



VICTORIAN ALCOHOL & DRUG ASSOCIATION

Annual Report 2005 06

October 2006

VAADA is a peak organisation, which aims to reduce the harms associated with alcohol and other drug (AOD) use within the Victorian community. VAADA's membership comprises agencies working in the AOD field, as well as those individuals who are involved in, or have a specific interest in, prevention, treatment, rehabilitation or research that minimises the harms associated with drug use.

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VAADA Board & Staff

VAADA Board

President	Jenny Blakey
Treasurer	Geoff Soma
Vice President	Simon Ruth
Ordinary Members	Laurence Alvis Kate Harrington O'Brien Sam Biondo Ros Winkler Kieran Connolly

Profile of VAADA Board Members

PRESIDENT – Jenny Blakey

Jenny Blakey has been a member of the VAADA Board since 2004 and works as the manager of Mary of the Cross Centre, which is part of Centacare Catholic Family Services. Mary of the Cross focuses their work on assisting families affected by problems arising from drug and alcohol use. Before this position, Jenny was the Co-ordinator at the Fitzroy Legal Service for 3 years and prior to this, for ten years, Coordinator of the Welfare Rights Unit, and was Program Development committee chair for the Federation of Community Legal Centres. She has a background in advocacy, community work and management. Jenny currently values working in an environment that respects the diversity of all families and working with those of different cultural backgrounds.

VICE PRESIDENT – Simon Ruth

Simon Ruth is currently Program Manager of Peninsula Drug & Alcohol Program (PenDAP) in Frankston and joined the VAADA Board in 2005. PenDAP provides a range of drug and alcohol services including treatment, health promotion and needle exchange. PenDAP is a program of Peninsula Health. Simon has been with PenDAP for five years and has previously worked for the Salvation Army, WDAS and YSAS in the drug treatment sector.

Simon is an active member of VAADA and sees the VAADA Board as the best way to impact on the future of drug treatment in Victoria. Simon believes that health services have been under represented on the VAADA Board in recent years and sees redressing this gap as an important part of his work on the Board.

TREASURER – Geoff Soma

Geoff Soma is the Director of the Western Region Alcohol and Drug Centre in Warrnambool and he is responsible for a broad range of alcohol and drug services.

In previous roles, Geoff has worked in a variety of senior management positions in community service organisations in Australia and New Zealand over 20 years. Geoff developed the Odyssey House Residential Therapeutic Community program in Christchurch New Zealand for adult and youth clients.

Geoff became a VAADA Board member in 2004 and was co-opted into the VAADA Treasurers position in April 2005 and elected into that position in September 2005. Geoff has an interest in workforce related issues and is a strong advocate for improving service provision across Victoria.

ORDINARY MEMBERS:

Laurence Alvis

Laurence is currently Chief Executive Officer of Moreland Hall, which he joined in February 2005. Laurence has spent over fifteen years in various positions in Human Services management in the northern suburbs of Melbourne.

The majority of his time has been in a local government setting, where he undertook direct roles in Emergency Housing and Aged Services, but moved to hold management roles in Aged Services, Client Services and Community Services.

He has a keen interest in there being a strong voice representing the alcohol and other drug sector (AOD), which can facilitate effective representation for the various AOD services. Laurence joined the VAADA Board in 2005.

Kate Harrington O'Brien

Kate was elected to the VAADA Board in 2005. She is currently Manager – Alcohol & Drug Support Services with Bendigo Community Health Service, a position she has been in for 2 years, having come from a background in nursing. She holds a Graduate Diploma in Public & Community Health and is completing a Master of Health Science.

Her work includes managing A & D counselling, housing support, post withdrawal linkage, post withdrawal support – rehab, rural and residential withdrawal, Koori A & D and the Court Drug Assessment position.

Kate considers a major achievement in her current position has been setting up and opening the residential withdrawal unit which caters for clients from both the Loddon Mallee and Grampians regions.

Sam Biondo

Sam Biondo has worked as a Community Development Officer at the Fitzroy Legal Service since 1989. His principal work has involved social research, the production of educational materials, liaison with community groups and the preparation of training courses. Sam joined the VAADA Board in 2004 and currently works on a number of other Boards including: VCOSS; Job Watch; Consumer Law Centre Victoria and the Fitzroy Adventure Playground. Sam is very involved in his local community and has been an active participant of the Yarra Drug and Health Forum since inception and was Chairperson for 3 years. He was also instrumental in establishing the FLS Drug Outreach Lawyer and bringing a more significant drug focussed role to the work of the Fitzroy Legal Service.

Ros Winkler

Ros' work encompasses both policy and practice in the A&OD field. She is the Drugs and Safety Planner with the City of Boroondara and a counsellor with Windana doing CCCC's work. She is active on the Local Government Drug Issues Forum, which brings local government and the AOD treatment sector together. Her work with local government provides her with access to issues facing all sectors of the community including a wide range of substance related issues, both licit and illicit. Her counselling work at Windana includes people accessing support through the court system via COATS: ACSO & CREDIT programs. She is also on the Board of the National Association for Loss and Grief.

She values advocacy for service funding, with an additional focus on working with cross-sectoral approaches to early intervention and community education. Ros was co-opted to the VAADA Board in 2005

Previous positions include management/coordination positions with CanTeen Victoria, the teenage cancer association; Community Support and Development, City of Boroondara; Salvation Army Gill, Flagstaff & Anchorage Hostels; Ministerial Advisory Committee on Youth Homelessness, & Youth Homelessness Taskforce Service, Frankston office.

Kieran Connolly

Kieran is committed to the ongoing development of clinical skills within the AOD sector and allied fields. He has contributed to skills enhancement in these fields since 1990 and is currently Training and Information Resources Manager at Turning Point. He maintains an interest in broader workforce development issues that impact on the capacity of workers to provide improved interventions, presenting at national and international conferences on these issues.

Kieran was co-opted to the VAADA Board in 2005. Kieran views his role on the VAADA board as allowing him to advocate for innovative and strategic responses that ensure AOD workers across the state are better supported in the work they do with their clients.

Mark Powell

Mark was co-opted to the VAADA Board in 2005. He is a registered psychiatric nurse employed in a senior clinical capacity within Southwest Healthcare psychiatric division in the dual diagnosis position. Over the last 15 years worked in community psychiatry working both in CATT and continuing care functions as well as specifically in the drug and alcohol sector. He has post graduate qualifications in psychiatric nursing and drug and alcohol with his health oriented work focused in the rural sector and is passionate about advancing rural and regional issues.

VAADA Staff Team

Executive Officer	Janine Bush
Policy Officer	Jason Rostant
Conference Coordinator	Leonie Farrell
Admin / Events Officer	Sarah Keogh
Membership & Communications Officer	Chris McDonnell
Project Officer (till Sept 05)	Evan Sycamniias

Vision & Mission Statement

Vision

A Victorian community in which the harms associated with drug use are reduced and general health and well being is promoted.

Mission

To provide leadership, representation, advocacy and information to the alcohol and other drug and related sectors.

VAADA Policy Principles

Three key principles guide VAADA in its policy development. These principles are:

- A commitment to the principle of harm minimisation underpinned by an evidence-based response to demand reduction, harm reduction and supply reduction policies and practices
- A commitment to social justice principles that value equity and diversity and uphold individual rights to respect and dignity
- A recognition of the complex and multi-dimensional context of substance use, and the need for integrated strategies that holistically address individual, family and community need

Strategic Direction

VAADA's activities are guided by four key strategic directions that were established in early 2005 to strategically inform VAADA's activities through to 2008. These are:

- 1. Increasing policy development and advocacy**
- 2. Strengthening VAADA's profile**
- 3. Strengthening relationships with members and key stakeholders**
- 4. Ensuring organisational sustainability and efficiency**

Management Reports

President

VAADA is unique as a peak body - representing a very broad and varied sector on policy relating to alcohol and other drug use.

Over the past year, VAADA has successfully articulated policy through engagement with the alcohol and other drug (AOD) sector and a range of community stakeholders.

It is important that any measures aimed at addressing the harmful effects of AOD, work to meet the needs of a broad cross section of the community. A challenge for the future is to find ways for the specialist AOD sector to partner with other community service sectors in providing integrated responses to community needs.

The Board and staff have worked consistently throughout the year to meet the aims of VAADA's strategic direction. The effort of the Board and staff to fulfil these strategic aims (increasing policy development and advocacy, strengthening relationships with members and key stakeholders, and strengthening our profile) is evident in the work documented in this report.

A key role of the Board is stewardship and providing a tenable future for VAADA. One aspect of this responsibility that has engaged the Board has been ensuring organisational sustainability and efficiency. VAADA has supplemented its income by obtaining project grants and has cut costs through seeking pro bono assistance. However, these are one off measures and finding recurrent funding will be an ongoing challenge for VAADA.

The Board has struggled with the viability of a peak receiving recurrent funding for only 2.5 staff. This is an enormous challenge for a peak body with a membership that deserves broad representation. In an attempt to redress this situation the Treasurer and the EO presented a business plan to DHS, for the funding of four full time positions to better meet the membership's needs, which was unfortunately unsuccessful.

In the past year, six new members joined the VAADA Board (of nine), with the Executive Officer commencing three months prior to the new financial year. There had also been three staff leave the organisation in the previous year.

The flux among the Board and secretariat offered great opportunities and great challenges for VAADA. The opportunities were to establish good foundations and connections while the challenges were to quickly master the issues and respond to them in a timely and strategic manner.

Some of the foundations adopted by VAADA were:

- The adoption of a revised constitution at a Special General meeting in November
- Governance training, with the support of AERF and the assistance of Terry Kilmister, ensuring a clear Board role and the adoption of governance policies
- Identifying our policy priorities and key objectives, with the assistance of Annie O'Rourke



I want to thank Janine, as the Executive Officer, for her hard work, strategic thinking and policy expertise and the staff for all their efforts; Jason, Chris, Evan, Sarah and Leonie.

I thank the Board for their commitment and passion to VAADA: Geoff Soma as Treasurer, Simon Ruth as Vice President, Ros Winkler, Kate Harrington O'Brien, Laurence Alvis, Sam Biondo, Mark Powell, and Kieran Connolly.

And finally I thank you, as the members, for your support through your ideas and expertise that contribute towards our ability to represent the sector.

Executive Officer

One of the most startling discoveries I've made during 2005-06 is the extent to which alcohol and other drugs is a low priority area for the State Government at this point in time. There's a sense of achievement in government around drugs, yet we know that people continue to experience the harms associated with alcohol and other drugs (AOD) in significant numbers.

This lack of policy recognition by the government is one of the most pressing challenges for the AOD sector (and by default for VAADA). What strategies do we pursue to get the issues on the agenda? Do we pursue a sensationalist scare campaign that feeds into people's fears about drugs? Or do we pursue a campaign that strives to get the issues on the agenda in a more subtle yet strategic way?



Janine Bush

These have been some of the questions informing VAADA's activities during 2005-06. VAADA's attention has been directed to setting policy priorities (in the context of an election year). In addition, a key focus has been to create a body of knowledge to inform the setting of future policy directions through broad consultation with our membership. We've also continued to provide opportunities for members to network and exchange information in a variety of ways, including our conference, annual forum and consultations.

The current government is pursuing a 'whole-of-government' approach to addressing policy issues in Victoria – and a range of broad policy initiatives have been launched since 2002. Those initiatives that have notable implications for the AOD sector include the social policy statement to reduce social disadvantage (*A Fairer Victoria*) and the policy statements issued in relation to the government's agenda of health reform (including *Directions for your Health System: Metropolitan Health Strategy* and *Community Health Services: Creating a Healthier Victoria*).

A significant concern for the AOD sector is that alcohol and other drugs are absent from these key policy documents – which are also significant in determining directions in government spending.

VAADA's budget submission, therefore, sought to draw attention to the intersections across social policy, health policy and issues relating to alcohol and other drugs – advocating for recognition of the burdens imposed by problematic drug use on the health system and for people experiencing social disadvantage.

In particular, VAADA successfully advocated for the inclusion of alcohol and other drugs in the second phase of *A Fairer Victoria (Progress and Next Steps)*. Following consultation with our membership, we produced a report and met with the relevant Minister's offices to make our case. Yet we were disappointed that there were no new and significant program initiatives.

Our consultations with the VAADA membership have been vital in directing our advocacy work and informing the reports and submissions we have produced.

A major undertaking this year was the completion of a series of regional consultations across Victoria. We were encouraged by the level of interest by the membership across the state in this process. Emerging from the consultations has been a significant body of information that is being compiled into a report. This information will form the basis of VAADA's future priority setting and will assist in identifying research gaps in the sector. It will also be used in future submissions and responses to policy.

The theme of partnerships and collaboration has been strong for VAADA this year. Our conference focused on this issue and the cross-sectoral partnerships created by AOD services with justice, social welfare and health services. We furthered this theme with our annual Forum – usually in June, but falling into July 06. The focus was on the need for collaboration across the acute sector and the community based treatment sector – withdrawal and beyond.

This report outlines a range of additional areas in which we consulted with our membership and used the information gathered to provide a systems perspective on policy issues in our advocacy to the State government.

These goals have been achieved through the hard work of the VAADA staff team. The motivation and willingness of Chris, Sarah, Jason and Leonie has been critical to the organisation fulfilling its major objectives for 2005-06. The commitment of the Board to progressing VAADA's goals has also been invaluable.

We have been encouraged and supported by the engagement of our members in VAADA's activities. This goodwill, offering of time and exchanging of valuable knowledge and experience is critical to VAADA's success – for a peak body can only be as strong as its member support.

We look forward to continuing to work with you in the year ahead.

Snapshot – 05-06

In 2005-06, VAADA undertook a range of task and activities associated with advocacy and policy development, conducting forums and consultations and the ongoing provision of information to the Victorian alcohol and other drug sector.

Forums and events included:

- VAADA's annual conference
- State Budget briefing
- PCP discussion forum
- Workchoices briefing forum
- Financial statement analysis forum
- Drug Action Week activities

Submissions and reports included:

- Response to the *Alcoholics and Drug Dependant Persons Act*
- State Budget submission
- Response to the *Health Act*
- A response to a *Fairer Victoria*
- Submission to the Draft Community Correctional Services Drug Strategy
- Children's Bill & White Paper

Consultations included:

- Ten regional consultations
- Charter of Rights consultation
- Women's Health & Wellbeing consultation
- Reference group to inform our response to evaluation and policy development of drug strategies in Corrections Victoria

Conferences and Events – 05-06

VAADA Conference – 2006

VAADA hosted its Annual Conference in February 2006 – which was titled ‘Matrix of Diversity - the AOD sector and beyond’. Over 170 delegates attended the conference over the two days.

The key consideration for VAADA in planning for its annual sector conference was framing a conference that was relevant to the Victorian alcohol and other drug sector (AOD).

Based on information received in recent consultations and informal discussions with AOD services, and supported by a Conference Committee, agreement was reached to focus the conference on the implications of the new directions towards partnership and collaboration.

Four broad themes guided the development of the conference program:

- Drugs – health issues: How is the AOD sector placed within the broader health sector? To what extent are the harms associated with substance use seen as a health issue?
- Drugs – social issues: How do we respond to the social consequences of the harms associated with drug use? How does this intersect with the health, justice and policy context?
- Drugs – justice issues: How do we address the issues of drugs and law enforcement, courts, sentencing, prisons and discrimination against people with criminal offences?
- Drugs – policy / advocacy issues: How do we start to re-frame the complex issues around drugs & partnership and effectively advocate for such change?

Speakers at the conference recognised that these issues are interconnected and that it is not always easy to separate them – hence the need for more effective intersections and collaboration across government policy areas.

Both days of the conference included a number of presentations and workshops that examined collaborations in a range of contexts, including:

- Health and Partnerships
- Hepatitis C (Blood borne Viruses)
- Mental Health Issues & Acquired Brain Injuries
- Consumer Inclusiveness
- The Social Impact
- Forensic Interventions
- Indigenous Communities and AOD



Keynote Speaker: Associate Professor Carol Bacchi (The University of Adelaide) presenting "Framing drug use: what's the problem represented to be?"



Conference attendees networking during lunch at the 2006 VAADA Conference

PCP Discussion Forum

VAADA initiated an ongoing consultation process, examining Primary Care Partnerships (PCPs), with a discussion forum on 21 March 2006. The introductory PCP consultation examined the alcohol and other drug (AOD) sector's specific involvement with PCPs.

PCPs have been in place for a number of years in Victoria and their aim is to broadly improve health outcomes for consumers and reduce the unnecessary use of hospital services. Currently 31 PCPs are in existence across the state.

VAADA invited a cross-section of its regional and metropolitan membership to participate in the initial discussion forum.

The forum was facilitated by Dr Lynda Berends (Lynda Berends Consulting).

Key issues that forum attendees were asked to comment on included:

- How do AOD services fit into the PCP model? What examples of PCPs exist to illustrate the relationship?
- What do PCPs have to offer for AOD services? When are they effective and when not?
- What are the future directions for PCPs and AOD services in Victoria?

A diverse range of views were expressed by attendees which was perhaps indicative of the varying levels of involvement with PCPs that member agencies have: ranging from a wide-ranging systemic involvement to virtually no involvement at all.

Workchoices Briefing Forum

On 19 April, VAADA held a briefing on the changes for employers with the new IR regulations that were introduced on 27 March 2006.

A key theme of David Amesbury's (of Specialised Workplace Solutions) briefing was the importance that ethical employment practices play in retaining a strong workforce.

Two recommendations were made at the briefing to employers in light of the new legislation.

Firstly, employers should undertake a compliance audit to map their pay and conditions in the context of the new regulations – and to think strategically about where to next. Secondly, that advice should be sought from an industrial body about the implications that the new IR legislation could have on individual workplaces.

Financial Statement Analysis Forum

On the 22 June 2006 Dr Ron Kluvers (Victoria University) presented a forum for VAADA members that outlined the process involved in Financial Statement Analysis for non government organisations (NGOs).

This seminar had a number of objectives, including:

- Explaining the structure of financial statements
- Exploring techniques for gaining information about asset utilization
- Examining short and long term financial viability and efficiency through the application of horizontal and vertical analysis
- How to employ ratio analysis specifically for Not-For-Profit organisations
- Providing opportunities to apply these techniques to individual examples.

Prisons Reference Group

VAADA convened a Prisons Reference Group (PRG) in response to a number of initiatives that were undertaken by the Department of Justice (DOJ). DOJ conducted an evaluation of the Victorian Prison Drug Strategy and the Opioid Substitution Therapy Program, which builds upon a number of previous and ongoing evaluations of prison and post-release drug treatment programs.

A number of issues were raised through VAADA's Prison Reference Group.

With regard to prison drug treatment programs these broadly relate to:

- impact of prison cultures on access to drug treatment programs and their efficacy;
- barriers to participation in drug treatment
- coordinated transitional planning upon release, especially where those releases are unplanned;
- wait lists;
- availability of flexible programs to meet individual need
- inconsistency between various prison sites
- With regard to CSS the issues raised relate to:
- clarity of roles and language between different service providers involved in corrections
- need for improved transitional arrangements
- case management approach that provides stronger continuum of care, recognises complex needs in offenders' lives, and their diversity
- need for workforce development that jointly engages CCS and AOD providers

State Budget Briefing – 2006-07

In response to the announcement of the State Budget for 2006-07 in May 2006, VAADA hosted a State Budget Briefing for the Victorian alcohol and other drug sector in conjunction with the Department of Human Services (DHS). The briefing provided an opportunity for people working in the field to find out more about the impact the budget had on their services and the sector generally. The briefing included an overview by Paul Smith (Director, Drugs Policy and Services Branch, DHS) and a response to the budget for AOD services by Janine Bush (Executive Officer, VAADA).

VAADA welcomed the \$818m allocated to 82 initiatives to support *A Fairer Victoria* in addressing disadvantage in Victoria – furthering the social policy initiative launched in 2005.

Apart from the small amount of funding for the Koori Youth Alcohol and Drug Healing Service, however, there were no new initiatives addressing disadvantage arising from addiction to alcohol and other drugs.

The framework does, however, acknowledge the need to consider 'access to drug rehabilitation' within the context of social disadvantage.

Drug Action Week®

Two key activities were undertaken in support of Drug Action Week® in June 2006. These included VAADA's facilitation of politician visits to AOD services and a forum *Withdrawal and Beyond: Integrating Hospital and Community AOD Services*.

Withdrawal and Beyond

The Forum – *Withdrawal and Beyond: Integrating Hospital and Community AOD Services*, was co-presented by VAADA and the Addiction Medicine Hospital Liaison Group and attracted by over one hundred participants.

A dense program examined the relationship that currently exists between the acute medical and community sectors and how links between the two sectors could be strengthened.

The day concluded with the inaugural Annual General Meeting of the Inter-hospital Group who will be known as the Victorian Addiction Inter-hospital Liaison Association (VAILA).

Politician Visits

VAADA facilitated 16 politician visits to drug and alcohol agencies. VAADA would like to thank all those politicians who participated, including:

VAADA would like to thank all politicians who visited agencies during the week including:

Simon Crean MP	Judy Madigan MP	Jude Perera MP
Brendan Jenkins MP	Ann Corcoran MP	Glenyys Romanes MP
Daniel Andrews MP	Peter Walsh MP	Helen Shardey MP
Maxine Morand MP	Noel Pullen MP	Jeanette Powell MP
Rosy Buchanan MP	Ken Smith MP	Johan Scheffer MP
Kelvin Thomson MP		

Submissions and Reports

State Budget Submission – 2006-07

In its submission to the State Budget 06-07, VAADA highlighted the omission of substance misuse from Government's social and health policy agenda. With Government prioritising its social policy to reduce disadvantage and its health reform strategies – VAADA believed it timely to consider the harms associated with AOD use in this context. In addition to health and social policy, VAADA urged the Government to consider issues of sector capacity and workforce development.

A Fairer Victoria and the AOD Sector

In last year's State Budget, the Government launched its social policy statement – *A Fairer Victoria*. The Government claims this statement will underpin its directions in program development and spending in social policy initiatives for the next 5 to 10 years.

VAADA welcomed the strategy to create a fairer Victoria to reduce disadvantage. *A Fairer Victoria* included initiatives for children, young people, families, older Victorians, Indigenous Victorians, people with disabilities and mental health issues. VAADA was concerned that the implications of disadvantage caused through the harms associated with AOD use were not addressed in *A Fairer Victoria*. In its pre-budget statement, VAADA urged the Victorian Government to acknowledge that the harms associated with AOD are a key factor of disadvantage amongst Victorians.

AOD Sector and health policy

In recent years, the Government has implemented an agenda of health reform – aiming to reduce hospital admissions and increase community based care. In this context, VAADA urged the Government to embed issues relating to AOD harm more firmly in the context of health care responses. Issues identified by VAADA included the capacity to support the employment of GPs in AOD services and the need to promote GPs as pharmacotherapy providers.

Sector capacity and workforce development

The Victorian AOD sector plays a vital role in providing support and resources to those experiencing the harms associated with substance use. The sector has in-depth knowledge and experience about the practices and projects that work well to enhance the health and wellbeing of people impacted on by substance misuse. It also has a key role in challenging disadvantage related to AOD use.

The health of the AOD sector is critical to the effective implementation of government funded programs and policy directions. When funding does not reflect the true costs of service provision, compromises for sector capacity occur at the expense of a section of the community that is particularly vulnerable and disadvantaged. AOD sector services are being forced to consider reducing staff numbers, tightening eligibility criteria, reducing available services and operating with long waiting lists.

A Fairer Victoria

The Premier has described *A Fairer Victoria (AFV)* as Victoria's most significant policy statement since 2004 – aimed at promoting and ensuring social sustainability and making Victoria a better place to live for disadvantaged members of the community.

Given *AFV* is the Government's centrepiece response to reducing disadvantage over the next 5-10 years, VAADA highlighted its concerns and those of its member organisations, that disadvantage linked to the use of alcohol and other drugs is not reflected in the document.

VAADA emphasised that any policy designed to address disadvantage, which fails to recognise and respond to the harms caused by alcohol and other drugs, is missing a significant piece of a complex picture.

VAADA engaged a number of strategies to address this omission, including meetings with key ministers' offices, where we sought to highlight:

- The clear relationship between social disadvantage and AOD use.
- The shared right of substance users to universally accessible services, freedom from discrimination and the right to be treated with dignity and respect.
- The community disadvantage arising from AOD-related preventable illness and death, violence, disruption to families, lost productivity, and crime.

Overwhelmingly, the Government's view is that it has invested significantly in strategies to tackle problematic drug and alcohol use, independent of *AFV*, and inclusion of AOD issues in the document is therefore not warranted.

While acknowledging that government *has* invested significantly in the AOD sector in recent years, this investment was a crisis-driven response assisting it to deal with a spate of heroin-related deaths after having been starved of resources for many years by various governments.

The drug strategies that resulted mainly focussed on reducing drug-related deaths and the social disruption associated with illicit drug use – particularly injecting drug use.

These were significant and greatly needed changes, but as crisis responses, they were underpinned by prevention measures aimed at reducing drug use and physical harm (death), rather than the more explicit aim of addressing social disadvantage – an approach more likely to be underpinned by notions of social justice.

The focus on illicit substances also detracted from a more integrated response to other substances, especially alcohol, which remains the primary drug of concern for most seeking treatment, and continues to create a significant cost burden to the community.

In response to these issues, VAADA recommended that:

- AOD issues be included in *AFV* as a dedicated priority area, with clearly articulated links to other priority areas.
- The AOD sector be recognised as a specialised service system contributing to the reduction of social disadvantage.
- That the AOD sector be adequately resourced to fulfil this role.
- A more coordinated and integrated policy response to AOD issues be developed, possibly through the creation of a centralised coordinating unit.
- A clearer articulation of the Government's vision for a whole-of-government response to disadvantage, including strategies for how this will be achieved must be included in *AFV*.

VAADA would like to thank those organisations that informed VAADA's response to *AFV*, by providing both valuable written input and time in our face-to-face consultation process.

Community Correctional Services Drug Strategy Submission

In May 2006 VAADA made a submission to DOJ on its Community Correctional Services Drug Strategy (CCS).

To help inform its submission VAADA utilised the PRG to inform its response to the CCS.

VAADA's recommendations regarding the development of a draft CCS Strategy are broadly grouped into six sections, these include:

- Integration of court, prison and CCS processes
- Transition through drug treatment support
- Role and aims of key stakeholder agencies
- Communication and understanding
- Complex issues, flexible responses
- Treatment options – what works?

Review of the *Health Act*

In January 2006 VAADA made a submission to the review of the *Health Act 1958*. VAADA supported the recommendation that the Act take a broad view of health beyond the absence of disease, and that health be defined as a positive condition inclusive of other health and wellbeing factors.

While VAADA recognised in its submission the need to balance the rights of individuals with those of the community on matters of public health, VAADA believed that current Review recommendations are weighted too heavily in favour of administrative bodies without adequate protection of individual rights.

Particular areas of concern, noted by VAADA, included powers relating to search and seizure, compulsory testing orders, contact tracing and public health orders, 'nuisance' cost recovery measures without the need to prove a nuisance has occurred, and limited appeal and review mechanisms.

Children's Bill & White Paper

In September 2005 VAADA provided a submission to the then recently released White Paper and Children's Bill.

VAADA indicated in the submission its support for the principles underlying the new directions outlined in the new policy and accompanying legislation to protect the wellbeing and healthy development of children in Victoria. VAADA felt that the reforms provide the potential for more effectively addressing the unique issues faced by families and young people where substance use and dependency are impacting on the well-being of children and young people.

At the same time VAADA noted that without a commitment to strategic funding that there could be a number of challenges to the effective implementation of the proposed reforms.

VAADA also emphasised its concerns about the inadequacy of the reforms to effectively articulate how alcohol & other drug (AOD) services might fit within the proposed new structures.

Response to the *Alcoholics and Drug Dependant Persons Act*

VAADA made a submission to the review of the *Alcoholics and Drug-dependent Persons (ADDP) Act 1968* (the Act) in October 2006 after broad consultation with its membership.

In particular VAADA's response addressed the issues of civil committal, the legislative framework of AOD services and the monitoring of agencies that provide treatment to those individuals civilly committed.

The stated objectives of the Act as defined in the Discussion Paper prepared by DHS (to inform the review) are to:

- establish the legislative framework for the provision of public drug treatment services, by government or through arrangements with contractors
- monitor the provision of other drug treatment services
- authorize and regulate the detention of some alcoholics and drug-dependent persons for the purposes of assessment and treatment

VAADA felt that although the Discussion Paper raised the possibility of the repeal of the Act – it did not fully cover the implications of repealing all Sections of the Act.

The focus in the Discussion Paper, related particularly to the system of authorising and regulating the detention of those with perceived substance dependencies for 'treatment' and the monitoring of those services that provide such treatment.

VAADA's submission addressed the issues relating to civil committal: when and why is it used?; is existing legislation the best mechanism to respond to the circumstances where civil committal is deemed the only option?; and are there alternatives?

Key concerns raised by VAADA's constituents in regard to the Act include:

- the Act's contemporary relevance to the current frameworks that underlie responses to people experiencing issues with their substance use
- the current inability to define an 'alcoholic' or a 'drug dependent person'
- potential abuses of the civil rights of individuals who fall under the provisions of the Act
- the capacity for the service system to comply with the legislative requirements of the Act
- agency capacity to provide workplaces that don't put employees at risk of committing an offence under the Act

This submission argued for the repeal of the Act – but on the grounds that there are measures put in place to improve the responses to the small yet extremely vulnerable population group, where civil committal is at times deemed necessary. Usually this applies to individuals who are considered temporarily or permanently cognitively impaired and incapable of making important decisions about risks to life toward themselves or others.

While the legislation itself may appear archaic and outdated – the complexity of the issues experienced by the vulnerable group that tend to fall within the provisions of the current Act continue to affect these individuals and to provide challenges to those responding to their needs.

VAADA Consultations

Regional Consultations

Throughout May and June VAADA facilitated a total of ten, three-hour consultation forums in each of the DHS regions across Victoria, as part of its Regional Voices Consultation project.

Funded externally as a pilot project, the forums reflect VAADA's commitment to further developing its connection with its membership, and remaining accessible to the State's rural regions.

In addition to increasing members' engagement, the project had a number of other aims and intended outcomes.

Meetings with Regional Directors and/or senior bureaucrats following each forum, provided an opportunity to foster working ties with DHS at the regional level, as well as to feed back complex issues and key themes to senior staff with responsible for multiple departmental program areas.

Perhaps most importantly, the forums have provided a wealth of valuable information that reflects the views and experiences of over 150 people from services in more than 80 organisations state wide.

These include representatives from the full range of specialist treatment, primary and community health, local government, Victoria Police, consumer, Indigenous, CALD, and family services.

VAADA specifically sought information about responses and interventions for specific client groups that work well, innovative programs, barriers that impede cross-sectoral collaboration, identified gaps in current service provision, emerging trends, issues that arise when working with Koori, CALD and older drug users and their families, and service capacity issues.

Each forum identified region-specific issues and some of the innovative solutions developed to meet these challenges.

Not surprisingly, there were also shared challenges and common themes between regions and across the State, with a number of additional challenges identified by rural providers.

A snapshot of some of the common themes included:

- Poor client transition through the drug treatment service system, especially in relation to residential rehabilitation supports
- Poor client access to primary and mental healthcare, and pharmacotherapy treatments
- Other service gaps such as safe and secure housing, specialised ABI support, and family treatment options (especially for Indigenous and CALD families)
- Increased client complexity necessitating longer-term and more sophisticated responses
- Inflexible funding that fails to adequately cover management and other service delivery costs, further compounded in rural areas
- Reporting on EOC targets that inadequately reflects the full scope of services provided, stifles innovation and has limited use for future planning

- Sector sustainability issues relating to recruitment and retention, relatively low salaries, and barriers to accessing ongoing training, supervision, and other professional development opportunities

Regional summaries have been made available on the VAADA website and will be followed by more comprehensive regional and state wide reports in 2006-07.

Women's Health & Wellbeing Consultation

In 2005, DHS undertook a series of key stakeholder consultations on the Women's Health & Wellbeing Strategy for 2006-2010.

As part of this process, VAADA was approached to host a stakeholder session for agencies engaged in responding to the harms associated with alcohol & other drug use.

The session provided valuable feedback to DHS regarding issues for women experiencing alcohol and other drug issues and their access to services to support their health and wellbeing.

Charter of Rights Forum

VAADA conducted a consumer consultation on the issue of a Victorian Charter of Rights. The consultation was co-hosted by the Association of Participating Service Users (APSU) and VCOSS. The session was held on 18 August 2005, and was part of a process of community consultation undertaken by the Victorian Government and Parliament examining the appropriateness of enacting a Charter of Rights for Victoria.

The Forum was attended by the families of drug users, AOD clients and mental health consumers. Those attending the consultation explored the issues around a Charter of Rights and gave feedback to help clarify what issues should be considered in drafting such a charter, when examined from an AOD perspective.

Representing the Victorian AOD Sector

VAADA represented the sector on key issues at federal, state and local level, including:

- DHS Workforce Development Steering Committee
- VCOSS peaks network
- Oral health reference group
- AER consultations
- DPSB Service System Reference Group
- AOD State & National Peaks Network
- Primary & Community Health Network
- Illicit Drug Strategy Community Partnerships Initiative – Expert Advisory Committee
- Conferences – Rural Victorian Drug & Alcohol Conference
- VICSERV
- Winter School
- National Illicit Drug Diversion Initiative Workshop
- Community Corrections Stakeholder Forums
- ADCA DAW Steering Committee
- Human Services Partnership Implementation Committee (HSPIC)

VAADA also engages with agencies at a range of local and regional network forums, including:

- Yarra Drug Health Forum
- Eastern Alcohol and Drug Network
- Local Government Drug Issues Forum
- Boroondara Drug Issues Network
- Supported Accommodation Network (SADAN)
- AOD local government networks – including presentation to the Yarra Health and Drug Forum

2006 State Election Campaign

The VAADA Board met in January 2006 to identify key campaign priorities for the 2006 State Election.

Given the large number of issues confronting AOD users and their families and social networks, settling on key priorities was a difficult task. The following were chosen because they closely align with areas of priority to government and are readily accessible to the community more broadly.

Key Objective

To raise awareness of the health and welfare implications arising from the harms associated with alcohol & other drug use – notably, the health costs associated with substance (mis)use to the Victorian community.

Within this context the key messages identified by the VAADA Board in January 2006 were:

1. Improved responses to people experiencing harms associated with AOD through more effective cross-sector partnerships
 - Rationale – issues relating to AOD are complex and the AOD sector needs the support of other sectors to address related issues
 - Aim – for specialised expertise of AOD sector to be supported through partnerships with other sectors (with appropriate resourcing)
2. Implications of substance (mis)use on families – treatment & support options.
 - Rationale – drug use is not just an individual's problem, yet tends to be dealt with in isolation from broader family.
 - Aim – for improved options for people seeking to address their issues with substance use in a holistic way that includes their family – especially young parents, Koori and CALD families.
3. Access to adequate healthcare for people experiencing harms associated with AOD use.
 - Rationale – stigma and discrimination create inequalities for people with problematic substance use in their efforts to access adequate healthcare
 - Aim – to enable adequate access to pharmacotherapy program – this is a significant crisis, particularly in rural & remote areas.
4. Emerging issues in AOD sector,
 - Rationale – AOD sector planning tends to be reactive, rather than strategically responding to emerging issues.
 - Aim – to respond to emerging issues in more strategic, less crisis-driven ways

Member Services

VAADA has continued to provide a range of information products and support to the Victorian alcohol and other drug sector.

These include its:

- Monthly newsletter
- ENEWS electronic list
- Website

VAADA's website can be accessed at <http://www.vaada.org.au>

Membership

As of 30 June 2006, VAADA had 84 members across 30 individuals and 54 organisational memberships. Organisational members included: 'drug specific' organisations; hospitals; community health centres; primary health organisations; religious; general youth; local government and others (i.e. schools, counselling services, correctional/diversion services, legal services, pharmacy and sports). Individual members reflected the organisational members' mix of services.

Finance Reports

Treasurer

It is my pleasure to present the Treasurer's report at the 25th anniversary of the VAADA organization.

Certainly this is an amazing achievement given the significant challenges faced over the years.

The balance sheet figures report the total assets of \$80,414 as with total liabilities of \$32,876. As a result the net assets for the period were \$47,583. The operating profit for the year in review was \$8575 against the previous year's surplus of \$451.



Geoff Soma

In general the financial performance was strong due mainly to a one-off grant from the Department of Human Services and a number of special project initiatives implemented by VAADA.

The challenge in the short term will be maintaining sufficient projects and membership income to build on the future of the organisation.

I would like to thank the Macaulay Community Credit Co-operative who has provided accountant support throughout the period.

Statement of financial position

As at 30 June 2006

	2006	2005
\$	\$	\$
EQUITY		
Committed Funds	47,583	39,008
Total Equity	<u>47,583</u>	<u>39,008</u>
Represented By:		
CURRENT ASSETS		
Petty Cash	102	183
Cash at Bank - NAB Chq A/C	3,107	2,887
Cash at Bank - Macaulay S1 Chq A/C	19,390	55,183
Cash at Bank - Macaulay S30 A/C	48,072	42,383
Cash at Bank - Macaulay S1.1 Workforce Dev Project	-	3,363
Deposits Paid	1,678	2,918
	<u>72,350</u>	<u>106,917</u>
NON CURRENT ASSETS		
Office Furniture & Equipment	10,077	56,963
Less Accumulated Depreciation	1,979	51,555
	<u>8,098</u>	<u>5,407</u>
	8,098	5,407
INVESTMENTS		
Shares	5	5
	<u>5</u>	<u>5</u>
TOTAL ASSETS	<u>80,454</u>	<u>112,329</u>
CURRENT LIABILITIES		
Provision for Holiday Pay	13,163	9,727
Provision for GST	4,348	4,969
Accrued Expenses	3,433	4,823
Income in Advance	6,566	42,609
PAYG Withholding Payable	5,360	11,192
	<u>32,870</u>	<u>73,321</u>
TOTAL LIABILITIES	<u>32,870</u>	<u>73,321</u>
NET ASSETS	<u>47,583</u>	<u>39,008</u>

Statement of financial performance

For the Year ended 30 June 2006

	2006	2005
	\$	\$
INCOME		
Conference Income - Annual	29,993	17,877
Interest Received	2,400	1,351
Membership Income	16,934	10,986
Special Projects – Older but Not Forgotten	986	750
Special Projects – Dept of Justice	12,700	-
Special Projects – Drug Action Week	-	11,000
Special Projects – Youth Binge Drinking Forum	-	1,418
Special Projects – AERF – Way Forward Governance	10,147	3,000
Special Projects – AERF – IT Project	9,396	7,891
Special Projects – AERF – APSAD Conference	-	2,094
Sundry Income	-	17,860
Dept of Human Serv - Core	226,147	220,822
Dept of Human Serv – Special Project	16,500	-
Profit on Sale of Non-current Assets	2,603	-
	327,806	295,049
EXPENDITURE		
Accounting & Audit	7,399	5,305
Bank Charges	565	599
Catering	211	-
Cleaning	1,966	1,566
Computer Software & Supplies	1,787	281
Conference - Annual	34,452	154
Depreciation	1,979	2,217
Fringe Benefits	49,048	-
Holiday Pay	3,436	9,727
Insurance	2,285	773
Light & Power	3,170	2,065
Media & Newsletter	4,335	5,512
Motor Vehicle Expenses	7,822	1,722
Moving Expenses	2,641	-
Meeting & Board Expenses	1,805	369
Office Expenses	722	1,144
Other Employer Expenses	603	2,120
Payroll Fees	596	456
Postage	1,886	1,437
Printing & Stationery	3,394	3,256
Rates & Taxes	307	32
Rent	27,269	32,249
Salaries, Wages & Contracted Services	106,822	152,692
Security Costs	651	515
Seminars	3,091	3,062
Special Projects	20,504	43,160
Subscriptions & Memberships	583	595

Statement of financial performance

For the Year ended 30 June 2006

	2006	2005
	\$	\$
Sundry Equipment & Repairs	1,401	507
Sundry Expenses	-7	77
Superannuation Contributions	13,293	10,974
Telephone & Internet	7,090	7,476
Travelling Expenses	1,779	1,666
Workcover	6,343	2,890
	<u>319,231</u>	<u>294,598</u>
OPERATING PROFIT	<u>8,575</u>	<u>451</u>

Statement of financial performance

For the Year ended 30 June 2006

	2006	2005
	\$	\$
Committed Funds at the beginning of the financial year	39,008	38,557
Profit attributable to Members	8,575	451
COMMITTED FUNDS AT 30 JUNE 2006	<u>47,583</u>	<u>39,008</u>

Statement of cash flows

For the Year ended 30 June 2006

	2006	2005
	\$	\$
CASH FLOW FROM OPERATING ACTIVITIES		
Receipts from grants	242,647	220,822
Receipts from other sources	47,956	113,600
Receipts from Interest	2,400	1,351
Payments to suppliers and employees	(321,659)	(279,214)
Net cash provided by (used in) operating activities (Note 2)	(28,656)	56,559
CASH FLOW FROM INVESTING ACTIVITIES		
Proceeds from (payment for) property, plant and equipment	(4,672)	(818)
Proceeds from (payment for) shares	-	-
Net cash provided by (used in) investing activities	(4,672)	(818)
Net increase (decrease) in cash held	(33,328)	55,741
Cash at beginning of year	103,999	48,258
Cash at end of reporting period (Note 1)	70,671	103,999

Statement of cash flows

For the Year ended 30 June 2006

2006 2005

NOTES TO THE STATEMENT OF CASH FLOWS

NOTE 1. RECONCILIATION OF CASH

For the purposes of the statement of the cash flows, cash includes cash on hand and in at call deposits with banks or financial institutions, investments in money market instruments maturing within less than two months, net of bank overdrafts

(a) Reconciliation of Cash

Cash at the end of the reporting period as shown in the statement of cash flows is reconciled to the related items in the balance sheet as follows:

Cash on Hand	102	183
Cash at Bank	70,569	103,816
	<u>70,671</u>	<u>103,999</u>

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Statement of cash flows

For the Year ended 30 June 2006

**NOTE 2.
RECONCILIATION OF NET CASH PROVIDED
BY
OPERATING ACTIVITIES TO OPERATING PROFIT**

Operating Profit (Loss) after income tax	8,575	450
Depreciation	1,979	2,217
(Increase)/decrease in prepaid expenses	1,240	-
Increase/(decrease) in creditors	(7,843)	1,556
Increase/(decrease) in income in advance	(36,043)	42,609
Increase/(decrease) in provisions	3,436	9,727
	<hr/>	<hr/>
	(28,656)	56,559

Independent Audit Report

For the period ending 30 June 2006