2017

ANNUAL REPORT

Victorian Alcohol And Drug Association

vaada

The Victorian Alcohol and Drug Association (VAADA) acknowledges the support of the Victorian Government

The VAADA Annual Report 2016-2017
published November 2017

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THE VAADA BOARD

President
Stefan Gruenert

Vice President
Sharon O'Reilly *(resigned November 2016)*
Anne-Maree Rogers *(commenced December 2016)*

Treasurer
Laurence Alvis *(resigned December 2016)*
Alan Murnane *(commenced January 2017)*

Ordinary Members
Stephen Bright *(resigned April 2016)*
Andrew Bruun
Rebecca Lorains
Sally Mitchell

BOARD MEMBER PROFILES

President - Stefan Gruenert
Stefan is a registered psychologist with more than 15 years of experience in the drug and alcohol sector as a clinician, supervisor, researcher, and manager. Stefan has worked as a senior counsellor in a range of settings and has conducted research on alcohol use, men's issues, intimacy, family work, and fathers. Stefan is actively involved in promoting change to better address the needs of children affected by problematic parental substance use. He has developed a number of resources for workers in the drug and alcohol field, regularly provides advice to government, and has delivered a number of presentations at national and international conferences. He is currently the Chief Executive Officer at Odyssey House Victoria, a member of the Community Consultative Committee for Victoria Legal Aid, and a Board Director of the Alcohol and Drug Council of Australia.

Vice President - Ann Maree Rogers
Anne Maree Rogers has worked for over 30 years in the drug and alcohol/mental health sector. Anne Maree is a mental health nurse who has worked in clinical, training and management roles in a number of government and non-government agencies in regional and metropolitan Melbourne. - Anne Maree currently works at EACH social and community health as the Program Manager of Alcohol and Drug Programs. EACH is the lead agency for the SURE consortium.

Vice President - Sharon O'Reilly
Sharon is an established leader in the alcohol and other drug (AOD) sector in Victoria, starting out as an AOD clinician and for many years has held senior management positions in a range of AOD service types, settings, programs and key organisations in Victoria. Sharon currently holds a senior management role with the South East Melbourne PHN, involved in the leadership and management of the Drug & Alcohol and Mental Health Programs which work with primary care practitioners across the south eastern region. Sharon has a well-developed track record in the area of policy and program development. Her specific

BOARD MEMBER PROFILES

interest is in AOD policy and program development that aims to integrate harm reduction principles within Clinical Governance Frameworks and practice, believing that neither frameworks stand alone in the area of AOD prevention and treatment.

Treasurer - Alan Murnane

Alan has a wealth of management and strategic experience with over 25 years working in the health and community sectors including roles in nursing, disability employment, youth services, housing, men's family violence, drug and alcohol services and public health policy and program development in the state government. He is concerned by the inequity that exists in the community, the limited income redistribution occurring through the tax system, and the inadequacy of funding to the public education system. Alan has a Masters in Organisational Leadership.

Treasurer - Laurence Alvis

Laurence Alvis has been the Chief Executive Officer of Uniting ReGen (formerly Moreland Hall) for the past 12 years. ReGen is an alcohol and other drug service based in various suburbs of Melbourne, with a strong reputation and over 45 years of experience in the delivery of alcohol and other drug services in Victoria. The organisation delivers a broad range of programs and services in the local, state-wide and national alcohol and drug and other sectors. ReGen is a registered training organisation and also produces many published resources which are used state-wide and nationally. In July 2017, ReGen became part of Uniting Victoria and Tasmania, a single Uniting Church agency that provides community services across Victoria and Tasmania.

ReGen has a strong commitment and takes a lead role in developing responses for better treatment outcomes for clients in all its services. It has assisted the Victorian State Government in developing a number of new education and treatment programs focusing on methamphetamine issues for clients and their families.

Laurence has a Bachelor of Economics, a Post Graduate Diploma in Human Services Administration and a Masters in Social Science (Policy and Human Services).

Laurence has been managing various community services since the early 1990s.

Laurence has a strong commitment to social justice principals and providing accessible services to those who need them most.

Stephen Bright

At the time of his resignation Dr Stephen Bright is a clinically-trained psychologist who has worked within the AOD field for the past 10 years. He a senior dual diagnosis clinician at Southern Dual Diagnosis Service and the previous manager of AOD Services at Peninsula Health. Stephen is an adjunct research fellow with the Nation Drug Research Institute at Curtin University. He is the founding board member of PRISM, a not-for-profit research organisation that aims to fund research into the therapeutic potential of psychedelic drugs. He has published papers on new psychoactive substances, drug policy, moral panic, psychotherapy, older adults and psychometrics. Stephen is a strong advocate of harm reduction and an evidence-based approach to AOD legislation.

Andrew Bruun

Andrew Bruun (ADCW, BSW, Dip AOD Work, Hon Fellow, Dept Psychiatry, Uni of Melb) is Chief Executive Officer at YSAS, the Director of The Centre for Youth AOD Practice Development and an honorary fellow at the University of Melbourne, Department of Psychiatry. He has worked in the field of adolescent health as practitioner, educator and researcher since the mid-1980s. His special interest is in young people and families experiencing alcohol and drug-related problems and is committed to enabling service providers and policy makers to better understand and respond to their needs.

Rebecca Lorains

Rebecca Lorains holds an Associate Diploma of Welfare, a Diploma of Business, a Certificate IV of Alcohol and Other Drugs, and a Certificate IV of Work Place Training and Assessor. Rebecca has been with Primary Care Connect since 2002 and

BOARD MEMBER PROFILES

is currently the Chief Executive Officer. She has been part of the Leadership team at Primary Care Connect since 2006 and has vast leadership experience across a range of health and counselling services. Rebecca is responsible for all programs at Primary Care Connect ensuring the complex, multi-needs and vulnerable client groups in our community are serviced with high quality and safe programs. She has attained years of experience working with vulnerable and complex families, in particular young people, within the alcohol and other drugs sector and the justice system. Rebecca is a graduate of the Australian Institute of Company Directors, a fellow of the Australian College of Health Service Managers and a Board Member of St Mary Catholic School.

Sally Mitchell

Sally (BSW, Grad Dip App Soc, and GAICD) is the Executive Director, Mental Health, AOD and Homelessness at cohealth. Cohealth is one of the largest community health organisations in Australia. Servicing North and West Melbourne, cohealth provides quality primary health and social services as well as AOD harm reduction and treatment services. Cohealth has a strong commitment to health promotion and prevention activities, advocacy and consumer co-design.

The Community Mental Health, AOD and Homelessness Directorate works with people with complex support needs to develop and achieve their goals; frequently working in collaboration with other services to achieve the best outcomes.

With over 30 years' experience working in the community sector in a number of roles, Sally is committed to addressing health inequalities and maximising service access for marginalised communities. Cohealth offers a broad spectrum of AOD services; multiple staffed Needle Syringe Programs (NSPs) and an Outreach Needle Syringe Program (NSP) service; two specialist AOD primary health services, treatment services; health and community education; lead agency for the North West Melbourne Pharmacotherapy Network; and auspice of the Yarra Drug and Health Forum.

VAADA STAFF

Sam Biondo
Executive Officer

Chantel Churchus *(resigned February 2017)*
Project Officer

James Crafti *(resigned February 2017)*
Conference Organiser

Chris McDonnell
Administration Officer

Jane Moreton
Project Officer - Co-occurring Capacity Building

Sarah Nikakis
Project Officer - Co-occurring Capacity Building

Brad Pearce *(resigned September 2016)*
Manager - Sector Development

John Quiroga *(resigned September 2016)*
Project Officer

David Taylor
Policy Officer

VISION & PURPOSE

Our Vision

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

Our Purpose

To represent the membership by providing leadership, advocacy and information within the AOD sector and across the broader community in relation to alcohol and other drugs.

Guiding Principles

1. VAADA works within a harm minimization and evidence informed framework
2. We will undertake our work with compassion and integrity, respect and inclusion and supportive of diversity and cultural inclusion
3. We will promote stability, integration and coherence across the AOD Sector
4. We are committed to working in collaboration with all key stakeholders to achieve the best possible outcomes for individuals, families and communities.

Strategic Objectives 2017-20

1. To build responsiveness and sustainability
2. To increase influence and leadership
3. To enhance capacity and innovation

PRESIDENT'S REPORT

Firstly, I would like to express my sincere thanks to all the VAADA staff members and Board of Directors. Your dedication to the AOD sector and your efforts in supporting our membership this year has been widely recognised. Together, you have contributed to the success of VAADA and the treatment services we represent. I would especially like to thank the Executive Officer, Sam Biondo for his leadership and strong advocacy with Government and in the media, and further to acknowledge the contribution made by Sharon (Molly) O'Reilly who filled it at short notice while Sam was on leave.

Once again, VAADA has aimed to consult widely with the membership through sector surveys, service providers meetings and CEO forums in order to inform our advocacy work, and to best target our capacity building and sector support initiatives. Across the year, VAADA has been active in representing the diversity of views on Government Committees including the Ice Action Plan, AOD Sector Reference Group, the Forensic AOD System Review, and Family Violence Workshops to name just a few. We have drawn on the expertise within the sector to develop and review several position papers, inform our State Budget Submission, and provide input into numerous government inquiries on issues such as Drug Law Reform and a Medically Supervised Injecting Room.

While more needs to be done, we were pleased to see the Commonwealth's ongoing commitment to funding treatment services (largely through the PHNs), and the significant investment into AOD treatment and support services made by the Victorian State Government this year. We all look forward to working together with both the State and Commonwealth health departments and the PHNs to help shape and implement new funding initiatives such as additional residential services in regional areas, and a greater focus on children and family violence.

VAADA has noted the additional demands now placed on the AOD sector workforce in order to better address issues such as family violence, children and parenting, mental health, and housing, as well as the criminogenic and recovery needs of our clients. During the year, our sector's challenge in attracting, retaining, remunerating and training its workforce has become increasingly evident, and we have escalated our discussions with government to assist in addressing this issue and revisiting our funding models. We also hope to contribute through VAADA's workforce development initiatives, our Jobs Board, and our support in the rollout of training solutions.

VAADA's regular network meetings continue to assist with data coordination and service planning, and we eagerly anticipate improved data accuracy as we move from Alcohol and Drug Information System (ADIS) to the new Victorian Alcohol and Drug Collection (VADC). We acknowledge that reforms to the AOD sector (such as the decentralisation of assessment) continue to have a significant impact on the nature of service delivery and on the relationship between providers. Consequently, VAADA has continued to facilitate opportunities for greater understanding and collaboration between service providers, and to enhance the integration of our services within and between sectors.

Our sector continues to face significant challenges in assisting those who seek its help. As we attempt to implement a real time prescription monitoring system, we need to continue to invest in harm reduction to avoid any unintended consequences. Overdose deaths, stigmatisation of drug users and their families, and community fear and misinformation remain high. VAADA has continued to play an active role in public debates, working hard to disseminate accurate information and raise public awareness and empathy. Behind the scenes, VAADA has also been working with other state and territory peak bodies to develop a new National Peak that will better coordinate activities at a national level, and we hope to see this announced soon.

Lastly, VAADA remains focussed on advocating for and supporting the conditions required to provide timely, accessible and relevant AOD services to a diverse range of people in need of support. VAADA will continue to call for services that are centred on consumer needs, inclusive of their families and significant others, informed by the evidence of what works, developed in partnership with those with a lived experience of addiction and recovery, and delivered by a suitably trained and compensated workforce.

PRESIDENT'S REPORT

It has been my pleasure and privilege to serve the members again this year as President. On behalf of the VAADA Board, we have maintained oversight of VAADA's strong financial position and reputation, and we welcome your ongoing feedback and contribution to our work at all times.

Stefan Gruenert
Board President

EXECUTIVE OFFICER'S REPORT

This year represents my tenth anniversary at VAADA. Over these years I have had the opportunity to experience the ebbs and flows which have impacted the Victorian alcohol and drug scene and had a ringside view of these changes. Some of the topics at hand have ranged from heroin to alcohol, harm reduction to recovery, peer workers, Family Violence, pharmaceuticals, forensics, workforce, data, funding and the seemingly never ending focus on reform of one sort or another. While being involved at VAADA provides a unique perspective on the Victorian AOD treatment system a fundamental tenet of our work as sector peak is to facilitate engagement, and collaboration both within our sector and beyond in an endeavour to pursue issues of importance to our members and their service users.

From a big picture view the VAADA team is proud that in this pursuit, and over time we have contributed to a range of positive reforms which include increased investment in the Victorian sector. Such investment ranges across, family, children, youth, residential rehabilitation, forensics, harm reduction, LGBTIQ, Real Time Prescription Monitoring, expansion of the Drug Court, establishment of Victoria's first culturally and linguistically diverse specific AOD service. This past year has seen the coming to fruition of many of the issues pursued over past years. It is hoped that these changes will also pave the way for additional positive investment and enhancement of Victoria AOD system in the years ahead.

This past year has been no exception both in terms of quantum or quality of work undertaken by the VAADA team. As attested in the pages of this annual report there has been a prodigious output of activity clearly focussed on pushing sector agendas and overcoming barriers. While VAADA's core staffing comprises a team of three state government funded staff largely focussed on administration, policy and managerial functions, VAADA also receives federal funding support which assists with three additional staff tasked with capacity building and workforce development. A final and still self-funded position focuses on sector development by bringing together a number of key activity-focussed networks including: planning, Non-Residential Withdrawal Nurses, Intake and Assessment, training, forensics , CEO's and Managers and other ad hoc networks as required. The immense value of this activity is that it establishes the means for engagement, information sharing, and collaborative problem solving. The desired end result is a greater coherence and operational functioning of key components of our AOD system.

As part of our efforts to facilitate understanding of our sector's needs and those of its service users, VAADA has over the years pursued media commentary to highlight sector and service user need and address issues of public concern as they arise. The constant stream of requests to submit or give evidence at Parliamentary or Commission inquiries is attested to by the numerous submissions made over the past year through VAADA's policy officer. Our State Budget submission process has for a number of years incorporated results from a sector needs survey. This survey gathers and summarises sector concerns, further enhancing the credibility of our yearly financial request of State Government. Over recent years, a significant amount of State Government investment has coincided with many of our budget requests.

The financial support offered by the Federal Department of Health under Substance Misuse Service Delivery Grants Fund (SMSDGF) funding continued being a key VAADA activity area particularly as related to our workforce and capacity building efforts. A range of activities funded under this program have provided a significant boost to many across our sector. This project area, outlined in this report, assists the sector with a range of timely, relevant and customised training reflective of sector needs as identified by the sector.

It is fitting to recognise and thank the many public officials, DHHS staff and stakeholders VAADA has interactions with virtually on a daily basis. The never ending grind of demands and the efforts made to address the never ending range of complex issues by our friends, and Departmental colleagues on behalf of ourselves and those we serve is acknowledged and appreciated.

I would like to extend my sincere gratitude to my work colleagues within the VAADA office who contribute so much

EXECUTIVE OFFICER'S REPORT

in their daily work at VAADA. They are not just an asset for VAADA but also a great asset for the sector they serve. This year it was sad to see the departure of two key staff members namely, Brad Pearce (Sector Development) and Chantel Churchus (Project Officer) who have moved into positions within a recently established Primary Health Network (PHN). In the case of Brad his enormous effort of the past seven years has shown a fantastic contribution at VAADA and the sector. In relation to Chantel who has endured two rounds of employment at VAADA, she has provided a solid high standard of contribution with her writing and research skills. Both staff deserve accolades for their efforts.

Lastly I would like to again acknowledge the considerable contribution VAADA's President Stefan Gruenert has made not just to the VAADA Board and the sector through his advocacy and leadership, but I also acknowledge is strong personal support and wise counsel over the past year. I also recognise the individual and group contribution from all VAADA's Board members who give so much not just to VAADA but myself and the sector on top of their regular demands.

Sam Biondo
Executive Officer

SECTOR DEVELOPMENT REPORT

Sector development activities for 2016-17 Annual Report

One of VAADA's key strategic objectives is to enhance the capacity of workers in the AOD sector to do the work they do. This includes supporting the sector to develop linkages with other sectors, supporting the engagement of regional and rural stakeholders and enhancing workforce development. The sector development position at VAADA has a focus on this strategic objective and these priority areas.

During 2016/17, the sector development position at VAADA continued to work with the AOD sector and across governments and allied sectors to add value to the sector through facilitating AOD network meetings, hosting sector forums and conferences, preparing submissions (including to the Royal Commission into Family Violence) and coordinating capacity building projects (and training) through two Victorian PHNs. Some of the key activities performed by the sector development position are listed below.

Network meetings

VAADA has continued to facilitate a range of networks throughout the year. The networks have allowed participants the opportunity to share information, provide support for colleagues, and to give themselves and VAADA, a state-wide perspective on the treatment streams and planning function represented in the networks. The networks also give VAADA the opportunity to forge relationships with key stakeholders, who are working in clinical and operational roles, and the unique perspectives on the service system that they have. VAADA also uses feedback from the meetings to advocate on behalf of the networks (and the sector more broadly) with the department.

The networks include:

- AOD Catchment Planning Function providers
- Catchment Intake and Assessment providers
- Non-Residential Withdrawal Nurses
- Pharmacotherapy Area Based Networks (to November 2016)

Family Violence

In response to the Royal Commission into Family Violence, the sector development position undertook a range of tasks to assist the AOD sector in being placed to best respond to this urgent issue. This included the development of a detailed submission to the Royal Commission on behalf of the sector. The position also provided feedback and endorsement to the Joint Response to the Royal Commission into Family Violence report 'Next Steps for effective primary prevention of men's violence against women in Victoria.

The position also developed a submission to DHHS to fund a projects that would seek to improve responses for people experiencing co-occurring AOD and family violence issues. The project would focus on both victims and perpetrators, and seek to respond to the range of relevant recommendations from the Royal Commission into Family Violence.

Service Provider's Conference

VAADA was funded to organise a Service Provider's Conference in 2017. The event was held in May 2017 and was titled "The Year Ahead – Strengthening the Sector to Support Our Clients". The program covered a mixture of policy and clinical issues, and included presentations and workshops covering Family Violence, the Victorian Alcohol and Drug Collection, Workforce Development, Harm Reduction Initiative, the Forensic AOD Service Delivery Framework, the new Intake and Assessment Tool, Real Time Prescription Monitoring and the Dark Web.

Primary Health Networks

A key sector development activity in the second part of the year has been the development of successful tenders to the PHN's Grant Programme and subsequently, after securing two projects, the development of activity plans and the recruiting for the projects.

VAADA successfully secured funding from the North Western Melbourne PHN and the Western Victoria Primary Health Network.

SECTOR DEVELOPMENT REPORT

North Western Melbourne Primary Health Network AOD Workforce Development and Stakeholder Engagement Project

VAADA has been commissioned to increase the overall effectiveness of client care by enhancing the capacity of the AOD workforce in the NWMPHN funded region. Some of the activities the project will undertake are: mapping the AOD sector in the NWMPHN region; creating a network of providers in the region; delivering training and network opportunities to those providers; and, promoting careers in the AOD sector with a view to recruiting more AOD staff to enhance the size and capability of the AOD workforce in the North Western region.

Western Victoria AOD Service Development Coordination Project

VAADA has been funded to support a number of AOD services in the Western Victorian PHN region to integrate regional referral pathways across State and Commonwealth-funded programs and assist in the promotion and establishment of relationships with Primary Care, Community and Emergency Services in each sub-region. Some of the project tasks will include the design and implementation of an evaluation framework; assessing workforce development needs generally, and specifically around training; help develop a shared Reporting Framework; and, support services in the region to articulate a model for brief interventions.

VAADA Staffing

In mid-September 2016, Brad Pearce, Sector Development Manager resigned after seven years with VAADA. Brad worked tirelessly in setting up the structures and creating the linkages that have made the position so effective. In early February 2017, Sharon O'Reilly began in the role in a part time capacity.

POLICY AND MEDIA REPORT

One of the key ways VAADA achieves its strategic objective of increasing influence and leadership is through policy advocacy. This includes providing leadership on AOD issues in the community and through the media; advocating for robust policy development; promoting evidence informed practice and representing AOD sector interests – all the while in a complex and dynamic funding and political environment.

AOD policy is a complex space and carries much risk for government for a range of reasons including its' proximity with law and order and the perception of being 'soft' on crime. There is also considerable complexity for us as a sector to clearly articulate what we do. Many within the community maintain specific views on what constitutes AOD treatment and in many cases, these views are misinformed. The media provides an outlet for the sector to develop a narrative on what AOD treatment is and how to engage with treatment agencies.

Broader themes on the effectiveness of AOD treatment, the need to implement evidence informed harm reduction measures, addressing the enduring challenges associated with stigma and deficiencies in both system design and sector resourcing are central to our media engagement. In line with this, we have advocated strongly on the need to address the issues and risks associated with a burgeoning unregulated private for profit AOD treatment industry which has capitalised on the increased treatment demand. Due to extensive wait times for funded services, many community members will pay a heavy premium for an unregulated for-profit service because of the immediacy of the 'treatment' response.

In response to this issue, we have advocated strongly on the need for increased residential rehabilitation capacity following sector feedback noting that waiting periods for this treatment type can be up to six months, demonstrating expansive community demand.

We ascertained through careful data analysis that, as of January 2016, Victoria had the second lowest rate of residential beds in Australia. As a result, Victorians in need of residential rehabilitation have less access than any other jurisdiction with the exception of South Australia. We advocated that, in light of the burgeoning prison population, Victoria should adopt a bed for bed policy, where each new prison (or youth justice) bed is accompanied by additional residential rehabilitation capacity. In essence we need to turn the tide from a correctional punitive approach to a treatment and recovery approach. Such an approach argues for a wiser investment and cost benefit to the individual and the community through the diversion of correctional spending into an enhanced treatment focus.

Our advocacy on this issue, through a number of outlets, has likely contributed to the recent announcements in both the 2016/17 and 2017/18 Victorian state budgets of additional capacity for residential rehabilitation beds, including the development of new facilities in a number of rural and regional locations. However, we have not been alone in calling for increased capacity for this treatment type, with many desperate community members regularly outlining the dire need for this service to their local members and various media outlets. AOD agencies have also contributed to the narrative. We have worked with these stakeholders on this issue. VAADA will continue to advocate strongly on behalf of the sector.

CO-OCCURRING CAPACITY BUILDING PROJECT REPORT

The past 12 months have seen some significant achievements, and changes within the Commonwealth funded AOD service sector which saw the SMSDGF and Non-Government Organisation Treatment Grants Program (NGOTGP) amalgamated to form one Drug and Alcohol Program. The majority of agencies which received funding through both the SMSDGF and NGOTGP funding streams have continued to be funded at existing levels through to mid-2019, however the management of their contracts has been assumed by their regional PHNs and many of those agencies are now required to translate capacity building activities into direct service delivery. A small group of agencies, including VAADA, which provide services state wide continue to be contracted directly to the Australian Department of Health (DoH).

Despite these momentous changes, VAADA has adopted a business as usual approach to capacity building across the sector, and it has continued to deliver a range of resources and workforce development opportunities.

Family violence prompt cards were developed in collaboration with St. Vincent's Hospital and Men's Referral Service/No to Violence, with additional advice from VAADA's Family Violence Reference Committee including representatives from Domestic Violence Victoria (DVVIC), and the Aboriginal Family Violence Prevention and Legal Service. The cards were made available in November 2016, and have been disseminated along with the rest of the VAADA card suite, all of which have continued to be extremely popular.

Caraniche presented 'Working with complex forensic clients', and this training was aimed at clinicians who already had some experience in working with forensic, and complex clients. It broadly identified emerging barriers to treatment engagement and provided workable strategies to respond. Other training opportunities included 'working with vulnerable children', and 'working safely with men who use family violence'. Both training events provided valuable practical information about engaging, assessing risk and working with these client groups. In total there were over 100 participants, and all of the training received favourable feedback from participants.

Throughout the year VAADA staff have contributed to a range of other activities including the preparation of submissions and participation on alliances and at forums.

Meetings were facilitated for the SMSDGF Network, and VAADA's collaborative relationship with other state and territory peaks was ongoing. VAADA hosted a face-to-face meeting in February 2017, and participated in monthly teleconferences.

VAADA welcomes the opportunity to continue its capacity building initiatives over the next two years, however the loss of funds devoted specifically to capacity building in general across the AOD sector will provide some challenges in terms of the spread of resources across the state. To attempt to ensure some sustainability of capacity building, VAADA will engage the PHNs and AOD treatment agencies to encourage the development of partnerships and collaborations to encourage support and information sharing within their own regions, and it will work collaboratively with the peak bodies in other Australian states on a series of shared objectives.

Sarah Nikakis who was Project Officer with Co-occurring Capacity Building (CCB) Project unfortunately left VAADA at the end of June, 2017. She was a fantastic contributor to VAADA and the CCB Project, and we were sorry to see her leave. We wish her well for her future endeavours.

PARTNERSHIPS LINKAGES & NETWORKS

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

- AOD State & National Peaks Network
- Alcohol Policy Coalition
- AOD local government
- AOD Providers Network Meetings
- APSAD conference
- APSU
- Barwon – AOD Service Providers Regional Meeting
- Centre for Culture Ethnicity & Health
- Centre for Excellence in Child and Family Welfare
- Centre for Multicultural Youth
- Community Housing Federation of Victoria
- Council to Homeless Persons
- Drug & Alcohol Multicultural Education Centre
- Eastern Metropolitan Network Meeting
- Federation of Community Legal Centres
- Foundation House
- Grampians - AOD Interagency Meeting
- Harm Reduction Victoria
- Human Services Partnership Implementation Committee (HSPIC)
- Inner Melbourne Community Legal Centre
- Local Government Drug Issues Forum
- Neighbourhood Justice Centre
- Peaks Capacity Building Network
- Penington Institute
- Peninsula Legal Service
- Pharmacotherapy expert advisory group
- Reservoir Community Corrections
- RTO Managers network
- Safe Steps Family Violence support
- Sunbury AOD network
- Telkaya (Koori AOD network)
- VACCHO Coalition for Aboriginal Health Equity Victoria (CAHEV)
- Vicpol Mental Health Portfolio Reference Group
- VICSEG
- Victorian Addiction Inter-hospital Liaison Association (VAILA)
- Victorian Council of Social Services (VCOSS)
- Victorian Dual Diagnosis Initiative
- VICSERV
- Victorian Primary Health Networks
  - North Western Melbourne
  - Eastern Melbourne
  - South Eastern Melbourne
  - Gippsland
  - Murray
  - Western Victoria

Membership

As of 30 June 2017, VAADA had 73 members. Organisational members included: 'drug specific' organisations, hospitals, community health centres, primary health organisations, general youth services, local government and others (i.e. TAFEs, counselling services, forensic, legal services). Individual members reflected the organisational members' mix of services.

SNAPSHOT 2016-2017

Events & Activities

Events and Activities

The following is a list of events and activities that VAADA conducted with its membership and stakeholders throughout the 2015-2016 financial year.

AOD Sector Network Meetings

Non-residential withdrawal nurses meetings:

- 14 September 2016
- 7 December 2016
- 7 March 2017
- 5 June 2017

Intake and Assessment network meetings:

- 24 August 2016
- 8 November 2016
- 23 February 2017

Planning function network meetings:

- 24 August 2016
- 23 February 2017

Pharmacotherapy Area Based network meetings:

- 18 July 2016
- 4 November 2016

CEO / Managers Network

- 03 August 2016
- 20 April 2017

Conferences and Workshops

- **VAADA Conference 2017** 16-17 February *'Complexity, Collaboration, Consumers & Care'*
- **Intake and Assessment Reform (IAR)** 26 May 2017
- **Working with Complex Forensic Clients** 6 July 2017
- **Working with Vulnerable Children** 26 October 2016
- **Working Safely With Men Who Use Family Violence** 30-31 May 2017
- **AOD Service Providers Conference** 26 May 2017 *'The Year Ahead – Strengthening the Sector to Support Our Clients'*

SNAPSHOT 2016-2017

Submissions,Publications & Media

Submissions and Publications

- VAADA submission to the Inquiry into the Drugs, Poisons, and Controlled Substance Amendment (Pilot Medically Supervised Injecting Centre) Bill 2017 April 2017
- VAADA Submission to the Inquiry into Youth Justice Centres in Victoria March 2017
- Submission to the Victorian Ombudsman's Enquiry into rehabilitation services post prison February 2017
- VAADA Submission on the provision of services under the NDIS for people with psychological disabilities related to a mental health condition February 2017
- VAADA feedback on proposed legislative model for Child Safety and wellbeing Information Sharing Consultation Paper January 2017
- VAADA Submission into the Parliamentary Joint Committee on Law Enforcement Inquiry into Crystal Methamphetamine (Ice) December 2016
- VAADA response to the Department of Health and Human Services (DHHS) on the draft Performance Management Framework – Alcohol and Other Drug Services January 2017
- VAADA submission to the Consultation for the Review of Infrastructure Victoria's 30 year strategy
- VAADA submission to the Productivity Commission Inquiry into Data Availability and Use
- VAADA 2017/18 State budget submission

Position Papers

- New Psychoactive Substances – Reducing Harms September 2016

Media

VAADA believes it important that the general community has clear, non-stigmatising information about drug treatment. One of the ways in which VAADA achieves this, is to engage with media in its various forms. VAADA also publishes its own newsletter and an electronic news list eNEWS, which it uses to inform the sector.

VAADA newsletters

- September 2016
- December 2016
- January 2017
- June 2017

Media Releases

- 14 JUNE 2017 - Victoria – a true negative on drug testing welfare recipients
- 9 JUNE 2017 - Responding to alcohol and other drug related harms in emerging 'hotspots'
- 10 MAY 2017 - Drug testing welfare recipients a false positive
- 28 MAY 2017 - Multiple AOD initiatives welcomed
- 10 OCTOBER 2016 - Renewed call for Consumption Room in response to heroin overdose deaths
- 12 SEPTEMBER 2016 - Vulnerable at the mercy of an unregulated market
- 30 AUGUST 2016 - New data highlights the importance of Overdose Awareness Day

VAADA advocated on a range of issues throughout 2016/17 on a range of media platforms including: print; radio; TV and social media platforms. VAADA's had more than 70 contributions to various media.

SNAPSHOT 2016-2017

Key Events

Annual Needs Survey Sector priorities 2017/18

During May VAADA administered an electronic survey to the AOD sector to ascertain the needs and priorities of the sector for the financial year 2017/18. This survey provides key input into VAADA's advocacy activities and assist in forward looking strategic planning.

VAADA Conference 2017 16 17 February

VAADA's 2017 conference entitled 'Complexity, Collaboration, Consumers & Care' was held at the Jasper Hotel in Melbourne from 16-17 February 2017. The conference theme reflected the significant changes and reforms rolling out throughout the community services landscape and the need for the AOD sector to adapt. The theme also reflected the need for us 'to do more with less' as well as the increasing complexity in systems, service delivery and presentations.

This conference was VAADA's most well attended conference to date with over 405 delegates attending and 98 different presentations over the two day period. The subject matter and content of these presentations was varied in nature and representative of the rich diversity which makes up Victoria's vibrant AOD sector.

The wide range of presenters included some eminent keynotes and was opened by the Hon Martin Foley, who reflected on some achievements to date as well as future endeavour. Other keynotes included: Dr Cassandra Goldie, CEO, Australian Council of Social Service (ACOSS); Trevor Pearce, Director of Education and Training, VACCHO: Dr Vanessa Caldwell, national manager of Matua Raki (NZ); and Dr Fraser Todd, Consultant Psychiatrist,

A panel discussion held on the final session of the conference was chaired by Rod Quantock, consisted of Anne-Maree Rogers (EACH), Professor Dan Lubman (Turning Point), Dr Fraser Todd, Dr Vanessa Caldwell, Michal Morris (NWMPHN) and Jeff Gavin (APSU). The panel discussed a variety of issues including: the positives and negatives associated with the reform; evidence; advocacy; system design; and, consumer needs.

The wide range of presentations and workshops covered an array of content, including peer support, treatment models, harm reduction, dual diagnosis, consumers, Aboriginal matters, workforce, families, rural issues and many more.

AOD Service Providers Conference 26 May

On 26 May, VAADA and DHHS held the 2017 service providers conference. The conference was well attended, with approximately 200 representatives primarily from AOD treatment agencies and DHHS. The conference provided the opportunity collectively update the sector on change with the sector and to explore the impact of the 2017/18 Victorian state budget.

Stefan Gruenert, (VAADA President) opened the conference and introduced Perry Wandin who delivered an engaging Welcome to Country. This was followed by a comprehensive plenary detailing the next 12 months delivered by Ross Broad, DHHS. Ross identified a range of priorities held by DHHS.

The morning session also included a range of concurrent sessions covering the response to Family Violence, the new Victorian Alcohol and Drug Collection and Workforce Development before bringing the sector back together for an update on the Peer Led Overdose Prevention Networks.

The conference concluded with concurrent sessions, covering the Dark Web and Harm Minimisation, Forensic AOD service delivery, the new Intake and Assessment tool and an update on the progress on Victoria's pending RTPM system.

We would like extend our thanks to DHHS in resourcing this important event and to our presenters for taking the time to provide this necessary information to the broader sector.

SNAPSHOT 2016-2017

Key Events

Working with Complex Forensic Clients

6 July 2016

Caraniche presented a one day training for VAADA on 6th July 2016, on the topic 'Working with complex forensic clients'. The training was aimed at clinicians who already have some experience in working with forensic, and complex clients. It broadly identified emerging barriers to treatment engagement and provided workable strategies to respond. It was attended by 40 participants, who provided positive feedback.

Working with Vulnerable Children

26 October 2016

The Child Protection Society (CPS) delivered a one-day training event about working with vulnerable children on 26th October 2016. The training incorporated risk assessment frameworks, including identifying and managing risk in alcohol and other drug clients' children.

Intake and Assessment Reform (IAR)

26 May 2017

VAADA ran a facilitated workshop on the proposed reforms with sector CEOs and managers on 21 of April. The workshop began with Assistant Director Drug Policy and Reform, Ross Broad giving an overview of the IAR. Following Ross' update, session facilitator Greg Logan, divided the workshop participants into eight groups to consider a range of questions that aimed to tease out sector understanding of the implications of the proposed reforms. Findings from the workshop will be distributed to the sector and DHHS.VAADA would like to thank all who participated in the workshop.

Working Safely with men who use Family Violence

30-31 May 2017

No to Violence/Men's Referral Service delivered a two-day course in "Working Safely with men who use Family Violence" on 30th and 31st May 2017. AOD clinicians frequently work with the perpetrators of family violence, yet until now there had been no specialist training offered to the sector relating to this subject. The course covered topics such as the risks to women and children in working with men, risk assessment processes and strategies for engaging and counselling men safely. It was attended by 30 participants who provided overwhelmingly positive feedback.

SNAPSHOT 2016-2017

Key Submissions and Reports

VAADA 2017/18 State budget submission

The VAADA 2017/18 state budget submission used the VAADA 2016/17 Sector Priorities survey as key document in its development. Three key issues were identified in the survey, including: funding; access; and, workforce. To provide further guidance in the development of 17/18 Budget submission, VAADA drew on the knowledge of and was ably supported by a sector working group, who advised on the development of this submission.

Key recommendations in the VAADA 2017/18 state budget submission included:

- The provision of funding to support the implementation of ASPEX, including the resourcing of any changes to Intake and Assessment as well as the support to enhance AOD data systems;
- To increase the capacity of Victoria's residential rehabilitation services to a level commensurate with the rest of Australia through the implementation of a plan which will involve, over a five year period, the development of approximately 300 new beds;
- To increase rural and regional AOD treatment capacity reflecting on service gaps identified in catchment planning;
- The provision of a specialist AOD treatment outreach service to address unmet need among older people experiencing dependency;
- To enhance pathways into AOD treatment for currently underserviced CALD community members through the employment of bicultural workers;
- Additional resourcing to provide for necessary workforce development and training;
- To enhance the AOD sector's response to dual diagnosis, through additional Addiction Psychiatry capacity at DACAS as well as increased dual diagnosis specific residential rehabilitation capacity; and
- The establishment of an innovation fund to test and implement new and innovative treatment approaches.

VAADA response to the Department of Health and Human Services (DHHS) on the draft Performance Management Framework - Alcohol and Other Drug Services

VAADA submission offered support for the development of a Performance Management Framework (PMF). The submission noted that any framework needed to be sector informed, balanced and reflective of a nuanced understanding of client, agency and service system outcomes. VAADA's submission had concerns about the draft of the PMF it was responding to, noting that it did not articulate a collective vision of what we are trying to achieve as a service system for our clients and communities. Nor did it give a clear sense of how all AOD stakeholders can collectively work towards the achievement of agreed set of outcomes for our clients and communities. VAADA's submission argued he given the complexity of developing a PMF more consultation was needed with clients and consumers, relevant managers and clinical staff from a range of AOD services and across treatment types.

VAADA Submission into the Parliamentary Joint Committee on Law Enforcement Inquiry into Crystal Methamphetamine (Ice) December 2016

VAADA's submission reiterated its support for the harm minimisation model but with a rebalancing within the model. The submission argued that the rebalancing would necessitate reallocating resources away from the supply reduction pillar, which is over resourced, and allocating them to the demand and harm reduction pillars. The submission noted the strong return on investment that AOD treatment provides in reducing demand on acute health services and spillage into the justice system. It noted that any strategy to come out of the inquiry, should enhance diversionary schemes and promote a justice reinvestment approach to responding to law and order related issues associated with crystal methamphetamine use. The submission that an emphasis was need to reduce issues relating

SNAPSHOT 2015-2016

Key Submissions and Reports

to stigma and discrimination, and adopt a more inclusive approach to service users in service and policy design.

VAADA feedback on proposed legislative model for Child Safety and wellbeing Information Sharing Consultation Paper January 2017

VAADA's submission noted that any information sharing model will need to undertake a rigorous analysis of the costs and benefits of changing how AOD services respond to requests for information. The submission noted any new model must provide clarity to AOD services as to what their rights and responsibilities are. VAADA noted that although the consultation paper was only concerned with legislative changes it needed to consider the broader context around this issue,, such as: the capacity of information sharing technology; increased demands on service providers for data collection; increased demands on the AOD workforce and the need for support and training of the workforce; and, cultural change within Child Protection services.

Submission to the Victorian Ombudsman's Enquiry into rehabilitation services post prison February 2017

VAADA's submission note that prisoners experience significant disadvantage, and that policies are needed that enhance their wellbeing whilst maximising community safety, and that appropriate services are available to meet theses aims when required. The submission noted that released prisoners experience low levels of education, employment and health while engaging in higher levels of AOD use than the general community and limited opportunities for meaningful employment.

VAADA's submission noted that access to AOD services can be challenging for the general community but are particularly so for those exiting prison in light of their distinct vulnerabilities. The submission recommend that the Ombudsman proceed with a formal investigation into rehabilitation services post release with a view to establishing both the extent of demand by post release prisoners and the raft of services they require.

VAADA Submission to the Inquiry into Youth Justice Centres in Victoria March 2017

VAADA's submission noted community concerns regarding the contemporary challenges impacting on the youth detention system. It argued that public discourse on youth justice detainees was often alarmist, and not always useful in the formulation of policies that reduce recidivism and increasing the wellbeing of young people. It noted that there has been a significant increase in the number of young people in remand, and those that are in remand, experience significantly less support and access to treatment/support programs than those that are sentenced. The submission noted a number of options which would provide increased supports for young people and reduce reoffending.

VAADA submission to the Inquiry into the Drugs, Poisons, and Controlled Substance Amendment (Pilot Medically Supervised Injecting Centre) Bill 2017 April 2017

VAADA's submission supported a pilot of a Medically Supervised Injection Centre but noted that this was only one measure, which needed to sit in a suite of significant reform measures. Some of the areas of reform VAADA suggested in its submission included: using an administrative mechanism to deal with the use and possession of drugs for personal use; prioritising justice reinvestment; increasing access to drug treatment; and expanding the availability of naloxone.

TREASURER'S REPORT

During the 2016/17 financial year VAADA has both diversified its funding streams and secured existing funding. DHHS, in addition to providing VAADA's core funding, has allocated additional resources for VAADA to facilitate the Service Provider's Conference. The Commonwealth extended its support for VAADA's capacity building activities during 2016/17, and significantly, committed to support these activities until June 2019. In addition, VAADA was contracted by the North Western Melbourne Primary Health Network and the Western Victoria Primary Health Network to undertake service development projects, both of which will be completed by June 2018. VAADA's biannual conference was also successful.

VAADA's equity increased by nearly $93,000 during the year to $925,817 due to under expenditure in a number of budgeted expenditure items.

The Balance Sheet figures report total assets of $1,217,627 versus liabilities of $291,810. VAADAs asset position has improved from 2015/16 when VAADA held assets of $985,614. Liabilities have increased from $153,137 in 2015/16 to $291,810 at the end of June 2107, with the most significant liability being Income in Advance ($103,112).

Total revenue for VAADA fell by nearly $22,177 in 2016/17, while expenditure fell by $152,746 for the year. The fall in revenue was mainly attributable to the completion of the VAADA CALD project, while the decrease in expenditure was mainly attributable to a decrease of employee expenses, down $85,909, due to difficulties in filling vacant staff positions. There was also a significant decrease in project and administration expenses, which fell by $70,655 and reflects the decreased activity caused by staff vacancies.

VAADA's strong financial position at the end of 2016/17 has enabled the Board to set a sizable deficit for the 2017/18 financial year to fund a range of VAADA activities to support the Victorian Alcohol and other Drug sector in what continues to be a challenging service environment.

I would like to thank all those organisations/Government Departments who have provided financial and/or Pro Bono work to VAADA during the year. VAADA extends our gratitude to Ruth Watson and Associates who have provided accounting support throughout the financial period 2016/17. I would also like to thank Sean Denham and Associates for undertaking the Auditing of the VAADA financial reports for 2016/17.

Alan Murnane
Treasurer

FINANCIAL REPORT

Income and Expenditure Statement for the year ended 30 June 2017

	Note	2017	2016
REVENUE		$	$
Grant Revenue		685,612	823,891
Interest Revenue		25,765	30,640
Other Income		187,116	66,139
		898,493	920,670
EXPENDITURE			
Employee benefits expense		557,698	642,607
Finance expenses		531	379
Occupancy expenses		40,542	39,743
Meeting and forum expenses		76,777	74,910
Administration expenses		129,605	200,260
		805,153	957,899
Surplus (Loss) before income tax		93,340	(37,229)
Income tax expense		-	-
Surplus (Loss) after income tax		93,340	(37,229)

FINANCIAL REPORT

Assets and Liabilities Statement as at 30 June 2017

	Note	2017	2016
CURRENT ASSETS		$	$
Cash and cash equivalents	2	460,007	240,016
Trade and other receivables	3	10,166	19,300
Financial assets	4	747,454	726,298
TOTAL CURRENT ASSETS		1,217,627	985,614
TOTAL ASSETS		1,217,627	1,158,666
CURRENT LIABILITIES			
Trade and other payables	5	72,095	38,421
Income in advance	6	103,112	-
Provisions	7	116,603	114,716
TOTAL CURRENT LIABILITIES		291,810	153,137
NON-CURRENT LIABILITIES			
Provisions	7	-	-
TOTAL LIABILITIES		291,810	153,137
NET ASSETS		925,817	832,477
MEMBERS' FUNDS			
Retained Profits		925,817	832,477
TOTAL MEMBERS' FUNDS		925,817	832,477

FINANCIAL REPORT

Statement of Cash Flows for the year ended 30 June 2017

	Note	2017	2016
CASH FLOWS FROM OPERATING ACTIVITIES		$	$
Receipts from grants		783,046	681,897
Other Income		235,016	103,527
Payments to suppliers and employees		(803,353)	(998,250)
Interest received		26,438	30,510
Net cash provided by operating activities	9	241,147	(182,316)
CASH FLOWS FROM INVESTING ACTIVITIES			
Funds invested in term deposits		(21,156)	(21,164)
Net Cash provided by (used in) investing activities		(21,156)	(21,164)
Net increase (decrease) in cash held		219,991	(204,480)
Cash at the beginning of the year		240,016	444,496
Cash at the end of the year	2	460,007	240,016

FINANCIAL REPORT

Notes to the Financial Statements for the year ended 30 June 2017

Note 1: Statement of Significant Accounting Policies

This financial report is special purpose financial report prepared in order to satisfy the financial reporting requirements of the Associations Incorporation Reform Act 2012 (Vic). The committee has determined that the association is not a reporting entity. The financial report has been prepared on an accruals basis and is based on historical costs and does not take into account changing money values or, except where specifically stated, current valuation of non-current assets. The following significant accounting policies, which are consistent with the previous period unless otherwise stated, have been adopted in preparation of this financial report.

a. **Cash and Cash Equivalents.** Cash and cash equivalents includes cash on hand, deposits held at call with banks, and other short-term highly liquid investments with original maturities of three months or less.

b. **Income Tax.** The Association is exempt from paying income tax by virtue of Section 50-45 of the Income Tax Assessment Act, 1997. Accordingly, tax effect accounting has not been adopted.

c. **Property, Plant and Equipment.** The depreciable amount of all property, plant and equipment is depreciated over the useful lives of the assets to the association commencing from the time the asset is held ready for use. Leasehold Improvements are amortised over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

d. **Employee Entitlements.** 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 have been measured at the amounts expected to be paid when the liability is settled. Provision is made for the Association's liability for long service leave when an employee reaches 5 years of continuous employment with the association.

e. **Provisions.** Provisions are recognised when the Association has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result and that outflow can be reliably measured. Provisions are measured at the best estimate of the amounts required to settle the obligation at the end of the reporting period.

f. **Impairment of Assets.** At the end of each reporting period, the entity reviews the carrying values of its tangible and intangible assets to determine whether there is an indication that those assets have been impaired. If such an indication exists, the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and value in use, is compared to the asset's carrying amount. Any excess of the asset's carrying value over its recoverable amount is recognised in the income and expenditure statement.

g. **Revenue.** Revenue is brought to account when received and to the extent that it relates to the subsequent period it is disclosed as a liability.

Grant Income

Grant income received, other than for specific purposes, is brought to account over the period to which the grant relates.

Deferred Income

Unspent grant income received in relation to specific projects and events is not brought to account as revenue in the current year but deferred as a liability in the financial statements until spent for the purpose received.

Capital Grants

Grant Income received relating to the purchase of capital items is shown as Unamortised Capital Grant and brought to account over the expected life of the asset in proportion to the related depreciation charge.

Interest Revenue

Interest revenue is recognised using the effective interest rate method, which for floating rate financial assets is the rate inherent in the instrument.

Donations

Donation income is recognised when the entity obtains control over the funds which is generally at the time of receipt.

All revenue is stated net of the amount of goods and services tax (GST).

h. **Goods and Services Tax (GST).** Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO). Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the ATO is included with other receivables or payables in the assets and liabilities statement.

i. **Economic Dependence.** The entity is dependent on the Department of Health and Aging (Vic) for the majority of its revenue used to operate the business. At the date of this report the Committee has no reason to believe the Department will not continue to support the entity.

FINANCIAL REPORT

Notes to the Financial Statements for the year ended 30 June 2017

Note 2: Cash and cash equivalents

	2017	2016
	$	$
Cash on hand	147	172
Cash at Bank	459,860	239,844
	460,007	240,016

Note 3: Trade and other receivables

Trade receivables	2,306	6,722
Sundry receivables	-	4,045
Accrued interest	7,860	8,533
	10,166	19,300

Note 4: Financial Assets

Term Deposits	747,454	726,298

Note 5: Trade and other payables

Current		
Sundry creditors and accruals	39,234	22,526
PAYG Withholding Payable	6,063	5,582
Superannuation Payable	5,609	(864)
GST Payable	21,189	11,141
	72,095	38,421

	2017	2016
	$	$

Note 6: Income in Advance

The liability for deferred income is the unutilised amounts of grants received on the condition that specified services are delivered or conditions are fulfilled. The services are usually provided or the conditions usually fulfilled within 12 months of receipt of the grant. Where the amount received is in respect of services to be provided over a period that exceeds 12 months after the reporting date or the conditions will only be satisfied more than 12 months after the reporting date, the liability is discounted and presented as non-current.

Current		
Grants in advance	103,112	-

Note 7: Provisions

Current		
Employee Entitlements	116,603	114,716
Non-Current		
Employee Entitlements	-	-

FINANCIAL REPORT

Notes to the Financial Statements for the year ended 30 June 2017

	2017	2016
	$	$
Note 8: Reconciliation of Cash Flow from Operations with Profit from Ordinary Activities after Income Tax		
Profit after income tax	93,340	(37,229)
Cash flows excluded from operating profit attributable to operating activities		
Non-cash flows in profit - prior year adjustment	-	-
Changes in assets and liabilities;		
- (Increase)/decrease in trade and other debtors	9,134	(9,264)
- Increase/(decrease) in financial assets		(22,164)
- Increase/(decrease) in trades and other payables	33,674	12,353
- Increase/(decrease) in provisions	1,887	(6,182)
- Increase/(decrease) in income in advance	103,113	(141,994)
Net cash provided by Operating Activities	241,147	(182,316)
Note 9: Capital and Leasing Commitments		
Operating Lease Commitments		
Non-cancellable operating leases contracted for but not recognised in the financial statements.		
Payable – minimum lease payments:		
- not later than 12 months	9,342	37,098
- later than 12 months but not later than five years	-	9,342
- later than five years	-	-
	9,342	46,440

The property lease commitments are non-cancellable operating lease contracted for but not capitalised in the financial statements with a two-year term. Increases in lease commitments will occur at a rate of 3% each year for the term of the lease. There is the no option to increase the lease for a further term beyond its current expiration date of 30 September 2017.

FINANCIAL REPORT

Statement by members of the committee for the year ended 30 June 2017

The committee has determined that the association is not a reporting entity and that this special purpose report should be prepared in accordance with the accounting policies outlined in Note 1 to the financial statements.

In the opinion of the committee the financial report as set out on pages 24 to 29:

Presents a true and fair view of the financial position of Victorian Alcohol and Drug Association Inc. as at 30 June 2017 and its performance for the year ended on that date.

At the date of this statement, there are reasonable grounds to believe that the Victorian Alcohol and Drug Association Inc. will be able to pay its debts as and when they fall due.

This statement is made in accordance with a resolution of the Committee and is signed for and on behalf of the Committee by:

Chairperson

Dated: 14 September 2017

Treasurer

Dated: 14 September 2017

AUDIT

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

Report on the Financial Report

I have audited the accompanying financial report, of Victorian Alcohol And Drug Association Inc., which comprises the assets and liabilities statement as at 30 June 2017, statement of changes in equity, statement of cash flows and the income and expenditure statement for the year then ended, notes comprising a summary of significant policies and the certification by members of the committee.

In my opinion, the accompanying financial report of Victorian Alcohol And Drug Association Inc.:

a) gives a true and fair view of the association's financial position as at 30 June 2017 and of its financial performance for the year then ended; and

b) complies with Australian Accounting Standards to the extent described in Note 1 to the financial statements, and the requirements of the Associations Incorporation Reform Act 2012 (Vic).

Basis for Opinion
I conducted my audit in accordance with Australian Auditing Standards. My responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Report section of my report. I am independent of the association in accordance with the Associations Incorporation Reform Act 2012 (Vic) and the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 Code of Ethics for Professional Accountants (the Code) that are relevant to my audit of the financial report in Australia. I have also fulfilled my other ethical responsibilities in accordance with the Code.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my 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 for the purpose of fulfilling the association's reporting responsibilities under the Associations Incorporation Reform Act 2012 (Vic). As a result, the financial report may not be suitable for another purpose. My opinion is not modified in respect of this matter.

Responsibility of the Committee for the Financial Report
The committee of the association are 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 of the financial report is appropriate to meet the requirements of the Associations Incorporation Reform Act 2012 (Vic) and the needs of the members.

The committee's responsibility also includes such internal control as the committee determine is necessary to enable the preparation of a financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

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

Auditor's Responsibility for the Audit of the Financial Report
My 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 my 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.

AUDIT

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

As part of an audit in accordance with Australian Auditing Standards, I exercise professional judgement and maintain professional scepticism throughout the audit. I 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 my 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 responsible entities' 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 I conclude that a material uncertainty exists, I am 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 my opinion. My conclusions are based on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions that may cause the 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.

I communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

Sean Denham

Dated: 18th Spetember 2017
Suite 1, 707 Mt Alexander Road
Moonee Ponds VIC 3039

NOTES

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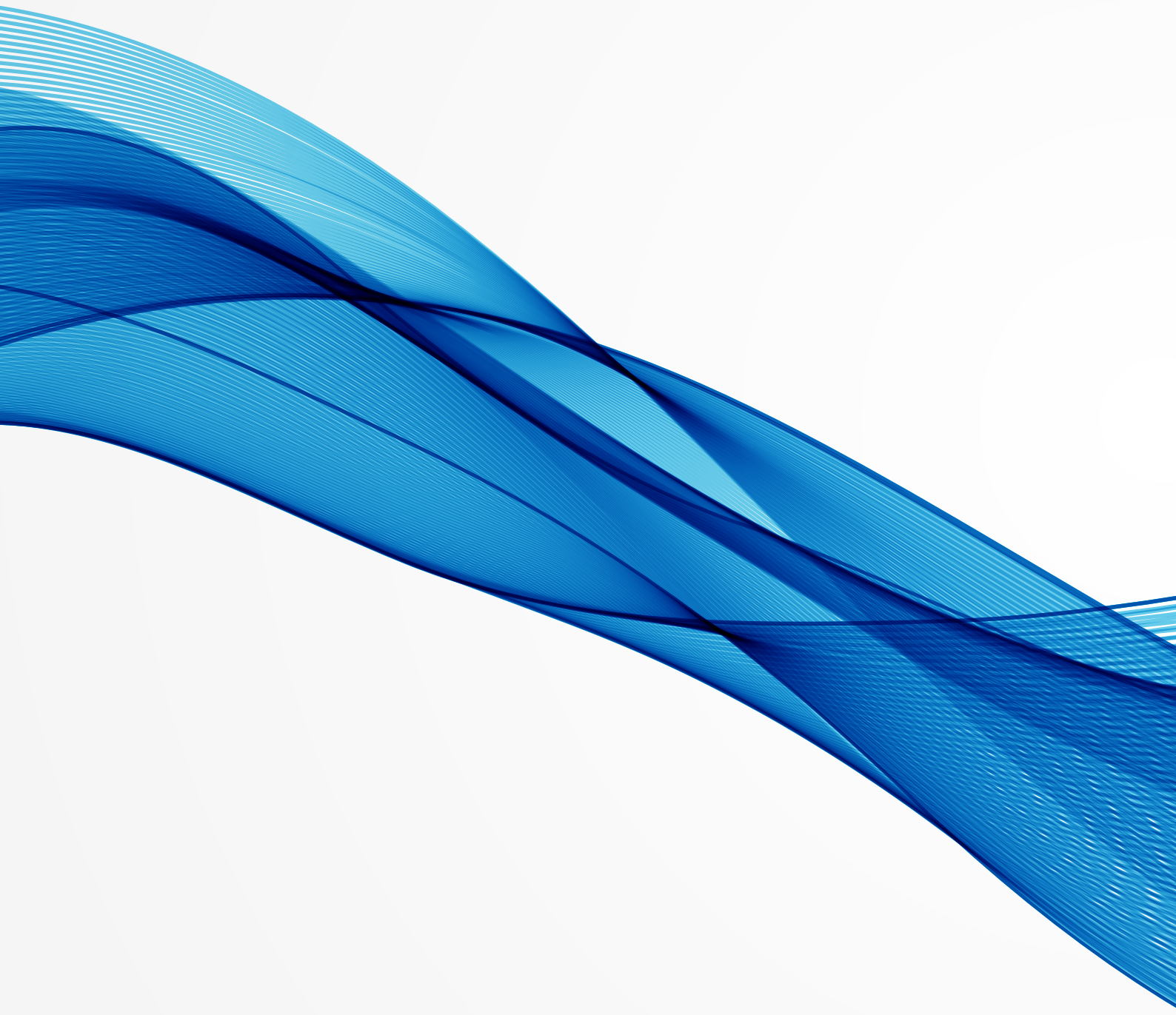

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