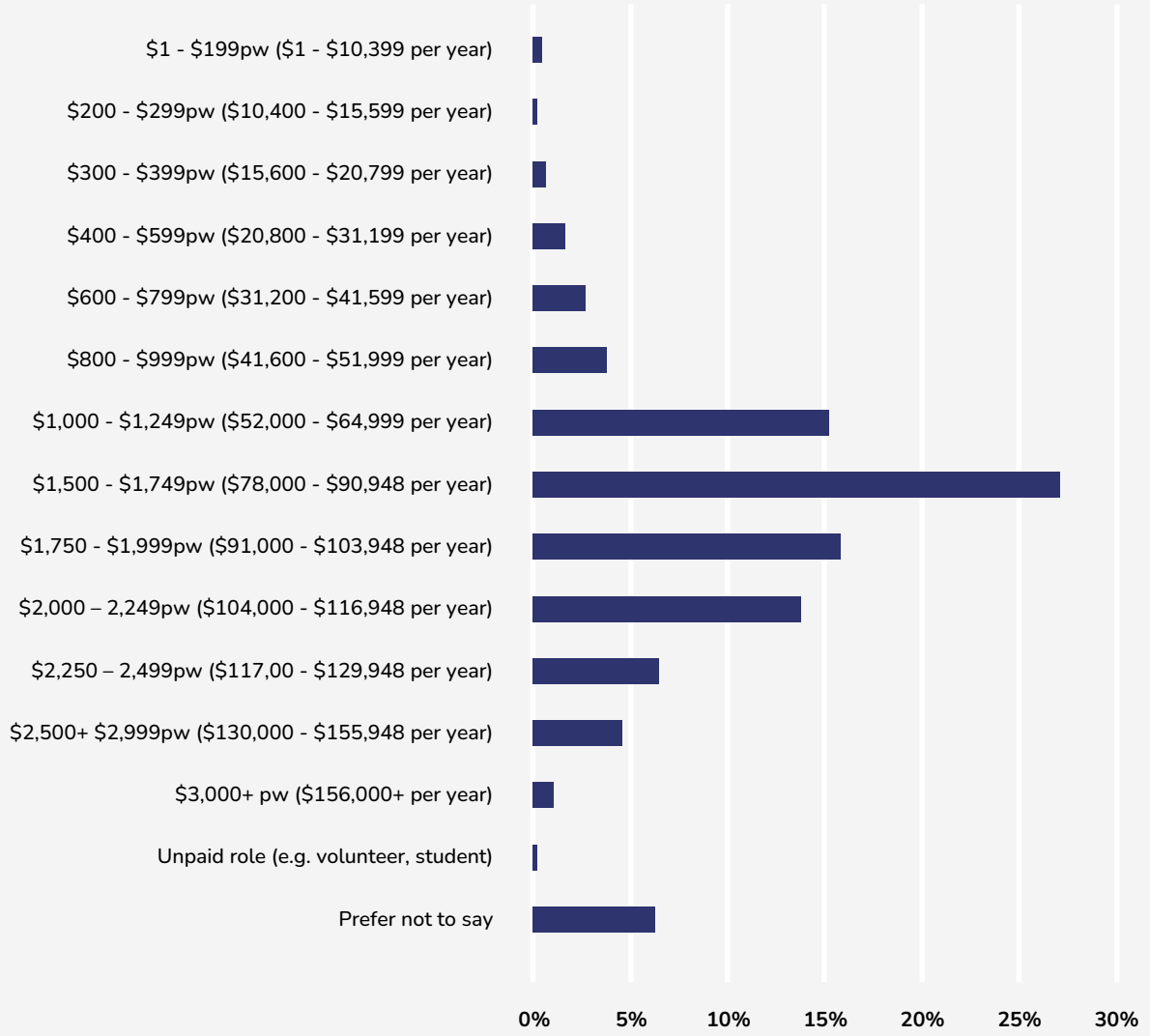
Table 1: Overtime and extra hours (n=475)

Frequency	%	N
Every day, or most days	6.7%	32
A few times a week	16.8%	80
A few times a month	30.1%	143
Never or almost never	35.4%	168
Not applicable	11%	52

7 As responses were provided in both ranges and single values, the median was used as a more reliable measure.

The average weekly incomes of respondents are shown in Figure 8 showing a concentration in the mid-income brackets, consistent with 2023. Just over a quarter (27.1%) report earning between $1,500 and $1,749 per week before tax (or $78,000 – $90,948 per year), with a further 15.9 per cent earning between $1,750 and $1,999 per week (or $91,000 – $103,948 per year).

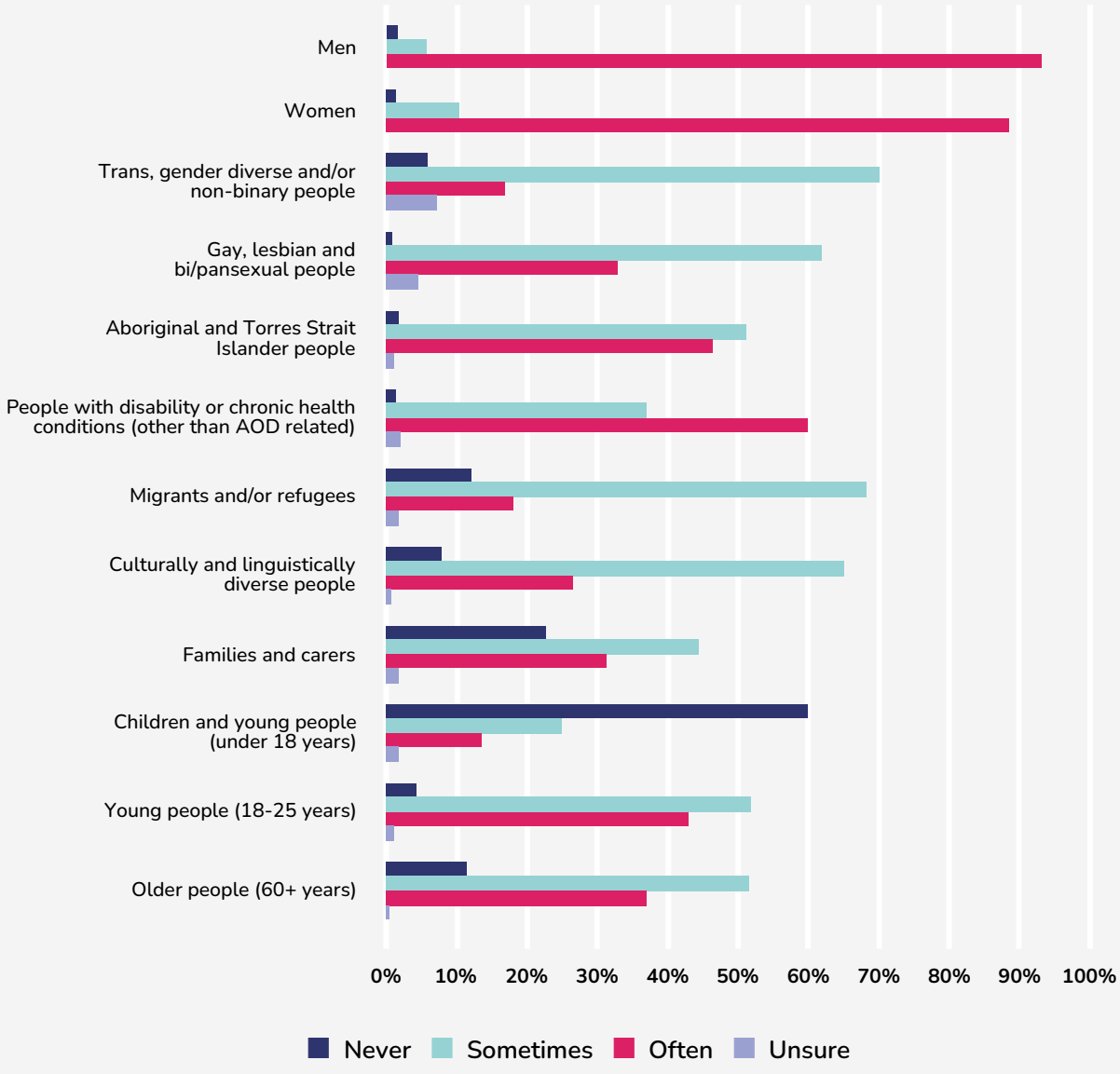
Figure 8: Average weekly income



Client groups and complexity of needs

Most respondents reported supporting a wide range of client groups (Figure 9). Nearly all respondents work with Aboriginal and Torres Strait Islander people (97.2%), people with disability or chronic health conditions (96.8%), and culturally and linguistically diverse clients (91.8%). By contrast, 60 per cent of respondents said they never worked with children or young people under 18. This likely reflects the small proportion of youth-specific workers in the sample (5.8%) and broader gaps in family-centred practice within AOD services. Similarly, 22.6 per cent of respondents reported not working with families or carers.

Figure 9: Client groups



Respondents report supporting clients with multiple and complex co-occurring needs (Figure 10). Trauma was the most common co-occurring condition with 90.8% reporting "often" supporting clients affected by trauma. Other key issues included:

Homelessness

67.7% ↑

reported "often" supporting this group (up from 58% in 2023)

People experiencing family violence

71.9% ↑

"often" supported this group (up from 56.5% in 2023)

Adults using violence

54.5% ↑

"often" worked with this group (up from 41.4% in 2023)

Suicidal ideation

62.7% ↑

"often" supporting this additional need (up from 39.7% in 2023)

Acquired brain injury (ABI)

41.5% ↑

"often" supported this group (up from 34.4% in 2023)

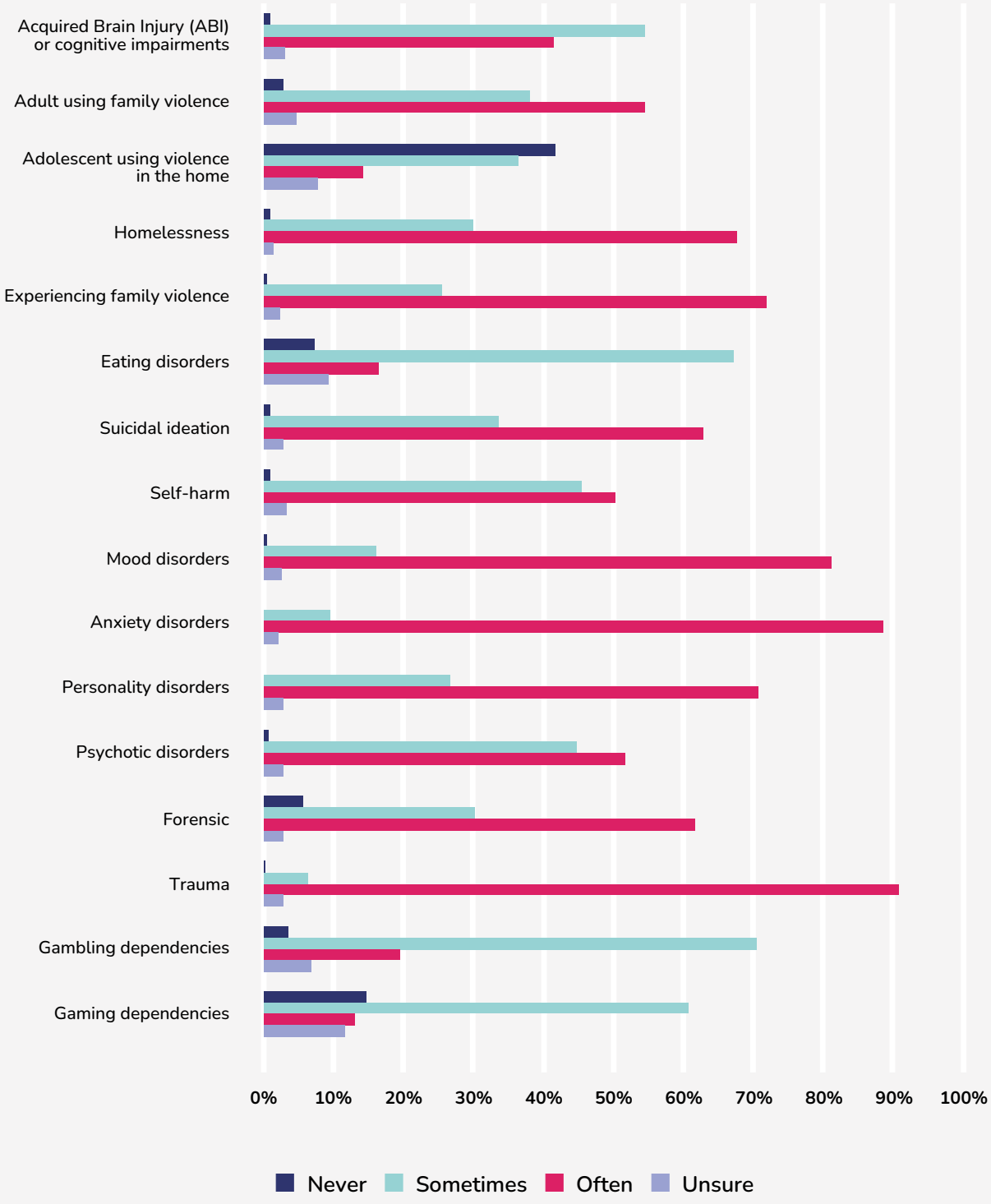
Forensic

61.7% ↓

"often" supported clients with this need (down from 65.9% on 2023)

Rates of supporting adults using family violence were higher in rural and regional services (63.2%) compared with metropolitan services (47.2%). Respondents also reported "sometimes" working with gambling (70.4%) and gaming (60.7%) dependencies. Rural and regional workers were more likely than metropolitan workers to report "often" encountering gambling dependencies (25.6% versus 13.7%) and gaming dependencies (21.1% versus 6.8%). While the reasons for addressing higher rates of co-occurring needs in regional and rural communities may be symptomatic of thinner markets for community support, it shows AOD workers generally need a broad skill set to respond to a range of co-occurring needs.

Figure 10: Additional needs and experiences



Recruitment and retention

Recruitment and retention continue to be perceived as challenging for the sector (Table 2). Two-thirds (66.7%) of respondents reported difficulties recruiting staff in the past 12 months, although this is an improvement from 75 per cent in 2023. Rural and regional services experience more acute difficulties in this area, with one in three (32.6%) describing recruitment as "very challenging," compared with one in five (20.9%) in metropolitan areas.

Retention challenges remain consistent, with around two-thirds of workers reporting at least some difficulty retaining staff in both 2023 and 2025. However, fewer described the challenge as "very" or "extremely" challenging in 2025 (33%) compared with 2023 (38.6%).

Table 2: Challenges with recruitment and retention (n=463)

	Not at all	Somewhat	Unsure	Very	Extremely
Recruiting staff	12.7%	30.7%	20.5%	24.8%	11.2%
Retaining staff	18.8%	33.1%	15.1%	23.5%	9.5%

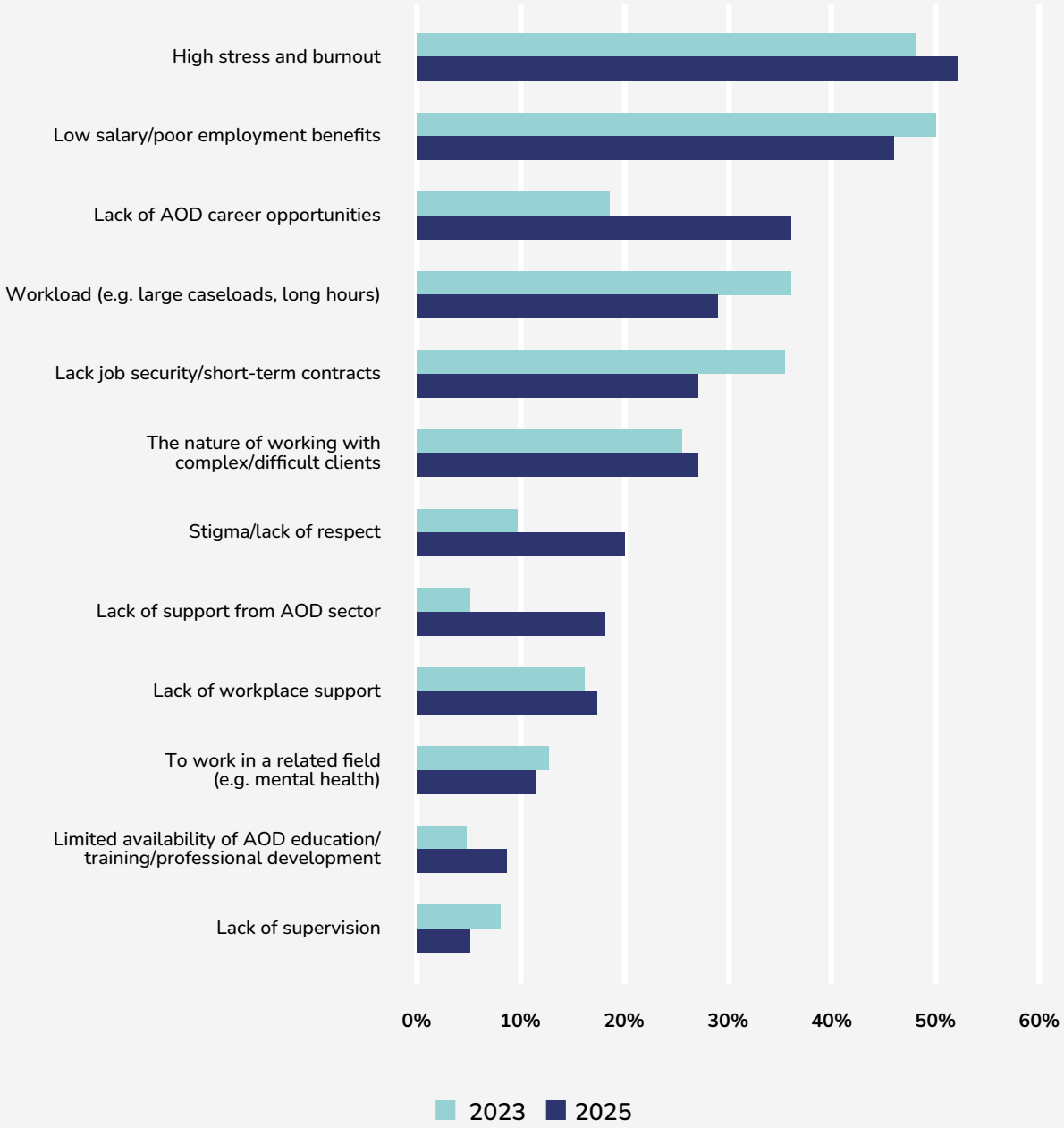
Note: Question asked on five-point Likert scale

Perceptions of why AOD professionals leave the sector have shifted between 2023 and 2025 (Figure 11, pg 24):

- High stress and burnout became the top concern in 2025 (52%, up from 48%),
- Low salary/poor benefits fell to second place (46%, down from 50%).
- Lack of career opportunities more than doubled (rising from 18.6% to 36%)
- Workload pressures declined slightly (from 36% to 29%)

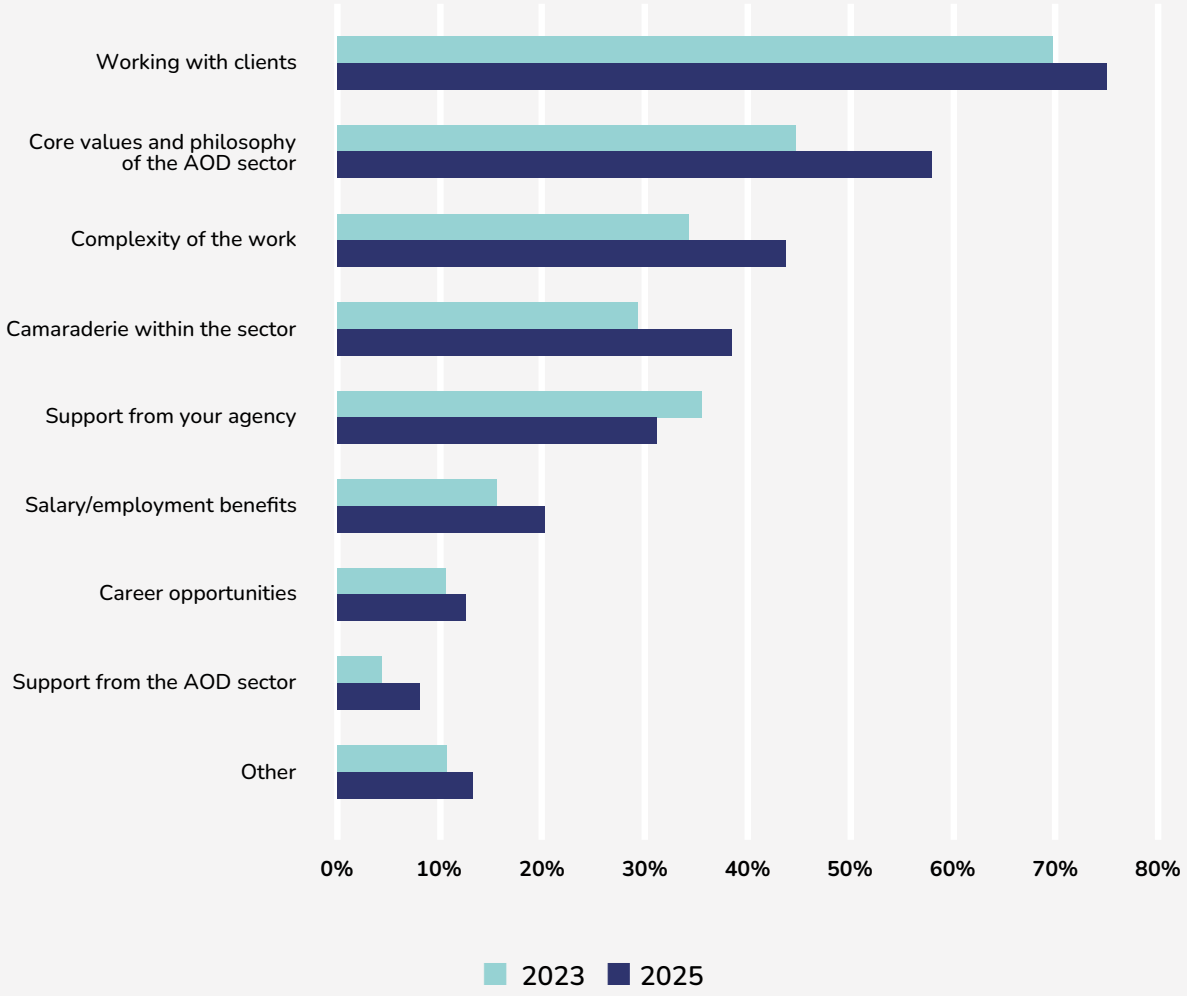
While less common overall, **stigma/lack of respect** as a perceived reason for leaving more than doubled (from 9.7% to 20%). This reason was common among policy, project, and harm reduction workers. Additionally, **lack of support from the AOD sector** has tripled (from 5% to 18%), with harm reduction workers rating this particularly highly as a perceived reason for leaving.

Figure 11: Reasons for leaving the AOD sector (2023 vs 2025)



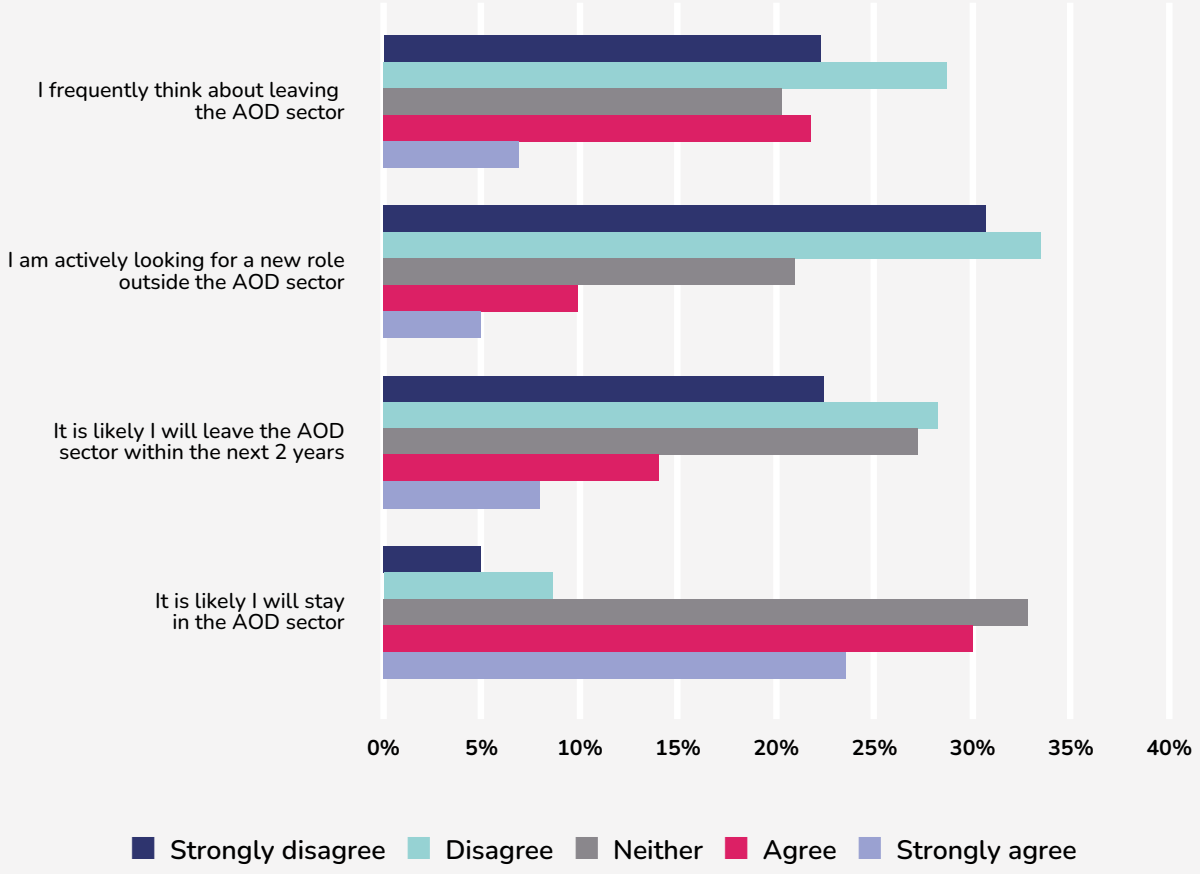
When asked about personal motivations for staying in the sector, three-quarters of respondents highlighted working with clients as the main reason, followed by alignment with the core values and philosophy of the AOD sector (57.9%) (Figure 12). The complexity of the work is also an important motivator for almost half of respondents (43.6%), increasing notably from 2023 (34.4%). Qualitative comments from the "other" response (13.1%) also suggest that relationships with immediate teams played an important role in retention for many AOD workers.

Figure 12: Reasons for staying in the AOD sector



Intentions to remain in the sector were mixed (Figure 13). While more than half (54%) said they were likely to stay, over a quarter (28.7%) frequently thought about leaving, and 14.9 per cent were actively seeking roles in other sectors.

Figure 13: Career intentions



Training and professional development

Participation in professional development remains strong across the workforce. Nearly two-thirds (64%) attended seminars or forums in the past two years, 60 per cent completed non-accredited short courses, and 56 per cent attended conferences. These figures are consistent with 2023, suggesting steady engagement in training opportunities. More than half (61%) felt the sector provides sufficient opportunities for development and most felt that their organisations support participation (68.4%).

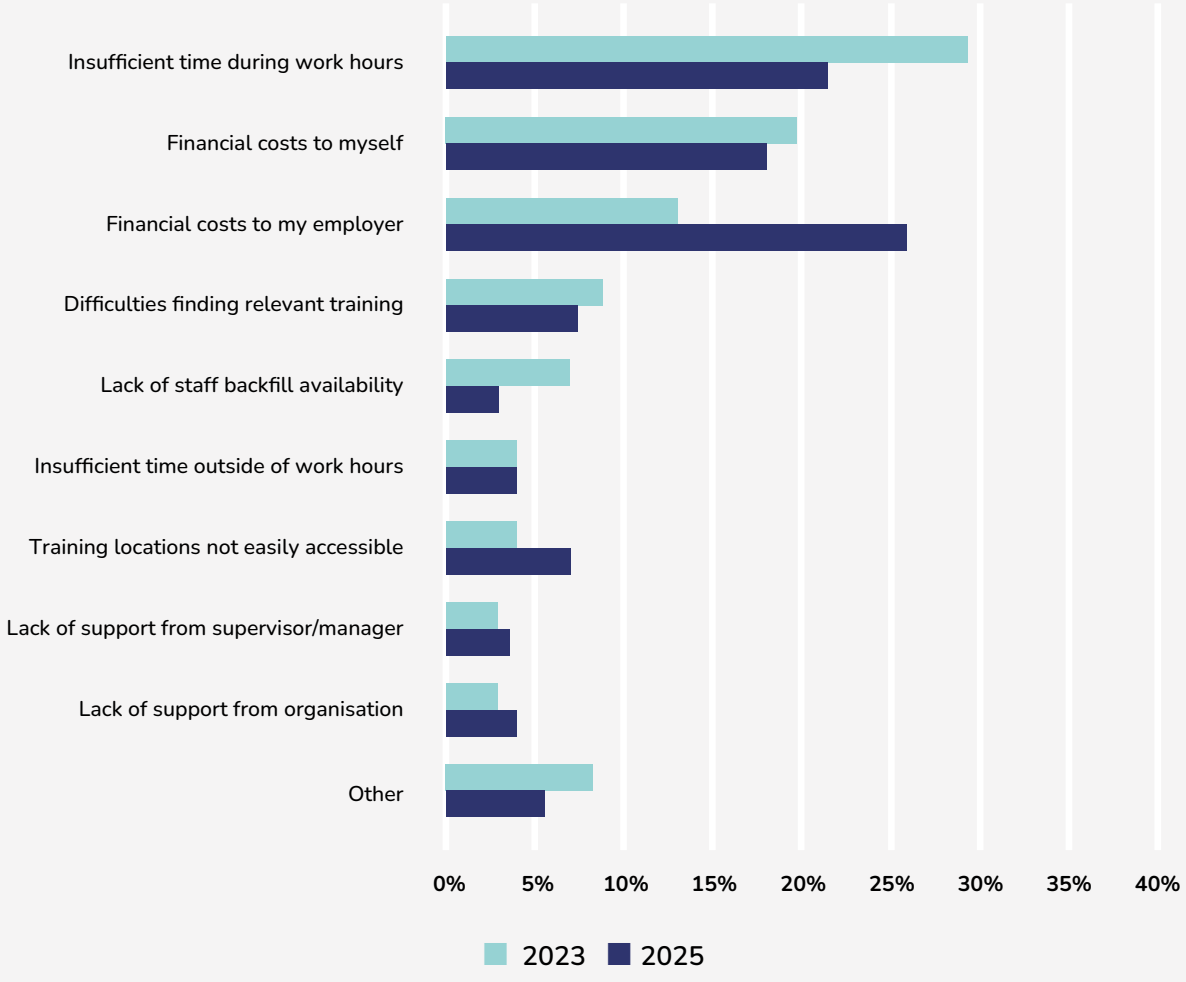
Despite strong participation in professional development, several barriers continue to limit access to trainings for workers (Figure 14).

In 2025, the most frequently cited barriers were:

- **Financial costs to employers – 25.9% (up from 13.1% in 2023)**
- **Insufficient time during work hours – 21.4% (down from 29.3% in 2023)**
- **Personal financial costs – 18% (down from 19.7% in 2023)**
- **Difficulties finding relevant training – 7.4% (down from 8.8% in 2023)**

Accessibility of training locations has also become a growing issue, rising from less than 1 per cent in 2023 to 7 per cent in 2025, and ranking as the fourth most common barrier for rural and regional workers.

Figure 14: Barriers to accessing AOD professional development (2023 vs 2025)



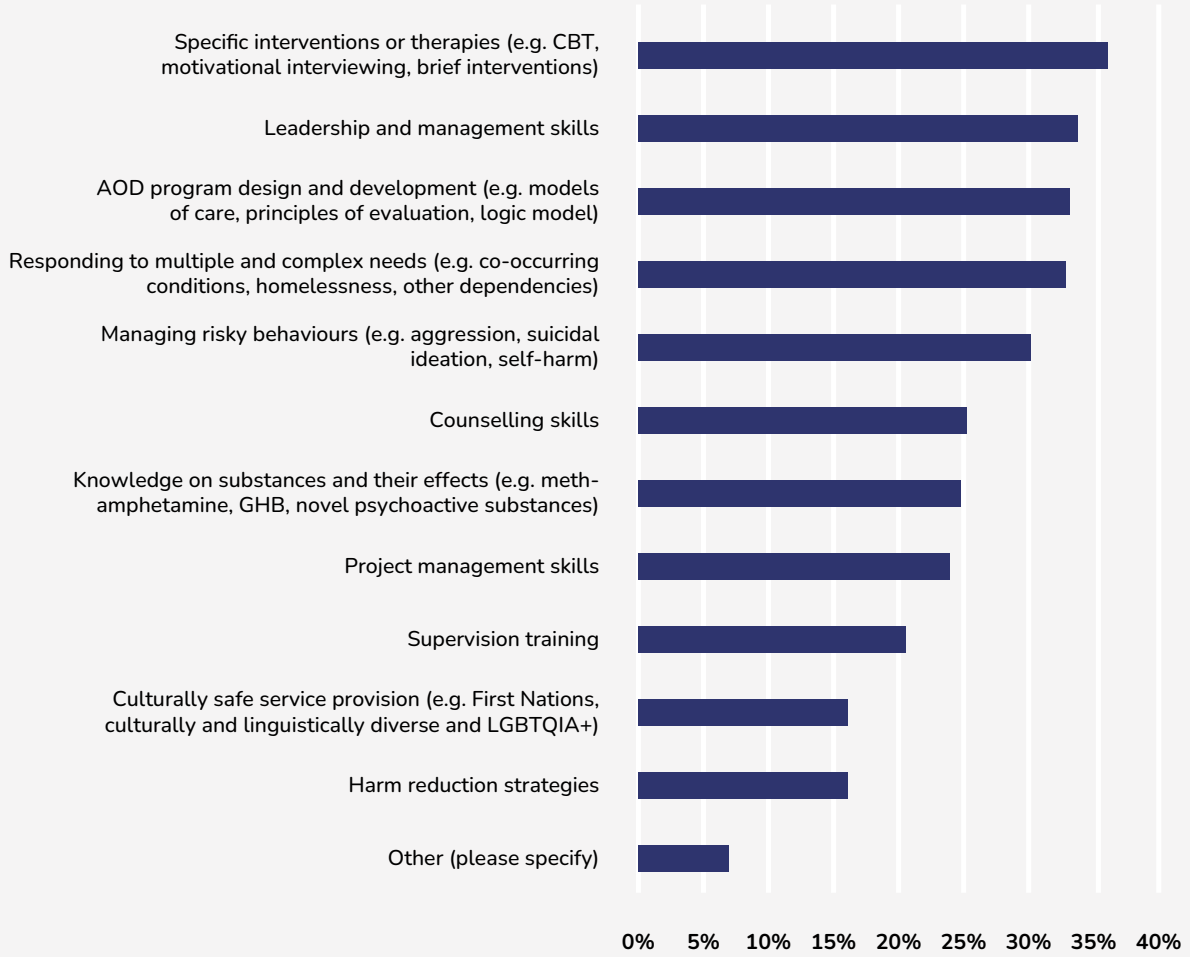
Respondents were asked to select their top three training and development preferences from those listed (Figure 15).

The five most common preferences were:

- **Specific interventions or therapies (36%)**
- **Leadership and management skills (33.8%)**
- **AOD program design and development (33.1%)**
- **Responding to multiple and complex needs (32.9%)**
- **Managing risky behaviours (30.2%)**

Training preferences identified in the "other" response (7%) referred to specialist therapeutic interventions such as counselling interventions, group facilitation and working with trauma.

Figure 15: Training and development preferences



Supervision and support

Respondents were asked several questions on the type, frequency and quality of supervision received (Table 3). Internal individual clinical supervision was the most common form accessed (56.2%), followed by operational supervision (35.3%) and internal group clinical supervision (28.1%). More specialised options such as discipline-specific supervision (13.9%) and cultural supervision (3.8%) were less common. A small but concerning group (4.9%) reported no access to supervision despite needing it, with this figure highest among nursing roles (11.3%).

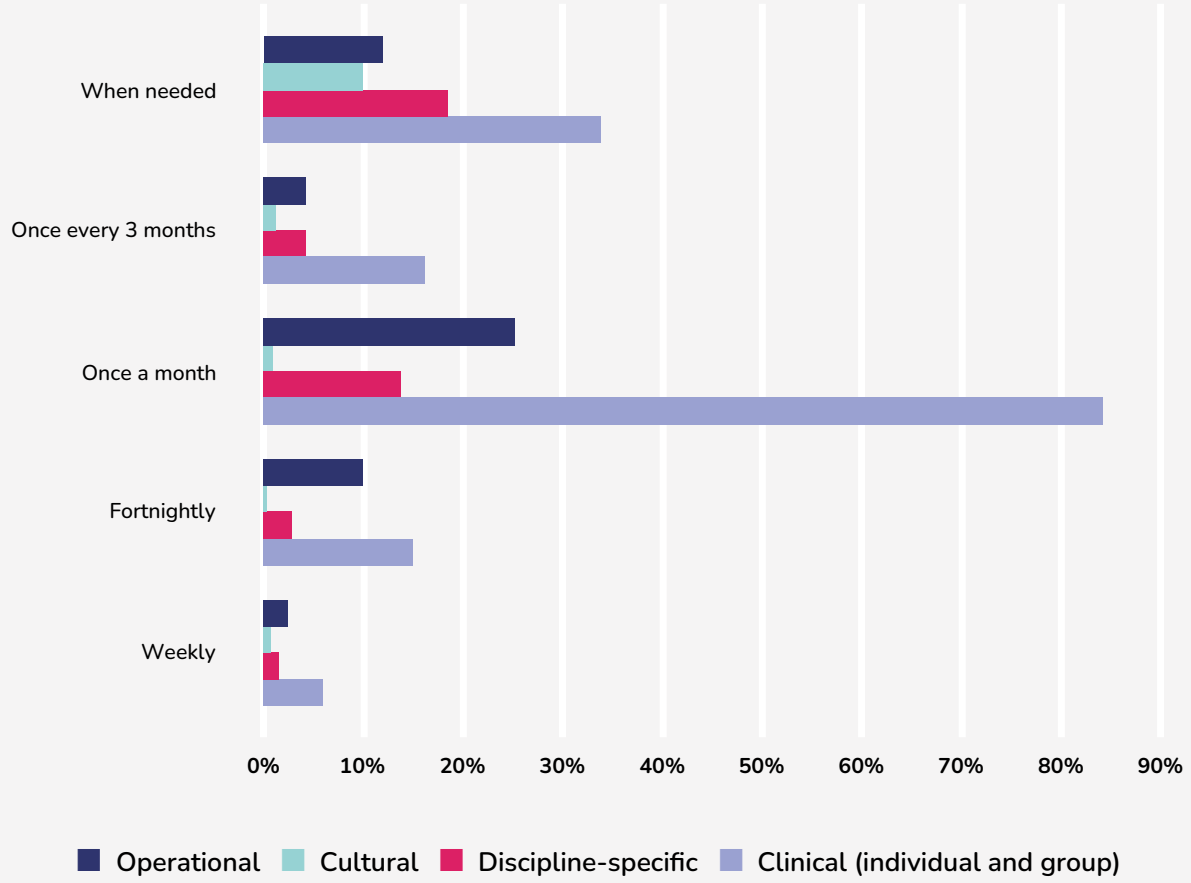
Table 3: Supervision and support (n = 470)

Support type	%	N
Internal individual clinical supervision	**56.2%**	264
Internal group clinical supervision	**28.1%**	132
Internal discipline-specific supervision	9.2%	43
External individual clinical supervision	18.3%	86
External group clinical supervision	6.8%	32
External discipline-specific supervision	4.7%	22
Cultural supervision	3.8%	18
Operational supervision	**35.3%**	166
No – I do not have access to any supervision	4.9%	23
Other (please specify)	2.8%	13

Note: Responses included 'not applicable to my role'

Figure 16 shows that most supervision types are accessed monthly. However, discipline-specific supervision (18.5%) and cultural supervision (10%) were mostly accessed when required.

Figure 16: Frequency of supervision by type



Note: Response option included 'not applicable'

While just over half of respondents (54.1%) agreed they received high-quality supervision, only 16.4 per cent strongly agreed. This nonetheless represents a marked improvement from 2023, when just 34.7 per cent agreed that their clinical supervision was of high quality.[8] Policy, project and Aboriginal AOD workers, were more likely to report dissatisfaction with supervision. Almost one in four respondents (24%) reported not receiving regular performance appraisals.

8 The 2023 survey asked specifically about clinical supervision, whereas the 2025 survey referred to supervision more broadly.

WORKFORCE CAPABILITY

Respondents were asked to self-assess their capabilities across six domains, with additional questions for those in leadership or management roles. While overall patterns related to strengths and needs are consistent with findings from the previous survey, several areas show notable shifts in 2025.

In 2025, most respondents (79.4%) felt well equipped to perform their roles (compared to 83.7% in 2023). However, a small but noteworthy group (6.7%) reported that they did not have the capabilities needed to perform their role to a high standard.

Foundational knowledge and practice

Survey respondents consistently report high levels of competence against the capabilities within this domain, with nearly all items attracting agreement levels above 80 per cent and several exceeding 90 per cent (Table 4, pg 32).

The key strengths for this domain (shown in aqua) were:

- **Knowing the effects of commonly used drugs and their interactions (93.1%)**
- **Understanding obligations to maintain client privacy and confidentiality (92.9%)**
- **Understanding and applying harm reduction interventions (89.8%)**
- **Recognising and responding to co-existing mental health conditions (88.1%)**

The largest capability gap for this domain (shown in grey) were:

- **Knowing how to engage family members or carers (6.9%)**
- **Using evidence-based diagnostic tools such as AUDIT or DUDIT (5.4%)**
- **Recognising and responding to neurodiversity that may co-exist with AOD use (4.3%), which also attracted the highest neutral response rate (10.6%)**

Notably, respondents in metropolitan services were more likely to report gaps in engaging family members or carers (8.3% disagreed) compared with those in rural and regional services (2.2%).

Table 4: Foundational knowledge and practice capabilities (n=462)

Capabilities	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
I know the effects of commonly used drugs and in their interactions	0.4%	1.3%	3.5%	**40.5%**	**52.6%**
I know how to provide a brief intervention when appropriate to do so	0.4%	2.2%	3.5%	**33.3%**	**54.8%**
I know about pharmacotherapies used in the treatment of AOD dependence and withdrawal	0.9%	2.8%	7.1%	42.2%	42.9%
I know how to engage family members or carers as part of my client's care	**1.1%**	**5.8%**	8.2%	37.7%	35.3%
I understand harm reduction interventions and can support clients to implement them	0.2%	1.3%	2.4%	**35.7%**	**54.1%**
I understand my obligations to maintain client privacy and confidentiality	0.4%	0.2%	1.1%	**15.8%**	**77.1%**
I understand what is required to develop an individualised care plan for my clients	0.7%	2.0%	5.4%	27.9%	53.7%
I can use a range of evidence-based tools and strategies in my practice (e.g. motivational interviewing, harm reduction, CBT, etc.)	1.1%	2.6%	6.5%	34.2%	47.4%

Capabilities	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
I can support my client to develop strategies to prevent and manage relapse	0.7%	1.7%	4.8%	**34.2%**	**48.7%**
I can use evidence-based diagnostic tools such as AUDIT and DUDIT	**2.7%**	**3.3%**	5.8%	17.5%	59.1%
I can recognise and respond appropriately to clients affected by substances, ensuring any immediate risks and safety needs are addressed	0.4%	1.1%	4.1%	31.0%	56.5%
I can recognise and respond to mental health conditions that may co-exist with AOD use	0.4%	1.5%	4.6%	39.8%	48.3%
I can recognise and respond to neurodiversity that may co-exist with AOD use (e.g. ADHD)	**0.2%**	**4.1%**	10.6%	41.3%	38.5%
I feel confident in applying trauma-informed principles in my work	0.7%	1.7%	6.7%	34.9%	51.5%
I feel confident in my ability to respond and use de-escalation strategies when supporting individuals presenting with aggression, violence or distress	0.9%	2.6%	7.6%	36.8%	46.8%

Screening and assessment

Confidence in screening and assessment was generally strong, though results highlight some key areas for potential further development in family violence and information sharing areas (Table 5).

The key strengths for this domain (shown in aqua) were:

- **Performing an appropriate risk assessment for AOD use (85%)**
- **Performing an appropriate risk assessment for self-harm and suicide risk (83%)**
- **Performing an appropriate mental health risk assessment (82%)**

The largest capability gaps for this domain (shown in grey) were:

- **Performing an appropriate family violence risk assessment for adults using or considering violence (11%)**
- **Confidence in assessing and managing risk using the appropriate tools for clients experiencing family violence (9%)**
- **Knowing what information isn't relevant to request and share with Information Sharing Entities/Risk Assessment Entities to assess and/or manage risk of family violence (8%)**

Several capabilities relating to family violence risk and information sharing within this domain attracted high neutral responses, signalling uncertainty in this critical area of practice.

Table 5: Screening and assessment capabilities (n=460)

Capabilities	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
I am confident in using the AOD Intake tool	0.4%	3.5%	3.5%	**22.8%**	**55.4%**
I am confident in using the AOD Comprehensive Assessment tool	0.4%	3.5%	3.3%	**23.7%**	**54.6%**
If a client is identified as experiencing family violence, I am confident in assessing and managing their risk using the appropriate tools	**1.5%**	**7.0%**	12.0%	37.0%	32.8%
I know what information is relevant to request and share with Information Sharing Entities/ Risk Assessment Entities to assess and/or manage risk of family violence	**0.7%**	**7.0%**	11.5%	36.1%	35.9%
I know how to perform an appropriate risk assessment within the scope of my role for:					
Alcohol and other drugs	0.7%	1.1%	4.4%	**25.7%**	**59.4%**
Family violence – victim survivor	1.1%	3.9%	13.7%	40.4%	30.9%
Family violence – adult using violence (including considering risk of homicide suicide in the context of family violence)	**2.0%**	**9.1%**	15.9%	37.8%	25.0%
Self-harm and suicide	0.9%	1.7%	6.1%	**35.9%**	**47.6%**
Harm to others	1.1%	4.4%	10.4%	38.0%	37.8%
Mental health	0.4%	2.4%	7.2%	**38.7%**	**43.0%**

Access and equity

Most respondents agreed that they had the capabilities to provide accessible and equitable care, with agreement levels above 85 per cent across most items (Figure 17).

The key strengths for this domain were:

- **Understanding the effects of criminalisation of drug use on people who use drugs (95.6%)**
- **Confidence in supporting clients from LGBTQIASB+ communities (90.4%)**
- **Confidence in using culturally appropriate communication (88.4%)**
- **Knowing how to work effectively with clients living with disabilities (87.5%)**
- **Knowing how to apply an intersectional lens in practice (87%)**

The largest capability gaps for this domain were:

- **Confidence in using interpreters to facilitate accessible, timely and effective communication (19%)**
- **Consulting with lived and living experience workers to inform and strengthen practice (11.3%)**

While most felt confident working with clients living with disability, fewer reported strong agreement (36.1%). Similarly, working effectively with culturally and linguistically diverse communities attracted a relatively high neutral rating (12.3%) indicating some uncertainty.

Figure 17: Access and equity capabilities

Cultural safety

The highest rating within this domain was in relation to **understanding the historical and ongoing impact of colonisation on Aboriginal and Torres Strait Islander communities (92.8%)**, with over half of respondents (53%) strongly agreeing (Figure 18). This marks a substantial improvement since 2023 (89.7%), where only 33 per cent strongly agreed.

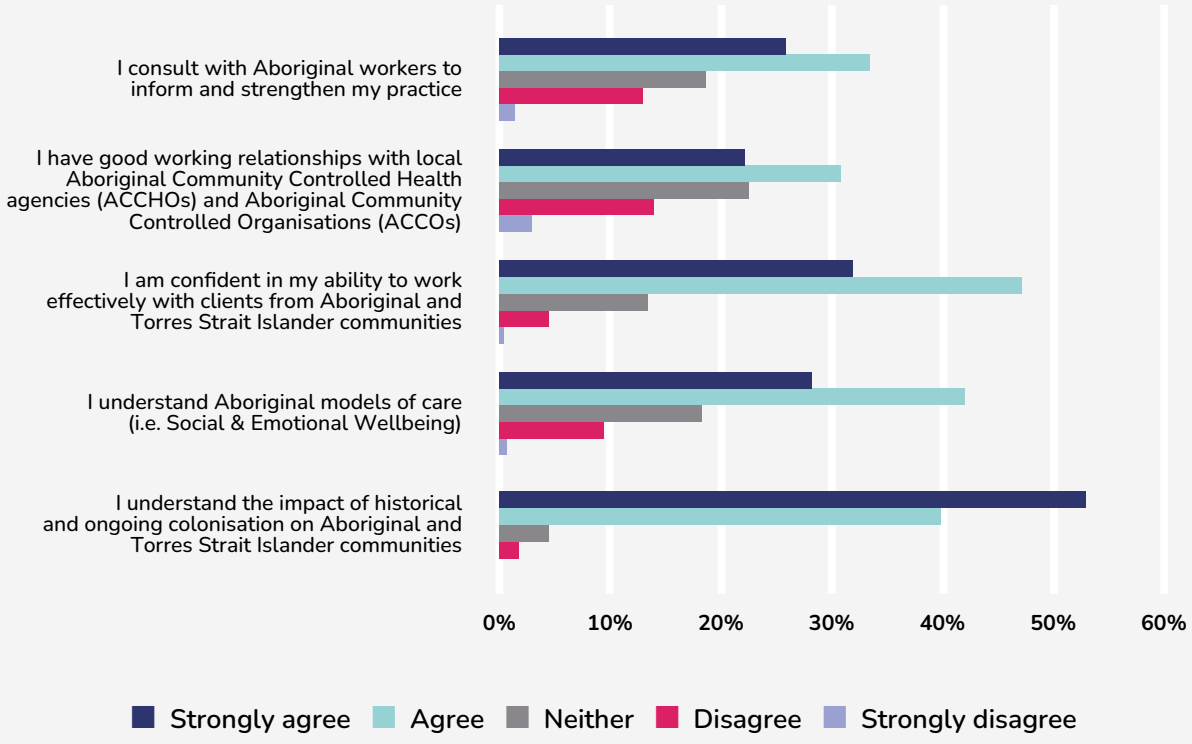
While over three-quarters of respondents (79%) reported confidence in their ability to work effectively with First Peoples, less than a third (32%) strongly agreed, indicating room for greater capability development in this area.

The largest capability gaps for this domain were:

- **Having good working relationships with local Aboriginal Community Controlled Health Organisations (ACCHOs) and Aboriginal Community Controlled Organisations (ACCOs) (16.8%)**
- **Consulting with Aboriginal workers to inform and strengthen practice (14.2%)**
- **Understanding of Aboriginal models of care (i.e. Social & Emotional Wellbeing) (10%)**

Respondents in rural and regional services were significantly more likely than their metro counterparts to report "strongly agree" across cultural safety capabilities, including confidence in working with First Peoples, consulting with Aboriginal workers, and having good working relationships with ACCOs and ACCHOs.

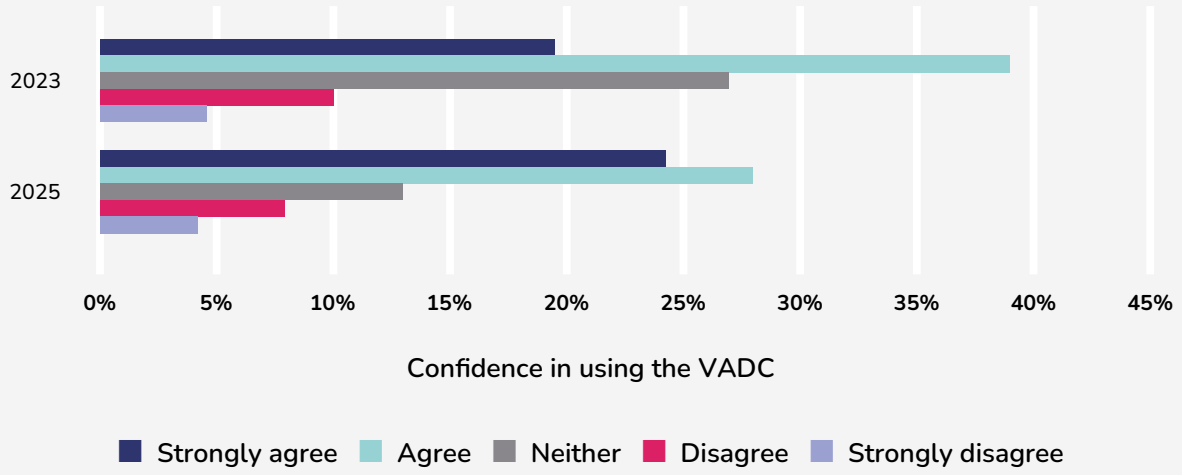
Figure 18: Cultural safety capabilities



Data and information management

Confidence in using the Victorian Alcohol and Drug Collection (VADC) system has decreased by 6 per cent since 2023 (Figure 19). In 2025, just over half of respondents (52%) reported confidence in using the system (from 58.5% in 2023), though there are higher "strongly agree" ratings in 2025 compared to 2023 (24.2% and 19.5% respectively).

Figure 19: Data and information management capability (2023 vs 2025)



Service coordination and system navigation

Respondents were generally confident coordinating care and navigating the service system to support their clients (Figure 20).

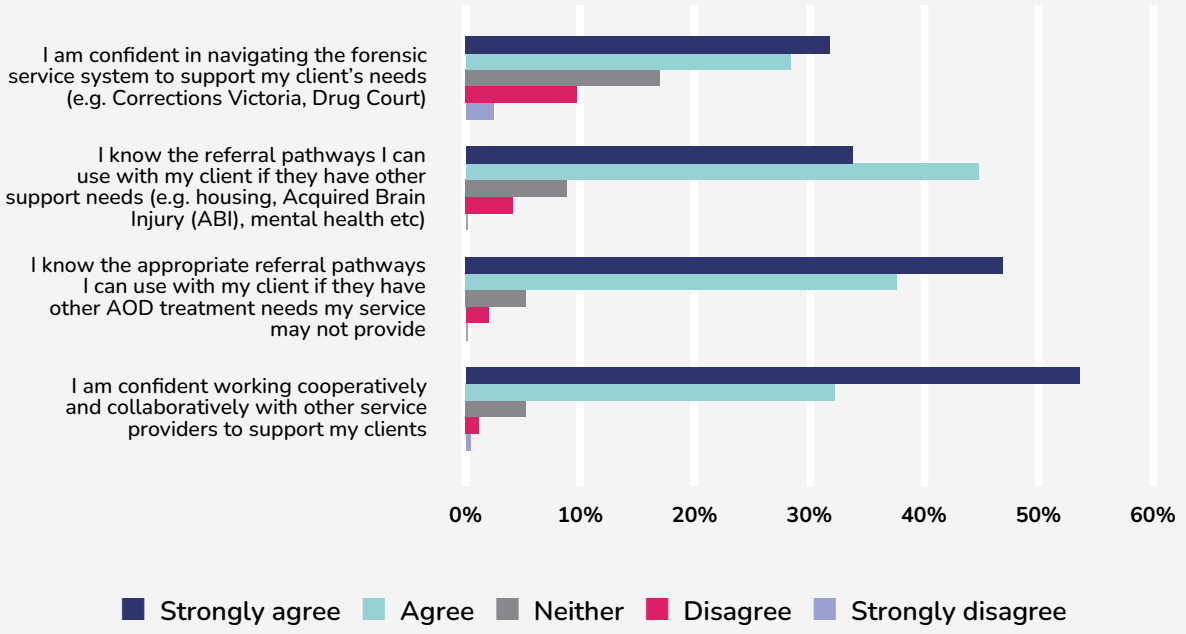
The key strengths in this domain were:

- **Confidence in working cooperatively and collaboratively with other service providers to support clients (85.7%)**
- **Knowing the appropriate referral pathways to use with their client if they have other AOD treatment needs my service may not provide (84.6%)**

The largest gap in this domain was:

- **Confidence in navigating the forensic service system to support their client's needs (12.1%)**

Figure 20: Service coordination and system navigation capabilities



Leadership and management

Those who identified as leaders (29.3% of the sample) were asked to complete additional self-assessed leadership and management capability questions (Figure 21).

The key strengths for this domain were:

- **Confidence in supporting staff wellbeing, including identifying signs of burnout and stress (96.2%)**
- **Effectively respond to critical incidents within the workplace (92.5%)**
- **Confidence in their capabilities to lead and manage staff (88.7%)**
- **Ability to provide supportive and effective supervision to staff (88%)**

The most significant capability gap reported for this domain was confidence in supporting and supervising staff in specialist or designated roles. While 76 per cent agreed with possessing this capability, only 28.6 per cent strongly agreed. This capability also attracted the largest number of neutral responses (15%), reflecting this to be an area for capability development.

Knowing how to respond to performance issues effectively was another identified capability gap, with 12.8 per cent of respondents selecting neutral, disagree or strongly disagree responses.

Figure 21: Leadership and management capabilities

WORKFORCE WELLBEING AND SATISFACTION

Health and quality of life

Physical health remained broadly stable across the two surveys (Figure 22). More than three-quarters of respondents (78%) rated their physical health as good, very good or excellent, while one in five (22%) reported fair or poor health. Among respondents with disability or long-term health conditions, this figure was significantly higher at 38.8 per cent. Client-facing workers were also less likely to report very good health (23.3%) compared with those not working directly with clients (36.8%).

Figure 22: Physical health rating (2023 vs 2025)

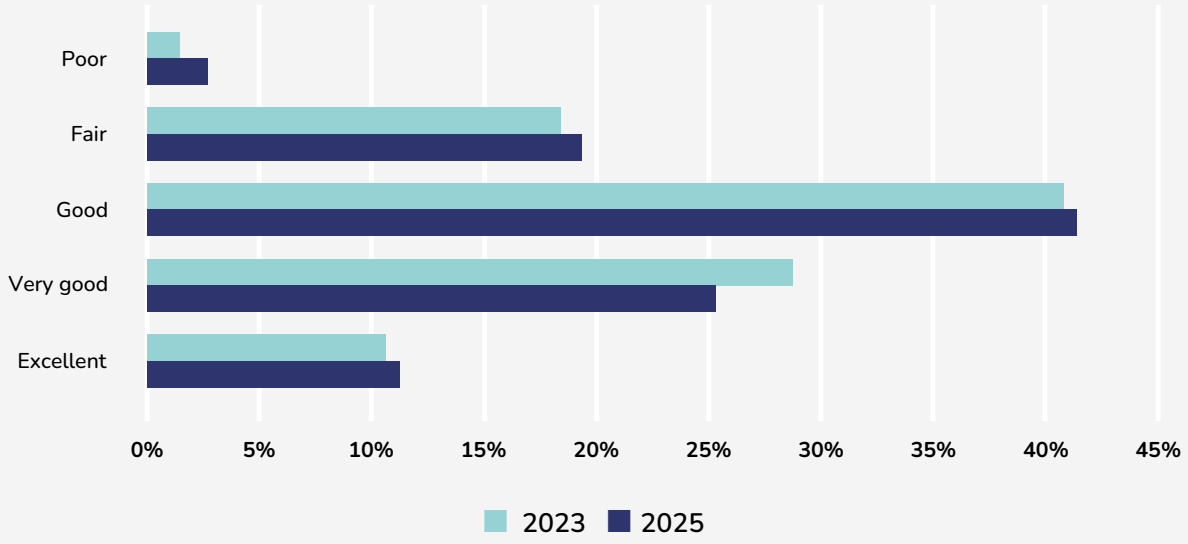
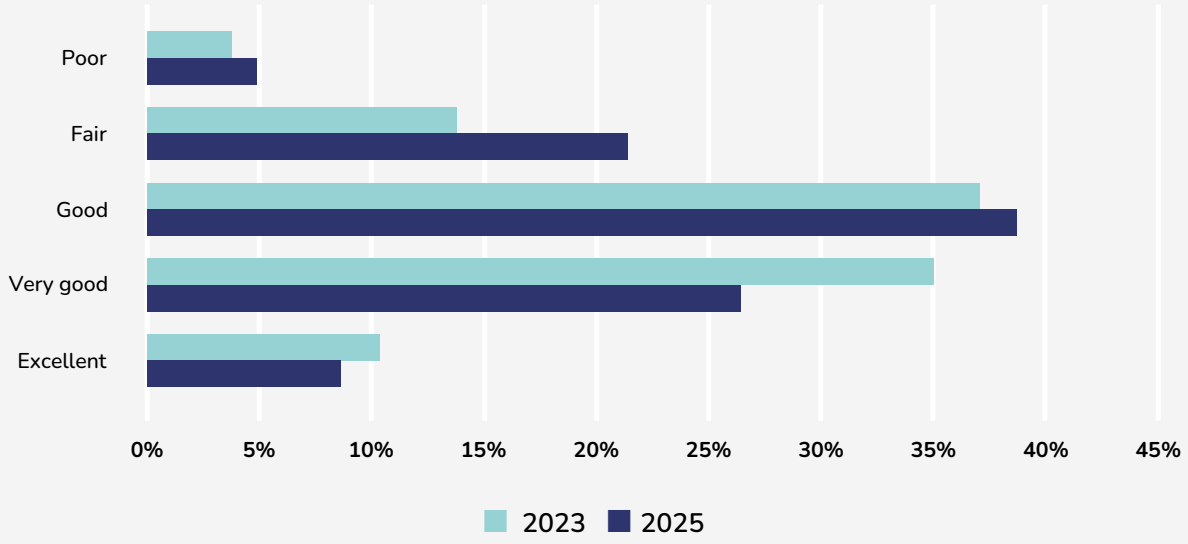


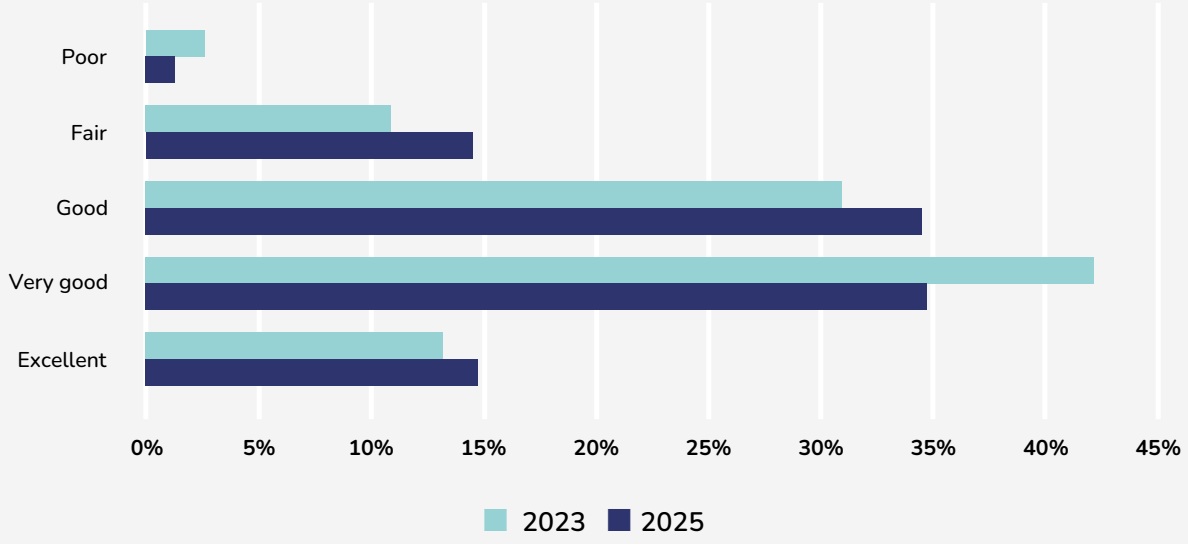
Figure 23 shows that mental health outcomes declined since 2023. The proportion of respondents reporting good to excellent mental health fell to 73.8 per cent in 2025 (down from 82.5%), while those rating their mental health as fair or poor rose to 26.2 per cent (up from 17.5%). Respondents with disability or long-term health conditions were notably more affected, with 11.9 per cent rating their mental health as poor, compared with just 3.3 per cent of those without.

Figure 23: Mental health rating (2023 vs 2025)



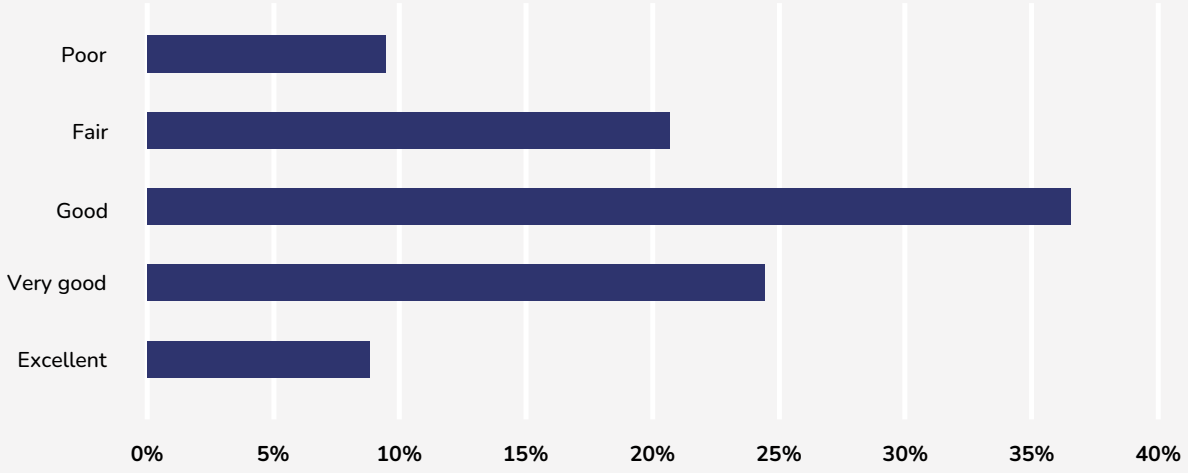
Overall, quality of life ratings were strong, with 84.1 per cent describing their lives as good, very good, or excellent (Figure 24). However, respondents with disability or long-term health conditions were far less likely to report high quality of life compared to other workers.

Figure 24: Quality of life rating (2023 vs 2025)



Most respondents rated their work and life balance positively, though almost one in three rated it as fair (20.7%) or poor (9.5%) (Figure 25). For respondents with disability or long-term health conditions, this was substantially higher. Sixteen per cent reported poor work-life balance and 29.9 per cent reported their work-life balance as fair (compared with 8.1 and 18.7 per cent respectively among those people without disability).

Figure 25: Work and life balance



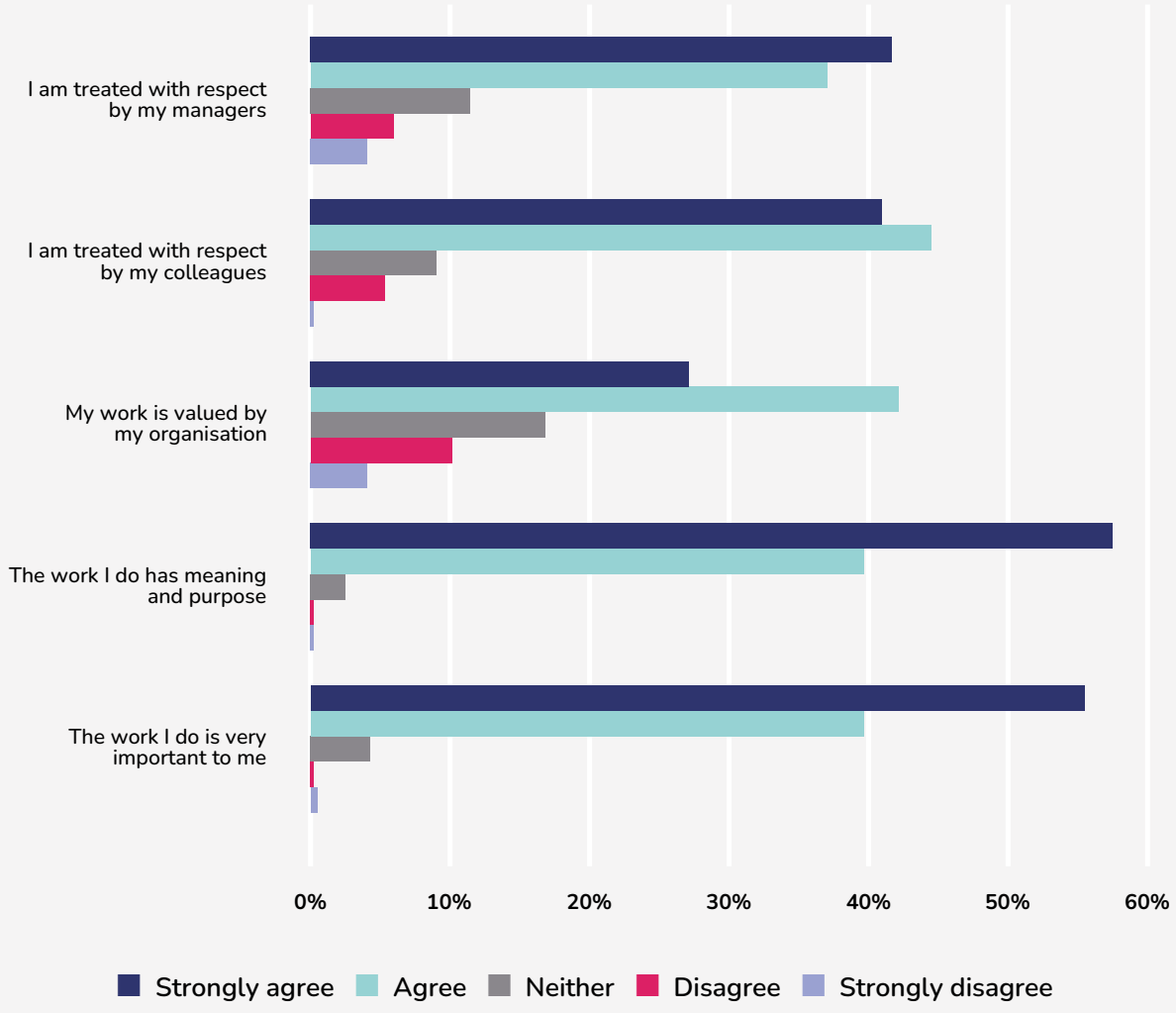
Workforce environment and satisfaction

Despite wellbeing challenges, the workforce identifies a strong sense of meaning and purpose through their work (Figure 26):

- **95.2% agreed or strongly agreed that the work they do is very important to them**
- **97.1% agreed or strongly agreed their work has meaning and purpose**

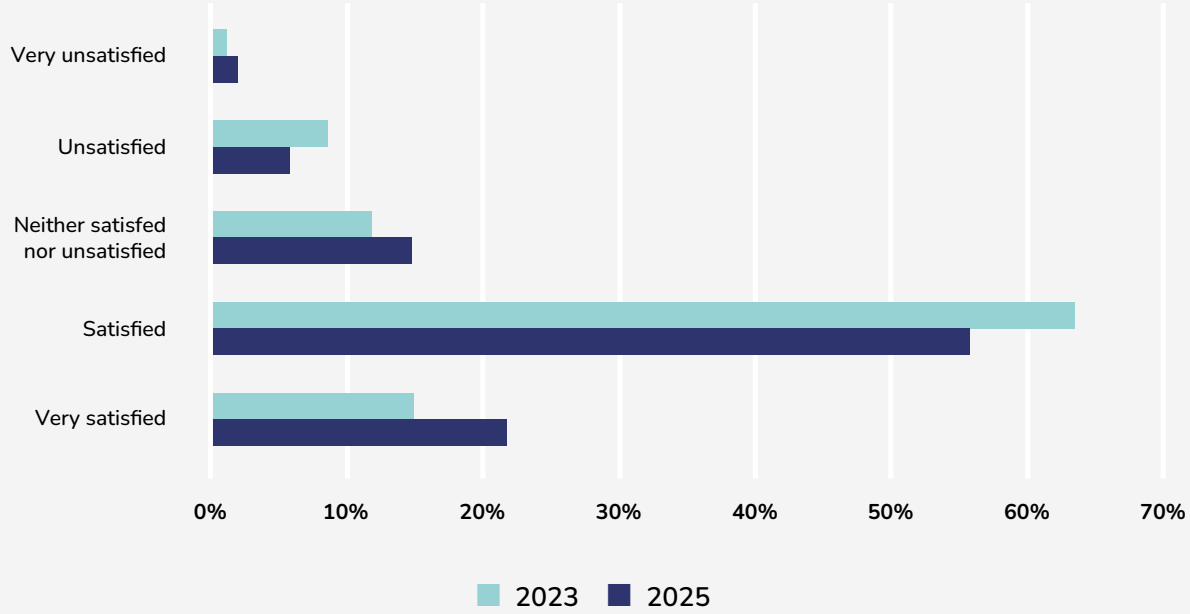
Perceptions of value and respect within organisations, however, were more mixed. Most respondents felt respected by their colleagues (85%) and managers (79%), but fewer believed that their work was valued by their organisation (27% strongly agreed and 31% disagreed or were unsure).

Figure 26: Work environment and experiences



Overall, job satisfaction levels were high across the sample, with more than three-quarters (77.5%) reporting satisfaction in their current role (Figure 27). Compared with 2023, the proportion of workers who described themselves as “very satisfied” increased from 14.9 per cent in 2023 to 21.8 per cent in 2025. At the same time, respondents with long-term health conditions or disability were significantly more likely to report feeling “very unsatisfied,” (7.5%) compared to those without a disability (1.1%).

Figure 27: Job satisfaction (2023 vs 2025)



Discussion and implications

The 2025 Workforce Survey offers an in-depth picture of Victoria's AOD workforce, its strengths, diversity and the pressures shaping its sustainability.

The findings reveal a highly skilled and values-driven workforce that is deeply committed to supporting people with complex needs yet operating within a system under considerable strain. Persistent challenges such as workforce shortages, limited career pathways, and uneven access to supervision continue to affect wellbeing and retention. At the same time, the sector demonstrates important strengths, including a workforce strongly composed of women and LGBTQIASB+ communities, a high prevalence of LLE and growing cultural capability. This discussion explores these dynamics, highlighting opportunities to build a more diverse, supported, and sustainable workforce that can meet the evolving needs of clients and communities across Victoria.

The survey highlights the gendered nature of the AOD sector, with almost three-quarters of the workforce identifying as women, broadly consistent with other care and community services.[9] A notable strength of the AOD sector is the strong alignment between gender participation and the representation of women in leadership roles (68%). LGBTQIASB+ representation also remains a defining feature of the AOD sector, with six per cent identifying as gender diverse and nearly one in three identifying as sexually diverse. This strength is reflected in the workforce's confidence in working effectively with clients from LGBTQIASB+ communities.

These findings reinforce the importance of maintaining inclusive workplace cultures that reflect and support the sector's diversity.

The survey findings show a clear opportunity to strengthen First Peoples representation in the workforce and to further embed cultural safety capability across the sector. Historical and continuing trauma, dispossession, and discrimination have contributed to the complex health challenges experienced by First Peoples. While most workers report strong understanding of the impact of colonisation, fewer report confidence in translating this knowledge into practice. Strengthening partnerships with ACCOs and ACCHOs, embedding Aboriginal models of care, and ensuring that cultural safety capability is resourced and prioritised, are critical to advancing self-determination and improving health outcomes for First Peoples.

One of the sector's enduring strengths is lived and living experience of AOD use, with 93.4 per cent of workers identifying with LLE either personally (50%) or through a family member (44%). However, the small proportion of workers in designated peer roles suggests much more needs to be done to formally embed this expertise within the Victorian AOD service system. More designated LLE roles would not only recognise and formalise the sector's LLE depth of expertise but also reduce the cultural load for existing designated roles.

The findings on cultural diversity highlight an opportunity for the AOD sector to increase representation from CALD communities within the workforce. While many workers report working with clients from CALD communities, workforce representation from these communities remains limited and confidence using interpreters is low. Building interpreter confidence and diversifying the workforce could strengthen culturally responsive care and improve service engagement from CALD communities.

9 Cortis, N. and Blaxland, M. (2024) *Australia's Social and Community Services Workforce: Characterisation, Classification and Value*, Sydney: UNSW Social Policy Research Centre.

AOD workers are motivated by the complexity of their work, relationships with their clients, and the values alignment they feel toward the AOD sector. Overall, job satisfaction levels are high. However, workload pressures, low pay and benefits, burnout and limited career opportunities continue to affect workforce wellbeing and sustainability. The drive to leave the AOD sector is particularly concerning given persistent recruitment challenges, especially in rural and regional Victoria. Declining mental health and poor work-life balance further highlight the need for investment in workforce wellbeing. For the proportion of AOD workers who live with a long-term health condition, impairment or disability, wellbeing and job satisfaction reports are consistently lower, reinforcing the need for inclusive and accessible workplace practices.

The findings suggest that leadership confidence in supporting staff wellbeing and providing effective supervision is high, however the lack of alignment with the reported quality of supervision suggests a disconnect between perceived leadership capability and worker experience. Cultural or discipline-specific types of supervision also remains underutilised leaving parts of the workforce without tailored professional support. While outside the scope of this survey, consultation with the AOD sector consistently highlights the need for services to be better resourced to provide more support to staff, regular high-quality supervision and leadership development, especially considering the demanding and complex work undertaken.

Experience levels in the AOD sector are balanced, although there has been a slight decline in new staff entering the workforce. While not a major shift, this trend may impact future workforce sustainability and capability. The age profile of the workforce amplifies this concern, reinforcing the importance of investing in early career pathways. A comprehensive industry plan could promote clearer pathways into the AOD sector and develop recruitment strategies to respond to known workforce shortages.

Overall, the workforce manages a highly complex client cohort with trauma, homelessness, family violence and mental health concerns among the most common presenting issues. While confidence is strong in trauma-informed and mental health practice, further development in family violence practice, forensic system navigation, engaging families and carers and data capability (VADC) is needed. Holistic, place-based approaches are particularly important in rural and regional Victoria, where specific treatment needs including family violence, gambling and gaming are more prevalent.

To meet client needs and respond to the complexity of their work, the workforce continues to demonstrate a strong commitment to professional development, with a majority participating in training and development activities over the past two years. However, financial costs to employers is the most common barrier to training access, doubling from 13.1 per cent in 2023 to 25.9 per cent. This is a concerning trend and suggests if resourcing for training remains static, it risks de-skilling the sector at a time when client need and complexity are as high as ever.

The findings reveal a highly skilled and values-driven workforce that is deeply committed to supporting people with complex needs yet operating within a system under considerable strain.

Recommendations

1	**Develop a comprehensive AOD Industry Plan** Provide long-term workforce planning, clear entry pathways, recruitment strategies, and place-based solutions to address client complexity and rural/ regional workforce challenges.
2	**Strengthen cultural safety and culturally grounded partnerships** Embed Aboriginal models of care, resource cultural safety capability across all roles, and increase First Peoples workforce representation to advance self-determination and improve outcomes.
3	**Expand and support designated Lived & Living Experience roles** Increase designated peer and LLE roles to build on sector expertise.
4	**Enhance cultural diversity and build confidence in using interpreters** Enhance engagement with CALD communities through a more culturally diverse workforce and strengthen skills in using interpreters.
5	**Strengthen workforce capability in complex practice areas** Target support and professional development for family violence response, engaging families and carers, using VADC, responding to gambling, gaming, ABI, and navigating the forensic system.
6	**Invest in workforce wellbeing and supervision frameworks** Ensure workers have access to regular, high-quality supervision and psychosocial supports to address stress and burnout in line with new psychosocial hazard legislation in Victoria[10].
7	**Prioritise ongoing professional development and capability building** Maintain accessible, subsidised training to prevent de-skilling and support confidence in emerging client needs.

10 Victoria's Occupational Health and Safety (Psychological Health) Regulations will take effect on December 1, 2025, placing psychosocial hazards on equal footing with physical hazards. Employers must now proactively identify, assess, and control psychosocial risks like bullying, harassment, violence, high demands, and exposure to traumatic events.

Appendix: Figures and Tables

Figures

Tables

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