VICTORIAN ALCOHOL & DRUG ASSOCIATION

ANNUAL REPORT 2012/13

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VAADA BOARD & STAFF

VAADA Board

President	Cheryl Sobczyk
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Treasurer	Laurence Alvis

Ordinary Members

	David Best
	Paul Bird
	Donald Currie
Resigned December 2012	Jill Hutchison
	Stefan Gruenert
Resigned August 2013	Silvio Pontonio
	Anne-Maree Rogers

Profile of Board Members

President - Cheryl Sobczyk

Cheryl is responsible for a broad range of programs encompassing primary health services including medical and nursing services, Chronic Disease Management and 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 19 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 3 years and has been President during the past year. 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 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.

Treasurer – Laurence Alvis

Laurence has been the Chief Executive Officer of UnitingCare ReGen for the past 8 years. ReGen is an alcohol and other drug service based in the northern suburbs of Melbourne, with over 40 years experience and delivers a broad range of programs and services in the alcohol and drug, as well as to other sectors. Laurence's 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.

David Best

David Best is Associate Professor of Addiction Studies and is a joint appointment with Monash University. He is from Scotland and qualified initially with a first class honours degree in Psychology with Philosophy, before achieving a Masters with Distiction in Criminology. His PhD was about the explanations drug and alcohol users provide for their addictions and how this shapes their perceptions of what is possible in the future. He has worked in academic research at Strathclyde University in Glasgow, the Insitute of Psychiatry in London, Birmingham University and the University of the West of Scotland. He has worked in policy research at the Police Complaints Authority, the National Treatment Agency and the Prime Ministers's Delivery Unit.

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 26 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 16 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.

Donald Currie
Donald Currie has worked as a senior manager within the community setting of Alcohol, Tobacco and other Drugs services in the Eastern Hume region of Victoria for the past 7 years. Donald is a Division 1 registered nurse and has worked within the health setting for the past 20 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, Indigenous individuals wanting to access services and young people. Donald joined the VAADA board in 2013.

Stefan Gruenert
Stefan is a registered psychologist with more than 13 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 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 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 EDAS (Eastern Drug and Alcohol Program) and SURE (Substance Use Recovery Eastern)

Simon Ruth
Simon Ruth is Director of Services at the Victorian AIDS Council. He has managed alcohol and drug services for the last 15 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.

VAADA Staff

Executive Officer	Sam Biondo
Sector Development Manager	Brad Pearce
David Taylor	Policy Officer
CCB Project Coordinator Resigned February 2013	Merissa Van Setten
CCB Project Officer	Jane Moreton
CCB Project Officer	Anna Guthrie
Administration Officer	Chris McDonnell

Vision & Mission Statement

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

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

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

MANAGEMENT REPORTS

President

In June 2012 just prior to the new financial year kicking off, the government through Minister Wooldridge announced their plan to reform alcohol and drug (AOD) treatment services via the release of 'New directions for alcohol and drug treatment services: a roadmap' (the roadmap). It set out the government's case for change and how to achieve an AOD system that meets the needs of those seeking services and the expectations of the community. It was noted that it was 'an ambitious reform agenda that would take time, energy and commitment to achieve genuine change'

The critical key features described in the roadmap included:

- 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.

The key deliverables in the roadmap came off the back of, and closely aligned with, other concurrent reform agendas including: Community Mental Health (PDRSS); Services Connect; and the much larger Community Services system reform being led by Professor Peter Shergold. Furthermore, the AOD treatment services reform also is intended to align with both the Victoria's Whole of Government strategy 'Reducing the alcohol and drug toll: Victoria's plan 2012-17' and the Victorian health priorities framework 2012-22.

The rhetoric within all of the published discussion papers and reform documents refer to the need for streamlined and well-functioning systems. The significant challenge for our sector is to not only adopt the key features and practices proposed for the reform, but to do it within a flat funding environment. We know that a well-functioning system requires an adequate level of investment in both human resources and infrastructure. Especially if the system is required to be flexible and responsive, implement evidence informed policies and practices, and also be guided by population health planning. One of the most worrying aspects of our reform is the burden that will ultimately be placed on service providers, to make the necessary systemic and institutional changes required, without the required investment to fully support the proposed changes. In VAADA's annual AOD sector needs survey – a little fewer than 90 per cent of respondents reported that they had concerns regarding sector reform, up from 64.3 per cent in 2012.

Early in 2013 the department released 'Victorian alcohol and drug treatment principles' consultation paper. The input into the document from AOD service providers, consumers and families, was coordinated and collated through the support of VAADA, APSU, HRV and ANEX. The principles retain harm minimisation as the over-arching context in which interventions are to be delivered by Victorian treatment and harm reduction services. The term recovery had been strongly debated throughout the previous year. The recently released treatment principles have further defined it, to not only sit as an element in the harm minimisation framework, but has enshrined recovery-orientated approaches as integral to the principles as they are to a range of key State and Commonwealth policy documents.

The year has seen a flurry of consultation that was both taxing and resources intensive for VAADA and the sector as a whole. The department engaged VAADA to facilitate a series of structured advisory groups made up of key sector and consumer stakeholders to help shape Government's thinking around the core service types. The engagement of VAADA by the department, to facilitate the recruitment of advisory group participants, created a concern among some VAADA members that the process was flawed. As Victoria's AOD peak, VAADA understood its obligation to be inclusive and fair to all its members, and worked hard to make the selection process for inclusion into the advisory groups fair and equitable, despite these efforts, it was a challenging and disquieting process for VAADA.

The culmination of ten years of reviews and reports, a range of consultations, and finally, the advisory group process, have provided input into the framework used to provide the structure and guidelines for the subsequent 'recommissioning' process.

Furthermore, a significant number of developmental and reform specific projects have been running in tandem to the roadmap; to inform the development of the service specifications being developed by the department. 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.

There appears to have been significant reliance on some of these projects to deliver what may appear to be 'preferred outcomes', to substantiate what may be in the framework document and subsequent recommissioning tender. Not all of the best evidenced information will be available to best inform the framework and the service specifications. Ultimately, we'll be in a process of 'action research' as we continue the recommissioning processes throughout 2015, while a new service system adjusts to change, tests presumptions, and aligns itself with broader community service sector reforms. An ambitious timetable was set for the implementation of the reform agenda, with many of us questioning the thoroughness of the process, given the take up of redundancies by key DoH personnel and the overall number of reforms underway. I take my hat off to the remaining 'team' in the department, for as much as we all feel concerned for our futures and the service system we work in, the departmental staff have contended with significant changes and restructuring of their branch, while leading an AOD reform process. At the coalface, our dedicated service providers (despite their own uncertain futures) will undoubtedly continue to provide valuable service to our clients as we move into the transition phase of reform, and hopefully for our clients, the transition is perceived as seamless.

Increased demand has been cited as a significant issue over the past three years and services are concerned with their capacity to meet higher demand levels. The reform indicates that we need to focus on our most vulnerable service users and become more family inclusive, while at the same time providing better access and equity of service provision. This will be especially challenging in areas where there has been increased demand for services. One of the most significant areas of demand will be catering for the significant increase in forensic AOD service provision.

We had gone through many years of working toward collaboration albeit not particularly 'systematised' way and we are on notice, with the release of the government's Reform Framework, that we are entering a competitive environment for the recommissioning process. The key survival strategy for our current service providers was to prepare for joining up to be part of 'the solution' to deliver on a restructured AOD treatment sector, with the purpose of these efforts being to deliver better services to service users and the Victorian community. There is a divergence of views as to whether 'bigger is better' and what role smaller organisations may play in consortium or other partnership arrangements. However, it would appear that even in an environment emphasising streamlined service provision and fiscal efficiencies, smaller agencies are indeed seen as part of the solution.

The sector under the reform is faced with a number of challenges:

- Streamlining service delivery, including shared efficiencies – primarily through the use of technology;
- Fully implementing a 'recovery focus' (requiring greater coordination effort and potentially longer engagement or follow up);
- Provision of family sensitive and inclusive practices
- To work in an cohesive integrated way ;
- Maintaining the capacity of treatment and intervention options to meet the needs of increasingly complex client presentations (emerging drugs, more clients with complex behavioural issues, increased ABI presentations, increased issues around prescription opiate use, physical health and mental health issues);
- Managing and servicing emerging service users such as refugees, older persons and increased service demand from growth corridors and forensic clients;
- A shift to focus on outcomes (putting people at the centre of service delivery requires services to not just address their immediate needs but support people to build their capacity for self-management as a long term outcomes;
- Design services to fit people and communities (place based approaches, flexible funding models).

The reform initially will create a competitive environment (it will demand innovation), it will compel collaboration and the threat of changed funding arrangements will sit constantly in the background. Service providers will face these challenges head on, albeit somewhat nervously, with an eye to potential impacts on organisational viability and how the changed service landscape will service our clients.

There is an onus on organisations to focus on real improved system change and model development and to resist complacency. From the government reform means it must not be seen to favour long term historic providers that don't embrace the roadmap strategic agenda. The government cannot expect to pressure services to meet demand, without meaningful investment that supports change, and funds the rollout of the advanced technological infrastructure required to better measure the work being done, capture data, while safeguarding the sharing of client information in an integrated service landscape.

In February at the 2013 VAADA conference the theme was set as 'Broadening the Focus'. It was clear to VAADA that the sector had to not only think about, but address how it does business. The 'broadening' was to take in key themes of; sector integration, partnerships and collaboration the expansion of treatment modalities such as family inclusive practice; responding to emerging trends such as increased pharmaceutical misuse and increasing demand on the forensic system; and the emergence and utilisation of social media and technologies. The conference provided a foundation for assisting the sector to navigate not only the AOD reform but consider its place among the broader government reform agenda.

Professor Weisner from California, one of the conference keynotes spoke to a research program addressing access, outcomes, and cost effectiveness of AOD treatment in public and private addiction and healthcare settings. The research showed that AOD disorders are often chronic conditions that occur alongside other health and social problems, and that individuals can benefit from integrated care. All of which the sector has known for ever, but therein lies the challenge. How do we implement the intended AOD treatment reforms, targeting our most vulnerable individuals, families and communities, when there is not an overarching strategy to increase utilisation and or, divert persons into primary health care or private providers? This is particularly challenging in rural and regional Victoria, where despite concerted efforts to encourage general practitioners to treat clients with substance use issues, the stigma and discrimination (especially around illicit substance use) clients experience in these settings, leaves them with only one treatment avenue—their local AOD service.

With the reform firmly upon us, we end one chapter and prepare for the next, with a sense of wariness and anticipation but with continued hope. This has been without question one of VAADA's most challenging years. So on behalf of the Board, I would like to thank Sam and all VAADA's terrific staff (David, Brad, Merissa, Anna, Jane and Chris) for their tireless and dedicated work.

Thank you to the Board for their support of me in my first year as President, and for their significant voluntary contribution, to ensure VAADA maintains a strong voice for AOD services. I'd like to pay a special tribute to Simon Ruth, who served VAADA as President for the previous four years, provided strong leadership, passion and tireless advocacy for the sector and VAADA. Thank you also to our Board members who have left during the year including Kieran Connolly (appointed 2005), Jill Hutchison (appointed 2012) and Sylvio Pontonio (appointed 2012).

We were now over two years down the track from the release of the original catalyst for the reform the Victorian Auditor-General's Report of Managing drug and alcohol prevention and treatment services (March 2011).
As we continue to go forth in what may be difficult and challenging times ahead I thought this quote from Barack Obama more than appropriate to summarise the journey thus far.

'Now we're in the midst of not just advocating for change, not just calling for change - we're doing the grinding, sometimes frustrating work of delivering change - inch by inch, day by day.' Barack Obama

Cheryl Sobczyk
VAADA President

Executive Officer

The past year has seen a growing expectation of what sector reform may bring to the Victorian alcohol and drug sector. It has been typified by an increased level of engagement with the Department of Health as it explores sector views on various elements that will influence the recommissioning of the Victorian AOD system. A key aspect of this has been an engagement with a number of sector representatives around activity areas related to reform elements. Over the course of the year there has been a growing level of anxiety and a plethora of questions raised in relation to recommissioning and redesign issues. Pronouncements that the sector will have fewer agencies, that the rebuild will make the system stronger, and that it will provide a better journey for service users, while in themselves worthy of exploration at times appearing contradictory and inconsistent will nevertheless be awaited eagerly as the eventual design of the system takes shape.

As the Victorian alcohol and drug peak VAADA has continued to promote and support member's interests and those of the broader community. An amalgam of activity from sector reform, to initiatives derived from VAADA's federal Department of Health and Ageing funded 'Co-occuring Capacity Building' project and, sector development work has seen VAADA make a consistent contribution at engaging our members to enhance their voice and knowledge base. VAADA role has continued to be one of facilitating communication between the sector, the Department of Health and government. This year's annual report attests to the plethora of activities we hope have made a contribution to our members, the AOD sector, and the Victorian community we serve.

VAADA's media work over the past year has continued to focus on a range of problem areas such as sector capacity issues, the increasing number of pharmaceutical related deaths, the high level of imprisonment of individuals with AOD issues, the value of expanding the Victorian Drug Court system, a range of issues related to alcohol, methamphetamine, and synthetic substances. Our efforts are to seek broader public engagement around the issues, share our concerns and highlight the value and importance of our treatment sector. Building broader community understanding around drug and alcohol issues brings a range of potential benefits to individuals and the communities grappling with the complexities of substance misuse in our community and support for our sectors work.

In relation to funding support, VAADA is grateful for the continued financial support afforded by the Victorian State Government, and the working relationship with Department of Health staff. We are also grateful for the financial support afforded by the federal Department of Health and Aging through the 'Substance Misuse Service Delivery Grants Fund' and the equally positive working relationship with Departmental staff.

This annual report presents the breadth of activity and projects delivered by VAADA's 3 core and 3 project staff. I acknowledge and value the support and commitment of VAADA's staff throughout the past year. Equally the dedication and commitment of the VAADA Board provides a solid base for the sector in the mutual challenges that have come before us and which very clearly lie ahead of us in the future. In recognition of their contribution I would like to acknowledge the commitment of Merissa van Setten who departed VAADA this year for new work opportunities. A special thanks is also owed to Simon Ruth who was President over the past 4 years having recently resigned in November 2012. Simons', commitment and advocacy, and support of VAADA and the Victorian sector should be recognised. I would also like to welcome Cheryl Sobczyk as the new VAADA President and acknowledge her support and commitment as President over the past year, she enters during a time of great complexity and increasing challenges.

I also acknowledge the support and commitment of AOD agencies and the staff who contribute so much to the sector, the Victorian community and to our work at VAADA.

It is with little doubt that the coming year will be a busy and momentous year as recommissioning takes shape on this vital sector. I look forward to continuing the valued working relationships into the next year and the next stage of the evolution of the Victorian AOD system.
Sam Biondo
Executive Officer

SMSDGF REPORT

The Substance Misuse Services Delivery Fund (SMSDGF) is a Commonwealth government initiative which commenced in July 2012. This project followed on from the Improved Services Initiative (ISI), which had involved building the capacity of non-government alcohol and other drug services to respond to the needs of clients with co-occurring substance use and mental health problems.

The aims and objectives of the SMSDGF project are similar to those of ISI, however its focus has broadened to include other areas of capacity building in Indigenous and CALD populations, and other sectors in addition to components of direct service delivery.

In total, the Australian Department of Health (formerly Department of Health and Ageing) has funded 35 agencies including VAADA. VAADA's role in the project is to provide co-ordination and support to alcohol and other drug (AOD) agencies funded under the initiative across four broad objectives including partnerships, service improvement, workforce development and dissemination of resources.

The first few months of the funding period presented some challenges for the project in that some of the SMSDGF funded recipients had not previously been funded under ISI. However, VAADA successfully engaged with these agencies to establish a working relationship, and invite them to participate in the SMSDGF network.

Activities which have supported VAADA's first objective to build sustainable linkages and strategic partnerships have included co-convening the ISI (SMSDGF)/VDDI conference, and maintaining and enhancing its relationship with other AOD peak bodies nationwide. The conference was held in early August 2012, further promoting the relationship between the alcohol and other drug (AOD) and mental health sectors and informing them about evidence based approaches to clients presenting with co-existing AOD and mental health concerns. During 2012/2013 VAADA has continued to work collaboratively with other state and territory peaks to share resources and information via fortnightly teleconferences and two face-to-face meetings.

VAADA's second objective has been to assist sectors to undertake service improvement activities. This has involved facilitating 5 SMSDGF network meetings with around 20-25 participants at each meeting, and with a range of guest speakers including representatives from the Victorian Dual Diagnosis Initiative (VDDI) and the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) – Cultural Safety Training Program. The network has provided a forum for agencies to share information and tools, and to promote collaboration between project officers. A follow-up training session for VAADA's significant project resource 'capacity building and change management' manual was also held in early December 2012, focusing on newly funded SMSDGF agencies and other sectors.

During the past 12 months significant progress has been made towards VAADA's third objective of identifying and facilitating workforce development. A series of four, half-day free-of-charge "personality disorders" workshops were presented, focusing on psychoanalytic perspectives of working with complex needs. An expert reference group was convened to explore the training needs of AOD clinicians working with clients presenting with a history of trauma, and develop a trauma informed care (TIC) training package that will be delivered across the state in September 2013.

Over the 2012/2013 period VAADA continued to distribute the hugely popular AOD and mental health prompt cards. By the end of June 2013 approximately 30,000 of these cards had been disseminated across a range of sectors. In consultation with the TIC reference group, VAADA has now developed a pair of trauma informed care prompt cards, with planned distribution commencing in the next financial year. These activities have assisted VAADA to meet its fourth objective of the development and dissemination of targeted and relevant information and resources.

The SMSDGF project will be funded by the Australian Department of Health until mid-2015. The current Victorian sector reform however, will create significant change across the sector and directly impact upon the work of the SMSDGF network. VAADA will endeavour to remain responsive to the needs of the sector and treatment agencies throughout this period.

Sector Development

VAADA's Sector Development program has had a key focus on supporting the sector through the imminent reform process, with recommissioning of the system being at the forefront of program activities. Consistent with previous years, this has included development of linkages both within the sector and also with cross sectoral colleagues who are also undergoing significant change.

Sector Reform

One of the key activities related to engagement of the sector in the reconfiguring of the system was the Department of Health (DH) facilitation of advisory groups. VAADA played a role to ensure sector views were included, with sector representatives being tasked with providing feedback to DH on the proposed treatment types. Members of each group were selected on their capacity to represent different aspect of the service system and this ensured a diversity of views was heard. Summary papers were developed by DH and are available on their reform website.

Another key reform function within VAADA reform funded activity was the delivery of presentations to stakeholders. This included attendance at regional network meetings, agency staff meetings and a range of other events to ensure that updated information could be provided. This was a difficult task given there was limited information available on many key aspects of interest to the workforce, however these events allowed those in attendance to explore issues of relevance and seek clarity around some key areas of proposed change.

Pharmacotherapy reforms

Another key area undergoing change is that of the pharmacotherapy system in Victoria. VAADA facilitated a forum after release of the DH directions paper which outlined the area based network approach. Representatives from DH, General Practice Victoria, Pharmaceutical Society of Australia, Harm Reduction Victoria and the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) provided presentations from their various perspectives. The day finished with a panel discussion to explore the key issues and consider how stakeholders could identify opportunities and challenges in the development of linkages between AOD services, GP's, Pharmacists and service users.

Projects

The VAADA Sector Development program is tasked with delivering ongoing initiatives, but also discrete consultation activities which seek to gain input from stakeholders on issues of current relevance. Over the past year there have been a number of projects undertaken within the program including:

AOD treatment principles

With the sector development funding from DH, VAADA was required to undertake sector consultation on a proposed set of treatment principles. Our role was to undertake electronic and face to face discussions and provide consolidated feedback to DH based on the two questions that were included in the consultation paper under each of the proposed principles. The over-arching aim of this project was to inform a set of locally developed principles for the Victorian AOD treatment system.

There was significant interest from the sector and not surprisingly there were strong views that both supported and critiqued aspects of the consultation paper. We made every attempt to ensure that the feedback included in the report was representative of the responses received throughout the consultation period. It is anticipated that the final set of principles written by DH will inform recommissioning.

Benzodiazepine survey

In September 2012 VAADA was contacted regarding a proposal to consider rescheduling a range of benzodiazepines to Schedule 8. VAADA was asked if we supported such a move, however it was felt appropriate to consult with stakeholders in order to better understand the factors that should be taken into consideration and potential implications of this approach. This led to the facilitation of an electronic survey

throughout October 2012. There was significant interest from stakeholders, with 125 responses received over the two week survey period. Overall it was clear that many respondents supported the consideration of change in relation to Alprazolam, however there were many concerns raised regarding any approach for such moves in relation to all related medications.

Workforce development and capacity building initiatives include:

- The delivery of presentations at conferences and professional development events
- The facilitation of strategic planning activities
- Continued relationship building with representatives from the Aboriginal AOD workforce, particularly VACCHO and Telkaya
- Chairing of a number of groups that exist to bring AOD stakeholders together
- Sector representation on a number of Victorian and national reference/advisory groups

Thanks to all who have attended our events, participated in consultations and supported our advocacy activities. We appreciate that this period of change will bring both opportunities and challenges and we look forward to continuing to work with you over the next 12-24 months as we transition to the recommissioned service system.

List of events

- Recommissioning forum for CEO's and managers
- Pharmacotherapy forum
- Registered Training Organisation meetings
- AOD Supported Accommodation network meetings
- AOD treatment principles consultations
- Multiple presentations at Victoria Legal Aid
- AOD in the workplace presentation at Gippsland Food Company
- Drug Action Week 2013 Methamphetamine presentation at Swan Hill Aboriginal Health Service
- Attendance at Local Government AOD Issues Forum
- Attendance at Regional AOD network meetings
- Facilitated workshops for strategic plan development in external agencies
- AOD training for Centre for Excellence in Child & Family Welfare
- AOD training for Hume region child and family services alliance

Conferences and Events
Various

SMSDGF / VDDI Conference

7 August
8 August

SMSDGF Network Meetings

25 October
13 December
13 February
23 April
13 June

Change Management & Capacity Building Workshop

5 December

Personality Disorder Workshop

21 May AM
21 May
5 June
5 June PM

Drug Action Week

17 June Naloxone and Trauma Forum

VAADA Member CEO / Manager Network Meetings

20 July
21 September
18 November
15 March
17 May

Submissions, Consultations and Reports

National Preventative Health Research Strategy (2012-2016)

Improving diversion for young people in Victoria

National Primary Health Care Strategic Directions Framework

State Budget Submission 2013-14

ANPHA: Alcohol Advertising: The Effectiveness of Current Regulatory Codes in Addressing Community Concerns

Submission to the Advisory Committee on Medicines Scheduling Proposal to reschedule benzodiazepines from Schedule 4 to Schedule 8

Employment Services –building on success

Submission to Senate Legal and Constitutional Affairs Committee: Value of a justice reinvestment approach to criminal justice in Australia

Melbourne, let's talk about the future

Development of the National Aboriginal and Torres Strait Islander Peoples Drug Strategy
Submission: service sector reform

Towards a more effective and sustainable community services system

Benefit Cost Assessment of Yarra's Night Time Economy

Position Papers

Social media – discussion paper

Workplace alcohol and other drug testing – position paper

Consultations

Annual sector needs Survey

Review of the CEO forum

Employment services consultation

Survey into benzodiazepines

Publications

VAADA Newsletter:

November / December

January / February

March / April

May / June

Media Releases

Prison Security breach shows need for more focus on drug and alcohol treatment

Reducing the alcohol and drug toll: Crashing down the barriers

Prison expansion increases costs for all

Government change shouldn't affect alcohol and drug reform

Growth pains – driving disadvantage

Paying prison operator more to do their job

Justice reinvestment… a cheaper and more permanent solution

The bloated cost of Alcohols Harm outweighs slim tax revenue

Drug Death Toll continues to grow every year

Rising drug death toll fails to get relief from stagnant AOD budget

Public health no brainer: provision of sterile syringes a necessity

Partnerships Linkages and Networks

Anex

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

Council to Homeless Persons

DH Partnership Forums

Eastern Metropolitan Network Meeting

Federation of Community Legal Centres

A range of Victorian Medicare Locals

Grampians - AOD Interagency Meeting

Harm Reduction Victoria

Human Services Partnership Implementation Committee (HSPIC)

Local Government Drug Issues Forum

Loddon Mallee – Regional AOD Network Forum

Primary and Community Health network Victoria

VICSERV

Victorian Addiction Inter-hospital Liaison Association (VAILA)

Victorian Council of Social Services (VCOSS)

Victorian Dual Diagnosis Initiative

Victorian Primary and Community Health Network

Membership

As of 30 June 2013, VAADA had 80 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.

Delegate at VAADA 2013 Conference "Broadening the Focus"

Key Events

SMSDGF Network Meetings
VAADA facilitates bi-monthly network meetings for the project workers based in organisations 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.

ISI (SMSDGF)/VDDI conference (7th – 8th August 2012)
This conference (also known as the Victorian Dual Diagnosis Conference) was a two day event jointly run by the Victorian Dual Diagnosis Initiative (VDDI), the Homeless Youth Dual Diagnosis Initiative (HYDDI) and the Improved Services initiative (Now SMSDGF) led by VAADA. The theme for 2012 was change management and trauma-informed care in the dual diagnosis (DD) sector.

VAADA Capacity Building and Change Management training (5th December 2012) facilitated by Greg Logan.
This one-day workshop was designed to assist agencies in developing solid foundations upon which to build or consolidate co-occurring capacity building practices within their organisation. Subjects covered in the workshop included: Building Co-occurring Capacity (Organisational & Individual); Applying change management to your project plans; Working with funding bodies; and, Designing realistic plans. The workshop had an emphasis on co-occurring substance use and mental illness capacity building, although the principles of the training are applicable to all facets of organisational change in a diverse range of settings.

VAADA biennial Conference on 14th and 15th February 2013, "Broadening The Focus".
The 2013 VAADA conference, entitled Broadening the Focus, was held at the Jasper Hotel on 14 and 15 February 2013. The title, Broadening the Focus is representative of the need for the AOD treatment sector to adapt to the comprehensive reform activity enveloping not just the treatment sector, but the Victorian health and welfare service sectors.

Broadening the Focus was VAADA's most well-attended conference to date, with well over 300 delegates attending over the (very hot) two day period with just short of 100 presentations and workshops. The enthusiasm of the attendees and the vast number of high quality abstracts demonstrates a desire from the sector to share best clinical practice, and came together to ensure that optimal results for AOD service users can be achieved through the reform activity. The delegates enjoyed an array of highly insightful presentations, with a range of venerable international, national and local keynote speakers. We were fortunate for Mary Wooldridge, Minister for Mental Health, Women's Affairs and, Women's Affairs and Community Services to open the conference. Presentations from the conference can be found at: www.vaada.org.au

Change Management and Capacity Building – VAADA facilitated training to the South Australian Network of Drug and Alcohol Services (SANDAS) in Adelaide on 19th March 2013.
In March 2013 VAADA staff presented a workshop to South Australian NGOs funded for capacity building activities under the Substance Misuse Service Delivery Grants Fund. The session was based on our resource "Capacity Building & Change Management: A guide for services implementing dual diagnosis processes" and aimed to provide an overview of initiatives in Victoria and highlight practices for building capacity and effective change management processes. The discussions also included the range of challenges that must be confronted and risks of not managing these appropriately. The feedback from the workshop was extremely positive and reflected the importance of these topics in this time of change at both a state and national level.

Personality Disorders Workshops (21 May and 5 June 2013)
These workshops were half-day free-of-charge workshops facilitated by Britt Farrance, a psychotherapist who presented a psychoanalytic perspective on how to work with people with complex needs, and covered topics such as attachment theory and a trauma model to better understand the client group.

Key Submissions and Reports

Drug Action Week – Naloxone and Trauma Forum (17th June 2013) hosted by VAADA
On Monday 17 June, VAADA hosted the above forum at the Jasper Hotel in response to a VAADA workforce survey which indicated that witnessing or experiencing an overdose was highly traumatic for service users. The administration of naloxone to those experiencing an opioid related overdose can be lifesaving.

The forum was timely as the Victorian Government has indicated a willingness to consider the provision of naloxone to peers or family members of opioid drug users detailed in Reducing the Alcohol and Drug Toll: Victoria's Plan 2013 – 2017. The provision of naloxone to peers and families of opioid drug users at risk of overdose was the central focus of the forum. A wide array of expert speakers presented to an audience of approximately 90 as part of Drug Action Week.

Pharmacotherapy Directions Paper – VAADA Forum
In response to the Department of Health's release of the pharmacotherapy directions and policy papers earlier in 2013, VAADA held a forum in late April to discuss issues raised in the papers. Experts from VACCHO, the Pharmaceutical Society of Australia, General Practice Victoria, Harm Reduction Victoria and the Department of Health were invited to present an to to explore the proposed reform, and discuss how they might impact on pharmacotherapy service delivery in Victoria.

Approximately 50 AOD sector representatives attended this forum which was concluded with a panel discussion.

VAADA Member CEO Network Meetings
The CEO forum has been invaluable to VAADA during the Sector Reform process. It has provided an avenue to hear the views of senior members of the Victorian treatment sector on a range of issues but particularly to issues related to the reform.

Professor Michael Farrell and Sam Biondo VAADA 2013 Conference "Broadening the Focus"

Key Submissions and Reports

National Preventative Health Research Strategy (2012-2016)
VAADA welcomed the development of a National Preventative Health Research Strategy (2012-2016) and saw the strategy as an opportunity for the development of comprehensive research to guide preventative health policy development.

VAADA made a number of recommendations for the strategy to achieve this aim, including:
- The development of robust evidence lead approaches to AOD related prevention activities;
- The inclusion of all licit and illicit drugs in the strategy;
- The development of more robust and translatable data systems which span varying service sectors to inform prevention research and subsequently prevention policy and initiatives;
- Clarity between competing interests in health related discourse, particularly the dichotomy between health and commercial interests with alcohol;
- Means and strategies in advocating for evidence based policies and strategies which may not necessarily be popular, for instance, strategies to reduce the prevalence of Hepatitis C in prisons.

Improving diversion for young people in Victoria
VAADA submission argued that the implementation of a Drug Diversion Program for young people with capacity to build in AOD treatment would be a useful addition to the available youth-based sentencing options. The submission also noted that if developed through the conceptual lens of therapeutic jurisprudence, there will be a number of positive gains for young people in Victoria. They will be less likely to hold criminal convictions and will have an increased chance of exiting the justice system. There will be an increased likelihood that they will either cease or reduce their AOD use, with those still using do so in a safer manner. It was submitted that this program would, in the mid to long term, result in significant cost savings as the likelihood of program participants graduating to the adult justice system would be reduced.

National Primary Health Care Strategic Directions Framework
VAADA made a submission to the National Primary Health Care Strategic Directions Framework (the Framework) stakeholder consultation. The submission noted that the primary health care system intersects with the alcohol and other drug treatment (AOD) sector at a number of points, with AOD service users often requiring health care provision in addition to AOD treatment. VAADA's submission characterised the Framework as a generally positive and constructive document, however it was noted that further detail on the key issues is crucial in assessing its value to community health.

Some of the concerns VAADA held, related to its perception that the Framework favours a medical, rather than a social model of health. It was submitted that population health planning would help address some of the gaps in the Framework, including the absence of highly vulnerable cohorts from the Framework's discussion.

VAADA expressed concerns around the Framework being developed within a cost neutral environment and noted that the reluctance from government to provide additional funds to drive the Framework will result in the necessity of increased expenditure downstream in the hospital system.

VAADA also had concerns as to how these reforms will impact upon not for profit non-government organisations, which may find that the Framework creates further burdens for many small agencies with tight budgets.

State Budget Submission 2013-14
The 2013-14 VAADA State Budget Submission (VAADA SBS) outlined a range of recommendations to ensure the viability of the AOD treatment sector through the reform process and beyond. The recommendations were premised on sector sustainability issues including a number of capacity building initiatives, identifying and capturing hidden and at risk populations and addressing AOD trends.

The submission noted that a key driver to identifying at risk populations which can assist in a range of activities, including treatment, prevention and harm reduction is the development of a robust and responsive population health planning process. Such a process would also assist in identifying and developing responses to the wide array of adverse social determinants which have an impact on AOD misuse. From this, the needs of 'known' at risk populations can be identified, including older and culturally and linguistically diverse populations. This would lead to the necessary program development at the treatment end with a unique window of opportunity being availed through the reforms.

Much of the discussion surrounding the reforms have emphasised greater collaboration and integration with other service sectors and in this vein VAADA has called for cross sector capacity building endeavours to be implemented in the 2013/14 state budget. Staff would be employed to develop research and provide training for the AOD treatment sector to build capacity to work with child protection and family services.

The AOD treatment sector continues to silently endure inadequate provision of infrastructure (bricks and mortar and back office support, IT etc) and the VAADA SBS calls for the development of a separate funding stream to cater for the infrastructure needs of the sector to ensure its sustainability into the future.

Finally, the SBS has called for additional resources to cater for needs emerging from an increasing presence of alcohol in AOD treatment and the disturbing increases in pharmaceutical related mortality. This includes the targeted implementation of day rehabilitation programs as well as the implementation of a real time prescription monitoring system and a pharmaceutical summit.

ANPHA: Alcohol Advertising: The Effectiveness of Current Regulatory Codes in Addressing Community Concerns

VAADA's submission noted that there are long term entrenched concerns within the community regarding the government's persistence to continue to allow alcohol advertising. It also noted that the alcohol industry has been quite effective at deflecting criticism and have been quick to adapt to online means of advertising the product promotion which has set them well ahead of any legislative reform in this area. VAADA expressed concerns to the Australian National Preventative Health Agency around the continued prominence of alcohol advertising and the emergence of online means of advertising and detailed a range of proposals by way of reference to our 2010 Position Paper on Alcohol Advertising.

Submission to the Advisory Committee on Medicines Scheduling Proposal to reschedule benzodiazepines from Schedule 4 to Schedule 8

VAADA identified that this is a highly complex issue with a range of competing elements. The submission noted that there are numerous ways to measure both harm and benefit when assessing for scheduling a pharmaceutical. These include the wide range of benzodiazepines, from short to mid to long acting, different populations associated with each type, prescribing levels, levels of misuse (consumption in a manner which is not consistent with the directions from the prescriber), morbidity and mortality.

After much consideration of a range of issues, VAADA recommended that alprazolam be rescheduled to Sch. 8 and reviewed thereafter, and that all other benzodiazepine prescribing practices be reviewed, in particular diazepam. There is an overall need to unveil hidden populations which misuse pharmaceuticals.

Preliminary feedback appears to be in line with VAADA's recommendation to lift alprazolam, with the final decision being made by the TGA in May 2013.

Key Submissions and Reports

Employment Services – building on success
The Department of Education, Employment and Workplace Relations called for submissions on how employment services in Australia should operate beyond June 2015. VAADA's submission, which reflected heavily on the results of a AOD sector consultation, called for greater emphasis on assisting those with AOD issues and other vulnerabilities to obtain employment and where appropriate, service integration and/or cross sector capacity building between AOD and employment sectors.

Submission to Senate Legal and Constitutional Affairs Committee: Value of a justice reinvestment approach to criminal justice in Australia
VAADA's submission to the Senate Committee called for a significant shift in funding arrangements amounting to an increase in funding to community, education and health services which would be achieved by driving down prison numbers and reducing community interaction with the justice system. The proposal is self-sustainable, as those services which would incur an increase in funding apply downward pressure on the drivers of disadvantage and therefore crime and disorder.

The paper highlights the pending capacity crisis enveloping Victoria's prison system and the ongoing failure in reducing recidivism, exacerbated by inadequate provision of rehabilitation and treatment services, as found by the Victorian Auditor-General late 2012.

Melbourne, let's talk about the future
The Victorian Government released a paper canvassing a range of proposals and calling for input on the development of Melbourne into the future. VAADA's submission highlighted the challenges in growth corridors and the risks of ongoing under investment in AOD treatment services throughout Melbourne.

Submission tf the National Aboriginal and Torres Strait Islander Peoples Drug Strategy
VAADA's submitted that the new strategy should continue to support the principles of Harm Minimisation—including a more equitable balance between supply, demand and harm reduction measures, as determined by consultation with Indigenous communities. The submission noted that the strategy should support the enhancement of linkages between Aboriginal Community Controlled Health Organisations (ACCHO's) and mainstream health and community services. VAADA emphasised that is critical for the new strategy to consult with ATSI communities throughout the development and evaluation of this strategy to ensure community ownership. This principle should extend to policy development and the delivery of services to Indigenous people.

Towards a more effective and sustainable community services system
The discussion paper prepared by Professor Peter Shergold detailed a range of priorities and themes as a basis for significant reform in the community services sector. VAADA provide feedback on a number of issues, including funding models, reporting priorities, service integration, consumer participation, information and communication technology and a number of resourcing issues currently enveloping the AOD treatment sector.

Benefit Cost Assessment of Yarra's Night Time Economy
VAADA welcomed the opportunity to provide feedback to the Benefit Cost Assessment of Yarra's Night Time Economy (2013).

VAADA's submission noted that a number of studies have identified the harms associated with alcohol and was of the view that such studies should feature in this analysis.

These included:
- Alcohol outlet density - Michael Livingstone (2011; 2011a) has published a number of papers highlighting the increased harms evident with an increasing prevalence of venues which sell alcohol.
- Treatment data - Alcohol continues to feature strongly in treatment data
- Victorian Auditor-General's findings - The past decade has seen a significant increase in the number of alcohol related assaults (up 49 per cent from 2000-01 – 2010-11) and a tripling of alcohol related ambulance attendances (Victorian Auditor-General 2012,

Publications

Position Papers

Social Media and the AOD treatment sector

VAADA discussion paper on social media in the AOD treatment sector did not propose a specific position but rather, raised a range of considerations for agencies contemplating using social media as part of their general business.

The paper outlined what benefits can flow from social media, including:

- Providing AOD information to the public;
- Providing another means of communication with clients;
- The enhancement workforce development activities and training; and
- As a vehicle for consultation and the fostering of a dialogue,

Some of the concerns noted, included:

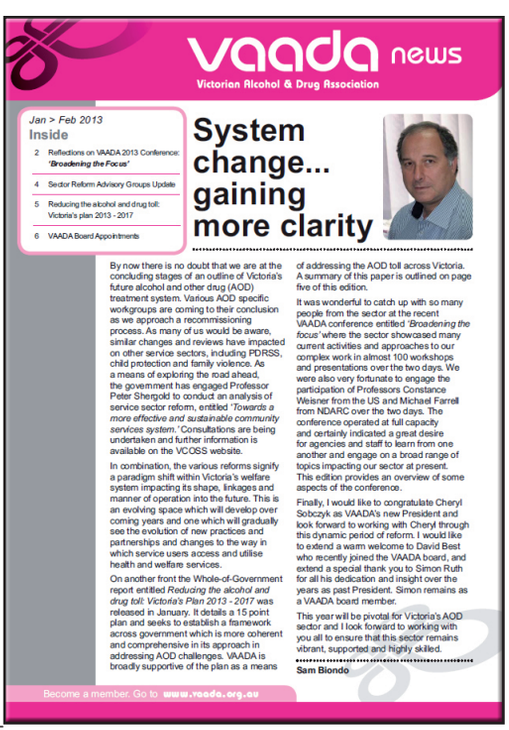
- The potential for mistakes that damage the reputation of the organisation;
- Resources required to monitor, supervise or moderate content;
- External threats such as the threat of third parties uploading information about agency employees on public sites

Workplace Drug Testing

This position paper asserted VAADA's support of evidence informed initiatives to improve workplace safety. This paper canvassed the available evidence on the effectiveness or otherwise of workplace drug testing in reducing workplace related harm. A key consideration noted in the paper is that workplaces which elect to implement AOD testing, should involve all stakeholders, (including employee representatives) in policy development process from conception to evaluation.

VAADA Newsletter

VAADA has continued to produce regular newsletters copies of which, are available at our website: www.vaada.org.au



vaada news

Victorian Alcohol & Drug Association

Jan > Feb 2013

Inside

System change... gaining more clarity

By now there is no doubt that we are at the concluding stages of an outline of Victoria's future alcohol and other drug (AOD) treatment system. Various AOD specific workgroups are coming to their conclusion as we approach a recommissioning process. As many of us would be aware, similar changes and reviews have impacted on other service sectors, including PDRSS, child protection and family violence. As a means of exploring the road ahead, the government has engaged Professor Peter Shergold to conduct an analysis of service sector reform, entitled *'Towards a more effective and sustainable community services system.'* Consultations are being undertaken and further information is available on the VCOSS website.

In combination, the various reforms signify a paradigm shift within Victoria's welfare system impacting its shape, linkages and manner of operation into the future. This is an evolving space which will develop over coming years and one which will gradually see the evolution of new practices and partnerships and changes to the way in which service users access and utilise health and welfare services.

On another front the Whole-of-Government report entitled *Reducing the alcohol and drug toll: Victoria's Plan 2013 - 2017* was released in January. It details a 15 point plan and seeks to establish a framework across government which is more coherent and comprehensive in its approach in addressing AOD challenges. VAADA is broadly supportive of the plan as a means of addressing the AOD toll across Victoria. A summary of this paper is outlined on page five of this edition.

It was wonderful to catch up with so many people from the sector at the recent VAADA conference entitled *'Broadening the focus'* where the sector showcased many current activities and approaches to our complex work in almost 100 workshops and presentations over the two days. We were also very fortunate to engage the participation of Professors Constance Weisner from the US and Michael Farrell from NDARC over the two days. The conference operated at full capacity and certainly indicated a great desire for agencies and staff to learn from one another and engage on a broad range of topics impacting our sector at present. This edition provides an overview of some aspects of the conference.

Finally, I would like to congratulate Cheryl Sobczyk as VAADA's new President and look forward to working with Cheryl through this dynamic period of reform. I would like to extend a warm welcome to David Best who recently joined the VAADA board, and extend a special thank you to Simon Ruth for all his dedication and insight over the years as past President. Simon remains as a VAADA board member.

This year will be pivotal for Victoria's AOD sector and I look forward to working with you all to ensure that this sector remains vibrant, supported and highly skilled.

Sam Biondo

Become a member. Go to www.vaada.org.au

Consultations

Annual sector needs Survey

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.

The survey was divided into 5 areas:

1. Resources and funding
2. Service demand
3. Workforce
4. Challenges and emerging issues
5. AOD sector reform

Some of the key findings from the survey included services reporting increased demand for services and emerging drug trends. The issues of sector viability in light of increased demand as were workforce training and retention issues.

Review of the VAADA Member CEO Network Meetings

VAADA surveyed participants of the VAADA Member CEO Network Meetings to help informs its efforts to keep the network meetings relevant to stakeholders.

Employment services consultation

This consultation provided an opportunity for VAADA to gauge the Victorian drug treatment sectors view of employment services and informed VAADA's submission to the Federal Governments review.

Benzodiazepine survey

In September 2012 VAADA was contacted regarding a proposal to consider rescheduling a range of benzodiazepines to Schedule 8. VAADA was asked if we supported such a move, however it was felt appropriate to consult with stakeholders in order to better understand the factors that should be taken into consideration and potential implications of this approach. This led to the facilitation of an electronic survey throughout October 2012. There was significant interest from stakeholders, with 125 responses received over the two week survey period. Overall it was clear that many respondents supported the consideration of change in relation to Alprazolam, however there were many concerns raised regarding any approach for such moves in relation to all related medications.

Finance Report

2012/13 - Treasurers Report

2012/13 has been another year of growth for VAADA, increasing the equity of the organisation overall.

July 2012 began with VAADA holding $381,577 in equity. This has increased to $478,775 by the end of June 2013.There has been a $97,198 increase in equity across the year which continues to strengthen the overall financial position of VAADA.

The Balance Sheet figures report total assets of $1,180,528 versus liabilities of $701,753. The operating profit for 2012/13 was $ 97,198 compared with 2011/12 operating loss of $63,267

The increase in profit is a result of increasing funding sources for VAADA's activities. This included a record number of registrations for the February 2013 VAADA conference. The income received in 2012/13 was $842,520 compared with $727,099 in 2011/12

In general the 2012/13 financial performance can be attributed to

- Refunding of the Co-occurring Capacity Building project by the Commonwealth .
- Running a successful conference in February 2013
- Increased grants being received

In addition, a number of grants have been received that have been carried forward to 2013/14 as these refer to expenditure to be undertaken in the next two financial years.

The current financial position in 2012/13 enables VAADA to continue the important role that it plays in the Alcohol and Other Drug(AOD) field.

As we are all aware, the future is unknown with the recommissioning by the State Government of AOD services in Victoria. VAADA will also be looking at its current financial position to determine additional projects which will complement the current reform and assist AOD agencies with change.

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 2012/13. I would also like to thank Sean Denham and Associates for undertaking the Auditing of the VAADA financial reports for 2012/13.

LAURENCE ALVIS
Treasurer

Finance Report

VICTORIAN ALCOHOL AND DRUG ASSOCIATION INC.
ABN 19 039 293 679

INCOME AND EXPENDITURE STATEMENT
FOR THE YEAR ENDED
30 JUNE 2013

	Note	2013 $	2012 $
INCOME			
Commonwealth Recurrent Grants - DHS		279,184	392,879
Commonwealth Recurrent Grants - DOHA		227,930	130,458
Conference Income		142,990	418
State Non-recurrent grants - other		88,741	37,288
Administration Fees		32,200	42,167
Interest received		27,527	29,833
Membership Income		27,949	27,822
Fundraising/Sponsorship		-	18,658
Projects and Events		8,051	18,509
Trading - Operating Activities		1,037	4,865
Sundry Income		6,911	24,202
		842,520	727,099
EXPENDITURE			
Accounting and Audit Fees		9,430	6,468
Business Planning and Reporting		3,103	2,500
Bank Charges		1,732	1,650
Cleaning		3,259	3,187
Computer Software and Supplies		7,160	20,218
Consultancy		22,107	43,027
Fringe Benefits/Salary Sacrifices		87,496	97,305
Holiday Pay		13,283	2,602
Insurance		3,164	2,951
Leasing Charges		9,974	177
Light and Power		3,219	2,920
Long Service Leave		1,371	1,238
Management Fees		32,200	42,167
Media, Communication and Newsletters		48,838	90,570
Meetings and Forum Expenses		69,642	59,046
Office Expenses		2,184	797
Other Employer Expenses		-	-
Payroll Fees		863	873
Postage		3,641	3,523
Printing and Stationery		7,429	6,113
Professional Development		2,610	1,410
Rates and Taxes		918	599

The accompanying notes form part of these financial statements.

Page 1

INCOME AND EXPENDITURE STATEMENT
FOR THE YEAR ENDED
30 JUNE 2013

	Note	2013	2012
		$	$
Rent		32,961	31,998
Salaries, Wages and Contracted Services		310,599	291,310
Security costs		831	424
Staff Training and Conferences		1,100	2,530
Sick Leave		-	(240)
Subscriptions and Memberships		1,432	3,215
Sundry Equipment and Repairs		3,474	307
Sundry Expenses		302	1,534
Superannuation Contributions		35,302	36,661
Telephone and Internet		11,937	9,668
Travelling Expenses		12,678	16,670
Workcover		8,106	3,616
Prior year adjustments		(7,023)	3,332
		745,322	790,366
Surplus (Loss) before income tax		97,198	(63,267)
Income tax expense	2	-	-
Surplus (Loss) after income tax		97,198	(63,267)
Retained Surplus (Losses) at the beginning of the financial year		381,577	444,844
Retained Surplus (Losses) at the end of the financial year		478,775	381,577

VICTORIAN ALCOHOL AND DRUG ASSOCIATION INC.
ABN 19 039 293 679

ASSETS AND LIABILITIES STATEMENT
AS AT 30 JUNE 2013

	Note	2013	2012
		$	$
CURRENT ASSETS			
Cash and cash equivalents	3	1,177,163	577,069
Trade and other receivables	4	3,360	22,464
Shares in other entities	5	5	5
TOTAL CURRENT ASSETS		1,180,528	599,538
TOTAL ASSETS		1,180,528	599,538
CURRENT LIABILITIES			
Trade and other payables	6	62,384	7,587
Income in Advance	7	576,428	162,088
Provisions	8	52,232	38,948
TOTAL CURRENT LIABILITIES		691,044	208,623
NON-CURRENT LIABILITIES			
Provisions	8	10,709	9,338
TOTAL LIABILITIES		701,753	217,961
NET ASSETS		478,775	381,577
MEMBERS' FUNDS			
Retained Profits		478,775	381,577
TOTAL MEMBERS' FUNDS		478,775	381,577

VICTORIAN ALCOHOL AND DRUG ASSOCIATION INC.
ABN 19 039 293 679

STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED
30 JUNE 2013

	Note	2013 $	2012 $
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts from grants		921,454	401,323
Other Income		326,983	247,523
Payments to suppliers and employees		(675,868)	(828,264)
Interest received		27,527	29,833
Net Cash provided by operating activities	8	600,096	(149,585)
CASH FLOWS FROM INVESTING ACTIVITIES			
Payments for purchase of property and equipment		-	-
Proceeds from (payment for) shares		-	(5)
Net Cash provided by (used in) investing activities		-	(5)
Net increase (decrease) in cash held		600,096	(149,590)
Cash at the beginning of the year		577,067	726,657
Cash at the end of the year		1,177,163	577,067

VICTORIAN ALCOHOL AND DRUG ASSOCIATION INC.
ABN 19 039 293 679

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED
30 JUNE 2013

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 from commencement of employment, not from the 5 year employment period normally accrued as industry practice.

VICTORIAN ALCOHOL AND DRUG ASSOCIATION INC.
ABN 19 039 293 679

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED
30 JUNE 2013

Note 1: Statement of Significant Accounting Policies (cont.)

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).

VICTORIAN ALCOHOL AND DRUG ASSOCIATION INC.
ABN 19 039 293 679

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED
30 JUNE 2013

Note 1: Statement of Significant Accounting Policies (cont.)

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.

	2013 $	2012 $
Note 2: Income Tax Expense		
Prima facie tax payable on operating profit at 30% (2012: 30%)	29,159	(18,980)
Less tax effect of:		
- non-taxable member income arising from principle of mutuality	(29,159)	18,980
Income tax expense	-	-
Note 3: Cash and cash equivalents		
Petty Cash	53	68
Cash at Bank	810,789	319,994
Cash on Deposit	366,321	257,007
	1,177,163	577,069
Note 4: Trade and other receivables		
Trade receivables	1,530	13,852
Prepayments	-	2,273
GST Receivable	-	6,339
Accrued interest	1,830	-
	3,360	22,464
Note 5: Trade and other receivables		
Shares in other entities	5	5
	5	5

VICTORIAN ALCOHOL AND DRUG ASSOCIATION INC.
ABN 19 039 293 679

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED
30 JUNE 2013

	2013 $	2012 $
Note 5: Trade and other payables		
Current		
Trade Creditors	3,000	-
Credit Card	1,558	298
PAYG Withholding Payable	2,686	7,289
Superannuation Payable	3,319	-
GST Payable	51,821	-
	62,384	7,587

Note 6: Income in Advance

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

	2013 $	2012 $
Current		
Grants in advance	576,428	162,088
Note 7: Provisions		
Current		
Employee Entitlements	52,232	38,948
Non-Current		
Employee Entitlements	10,709	9,338

VICTORIAN ALCOHOL AND DRUG ASSOCIATION INC.
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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED
30 JUNE 2013

	2013 $	2012 $
Note 8: Reconciliation of Cash Flow from Operations with Profit from Ordinary Activities after Income Tax		
Profit after income tax	97,198	(63,267)
Cash flows excluded from operating profit attributable to operating activities		
Non-cash flows in profit		
- prior year adjustment	-	(3,325)
Changes in assets and liabilities;		
- (Increase)/decrease in trade and other debtors	19,104	153,258
- Increase/(decrease) in trade and other payables	54,799	(37,903)
- Increase/(decrease) in provisions	14,655	(2)
- Increase/(decrease) in income in advance	414,340	(79,664)
Net cash provided by Operating Activities	600,096	(30,903)

Note 18: Accounting Policies, Changes in Accounting Estimates and Errors

During 2013 it was noted that a duplication had occurred with regard to the recording of grants funding received in advance.
The affect of this error has resulted in the restatement of the 2012 financial statements as follows:

Financial Year Ended 30 June 2012	Previously stated $	Adjustment 2012 $	Restated $
Balance Sheet			
Grants in advance	284,102	(122,013)	162,089
Profit and Loss			
Grant Income - DOHA	270,865	122,013	392,878

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 2013, 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 2013 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).

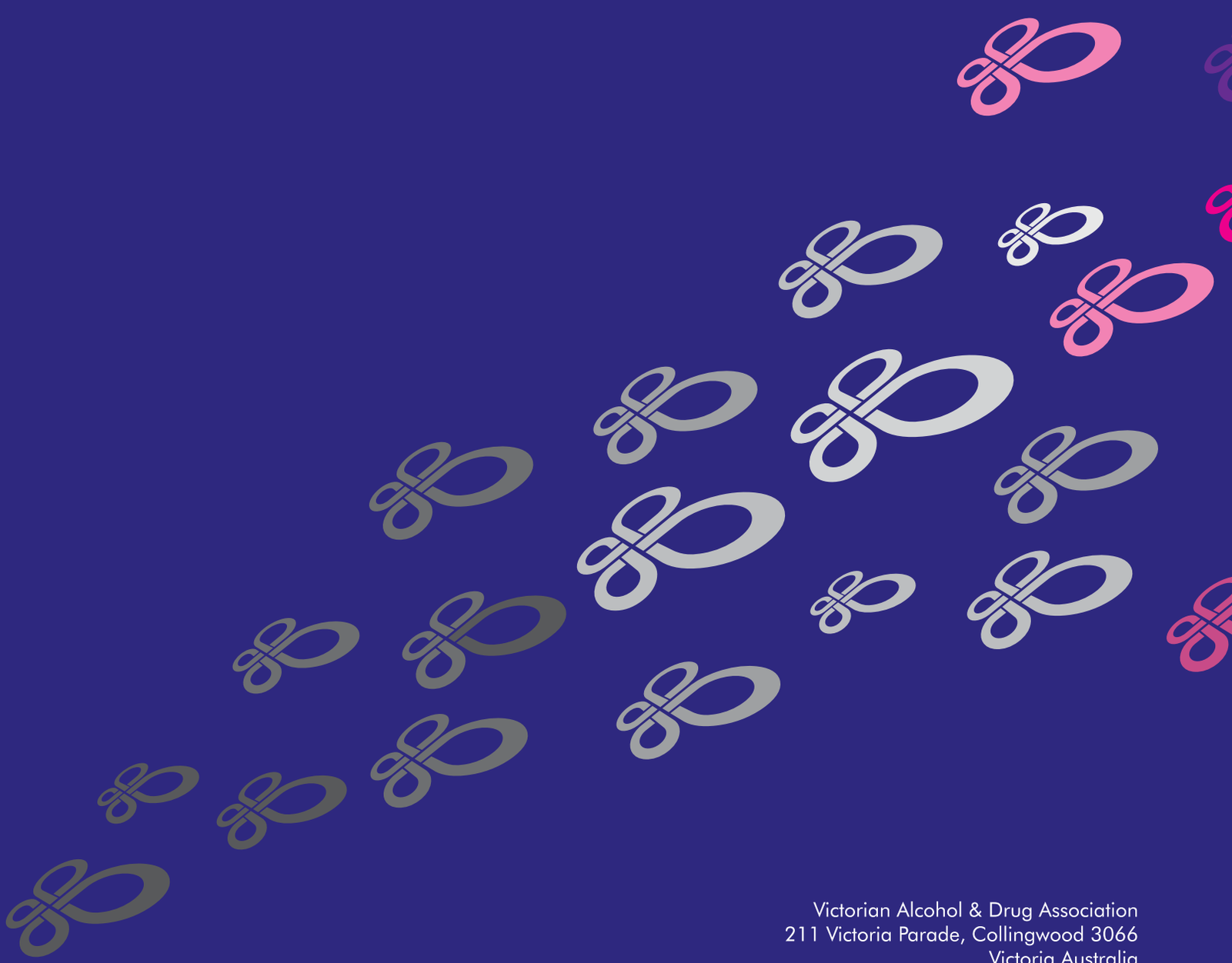
Basis of Accounting and Restriction on Distribution

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

Dated:
Suite 1, 707 Mt Alexander Road
Moonee Ponds VIC 3039

Notes



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