

# Victorian alcohol and other drugs strategy

2025 – 2035



To receive this document in another format email the [Alcohol and other drugs policy team](mailto:aod.policy@health.vic.gov.au) <aod.policy@health.vic.gov.au>.

Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

© State of Victoria, Australia, Department of Health, December 2025.

Except where otherwise indicated, the images in this document show models and illustrative settings only, and do not necessarily depict actual services, facilities or recipients of services.

In this document, 'Aboriginal' refers to both Aboriginal and Torres Strait Islander people. 'Indigenous' is retained when part of the title of a report, program or quotation.

ISBN 978-1-76131-937-2 (pdf/online/MS word)

Available at [www.health.vic.gov.au/alcohol-other-drugs/victorian-aod-strategy](http://www.health.vic.gov.au/alcohol-other-drugs/victorian-aod-strategy) <<https://www.health.vic.gov.au/alcohol-other-drugs/victorian-aod-strategy>>

# Minister's foreword

In 2024 the Victorian Government announced the \$95 million *Statewide Action Plan* to save lives and reduce drug harm.



As part of this announcement, we committed to a 10-year Victorian alcohol and other drugs (AOD) strategy. The strategy aims to reduce the incidence and impact of AOD-related harm in Victoria over the long term.

Each year, thousands of Victorians seek help through government-funded AOD services. This tells us 2 things: the need is significant, but so is the opportunity for impact.

The Victorian Government is proud to support a health-led approach to reduce AOD-related harm. In recent years, we have made significant investments to expand drug treatment, supports and harm minimisation services for those who need it.

But AOD-related harms are increasing. This strategy lays the foundation for the change we know the system needs to continue providing the life-changing and life-saving support Victorians need.

People who use substances deserve the best care and the best support, wherever they live.

We also know there are groups in our community at increased risk of AOD-related harm. Our services need to be flexible and tailored to meet individual needs.

The Victorian AOD system includes 4 important components: prevention, early intervention, harm reduction and treatment. All these components are critical to achieving positive outcomes for people. However, we need to improve access to, and pathways between, the different parts of the system.

Through this strategy we will improve access to AOD information that is accurate, honest and non-stigmatising. We will work to ensure individuals and communities have better access to treatment and supports that address their needs and that our system is responsive to emerging issues and new models of care and support. We'll build connections and collaboration across health, mental health and social systems, and we'll work with Aboriginal Victorians to support AOD responses that are self-determined.

This strategy is ambitious. It charts a 10-year path to reform our AOD system so it's more connected, culturally responsive and capable of meeting the needs of Victorians.

It builds on the work and experience of health services, organisations and people who have lived and living experience of substance use and addiction. I extend my gratitude to all those who have contributed their experience, passion and commitment to developing this strategy.

Together, I know we can make a difference.

A handwritten signature in black ink, appearing to read 'Ingrid Stitt'.

**Ingrid Stitt MP**  
Minister for Mental Health

# Contents

<b>Minister’s foreword</b>	<b>3</b>	<b>Enablers</b>	<b>40</b>
<b>Acknowledgements</b>	<b>5</b>	Enabler 1: Governance	41
Acknowledgement of Aboriginal and Torres Strait Islander people living in Victoria	5	Enabler 2: Partnership with sector and community	42
Recognition of lived and living experience	5	Enabler 3: Workforce	42
Language statement	5	Enabler 4: Policy and funding	43
<b>If you or a person you support needs help</b>	<b>6</b>	Enabler 5: Data, information and communications technologies and infrastructure	44
<b>Summary</b>	<b>7</b>	<b>Implementation</b>	<b>45</b>
Strategy overview	7	Delivery phases	46
<b>Introduction</b>	<b>9</b>	Monitoring and accountability	47
Substance use and addiction in Victoria	9	<b>Thank you</b>	<b>48</b>
Alcohol and other drugs system	10	Our limitations	49
<b>About the strategy</b>	<b>13</b>	<b>Appendix 1: AOD literature that informed the strategy</b>	<b>50</b>
How we developed the strategy	14	<b>Appendix 2: Supporting policies and frameworks</b>	<b>51</b>
Policy context	16	<b>Appendix 3: Stakeholder engagement</b>	<b>52</b>
<b>Vision</b>	<b>18</b>	<b>Appendix 4: Aboriginal health and wellbeing action plan 2023–2025</b>	<b>53</b>
<b>Principles</b>	<b>19</b>	<b>Appendix 5: Definitions</b>	<b>54</b>
<b>Focus areas, objectives and actions</b>	<b>21</b>	<b>Endnotes</b>	<b>59</b>
Focus area 1: Information and access	22		
Focus area 2: Harm reduction, treatment and system design	26		
Focus area 3: Culturally safe, self-determined responses for Aboriginal Victorians	30		
Focus area 4: System innovation and continuous improvement	33		
Focus area 5: Integration across intersecting systems	35		

# Acknowledgements

## Acknowledgement of Aboriginal and Torres Strait Islander people living in Victoria

The Department of Health acknowledges the strength of Aboriginal and Torres Strait Islander peoples across Country and the power and resilience that is shared as members of the world's oldest living culture.

We acknowledge Aboriginal and Torres Strait Islander peoples as Australia's First People. We recognise the richness and diversity of all Traditional Owners across Victoria.

We recognise that Aboriginal and Torres Strait Islander people in Victoria practise their lore, customs and languages. They nurture Country through their deep spiritual and cultural connections and practices to land and water.

We are committed to a future based on equality, truth and justice. We acknowledge that the entrenched systemic injustices experienced by Aboriginal and Torres Strait Islander people endure, including in our health system. Victoria's ongoing treaty and truth-telling processes provide an opportunity to right these wrongs and ensure Aboriginal and Torres Strait Islander people have the freedom and power to make the decisions that affect their communities.

We express our deepest gratitude and pay our deepest respect to ancestors, Elders and leaders – past and present. They have paved the way, with strength and fortitude, for our future generations.

## Recognition of lived and living experience

We recognise people with lived and living experiences of substance use and addiction. We also recognise the experiences of people who are and have been carers, families, supporters and kin.

We want to create policies, services and systems that allow Victorians to be healthy, well and live free from stigma. To do this, we need to seek out, listen to and act in partnership with people with lived and living experiences.

We recognise those who have generously shared their experiences of alcohol and other drug (AOD)-related harms. We also recognise the experience of people who have been carers, families or supporters.

We recognise the diverse voices of those with lived and living experiences and those with intersectional experiences of diversity. Your courage in sharing your experiences and insights have lent invaluable depth to our strategy. It has allowed us to envision a more comprehensive, integrated and inclusive AOD system for Victoria. Your voices have echoed through our discussions, reminding us of the challenges that demand our attention and dedication.

It is only through listening to and partnering with people who have experienced the AOD service system that we will be able to reduce harms and stigma and allow Victorians to live a life they value.

We commit to ensuring the heart of this strategy remains rooted in lived and living experience and expertise.

## Language statement

Language affects how people perceive themselves and how others view them. Words can inspire, include, encourage or empower people. However, when people use them inaccurately, words can give rise to stigma and discrimination.

This makes people feel unwelcome, unsafe or stops them seeking help.<sup>1</sup>

In this strategy, we try to use strengths-based, person-centred, inclusive and respectful language. However, we recognise that for some people, language alone will never be enough or appropriate to capture and reflect their experiences.

Language is always evolving. Because of this, we acknowledge we may use terms and definitions that have the potential to change in ways that are unique and unpredictable.

Unless otherwise specified, the words 'our' and 'we' refer to the Victorian Government.

**Appendix 5** sets out the definitions of terms we use in this strategy. Again, we recognise that different people may use different definitions and terms.



## If you or a person you support needs help

- DirectLine is a statewide telephone and online service that supports people seeking AOD information, support or referral. DirectLine operates 24/7.
  - [DirectLine](https://www.directline.org.au/) <https://www.directline.org.au/>
  - 1800 888 236
- Youth drug and alcohol advice (YoDAA) is Victoria's AOD information, advice and referral phone line for young people aged 12 to 25 years. YoDAA is available Monday to Friday, 9 am to 5 pm.
  - [YoDAA](https://yodaa.org.au/) <https://yodaa.org.au/>
  - 1800 458 685
- Rainbow Door is a free specialist LGBTIQ+ helpline. Experienced peers provide information, support and referral to LGBTIQ+ people, their friends and their families.
  - [Rainbow Door](https://www.switchboard.org.au/rainbow-door) <https://www.switchboard.org.au/rainbow-door>
  - 1800 729 367
- Yarning Safe N Strong (YSNS) is a free and confidential counselling service for Aboriginal and Torres Strait Islander peoples. Established by the Victorian Aboriginal Health Service, YSNS is available 24/7 to people and families who need to have a yarn with someone about their wellbeing.
  - [Yarning Safe N Strong](https://www.vahs.org.au/yarning-safe-n-strong-media/) <https://www.vahs.org.au/yarning-safe-n-strong-media/>
  - 1800 959 563
- Family Drug and Gambling Help offers confidential support and referral for people impacted by someone's alcohol and drug use and/or gambling. The phonenumber operates 24/7.
  - [Family Drug and Gambling Help](https://www.sharc.org.au/sharc-programs/family-drug-gambling-help/) <https://www.sharc.org.au/sharc-programs/family-drug-gambling-help/>
  - 1300 660 068



## Summary

As part of our *Statewide Action Plan to save lives and reduce drug harms in 2024*, the Victorian Government committed to developing the *Victorian alcohol and other drugs strategy 2025–2035*.

The strategy aims to address drug-related harm in the Victorian community over the long term by ensuring Victorians can access the right information, support and care at the right time.

It will guide our government investment and policy direction to ensure alcohol and other drug (AOD) services and supports are accessible and responsive to people's needs and are available through multiple entry points.

## Strategy overview

### Vision

A holistic approach to reduce alcohol and other drug-related harms and stigma that maximises the health, mental health and wellbeing of Victorians.

## How we will achieve the vision

We will achieve the vision by taking a health-focused approach to substance use that responds to individual needs.

We will provide information about substance use, with a renewed commitment to prevention and early intervention. This will empower Victorians to take the best possible care of themselves and others.

We aim to ensure people experience holistic and high-quality care and support.

We will deliver services and supports in a coordinated AOD system.

The AOD system will be underpinned by a proficient AOD workforce, with strong connections to other relevant intersecting systems.

As shown in Figure 1, the strategy has 5 focus areas:

1. Information and access
2. Harm reduction, treatment and system design
3. Culturally safe, self-determined responses for Aboriginal Victorians
4. System innovation and continuous improvement
5. Integration across intersecting systems.

It also has 5 enablers:

1. Governance
2. Partnership with sector and community
3. Workforce
4. Policy and funding
5. Data, information and communications technologies and infrastructure.

The strategy will support future investment priorities to deliver on the vision.

To implement the strategy, we will need to establish stronger partnerships, collaboration and a collective responsibility for achieving better outcomes. We will continue to engage and partner with consumers, including their families and supporters. We will also continue to work with Aboriginal communities.

We will implement monitoring and accountability mechanisms to ensure we track our progress. This includes having clear, measurable milestones and outcomes for the life of the strategy.

Figure 1: Focus areas and enablers



# Introduction

## Substance use and addiction in Victoria

Substance use is a reality in Victoria.<sup>2</sup> This includes a broad spectrum of legal and illegal alcohol and other drugs (AOD).

Many people do not use substances frequently, and many people who use substances do not experience harm. However, for some people, substance use carries higher risks.<sup>3</sup> This includes risks of harm to self and others. These risks can lead to significant and often devastating consequences for individuals, families, supporters and communities.

There are signs that rates of harm are increasing, even though population prevalence of AOD consumption has remained largely stable.<sup>2,4</sup>

For example, fatal overdose increased by 61% between 2010 and 2022. Tragically, 5,956 Victorians lost their lives during this period.<sup>5</sup> Of these deaths, three-quarters involved multiple contributing drugs.<sup>6</sup> Victoria's drug-related hospitalisation<sup>7</sup> and AOD-related ambulance callout<sup>8</sup> rates consistently grew before reaching a peak of 23,180 callouts in 2020–21. They reduced slightly after that but stayed high for the 3 years that followed.

These statistics mask diverse reasons for substance use such as functional and therapeutic benefits and pleasurable experiences.

Stigmatising substance use simply causes further harm. We also know that some parts of our community are at greater risk of many AOD-related harms. These groups include:

- people experiencing co-occurring mental illness or psychological distress<sup>9</sup>
- young people
- Aboriginal people<sup>10,11</sup>
- LGBTIQ+ people<sup>12</sup>
- men<sup>13</sup>
- people in contact with the justice system.<sup>14</sup>

Gender and sexuality also play a role in shaping people's experiences of AOD use. We have heard through consultations that women predominantly use AOD as a coping mechanism for managing trauma, psychological distress and pain rather than for experimentation or social defiance.<sup>15</sup> A lack of family-inclusive<sup>16</sup> and trans and gender diverse-friendly<sup>17</sup> services can limit access to support. Culturally diverse people also experience barriers in accessing the AOD services and support system.

The *Victorian alcohol and other drugs strategy 2025–2035* will guide our efforts to ensure Victorians who experience, or are at risk of, AOD-related harms can access the AOD services, treatment and support they need. These services, treatment and support will respond to people's needs and will be available through multiple points of entry across health systems.

## Alcohol and other drugs system

Victoria's AOD system is 'young compared to the other established systems of care such as health and mental health'.<sup>18</sup> It emerged as a standalone sector in the 1990s, following the deinstitutionalisation of mental health services and the separation of mental health and AOD services.

Today, the AOD system is a specialist service system that supports around 40,000 Victorians each year. The system is a complex mix of public hospital, community-based and private services funded and administered by the Commonwealth and Victorian governments and the private sector (Figure 2).

The Victorian Government funds more than 100 AOD service providers. These providers deliver care at no or low cost to the consumer.

The Victorian AOD system approaches addiction and AOD-related harm as a health issue, rather than a criminal issue. This acknowledges the reality of substance use in our communities. It recognises that we can moderate the risks of substance use and addiction by enabling health-focused support. The Department of Health, in partnership with the Department of Families, Fairness and Housing, is responsible for overseeing the AOD system.

The AOD system provides services and supports for a wide range of people with various AOD needs. It respects the right of people to choose the type of services they access. This includes services that focus on treatment, recovery or harm reduction.

At a minimum, the AOD system supports people who:

- want information about substance use to inform their choices and support for others
- want to minimise the harm related to their own or someone else's substance use
- experience addiction or other harms and want services and supports to help them, or others, recover.

These services and supports are not mutually exclusive and may overlap.

The AOD system also acknowledges the role of families and supporters who also experience the impact of AOD-related harm. They also face challenges in navigating systems and accessing services and supports.

The system works to engage families and supporters and to provide specifically designed services. Services provide treatment, care and support in community-based and residential settings. These are planned and delivered across 16 catchments.

The system comprises specific AOD services for Aboriginal people, women, young people, families and people who are in contact with the justice system.

Many locations also have hotspot-based specialist harm reduction services. These operate from community health and other community-based infrastructure. They include harm reduction services like needle and syringe programs, outreach, sobering-up services and the medically supervised injecting room.

People seeking AOD services often have multiple, intersecting health and social support needs. For people experiencing urgent AOD concerns, emergency department mental health and AOD hubs provide high-quality and timely care in a safe and supportive space. The system also includes dedicated services that work together to improve access to integrated mental health and addiction treatment for people experiencing both substance use (or addiction) issues and mental illness.

Mental health and wellbeing services provide treatment, care and support to people with co-occurring substance use needs, as recommended by the 2021 Royal Commission into Victoria's Mental Health System. Community health services may invest in local health promotion initiatives if they determine AOD is a priority health issue in their community.

Some AOD services also receive funding from non-Victorian Government sources.

The Commonwealth Government contributes to the significant role that general practitioners, pharmacists and private addiction medicine specialists play in the AOD system through Medicare and the Pharmaceutical Benefits Scheme. The Commonwealth also commissions AOD services through Primary Health Networks. Private providers deliver AOD services funded through private health insurance or that are self-funded.

Many health, social and justice service systems respond to AOD-related issues. They sometimes integrate AOD interventions with service delivery. These services are delivered separately to the state-funded AOD system. However, the strategy addresses pathways between state-funded AOD services and these other social services. We will consider these interfaces as part of implementing the strategy.

Local governments also play a role in the AOD system. The *Public Health and Wellbeing Act 2008* directs local governments to develop municipal public health and wellbeing plans. Some local governments in Victoria identify AOD as a priority health issue. They incorporate AOD actions within these public health and wellbeing plans.

Local governments typically do not provide AOD services. However, they can influence the level of AOD-related harm in the community by working with the Commonwealth and Victorian governments, community and industry.

Some of the ways local governments can influence AOD-related harm in their communities include:

- land use and planning
- event planning and management
- community coordination
- leadership and advocacy
- public amenity including needle and syringe collection
- community development, engagement and service delivery.

**Figure 2: Victoria’s AOD ecosystem**

**AOD system services (department-funded)**

**Prevention and early intervention**

Information services, phone and online support, referral	Prevention and early intervention supports
--	--

**Harm reduction**

Needle and syringe program	Overdose prevention	AOD outreach	Public intoxication response services	Medically supervised injecting room	Fixed site and festival pill testing
----------------------------	---------------------	--------------	---------------------------------------	-------------------------------------	--------------------------------------

**Treatment**

Intake, assessment, referral and care coordination	AOD counselling, withdrawal and rehabilitation	Youth AOD services	Forensic AOD services	Aboriginal AOD services	Opioid pharmacotherapy	Family supports
--	--	--------------------	-----------------------	-------------------------	------------------------	-----------------

**System functions**

Research, data and evaluation	Workforce development, support and training	Drug early warning system	Clinical secondary consultation	Sector stewardship
-------------------------------	---	---------------------------	---------------------------------	--------------------

**AOD services are delivered in other systems (department-funded)**

AOD service delivery across the mental health and wellbeing system for people for people with co-occurring needs	AOD clinicians and addiction medicine specialists in acute and community health	Acute withdrawal services in hospitals and AOD and Mental Health Hubs	Community health – health promotion
--	---	---	-------------------------------------

**AOD services in other systems (state-funded)**

AOD support in child and family, housing and homelessness and family violence services	AOD support in specialist courts, justice services and prisons	School-based drug education, wellbeing supports and localised youth AOD initiatives
--	--	---

**AOD services and functions funded by the Commonwealth Government (in part or in full)**

Services commissioned through Primary Health Networks	Medicare items that can support AOD needs	Pharmaceutical Benefits Scheme medications for substance dependence	Services funded by the Commonwealth Department of Health and Aged Care	Services funded centrally by the National Indigenous Australians Agency
---	---	---	--	---

**Local governments support to reduce AOD-related harm**

Safer festivals and events	Liquor licencing, packaged liquor	Community activation, education and advocacy	Public amenities including needle and syringe collection
----------------------------	-----------------------------------	--	--

# About the strategy

The *Victorian alcohol and other drugs strategy 2025–2035* outlines a 10-year vision to reduce the incidence and impact of AOD-related harms in Victoria. The strategy also aims to equip the AOD system to meet the needs of individuals, families, supporters and diverse communities (Figure 3).

Our AOD sector has rightly been praised for its work over the past few decades. It uses an inclusive approach, it sees the whole person, and it has an unwavering commitment to empowering people to live a life they value.

The strategy builds on that same capability and dedication. It provides a strategic framework for government decision-making to support better AOD outcomes for Victorians and enable the AOD sector to continue its valuable contribution to the life of our state. The strategy puts the lives and experiences of individuals, families and communities at its centre.

Victoria's AOD strategy is for all Victorians – people of all ages and backgrounds. It recognises that substance use exists on a spectrum. Everyone's needs are different, and there is no one-size-fits-all solution for people who need support.

Comprehensive supports and services that prioritise health, wellbeing and choice are essential to meet Victorians' diverse needs, cultures and contexts. We want to ensure people receive high-quality care and support when and where they need it.

The strategy presents a pathway forward for government, service providers, community and other stakeholders. It aims to strengthen AOD supports and services. It will also increase their impact through strategic partnerships across the AOD sector and between systems.

The Department of Health (the department) is responsible for leading this strategy. We will work across government to align and coordinate our efforts to reduce AOD-related harm. This includes all government systems, frameworks and policies that interact with people who experience substance use issues.

Importantly, we have consulted extensively with people with lived and living experience of substance use and addiction. We have also consulted with the AOD sector and workforce, clinicians, academics and other experts.

This strategy will enable the AOD system to deliver services and supports that are accessible and easy to navigate. It will allow for continuous care that is tailored to meet individual needs.



## How we developed the strategy

### Statewide Action Plan

In April 2024 the Victorian Government released the *Statewide Action Plan to save lives and reduce drug harms*. This provided \$95.1 million for a health-led approach to AOD use.

The plan set out initiatives to address AOD-related harms, including:

- appointing Victoria's first Chief Addiction Medicine Adviser
- expanding access to pharmacotherapy through an \$8.4 million grants program
- implementing a naloxone dispensing machine trial alongside existing needle and syringe programs
- trialling an Australian-first 'Never Use Alone' helpline for people at risk of overdose
- establishing a dedicated community health hub at 244 Flinders Street to offer wraparound primary health care
- expanding CBD assertive outreach street teams to identify and support people in need and developing a 10-year Victorian AOD strategy (this strategy) to address AOD-related harms.

### Reviews, inquiries and submissions

In recent years, many reviews and inquiries have considered issues and opportunities within the Victorian AOD system.

The findings and recommendations in these documents provide important insights into Victoria's AOD system. They also provide insights into the experiences of Victorians and their families.

We used these documents to help develop the strategy. They will remain important resources during implementation.

**Appendices 1 and 2** list these documents.

## Stakeholder engagement

We sought broad input from people with lived and living experience of AOD use, including families and supporters. We also consulted with the AOD sector to ensure we understood different perspectives, experiences and insights.

Table 1 summarises the insights gained from our engagement.

**Appendix 3** details these engagements.

We regularly engaged with sector stakeholders, including those appointed to the department’s sector reference group.

Sector stakeholders helped us develop the strategy. The ‘Thank you’ section lists sector reference group members and stakeholders who provided input.

We will continue to engage and partner with consumers, including their families and supporters, and Aboriginal communities. This strategy is a genuine commitment to work in partnership with people with lived and living experience to achieve system transformation.

**Table 1: Summary of stakeholder engagement**

Stage 1 engagement	Stage 2 engagement	
September to November 2024	January to February 2025	
<p><b>Identify current issues and priorities for the strategy</b></p> <p>This included sector workshops and consumer, family and supporter consultations (led by sector partners). These focused on identifying current issues, gaps and opportunities in the AOD system.</p>	<p><b>Test and refine key elements of the strategy</b></p> <p>These included sector forums and community-led engagements.</p> <p>Sector forums engaged stakeholders from diverse parts of the sector including the Victorian Aboriginal Community Controlled Health Organisation, the Victorian Aboriginal Health Service and Aboriginal community-controlled organisations.</p> <p>Harm Reduction Victoria and the Self-Help Addiction Resource Centre (SHARC)-led engagements with people with lived and living experience and Ngwala Willumbong-led engagement with Aboriginal people.</p>	<p><b>Targeted discussions</b></p> <p>We held roundtable discussions with medical and academic experts and workers, professionals and union representatives to gain insights on innovative AOD care and integrated care, and workforce opportunities respectively.</p> <p>Targeted discussions with government departments and agencies covered intersecting AOD-related work and priorities.</p>

## Policy context

Victorian state-based and national policies intersect with, and contribute to, the aims of the strategy. The following policies and initiatives guided the strategy's development. We will implement the strategy in a way that aligns with them.

### Victorian policy context

#### Royal Commission into Victoria's Mental Health System

In March 2021 the Royal Commission released its final report with recommendations to transform Victoria's mental health system.

These recommendations seek to provide safe, accessible and responsive care for Victorians living with mental illness and substance use or addiction. The recommendations ensure the mental health system incorporates the views of people living with substance use or addiction in treatment, care and support.<sup>9</sup>

The recommendations aim for all mental health and wellbeing services to provide integrated services for people living with mental illness and substance use or addiction.<sup>19</sup>

This strategy builds on these reforms and strengthens integrated care with AOD services and supports to deliver holistic care.

#### Inquiry into Women's Pain

The 2025 Inquiry into Women's Pain aims to address the challenges girls and women face in seeking pain care. This inquiry is part of the department-led Women's Health and Wellbeing Program.<sup>20</sup>

Chronic pain affects a higher proportion of girls and women than men, but women are less likely to receive treatment.<sup>21</sup> Women sometimes use

substances to self-medicate or as a coping mechanism to manage trauma or psychological distress.<sup>22</sup> Many women also experience the harms of substance misuse (whether their own or others) but face gendered barriers to AOD services and support.<sup>23</sup>

The findings of the Inquiry into Women's Pain will inform the implementation of this strategy.

#### Victorian Aboriginal health and wellbeing partnership agreement and action plan

The *Victorian Aboriginal health and wellbeing partnership agreement and action plan 2023–2025* has actions that must be taken to reform the healthcare system for Aboriginal people.

This includes actions to:

- strengthen cultural safety in mainstream health systems at all access points
- deliver cultural safety training
- improve the way Aboriginal people are identified in health services
- strengthen the AOD sector to support Aboriginal people to have equitable access to health services.

This strategy's directions and actions prioritise commitments in the partnership agreement and action plan (as they relate to the AOD system). **Appendix 4** has a list of AOD-related actions from the partnership agreement and action plan. The strategy aims to ensure these commitments are delivered.

#### Department of Health strategic plan

The *Department of Health strategic plan 2023–2027*<sup>24</sup> sets out how the department will deliver the best health, wellbeing and care outcomes for communities across Victoria.

The vision is that Victorians are the healthiest people in the world. The strategic plan addresses many system reforms and enablers that directly align with this strategy. This includes:

- building a stronger and more sustainable workforce
- innovating and improving care
- incorporating harm reduction initiatives as a priority.

### National policy context

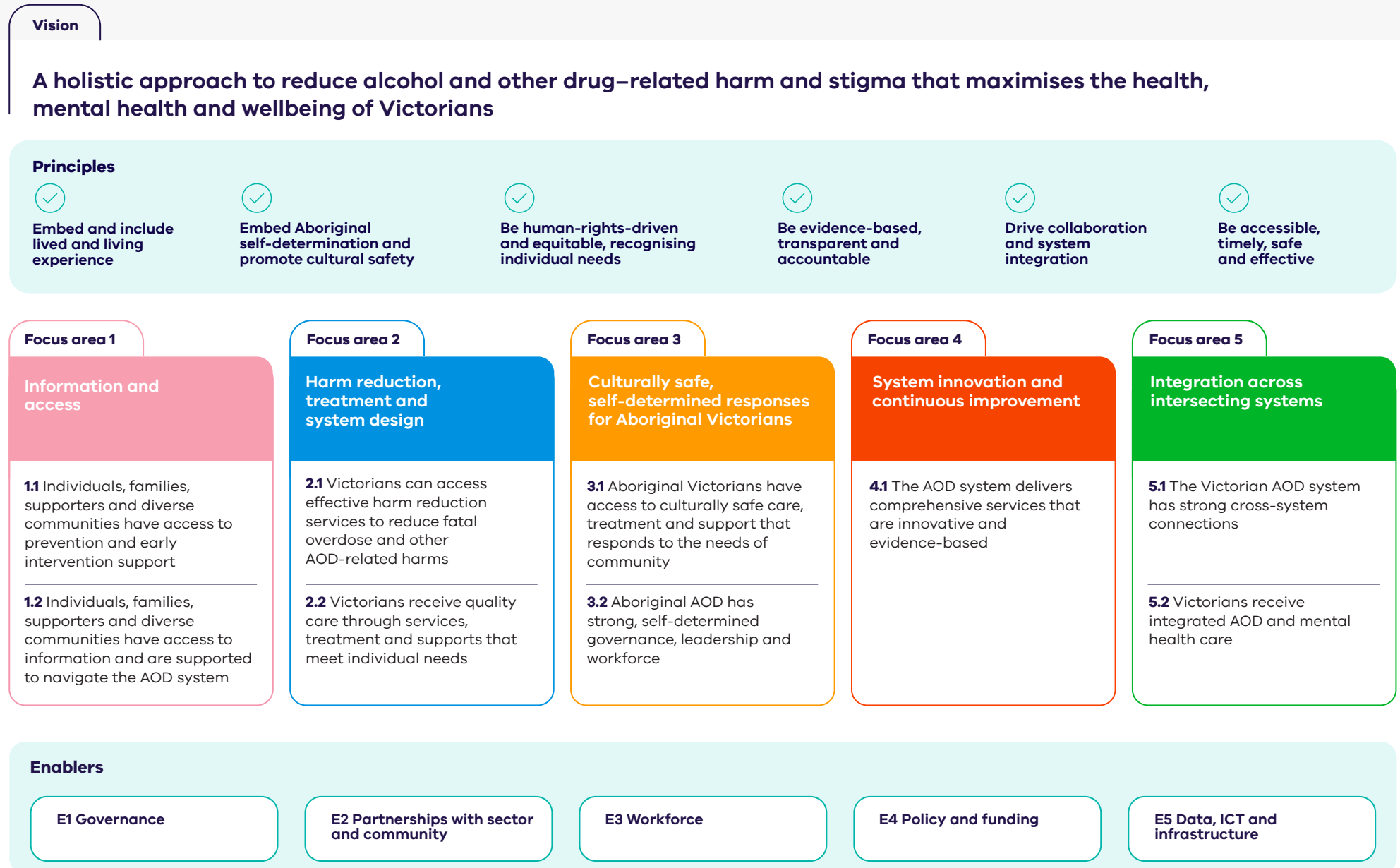
#### National drug strategy

The Commonwealth Government has an important role in reducing AOD-related harm. The *National drug strategy 2017–2026*<sup>25</sup> provides a framework for Australian communities to prevent and minimise AOD-related harms. This includes a guide for jurisdictions to develop individual responses to local AOD issues.

The *Victorian alcohol and other drugs strategy* reflects the national strategy's underpinning principles of evidence-informed responses, coordination and collaboration.

**Appendix 2** has a more detailed list of related and supporting policies and frameworks.

Figure 3: AOD strategy overview





## Vision

### Our vision is for:

A holistic approach to reduce alcohol and other drug-related harms and stigma that maximises the health, mental health and wellbeing of Victorians.

Informed by our sector and community engagement, we will have achieved our vision when:

- individuals, families and communities can access the support they want, when and where they need it
- services deliver quality care and support that responds to individual needs
- individuals experience holistic care in a coordinated AOD system that has strong connections to intersecting services and systems
- Victorians experience a reduction in AOD-related harms and stigma, and they experience improved health, mental health and wellbeing

- Victorian prevention and early intervention strategies contribute to a reduction in AOD-related disease, disability or death
- all Victorians, regardless of their cultural background, sexuality, gender or ability, have an equitable experience and equal opportunity to attain positive outcomes.

Guided by our **principles**, we will work across government, with service providers and the community. We will deliver the **objectives** under our 5 **focus areas** to achieve our **vision**.

# Principles

Six principles will guide the strategy's implementation. They cover the values and behaviours that will steer the actions and work of government, the sector and service providers.

## **Embed and include lived and living experience**

- We will value and elevate the expertise of people with first-hand experience of the AOD system.
- We will strengthen our partnerships with lived and living experience communities to embed their perspectives into systems and solutions for best practice responses to AOD needs.
- We will strengthen lived and living experience capability for individuals, families, supporters and wider community partnerships. This will place lived and living experiences and perspectives at the centre of design and planning. We will recognise and support these contributions when we implement the strategy.
- We will continue to empower people with lived and living experience of substance use to support other people who use substances through peer worker initiatives.

## **Embed Aboriginal self-determination and promote cultural safety**

- We will continue to work in partnership with Aboriginal community-controlled organisations to ensure Aboriginal Victorians experience cultural safety and responsiveness no matter the AOD service setting.
- We acknowledge that Aboriginal people know what is best for themselves, their kin and their communities. We will support Aboriginal people to lead, design and deliver supports and services for Aboriginal communities.
- We will enable Aboriginal leadership sovereignty and self-determination.

- We will work to address racism and discrimination. This will ensure all people feel culturally safe and supported when accessing AOD services and supports.

## **Be human-rights-driven and equitable, recognising individual needs**

- We will acknowledge and respect the unique needs and experiences of individuals, families and supporters. We will ensure the AOD system is equitable, just and fair.<sup>26</sup>
- We will acknowledge overlapping forms of discrimination and marginalisation. We will ensure our AOD system, services and supports provide person-centred, trauma-informed care that promotes choice and addresses the needs of individuals, families and supporters.

## **Be evidence-based, transparent and accountable**

- We will use research to design, implement and improve the effectiveness of AOD services and supports. This includes using real-life data and human insights that incorporate diverse and relevant knowledge and evidence streams.
- We will drive a culture of continuous improvement that proactively responds to emerging issues.
- We will draw on clinical expertise to develop innovative interventions that are evidence-based and evaluated.
- We will adopt transparent, accessible and practical approaches to reporting and monitoring.
- We will use evidence to inform policy and funding decisions.



### **Drive collaboration and system integration**

- We will approach AOD issues with a holistic mindset to build a system that enables collaboration and coordination. This acknowledges that substance use and addiction sometimes require diverse and complex responses.
- We will make sure pathways to and from AOD services are easy to navigate. We do this by working with the AOD system and the systems it connects with.
- We will provide integrated services and care to individuals, families and supporters with co-occurring AOD and mental health needs.

- We will continue to develop services, processes and clinical practices informed by child protection and family violence to further enhance cross-system partnerships. This will allow us to respond to risks and needs of people impacted by violence and abuse.

### **Be accessible, timely, safe and effective**

- We will provide the right care, in the right place, at the right time, across metropolitan and regional areas.
- We will deliver an efficient and effective allocation of public resources.
- We will ensure the AOD system provides safe and quality care, services and support for individuals, families and supporters.

# 5

## Focus areas, objectives and actions

The focus areas, objectives and actions described in this section set out the work we will do to achieve the vision.

The focus areas highlight where we will direct our efforts. The objectives outline our goals and what we want to achieve. The actions are specific streams of work to achieve those objectives and inform future government decision-making.

The focus areas do not have an order – they are all equally important and interdependent.

The focus areas, objectives and actions provide a framework for how we will work towards our vision over the next 10 years.

Implementation work will involve developing implementation plans and specific initiatives aligned with the actions included in the strategy (refer to the 'Implementation' section for more information).

## FOCUS AREA 1:

## Information and access

### Objective 1.1:

Individuals, families, supporters and diverse communities have access to prevention and early intervention support

### Why this is important

Effective prevention and early intervention can avoid significant AOD-related harm or distress. They can improve long-term outcomes for individuals, families and communities.

While often grouped together, prevention and early intervention are different.

Prevention generally involves using a population health perspective to reduce risk factors and other related social determinants of health. This includes providing information and education about substance use and its potential impacts.

In the AOD system, prevention aims to reduce harm and support people through programs. These programs:

- build protective factors and social engagement
- improve community education, understanding and knowledge
- reduce stigma
- encourage people to seek help
- communicate with at-risk populations and populations experiencing disproportionate harm.

Early intervention involves identifying risk factors and picking up early signs of potential AOD-related harms. This means we can offer services and supports before harm occurs.

### Current state

Victoria's current AOD system has a strong focus on treatment and harm reduction initiatives.

People often access services when they are already experiencing addiction or AOD-related harm. This may be because opportunities were missed to intervene earlier.

Victoria's current approaches to prevention and early intervention relating to AOD are limited in scale and reach and there is scope for a more structured framework.

**We need to be more proactive in education, early intervention and harm minimisation for our young people, it's the only way we are going to see change in the future.**

– Consumer from Ngwala Willumbong-led engagements



### How the strategy will change this

The strategy will strengthen a health-led approach to prevention and early intervention.

We will expand the range of prevention approaches and early intervention services and supports available in schools, workplaces and other community settings.

We will consider ways to embed prevention and early intervention in different settings. This includes addressing social determinants of health and through partnerships across government and communities and with the sector.

We will focus on giving Victorians better access to AOD information that is accurate, honest and non-stigmatising. This will support them to make informed choices about their or others' substance use.

### What Victorians can expect

I can seek out information about the substance I am using. I have access to information that empowers me to increase control over and improve my health.

### Actions to achieve this objective

**1.1.1** Establish a prevention framework and partnerships to focus on preventing AOD-related harm.

**1.1.2** Strengthen education about, identification of, and responses to potential AOD harm.

**1.1.3** Increase health promotion efforts so all Victorians have the information they need about substance use.

**Objective 1.2:**

Individuals, families, supporters and diverse communities have access to information and are supported to navigate the AOD system

**Why this is important**

We want people who access the AOD system to easily find and access the right information, services and support. It should not matter where they are along their journey.

Substance use can affect anyone in our community. This includes young people, people who are working or not working, LGBTIQ+ people, people with disabilities, older Victorians and culturally diverse people.

Some people are looking for treatment and recovery support. Others are looking for harm reduction support. For these reasons, we want people to be able to choose the right service for them and their needs.

People may also need to consider other life responsibilities such as caring for family, friends or pets, and other work, financial and housing commitments.

**I knew how to book a flight or buy a fridge but not where to get help [for AOD]!**

– Consumer from SHARC-led engagements

We also want consumers, families, supporters and other health and support workers to easily find information and support options. Easier access to information can help people to:

- learn about their options
- make decisions
- have informed conversations with their general practitioner or other supporters and carers.

This will help people weigh up the types of service models, expected wait times, costs and access options. It will also help them to better navigate intake systems.

Information about the AOD system must be readily available to health workers across the health system. It must also be easy for the public to access.

People who want to access more than one service or support should experience a welcoming, continuous and connected system.

**Current state**

The current system presents barriers to accessing appropriate services and supports. This can be particularly challenging for people living in rural and regional Victoria.

In addition to geographical barriers, there are social, attitudinal, behavioural, cultural and gender-based barriers. This reduces access to AOD services and information, including their locations, capacity, wait times and entry points.

Consumers report it can be difficult to access non-judgemental, non-stigmatising, health-based substance use information to help them make informed decisions.

Likewise, people with caring responsibilities, particularly women with children and extending to people with pets, reported having significant barriers to accessing residential programs and had difficulty finding other options.

Even after accessing services, some consumers may encounter barriers that limit their ability to navigate those supports. Care and support can be fragmented as people move through different aspects of treatment and support.

We heard about issues with the current catchment-based intake model. This includes the multiple steps people need to take to access treatment. Individuals and their families described experiences of lengthy waitlists, confusing processes and the need to repeatedly tell their story.

These barriers can prevent or delay people's early engagement with services and support. It means that some people do not access support until they are in crisis.

This is especially concerning for participating in effective treatments such as pharmacotherapy, which is hard to access in many suburban and regional areas. There is also the ever-present challenge of pharmacotherapy availability in some locations because of recent retirements among prescribing general practitioners.

The *Statewide Action Plan* has taken steps to enable consistent and timely access to quality treatment. But more needs to be done to ensure the system can meet growing demand.

### How the strategy will change this

We will build greater awareness and understanding about substance use and the AOD system. This includes providing information about substance use, harm reduction, treatment types and access to services.

We will work to ensure individuals, families and supporters have better access to services, treatment and care across metropolitan, regional and rural areas. We will strengthen pathways to appropriate service types, whether that be harm reduction, counselling or specialised treatment such as pharmacotherapy or residential facilities.

We will improve the intake system to ensure it is fit for purpose and well publicised. It will support consumers, families and supporters to access the care they want, when they need it. We will improve ways to access and navigate between the different parts of the AOD system to ensure smooth transitions and continuous care.

We will build on the recent investment into pharmacotherapy in the *Statewide Action Plan* and take steps to further complement the role of general practitioners. The hydromorphone trial will be closely monitored for its longer term use as a treatment option.

### What Victorians can expect

I can contact a phone service after doing an internet search. An AOD worker will discuss what I am looking for. Through a brief assessment the worker will give me information that meets my AOD-related needs to take the next step.

### Actions to achieve this objective

**1.2.1** Improve access to information, support and advice through a central information point for all Victorians.

**1.2.2** Improve access to accurate and up-to-date harm reduction information.

**1.2.3** Review and strengthen entry points into the AOD system to ensure timely access and support in metropolitan, regional and rural communities.

**1.2.4** Embed new supports to improve service navigation within and across systems for an improved consumer experience.

**1.2.5** Strengthen access to the pharmacotherapy system to enable consistent, timely and quality treatment.

# 2

## FOCUS AREA 2:

# Harm reduction, treatment and system design

### Objective 2.1:

Victorians can access effective harm reduction services to reduce fatal overdose and other AOD-related harms

### Why this is important

Overdose is a major cause of preventable death.<sup>14</sup> In 2024 there were 584 Victorian overdose deaths.<sup>6</sup>

Fatal overdose and AOD-related harms can be reduced. We can do this with:

- evidence-based policy and legislative direction
- a coordinated response to prevention and early intervention
- strong, health-focused approaches to harm reduction
- access to harm reduction and treatment services and support
- resilience to the volatile landscape of AOD, including the emergence of novel substances.

Harm reduction policies, programs, practices and philosophies aim to minimise the negative health, social and legal impacts associated with drug use, drug policies and drug laws.

Harm reduction approaches are used across the AOD system, which is important to mitigate emerging risks

and evolving patterns of AOD use and availability. These include potent synthetic substances, including opioids, that have had devastating impacts on communities around the world.

Harm reduction initiatives aim to minimise negative consequences associated with substance use. They focus on positive change and on working with people without judgement, coercion, discrimination or requiring that people stop using drugs as a condition of providing support.<sup>27</sup>

Harm reduction is cost-effective and evidence-based. It is proven to have a positive impact on individual and community health.<sup>27</sup> Harm reduction can be targeted, standalone initiatives or it can be integrated within early intervention and treatment or combined in response to intersecting issues such as family and sexual violence.

The Victorian Government is committed to harm reduction. We recognise its importance to reducing fatal overdose and non-fatal drug harms in our community.

## Current state

The Victorian Government funds a range of targeted harm reduction services and supports. This includes longstanding programs such as needle and syringe programs, take-home naloxone, outreach services, peer support and advocacy.

In recent years, we have funded new initiatives and enhancements, including:

- overdose prevention initiatives such as the medically supervised injecting room in North Richmond
- a drug checking / pill testing service
- a health-based approach to public intoxication
- initiatives in our *Statewide Action Plan* such as:
  - trialling naloxone dispensing units
  - developing an overdose prevention and response helpline
  - investing to boost the pharmacotherapy system.

Despite this, some harm reduction initiatives struggle to meet demand. This includes the pharmacotherapy system’s life-changing opioid dependence treatment.

The Coroners Court of Victoria and Penington Institute reported that three-quarters of overdose deaths involve multiple contributing drugs. This underscores the need to highlight drug combinations in harm reduction and other overdose prevention initiatives.<sup>6,13</sup>

We need to continue our recent work to make harm reduction services and supports accessible and effective across Victoria.

We already have critical early warning systems in place to monitor emerging trends. This includes issuing drug alerts for the community when hazardous

and unexpected substances are detected in Victoria.

There are opportunities to further strengthen and build on the early warning system to include a wide range of intelligence sources and stakeholder networks. We have invested in pill testing services and associated initiatives. These are improving our ability to detect substances of concern and issue alerts with faster response times.

## How the strategy will change this

We will build on current harm reduction services and supports so they are available across Victoria. This includes delivering on initiatives in the *Statewide Action Plan*. This will help minimise harms associated with substance use.

We will also improve community and AOD system resilience to emerging risks by further strengthening our approach and response to real-time monitoring of emerging AOD trends. We will use this information to prevent harm and optimise service responses.

This strategy provides an opportunity to review and develop new and innovative AOD service delivery models, enabling timely, holistic and effective harm reduction and treatment that provides rapid responses to people’s needs.

We will set up contemporary evidence-based models of care that focus on individual need. Service models will include early intervention, harm reduction and treatment. They will be supported by complementary funding models to enable flexibility and choice while delivering better outcomes.

Our AOD sector leaders and lived and living experience communities will be key

partners in developing future policy solutions for a health-led approach to AOD care. Our funding models will support models of care that recognise the complementary intent of harm reduction and treatment that are cost-effective and that respond to the needs of individuals and communities (refer to enabler 4).

## What Victorians can expect

I can access timely and accurate information about emerging drug risks and make choices that reduce my risk of substance-related harm. This information provides warnings for the community. It also enables services to provide more contemporary and responsive services to reduce AOD-related harm and to plan for evolving demand for other AOD treatment services and support.

## Actions to achieve this objective

**2.1.1** Deliver the *Statewide Action Plan* with a focus on reducing AOD-related harms.

**2.1.2** Strengthen and target harm reduction initiatives to respond to the needs of diverse communities.

**2.1.3** Strengthen Victoria’s early warning system to identify changes in drug markets and trends, enabling timely public health advice and appropriate system responses.

**2.1.4** Continue to expand proactive overdose prevention and response initiatives, including peer-based initiatives.

## Objective 2.2:

Victorians receive quality care through services, treatment and supports that meet individual needs

### Why this is important

People use substances for many reasons. They want different things from the services and supports they access. This reflects their unique circumstances.

Some people have co-occurring challenges. These include mental health needs, disabilities, neurodiversity or chronic pain. Ensuring all Victorians can access timely and appropriate services and treatment plays a critical role in our vision to achieve a health-led approach to reducing AOD-related harm.

As set out in objective 1.1, substance use affects a wide cross-section of Victorians. People's cultures, identities, needs and responsibilities can mean some services are not appropriate for them.

A strong system responds to diversity and individual needs, rather than offering a 'one-size-fits-all' approach.

### Current state

The Victorian AOD system offers a range of services, treatment and supports. But there are still barriers to building more diversity in the service mix. People have limited choice of AOD services and often do not know whether there are other, more suitable, options available.

The Victorian Government funds community-based treatment services. These include residential and non-residential withdrawal and rehabilitation services. However, demand for treatment currently exceeds supply.<sup>28</sup>

Our treatment funding and delivery approaches are out of date, and the funding and service models need to modernise to provide a contemporary approach to delivering AOD assessment, treatment and support.

We recognise innovation across the service system has been limited and that a contemporary system must encourage and enable creative approaches to be trialled and tested, with effective services deployed. To that end, we are preparing to implement

specialised approaches such as a hydromorphone treatment trial to complement innovative harm reduction measures through the *Statewide Action Plan*.

AOD use patterns change over time. There are changes in drug types, social norms (such as alcohol home delivery) and new laws that influence the types of services, treatment and supports that people need. We recognise a need to review service and funding models to meet these changing demands.

Some groups experience disproportionately high rates of AOD-related harm. They have greater barriers to treatment, care and support. This includes:

- Aboriginal people
- people with co-occurring issues such as mental health issues, cognitive impairment or homelessness
- children and young people
- culturally diverse communities
- people involved with the justice system
- LGBTIQ+ communities
- women
- older people.<sup>29,30,31,32,33,34</sup>

AOD treatment and support is most successful when it is tailored to individual needs. This includes flexible access to post-intervention services following initial or intensive treatment.

**We are having to say ‘See you later, bye’, but you can feel that’s not the end of their journey ... it’s setting mob up to fail.**

– Consumer from Ngwala Willumbong-led engagements

### How the strategy will change this

This strategy provides an opportunity to develop new and innovative AOD service models, enabling timely, holistic and effective treatment that provides rapid responses to people’s needs.

We will establish contemporary evidence-based models of care focused on individual need. Service models will include early intervention, harm reduction and treatment, and be supported by complementary funding models to enable flexibility and choice while delivering better outcomes.

We will strengthen the AOD system to provide high-quality treatment and care that allows for consumer choice. This includes making sure the needs of diverse communities are met by ensuring mainstream services are accessible and appropriate, as well through specific AOD services for targeted cohorts where needed.

We will undertake this work with people with lived and living experience of substance use. This will ensure services and supports:

- are person-centred
- are trauma-informed
- facilitate community connection and long-term relationship building.

This will create significant change for people in recovery (refer to enabler 2).

**Once I left detox, I didn’t have a drug problem anymore, I had a life problem.**

– Consumer from SHARC-led engagements

### What Victorians can expect

I can choose from a range of different AOD services, treatment and supports offered to help me achieve my holistic goals. I receive quality, safe and effective care. I can remain connected for quick access to services in times of need.

### Actions to achieve this objective

**2.2.1** Review and enhance the AOD system to ensure it continues to address the needs of the Victorian community and provides person-centred continuity of care.

**2.2.2** Embed post-intervention services as core elements of AOD services and supports.

**2.2.3** Strengthen the clinical governance framework for AOD to promote quality care, consistent practice and positive outcomes.

**2.2.4** Strengthen the capacity of AOD services and supports to deliver services that meet a wide range of diverse community needs.

**2.2.5** Ensure age-appropriate supports are available across the lifespan, and review and strengthen the youth AOD service system.

# 3

## FOCUS AREA 3:

# Culturally safe, self-determined responses for Aboriginal Victorians

### Objective 3.1:

Aboriginal Victorians have access to culturally safe care, treatment and support that responds to the needs of community

### Why this is important

Aboriginal communities are strong, proud and resilient. For Aboriginal people and communities, connection to culture, spirit, land, community, family, kinship, mind, emotions and Country forms the foundations of social and emotional wellbeing.

When these connections are disrupted, this can affect Aboriginal people's mental health. It may contribute to the risk of substance use and dependency.

In some cases, substance use can increase the risk of substance-related deaths or avoidable incarceration.

For these reasons, services and supports must respond to Aboriginal community goals and values. They must be culturally safe and self-determined.

### Current state

The Victorian Government works with Aboriginal community-controlled organisations to provide Aboriginal-specific AOD services and supports.

We collaborate with the Aboriginal Health and Wellbeing Partnership Forum and recognise the importance of improving access to culturally safe care throughout the health system.

We expect all AOD treatment services to provide friendly, welcoming and culturally safe environments for Aboriginal people. This includes service models that meet the needs of Aboriginal people.

Many Aboriginal people choose to access mainstream services. We know we have work to do to embed Aboriginal cultural safety in all aspects of service delivery. For example, we heard in consultations that mainstream assessment tools are not culturally safe or trauma-informed.

We have strengthened the services and supports available, including in regional areas. For example, we deliver public intoxication response services in partnership with Aboriginal organisations and local health services. This includes a sobering centre in St Kilda and outreach services across Victoria.

The *Victorian Aboriginal health and wellbeing partnership agreement action plan* sets out the self-determined priorities and actions that inform culturally safe health care. These include AOD-specific actions relating to:

- designing Aboriginal-focused women’s withdrawal facilities
- decriminalising public intoxication
- reviewing AOD care mechanisms
- embedding culturally safe practice in mainstream AOD organisations
- developing an Aboriginal-specific AOD service demand and planning assessment.

**Appendix 4** lists these AOD-related actions.

There is more work to do to ensure greater access to Aboriginal-specific services and supports. This includes Aboriginal-specific harm reduction initiatives and Aboriginal-specific withdrawal services.

We will ensure the AOD system aligns with Yoorrook Justice Commission findings and recommendations. This strategy also does not seek to pre-empt treaty negotiations and acknowledges that future treaties may identify other priorities.

### How the strategy will change this

The Victorian Government will partner with Aboriginal communities to deliver an Aboriginal AOD implementation action plan. This will ensure we co-design programs and work together in ways that are specific to the Aboriginal community (refer to enabler 2). We will promote models that embed Elders, cultural practice, dance, art, language and traditional healing.

This work is a critical part of our efforts to implement the strategy.

We will strengthen cultural safety in mainstream AOD services and supports. This work will build on partnerships established through the Aboriginal Metropolitan Ice Partnership.

We will also align with commitments to improve health outcomes from the *National agreement on closing the gap*.

**We need mainstream facilities and organisations to better meet the needs of our mob. We aren’t funded to do everything; we can’t do it all. We need them on board; we need them to listen and adapt to the need.**

– **Consumer from Ngwala Willumbong-led engagements**

### Actions to achieve this objective

**3.1.1** Develop an Aboriginal AOD implementation action plan to prioritise AOD needs in line with other health and wellbeing needs.

**3.1.2** Deliver on AOD-specific actions from the *Aboriginal health and wellbeing partnership agreement action plan*.

**3.1.3** Deliver Aboriginal community-controlled harm reduction initiatives.

**3.1.4** Aboriginal communities to self-determine, co-design and deliver community-specific, peer-led AOD prevention, services and support initiatives.

**3.1.5** Ensure mainstream AOD services and supports are accessible and culturally safe for Aboriginal communities.

### Objective 3.2:

Aboriginal AOD has strong, self-determined governance, leadership and workforce

#### Why this is important

Aboriginal people know best how to respond to the issues that affect their lives and their communities. Aboriginal people have a right to self-determination and to be included in decision-making processes. This will help us achieve an AOD system that is safe and equipped to care for Aboriginal Victorians.

It requires us to make space for Aboriginal voices to set the agenda and be part of decision-making. This ensures accountability and oversight of AOD services. It will also facilitate collaboration between AOD services, government and community organisations.

A strong Aboriginal workforce and community ownership of accurate and timely data also underpin Aboriginal community leadership and self-determination.

#### Current state

Aboriginal community-controlled organisations model best practice in holistic and culturally safe services for Aboriginal people. In these settings, Aboriginal AOD workers work in a culturally informed way with people and families to address concerns related to substance use.

The Balit Durn Durn Centre provides initiatives to grow the Aboriginal social and emotional wellbeing workforce. But we need to better support Aboriginal AOD workers to prevent burnout and promote worker wellbeing.

We also need to nurture community-led leadership and collaboration. This includes better coordination of services and supports that affect Aboriginal communities.

This will involve strengthening data sovereignty and improving the capture, ownership and access to data about needs, gaps and trends.

#### How the strategy will change this

The strategy aims to embed Aboriginal ways of knowing, being and doing in our efforts to create meaningful change.

We will continue to support and strengthen Aboriginal leadership and governance, the Aboriginal AOD workforce and stewardship of Aboriginal AOD services. This includes supporting Aboriginal leaders to govern the collection, ownership and use of Aboriginal AOD data.

We will continue to ensure these systems are culturally appropriate and provide accurate and timely data.

#### Actions to achieve this objective

**3.2.1** Strengthen and empower the Aboriginal AOD workforce, including developing a future workforce and strengthening cultural supports.

**3.2.2** Strengthen Victorian Government support for and engagement with Aboriginal leadership and autonomous decision-making in the context of AOD governance.

**3.2.3** Advance self-determined stewardship of Aboriginal AOD services.

**3.2.4** Enable data sovereignty for Aboriginal Victorians.

# 4

## FOCUS AREA 4:

# System innovation and continuous improvement

### Objective 4.1:

The AOD system delivers comprehensive services that are innovative and evidence-based

### Why this is important

To build an evidence base, improve practice and strengthen its legitimacy, we need to:

- innovate
- collect evidence and knowledge
- research and evaluate.

This will improve services and support effective treatment, care and support.

To effectively reduce harm for Victorians, systems must continually learn, evolve and respond to the ever-changing AOD landscape over the next 10 years.

### Current state

The Victorian Government currently funds many evidence-based AOD services. We also support innovative initiatives such as:

- the First Thousand Days clinic at the Royal Women's Hospital and the Royal Children's Hospital
- multidisciplinary mental health and AOD hubs in emergency departments
- pill testing services

- early warning surveillance programs
- pharmacotherapy service responses.

During our engagement, we heard that our AOD system needs more innovation and a greater focus on outcomes. This means using consistent and meaningful measures to track longer term outcomes.

Our knowledge and understanding must continue to develop and mature. It must draw on different types of evidence, including lived and living experiences and perspectives.

Those experiences and perspectives told us that attitudes and actions by health service providers deeply impact on access, equity and outcomes. Our creative approaches must hear those voices in building effective services, treatment and supports.

Many opportunities remain to improve and build on innovative and evidence-based AOD responses. These will deliver positive, long-term outcomes.

## How the strategy will change this

The strategy will apply a mindset of continuous improvement to the AOD system.

This requires us to build on our knowledge of what works. This will include understanding of what works for specific populations such as Aboriginal communities and culturally diverse communities. We will do this using innovative ways to meaningfully address AOD-related harms and stigma. This includes responding to emerging issues, trialling new models of care, support and treatment, and delivering targeted initiatives informed by lived and living experience expertise.

We will build on our current system by exploring and sharing challenges and opportunities across the AOD system. We will also look at the context of the broader service system landscape.

This includes supporting an evolving research agenda. This means learning from existing evidence and knowledge, including what has worked across Australia and globally.

We will adapt insights and evidence to the Victorian context. This will help us

improve the effectiveness of, and access to, AOD services.

We will also strengthen our approach to monitoring programs, services and supports. We will do this by developing outcome measures to inform future service planning (refer to enabler 5), continuous improvement and AOD research.

We need to ensure evaluation, research and innovation initiatives have appropriate time, capacity and resources. Enablers 3, 4 and 5 also highlight the importance of workforce, of policy and funding and of coordinated data collection respectively.

### What Victorians can expect of us

We collect information to understand the effectiveness of services and the outcomes for consumers. We use this information to evaluate AOD services and programs. This helps us understand what works and where we can improve. Our innovation, research and evaluation will shape what programs and services we can invest in for scale.

### Actions to achieve this objective

**4.1.1** Create opportunities for innovation in AOD services and supports.

**4.1.2** Embed evaluation as a key part of service delivery to support continuous improvement and build an evidence base.

**4.1.3** Develop an evolving research agenda that informs best practice and an AOD system that meets the needs of all Victorians.

**4.1.4** Develop an outcomes framework that enables monitoring of outcomes and performance across programs, services and supports.

**4.1.5** Seek expert, evidence-based advice including from those with lived and living experience to build innovative practical solutions to stigma and its impact on equitable and effective services, treatment and supports.



# 5

## FOCUS AREA 5:

# Integration across intersecting systems

### Objective 5.1:

The Victorian AOD system has strong cross-system connections

### Why this is important

People seeking AOD support often have multiple intersecting health and social support needs.

Risk of AOD-related harm is often influenced by broader social determinants of health. These include poor mental health, homelessness, family violence and contact with the justice system.

We need to ensure the AOD system is part of a broader intersecting system architecture. The elements of the system need to work together to address people's needs holistically. For example, people experiencing addiction or AOD-related harm also often need access to broader services such as housing and family violence supports without stigma and discrimination.

You could be linked in with AOD, youth work, mental health, all the stuff and things in the world and be starting to move really far in your recovery. And then suddenly you do the wrong thing, and you get locked up and everything stops, everything drops off. And then when you get released, you have to start from square one.

– Consumer from SHARC-led engagements

## Current state

The Victorian Government is working to deliver integrated service responses for people with AOD needs who are in contact, or at risk of contact, with the justice system.

This includes initiatives and programs such as drug courts, diversion programs and forensic AOD services. These aim to address people's health needs and prevent them from further involvement with the justice system.

We understand that many people accessing mental health and AOD services have experienced child abuse or family violence.<sup>35</sup> Substance use can also be a complex contributor to the impacts of family violence and abuse.

We will continue to build on implementing responses to violence and abuse legislated through the Family Violence Multi-Agency Risk Assessment and Management (MARAM) Framework, the *Children Youth and Families Act 2005* and the Family Violence and Child Information Sharing Schemes (FVISS and CISS) by enabling further collaboration and workforce development across the AOD, child protection and family violence sectors. This approach is essential for managing family violence risk and promoting the wellbeing and safety of children and women.

AOD-related harms most often do not occur in isolation from other health and social concerns.

Many people who seek AOD services, treatment and supports experience concurrent health needs. To address this, we fund organisations to provide services that can address mental health, housing, employment and other primary health needs alongside AOD

treatment. For example, specialist pharmacotherapy services offer treatment for complex needs such as co-occurring mental health issues and addiction.

We are also improving the capability and capacity of the hospital system to respond to AOD-related needs. This includes via mental health and AOD hubs in emergency departments where acute care is provided in a dedicated space more able to provide specialist care, reducing wait times and improving health outcomes.

Mental health and wellbeing services provide integrated treatment, care and support for people with co-occurring mental illness and substance use or addiction. Services are flexible and responsive to the needs and preferences of people accessing supports, and treatment can be provided through direct service delivery or supported referrals to AOD services.

We heard from consumers that health professionals, such as general practitioners and hospital staff, would benefit from more training to better recognise and respond to people who need AOD-related care.

Unstable accommodation can be another barrier to recovery. We heard that appropriate housing for people with problematic substance use is difficult to access and that homelessness creates barriers to treatment.

We understand that people who use substances or experience addiction often face stigma and discrimination in the health system. For example, this may occur when they seek help for mental health challenges, neurodiversity or chronic pain. Consumers also report perceptions of stigma

in schools, TAFE, community health centres and workplaces. They are therefore often excluded from these systems. They may also attempt to hide their substance use concerns, which can reduce the benefits of support.

We heard that stigma and discrimination are compounded for consumers, families and carers in regional areas or smaller communities. This can occur when people's privacy is compromised. Consumers, carers and supporters reported being excluded from community life, including school and work.

We also understand that women experience greater social disapproval than men for AOD use. This largely results from traditional gender roles relating to motherhood and caregiving. Such stigma can prevent women from accessing services.

We know we need to do more to improve connections between service systems. We aim to build a support system that responds to people's intersecting needs.



**How the strategy will change this**

The strategy will build and improve connections with intersecting systems. We will work to lead and strengthen the interdepartmental partnerships and structures for intersecting systems. We will lead interdepartmental working groups to achieve objectives strong cross-system connections. This will improve collaboration across the health, mental health, social, legal and justice systems.

This includes expanding the places where AOD support, direct referral and intake can occur. We will begin by strengthening the pathways between primary care and AOD services.

This will support people to access and navigate multiple intersecting health and social needs. It will ensure continuity of care and more holistic outcomes.

**What Victorians can expect**

I can access relevant services, treatment and support when I'm experiencing multiple challenges. My AOD use does not prevent my ability to access other health, mental health or social service supports. I'm able to be cared for in an environment that is tailored to respond to multiple needs and offers a range of specialist health professionals to create a care plan centred around my needs. My post-acute care will be arranged before my departure and I'm clear about how to access it.

**Actions to achieve this objective**

**5.1.1** Improve cross-system interfaces to holistically address consumer needs.

**5.1.2** Strengthen the role of primary care providers in the AOD system. This includes advocating to the Commonwealth to improve support for complex care through the Medicare Benefits Schedule.

**5.1.3** Improve pathways and specialist AOD services for people involved with, or at risk of involvement with, the justice system.

**5.1.4** Build on partnerships with Victoria Police and the Department of Justice and Community Safety to continue to develop evidence-based diversion programs.

**5.1.5** Explore opportunities for Victorian public hospitals and community-based health providers to deliver harm reduction initiatives. This includes brief intervention and treatment services and direct referrals into the AOD system.

**Objective 5.2:**

**Victorians receive integrated AOD and mental health care**

**Why this is important**

Integrating care across the mental health system and AOD system bridges gaps in service delivery. This provides holistic services, treatment and supports for people with co-occurring needs.

The relationship between substance use and mental illness is complex. However, mental illness and harmful use of AOD often co-occur.<sup>36</sup> This can lead to poorer outcomes compared with people experiencing only one of these. Historically, it means people faced barriers to treatment or support for one or both needs.<sup>37</sup>

Mental health services and supports need to respond appropriately to co-occurring mental illness and AOD use. They need to provide integrated care. This will help to achieve better outcomes for individuals, families and supporters.

**Current state**

The Victorian Government recognises the difficulties that people can experience when attempting to access services while experiencing co-occurring mental distress or mental illness and AOD use.

We are building integrated service responses for people experiencing substance use or addiction and mental illness.

This work is largely in response to the Royal Commission into Victoria’s Mental Health System, which called for a future system that retains an important role for a standalone AOD sector and ensures people with high-intensity mental health issues will have their AOD needs met by Local Mental Health Services and Area Mental Health Services.

It includes setting up the Hamilton Centre, a statewide service for people experiencing co-occurring mental illness and substance use or addiction.

Area Mental Health Services have been funded since 2021–22 to expand their inpatient and

community teams to include AOD-trained clinicians who can deliver coordinated care. This aims to achieve a future state where people with co-occurring needs for mental health and substance use and their families and supporters have access to integrated treatment, care and support.

We are building capability within the mental health system to identify and respond to AOD treatment needs. We are building capability within the AOD treatment system to understand and support mental health needs. We are also supporting integrated care across the reformed mental health system.<sup>38</sup> This includes investment in research, training, secondary consultation and adapting service systems.

Local Mental Health Services deliver a broad range of wellbeing support, including reducing the harm of AOD use.

These reforms are still in the early stages. We will build on this work and strengthen integrated care in Victoria.

### How the strategy will change this

We will seek to ensure mechanisms are in place to deliver quality integrated care through AOD and mental health services. We will work to increase access to professional staff who are skilled in working with both mental health and AOD use.

Our contemporary service and funding models will include integrated care, with more opportunity to address mental health needs while undertaking AOD treatment.

Services may need to provide different specialised responses in one place. This will allow them to offer the best care, treatment and support for individuals. This will increase access to services that can effectively support both mental health and AOD use at the same time.

This means supporting services to respond to individual needs. It also means ensuring they can adapt to changing needs.

Relevant information should follow the consumer on their journey. This will enable simple and supported transitions across the health system.

This will also enable us to realise a future system that provides AOD support through mental health services and mental health support through AOD services.

### What Victorians can expect

I can get support for my mental health and reduce my substance use. I can receive AOD and mental health supports that meet my needs, in one place.

### Actions to achieve this objective

**5.2.1** Develop and monitor measures for integrated care.

**5.2.2** Improve integrated care capability across systems through existing statewide services. This will deliver opportunities for cross-system collaboration, workforce development and expert clinical guidance.

**5.2.3** Evaluate integrated care initiatives to identify and share opportunities for improvement.



# 5

## Enablers

We developed 5 system enablers to support the strategy's objectives and actions.

These will guide us to put in place the necessary conditions and capabilities we need to deliver the strategy's vision.



## ENABLER 1:

# Governance

Governance and advisory structures in the AOD system ensure accountability for quality AOD responses.

People who need AOD support often engage with multiple health, social, justice and service systems. This means we need widely representative governance to support collaboration, decision-making and accountability.

As part of the *Statewide Action Plan*, we appointed a Chief Addiction Medicine Adviser. This role provides expert advice to government. We are also establishing a new AOD Ministerial Advisory Committee. This provides strategic guidance and advice about recommendations and priorities for AOD in Victoria.

Implementing this strategy will improve the governance and advisory function of the AOD portfolio. This will enable:

- stronger sector and departmental partnerships
- lived and living experience representation
- more comprehensive AOD support
- more sophisticated cross-system collaboration
- improved oversight and responses to system issues.

## Actions

**E1.1** Build interdepartmental mechanisms for oversight and collaboration. This will create opportunities for whole-of-government approaches to AOD.

**E1.2** Improve governance and advisory structures to provide expertise and oversight across reform activity, service delivery and the broader AOD system.

## ENABLER 2:

## Partnership with sector and community

A thriving AOD system with services that can meet growing demand requires strong and enduring partnerships. This includes partnerships between government, non-government organisations, community and lived and living experience groups.

Harnessing this knowledge and expertise will improve understanding and awareness of AOD needs across the state. It will contribute to sound policy development, service design and system stewardship.

We will continue to work in partnership with Aboriginal Victorians, the Victorian Aboriginal Community Controlled Health Organisation, other Aboriginal community-

controlled organisations and specialist Aboriginal AOD services to support self-determination.

Likewise, we will continue to partner and strengthen engagement with the AOD sector and people with lived and living experience. This includes the sector, peak bodies and community groups such as multicultural organisations. This work will inform policy, system and service design. It will support a coordinated and integrated system.

Focusing on partnerships and connections will ensure we work together to reach our shared vision for AOD in Victoria.

### Actions

**E2.1** Work in partnership with Aboriginal communities and community-controlled organisations to improve AOD responses for Aboriginal Victorians.

**E2.2** Partner with people with lived and living experience, including families and supporters, to inform policy, system and service design.

**E2.3** Improve strategic partnerships and collaboration between sectors, peak bodies, community groups and the Department of Health.

**E2.4** Engage with local communities to co-design place-based initiatives, services and supports.

## ENABLER 3:

## Workforce

The AOD workforce is diverse. A strong and capable workforce will ensure Victorians can access AOD services and supports that meet individual needs. This includes a workforce that provides gender-responsive and trauma-informed care. This workforce will work safely and effectively with the complex interrelations of family violence, mental health and AOD use.

Compared with other health workforces, the AOD system has difficulty attracting and retaining workers. This is for a variety of structural reasons.

We will work with the AOD sector, professional associations and unions to develop a workforce plan.

This workforce plan will ensure the AOD service system has the right staff to deliver the care and support Victorians need.

This plan will include developing pipeline initiatives, career pathways and professional development opportunities.

Leveraging and strengthening AOD workforce capabilities will ensure high-quality services and an engaged workforce.

We will continue to build the capability of the lived and living experience workforce in the AOD sector. We will also promote understanding of lived and living experience roles, ensuring efforts align with the lived and living experience leadership strategy.

### Actions

**E3.1** Develop an AOD workforce plan that focuses on workforce retention and attraction.

**E3.2** Develop the role of the AOD lived and living experience workforce to ensure these workforces are understood, valued and embedded in the AOD system.

**E3.3** Expand professional development opportunities for new and existing AOD workers.

## ENABLER 4:

## Policy and funding

We recognise we need to provide multiple supports and services to meet people's AOD needs and life priorities. Funding models must enable a future system that responds to everyone.

We will review AOD policy and funding levers. This will provide the right settings to build and maintain the AOD service system.

It will ensure policy and funding models that:

- support long-term outcomes
- enable comprehensive, high-quality supports that meet people's diverse needs
- do not impede continuous improvement and innovation.

We will partner with AOD-sector leaders, people with lived and living experience and communities. Working together, we will build the foundations for future policy solutions for a health-led approach to AOD care.

We will also work with sector and community leaders to develop models that allocate funding fairly and equitably. Modern AOD service models will provide a foundation for a revised approach to funding. New service models will be built on contemporary evidence, evolving patterns of AOD use and cost-effective approaches to delivering a health-led approach.

Funding models will be created to support the sustainability of the service system while achieving accessible, equitable and effective treatment and care.

### Actions

**E4.1** Ensure AOD policy development is non-stigmatising, accessible and aligns with a health-led approach.

**E4.2** Review the approach to funding and commissioning across the AOD system to ensure funding models are fit for purpose.



## ENABLER 5:

## Data, information and communications technologies and infrastructure

Data, information and communications technologies and infrastructure are the foundation of an effective and efficient system. They help us improve service delivery, decision-making and system performance.

Leveraging enhanced digital capabilities will allow the sector to exchange information, coordinate and collaborate. These tools facilitate better care. They help the sector focus on care and outcomes.

A key part of any data or system improvement is ensuring this delivers actionable insights that boost performance and consumer outcomes.

Focus area 4 includes an action to develop an outcomes framework. This will define measurable indicators to show whether a program, service or support created positive holistic outcomes for consumers.

The outcomes framework will enable coordinated service delivery and performance monitoring across agencies and funding jurisdictions. It will also draw on consumer feedback and consumer-assessed outcomes to guide system improvements.

We will work with the sector to identify areas for improvement and develop information and data solutions. These will allow AOD service providers to collect, share and report high-quality data and information with each other and across intersecting systems.

We will work to ensure data for Aboriginal communities is collected, managed and controlled in a self-determined and culturally respectful way. There will also be alignment with data-specific priorities and actions from the *Aboriginal health and wellbeing action plan* (refer to **Appendix 4**).

This will ensure the AOD system has high-quality data that accurately reflects consumers' experience of care and outcomes.

Data-sharing solutions and data systems are also vital for shared care, referral processes and monitoring and evaluation. They ensure efficient collection and sharing of information.

We will also review changes to the current data collection system for the mental health sector as recommended through the Royal Commission into Victoria's Mental Health System.<sup>39</sup> Where possible, we will extend these changes into the AOD sector to leverage the investment. This will ultimately support coordinated service delivery between the AOD and mental health systems.

These foundations will improve efficiency, reduce unnecessary administrative burden and support consumers on their journey through services and systems.

Our AOD infrastructure assets need to evolve to meet current and emerging needs. Whether through community-based, residential or health service delivery, our infrastructure

places limits on who and how people can access services.

Our current investment into residential withdrawal and rehabilitation facilities in Mildura highlights long-term investment in assets. We will explore what needs exist to enable more diverse participation in all types of treatments and prioritise statewide asset planning.

### Actions

**E5.1** Review and update data requirements for the AOD system to ensure meaningful insights that accurately reflect service performance, consumer experience and outcomes.

**E5.2** Identify data and information-sharing solutions that support permissible data sharing, shared care and seamless referrals to other parts of the AOD system and intersecting systems.

**E5.3** Develop options to simplify reporting and allow coordinated oversight of consumer care and system performance.

**E5.4** Prioritise the AOD system in statewide service and asset planning.

# Implementation

The strategy's focus areas, objectives and actions provide a framework for our work towards our vision over the next 10 years. Our approach to system development and reform will be staged and progressive, building on strong foundations to be created during early implementation.

Implementing the strategy will involve planning and designing specific initiatives aligned with the actions and subject to future decisions, including funding decisions, by Government.

Stakeholder and government priorities will guide our implementation efforts. We will consider interdependencies when we decide the order of priorities.

We will also consider evolving demographics, trends and evidence. We want to ensure our work remains relevant and adaptable to future needs.

We will complete implementation initiatives over 3 phases:

- horizon 1 (2025 to 2028)
- horizon 2 (2028 to 2031)
- horizon 3 (2031 onwards).

## Horizon 1:

### 2025 to 2028

Focus on setting strong foundations for future improvement opportunities. This will involve strengthening existing AOD services and support, delivering on existing commitments and identifying opportunities for future actions.

## Horizon 2:

### 2028 to 2031

Continue to build our evidence base. We will develop tools and resources to support service monitoring, evaluation and outcomes reporting.

## Horizon 3:

### 2031 onwards

From 2031, we will continue to sustain and evolve efforts from this strategy. We will work towards an innovative and continuously learning AOD system.

## Delivery phases



We will continue to work with the sector, community groups and consumers, families and supporters to deliver the strategy's actions and objectives.



We will ensure initiatives are delivered in line with government policies and programs (state and Commonwealth).



We will coordinate our efforts to achieve the vision.

## Horizon 1 (2025 to 2028)

In the initial years of the strategy, we will focus on setting strong foundations for future improvement opportunities. This will involve strengthening existing AOD services and support, delivering on existing commitments and identifying opportunities for future actions.

There will be a focus on information and accessibility.

We will aim to reduce overdose through targeted initiatives. This includes strengthening Victoria's early warning system.

There will be efforts to support the *Statewide Action Plan* initiatives. These include initiatives that are under development in 2025:

- introducing an overdose prevention and response helpline
- trialling naloxone dispensing units.

This is alongside *Statewide Action Plan* initiatives that are already underway, including:

- enhanced outreach
- the care coordination model
- wraparound supports
- expanded access to pharmacotherapy
- Salvation Army health clinic in Melbourne's CBD.

We will also support self-determined AOD responses for Aboriginal Victorians. This includes addressing actions from the *Aboriginal health and wellbeing partnership agreement action plan* and developing an Aboriginal AOD implementation action plan to prioritise the AOD response in line with other important health and wellbeing needs.

We will prioritise workforce support, capability, planning and work on stronger governance, system leadership and cross-government strategic partnerships.

This phase will also lay the foundation for future actions.

There will be efforts to identify opportunities for future actions for funding, policy development and data system improvements. We will review AOD service models as a basis to reform funding models to support sustainable, accessible and effective services. We will build contemporary models that can respond to current and emerging patterns of AOD use as well as concurrent mental health and AOD services, treatment and care.

We will create more choices for people looking to access services.

Our focus will include expanding where and how people can access AOD services. We will start work on targeted initiatives to address AOD-related stigma.

## Horizon 2 (2028 to 2031)

Building on the work undertaken in horizon 1, in horizon 2 we will continue to build our evidence base to support reform efforts. We will develop tools and resources to support service monitoring, evaluation and outcomes reporting.

This phase will continue to implement funding and service model improvements to support the delivery on contemporary models of care. Work undertaken will improve access to information and support, as well as creating more options for people seeking treatment, care and support.

## Horizon 3 (2031 onwards)

From 2031 we will continue to sustain and evolve efforts from this strategy. We will work towards an innovative and continuously learning AOD system to ensure Victorians are supported by contemporary and innovative care. We will recognise and reward best practice in the system.

We will determine actions to implement in this phase during horizons 1 and 2, ensuring we are building on work delivered to date.

We will implement data-sharing and reporting solutions. These will support holistic, integrated care.

We will also collaborate and build partnerships that strengthen cross-system connections with broader health and social systems. These partnerships will support a strengthening of the AOD system and its integration with other care supports.

In the long term, we aim to see reduced AOD-related harms and reduced AOD-related stigma in Victoria.

The AOD system will provide services and support and deliver quality care that responds to individual needs. This will be supported by AOD services that will be better connected and have stronger links with intersecting services and systems.

## Monitoring and accountability

Monitoring and reporting processes keep us on track. They help us assess whether we are achieving our vision and objectives.

We will implement monitoring and accountability mechanisms. These will track our progress using clear, measurable milestones and outcomes.

They will support increased transparency and accountability by:

- establishing governance mechanisms to oversee progress
- improving data collection and integration across the system
- developing an outcomes framework that allows us to monitor outcomes and performance across programs, services and supports.

# Thank you

The Victorian alcohol and other drugs strategy 2025–2035 will help us to reduce the incidence and impact of AOD-related harms in Victoria. It will also strengthen the AOD system to meet the needs of individuals, families and supporters.

We thank the team at Harm Reduction Victoria, Ngwala Willumbong and SHARC for helping us engage with the community.

We acknowledge the strength, courage and commitment of people with lived and living experience of substance use. We thank you for your

meaningful and deeply personal contributions to this strategy.

We also thank the AOD sector, health services, the community-based health and wellbeing sector, peak bodies and other experts who contributed. This includes:

- 360Edge
- Access Health and Community
- Addiction Neuroscience Group, The Florey
- Albury Wodonga Health
- Alcohol and Drug Foundation
- Alcohol Change Vic
- Alfred Health
- Asylum Seeker Resource Centre
- Austin Health
- Australian College of Mental Health Nurses
- Australian College of Rural and Remote Medicine
- Australian Community Support Organisation
- Australian Medical Association Victoria
- Australian Nursing and Midwifery Federation Victorian Branch
- Australian Services Union Victorian and Tasmanian
- Ballarat Community Health
- Barwon Health
- Bendigo and District Aboriginal Co-operative
- Bendigo Community Health Services
- Bendigo Health
- Berry Street
- Better Health Network
- Beyond Blue
- Burnet Institute
- Cancer Council Victoria
- Caraniche
- Centre for Mental Health Learning
- Centre for Multicultural Youth
- cohealth
- Coroners Court of Victoria
- Deakin University
- Dhelkaya Health
- Drummond Street Services
- EACH
- Eastern Health
- Ermha365
- Family Drug Support
- First Step
- Foundation for Alcohol Research and Education
- Foundation House
- Gateway Health
- GEO Healthcare
- Goulburn Valley Health
- Grampians Health
- Hamilton Centre
- Harm Reduction Victoria
- headspace
- Health and Community Services Union

- Inner West Adult Area Mental Health Service
- Insight
- IPC Health
- Latrobe Community Health Service
- Latrobe Regional Health
- La Trobe University
- Launch Housing
- LiverWELL
- Magistrates' Court of Victoria
- Mallee Family Care
- Melbourne City Mission
- Mental Health Victoria
- Mentis Assist
- Mercy Health
- Merri Health
- Mildura Base Public Hospital
- Mind Australia
- Meli
- Monash Health
- Monash University
- Municipal Association of Victoria
- Nas Recovery Centre
- National Drug and Alcohol Research Centre
- Neami National
- Nexus Primary Health
- Ngwala Willumbong Aboriginal Corporation
- North Richmond Community Health
- Northern Adult Area Mental Health Service
- Northern Health
- Nurse Midwife Health Program Australia
- Odyssey Victoria
- Orygen Specialist Program
- PANDA
- Penington Institute
- Peninsula Health
- Pharmaceutical Society of Australia
- RMIT University
- Rumbalara Aboriginal Co-operative
- Safer Care Victoria
- Self Help Addiction Resource Centre
- South West Healthcare
- St Vincent's Health Australia
- Sunraysia Community Health Services
- The Bouverie Centre
- The Pharmacy Guild of Australia
- The Royal Australian and New Zealand College of Psychiatrists
- The Royal Australian College of General Practitioners
- The Royal Children's Hospital
- The Royal Melbourne Hospital
- The Salvation Army Australia
- The University of Melbourne
- The Victorian Foundation for Survivors of Torture
- Thorne Harbour Health
- Transforming Trauma Victoria
- Turning Point
- Uniting Vic.Tas
- University of New South Wales Sydney
- Vacro
- VicHealth
- Victorian Aboriginal Community Controlled Health Organisation
- Victorian Aboriginal Health Service
- Victorian Aboriginal Legal Service
- Victorian Alcohol and Drug Association
- Victorian Council of Social Service
- Victorian Dual Diagnosis Initiative, Nexus
- Victorian Healthcare Association
- Victorian Institute of Forensic Medicine
- Victorian Institute of Forensic Mental Health
- Victorian Transcultural Mental Health
- Wathaurong Aboriginal Co-operative
- Wellways
- Western Health
- Windana

- WRAD Health
- Yarra Drug and Health Forum
- Youth Drugs and Alcohol Advice
- Your Community Health
- Youth Projects
- Youth Support and Advocacy Service.

We worked hard to recognise all contributions. We apologise for any inadvertent omissions.

### Our limitations

We acknowledge the limitations of our process to develop the strategy. We could not reach everyone, nor include all unique perspectives.

We will do further engagement to develop initiatives linked to the strategy's actions.

This will be part of the ongoing implementation, monitoring and evaluation of the strategy.

# Appendix 1: AOD literature that informed the strategy

Some of the key documents that informed the strategy include:

- APSU (2022) Victorian service users' experiences and needs when accessing AOD treatment services
- Aspex Consulting (2015) Independent review of new arrangements for the delivery of mental health community support services and drug treatment services
- Coroner's Court of Victoria (2021) Inquests into five deaths from novel psychoactive substances
- Coroner's Court of Victoria (2023) Inquest into the passing of Veronica Nelson
- Flynn J (2019) North Richmond Community Health AOD program independent review
- Ryan J et al. (2023) Review of the Medically Supervised Injecting Room
- Lay K (2023) Proposed Medically Supervised Injecting Service trial consultation: City of Melbourne
- Berends L and Ritter A (2014) The processes of reform in Victoria's alcohol and other drug sector, 2011–2014
- Berends L and Green R (2016) Regional voices: the impact of alcohol and other drug sector reform in Victoria
- NSW Government (2020) Special Commission of Inquiry into crystal methamphetamine and amphetamine-type stimulants report
- Penington Institute (2023) Opioid pharmacotherapy at the crossroads: enduring barriers and new opportunities
- Royal Commission into Family Violence (2016)
- Royal Commission into Victoria's Mental Health System (2021)
- Scottish Drug Deaths Taskforce (2022) Changing lives: our final report
- VAADA and Drug Policy Modelling Program UNSW (2024) Care and complexity: Towards a redesigned AOD service system
- VAADA (2024) State Budget Submission 2024
- VAGO (2011) Managing drug and alcohol prevention and treatment
- VAGO (2022) Victoria's alcohol and other drug treatment data
- Victorian Parliament (2018) Inquiry into drug law reform
- Victorian Parliament (2021) Inquiry into homelessness in Victoria
- Victorian Parliament (2021) Inquiry into the use of cannabis in Victoria
- Victorian Parliament (2022) Inquiry into Victoria's criminal justice system

## Appendix 2: Supporting policies and frameworks

The Victorian alcohol and other drugs strategy 2025–2035 does not operate in isolation. Several policies and frameworks (existing and in development) at both the state and national levels will contribute to the success of the strategy. These include, but are not limited to, the following:

### Victoria

- *Victorian public health and wellbeing plan 2023–27*
- *Aboriginal workforce strategy 2021–2026*
- *Korin Korin Balit-Djak: Aboriginal health, wellbeing and safety strategic plan 2017–2027*
- *Balit Murrup: Aboriginal social emotional wellbeing framework 2017–2027*
- *Integrated treatment care and support for people with co-occurring mental illness and substance use or addiction: guidance for Victorian mental health and wellbeing and alcohol and other drug services*
- *Gender equality action plan 2022–25*
- *Multicultural health action plan 2023–27*
- *Suicide prevention and response strategy 2024–34*
- *Inclusive Victoria: state disability plan 2022–2026*
- *Victorian sexual and reproductive health and viral hepatitis strategy 2022–30*
- *Aboriginal Health and Wellbeing Partnership Agreement 2023–33*
- *Alcohol and other drug performance management framework*

### National

- National framework for alcohol, tobacco and other drug treatment 2019–29
- National drug strategy 2017–26
- National stigma and discrimination reduction strategy
- National Agreement on Closing the Gap
- Unlocking the Prevention Potential: Accelerating action to end domestic, family and sexual violence

## Appendix 3: Stakeholder engagement

Tables 2 and 3 provide details about the scope of stakeholder engagement in developing the strategy.

**Table 2: Stage 1 engagement (September to November 2024)**

Engagement	Description
<b>Initial engagement on current issues and priorities for the strategy</b>	<p>This included sector workshops and consumer, family and supporter consultations (led by sector partners). These focused on identifying current issues, gaps and opportunities within the AOD system in Victoria.</p> <p>This included:</p> <ul style="list-style-type: none"> <li>• 5 workshops with approximately 175 participants composed of sector and cross-sector stakeholders, experts, researchers and leaders</li> <li>• SHARC and HRVic–led consultations and surveys with consumers, supporters and family members</li> <li>• Ngwala Willumbong–led consultation with Aboriginal people.</li> </ul>

**Table 3: Stage 2 engagement (January to February 2025)**

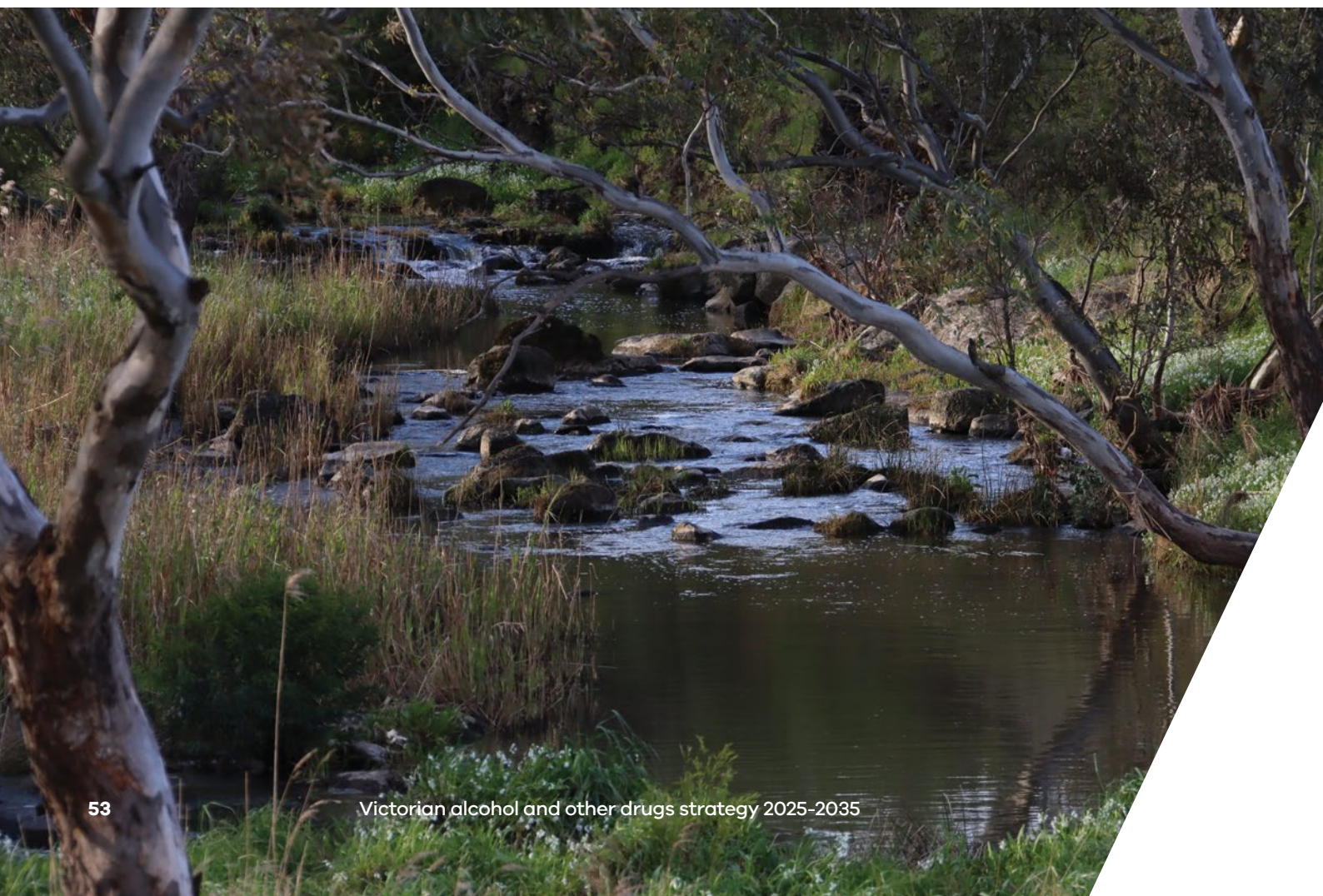
Engagement	Description
<b>5 sector forums</b>	<p>These forums aimed to test and refine key elements of the strategy. They included 2 metropolitan, 1 regional and 2 online forums.</p> <p>Approximately 170 stakeholders from diverse parts of the sector attended the forums.</p>
<b>5 roundtables</b>	<p>We held 4 roundtables with medical and academic experts. These aimed to gain insights innovative AOD care and integrated care.</p> <p>We held a roundtable with workers, professionals and union representatives. This focused on workforce opportunities in the AOD sector.</p>
<b>Lived and living experience engagements</b>	<p>SHARC and HRVic–led engagement with people with lived and living experience. This focused on testing key elements of the strategy. It included focus groups and surveys with consumers, family and supporters from across Victoria.</p> <p>People with lived experience also participated in the sector forums.</p>
<b>Aboriginal community engagement</b>	<p>Ngwala Willumbong–led engagement with Aboriginal people to test key elements of the strategy.</p> <p>The Victorian Aboriginal Community Controlled Health Organisation, the Victorian Aboriginal Health Service and Aboriginal community–controlled organisations also took part in the sector forums.</p>
<b>Government consultation</b>	<p>Targeted discussions with government departments to discuss intersecting AOD-related work and priorities.</p>

## Appendix 4: Aboriginal health and wellbeing action plan 2023–2025

The *Aboriginal health and wellbeing action plan* prioritises support for alcohol and other drugs service delivery. This is one of their self-determined priorities to improve Aboriginal health and wellbeing outcomes.

Actions to deliver on this priority have been defined. These include:

- Design the service model of a culturally safe, gender-specific residential detoxification and rehabilitation facility for Aboriginal and/or Torres Strait Islander women with drug and/or alcohol dependence, with the aim of this service being operational by 2030. This is in line with the recommendation from the Inquest into the death of Veronica Nelson.
- Ensure government is adhering to commitments made on decriminalisation of public intoxication, informed by the advice of the Aboriginal Advisory Group.
- Review the current AOD care mechanisms to ensure they are culturally appropriate and safe, prioritising intake and assessment processes.
- Ensure that mainstream AOD organisations embed a consistent cultural safety practice in their models of care.
- Undertake whole-of-system Aboriginal-specific AOD service demand and planning assessment.



## Appendix 5: Definitions

We use these definitions for the terms in this strategy. We recognise that different people may use different definitions and terminology.

Term	Definition
<b>Addiction</b>	A medical term that describes a condition when someone continues to engage in a behaviour despite experiencing negative consequences. <sup>40</sup>
<b>Addiction medicine</b>	Comprehensive care of people with substance use and addiction disorders, including drug and alcohol addiction and pharmaceutical dependency. <sup>41</sup>
<b>AOD sector</b>	A broad range of organisations, communities and individuals that specialise in supporting with people who use substances, and their families. The sector includes service delivery, development, research, policy and advocacy.
<b>AOD services and supports</b>	A collective term for all AOD services, programs and supports funded by the Victorian Department of Health. It includes prevention, harm reduction, treatment, peer support and community support programs. <sup>42</sup> It also includes AOD services available to all Victorians, targeted services such as Aboriginal and youth services and AOD services provided to people in the community as part of a court order.
<b>AOD system</b>	A structured network of organisations and professionals that provides publicly funded services and supports to Victorians. It aims to improve outcomes for people who use substances, and their families.
<b>AOD workforce</b>	Workforce comprising a wide range of professions and disciplines including those whose primary function is to work within the health system to address AOD-related needs.
<b>Consumer</b>	Someone who uses, or has used, AOD services. It includes people who are refused services or who refuse services. It also includes family and supporters of people who use services, regardless of whether they directly use these services. People affected by AOD policy and laws are also considered consumers. <sup>43</sup>  Service providers use different definitions of a consumer, including patient, client, service user and resident.
<b>Consumer participation</b>	The process of involving consumers in decision-making about service planning, policy development, priority setting and quality in the delivery of services. Participation is based on the belief that those who are affected by a decision have a right to be involved in the decision-making process.
<b>Continuity of care</b>	Care that is coherent and interconnected over time and consistent with consumers' health needs and preferences.

Term	Definition
<b>Cultural safety</b> <b>(broader than just for Aboriginal Victorians)</b>	A concept that describes a space where people feel respected, valued and understood for who they are and what they need. Cultural safety recognises that consumers are all unique, with different experiences. This can include social, cultural, linguistic, religious, spiritual, psychological and health needs that can vastly affect the care, support and services they need.
<b>Early intervention</b>	Programs or approaches targeting people already engaging in harmful AOD use, or considered at risk of doing so. It aims to prevent the onset or continuation of harmful AOD use. It includes people who experience, or are at risk of, harmful use.
<b>Evidence-based</b>	The use of research to design, implement and improve programs and services. Evidence-based practices use proven research that is effective in a variety of settings and with a wide range of people.
<b>Family</b>	<p>Those with a significant personal relationship with a consumer. This includes biological relatives and non-biological relatives, intimate partners, ex-partners, people in co-habitation, friends, those with kinship responsibilities and others who play a significant role in the consumer's life.<sup>44</sup></p> <p>'Family' refers to family of origin and family of choice. It encompasses the relationships, social connections and supports that many people have in their lives. Some family members may identify as a 'carer' in a consumer's life. Others identify with the characteristic of their relationship (parent, child, partner, sibling). We recognise that care relationships include many kinds of pre-existing relationships. The people in them may not identify as a 'carer'. A care relationship is not only about what one person does for another person. It can also be reciprocal.</p>
<b>Forensic</b>	Forensic clients are people who access AOD treatment because of their contact with the justice system. Forensic AOD treatment is part of the AOD system. It includes targeted programs as well as prioritised access to general community, withdrawal and rehabilitation programs.
<b>Harm reduction</b>	Policies, programs, practices and philosophies that aim to minimise the negative health, social and legal impacts associated with drug use, drug policies and drug laws. Harm reduction is grounded in justice and human rights. It focuses on positive change. It works with people without judgement, coercion, discrimination or requiring that they stop using drugs as a precondition of support. Harm reduction approaches are used across the AOD system. They are not unique to harm reduction services.
<b>Harm reduction initiatives</b>	Harm reduction initiatives encompass health and social services and practices that aim to reduce drug-related harm. This includes information, the medically supervised injecting facility, needle and syringe programs, pharmacotherapy, overdose prevention and response, and drug checking / pill testing.

Term	Definition
<b>Health-led response</b>	<p>A response that prioritises health and wellbeing. It recognises that not all substance use comes with significant health harms. Health-led policies yield positive social and economic outcomes that other approaches cannot attain.</p> <p>A health-led approach is a holistic model. It addresses the social and structural determinants of drug-related harm.</p>
<b>Holistic</b>	<p>Care that addresses the needs of the whole person in an integrated way. It does not consider AOD needs in isolation. This recognises the interconnectedness of physical, emotional and social wellbeing. It aims to promote overall health and wellbeing.</p>
<b>Gender responsive</b>	<p>An approach that recognises the differences, inequalities and specific needs of men, women and gender-diverse peoples and acts on this awareness.</p> <p>Providing gender-responsive AOD (and mental health) care includes addressing the different needs of women and men, as well as those who do not identify with these 2 genders. Gender-responsive practice validates childhood and adult life experiences (such as family or domestic violence and abuse), as well as the day-to-day social, cultural, family and economic realities that different genders face.<sup>45</sup></p>
<b>Individual/person</b>	<p>We often use the term 'individual' or 'person' in this document. This acknowledges that the term 'consumer' does not capture everyone's experience. This is because some people with a lived and living experience of substance use do not use AOD services.</p>
<b>Integration</b>	<p>The AOD system intersects with mental health and other social service systems, and they need to work collaboratively to address people's needs holistically. Integration in an AOD context particularly relates to building coordinated service responses with the mental health system as well as stronger pathways between the 2 systems.</p>
<b>Intersecting systems</b>	<p>These systems sit outside the state-funded Victorian AOD system. They also have a role in the health and wellbeing of people who have AOD needs. They include health, social and justice service systems that sometimes integrate AOD interventions into their service delivery. For example, there are Commonwealth-commissioned AOD and other services, mental health, family violence, child protection, child and family services, disability, homelessness and housing, education and justice.</p>
<b>Lived and living experience workforce</b>	<p>The Victorian lived and living experience workforce performs many functions in various systems and settings. For this strategy, lived and living experience of substance use and/or addiction refers to experiences that radically changes a person's life. These experiences influence how they see the world. Lived and living experience can include exposure to marginalisation, stigmatisation, criminalisation and adversity.</p> <p>Roles and responsibilities of the lived and living experience workforce range from peer support to executive leadership. However, these workers all draw on their life-changing experiences. They humanise experiences of help, increase service accessibility and quality, and work towards transforming the system.</p>

Term	Definition
<b>Pathways</b>	Pathways comprise the connections between services in the AOD system (both state and federally funded). They also include connections between the AOD system and other systems. These can be strengthened and streamlined to meet a person's whole needs.
<b>Person-centred care</b>	Care and support that focuses on the needs and preferences of each person. People receiving this care can expect respect, understanding, compassion and support. They will work together with professionals to plan their care. This plan focuses on what matters to the person receiving support and their families.
<b>Person with lived and living experience</b>	<p>There are many ways to identify a person with lived and living experience. In this strategy, a person with lived and living experience refers to the unique perspectives of people who have experience with substance use, treatment and/or recovery. This includes consumers, families, supporters engaging with AOD services and community leads.</p> <p>A person with lived and living experience may have a dedicated role in the AOD workforce, treating team or government position (see 'Lived and living experience workforce'). They may also work in a non-professional capacity to provide a unique consumer voice in participatory processes. This may include partnerships with consumer groups, families, supporters and communities.</p> <p>The Victorian Government undertakes all key initiatives, policies and strategies affecting consumers in partnership with people with lived and living experience.</p>
<b>Prevention</b>	Prevention programs or approaches aim to avoid or delay uptake, reduce use and harms, and intervene early. Prevention of drug harm occurs on a spectrum of use: before use starts, early in use, or after use has become harmful.
<b>Recovery</b>	A self-defined process of meaningful life change. It does not always mean abstinence from substance use. The essence of recovery is a lived or living experience of improved life quality and a sense of empowerment. This focuses on the central ideas of hope, choice, freedom and aspiration. <sup>46</sup>
<b>Self-determination</b>	The right of a group of people to make decisions about their lives and to have control over their future. It is a collective right that is enshrined in international law. It encompasses the fundamental right of people to shape their own lives. Self-determination is important for Aboriginal communities because it is linked to other Indigenous rights. It is key to overcoming the legacy of colonisation.
<b>Stigma</b>	The World Health Organization defines stigma as a 'mark of shame, disgrace or disapproval which results in an individual being rejected, discriminated against, and excluded from participating in a number of different areas of society'. <sup>47,48</sup>
<b>Substance use</b>	The consumption of alcohol or other drugs.

Term	Definition
<b>Trauma-informed</b>	Trauma includes violence, abuse, neglect, systemic discrimination and experiences of war. The experiences can have profound and deeply destabilising effects. These effects can vary considerably from person to person. Trauma-informed care, practices and approaches acknowledge people's lived experiences. These experiences are the bedrock for AOD decision-making. Trauma-informed approaches promote people's choice and empowerment as vital to their care. Trauma-informed care systems value the consumer in all aspects of their care. They use neutral and supportive language. They never judge or 'label' people. They seek to engage with people on their own terms.
<b>Treatment</b>	A broad spectrum of community-based and residential treatment delivered through different treatment streams across Victoria. These include intake, counselling, pharmacotherapy, residential and non-residential withdrawal and rehabilitation.
<b>Youth AOD</b>	Services that provide AOD information, treatment and support for young people, usually for people aged between 12 and 25 years.



# Endnotes

- 1 Lancaster K, Seear K and Ritter A (2017) [Reducing stigma and discrimination for people experiencing problematic alcohol and other drug use](#), National Drug and Alcohol Research Centre, Sydney.
- 2 Australian Institute of Health and Welfare (2024) [National Drug Strategy Household Survey 2022–23](#), Australian Government, Canberra.
- 3 Bonomo Y, Norman A, Biondo S, et al. (2019) [‘The Australian drug harms ranking study’](#), *Journal of Psychopharmacology*, 33(7):759–768.
- 4 Australian Criminal Intelligence Commission (2024) [National wastewater drug monitoring program: report 22](#), Australian Government, Canberra.
- 5 Coroners Court of Victoria (2024) [Victorian overdose deaths, 2013–2022](#), Coroners Court of Victoria, Melbourne.
- 6 Coroners Court of Victoria (2024) [Victorian overdose deaths 2014–2023](#), Coroners Court of Victoria, Melbourne.
- 7 Chrzanowska A, Man N, Sutherland R, et al. (2024) [Trends in drug-related hospitalisations in Australia 2002–2022](#), National Drug and Alcohol Research Centre, UNSW Sydney.
- 8 Turning Point (2025) [AODstats](#), Eastern Health, Melbourne, viewed 2 October 2024.
- 9 Department of Health (2024) Royal Commission into Victoria’s Mental Health System [Recommendation 35](#), State Government of Victoria, Melbourne, viewed 2 October 2024.
- 10 Coroners Court of Victoria (2023) [Fatal overdose among Aboriginal and Torres Strait Islander people: Victoria 2018–2021](#), Coroners Court of Victoria, Melbourne.
- 11 Penington Institute (2024) [Overdose early warning snapshot: May 2024](#), Penington Institute, Melbourne.
- 12 Australian Institute of Health and Welfare (2024) [LGBT people’s use of alcohol, tobacco, e-cigarettes and other drugs](#), Australian Government, Canberra, viewed 30 September 2024.
- 13 Penington Institute (2024) [Australia’s annual overdose report](#), Penington Institute, Melbourne.
- 14 Australian Institute of Health and Welfare (2024) [Alcohol, tobacco & other drugs in Australia](#), Australian Government, Canberra.
- 15 Victorian Alcohol and Drug Association (2024) [Submission to Inquiry into Women’s Pain](#), Victorian Alcohol and Drug Association, Melbourne.
- 16 Network of Alcohol and other Drugs Agencies (2016) [NADA Practice Resource: working with women engaged in alcohol and other drug treatment, second edition](#), Network of Alcohol and other Drugs Agencies, Sydney.
- 17 Robinson-Griffith N (2025) [Exploring perceptions of Alcohol and Other Drug \(AOD\) service workers regarding the inclusion of Transgender, non-binary and/or Gender Diverse \(TGD\) clients in accessing public residential treatment in Victoria](#), Thorne Harbour Health, Melbourne.
- 18 Victorian Alcohol and Drug Association (2024) [Care and complexity: towards a re-designed Victorian AOD Service System](#), Victorian Alcohol and Drug Association, Melbourne.
- 19 Department of Health (2024) Royal Commission into Victoria’s Mental Health System [Recommendation 36](#), State Government of Victoria, Melbourne, viewed 2 October 2024.
- 20 Department of Health (2024) [Women’s health and wellbeing program](#), State Government of Victoria, Melbourne, viewed 19 March 2025.
- 21 Department of Health (2024) [Inquiry into Women’s Pain](#), State Government of Victoria, Melbourne, viewed 19 March 2025.
- 22 Victorian Alcohol and Drug Association (2024) [Submission into inquiry into women’s pain](#), Victorian Alcohol and Drug Association, Melbourne.
- 23 Victorian Alcohol and Drug Association (2016) [Submission to the development of a Victorian Gender Equality Strategy](#), Victorian Alcohol and Drug Association, Melbourne.
- 24 Department of Health (2024) [Department of Health strategic plan 2023–27 \(2025 update\)](#), State Government of Victoria, Melbourne.
- 25 Department of Health and Aged Care (2017) [National drug strategy 2017–2026](#), Australian Government, Canberra.
- 26 [Charter of Human Rights and Responsibilities Act 2006](#) (Vic).

- 27 Harm Reduction International (2022) [What is harm reduction?](#), Harm Reduction International, London, viewed 10 February 2025.
- 28 Berends L and Green R (2016) *Regional voices: the impact of alcohol and other drug sector reform in Victoria*, Australian Catholic University, Melbourne.
- 29 Victorian Alcohol and Drug Association (2024) *State Budget submission 2024*, Victorian Alcohol and Drug Association, Melbourne.
- 30 Cash R and Philactides A (2006) *Clinical treatment guidelines for alcohol and drug clinicians*. No. 14: Co-occurring acquired brain injury / cognitive impairment and alcohol and other drug use disorders, Turning Point Alcohol and Drug Centre Inc, Fitzroy.
- 31 Legislative Council Legal and Social Issues Committee (2022) *Inquiry into Victoria's criminal justice system*, Parliament of Victoria, Melbourne.
- 32 Legislative Council Legal and Social Issues Committee (2021) *Inquiry into the use of cannabis in Victoria*, Parliament of Victoria, Melbourne.
- 33 Coroners Court of Victoria (2023) *Finding into death with inquest: inquest into the passing of Veronica Nelson*, Coroners Court of Victoria, Melbourne.
- 34 Sutherland R, Chrzanowska A, Prael G, et al. (2024) *Trends in Substance Use and Related Harms Among Australians Aged 50 years and older*. Sydney: National Drug and Alcohol Research Centre, UNSW Sydney.
- 35 Victorian Alcohol and Drug Association (2025) *AOD and Family Violence*, Victorian Alcohol and Drug Association, Melbourne, viewed 13 March 2025.
- 36 Australian Institute of Health and Welfare (2024) *Mental health and substance use*, Australian Government, Canberra, viewed 10 February 2025.
- 37 Alcohol and Drug Foundation (2024) *Alcohol and other drugs and mental health*, Alcohol and Drug Foundation, Melbourne, viewed 10 February 2025.
- 38 Royal Commission into Victoria's Mental Health System (2021) *Royal Commission into Victoria's Mental Health System: final report*, State of Victoria, Melbourne.
- 39 Department of Health (2024) Royal Commission into Victoria's Mental Health System *Recommendation 62*, State Government of Victoria, Melbourne, viewed 24 February 2025.
- 40 Alcohol and Drug Foundation (2021) *The power of words: having alcohol and other drug conversations – a practical guide*, Alcohol and Drug Foundation, Melbourne, viewed 5 February 2025.
- 41 Royal Australian College of Physicians (2024) *Chapter of addiction medicine*, Royal Australian College of Physicians, Sydney, viewed 10 February 2025.
- 42 Department of Health (2024) *Alcohol and other drug program guidelines*, State Government of Victoria, Melbourne, viewed 5 February 2025.
- 43 Clarke M and Brindle R (2020) *Straight from the source: a practical guide to consumer participation in the Victorian alcohol and other drug sector*, Association of Participating Service Users, Melbourne.
- 44 Department of Health and Human Services (2018) *Working together with families and carers: Chief Psychiatrist's guideline*, State Government of Victoria, Melbourne.
- 45 Department of Health (2011) *Service guideline on gender sensitivity and safety: promoting a holistic approach to wellbeing*, State Government of Victoria, Melbourne.
- 46 Best D and Laudet AB (2010) *The potential of recovery capital*, Royal Society for the Encouragement of Arts, Manufacturers and Commerce, London.
- 47 Reavley N (2019) *Witness statement of Associate Professor Nicola Reavley*, Royal Commission into Victoria's Mental Health System, Melbourne viewed 5 February 2025.
- 48 World Health Organization (2001) *The World Health report 2001: Mental health –new understanding, new hope*, World Health Organization.