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# Vaada Board

## VAADA Board Members (Office Bearers)

**President** Tamsin Short commenced as a board member November 2018

**President** Rebecca Lorains commenced as a board member November 2015 retired November 2021

**Vice President** Kent Burgess commenced as a board member

November 2017

**Vice President** Andrew Bruun commenced as a board member November 2015 retired November 2021

**Treasurer / Secretary** Shannon Bell commenced as a board member November 2018

## Ordinary Members

**Elisa Buggy** (commenced November 2019)

**Mike Carroll** (commenced November 2020)

**Dom Ennis** (commenced November 2021)

**Victoria Manning** (commenced November 2017)

**Naomi Rottem** (commenced November 2018)

**Josie Taylor** (commenced November 2021)



**President**  
Tamsin Short

Dr. Tamsin Short is the General Manager of Mental Health and AOD Services at Access Health and Community. As a clinical forensic psychologist, Tamsin has worked in a range of clinical and management roles over the past 12 years, including positions within the alcohol and other drugs (AOD) sector, forensic mental health, and community health organisations. Tamsin has a special interest in the intersection between substance use, mental illness and the criminal justice system, and conducted her doctoral research on this topic in 2010. In 2017, she led the establishment of the Medication Support and Recovery Service, a specialist treatment service for medication dependence and misuse. Tamsin is passionate about supporting excellent leadership and best practice in the AOD sector, and reducing the stigma and barriers for service access for people with alcohol, medication and other drugs.



**Vice President**  
Kent Burgess

Kent is the CEO of Your Community Health - 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.



**Treasurer/Secretary**  
Shannon Bell

Shannon Bell is the General Manager of Partnerships, Training, and Enterprise, at Uniting Victoria and Tasmania. With over 20 years of experience working as a clinician and senior leader, Shannon has worked in a range of treatment settings including prisons, withdrawal, non-residential rehabilitation, counselling, and workforce development. Shannon has extensive experience working with 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 Uniting's Catalyst Therapeutic Day Rehabilitation Programs. Shannon has a special interest in ensuring that consumer participation and lived experience plays an active role and is incorporated into AOD treatment, policy, and service system decision-making.



**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 that 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 (Tas peak body) and Principal Practitioner at ACSO and is presently CEO at WestCASA. 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.



**Mike Carroll**

Mike is an Addiction and Mental Health Counsellor in the private sector. Mike set up MC Counselling in March 2020. Today MC Counselling is a global on-line counselling service providing addiction and mental health services and counselling to NDIS participants and corporate EAP clients across Australia. Mike is also the National chapter Rural and Regional convenor for the Australian Counselling Association. Mike has been an AOD Counsellor for 17 years with an Advanced Diploma in Counselling and Communications. He began his Counselling career at YSAS in Fitzroy. Mike brings lived experience to his work with clients and is passionate about personal development, helping people to become the best versions of themselves, central to his successful outcomes with clients.

# Board Member Profiles

# Board Member Profiles

## Cont



**Dom Ennis**

Dom is the General Manager for Quality and Service Development at YSAS. He has been a practitioner and manager in the AOD field since 2000. He has worked in and managed community based, residential, and online AOD programs across the broad spectrum of prevention, early intervention and treatment. Throughout his career in AOD he has regularly alternated between operational, service development, advocacy and workforce development roles, including roles focused on sector development beyond his own organisation. He is especially passionate about the Youth AOD sector and works for a collaborative and coordinated Youth AOD response, designed to meet the needs of young people and families that need help.



**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 research-psychologist with 22 years' experience in addiction treatment settings in the UK, Asia and Melbourne, she has extensive knowledge of the AOD 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.



**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.



**Josie Taylor**

Josie has been working in the community services setting for 25 years and currently manages MHAOD programs at BCYF. Starting her career in Warrnambool at Brophy Family and Youth Services, this experience gave her the passion and drive to have a voice for regional and rural service provision. Josie moved to Geelong 17 years ago to commence her career in AOD; as a youth outreach worker with Barwon Health. This provided the foundation for Josie to step into a leadership role at Barwon Youth that allowed her to develop and have oversight of an assertive outreach program. Over the last 10 years, Josie has been in management roles at Barwon Youth and now BCYF (Barwon, Child Youth and Family) - with oversight of Justice Programs,

Leaving Care, suicide prevention programs, and counselling and community engagement programs that work alongside refuges and asylum seekers. Josie believes strongly in bringing services together and working in partnership to create the best outcomes for people, and in the service system wrapping around an individual and their natural support system, not the person and family doing all the work.

# Vaada Staff

**Sam Biondo**  
Executive Officer

**Sheridon Byrne**  
Project Officer: - Project Lead: AOD Workforce Initiative

**Gillian Clark**  
Project Worker Mental Health Royal Commission (Commenced December 2021)

**Julia Daly**  
Project and Administration Officer - Drug and Alcohol Program

**Dejan Jotanovic**  
Project Officer: Stakeholder Management, Family Violence Reform (Commenced August 2021)

**Scott Drummond**  
Program Manager

**Sian Kennedy**  
Project Officer - PHN Funded Programs (Commenced October 2021 resigned May 2022)

**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 - AOD Workforce Initiative

# Vision and Purpose

## Our Vision

A Victorian community in which alcohol and other drug (AOD)-related harms are reduced and well-being is promoted to support people to reach their potential.

## Our Purpose

VAADA leads AOD policy, workforce development, and public discussion across membership, related sectors and the community to prevent and reduce AOD harms in Victoria.

## Principles:

### We are collaborative

We foster inclusive engagement that is representative of our sector and values diverse lived experience.

### We are professional

We demonstrate transparency, integrity and accountability in all of our work.

### We are rights-based

We are driven by social justice underpinned by compassion and a commitment to intersectional equity.

### We are progressive

We challenge the status quo through strategic thinking, courageous advocacy and a commitment to innovation.

### We are evidence-informed

We promote an evidence-informed and outcomes-focused approach to policy and practice.

# President's Report

## The promise of tomorrow

The past year has provided both a lot of promise for, and many questions from, the sector.

There has been a significant growth agenda from government, with the progression of the Royal Commission into Victoria's Mental Health System' recommendations.

Amidst the growth in mental health funding, we have seen the beginnings of a more accessible and integrated sector, with greater capacity and enhanced capabilities. The new Integrated Care, Treatment and Support Guidance (Recommendation 35 of the Royal Commission) incorporates principles of integrated, trauma-informed care with an emphasis on 'welcome, hope and empathy' that is a familiar ethos for the AOD sector.

Whilst the mental health reforms are promising for our sector, the imbalance in growth and resources between mental health and AOD is increasingly problematic, with a consensus that an inadequately resourced AOD sector will impede positive outcomes from the mental health reforms. There will no doubt be challenges ahead as both the AOD and mental health sectors seek to grow in capacity and capability to support the increased need and complexity in our communities. VAADA will continue to work closely with our

sector, with our colleagues in mental health, and with the Department to support these changes and ensure the sustainability of the AOD sector into the future.

As with all major reform, there remains a number of unanswered questions and VAADA will continue to consult and advocate on behalf of the AOD sector to have these answered. In particular, we want to know more about how and where the AOD sector 'fits' into the new landscape of reformed mental health and wellbeing services, how AOD will be funded and resourced to meet the growing demand for our services, and how we will support and retain a skilled and experienced AOD workforce. 2023 will be pivotal in determining the answer to so many of these questions and ensuring that the integrity and intent of these reforms can be held up through a robust and viable AOD treatment system.

Workforce recruitment and retention remains a significant challenge for AOD providers. I am very proud of the work VAADA has done to support our sector in this space, particularly in relation to the Elevate! program which has provided free, relevant and accessible training to the AOD sector across a diverse range of topics this year. We need to build on existing funding for initiatives like Elevate!, which are tailored for our growing and diverse workforce.

The past year saw the recruitment of an additional 100 AOD workers through the COVID-19 AOD Workforce Initiative, providing a welcome boost to sector capacity at a time when demand has been soaring. VAADA has regularly been running surveys on agency waitlists and times which has revealed a 71% increase in the daily waitlist with over 4088 consumers waiting for treatment; illustrating the desperate need for more resources to meet the needs of Victorians seeking support for AOD issues. Despite the Productivity Commission's recommendation for minimum seven year funding contracts, our sector continues to be hampered by short-term and unreliable funding sources which do not meet the need and demand in our community; this remains a key issue for our sector.

There is a busyness about VAADA with a range of different projects spanning different areas and different regions. VAADA, in partnership with the Murray, North West Melbourne and Western Victorian PHNs has undertaken a number of projects building the capacity of the sector within those regions. VAADA also continues to support the sector's capability to respond to family violence, having developed a number of materials and established a community of practice.

In other collaborative work, VAADA continues to participate in a range of networks and works with colleagues from other sector peaks on different endeavors. These include the 'Tri-Peaks' partnership between the Centre for Excellence in Children and Family Welfare and the Victorian Healthcare Association, which has facilitated a range of high quality seminars, events and coalescence in thinking between the three sectors.

To sum up the year - I am proud of the AOD sector who, in the face of uncertainty, have continued to persevere in supporting an increasing number of people who are seeking treatment for substance use issues. There remains a damaging stigma for people using substances in media, policy and community, and this continues to be reflected in how the community talks about, resources, and responds to substance use concerns. To effectively address the problems that arise from substance use, we need to work towards a community where AOD use is truly considered a health issue that provides people with accessible, safe and effective treatment options.

On a personal note, I am extremely honoured to be elected as President of VAADA this year, particularly during such an important time of change and reform as we emerge from the pandemic. I am grateful to our Vice President Kent Burgess for his support, and to my fellow Directors on the VAADA Board for their wisdom and insight in guiding VAADA's work to support our sector. I would particularly like to thank the VAADA Executive Officer, Sam Biondo, for his tireless advocacy for the sector and for leading such an engaged and highly capable team at VAADA. I look forward to continuing to represent our sector and working towards new challenges and opportunities over the coming year with you all.



# Executive Officer Report

The past year has brought many challenges to Victoria's alcohol and drug (AOD) sector. At VAADA we have dealt with a range of issues spanning Covid-19, mental health reform, workforce development, program development and increasing community demand for services. This year's annual report provides an insight into some of this activity.

Over the past year the sector has again shown that it is responsive, flexible, and adaptable to changing circumstances as it has continued to respond to Covid, a continuation of its own system reforms (begun in 2014), changes arising from the Family Violence Royal Commission, and more recent reforms related to the Royal Commission into Mental Health. As a sector, the Victorian AOD system clearly understands the interrelationship between systems and the impact this has on service users. While change can be good, it is also clearly understood the pace and magnitude of change going forward must be carefully managed to maintain the integrity of Victoria's specialist AOD system, and the viability and wellbeing of our valued workforce.

As the fog of early-stage Mental Health reform lifts we have observed a focus on the issue of integration between the Mental Health and the AOD system. While this emphasis is important, two issues stand out: the AOD system needs to be an equal partner in the development and implementation of a reformed service system, while the integrity of the AOD sector as a discrete and specialised system needs to be

maintained if not strengthened. In relation to this, VAADA has sought to position itself to be part of this engagement process, and to position our specialist system to maximize benefit for the community. Given the importance of this, VAADA has secured a dedicated project worker to drive our efforts and some of this early work can be observed in this year's report.

Cognisant that our AOD specialist system contains a range of multi-skilled staff that are well regarded and of great value across a broader service system, VAADA has continued efforts across a number of workforce related matters. VAADA has advocated in several key forums to see improved workforce forecasting, planning, attraction, training, and retention. While the State Government has made significant and much welcomed investment in residential services, we and the sector remain very concerned at the need for commensurate effort to support AOD workforce growth. The seriousness of the lack of growth in our workforce can be observed in relation to the impact of AOD client waiting lists, the relationship to infrastructure expansion, as well as AOD workforce drain emanating from other areas such as Mental Health, Family Violence and Corrections arenas, all of which have specific AOD workforce needs. Concern has been firmly expressed in relation to discontinuation of funding support for the Covid-19 100 staff uplift as evidenced in the May 2022 budget.

Because of the lack of alternate data sources, VAADA has continued

with its in-house sector demand snapshot surveys begun during the height of Covid. This year's data indicated a continued increase in waiting list demand from 3599 individuals mid 2021 to 4088 in December 2021. Although indicative, the numbers point to high levels of unmet community demand for AOD services as reported by participating services across Victoria. These figures are further compounded by additional demand pressure coming from Covid-impacted Court waiting lists which currently sit at around 100,000 individuals.

At the organisational level, despite its small size, VAADA continues striving to add value to the sector. Over the past year we have undertaken a broad review of our strategic plan and future direction. In the course of this work VAADA listened to the views of members, staff, the broader sector and key stakeholders. We are confident that this will set the direction over the near future and help guide our work on behalf of the sector.

As the sector peak, VAADA has sought to provide a suite of sector development activities. This work isn't just to impart knowledge or create meeting points for conversation and information sharing but remains a pivotal a pivotal means of unifying the sector. It helps create homogeneity in our direction and focus on our common issues. Examples of this work include the numerous networks, communities of practice, events, daily e-news bulletins, and commissioned training offered to the sector. Further, we also seek to

influence and have a dialogue with a range of stakeholders such as the Victorian Council of Social Services, Victorian Aboriginal Community Controlled Health Organizations, State and National AOD Peaks as well as Government and Departments at all levels. VAADA has also continued to partner with the Centre for Excellence in Children and Family Welfare and the Victorian Healthcare Association, in pursuit of a cross-fertilization of thinking between sectors via the 'Tri-Peaks' entity. Tri-Peaks has sought to build a common platform across the three sectors for sharing information and knowledge transfer between partner agencies. This is a valued activity supported by state government and brings great benefit across the three sectors. Our commitment to collaboration can also be observed in the delivery of the Mental Health and AOD focused Service Provider's Conference involving VAADA, the Mental Health sector peak MHV, and members from TANDEM, VMIAC, SHARC, and APSU.

Elsewhere VAADA has continued the development of the Alcohol and Drug Research Innovation Agenda (ADRIA), the state government supported AOD focused research funding program. Now entering its second round of grants valued at approximately \$1.2M, these grants provide a unique and rare opportunity for our service system to build the local (Victorian) research base and strengthen evidence-based practice.

A major workforce initiative for our sector has been the establishment of the state funded 'Elevate!'

Initiative. This project has created a centralized training program for all AOD staff. It has assessed the training needs of staff, built an online portal with training calendar and registration site and facilitated over 1000 staff enrolments across 67 training sessions delivered to over 700 attendees.

The continuation of VAADA's family violence project has enabled a number of program activities to address sector needs including the development of a family violence AOD community of practice with key sessions focused on 'working with adults who use violence', 'working with First Nations clients', and 'technology facilitated abuse'. Resources have been developed including summary posters and information factsheets as well as an update of the family violence 'red flags' resource which helps clinicians identify the high risk indicators of family violence when working with victim survivors

In partnership with our Primary Health Network partners across Western Victoria, Murray, and Northwest Melbourne regions VAADA has sought to provide a range of capacity building opportunities. We have done this through the development of networks, relationship building at the regional level, and provision of enhanced learning opportunities for staff in these regions. We have also commissioned research into AOD client outcome and experience measures in Northwest Melbourne Primary Health Network (PHN) region and the opportunities and barriers to implementing

tools which measure these.

Through our federally funded AOD sector capacity building project we have continued to invest in a range of capacity building activities. These continued work with the Victorian Dual Diagnosis Initiative (VDDI), joint workforce activity with other jurisdictional peaks, and our annual sector-wide survey. Efforts have continued in relation to the consumer participation and experience project which seeks to raise the consumer voice around the AOD treatment system experience and establishing ways to effect change management. In collaboration with the NADA, our NSW sister organization, research was commissioned from Curtin university undertake a workforce survey and targeted interviews with AOD leaders and managers as a means of informing future capacity building initiatives to support leaders and managers across the AOD sector.

In concluding, it is important to note that VAADA's efforts rest on the shoulders of many participants which include sector staff, the much valued and appreciated VAADA team, and the direction offered by members and the very committed VAADA Board. The direction, and support afforded by the Board and Tamsin Short our President, is highly valued and always grounded in the best interests of our sector. I very much look forward to continue working with Tamsin and the Board, the VAADA staff and the many members across our sector that VAADA represents.

# Sector Development

## Sector development report, VAADA annual report 21/22

Sector development in 21/22 saw an increased focus on rural and regional AOD staff and services and significant cross sector work. Both were aided by the easing of COVID restrictions which saw more face-to-face events return. One example is VAADA's engagement by three PHNs to build capacity of the AOD workforces in their respective regions. Two of these (Western Vic and Murray PHN) provide an opportunity to deliver events and activities in rural and regional Victoria. Across 21/22, VAADA hosted and participated in events in Shepparton, Swan Hill, Warrnambool, Mildura, Geelong, and Ararat. These events provided the opportunity to network, build relationships, share practice wisdom and listen to guest speakers. They also included hearing updates on local issues, challenges and opportunities. In Shepparton for example, this included hearing about the establishment of the Drug Court and the Public Intoxication pilot.

The North West Melbourne PHN engaged VAADA to explore evaluation and outcome measurement among funded AOD services including the feasibility of implementing client experience measures. This project also included process mapping existing approaches for Intake and Assessment. Findings from this project will be completed in 22/23.

Our cross sector work in 21/22 included the continuation of our successful Tri-Peaks partnership and increased collaboration with the mental health sector. Tri-Peaks is a joint project of VAADA, the Centre for Excellence in Child and Family Welfare, and the Victorian Healthcare Association. The goal of Tri-Peaks is to improve links and collaboration between the AOD, community health, and child and family welfare sectors. Three cohorts (totaling 80 participants) have now completed the Tri-Peaks mentoring program while a series of webinars continued to regularly draw over 300 attendees. Feedback from webinars has been consistently positive.

In 21/22 VAADA and MHV organised a cross-sector conference focussed on the impact of the mental health reforms on our respective sectors and was one of a number of activities VAADA initiated to support the sector understand and respond to the mental health reforms. As the peak body for state funded AOD services, translating government reforms into understandable and accessible information is an important function. Another related project is our work with the VDDI over the past year to ensure the smooth implementation of the reforms. VAADA has also hosted a number of stand-alone forums on the MH reforms.

Our work with the VDDI is supported by funding from the

Federal Government via the AOD Sector Capacity Building project. This project also supports VAADA's engagement with other state and territory AOD peaks. In November 2021, VAADA collaborated with other peaks to present at the annual at the annual Australasian Professional Society on Alcohol and Other Drugs (APSAD) conference. The symposium was titled "The work won't do itself: a critical discussion of alcohol and other drug workforces."

Throughout 21/22 VAADA continued to support specific staff cohorts within AOD sector staff via a number of network meetings and forums, including:

- CEOs and Managers
- Non-residential withdrawal nurses
- Family Violence AOD Community of Practice
- Youth Workers
- Emergency Department Addiction Staff
- Catchment Based Planners

Network meetings provide staff groups the opportunity to connect with peers from around the state, share information and practice wisdom, identify solutions to shared issues and challenges, and network. VAADA is also a regular attendee at regional AOD service provider meetings including in the Grampians region, Southern Metro region and Gippsland. These meetings and forums also offer

staff and services the opportunity to raise issues with VAADA which allow us to advocate on behalf of the sector in our regular meetings with senior departmental staff.

Supporting workforces also includes being able to offer education and training opportunities. Based on a centralized training coordination model, the Elevate! project has been one of our most successful professional development initiatives in recent years. Elevate! provides opportunities for upskilling and capacity building for those workers who have not been able to find places within training delivery in previous years and in 2021/22, Elevate! passed over 1000 registered users.

As the Mental Health reforms have highlighted, the AOD workforce requires targeted information and advice on responding to new reforms. In 21/22 VAADA worked with Family Safety Victoria, the Department of Health, and the Department of Families, Fairness and Housing to build capacity across the AOD sector in responding to Family Violence. These family violence reforms, as initiated by the Royal Commission into Family Violence, recognise the important role that the AOD sector plays in identifying and responding to victim survivors of family violence, and keeping adults that use violence accountable and in view within the service system.

In 21/22 VAADA continued to administer the AOD research grant program: The Alcohol and Drug Research Innovation Agenda (ADRIA). Following the first round of grants, VAADA undertook a review based on survey data and feedback from applicants (both successful and unsuccessful). From this review, a series of program changes were made ahead of the second grant round in 2022 including improvements to the application process.

Altogether 2021/22 was a busy year for sector development in the Victorian AOD sector. Thank you to all sector staff who embraced the workforce development opportunities VAADA presented. Thank you especially to the VAADA staff contributing to sector development. More detail on their respective projects, are outlined in the following pages.

### Family Violence Project

VAADA has worked with Family Safety Victoria, the Department of Health, and the Department of Families, Fairness and Housing to build capacity across the AOD sector in the Family Violence Information Sharing Schemes (FVISS) and the Multi Agency Risk Assessment and Management (MARAM) Framework.

In 2021-2022, VAADA has undertaken several activities within the family violence project:

- Organised and facilitated a Family Violence AOD Community

of Practice, with key sessions centring on "Working with adults who use violence," "Working with First Nations clients," "Technology-facilitated abuse," and "High-risk indicators of family violence"

- Developed a monthly "Family Violence AOD Community of Practice" newsletter for the AOD sector - with MARAM updates, events, news from the family violence sector, and other family violence related information.
- Developed a MARAM Training calendar to capture all the various training activities on offer.
- Surveyed the sector on how the MARAM-Alignment had impacted AOD Intake and Comprehensive Assessment tools, clinician's practice and client's experiences.
- Developed resources, including summary posters of the Information Sharing Schemes, and website updates to include a page specifically on the relationship between AOD and Family Violence
- Redesigned the family violence "Red Flags" resource - this resource helps clinicians identify the high-risk indicators of family violence when working with victim survivors.

### **Elevate!**

In 2020 the Victorian State Government committed \$25.62M from the 20/21 state budget to employ one hundred new AOD workers to address the impact of COVID. The purpose was to support people who disengaged from AOD treatment during the pandemic and to reduce wait-lists for residential treatment.

The government also committed part of the funding to create a centralised workforce development program. VAADA was commissioned to consult AOD organisations on training needs and build an online training calendar distinct from VAADA's events calendar. The project was named "Elevate!" and primarily targeted the one hundred AOD workers employed under the COVID initiative and existing workers in the AOD sector who have not had access to training previously.

Eighteen training providers were funded to deliver a range of VET-accredited, non-accredited and e-learn training. Odyssey Institute, Uniting and Turning Point, the AOD sector registered training organisations were funded to provide the minimum qualification training (Skillset) for AOD workers including a Youth-contextualized Skillset for Youth AOD workers co-facilitated by YSAS. Other accredited training units, such as

Working with People with co-occurring AOD and Mental Health issues, and the new MARAM-aligned unit in Identifying and Responding to Family Violence Risk.

VAADA wishes to acknowledge Thorne Harbour Health, YSAS, Caraniche, ARBIAS, HRVIC, 360 Edge, Monash Centre for Scholarship in Health Education, SHARC, HRVIC, McKenzie Consulting, Gaby Bruning, Mentha Consulting and Victorian Aboriginal Community Controlled Health Organisation (VACCHO) Non-accredited training topics were in direct response to sector needs and included supervision, youth AOD topics, harm reduction, cultural safety and sensitivity, casework, motivational interviewing, working with older adults, working with LGBTIQ+ communities, family violence, acquired brain injury and AOD, working with co-occurring mental health and AOD, and much more.

VAADA also worked with Insight Queensland to provide three online self-paced e-learning units tailored to the Victorian AOD sector.

More than 1000 students have enrolled in Elevate!, with 67 training sessions delivered to over 700 attendees, with more training to come. Elevate! has been extended to December 2023 and will continue to offer e-learning,

accredited and non-accredited training to the sector.

### **Alcohol and Drug research Innovation Agenda**

In 2019, VAADA was commissioned by the Victorian Department of Health to administer a new AOD research grant program: The Alcohol and Drug Research Innovation Agenda (ADRIA). The first grant round in 2020 allocated approximately \$1.3 million in grant funding to AOD-focused research projects in Victoria.

VAADA undertook a review of the first round with assistance from the ADRIA Advisory Group. This included a review of applications from the first round, survey data and feedback from applicants (both successful and unsuccessful). From this review, a series of program changes were made ahead of the second grant round in 2022, including:

- A revised EOI template;
- A simplified application process;
- Amended caps on grant amount and project length;
- Research Priorities identified in ADRIA's Research Agenda; and
- A series of research-skills webinars delivered in the lead-up to the 2022 grant round.

Approximately \$1.2 million of grant funding will be available in the 2022 round, which opened on June 13th 2022.

### **EDCLAN**

The Emergency Department Clinical Liaison Addiction Network (EDCLAN) is a group of AOD professionals located within Victorian hospital EDs providing high quality healthcare to patients with AOD-related health needs. VAADA supports this group by hosting network meetings, maintaining and supporting communication and contact with and between group members, organizing professional development opportunities and liaising with the Department of Health on the network's behalf.

In 2021/22 VAADA's focus has been supporting the group in preparing for upcoming reforms that will impact their work. These include the repeal of Victoria's public drunkenness legislation and the implementation of the recommendations from the Royal Commission into Victoria's Mental Health System. The impact of service integration—the AOD-Mental Health hubs—has been a particular focus. VAADA also organized a range of professional development opportunities including presentations from Reconnexion on managing benzodiazepine withdrawal and the University of Melbourne on a trial of syringe residue analysis.

VAADA also organized two joint meetings of EDCLAN group and the Non-Residential Withdrawal

Nurses network including a forum held in person in December 2021. The groups heard from presenters including Dr Tetyana Rocks from Deakin's Food and Mood Centre, Eleanor Kitson from Monash Drug and Alcohol Service, Dr Nico Clark from Melbourne's Medically Supervised Injecting Clinic, and Dr Chris Langmead from the Monash Institute of Pharmacological Sciences.

### **Primary Health Networks (PHNs)**

Through 21/21 three Victorian PHNs funded VAADA to undertake a variety of capacity building activities. Despite some delays to the projects, VAADA was able to deliver a series of meetings, forums, and events to support the workforce development of PHN-funded AOD sector staff (and allied health services). The Murray PHN project saw events run in Shepparton, Mildura, Wangaratta and Swan Hill. Forums provided the opportunity for regional staff to connect, share practice wisdom, listen to guest presenters and discuss issues and opportunities in respective regions. Similar events were run in Western Vic including Warrnambool and Ararat.

PHN Workforce Development also included offering a range of training opportunities in CBT, ACT, MI and Supervision skills for example to staff across the regions.

The North Western Melbourne PHN Project was focussed on VAADA undertaking a project to look into the feasibility of implementing AOD outcome and experience measures across the NWMPHN commissioned AOD providers, and to map existing approaches used by AOD providers for intake and Assessment. This project involved a targeted literature review, focus groups and one on one interviews with services to understand how services manage these important tools and metrics.

VAADA looks forward to continuing its focus on PHN funded AOD services, including rural and regional AOD providers.

### **AOD Sector Capacity Building Project**

Over the 21/2022 financial year this project, funded by the Federal Department of Health, has continued to support VAADA's capacity building activities across the Victorian AOD sector, while building and maintaining collaborative relationships with organisations from related sectors.

VAADA has maintained its relationship with the VDDI via a range of activities including attending online Leadership Group meetings on a fortnightly basis. The focus of the VDDI's work has been the roll-out of the Victorian Mental Health Royal Commission (MHRC) recommendations, and

how the various stakeholders can work together and with the Victorian Department of Health to ensure their smooth implementation.

In early November 2021, five of the state and territory AOD peaks (VAADA, SANDAS, ATODA, WANADA and NADA) collaborated on the presentation of a symposium at the annual Australasian Professional Society on Alcohol and Other Drugs (APSAD) conference. The symposium was titled "The work won't do itself: a critical discussion of alcohol and other drug workforces." VAADA's presentation (undertaken by Jane Moreton) discussed the findings of various surveys completed by VAADA over the past four years, and indicated that workforce recruitment, retention and training were the highest rating issue experienced by treatment agencies, resulting in a direct impact to the provision of client services.

Significant progress was made in relation to the Consumer Participation and Experience Project during the past 12 months despite the limitations of online meetings. The aims of this project are to raise the consumer voice with regard to providing feedback on their lived experience of the AOD treatment system, and to actively participate in decision-making and change management through a co-design

model. In addition to the four lived experience individuals (two consumers and two carers) that had been selected to join the overarching reference group, three peer researchers were selected following a thorough application and interview process. The three researchers then underwent three, three hour training projects on the background of consumer participation, co-design models and basic research techniques, then they designed a questionnaire tool to obtain data from focus groups. A total of 26 individuals with a lived experience were interviewed, and a summary report was prepared with the results and a series of recommendations.

In 2021, VAADA provided an "AOD 101" training about the AOD sector and how to access it to South Sudanese peer workers for the Centre for Ethnicity and Health project. This was followed in early August by a training session on the client journey through withdrawal, and then residential rehabilitation.

In 2021, Dr Ramon Wenzel (Curtin University, WA) led a study titled "AOD Workforce Study: NGO Insights 2021" on behalf of VAADA and NADA, NSW. The study drew on over 400 responses to a workforce survey in Victoria and over 20 one-to-one targeted interviews with AOD leaders and managers. Findings will help

inform future capacity building initiatives to support leaders and managers within the AOD sector.

The ever-popular prompt cards included an update of the Family Violence prompt cards for victim/survivors in 21/22. Next year we expect to develop a card to help clinicians respond to clients who use violence in their relationships aligned with the upcoming MARAM guidance for working with adult perpetrators.

#### **Media and Policy report**

VAADA strives to maintain and build constructive relationships across the political spectrum to ensure that our Parliamentarians remain across evidence informed AOD policy and that the voices of the people who engage in treatment and the agencies that support them are not lost in public discourse.

This is done through a range of formal and informal means, the availability to provide briefings on specific AOD matters as well as drawing together expertise from the sector to provide advice.

This reporting period has covered the federal election and leads into the November Victorian poll. There has been a change in Minister responsible for AOD and a change in Commonwealth government. Thankfully, we saw the continuation of the

Commonwealth Ice Action Strategy funding. Things have not been a straightforward at a state level, with the conclusion of the AOD COVID-19 workforce initiative and the delay in the public intoxication reforms. There will be an additional residential rehabilitation facility in Mildura – a long term need supported by Infrastructure Victoria which is welcomed. The Mental Health reforms are also progressing, with significant intersection with the AOD sector. Significant work has been undertaken, and will continue, as VAADA seeks to ensure that the sector is strongly represented in the progression of these reforms.

During this period, VAADA released the Victorian Election Statement, which headlined some daunting pressures bearing upon the AOD treatment sector, exacerbated by the pandemic. This includes, through data we collected through surveying the sector, a 71% increase in the daily waitlist over the pandemic period and a 250 FTE increase in capacity for the treatment sector to meet demand (as of December 2021).

At time of writing, these concerns have been highlighted regularly in public debate, by many politicians, and referred to in a number of public facing documents and committee hearings, such as the Pandemic Declaration

Accountability and Oversight Committee.

The debate around supervised injecting has again been disappointing as the transaction cost of the politicization of this evidence based endeavor is the generation of greater stigma. We anticipate this debate heating up as the November poll approaches. Notwithstanding, the media remains a key platform for VAADA and others to champion specific causes, and we greatly appreciate the time and diligence from our friends in the media in reporting on AOD matters.

As always, it has always been a pleasure working with the sector and we are grateful for the time taken to support our advocacy activities.



# Snapshot 2021 - 2022

## 43+

PARTNERSHIPS,  
LINKAGES &  
NETWORKS



### Partnerships, Linkages and 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
- Hepatitis Victoria
- 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
- Safe and Equal
- VACCHO
- Victoria Police Mental Health Portfolio Reference Group
- Victorian Council of Social Services
- 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
- WIRE
- Women's Health in the North
- Women's Health in the West
- Yarra Drug and Health Forum

### Membership

## 71

VAADA MEMBERS



As of 30 June 2022 VAADA had 71 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.

### VAADA Conferences and Webinars

One In-Person Conference, two Webinars, and two Blended\* Events to over 500 Attendees

**Mental Health Royal Commission Updates:** Victorian AOD Service Providers Conference Webinar

**Connections and Reflections:** Victorian AOD Service Providers Conference in-person

**AOD Nurses Forum:** Toolkit Top-up: Blended Forum

**State Election 2022:** VAADA Call to Parties – AOD Policy: Blended Forum

**Methamphetamine update:** Findings from VMAX and WE CAN DO THIS! - Webinar

\*A Blended Event is one delivered both in-person and as a webinar

### Tri-Peaks Webinar Series

## 6

WEBINARS TO OVER 650 ATTENDEES



Technology and Addiction Part 1 + Part 2

**WorkSafe Victoria:** Creating mentally healthy workplaces

**Omicron:** Lessons learned and what comes next

Brief interventions for Substance Use Disorder

Child Safe Standards across the Health + Community Health, AOD, and Children and Family Sectors

### ADRIA Research Webinar Series

## 4

WEBINARS TO 162 TOTAL ATTENDEES



Grantees from Round One

Meaningful inclusion of affected communities in research

Grant Writing Skills

Reviewing Evidence for research grant writing

### Mental Health Royal Commission

## 2

WEBINARS TO 211 TOTAL ATTENDEES



20+ Consultation Sessions with 250+ Total Attendees

**MHRC and the AOD Sector - Q&A Webinar**

**Briefing Session - MHRC AOD Sector Consultation - Webinar**

AOD Sector Consultation Group MHRC

MHRC Cross Sector Consultation Group

Elevate! AOD Training Initiative

**67** TRAINING SESSIONS 

In partnership with 14 Training Providers

To 1,147 Total Students

VAADA Network Meetings

**34** NETWORK MEETINGS

34 Network Forums, Workshops+ Meetings with over 1,000 total attendees

AOD CEOs and Managers

Emergency Department Clinical Liaison Addiction Network (EDCLAN)

Non Residential Withdrawal Nurses

Youth AOD Community of Practice

Youth Advocacy

Family Violence Community of Practice

Catchment Based Planners

VADC Forum

CCB - Becoming Trauma Informed + Mindfulness workshops?

COVID-19 Vaccine Ambassador Community Engagement Project

Rural and Regional Reach



Face to face Service Provider Forums and other network meetings across Victoria reaching 200+ participants

YouTube Channel

**212** SUBSCRIBERS 

513 total hours watching content over 3,700 unique views

Surveys

**10** SURVEYS 

10 Surveys reaching over 600 respondents

Media

**86** MEDIA PIECES 

6 more media pieces than the previous year.

Briefings - 1

Press Releases - 0

Radio - 7

Print - 29

TV - 3

Online - 45

Letters - 86

Submissions

**10** SUBMISSIONS TO GOVERNMENT 

· Cultural Review of the Corrections Adult Custodial System

· Post market review for ODTP

· Primary Health Care 10 year plan

· Social housing and mental health support - recommendation 25 of the RCMPS

· Inquiry into Victoria's Criminal Justice system

· Social housing regulation review

· State Budget Submission 2022/23

· Children affected by parental incarceration

· VAADA election statement and summary

· Presentation to the Pandemic Declaration and Oversight Committee

Vaada Enews

**1100** SENT TO 2800 SUBSCRIBERS 

VAADA Jobs Board

VAADA Promoted 786 AOD-related jobs on the Jobs Board

# Treasurers Report

I am pleased to present on behalf of the Board, the audited Financial Statements for the 2021/2022 financial year. VAADA's financial position for this year has built on the strong financial result VAADA posted at the end of the 20/21 financial year, by posting a surplus of \$127,249. After considering VAADA's current and non-current liabilities, which in descending order are; Income in Advance; Employee Benefits; Trade and other Payables; lease; and non-current liabilities (lease and long service leave) resulting in organisational equity of \$1,736,863. I am pleased to note that the surplus exceeded the VAADA budget expectations, primarily because of project opportunities that arose subsequent to the drafting of the budget.

## Income

VAADA received total revenue of \$2,428,693 which is an increase of \$993,023 above that received in the previous financial year. The main part of this revenue consisted of grant income \$2,377,129, which is an increase of \$1,347,317 on that received in 20/21. The increase in revenue was due primarily to State Funding that increased from \$846,440 to \$1,863,311 for this financial year. A large part of this increased funding is comprised of the research component of the ADRIA project, which distributed \$520,363 to successful grantees. VAADA also received new State money for the following projects, including: Elevate!; Mental Health Royal Commission Project; Immunisation Project; and, the Integrated System of Care Model Project. There was also a small increase in funding from the Commonwealth. I would like to foreshadow that both State and Federal funding will decrease in the 22/23 financial year as some of the project streams mentioned come to completion. VAADA's investments, which appear in the Statement of Profit and Loss as Other Comprehensive Income have had an unrealised loss of \$51,759 this year compared to an unrealised gain of \$155,879 the previous year. These losses are attributable to the range of factors that have impacted global financial markets. The VAADA board take a medium to long term view with VAADA's investments, and expect a positive return in the long term, notwithstanding the short term volatility these investments are likely to experience.

## Expenditure

Due to the increased project activity during the year, VAADA's Employee Benefits expense grew markedly, increasing by \$247,604. As Covid 19 restrictions eased, VAADA also saw a large increase in Meeting Expenses which increased by \$100,109. In a large part this was because events like the Service Provider's Conference returned to a face-to-face footing, which entails venue and catering costs not inherent in virtual events. There was also a large increase in costs associated with delivering Elevate! and other project training opportunities. Computer Expenses also grew by \$33,769 primarily because of the development of IT platforms for the Elevate! project.

VAADA has budgeted for a healthy surplus for the 2022/23 financial year. However the Board recognises that that more broadly, Australia is facing economic challenges which may impact on VAADA's financial position in the coming year.

## Funders

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.

In conclusion, it has been a financially successful year and I would like to thank the Board and my colleagues on the Finance, Risk and Audit Subcommittee for their support. I would also like to thank the VAADA staff for their support.

VAADA extends our gratitude to Ruth Watson and Associates who have provided accounting support throughout the financial period 2021/22. I would also like to thank LDAssurance Chartered Accountants for undertaking the Auditing of the VAADA financial reports for 2021/22.

# Financial Reports

For the year ended 30 June 2022

## Statement of Profit or Loss and other Comprehensive Income for the year ended 30 June 2022

	Note	2022	2021
		\$	\$
<b>REVENUE</b>			
Grant Revenue - Commonwealth	4	513,818	500,877
Grant Revenue - State	4	1,863,311	846,440
ATO Cash flow boost		-	50,000
Interest income		11,250	2,779
Membership fees		29,886	31,716
Other events		5,030	-
<b>Other income</b>		<b>5,398</b>	<b>3,948</b>
<b>Total revenue</b>		<b>2,428,693</b>	<b>1,435,760</b>
Employee benefits expense		(1,267,299)	(1,019,695)
Amortisation		(46,947)	(46,602)
Computer expenses		(69,392)	(35,623)
Accounting & audit fees		(14,260)	(12,140)
Finance expenses		(2,011)	(1,437)
Meeting expenses		(120,592)	(20,483)
ADRIA research grant		(520,364)	-
Administration expenses		(72,253)	(60,003)
Consulting fees		(76,254)	(82,589)
Occupancy expenses		(2,741)	(3,954)
Other expenses		(1,667)	425
<b>Professional development</b>		<b>(55,905)</b>	<b>(46,286)</b>
<b>Total expenses</b>		<b>(2,249,685)</b>	<b>(1,328,387)</b>
<b>Profit/(loss) for the year</b>		<b>179,008</b>	<b>107,373</b>
Other comprehensive income	7	(51,759)	155,879
<b>Total comprehensive income for the year</b>		<b>127,249</b>	<b>263,252</b>

## Statement of Financial Position as at 30 June 2022

	Note	2022	2021
		\$	\$
<b>ASSETS</b>			
<b>CURRENT ASSETS</b>			
Cash and cash equivalents	5	3,250,676	3,015,023
Trade and other receivables	6	24,125	88,305
Prepayments		23,625	618
<b>TOTAL CURRENT ASSETS</b>		<b>3,298,426</b>	<b>3,103,946</b>
<b>NON-CURRENT ASSETS</b>			
Other financial assets	7	794,547	842,984
Right-of-use assets	8	58,827	11,651
<b>TOTAL NON-CURRENT ASSETS</b>		<b>853,374</b>	<b>854,635</b>
<b>TOTAL ASSETS</b>		<b>4,151,800</b>	<b>3,958,581</b>
<b>LIABILITIES</b>			
<b>CURRENT LIABILITIES</b>			
Trade and other payables	9	126,136	190,819
Lease liabilities	8	47,642	11,953
Employee benefits	11	221,610	200,224
Income in advance	10	1,978,724	1,935,350
<b>TOTAL CURRENT LIABILITIES</b>		<b>2,374,112</b>	<b>2,338,346</b>
<b>NON-CURRENT LIABILITIES</b>			
Lease liabilities	8	12,192	-
Employee benefits	11	28,633	10,621
<b>TOTAL NON-CURRENT LIABILITIES</b>		<b>40,825</b>	<b>10,621</b>
<b>TOTAL LIABILITIES</b>		<b>2,414,937</b>	<b>2,348,967</b>
<b>NET ASSETS</b>		<b>1,736,863</b>	<b>1,609,614</b>
<b>EQUITY</b>			
Retained Earning/profit		1,736,863	1,609,614
<b>TOTAL EQUITY</b>		<b>1,736,863</b>	<b>1,609,614</b>



## Statement of Changes in Equity For the year ended 30 June 2022

2022	Note	Retained Earnings	Total
		\$	\$
Balance at 1 July 2021		1,609,614	1,609,614
Profit for the year		179,008	179,008
Other comprehensive income for the year		(51,759)	(51,759)
<b>Balance at 30 June 2022</b>		<b>1,736,863</b>	<b>1,736,863</b>

2021	Note	Retained Earnings	Total
		\$	\$
Balance at 1 July 2020		1,346,362	1,346,362
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>

## Statement of Cash Flows For the year ended 30 June 2022

	Note	2022	2021
		\$	\$
<b>Cash flows from operating activities</b>			
Receipts from grants		2,343,387	2,398,481
Payments to suppliers and employees		(2,499,787)	(1,565,989)
Other income		427,048	283,162
Interest received		11,250	2,779
Net cash provided by/(used in) operating activities	14	281,898	1,118,433
<b>Cash flows from financing activities:</b>			
Repayments of lease liabilities		(46,244)	(47,365)
Net cash provided by/(used in) financing activities		(46,244)	(47,365)
Net increase/(decrease) in cash and cash equivalents held		235,654	1,071,068
Cash and cash equivalents at beginning of year		3,015,022	1,943,955
Cash and cash equivalents at end of financial year	5	3,250,676	3,015,023

## Notes to the Financial Statements For the year ended 30 June 2022

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 2022

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 significantly 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 2022

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 2022

	2022	2021
<b>Grant Revenue - Commonwealth</b>	\$	\$
- Murray PHN	83,943	31,042
- NW PHN Workforce	77,390	95,596
- WVPHN	38,326	51,546
- CCB	314,159	322,693
	<u>513,818</u>	<u>500,877</u>
<b>Grant Revenue - State</b>		
- ADRIA Operating	72,267	65,343
- ADRIA Research	520,363	-
- EDCLAN	29,163	113,440
- Elevate!	343,980	-
- MARRAM	-	105,068
- MHRC Project	186,520	-
- Family Violence AOD Sector Support	147,284	-
- Immunisation Project	38,329	-
- Peaks Tripartie	60,000	60,000
- Integrated System of Care model	12,000	-
- Service Providers Conference	60,000	60,000
- VADC	-	50,000
- Operating	393,405	380,089
- Other	-	12,500
	<u>1,863,311</u>	<u>846,440</u>
<b>Total Grant Revenue</b>	<u>2,377,129</u>	<u>1,347,317</u>
<b>5. Cash and Cash Equivalents</b>		
Cash at bank and on hand	3,250,676	3,015,023
	<u>3,250,676</u>	<u>3,015,023</u>
<b>6. Trade and other receivables</b>		
CURRENT		
Trade receivables	24,125	88,305
	<u>24,125</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 2022

	2022	2021
<b>7. Other Financial Assets</b>	\$	\$
<b>(a) Financial assets at fair value through Other Comprehensive Income</b>		
NON-CURRENT		
Managed Funds - UCA Funds Management	794,547	842,984
<b>Total</b>	<u>794,547</u>	<u>842,984</u>
<b>(b) Change in fair value of other financial assets through other comprehensive income</b>		
through other comprehensive income		
CURRENT		
Managed Funds - UCA Funds Management	(51,759)	155,878
<b>Total</b>	<u>(51,759)</u>	<u>155,878</u>

### 8. Leases

#### Association as a lessee

The Association has a lease for its office accommodation.

Information relating to the leases in place and associated balances and transactions are provided below.

	Total \$
<b>Right-of-use assets</b>	
<b>Year ended 30 June 2022</b>	
Right Of Use Cost	94,123
Impairment of right-of-use assets	(35,296)
<b>Balance at end of year</b>	<u>58,827</u>
<b>Year ended 30 June 2021</b>	
Right Of Use Cost	93,205
Impairment of right-of-use assets	(81,554)
<b>Balance at end of year</b>	<u>11,651</u>

## Notes to the Financial Statements For the year ended 30 June 2022

### 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>2022</b>				
Lease liabilities	46,455	12,192	58,647	59,834
<b>2021</b>				
Lease liabilities	12,012	-	12,012	11,953

#### Extension options

The building lease contains 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	2022	2021
<b>9. Trade and Other Payables</b>		\$	\$
CURRENT			
Trade payables		(2,415)	-
Credit card		(5,004)	(3,140)
GST Payable		(75,545)	(147,178)
Accrued expenses		(43,172)	(40,501)
		<b>(126,136)</b>	<b>(190,819)</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 2022

	2022	2021
<b>10. Income in advance</b>	\$	\$
CURRENT		
Government grants - Commonwealth	87,078	55,526
Government grants - State	492,857	582,269
Government Grants - State ADRIA Research Fund	1,398,789	1,297,555
<b>Total</b>	<b>1,978,724</b>	<b>1,935,350</b>
<b>11. Employee Benefits</b>		
Current liabilities		
Long Service leave	89,760	88,313
Annual leave provision	131,850	111,911
	<b>221,610</b>	<b>200,224</b>
Non-current liabilities		
Long service leave	28,633	10,621
<b>12. Auditors' Remuneration</b>		
Remuneration of the auditor		
- Audit and preparation of the financial statements (LDAssurance)	5,000	5,000
- Audit of CCB Acquittal (LDAssurance)	2,000	2,000
<b>Total</b>	<b>7,000</b>	<b>7,000</b>



## Notes to the Financial Statements For the year ended 30 June 2022

	2022	2021
<b>13. Contingencies</b>		
In the opinion of those charged with governance, the Association did not have any contingencies at 30 June 2021 (30 June 2020:None).		
<b>15. Cash Flow Information</b>		
<b>Reconciliation of result for the year to cashflows from operating activities</b>		
Reconciliation of net income to net cash provided by operating activities:		
Profit for the year	179,008	107,373
Cash flows excluded from profit attributable to operating activities		
Non-cash flows in profit:		
- amortisation	46,947	46,602
Changes in assets and liabilities:		
- (increase)/decrease in trade and other receivables	60,858	(46,535)
- (increase)/decrease in other assets	(545)	3,110
- (increase)/decrease in prepayments	(22,461)	34,381
- increase/(decrease) in trade and other payables	(60,681)	14,850
- increase/(decrease) in income in advance	39,373	916,833
- increase/(decrease) in provisions	39,399	41,819
Cashflows from operations	<u>281,898</u>	<u>1,118,433</u>

### 15. Statutory Information

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

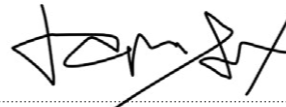
Victorian Alcohol and Drug Association Inc.  
211 Victoria Parade  
Collingwood VIC 3066

### 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 30/09/2022

30/09/2022

# 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.

## 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.

LD Assurance  
Chartered Accountants



Stephen O'Kane  
Partner

Dated this 26th day of October 2022  
330 Collins Street, Melbourne

