

ANNUAL REPORT 2023

Victorian Alcohol & Drug Association

vaada



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Acknowledgement of Country

We at VAADA acknowledge the Wurundjeri Woi Wurrung People as the traditional owners of the land on which we reside and pay respect to elders past, present and emerging. We also acknowledge that this land was never ceded.

Acknowledgement of lived and living experience

We at VAADA recognise people with lived and living experience of trauma, neurodiversity, mental health challenges, psychological distress, suicide, substance use or addiction, and their families, carers, supporters, those experiencing bereavement, advocates and allies.

VAADA BOARD

VAADA Board Members (Office Bearers)

President Tamsin Short
commenced as a board member
November 2018

Vice President Kent Burgess
commenced as a board member
November 2017

Treasurer / Secretary Shannon
Bell commenced as a board
member November 2018

Ordinary Members

Elisa Buggy
(commenced November 2019)

Mike Carroll
(served from November 2020
to November 2022)

Clare Davies
(commenced November 2022)

Dom Ennis
(commenced November 2021)

Dale Hardy
(commenced November 2022)

Victoria Manning
(commenced November 2017)

Naomi Rottem
(served from November 2018
to November 2022)

Josie Taylor
(commenced November 2021)

BOARD MEMBER PROFILES

PRESIDENT TAM SIN SHORT



KENT BURGESS Vice President

Kent is currently CEO at Your Community Health. Your Community Health is a leading provider of community health services including AOD harm reduction in Melbourne's North. An Occupational Therapist by background, Kent has a Master's in Public Health. His previous experience includes being Deputy CEO at Star Health, now Better Health Network, executive leadership at LGBTQI+ and HIV health service, Thorne Harbour Health and leadership roles across AOD, mental health and community health. Kent also brings governance skills, developed through board roles in the housing and environmental sectors, including as Chair of The Wilderness Society Victoria.



Shannon Bell Treasurer/Secretary

Shannon Bell is the General Manager of Partnerships, Training, and Enterprise, at Uniting Victoria and Tasmania. With over 20 years of experience working as a clinician and senior leader, Shannon has worked in a range of treatment settings including prisons, withdrawal, non-residential rehabilitation, counselling, and workforce development. Shannon has extensive experience working with young people, adults, and families involved in the justice system. He is also an accomplished facilitator of therapeutic and psycho-educational groups and has played a key role in the development and expansion of Uniting's Catalyst Therapeutic Day Rehabilitation Programs. Shannon has a special interest in ensuring that consumer participation and lived experience plays an active role and is incorporated into AOD treatment, policy, and service system decision-making.

Dr. Tamsin Short President



Dr. Tamsin Short (She/Her) is the Executive Lead of Mental Health and Alcohol and Other Drug (AOD) at Access Health and Community, a leading community health service in Melbourne's East. As a clinical and forensic psychologist, she has worked in a range of clinical and management roles over the past 15 years, including positions within AOD, forensic mental health and community health services. She has led the establishment of new and innovative AOD and mental health services, including establishing the first specialist AOD program for medication misuse in Victoria, and brings both clinical and research expertise to her role. Tamsin is passionate about supporting excellent leadership and advocacy in the AOD sector.



ELISA BUGGY

Elisa Buggy is a Social Worker from Tasmania who started her career in the not-for-profit sector as the NIDS portfolio holder at the Link Youth Health Service. Elisa then helped develop Tasmania's Drug Court before moving to Victoria to manage the Drug Court and build the Family Drug Treatment Court. She has also been Research and Policy Officer at the Alcohol Tobacco and Other Drugs Council (Tas peak body) and Principal Practitioner at ACSO and is presently CEO at WestCASA. Elisa has been a long-time friend of VAADA and was on the steering committee for VAADA's submission to the current Royal Commission into Mental Health. She is also very familiar with best practice in governance having obtained her MBA in 2011 and chaired the Board of ANTAR Vic from 2015-2017. Elisa is an alumnus of the Williamson Community Leadership Program with Leadership Victoria.



CLARE DAVIES

Clare Davies is the CEO of Self Help Addiction Resource Centre (SHARC). SHARC is a peer-led organisation that has co-produced programs to support people impacted by alcohol and other drugs and, more recently, gambling. Although the influence of lived experience is increasingly recognised in Australia, SHARC has been promoting and advocating for lived experience through services, programs, and policies for more than 25 years. Clare joined SHARC in 2022 having held leadership positions in the non-profit sector for over 15 years. She has qualifications in social work, governance, psychology, AOD work, and is a Harvard Club of Victoria Non-profit Fellow. Clare is thrilled to be a current board member of the Victorian Alcohol and Drug Association (VAADA).



DALE HARDY

Dale is part of the Executive Team at Bendigo Community Health Services, with brings a particular focus to community equity and inclusion, regional service delivery, and sector development. He currently has organisational oversight of clinical and psychosocial drug and alcohol services, community mental health programs and responses to culturally diverse communities. With a Bachelor of Behavioural Science, he has 30 years' experience working both as a practitioner and in senior leadership roles across housing and homelessness, out of home care, youth justice, drug and alcohol, mental health, and multicultural sectors.



DOM ENNIS

Dom is the General Manager for Quality and Service Development at YSAS. He has been a practitioner and manager in the AOD field since 2000. He has worked in and managed community based, residential, and online AOD programs across the broad spectrum of prevention, early intervention and treatment. Throughout his career in AOD he has regularly alternated between operational, service development, advocacy, and workforce development roles, including roles focused on sector development beyond his own organisation. He is especially passionate about the Youth AOD sector and works for a collaborative and coordinated Youth AOD response, designed to meet the needs of young people and families that need help.



VICTORIA MANNING

Victoria Manning is a Professor in Addiction Studies at Monash University and Head of Research and Workforce Development at Turning Point. She holds a PhD on neurocognition and co-occurring disorders and has worked as a clinical researcher in addiction treatment for over two decades in the UK, Asia and now Australia. She is also a lecturer and unit coordinator on the Masters of Addictive Behaviours at Monash University and volunteers as a trained SMART Recovery group facilitator. Her primary research interests are in trailing novel psychological, pharmacological, neurocognitive, and peer-based interventions to improve treatment outcomes for people with substance use disorders. She has spent much of her career designing and implementing treatment outcome monitoring systems and oversees multiple Department of Health research activities aimed at supporting the Victorian AOD sector.



JOSEPHINE (JOSIE) TAYLOR

Josie has been working in the community services setting for 30 years and is currently the Director of Youth, Housing, and South West Services at MeLI (formerly BCYF & Bethany Family Services). Starting her career in Warrnambool at Brophy Family and Youth Services, this experience gave her the passion and drive to have a voice for regional and rural service provision. Josie moved to Geelong 19 years ago to commence her career in AOD as a youth outreach worker with Barwon Health. This provided the foundation for Josie to step into a leadership role at Barwon Youth that allowed her to develop and have oversight of an assertive outreach program across the Barwon South West. Over the last 18 years, Josie has been in management roles at Barwon Youth, BCYF and now, MeLI - with oversight of justice programs, leaving care, housing and homelessness services, suicide prevention programs, and counselling and community engagement programs that work alongside refugees and asylum seekers. Josie believes strongly in bringing services together and working in partnership to create the best outcomes for people, and in the service system wrapping around an individual and their natural support system, rather than the person and family doing all the work.

VAADA STAFF

Sam Biondo
Executive Officer

Sheridon Byrne
Project Lead - Elevate Workforce Initiative

Gillian Clark
Project Worker Mental Health Royal Commission

Julia Daly
Project and Administration Officer
– Drug and Alcohol Program

Dejan Jotanovic
Project Officer: Stakeholder Management, Family
Violence Reform (Commenced August 2021)

Scott Drummond
Program Manager

Chris McDonnell
Administration Officer

Jane Moreton
Project Manager – AOD Sector Capacity Building

David Taylor
Policy and Media

James Petty
Project Officer – Special Projects

Caitlyn Wilson
Project Officer/Project Lead - elevate Workforce
Initiative (commenced September 2022)

VISION & PURPOSE

Our Vision

A Victorian community in which alcohol and other drug (AOD)-related harms are reduced and well-being is promoted to support people to reach their potential.

Our Purpose

VAADA leads AOD policy, workforce development, and public discussion across membership, related sectors and the community to prevent and reduce AOD harms in Victoria.

Principles:

We are collaborative

We foster inclusive engagement that is representative of our sector and values diverse lived experience.

We are professional

We demonstrate transparency, integrity and accountability in all of our work.

We are rights-based

We are driven by social justice underpinned by compassion and a commitment to intersectional equity.

We are progressive

We challenge the status quo through strategic thinking, courageous advocacy and a commitment to innovation.

We are evidence-informed

We promote an evidence-informed and outcomes-focused approach to policy and practice.

PRESIDENT'S REPORT

Dr. Tamsin Short

To say that 2022-2023 has been a big year for VAADA is no understatement. As we slowly adjust to life after the pandemic, the Victorian alcohol and other drug (AOD) sector continues to face a mix of challenges and opportunities.

Over the past twelve months we have had several changes in the State Government cabinet, with AOD services moving from Minister Martin Foley to Minister for Health, Mary-Anne Thomas, to the Minister for Mental Health, Gabrielle Williams – with more changes likely in the coming year.

The Victorian Government continues to implement the recommendations from the Mental Health Royal Commission and VAADA have been active in providing advice, consultation, and advocacy to the Department to ensure that people with AOD needs, and the services that support them, are included and considered in the implementation.

In February we welcomed 658 people to the biennial VAADA Conference – the highest attendance to date and a wonderful opportunity for our sector to connect and reconnect in person, and share learnings and research from across Victoria and from our interstate and overseas colleagues.

We were thrilled to see legislation making the North Richmond Medically Supervised Injecting Room a permanent program pass through both houses of Government this year. Like so many consumers, families and community members, VAADA is eagerly awaiting the announcement about the second facility in Melbourne's CBD; we know that every day without this service is a day when more lives are at risk of being lost to preventable overdose.

Following years of advocacy, VAADA was also pleased to see the announced removal of dispensing fees for opioid replacement therapy (from 1 July 2023), although we remain concerned about the accessibility of pharmacotherapy in the community – particularly for 'hardly reached' and regional communities. There is still much work to do in this area to ensure this life-saving treatment is affordable, accessible, and sustainable.

The Board was very pleased to see two key initiatives from our Strategic Plan commence this year, including the Data Collaboration Project and the Service System Design Project. The Service System Design project is working with Professor Alison Ritter and the UNSW to map the AOD system as it currently is, and consider how it should be, taking into consideration the various intersections with related systems including mental health, criminal justice, primary care, and housing. This work will become increasingly relevant as our sector moves through the upcoming reforms, and as VAADA works with our key stakeholders to ensure the AOD service system is able to meet the needs of our community.

Similarly, the Data Collaboration Project seeks to bring together the breadth and depth of data collected across our sector to better inform our understanding of AOD service delivery across Victoria. There have long been challenges in the collection and utility of AOD data and this project offers an opportunity for agencies to improve the visibility and utility of data to better inform service development and delivery.

Finally, the end of the 2022-2023 financial year brought a sad and significant milestone for VAADA with the retirement of our long-

standing CEO, Sam Biondo. Sam has been the VAADA CEO for over 16 years, and has led the sector through two reforms, multiple changes in Government, significant AOD policy change and one global pandemic. His passion, dedication, and dogged determination has left a strong foundation for our organisation and a legacy that will not be forgotten. Thank you, Sam, for all that you have done – and best wishes for your retirement!



Dr. Tamsin Short
President

EXECUTIVE OFFICER REPORT

Acting CEO
Scott Drummond

Should you choose to dust off the 2006/07 VAADA annual report and flick through to the statement of financial performance and compare it to this year's annual report, you will see a significant increase in both assets and revenue. I mention this because the 2022/23 Annual report is the first in 15 years that Sam Biondo, our recently retired Executive Officer, has not overseen. It is worth reflecting on his influence.

Peak bodies always occupy a precarious position in relation to funding, but through Sam's responsible stewardship, VAADA is in its strongest financial position ever – setting the peak body up to continue to lead AOD policy, workforce development, and public discussion to prevent and reduce AOD harms in Victoria. The increase in advocacy, capacity building, capability, and collaboration from then till now is also noteworthy. Advocacy was a strength of Sam's, and this is highlighted in our 17+ submissions to government across Sam's last year as EO (See page 18, this report).

The strong financial position Sam created has enabled VAADA to continue to host its popular biennial conference, among other events, activities, and projects this year. Held at the Pullman hotel in February this year, with the theme: 'Building the Holistic Treatment Mosaic', the conference focused on our response to the varying and complex presentations of our clients. It included local, national, and international speakers and attracted over 120 abstracts and 658 registrants, and (see page 15, this report).

Pleasingly in 2022/23 we have seen greater activity and progress in some perennial (see 2006/07 annual report), but not intractable, AOD

challenges. This includes a greater investment in Opioid Replacement Therapy (ORT) at the state and federal level. Federally, we were pleased to see the removal of the ORT dispensing fee which VAADA (and other peaks) had been calling on for many years. The Victorian ORT system has long been held together by the goodwill of a handful of prescribers and dispensers, but a significant investment in pharmacotherapy by the State government in its recent budget offers the promise of building a more effective model for those accessing this important medical intervention.

Other important initiatives progressed in 2022/23 include the development of the Public Intoxication reforms and legislation which makes the medically supervised injecting facility in North Richmond permanent. Since inception, the MSIR has demonstrated its lifesaving work, and we are pleased that this is now a permanent feature of the treatment landscape. The Public Intoxication reform decriminalize the offence of public intoxication and moves the response away from a criminal justice response to a health led response.

Staying state-wide, the mental health royal commission reforms (and supporting the AOD sector to engage with these) has kept VAADA busy over the last year. The emphasis on integrated care – where AOD and mental health treatment needs intersect, highlights the importance of the AOD sector being central to the design and delivery of these services. More detail on this and other related activity is covered on page 10.

In 2022/23 the Victorian State Election returned the Labor government. In the lead up to this, VAADA ran a successful series of

'Call to the Parties' events, where we invited political parties to present to the AOD sector on their vision and plans. This attracted both major parties, and minor parties, and created a valuable opportunity for AOD sector staff to ask questions directly of their would-be leaders. It also strengthens VAADA's relationships with our political leaders, creating enduring avenues for advocacy.

As usual, workforce development is an important part of our work, and our staff put together a comprehensive suite of capacity building training, events, and activities across 2022/23, including several forums in regional centres. It is always a pleasure to connect with rural and regional colleagues and hear and understand some of the unique challenges of service delivery outside of metro Melbourne.

Thank you to our AOD sector staff and services for your continued support of VAADA and for helping us to understand the issues and challenges you face so that we may represent these in our advocacy. Thank you to our colleagues in the federal and state government departments who support VAADA to undertake our work even if that occasionally means VAADA risking biting the hand that feeds.

Thank you to our colleagues in allied sectors and peak bodies for holding the AOD sector in mind and reaching out where our respective areas of work cross over.

Thank you also to all the VAADA staff for their work and dedication this year, including a special mention to Dejan Jotanovic who resigned in 2022/23 after making an outstanding contribution in the family violence space.

Victorian AOD Workforce Snapshot

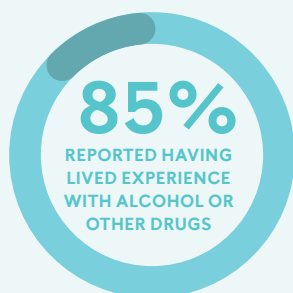
The following infographic outlines the Victorian AOD workforce composition, its opportunities and challenges and was drawn from a survey completed by nearly 400 staff across the sector in 2022.

65.7%



PARTICIPANTS IDENTIFIED AS WOMEN

- The majority of survey participants identified as women (65.7%)
- The Victorian AOD sector is highly qualified, with the majority of the workforce (68%) holding an undergraduate degree or higher.



- A significant majority (85%) of respondents reported having lived experience with alcohol or other drugs, including 39.6 per cent with past or present personal experience of alcohol or drug problems, and 45.5 per cent who have a family member or partner with a past or present experience with alcohol or drug problems
 - Recruitment of new staff to the AOD sector was reported as more challenging than retaining staff over the past 12 months.
- The majority of the workforce (85%) has participated in an AOD-related professional development activity in the past three years.
 - The Victorian AOD sector has a highly experienced, qualified and capable workforce, which has remained relatively stable over time.
 - There is a need to increase cultural diversity across the sector, and engagement with Aboriginal people and organisations, as well as to attract workers to the sector early in their career.
 - There is a need to provide more training and development opportunities for people seeking career progression into leadership and management roles.
 - There is also a need to address increasing workloads, levels of stress and burnout and to implement strategies to ensure the overall health, wellbeing and job satisfaction of workers is supported and improved.

SECTOR DEVELOPMENT

One of the key goals in VAADA's current strategic plan (2021-2025) is sector and system strengthening. This goal has underpinned much of the sector development work in 22/23. This includes delivering on objectives such as developing a vision for a well-defined, flexible and evidence-based AOD system design; strengthening our focus on AOD workforce planning, and developing the sector through a focus on data, research and evaluation.

One significant project that commenced in 22/23 was the Service System Design Project. This project (a collaboration between VAADA and the University of New South Wales) aims to outline and define the Victorian AOD service system as it is currently, and, through consultation and evidence, detail how it should be. The AOD service system has long been difficult to navigate and access for consumers, and a project to describe ways to address some of these challenges offers the potential to make accessing services quicker and easier. We look forward to sharing the findings and recommendations from the project with the sector as it takes shape.

Strengthening our focus on workforce planning in 2022/23 included the development of a new sector-wide workforce development survey. While workforce capability and capacity building are mainstays of sector development, the strength (and success) of these activities depends largely on knowing who the workforce is, and what they need. The biennial workforce development survey, which was

OR LOPMENT



deployed earlier this year, was completed by nearly 400 AOD sector staff. While the results are still being analysed, preliminary findings point to an experienced, stable, values-driven workforce many of whom have lived and living experience.

Regarding data, research and evaluation, this year VAADA also began a project to investigate potential collaboration with AOD agencies to share data with a third-party data custodian to enhance insights and improve performance. Access to timely and informative data has long been a challenge to AOD agencies. We look forward to working collaboratively with members and developing this project.

On the topic of research, VAADA has continued to administer the Alcohol and other Drug Research Innovation Agenda (ADRIA). The purpose of ADRIA is to support innovative and responsive AOD research to improve social and health outcomes and is a unique opportunity for the Victorian AOD sector to participate in, contribute to, and lead research focused on reducing the harms associated with AOD. In 2022/23 VAADA administered the second round of the grant program (page 11).

Returning to capacity building, VAADA enjoyed a busy year delivering a range of training, professional development opportunities, forums, network meetings, and events. Now in its third year, our Elevate! project continues to provide free training and professional development opportunities. Elevate! delivered 56 training courses, benefiting almost 500 participants, with 80 of those participants enrolling in 5 accredited trainings.

In June 2023, VAADA delivered the popular AOD Service Provider's Conference (SPC). Funded by the Victorian Department of Health, this year's SPC focused on the AOD workforce and modelling excellence in interdisciplinary practice. It included keynote presentations on strengthening cultural safety in mainstream services (Nicole McCartney, Chief Aboriginal Health Officer), and 'Making Measurement Matter' on the importance of data (Rob Striling, CEO Network of AOD Agencies, NSW). It also included breakout streams on clinical workforce development, workforce wellbeing and the mental health reforms.

As usual, VAADA continued to facilitate a range of other forums, meetings and events supporting the Victorian AOD workforce. For example, through funding from Murray PHN, VAADA collaborated with local agencies and services across the north of Victoria to run AOD forums in Bendigo (x2), Shepparton and Mildura. Local forums are well received by the regions and VAADA is pleased to be running more of these in 2023/24. Our annual stakeholder survey, which provides feedback on VAADA's performance, offered strong and positive feedback on our rural and regional forums (see info-graphic on page 18).

Our forums and events also focus on specific workforce cohorts such as CEOs and Managers, Emergency Department Clinical Liaison Addiction Network (EDCLAN), non-residential withdrawal nurses, catchment planners and other ad-hoc workforce groups such as forensic clinicians.

In November 2022, VAADA ran our annual Toolkit Top-up aimed at AOD nurses and allied clinicians providing a selection of tips and tricks to support clinical practice. Presentations were varied and covered medicinal cannabis, the introduction of a nurse practitioner-led long-acting injectable buprenorphine program, and a presentation on the drug, kamini vidrawan ras. Thank you to Indivior for supporting this event.

VAADA continued offering the AOD sector information, advice, training, and support in allied areas of work over the past year. This included support in family violence and mental health. In family violence, VAADA is funded to build AOD sector capacity related to the Multi-Agency Risk Assessment and Management (MARAM) Framework and the Information Sharing Schemes. This was supported by a Family Violence AOD monthly newsletter, a Community of Practice, forums, surveys, and engagement with allied family violence stakeholders. Our work in the mental health space supporting the AOD sector to engage with a range of reforms, is detailed on page 12.

Thank you to the VAADA workforce development staff for a productive year, and all those we have engaged with to support building the capacity and capability of the Victorian AOD workforce.

Scott Drummond,
Program Manager



“VAADA is very responsive to sector need and development, they are inclusive of regional areas and often seek regional feedback. They are strong advocates for our sector.”
(2022 Stakeholder Survey respondent).

SECTOR DEVELOPMENT PROJECTS 22/23

ELEVATE!

Elevate! continues to provide essential free training and professional development opportunities to individuals engaged in the Victorian State Funded AOD programs and services. Now in its third year, Elevate! has garnered a community of over 1700 subscribers. In 2022/23, 568 new subscribers joined, underlining the program's ongoing relevance. Additionally, Elevate! delivered 56 training courses, benefiting almost 500 participants, with 80 of those participants enrolling in 5 accredited trainings.

Recognising the importance of user experience, Elevate!'s website was upgraded in late 2022 to offer improved functionality, enabling students to manage their own enrolments. The program also introduced new self-paced learning modules, including new topics such as “Doing Difference Differently,” – a module on Intersectionality. Additional units on offer include AOD Worker Wellbeing, and Introduction to Trauma-Informed Care. VAADA thanks Sisters4Sisters and Diamond Matrix Consulting for their expertise in developing Doing Difference Differently, and Insight Queensland and the Centre for Mental Health Learning for hosting our self-paced learning units.

Elevate!'s ongoing success in providing free, accessible training to AOD workers has led to a funding extension to December 2025. The extension will see new

and exciting opportunities for continuing professional development in the sector going forward.

VAADA acknowledges our training providers who continue to deliver quality training for our sector; YSAS, Caraniche, Gaby Bruning, Mentha Consulting, Sisters4Sisters and Diamond Matrix, Victorian Aboriginal Community Controlled Health Organisation (VACCHO), HRVIC, Turning Point, Self-Help Addiction Resource Centre (SHARC), Uniting, 360 Edge, ARBIAS, Thorne Harbour Health, Monash Centre for Scholarship in Health Education and Odyssey Institute.

Caitlyn Wilson
Project Officer – AOD
Workforce Initiative

MENTAL HEALTH REFORM PROJECT

The past 12 months has seen a significant amount of work in implementing the recommendations of the Royal Commission into Victoria's Mental Health System. While the AOD sector remains largely peripheral to the structural design of the reformed mental health system, the requirement of mental health and wellbeing services to provide integrated AOD and mental health treatment, care and support necessitates the AOD sector's involvement in the reforms.

To this effect VAADA have published the following papers in response to consultations and discussion papers in 2022/23 on various mental health reform recommendations.

- Compulsory Treatment and Alignment with Decision Making Laws
 - Statewide Wellbeing Plan
 - Victorian Eating Disorders Strategy
 - Local Mental Health and Wellbeing Service Framework
 - Suicide Prevention and response
 - Mental Health Act
- Further to these, VAADA have been involved in submissions, workshops, and consultations on:
- Access Policy and revised psychiatric triage Guidelines
 - Elimination of Seclusion and Restraint
 - Diverse Communities Blueprint

At a National level VAADA has provided submissions to the National Stigma Strategy, and was part of the Governance and social determinants working group with the National Suicide Prevention Office (NSPO) to develop a National Suicide Prevention Strategy.

Communications and development of cross-sector relationships has also been key to this project, ensuring that the AOD sector is prepared for changes to the mental health system, and of any perceived risks and opportunities. We plan to continue strengthening our relationships with organisations within the mental health and wellbeing system to best represent the needs of individuals with lived and living experience.



Evidence of this growing relationship was witnessed at the oversubscribed and very well received cross-sector service providers conference, co-hosted with mental health peak bodies MHVic, Tandem, VMIAC.

Funding for this project has allowed the AOD sector to easily access information at meetings, forums, and conferences. Over the past year, VAADA has presented to CEO and Managers meetings, individual AOD organisations, regional forums, and communities of practice on mental health reform and integrated treatment.

Advocacy for the AOD sector and the individuals affected by AOD issues in the process of implementing mental health reform has played a crucial role in this project. Ongoing efforts are focused on ensuring that integrated treatment implementation is firmly rooted in collaborative partnerships at all government and service levels, and this includes maintaining a robust and sustainable specialist AOD sector in Victoria.

Gillian Clark
Project Worker Mental Health
Royal Commission

ALCOHOL AND DRUG RESEARCH INNOVATION AGENDA (ADRIA)

VAADA has continued development of the Alcohol and Drug Research Innovation Agenda (ADRIA). ADRIA is an AOD-focused research grants program supported by the Victorian Government. They represent a unique and rare opportunity for agencies in the Victorian AOD sector to lead and participate in research.

ADRIA's second round, which wrapped up in late 2022, saw less engagement overall, but still allocated approximately \$600,000 in grant funding across three innovative and high-quality projects.

There is another \$600,000 (approx.) in remaining grant funding. ADRIA was also given a one-off payment of \$250,000 from the Suicide Prevention Unit at the Department of Health to allocate to research projects examining suicide prevention in the context of AOD use.

This, along with the remaining grant funding, will be allocated in an upcoming round opening in 2023. This will be ADRIA's last round under the current funding envelope. VAADA is in discussions with the Victorian Government and is hopeful of obtaining a funding extension to continue ADRIA in supporting high quality research led by Victoria's AOD sector.

TRI-PEAKS

VAADA has maintained its partnership in the Tri-Peaks project, a cross-sector collaboration involving two other peak organisations: The Centre for Excellence in Child and Family Welfare and the Victorian Healthcare Association.

The goal of Tri-Peaks is to strengthen relationships and foster collaboration between the AOD, community health and child and family services sectors to reduce duplication and improve outcomes for common clients.

In the 2022-23, Tri-Peaks was successful in obtaining a funding extension for a further two years. This allowed VAADA, along with our partner peaks, to continue delivering webinars on issues relevant to our collective workforces, as well as the cross-sector mentoring program. We delivered five high quality webinars in 2022/23, including an update on Australia's first child maltreatment study, an introduction to Family Drug Treatment, and implementation of the Family Violence Information Sharing Scheme.

Tri Peaks continued its mentoring program this year. The objective of the Tri-Peak Mentoring Program is to strengthen the community services sector and build leadership capability, foster networking and enhance relationships across our three sectors. This year saw 20 mentoring pairs enter into the 2023 program, with another 20 spots for 2024.

New to Tri-Peaks are the CEO Roundtables and Management Workshops. These are free events for relevant staff to meet about topics affecting the three sectors (for example, common clients, or how agencies can best utilise data). One was held in the 2022/23, with further events scheduled for 2023/24.

Tri-Peaks has also engaged Deloitte to evaluate the Tri-Peaks partnership.

James Petty
Project Officer - Special Projects



FAMILY VIOLENCE PROJECT

VAADA has worked with Family Safety Victoria, the Department of Health, the Department of Families, Fairness and Housing, and the broader service system, including Safe and Equal and No To Violence, to build capacity across the AOD sector in family violence, the Multi Agency Risk Assessment and Management (MARAM) Framework and the Family Violence Information Sharing Schemes (FVISS).

- Organised and facilitated a Family Violence AOD Community of Practice, with sessions including “Working with gay, bi, trans and queer men who use violence,” “Elder abuse and working with adults using violence against older people,” “Resisting collusion,” “Risk assessment with victim survivors,” “Child-centred practice,” and “Unpacking coercive control”
- Organised and facilitated a Family Violence AOD Community of Leadership, with sessions on “Providing family violence supervision” and “Understanding the Information Sharing Schemes”
- Dispatched a monthly “Family Violence AOD Community of Practice” newsletter to the AOD sector – with MARAM updates, events, news from the family violence sector, and other related information.

- Initiated a quarterly MARAM newsletter for AOD leadership with collated updates from VAADA, Family Safety Victoria, the Department of Health, and the broader family violence sector.

- Developed resources, including a summary poster on Case Notes in a Family Violence Context
- Participated in a working group to update the AOD Intake and Comprehensive Assessment tools by adding questions to support practitioners identify and respond to adults using violence.
- Supported the specialist family violence refuge sector through developing “AOD and Harm reduction” drop-in sessions to help build their capabilities in working with victim survivors who use substances.

In 23-24, VAADA's Family Violence Project will continue supporting the AOD sector as it aligns to MARAM with a key focus on building capacity in working with adults using violence, as well as strengthening partnerships with the broader service system to enhance collaborative practice.

Dejan Jotanovic
Project Officer: Stakeholder
Management, Family Violence Reform

AOD SECTOR CAPACITY BUILDING PROJECT

In addition to state government funding, VAADA receives funding from the Commonwealth Department of Health. This funding supports a range of additional capacity building activities.

Through its collaboration with the Victorian Dual Diagnosis Initiative (VDDI), VAADA was directly involved in the compilation and publication of, “Integration of Care in Practice – Victorian examples of models of care, tools and activities that promote integrated treatment, care and support for people experiencing mental illness and substance use or addiction”. This resource highlighted the various models of integrated care currently operating in Victoria. It was formally launched at VAADA's Victorian AOD Service Providers Conference in early June 2023 where hard copies were made available, and it is also now available on VAADA's website: https://www.vaada.org.au/wp-content/uploads/2023/06/RES_Integration-of-Care-in-Practice-2023_06062023.pdf

In 2022 the Managers and Leaders study conducted by Dr Ramon Wenzel at Curtin University, undertook research to better understand challenges and opportunities related to the experience of leading and managing across AOD sector operations, particularly for middle managers. Efforts are ongoing to put the study's recommendations into practice. After conducting an information session for the sector in October 2022 to introduce the available training courses,



VAADA received applications for both the “Dare to Lead” Program and the Diploma of Leadership and Management accredited training.

The Dare to Lead course commenced in late May, and the Diploma started in early July. Each participant’s agency of employment agency participants contributed to the cost.

In December 2022 VAADA circulated its Stakeholder Survey across the Victorian AOD sector and related cross-sectors. This is the 5th annual survey where VAADA has asked its stakeholders for feedback in relation to its performance, and suggestions for future improvement.

The survey tool was updated to pose questions that directly align with VAADA’s Strategic Plan, thus providing a more meaningful measure of our activities and elicit actionable quality improvement ideas that meet VAADA’s goals and objectives.

We were delighted to receive over 200 responses from both rural and metropolitan locations right across the state. Respondents included both managers and clinicians from the AOD sector, in addition to personnel from the mental health, family violence and other related sectors. See info graphic page 18.

The Consumer Participation and Experience Project continues to operate and its reference group meets monthly. The North and West Metro Alcohol and Drugs Service (NWMAODS) hired a project officer to establish and maintain a Community of Practice (COP) in December 2022. An online noticeboard has

been established and is now available on VAADA’s website to advertise the COP and seek referrals for participants with lived experience from treatment agencies. Applications for the Community of Practice are managed on an ongoing basis by the COP project officer.

Work has also continued in relation to the other focus of the Reference Group: exploring the experience of consumers in the forensic AOD system. This involved the development of a questionnaire tool followed by a series of focus groups and analysis of the results. The data from these sessions has been collated and will be showcased in a formal report together with a series of recommendations in August/September 2023. Two of the peer researchers presented some of the deidentified audio recordings of participant comments at the VAADA Service Providers Conference on 2nd June 2023 and received extremely positive feedback.

In February 2023 VAADA contracted Anita Trezona (consultant) to assist in the preparation of an AOD sector wide workforce development survey.

The four objectives of the survey included:

- 1) measure the status of the workforce’s capacity and capability
- 2) identify workforce gaps and strengths
- 3) provide a baseline for future workforce development projects, and

- 4) form an evidence-base for sector advocacy.

The survey tool was designed and disseminated across the sector in April 2023. VAADA received over 400 responses to the survey. At this stage it is intended for the survey to be administered to the sector on a biennial basis. The report will be made publicly available in October 2023.

The Sector Capacity Building Project was staffed by Jane Moreton and Julia Daly.

Jane Moreton
Project Manager – AOD
Sector Capacity Building

Victorian Alcohol and other Drugs Workforce Development Survey 2023

Report prepared by
Trezona Consulting Group
for the Victorian Alcohol
and Drug Association (VAADA)



MEDIA AND POLICY REPORT

Advocacy Report

There have been several advocacy priorities over the past year, including a significant focus the lead up to the Victorian state election in November, 2022. Our election strategy reflected sector feedback and highlighted the challenges facing the sector. These were socialised broadly through the community via most media outlets.

Prior to the Victorian State Election (26 November 2022) VAADA hosted three events titled **Call to the Parties**, which consisted of representatives from the cross benches, opposition, and government, each separately presenting their AOD vision and policy platforms for the next term of Parliament.

These events were strongly attended by the sector and facilitated in-depth discussions about various political platforms. They additionally offered opportunities for the sector to raise suggestions for policy improvement and openly address any concerns about the platforms they may have heard.

VAADA would like to extend its thanks to all participants, both political and from the sector, that allowed a strong focus on drug policy prior to the state election. These events also raised VAADA's profile across Victorian media outlets as well as among Parliamentarians.

Coming into 2023, there were increasing concerns regarding the commitment of a medically supervised injecting room in the CBD. While the pandemic impacted drug trends and harms, it is increasingly evident that these harms are surging in a post-pandemic environment. This included substance

related harms in the CBD, which experienced the highest number of fatal heroin overdoses across any local government area (LGA).

VAADA led the development of a joint letter (with over 80 health and community organisations registering their support) calling for an MSIR in the CBD. This campaign culminated in a public event with several speakers which was reported heavily across media.

Looking forward, VAADA will continue to advocate on behalf of the AOD sector across issues such as the implementation of the Royal Commission into Mental Health, increasing demand, strains on workforce, youth, as well as lifesaving harm reduction initiatives such as Medically Supervised Injecting and drug checking/testing.

This work could not be done without the support and contributions from the sector who have tirelessly worked with VAADA to advance the needs of the people who use drugs and experience substance dependence.

David Taylor
Policy and Media



VAADA 2023

SHIFTING LANDSCAPES CONFERENCE HIGHLIGHTS

VOODA Shifting Landscapes
CONFERENCE
FEBRUARY 9-10
2023

PROGRAM

Building the Holistic Treatment Mosaic

698

ATTENDEES

27

SPONSORS

4.5

AVERAGE
RATING OVERALL

4.65

AVERAGE KEYNOTE
SPEAKER RATING

4.45

AVERAGE
PROGRAM RATING

The 2023 VAADA conference marked a truly celebratory return after a four-year hiatus forced upon us by COVID-19. Held at the Pullman Hotel in East Melbourne on February 9th and 10th, this event received an impressive average rating of 4.5 out of 5 in the post-event survey, underlining its success.

Sponsorship Strategy: The sponsorship strategy was revamped based on feedback from 2019's conference. This included introducing a platinum sponsorship level, which attracted two sponsors. Instead of traditional merchandise, sponsors were offered advertising space in the conference handbook, streamlining administrative processes, and reducing waste.

A Streamlined Program: The conference program underwent significant changes for a more

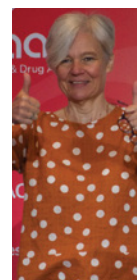
seamless experience. A simplified program structure with fixed presentation durations of 25 minutes received strong positive feedback. Attendees appreciated the five-minute breaks between sessions, allowing them to move between streams more easily. The post-conference survey reported an average satisfaction rating of 4.45 out of 5, with 86% of respondents rating the program as very good to excellent. Attendees wanted to see more presentations on lived experience, diversity, priority populations, clinical innovation, and research topics, which will be considered in future abstract calls.

The 2023 VAADA conference was a remarkable success, both in terms of content and structure. With a diverse sponsorship strategy, and a refined program structure, the conference attracted

a higher number of attendees compared to the previous event.

The conference was a valuable platform for knowledge-sharing and networking within the AOD sector. It also highlighted areas for improvement in ticketing processes, venue and conference dinner options. Future conferences will benefit from these lessons, aiming to provide an even better experience for attendees.

The return of the VAADA conference in 2023 was a testament to resilience and adaptability. As we look ahead, we are committed to providing an excellent conference experience for our sector and ensuring that each conference builds on the successes and lessons of the past. It remains a cornerstone event for the AOD sector, and we are grateful for the support of our sponsors, partners, and attendees, and look forward to 2025.



SNAPSHOT 2022 - 2023

PARTNERSHIPS, LINKAGES AND NETWORKS

60⁺

PARTNERSHIPS,
LINKAGES AND
NETWORKS.



In addition to its membership, VAADA works with a range of stakeholders to reduce AOD related harms. These stakeholders include: AOD service users; those directly impacted by drug use; CALD communities; Government; the public service; media; allied sectors; and other peak bodies. The following list comprises a range of organisations and networks VAADA has engaged with, in various capacities, to help meet its mission and vision.

• Allied Peak Bodies and Associations:

Centre for Excellence in Child and Family Welfare; Victorian Council of Social Services (VCOSS); Victorian Healthcare Association; Victorian Aboriginal Community Controlled Health Organisation

• **AOD:** The Australian Network of State and Territory Alcohol and Other Drug Peak Bodies; AOD System Coordination Group; Alcohol Change Victoria; Foundation for Alcohol Research and Education (FARE); Change Agent Network (CAN); Penington Institute; Grampians - AOD Interagency Meeting; Yarra Drug and Health Forum, Gippsland Alcohol and Drug Service Providers Alliance, Harm Reduction Network, Victorian Addiction Inter-hospital Liaison

Association (VAILA), Southern Metropolitan Region (SMR) Alcohol and other Drug (AOD) Network

• **CALD:** Centre for Culture Ethnicity & Health; Centre for Multicultural Youth; Islamic Council Victoria; Victorian Transcultural Mental Health

• Community Services and Health Industry Advisory Group, (Victorian Skills Authority)

• **Department of Health Victoria:** Expert Advisory Group - Alcohol and Other Drugs;

• **Family Violence:** Family Safety Victoria; Safe and Equal, No to Violence; MARAMIS Expert Advisory Group; Safe Steps Family Violence support; AOD Specialist Family Violence Advisor Program

• LiverWELL

• **Homelessness:** Council to Homeless Persons; Community Housing Federation of Victoria

• Human Services Health Partnership Implementation Committee (HSHPIC)

• **Department of Health Victoria:** Expert Advisory Group- Alcohol and Other drugs.

• **Legal:** Federation of Community Legal Centres; Neighbourhood Justice Centre; Inner Melbourne Community Legal Centre; Fitzroy Legal Service

• **Mental Health:** Mental Health Victoria; NWMPHN Joint Mental Health and Alcohol and Other

Drugs Expert Advisory Group
Victorian Dual Diagnosis Initiative; VMIAC; Tandem

• **Unions:** Australian Services Union, Victorian Ambulance Union; Health and Community Services Union, Australian Nursing and Midwifery Federation (Victorian Branch)

• Universities and Research Bodies:

Monash University; Melbourne University; La Trobe University; RMIT; Deakin University; Edith Cowan University; Curtin University; Burnett Institute; University of New South Wales

• Victorian Primary Health Networks:

North Western Melbourne; Eastern Melbourne; South Eastern Melbourne; Gippsland; Murray; Western Victoria

• **WIRE;** Women's Health in the North; Women's Health in the West

MEMBERSHIP

68 VAADA
MEMBERS



As of 30 June 2023, VAADA had 68 members. Organisational members included: 'AOD specific' organisations, hospitals, community health, primary health, general youth services and others (i.e. counselling service, forensic, legal services). Individual members reflected the organisational members' mix of services.

VAADA CONFERENCES AND EVENTS

1,500 

**3 CONFERENCES AND 4 FORUMS
TO OVER 1,500 IN-PERSON AND
ONLINE ATTENDEES**

Working better together: A shared vision for AOD and Mental Health: Collaborative Service Providers Conference with Mental Health Victoria

Shifting Landscapes: Building the Holistic Treatment Mosaic: VAADA Biennial Conference 2023

AOD Workforce: Modelling Excellence in Interdisciplinary Practice: Victorian AOD Service Providers Conference

State Election 2022: VAADA Call to Parties: AOD Policy Forums (x2)

AOD Nurses Forum: Toolkit Top-up

Working with young people using violence in the home: Forum for Youth AOD and Family Violence AOD workers

TRI-PEAKS WEBINAR SERIES

- 5 Webinars
- MARAM implementation and Information sharing
- Better Futures – Home Stretch: A model for achieving social change
- An update on the first Australian Child Maltreatment Study

- Family Drug Treatment: Engaging with parents to support family reunification

- Supporting the Health and Wellbeing of Young People Leaving Care

MENTAL HEALTH ROYAL COMMISSION

- Seclusion and restraint
- Compulsory Treatment
- Statewide wellbeing plan

ELEVATE! AOD TRAINING INITIATIVE

56 **TRAINING
SESSIONS
DELIVERED** 

In partnership with 16 Training Providers

Reaching 1,765 Subscribers

VAADA NETWORK MEETINGS

30 Network Meetings with over 1,000 total attendees

AOD CEOs and Managers

Catchment Planners

Emergency Department Clinical Liaison Addiction Network (EDCLAN)

Family Violence Community of Practice

Non Residential Withdrawal Nurses

Sex, Sexuality and Gender Diverse AOD Worker Network

Youth AOD Community of Practice

Youth Advocacy Network

RURAL AND REGIONAL REACH

Face to face Service Provider Forums and other network meetings across Victoria reaching 300+ participants

Murray PHN Regional Service Provider Forums: Bendigo (x2), Mildura and Shepparton

Western Victoria PHN AOD Forum: Ballarat

YOUTUBE CHANNEL

406 

**HOURS OF CONTENT
WATCHED BY 2,600
VIEWERS**

Most Popular:
Walk-through of MARAM-aligned AOD Intake & Coordination

AOD 101 – Part 1
Integrating Care for People with Co-occurring AOD and Mental Health Conditions



SURVEYS

- VAADA has maintained a high standard of service provision and support to the AOD sector, in addition to collaborating well with other sectors.

282
RESPONDENTS

OVER
80%
RESPONDENTS

of the responses rated VAADA as “very effective” or “effective” in relation to all of the principles (as listed in its Strategic Plan)

OVER
75%
RESPONDENTS

of respondents indicated that VAADA is doing a “very effective” or “effective” job. It scored the highest with “Engaging with reforms”.
listed in its Strategic Plan)

“VAADA does a wonderful job of eloquently & succinctly advocating for considered policy responses regarding AOD use & treatment, & representing a marginalised population.”

“excellent meetings this year, which have provided knowledge and information sharing with others”

MEDIA

40 MEDIA
PIECES 

- Press Releases – 14
- Radio – 17
- Press – 30
- TV – 9
- Online – 46

SUBMISSIONS

18
SUBMISSIONS TO
GOVERNMENT 

- Strategy towards the Elimination of Seclusion and Restraint
- Independent review of Compulsory Assessment and Treatment Criteria and Alignment of Decision Making Laws
- State Budget Submission 2023/24
- National Mental Health Commission’s Draft National Stigma and Discrimination Reduction Strategy

- Australia’s illicit drug problem: Challenges and opportunities for law enforcement

- Development of the Statewide Wellbeing Plan

- Victorian Eating Disorders Strategy

- Local Mental Health and Wellbeing Service Framework

- VAADA Victorian election statement

- Mental Health Act Consultation

- Independent consultation: Injecting drug harms in City of Melbourne

- Victoria’s 30-year infrastructure strategy

- Greens Legalising Cannabis Bill 2023

- Statement into the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability

- Response to the National Health Literacy Strategy Framework Consultation

- Response to SAC’s Sentencing Deferrals

- Response to Victoria’s Suicide Prevention Strategy

- Options Paper – Victoria’s Pharmacotherapy system

VAADA ENEWS

1050 letters sent to 2,400 subscribers

VAADA JOBS BOARD

VAADA Promoted 500 AOD-related jobs on the Jobs Board

Treasurer's Reports

For the year ended 30 June 2023



I am pleased to present, on behalf of the Board, the audited Financial Statements for the fiscal year 2022/2023. VAADA's financial performance this year has built upon the robust fiscal results achieved at the close of the 2021/2022 financial year, resulting in a surplus of \$276,511. This surplus is the outcome of a comprehensive assessment of VAADA's current and non-current liabilities, including Income in Advance, Employee Benefits, Trade and other Payables, lease obligations, and non-current liabilities encompassing lease commitments and long service leave, culminating in an organisational equity of \$2,013,374. It is with satisfaction that we note the surplus exceeded the budgetary expectations, largely attributed to the success of the VAADA Biennial Conference, a more favourable investment climate, and interest earnings surpassing initial projections.

Revenue

During this financial year, VAADA recorded a total revenue of \$2,567,505, marking an increase of \$138,812 compared to the preceding year. The primary contributor to this revenue stream was grant income, which totalled \$2,029,491. Notably, State Funding emerged as the most substantial component, amounting to \$1,486,328. The Department of Health continued its support for workforce development, innovation, and system integration by maintaining funding for critical projects, including ADRIA, Elevate!, EDCLAN, the Mental Health Royal Commission Project, Family Violence AOD Sector Capacity

Building, and the Sector Service Provider's Conference. Additionally, there was a modest increment in funding from the Commonwealth, predominantly due to increased backing for the CCB project. Furthermore, VAADA's investments, recorded as Other Comprehensive Income in the Statement of Profit and Loss, witnessed an unrealised gain of \$111,310 this year, in stark contrast to the previous year's unrealised loss of \$51,759. The VAADA Board adopts a medium-to-long-term perspective on these investments, anticipating a favourable long-term return despite the short-term market fluctuations they may encounter.

Expenditure

VAADA's Employee Benefits expenditure experienced some growth, rising by \$54,027, predominantly driven by the 2023 Fair Work decision. Meeting Expenses also recorded a substantial increase, increasing by \$285,765, chiefly attributable to expenses associated with the VAADA Biennial Conference and the resumption of in-person events as COVID-19 restrictions eased. Furthermore, Computer Expenses saw an uptick of \$26,952, mainly due to the development of a website for the Biennial Conference and the necessity to replace outdated equipment.

VAADA has set a budget aiming for a modest surplus for the 2023/24 financial year. However, the Board acknowledges the broader economic challenges facing Australia, which may potentially impact VAADA's financial position in the upcoming year.

Acknowledgment of Funders

We extend our heartfelt appreciation to the following funders for their invaluable contributions to VAADA:

- Victorian Department of Health
- Family Safety Victoria
- Commonwealth Department of Health
- Murray PHN

In summary, the past year has been marked by financial success, and I would like to express my gratitude to the Board, my esteemed colleagues on the Finance, Risk, and Audit Subcommittee, as well as the dedicated VAADA staff for their unwavering support. Special thanks go to our retiring CEO, Sam Biondo, for his exceptional leadership throughout the year. On a personal note, I wish to announce my impending retirement from the Board at this year's Annual General Meeting and to note that being Treasurer these last few years has been busy but rewarding.

Furthermore, VAADA extends its deep appreciation to Ruth Watson and Associates for their unwavering accounting support during the 2022/23 financial period. We also extend our gratitude to LDAssurance Chartered Accountants for their diligent audit of VAADA's financial reports for 2022/23.

Financial Reports

For the year ended 30 June 2023

Statement of Profit or Loss and Other Comprehensive Income for the Year Ended 30 June 2023

	Note	2023	2022
		\$	\$
REVENUE			
Grant Revenue - Commonwealth	4	543,163	513,818
Grant Revenue - State	4	1,486,328	1,863,311
Biennial conference income		395,687	-
Interest income		88,385	11,250
Membership fees		31,669	29,886
Other events		19,104	5,030
Other income		3,169	5,398
Total revenue		2,567,505	2,428,693
EXPENSES			
Employee benefits expense		(1,321,326)	(1,267,299)
Amortisation		(46,274)	(46,947)
Computer expenses		(97,722)	(69,392)
Accounting & audit fees		(13,380)	(14,260)
Finance expenses		(4,163)	(2,011)
Meeting expenses		(405,469)	(118,776)
ADRIA research grant		(231,234)	(520,364)
Administration expenses		(140,525)	(72,253)
Consulting fees		(97,407)	(58,812)
Occupancy expenses		(3,288)	(2,741)
Other expenses		(4,911)	(3,483)
Other Nature Category UD10 - Type 3 - UD3		(13,706)	(17,442)
Professional development		(22,899)	(55,905)
Total expenses		(2,402,304)	(2,249,685)
Profit/(loss) for the year		165,201	179,008
Other comprehensive income	7	111,310	(51,759)
Total comprehensive income for the year		276,511	127,249

Statement of Financial Position as at 30 June 2023

	Note	2023	2022
		\$	\$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	5	3,497,122	3,250,676
Trade and other receivables	6	4,216	24,125
Prepayments		9,498	23,625
TOTAL CURRENT ASSETS		3,510,836	3,298,426
NON-CURRENT ASSETS			
Other financial assets	7	897,039	794,547
Right-of-use assets	8	104,875	58,827
TOTAL NON-CURRENT ASSETS		1,001,914	853,374
TOTAL ASSETS		4,512,750	4,151,800
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	9	181,228	126,136
Lease liabilities	8	47,148	47,642
Employee benefits	11	244,174	221,610
Income in advance	10	1,927,035	1,978,724
TOTAL CURRENT LIABILITIES		2,399,585	2,374,112
NON-CURRENT LIABILITIES			
Lease liabilities	8	62,251	12,192
Employee benefits	11	37,540	28,633
TOTAL NON-CURRENT LIABILITIES		99,791	40,825
TOTAL LIABILITIES		2,499,376	2,414,937
NET ASSETS		2,013,374	1,736,863
EQUITY			
Retained Earnings		2,013,374	1,736,863
TOTAL EQUITY		2,013,374	1,736,863

Statement of Changes in Equity

For the year ended 30 June 2023

2023	Retained Earnings	Total
	\$	\$
Balance at 1 July 2022	1,736,863	1,736,863
Profit for the year	165,201	165,201
Other comprehensive income for the year	111,310	111,310
Balance at 30 June 2023	2,013,374	2,013,374

2022	Retained Earnings	Total
	\$	\$
Balance at 1 July 2021	1,609,614	1,609,614
Profit for the year	179,008	179,008
Other comprehensive income for the year	(51,759)	(51,759)
Balance at 30 June 2022	1,736,863	1,736,863

Statement of Cash Flows

For the year ended 30 June 2023

	Note	2023	2022
		\$	\$
Cash flows from operating activities			
Receipts from grants		2,180,751	2,343,387
Payments to suppliers and employees		(2,499,161)	(2,499,787)
Other income		519,228	427,048
Interest received		88,385	11,250
Net cash provided by/(used in) operating activities	15	289,203	281,898
Cash flows from financing activities:			
Repayments of lease liabilities		(42,757)	(46,244)
Net cash provided by/(used in) financing activities		(42,757)	(46,244)
Net increase/(decrease) in cash and cash equivalents held		246,446	235,654
Cash and cash equivalents at beginning of year		3,250,676	3,015,022
Cash and cash equivalents at end of financial year	5	3,497,122	3,250,676

Notes to the Financial Statements

For the year ended 30 June 2023

The financial report covers Victorian Alcohol and Drug Association Inc. as an individual entity. Victorian Alcohol and Drug Association Inc. is a not-for-profit Association, registered and domiciled in Australia.

The functional and presentation currency of Victorian Alcohol and Drug Association Inc. is Australian dollars.

Comparatives are consistent with prior years, unless otherwise stated.

1 Basis of Preparation

In the opinion of those charged with Governance the Association is not a reporting entity since there are unlikely to exist users of the financial statements who are not able to command the preparation of reports tailored so as to satisfy specifically all of their information needs. These special purpose financial statements have been prepared to meet the reporting requirements of the Australian Charities and Not-for-profits Commission Act 2012.

The financial statements have been prepared in accordance with the recognition and measurement requirements of the Australian Accounting Standards and Accounting Interpretations, and the disclosure requirements of AASB 101 Presentation of Financial Statements, AASB 107 Statement of Cash Flows, AASB 108 Accounting Policies, Changes in Accounting Estimates and Errors and AASB 1054 Australian Additional Disclosures.

These special purpose financial statements do not comply with all the recognition and measurement requirements in Australian Accounting Standards. The material accounting policies adopted in the special purpose financial statements are set out in note 2 and indicate how the recognition and measurement requirements in Australian Accounting Standards have not been complied with.

Note 2 (a) Revenue and other income

Some grant income has been deferred upon receipt and not recognised as revenue until the related expenses are incurred, and has not been assessed for compliance with the recognition and measurement requirements in AASB 1058 Income of Not-for-Profit Entities.

2 Summary of Significant Accounting Policies

(a) Revenue and other income

Specific revenue streams

The revenue recognition policies for the principal revenue streams of the Association are:

Grant income

Unspent grant income received in relation to specific projects and events is not brought to accounts as revenue in the current year but deferred as a liability in the financial statements until spent for the purpose received without assessing whether enforceable performance obligations exist.

Membership income

Revenue from the provision of membership fees are recognised on a straight line basis over the financial year that they apply to.

Other income

Other income is recognised on an accruals basis when the Association is entitled to it.

(b) Income Tax

The Association is exempt from income tax under Division 50 of the Income Tax Assessment Act 1997.

(c) Goods and services tax (GST)

Revenue, expenses and assets are recognised net of the amount of goods and services tax (GST), except where the amount of GST incurred is

not recoverable from the Australian Taxation Office (ATO).

Receivables and payable are stated inclusive of GST.

Cash flows in the statement of cash flows are included on a gross basis and the GST component of cash flows arising from investing and financing activities which is recoverable from, or payable to, the taxation authority is classified as operating cash flows.

(d) Financial instruments

Financial instruments are recognised initially on the date that the Association becomes party to the contractual provisions of the instrument.

On initial recognition, all financial instruments are measured at fair value plus transaction costs (except for instruments measured at fair value through profit or loss where transaction costs are expensed as incurred).

Financial assets

All recognised financial assets are subsequently measured in their entirety at either amortised cost or fair value, depending on the classification of the financial assets.

Classification

On initial recognition, the Association classifies its financial assets into the following categories, those measured at:

- fair value through other comprehensive income - debt investments (FVOCI - debt)

Financial assets are not reclassified subsequent to their initial recognition unless the Association changes its business model for managing financial assets.

Fair value through other comprehensive income

Notes to the Financial Statements

For the year ended 30 June 2023

Equity instruments

The Association has a number of strategic investments in managed funds over which they do not have significant influence nor control. The Association has made an irrevocable election to classify these equity investments as fair value through other comprehensive income as they are not held for trading purposes.

These investments are carried at fair value with changes in fair value recognised in other comprehensive income.

(d) Financial instruments

Dividends are recognised as income in profit or loss unless the dividend clearly represents a recovery of part of the cost of the investment. Other net gains and losses are recognised in OCI.

Impairment of financial assets

Impairment of financial assets is recognised on an expected credit loss (ECL) basis for the following assets:

- financial assets measured at amortised cost
- debt investments measured at FVOCI

When determining whether the credit risk of a financial assets has increased significantly since initial recognition and when estimating ECL, the Association considers reasonable and supportable information that is relevant and available without undue cost or effort. This includes both quantitative and qualitative information and analysis based on the Association's historical experience and informed credit assessment and including forward looking information.

The Association uses the presumption that an asset which is more than 30 days past due has seen a significant increase in credit risk.

The Association uses the presumption that a financial asset is in default when:

- the other party is unlikely to pay its credit obligations to the Association in full, without recourse to the Association to actions such as realising security (if any is held); or
- the financial assets is more than 90 days past due.

Credit losses are measured as the present value of the difference between the cash flows due to the Association in accordance with the contract and the cash flows expected to be received. This is applied using a probability weighted approach.

Trade receivables

Impairment of trade receivables have been determined using the simplified approach in AASB 9 which uses an estimation of lifetime expected credit losses. The Association has determined the probability of non-payment of the receivable and multiplied this by the amount of the expected loss arising from default.

The amount of the impairment is recorded in a separate allowance account with the loss being recognised in finance expense. Once the receivable is determined to be uncollectable then the gross carrying amount is written off against the associated allowance.

Where the Association renegotiates the terms of trade receivables due from certain customers, the new expected cash flows are discounted at the original effective interest rate and any resulting difference to the carrying value is recognised in profit or loss.

Other financial assets measured at amortised cost.

Impairment of other financial assets measured at amortised cost are determined using the expected credit loss model in AASB 9. On initial recognition of the asset, an estimate of the expected credit losses for the next 12 months is recognised. Where the asset has experienced significant increase in credit risk then the lifetime losses are estimated and recognised.

(e) Cash and cash equivalents

Cash and cash equivalents comprises cash on hand, demand deposits and short-term investments which are readily convertible to known amounts of cash and which are subject to an insignificant risk of change in value.

(f) Leases

At inception of a contract, the Association assesses whether a lease exists - i.e. does the contract convey the right to control the use of an identified asset for a period of time in exchange for consideration.

This involves an assessment of whether:

- The contract involves the use of an identified asset - this may be explicitly or implicitly identified within the agreement. If the supplier has a substantive substitution right then there is no identified asset.
- The Association has the right to obtain substantially all of the economic benefits from the use of the asset throughout the period of use.
- The Association has the right to direct the use of the asset i.e. decision making rights in relation to changing how and for what purpose the asset is used.

Lessee accounting

The non-lease components included in the lease agreement have been separated and are recognised as an expense as incurred.

Notes to the Financial Statements

For the year ended 30 June 2023

At the lease commencement, the Association recognises a right-of-use asset and associated lease liability for the lease term. The lease term includes extension periods where the Association believes it is reasonably certain that the option will be exercised.

The right-of-use asset is measured using the cost model where cost on initial recognition comprises of the lease liability, initial direct costs, prepaid lease payments, estimated cost of removal and restoration less any lease incentives received.

The right-of-use asset is depreciated over the lease term on a straight line basis and assessed for impairment in accordance with the impairment of assets accounting policy.

The lease liability is initially measured at the present value of the remaining lease payments at the commencement of the lease. The discount rate is the rate implicit in the lease, however where this cannot be readily determined then the Association's incremental borrowing rate is used.

Subsequent to initial recognition, the lease liability is measured at amortised cost using the effective interest rate method. The lease liability is remeasured whether there is a lease modification, change in estimate of the lease term or index upon which the lease payments are based (e.g. CPI) or a change in the Association's assessment of lease term.

Where the lease liability is remeasured, the right-of-use asset is adjusted to reflect the remeasurement or is recorded in profit or loss if the carrying amount of the right-of-use asset has been reduced to zero.

(g) Employee benefits

Provision is made for the Association's liability for employee benefits arising from services rendered by employees to the end of the reporting period. Employee benefits that are expected to be wholly settled within one year have been measured at the amounts expected to be paid when the liability is settled.

Employee benefits expected to be settled more than one year after the end of the reporting period have been measured at the present value of the estimated future cash outflows to be made for those benefits. In determining the liability, consideration is given to employee wage increases and the probability that the employee may satisfy vesting requirements. Cashflows are discounted using market yields on high quality corporate bond rates incorporating bonds rated AAA or AA by credit agencies, with terms to maturity that match the expected timing of cashflows. Changes in the measurement of the liability are recognised in profit or loss.

(h) Adoption of new and revised accounting standards

The Association has adopted all standards which became effective for the first time at 30 June 2021, the adoption of these standards has not caused any material adjustments to the reported financial position, performance or cash flow of the Association.

3 Critical Accounting Estimates and Judgments

Those charged with governance make estimates and judgements during the preparation of these financial statements regarding assumptions about current and future events affecting transactions and balances.

These estimates and judgements are based on the best information available at the time of preparing the financial statements, however as additional information is known then the actual results may differ from the estimates.

The significant estimates and judgements made have been described below.

Key estimates - receivables

The receivables at reporting date have been reviewed to determine whether there is any objective evidence that any of the receivables are impaired. An impairment provision is included for any receivable where the entire balance is not considered collectible. The impairment provision is based on the best information at the reporting date.

Notes to the Financial Statements

For the year ended 30 June 2023

Note	2023	2022
	\$	\$
4. Revenue and Other Income		
Grant revenue		
Grant Revenue - Commonwealth		
Murray PHN	60,000	83,943
NW PHN Workforce	3,504	77,390
WVPHN	25,780	38,326
CCB	453,879	314,159
	543,163	513,818
Grant Revenue - State		
ADRIA Operating	115,056	72,267
ADRIA Research	231,234	520,363
EDCLAN	26,835	29,163
Elevate!	277,177	343,980
MHRC Project	185,000	186,520
Family Violence AOD Sector Support	139,660	147,284
Immunisation Project	-	38,329
Peaks Tripartite	60,000	60,000
Integrated System of Care model	-	12,000
Service Providers Conference	56,000	60,000
Operating	395,366	393,405
	1,486,328	1,863,311
Total Grant Revenue	2,029,491	2,377,129
5. Cash and Cash Equivalents		
Cash at bank and on hand	3,497,122	3,250,676
	3,497,122	3,250,676

Note	2023	2022
	\$	\$
6. Trade and other receivables		
Trade receivables	4,216	24,125
Total current trade and other receivables	4,216	24,125

Notes to the Financial Statements

For the year ended 30 June 2023

The carrying value of trade receivables is considered a reasonable approximation of fair value due to the short-term nature of the balances.

The maximum exposure to credit risk at the reporting date is the fair value of each class of receivable in the financial statements.

Note	2023	2022
7. Other Financial Assets		
(a) Financial assets at fair value through Other Comprehensive Income		
NON-CURRENT		
Managed Funds - UCA Funds Management	897,039	794,547
Total	897,039	794,547
(b) Change in fair value of other financial assets through other comprehensive income		
Managed Funds - UCA Funds Management	111,310	(51,759)
Total	111,310	(51,759)

8. Leases

Association as a lessee

The Association has a lease for its office accommodation.

Information relating to the leases in place and associated balances and transactions are provided below.

Right-of-use assets	Buildings
	\$
Year ended 30 June 2023	
Balance at beginning of year	94,123
Additions to right-of-use assets	92,322
Impairment of right-of-use assets	(81,570)
Balance at end of year	104,875
Year ended 30 June 2022	
Balance at beginning of year	94,123
Impairment of right-of-use assets	(35,296)
Balance at end of year	58,827

Notes to the Financial Statements

For the year ended 30 June 2023

8. Leases (continued)

Lease liabilities

The maturity analysis of lease liabilities based on contractual undiscounted cash flows is shown in the table below:

	< 1 year	1 - 5 years	Total undiscounted lease liabilities	Lease liabilities included in this Statement Of Financial Position
2023	\$	\$	\$	\$
Lease liabilities	49,744	63,486	113,230	109,399
2022				
Lease liabilities	48,769	12,252	61,021	59,834

	Notes	2023	2022
9. Trade and Other Payables		\$	\$
CURRENT			
Trade payables		45,811	2,415
GST payable		58,570	57,455
PAYG payable		43,896	18,090
Superannuation payable		13,326	-
Accrued expenses		18,899	43,172
Credit Card		-	5,004
Other payables		726	-
		181,228	126,136

Trade and other payables are unsecured, non-interest bearing and are normally settled within 30 days. The carrying value of trade and other payables is considered a reasonable approximation of fair value due to the short-term nature of the balances.

Notes to the Financial Statements

For the year ended 30 June 2023

Notes	2023	2022
10. Income in advance	\$	\$
CURRENT		
Government grants - Commonwealth	5,004	87,078
Government grants - State	754,474	492,857
Government grants - State ADRIA Research Fund	1,167,557	1,398,789
Total	1,927,035	1,978,724

Note	2023	2022
11. Employee Benefits	\$	\$
Current liabilities		
Long service leave	99,687	89,760
Annual leave	144,487	131,850
	244,174	221,610
Non-current liabilities		
Long service leave	37,540	28,633

Note	2023	2022
12. Auditors' Remuneration	\$	\$
Remuneration of the auditor		
Audit and preparation of the financial statements (LDAssurance)	5,000	5,000
Audit of CCB Acquittal (LDAssurance)	2,000	2,000
Total	7,000	7,000

13. Contingencies

In the opinion of those charged with governance, the Association did not have any contingencies at 30 June 2023 (30 June 2022: None).

14. Related Parties

Other related parties include close family members of key management personnel and entities that are controlled or significantly influenced by those key management personnel or their close family members.

All board members of Victorian Alcohol and Drug Association act in an honorary capacity. No board member received or was entitled to receive a fee solely by virtue of their position as a board member.

Notes to the Financial Statements

For the year ended 30 June 2023

Notes	2023	2022
15. Cash Flow Information		
Reconciliation of result for the year to cashflows from operating activities		
Reconciliation of net income to net cash provided by operating activities:		
	\$	\$
Profit for the year	165,201	1 179,008
Cash flows excluded from profit attributable to operating activities		
Non-cash flows in profit:		
amortisation	46,274	46,947
Changes in assets and liabilities:		
(increase)/decrease in trade and other receivables	19,909	60,858
(increase)/decrease in other assets	8,818	(545)
(increase)/decrease in prepayments	14,127	(22,461)
increase/(decrease) in trade and other payables	55,092	(60,681)
increase/(decrease) in income in advance	(51,689)	39,373
increase/(decrease) in provisions	31,471	39,399
Cashflows from operations	289,203	281,898

16. Statutory Information

The registered office and principal place of business of the association is:

Victorian Alcohol and Drug Association Inc.

211 Victoria Parade

Collingwood VIC 3066

Responsible Persons Declaration

The responsible person declare that in their opinion:

- there are reasonable grounds to believe that the registered entity is able to pay all of its debts, as and when they become due and payable; and
- the financial statements and notes satisfy the requirements of the Australian Charities and Not-for-profits Commission Act 2012.

Signed in accordance with subsection 60.15(2) of the Australian Charities and Not-for-profit Commission Regulations 2022.

Chairperson  Treasurer 

Dated 06/09/2023

06/09/2023

Independent Audit Report to the Members of Victorian Alcohol and Drug Association inc.

Opinion

We have audited the accompanying financial report of Victorian Alcohol and Drug Association Inc. ('the Association'), which comprises the statement of financial position as at 30 June 2021, and the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year ended on that date, a summary of significant accounting policies and other explanatory notes and the responsible person's declaration.

In our opinion, the accompanying financial report of Victorian Alcohol and Drug Association Inc. has been prepared in accordance with Division 60 of the Australian Charities and Not-For-Profit Commission Act 2012, including:

- (a) giving a true and fair view of the Association's financial position as at 30 June 2023 and of its performance for the year ended on that date; and
- (b) complying with Australian Accounting Standards and Division 60 of the Australian Charities and Not-For-Profit Commission Regulations 2022.

Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described as in the Auditor's Responsibilities for the Audit of the Financial Report section of our report. We are independent of the Association in accordance with Division 60 of the Australian Charities and Not-for-profits Commission Act 2012 and the ethical requirements of the Accounting Professional and Ethical Standards Committee's APES 110 Code of Ethics for Professional Accountants ('the Code') that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Emphasis of Matter – Basis of Accounting

We draw attention to Note 1 to the financial report, which describes the basis of accounting. The financial report has been prepared to for the purpose of fulfilling the Association's financial reporting requirements of the Australian Charities and Not-for-profits Commission Act 2012. As a result, the financial report may not be suitable for another purpose. Our opinion is not modified in respect of this matter.

Other Matters

- We draw attention to Note 2 (a) of the financial report, the Association has not complied with the recognition and measurement requirements of AASB 1058 Income of Not-for-Profit entities. Our opinion is not modified in respect of this matter.

Responsibilities of the Committee for the Financial Report

The Committee is responsible for the preparation of the financial report that gives a true and fair view and have determined that the basis of preparation described in Note 1 to the financial report is appropriate to meet the requirements of the Australian Accounting Standards and Division 60 of the Australian Charities and Not for profits Commission Act 2012. The Committee's responsibility also includes such internal control as it determines is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

Independent Audit Report to the Members of Victorian Alcohol and Drug Association inc.

In preparing the financial report, the Committee is responsible for assessing the Association's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Committee either intends to liquidate the Association or to cease operations, or have no realistic alternative but to do so.

Auditor's Responsibilities for the Audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Australian Auditing Standards will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial report.

As part of an audit in accordance with Australian Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Association's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Committee.
- Conclude on the appropriateness of the Committee's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Association's ability to continue as a going concern.

If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Association to cease to continue as a going concern.

- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the Committee regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

LD Assurance
Chartered Accountants



Stephen O'Kane
Partner

Dated this 6th day of October 2023
330 Collins Street, Melbourne

**LEAD AUDITOR'S INDEPENDENCE DECLARATION
UNDER SUBDIVISION 60-C OF THE
AUSTRALIAN CHARITIES AND NOT-FOR-PROFIT COMMISSION ACT 2012**

To the Committee of Victorian Alcohol and Drug Association Inc.

I declare that, to the best of my knowledge and belief, in relation to the audit for the year ended 30 June 2023 there have been:

- (i) no contraventions of the auditor independence requirements as set out in the *Australian Charities and Not-For-Profit Commission Act 2012* in relation to the audit; and
- (ii) no contraventions of any applicable code of professional conduct in relation to the audit.

LDAssurance
Chartered Accountants

Stephen O'Kane
Partner



Dated this 6th day of October 2023
330 Collins Street, Melbourne.

Notes

[illegible]



