





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

The VAADA Annual Report 2017-2018 published November 2018

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THE VAADA BOARD

BOARD MEMBER PROFILES

President Stefan Gruenert

Vice President

Anne-Maree Rogers Sally Mitchell

Treasurer

Alan Murnane

Ordinary Members

Kent Burgess Andrew Bruun Rebecca Lorains Jane Measday Victoria Manning

President - Stefan Gruenert

Stefan is a registered psychologist with more than 15 years of experience in the drug and alcohol sector as a clinician, supervisor, researcher, and manager. Stefan has worked as a senior counsellor in a range of settings and has conducted research on treatment outcomes, alcohol use, men's issues, intimacy, family work, and fathers. He has developed a number of resources for workers in the drug and alcohol field on parenting, families and family violence, regularly provides advice to government, and has delivered a number of presentations at national and international conferences. He is currently the Chief Executive Officer at Odyssey House Victoria.

Vice President - 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 nongovernment agencies in regional and metropolitan Melbourne. Anne Maree currently works at Each Social and Community Health as the Program Manager of Alcohol and Drug Programs. EACH is the lead agency for the SURE consortium.

Vice President - Sally Mitchell

Sally is the Executive Director Mental Health, AOD and Homelessness at cohealth. With over 30 years' experience working in the community sector in a number of roles, Sally is committed to addressing health inequalities and maximising service access, particularly for those people who experience barriers to accessing health services. Sally has been a VAADA Board member since 2014 and Vice President since 2018. Cohealth is one of the largest community health organisations in Australia. Cohealth provides quality primary health and social services across North and West Melbourne. Cohealth has a strong commitment to health promotion and prevention activities, advocacy and consumer co-design. The Mental Health, AOD and Homelessness Directorate works with people with complex support needs to develop and achieve their

BOARD MEMBER PROFILES

goals; frequently working in collaboration with other services to achieve the best outcomes. Cohealth offers AOD harm reduction and treatment services including needle and syringe program; specialist AOD primary health services; treatment services; health and community education; is the lead agency for the North West Melbourne Pharmacotherapy Network; and, auspice of the Yarra Drug and Health Forum.

Treasurer - Alan Murnane

Alan has a wealth of leadership and strategic experience with over 25 years working in the health and community sectors including roles in nursing, disability employment, youth services, housing, men's family violence, drug and alcohol services. His experience also incorporates roles in public policy and program development in the Victorian State Government. He is concerned by the inequity that exists in the community, the limited income redistribution occurring through the tax system, and the need to proactively provide treatment for trauma as this is a factor in the lives of many who experience poor health. Alan has a Masters in Organisational Leadership.

Kent Burgess

Over 15 years Kent's focus has been on building effective, accountable health and community services that prioritise vulnerable groups. Kent is currently Director of Services at VAC. VAC is the leading provider of AOD and other health services to the Victorian LGBTI community and those living with or at risk of HIV. An Occupational Therapist by background, Kent has a Master's in Public Health. Previously, Kent held leadership positions at Star Health and was Chair of the Inner South East Primary Care Partnership. Kent brings governance skills, developed through Board roles in the housing and environmental sectors, including as past Chair of the Wilderness Society Victoria.

Andrew Bruun

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

Rebecca Lorains

Rebecca Lorains holds an Associate Diploma of Welfare, a Diploma of Business, a Certificate IV of Alcohol and Other Drugs, and a Certificate IV of Work Place Training and Assessor. Rebecca has been with Primary Care Connect since 2002 and is currently the Chief Executive Officer. She has been part of the Leadership team at Primary Care Connect since 2006 and has vast leadership experience across a range of health and counselling services. Rebecca is responsible for all programs at Primary Care Connect ensuring the complex, multi-needs and vulnerable client groups in our community are serviced with high quality and safe programs. She has attained years of experience working with vulnerable and complex families, in particular young people, within the alcohol and other drugs sector and the justice system. Rebecca is a graduate of the Australian Institute of Company Directors, a Board Member of Victorian Healthcare Association and President of the Mooroopna Education and Activity.

Jane Measday

Jane Measday is the General Manager of Social Support at Ballarat Community Health. Ballarat Community Health provides a range of primary care and wellbeing services across the Central Highlands. She has worked in a range of roles in the primary care sector over the last 22 years. This has included working at General Practice Victoria in the area of GP and Hospital communication, coordinating the Vic GP Liaison Program. Jane has a special interest in partnership work and service system development such as the development and implementation of the Grampians/Loddon Mallee Pharmacotherapy Network. As a regional manager, she is committed to the ongoing development of the AOD service system in regional and rural areas and in particular recruiting and retaining AOD workforce.

BOARD MEMBER PROFILES

Victoria Manning

Victoria Manning is a Senior Researcher Fellow at Turning Point and Monash University, where she leads the Treatment and Systems research program and a Master's of Addictive Behaviours. As a chartered psychologist with 18 years clinical research experience in addiction treatment settings in the UK, Asia and Melbourne, she has extensive knowledge of the AOD treatment evidence-base and its implementation in real– world clinical practice. Victoria has spent much of her career designing treatment outcome monitoring systems and trialling innovative approaches to enhance treatment effectiveness and has overseen the successful completion of multiple DHHSfunded studies aimed at supporting the Victorian AOD sector, most recently the refresh of the intake and assessment tools.

VAADA Staff

VISION & PURPOSE

Sam Biondo Executive Officer

Naomi Carter Project Officer - NWPHN and WVPHN

James Crafti Conference Organiser

Scott Drummond Program Manager

Chris McDonnell Administration Officer

Jane Moreton Project Officer - Co-occurring Capacity Building

Sharon O'Reilly Acting EO /Family Violence Project Manager

David Taylor Policy Officer

Caitlyn Wilson

Project Officer - Co-occurring Capacity Building

Our Vision

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

Our Purpose

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

Guiding Principles

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

Strategic Objectives 2017-20

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

PRESIDENT'S REPORT

It has been a huge year for the Victorian alcohol and other drug (AOD) sector, with significant state government investment and the roll out of many new services, including new residential treatment beds, expanded community services, and a medically supervised injecting facility.

I begin this report by expressing my thanks to all the VAADA staff members and our Board of Directors. Together you have provided a strong vision and enormous support to the AOD sector. Our members and the clients we serve have no doubt benefited accordingly. I would especially like to thank Laurence Alvis who retired from the Board this year, after many years of service in his role as Treasurer. I would also like to thank the Executive Officer, Sam Biondo, for his leadership and strong advocacy with Government and in the media.

For many years, we have argued that the capacity in our AOD treatment system was not sufficient to meet the existing demand, nor kept pace with population growth. We know that treatment works for some people, some of the time. We also know that our national prevention initiatives are beginning to have a positive impact on Australia's problematic use of alcohol and other drugs. And yet, we have not had enough resources to support all those people seeking our assistance.

This year we have seen a record investment into the AOD sector by the Victorian government which is likely to have a real impact in reducing problematic drug use and the associated health, mental health, violence, and offending issues over time. Likewise, the Commonwealth has also supported some new local initiatives through Primary Health Networks (PHNs) although this has come at the cost of some capacity building resources at a time when they are sorely needed.

New state funded programs include greater community support to those at risk of overdose, both for those able to access the new Medically Supervised Injecting Facility in Richmond, and for others at key transition points, like when leaving residential services or prisons across the state. New resources will provide faster access to AOD treatment for parents whose children are subject to a family reunification order, and the number of residential treatment beds in the state is set to double, with additional resources being added to existing facilities, and a number of new facilities coming on-line across multiple metropolitan and regional areas over the coming two years.

The Department of Health and Human Services (DHHS) has been working with the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) to develop additional AOD staff across the state in order to better respond to Aboriginal and Torres Strait Islander peoples. New family violence advisors will soon begin to support the sector to better respond to those who experience or engage in family violence, whilst a review of the forensic AOD system has led to the expansion of programs such as Kick Start, which seek to respond more effectively to those whose offending behaviours are related to their AOD issues.

This level of growth, however, has not been without its challenges. More services mean attracting, developing, and maintaining more staff. We understand that DHHS and organisations are working hard to develop the expanded workforce needed, but it is likely to take some time to attract and train up all the staff needed, and to bed down all these new parts of the service system. It will take more time still to ensure all the new parts of the system are effectively working together in an integrated way, to enhance client outcomes.

Throughout this growth, VAADA has aimed to consult widely with our membership through sector surveys, service provider's meetings and CEO forums. Our advocacy work, our capacity building, and our sector support initiatives are best done when they are well informed by our members and other stakeholders. Thank you all for your input and participation throughout the year.

VAADA has been active in representing the sector's views on a range of Government Committees including the Premier's Ice Action Taskforce, the AOD Sector Reference Group, the Forensic AOD System Review, and in Family Violence and workforce consultations. We look forward to continuing to work together with our members, with State and Commonwealth departments, and with the PHNs, as we bed down and review new services, and as the sector supports new

PRESIDENT'S REPORT

information sharing legislation and reporting protocols, and implements the new Victorian Alcohol and Drug Collection (VADC).

We have seen the additional demands placed on the AOD sector workforce, including managers, who remain committed to providing the best services possible. We will continue to hold regular network meetings and facilitate opportunities for greater understanding and collaboration, in order to enhance the integration of our services within and between sectors. We will also remain vigilant to emerging issues, changing trends, and the ongoing needs of our members.

Raising awareness of AOD issues and reducing stigmatisation of drug users and their families remain priorities in our media and advocacy work, especially as community fear and misinformation remain high. It is critical that VAADA plays an ongoing and active role in public debates, working hard to disseminate accurate information, increase public empathy, and advocate for compassionate solutions. We are also aware that further resources are needed to meet the needs of young people with, or at risk of developing, AOD problems.

VAADA will continue to call for services that are centred around consumer needs and inclusive of their families and significant others where appropriate. We remain supportive of services that are informed by community participants, by the evidence of what works, and are delivered by a suitably trained and compensated workforce.

Again, it has been my pleasure and privilege to serve as VAADA President this year. The Board has maintained oversight of VAADA's strong financial position and reputation, and we welcome your ongoing feedback and contribution to our work at all times.

Stefan Gruenert

President

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EXECUTIVE OFFICER'S REPORT

The past year has been an exciting one for both VAADA and the Victorian AOD sector. It was a year where we could actually feel the tide turn. It was a year when Government recognized the importance of the sector's work, and there was a recognition that the community's circumstances required a much greater level of attention and financial commitment.

The flurry of activity across a broad range of fronts is not just an acknowledgement that the sector has in many ways been underfunded for a number of years, but if it were to have any chance of meeting current community demand for services, it would require a boost in both people and programs. Quite clearly the increased attention given to this sector is most welcome but nevertheless a reflection of the serious and profound impact that alcohol and drug use is having on the Victorian community.

To put things in context the Victorian Sector has seen a 33% funding increase from the Victorian Government over the past three years. In dollar terms the budget has moved from \$146.2M in 2014/15 to \$220.1M in 2017/18. Further, the AOD funding boost over the past few years is in the order of \$184M attributable to the Ice Action Plan and the \$87M to the Drug Rehabilitation Plan. In addition to this, some \$30M was provided to establish a second drug court at the Melbourne Magistrates Court and some \$29M to establish the Victorian Real Time Prescription Monitoring system. Some of the other targeted areas receiving funding include, over 100 new residential beds, continuing development of the new AOD data system, a supervised injecting facility, four new regional rehabilitation facilities, a new withdrawal and rehabilitation model, regionally based specialist family violence advisors, family focused activity, investment in peer staff, new Aboriginal AOD treatment workers, new treatment services for forensic clients, as well as a list of other program enhancements.

Not surprisingly, as a result of the additional workforce pressure arising from this investment over the past year there has been an intensifying discourse and considerable effort placed around addressing workforce demands and the development of an 'attraction campaign' to assist the AOD sector achieve a 'workforce lift'. As part of this process VAADA was commissioned to develop an enhanced 'jobs board' and create online information which can help the public navigate the AOD training and education landscape. Linked to the broader workforce campaign a range of scholarships, free training places, agency placements and training and learning opportunities have been made available as well.

Inevitably, with all this activity it is expected that additional effort will need to focus on drawing this growing and evolving range of activities into a seamless and integrated system. It is highly likely that the utility and imminent rollout of the Victorian Alcohol and Drug Collection (VADC) will be highly influential in future planning for the sector.

As part of its strategy to engage with the sector, VAADA has continued to maintain a very clear focus on gathering sector views and advice and to focus on practical solutions to program issues. Through targeted activities VAADA currently auspices some 6 networks including ', 'Non-Residential Withdrawal Nurses', 'Intake and assessment providers', 'AOD Area Based Planners', 'Supported Accommodation', 'Specialist Pharmacotherapy Services', and the 'Education and Training Providers' group. We also run regular CEO and Managers forums, special purpose advisory committees such as our State Budget Advisory group, Conference committee, Service provider's conference committee, and the Western Victoria PHN Advisory committee just to name a few. As a means of reaching out and linking with others sectors, VAADA staff are involved in many external advisory groups, forums, committees and consultations. This year we have continued to respond to calls for submissions, engaged with the media to convey our viewpoints and met with individuals across Departments, Government, opposition and other parties. Our efforts have focused on drawing attention to sector issues as conveyed by the sector and influencing policy and sector investment decisions.

Of course none of the work mentioned above nor any of the finer detail expressed in the pages of this annual report would be possible without the exemplary contribution of VAADA's staff. This past year has also seen the commencement of three new staff: Scott Drummond as Sector Development Program

EXECUTIVE OFFICER'S REPORT

Manager, Caitlyn Wilson as Project Officer and Naomi Carter as Project Officer. They have made a flying start and have in a short time made their own significant contributions at VAADA. Across other portfolio's we are also very well served by Chris McDonnell in his role as Administration Officer, David Taylor as Policy and Media Officer and Jane Moreton in her role as Project Manager.

It goes without say that in any complex environment the value of a good Board, a good Chairperson and fully contributing Board members is vital, and in this regard VAADA is also blessed with the contribution. In this regard, I would in particular like to sincerely thank Stefan Gruenert for his steady hand, strong personal support to myself and the organisation, and for his drive. I also express my thanks to all the other Board members who contribute in so many ways and give freely of their time, support and knowledge. I would also like to take the opportunity to also thank Laurence Alvis, the immediate past Treasurer, who resigned at the last election, for his many years of contribution on the Board and the fantastic contribution he made in that capacity for VAADA.

My last and possibly most important thanks is to our members and the staff of this incredibly important sector. From our perspective at VAADA we feel proud to support such a committed and vital sector.

Sam Biondo Executive Officer

SECTOR DEVELOPMENT REPORT

Enhancing the capacity of the AOD sector through sector development activity is a key objective of VAADA. From conferences and training through to sector network meetings, consultations and forums, VAADA maintains a focus on supporting members 'to do'.

One of the ways VAADA develops the AOD sector is through our relationship with the Drug Policy and Reform Unit within DHHS. VAADA takes the information, issues and intelligence gathered through network meetings, workshops, surveys, consultations and forums (among other groups) and advocates on behalf of the sector with DHHS. One example in 2017/18 was our activity in the workforce space. Consultations with the sector confirmed a number of pressing workforce issues in the areas of recruitment, retention and building staff capability. VAADA developed an issues paper capturing these challenges and presented them to DHHS. In November 2017, DHHS announced a workforce lift for the sector aimed at boosting recruitment and to provide existing workers with additional support and professional development across a range of specific capabilities.

In 2017/18 VAADA also produced an issues paper on Catchment Based Planning and consulted the sector on the issues affecting the Intake and Assessment functions. Like the workforce paper, VAADA was then able to take the issues identified to DHHS and advocate on behalf of members. Representing and consulting with membership is a priority area under VAADA's 2017-20 Strategic Framework.

VAADA also consulted the sector on their needs related to privacy and information sharing ahead of the introduction in 2018/19 of changes to family violence and child information sharing requirements. Supporting the sector to respond to changes in the privacy and information sharing landscape will remain an area of focus in 2018/19.

While network meetings provide an opportunity for VAADA to hear and understand the issues affecting particular segments within the sector, they also provide sector staff with the opportunity for professional development, to network, share learning and strengthen sector linkages. In addition to network meetings VAADA participates in a number of reference groups and committees representing the needs and interests of member agencies and their clients. For example, the Sector Reference Group brings together sector leaders to provide advice to the department on priorities for future investment, service system gaps and pressures, workforce, and opportunities to improve the delivery of accessible, safe, effective, high-quality services for clients.

Projects

In 2017/18 VAADA undertook a number of projects that focussed on sector development. One project was the redevelopment of the VAADA online jobs board and education and training page. Funded by DHHS, the aim of this project was to support recruitment to the AOD sector and to provide education and training information to sector staff in a central and easily accessed location. In 2017/18 VAADA also refreshed its website to make it more useable for the sector. This included updating the events page.

The twice yearly AOD service provider's conference provides sector staff with an opportunity to hear about activity in the sector, new and emerging treatment responses, share information and strengthen intra-sector connections. Two conferences were held in 2017/18. The first, titled 'Change and Sector Intersections' explored service system integration and the challenge of working across different sectors. The second conference, held in June 2018, looked at new approaches to old problems and explored a variety of different new and emerging AOD treatment responses. A government/ policy stream offered attendees tips and tricks for writing for a government audience and an update on developments in the privacy and information sharing area. Over 300 staff attended each conference.

VAADA also manages a number of federally funded workforce development projects including two Primary Health Network projects.

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SECTOR DEVELOPMENT REPORT

Co-Occurring Capacity Building

The 2017 – 18 financial year has been another eventful year for VAADA's Co-occurring Capacity Building Project, which has been re-funded by the Australian Department of Health through to June 2019. The absorption of the Substance Misuse Services Delivery Grants Fund (SMSGF) into the Drug and Alcohol Program and redirection of these funds to direct service delivery has meant that VAADA is now the only commonwealth funded agency undertaking capacity building activities across Victoria. Despite this challenge, VAADA has continued to deliver a broad range of initiatives in this space.

Focusing on partnerships, VAADA has been working with the AOD peak bodies from all other states and territories within Australia on three joint projects. These include the development of an Evaluation Project, a Research Project and an AOD Minimum Data Set Project. VAADA and the Western Australian Network of Alcohol and other Drug Agencies (WANADA) are leading the Evaluation Project, and have engaged the National Centre for Education and Training on Addiction (NCETA) to provide assistance as consultants. The development of an evaluation framework will allow all AOD peak bodies to better assess their own performance in regard to the delivery of capacity building activities, and facilitate planning to better meet the needs of the sector into the future.

In addition to the shared projects, VAADA has continued to work collaboratively with the AOD interstate peaks with regular teleconferences. VAADA hosted a face-to-face meeting with the peaks in November 2017, and co-ordinated a planning day in Adelaide in March 2018. VAADA also maintains a direct relationship with the Victorian Dual Diagnosis Initiative (VDDI) and attends their leadership group meetings on a monthly basis.

In recognition that the development of partnerships and networks can make with more limited resources, VAADA has developed another manual (following on from the Capacity Building & Change Management publication in February 2016) titled "Using Collaborations as a Capacity Building Tool". This manual explores the benefits and pitfalls of forming both AOD and cross-sector networks in local areas, and provides stepby-step instructions about how to set them up, and what you need to consider along the way.

VAADA added another card to its extremely popular suite of lanyard-friendly prompt cards. Thorne Harbour Health (formerly the Victorian Aids Council) provided significant input to the content of the new lesbian, gay, bi-sexual, transsexual, and intersex (LGBTI) cards, which offer clinicians a quick reference point to assist in understanding, assessing and working with these clients. Along with VAADA's other prompt cards, these cards are now available on VAADA's website at: www.vaada.org.au/activities/prompt-cards/

During the past 12 months, VAADA has provided training opportunities for both front-line workers and managers. These events have included LGBTI cultural sensitivity delivered by Drummond Street Services, Trauma-Informed Care facilitated by Mental Health Victoria (formerly VICSERV), Working Safely with Men who use Family Violence (No to Violence) and Self-Care and Stress Management (Centre for Excellence in Child and Family Welfare). The latter was arranged in recognition of the hard work undertaken by workers at the treatment coal-face. Feedback from all training events was overwhelmingly positive.

In July 2017 VAADA welcomed Caitlyn Wilson to VAADA in a commonwealth funded position. She has provided significant support in the planning and implementation of events, and with the design and development of VAADA's new website.

SECTOR DEVELOPMENT REPORT

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

In early 2017 the North Western Melbourne Primary Health Network (NWMPHN) funded VAADA for an eighteen-month capacity building project from March 2017 until September 2018. In June 2018, the NWMPHN, re-contracted VAADA to continue the project through to June 2019.

The project's aim is to increase the overall effectiveness of client care by enhancing the capacity of the AOD workforce in the NWMPHN funded region through workforce development and sustainability initiatives.

The project was structured around four key domains:

- Workforce development
- Capacity building events
- Staff training
- Promotion campaign designed to attract staff to the AOD sector.

Through 2017 and 2018 VAADA facilitated a range of workforce development activities against the four key project domains. Early consideration was given to how to achieve these over-arching goals in a way that created the best possible conditions for agencies and workers to be motivated and supported in creating change within their organisations and practice. A multi-level, cross-sector, and targeted approach was taken to designing an innovative, integrated and efficient model of workforce development.

This involved facilitating a number of forums informed by the demographic and workforce needs of the NWM region. The forums included:

- Working effectively with CALD
- Working effectively with LGBTIQ communities
- Responding to Family and Domestic Violence.

Over 250 people attended these forums, with a mix of managers, practitioners, community members and representatives from relevant sectors. Feedback from the forums has been overwhelmingly positive, with participants recording an increase in knowledge, resources and access to a wider range of networks as a result of the workforce events.

For each of the forums, various resources, copies of presentations, relevant tools, articles and guidelines have been made available through the VAADA website. This open accessibility means that attendees of the various forums revisit these online supports and resources when required, and also make them more broadly available to colleagues and peers who may not have attended. Where possible, resources were also cross-promoted such as on the Victorian Transcultural Mental Health website, and the Inner North West Primary Care Partnership family and domestic violence project.

Through consultation with stakeholders and review of relevant workforce survey data, topics for skills based training events were identified. These included working effectively with LGBTIQ and CALD clients, Trauma Informed Care and Domestic and Family Violence. A total of 125 practitioners from the NWM region have been trained, with consistently positive feedback.

The focus of the promotion campaign is on attracting new staff into the sector. A social media campaign was created, aimed at accessing key potential employee cohorts. The campaign has a dual purpose: one is to raise awareness of viable and attractive career options within the AOD sector; and the second, is to direct job seekers to VAADA jobs board (with a NWM region filter applied) where they are encouraged to sign up for notifications, and peruse existing job opportunities.

Significant momentum, region focussed collegiality and goodwill has been built during the project alongside the development of strong collaborative partnerships and networks. Building on this work, 2018/19 will see a focus on consolidating the work undertaken in 2017/18 via communities of practice and manager's networks, both of which have been identified by the workforce as required supports for change.

SECTOR DEVELOPMENT REPORT

Western Victoria Primary Health Network AOD Service Development Coordination Project

In line with their strategic objectives, the Western Vic PHN commissioned AOD treatment providers to deliver AOD Brief Intervention programs across four sub-regions, to reduce AOD harm and prevent or delay onset of regular or problematic AOD use.

To support this project, the PHN engaged VAADA to provide coordination support to assist four commissioned agencies to integrate regional referral pathways across State and Commonwealth-funded programs and assist in the promotion and establishment of relationships with Primary Care, Community and Emergency Services in each sub-region. The project also supported the design and implementation of an evaluation framework. VAADA has supported services through model development and articulation and workforce development. Participating agencies included:

- Western Region Alcohol and Other Drug Centre (WRAD) in consortia
 - Self Help Addiction Resource Centre (SHARC)
 - Portland District Health
 - Brophy Youth and Family Service
- Grampians Community Health
- Uniting Ballarat
- Barwon Child Youth and Family in consortia
 - Colac Area Health
 - Stepping Up

The project yielded benefits for both the Western Victoria PHN and the commissioned agencies. The PHN benefited from understanding key factors required for successful model implementation in regional areas and assurance that its commissioning investment yielded its intended benefits. It also offered the PHN deeper insights into the needs and experience of commissioned agencies. Agencies themselves benefited from collaboration and shared learnings, articulating region specific rationales for service targets and through reflecting on and capturing on-going service design.

POLICY & MEDIA REPORT

Announcements relating to AOD policy and resourcing have made for a bountiful year for the AOD sector with budget commitments beginning to culminate into boots on the ground, with the commencement of additional services associated with AOD treatment and various specific projects. Many of these items have featured in various earlier VAADA advocacy, with our previous state budget submissions cataloguing a number of areas of future government spending.

We have seen the implementation of a number of novel policies, with the commencement of Victoria's first Medically Supervised Injecting Centre as well as additional Drug Court Capacity in Melbourne, more than doubling the capacity from the Dandenong Court which was Victoria's only Drug Court for well over a decade.

VAADA and other committed agencies within the sector have been calling for these measures over a long period, and have been active across a broad range of media, highlighting the need for these measures. We have, on a number of occasions, stated 'bed for bed', calling on the need for an additional residential rehabilitation bed for each new prison bed. We also developed a graph which detailed the parlous state of Victoria's residential rehabilitation capacity in comparison with other jurisdictions across Australia, which also featured in various media reporting. This, on the back of public concern on the lack of access, the growth of an unregulated for profit industry and the paucity of capacity in rural and regional Victoria provided an impetus for change. Over the past three budgets, there has been a commitment to over 200 new residential rehabilitation beds many of which have already came online.

As the commencement of Victoria' real time prescription monitoring program draws near, the development of SafeScript is welcome. At this stage SafeScript has maintained a strong focus on the IT requirements of, and support for, general practitioners and pharmacists. Data provided annually from the Coroners Court of Victoria highlights the pressing need for immediate action in addressing pharmaceutical related mortality, with pharmaceuticals making a greater contribution to fatal overdose than alcohol and illicit substances, and surpassing Victoria's road toll. However, the initiative requires further work to capitalise on the benefits that will come from a closer monitoring of prescriptions. At time of writing, there has been little thought given the to the services which will respond to vulnerable patients identified through the system. VAADA media advocacy highlighted this point in an opinion piece published in January 2018, which highlighted the need for additional treatment capacity to provide for these individuals, many with little experience of the AOD treatment system.

While the positive AOD announcements of the past few years show much promise that evidence informed pragmatic positive policy may be in ascension, the work is by no means complete. There are still further areas of activity required, with many data sources highlighting enduring AOD related harms.

PARTNERSHIPS LINKAGES & NETWORKS

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

- AOD State & National Peaks Network
- Alcohol Policy Coalition
- AOD Providers Network Meetings
- Association of Participating Service Users
- Centre for Culture Ethnicity & Health
- Centre for Excellence in Child and Family Welfare
- Centre for Multicultural Youth
- Change Agent Network (CAN)
- Community Housing Federation of Victoria
- Council to Homeless Persons
- Domestic Violence Victoria
- Drug & Alcohol Multicultural Education Centre
- DHHS Sector Reference Group, Real Time Prescription Monitoring Expert Advisory Group, Service Agreement Advisory Group
- Family Safety Victoria
- Federation of Community Legal Centres
- Foundation House
- Grampians AOD Interagency Meeting
- Harm Reduction Victoria
- Hepatitis Victoria
- Human Services Partnership Implementation Committee (HSPIC)
- Inner Melbourne Community Legal Centre
- Inner North West Primary Care Partnership
- Islamic Council Victoria
- LaTrobe University
- Local Government Drug Issues Forum
- Mental Health Victoria
- Neighbourhood Justice Centre

- No to Violence
- Outer Northern Refugee Health Network,
- Peaks Capacity Building Network
- Penington Institute
- Pharmacotherapy expert advisory group
- Responsible Gambling Victoria
- Safe Steps Family Violence support
- Samoan Advisory Council,
- VACCHO Coalition for Aboriginal Health Equity Victoria (CAHEV)
 - Vicpol Mental Health Portfolio Reference Group
- VICSEG
- Victorian Addiction Inter-Hospital Liaison Association (VAILA)
- Victorian Council of Social Services (VCOSS)
- Victorian Dual Diagnosis Initiative
- Victorian Mental Health Interprofessional Leadership
 Network
- Victorian Primary Health Networks
 - North Western Melbourne
 - Eastern Melbourne
 - South Eastern Melbourne
 - Gippsland
 - Murray
 - Western Victoria
- Victorian Trades Hall Council
- Victorian Transcultural Mental Health
- WIRE
- Women's Health in the North
- Women's Health in the West
- Yarra drug and health forum

Membership

As of 30 June 2018, VAADA had 64 members. Organisational members included: 'drug specific' organisations, hospitals, community health centres, primary health organisations, general youth services and others (i.e. counselling services, forensic, legal services). Individual members reflected the organisational members' mix of services.

Events & Activities

Events and Activities

The following is a list of events and activities that VAADA conducted with its membership and stakeholders throughout the 2017-2018 financial year.

AOD Sector Network Meetings

CEO / Managers Network

- 03 August 2017
- 20 April 2017
- 20 October 2017
- 2 March 2018
- 20 April 2018

Intake and Assessment network meetings

- 24 August 2017
- 20 September 2017
- 24 May 2018

Non-residential withdrawal nurse's meetings

- 13 September 2017
- 6 December 2017
- 7 March 2018
- 6 June 2018

Planning function network meetings

- 18 August 2017
- 23 November 2017
- 22 February 2018

Specialist Pharmacotherapy Services meeting

- 5 March 2018
- 21 May 2018

Supported Accommodation

- 5 April 2018
- 31 May 2018

Conferences and Workshops

07 July 2017 Victorian Alcohol and Drug Collection (VADC) Information Sharing Session

18 July 2017 LGBTIQ Sensitivity and Cultural Competence

30 October 2017 NWM Region Trauma Informed Care Training

2 November 2017 Victorian AOD Sector Service Providers Conference - November 2017

23 November 2017 LGBTIQ Cultural Competency and Response

30 November 2017 Trauma Informed Care Training for the AOD sector

19 December 2017 NWM Region Trauma Informed Care Training 23rd and 24th November

13 February 2018 NWM Region Working Effectively with Culturally and Linguistically Diverse Clients

20 February 2018 NWM Region Working Effectively with Culturally and Linguistically Diverse Clients

26 March 2018 Working with men who use Family Violence

17 April 2018 NWM PHN Region Domestic Family Violence Forum

15 May 2017 NWM Region Working with Male Perpetrators of Family Violence: Reflections on Collusion

1 June 2018 AOD Service Providers Conference

19 June 2018 NWM PHN Region LGBTIQ+ Forum

26 June 2018 Self-care and Managing Stress

Submissions, Publications & Media

Submissions and

Publications

- VAADA 2018/19 State budget submission
- Social Services Legislation Amendment (Drug Testing Trial) Bill 2018
- Response to manage the risk and harm of alcohol consumption in public space
- Inquiry into the Electoral Legislation Amendment (Electoral Funding and Disclosure Reform) Bill 2017
- National Alcohol Strategy 2018-2026 Consultation Draft
- Drugs, Poisons and Controlled Substances Amendment (Real-time Prescription Monitoring) Regulations 2018
- Prescription strong (schedule 8) opioid use and misuse in Australia options for a regulatory response
- Social Services Legislation Amendment (Welfare Reform) Bill 2017
- Parliamentary Inquiry into Drug Law Reform (also presented to the Parliamentary committee)

Media

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

VAADA newsletters

- September 2017
- January 2018
- April 2018

Media Releases

- **1 May 2018** AOD Budget initiatives continue to build on recent investments
- **20 April 18** Supervised injecting is better than unsupervised injecting
- **27 March 2018** Pragmatic Drug Policy Initiatives will make a difference in Victoria
- **30 October 2017** Welcome new initiatives and AOD capacity
- 31 August 2017 International Overdose Awareness Day
- **31 July 2017** Timely developments for real time prescription monitoring

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

Key Events

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07 July 2017 - Victorian Alcohol and Drug Collection (VADC) Information Sharing Session

VAADA ran a session for treatment providers to discuss what solutions they're developing to meet the requirements of the VADC. The session allowed AOD treatment providers, who hadn't committed to a content management system (CMS), the opportunity to get a sense of what data management systems are available, how they work, how much they cost and what might be involved in the transition process.

18 July 2017 - LGBTIQ Sensitivity and Cultural Competence

This workshop was the first of the NWPHN funded workshops to develop the AOD workforce in the North West Region. It aimed to inform participants of the prevalence and context of AOD use within LGBTIQ communities and for workers to analyse how their own values and assumptions may impact on working with these communities. It also emphasised to workers the importance of respectful and appropriate language and the vulnerabilities faced by LGBTIQ communities.

30 October 2017 - NWM Region Trauma Informed Care Training

Trauma Informed Care Training was funded by the NWMPHN as a workforce opportunity for AOD workers in the region. The training highlighted the relative common prevalence of traumatic experiences amongst AOD clients and the profound affect they have on those clients. The workshop aimed to develop workers understanding of trauma; its impact on clients, family and community; and, principals and ways of working with the client group that foster support and healing.

2 November 2017 - Victorian AOD Sector Service Providers Conference - November 2017

The November Conference was titled 'Change & Sector Intersections'. Approximately 300 workers from the AOD sector attended. Some of the topics covered in the conference included: Integrated Care in Drug Treatment; the Forensic Service Deliver Model; Real-time Prescription Monitoring; Family Violence: and, Integrated Care in Drug Treatment.

23 November 2017 - LGBTIQ Cultural Competency and Response

This event was hosted by VAADA and facilitated by Drummond Street Services. This session introduced ideas of gender and identity formation and discuss the struggles that individuals, families and services face in responding to the changing landscape in this area. This session provided an opportunity to explore some of the essential information and skills needed for practitioners to deepen their understanding of gender, and work in an inclusive and affirmative manner.

30 November 2017 - Trauma Informed Care Training for the AOD sector

This workshop was funded by the Department of Health as part of VAADA Co-Occurring Capacity Building project that facilitates workforce development opportunities across the AOD sector. Trauma Informed Care has been identified as priority skillset, and this training aimed to contextualise trauma and methods that workers can employ better work with clients affected by trauma.

19 December 2017 - NWM Region Trauma Informed Care Training 23rd and 24th November

This workforce development opportunity was funded by the NWMPHN and was delivered as part of the NWMPHN funded VAADA AOD Workforce Development and Stakeholder Engagement Project. They were similar in content and intent to the earlier training delivered 30 October, and was run due to the first session being over-subscribed.

13 February 2018 - NWM Region Working Effectively with Culturally and Linguistically Diverse Clients

This workforce development opportunity was funded by the NWMPHN and was delivered as part of the NWMPHN funded VAADA AOD Workforce Development and Stakeholder Engagement Project. The training was aimed at AOD clinicians and was delivered in two parts. The first, was an exploration of unconscious bias, and how this affects service delivery to the

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Key Events

CALD community. The second part was designed to providing a foundation of cultural competence for clinicians to provide more welcoming service and better service responses toward CALD clients

20 February 2018 - NWM PHN Region AOD CALD Forum

This event was delivered as part of NWMPHN funded VAADA AOD Workforce Development and Stakeholder Engagement Project, and was a key event within the project. The forum was targeted at service and senior managers, along with experienced and senior practitioners or team leaders.

The forum combined plenary, panel and lived experience presentations, discussing the academic and practical considerations outlining how to effectively engage with CALD communities, and be responsive to their needs in service provision. The program also provided opportunities to engage with colleagues and peers in facilitated sessions to explore how learning gained from the forum can be embedded in their organisation or practice.

26 March 2018 - Working with men who use Family Violence

This two-day short course introduced the key principles and strategies for working safely with men who use family violence. It provided a detailed understanding of the dynamics of men's family violence, and enhanced practitioner skills in responding to the challenges and opportunities encountered in working with men towards behaviour change.

17 April 2018 - NWM PHN Region Domestic Family Violence Forum

This event was delivered as part of NWPHN funded VAADA AOD Workforce Development and Stakeholder Engagement Project, and was a key event within the project. The forum focused on providing agencies and senior workers with practical and highly relevant skills and knowledge to improve engagement with and responsivity to, domestic family violence. The forum was aimed at senior managers, senior practitioners, and team leaders.

15 May 2017 - NWM Region Working with Male Perpetrators of Family Violence: Reflections on Collusion

This workforce development opportunity was funded by the NWMPHN and was delivered as part of the NWMPHN funded VAADA AOD Workforce Development and Stakeholder Engagement Project. The training was aimed at AOD clinicians and was delivered in two parts. The training was designed for practitioners who may encounter male perpetrators in the course of their work. The training wasn't intended to be men's behaviour change training. It was designed to assist practitioners to identify and respond to male perpetrators of family violence, by learning how to identity and resist, perpetrator invitations to collude.

1 June 2018 - AOD Service Providers Conference

The theme for the conference, developed in consultation with DHHS, was New Approaches to Old Problems. The event which was funded by DHHS was held at a new venue, the Catholic Leadership Centre (CLC), a state-of-the-art facility. The conference included a soundbites stream which looked at the latest news in the sector and a range of concurrent sessions including: Clinical Streams; Systems Streams and, Policy Streams. More than 280 people attended the event.

19 June 2018 NWM PHN Region LGBTIQ+ Forum

This workforce development opportunity was funded by the NWMPHN and was delivered as part of the NWMPHN funded VAADA AOD Workforce Development and Stakeholder Engagement Project. The LGBTIQ+ forum was a key event of this project, and focused on providing agencies and senior workers with practical and highly relevant skills and knowledge to improve engagement with and responsivity to LGBTIQ+ people.

Key Events, Key Submissions and Reports

26 June 2018 Self Care and Stress Management

This half-day workshop was aimed directly at AOD clinicians in recognition of the challenges and complexities faced on a daily basis by front-line workers. It was designed to provide participants with self-care tools and practices to maximise their resilience, and promote their own healthy lifestyles.

Key Submissions and Reports

VAADA 2018/19 State budget submission

VAADA's state budget is a crucial part of our advocacy materials with a number of items in recent times emerging as government policy. Over the past few years, there has been significant investment in various elements of the AOD sector consisting of additional capacity across a number of service types and regions together with specific initiatives.

There are a number of elements which have featured in previous submissions as well as some new items. There are also items which have emerged in relation to various reforms and new initiatives outlining specific challenges and potential service gaps.

The 2018/19 VAADA state budget submission details the following recommendations:

- Additional resourcing across a range of treatment types, including residential rehabilitation and Care & Recovery Coordination as well as a 25% increase on the value of DTAUs and those treatment types which are not covered by DTAUs
- Additional capacity to the AOD sector to address demand issues relating to real time prescription monitoring, as well as the necessary associated workforce enhancements
- Additional funding and loading to respectively increase the capacity and enhance recruitment for rural and regional providers
- Resourcing to pilot an outreach program for older people experiencing AOD dependency

communities in enhance AOD service engagement

- Additional psychiatric addiction specialists to provide support in addressing the needs of those presenting with co-occurring AOD and mental health issues
- The development of a fast tracked workforce training program together with micro-credentialing in various key areas
- The establishment of a fund to drive innovation among service providers to address emerging challenges and more effectively respond to contemporary evidence and best practice.

We would like to express our appreciation to the VAADA State Budget working group who have provided advice and assistance in the development of this submission.

National Alcohol Strategy 2018-2026 Consultation Draft

VAADA's submission welcomed the development of the National Alcohol Strategy (NAS) (2018-2026) while noting that there has been an absence of strategic oversight on this important issue from 2011. The submission argued that with changing patterns of use it is important to maintain strategic continuity and coherence, if policy makers are to be successful in reducing the enduring alcohol related harms. VAADA also noted that the extended duration of this strategy should not delay the implementation of the necessary reforms, policy and other activities associated with reducing alcohol related harm. The submission continued that the NAS should unambiguously ensure that those contributing to and profiting from alcohol related harms are excluded from involvement in the development of alcohol related policy and champion the notion that community health and wellbeing surpasses corporate profit.

• Resourcing to provide support to various at risk CALD

Key Events, Key Submissions and Reports

Parliamentary Inquiry into Drug Law Reform (also presented to the Parliamentary committee)

VAADA's submission expressed a hope that the review will provide the clarity to drive sensible, evidence informed drug policy going forward, which prioritises harm reduction rather than policy which creates harm. The submission noted that there is a broad range of misconceptions and views which are not coherent with best practice or evidence on many alcohol and other drug (AOD) issues.

The submission highlighted that within Australia, governments spend \$1.7 billion per year on AOD related activity in 2009/10 and that illicit drug use contributes to 1.8 percent of the total burden of injury and disease in Australia. It emphasised that those costs are associated with a broad range of harms, including justice, health and social costs. The harms and costs are borne out and exacerbated due to the overburdening of the AOD treatment system, which has experienced chronic underfunding for decades. The submission outlined the various AOD related harms within Victoria and reflected on the effectiveness of Victoria in responding to these harms. The submission also detailed prominent and novel international innovations which have achieved some success in reducing harm.

TREASURER'S REPORT

During the 2017/18 financial year VAADA increased its nonrecurrent funding. This is largely attributable to DHHS, who in addition to providing VAADA's core funding, has allocated additional resources for VAADA to undertake a range of projects. These include: continued funding for VAADA to present two Service Provider's Conferences; an allocation to help build the sector's capacity to work in the family violence space; and, funding VAADA to undertake a series of measures to encourage more people, who are better qualified, to work in the sector.

The Commonwealth has continued its support for VAADA's capacity building activities during 2017/18, but at this stage, has not committed beyond 2019. It's also unclear how any continuation of federal funding to the AOD Peaks might be administered, should it devolve to the PHNs. VAADA continued to work with the NWMPHN and WVPHN to undertake service development projects, with the bulk of funding attached to these projects, being received in the 2018 financial year. Both projects were completed by June 2018.

VAADA has a retained surplus of \$180,567 for the year, largely because of increased revenue, which grew by \$227,963 and was largely comprised of project grants. Despite increased activity, VAADA managed to control expenditure, which grew by \$170,740. Part of the surplus is attributable to staff resignations during the year and a lag in recruiting to the vacant positions, which saw the wage expense come in under budget.

The Balance Sheet figures report total assets of \$1,485,091 versus liabilities of \$378,707 leaving VAADA with net assets of \$1,106,384. VAADA has seen both its assets and liabilities increase in the 17/18 financial year. The majority of the liabilities are comprised of grants in advance (\$171,504) but a significant portion of these liabilities are employee entitlements (\$141,124).

VAADA's starting point for setting the 2018/19 budget was an expected deficit with VAADA investing more in the sector than it was expecting to receive for the year. However, new funding was confirmed after the draft budget was set, taking the VAADA budget to an anticipated surplus. In light of the uncertainty around VAADA's federal funding, and with no increase in its recurrent funding, the VAADA Board has revised the budget to one that is aiming for a small surplus at the end of the 2019 financial year. However, the Board is always willing to use VAADA's surplus to provide further support for VAADA's membership, should the need arise.

I would like to thank all those organisations/government departments who have provided financial and/or pro Bono work to VAADA during the year. VAADA extends our gratitude to Ruth Watson and Associates who have provided accounting support throughout the financial period 2017/18. I would also like to thank Sean Denham and Associates for undertaking the auditing of the VAADA financial reports for 2017/18.

Alan Murnane

Treasurer

Income and Expenditure Statement for the year ended 30 June 2018

	Note	2018	2017
REVENUE		\$	\$
Grant Revenue		1,027,265	685,612
Interest Revenue		23,456	25,765
Other Income		75,736	187,116
		1,126,457	898,493
EXPENDITURE			
Employee benefits expense		664,226	557,698
Finance expenses		357	531
Occupancy expenses		46,396	40,542
Meeting and forum expenses		77,200	76,777
Administration expenses		187,714	129,605
		975,893	805,153
Surplus (Loss) before income tax		150,564	93,340
Income tax expense			-
Surplus (Loss) after income tax		150,564	93,340
Other comprehensive income		30,003	
Total comprehensive income attributable to the entity		180,567	

Assets and Liabilities Statement as at 30 June 2018

	Note	2018	2017
CURRENT ASSETS		\$	\$
Cash and cash equivalents	2	818,767	460,007
Trade and other receivables	3	36,321	10,166
Financial assets	4	630,003	747,454
TOTAL CURRENT ASSETS	-	1,485,091	1,217,627
TOTAL ASSETS	-	1,485,091	1,217,627
CURRENT LIABILITIES			
Trade and other payables	5	66,079	72,095
Income in advance	6	171,504	103,112
Provisions	7	141,124	116,603
TOTAL CURRENT LIABILITIES	-	378,707	291,810
NON-CURRENT LIABILITIES			
Provisions	7	-	
TOTAL LIABILITIES	-	378,707	291,810
NET ASSETS	-	1,106,384	925,817
MEMBERS' FUNDS			
Retained Profits		1,106,384	925,817
TOTAL MEMBERS' FUNDS	-	1,106,384	925,817

Statement of Changes in Equity for the year ended 30 June 2018

	Retained Earnings	Total
	\$	\$
BALANCE AT 1 JULY 2016	832,477	832,477
Surplus attributable to the entity	93,340	93,340
Other comprehensive income	-	-
Shares issued		-
BALANCE AT 30 JUNE 2017	925,817	925,817
Surplus attributable to the entity	150,564	150,564
Other comprehensive income	30,003	30,003
Shares issued/(forfieted)		-
BALANCE AT 30 JUNE 2018	1,106,384	1,106,384

Statement of Cash Flows for the year ended 30 June 2018

	Note	2018	2017
CASH FLOWS FROM OPERATING ACTIVITIES		\$	\$
Receipts from grants		1,027,265	783,046
Other Income		56,781	235,016
Payments to suppliers and employees		(1,004,334)	(803,353)
Interest received		23,456	26,438
Net cash provided by operating activities	9	103,168	241,147
CASH FLOWS FROM INVESTING ACTIVITIES			
Funds invested in term deposits		117,451	(21,156)
Net Cash provided by (used in) investing activities		117,451	(21,156)
Net increase (decrease) in cash held		220,619	219,991
Cash at the beginning of the year		460,007	240,016
Cash at the end of the year	2	680,626	460,007

Notes to the Financial Statements for the year ended 30 June 2018

Note 1: Statement of Significant Accounting Policies

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

- a. **Cash and Cash Equivalents.** Cash and cash equivalents includes cash on hand, deposits held at call with banks, and other short-term highly liquid investments with original maturities of three months or less.
- b. **Income Tax.** The Association is exempt from paying income tax by virtue of Section 50-45 of the Income Tax Assessment Act, 1997. Accordingly, tax effect accounting has not been adopted.
- c. **Property, Plant and Equipment.** The depreciable amount of all property, plant and equipment is depreciated over the useful lives of the assets to the association commencing from the time the asset is held ready for use. Leasehold Improvements are amortised over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.
- d. **Employee Entitlements.** Provision is made for the Association's liability for employee benefits arising from services rendered by employees to the end of the reporting period. Employee benefits have been measured at the amounts expected to be paid when the liability is settled. Provision is made for the Association's liability for long service leave when an employee reaches 5 years of continuous employment with the association.
- e. **Provisions.** Provisions are recognised when the Association has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result and that outflow can be reliably measured. Provisions are measured at the best estimate of the amounts required to settle the obligation at the end of the reporting period.
- f. **Impairment of Assets.** At the end of each reporting period, the entity reviews the carrying values of its tangible and intangible assets to determine whether there is an indication that those assets have been impaired. If such an indication exists, the recoverable amount of the asset, being the higher of the asset's fair value less

costs to sell and value in use, is compared to the asset's carrying amount. Any excess of the asset's carrying value over its recoverable amount is recognised in the income and expenditure statement.

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

Grant Income

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

Deferred Income

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

Capital Grants

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

Interest Revenue

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

Donations

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

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

- h. Goods and Services Tax (GST). Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO). Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the ATO is included with other receivables or payables in the assets and liabilities statement.
- i. **Economic Dependence.** The entity is dependent on the Department of Health and Aging (Vic) for the majority of its revenue used to operate the business. At the date of this report the Committee has no reason to believe the Department will not continue to support the entity.

Notes to the Financial Statements for the year ended 30 June 2018

	2018	2017
	\$	\$
Note 2: Cash and		
cash equivalents		
Cash on hand	3	147
Cash at Bank	818,764	459,860
	818,767	460,007
Note 3: Trade and		
other receivables		
Trade receivables	21,719	2,306
Sundry receivables	7,200	2,300
Accrued interest	7,402	7,860
	36,321	10,166
Note 4: Financial		
Assets		
Term Deposits	-	747,454
Managed Funds - UCA Funds	630,003	-
Management	,	
Note 5: Trade and		
other payables		
Current		
Sundry creditors and accruals	31,818	39,234

2018	20
\$	

\$

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 noncurrent.

Current		
Grants in advance	171,504	103,112

Note 7: Provisions

Current		
Employee Entitlements	141,124	116,603
Non-Current		
Employee Entitlements		-

Current		
Sundry creditors and accruals	31,818	39,234
PAYG Withholding Payable	10,424	6,063
Superannuation Payable	3,725	5,609
GST Payable	20,112	21,189
	66,079	72,095

Notes to the Financial Statements for the year ended 30 June 2018

	2018	2017
Note 8: Reconciliation of Cash Flow from Operations with Profit from Ordinary Activities after Income Tax	\$	\$
Profit after income tax	150,564	93,340
Cash flows excluded from operating profit attributable to operating activities		
Non-cash flows in profit - net market value of investments	30,003	-
Changes in assets and liabilities;		
(Increase)/decrease in trade and other debtors	(25,155)	9,134
Increase/(decrease) in trades and other payables	(6,016)	33,674
Increase/(decrease) in provisions	24,521	1,887
Increase/(decrease) in income in advance	68,392	103,113
Net cash provided by Operating Activities	241,309	241,147

- later than ive years	52.500	9,342
 later than 12 months but not later than five years later than five years 	10,500	-
- not later than 12 months	42,000	9,342
rayable minimari lease payments.		

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 not occur each year for the term of the lease. There is no option to increase the lease for a further term beyond its current expiration date of 30 September 2019.

Statement by members of the committee for the year ended 30 June 2018

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 of the Victorian Alcohol and Drug Association Inc.:

- a. The financial statements and notes of Victorian Alcohol and Drug Association Inc. are in accordance with the Associations Incorporation *Reform Act Vic (2012)* and the *Australian Charities and Not-for-profits Commission act* 2012, including:
 - giving a true and fair view of its financial position as at 30 June 2018 and of its performance for the financial year ended on that date; and
 - ii. complying with the Australian Charities and Not-forprofits Commission Regulation 2013.
- b. There are reasonable ground to believe that the Victorian Alcohol and Drug Association Inc. will be able to pay its debts as and when they become due and payable.

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: 31. 8.2018

Dated: 31 . 8. 2018

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AUDIT

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

Report on the Financial Report

I have audited the accompanying financial report, of Victorian Alcohol And Drug Association Inc., which comprises the assets and liabilities statement as at 30 June 2018, statement of changes in equity, statement of cash flows and the income and expenditure statement for the year then ended, notes comprising a summary of significant policies and the certification by members of the committee.

In my opinion, the accompanying financial report of Victorian Alcohol And Drug Association Inc. has been prepared in accordance with Div 60 of the Australian Charities and Not-forprofits Commission Act 2012 (ACNC Act) including:

a) giving a true and fair view of the association's financial position as at 30 June 2018 and of its financial performance for the year then ended; and

b) complies with Australian Accounting Standards to the extent described in Note 1 to the financial statements, and the requirements of the Associations Incorporation Reform Act 2012 (Vic) and Div 60 of the Australian Charities and Not-forprofits Commission Regulation 2013.

Basis for Opinion

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

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Emphasis of Matter - Basis of Accounting We draw attention to Note 1 to the financial report, which describes the basis of accounting. The financial report has been prepared for the purpose of fulfilling the association's reporting responsibilities under the Associations Incorporation Reform Act 2012 (Vic). As a result, the financial report may not be suitable for another purpose. My opinion is not modified in respect of this matter.

Responsibility of the Committee for the Financial Report

The committee of the association are responsible for the preparation of the financial report that gives a true and fair view and have determined that the basis of preparation described in Note 1 of the financial report is appropriate to meet the requirements of the Associations Incorporation Reform Act 2012 (Vic) and the needs of the members.The committee's responsibility also includes such internal control as the committee determine is necessary to enable the preparation of a financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

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

Auditor's Responsibility for the Audit of the Financial Report

My objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial report.

AUDIT

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

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

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the association's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the committee.
- Conclude on the appropriateness of responsible entities' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the association's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions that may cause the to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

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

Sean Denham

Dated: 5^M SEPTEMBER 2018 Suite 1, 707 Mt Alexander Road Moonee Ponds VIC 3039

VAADA MEMBERS 2017-2018

Access Health and Community Addiction Recovery Foundation Anglicare Victoria Australian Community Support Organisation (ACSO) Ballarat Community Health Banyule Community Health Service Barbarra Kelly Barwon Health Drugs and Alcohol Services Bayside Medicare Local Clinical Services Bendigo Community Health Service Caraniche CatholicCare Cathryn Jackson Cobaw Community Health Service cohealth Cohealth Dan Lubman Dominic Vigilanti Drug ARM Australasia Eastern Access Community Health Fitzroy Legal Service Flat Out Inc. Gippsland Lakes Community Health Glenelg Southern Grampians Drug Treatment Service Harm Reduction Victoria HOPE Restart Centre Inc IPC Health Jenny Blakey Kate Lauricella **Kieran Connolly** Latrobe Community Health Lesley Thomas Lionel Sharpe Lisa Pearson Mallee District Aboriginal Services Mike Belstead Murray Valley Aboriginal Cooperative Nexus Primary Health North Richmond Community Health LTD. Nursing and Midwifery Health Program Odyssey House - SMR

Primary Care Connect Salvation Army Territorial AOD Unit Self Help Addiction Resource Centre (SHARC) St Mary's House of Welcome Star Health Group Limited Stepping Up Consortium Sunbury CHC Swan Hill District Hospital - Alcohol and Drug Service Taskforce Community Agency The Bouverie Centre The Women's Alcohol & Drug Service Thorne Harbour Health **Turning Point** Uniting ReGen VACRO Victoria Manning VINCENTCARE VICTORIA Western Region Alcohol and Drug Centre (WRAD) Western Victoria PHN Windana Youth Projects Youth Support and Advocacy Service

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