



# WALKING TOGETHER

Treaty and the  
Victorian AOD  
Sector

May 2026

## 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, 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.

## A Note on Language

The terms 'Aboriginal peoples' and 'First Peoples' have been used interchangeably in this document.

For the purposes of this paper, the term 'Aboriginal people' is used to encompass both Aboriginal and Torres Strait Islander Peoples.

The term 'First Peoples' is used in reference to a direct quote or naming convention.

## 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 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

## Executive Summary

Aboriginal people in Victoria experience disproportionate levels of alcohol and other drug (AOD) harm, driven by the continuing impacts of colonisation, including systemic racism. The findings from the Yoorrook Justice Commission and the establishment of a Treaty Agreement between the State of Victoria and the First Peoples Assembly provides the foundation for change. This includes how the mainstream AOD sector works with and provides service to Aboriginal Victorians.

This paper outlines how the principles of Victoria's Treaty and the findings of the Yoorrook Justice Commission (Yoorrook), can be translated into practice by Victoria's AOD sector. Informed by the advice of VAADA's Aboriginal Advisory Committee, four core priorities have been identified as essential to supporting Aboriginal self-determination and improving outcomes for Aboriginal people who may access AOD services. These four core priorities are choice, understanding, collaboration and safety.

While Aboriginal Community Controlled Organisations (ACCOs) remain best placed to provide culturally safe care to Aboriginal communities, mainstream AOD services must be able to support culturally safe service pathways. For a range of reasons, not all Aboriginal people will seek treatment and support from ACCOs and offering autonomy of choice to people seeking support enables better outcomes. By way of example, VAADA's [VAADABase AOD Sector Insights Report](#) highlighted that almost 10% of 25,258 clients identified as Aboriginal and Torres Strait Islander in 2024-25. This did not include client data from ACCOs.

By strengthening partnerships with Aboriginal organisations, supporting the Aboriginal workforce, embedding culturally safe practices, and advocating for systemic reform alongside Aboriginal peoples, the AOD sector can contribute meaningfully to a transformed system grounded in Aboriginal authority, accountability and shared responsibility.

## Introduction

In 2023–24, Aboriginal people were 6 times more likely to receive treatment for alcohol or drug use than non-Indigenous Australians. [1] This trend is a direct consequence of colonisation. As described in Yoorrook’s Final Report:

“By the late 1850s, most of Victoria’s First Peoples had been forced from their lands. This was the result of a coordinated effort by the State, backed by the operation of the British legal system, using both Native and Border Police to ‘follow Aborigines to their camping places normally inaccessible to Europeans’. This was done with the express purpose of defeating First Peoples resistance by violence and terror. First Peoples were considered a ‘remnant’ population whose ‘extinction’ was inevitable. Use of alcohol and other drugs arose as a symptom of dispossession, with around half of the arrests and convictions of First Peoples around this time related to drunkenness.”[2]

The legacy of this history continues today for Aboriginal peoples, intertwined across multiple generations by an overrepresentation in rates of substance use, homelessness, mental ill health and interaction with the justice system. Alarming, the most recent survey of Aboriginal children and young people in the Victorian youth justice system found that 94% had a history of alcohol or drug misuse, 78% had experienced family violence, and 66% presenting with mental health issues. [3]

Despite this evidence, currently, there are no Aboriginal-led withdrawal treatment services in Victoria and only two organisations who are funded to provide Aboriginal led AOD residential rehabilitation, with two men's programs, one women's program and one youth service for the whole State. ACCOs and Aboriginal Community Controlled Health Organisations (ACCHOs), through the delivery of the social and emotional wellbeing (SEWB) model of care support Aboriginal people experiencing AOD needs. However, resources routinely do not meet demand and limited options for culturally safe treatment continues to provide barriers. This is compounded by pathways to access treatment and support which largely do not meet the needs of Aboriginal people.

[1] AIHW (Australian Institute of Health and Welfare) (2025) [Alcohol and other drug treatment services in Australia annual report 2023–24](#). AIHW, Australian Government, accessed 12 May 2026.

[2] Yoorrook Justice Commission (2025), Yoorrook for Transformation: Third Interim Report, [https://cdn.craft.cloud/06ad3276-b3d9-4912-bcbb-37795aade9a8/assets/documents/YoorrookForTransformation\\_Third\\_Interim\\_Report-Volume3\\_Accessible.pdf](https://cdn.craft.cloud/06ad3276-b3d9-4912-bcbb-37795aade9a8/assets/documents/YoorrookForTransformation_Third_Interim_Report-Volume3_Accessible.pdf)

[3] Yoorrook Justice Commission (2025), Yoorrook for Transformation: Third Interim Report, [https://cdn.craft.cloud/06ad3276-b3d9-4912-bcbb-37795aade9a8/assets/documents/YoorrookForTransformation\\_Third\\_Interim\\_Report-Volume3\\_Accessible.pdf](https://cdn.craft.cloud/06ad3276-b3d9-4912-bcbb-37795aade9a8/assets/documents/YoorrookForTransformation_Third_Interim_Report-Volume3_Accessible.pdf)

In 2023, the Victorian Government entered into an agreement with VACCHO (Victorian Aboriginal Community Controlled Health Organisation) to create the Aboriginal Health and Wellbeing Partnership Plan[4]. Under the Domain of Culturally Safe Healthcare, this plan directly identifies supporting alcohol and drug service delivery through five priority actions. To date, only one of the actions is complete with another underway. Three of the five actions are yet to be substantively commenced, although there is scope to progress these as part of the new [Victorian AOD Strategy](#). Actions 3 and 4 of the plan, highlight the need for mainstream services to be reviewed for cultural safety capacity and embed consistent culturally safe practices into their model of care[5]. The need for this work is illustrated in the [2025 VAADA Workforce Survey](#). Of the 480 professionals surveyed, less than 60% agreed that they had good working relationships with their local ACCOs, while concerningly more than one third do not consult with Aboriginal workers to inform and strengthen their practice.[6]

Through the guidance of our Aboriginal Advisory Committee, VAADA aims to support the AOD sector to serve as an ally to Aboriginal Victorians and the organisations that represent their needs.

Through the provision of information, establishment of collaborative partnerships and advocacy for Aboriginal peoples' right to access culturally safe AOD treatment that adequately meets self-determined needs, VAADA intends to set a standard for change.

The AOD sector's understanding of trauma and cultural disconnection as core drivers for substance use underscores why Aboriginal self-determination is both important and essential. Our challenge remains to ensure that the service delivery we offer enables Aboriginal people to feel safe, understood and supported. This paper aims to both inform the sector about the landmark reforms that define the future for Aboriginal Victorians and how they may apply within the AOD sector as part of us all collectively embracing this transformation.

[4] Aboriginal Health and Wellbeing Partnership Framework (2025) Aboriginal Health and Wellbeing Forum, [AHWPF-Action-Plan-2023-2025\\_Web.pdf](#)

[5] Aboriginal Health and Wellbeing Partnership Framework (2025) Aboriginal Health and Wellbeing Forum [AHWPF-Action-Plan-2023-2025\\_Web.pdf](#)

[6] Victorian Alcohol and Drug Association (VAADA) (2025) Victorian AOD Workforce Survey Report; [REP\\_FINAL-VAADA-2025-AOD-WFS-Report-V3\\_web.pdf](#)

## VAADA's Pathway to Supporting Aboriginal Self-Determination

VAADA has long acknowledged the overrepresentation of First Peoples with AOD needs and has had relationships with Aboriginal led organisations and allies within services for many years. VAADA's commitment to honouring the aspirations of Aboriginal people is evidenced through our support for the Voice to Parliament referendum in 2023 and advocacy around Aboriginal led AOD campaigns, such as public intoxication reform, which was decriminalised in Victoria in 2023. In February 2024, VAADA made a [submission to the Yoorrook Justice Commission](#) as part of its Health Inquiry.

This submission called for an Aboriginal AOD Strategy governed by Aboriginal people and informed by data that honours principles of data sovereignty. Recommendations were made to enhance treatment responses through the expansion of service capacity amongst Aboriginal AOD services with urgent funding for women specific residential services. The cultural safety capacity of the mainstream AOD workforce was also a focus of recommendations highlighting the need for a review of the AOD skill set to include Aboriginal cultural safety as a core competency with incentives in place to also increase the Aboriginal AOD workforce.[7]

VAADA has continued to strengthen how it better informs these changes with the appointment of an Aboriginal Director to the VAADA Board in June 2024. This has elevated considerations around the needs of Aboriginal people in the context of AOD and the role that VAADA plays as a system steward, to the highest levels of organisational decision making. Today this is being operationalised through an Aboriginal Engagement Plan.

This Plan outlines the actions VAADA will take as a peak body to strengthen our relationships, representation of Aboriginal perspectives in our work and how we share this with the broader AOD sector. This is a core part of our commitment as reflected in our [pledge of support for Treaty](#).

In 2025, VAADA established an Aboriginal Advisory Committee to sit as a sub-committee of the VAADA Board, to strengthen our governance and oversight of actions contained in the Aboriginal Engagement Plan. It is VAADA's Aboriginal Advisory Committee that has considered analysis of the Yoorrook Final Report and its recommendations, alongside Victoria's Treaty Framework in informing this paper.

[7] Victorian Alcohol and Drug Association (VAADA) (2024) Submission Yoorrook Justice Commission Issues Paper on Health; [REP\\_VAADA-Submission-to-Yoorrook-Justice-Commission\\_FINAL\\_15022024.pdf](#)

## Treaty and Yoorrook: Background

### Background to Treaty

On 12 November 2025, the Victorian Government signed Australia's first Treaty with Aboriginal Victorians and cemented the First Peoples Assembly (now known as Gellung Warl) as a permanent representative body for decision making on behalf of Aboriginal Victorians.

Treaty provides a platform for renewed and enduring relationships to be built between Aboriginal and non-Aboriginal Victorians, built on respect, trust, and accountability for the harms of the past that continue to play out today. Treaty is about making Victoria a better and fairer state for all Victorians, by ensuring Aboriginal people have a say over the decisions that impact their lives[8].

Treaty outlines core components that are foundational to future change and healing.

- Treaty finds authority in First Peoples on account of being First Peoples
- First Peoples decide on First Peoples issues
- In accordance with the United Nations Declarations on the Rights of Indigenous Peoples (UNDRIP), Treaty recognises that the inherent rights of Indigenous Peoples derive from their political, economic and social structures and from cultures, spiritual traditions, histories and philosophies

The Treaty Negotiation Framework was developed in 2022 to formalise the process for achieving Treaty Agreements in Victoria, outlining the purpose and principles of Treaty. The framework includes the following principles that all parties to Treaty negotiation must abide by:

- Self-determination and Empowerment
- Fairness and Equality
- Partnerships and Good Faith
- Mutual Benefit and Sustainability
- Transparency and Accountability

Honouring Treaty and enabling recommendations from Yoorrook involves the AOD sector understanding how it can reflect these principles and components in the way we deliver care and treatment, design models of care and organise and interact with the systems that frame our sector.

Translation of these principles are considered in further detail below.

[8] Victoria's Treaty (2025) Victorias Treaty: Our Shared Future, <https://www.treatyvic.gov.au/what-treaty-will-deliver>

## Background to Yoorook

Designed to run in parallel to the path to Treaty, the Victorian Government made a commitment to the truth and justice process called upon by the First Peoples Assembly in 2020. The Yoorook Justice Commission, named after the Wemba Wemba/Wamba Wamba word for 'truth' was established in 2021 to share and record evidence about the historic and ongoing injustices committed against First Peoples in Victoria, with full powers of a Royal Commission[9].

Yoorook considered all aspects of Aboriginal peoples' experiences across themes of Health, Child Protection, Justice, Rights, Sovereignty, Land and Waters. The outcomes of Yoorook included a powerful collection of stories that illustrate the experiences of Aboriginal people within Victoria since colonisation and how historic harms continue to manifest for Aboriginal people today. Yoorook's Final Report outlines 100 recommendations across all themes, to address these impacts, with the intention of healing and transforming the State of Victoria.

The findings of Yoorook, overwhelmingly confirm the way in which substance use is intertwined with other health, welfare and justice systems for Aboriginal people. This underscores the need for coordinated change across multiple social systems to meaningfully reduce substance-related harms.

Of the 100 recommendations made by Yoorook, there are 23 recommendations that VAADA, in collaboration with our Aboriginal Advisory Committee consider to be relevant for the AOD sector to consider. These 23 recommendations span themes of:

- Economic prosperity
- Housing and First Peoples in Victoria
- Aboriginal Community Controlled Healthcare
- Racism, Workforce and Accountability
- Family Violence
- Mental Health and Social and Emotional Wellbeing
- Health Inequities
- Courts, sentencing and classification of offending
- Youth Justice
- Police
- Early Help, Prevention and Intervention
- Accountability
- Strengthening cultural competence and responsiveness
- Self-determination
- Transformative change through the Treaty Process

[9] Yoorook Justice Commission (2026) About the Yoorook Justice Commission, [www.yoorrook.org.au](http://www.yoorrook.org.au).

Whilst Yoorrook's Final Report does not make direct recommendations for the mainstream AOD sector to deliver on, our support, engagement and participation in activities pertaining to Yoorrook's findings is essential to achieving better outcomes for Aboriginal people.

## Translation of Treaty Principles to the Mainstream AOD Sector

A member of the Aboriginal Advisory Committee succinctly described that the basic requirements for mainstream AOD services to support Aboriginal self-determination is that they are:

"Accessible, acceptable and offer appropriate responses"

As described above, Treaty has been developed on a set of principles that ensure and enable Aboriginal self-determination. Consideration of these principles as they apply to the AOD sector will aid in progress towards achieving culturally safe mainstream AOD services that align with Yoorrook's recommendations and ultimately improve outcomes for Aboriginal people.

Members of VAADA's Aboriginal Advisory Committee were consulted on the application of these principles at service, organisational and systemic levels within the AOD sector. The themes of choice, understanding, collaboration and safety were identified as priorities in response to this.

### Choice

At present, Aboriginal people have limited choice about the AOD services that they access. This lack of choice can directly impact sense of agency, which can be particularly detrimental alongside experiences of trauma.

Enabling choice for Aboriginal people can be achieved by:

- Offering choice of service provider (Aboriginal or mainstream) whenever an Aboriginal person seeks AOD treatment.
- Enabling choice in the way people access the AOD sector (walk in, phone, telehealth, warm referral via ACCHO etc.)
- Enabling a harm reduction approach that prioritises dignity of risk, acknowledging that individuals have choice in their use of substances of dependence and/or to seek treatment in a way that meets their needs and preferences.

## Understanding

Understanding the context of a person's situation significantly influences the ability to engage, deliver, and design services. For Aboriginal people, lack of understanding, misunderstanding or bias is felt acutely and can directly impact an individual's desire to engage in treatment and support.

Understanding should not be confused with expertise, and it is important to adopt a position of curiosity and wondering alongside formal education and training to gain understanding of:

- First Peoples histories (don't expect clients to give cultural lessons) and the way in which history impacts on health and wellbeing for First Peoples today
- The role, configuration and functions of family and kin for Aboriginal people
- The Social and Emotional Wellbeing (SEWB) model that underpins mental health and wellbeing (including AOD) service delivery in ACCOs

## Collaboration

The requirement for collaboration is fundamental to success when seeking to achieve Aboriginal self-determination. This is often referred to as 'nothing about us without us'. Consideration of power and safety is arguably of greater importance when collaborating with Aboriginal people, organisations and systems, given the historical loss of power and agency that First Peoples continue to feel today. At an organisational level this may result in the balance of power being in favour of an Aboriginal organisation in order to meet the principle of Treaty, that Aboriginal people decide on Aboriginal people's issues. Collaboration can be achieved by ensuring:

- Mob are at the table in a way that enables equality, honours truth and is welcoming
- An increase in the Aboriginal workforce within the mainstream sector at all levels, that is adequately supported by culturally appropriate supervision
- Collaboration with ACCOs and ACCHOs at systemic, organisational and individual levels
- Support for Aboriginal organisations to participate in co-design, tender writing and advocacy
- Seamless care between ACCOs and mainstream AOD organisations and between sectors

## Safety

In order for anyone to begin seeking support, they must first feel safe enough to do so. The concept of safety for Aboriginal peoples is rooted in a history of lack of safety to identify as Aboriginal, practice culture, live in the way they choose and heal in the way that aligns with their cultural values.

The mainstream sector must prioritise optimisation of safety for Aboriginal people by ensuring:

- Lack of judgement from service providers and organisations
- Access to culturally appropriate supervision for the Aboriginal workforce within mainstream AOD services
- Culturally appropriate assessment and engagement processes that offer flexibility
- Organisational accountability for cultural awareness capacity
- Accountable consultation with Aboriginal people and organisations
- Accountability for organisational change and systemic improvement

## Beginning the Process

Reflecting on your clinical and organisational alignment with the four themes outlined above is an important initial step towards achieving Aboriginal self-determination. We call on all mainstream AOD services to consider the following questions and follow tips to address any notable areas for improvement.

Reflective Question	Answer	Tips
Do you know your local ACCOs?	Yes/No	<ul style="list-style-type: none"> <li>This searchable map identifies all the ACCOs and ACCHOS in Victoria <a href="#">Locations - NACCHO</a></li> <li>Create opportunities for cross sector relationship building at leadership and clinical levels</li> </ul>
<p>Does your service employ any Aboriginal workers – in designated roles or generally?</p> <p>Do they receive cultural supervision?</p> <p>Do your organisational policies support Aboriginal people adequately?</p>	Yes/No	<ul style="list-style-type: none"> <li>Have a look at organisation job descriptions – would they attract Aboriginal workers?</li> <li>Consider measuring the rates of Aboriginal people accessing your service and comparing this to the local Aboriginal population/ identified need in the community. Does it identify a need for an Aboriginal worker?</li> <li>What are the cultural supervision needs specific to your Aboriginal workforce? Consider speaking with your local ACCO or ACCHO about what cultural supervision they offer and if they could meet your worker's needs. If suitable, is there a capacity for a cross organisational agreement to access these resources for your Aboriginal workforce?</li> <li>How does your organisation understand 'sorry business'? Do your workplace policies support Aboriginal workers' cultural needs? Have a look at this resource by the Fair Work Ombudsman. <a href="#">First Nations people - Supporting employees during Sorry Business fact sheet</a></li> </ul>

Reflective Question	Answer	Tips
Do you know about the SEWB (Social Emotional Wellbeing) model?	Yes/No	<ul style="list-style-type: none"> <li>• Explore the Balit Durn Durn website to learn more about the <a href="#">SEWB model of care</a></li> <li>• Invite your local ACCO team to come and present on the SEWB model and consider what elements of the model resonate with the way you practice? Are there elements that you can incorporate into the way you work with all people?</li> </ul>
Do you feel confident in your knowledge and skills to engage with an Aboriginal person?	Yes/No	<ul style="list-style-type: none"> <li>• Explore options for cultural safety professional development that meets your specific needs</li> <li>• Approach your local ACCO to discuss presentations from Elders on local Aboriginal history and appropriately remunerate this expertise. <ul style="list-style-type: none"> <li>◦ <a href="#">VACCHO Cultural Safety Services</a></li> <li>◦ Koori Heritage Trust Aboriginal Cultural Education Programs</li> <li>◦ Victorian Aboriginal Community Services Association Limited (VACSAL) <a href="#">Aboriginal Cultural Awareness Training</a></li> </ul> </li> <li>• Arrange an in-house professional development session to review and discuss the stories contained in Yoorrook. Reflect on your knowledge gaps and collectively consider actions to address these.</li> </ul>
Do you feel confident in your knowledge and skills to engage with Aboriginal kin?	Yes/No	<ul style="list-style-type: none"> <li>• As a team or organisation review the information in these resources: <ul style="list-style-type: none"> <li>◦ <a href="#">Family and Kinship: Working with Indigenous Australians</a></li> <li>◦ <a href="#">Skin, Kin and Clan</a></li> </ul> </li> <li>• How does it align with your own concepts of family? How does it differ?</li> <li>• Does your organisation offer any carer/family support and do these programs have Aboriginal expertise or connection to Aboriginal community?</li> </ul>

Reflective Question	Answer	Tips
Does your organisation have processes and policies in place to ensure routine inclusion of Aboriginal people in any work you undertake with their community?	Yes/No	<ul style="list-style-type: none"> <li>Review this resource to ensure any engagement is aligned with Aboriginal ways of working and being <a href="#">Working in genuine partnership with First Nations people</a>.</li> </ul>
Does your organisation have formalised agreements with local ACCOs that support shared care or transfer of care between services?	Yes/No	<ul style="list-style-type: none"> <li>Prioritise relationship development. Consider holding an informal meet and greet with ACCO service providers or arrange a site visit.</li> <li>Co-design an MOU with your local ACCO that outlines agreed ways of working. Consider doing this only after ensuring your organisation is trained in culturally safe practice.</li> </ul>
Do you include Aboriginal cultural safety training as a mandatory or routine professional development activity?	Yes/No	<ul style="list-style-type: none"> <li>See above resources on cultural safety training</li> <li>Conduct a needs analysis of your workforce to understand level, scope, content and applicability.</li> <li>Rather than making cultural safety training a yearly activity, embed cultural safety training within quality assurance activities that measure outcomes.</li> </ul>
Does your organisation have a method of obtaining feedback from Aboriginal communities about their experience?	Yes/No	<ul style="list-style-type: none"> <li>Consider adaptation of your routine consumer feedback process that is co-designed with Aboriginal workers or service users.</li> <li>Embed feedback in your agreement with local ACCOs on ways of working. Consider options for Aboriginal people to 'rate' your alignment with the themes of choice, understanding, safety and collaboration.</li> </ul>

Reflective Question	Answer	Tips
Does your organisation offer a variety of methods to access services?	Yes/No	<ul style="list-style-type: none"> <li>• Consider the barriers to offering choice in method of service access.</li> <li>• Where funding barriers exist, are there workarounds that have not yet been considered?</li> <li>• Is their advocacy required to get adequate resources to achieve flexible service delivery access?</li> <li>• Have you raised this with your Department of Health contract manager?</li> <li>• Is there an arrangement that can be made with your local ACCO?</li> </ul>
Do you always ask people about their Aboriginal/Torres Strait islander status or do you at times assume it?	Yes/No	<ul style="list-style-type: none"> <li>• Conduct a group supervision or reflective practice session on this question (this will require a sense of safety within the workforce). Where barriers to direct questioning are identified collectively, brainstorm methods to address this.</li> </ul>
Do you feel confident in your understanding of colonisation and its impact on Aboriginal people?	Yes/No	<ul style="list-style-type: none"> <li>• See the above resources on cultural safety training and this timeline of trauma and healing produced by the Healing Foundation. <a href="#">Trauma and Healing Timeline</a></li> </ul>

## Structural Enablers

Without systems and structures that empower Aboriginal self-determination, it will continue to be difficult for organisations and the workforce to achieve meaningful change. The establishment of Treaty provides the scaffolding for structural change alongside existing State and Federal policies, strategies and commitments. Building on the four themes of choice, understanding, collaboration and safety, organisations can enable systemic alignment through:

**Collective Advocacy:** Where there remain outstanding actions to address the needs of Aboriginal people, organisations can seek to understand how they can use their resources to advocate on behalf of and with Aboriginal people, service providers and organisations. This could include communications about Aboriginal AOD programs, initiatives, campaigns within organisations and more broadly. It may also include the publishing of position papers or letters of support for Aboriginal led advocacy priorities. Consider the importance of language in any advocacy you undertake by reviewing against the Gayaa Dhuwi [Good Yarn Guidelines](#).

**Allyship:** The First Peoples Assembly calls upon organisations to sign up as Allies to Treaty as a way of both showing support and engaging with opportunities for strengthening work that leads to lasting change. [Walk with us | Treaty for Victoria](#)

## Conclusion

Victoria stands at a defining moment. The truth laid bare by the Yoorrook Justice Commission and the historic establishment of a Treaty with Aboriginal peoples in Victoria demands more than acknowledgement — it calls for decisive action. For the alcohol and other drug sector, this is a moment to lead with courage, humility and purpose, and to play a meaningful role in transforming systems that have too often failed Aboriginal people.

**The evidence is unequivocal: alcohol and other drug harm experienced by Aboriginal people is inseparable from the impacts of colonisation, systemic racism and the sustained denial of self-determination.**

The response, therefore, cannot be limited to individual treatment or programmatic reform. It must be systemic; values led and grounded in Aboriginal authority. Supporting Aboriginal self-determination is not an abstract principle; it is a practical, everyday responsibility that must shape how mainstream AOD services design care, allocate resources, share power and hold themselves accountable.

The mainstream AOD sector has influence, reach and responsibility — and with that comes the opportunity to be part of the solution. By embedding the principles of Treaty and the evidence of Yoorrook into practice, the sector can actively dismantle barriers, amplify Aboriginal voices, and strengthen Aboriginal led solutions. This means championing genuine collaboration with Aboriginal Community Controlled Organisations, growing and protecting the Aboriginal workforce, advocating for structural reform, and being prepared to step back where Aboriginal people have clearly said they must lead.



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