



# 2020 Annual Report

*“This year has been challenging due to the impact of COVID-19 but the commitment to clients, ensuring that Alcohol and Other Drug Services are still available to those who need them, has not wavered.”*

2020

2019

As I reflect over this last year and my years as chair, which I commenced at the AGM in 2012, I think about how the sector has developed and grown.

I have seen an increase in professionalism, a better qualified workforce, and the increased delivery of evidence-based services. This year has been challenging due to the impact of COVID-19 but the commitment of services to clients, ensuring Alcohol and Other Drug treatment and support is still available to those who need them, has not wavered.

SANDAS has continued to nourish our relationships with our members, DASSA and the PHNs. SANDAS facilitated an online sector network, where ideas were shared for how to deliver services in these changing times. An added benefit was the connection made with and involvement from some of our regional members, who are not traditionally able to access in-person network meetings.

The state-funded Alcohol and Other Drug sector has been through a recommissioning process, which has resulted in some changes to the sector. The process was a long one, resulting in recruitment and staff changes occurring in the midst of COVID-19 work from home provisions. SANDAS worked with members to hear about their experiences and shared this with the department when appropriate. We are pleased that the new contracts have given providers an opportunity to undertake long term planning with 3 plus 3 plus 3 years funding.

2019/2020 has seen us farewell and welcome some board members. Kyp Boucher (Life Without Barriers), Tania Sharp (Towards Independence – Salvation Army), Debby Kadarusman (Sonder) and Sue Allen (Drug ARM) left following changes to their organisations; we thank them for their commitment to the board. Don Scordo (Aboriginal Sobriety Group) also stood down. We miss the input ASG provided from the Aboriginal sector and would encourage any Aboriginal member organisations to nominate a representative. We have also welcomed new members: Chris Chalubek (Sonder), Helen Graham (Mission Australia), Simone Mather (Life Without Barriers) and Sally Underdown (Alcohol & Drug Foundation) to the Board. I would like to take this opportunity to thank the Board for their work and commitment to SANDAS.

The SANDAS team of four staff, Michael, Sam, Lesli and Michelle, have had another successful year. Thank you all for your dedication throughout this difficult year.

At this year's annual meeting, I will stand down as Chair of SANDAS after 8 years in the role. It has been a privilege, which I have thoroughly enjoyed. I would like to take this opportunity to thank everyone for the opportunities I have had to meet with, discuss and debate AOD policy and advocacy with you and to take action for the sector.

*Helene Nielsen  
Board Chair  
SANDAS*



Probably the most overused word this year has been 'unprecedented'. It is true that we are in a very complex environment which is throwing up a significant number of issues for clients, their families, the community and service providers. It is not unprecedented though.

There have been pandemics since Biblical times. What is shocking is the scale of the disruption this time and our seemingly limited capacity to do much about it. The collapse of international and interstate travel, the impact on the tourism and hospitality industries, and the risk and tensions in the education sector all serve to highlight social fragility. Our best response has been social isolation.

There are clear indications though that isolation will have a significant and negative impact on patterns of substance use, mental health and domestic violence. Many clients experience drug and alcohol issues because of social isolation, others experience isolation because of substance use. Both groups are significantly impacted in the current situation.

However, some of the negatives have been balanced by exceptional contributions from the health and community sectors, charities and the wider non-government sector who have stepped up to provide the best possible supports and solutions to the issues raised by COVID-19.

Through online consultations and the sector's participation in the National AOD Peaks Network COVID-19 Impact Survey we know that many

services quickly moved to using internet and phone enabled communications. This saw about half of the services experience better attendance and engagement, whilst half saw a drop off in the same. Interestingly, it would seem that young people were the least comfortable with online counselling and

support. They didn't mind phone consultations, although most preferred interactions to be shorter and some more frequent.

There are indications that some clients without access to or a level of comfort with technology were lost to the system. There is also initial information to suggest that some have changed the quality, quantity and type of drug they are



using, as markets change due to border closures, social distancing and reduced access to public spaces and venues.

In general, COVID-19 made the delivery of services more difficult and expensive. The workload for many providing services increased, with more time given to supervision and staying connected. Many services needed to upgrade or purchase new IT infrastructure to enable online/tele health. From consultations and survey responses, most services intend to maintain many of these online components. After years of talking about improving online access or utilising it more, we were all thrown into it. Interestingly, people seem to have adapted to it quickly and effectively despite not having the time to do the prior planning usually required for this kind of significant change. SANDAS, along with the National AOD Peaks Network, is seeking state and federal funding to address the increased demands and costs associated with these changes.

In other ways the year started off as normal, with an excellent SANDAS Symposium and a successful AGM. In the first 6 months SA Health commenced the tendering of AOD services. It was hoped that this would be a quick and effective process. Unfortunately, it dragged on into the New Year and then got caught in COVID-19. However, by May most contracts had been finalised to ensure services could continue or commence after 1 July 2020.

This year also saw the end of service provision by two long term services in the metropolitan area. One was the closing of Drug ARM in Warradale and Hillbank. The other was the cessation of residential rehabilitation services provided by the Salvation Army in Whitmore Square. The Salvation Army program is being modified into an outreach program. Both of these services have been long term providers of treatment and support. We will miss Drug ARM from the community of organisations that make up the AOD sector in South Australia.

Finally, I would like to thank the team at SANDAS for their hard work and dedication. They have responded to the challenges of the new order, setting up home offices and getting used to online platforms for training programs, meetings and consultations with humour, patience and grace. I would also like to thank the Board for their ongoing support. They too have provided significant input despite the greater demands on their time and workloads as a result of the current situation.

*Michael White*  
*Executive Officer*  
*SANDAS*

### Annual Forum

This year due to COVID-19 the Annual SANDAS Forum was conducted online over two sessions in June. The Forum included presentations from Drug and Alcohol Services SA (DASSA), the Commonwealth Department of Health and both Adelaide and Country SA Primary Health Networks. There were also presentations on the new Assertive Outreach Program (Life Without Barriers) and services funded under the 2019/2020 SA Health tender process. The Forum included the launch of the sector-developed Coordinated Care Summary tool. SANDAS also presented the outcomes of the National AOD Peaks COVID-19 sector survey.

### Recommissioning

DASSA recommissioned state funded AOD treatment services. This process was informed by the SA Treatment Framework for Specialist AOD Treatment Services. Whilst this process commenced towards the end of last year, the final decisions were delayed by challenges in managing the process and then the impact of COVID-19. SANDAS provided feedback on behalf of the membership, leading to DASSA adopting strategies to address these problems in future. The outcome of the tender saw some changes in services delivered. Successful services are now in the process of implementing new funding which is on a 3+3+3-year basis. It is hoped that this will result in increased stability and certainty of funding across the sector.

### Funding advocacy

SANDAS, in collaboration with the National AOD Peaks Network, the Coalition of AOD Organisations and the Australian Alcohol and Drug Council, has been advocating for increased funding to AOD treatment services. This has included ongoing advocacy seeking the maintenance of Federal government Equal Renumeration Order funding, top-up funding to assist services to manage the costs of transitioning to digital services delivery, and funding to address the increased demand for treatment and the increased complexity of clients presenting to services.

### Addressing stigma

In South Australia we have continued to advocate for the focus of Alcohol and Other Drug interventions to remain on health, recognising and considering individual human rights. This has included discussions with journalists, members of Parliament and key stakeholders from other sectors on the importance of reducing stigma and discrimination for people who use alcohol and other drugs. We are working to change perceptions by changing the language used in public debate.

### Networks and meetings

Due to COVID-19, this year has seen a significant increase in the collaborative work we have done nationally. We have worked closely with the National AOD Peaks Network (representing all jurisdictions) on evidence-based practice, workforce development and sector sustainability.

We have also worked closely with the newly established Australian Alcohol and Drug Council, the national peak body for Alcohol and Other Drug treatment services in Australia, primarily on policy. We have also worked with the National Coalition of AOD Services, a partnership of over 70 AOD organisations which lobbies for increased funding, evidence-based policy and project development and better communication between the sector and the Minister for Health, their advisors and the federal Department of Health.

### Advocacy work

A major push through the year involved working with the National AOD Peaks Network, the Foundation for Alcohol Research and Education (FARE), the Public Health Association of Australia (PHAA) and many other organisations seeking to improve the warning labels on alcohol containers. This is a key public health intervention to reduce the incidence of fetal alcohol spectrum disorder (FASD). We wrote to federal and state ministers, members of parliament and members of the committee responsible for the advice to government. We were very pleased when improved labels were adopted.

We also worked with FARE and the SA Branch of the PHAA on an objection to the licencing of 6 Aldi Supermarkets. If Aldi had succeeded this could have seen many supermarkets licenced in SA, potentially increasing accessibility to and lowering the price of alcohol. We were pleased that the Attorney General intervened to change legislation to prevent the licencing of any further supermarkets.

SANDAS contributed to the development and was a co-signatory to a National Peaks Submission to the Public Inquiry into Public Communication Campaigns Targeting Drug and Substance Abuse. We were also party to the development of National Position Papers on Pill Testing and Drug Checking Welfare Clients.

### Conclusion

Overall, despite the impact of the pandemic we have continued to work effectively to represent the needs of our members and the clients who use their services. This work wouldn't be possible without the support of our members, so to all members, thank you for your ongoing input into the work of SANDAS.





This year, SANDAS has remained committed to the development, delivery and promotion of workforce development activities across the sector. The need to adjust to COVID-19 restrictions in the second half of the year meant that some events were delayed or moved to an online platform.

## Foundations of LGBTIQ+ Inclusivity Training for AOD Workers

This training, provided by SAMESH, explored the impact gender norms have on our perceptions of gender and sexuality and how this impacts our ability to respond to people who fall outside these norms, the impact of discrimination and how to create safe environments for LGBTIQ+ people to seek assistance.

## Workforce Development Project

Utilising funding from the Commonwealth Department of Health, SANDAS commissioned 360Edge to provide professional development workshops to AOD workers in identified areas of need. The first workshop “Working with Families”, was delivered in Port Augusta, Mawson Lakes, McLaren Vale and Ceduna.

This was an excellent opportunity to bring high quality training to regions that do not often get the opportunity to attend. The second round of workshops, “Trauma Informed Care” was due to be delivered in March but was delayed until early 2021 due to COVID-19.

## “Telling Your Story” – by Jenny Valentish.

This workshop was provided by journalist and author Jenny Valentish and included guidance for people who wished to write their story of recovery in a safe and therapeutic way, or support clients to do so.

## SANDAS Symposium

The 2019 Symposium was attended by 90 participants. Invited speakers presented on a range of relevant topics, taking somewhat of a focus on policy issues that impact and influence the ways that services are funded and delivered in Australia. Our speakers were:

- **Dr Stephen Bright:** *Understanding Stigma: What role can journalists play?*
- **Dr Kate Seear:** *Human Rights & Drug Policy. Where to next for Australia?*
- **Dr Monica Barratt:** *Testing drugs for content and purity to reduce drug-related harms.*
- **Sianne Hodge:** *Worker Wellbeing*
- **Annie Madden:** *The value of the “lived experience” voice in policy, advocacy and service design in creating the best possible AOD service system.*
- **Comm. April Lawrie (Aboriginal Children’s Commissioner):** *Impact of AOD on Aboriginal young people and families.*

## Guest speakers

SANDAS provides guest speakers for events that provide community education, cross-sectoral knowledge sharing and professional development. This year saw staff present at:

- Community Drug Forum & Community Services Workers Forum in Port Lincoln
- Family Drug Support Memorial Event
- SA Social and Emotional Wellbeing Worker Conference convened by Nunkuwarrin Yunti
- Grandparents for Grandchildren support group.
- Youth Affairs Council of SA Netfest
- International Family Drug Support Day event at Parliament House



I am pleased to present the Treasurer's report on behalf of the Board of SANDAS.

## Financial Results

The 30 June 2020 financial report shows a net surplus for the year of \$56,027 and I would like to highlight the following in relation to the financial statements.

## Income Statement

- The major source of cash inflows is the grant funding of \$493,784 represented by:
  - o \$164,018 contributed by SA Health (Mental Health and Substance Abuse funding)
  - o \$258,765 contributed by Commonwealth Department of Health (CSCBSPP funding).
  - o \$71,000 contributed by Commonwealth Department of Health for the delivery of 12 workforce development workshops, originally over 18 months but now extended due to COVID-19.
- Additional income this year is attributable to COVID-19 relief payments, an increase in membership fees and a higher return from SANDAS events. The COVID-19 pandemic had a significant effect on our ability to acquit funds as some contracted training events could not be run. These funds will be carried forward.
- SANDAS expended \$485,912 against the grant funding and additional income, with the surplus of \$56,027 being able to be rolled into the next financial year to create value-add to the sector.

## Balance Sheet

- Member's funds have grown to \$317,110 and this allows SANDAS to remain in a stable financial position in an otherwise volatile world, to continue to operate and meet its objectives serving the South Australian Alcohol and Other Drug sector.
- The cash balance at 30 June 2020 was \$380,781 giving SANDAS a comfortable liquidity ratio.
- A portion of the \$71, 000 Grant from the Commonwealth Department of Health was received but not yet expended and will be carried over. This was provided to fund the delivery of 12 workforce development workshops across the state over the next 18 months.

Clarke & Brownrigg provided accounting and audit services to SANDAS and an unqualified audit opinion has been issued on the financial statements showing full confidence in SANDAS being able to meet its reporting, legal and regulatory obligations.

COVID-19 brought the world as we know it to its knees, however we are blessed that we have been able to endure the storm without significant impact, propelling us into the new financial year with a strong sense of financial stability. We move into the new financial year with a strengthened capacity to provide our services for all members to the best of our abilities and without financial concerns.

*Paul Brianni*  
SANDAS Treasurer

## SOUTH AUSTRALIAN NETWORK OF DRUG AND ALCOHOL SERVICES INC INDEPENDENT AUDITOR'S REPORT FOR THE YEAR ENDING 30TH JUNE 2020

### Opinion

We have audited the financial report, being a special purpose financial report, of South Australian Network of Drug and Alcohol Services Inc. ('the Association'), which comprises the statement of financial position as at 30th June 2020, the statement of comprehensive income for year then ended, a summary of significant accounting policies, and the statement by the board members.

In our opinion, the accompanying financial report of South Australian Network of Drug and Alcohol Services Inc. is in accordance with Division 60 of the Australian Charities and Not-for-profits Commission Act 2012, including:

- i. giving a true and fair view of the Association's financial position as at 30 June 2020 and of its financial performance and cash flows for the year ended; and
- ii. complying with Australian Accounting Standards to the extent described in Note 1, and Division 60 of the Australian Charities and Not-for-profits Commission Regulation 2013.

### Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described 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 the Australian Charities and Not-for-profits Commission Act 2012 (ACNC Act) and the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 Code of

Ethics for Professional Accountants (the Code) that are relevant to 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 for the purpose of fulfilling the Association's financial reporting responsibilities under the ACNC Act. As a result, the financial report may not be suitable for another purpose. Our opinion is not modified in respect of this matter.

### Responsibility of the Board for the Financial Report

The board members are responsible for the preparation of the financial report that gives a true and fair view and have determined that the basis of preparation described in Note 1 to the financial report is appropriate to meet the requirements of the ACNC Act and the needs of the members. The Association's responsibility also includes such internal control as the board determines is necessary to enable the preparation of a financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the board members are responsible for assessing the Association's ability to continue as a going concern, disclosing, as applicable, matters relating to going concern and using the going concern basis of accounting unless the responsible entities either intend 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 the 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 skepticism 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 registered entity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Association.
- Conclude on the appropriateness of the Association'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 those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.



Christopher Clarke  
Partner  
Clarke & Brownrigg  
Chartered Accountants

Dated in Adelaide this 31st day of August 2020



## STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 30th JUNE 2020

	Note	2020 \$	2019 \$
<b>Income</b>			
Members Contributions		8,751	2,860
Grant Income		493,784	404,148
Interest Received		6,421	5,452
Other Income		32,983	12,489
<b>Total Revenue</b>		<b>541,939</b>	<b>424,949</b>
<b>Expenses</b>			
Employment Benefits Expense		399,765	325,400
Depreciation Expense		1,481	1,481
Administration Expense		84,666	96,940
<b>Total Expenditure</b>		<b>485,912</b>	<b>423,821</b>
<b>Net Surplus for the Year</b>		<b>56,027</b>	<b>1,128</b>
Other Comprehensive Income		—	—
<b>Total Comprehensive Income</b>		<b>56,027</b>	<b>1,128</b>

## STATEMENT OF FINANCIAL POSITION AS AT 30th JUNE 2020

<b>CURRENT ASSETS</b>			
Cash and Cash Equivalents		380,781	366,658
Trade and Other Receivables	2.	3,375	2,488
Prepayments	3.	2,736	2,811
<b>Total Current Assets</b>		<b>386,892</b>	<b>371,957</b>
<b>Non-Current Assets</b>			
Property Plant and Equipment	4.	2,565	4,046
<b>Total Non-Current Assets</b>		<b>2,565</b>	<b>4,046</b>
<b>Total Assets</b>		<b>389,457</b>	<b>376,003</b>
<b>Current Liabilities</b>			
Trade Creditors and Other Payables	5.	16,096	17,872
Employee Benefits	7.	30,502	24,844
Other Financial Liabilities	6.	1,226	1,706
Grants/Income in Advance		7,705	67,368
<b>Total Current Liabilities</b>		<b>55,529</b>	<b>111,790</b>
<b>Non-Current Liabilities</b>			
Other Financial Liabilities	6.	818	3,130
Employee Benefits	7.	16,000	—
<b>Total Non-Current Liabilities</b>		<b>16,818</b>	<b>3,130</b>
<b>Total Liabilities</b>		<b>72,347</b>	<b>114,920</b>
<b>Net Assets</b>		<b>317,110</b>	<b>261,083</b>
<b>Members Funds</b>			
Retained Surplus		317,110	261,083
<b>Total Members Funds</b>		<b>317,110</b>	<b>261,083</b>

## NOTES TO THE FINANCIAL REPORT FOR THE YEAR ENDED 30th JUNE 2020

### NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

The financial statements cover the South Australian Network of Drug and Alcohol Services Inc as an individual or entity. The South Australian Network of Drug and Alcohol Services Inc is a not-for-profit Association Incorporated in South Australia under the Associations Incorporated Act (SA) 1985 ('the Act').

The principal activities of the Association for the year ended 30th June 2020 were to lead and strengthen the community responses to the harms caused by alcohol and other drugs. The functional and presentation currency of South Australian Network of Drug and Alcohol Services Inc is Australian dollars.

#### (a) Basis of Preparation of the Financial Report

In the opinion of the board, 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 Act.

The financial statements have been prepared in accordance with 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.

#### (b) Revenue and Other Income

Revenue is recognised when the amount of revenue can be measured reliably, it is probable the economic benefits associated with the transaction will flow to the Association and specific criteria relating to the type of revenue as noted below, has been satisfied.

Revenue is measured at the fair value of the consideration received or receivable and is presented net of returns, discounts and rebates. The provision of goods and services revenue is recognised upon the delivery of goods and services to the customers. Interest is recognised using the effective interest method.

#### (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 Payables 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) Contributions - Government Grants and Donations

Grant revenue is recognised in the statement of profit or loss when the entity obtains control of the grant, it is probable that the economic benefits gained from the grant will flow to the entity and the amount of the grant can be measured reliably.

When Grant revenue is received whereby the entity incurs an obligation to deliver and economic value directly back to the contributor, this is considered a reciprocal transaction and the grant revenue is recognised in the statement of assets and liabilities as a liability until the service has been delivered to the contributor, otherwise the grant is recognised as income on receipt.

If the South Australian Network of Drug and Alcohol Services Inc receives non-reciprocal contributions of assets from the government and other parties for zero or a nominal value. These assets are/will be recognised at fair value on the date of acquisition in the statements of assets and liabilities, with a corresponding amount of income recognised in the statement of profit or loss.

Government grants are recognised at fair value when there is reasonable assurance that the grant will be received and all Grant conditions will be met. Grants relating to expense items are recognised as income over the periods necessary to match the grants to the costs they are compensating. Grants relating to assets are credited to deferred income at fair value and are credited to income over the expected useful life of the asset on a straight-line basis.

## **(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) Property, Plant and Equipment**

Each class of property, plant and equipment is carried at cost or fair value less, where applicable, any accumulated depreciation and impairment. Items of property, plant and equipment acquired for nil or nominal consideration have been recorded at the acquisition date fair value.

### ***Plant and equipment***

Plant and equipment are measured using the cost model. The carrying amount is reviewed annually by the board to ensure it is not in excess of the recoverable amount. The recoverable amount is assessed on the basis of expected net cash flows that will be received from the asset's employment and subsequent disposal. The expected net cash flows have been discounted to present values in determining the recoverable amount.

### ***Depreciation***

Property, plant and equipment, excluding freehold land, is depreciated on a straight-line basis over the assets useful life to the Association, commencing when the asset is ready for use.

## **(g) Provisions**

Provisions are recognised when the company has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result and that outflow can be reliably measured.



**(h) 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.

**(i) Comparatives**

Comparative amounts may have been reclassified in order to comply with the presentation format. The reclassification of comparative amounts has not resulted in a change to the equity of the company as reported in the prior year's financial report.

**(j) Economic Dependence**

The Association receives significant funding from Government Grants. The extent to which the Association will be able to continue in the provision of services at current levels is dependent on the continuation of the appropriate levels of Government Funding and the achievement of operating surpluses and positive cash flows.

Should this funding not be received now or in the future then there will be significant uncertainty as to whether the Association will be able to continue as a going concern and, therefore whether it will be able to realise its assets and extinguish its liabilities in the normal course of its business and at the amounts stated in the financial report. These accounts must be read and understood in the context of this economic dependency.

**(k) Comparatives**

Comparative amounts may have been reclassified in order to comply with the presentation format. The reclassification of comparative amounts has not resulted in a change to the equity of the company as reported in the prior year's financial report.

**(l) Income Tax**

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

**(m) Commitments**

The Association currently holds a twelve month lease agreement for 204 Wright Street, Adelaide. Lease payments for operating leases, where substantially all of the risks and benefits remain with the lessor, are charged as expenses on a straight-line basis over the life of the lease term. Lease incentives under operating leases are recognised as a liability and amortized on a straight-line basis over the life of the lease term.

	2020 \$	2019 \$
<b>NOTE 2 Receivables</b>		
Trade Debtors	3,375	2,488
	<b>3,375</b>	<b>2,488</b>
<b>NOTE 3 Prepayments</b>		
Prepayments	2,736	2,811
	<b>2,736</b>	<b>2,811</b>
<b>NOTE 4 Property Plant &amp; Equipment</b>		
Plant & Equipment	32,198	32,198
Accumulated Depreciation	(29,633)	(28,152)
	<b>2,565</b>	<b>4,046</b>
<b>NOTE 5 Trade Creditors &amp; Other Payables</b>		
<b>Current</b>		
Trade Payables	955	6,338
GST Payable	789	6,570
PAYGW Payable	3,016	4,964
Other Creditors	11,336	-
	<b>16,096</b>	<b>17,872</b>
<b>NOTE 6 Other Financial Liabilities</b>		
<b>Current</b>		
Equipment Lease	1,226	1,706
	<b>1,226</b>	<b>1,706</b>
<b>Non-Current</b>		
Equipment Lease	818	3,130
	<b>818</b>	<b>3,130</b>
<b>NOTE 7 Employee Benefits</b>		
<b>Current</b>		
Annual Leave	3,130	4,834
	30,502	24,844
	<b>30,502</b>	<b>24,844</b>
<b>Non-Current</b>		
Long Service Leave	16,000	-
	<b>16,000</b>	<b>-</b>

**NOTE 8 Contingent Liabilities**

There were no contingent liabilities as at 30th June 2020 (2019: \$Nil).

**NOTE 9 Statutory Information**

The registered office of the Association is:  
South Australian Network of Drug and Alcohol  
Services Inc, 204 Wright St, Adelaide 5000.

**STATEMENT BY MEMBERS OF THE BOARD**

The board has determined that the Association is not a reporting entity and that this special purpose financial report should be prepared in accordance with the accounting policies outlined in the Notes to the financial statements.

In the opinion of the Board the financial report:

1. Presents fairly the results of the operations of South Australian Network of Drug and Alcohol Services Inc as at 30th June 2020 and the state of its affairs for the year ended on that date and
2. At the date of this statement, there are reasonable grounds to believe that South Australian Network of Drug and Alcohol Services Inc will be able to pay its debts as and when they fall due.

**This statement is signed for and on behalf of the board by:**

Helene Nielsen  
Chairperson



Paul Brianni  
Treasurer



Dated at Adelaide this 31st day of August 2020.

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**SANDAS Board Members**

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Helene Nielsen - Chair  
*(Centacare)*

Cheryl Hillier - Deputy Chair/Secretary  
*(Uniting Communities)*

Paul Brianni – Treasurer  
*(Individual Member)*

Kyp Boucher  
*(Life Without Barriers)*

Simone Mather  
*(Life Without Barriers)*

Helen Graham  
*(Mission Australia)*

Debby Kadarusman  
*(Sonder)*

Chris Chalubek  
*(Sonder)*

Margaret Randle  
*(Hepatitis SA)*

Sally Underdown  
*(Alcohol and Drug Foundation)*

Tania Sharp  
*(Salvation Army Towards Independence)*

Susan Allen  
*(Drug ARM)*

Don Scordo  
*(Aboriginal Sobriety Group)*

Michael White  
*(Ex Officio)*

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**Executive Committee Members**

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Helene Nielsen  
Cheryl Hillier  
Paul Brianni  
Michael White

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**Board members resigned during 2019/2020**

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Debby Kadarusman  
Tania Sharp  
Susan Allen  
Don Scordo  
Kyp Boucher

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**SANDAS Secretariat**

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Michael White  
*Executive Officer*

Sam Raven  
*Senior Policy & Project Officer*

Lesli Bevan,  
*Project Officer – Comorbidity, Quality & Communication  
(0.6 FTE)*

Michelle Lindblom  
*Finance and Admin Officer (0.4FTE)*



## Strategy, Policy and Advocacy Committees and Reference Groups

SANDAS is represented on a variety of government, sector, and human services committees and reference groups. These contribute to the development of resources and research projects or provide advocacy for the AOD sector. This year these have included:

- ANACAD Consultation Adelaide
- Australian Professional Society of Alcohol and other Drugs (APSAD)- Council and Scientific Conference Program Committee and 2019 Conference
- Australian Therapeutic Communities Conference Program Committee and Conference attendance
- DASSA Drug and Alcohol Service Planning Model Working Group
- DASSA Police Drug Diversion Initiative State Reference & Operational Groups
- DASSA Treatment Outcomes and Shared Care Working Group (concluded work in 2019)
- Family Matters Working Group
- Hoi Sinh Local Drug Action Team (CASSA)
- IDRS/EDRS Stakeholder Meeting
- Justice Reinvestment SA Board and Advisory Committee and Tiraapendi Wodli consultations
- National Alcohol and Other Drug Peaks Network
- NNCRED Prompt Response Network consultation
- Peaks Capacity Building Network
- Real Time Prescription Monitoring Working Group
- SA Peaks Coalition
- SACOSS Policy Council
- SA Human Rights Law Network

- SA Lived Experience Leadership & Advocacy Network Consultation
- SANDAS Comorbidity Network Group
- Southern Families AOD & MH Community of Practice
- STI & BBV Collaborative Action Group
- Take Home Naloxone Trial consultation

## State Representation

SANDAS met with the following to represent the interests of the SA AOD sector:

- Minister for Health and Wellbeing, Stephen Wade MLC
- Blair Boyer MP
- Commissioner for Consumer Affairs, Liquor and Gambling
- Commissioner for Aboriginal Children

## National Representation

SANDAS met with the following people and groups to represent the interests of the SA AOD sector nationally:

- Minister for Health, Greg Hunt MP
- Department of Health, Drug Strategy Branch, Canberra
- National Coalition on AOD Funding
- SkillsIQ Industry Reference Group (Direct Client Care - Training Package review)
- National AOD Quality Framework and Treatment Framework consultations
- Mindframe Drug and Alcohol Advisory Group
- National AOD Peaks Network, on maintaining ERO, increasing funding in light of COVID-19 and policy issues

## SANDAS Membership - ORGANISATIONS

Aboriginal Sobriety Group Indigenous Corporation  
 Alcohol and Drug Foundation  
 Baptist Care SA  
 Catherine House  
 Centacare Catholic Family Services  
 Community Access and Services SA (CASSA)  
 Country and Outback Health  
 Drug ARM  
 Encounter Youth  
 Family Drug Support  
 FocusOne Health  
 Grandparents for Grandchildren  
 Hello Sunday Morning  
 Hepatitis SA Inc.  
 Junction Australia  
 Life Without Barriers  
 Mind Australia  
 Moorundi ACCHS Inc  
 Murray Mallee General Practice Network Inc.  
 Mission Australia  
 Neami National  
 NOFASD Australia  
 Northern Area Community and Youth Services Inc.  
 OARS Community Transitions  
 Pangula Mannamurna Aboriginal Corporation  
 Port Augusta Substance Misuse Service  
 Port Lincoln Aboriginal Health Service Inc  
 PsychMed  
 Relationships Australia  
 Sammy D Foundation  
 SMART Recovery Australia  
 Sonder  
 Substance Misuse Limestone Coast  
 Teen Challenge SA Inc  
 Towards Independence Network of Services  
 Umoona Tjutagku Health Service Aboriginal Corporation  
 Uniting Communities  
 Visible Recovery Pty Ltd  
 West Coast Youth and Community Support

## SANDAS Membership - INDIVIDUALS

Andris Banders	Mark Hubbard
Barry White	Sue Bertossa
Dr Rachel Humeniuk	Sarah Short
Jacquelyn Zientara	Kate Stepic
Kane Spooner	Maria Ferguson
Kendall Silsbury	Rachel Reilly
Liz Jarrett	Kimberley Newrick
Margaret Pope	Victoria Monahan
Mark Anders	

## Submissions 2019/2020

- Notice of Objection to Liquor Commission - licencing of Aldi Stores
- Letter to Premier Marshall supporting Shelter SA funding reinstatement
- Letter to Minister Wade (SA) on pregnancy warning label standards
- Submission to Adelaide City Council Dry Zone Consultation
- Media release - 2020 Global Day of Action on Drug Law Reform
- Co-signatory on open letter on COVID-19 and the criminal justice system signed by 370 leading drug experts and service providers
- Letter to Minister Hunt on Drug ARM Service Closure
- Contributed to SACOSS Budget Bid
- Contributed and co-signatory on SACOSS statement on Health Care (Governance) Amendment Bill 2020



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SANDAS acknowledges and appreciates  
ongoing support from:

- Commonwealth Department of Health
- SA Health – Drug and Alcohol Services SA (DASSA)

Formed in 2004, we are the peak body representing South Australia's Non-Government Organisation (NGO) Alcohol and Other Drugs (AOD) sector.

#### Our Values

The work of SANDAS is underpinned by 5 core values:

**Health and Wellbeing:** We work to reduce individual and community harm associated with alcohol and other drug use. Our work is underpinned by a belief in the rights of people to health, social justice, equity, reconciliation, cultural safety and social inclusion.

**Evidence:** We support alcohol and other drug treatment using evidence-based interventions, provided by workers who are qualified and supported to deliver high quality, culturally appropriate services to individuals, families and communities.

**Lived experience:** We value the lived experience of clients, families, peer workers and communities as integral to the provision of effective treatment services.

**Collaboration:** We enable the strengthening of connections between individuals, organisations, communities, the alcohol and drug and other related sectors, to facilitate collaboration and co-operation.

**Representation:** We represent the AOD NGO sector knowing our united voice is stronger than individuals or organisations acting alone. We actively engage our members in the development of our representation work with the community, government, media and other stakeholders

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