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annual report 2014-2015





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# THE VAADA BOARD

## President

Cheryl Sobczyk (Nov 2014 – May 2015)  
Sharon O'Reilly (May – Nov 2015)

## Vice President

Stefan Gruenert

## Treasurer

Laurence Alvis

## Ordinary Members

David Best - *Resigned August 2014*

Paul Bird - *Resigned April 2015*

Donald Currie

Sally Mitchell

Anne-Maree Rogers

Simon Ruth

# BOARD MEMBER PROFILES

## President - Sharon O'Reilly

Sharon is an established leader in the alcohol and drug 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 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 interest is in policy and programs that integrate Harm Reduction principles with Clinical Governance Frameworks. Sharon is committed to implementing programs that reflect an integrated approach believing that neither frameworks stand alone in the area of AOD prevention and treatment. Sharon welcomes the opportunity to work across primary health in an effort to strengthen relationships between specialist AOD services and primary health platform.

## President - Cheryl Sobczyk

Cheryl is responsible for a broad range of programs encompassing public and primary health programs in a community health setting and is the Senior Manager of Alcohol and Other Drug Services at Bendigo Community Health Services (BCHS) where she has worked for the past 21 years. Cheryl's background is nursing and she has maintained her clinical competence with her focus on the provision of services along the prevention to recovery continuum. She is actively involved in her local and regional communities, with representation on regional AOD and Pharmacotherapy networks and local Domestic Violence, Safe Communities and Complex Needs panels. Cheryl has been on the Board of the Victorian Alcohol & Drug Association (VAADA) for the past 4 years and has been President during the past 2 years. Cheryl is currently a member of the Specialist Workforce Advisory Group under the Victorian Government's Ice Action Taskforce and is on the Change Agent Network board. She has a passion for assisting people from all walks of life and strives to enable and empower people to

maximize their choice and experience of accessing health and wellbeing services.

## Treasurer - Laurence Alvis

Laurence has been the Chief Executive Officer of UnitingCare ReGen for the past 10 years. ReGen is the leading AOD treatment and education agency of UnitingCare Victoria and Tasmania and has over 45 years' experience in delivering a comprehensive range of AOD services to the community. 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 began his career in community services in the early 1980's, working for a Uniting Care agency in Broadmeadows. He then moved to the City of (Broadmeadows) Hume, where in a career of 19 years, he worked in various community services management roles which included Manager of Aged Services and Health and Manager of Community Services. Laurence has a strong commitment to social justice principals and providing accessible services to those who need them most.

## Vice 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 for Odyssey House Victoria, a member of the Community Consultative Committee for Victorian Legal Aid, and been Board Director of the Alcohol and Drug Council of Australia.

# BOARD MEMBER PROFILES

## Andrew Bruun

Andrew Bruun is the Acting 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.

## Donald Currie

Donald Currie has worked as a senior manager within the community setting of Counselling and Alcohol, Tobacco and other Drugs services in the Eastern Hume region of Victoria for the past 8 years. Donald is a Division 1 registered nurse with a Graduate Diploma in Addiction and Mental health and a diploma in management. Donald has worked within the health setting for the past 21 years in varying capacities. Prior to working within the community setting Donald worked in the emergency department of Wodonga Regional Health services. This is where Donald developed his keen interest in supporting individuals with substance misuse issues. Donald is interested in supporting all members of the community with substance misuse issues, especially those marginalised members of the community with mental health problems, refugee and CALD, Indigenous and young people wanting to access services. Donald joined the VAADA board in 2013.

## Sally Mitchell

Sally Mitchell is the Director, Community Mental Health, AOD and Homelessness at cohealth. cohealth is one of the largest community health organisations in Australia, servicing a broad area of high-growth communities across Melbourne's northern, western and inner suburbs and provides quality services across mental health, oral health, family violence, alcohol and other drugs, aged care and medical and integrated health services.

Sally has over 30 years' experience working in the community sector in a number of roles, including as Executive Officer for

Yarra Drug and Health Forum. She also has research experience. Sally is a Graduate of the Australian Institute of Company Directors and has been a member of boards of management and provided leadership to a number of community organisations.

## Anne 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.

## Simon Ruth

Simon Ruth is Chief Executive Officer of the Victorian AIDS Council. He has managed alcohol and drug services for the last 16 years. He has previously worked for Peninsula Health, the Salvation Army, St Vincent de Paul Society and YSAS. Simon has an interest in improving AOD services for older adults, Indigenous Australians and the GLBTI communities. Simon is a past member of the Liquor Control Advisory Council and the Whole of Victorian Government Alcohol & Drug Strategy Expert Advisory Committee. Simon joined the VAADA Board in 2005.

**Sam Biondo**

Executive Officer

**Chantel Churchus**

Project Officer

**Anna Guthrie** (casual August 2014 - March 2015)

Conference Organiser

**Chris McDonnell**

Administration Officer

**Jane Moreton**

Project Officer - Co-occurring Capacity Building

**Sarah Nikakis**

Project Officer - Co-occurring Capacity Building

**Tully O'Neil** (casual June 2014 - December 2015)

Project Officer - Sector Development

**Brad Pearce**

Sector Development Manager

**John Quiroga**

Project Officer - Sector Development

**David Taylor**

Policy Officer

## Our Vision

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

## Our Mission

To represent the membership by providing leadership, advocacy and information to the broader community in relation to alcohol and other drugs

## Our Values

In achieving its vision, VAADA will be guided by a commitment to integrity, compassion, respect and inclusion

## VAADA Policy Principles

Three key principles guide VAADA in its policy development.

These principles are:

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

## Our Stakeholders

VAADA identifies its stakeholders as:

- Consumers of drug and alcohol related services;
- Those affected by drug and alcohol misuse;
- Our membership;
- Government;
- The broader community;
- The media;
- Related sectors; and
- Other peak bodies.

# PRESIDENT'S REPORT

This past year has seen the initiation and implementation of new arrangements for the delivery of adult non-residential alcohol and other drug treatment services in Victoria. The reform implementation phase has been characterised by very tight timelines, including a three month transition period to implement and transition from the old service system to the new. The tight transition period has at this stage resulted in a significant level of service fragmentation across the newly implemented system. Much of the onus of reintegrating the service system has fallen on successful consortia that were not only trying to establish their new service models, but also attempting to integrate and co-ordinate local service delivery with multiple consortia partners. Consequentially, the AOD sector workforce has been destabilised and fragmented through this process. Also at this crucial time there was a change of State Government in November 2014 with a resultant departmental restructure and further changes to relationships between consortia leaders and departmental representatives. All of these factors combined to form the rich complexity of experience that we shall all remember as the 'AOD Reform of 2014'.

VAADA has sought to provide leadership to the sector and undertaken a range of activities throughout the recommissioning process to help services transition into the new arrangements. Throughout this process VAADA has engaged directly with staff across the sector by the creation of a series of networks including: Area Based Pharmacotherapy Networks; Intake and Assessment Providers Network; and the AOD Catchment Planning Network and Training Providers Network. VAADA has employed different methods to engage the sector including surveys, special events, discussions looking at system health, as well as continuing the CEO and Manager's forums. The value underpinning all these activities is one of inclusion, to bring people together to form a united voice, and work in partnership to develop solutions.

At this stage we still await the final word about the Victorian Government's intention in relation to Stage 2 of the Alcohol and Drug recommissioning process. It is clear to the VAADA Board that Stage One recommissioning has impacted, not

only on the non-residential service delivery models, but it has also effected how youth, residential rehabilitation and residential withdrawal services operate with the overall system. Government will undoubtedly need to pay close attention to how residential and youth services intersect with the recommissioned service system to ensure that they are operating in the integrated manner intended.

A particular highlight of the year that contributed to rebuilding sector esprit de corps was VAADA's biannual conference in February. What really stood out at the conference was the enthusiasm with which sector staff came together and engaged with each other. It was clear that many participants took the opportunity to renew professional and personal acquaintances. Participants took the opportunity to debrief on the enormity of changes that had occurred across the sector. Further, conference participants engaged positively with the conference program which provided a platform for the sector to showcase how they were developing and forging a new service system design.

Looking ahead, it is anticipated that there will be a range of reviews of the recommissioned system. VAADA is committed to bringing the sector together, developing a common voice and articulating the messages from the frontline. To this end, the VAADA Board has approved that, early in the 2015-2016 financial year, VAADA will be running a series of forums called "Regional Voices". The forums will occur across different locations around the state. The intent is to gather and collate a grass roots view of how the recommissioned 'Stage 1' has rolled across rural and metropolitan catchments. Key areas for development will be identified, with a focus on consortia partners and clinicians identifying a range of solutions and further prospects for future advancement.

On another note there has been a growing awareness across the community through a number of inquiries about issues such as methamphetamine, family violence, child protection and other areas which directly impact the work of the sector. If nothing else, the examination of these matters recognises the extraordinary diversity and complexity of issues directly and indirectly influencing our work demands on a daily

# PRESIDENT'S REPORT

basis. VAADA will continue to take the lead from the sector it represents and will highlight to government and other stakeholders how AOD services are of crucial importance to improving the lives of those living in Victoria.

On behalf of the VAADA Board I would like to thank you the sector for your ongoing engagement with VAADA throughout this time. Without your valued input VAADA would not be able to do the work it does.

I take this opportunity to praise and thank the VAADA Staff team for their hard work and support of the sector over this challenging period. I would also like to thank the VAADA Board for their dedication over this period, and acknowledge our recently retired Board colleagues, Paul Bird and Donald Currie, and thank them on behalf of the Board for their contribution and efforts during their term. I also thank Cheryl Sobczyk for her endeavours as the immediate past President.

**Sharon O'Reilly**

President

# EXECUTIVE OFFICER'S REPORT

This past year has been a roller-coaster as the Victorian Alcohol and Other Drug system has tried to adapt to its new shape after being recommissioned in September 2014. During this year we have seen a reduction of the number of standalone AOD services from approximately 105 to 83. We have seen the establishment of 16 regional structures and the formation of 23 lead agencies, which provide succour to a unique and still formative consortia based system. We have also seen the establishment of nine intake and assessment services providing a quasi-centralised intake system across the state, and the commensurate re-allocation of human and financial resources from a decentralised system to a more centralised 'intake and assessment' system. The previous more than 20 activity types have now been reduced to approximately six areas, consisting of intake and assessment, counselling, care and recovery co-ordination, non-residential withdrawal, residential treatment and associated with these activity areas there has been established a new 'Drug treatment activity unit' (DTAU) system of activity based payment. Sadly, the departure of 'old hands' and the development of new systems because of the rapidity of transition to the new system, has not allowed due reference to be given to the many who have left employment in the Victorian AOD system, despite the enormous collective contribution they have made to their clients and their community.

As the year progressed from the final design and planning phase, VAADA was approached to implement: a consumer telephone advice line, an AOD jobs board, auspice focussed training and information sessions covering such areas as legal issues, change management, and employment issues. To support the sector through this complicated transition period VAADA has continued to bring together sector representatives in broad based as well as discrete networks such as the training, pharmacotherapy network, AOD catchment planners, and intake and assessment areas. We have undertaken several surveys to assess how transition to the new system is proceeding, and to identify in the sectors own words where the problems lie. Planning has also commenced for a state-wide consult on how current system functioning can be improved.

In other areas, VAADA has undertaken or been involved in a number of project activities such as the DPMP reform project, VACCHO Harm reduction forums across Aboriginal communities, the launch of clinical supervision guidelines, the implementation of the 2013/14 workforce study report, a plethora of valuable network meetings, delivery of numerous training sessions and presentations, and the delivery of a unique CALD AOD project which over the past two years has sought to identify underlying issues and ways to improve outcomes for individuals and families from culturally and linguistically diverse communities affected by harmful alcohol and other drug use.

In addition to the above activity VAADA regularly surveys the sector on different issues often incorporating the findings in reports to Government, Department or different commissions of inquiry. Feedback and advice from the sector is much valued and appreciated and forms the basis of our commentary and representations in the media and to Government.

While it has been a long and at times difficult year it is most important to recognise the efforts and contribution of VAADA's dedicated staff, the VAADA Board that offers a strong and dedicated grounding in the issues impacting the sector, and the many VAADA members and friends who contribute in a variety of ways.

**Sam Biondo**  
Executive Officer

# SECTOR DEVELOPMENT REPORT

2014-15 has been a busy year for the sector development program, predominantly due to the implementation of the recommissioned system in September 2014. VAADA provided support for the sector through various activities prior to the new system beginning, and this continued once the changed parameters were in place.

## Pre-recommissioning

Throughout July 2014, VAADA ran a series of face to face and online transition support workshops. Funded by the Victorian Government, these sessions were aimed at both managers and staff from organisations that have been affected by the reforms. Topics included managing redundancies, employer and employee responsibilities and entitlements, managing your career, legalities, and organisational change management.

Alongside this and developed in conjunction with the Association of Participating Service Users and Harm Reduction Victoria, VAADA led the operation of a consumer information telephone line and website. A poster and postcard was developed to promote the supports available. The service provided up to date information and advice in relation to sector reform and was well utilised by service providers, service users, their families and interested community members.

## Post-recommissioning

### *Network meetings*

VAADA has maintained the facilitation of a range of networks throughout this period. The overall aims of the networks are to provide opportunities for services to share information, develop consistent understanding of relevant issues and plan for a coordinated approach to enhancing the delivery of programs for service users. The networks include:

- AOD training providers
- Pharmacotherapy Area Based Networks
- AOD Catchment Planning Function providers
- Catchment Intake and Assessment providers

## VAADA Sector survey

In April 2015, VAADA distributed a survey to AOD service providers seeking feedback on a range of issues related to the recommissioning of AOD services. The survey covered various topics and included questions related to perceived changes to demand and numbers in treatment; staff and workforce issues and the perceived benefits and challenges of the Catchment Based Intake & Assessment model. The survey was not intended as an evaluation of recommissioning but as a tool to gather information on the impacts of recommissioning on AOD services.

## Projects

### *DPMP reform project*

In mid-2014 VAADA contracted the Drug Policy Modelling Program, at the National Drug and Alcohol Research Centre, University of New South Wales to undertake a project exploring and describing issues and concerns related to the sector recommissioning process in Victoria. This project commenced in July 2014 and concluded in November 2014. DPMP reviewed policy documents and allied material, and consulted with 20 stakeholders from 18 AOD organisations. The findings from this work was documented and distributed widely.

### *VACCHO harm reduction forums across Aboriginal communities*

VAADA was contracted the Victorian Aboriginal Community Controlled Health Organisation to facilitate AOD harm reduction workshops with Aboriginal community members and local stakeholders across Victoria. Each workshop, held in regional locations between June and September 2014, aimed to provide information and support the development of action plans to reduce alcohol and drug related harms within local Aboriginal communities.

Overall the project was evaluated as having a positive impact, with community members and service providers supporting the value of the work delivered.

# SECTOR DEVELOPMENT REPORT

## *Launch of clinical supervision guidelines*

The Bouverie Centre, in collaboration with VAADA, VICSERV and the AOD and Community Managed Mental Health (CMMH) sectors developed a set of online Clinical Supervision Guidelines. The guidelines include relevant definitions, models and modalities for delivering supervision, ethical and legal considerations and supervisor competencies. They are intended as a flexible tool to assist supervisees, supervisors and managers to develop and maintain effective clinical supervision within organisations.

To support this work Bouverie, VAADA and VICSERV ran a series of clinical supervision guidelines launches in eight different locations across Victoria. Stakeholders from the AOD and Mental Health sectors were invited to attend for the purpose of becoming familiar with the tool, learning how to navigate and use the online resource, and to network with other people with an interest in supervision.

## *THE WOMEN'S ALCOHOL & DRUG SERVICE training series*

VAADA, in partnership with The Royal Women's Hospital's Women's Alcohol & Drug Service (THE WOMEN'S ALCOHOL & DRUG SERVICE), provided a series of half-day training sessions to explore AOD use during pregnancy and the impacts on infant children. These forums provided participants the opportunity to hear about the most up to date evidence informed responses. In order to encourage broader participation, each session was offered face-to-face, as well as via live webinar stream.

The following sessions were offered:

- The Management of Drug and Alcohol Dependency and Pharmacotherapy in Pregnancy Care
- Exploring Psychosocial Issues in Pregnancy – How to Reduce the Risks
- How Substance Use Affects the Parenting of Babies and Children

## *2013 Workforce Study report*

In late 2014 and early 2015 DHHS, in consultation with VAADA and an AOD expert advisory group, developed the workforce study report. The report provides an analysis of the data from the workforce study undertaken in late 2013 which shows a profile of the AOD workforce prior to recommissioning. There is a wealth of useful information in the report and this will be able to be compared with a post-recommissioning workforce study to be undertaken in late 2015.

## *Submission to Family Violence Royal Commission*

In May 2015, VAADA provided a submission to the Royal Commission into Family Violence. It focussed on the complex and multidimensional nature of this relationship between AOD misuse and family violence. The submission recognised AOD misuse can be both a consequence of family violence as well as a contributing factor and that the capacity of AOD services to respond to family violence needs to be enhanced. Alongside this, there is a clear need for improved coordination and collaboration between AOD and family violence services.

A key recommendation called for the development and delivery of a comprehensive whole-of-sector capacity building project to enhance AOD services' capacity to respond to family violence.

# CO-OCCURRING CAPACITY BUILDING PROJECT REPORT

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The Co-occurring Capacity Building Project is funded under the Substance Misuse Service Delivery Grants Fund (SMSDGF), which is a capacity building initiative of the Australian Department of Health for non-government alcohol and other drug services. Commencing in July 2012, the initiative has been funded with a focus on co-occurring substance use and mental health, working with Aboriginal and CALD populations and increasing capacity to respond to complex clients.

During the past twelve months the project has been involved in a number of exciting activities, including facilitating a range of training opportunities and developing resources with the aim of achieving service improvement and further cultivating relationships with both the AOD and other sectors.

VAADA facilitated six meetings for the SMSDGF network during the 2014/15 financial year with a range of guest speakers invited to present on topics such as gambling; working with CALD clients; Hepatitis C; and forensic services. Additionally, VAADA have maintained ongoing links with other state and territory peaks by participating in monthly Peaks Capacity Building Network teleconference meetings and six-monthly face to face meetings.

VAADA has continued its focus on trauma-informed care by offering training to sixteen alcohol and other drug clinicians in 'Concurrent Treatment of PTSD and Substance Use Disorders Using Prolonged Exposure' (COPE). This two day course was designed to equip one clinician from each Victorian catchment with the skills to implement this therapy in their region. VAADA also arranged twelve sessions of clinical supervision at the completion of the course to support participants to embed their new skills into clinical practice.

In April 2015 VAADA arranged a visit from Dr. Ken Minkoff and Dr Chris Cline, founders of Zia Partners in the United States, who facilitated a one day workshop on 'Managing client complexity within a changed Victorian AOD sector'. The workshop provided an overview of their Comprehensive, Continuous, Integrated System of Care Model (CCISC), which is internationally recognised as promoting a system of best practice for individuals and their families presenting with co-occurring and complex issues within the Victorian context.

This year has also seen the development of two new sets of prompt cards, adding to the suite of immensely popular AOD, mental health and trauma informed care cards which can be placed on a lanyard for easy reference. A new set of culturally and linguistically diverse (CALD) prompt cards have been developed in collaboration with the Centre for Ethnicity and Health (CEH) and a set of gambling prompt cards have also been developed in collaboration with Odyssey House Victoria.

# CALD PROJECT

Since January of last year VAADA has been working on the CALD AOD Project, a two-year initiative which aims to improve outcomes for individuals and families from culturally and linguistically diverse (CALD) communities who are affected by harmful alcohol and other drugs (AOD) use.

During stages 2 - 3 of the project we undertook a range of activities, building on what had previously been done during stage 1.

In August 2014 we completed the first round of stakeholder consultations with CALD and AOD practitioners, seeking their feedback on:

- AOD use patterns within CALD communities
- Service barriers
- Ways to improve access to culturally appropriate AOD information and services

In total, 50 interviews covering 43 agencies across the state were conducted, with the findings documented in a consultation report and distributed to respondents and other stakeholders in November.

Based on these findings as well as those drawn from the literature review conducted during stage 1, five target

CALD populations and catchments were selected. Below is a run-down of the five communities selected, as well as the catchments the project has been operating in since January 2015.

Rather than selecting these communities simply on the basis of raw numbers (i.e. population size) or current demand for services, we opted to use a needs based model. This approach enabled us to account for a broader range of factors, such as service barriers and the particular harms and risk factors impacting on each community.

Following this process we approached a range of agencies with suitably skilled and experienced bi-cultural staff who could act as CALD Liaison Workers (CLWs). VAADA has since partnered with these agencies, drawing on their expertise to:

- Provide advice and guidance on the roll-out of the project and development of project resources
- Facilitate access to CALD communities and other key stakeholders using formal and informal networks
- Liaise with CALD community members about the project, their specific health literacy needs and ways CALD AOD issues are most effectively communicated

Selected community	Catchment
Afghan Hazara community	Hume region of Victoria (centered on the City of Greater Shepparton)
African (including Sudanese, Ethiopian, Somali, Togolese and Congolese communities)	Outer east of Melbourne (centered on the City of Greater Dandenong)
Arabic speaking Muslim community	Inner and outer north of Melbourne (centred on the City of Hume)
Pacific Islander communities (Maori, Fijian, Samoan and Tongan communities)	Outer west of Melbourne (centered on the City of Wyndham)
Vietnamese community	Inner east and north of Melbourne (centered on the City of Yarra)

# CALD PROJECT

The information and advice provided by the various CLWs is currently being used to develop five cultural inventories (community profiles), one for each catchment. Each profile will incorporate information pertaining to four domains of enquiry:

- 1. Overview of each CALD community** – focusing on how each community is structured as well as a description of the networks and key people within that community (centered on, but not limited to those catchments in which the CALD AOD Project has been operating), as well as a description of the communication/media channels through which information is currently disseminated
- 2. Agency information** – including an overview of each agency in which CLWs are operating
- 3. Perceptions and health beliefs of CALD community members** – focusing on those related to AOD use, culturally appropriate treatment responses and ways CALD AOD issues are most effectively communicated within that community
- 4. Perceptions of past and current service users** – identifying, where possible, the experiences of CALD community members navigating the AOD service system

In the final stage of the project (July - December 2015) VAADA, with support from the CLWs in each catchment, will introduce a second stream of activity. Building on what has been achieved thus far we will invite community representatives, AOD personnel and other key stakeholders to participate in a series of activities culminating in a CALD AOD forum at the end of the year.

It is our hope that these activities will generate interest and commitment well beyond the life of the project, as well as promote greater levels of understanding and trust between all parties concerned.

# 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
- Bayside Medicare Local – SPIN
- Centre for Culture Ethnicity & Health
- Centre for Excellence in Child and Family Welfare
- Centre for Multicultural Youth
- Change Agents Network
- City of Greater Geelong Healthy Children’s forum
- Community Housing Federation of Victoria
- Council to Homeless Persons
- DH Partnership Forums
- Drug & Alcohol Multicultural Education Centre
- Eastern Metropolitan Network Meeting
- Family Alcohol and Drug Network ( Fadnet)
- Federation of Community Legal Centres
- Foundation House
- Grampians - AOD Interagency Meeting
- Harm Reduction Victoria
- Human Services Partnership Implementation Committee (HSPIC)
- Injecting Drug Issues Network
- Inner Melbourne Community Legal Centre

- Local Government AOD Issues Forum
- Local Government Drug Issues Forum
- Loddon Mallee – Regional AOD Network Forum Primary and Community Health network Victoria VICSERV
- Mungabareena Aboriginal Health Service
- National and State AOD Peaks Network
- NDRI Experiences of Addiction advisory group
- Neighbourhood Justice Centre
- Peaks Capacity Building Network
- Penington Institute
- Peninsula Legal Service
- Pharmacotherapy expert advisory group
- Reservoir Community Corrections
- RMIT Social Sciences coursework
- RMIT VET program advisory committee
- RTO Managers network
- Safe Steps Family Violence support
- Somerville Primary School
- 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

## Membership

As of 30 June 2015, 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 2014-2015

## Events & Activities

The following is a list of events and activities that VAADA conducted for its membership and stakeholders throughout the 2014-2015 financial year.

### **VAADA Member CEO / Managers Network**

- 15 August 2014
- 20 March 2015
- 4 June 2015

### **Reform Related Activity**

- AOD Sector Reform – Transition Workshops
- VAADA Jobs Board
- Consumer Information Telephone Line and Website
- Managers and Workers Forum

### **Managing client complexity within a changed Victorian AOD sector**

- Melbourne - 13 April 2015

### **Bloody Important Facts - Hepatitis C Training for AOD Workers**

- Melbourne - 25 November 2014

### **Call to the Parties: Prevention, Treatment and Reducing the Harms - Alcohol and Other Drug Priorities up to 2018**

- Melbourne - 17 October 2014

### **THE WOMEN'S ALCOHOL & DRUG SERVICE training series**

- 11 November 2014
- 22 December 2014
- 17 March 2015

### **VAADA Conference**

- 19 & 20 February 2015

### **Co-occurring Capacity Building Project (CCB) Substance Misuse Service Delivery Grants Fund (SMSDGF)**

#### **Bi-monthly Network Meetings**

- 20 August 2014
- 14 October 2014
- 11 December 2014
- 25 February 2015
- 15 April 2015
- 16 June 2015

# SNAPSHOT 2014-2015

## Submissions & Publications

During the 2014-2015 financial year VAADA made 17 submissions on behalf of its members both at a state and federal level. VAADA would like to thank all those that contributed to the development of the submissions.

- State Parliament Legal and Social Issues Legislation Committee inquiry into Community Pharmacy
- Ombudsman: Investigation into the provision of rehabilitation programs and transitional services in Victoria's prison system
- Review of Australia's welfare system
- National Competition Policy Review
- Investigation into the rehabilitation and reintegration of prisoners in Victoria
- State budget Submission 2015-2016
- Response to Victorian Law Reform Commission on Medicinal Cannabis
- Consultation for the review of the Severe Substance Dependence Treatment Act 2010
- National Drug Strategy 2016-2020
- Inquiry into Hepatitis C in Australia
- National Ice Taskforce
- Parliamentary Joint Committee on Law Enforcement inquiry into methamphetamine
- Submission to the Competition Policy final report
- Review of Drugs, Poisons and Controlled Substances Regulations 2006
- Victorian Public Health and Wellbeing Plan 2015-2019
- Royal Commission into Family Violence
- The Processes of Reform in Victoria's Alcohol and Other Drug Sector, 2011-2014

# SNAPSHOT 2014-2015

## 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. In the last 12 months, VAADA has had more than 60 contributions to the media, across radio, print and online platforms.

### Press releases

- 2 September 2014 - New Sector, new era
- 3 September 2014 - Ice Inquiry: A framework for action
- 21 November 2014 - State election and new investment announcements
- 5 March 2015 - Ice treatment – a balanced response from government
- 13 March 2015 - Drug court findings prove an outstanding success

### Other Media

Other media undertaken by VAADA included:

- 19 radio interviews
- Contributions to 15 print news articles
- Contributions to 31 online articles
- 3 published Letters to the Editor.

### VAADA newsletters

- June 2014
- July – August 2014
- September – October 2014
- January – February 2015
- May – June 2015

### ENEWS

VAADA's free email information list ENEWS has sent more than 300 posts in the last financial year. Some of the topic areas include:

- Current media stories on drugs and alcohol
- Facts and figures on Victoria's and Australia's drug problem
- Updates on VAADA and other agency activities
- Alerts on forthcoming conferences, workshops and training
- Funding opportunities – Federal and State
- Political statements relating to drug treatment
- Links to information sources and websites

# SNAPSHOT 2014-2015

## Sector Reform Activity

### AOD Sector Reform - Transition Workshops

VAADA provided a series of workshops to support the AOD sector through the reform transition. Funded by the Victorian Government, these workshops were offered via 'face to face workshops', 'video conferencing' and 'webinars'.

The sessions provided related to the following:

#### **Managing Redundancies**

This workshop targeted AOD managers and covered issues related to duty of care, effects of redundancies on staff and managers and best practice redundancy processes. Two sessions were delivered targeting sector managers, one session was face to face and one via webinar

#### **Employer and employee responsibilities and entitlements**

This online Q&A session for staff covered basic employment rights, alternatives to retrenchment such as redeployment, contract variations, entitlements if retrenched or redeployed and where to get further advice.

#### **Managing your own career during transition**

This workshop for staff included career review, achievements and planning, understanding the job market, advertisements and interviews.

#### **Organisational transition and change management (For CEOs and Managers)**

This practical workshop explored issues of organisational change from a manager's perspective and included understanding transition models, emotional responses, understanding your role in the change process and building resilience. Two separate sessions were delivered.

#### **Organisational transition and change management (for staff)**

This practical workshop explored issues of organisational change from a staff member's perspective and included: understanding transition models, emotional responses, understanding your role in the change process and action planning. One session was face to face, and one via webinar.

#### **VAADA Jobs Board**

In response to the recommissioning of the Victorian Alcohol and Other Drugs Treatment Sector, VAADA operated an AOD Jobs Board as part of our commitment to assisting agencies and workers through the transition.

The Jobs Board allowed agencies to advertise their vacancies in a sector specific setting, related to catchment and job function. The Board also allowed job seekers the opportunity to search for jobs by 'preferred location' and 'field of practice' or to receive email alerts for jobs based on criteria set by the job seeker.

Over a six month period nearly 150 jobs were posted to the Board.

#### **Consumer Information Telephone Line and Website**

VAADA in conjunction with the Association of Participating Service Users and Harm Reduction Victoria, operated a consumer information telephone line and website. Funded by the Victorian Government, these resources were developed to provide Victorian AOD service users and their families with up to date information and advice in relation to sector reform and operated until January 2015. Specifically they were aimed at community members, who at the time of recommissioning weren't accessing a funded AOD service.

In order to promote the information line and website, VAADA produced a series of A2 single sided posters – for agencies, and A6 double sided post cards – for service users. These resources were distributed to all funded AOD agencies and a range of allied service providers.

# SNAPSHOT 2014-2015

## Key Events

### VAADA Conference - 'Evolution: innovation and reflection in Victoria's alcohol and other drug sector'

The 2015 VAADA conference, entitled 'Evolution: innovation and reflection in Victoria's alcohol and other drug sector' was held at the Jasper Hotel on 19-20 February.

The conference provided an opportunity for the Victorian AOD sector to reflect on the opportunities and challenges presented by the recommissioning, and how the sector is responding to the new service environment. Over 350 delegates attended the conference, which included more than 80 presentations and a number of workshops and keynote speeches.

The conference was opened by The Hon. Martin Foley. The Minister noted that the recommissioning still has a number of issues that needed resolving. He identified the importance for the AOD stakeholders being able to reconnect and rebuild partnerships.

Delegates at the conference were offered a number of quality presentations from international, interstate and Victorian presenters. Some of the themes covered in presentations included: Rural services, CALD services, clinical treatment, dual diagnosis, gambling, trauma informed care, older people, emergency department responses, benzodiazepines and policy and prevention.

VAADA would like to thank both presenters and attendees who participated in the conference. Their active involvement made the event vibrant, and showcased the sectors willingness to rebuild a sense of collaboration within the sector, after a difficult recommissioning.

VAADA would like to express our gratitude to FARE and the Commonwealth Department of Health for providing financial support for the VAADA Conference.

### 'Managing client complexity within a changed Victorian AOD sector'

In April 2015 VAADA arranged a visit from Dr. Ken Minkoff and Dr Chris Cline, founders of Zia Partners in the United States, who facilitated a one day workshop on 'Managing client complexity within a changed Victorian AOD sector'. The workshop provided an overview of their Comprehensive, Continuous, Integrated System of Care Model (CCISC), which is internationally recognised as promoting a system of best practice for individuals and their families presenting with co-occurring and complex issues within the Victorian context.

### THE WOMEN'S ALCOHOL & DRUG SERVICE training series

VAADA, in partnership with The Royal Women's Hospital's Women's Alcohol & Drug Service (THE WOMEN'S ALCOHOL & DRUG SERVICE), provided a series of half-day training sessions to explore AOD use during pregnancy and the impacts on infant children. These forums provided participants the opportunity to hear about the most up to date evidence informed responses. In order to encourage broader participation, each session was offered face-to-face, as well as via live webinar stream. The following sessions were offered:

- The Management of Drug and Alcohol Dependency and Pharmacotherapy in Pregnancy Care
- Exploring Psychosocial Issues in Pregnancy – How to Reduce the Risks
- How Substance Use Affects the Parenting of Babies and Children

### VAADA Member CEO / Manager Network Meetings

The Member CEO / Manager Network Meetings were a valuable vehicle for VAADA during the last 12 months. They allowed it to remain engaged with its membership and bring organisations together following recommissioning. These meetings continue to provide VAADA the opportunity to hear the views of the membership.

# SNAPSHOT 2014-2015

## Key Events

A call to the parties': Prevention, treatment and reducing the harms: alcohol and other drug priorities up to 2018

Prior to the Victorian state election, VAADA and partners organised a pre-election event which saw the attendance of candidates from Liberal, Labor, Greens and the Sex Party. The event, facilitated by Jon Faine, saw the attendance of close to 200 individuals broadly from the sector and beyond. The intention was to get the parties to elucidate what their policies would be in the next term of government around AOD issues.

# SNAPSHOT 2014-2015

## Key Submissions and Reports

### VAADA's 2015-16 State Budget submission

VAADA's State budget Submission 2015-16, emphasised a range of initiatives aimed at addressing a broad range of health and wellbeing issues faced by those experiencing harms related to AOD use.

The submission highlighted the strong return on investment that adequately resourced drug treatment and harm reduction services can provide. It noted the downward pressure that well resourced drug treatment services can put on demand for acute services, such as ambulances and hospitals.

The submission also highlighted a range of issues that have emerged out of the recommissioned AOD treatment system. Particular emphasis was given to the funding disparity between the treatment and intake segments of the service system. Other initiatives called for in the submission included:

- The expansion of the Victorian Drug Court
- The integration and co-ordinated care between AOD services with the emergency departments of key Victorian hospitals
- The expansion of needle and syringe programs to provide 24 hour state-wide coverage
- And a range of measures to address harms caused by alcohol and pharmaceuticals

### The Processes of Reform in Victoria's Alcohol and Other Drug Sector, 2011-2014

In mid-2014 VAADA engaged the Drug Policy Modelling Program, at the National Drug and Alcohol Research Centre, University of New South Wales to undertake a project exploring and describing issues and concerns related to the 2014 AOD sector recommissioning process in Victoria.

The project had three major objectives:

1. Describe the key stages and activities leading up to recommissioning of the Victorian AOD service system

2. Identify issues and concerns arising from processes during this phase, leading up to the release of the AOD Treatment Framework
3. Identify key issues arising from the re-commissioning process

The project occurred between July and November 2014 and involved a documentary review and group interviews with key stakeholders from the AOD sector.

### Victorian Ice Action Plan

VAADA's submission called for a range of measures which it believed would reduce the impact of methamphetamine on the community. The submission noted that the measures it called for would also alleviate the harms caused more broadly by illicit drug use in the community.

VAADA called for additional resources which could be utilised to fund innovative practice and improved systemic responses to the changing patterns of harmful drug use. In addition, there was a call for multidisciplinary AOD Action Teams that would enable quicker tailored responses to issues at a local level.

Other initiatives called for in the submission included:

- The development of targeted responses for at risk communities, including: CALD, Aboriginal, GLBTI and older Victorians
- Safe Injecting Facilities
- Strengthening the AOD workforce

### National Ice Taskforce

VAADA's submission noted that there has been a general reduction in amphetamine use in the community from 2001 to 2013. The submission also noted the increase in consumption of amphetamine type substances in rural and regional areas of Victoria. Other trends highlighted in the submission included: a shift from powder to ice, with the latter generally being of greater purity; increases in methamphetamine related mortality, ambulance attendances and AOD treatment demand by methamphetamine users.

# SNAPSHOT 2014-2015

## Key Submissions and Reports

Other measures called for in VAADA's submissions included:

- The need for enhanced data collection systems and tools at a range of levels to ascertain the level of consumption, harms and service demand related to methamphetamines
- The need to enhance the capacity of the public AOD sector to meet demand, as well as the need to address some of the service deficits evident in some rural and regional areas of Victoria
- Various means to divert individuals engaged in AOD related offending away from the justice system by enhancing diversion programs and expanding programs such as the Drug Court of Victoria
- The need to build the capacity of associated sectors which engage with methamphetamine dependent individuals to optimally respond to the needs of this population
- Ensure that there are robust supports in place to assist the families of individuals experiencing methamphetamine dependency

### Royal Commission into Family Violence

During May 2015, VAADA presented a submission to the Royal Commission into Family Violence which focussed on the links between AOD misuse and family violence, recognising the complex and multidimensional nature of this relationship.

VAADA's submission noted that families experiencing violence are also likely to be dealing with multiple, complex and inter-related issues of which AOD misuse may be one factor. VAADA's submission recognised AOD misuse can be both a consequence of family violence as well as a contributing factor and that the capacity of AOD services to respond to family violence needs to be enhanced. Alongside this, there is a clear need for improved coordination and collaboration between AOD and family violence services.

A key recommendation called for the development and delivery of a comprehensive whole-of-sector capacity building project to enhance AOD services' capacity to respond to family violence.

The submission also recommended:

- cross-sector capacity building;
- ongoing resourcing for AOD services to allow for the continuation of family inclusive programs within AOD services
- that safe and appropriate accommodation options be made available for women experiencing family violence who also experience AOD issues
- the importance of ensuring that future policy frameworks, strategies and action plans across AOD and family violence include greater recognition of the association between family violence and AOD misuse, including actions and priorities to address the co-occurrence.

## VAADA's Sector Recommissioning Survey

In April 2015, VAADA distributed a survey to AOD service providers seeking feedback on a range of issues related to the recommissioning of AOD services. The survey covered various topics and included questions related to perceived changes to demand and numbers in treatment; staff and workforce issues and the perceived benefits and challenges of the Catchment Based Intake & Assessment model. The survey was not intended as an evaluation of recommissioning but as a tool to gather information on the impacts of recommissioning on AOD services.

A preliminary analysis of the survey findings was released in May. Key findings included:

- Access remains a significant issue across the AOD sector with a view that the new system has reduced access points for service users, their families and the broader community
- Service user demand appears to have dropped, alongside the numbers of people in treatment
- Fragmentation within the AOD sector and between the AOD and other health and community sectors remains a challenge
- Survey respondents were concerned about the recruitment and retention of highly skilled and experienced AOD staff
- Recommissioning of AOD services appears to have created a number of service gaps including diminished capacity for responding to the needs of families

VAADA will use the findings of this survey, alongside other information gathered from service providers, to inform its discussion with stakeholders in improving AOD service provision in Victoria.

## 2013 Workforce Study report

In late 2014 and early 2015 DHHS, in consultation with VAADA and an AOD expert advisory group, developed the workforce study report. The report provides an analysis of the data from the workforce study undertaken in late 2013 and shows a profile of the AOD workforce prior to recommissioning. There is a wealth of useful information in the report and this will be able to be compared with a post-recommissioning workforce study to be undertaken in late 2015.

## CALD Communities & Service Provider Consults

VAADA met with 43 treatment services and a range of CALD community groups as part of its CALD AOD project.

The consultations asked stakeholder to provide feedback on three key areas:

- AOD use patterns within CALD communities
- Service barriers for CALD clients
- Ways to improve access to culturally appropriate AOD information and services

# TREASURER'S REPORT

2014/15 has been an interesting year with the implementation of the State Governments AOD reform and additional funding being confirmed short term for a number of the Commonwealth VAADA projects.

July 2014 began with VAADA holding \$594,378 in equity. This has increased to \$869,706 by the end of June 2015. There has been a \$275,328 increase in equity across the year which continues to strengthen the overall financial position of VAADA.

The Balance Sheet figures report total assets of \$1,158,666 versus liabilities of \$288,960. There has been a significant reduction in liabilities of \$476,789 between 1/7/14 to 30/6/15.

The increase in equity is a direct result of income received in advance over the last number of years being transferred from the balance sheet to this year's profit and loss. Grants that were utilised from the balance sheet, accounts for \$473,850 in 2014/15. VAADA also received a positive financial outcome from running its AOD conference in 2014/15.

Total assets for VAADA fell by \$200,000 in 2014/15, but with the reductions in liabilities our financial equity was increased. This is an area that the VAADA Board will need to review regularly, now that there are less new grants being received from both State and Commonwealth Government.

The current financial position in 2014/15 enables VAADA to continue the important role that it plays in the Alcohol and Other Drug (AOD) field. The Board in setting the VAADA budget this year have set a deficit budget for the first time in five years. This is in recognition of VAADA making a contribution to meeting future challenges within the recommissioned AOD services sector in Victoria.

I would like to thank all those organisations and 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 has provided accounting support throughout the financial period 2014/15. I would also like to thank Sean Denham and Associates for undertaking the Auditing of the VAADA financial reports for 2014/15.

**Laurence Alvis**  
Treasurer

# FINANCIAL REPORT

Income and Expenditure  
Statement for the year  
ended 30 June 2015

	Note	2015	2014
<b>REVENUE</b>		\$	\$
Grant Revenue		1,049,599	824,145
Other Income		234,535	100,731
		<u>1,284,134</u>	<u>924,876</u>
<b>EXPENDITURE</b>			
Employee benefits expense		616,240	587,418
Finance expenses		577	929
Occupancy expenses		38,526	37,599
Meeting and forum expenses		101,987	38,760
Administration expenses		251,377	144,567
		<u>1,008,806</u>	<u>809,273</u>
Surplus (Loss) before income tax		275,328	115,603
Income tax expense	2	-	-
Surplus (Loss) after income tax		275,328	115,603
Retained Surplus (Losses) at the beginning of the financial year		594,378	478,775
Retained Surplus (Losses) at the end of the financial year		<u>869,706</u>	<u>594,378</u>

# FINANCIAL REPORT

Assets and Liabilities  
Statement as at 30 June 2015

	Note	2015	2014
<b>CURRENT ASSETS</b>			\$
Cash and cash equivalents	2	444,496	667,239
Trade and other receivables	3	10,036	4,566
Shares in other entities	4	-	5
Financial assets	5	704,134	686,563
<b>TOTAL CURRENT ASSETS</b>		<b>1,158,666</b>	<b>1,358,373</b>
<b>TOTAL ASSETS</b>		<b>1,158,666</b>	<b>1,358,373</b>
<b>CURRENT LIABILITIES</b>			
Trade and other payables	6	26,068	50,183
Income in advance	7	141,994	615,844
Provisions	8	112,549	91,373
<b>TOTAL CURRENT LIABILITIES</b>		<b>280,611</b>	<b>757,400</b>
<b>NON-CURRENT LIABILITIES</b>			
Provisions	8	8,349	6,595
<b>TOTAL LIABILITIES</b>		<b>288,960</b>	<b>763,995</b>
<b>NET ASSETS</b>		<b>869,706</b>	<b>594,378</b>
<b>MEMBERS' FUNDS</b>			
Retained Profits		869,706	594,378
<b>TOTAL MEMBERS' FUNDS</b>		<b>869,706</b>	<b>594,378</b>

# FINANCIAL REPORT

Statement of Cash Flows for  
the year ended 30 June 2015

	Note	2015	2014
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			\$
Receipts from grants		578,078	870,512
Other Income		216,378	66,178
Payments to suppliers and employees		(1,041,320)	(793,398)
Interest received		15,116	33,347
		<hr/>	<hr/>
Net cash provided by operating activities	9	(222,748)	176,639
		<hr/>	<hr/>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
(Purchase)/redemption of investments		5	(416,846)
		<hr/>	<hr/>
Net Cash provided by (used in) investing activities		5	(416,846)
		<hr/>	<hr/>
Net increase (decrease) in cash held		(222,743)	(240,207)
Cash at the beginning of the year		667,239	907,446
		<hr/>	<hr/>
Cash at the end of the year	2	444,496	667,239
		<hr/> <hr/>	<hr/> <hr/>

# FINANCIAL REPORT

## Notes to the Financial Statements for the year ended 30 June 2015

### 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 2015

	2015	2014
	\$	\$

## Note 2: Cash and cash equivalents

Cash on hand	139	116
Cash at Bank	444,357	667,123
	<u>444,496</u>	<u>667,239</u>

## Note 3: Trade and other receivables

Trade receivables	1,633	1,087
Sundry receivables	0	5
Accrued interest	8,403	3,474
	<u>10,036</u>	<u>4,566</u>

## Note 4: Shares in other entities

Shares in other entities	-	5
	<u>-</u>	<u>5</u>

## Note 5: Financial Assets

Term Deposits	704,134	686,563
	<u>704,134</u>	<u>686,563</u>

## Note 6: Trade and other payables

Current		
Sundry creditors and accruals	8,652	7,017
PAYG Withholding Payable	4,484	6,881
Superannuation Payable	10,191	3,126
GST Payable	2,831	33,159
	<u>26,068</u>	<u>50,183</u>

	2015	2014
	\$	\$

## Note 7: 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	141,994	615,844
	<u>141,994</u>	<u>615,844</u>

## Note 8: Provisions

Current		
Employee Entitlements	112,549	91,373
	<u>112,549</u>	<u>91,373</u>
Non-Current		
Employee Entitlements	8,349	6,595
	<u>8,349</u>	<u>6,595</u>

# FINANCIAL REPORT

Notes to the Financial  
Statements for the year ended  
30 June 2015

	2015	2014
	\$	\$
<b>Note 9: Reconciliation of Cash Flow from Operations with Profit from Ordinary Activities after Income Tax</b>		
Profit after income tax	275,328	115,603
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	(5,470)	(1,206)
- Increase/(decrease) in financial assets	(17,571)	-
- Increase/(decrease) in trades and other payables	(24,115)	(12,201)
- Increase/(decrease) in provisions	22,930	35,027
- Increase/(decrease) in income in advance	(473,850)	39,416
Net cash provided by Operating Activities	<u>(222,784)</u>	<u>176,639</u>

## Note 10: 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	8,807	26,420
- later than 12 months but not later than five years	-	8,807
- later than five years	-	-
	<u>8,807</u>	<u>35,227</u>

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 option to increase the lease for a further term of 2 years beyond its current expiration date of 30 September 2015.

# FINANCIAL REPORT

Statement by members of the  
committee for the year ended  
30 June 2015

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 20 to 25:

Presents a true and fair view of the financial position of Victorian Alcohol and Drug Association Inc. as at 30 June 2014 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 Shaun O'Reilly 8.9.2015

Dated:  
  
Treasurer Laurence Alvis 14.9.2015

Dated: 14.9.2015

# AUDIT

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

### Report on the Financial Report

We have audited the accompanying financial report, being a special purpose financial report, of Victorian Alcohol and Drug Association Inc., which comprises the assets and liabilities statement as at 30 June 2015, statement of cash flows and the income and expenditure statement for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the certification by members of the statement by members of the committee.

#### Committee's Responsibility for the Financial Report

The committee of Victorian Alcohol and Drug Association Inc is responsible for the preparation of the financial report, and has determined that the basis of preparation described in Note 1 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 determines is necessary to enable the preparation of a financial report that is free from material misstatement, whether due to fraud or error.

#### Auditor's Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. We have conducted our audit in accordance with Australian Auditing Standards. Those Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the association's preparation and fair presentation of the financial report that gives a true and fair view, 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. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting made by the committee, as well as evaluating the overall presentation of the financial report.

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

#### Opinion

In our opinion, the financial report gives a true and fair view of the financial position of Victorian Alcohol and Drug Association Inc. as at 30 June 2015 and its financial performance for the year then ended in accordance with the accounting policies described in Note 1 to the financial statements, and the requirements of the Associations Incorporation Reform Act 2012 (Vic).

#### Basis of Accounting and Restriction on Distribution

Without modifying our opinion, we draw attention to Note 1 to the financial report, which describes the basis of accounting. The financial report has been prepared to assist Victorian Alcohol and Drug Association Inc. to meet the requirements of the Associations Incorporation Reform Act 2012 (Vic). As a result, the financial report may not be suitable for another purpose.



Sean Denham

Sean Denham & Associates

Dated: 16<sup>TH</sup> SEPTEMBER 2015

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# NOTES





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