

# ANNUAL REPORT 2021

VICTORIAN ALCOHOL & DRUG ASSOCIATION



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# VADDA BOARD

## Board Executive

### President

Rebecca Lorains commenced as a board member November 2015

### Vice President

Andrew Bruun commenced as a board member November 2015

### Treasurer / Secretary

Shannon Bell commenced as a board member November 2018

## Board Members

### Kent Burgess

(commenced November 2017)

### Victoria Manning

(commenced November 2017)

### Naomi Rottem

(commenced November 2018)

### Tamsin Short

(commenced November 2018)

### Elisa Buggy

(commenced November 2019)

### Mike Carroll

(commenced November 2020)

### Jane Measday

(retired November 2020)

# BOARD MEMBER PROFILES



**REBECCA LORAINS**  
PRESIDENT / VICE PRESIDENT

Rebecca Lorains holds an Associate Diploma of Welfare, a Diploma of Business, a Certificate IV of Alcohol and Other Drugs, a Certificate IV of Work Place Training and Assessor and currently studying her MBA. 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 counseling services. Rebecca is responsible for all clinical 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.



**ANDREW BRUUN**  
VICE PRESIDENT

Andrew Bruun is the Chief Executive Officer at YSAS and an Honorary Fellow at the University of Melbourne, Department of Psychiatry. Andrew has been active in the alcohol and other drug (AOD) and adolescent health fields as a manager, practitioner, researcher and educator since 1985. Andrew was a member of the YSAS implementation team and has been a Director, serving on that organisation's Executive team since inception in 1998. Prior to his involvement with YSAS, Andrew was the joint managing-director of Task Force Community Agency, a drug and alcohol treatment service in Melbourne's inner-south where he established programs for young people and families. Andrew has also worked in the dual diagnosis (Mental health and AOD) field with the Federal Government's Community Rehabilitation Services and he established the first community youth outreach service for Victorian Department of Planning and Development housing estates in Melbourne's Inner Northern Suburbs.



**ELISA BUGGY**

Elisa Buggy is a Social Worker from Tasmania who started her career in the not-for-profit sector as the NIDS portfolio holder at the Link Youth Health Service. Elisa then helped develop the State's Drug Court before moving to Victoria to manage the Drug Court and build the Family Drug Treatment Court here. She has also been Research and Policy Officer at the Alcohol Tobacco and Other Drugs Council (Tasmanian peak body) and Principal Practitioner at ACSO and is currently Executive Officer of Flat Out. Elisa has been a long-time friend of VAADA and was on the steering committee for VAADA's submission to the current Royal Commission into Mental Health. She is also very familiar with best practice in governance having obtained her MBA in 2011 and chaired the Board of ANTaR Vic from 2015-2017. Elisa is an alumni of the Williamson Community Leadership Program with Leadership Victoria.



**SHANNON BELL**  
TREASURER /  
SECRETARY

Shannon Bell is the Senior Manager of Clinical Programs at Uniting ReGen, a leading AOD treatment and education agency of Uniting Victoria and Tasmania. With over 17 years' experience working as a clinician, supervisor and manager. Shannon has worked in a range of treatment setting including prisons, withdrawal, non-residential rehabilitation, and counselling and workforce development. Shannon is an accredited forensic clinician and has extensive experience working with both young people, adults and families involved in the justice system. He is also an accomplished facilitator of therapeutic and psycho-educational groups and has played a key role in the development and expansion of ReGen's Catalyst Therapeutic Day Rehabilitation Programs. Shannon has a special interest in ensuring that consumer participation plays an active role and is incorporated into AOD treatment, policy and service system decision making.



**KENT BURGESS**

Kent is currently CEO at Your Community Health. Your Community Health is a leading provider of community health services including AOD harm reduction in Melbourne's North. An OT by background, Kent has a Master's in Public Health. Previous experience includes as the Deputy CEO at Star Health, executive leadership at LGBTQI+ and HIV health service, Thorne Harbour Health and leadership roles across AOD, mental health and community health. Kent also brings governance skills, developed through Board roles in the housing and environmental sectors, including as Chair of The Wilderness Society Victoria.



VICTORIA MANNING

Victoria Manning is the Head of Research and Workforce Development at Turning Point and Associate Professor in Addiction Studies at Monash University, where she coordinates a Master's Degree in 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. She has spent much of her career designing treatment outcome monitoring systems and trialling innovative approaches to enhance treatment effectiveness. She oversaw the successful completion of the 'Patient Pathways' study and co-ordinates multiple DH-funded research activities aimed at supporting the Victorian AOD sector.



TAMSIN SHORT

Dr Tamsin Short is a registered clinical and forensic psychologist who has worked in a range of clinical and management roles over the past ten years, including positions within alcohol and other drugs (AOD), forensic mental health and community health programs. Tamsin is currently the Senior Manager of Mental Health and AOD Services at Access Health and Community, a community health service in the Inner East of Melbourne. Tamsin is also a Co-Chair of the Eastern Mental Health Service Coordination Alliance (EMHSCA) and member of the Change Agent Network, a network of leaders in the Victorian AOD Sector. She is passionate about supporting excellent leadership and best practice in the AOD sector.



NAOMI ROTTEM

Naomi Rottem is a Social Worker and Family Therapist, with over 20 years' experience. She manages training and consultancy services for Drummond Street Services and Queerspace, specialising in lived-experience workforce, family violence, and intersectionality trainings. She has designed and delivered a range of training, supervision and consultation to workers and managers in AOD and other health and welfare sectors. She brings a wealth of experience in program management, capacity building, workforce development, implementation, family work, clinical supervision and single session work.



MIKE CARROLL  
COMMENCED  
NOV 2020

Mike Carroll is an Addiction Counsellor in the private sector. Mike set up MC Counselling in March 2020 providing Gippsland and Melbourne face to face Addiction Counselling and other states counselling via Zoom and phone. Mike has been an AOD Counsellor for 15 years with an Advanced Diploma in Counselling and Communications. He began his Counselling career at YSAS in Fitzroy. Mike is passionate about Personal Development, - helping people become the best versions of themselves which is central to his successful work with clients.

# VAADA STAFF

**Sam Biondo**  
Executive Officer

**Scott Drummond**  
Program Manager

**Chris McDonnell**  
Administration Officer

**Jane Moreton**  
Project Manager - AOD  
Sector Capacity Building

**David Taylor**  
Policy and Media

**James Petty**  
Project Officer - Special Projects

**Caitlyn Wilson**  
Project Officer - MPH, N, WPHN and WVPHN

**Julia Daly**  
Project and Administration Officer  
- Drug and Alcohol Program  
(Commenced August 2020)

**Sheridon Byrne**  
Project Officer: - Stakeholder  
Management Family Violence  
Reforms (Commenced 2020)

**Kristen Lynch**  
Project Officer - Workforce  
Development  
(Commenced August 2019  
Resigned August 2020)

**Naomi Carter**  
Project Officer - Workforce  
Development and Stakeholder  
Engagement (Commenced June  
2017 resigned July 2020)

# VISION & PURPOSE

## Our Vision

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

## Our Purpose

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

## Guiding Principles:

1. VAADA works within a harm minimization and evidence informed framework
2. We will undertake our work with compassion and integrity, respect and inclusion and supportive of diversity and cultural inclusion
3. We will promote stability, integration and coherence across the AOD Sector

4. We are committed to working in collaboration with all key stakeholders to achieve the best possible outcomes for individuals, families and communities.

## Strategic Objectives 2017-2020<sup>1</sup>

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

<sup>1</sup> In 20/21 VAADA began to draft a new strategic plan for 2021-25. This will be launched in the 2021/22 financial year and will be reflected in next year's annual report.

# PRESIDENT'S REPORT

## One for the road

I write this, being my final report as President of the VAADA Board and also a Board member, with feelings of sadness, despondency, hope and pride.

I have had the privilege of serving on VAADA's Board for the past 6 years, and have been President for two with most of that period being characterised as biblical as we contended with bushfires and the pandemic. The bushfires, which were felt keenly by parts of regional Victoria, have almost been forgotten by all but the impacted regions.

Despite that, we are entering another potentially deadly fire season remains all but a footnote against the national trauma of the pandemic, which we only now begin to see a way through.

My presidency has not been typical. Most business has been conducted remotely, with VAADA members commendably adapting to the circumstances and continuing to provide support to those in need. Our workers have been overworked, burning it at both ends of the candle, dealing with personal and family circumstances related to the pandemic while supporting an increasingly anxious client base. They had to adapt to new models of care, with minimal training, facing an increasingly unpredictable future as the pandemic evolved.

All through this, there was a singular constant which fills me with pride for the sector and keeps the passion for this work alive; that our sector persistently puts the consumer first and foremost in all our considerations. This is exemplified at VAADA, where planning and advocacy always prioritise the consumer.

I was proud of the way in which VAADA supported and galvanised the AOD sector throughout the pandemic.

VAADA took a helicopter view of the sector landscape, shifting focus and supporting all services in these uncertain and unpredictable times, with weekly and monthly catch ups at all levels and true engagement with all of us about what we needed to do to keep services operating for our consumers.

Beyond pandemics and bushfires, the past year has seen the release of the final report for the Royal Commission into Victoria's Mental Health System. While there is much to be applauded within the 3000 pages.

It has also given rise to new anxieties for the sector as we grapple with the opaque narrative of integration, which carries a looming threat of a takeover. The long standing issues of recruitment, training and remuneration are placed in stark relief with the pending uplift in

the more generously remunerated and potentially more stable mental health sector, potentially reducing the pool of AOD workers.

With the government racing against tight timelines, we remain optimistic that they are alive to these issues and that tomorrow's service systems will be accessible by all.

I will be stepping down as President with some unfinished business, much which has been on the agenda for decades. The government's welcome uplift to residential services did not provide coverage across the state, with some regions (as identified by Infrastructure Victoria) missing out on vital residential services. Furthermore, the regional uplift in residential services did not have a commensurate increase in residential withdrawal amounting to a state-wide deficit in this treatment type.

Another area of entrenched neglect is the pharmacotherapy system, with Victoria being unique in 'opt in' nature for practitioners, amounting to gaps in various regions and propping up at times entire regions on the shoulders of single practitioners and pharmacies. Pharmacotherapy is a lifesaving / life changing service and its neglect persists amidst rising opioid related fatal and non-fatal overdose, dependence and other harms.

During the pandemic the associated challenges and resource implications have been recognised and accounted for by government for most other sectors. Other than the \$25M 100 workers announcement, little consideration has been given to the surge in alcohol related harm and the known impact of crises on substance use and dependence, which will likely span well beyond the expiration of the pandemic. While the 100 workers is welcome, there is no assurance that they will be funded beyond 2022 despite the longevity of AOD COVID-19 related harm.

Recent times have generated positive reforms with a greater focus in supporting victim survivors following the Royal Commission into Family Violence. While the system continues to evolve and despite some of the challenges evident in this evolution, there is great promise that victim survivors will have greater access to support and be able to better exit dangerous situations. I have been fortunate to be leading VAADA through the development of these reforms.

Finally, I finish up at VAADA with much optimism, as the organisation embarks in implementing its next strategic plan which will allow VAADA to support service users and the sector, to set a clear path from the pandemic and through the reforms.

The list of thank-yous is enormous; this sector holds a very special place in my heart and always will. To my colleagues thank you, to those I now consider friends thank you, to all your wonderful organisations and staff thank you, to those I have sat alongside on the Board thank you, to those amazingly adaptive, responsive, and caring staff at VAADA thank you thank you and last but not least to our consumers, thank you for trusting us to assist you in living the best version of you, that you can be.

Thank you.

Rebecca Lorains

# EXECUTIVE OFFICER REPORT

Working with COVID for close on two years has been challenging for both body and soul. It has tested both individual and organizational capacity, it has created complexity, it has led to the rise of new problems through compounding the old, and above all else it has created a new layer of actual and potential harm. We are seeing early signs of a 'long COVID-19' trajectory of treatment demand. Yet, in spite of all this, the Victorian AOD sector has created new solutions and novel ways to address the needs of those seeking our services.

During this time our sector has adapted, innovated, and established the means to maintain a high level of engagement to meet the needs of our community, and our service users. Without doubt, these endeavours have been difficult, and have created great pressure on our human and organizational spirit. Yet overall, we have sought to maintain and where possible extend our reach to meet these new challenges.

Within this milieu in the past year, we have seen the release of the Royal Commission into Mental Health report and gained a glimmer of what lies ahead, not just for that system but the Victorian AOD system which is in so many ways inter-related with it. While the report contains an array of 65 recommendations including some directly focused on AOD, the inevitable juggernaut of processes, consults, frameworks, and implementation strategies

will await us and our engagement in the years ahead. For some of us it seems as if we have barely moved beyond the 2014 reforms, and now we are having to grapple with new imaginings and most likely additional new reforms.

A further issue which has been bubbling along for some time is the issue of workforce shortages. The impacts have increased both in a locational sense such as rural and regional settings, as well as related to specialist skills required across our sector. While we are not an island when it comes to workforce shortages, it does raise important issues for our sector. While this issue has not arisen overnight, it has been exacerbated during the pandemic, evidence of which can be clearly observed by the very large number of vacancies which have populated VAADA's Job Board over the last year.

While additional Government investment delivered through the Covid-19 related 100 AOD workforce uplift has been very welcome. Under current circumstances such initiatives will be required to extend for many more years into the future, with extended investment and training uplift required. This ongoing approach will be necessary to address not just AOD sector demand but also the expected needs of a re-shaped Mental Health system eager to build its own AOD capacity. While at this stage we await eagerly for news on enhanced 'workforce planning' under this changing

landscape it will be a critical issue to the stability of not just the Victorian AOD system but the Victorian community as well.

Over the past year as disruption has impacted the community it has also changed AOD use, and as a result, demand for our services has surged. This has been evidenced in a number of treatment demand snapshot surveys VAADA has undertaken in relation to waiting lists. This scenario is further complicated with additional demand held up in Covid-19 impacted Court waitlists (200,000 as of February 2021) and the possible impact even a portion of this may have in terms of Forensic client flow compounding the existing AOD waiting list estimated at 3599 mid 2021.

As can be observed in this year's Annual Report VAADA continued to strive to deliver value to its members and the Victorian AOD sector.

VAADA has sought to engage with our sector in a number of ways including: networks, events, training, communities of practice, daily communication, and direct interactions with many inside and out of our sector. Through the Tri-Peaks project we are continuing to establish enhanced linkages with the Centre for Excellence in Children and Family Welfare and the Victorian Healthcare Association. Within this process, we are seeking to establish a cross-fertilisation of thinking between sectors. This project has established a cross sectoral mentoring program, runs

regular webinars and allowed the space for a different level of engagement between partnership participants and multiple government departments.

With the support of the Department of Health, VAADA has continued its work in establishing ADRIA a specific purpose AOD sector focused research funding pool. While still in its first year of operations we have distributed our 'maiden' grant round of approximately \$1.3M across four projects. While the areas of direct and indirect involvement are many and varied across our sector landscape, VAADA has continued to work with Primary Health networks and particularly Northwestern Melbourne PHN, Murray PHN and Western Victoria PHN who provide project funding. These projects have allowed for a much deeper engagement with many staff who may be distant from regular engagement opportunities, and or may be working in difficult and complex environments. As many of you are aware, VAADA runs a range of network meetings and through our Sector Development activities we are able to engage in a two way conversation with the sector. It allows us to both learn about the complexities of sector work, current issues, and also allow the possibility to focus on solutions to common problems. This year's report provides an overview of the breadth and depth of some of this work.

As we move forward to meet the challenges of sector need, VAADA

has been supported to establish a focus on Family Violence and the Multi Agency Risk Assessment and Management (MARAM) rollout. This area of activity seeks to better support AOD staff working at this complex interface. Our role is to provide support and advice and the opportunity to build and enhance sector skills to achieve better outcomes for many who use our services.

VAADA has for many years continued to maintain a key focus on a range of training offerings as reflected from what we hear from our sector. These efforts permeate a range of levels within VAADA including PHN projects, support offered from the Victorian Department of Health, Federal Peak's Capacity Building Network project activity, Family Violence, and Sector development. Regarding our relationship with our funders, their support is both welcome and recognised. Although VAADA seeks to be frank and fearless in its advocacy, and we utilise this to push for what is required by our sector and its service users, it is incumbent on me to nevertheless recognise the many efforts our colleagues within Departments make in our often mutual pursuit of similar goals.

In so many ways VAADA's successes rest with the efforts of its very committed and highly focused staff. They provide daily support, good humour and sustenance to tackle the never ending cascade of work. They are great and make the difference! I would also like

to recognise the much valued support and commitment of our VAADA Board whose members are drawn from the sector. They provide a point of reflection and enhancement as well as support, wisdom and insight to our work. I would like to warmly thank them for their effort and support, and I especially thank Rebecca Lorains who finishes as President this year. Rebecca is a plain speaker who is well grounded in the needs of our community, she has been supportive as well as laser focused with the need to address the needs of our sector and service users. I would also like to thank Andrew Bruun our current Vice President who also finishes his term at VAADA. I acknowledge Andrew's support and valuable insight into the Youth sector. He along with Rebecca have both been tireless advocates for the specialist nature of the work AOD services do. It is also very important to recognise the generosity of spirit, and engagement that we have with our sector. We recognise and applaud the tireless devotion they have to the community and the strength and resolve they have shown during this period. VAADA values and will continue to maintain its special working relationship with its members and the sector, we thank them for their efforts and support over the past year and we look forward to ongoing engagement as we (hopefully) continue to exit the pandemic.

**Sam Biondo**

# SECTOR DEVELOPMENT

In many ways the 2020/21 financial year picked up where the 2019/20 left off: 'you're on mute'; 'how do I share my screen?' and, 'can you hear me?' From a sector development perspective, the ongoing COVID-19 pandemic made planning capacity-building events, especially face to face events, challenging. Despite our intent to host some face to face events, almost all VAADA's sector development activities remained online.

While capacity building events typically focus on a theme or topic, an important by-product is the opportunity to catch up with colleagues – especially during breaks or over lunch. This opportunity is significantly reduced when events are hosted online. Nonetheless, and despite the 'Zoom fatigue', we continued to see strong camaraderie among AOD sector colleagues as they caught up on the computer screen and via the 'chat'.

Despite these challenges, VAADA has continued to host a full program of sector development activities and network meetings.

Our diverse suite of network meetings continued this year and I would like to thank all those AOD sector staff who have attended and been a part of these groups. Our CEOs and Manager's meeting in particular creates an opportunity for senior AOD staff to connect, hear from the Department (among other key stakeholders) and significantly, have the opportunity to be heard. This also allows VAADA to better understand issues affecting AOD services and advocate as

appropriate. The challenges experienced by the AOD sector in relation to the Victorian Alcohol and Drug Collection, is an example.

Our youth network meeting brings together AOD youth workers from across the state (online at least) and has grown to become one of our biggest network meetings. Our Tri Peaks collaboration (between VAADA, VHA and the Centre for Excellence in Child and Family Welfare) also produced some of our most well-attended webinars, regularly attracting 200+ online. In 2020/21 the Tri Peaks project also offered a structured mentoring program for a number of CEOs and senior staff in the health, AOD, and child and family services sector. VAADA also continued to support the AOD sector implement the Family Violence reforms including supporting the sector with accredited Family Violence training and new intake and assessment tools screening for family violence.

VAADA also worked with three PHNs across 2020/21 (Murray, North Western Melbourne, and Western Victoria) to support workforce development in their respective regions. The activities undertaken across these projects are covered in more detail below. In September 2020 VAADA facilitated two webinars introducing the broader social services sector to the AOD treatment sector. The webinars were titled 'AOD 101'. Each of the webinars attracted 200+ attendees indicating there was significant interest in understanding the workings of the AOD service

system (it may have even attracted staff from within the AOD service system!).

Thank you to the VAADA staff who play a role in sector development. Sector development recordings of conference presentations, webinars and similar resources are made available on VAADA's YouTube channel, AODTV. <https://www.vaada.org.au/aod-tv/>

## Issues and reports

Sector Development, while focused on capacity building, also involves supporting member agencies via providing information, facilitating consultations, and helping them to navigate reforms. Three noteworthy examples from 2020/21 include:

### *Victorian Royal Commission into Mental Health*

In March 2021, the final report of the Royal Commission into Victoria's Mental Health System was tabled in Parliament. The report contains 65 recommendations, set over a 10-year reform vision, in addition to nine recommendations from the Royal Commission's interim report.

Complementing several submissions to the Royal Commission, VAADA prepared a summary of the report for the AOD sector focussing on key recommendations that will influence and shape the AOD service system in future. One example is the call for up to 60 new Local Adult and Older Adult Mental Health and Wellbeing Services across Victoria. These will be complemented by new Area Services and a new State-wide Service for mental health and

substance use. Together, they aim to provide easy access to treatment and support for people experiencing mental illness or psychological distress, and those with AOD treatment needs. Just how this new service system will intersect and impact the AOD services is still emerging. VAADA will continue to communicate and consult with the AOD sector to help services understand, navigate and orientate to the reforms while keeping the needs of the sector's clients uppermost in mind.

### VADC

In 2016, the then Department of Health and Human Services commenced a project to improve and enhance AOD data and reporting by introducing the Victorian Alcohol and Drug Collection (VADC). Since then, AOD services have set about implementing the VADC within their respective agencies. While the need for high quality data is recognised and supported, the implementation process has been complex and continues to challenge many agencies. In 2020/21 VAADA continued to listen to the needs and concerns of the sector around the VADC and advocated with DH on behalf of the sector. In 2020 an external review was commissioned by DH to document data quality issues and to develop a plan for their resolution. VAADA continues to listen to the sector to help resolve the VADC challenges and realise the intended benefits of the system.

### *EDCLAN Report on Victorian Emergency Department's Responses to AOD presentations*

The Victorian Department of Health Commissioned VAADA to undertake a rapid needs assessment of 27 Victorian Emergency Departments (EDs) receiving funding to improve their response to patients presenting with AOD-related health complaints. VAADA finalised its report in May 2021.

The report highlighted a range of exceptional and innovative activities undertaken at Victorian EDs to provide high quality healthcare to patients with AOD-related health complaints. However, the report also identified multiple gaps and a lack of consistency in how AOD-specific supports are provided in EDs, including supports for dedicated AOD staff in ED roles.

Victoria's ED's do an amazing job in providing emergency healthcare. However, AOD presentations impose a substantial burden on ED staff and resources. Most of those who present to ED with AOD-related health complaints are missed opportunities for earlier, more effective interventions and treatment. Improving and increasing access to non-acute AOD supports would go a long way to decreasing the burden that AOD imposes on Emergency Departments and their staff.

### **Alcohol and Other Drug Capacity Building Project**

VAADA's Commonwealth-funded sector Capacity Building Project has continued to implement statewide

capacity building activities throughout the past year. One of the ways we assess sector needs and gather feedback on VAADA's performance is through an annual stakeholder survey. The VAADA Stakeholder Survey was deployed December to measure VAADA's performance based on the calendar year. There were 109 respondents, and review of the information received indicated that VAADA's performance over that period has been perceived as being positive – in particular the response of the peak body to support agencies manage the response to COVID-19.

During the past 12 months VAADA has maintained its relationships with the Peaks Capacity Building Network (PCBN) and the Victorian Dual Diagnosis Initiative (VDDI). The PCBN is a meeting of senior officers from State and Territory AOD peaks. The PCBN was meeting weekly in mid-2020 to share information relating to state responses to COVID-19, including the development of resources. The VDDI Leadership Group has been focused on the findings of the Victorian Mental Health Royal Commission and how these might be translated into planning, and later implementation of changes across both sectors.

In mid-2020 a working group was established between VAADA, Centre for Mental Health Learning (CMHL), the Victorian Department of Health (DOH) and the VDDI. This group has since met on a monthly basis, with the aim of sharing information relating to workforce development

initiatives and opportunities between all parties.

From April 2020 until the end of the year, VAADA facilitated 3 COVID-19 related support networks for AOD managers in the Eastern, South-Eastern and Gippsland Primary Health Network (PHN) regions. The aim of these networks was to provide an information and advice-sharing forum in relation to managing both clients and staff during Victorian lockdowns.

VAADA continues to attend the Yarra Mental Health Alliance on a monthly basis. The Alliance is comprised of representatives from North-Western Melbourne Primary Health Network, employment, homelessness, family and mental health services.

In January 2021 VAADA joined forces with the Network of Alcohol and Drug Agencies, NSW (NADA) to commission Curtin University, Western Australia to undertake a study titled: 'AOD Workforce Study: NGO Insights 2021'. The study will help AOD organisations to better attract, retain, engage and develop the staffing talent they need, and provide useful evidence to inform AOD leaders, policy and practice. A key feature of the research is a survey of AOD sector staff in NSW and Victoria. The survey will go live in late July 2021, and it will offer individual treatment providers a dashboard to view and manipulate their own (de-identified) data. Both VAADA and NADA will receive comprehensive survey reports from Curtin University in late 2021.

The data obtained will assist in planning, and advocacy to better equip the AOD workforce into the future.

Training opportunities during the past 12 months have included Annie Dennis' 'Becoming Trauma Informed' workshops and a workshop on 'self-care and stress management' delivered by Liz O'Brien. This workshop was designed for frontline managers and clinical staff to promote a heightened awareness of self-care strategies (particularly during COVID) and to assist in reducing burn-out. Evaluation/feedback from these sessions was extremely positive.

VAADA has continued to reprint and circulate its suite of prompt cards. However, the circulation of the cards has been interrupted by COVID-19. The victim family violence cards have been updated with MARAM requirements, and they will be printed later in 2021. Work on updating the prompt cards for working with those who use family violence will also be undertaken later this year.

In 2020/21 VAADA collaborated with the Centre for Ethnicity and Health (CEH) on its Multicultural Drug and Alcohol project. A short training needs survey was circulated to all metropolitan AOD treatment providers, after which CEH offered cultural awareness training to providers upon request. Toward the end of 2020/21 VAADA began creating content to provide 'AOD 101' training about the AOD sector to South Sudanese peer workers.

### Tri-Peaks

The Tri-Peaks project – a collaboration between VAADA, the Centre for Excellence in Child and Family Welfare, and the VHA, is working to improve the links between these three sectors. We know we have common clients, we know there are gaps for those moving between service systems, and we know that opportunities for sectors to work together are often missed.

While Tri-Peaks has been considerably disrupted by the COVID-19 pandemic, the project has continued to deliver high-quality professional development webinars throughout 2021. These range in topic from emerging research into child maltreatment in Australia, to strategic planning and governance, and exploring new frontiers in addiction and dependence: video games and eSports. The webinars consistently draw audiences of 350 attendees across the sectors.

Tri-Peaks has organised and hosted three mentoring cohorts for senior management, executives and CEOs from the three sectors. The mentoring pairs are matched for 12-months and participate in a structured and supportive program. Pairings were made from different sectors to maximise cross-sector collaboration and networking. Feedback from both mentors and mentees has been consistently positive.

### Alcohol and Drug Research Innovation Agenda

In 2019, VAADA was commissioned by the Victorian Department

of Health to administer an AOD research grant program: The Alcohol and Drug research Innovation Agenda (ADRIA). In its first round, held in 2020, ADRIA allocated approximately \$1.3 million in grant funding to AOD-focused research in Victoria.

ADRIA received forty-five applications, nine of which proceeded to the second stage of applications. Of these, four were recommended for funding by ADRIA's Evaluation Panel.

From a funding envelope of \$4M, the decision was made to commit 25% of ADRIA funding to Aboriginal and Torres Strait Islander led and focused AOD research. This being administered by Lowitja Institute – Australia's peak body for Aboriginal and Torres Strait Islander health research.

Following the closure of the first round in early 2021, VAADA undertook an internal review of the program guided by ADRIA's independent Advisory Group. This review identified several gaps and adjustments to be made before the next round opens in 2022.

VAADA is undertaking this work, guided by the Advisory group, and looks forward to another successful application round next year.

### 1.1 Network meetings

Network meetings are a mainstay of VAADA's sector development. Network meetings with key AOD staff cohorts provide forums for collegial support, sharing practice wisdom, professional development,

information sharing, and networking. They are also a useful source of information for VAADA to support its advocacy activities.

- In 2020/21 VAADA facilitated meetings including
- Non-residential withdrawal nurses
  - Emergency Department Clinical Liaison Addiction Network (EDCLAN)
  - AOD CEOs and Managers
  - Youth AOD network including a Community of Practice and Advocacy Group
  - Catchment Planners including a Catchment Planners Data subgroup
  - Family Violence Community of Practice

VAADA also attended metro and regional agency-driven meetings including in the Southern Metropolitan Region; Grampians Region and Gippsland to support and share information.

### 1.2 PHNs

During the 2020/21 financial year, VAADA was funded by Western Victorian Primary Health Network (WVPHN), the Murray Primary Health Network (MPHN) and North Western Melbourne Primary Health Network (NWMPHN) to provide supported AOD Capacity building across their respective regions. Each project had tailored activity which included PHN AOD service provider network meetings, online training, communities of practice and cross-sectoral work. Each of the projects facilitated a needs analysis process in each of the regions to

better understand the challenges and needs of workers and services in PHN funded projects.

Despite the good work that took place in these projects, the 2020/21 period was especially challenging for the PHN projects. In particular, each of the PHN projects utilises a collaborative partnership model of engagement, which seeks to foster relationships between organisations and workers and brings them together to work on local issues and share resources.

Face-to-face engagement was built into the DNA of these projects. The continued lockdowns and Melbourne's "ring of steel" prevented any network meetings from occurring face to face, in both regional areas and within Melbourne. VAADA adapted the projects to be able to take all of the activity to online platforms. Services and the workers adapted well to these changes, however as the year progressed, a time-poor workforce suffering from zoom fatigue, made engagement more difficult.

VAADA would like to thank the PHNs for their continued support in building the capacity of AOD services throughout the regions and all services and their staff for participating in activities throughout a very challenging year. Thank you to training providers and services who gave their time to develop and present engaging sessions for AOD staff in all three regions.

### 1.2.1 North Western Melbourne PHN project

The North West Melbourne PHN (NWMPHN) continued its commitment to sector development by retaining VAADA to drive capacity building in the region. Activities were centred on building capacity within existing AOD programs and organisations to work with priority populations in the North Western Melbourne region. The NWMPHN region is one of the most complex and diverse in Victoria. Groups in the region with disproportionately high rates of chronic disease and poorer overall health outcomes are designated priority populations. These include culturally and linguistically diverse groups (CALD), LGBTIQ+ people, Aboriginal and Torres Strait Islander peoples, to name a few.

In late 2020 the PHN announced they would be undergoing recommissioning of services to meet the community's needs. Service users and subject expert's input informed the new approach to address the needs of people using AOD treatment services, and better integrate with relevant supports and services, such as primary health care and mental health.

Capacity building activity was delivered in an online community of practice and supported by the collaboration platform Basecamp. This allowed participants to communicate and provide a central point to store resources such as tools or reference material from the sessions.

Two activity streams were utilised; the first focused on priority populations within the region, and the second focused on organisational capacity building. With the recommissioning process in mind, activities in the second stream were changed to support program evaluation and service design.

The sessions delivered, focussing on priority populations were; Working with Muslims (Muslim Youth and Family), Working with Criminalised Women (Flatout), Cultural Sensitivity and Cultural Safety training (Koorie Heritage Trust), LGBTIQ Inclusive Practice training (Rainbow Health). Despite the challenges of a crowded online meeting schedule, participants were positively engaged and benefited from the sessions.

The second stream activities were aimed at managers, team leaders, and emerging leaders. Training and sessions delivered under this stream were; Best Practice Engaging Bi-cultural Workers (cohealth) and Measuring Program Impact (NWMPHN). A third session, yet to be delivered, is aimed at managers and emerging team leaders using Human-Centred Design Principles and was developed with Huddle ([www.arehuddle.com](http://www.arehuddle.com)). This community of practice could not proceed due to the impact of recommissioning and COVID, and will be revisited in late 2021.

### 1.2.2 Western Victoria PHN Project

Western Victoria Primary Health Network (WVPHN) commissioned VAADA to undertake an AOD

Service Development Coordination Project. This project aims to support workforce development activities and foster collaboration around regional models of care for Brief Intervention and AOD Core Programs. The WVPHN commissioned the AOD Brief Intervention programs in 2017. The programs operated across the four sub-regions of the Western Victoria catchment. They sought to reduce AOD harm and prevent or delay the onset of regular or problematic AOD use.

In response to the pandemic throughout 2020, VAADA continued to provide weekly network meetings to services in the region. This allowed project participants to network and support each other in the dynamic and complex service environment created by the pandemic. Services continued to be impacted by a range of issues, such as the increasing complexity of client presentations and increased waitlists. Services and their staff were met with several challenges due to COVID but still engaged with capacity activities positively to improve outcomes for their clients.

VAADA supported both AOD core programs and Brief Intervention networks by:

- Working with the Brief Intervention programs on promotion strategies to encourage local GPs to refer to the programs
- Supported networking within the sub-regions and building of relationships in response to Covid-19

- Facilitated mainstream services and ACCHOS working together in the sub-regions
- Identifying areas of workforce need and professional development

### 1.2.3 Murray PHN

The Murray PHN (MPHN) commissioned VAADA to continue implementing an AOD Practice Leadership Hub in the MPHN region based on a Community of Practice model. Murray PHN is working to improve the integration and coordination of AOD services across the region. The community of practice model aims to support the development of AOD practice leadership in the MPHN region through a collaborative partnership model. The model seeks to overcome the isolation experienced by AOD clinicians and managers. It also aims to support best practice approaches through mutual support, professional development, and evolve collaborative approaches to address local challenges.

To achieve this, VAADA held network meetings and specific professional development opportunities for managers and practitioners across the region. Due to the pandemic, all network meetings took place online. Despite the ever-increasing burden of work commitments, engagement from both practitioners and managers was high. The meetings provided a forum for networking and professional development, with a range of speakers invited to talk on topics relevant to the region, such as the PACER Units (Police and

Ambulance and Clinical Response), AOD Clinical Liaison Nurses and their role in ED, the Mental Health Royal Commission and its implications, clients in crisis and practice wisdom.

Two six-week community of practices were held in the 2020/21 year. The first, held in mid-late 2020, was developed in partnership with the VDDI and focussed on mental health presentations and navigating the mental health system. The second community of practice was developed and presented by the Specialist Family Violence Advisor for Bendigo Community Health. It explored different facets of family violence, such as the exploitation of the legal system by perpetrators and tech abuse.

### 1.3 Family Violence

As recognised by the Royal Commission into Family Violence, the AOD sector has a critical role to play in both the prevention of and response to family violence, whether by assisting victim survivors to find appropriate support or working directly with people who choose to use violence. VAADA is working with Family Safety Victoria and DH to build capacity across the sector in the Family Violence Information Sharing Schemes and the MARAM Framework. VAADA undertook several activities to achieve these aims, including:

- Provided secondary consultation to AOD clinicians
- Developed resources, including a FAQ, information sessions, webinars, prompt cards and other

- communications, related to the MARAM Framework alignment
- Facilitated a Family Violence AOD Community of Practice
- Bridged communications between government and the AOD sector
- Collaborated with organisations such as Turning Point and No To Violence

As a result of these activities, the sector has expressed increased clarity and confidence in relation to their responsibilities within the MARAM Framework, and has therefore positioned VAADA as both visible and knowledgeable in the family violence space.

### 1.4 Service Provider's Conference

DH fund VAADA to host two AOD Sector Service Provider Conferences each year. These conferences generally attract 250+ attendees. In response to COVID-19, Service Provider's Conferences have been held online this past year.

VAADA's November 2020 Service Provider was themed: 'Adaptations and Innovations in the AOD Sector', while our June 2021 conference focussed on 'the changing landscape of AOD service delivery'. Webinar sessions included Tools and Techniques for telephone and video consultations and COVID-19 & the AOD Consumer. In recognition of the mental health reform agenda, the June conference included a focus on the implications for the AOD sector of the Victorian mental health royal commission recommendations.

# SNAPSHOT 2020-2021

## PARTNERSHIPS LINKAGES AND NETWORKS

# 60+

## 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
- AOD System Coordination Group
- Alcohol Change Victoria
- Association of Participating Service Users
- Australian Services Union
- Burnett Institute
- Centre for Culture Ethnicity & Health
- Centre for Excellence in Child and Family Welfare
- Centre for Multicultural Youth
- Change Agent Network (CAN)
- Curtin University
- Community Housing Federation of Victoria
- Community Services and Health Industry Advisory Group, (Victorian Skills Authority)
- Council to Homeless Persons
- Deakin University – School of Psychology, School of Nursing
- Domestic Violence Victoria
- Department of Health – Mental Health and AOD Hub – EAG
- Department of Health – Service Agreement Working Group
- Edith Cowan University – School of Medical and Health Services.
- Family Safety Victoria
- Federation of Community Legal Centres
- Fitzroy Legal Service
- Foundation for Alcohol Research and Education (FARE)
- Grampians - AOD Interagency Meeting
- Health and Community Services Union
- LiverWELL
- Human Services Health Partnership Implementation Committee (HSHPIC)
- Inner Melbourne Community Legal Centre
- Islamic Council Victoria
- La Trobe University
- Local Government Drug Issues Forum
- MARAMIS Expert Advisory Group
- Melbourne University – Department of Criminology, School of Population and Global Health
- Mental Health Victoria
- Monash Addiction Research Centre - Advisory Board

- Neighbourhood Justice Centre
- No to Violence
- NWMPHN Joint Mental Health and Alcohol and Other Drugs Expert Advisory Group
- Peaks Capacity Building Network
- Penington Institute
- Pharmacotherapy expert advisory group
- RMIT – Future Social Service Institute
- Safe Steps Family Violence support
- Victorian Aboriginal Community Controlled Health Organisations
- Victoria Police Mental Health Portfolio Reference Group
- Victorian Council of Social Services (VCOSS)
- Victorian Dual Diagnosis Initiative
- Victorian Healthcare Association
- Victorian Mental Health Inter-professional Leadership Network
- Victorian Primary Health Networks
  - North Western Melbourne
  - Eastern Melbourne
  - South Eastern Melbourne
  - Gippsland
  - Murray
  - Western Victoria
- Victorian Transcultural Mental Health
- Victorian Primary Health Care Network
- What Can Be Done working group
- Women's Information and Referral Exchange
- Women's Health in the North
- Women's Health in the West
- Yarra Drug and Health Forum

## MEMBERSHIP

As of 30 June 2021 VAADA had 73 members. Organisational members included: 'drug specific' organisations, hospital community health centres, primary health organisations general youth services and others (i.e. counselling service forensic, legal services). Individual members reflected the organisational members' mix of services.

## EVENTS

### Conferences and Webinars

Spring Victorian AOD Service Providers Conference Webinar Series (Oct-Nov 2020)

Theme: Adaptations and Innovations in the AOD Sector

- 20 October 2020 – Telehelp!
- 27 October 2020 – Colliding public health emergencies in British Columbia, Canada; challenges and opportunities for overdose response
- 12 November 2020 – COVID-19 and the AOD Consumer
- 19 November 2020 – Childhood Trauma, AOD and Treatment

Autumn Victorian AOD service Providers Conference Online (June 18 2021)

### Theme: The Changing Landscape of AOD Service Delivery

#### Highlight sessions from this conference include:

- Panel Discussion: Mental Health Royal Commission – Opportunities and Risks for AOD Service Providers
- Mental Health Integrated Care: Piloting the Comprehensive Continuous Integrated System of Care (CCISC) model in Victoria
- Pathways towards drug checking in Victoria
- Addiction neuroscience & the Quest for new Treatments

### AOD Winter Webinar (June 24 2021)

- Do you recognise this syndrome? ADHD in childhood, drug use in adolescence and drug induce psychosis. What's the risk? What's the Treatment?
- Novel Psychoactive Substances

### Tri-Peaks Webinar Series

#### Highlight sessions from this webinar series include:

- 23 July 2020 – Methamphetamine and Pregnancy: Issues, challenges and opportunities
- 16 September 2020 – Young People and AOD
- 22 & 29 September 2020 – 'AOD 101' : Introduction to the Alcohol and Other Drug Sector – Part 1&2

- 16 March 2021 – Where We Are At: The Social, Economic, and Wellbeing Impacts Of COVID-19
- 4 August 2021 - Technology And Addiction Part 1 - Gaming And ESports

### ADRIA Research Webinar Series

- 22 October 2020 Informational Launch Session
- 2 February 2021 Introduction to Evidence Based Practice for clinicians in the AOD Sector
- 9 February 2021 Introduction to Clinical research for clinicians in the AOD sector
- 16 February 2021 Introduction to Good Clinical Practice in Clinical Research (ICH-GCP E6 R(2)) for clinicians working in the AOD Sector
- 26 February 2021 Ethics in AOD research

## VAADA NETWORK MEETINGS

**42** NETWORK MEETINGS 

### Emergency Department Clinical Liaison Addiction Network (EDCLAN)

2020	2021
15 SEPTEMBER	23 FEBRUARY
27 OCTOBER	30 APRIL
8 DECEMBER	20 APRIL

### AOD CEOs and Managers Meeting

#### AOD CEOs and Managers Meeting

2020	2021
3 JULY	5 MARCH
14 AUGUST	30 APRIL
16 OCTOBER	4 AUGUST
9 DECEMBER	

### Non Residential Withdrawal Nurses

2020	2021
8 OCTOBER	18 FEBRUARY
3 DECEMBER	29 APRIL

### Youth AOD network

2020	2021
27 JULY	22 MARCH
11 AUGUST	3 MAY
13 OCTOBER	7 JUNE
23 NOVEMBER	

### Youth Advocacy sub-group

2020	2021
20 JULY	29 MARCH
7 SEPTEMBER	5 JULY
7 DECEMBER	

### Family Violence Community of Practice

2020	2021
4 NOVEMBER	28 APRIL
18 NOVEMBER	12 MAY
2 DECEMBER	26 MAY

### Catchment Planners

2020	2021
15 JULY	11 FEBRUARY
5 AUGUST	13 APRIL
23 SEPTEMBER	8 JUNE
14 OCTOBER	
5 NOVEMBER	
15 DECEMBER	

### Catchment - Data sub-group

2020	2021
14 OCTOBER	30 MARCH
21 DECEMBER	3 JUNE

### Primary Health Network - Project Meetings

**42** NETWORK MEETINGS 

**12** TRAINING SESSIONS 

**18** C.O.P MEETINGS 

### WVPHN

10 fortnightly COVID check in meetings  
 7 Sub-regional AOD network meetings  
 2 Brief Intervention network meetings  
 2 AOD manager network meetings  
 3 professional development sessions  
 ACT online training - ACT for Beginners, ACT as a Brief Intervention, ACT for Trauma, ACT for Anxiety and Depression.

### MPHN

10 fortnightly COVID check in meetings  
 4 Manager Network meetings  
 4 Practitioner network meetings  
 3 consultation sessions  
 4 online training ACT for Beginners, C.A.M.S care, CBT for Beginners  
 2 6-week COPs, Mental Health for AOD workers, Family Violence for AOD workers

### NWMPHN

COP focussing on priority populations and organisational capacity building:  
 Professional Standards in Bicultural worker training  
 Working with Criminalised Women  
 Working with Muslims  
 Evaluation for Impact  
 LGBTIQ+ Inclusive Practice  
 Aboriginal Cultural Competency and Safety

## YOUTUBE CHANNEL

**175** SUBSCRIBERS 

Through this time, VAADA has increased YouTube subscribers from 113 to 175 (53 new subscribers)

People spent Total 714 Hours watching content on our VAADA YouTube Channel.

## SURVEYS

**07** SURVEYS 

VAADA has conducted consultations and surveys with the AOD sector some include:

- Sector Priorities Survey 2021
- Sector Waitlist Snapshot Surveys (x2)
- AOD Workforce Study: NGO Insights 2021
- VADC Impact Survey

## MEDIA

**80** MEDIA PIECES 

Over 2.5 times more media pieces than the previous year.

- Briefings - 7
- Press Releases - 9
- Radio - 13
- Press - 22
- TV - 6
- Online - 37
- Letters - 2

VAADA has continued to distribute press releases, undertake radio interviews, press interviews, TV appearances, prepare letters to the editor and engage with key journalists.

Media continues to be used to strongly advocate around key sector issues and is blended and often timed with a range of associated activities to maximise impact.

## VAADA ENEWS

**1000**  SENT TO 2700 SUBSCRIBERS

VAADA sent nearly 1,000 items to more than 2700 subscribers.

- VAADA Jobs Board
- VAADA Promoted 407 AOD-related jobs on the Jobs Board

## SUBMISSIONS

**13** SUBMISSIONS TO GOVERNMENT 

- COVID-19 pre-budget submission
- State Budget Submission 2020/21
- ACT Inquiry into Drugs of Dependence
- Review of the Electoral Legislation Amendment (Electoral Funding and Disclosure Reform) Act 2018
- Post Market Review of the opioid dependence treatment program
- Draft 30 year Infrastructure Strategy
- Inquiry into the use of Cannabis in Victoria
- Investigation into five deaths involving 25C-NBOMe and 4-Fluoroamphetamine
- Consultation paper for the National Preventative Health Strategy
- Naloxone Consultation fact sheet: better access to naloxone and sterile injecting equipment
- Public Drunkenness reforms
- Victorian Ombudsman Investigation - 33 Alfred Street
- Notice of Motion, Deputy Lord Mayor Arron Wood: Medically Supervised Injecting Room

# TREASURER'S REPORT

I am pleased to present the audited financial statements for the year ended 30th June 2021. VAADA's financial position improved considerably from the 19/20 financial year. Organisational equity as at June 30 is \$1,609,614, after allowing for liabilities, which in descending order are; Income in Advance, Employee Benefits, Trade and other Payables, and lease.

I would like to thank the following funders for their contributions to VAADA.

These include:

- Victorian Department of Health.
- Family Safety Victoria,
- Commonwealth Department of Health,
- North Western Melbourne PHN,
- Western Victoria PHN, and
- Murray PHN.

## Income

VAADA received total revenue of \$1,435,760, of which \$1,347,317 was grant income an increase of \$130,945 from the previous year. New money included funding for the VADC and the EDCLAN projects.

Other Income decreased by \$331,968 from the previous year. This came about because of two accounting changes in in the audited financials rather than a loss of income. The first, entailed revenue from VAADA's investment activity being moved to the Other Comprehensive Income line in the financials. The other change, was the treatment of administrative fees and charges for projects which are allocated to Operating grants. These are internal transactions and are therefore consolidated in the financials in 2021 to result in minimal income and expenditure being raised. In 2020 the internal administrative fees and charges relating to project grants was included as Other Income.

## Expenditure

VAADA's main expense was Employee costs which were down slightly from the previous year. Computer Expenses and Meeting Expenses fell considerably when compared to the previous year. Meeting Expenses fell because most of VAADA's meeting activity happened online during the 2021 financial year. Computer Expenses fell because VAADA had made significant investment in equipment to enable staff to work at home in the 2020 financial year.

The other significant decrease was in Administration Expenses which fell by \$157,504. As was the case with Other Income, the changes to the Administration Expense came about because of a change in accounting. This recognised that the administrative fees and charges for projects are internal transactions and are therefore consolidated in the financials in 2021, to result in minimal income and expenditure being raised. In 2020 the internal expenditure portion of the fees and charges expense was included within Administrative Expenses in 2020.

VAADA has budgeted for a healthy surplus in 2021/22 financial year. However the Board recognises that there are financial challenges ahead for VAADA in the coming financial year, which could impact on a surplus. There are also significant challenges facing VAADA members in relation to the AOD service environment. The VAADA Board are committed to supporting the membership, and should the need arise, will allocate additional funds to those currently budgeted, to support its membership.

VAADA extends our gratitude to Ruth Watson and Associates who have provided accounting support throughout the financial period 2020/21. I would also like to thank LDAssurance Chartered Accountants for undertaking the Auditing of the VAADA financial reports for 2020/21.

# FINANCIAL REPORTS

For the year ended 30 June 2021

## Statement of Profit or Loss and other Comprehensive Income for the year ended 30 June 2021

	Note	2021	2020
		\$	\$
<b>REVENUE</b>			
Grant revenue - Commonwealth	12, 4	500,877	494,257
Grant revenue - State	4	846,440	722,115
ATO Cash flow boost		50,000	50,000
Interest income		2,779	6,100
Membership fees		31,716	29,909
Other events		-	34,463
Other income		3,948	335,916
<b>Total revenue</b>		<b>1,435,760</b>	<b>1,672,760</b>
<b>EXPENSES</b>			
Employee benefits expense		(1,019,695)	(1,024,916)
Amortisation		(46,602)	(44,824)
Computer expenses		(35,623)	(60,921)
Accounting & audit fees		(12,140)	(14,920)
Meeting expenses		(20,483)	(88,759)
Administration expenses		(60,333)	(217,837)
Consulting fees		(82,589)	(82,310)
Occupancy expenses		(3,954)	(3,822)
Other expenses		(681)	(5,556)
Professional development		(46,286)	(15,770)
<b>Total expenses</b>		<b>(1,328,386)</b>	<b>(1,559,635)</b>
<b>Profit/(loss) for the year</b>		<b>107,374</b>	<b>113,125</b>
Other comprehensive income	7	155,878	(192,072)
<b>Total comprehensive income for the year</b>		<b>263,252</b>	<b>(78,947)</b>

## Statement of Financial Position as at 30 June 2021

	Note	2021	2020
		\$	\$
<b>ASSETS</b>			
<b>CURRENT ASSETS</b>			
Cash and cash equivalents	5	3,015,023	1,943,955
Trade and other receivables	6	88,305	35,893
Prepayments		616	38,110
<b>TOTAL CURRENT ASSETS</b>		<b>3,103,944</b>	<b>2,017,958</b>
<b>NON-CURRENT ASSETS</b>			
Other financial assets	7	842,984	692,982
Right-of-use assets	8	11,651	57,279
<b>TOTAL NON-CURRENT ASSETS</b>		<b>854,635</b>	<b>750,261</b>
<b>TOTAL ASSETS</b>		<b>3,958,579</b>	<b>2,768,219</b>
<b>LIABILITIES</b>			
<b>CURRENT LIABILITIES</b>			
Trade and other payables	9	190,817	175,968
Lease liabilities	8	11,953	46,384
Employee benefits	11	200,224	161,381
Income in advance	10	1,935,350	1,018,517
<b>TOTAL CURRENT LIABILITIES</b>		<b>2,338,344</b>	<b>1,402,250</b>
<b>NON-CURRENT LIABILITIES</b>			
Lease liabilities	8	-	11,962
Employee benefits	11	10,621	7,645
<b>TOTAL NON-CURRENT LIABILITIES</b>		<b>10,621</b>	<b>19,607</b>
<b>TOTAL LIABILITIES</b>		<b>2,348,965</b>	<b>1,421,857</b>
<b>NET ASSETS</b>		<b>1,609,614</b>	<b>1,346,362</b>
<b>EQUITY</b>			
Retained earnings		1,609,614	1,346,362
<b>TOTAL EQUITY</b>		<b>1,609,614</b>	<b>1,346,362</b>

## Statement of Changes in Equity For the year ended 30 June 2021

2021	Note	Retained Earnings	Total
		\$	\$
<b>Balance at 1 July 2020</b>		<b>1,346,362</b>	<b>1,346,362</b>
Profit for the year		107,374	107,374
Other comprehensive income for the year		155,878	155,878
<b>Balance at 30 June 2021</b>		<b>1,609,614</b>	<b>1,609,614</b>

2021	Note	Retained Earnings	Total
		\$	\$
<b>Balance at 1 July 2019</b>		<b>1,424,890</b>	<b>1,424,890</b>
Prior period adjustment	12	419	419
<b>Balance at 1 July 2019 restated</b>		<b>1,425,309</b>	<b>1,425,309</b>
<b>Profit for the year</b>		<b>113,125</b>	<b>113,125</b>
Total other comprehensive income for the period		(192,072)	(192,072)
<b>Balance at 30 June 2020</b>		<b>1,346,362</b>	<b>1,346,362</b>

## Statement of Cash Flows For the year ended 30 June 2021

	Note	2021	2020
		\$	\$
<b>Cash flows from operating activities</b>			
Receipts from grants		2,398,481	2,121,098
Payments to suppliers and employees		(1,565,989)	(1,421,227)
Other income		283,162	267,358
Interest received		2,779	6,100
Net cash provided by/(used in) operating activities	15	1,118,433	973,329
<b>Cash flows from investing activities</b>			
Funds invested		-	4,526
Net cash provided by/(used in) investing activities		-	4,526
<b>Cash flows from financing activities:</b>			
Repayments of lease liabilities		(47,366)	(43,757)
Net cash provided by/(used in) financing activities		(47,366)	(43,757)
Net increase/(decrease) in cash and cash equivalents held		1,071,067	934,098
Cash and cash equivalents at beginning of year		1,943,955	1,009,857
Cash and cash equivalents at end of financial year	5	3,015,022	1,943,955

## Notes to the Financial Statements For the year ended 30 June 2021

The financial report covers Victorian Alcohol and Drug Association Inc. as an individual entity. Victorian Alcohol and Drug Association Inc. is a not-for-profit Association, registered and domiciled in Australia.

The functional and presentation currency of Victorian Alcohol and Drug Association Inc. is Australian dollars.

Comparatives are consistent with prior years, unless otherwise stated.

### 1 Basis of Preparation

In the opinion of those charged with Governance the Association is not a reporting entity since there are unlikely to exist users of the financial statements who are not able to command the preparation of reports tailored so as to satisfy specifically all of their information needs.

These special purpose financial statements have been prepared to meet the reporting requirements of the Australian Charities and Not-for-profits Commission Act 2012.

The financial statements have been prepared in accordance with the recognition and measurement requirements of the Australian Accounting Standards and Accounting Interpretations, and the disclosure requirements of AASB 101 Presentation of Financial Statements, AASB 107 Statement of Cash Flows, AASB 108 Accounting Policies, Changes in Accounting Estimates and Errors and AASB 1054 Australian Additional Disclosures.

These special purpose financial statements do not comply with all the recognition and measurement requirements in Australian Accounting Standards. The material accounting policies adopted in the special purpose financial statements are set out in note 2 and indicate how the recognition and measurement requirements in Australian Accounting Standards have not been complied with.

### Note 2 (a) Revenue and other income

Some grant income has been deferred upon receipt and not recognised as revenue until the related expenses are incurred, and has not been assessed for compliance with the recognition and measurement requirements in AASB 1058 Income of Not-for-Profit Entities.

### 2 Summary of Significant Accounting Policies

#### (a) Revenue and other income

##### Specific revenue streams

The revenue recognition policies for the principal revenue streams of the Association are:

##### Grant income

Unspent grant income received in relation to specific projects and events is not brought to accounts as revenue in the current year but deferred as a liability in the financial statements until spent for the purpose received without assessing whether enforceable performance obligations exist.

##### Membership income

Revenue from the provision of membership fees are recognised on a straight line basis over the financial year that they apply to.

##### Other income

Other income is recognised on an accruals basis when the Association is entitled to it.

##### (b) Income Tax

The Association is exempt from income tax under Division 50 of the Income Tax Assessment Act 1997.

##### (c) Goods and services tax (GST)

Revenue, expenses and assets are recognised net of the amount of goods and services tax (GST), except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO).

Receivables and payable are stated inclusive of GST.

Cash flows in the statement of cash flows are included on a gross basis and the GST component of cash flows arising from investing and financing activities which is recoverable from, or payable to, the taxation authority is classified as operating cash flows.

### (d) Financial instruments

Financial instruments are recognised initially on the date that the Association becomes party to the contractual provisions of the instrument.

On initial recognition, all financial instruments are measured at fair value plus transaction costs (except for instruments measured at fair value through profit or loss where transaction costs are expensed as incurred).

### Financial assets

All recognised financial assets are subsequently measured in their entirety at either amortised cost or fair value, depending on the classification of the financial assets.

#### Classification

On initial recognition, the Association classifies its financial assets into the following categories, those measured at:

- fair value through other comprehensive income - debt investments (FVOCI - debt)

Financial assets are not reclassified subsequent to their initial recognition unless the Association changes its business model for managing financial assets.

#### Fair value through other comprehensive income

### Equity instruments

The Association has a number of strategic investments in managed funds over which are they do not

## Notes to the Financial Statements For the year ended 30 June 2021

have significant influence nor control. The Association has made an irrevocable election to classify these equity investments as fair value through other comprehensive income as they are not held for trading purposes.

These investments are carried at fair value with changes in fair value recognised in other comprehensive income.

### (d) Financial instruments

Dividends are recognised as income in profit or loss unless the dividend clearly represents a recovery of part of the cost of the investment. Other net gains and losses are recognised in OCI.

#### *Impairment of financial assets*

Impairment of financial assets is recognised on an expected credit loss (ECL) basis for the following assets:

- financial assets measured at amortised cost
- debt investments measured at FVOCI

When determining whether the credit risk of a financial assets has increased significant since initial recognition and when estimating ECL, the Association considers reasonable and supportable information that is relevant and available without undue cost or effort. This includes both quantitative and qualitative information and analysis based on the Association's historical experience and informed credit assessment and including forward looking information.

The Association uses the presumption that an asset which is more than 30

days past due has seen a significant increase in credit risk.

The Association uses the presumption that a financial asset is in default when:

- the other party is unlikely to pay its credit obligations to the Association in full, without recourse to the Association to actions such as realising security (if any is held); or
- the financial assets is more than 90 days past due.

Credit losses are measured as the present value of the difference between the cash flows due to the Association in accordance with the contract and the cash flows expected to be received. This is applied using a probability weighted approach.

#### *Trade receivables*

Impairment of trade receivables have been determined using the simplified approach in AASB 9 which uses an estimation of lifetime expected credit losses. The Association has determined the probability of non-payment of the receivable and multiplied this by the amount of the expected loss arising from default.

The amount of the impairment is recorded in a separate allowance account with the loss being recognised in finance expense. Once the receivable is determined to be uncollectable then the gross carrying amount is written off against the associated allowance.

Where the Association renegotiates the terms of trade receivables due from certain customers, the new expected cash flows are discounted

at the original effective interest rate and any resulting difference to the carrying value is recognised in profit or loss.

Other financial assets measured at amortised cost.

Impairment of other financial assets measured at amortised cost are determined using the expected credit loss model in AASB 9. On initial recognition of the asset, an estimate of the expected credit losses for the next 12 months is recognised. Where the asset has experienced significant increase in credit risk then the lifetime losses are estimated and recognised.

### (e) Cash and cash equivalents

Cash and cash equivalents comprises cash on hand, demand deposits and short-term investments which are readily convertible to known amounts of cash and which are subject to an insignificant risk of change in value.

### (f) Leases

At inception of a contract, the Association assesses whether a lease exists - i.e. does the contract convey the right to control the use of an identified asset for a period of time in exchange for consideration.

This involves an assessment of whether:

- The contract involves the use of an identified asset - this may be explicitly or implicitly identified within the agreement. If the supplier has a substantive substitution right then there is no identified asset.
- The Association has the right to obtain substantially all of the

## Notes to the Financial Statements For the year ended 30 June 2021

economic benefits from the use of the asset throughout the period of use.

- The Association has the right to direct the use of the asset i.e. decision making rights in relation to changing how and for what purpose the asset is used.

### Lessee accounting

The non-lease components included in the lease agreement have been separated and are recognised as an expense as incurred.

At the lease commencement, the Association recognises a right-of-use asset and associated lease liability for the lease term. The lease term includes extension periods where the Association believes it is reasonably certain that the option will be exercised.

The right-of-use asset is measured using the cost model where cost on initial recognition comprises of the lease liability, initial direct costs, prepaid lease payments, estimated cost of removal and restoration less any lease incentives received.

The right-of-use asset is depreciated over the lease term on a straight line basis and assessed for impairment in accordance with the impairment of assets accounting policy.

The lease liability is initially measured at the present value of the remaining lease payments at the commencement of the lease. The discount rate is the rate implicit in the lease, however where this cannot be readily determined then the Association's incremental borrowing rate is used.

Subsequent to initial recognition, the lease liability is measured at amortised cost using the effective

interest rate method. The lease liability is remeasured whether there is a lease modification, change in estimate of the lease term or index upon which the lease payments are based (e.g. CPI) or a change in the Association's assessment of lease term.

Where the lease liability is remeasured, the right-of-use asset is adjusted to reflect the remeasurement or is recorded in profit or loss if the carrying amount of the right-of-use asset has been reduced to zero.

### (g) Employee benefits

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 that are expected to be wholly settled within one year have been measured at the amounts expected to be paid when the liability is settled.

Employee benefits expected to be settled more than one year after the end of the reporting period have been measured at the present value of the estimated future cash outflows to be made for those benefits. In determining the liability, consideration is given to employee wage increases and the probability that the employee may satisfy vesting requirements. Cashflows are discounted using market yields on high quality corporate bond rates incorporating bonds rated AAA or AA by credit agencies, with terms to maturity that match the expected timing of cashflows. Changes in the measurement of the liability are recognised in profit or loss.

### (h) Adoption of new and revised accounting standards

The Association has adopted all standards which became effective for the first time at 30 June 2021, the adoption of these standards has not caused any material adjustments to the reported financial position, performance or cash flow of the Association.

### 3 Critical Accounting Estimates and Judgments

Those charged with governance make estimates and judgements during the preparation of these financial statements regarding assumptions about current and future events affecting transactions and balances.

These estimates and judgements are based on the best information available at the time of preparing the financial statements, however as additional information is known then the actual results may differ from the estimates.

The significant estimates and judgements made have been described below.

#### Key estimates - receivables

The receivables at reporting date have been reviewed to determine whether there is any objective evidence that any of the receivables are impaired. An impairment provision is included for any receivable where the entire balance is not considered collectible. The impairment provision is based on the best information at the reporting date.

Notes to the Financial Statements  
For the year ended 30 June 2021

	2021	2020
<b>Grant Revenue - Commonwealth</b>	\$	\$
- Murray PHN	31,042	48,153
- NW PHN Workforce	95,596	106,987
- WVPHN	51,546	65,727
- CCB	322,693	273,390
	<u>500,877</u>	<u>494,257</u>
<b>Grant Revenue - State</b>		
- ADRIA Operating	65,343	43,138
- EDCLAN	113,440	-
- MARRAM	105,068	103,304
- Peaks Tripartie	60,000	60,000
- Service Providers Conference	60,000	60,000
- VADC	50,000	91,670
- Operating	380,089	363,999
- Other	12,500	-
	<u>846,440</u>	<u>722,111</u>
<b>Total Grant Revenue</b>	<u>1,347,317</u>	<u>1,216,368</u>
<b>5. Cash and Cash Equivalents</b>		
Cash at bank and on hand	3,015,023	1,943,955
	<u>3,015,023</u>	<u>1,943,955</u>
<b>6. Trade and other receivables</b>		
<b>CURRENT</b>		
Trade receivables	88,305	35,893
	<u>88,305</u>	<u>35,893</u>

The carrying value of trade receivables is considered a reasonable approximation of fair value due to the short-term nature of the balances. The maximum exposure to credit risk at the reporting date is the fair value of each class of receivable in the financial statements.

Notes to the Financial Statements  
For the year ended 30 June 2021

	2021	2020
<b>7. Other Financial Assets</b>	\$	\$
<b>(a) Financial assets at fair value through profit or loss</b>		
NON-CURRENT		
Managed Funds - UCA Funds Management	842,984	692,982
<b>Total</b>	<u>842,984</u>	<u>692,982</u>
<b>(b) Change in fair value of other financial assets</b>		
through other comprehensive income		
CURRENT		
Managed Funds - UCA Funds Management	155,878	(192,072)
<b>Total</b>	<u>155,878</u>	<u>(192,072)</u>
<b>8. Leases</b>		
<b>Association as a lessee</b>		
The Association has a lease for its office accommodation.		
Information relating to the leases in place and associated balances and transactions are provided below.		
<b>Right-of-use assets</b>		
		<b>Total</b>
		\$
<b>Year ended 30 June 2021</b>		
Balance at beginning of the year		57,279
Reductions in right-of-use asset		(8,898)
Impairment of right-of-use assets		(36,730)
<b>Balance at end of year</b>		<u>11,651</u>
		<b>Total</b>
		\$
<b>Year ended 30 June 2020</b>		
Balance at beginning of year		102,103
Impairment of right-of-use assets		(44,824)
<b>Balance at end of year</b>		<u>57,279</u>

## Notes to the Financial Statements For the year ended 30 June 2021

### 8. Leases (continued)

#### Lease liabilities

The maturity analysis of lease liabilities based on contractual undiscounted cash flows is shown in the table below:

	< 1 year \$	1 - 5 years \$	Total undiscounted lease liabilities \$	Lease liabilities included in this Statement Of Financial Position \$
<b>2021</b>				
Lease liabilities	12,012	-	12,012	11,953
<b>2020</b>				
Lease liabilities	46,384	11,962	58,346	58,346

#### Extension options

A number of the building leases contain extension options which allow the Association to extend the lease term.

The Association includes options in the leases to provide flexibility and certainty to the Association operations and reduce costs of moving premises and the extension options are at the Association's discretion.

At commencement date and each subsequent reporting date, the Association assesses where it is reasonably certain that the extension options will be exercised.

There are no potential future lease payments which are not included in lease liabilities as the Association has assessed that the exercise of the option is not reasonably certain.

	Notes	2021	2020
<b>9. Trade and Other Payables</b>		\$	\$
<b>CURRENT</b>			
Trade payables		-	(1,100)
Credit card		(3,140)	(2,662)
GST Payable		(147,178)	(130,256)
Accrued expenses		(38,499)	(41,950)
		<b>(188,817)</b>	<b>(175,968)</b>

Trade and other payables are unsecured, non-interest bearing and are normally settled within 30 days. The carrying value of trade and other payables is considered a reasonable approximation of fair value due to the short-term nature of the balances.

## Statement by Members of the Committee For the year ended 30 June 2021

	2021	2020
<b>10. Income in advance</b>	\$	\$
<b>CURRENT</b>		
Government grants - Commonwealth	55,526	3,698
Government grants - State	582,269	386,764
Government Grants - State ADRIA Research Fund	1,297,555	628,055
<b>Total</b>	<b>1,935,350</b>	<b>1,018,517</b>
<b>11. Employee Benefits</b>		
<b>Current liabilities</b>		
Long Service leave	88,313	66,225
Annual leave provision	111,911	95,156
	<b>200,224</b>	<b>161,381</b>
<b>Non-current liabilities</b>		
Long service leave	10,621	7,645

### 12. Retrospective restatement

(a) There was an invoice raised on 29/6/2020 for \$12,500 that was not correctly reflected as revenue in that year.

Also noted was a historical rounding error of \$419 which was restated against other income during the 2019 year, as the origins of the transaction was unknown.

The aggregate effect of the error on the annual financial statements for the year ended 30 June 2020 & 30 June 2019 is as follows:

	Previously stated \$	30 June 2020 Adjustments \$	Restated \$	Previously stated \$	1 July 2019 Adjustments \$	Restated \$
<b>Statement of Profit or Loss and Other Comprehensive Income</b>						
Grant Revenue - Commonwealth	481,757	12,500	494,257	-	-	-
Other income	-	-	-	241,177	420	241,597
<b>Statement of Financial Position</b>						
Retained Earnings	1,333,862	12,500	1,346,362	1,424,890	419	1,425,309

## Notes to the Financial Statements For the year ended 30 June 2021

	2021	2020
<b>13. Auditors' Remuneration</b>		\$
Remuneration of the auditor		
- Audit and preparation of the financial statements (LDAssurance)	5,000	-
- Audit of CCB Acquittal (LDAssurance)	2,000	-
- Audit and preparation of the financial statements (Sean Denham)	-	5,000
- Audit of CCB Acquittal (Sean Denham)	-	2,000
<b>Total</b>	<b>7,000</b>	<b>7,000</b>

### 14. Contingencies

In the opinion of those charged with governance, the Association did not have any contingencies at 30 June 2021 (30 June 2020:None).

### 15. Cash Flow Information

#### Reconciliation of result for the year to cashflows from operating activities

Reconciliation of net income to net cash provided by operating activities:

Profit for the year	263,252	101,044
Cash flows excluded from profit attributable to operating activities		
Non-cash flows in profit:		
- amortisation	46,602	44,824
- fair value movements on investments	(150,002)	(192,072)
Changes in assets and liabilities:		
- (increase)/decrease in trade and other receivables	(52,412)	(32,584)
- (increase)/decrease in other assets	3,110	-
- (increase)/decrease in prepayments	34,381	-
- increase/(decrease) in trade and other payables	14,850	88,948
- increase/(decrease) in income in advance	916,833	923,408
- increase/(decrease) in provisions	41,819	39,761
<b>Cashflows from operations</b>	<b>1,118,433</b>	<b>973,329</b>

### 16. Statutory Information

The registered office and principal place of business of the association is:

Victorian Alcohol and Drug Association Inc.  
211 Victoria Parade  
Collingwood VIC 3066

### Responsible Persons Declaration

The responsible person declare that in their opinion:

- there are reasonable grounds to believe that the registered entity is able to pay all of its debts, as and when they become due and payable; and
- the financial statements and notes satisfy the requirements of the Australian Charities and Not-for-profits Commission Act 2012.

Signed in accordance with subsection 60.15(2) of the Australian Charities and Not-for-profit Commission Regulation 2013.

Chairperson  Treasurer 

Dated 19/10/2021

15/10/2021

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

## Opinion

We have audited the accompanying financial report of Victorian Alcohol and Drug Association Inc. ('the Association'), which comprises the statement of financial position as at 30 June 2021, and the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year ended on that date, a summary of significant accounting policies and other explanatory notes and the responsible person's declaration.

In our opinion, the accompanying financial report of Victorian Alcohol and Drug Association Inc. has been prepared in accordance with Division 60 of the Australian Charities and Not-For-Profit Commission Act 2012, including:

- (a) giving a true and fair view of the Association's financial position as at 30 June 2021 and of its performance for the year ended on that date; and
- (b) complying with Australian Accounting Standards and Division 60 of the Australian Charities and Not-For-Profit Commission Regulation 2013.

## Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described as in the Auditor's Responsibilities for the Audit of the Financial Report section of our report. We are independent of the Association in accordance with Division 60 of the Australian Charities and Not-for-profits Commission Act 2012 and the ethical requirements of the Accounting Professional and Ethical Standards Committee's APES 110 Code of Ethics for Professional Accountants ('the Code') that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our 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 to for the purpose of fulfilling the Association's financial reporting requirements of the Australian Charities and Not-for-profits Commission Act 2012. As a result, the financial report may not be suitable for another purpose. Our opinion is not modified in respect of this matter.

## Other Matters

- We draw attention to Note 2 (a) of the financial report, the Association has not complied with the recognition and measurement requirements of AASB 1058 Income of Not-for-Profit entities. Our opinion is not modified in respect of this matter.
- The financial report of Victorian Alcohol and Drug Association Inc for the year ended 30 June 2020 was audited by another auditor who expressed an unmodified opinion on that financial report on 30 September 2020.

## Responsibilities of the Committee for the Financial Report

The Committee is 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 to the financial report is appropriate to meet the requirements of the Australian Accounting Standards and Division 60 of the Australian Charities and Not for profits Commission Act 2012. The Committee's responsibility also includes such internal control as it determines is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

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

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

## Auditor's Responsibilities for the Audit of the Financial Report

Our 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 our 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.

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

We communicate with the Committee regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

LDAssurance  
Chartered Accountants



Stephen O'Kane  
Partner

Dated this 26th day of October 2021  
330 Collins Steet, Melbourne





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