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annual report 2013 - 2014



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President

Cheryl Sobczyk

Vice President

Sharon O'Reilly

Treasurer

Laurence Alvis

Ordinary Members

(Resigned 15 August 2014) David Best

Paul Bird

Donald Currie

Stefan Gruenert

Anne-Maree Rogers

Simon Ruth

BOARD MEMBER PROFILES

President - Cheryl Sobczyk

Cheryl is responsible for a broad range of programs encompassing primary health services including medical and nursing services as well as a broad suit of Alcohol and Other Drug Services. Cheryl's background is nursing and she has worked at Bendigo Community Health Services (BCHS) within the Alcohol and Other Drug (AOD) sector for the past 20 years. Services and programs at BCHS include harm reduction programs through to residential withdrawal and pharmacotherapy services. She actively participated in bringing an outreach Needle Syringe Program (NSP) and an adult Residential Withdrawal service to the Bendigo region. She is a past Anex Board Member and Loddon Mallee Regional AOD Network coordinator. Cheryl has been on the Board of the Victorian Alcohol & Drug Association (VAADA) for the past 4 years and has been President for the past 2 years. She has a passion for assisting people from all walks of life and with her portfolio of service coordination and integrated care, strives to enable and empower people to maximize their choice and experience of accessing health and wellbeing services.

Vice President - Sharon O'Reilly

Sharon has many years' experience in the Alcohol and Other Drug sector in Victoria. She started out as a clinician and for many years has held senior management positions. Sharon has worked in a range of Alcohol & Drug service types, settings and programs in Victoria. These include; Odyssey, Turning Point Alcohol & Drug Centre, Peninsula Drug & Alcohol Program, Inner South Community Health Services and Southcity Clinic – Bayside Medicare Local. Her current role is Clinical Services Manager for Bayside Medicare Local, Drug & Alcohol and Mental Health Programs, working with primary care practitioners through the Medicare Local. Sharon has a specific interest in the areas of policy development and clinical governance of not-for-profit community organisations. She is committed to the promotion of and practice of harm reduction in all AOD specialist and primary health services. Sharon is a founding member of the Change Agent Network (CAN) leadership group for the AOD sector in Victoria.

Treasurer - Laurence Alvis

Laurence has been the Chief Executive Officer of UnitingCare ReGen for the past 9 years. ReGen is the leading AOD treatment and education agency of UnitingCare Victoria and Tasmania and has over 40 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.

Paul Bird

Paul is Chief Executive Officer of the Youth Support + Advocacy Service (YSAS) . He is a chartered accountant with a Masters in Community Development. Paul has 28 years' experience with not-for-profits and businesses, working with young people, families and communities in UK, Europe, Africa, Asia and Australia. Over the past 18 years, Paul has managed finance and operations for Brotherhood of St Laurence, The Body Shop, Australian Red Cross Blood Service and served as CEO/Director for Very Special Kids and Mission Australia-Victoria, in addition to his position as Program Resourcing Manager at World Vision. As well as VAADA, Paul also sits on the Boards of Good Cycles and YACVic, and was previously on the Board of Hanover for ten years. Paul's experience working with vulnerable young people, families and communities is complemented by his expertise in governance, risk, strategy, policy, corporate partnerships, government and fundraising.

BOARD MEMBER PROFILES

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 eight years. Donald is a Division 1 registered nurse with a Grad Dip 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.

Stefan Gruenert

Stefan is a registered psychologist with more than 14 years' experience in the drug and alcohol sector as a clinician, supervisor, researcher, and manager. In the past, 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 has been 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 Sector Reform Council and a Board Director of the Alcohol and Drug Council of Australia.

Anne Maree Rogers

Anne Maree Rogers has worked for over 30 years in the Alcohol and Other Drugs and Mental Health sectors. 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 Services at 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.

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Sam Biondo

Executive Officer

Brad Pearce

Sector Development Manager

David Taylor

Policy Officer

Jane Moreton

CCB Project Manager

Sarah Nikakis

CCB Project Officer

Anna Guthrie

(Resigned November) CCB Project Officer

John Quiroga

Project Officer: Sector Development

Tully O'Neil (Student)

Sector Development

Chris McDonnell

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

Our Values

The values that guide the way VAADA works:

- Transparency – to be accountable to its members and stakeholders;
- Professionalism – to work with integrity and ethical conduct;
- Leadership – to demonstrate strength, courage and commitment to the core principles that drive us and to be strategic in our thinking;
- Representative – to be inclusive, participatory and democratic and to consult with and represent the views of the whole sector; and
- Collaboration – to encourage, and provide a space for, collaboration in a competitive environment.

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

Twelve months ago we were on the eve of the first recommissioning phase Alcohol and Other Drug (AOD) treatment services reforms as directed through the 'New directions for alcohol and drug treatment services: a roadmap' (the roadmap). At the time, it was noted that it was 'an ambitious reform agenda that would take time, energy and commitment to achieve genuine change'. The time and energy has indeed been significant, just to get to first base, and we remain a long way off from seeing the expected changes and outcomes both for system, but more importantly, for our clients and communities. To reiterate, the key features as described in the roadmap as to what is to be achieved are:

- Person-centred, family-inclusive, recovery-orientated treatment;
- Accessible services;
- High quality, evidence based treatment;
- A responsive sustainable system;
- Integrated, earlier intervention;
- A capable and high-quality workforce.

It is important to note that just by undertaking a recommissioning process does not guarantee reform, the government through its departments must be prepared to make adjustments through the process and commitment for an ongoing dialogue and review with the sector. Moreover, it needs to position itself to implement evidence informed policies and practices, and to be guided by population health planning.

Through the recommissioning allocation, it was disappointing not to see a monetary emphasis of the care and recovery stream being adequately supported, in order to adopt one of the key 'Victorian alcohol and drug treatment principles' of recovery-orientated practice. For this reformed service stream to have a strong position going forward it required a level of resource commitment for the reformed system to remain flexible and responsive. Furthermore, the system requires this fluidity in order to meet treatment demand and program adjustment, related to the growth of pharmaceuticals and other drugs like ice, and the increasing illicit supply of synthetics.

VAADA's Sector Development program continues to deliver a range of projects to support not only the AOD sector and build the capacity of its workforce, but remains flexible to continue to support the ongoing sector reform process. VAADA's engagement extends to involvement in National AOD projects, and VAADA continues to advocate for Victorian agencies to be consulted throughout this work. We have seen the commencement or ongoing development of critical reform specific projects that have been running in tandem to the roadmap, these include: Adult AOD Screening and Assessment Tools; Alcohol and Drug Funding Model; Client Information Management Project; Pharmacotherapy System Enhancement; AOD Workforce Strategy; telephone based interventions; bed vacancy register; demand modelling; integrated treatment guidelines project; outcomes monitoring tool; change agent network; and data requirement project.

Last year I criticised the reliance on some of these projects to deliver 'preferred outcomes' for the framework document and the recommissioning tender. The next year will be the proof in the pudding to substantiate the new service system changes, the presumptions made in its formation and the AOD sector alignment with broader community service sector reforms. We have also seen the departments recommissioning timelines blow out, in part, due to their own reduced personnel, but also because of the ongoing plethora of reforms underway. We are still faced with uncertainties as we go forward in the recommissioning process. The competitive environment and restructured funding system poses significant challenges for the sector to fully support and encourage a collaborative and unified approach to system change.

As we are still in the midst of reform there is still much to do, VAADA continues to play an important role in not only managing the complexities of providing reform project support to the department, but also in maintaining its advocacy on behalf of its members. On behalf of the Board, I would like to thank Sam and all VAADA's hardworking staff (David, Brad, Jane, John, Sarah and Chris). Their dedication to their work is much appreciated. Thank you to the Board for their ongoing support of me as President, and for their significant voluntary contribution, to ensure VAADA

PRESIDENT'S REPORT

maintains a strong voice for AOD services in Victoria. I would also like to thank on behalf of the Board, former VAADA Board member David Best, for his work for VAADA, who resigned from the Board earlier in the year.

This past year has been both been challenging and incredibly busy for everyone in the sector and I include this quote as a source of inspiration!

"No one escapes some degree of chaos for it is so ever prevalent; it is the human experience. This realization does not mean we can't improve. It does mean we can accept our state of chaos, lighten up on ourselves, have fun, and work on improving...we are a work in progress. Enjoy the journey." - David W Earle

Cheryl Sobczyk

President

EXECUTIVE OFFICER'S REPORT

The past year has continued to focus much of VAADA's attention on a range of activities related to sector reform. Despite this focus, we have also sought to balance our efforts on normal sector needs. This year's annual report attests to a large range of activity related to policy and project work, sector development and capacity building, as well as a considerable amount of communication activity targeting our sector as well as the general community.

As part of our efforts at articulating sector and consumer need VAADA have engaged with the members, AOD staff and agencies in a range of means including specific working groups, forums, facilitated sessions, training events, surveys and direct conversation about needs and wants. We have also seen it as important to engage with the broader health and community service systems as a means of ensuring that there is a rapid flow of information between sectors in relation to our respective issues, particularly as sector reform takes shape. Work has been undertaken with a range of Departments including the Department of Health, Human Services and Justice. We have also engaged with the Victorian Council of Social Services, VICSERV, VACCHO, Telkaya, Coroners Court, research bodies and a plethora of other agencies identified elsewhere in this report as we seek to build a broader bridge between a range of stakeholders.

VAADA remains committed to promoting the interests of the broad AOD sector and amplifying the voice of our members as evidenced by the breadth of activity throughout this annual report. Processes for our State Budget Submission and various policy papers scan the sector for its views and input, and wherever possible seek to reflect sector concerns. At a Federal level with the defunding of the Alcohol and Drugs Council of Australia (ADCA) VAADA has been working with other State AOD peaks and key stakeholders to address numerous issues arising from this sad loss. Relations with the Federal Department of Health have continued in a very positive manner. VAADA remains cognisant of the significant contribution made by the Federal Government to the Victorian AOD system. We have participated in a range of federally funded projects related to our sector and we look forward to continuing our positive relations going forward.

We continue to have a very positive working relationship with the State Department of Health, and are very grateful for their continued financial support across our core business as well as Sector Development and CALD projects. We remain in regular contact with Departmental staff and acknowledge their efforts on our behalf and on behalf of the whole sector. VAADA also acknowledge the positive working relationship with Minister Wooldridge and her key staff who have been available throughout the reform process to provide briefings and discuss issues.

In terms of recognition for work done by VAADA, special thanks is due to our dedicated and committed staff who work in such a committed manner for this sector. As in previous years it has been a pleasure to work with staff and I fully acknowledge their efforts. I also take the opportunity to thank the VAADA Board that provide the all-important point of reference for myself and all staff. I acknowledge the role of our Chairperson Cheryl Sobczyk and the VAADA Board who give their time freely and attend many events, meetings and activities on behalf of the sector. The Board has provided a solid and committed base during this rather challenging year. They reflect the issues impacting the sector and strongly and fearlessly advocate on its behalf.

I would like to express VAADA's thanks and gratitude to its many members, AOD agency staff and their organisations. So many people have contributed in many different ways. I feel it very important to acknowledge their tremendous efforts during this rather complex and challenging year.

As the next year moves on we will collectively be facing new challenges brought about by sector reform. VAADA looks forward to continuing its positive relations with the sector in the pursuit of our common objectives on behalf of the many people using our services.

Sam Biondo
Executive Officer

SECTOR DEVELOPMENT REPORT

Sector development activities
for 2013-14 annual report

This year has been another busy period with all the work being undertaken in the lead up to the implementation of the recommissioned AOD system. The sector development program received funding from the Victorian government to support the sector throughout the year, with some of the key activities including face to face and electronic consultations, communication with AOD and cross sectoral stakeholders and dissemination of reform related materials through various mechanisms.

We have also been involved in other activities related to sector change including the rollout of the workforce study, delivery of training to a range of organisations, participation in advisory group meetings informing changes to the pharmacotherapy system and the coordination of feedback to the Community Services and Health Industry Skills Council Training Package review.

There have also been a range of national projects occurring which have significant implications for the Victorian AOD sector. VAADA has played a key role within these activities to ensure stakeholders across the state have had the opportunity to contribute. This has been challenging at times given the many issues confronting service providers, and we continue to work with other state and territory peaks on issues of national relevance.

Over the past few years VAADA has continued to build strong relationships with our colleagues in the Aboriginal AOD and broader health sector. We value these opportunities greatly and look forward to further establishing collaborative efforts to enhance the responses for Aboriginal people who seek to access AOD services both within Aboriginal Community Controlled and mainstream organisations. We would specifically like to acknowledge the work of VACCHO and Telkaya who are instrumental in promoting more culturally sensitive practices for Aboriginal people who use alcohol and other drugs and thank them for their continued support.

Networks:

- VACCHO Coalition for Aboriginal Health Equity Victoria
- Telkaya (Koori AOD network)
- ADCA workforce working group
- Peaks Capacity Building Network
- Regional Victorian AOD networks
- Fadnet
- Local Government AOD Issues Forum
- RMIT VET program advisory committee
- Pharmacotherapy expert advisory group
- RTO Managers network
- Sunbury AOD network
- Western region NSP/ORT working group

Presentations:

- Alcohol, Tobacco and other Drugs Council of Tasmania conference
- National Mental Health Forum
- National Indigenous Drug and Alcohol Committee conference
- Aboriginal and Torres Strait Island Alcohol Inquiry
- Women's Alcohol and Drug Service, Royal Women's Hospital
- VCOSS Peaks Network
- Domestic Violence Victoria members network

Training:

- Alcohol and drug use, families and children - Victoria Legal Aid National Independent lawyer's
- Introduction to alcohol and drugs – Koori Maternity Services Women's Business Forum
- Methamphetamines - South City Clinic
- Alcohol and drug use, children and parenting - City of Port Phillip Child and Maternal health Nurses
- Alcohol and drugs, mental health - St Mary's House of Welcome
- Alcohol and drugs, mental health - Baptcare
- Introduction to alcohol and drugs Centre for Excellence in Child and Family Welfare
- Alcohol and drugs, mental health - Victorian AIDS Council/ Gay Men's Health Service

SECTOR DEVELOPMENT REPORT

Sector development activities
for 2013-14 annual report

Projects:

Quality Framework for Australian Government funded AOD treatment services

The Quality Framework for Australian Government funded drug and alcohol treatment services aimed to complement work completed or currently underway within the drug and alcohol treatment services sector to improve service quality and inform future planning needs. VAADA played a critical role to support Turning Point with Victorian consultations and feedback.

Review of the AOD Prevention and Treatment Services Sector

This project sought to clarify Australian AOD treatment and prevention funding; current and future service needs; the gap between met and unmet demand; and planning and funding processes for the future. VAADA supported the work of the Drug Policy Modelling Program, University of NSW, in Victorian consultations and information gathering.

CALD AOD Project

This project aims to support Victorian alcohol and drug services to improve outcomes for individuals and families in Culturally and Linguistically Diverse (CALD) communities who are affected by harmful alcohol and other drug use.

Sector reform

VAADA has been funded to support the AOD sector to engage in the recommissioning process. This has included the facilitation of a range of electronic and face to face consultations and forums and communication with the broader health and community services sector to assist greater understanding of what is being planned within the proposed reforms.

Victorian Government AOD Workforce Study

In late 2013 VAADA facilitated a workforce census of Victorian Government funded Alcohol and Drug agencies on behalf of the Victorian Department of Health. The project included both an Agency and Worker Survey and was designed to develop a profile of the workforce employed to provide alcohol and drug services in Victoria prior to the recommissioning.

Telkaya (Koori AOD network) strategic planning

VAADA facilitated the development of the 2014-16 Telkaya strategic plan. Activities included consultations with network members, exploration of need with the network executive and the drafting of findings into the final plan.

North Richmond Community Health Centre AOD program planning

VAADA facilitated discussions within the NRCHC AOD program to inform future activities consistent with the changes associated with recommissioning of the sector. The project included a workshop and development of a program plan to assist the organisation to prepare for the new service arrangements to meet the needs of the local community.

COMORBIDITY CAPACITY BUILDING REPORT

The Comorbidity Capacity Building Project is funded by the Substance Misuse Services 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 for three years, with a focus on co-occurring substance use and mental health, and including CALD and Indigenous populations.

The past 12 months have brought about some challenges due to the Victorian sector reform and its potential impact upon the capacity building activities of funded alcohol and other drug treatment agencies. However, VAADA's role has been unchanged in that it has continued to provide co-ordination and support to alcohol and other drug agencies within the sector, within its four broad objectives of building partnerships, service improvement, workforce development and the dissemination of resources.

VAADA facilitated 6 meetings for the SMSDGF network during the 2013/14 financial year and a range of guest speakers were invited to attend. An SMSDGF managers and workers forum was also held in late September 2013 to offer additional resources to agencies in relation to change management.

An expert reference group identified the training needs of clinical staff to work with consumers presenting with co-occurring substance use and trauma issues, with a trauma-informed care response involving a three level approach to training across the sector. In September 2013 VAADA implemented level 1 of this training, which involved facilitating six, one-day workforce development training sessions aimed at developing the knowledge and skills of clinicians to work with this consumer group by identifying signs and symptoms of trauma, screening and brief interventions. These sessions were conducted both in Melbourne, and in regional locations throughout the state.

In April through to June 2014 VAADA implemented level 2 of the trauma-informed care training, involving a series of 'master-classes' in more specialised settings, and aimed at clinical staff who already had basic skills. Topics included trauma and CALD, Aboriginal populations, family violence, sexual assault and surviving childhood trauma.

Since August 2013 VAADA has disseminated its new trauma informed care prompt cards and these have proved to be as popular as the existing AOD and mental health cards with approximately 8000 having been distributed up until the end of June 2014. The AOD and mental health cards have remained available through VAADA. In collaboration with the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) VAADA has produced a full set of AOD, mental health and trauma cards specifically designed for clinical staff working with Aboriginal consumers.

Over the next 12 months VAADA will continue to provide support to the sector as changes relating to reforms are implemented throughout the service system. VAADA will continue to seek opportunities to utilise its co-ordination role to assist agencies to embed capacity building activities as sustainable practices into the future.

CALD PROJECT

CALD AOD Project - stage 1
(January - June 2014)

In January of this year VAADA commenced work on the Victorian Government funded CALD AOD Project, a two-year initiative which arose from the Victorian Government strategy – Reducing the alcohol and drug toll: Victoria's plan 2013 - 2017.

The project aims to support Victorian drug treatment services to improve outcomes for individuals and families from Culturally and Linguistically Diverse (CALD) communities who are affected by harmful alcohol and other drug use. More specifically its objectives are to:

- Inform improved access to culturally appropriate drug and alcohol information and services
- Inform improved cultural competence of staff in alcohol and drug treatment services so that they can more effectively work in cross-cultural situations

During stage 1 of the project (January – June 2014) a number of key activities were undertaken. The first of these was a literature review using mostly Australian sources from 2000 onwards (publications, journal articles, grey literature and other data). The aim was to identify CALD groups at risk of AOD harm (including the specific health literacy needs per community), gaps in existing research, service barriers for CALD communities and relevant best practice initiatives.

Analysis of the literature highlighted two key issues:

1. There is limited data on the prevalence of AOD use within CALD communities; and
2. There are a range of service barriers and sociocultural norms making it difficult for individuals and families affected by problematic AOD use to access treatment.

With these and other findings in hand project staff commenced the first round of stakeholder consultations, involving CALD and AOD practitioners across the state to get their feedback on:

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

These consultations commenced in May and are due to be complete by early to mid August. As of the end of June, 36 consultations have been conducted covering 33 agencies. In total, the aim is to conduct between 40 to 50 consultations (covering CALD and AOD agencies across metropolitan, rural and regional Victoria).

The following provides a brief summary of the responses we have received thus far, related to service barriers and measures adopted by agencies to address them. Some of the barriers reported include:

- Lack of trust in mainstream services
- Lack of awareness of available services and how they operate
- Reluctance to seek assistance due to stigma, shame and fear of the consequences (e.g. child protection involvement)
- Community perceptions that services are inflexible and insensitive to their cultural needs
- Past experiences of culturally inappropriate service delivery
- Language barriers and low levels of health literacy
- Confidentiality concerns

In our research with services, those which reported the capacity to work well with individuals and families from CALD backgrounds, adopted one or more of the following service characteristics:

- Assertive outreach and an emphasis on linkage and service navigation support
- Longer time frames for engagement and treatment as well as more flexible appointment arrangements (e.g. drop-in services)
- Recruitment and use of skilled bi-cultural workers as well as peer led models of service delivery
- Focus on community engagement and relationship building. Services which have established and maintained a presence are more likely to build up a level of trust within the community

On reviewing these barriers and enablers it is clear that working with CALD clients in need of AOD treatment and support is not a simple undertaking, requiring what is a targeted and multifaceted approach.

CALD PROJECT

CALD AOD Project - stage
1 (January - June 2014)

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Once complete, data from the consultations will be compared and contrasted with the findings included in the literature review. The results will be documented and incorporated into a report, and forwarded to the Department of Health in September for their consideration.

Findings from this process will be used to identify the various target CALD communities and catchments (one of the key steps in the next stage of the project). This will be done using a needs based model, with those communities identified as most 'at risk' prioritised for selection. It is anticipated that a mix of established and new and emerging migrant communities will be targeted, across a number of metropolitan, rural and regional sites in Victoria, with each catchment operating effectively as a 'test bed' for good practice.

SNAPSHOT 2013-2014

Events and Activities

VAADA Member CEO / Managers Network

- 19th July
- 20th September
- 11th April

Recommissioning: making sense of the road ahead

- 20th June

Managers and Workers Forum

- 24th September 2013

Pink Elephants in the Room: Trauma Informed Care in the AOD Sector

- Melbourne - Monday 9 September 2013
- Ballarat - Wednesday 11 September 2013
- Traralgon - Monday 16 September 2013
- Colac - Thursday 19 September 2013
- Benalla - Monday 23 September 2013
- Bendigo - Wednesday 25 September 2013

Trauma Master Classes

- April, May, June 2014
- Trauma and Aboriginal populations - 28th April
- Trauma and CALD Populations - 24th April
- Trauma and Domestic/Family Violence - 6th May
- Trauma and Sexual Assault - 18th June

CCB SMSDGF Network Meetings (Bi-monthly)

- 13th August 2013
- 17th October 2013
- 12th December 2013
- 19th February 2014
- 16th April 2014
- 12th June 2014

KEY EVENTS

VAADA Member CEO/Manager Network Meetings

The CEO/Manager Network Meetings are a forum VAADA provides, allowing the AOD sector to discuss a range of relevant issues in a non-competitive environment. The forum also gives VAADA an opportunity to hear the view of the sector, and to use these views in its representation of the sector.

Victorian Pharmaceutical Misuse Summit

The Victorian Pharmaceutical Misuse Summit was jointly facilitated by VAADA, the Medical Association (Vic), the Pharmacy Guild (Vic) and the Pharmaceutical Society of Australia (Vic). The summit was in response to the growing community concern regarding pharmaceutical misuse, and the increasing harms and deaths caused by pharmaceutical misuse. The summit brought together a range of stakeholders to discuss the most effective ways to reduce the increasing harms associated with pharmaceutical misuse in Victoria. The Victorian Pharmaceutical Misuse Summit is a priority action under the Victorian Government's Reducing the alcohol and drug toll: Victoria's plan 2013-2017.

Recommissioning: Making sense of the road ahead

Following the State Government announcement of approved providers, VAADA invited all CEOs and other organisational representatives to a sector forum to discuss next steps and future directions for our services and the workforce. The forum represented the first opportunity subsequent to the competitive tendering process for stakeholders to come together and initiate discussions on how the sector will transition to the new arrangements. This event was very well attended, with over 80 people present, and many expressed their views and experiences of the recommissioning process. It also provided VAADA with an opportunity to formulate advocacy messages and to determine what activities the sector felt were appropriate for the peak throughout and beyond the transition period.

Pink Elephants in the Room: Trauma Informed Care in the AOD Sector

The rationale for these workshops came out of feedback received from the Trauma Informed Care Sector Survey conducted by VAADA. With the assistance of the Trauma Informed Care Advisory Group, VAADA developed a trauma training program aimed at informing workers how to work more effectively with people who present with trauma-related issues. These one-day experiential workshops were facilitated by Donna Zande (Child and Family Counsellor) and offered across six Victorian locations.

Trauma Masterclasses

VAADA facilitated a series of five one-day trauma 'master classes', which were designed to increase the skills and confidence of participants to work with clients who present with trauma related issues. Funded by the Australian Department of Health, these experiential workshops covered five key areas of trauma informed care and included:

- Trauma and CALD populations – facilitated by Victorian Transcultural Mental Health (morning) and Foundation House (afternoon)
- Trauma and family violence – facilitated by the Domestic Violence Resource Centre Victoria
- Trauma and Aboriginal populations – facilitated by the Victorian Aboriginal Community Controlled Health Organisation (VACCHO)
- Trauma and sexual assault – facilitated by Eastern Centre Against Sexual Assault (ECASA)
- Surviving childhood trauma – facilitated by Adults Surviving Child Abuse (ASCA)

CB SMSDGF Network Meetings

VAADA facilitates six face-to-face meetings a year for the project workers funded under the SMSDGF. The meetings are a chance for project workers to network and problem solve, share information and resources and attend presentations on relevant topics. Communication is also promoted via an email list.

KEY EVENTS

Managers and Workers Forum

The forum was held for SMSDGF members and focused on consolidating and sharing the learning from 5 years of capacity building, in addition to exploring how capacity building projects can be managed within the context of the Victorian AOD sector reform.

SUBMISSIONS & PUBLICATIONS

Submissions

- Victoria police community consultation
- Victoria's Vulnerable Children Strategy
- State Budget Submission 2014/15
- Inquiry into the supply and use of Methamphetamines, particularly 'ice', in Victoria
- Review of the parole system in Victoria
- Developing client-based analyses for reporting on alcohol and other drug treatment services
- Proposal to introduce consumer co-payments for general practitioner services
- GLBTI community consultations
- Inquiry into the use of alcohol in Aboriginal and Torres Strait Islander Communities
- Response to consultation draft for the Fourth National Hepatitis C Strategy 2014-2017

Press releases

- 5th August 2013: The Victorian Drug Court must be accessible statewide
- 27th August: Overdose awareness day: waiting for action to reduce toll
- 4th September: Inquiry needs to deal with the iceberg
- 24th September: drug deaths – communities in crisis
- 16th October: AG finds evidence gaps in prison AOD prevention
- 27th November: Defunding Alcohol and drug council of Australia.... Perplexing!
- 5th February 2014: Needle and syringe dispensing machines: public health is the point
- 29th April: Welcome investment for Victorian alcohol and other drug system
- 19th May: Family Drug Court; coming to terms with complex issues
- 11th June: Government announcement on Recommissioning of the Victorian AOD System

Position papers

- Drug Courts in Victoria: Evidence & options
- Chronic Pain and AOD

VAADA newsletters

- August
- December
- February
- June

Partnerships Linkages and Networks

- A range of Victorian Medicare Locals
- ADCA workforce working group
- AOD local government
- AOD Providers Network Meetings AOD State & National Peaks Network
- APSU
- Barwon – AOD Service Providers Regional Meeting Centre for Excellence in Child and Family Welfare
- Centre for Culture Ethnicity & Health
- Centre for Multicultural Youth
- Council to Homeless Persons
- DH Partnership Forums
- Drug & Alcohol Multicultural Education Centre
- Eastern Metropolitan Network Meeting Federation of Community Legal Centres
- Fadnet
- Foundation House
- Grampians - AOD Interagency Meeting
- Harm Reduction Victoria
- Human Services Partnership Implementation Committee (HSPIC) Local Government Drug Issues Forum
- Local Government AOD Issues Forum
- Loddon Mallee – Regional AOD Network Forum Primary and Community Health network Victoria VICSERV

SUBMISSIONS & PUBLICATIONS

- Peaks Capacity Building Network
- Penington Institute
- Pharmacotherapy expert advisory group
- RMIT VET program advisory committee
- RTO Managers network
- Sunbury AOD network
- Telkaya (Koori AOD network)
- VACCHO Coalition for Aboriginal Health Equity Victoria
- VICSEG
- Victorian Addiction Inter-hospital Liaison Association (VAILA)
- Victorian Council of Social Services (VCOSS)
- Victorian Dual Diagnosis Initiative
- Victorian Primary and Community Health Network
- Western region NSP/ORT working group
- Yarra Drug and Health Forum

Membership

As of 30 June 2014, VAADA had 75 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.

KEY SUBMISSIONS & REPORTS

State Budget Submission 2014/15

VAADA's state budget submission has been prepared at a time of high activity for the sector and Victoria as a whole. The commencement date for the new arrangements align with the beginning of the 2014/15 financial year and so a number of the requests relate broadly to the reforms. On a broader scale, the next State Budget leads to the next Victorian election, and so it will lay the foundations for the government's commitments and priorities for the election and the subsequent 58th Victorian Parliament.

VAADA's submission emphasises evidence based initiatives, which provide positive outcomes maximising health, wellbeing and value for money. The key elements of the submission are as follows:

- Additional sector resourcing
- Reducing pharmaceutical related mortality and morbidity
- Addressing service limitations and gaps resulting from the recommissioning process
- Establishing a research and innovation fund
- Reducing the harms and cost of preventable blood borne viruses
- State-wide access to the Victorian Drug Court
- Responding to AOD treatment needs for the GLBTIQ communities
- Piloting an older persons AOD treatment program

Position papers

Drug Courts in Victoria: Evidence & options

VAADA's position paper calls for an expansion of the Victorian Drug Court across Magistrates' Courts throughout Victoria. The paper also calls for the trialling of a Family Drug Court. VAADA's focus on the Drug Courts coincides with a growing concern with the level of prison expansion in Victoria. VAADA's paper

argues that the view expansion of the Drug Courts throughout Victoria would be a sensible and prudent investment, increasing overall community safety and wellbeing and reducing costs associated with prison expansion.

This position paper calls for the piloting of Australia's first Family Drug Court in Victoria. Family Drug Courts operate in part similarly to criminal drug courts with the exception that the overall aim is family reunification. Family Drug courts are non-adversarial, problem solving courts which would operate in child protection matters involving AOD. International evidence indicates that earlier family reunification or permanency in parenting arrangements is facilitated through these courts, reducing costs and providing AOD treatment and support for court participants.

Chronic Pain and AOD

VAADA's position paper highlighted both the significance and neglect of accessible pain management services in Victoria. The paper identified as a key problem that the default response to chronic pain is to prescribe pharmaceuticals. There are issues regarding the efficacy of this practice as a long term treatment option as well as inherent risks, including dependence and overdose. There is broad consensus among the experts that non-pharmacological options should be explored first.

The paper, identifying the range of sectors involved in addressing chronic pain issues, provides a number of recommendations for improved access to chronic pain and means to reduce the harms associated with pharmaceuticals. These include a multidisciplinary tiered pain management treatment system, the enduring need for a real time prescription monitoring system, additional resourcing to halve the waiting times for accessing pain management services and greater involvement and resourcing to the AOD treatment sector to provide treatment to individuals presenting with dependence and chronic pain issues.

CONSULTATIONS

Annual AOD sector needs

Annual AOD sector needs survey results

VAADA administers a survey to AOD sector Managers and CEO's to collect their views and experiences and provide some informed forecasting on some of the issues and challenges facing the sector. The results of this survey feed into VAADA's advocacy activities, including the state budget submission which is currently underway. This article will provide a synopsis of some of the key themes emerging from this survey, which was administered in June and July this year. This survey is timely, as it provides a snapshot of the sector just prior to the commencement of the recommissioning process.

The survey contains five sections which are summarised below:

1. Resources and funding

Approximately three quarters of respondents indicated that their funding had remained largely stable over the past three years with approximately 10 per cent citing small to moderate losses over that period. Reflecting on the next three years (covering the recommissioning process and beyond), over 25 per cent of agencies expected to experience a reduction in funding, with an equal amount predicting an increase.

2. Service demand

Over 90 per cent of respondents cited an increase in demand over the past three years, with only 43.2 per cent of those indicating increased capability to meet higher demand levels. This is concerning, especially as one quarter of respondents cited a small to large decrease in capacity. Over half of the respondents indicated that they have had to reduce or cease a specific service type due to lack of resources.

3. Workforce

Similarly to the 2012 annual survey, 86 per cent of respondents indicated that they do not think the AOD workforce is adequately resourced and supported. Specific areas found lacking included remuneration and training. Rural and regional services were

consistent in their concerns regarding the scarcity of resourcing and support for their workforce.

4. Challenges and emerging issues

Respondents rated a range of specific elements and issues of the AOD sector individually from least important to most important. 'State Funding' received the highest quantum of most important ratings, with 89 per cent of respondents expressing that view. Reducing mortality was viewed as most important by 70 per cent of respondents and rural and regional service needs was viewed as most important by 77.5 per cent of respondents.

Similar to 2012, Centralised Intake received the lowest quantum of most important rankings, with 10.3 per cent of respondents rating it so, down from 35.3 per cent of respondents in 2012.

Reflecting on emerging trends, over two thirds of respondents cited methamphetamine as increasing in prevalence in treatment presentations. Similar portions of respondents expressed concern regarding pharmaceuticals and increased demand on the forensic system.

5. AOD sector reform

Just under 90 per cent of respondents reported that they had concerns regarding sector reform, up from 64.3 per cent in 2012. Just under two thirds of respondents expressed concern regarding the adverse impact of sector reform on workforce morale. A consistent concern regarding this reform and previous reviews is the notion that the AOD sector is experiencing 'reform fatigue'.

Respondents detailed a number of issues regarding the reform process, including: poor communication, the impact of a competitive process on sector relations, cost neutrality, rural and regional issues and the long term prospects for smaller agencies.

This survey highlights some of the ongoing concerns regarding the viability of the AOD treatment sector into the future with service demand, workforce issues and state funding continuing to rate highly as challenges for the AOD sector through this reform period and beyond.

TREASURER'S REPORT

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2013/14 has been another year of growth for VAADA, increasing the equity of the organisation overall.

July 2013 began with VAADA holding \$478,775 in equity. This has increased to \$594,378 by the end of June 2014. There has been a \$115,603 increase in equity across the year which continues to strengthen the overall financial position of VAADA.

The Balance Sheet figures report total assets of \$1,358,373 versus liabilities of \$763,995. The operating profit for 2013/14 was \$115,603 compared with 2012/13 operating profit of \$97,198.

The increase in profit is a result of increasing funding sources for VAADA's activities. The income received in 2013/14 is \$924,876 compared with \$810,320 in 2012/13.

In general the 2013/14 financial performance can be attributed to:

- Transition funding and projects relating to AOD recommissioning by the state government
- Increased other grants being received

The current financial position in 2013/14 enables VAADA to continue the important role it plays in the Alcohol and Other Drug (AOD) field.

The future at present is a challenge with the recent commencement of recommissioned AOD services in Victoria. VAADA will be looking at its current financial position to determine additional projects which will complement the current changes and support AOD agencies to deliver the standards required by the recommissioning outcomes.

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 has provided accounting support throughout the financial period 2013/14. I would also like to thank Sean Denham and Associates for undertaking the Auditing of the VAADA financial reports for 2013/14.

Laurence Alvis
Treasurer

FINANCIAL REPORT

Income and Expenditure
Statement for the year
ended 30 June 2014

	Note	2014	2013
REVENUE		\$	\$
Grant Revenue		824,145	595,855
Other Income		100,731	214,465
		<u>924,876</u>	<u>810,320</u>
EXPENDITURE			
Employee benefits expense		587,418	457,020
Finance expenses		929	1,732
Occupancy expenses		37,599	37,098
Meeting and forum expenses		38,760	69,642
Administration expenses		144,567	147,630
		<u>809,273</u>	<u>713,122</u>
Surplus (Loss) before income tax		115,603	97,198
Income tax expense	2	-	-
Surplus (Loss) after income tax		115,603	97,198
Retained Surplus (Losses) at the beginning of the financial year		<u>478,775</u>	<u>381,577</u>
Retained Surplus (Losses) at the end of the financial year		<u><u>594,378</u></u>	<u><u>478,775</u></u>

FINANCIAL REPORT

Assets and Liabilities
Statement as at 30 June 2014

	Note	2014	2013
CURRENT ASSETS		\$	\$
Cash and cash equivalents	3	667,239	907,446
Trade and other receivables	4	4,566	3,360
Shares in other entities	5	5	5
Financial assets	6	686,563	269,717
TOTAL CURRENT ASSETS		1,358,373	1,180,528
TOTAL ASSETS		1,358,373	1,180,528
CURRENT LIABILITIES			
Trade and other payables	7	50,183	62,384
Income in advance	8	615,844	576,428
Provisions	9	91,373	52,232
TOTAL CURRENT LIABILITIES		757,400	691,044
NON-CURRENT LIABILITIES			
Provisions	9	6,595	10,709
TOTAL LIABILITIES		763,995	701,753
NET ASSETS		594,378	478,775
MEMBERS' FUNDS			
Retained Profits		594,378	478,775
TOTAL MEMBERS' FUNDS		594,378	478,775

FINANCIAL REPORT

Statement of Cash Flows for
the year ended 30 June 2014

	Note	2014	2013
CASH FLOWS FROM OPERATING ACTIVITIES		\$	\$
Receipts from grants		870,512	921,454
Other Income		66,178	326,983
Payments to suppliers and employees		(793,398)	(675,868)
Interest received		33,347	27,527
		<hr/>	<hr/>
Net cash provided by operating activities	10	176,639	600,096
		<hr/>	<hr/>
CASH FLOWS FROM INVESTING ACTIVITIES			
(Purchase)/redemption of investments		(416,846)	(12,712)
		<hr/>	<hr/>
Net Cash provided by (used in) investing activities		(416,846)	(12,712)
		<hr/>	<hr/>
Net increase (decrease) in cash held		(240,207)	587,384
Cash at the beginning of the year		907,446	320,062
		<hr/>	<hr/>
Cash at the end of the year		667,239	907,446
		<hr/> <hr/>	<hr/> <hr/>

FINANCIAL REPORT

Notes to the Financial Statements for the year ended 30 June 2014

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 income tax expense (revenue) for the year comprises current income tax expense (income). The association does not apply deferred tax. Current income tax expense charged to the profit and loss is the tax payable on taxable income calculated using applicable income tax rates enacted, or substantially enacted, as at the end of the reporting period. Current tax liabilities (assets) are therefore measured at the amounts expected to be paid to (recovered from) the relevant taxation authority. 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 five 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 2014

	2014	2013
	\$	\$
Note 2: Income Tax Expense		
Prima facie tax payable on operating profit at 30% (2013: 30%)	34,681	29,159
Less tax effect of:		
- non-taxable member income arising from principle of mutuality	(34,681)	(29,159)
Income tax expense	<u>-</u>	<u>-</u>

Note 3: Cash and cash equivalents

Cash on hand	116	53
Cash at Bank	667,123	907,393
	<u>667,239</u>	<u>9 07,446</u>

Note 4: Trade and other receivables

Trade receivables	1,087	1,530
Sundry receivables	5	-
Accrued interest	3,474	1,830
	<u>4,566</u>	<u>3,360</u>

Note 5: Shares in other entities

Shares in other entities	<u>5</u>	<u>5</u>
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Note 6: Financial Assets

Term Deposits	<u>686,563</u>	<u>269,717</u>
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	2014	2013
	\$	\$
Note 7: Trade and other payables		
Current		
Sundry creditors and accruals	7,017	4,558
PAYG Withholding Payable	6,881	2,686
Superannuation Payable	3,126	3,319
GST Payable	33,159	51,821
	<u>50,183</u>	<u>62,384</u>

Note 8: 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	<u>615,844</u>	<u>576,428</u>

Note 9: Provisions

Current		
Employee Entitlements	<u>91,373</u>	<u>52,232</u>
Non-Current		
Employee Entitlements	<u>6,595</u>	<u>10,709</u>

FINANCIAL REPORT

Notes to the Financial
Statements for the year ended
30 June 2014

	2014	2013
	\$	\$
Note 10: Reconciliation of Cash Flow from Operations with Profit from Ordinary Activities after Income Tax		
Profit after income tax	115,603	97,198
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	(1,206)	19,104
- Increase/(decrease) in trade and other payables	(12,201)	54,799
- Increase/(decrease) in provisions	35,027	14,655
- Increase/(decrease) in income in advance	39,416	414,340
Net cash provided by Operating Activities	<u>176,639</u>	<u>600,096</u>

Note 11: 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	26,420
- later than 12 months but not later than five years	8,807
- later than five years	-
	<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.

FINANCIAL REPORT

Statement by members of the
committee for the year ended
30 June 2014

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



Dated:

26.08.14

Treasurer



Dated:

21.8.14.

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 2014, 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 2014 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: 23 SEPTEMBER 2014

Suite 1, 707 Mt Alexander Road

Moonee Ponds VIC 3039



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Collingwood, Melbourne 3066