



# Annual Report

Providing **representation** and **support**  
to the alcohol and other drug treatment  
and harm reduction sector

# 2021



**Australian Government**

**Department of Health**



**phn**  
BRISBANE NORTH

An Australian Government Initiative



Queensland  
**Mental Health  
Commission**



Level 20, 300 Queen Street  
Brisbane Qld 4000

(07) 3023 5050  
[info@qnada.org.au](mailto:info@qnada.org.au)  
[www.qnada.org.au](http://www.qnada.org.au)

ABN: 68140 243 438

© 2021QNADA. All rights reserved.

QNADA acknowledges funding provided by the Australian Government Department of Health, Department of Health (Queensland), and Brisbane North Primary Health Network.

# Table of Contents

---

Message form the Vice President.....	4
Message from the CEO.....	5
Board of Directors.....	6
QNADA Team.....	9
About QNADA.....	12
QNADA Members.....	14
Memberships and Networks.....	16
Objective 1 - Innovate.....	17
Objective 2 - Grow.....	23
Objective 3 - Influence.....	28
FinancialStatements.....	36



QNADA acknowledges Aboriginal and Torres Strait Islander peoples as the traditional custodians of this country and its waters. We pay our respect to elders past and present and extend this to all Aboriginal and Torres Strait Islander peoples reading this message.



# Message from the Vice President

GENEVIEVE SINCLAIR

---

I am delighted to be able to write this as the QNADA Vice President on behalf of the QNADA board, following the retirement of the Board President, Mitchell Giles in March 2020. Mitchell has played a significant and important role as both a foundation board member and as a member of the board executive for the majority of that time. The expertise and wisdom he brought to the board's discussions have been highly valued and appreciated. On behalf of all the QNADA board and staff, I would like to thank him sincerely for his contribution to QNADA's success.

The Queensland AOD sector continues to go from strength to strength and demonstrates incredible professionalism, flexibility and adaptability despite the continued challenges that the COVID-19 pandemic brings to our work. I am proud to be part of this sector and to see my fellow members continue to provide high quality support and treatment to individuals and communities right across the state despite the difficulties the pandemic presents.

This year, the QNADA board set aside some time to work on QNADA's strategic direction. For the first time we have articulated our strategies across three domains – members, policy and systems in order to acknowledge the impacts of the social, cultural and structural determinants of health and to highlight the importance of self-determination.

Finally, I'd like to extend my sincere thanks to our Chief Executive Officer, Rebecca Lang, whose passion, commitment and leadership of the QNADA team has resulted in another successful year.

Genevieve Sinclair  
Vice President

# Message from the CEO

REBECCA LANG



Whilst there have been many Covid related difficulties to overcome this year such as lockdowns, home quarantine and restrictions, the Queensland NGO AOD sector is in incredibly good shape and has demonstrated great focus on delivering high quality care to the Queensland community. My sincere thanks to the QNADA team for their tenacity and adaptability in these uncertain times.

Despite the many impediments to face to face activity this year, we have continued to strengthen our relationships with members and stakeholders including the Queensland and Commonwealth Departments of Health, the Queensland Mental Health Commission, Qld Corrective Services and Primary Health Networks.

We also enjoyed working in collaboration with the Queensland Aboriginal and Islander Health Council (QAIHC), the Queensland Injectors Voice for Advocacy and Action (QIIVAA) and the Queensland Injectors Health Network (QIHN) to hear the voices of people who use drugs from across Queensland, with a view to understanding their priorities for representation and system reform. This exciting piece of work will inform our systems advocacy with a view to supporting the expansion of opportunities for this representative work to be resourced.

We also commenced a self funded project designed to scope our pathway to responding to feedback from members over a number of years about the pressure points at the intersections of our AOD treatment system and other systems such as child protection, youth justice and criminal justice. The Responsive Systems project kicked off with a review of relevant inquiries, reports and strategies undertaken in Queensland over the last ten years to understand the focus of reform initiatives how they have impacted member services and clients. The next step will be to engage with our members and stakeholders to understand where we can invest our systems advocacy efforts to best support improved responses for the people who access our services and the broader sector.

My thanks to Holly Stokes for her valuable contribution to QNADA over the last few years, go with our best wishes for your next role.

Finally, having enjoyed the counsel of Mitchell Giles in his capacity as a QNADA director for the entirety of my time in this role, I extend my respect and gratitude to him for his unwavering support of both myself as CEO, and of QNADA as the peak body for the Qld AOD sector.

Rebecca Lang  
CEO

# Board of Directors

The QNADA Board is directly elected by QNADA members to represent the diversity of services provided by the NGO AOD sector. The Directors and Executive of the Board include representatives from across Queensland including membership from regional and Community Controlled services, as well as a range of service delivery models to ensure the sector is well represented across the spectrum of treatment types.

In 2020/21, the Board met five times both in person and virtually to provide direction and oversight for QNADA's management and governance. The Board is responsible for ensuring QNADA continues to meet the interests of its members and maintains sound, ethical and legal governance and financial management.



**MITCHELL GILES** - *President*

Mitchell was appointed as the first CEO of Lives Lived Well in May 2012, following seven years as CEO of the Alcohol and Drug Foundation Queensland. Mitchell is a Registered Nurse, holds a Bachelor of Business and a Master of Health Science (majoring in mental health). He has a wealth of practical, hands-on experience having worked in the alcohol and other drugs sector in an inpatient detox unit. Mitchell later went on to manage a hospital-based drug and alcohol service for 14 years. During his career Mitchell has worked in a variety of positions including serving as Deputy Director of Clinical Services and State Manager for a HIV services program. He has been appointed an Adjunct Associate Professor with University of Queensland.



**GENEVIEVE SINCLAIR** - *Vice President*

Genevieve is the current Manager of Youth Empowered Towards Independence (YETI). YETI is a small non-government agency with a mission to provide a community-based, empowering, supportive, responsive, and healing environment that meets the needs of vulnerable young people through the provision of holistic services that foster social, emotional, spiritual, and physical wellbeing. Genevieve has been in this role for over 11 years and has worked in the community and university research sectors for the past 22 years. Genevieve has two Bachelor of Arts degrees (Cultural Studies and Youth Work), and a Diploma in Community Services.



**JODY WRIGHT** - *Secretary*

Jody is the Executive Director of the Drug Awareness & Relief Foundation (Australia) and Drug ARM. She has worked for the organisation for over 10 years and has over 20 years of experience in frontline, development and management roles. Jody holds a Bachelor of Psychological Science degree and is passionate about the work of the sector. She is also a current Director for the Community Council of Australia, and sits on the executive of the National Alliance for Action on Alcohol and the Queensland Coalition for Action on Alcohol, and represents Drug ARM as a member of the Queensland Alliance for Mental Health.

# Board of Directors

---



## **ARA HARATHUNIAN** - *Treasurer*

Ara has been the Chief Executive Officer of the Indigenous Wellbeing Centre (IWC) in the Wide Bay region for 18 years. IWC operates as a holistic model, providing a range of primary health and community care services to the community. The programs run by IWC include a number of AOD programs which aim to encourage the use of a variety of primary prevention activities that are related to AOD use, while at the same time promoting social and emotional health and wellbeing in the community. Ara is also a member of various advisory health groups in the Wide Bay region and has a wide range of management experience with community, indigenous, and health organisations.



## **TREVOR HALLEWELL** - *Director*

Trevor has been involved in the community-based not-for-profit field for over 30 years. He has extensive experience in governance issues for community-based organisations. In 2005, whilst being the program manager at We Help Ourselves (WHOS), he was instrumental in the establishment of a 26-bed Therapeutic Community on the Sunshine Coast, and a Day Program in Nambour, providing pre and post treatment services for Sunshine Coast participants. Trevor was one of the foundation committee members that oversaw the establishment of QNADA in 2007 and has served continuously as a board member ever since, he was QNADA President between 2013 and 2018. In 2019 Trevor was awarded the ATCA "Significant Contribution to Development" award for his contribution to Therapeutic Communities in Australian and New Zealand. He also has extensive experience in the corporate sector implementing corporate infrastructure, establishing Incorporated Associations, and developing risk management policies and procedures.



## **NICOLA HAYES** - *Director*

Nicola is the Head of Services at QuIHN. Nicola has worked for QuIHN in a range of positions for over 11 years. QuIHN provides a range of services that supports and promotes the health and wellbeing of people who are currently using or have used illicit drugs and alcohol, as well as members of the community touched or affected by illicit drug and alcohol use. Nicola has extensive experience in the Human Services industry in the private, government, and non-government sectors. She has worked in a variety of roles including direct service delivery, policy development, quality insurance and held various senior management positions, both in Australia and Ireland.

# Board of Directors

---



## **BERNICE SMITH** - *Director*

Bernice is the CEO of Goldbridge Rehabilitation Services in Southport on the Gold Coast. She started at Goldbridge in 2010 as Operations Manager and has spent over 30 years working in the Health and Community services sector in Queensland. She has an ongoing commitment to the values of integrity, respect, community belonging, empowerment and compassion. Bernice has a Bachelor of Social Services, Diploma AOD; Cert IV in Workplace Training, and AOD training with the Gestalt Association of QLD. She was a member of the Steering Committee for the Drug and Alcohol Summit held in 2001 and a member of the Qld Taskforce Committee for Child Protection. Bernice is also a member of the ATCA Board. She undertook Therapeutic Community (TC) Standards training with ATCA in 2013 in 2014 and led the Goldbridge project to obtain ISO 9001:2008 quality standards. She participated in the new ATCA Standards training course conducted in 2018.



## **HARRIET CRISP** - *Director*

Harriet is the current State Manager AOD (Queensland) for The Salvation Army, with AOD services in Mt Isa, Townsville, Brisbane, and Gold Coast. She began in June 2020 after moving from New Zealand. Her previous role was National Manager Education Services (Corrections) for the largest indigenous tertiary education provider in NZ. Having worked in both the non-government and government sector in NZ and Australia, Harriet has spent the last decade widening her experience in the areas of criminal justice, education, and mental health, in both frontline and management roles. Harriet holds Honours in Social Sciences (Psychology), a Diploma in Community Services, and is currently completing an MBA.



# QNADA Team

---



## **REBECCA LANG** - *Chief Executive Officer*

Rebecca started at QNADA in April 2012 and has over 10 years of experience in the AOD sector. She oversees the operations of QNADA and provides representation and advocacy for member services in a range of consultations, forums and advisory groups. Rebecca is a member of the Australian National Advisory Council on Alcohol and other Drugs (ANACAD), which is a principal expert advisory body to the Australian Government on AOD related issues. Rebecca is experienced in system advocacy and has a particular interests in ensuring that the systems are responsive and accessible to the people who need them. She also has a background in organisational quality improvement and has previously worked to develop the first AOD sector specific accreditation standard - the Standard for Culturally Secure Practice (AOD Sector).



## **SEAN POPOVICH** - *Director, Policy and Systems*

Sean started at QNADA in August 2016. He facilitated the development of the Queensland Alcohol and other Drugs Treatment and Harm Reduction Outcomes Framework (THROF) in collaboration with the AOD Sector Network, which was released in early 2019. Sean also facilitates and oversees various other pieces of work with member services and PHNs across Queensland, providing management and operational supervision to three QNADA team members and their projects. Sean has over 10 years of experience in the AOD sector in both non-government and government roles in a range of direct service delivery, treatment service management, policy and workforce development settings.



## **SUE POPE** - *Deputy CEO*

Sue joined QNADA in January 2018 and works in partnership with the CEO and Director, Policy and Systems to provide leadership across the organisation ensuring that internal governance, planning, policies and systems enhance QNADA's capability and capacity. Sue also leads the development and implementation of QNADA's engagement and communications strategies, represents members by contributing to the discussion and debate on a range of alcohol and other drug issues, and manages projects with stakeholders including Primary Health Networks and the Queensland Mental Health Commission. Sue brings more than 20 years of experience working in the health and community sectors in Queensland working on diverse portfolios including in mental health, chronic disease prevention, primary health care, rural and remote health and community capacity building.

# QNADA Team

---



**REBECCA WEN** - *Executive Assistant*

Rebecca started at QNADA as the Executive Assistant in November 2019. She provides executive administration support and diary management to the QNADA CEO and the management team. She also performs a range of tasks include financial administration, event and meeting management, staff logistics organisation and AOD treatment service finder maintenance, social media communication and many more. Rebecca holds a Bachelor of

Behavioural Science (Psychology) and a Bachelor of Justice (Criminology) from the Queensland University of Technology. Prior to working with QNADA, she has volunteered and worked in the community services and aged care sector.



**TOM OGWANG** - *Sector Capacity Building Officer*

Tom joined QNADA in May 2018. Tom's role includes contributing to the development of QNADA Position Papers and policy responses as well as developing training and eLearning modules on a range of issues topical to the AOD sector. Tom also provides support to the four Alcohol and Other Drug Reference Groups in Cairns, Townsville, Ipswich and Toowoomba.

Prior to working with QNADA Tom worked in research and teaching roles at the University of Queensland, as well as in diverse health sector roles including AOD service evaluation, community-based health research and national health workforce consultation. Tom also has significant experience in AOD and mental health service delivery for young people and adults, and is currently completing a Master of Social Work Practice at Griffith University.



**COURTNEY O'DONNELL** - *Sector & Workforce Development Officer*

Courtney joined QNADA in October 2018. Her role is to work with organisations in the Brisbane North PHN area to support sector and workforce development. Prior to coming to QNADA, Courtney worked as a research assistant and research officer at the National Drug and Alcohol Research Centre (NDARC) at the University of New South Wales

(UNSW) in Sydney. Courtney holds a Bachelor of Psychological Science (with Honours) from The University of Queensland, a Master of Public Health from the University of Sydney and is currently undertaking PhD study at the University of Queensland.

# QNADA Team



## **MARIA ORTIZ** - *Data & Administration Officer*

Maria joined QNADA in August 2020. Her role includes collecting and cleaning data for submission to the Alcohol and Other Drug Treatment Services National Minimum Data Set while supporting NGO organisations to meet data reporting requirements. In addition, Maria provides administrative support to the team and maintains the QNADA Collector of Alcohol and Other Drug Data Sets (CADDs).

Maria holds a Master of Applied Econometrics from the University of Queensland.



## **SUSAN BEATTIE** - *Project Manager (System Responses)*

Susan joined the team in March 2021 as a Project Manager to help support the design and planning of our new Responsive Systems project. This project was established by QNADA in response to members' feedback to help better understand how current reforms across the criminal justice, child protection and youth justice systems intersect with the AOD treatment and harm reduction sector. This initiative is intended to improve cross-sectoral coordination and collaboration, enhance understanding of

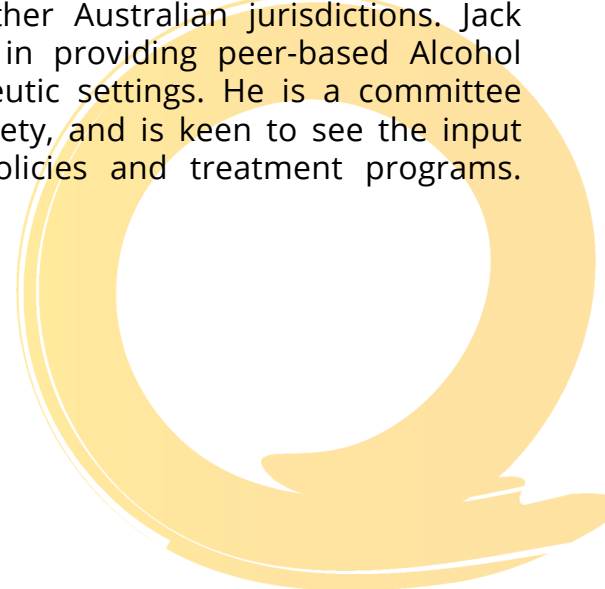
effective responses to AOD use in generalist agencies and improve the capacity of QNADA to advocate for system change. Susan has worked in a variety of senior policy, research and project management roles within the public sector and non-government organisations, focusing on driving system improvements across multiple portfolio areas including alcohol and other drugs; domestic and family violence; child protection; and suicide prevention.



## **JACK ANDREADIS** - *Project Officer*

Jack worked with QNADA this year to assist with the delivery of the peer-based peak scoping project. Jack's role on this project was to work with the Deputy CEO to develop and deliver the project plans and to develop and conduct consultation with people who use drugs and other peer based bodies in other Australian jurisdictions. Jack is a social worker with experience in providing peer-based Alcohol

& Other Drug support in harm reduction and therapeutic settings. He is a committee member of QuIVAA and the Australian Psychedelic Society, and is keen to see the input of people who use drugs reflected in drug laws, policies and treatment programs.



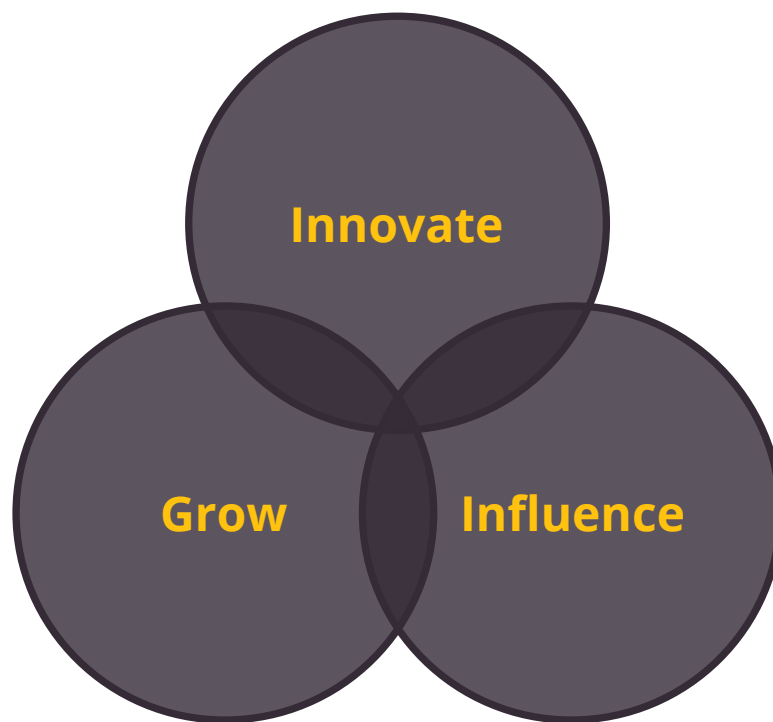
# About QNADA

---

QNADA is the peak organisation for the non-government alcohol and other drug (NGO AOD) treatment sector in Queensland. QNADA is committed to supporting our member organisations to deliver high quality and evidence informed harm reduction and treatment services to individuals, families, and communities. QNADA members provide a range of services including residential treatment, withdrawal management (detox), individual and family counselling, outreach, case management, intoxication management, continuing care and harm reduction. QNADA actively engages and supports staff at all levels of each member organisation, recognising that every part of an organisation contributes to the quality of services provided.

## Our vision

A cohesive, sustainable and high quality NGO AOD sector, that delivers the best possible outcomes for the Queensland Community. Three objectives have been identified to support achievement of our vision.



## Our values:

**Integrity** – we undertake our work ethically and honestly;

**Accountability** – we understand that process transparency is the foundation of consensus;

**Diversity** – We recognise that effective policy and system improvement is supported by ensuring a range of social and cultural perspectives are heard.

# About QNADA

## QNADA Strategic Plan 2021 – 2023

QNADA Strategic Plan 2021 – 2023 is here! The revised strategy recognises our organisational values of integrity, accountability and diversity and more explicitly acknowledges that our work occurs across three main streams of working with member organisations, working with policy makers and working with systems managers to support the delivery of high quality AOD treatment and harm reduction services in Queensland.

Click on the image below to view the full plan.



### Strategic Plan 2021 – 2023

**About QNADA:** QNADA is the peak organisation for the non-government (NGO) alcohol and other drug (AOD) treatment and harm reduction sector in Queensland. QNADA members provide evidence informed treatment and harm reduction services throughout Queensland.

**Purpose:** To support our members in the delivery of high quality AOD treatment and harm reduction services in Queensland through policy and system improvement.

**Vision:** A system that values responses that address the social, cultural and structural determinants of health.

#### Values

##### Integrity

We undertake our work ethically and honestly.

##### Accountability

We understand that process transparency is the foundation of consensus.

##### Diversity

We recognise that effective policy and system improvement is supported by ensuring a range of social and cultural perspectives are heard.

#### Priorities

##### Members



**Innovate**

Facilitate research translation to strengthen harm reduction and treatment approaches.

##### Policy

Contribute to contemporary policy development.

##### Systems

Promote system responses that address the social, cultural and structural determinants of health.



**Influence**

Support service planning and investment that values effective responses to AOD use.

Increase understanding of effective responses to complex need.

Enhance alignment of systems to reduce AOD related harm.



**Grow**

Enhance service and workforce capacity to deliver effective interventions.

Encourage development and implementation of policies that support self-determination.

Engage with systems that intersect with AOD treatment and harm reduction services to promote effective system design.

# QNADA Members

---

## ORGANISATIONAL MEMBERS

Anglicare North Queensland Ltd  
Anglicare Southern Queensland  
Better Together Community Support  
Bridges Health and Community Care  
Brisbane Recovery Services Centre -  
Moonyah (Salvation Army)  
Brisbane Youth Service (BYS)  
Carbal Medical Services  
Clarence Street  
Community  
Drug ARM  
Family Drug Support  
Gallang Place Aboriginal and Torres Strait  
Islander Corporation  
Gidgee Healing  
Gindaja Treatment and Indigenous Healing  
Corporation  
Goldbridge Rehabilitation Services  
Gold Coast Recovery Services Centre -  
Fairhaven (Salvation Army)  
Grace Homestead  
Gumbi Gumbi Aboriginal and Torres Strait  
Islander Corporation  
Hello Sunday Morning  
Hepatitis Queensland  
Indigenous Wellbeing Centre (IWC)  
Lives Lived Well  
Micah Projects  
Mount Isa Recovery Services Centre  
(Salvation Army)  
NPA Family and Community Services  
New Pathways Group  
Ngonbi Community Services Indigenous  
Corporation

Open Doors Youth Service Inc  
Pharmaceutical Rehabilitation Services  
Pinangba (Cape York Family Centre;  
UnitingCare)  
Pormpur Paanth Aboriginal Corporation  
Queensland Injector's Health Network  
(QuIHN)  
Queensland Injector's Voice for Advocacy  
and Action (QuIVAA)  
Queensland Council for LGBTI Health (QC)  
Russell Family Fetal Alcohol Disorders  
Association  
SMART Recovery Australia  
Stagpole Street Drug and Alcohol  
Rehabilitation Unit (UnitingCare)  
Sunrise Way  
St Vincent de Paul  
The Ted Noffs Foundation  
Teen Challenge Queensland  
The Banyans Health and Wellness  
The Loop Australia  
Townsville Recovery Services Centre  
(Salvation Army)  
YourTown  
Youth Link  
Youth Empowered Towards Independence  
(YETI)  
We Help Ourselves (WHOs) - Najara  
Therapeutic Community

# QNADA Members

---

## ASSOCIATE MEMBERS

Apunipima - Cape York Health Council  
Australian Community Support Organisation Ltd  
Brisbane North PHN  
Brisbane South PHN  
Central Queensland Indigenous Development Ltd (CQID)  
Central Queensland, Wide Bay, Sunshine Coast PHN  
D&M Consulting & Counselling  
Darling Downs and West Moreton PHN  
Footprints in Brisbane Incorporated  
Gold Coast Pharmaceutical Support  
Gold Coast PHN  
Institute of Urban Indigenous Health (IUIH)  
Mission Australia

## INDIVIDUAL MEMBERS

Cameron Francis  
Colin Ryan  
Elizabeth Evans  
Jeremy Audas  
Joe Conway  
Leigh Beresford  
Linda Hipper  
Sian Scelly  
Chantelle Perry  
Paul Woodward  
Clare Mason  
Steve Dobson



# Memberships & Networks

AOD Peaks Capacity Building Network

Australian Alcohol and other Drug Council

Australian National Advisory Council on Alcohol and Other Drugs

Australian State and Territory AOD Peaks Network

Brisbane North Alcohol and Other Drugs Partnership Advisory Group

Brisbane North Mental Health Alcohol and Other Drugs Strategic Coordination Group

Brisbane North Primary Health Network

Brisbane South Primary Health Network

Central Queensland Wide Bay Sunshine Coast Primary Health Network Queensland

Darling Downs West Moreton Primary Health Network

Darling Downs West Moreton Primary Health Network Joint Regional Mental Health Alcohol and Other Drugs Implementation Plan Steering Committee

Darling Downs West Moreton Primary Health Network Joint Regional Mental Health Alcohol and Other Drugs Information Sharing Working Group

Darling Downs West Moreton Primary Health Network Joint Regional Mental Health Alcohol and Other Drugs Integration and Partnerships Working Group

Mindframe for Alcohol and other Drugs Expert Advisory Group

Multicultural AOD Working Group

National Centre for Youth Substance Use Research Advisory Board

National Quality and Treatment Frameworks Implementation Working Group

National Quality Framework Queensland Implementation Group

Northern Queensland Primary Health Network

[Pill Testing 4 Queensland Alliance](#)

Queensland AOD Bed Based Services Forums

Queensland AOD Sector Network

Queensland Community Services Peaks Network

Queensland Council of Social Services

Queensland DASPM Expert Reference Groups

Queensland Drug and Alcohol Court Stakeholder Reference Group

Queensland Withdrawal Management Guidelines Working Group

Sunshine Coast and Gympie AOD Alliance

## ***Special acknowledgement to QAIHC/QISMC***

We're very grateful for the generosity and wisdom shared by our colleagues at the Queensland Aboriginal and Islander Health Council/Queensland Indigenous Substance Misuse Council. We've partnered and collaborated on many projects and activities over the last year and in particular we thank Bevan Ah Kee and Eddie Fewings for their significant and ongoing contribution to the AOD sector in Queensland.

# INNOVATE

## OBJECTIVE #1 – Innovate

- **Members:** Facilitate research translation to strengthen harm reduction and treatment approaches.
- **Policy:** Contribute to contemporary policy development.
- **Systems:** Promote system responses that address the social, cultural and structural determinants of health.

## Peak Body Scoping

In 2020, QNADA collaborated with the Queensland Injectors Voice for Advocacy and Action (QuIVAA) and the Queensland Aboriginal and Islander Health Council/Queensland Indigenous Substance Misuse Council (QAIHC/QISMC) to undertake a peer-led consultation with people who use drugs in Queensland. The purpose of this consultation was to understand the experiences of people who use drugs, the issues that are important to them and how their voices could be amplified to influence the policies, systems and services that are relevant to them. We acknowledge the funding provided by Queensland Health, Mental Health Alcohol and Other Drugs Branch to undertake this project.

QNADA recognises the important role that people who use health services can have in contributing to and informing the design and improvement of the services and systems that they access. We also recognise the specific difficulties in hearing the voices of people who use drugs in service or system design, re-design or evaluation in the alcohol and other drug treatment and harm reduction sector. In particular, the criminalisation of use and possession and the associated stigma and discrimination faced by people who use illicit drugs is a significant barrier to the engagement and participation of this group.

This consultation revealed a range of experiences and perspectives of people who use drugs in Queensland which were used to identify key themes that warrant further consideration, such as the heterogeneity of the population of people who use drugs, and the role peer-based organisations play across systems. Further information is included in the [Peer Peak Body Scoping Project Report](#).

*"I think all people that had, have, or are having anything to do with drugs, whether they be legal or illegal, whether you're using now or you have, you still use or have used in the past. I think you have a lived experience and you have an ability to offer that to somebody else." (Female, 34-44 years)*

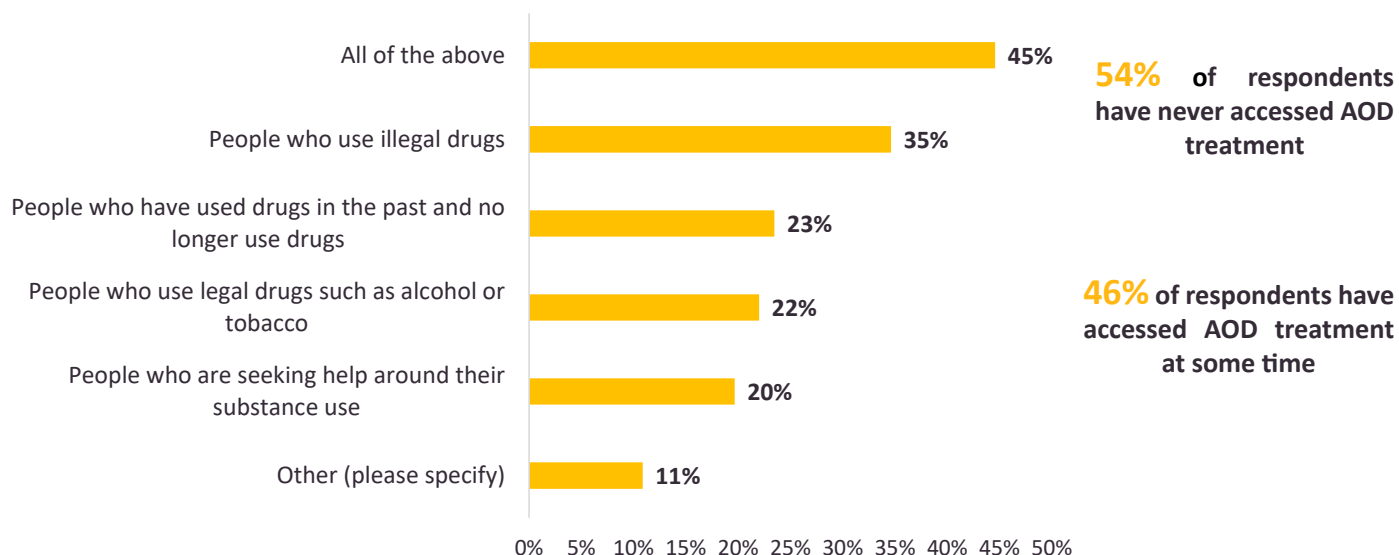
*"Majority of the people I know who use drugs do not fit the stereotype. They all have jobs, engage only occasionally and recreationally, and are not dependent." (Female, 18-24 years)*



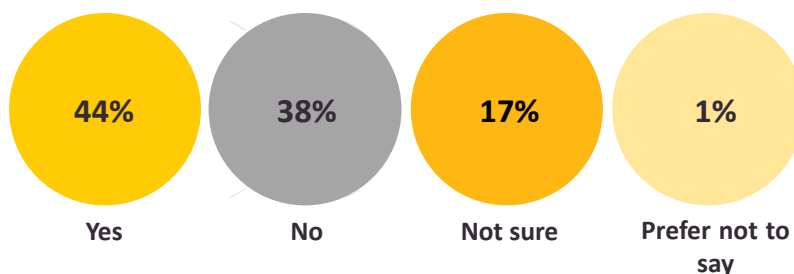
# INNOVATE

## Peak Body Scoping - what we learned

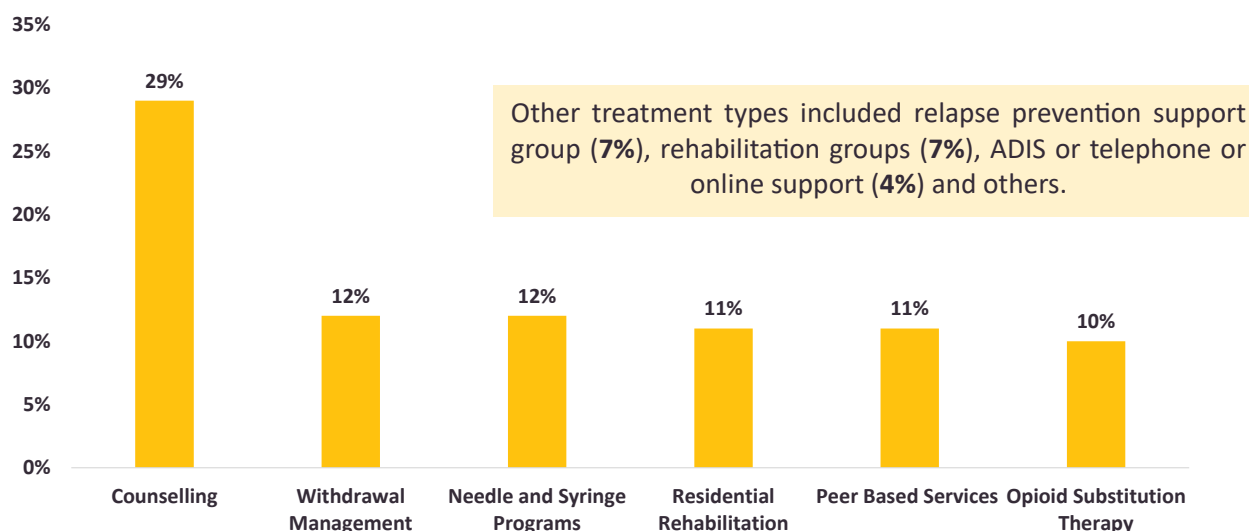
### Who should be represented?



### Do you identify as a peer?



### Alcohol and other drug treatment type accessed by participants



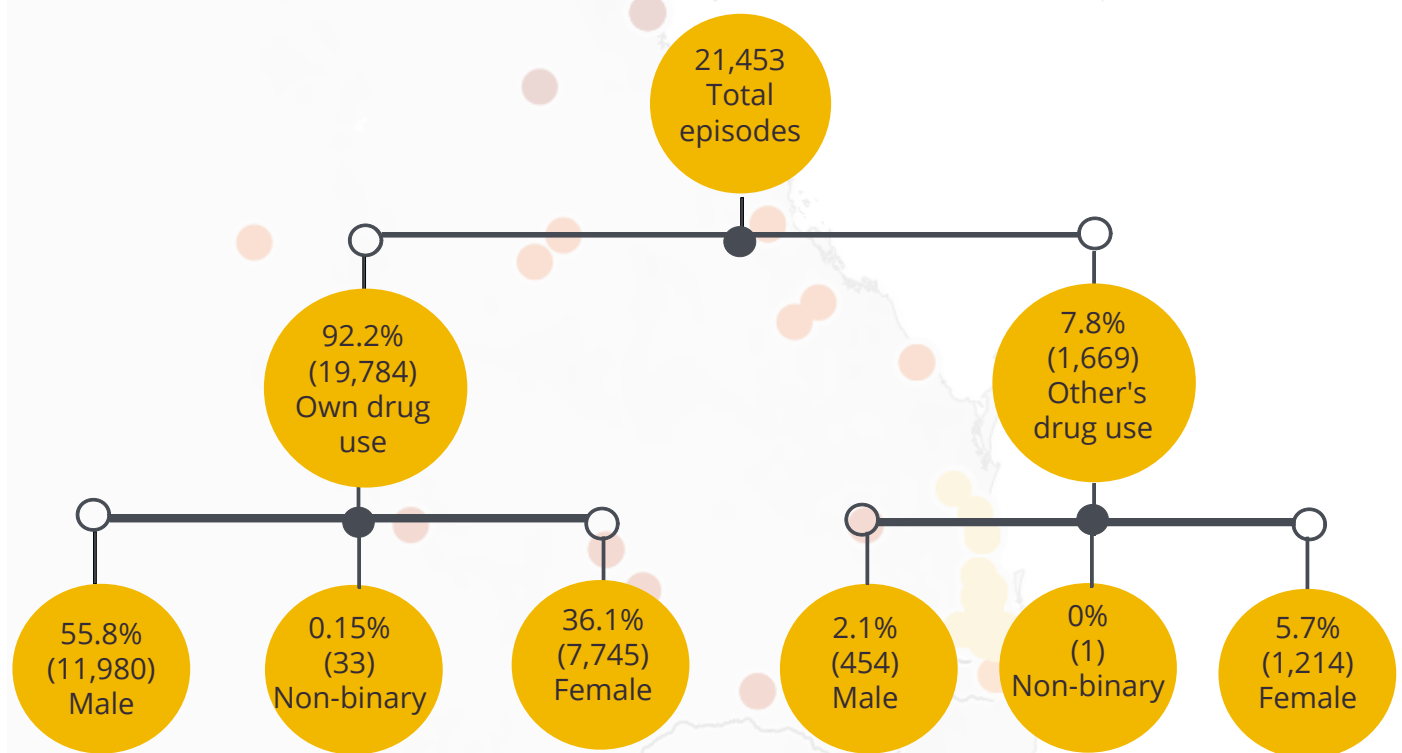
## AOD Treatment Services National Minimum Data Set (AODTS NMDS)

QNADA continues to provide support for the annual collection of the Alcohol and Other Drugs Treatment Services National Minimum Data Set for non-government organisations across the state. The 2019-20 submission included 21,453 episodes of care from 100 reporting establishments, an increase from 20,594 episodes in 2018-19, which reflects the additional services funded through PHNs and recent Commonwealth and State Government investments.

QNADA held one online and five face to face AODTS NMDS training sessions across different locations in Queensland (Cairns, Townsville, Toowoomba, the Gold Coast and Brisbane) to over 50 AOD workers, aimed at improving AODTS NMDS collection and data consistency across Queensland. As part of the training, workers improved their understanding of common mistakes to avoid when reporting to the AODTS NMDS and increased their confidence on reporting treatment episodes.

Following the 2019-20 submission, QNADA distributed Frequency Reports to NGO submitting organisations. These reports included information on key findings, main trends and an interactive dashboard presenting their organisation's AODTS NMDS data submission across the years.

### 2019-2020 NMDS Summary



For more information visit the [AIHW website](#)

# INNOVATE

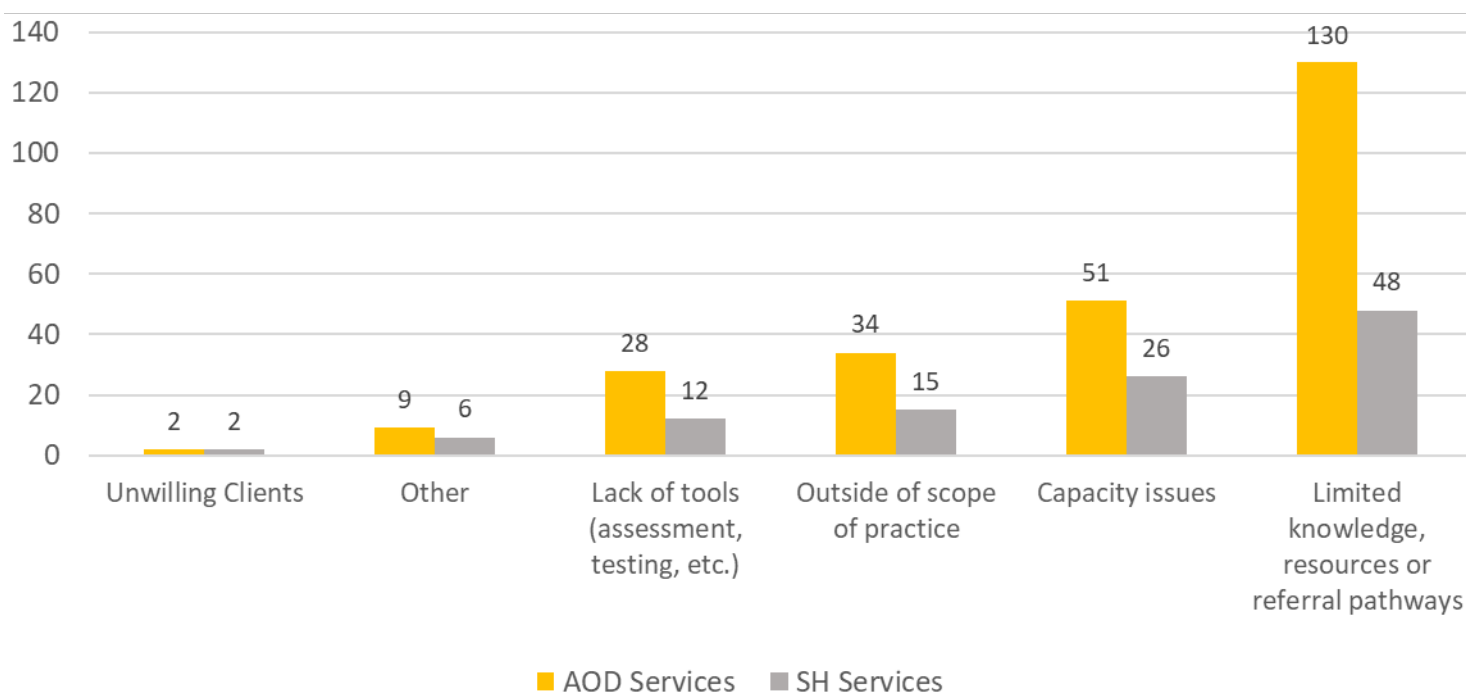
## Sexual Health in AOD Settings

In October 2020 QNADA and the Queensland Health Communicable Diseases Branch began early discussions about responses to sexual health issues in AOD settings. In March 2021, we distributed a joint workforce survey exploring the sexual health needs of people accessing AOD services, persistent and emerging issues, challenges in responding to these issues, and referral pathways between sexual health and AOD services. Findings from the survey indicate that most AOD services observe a strong association between problematic substance use and risky sexual behaviour with survey participants recommending a range of responses such as:

- Increased funding for specialist staff
- Formalised arrangements between sexual health and AOD services
- Better screening/assessment tools
- Staff education, training and resourcing.

QNADA looks forward to continuing to work with the Communicable Diseases Branch and AOD services on responding to sexual health issues over the coming year.

### Existing challenges in responding to issues related to sexual health

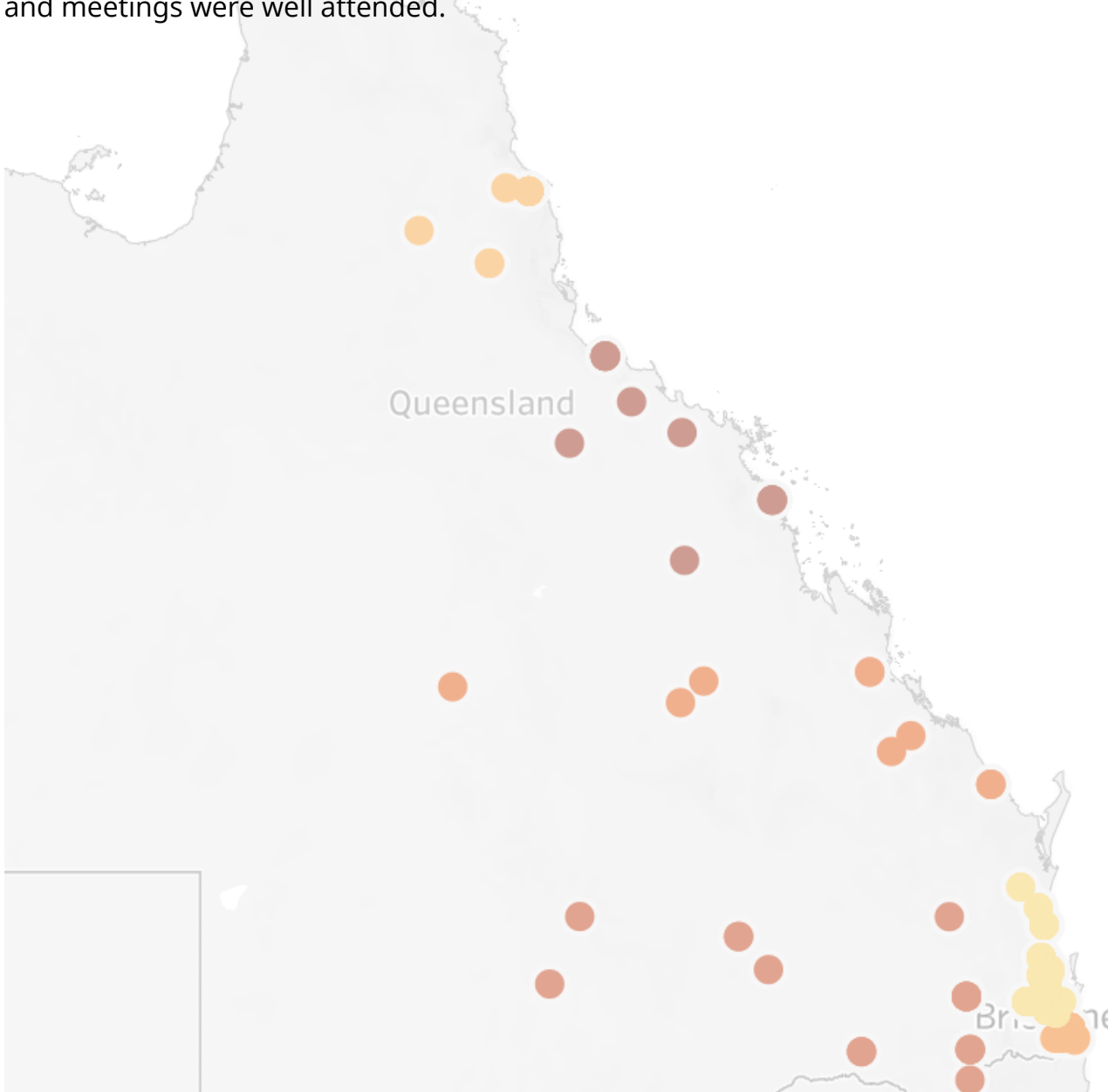


*\*Number of occasions the issue was mentioned including both single-choice and free text responses*

## Sector Connectedness

### AOD reference groups & communities of practice

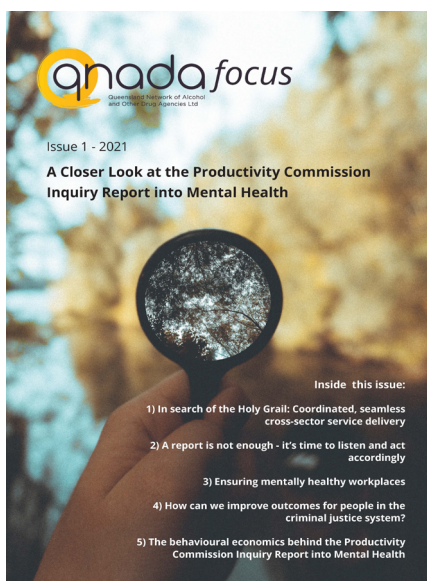
This year, QNADA continued to provide support to seven AOD reference groups across Queensland. These groups were located in: Far North Queensland encompassing the Cairns region; North Queensland encompassing the Townsville region; Darling Downs encompassing the Toowoomba region; West Moreton encompassing the Ipswich region; and in Brisbane North and South regions. These groups were attended by representatives from non-government AOD treatment services, Primary Health Networks, and Hospital and Health Services. Together, these networks provided a unique opportunity for QNADA to engage with workers and services across the State and to gain feedback and insight on current AOD- and treatment-related issues, sector and service gaps, and workforce development needs. Over the past year, meetings were conducted face-to-face and via Zoom conferencing. Each group met between four and six times and meetings were well attended.



# INNOVATE

## QNADAfocus

The QNADAfocus newsletter continues to share sector related information and research to members and it has also evolved to include more in depth exploration and discussion on selected topics. This year themed issues were distributed exploring areas such as the intersections of AOD and domestic and family violence, looking forward in the context of a returned Labour Government and an ongoing pandemic, the productivity commission inquiry report into mental health, and human rights and drug policy.



*Please click on the images to read each newsletter.*

## OBJECTIVE #2 – Grow

- **Members:** Enhance service and workforce capacity to deliver effective interventions.
- **Policy:** Encourage development and implementation of policies that support self-determination.
- **Systems:** Engage with systems that intersect with AOD treatment and harm reduction services to promote effective system design.

## Working with Primary Health Networks

QNADA continued to work closely with Primary Health Networks (PHNs) in Queensland during 2020-2021. QNADA participated in a range of PHN working groups, regional planning consultations, and facilitated PHN engagement with our memberships and networks. We worked regularly with all seven PHNs across Queensland on all things AOD.

In particular, Brisbane North PHN continued to support a range of workforce development and system improvement activities during the year that is also relevant state-wide. This includes increasing access to clinical / practice supervision for the AOD workforce (PhD qualitative study and ongoing evaluation of a clinical / practice supervision exchange model) and the Brisbane AOD communities of practice.



# GROW

## Capacity Building

### Multicultural drink and drug driving resource

A key task undertaken this year with the Multicultural AOD Group was the development of a drink driving information resource for multicultural community members to increase knowledge and understanding of Australian drink driving limits and guidelines. The resource is intended to provide factual information to assist migrant support workers who have limited AOD knowledge to inform multicultural community members on drink and drug driving in Australia. The final draft of this resource has been completed and translation into relevant languages is in progress.

**Keeping yourself and your community safe while driving – information about alcohol and other drugs**



In Australia, there are laws about driving a vehicle after using alcohol and other drugs, which aim to keep people safe. This information is for people and communities who live in Queensland and may not be familiar with these laws. It also provides some information about how people are tested for alcohol and other drugs when pulled over by police, what to expect, and what happens with police and court if alcohol and other drugs are detected in a driver's system – which is often called 'driving under the influence'.

**Legal rules**

In Queensland, people who have a learner license (L plate) or probationary license (P plate) are not allowed to drive with any alcohol or other drugs in their body.

If a person has an open license, the amount of alcohol detectable in their blood must be very low. This is known as blood alcohol content.

Blood alcohol content must be below 0.05%.

A person cannot have any illegal drugs in their body, regardless of licence category.

**Roadside testing**

Police often conduct random roadside testing of drivers for alcohol and other drugs. Police can require drivers to give their name and address, show their drivers licence, go to a police station for further testing, and get a doctor to take a blood test.

**Alcohol**

A roadside breath test is a process where police test blood alcohol content of drivers using a sample of their breath. This involves blowing into a machine called a **breathalyser**.

Roadside breath tests can be conducted by police any time they stop a vehicle, or where police have set up mobile testing sites to test large numbers of drivers travelling through particular locations during specific times of the day.

Where a mobile testing site is set up, police will usually direct traffic into a designated lane and ask each driver to provide a sample of their breath using a breathalyser. If a driver is under the limit of 0.05% blood alcohol content, they will be able to leave and continue on their journey. However, if they over the limit, they will be required to go with police for further testing at a police station.

 **qnada**  
Queensland National Alcohol and Drug Abuse  
www.qnada.org.au

### Virtual Service Tours

With the increasing uptake of online interaction, QNADA established an initiative to provide organisations the opportunity to host a virtual tour of their service. The host organisations provided service overviews, a physical tour where possible and answered questions from participants about aspects of their service and program. These events have been very well attended and will continue next year.

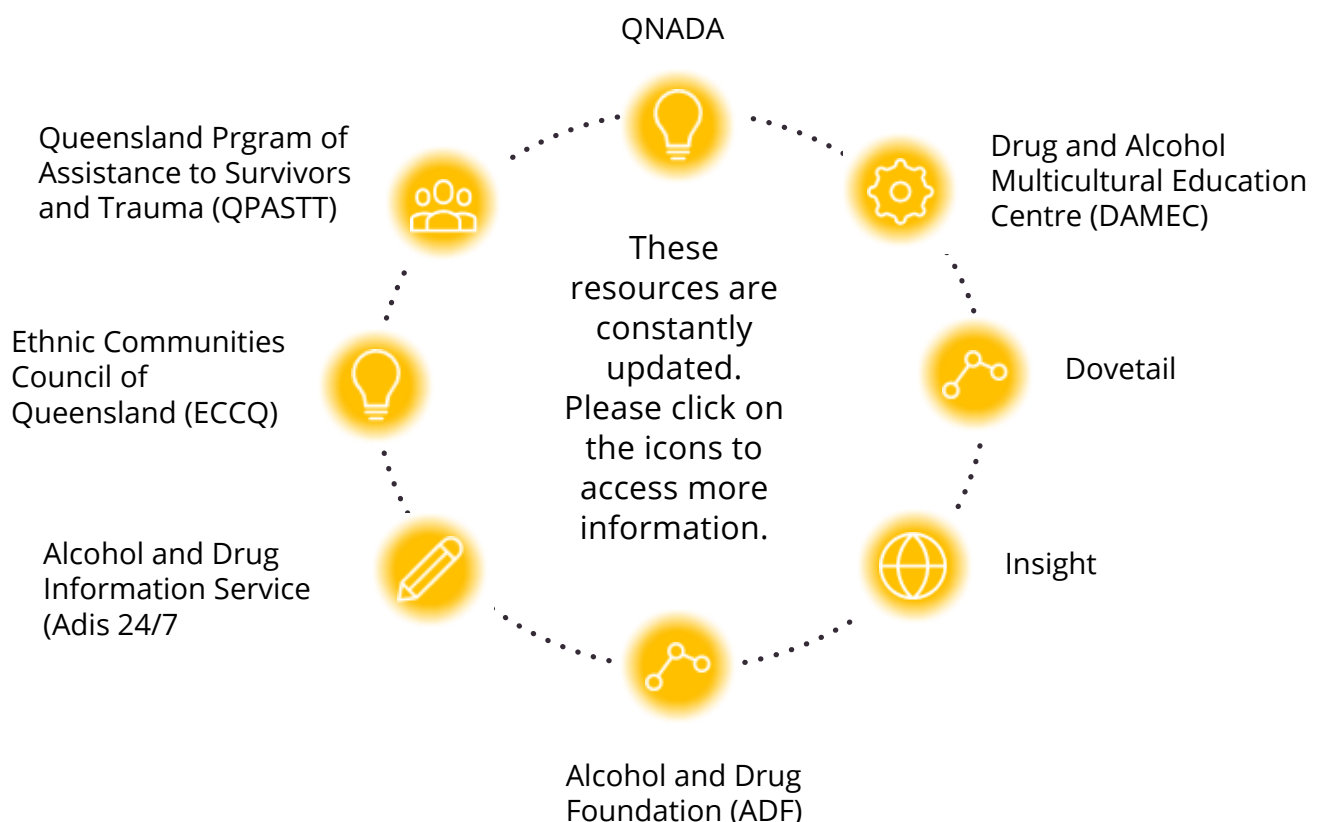
## Refugee and asylum seeker online training

In January 2020 QNADA commenced a partnership with the Queensland Program of Assistance to Survivors of Torture and Trauma (QPASTT) to redevelop the existing 2015 guide [\*Helping Asylum Seeker and Refugee Background Communities With Problematic Alcohol and Other Drug Use: A Guide For Community Support And AOD Workers\*](#). A Multicultural AOD Reference Group was formed that, led by QPASTT, consisted of representatives of a range of multicultural organisations including Settlement Support Services, Community Support Services and individual community members.

The Multicultural AOD Reference Group supported the development of two face-to-face training packages. These were for existing AOD workers into issues surrounding AOD use in refugee and asylum seeker communities, and introductory AOD training for multicultural community workers.

The in-person training for existing AOD workers was piloted in February, as was the introductory AOD training for Multicultural Community workers. Post training feedback for both indicated participants found the training sessions significantly increased their subject matter expertise and they considered it both useful and informative to their practice.

The existing online learning resource [\*Supporting People From Asylum Seeker and Refugee Background Communities With Problematic Alcohol and Other Drug Use\*](#) was updated this year to reflect the more current face to face training and will be published in the 2021-22 period.



# GROW

## **Increasing access to clinical supervision among AOD workers**

With support from Brisbane North PHN, QNADA has continued their work in the last 12 months to address the need for increased access to effective clinical supervision among AOD workers in Queensland. QNADA's Sector and Workforce Development Officer, Courtney O'Donnell, undertook this work as part of a PhD at the University of Queensland (UQ) under the supervision of Professor Leanne Hides, Professor Nicole Lee, Dr Catherine Quinn and Sean Popovich.

The first phase of this project took the form of a qualitative study which aimed to identify barriers and facilitators to accessing high quality clinical supervision. In the past year, 21 qualitative interviews conducted with frontline workers and service managers from eight government and non-government AOD treatment services across Brisbane were thematically analysed. Findings indicated that there is a perceived need for all AOD workers to receive regular and frequent clinical supervision from AOD specialists. Consistent with previous research, clinical supervision was also perceived to have a variety of benefits for workers, their employing organisations and people who access services. Frontline workers and managers felt that barriers and facilitators to accessing effective clinical supervision included limited time, the high cost of providers, availability of skilled clinical supervisors, supervisor-supervisee matching and supervision modality (ie. external, internal, group or individual).

During interviews, participants were also asked about their perceptions of a clinical supervision exchange model. This model was developed by QNADA with the aim to increase access to effective clinical supervision among workers using the limited sector resources available. A key feature

of this model is that it operates on an exchange basis, whereby a worker from one organisation provides clinical supervision to staff of another organisation, and vice versa. While the idea of a supervision exchange partnership has previously been suggested as a possible solution to the issue of under-resourcing in the sector, an AOD-specific clinical supervision exchange model has not previously been implemented and evaluated.

Interviews revealed that frontline workers and service managers considered implementation of a clinical supervision exchange model to be a resource-effective strategy to increase access to external, individual clinical supervision while also exposing workers to a greater diversity of perspectives, increasing sector collaboration and improving the perceived value of clinical supervision among the workforce. Participants considered potential barriers and facilitators to implementation to include willingness among services to participate, sustainability of the model and flexibility in clinical supervision delivery. Data obtained from these interviews were used to inform the second phase of the study.

The second phase of this project was implementation and evaluation of a clinical supervision exchange model with six participating AOD treatment services in Queensland. In late 2020, twenty frontline AOD workers (supervisees) were randomly allocated to the supervision exchange (n=10) or supervision-as-usual (n=10) arms of the study. Participants in the supervision exchange arm of the study were matched with a supervisor (n=5) employed by another participating treatment service. Supervisors and supervisees were pragmatically matched based on characteristics including years of experience in the sector, age, qualifications, expertise and interests. Monthly supervision for participants in the supervision exchange arm of the study commenced in December

2020 and will continue until October 2021. All participants were asked to complete a survey at baseline (0 months; pre-) and 5 months (mid-supervision exchange). Participants will complete the same surveys again at 10 months (post-supervision exchange) and 15-months (follow-up).

While data collection for the second phase of this project is ongoing, preliminary data suggest that the clinical supervision exchange is effective in increasing access to external, one-on-one clinical supervision among participating AOD workers. Together, the first two phases of this project provide promising evidence for the suitability, feasibility and effectiveness of implementing a clinical supervision exchange model in the AOD treatment sector.

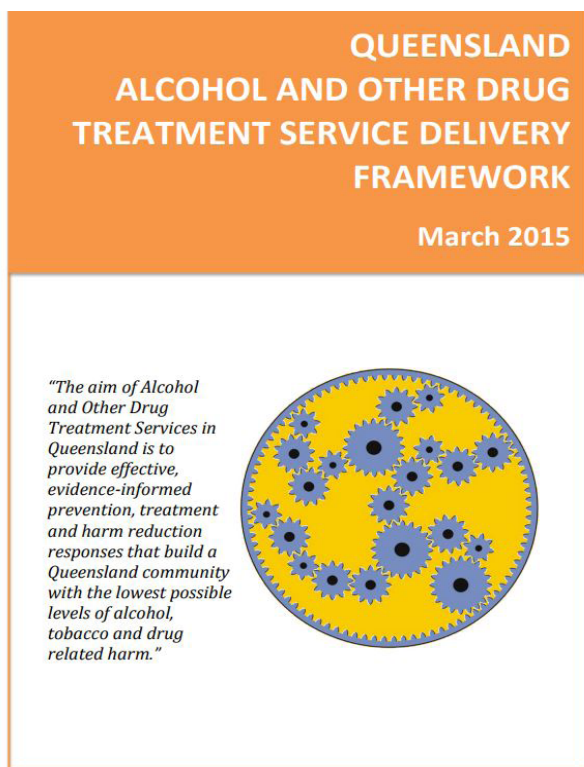


# INFLUENCE

## OBJECTIVE #3 – Influence

- **Members:** Support service planning and investment that values effective responses to AOD use.
- **Policy:** Increase understanding of effective responses to complex need.
- **Systems:** Enhance alignment of systems to reduce AOD related harm.

## Planning for System Improvement



### Queensland Alcohol and other Drugs Treatment Service Delivery Framework

As a member of the Queensland Alcohol and other Drugs Sector Network, QNADA continued to lead the review of the Treatment Service Delivery Framework. The review builds on the previous 2015 framework and the update will ensure it continues to represent Queensland's AOD service system and is in line with the national alcohol and other drugs treatment and quality frameworks released at the end of 2019. We sincerely thank all those who've participated in the review so far and we look forward to finalising the framework by the end of 2021.

### Queensland Drug and Alcohol Services Planning Model (QDASPM)

QNADA continued to support the development of the Queensland Drug and Alcohol Services Planning Model (QDASPM) during the year. The model provides an estimation of the workforce required to meet the alcohol and other drug treatment and harm reduction needs of the Queensland population and will support better planning and resourcing.

The model uses a combination of epidemiological data and estimated resourcing requirements for the range of treatment types to determine workforce need. We provided feedback and input into the QDASPM alongside our members via a number of expert reference groups. QDASPM will be an important piece of the planning puzzle, with the next Statewide services plan due in 2022.

*Please click on the image to read the full framework*

# INFLUENCE

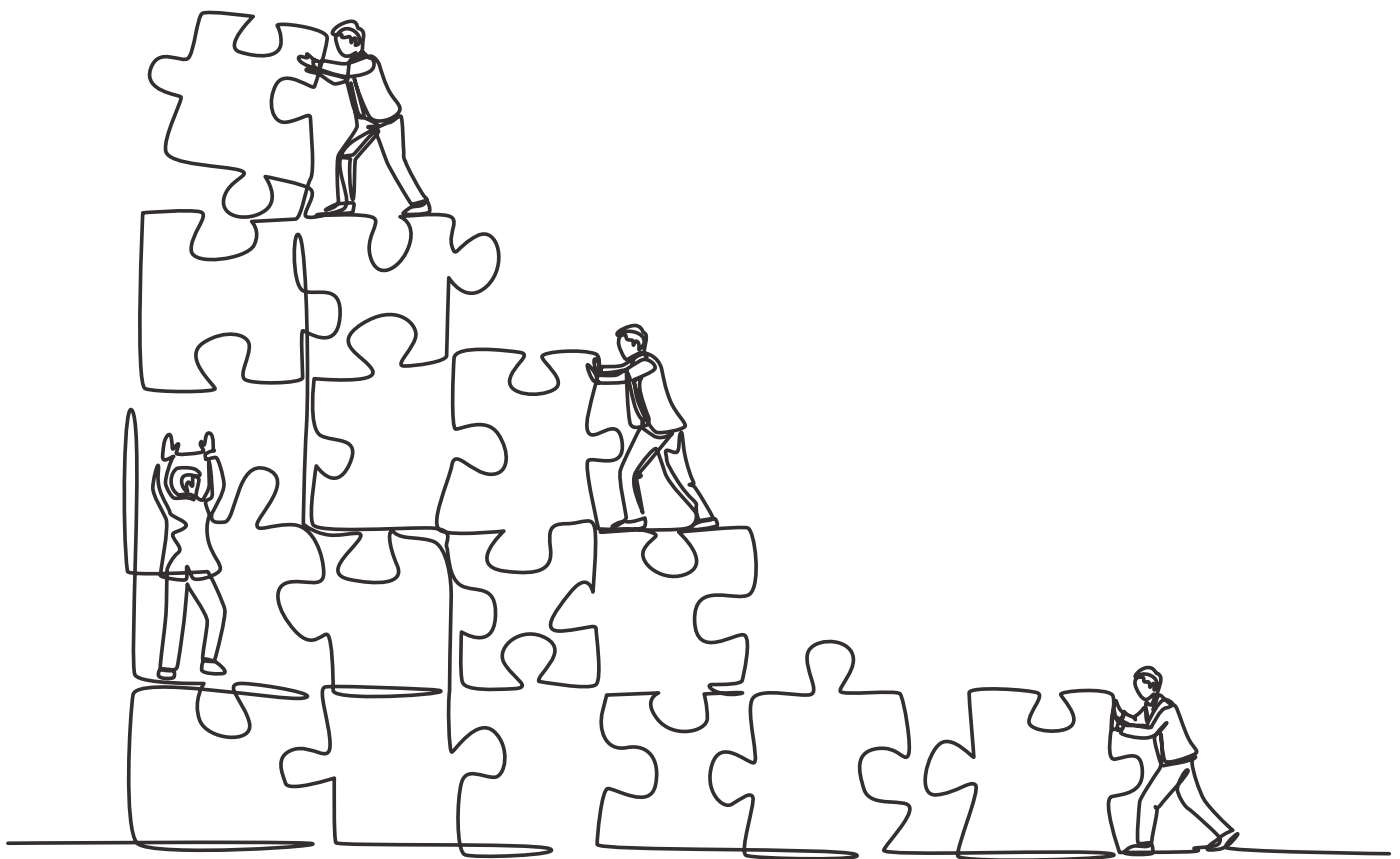
## Planning for bed-based services

QNADA contributed to a range of forums, which were held in 2021, as well as provided out of session advice and feedback on specialist bed-based treatment service needs, requirements, elements of care, and models of service.

Mental Health Alcohol and other Drugs Branch worked with QNADA and the sector to develop treatment service specifications for bed-based rehabilitation and withdrawal management services, which align with the national and state-based alcohol and other drugs treatment and quality frameworks.

## Regional planning

We continued to contribute to joint regional planning across the state facilitated by the PHNs. This included sitting on a number of working groups, committees, and partnership groups to provide expert advice, systems advocacy, and support to ensure regional planning appropriately represents and meets the needs of the alcohol and other drugs workforce and people who use alcohol and other drugs in Queensland.



*Simple Line/Shutterstock.com*

# INFLUENCE

---

## Working with Government

This year we continued our significant focus on representation and advocacy for the Queensland NGO AOD treatment and harm reduction sector to the Commonwealth and State Governments. Significant consultation nationally this year included:

- Member of the National Quality and Treatment Frameworks Implementation Working Group
- Policy consultation: Implementing integrated service experiences and treatments for young people
- Submission on the draft report to the Productivity Commission Inquiry into Mental Health.

Important State consultations that we have contributed to include:

- Meetings with Ministers and Members of Parliament regarding QNADA's Position Papers:
  - [Decriminalisation](#)
  - [Drug Checking](#)
  - [Stigma and Discrimination](#)
  - [Effective Responses to Drug Use](#)
  - [Systemic Responses to Drug Use](#)
- Feedback on the Queensland Corrective Services Drug and Alcohol Strategy 2020-23 Discussion Paper
- Submission to the Inquiry into the Queensland Government's health response to COVID-19
- Feedback to the Queensland Mental Health Commission on renewing Queensland's Alcohol and other Drugs Plan
- Submission on the Justice Legislation (COVID-19 Emergency Response – Permanency) Amendment Bill 2021
- Submission to the consultation on the draft regulations and associated instruments to support the Medicines and Poisons Act 2019
- Submission to the Women's Safety and Justice Taskforce

# INFLUENCE

QNADA continues to advocate for drug checking (pill testing) in Queensland and coordinates the Pill Testing for Queensland Alliance, a network of stakeholders from across Queensland who come together monthly to share information and identify opportunities to promote the evidence and support the introduction of drug checking in Queensland.

Click on the image below to access the [Pill Testing for Queensland Alliance Web Page](#).



ABOUT US ▾NEWSRESOURCESWORKFORCE ▾COMMUNITY ▾CADDSS

## Pill Testing for Queensland (PT4Q)

QNADA > Pill Testing for Queensland (PT4Q)

### What is drug checking (pill testing)?


Drug checking – also sometimes referred to as ‘pill testing’ – involves members of the public voluntarily providing samples of suspected illicit substances they are intending to consume (e.g. tablets, capsules, powders, tabs/blotter paper etc) for chemical analysis.

Test results are provided back to the individual by health professionals as part of a personalised health and harm reduction intervention. The purpose of the intervention is to increase the person’s awareness of the risks associated with the substance with the aim of effecting behaviour changes that result in fewer harms or incidences of drug-related death.

No samples submitted are ever returned to the individual and secure disposal bins are available for those who wish to hand-over remaining substances in their possession to be destroyed.

Drug checking (Pill Testing) services operate in partnership with police, health and ambulance services and can be provided at festivals and events or on an ongoing basis within fixed site community-based settings.

Please click on the image below to read QNADA’s Drug Checking Position Paper.



# INFLUENCE

## Working with AOD Peaks

QNADA continues to work collaboratively with the State and Territory AOD Peaks Network which aims to advance and support alcohol and other drug services in all Australian jurisdictions to prevent, treat, and reduce alcohol, tobacco, and other drug related harms to individuals, families, and communities.

This year, we worked together on a number of national activities including:

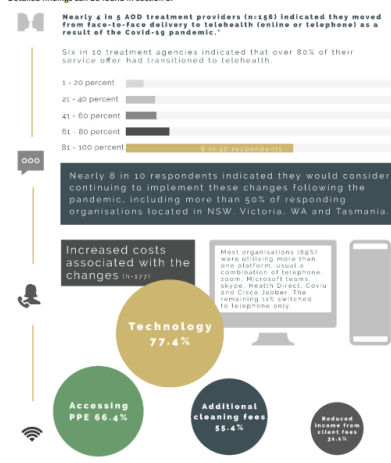
- Contribution to the development of the [National Treatment and Quality Framework for Alcohol and Other Drug Treatment Services](#).
- Developed, administered and analysed a national survey to gather data on the impacts of the COVID-19 pandemic on alcohol and other drug service delivery and published the [results](#) in July.
- [Submission to the Public Inquiry into Public Communications Campaigns Targeting Drug and Substance Abuse](#).
- [Position Statement on Alcohol and Other Drug Diversion Programs in Australia](#).

We also supported our sister peak, the Alcohol Tobacco and Other Drug Association ACT (ATODA) by providing a submission to their Inquiry into the Drugs of Dependence (Personal Use) Amendment Bill 2021.

Our work with the newly formed national peak, the Australian Alcohol and other Drugs Council continued this year through consultation on a range of national issues including a submission to the National Preventive Health Taskforce on the Development of the National Preventive Health Strategy consultation paper and feedback provided on the Productivity Commission Inquiry into Mental Health report.

The State and Territory Alcohol and Other Drugs Peaks Network undertook a survey of alcohol and other drug treatment services in all States and Territories between 21 May and 5 June 2020 on the impact of the Covid-19 pandemic. Responses were received from 210 organisations across Australia, including organisations operating in metropolitan, regional, rural and remote areas.

The figures below summarise the survey findings in relation to impact on service delivery (Figure 1), impacts on service capacity and presentations (Figure 2) and impacts on service demand (Figure 3). Detailed findings can be found in section 3.



### State and Territory Alcohol and Other Drug Peaks Network (the Network)

#### Submission to the Public Inquiry into public communication campaigns targeting drug and substance abuse

January 2020

It is the position of the State and Territory Alcohol and Other Drug Peaks Network (the Network) that national mass media campaigns targeting alcohol and other drug demand have historically been unsuccessful, and in some cases even detrimental:

- Based on the best available evidence they have had rare and very limited success;
- in the worst cases they have contributed to increased use of the target substance, or at least increased the likelihood of uptake;
- they have further stigmatised drug users (negatively impacting community connectedness, treatment and support seeking);
- they are expensive, and should not be considered a viable alternative to place-based demand reduction (treatment and prevention).

The Network position is that the limited national funds available should be invested in evidence-based approaches that have been shown to reduce demand.



### State and Territory Alcohol and Other Drug Peaks Network

#### Statement Alcohol and Other Drug Diversion Programs in Australia December 2020

The State and Territory Alcohol and Other Drug Peaks Network calls for a shared, national approach to address current barriers to accessing diversion programs and to explore opportunities to enhance the diversion system.

Alcohol and other drug diversion programs have a long, established history in Australia and have been demonstrated to deliver a range of justice, health, economic and social outcomes.<sup>1</sup>

The importance of diversion programs is recognised within the National Drug Strategy, where it is listed as a key component of demand reduction.<sup>2</sup> While diversion is nationally supported, diversion programs vary across Australian state and territory jurisdictions, reflecting jurisdiction-specific legislative and legal frameworks.

There is an opportunity to expand and improve alcohol and other drug diversion across Australia. The National Drug Strategy highlights the need to enhance:

systems to facilitate greater diversion into health interventions from the criminal justice system, particularly for Aboriginal and Torres Strait Islander people, young people and other at-risk populations who may be experiencing disproportionate harm.<sup>3</sup>

The outcomes of a recent national review of illicit drug diversion programs further reinforce the need to enhance Australia's approach to diversion. The review found that there was significant variability across all Australian jurisdictions in the proportion of eligible offenders given a police diversion, ranging from 32.4% to 98%.<sup>4</sup> The national review also identified barriers that inhibit progress to collectively improve access to diversion – these range from programmatic (e.g. eligibility criteria) to systemic (e.g. treatment access).<sup>5</sup>

The national review identifies the need for 'building transparency and fostering exchange about efforts to expand diversion is an important way to build diversion going forward'.<sup>6</sup>

<sup>1</sup> Hughes C, Senior K, Bitter A & Nurock S. (2015). Monograph No. 27: Criminal justice responses relating to personal use and possession of illicit drugs. The reach of Australian drug diversion programs and barriers and facilitators to expansion. GRIFF Monograph Series, Sydney: National Drug and Alcohol Research Centre, UNSW Sydney. <http://dx.doi.org/10.26023/1945-4616.2015.27.1>

<sup>2</sup> National Drug Strategy, p.23

<sup>3</sup> Hughes et al., (2015). The reach of Australian drug diversion programs and barriers and facilitators to expansion, p.5

<sup>4</sup> Hughes et al., (2015). The reach of Australian drug diversion programs and barriers and facilitators to expansion, p.6-7

<sup>5</sup> Hughes et al., (2015). The reach of Australian drug diversion programs and barriers and facilitators to expansion, p.8

# INFLUENCE

## Communications Strategy

This year QNADA has taken steps to develop and continue to refine our communications strategy and direction. The key objectives are to highlight QNADA as a sector leader with expertise in influencing policy and translating evidence into practice. Our social media presence is driven by consistent communication in alignment with QNADA's vision of a health system that values responses addressing the social, cultural and structural determinants of health. Regular, fresh material on our social media platforms reflects a new approach to proactively planning and publishing content that is relevant to the AOD treatment and harm reduction sector and the interested public.

Our messaging is structured around our five [policy positions](#) on decriminalisation, reducing stigma and discrimination, effective responses to drug use, drug checking, and systemic responses. We are also using our social media presence to promote and amplify the use of inclusive and respectful language when it comes to AOD related issues in public domains. Our fresh approach to communications using popular media has been driven by monthly strategic planning between responsible team members.

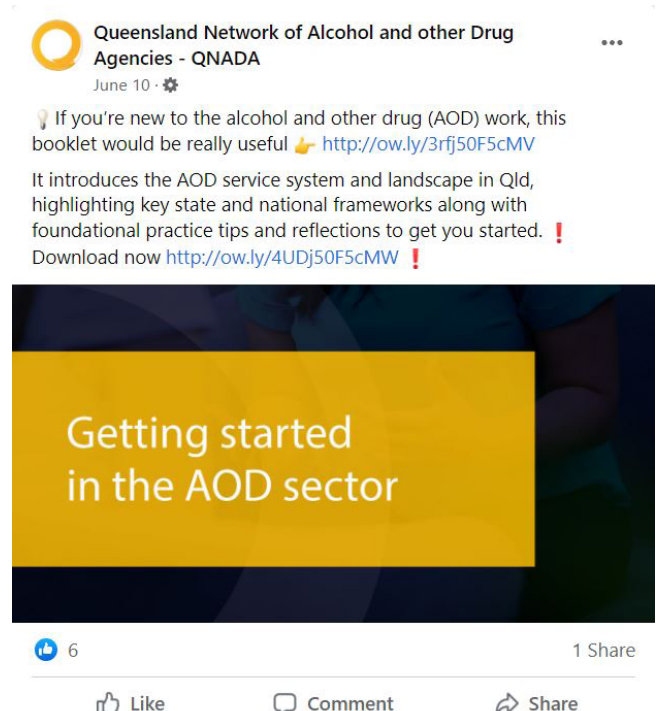
Follow us on Facebook and LinkedIn !



[Queensland Network of Alcohol and other Drug Agencies on Facebook](#)



[Queensland Network of Alcohol and other Drug Agencies on LinkedIn](#)



# INFLUENCE

---

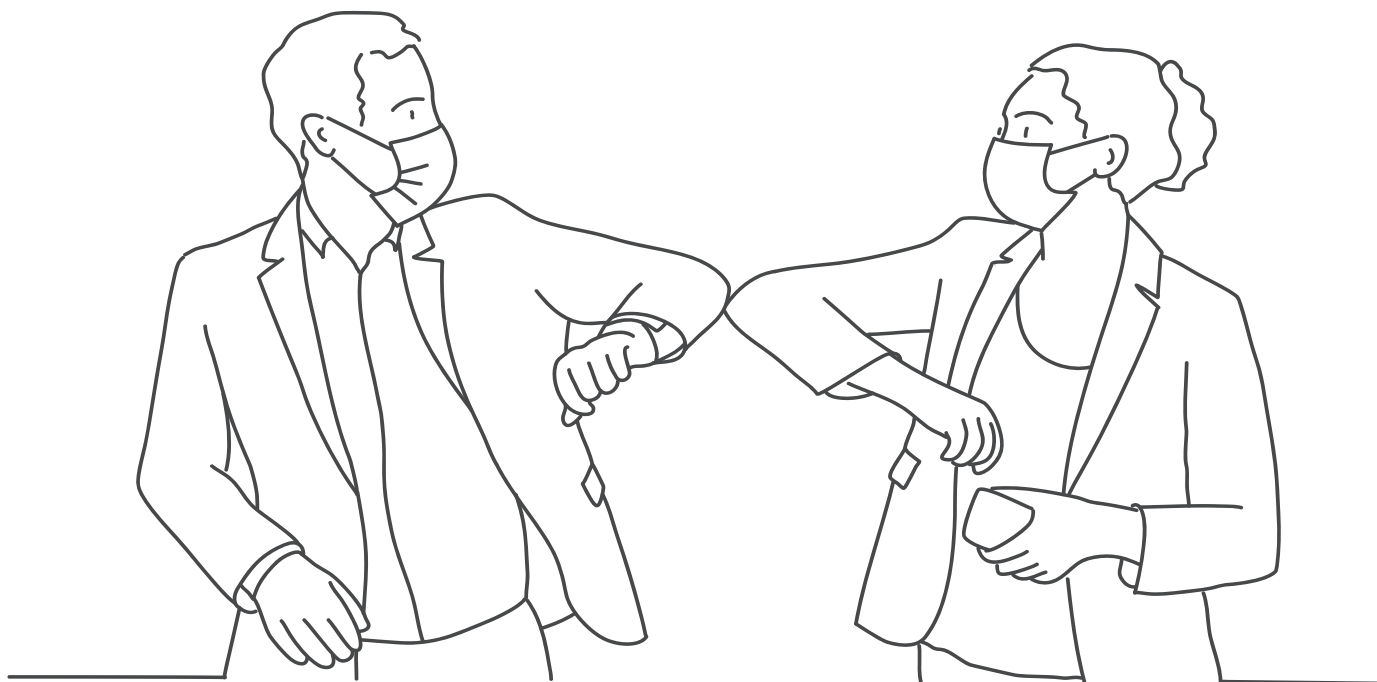
## COVID-19

### Statewide support

QNADA continued to play a critical role in supporting the sector this year. Our regular statewide meetings with residential service providers - which we established last year in response to the pandemic - continued to be an important place for providers to share and learn from each other. We also ensured our Covid-19 guidance for residential service providers was maintained and kept up to date with relevant advice in partnership with Queensland Health.

### Emerging issues

As a member of the State and Territory Alcohol and other Drugs Peaks Network we investigated the impact of the Covid-19 pandemic on service delivery in Australia. Responses were received from 210 organisations across Australia, including organisations operating in metropolitan, regional, rural and remote areas. In July 2020, we finalised a [report and a series of infographics](#) highlighting a range of impacts including shifts in modes of service delivery, issues experienced by clients, and service availability during the period.



*Semanche/Shutterstock.com*

# INFLUENCE

## Responsive Systems

The Responsive Systems project was established to consider ways to facilitate greater cross-sectoral collaboration, improve the way that different sectors and services respond to individuals, families and communities affected by alcohol and other drugs, and better position QNADA and its members to participate in, and meaningfully support, relevant reform initiatives. The project was established in response to member feedback over many years on the pressure points in their interactions with the criminal justice, youth justice and child safety systems.

The culmination of this project will assist QNADA and its members to:

- better understand the scope and focus of current reform initiatives and how they impact members' client population
- support conversations with members, peaks, government, and other stakeholders about current reform initiatives and how they align with good practice AOD responses
- facilitate connections between different agencies, sectors, and reform agendas to develop a shared language and clear direction for future AOD reform which is evidence informed and reflects a common understanding of the system improvements required.

To support this body of work, QNADA has established a Project Reference Group (PRG) to provide project monitoring and governance to ensure deliverables meet the strategic objectives of QNADA and its' members. Membership of this group includes representatives from Youth Empowered Towards Independence (YETI), The Salvation Army, Gindija Treatment and Healing Indigenous Corporation, and QuIHN.

In addition, a Rapid Review has been completed of relevant inquiries, reports, and strategies to help better understand the scope and focus of current reform initiatives. The first Rapid Review report discusses the recommendations and actions that have been made to respond to individuals, families and communities affected by alcohol and other drugs, or address the broader social determinants of health within these reports.



# FINANCIAL STATEMENTS

## The Queensland Network of Alcohol and Other Drug Agencies Ltd Directors' report 30 June 2021

The directors present their report, together with the financial statements, on the company for the year ended 30 June 2021.

### Directors

The following persons were directors of the company during the whole of the financial year and up to the date of this report, unless otherwise stated:

Names	Position	Appointed/Resigned
Mitchell Giles	President	25/10/2018 (resigned 22/04/2021)
Genevieve Sinclair	Vice President	22/10/2020
Jody Wright	Secretary	14/11/2019
Ara Harathunian	Treasurer	14/11/2019
Trevor Hallewell	Director	22/10/2020
Bernice Smith	Director	25/10/2018
Nicola Hayes	Director	22/10/2020
Harriet Crisp	Director	22/10/2020

### Principal activities

The principal activity of The Queensland Network of Alcohol and Other Drug Agencies Ltd during the financial year have been in the ongoing work of the organisation as a peak body for non-government drug and alcohol agencies in Queensland.

No significant changes in the nature of the Company's activity occurred during the financial year.

### Information on directors

Name: Mitchell Giles  
Title: President (retired)  
Qualifications: BBus (Mg) M. Health Sci. R.N  
Experience and expertise: CEO, Lives Lived Well.

Name: Genevieve Sinclair  
Title: Vice President  
Qualifications: BA (Cultural Studies), BA (Youth Work/Community Development)  
Experience and expertise: Manager, Youth Empowered Towards Independence.

Name: Ara Harathunian  
Title: Treasurer  
Qualifications: B Eng, Adv Dip Acct, Cert IV Gov, Cert IV Small Bus  
Experience and expertise: Director/CEO, Indigenous Wellbeing Centre.

Name: Jody Wright  
Title: Secretary  
Qualifications: B PsycSc  
Experience and expertise: Executive Director, Drug Arm.

Name: Trevor Hallewell  
Title: Director  
Experience and expertise: Program Manager, We Help Ourselves.

Name: Nicola Hayes  
Title: Director  
Qualifications: BSS, Dip Frontline Management, MVQ Registered Managers Award.  
Experience and expertise: Head of Services, Qld Injectors Health Network.

**The Queensland Network of Alcohol and Other Drug Agencies Ltd**  
**Directors' report**  
**30 June 2021**

Name: Bernice Smith  
Title: Director  
Qualifications: B SocSc, Diploma of Community Services (AOD, MH and MH Management), Cert IV Workplace Trainer and Assessor  
Experience: CEO, Goldbridge.

Name: Harriet Crisp  
Title: Director  
Qualifications: B SocSc (Hons), Diploma of Community Services (Mental Health and AOD)  
Experience and expertise: State Manager AOD, The Salvation Army.

**Company secretary**

The following person held the position of Company Secretary at the end of the financial year:

Rebecca Lang (BA)

**Review of operations**

- The ongoing operation of the peak body for non-government drug and alcohol agencies in Queensland.
- Collection of data from the NGO Alcohol and Drug sector for Queensland Health.
- Organisational and workforce capacity building.
- Workforce development and support.

**Operating results**

The loss of the Company after providing for income tax amounted to \$25,175 (2020: profit \$123,436).

**Significant changes in the state of affairs**

There have been no significant changes in the state of affairs of the Company during the year.

**Matters subsequent to the end of the financial year**

While the ongoing Covid-19 pandemic has had some impact on operations, both the Commonwealth and State Government have provided reassurance that current contracts will be honoured through to 2022. Additionally, contract requirements to agree delivery models in advance was waived to allow flexibility to deliver on contracts. In light of travel restrictions, the Company has pivoted to deliver member services and project activity via videoconference or online where possible.

No other matter or circumstance has arisen since 30 June 2021 that has significantly affected, or may significantly affect the Company's operations, the results of those operations, or the Company's state of affairs in future financial years.

**Likely developments and expected results of operations**

Information on likely developments in the operations of the Company and the expected results of operations have not been included in this report because the directors believe it would be likely to result in unreasonable prejudice to the Company.

**The Queensland Network of Alcohol and Other Drug Agencies Ltd**  
**Directors' report**  
**30 June 2021**

**Environmental regulation**

The entity is not subject to any significant environmental regulation under Australian Commonwealth or State law.

**Meetings of directors**

The number of meetings of the company's Board of Directors ('the Board') and of each Board committee held during the year ended 30 June 2021, and the number of meetings attended by each director were:

Names	Full Board	
	Attended	Held
Mitchell Giles	3	3
Genevieve Sinclair	2	5
Ara Harathunian	2	5
Trevor Hallewell	5	5
Jody Wright	5	5
Nicola Hayes	4	5
Bernice Smith	5	5
Harriet Crisp	4	4

Held: represents the number of meetings held during the time the director held office or was a member of the relevant committee.

**Indemnity and insurance of officers and auditors**

No indemnities have been given or insurance premiums paid, during or since the end of the financial year, for any person who is or has been an officer or auditor of The Queensland Network of Alcohol and Other Drugs Agencies Ltd.

**Proceedings on behalf of the company**

No person has applied to the Court under section 237 of the Corporations Act 2001 for leave to bring proceedings on behalf of the company, or to intervene in any proceedings to which the company is a party for the purpose of taking responsibility on behalf of the company for all or part of those proceedings.

**Auditor's independence declaration**

A copy of the auditor's independence declaration as required under section 307C of the Corporations Act 2001 is set out immediately after this directors' report.

This report is made in accordance with a resolution of directors, pursuant to section 298(2)(a) of the Corporations Act 2001.

On behalf of the directors



---

Genevieve Sinclair  
Director



---

Ara Harathunian  
Director  
Date: 13/09/2021  
Brisbane

THE QUEENSLAND NETWORK OF ALCOHOL AND OTHER DRUGS AGENCIES LTD

ACN 140 243 438

AUDITOR'S INDEPENDENCE DECLARATION UNDER S 60.40 OF THE  
AUSTRALIAN CHARITIES AND NOT-FOR-PROFIT COMMISSION ACT 2012

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2021 there have been no contraventions of:

- i. the auditor's independence requirements as set out in the *Australian Charities and Not-for-profits Commission Act 2012* in relation to the audit; and
- ii. any applicable code of professional conduct in relation to the audit.

FSA Audit Pty Ltd



Mark du Plessis

Partner

Registered Company Auditor

ASIC Registration Number 471680

Date: 13<sup>th</sup> September 2021

Brisbane

---

1300 372 786  
info@fsapartners.com.au  
fsapartners.com.au

Ground Floor, 139 Coronation Dr  
Milton QLD 4064  
PO Box 1128, Milton QLD 4064

Liability limited by a scheme approved under Professional Standards Legislation

**The Queensland Network of Alcohol and Other Drug Agencies Ltd**  
**Contents**  
**30 June 2021**

Statement of profit or loss and other comprehensive income	6
Statement of financial position	7
Statement of changes in equity	8
Statement of cash flows	9
Notes to the financial statements	10
Directors' declaration	17
Independent auditor's report to the members of The Queensland Network of Alcohol and Other Drug Agencies Ltd	18

**General information**

The financial statements cover The Queensland Network of Alcohol and Other Drug Agencies Ltd as an individual entity. The financial statements are presented in Australian dollars, which is The Queensland Network of Alcohol and Other Drug Agencies Ltd's functional and presentation currency.

The Queensland Network of Alcohol and Other Drug Agencies Ltd is a not-for-profit company, incorporated and domiciled in Australia. Its registered office and principal place of business are:

**Registered office**

Level 20  
300 Queen Street  
Brisbane QLD 4000

**Principal place of business**

Level 20  
300 Queen Street  
Brisbane QLD 4000

A description of the nature of the company's operations and its principal activities are included in the directors' report, which is not part of the financial statements.

The financial statements were authorised for issue, in accordance with a resolution of directors, on 13<sup>th</sup> September 2021. The directors have the power to amend and reissue the financial statements.

**The Queensland Network of Alcohol and Other Drug Agencies Ltd**  
**Statement of profit or loss and other comprehensive income**  
**For the year ended 30 June 2021**

	<b>2021</b>	<b>2020</b>
	<b>\$</b>	<b>\$</b>
<b>Revenue</b>		
Grant funding	1,157,866	1,363,554
Membership fees	23,608	23,095
Administration cost contribution	95,994	143,114
Interest received	627	352
Other income	5,003	116,284
<b>Expenses</b>		
Employee benefits expense	(829,667)	(829,005)
Rent expense	(79,042)	(96,613)
Funding contribution to overheads program	(95,994)	(143,114)
Travel, accommodation and facility hire expense	(10,199)	(21,167)
Consulting fees expense	(139,862)	(183,584)
Other expenses	(153,509)	(249,570)
<b>Surplus before income tax expense</b>	(25,175)	123,346
Income tax expense	-	-
<b>Surplus after income tax expense for the year attributable to the members of The Queensland Network of Alcohol and Other Drug Agencies Ltd</b>	(25,175)	123,346
Other comprehensive income for the year, net of tax	-	-
<b>Total comprehensive income for the year attributable to the members of The Queensland Network of Alcohol and Other Drug Agencies Ltd</b>	<u>(25,175)</u>	<u>123,346</u>

*The above statement of profit or loss and other comprehensive income should be read in conjunction with the accompanying notes*

**The Queensland Network of Alcohol and Other Drug Agencies Ltd**  
**Statement of financial position**  
**As at 30 June 2021**

	<b>Note</b>	<b>2021</b> <b>\$</b>	<b>2020</b> <b>\$</b>
<b>Assets</b>			
<b>Current assets</b>			
Cash and cash equivalents	3	1,046,335	832,793
Trade and other receivables	4	16,391	24,502
Other financial assets	5	10,533	10,000
Total current assets		<u>1,073,259</u>	<u>867,295</u>
<b>Non-current assets</b>			
Property, plant and equipment	6	-	3,542
Total non-current assets		<u>-</u>	<u>3,542</u>
<b>Total assets</b>		<u>1,073,259</u>	<u>870,837</u>
<b>Liabilities</b>			
<b>Current liabilities</b>			
Trade and other payables	7	418,655	205,990
Employee benefits	8	38,657	27,152
Total current liabilities		<u>457,312</u>	<u>233,142</u>
<b>Non-Current liabilities</b>			
Employee benefits	8	23,584	20,157
Total non-current liabilities		<u>23,584</u>	<u>20,157</u>
<b>Total Liabilities</b>		<u>480,896</u>	<u>253,299</u>
<b>Net assets</b>		<u>592,363</u>	<u>617,538</u>
<b>Equity</b>			
Retained surpluses		<u>592,363</u>	<u>617,538</u>
<b>Total equity</b>		<u>592,363</u>	<u>617,538</u>

*The above statement of financial position should be read in conjunction with the accompanying notes*

**The Queensland Network of Alcohol and Other Drug Agencies Ltd**  
**Statement of changes in equity**  
**For the year ended 30 June 2021**

	<b>Retained surpluses \$</b>	<b>Total equity \$</b>
Balance at 1 July 2019	494,192	494,192
Surplus after income tax expense for the year	123,346	123,346
Other comprehensive income for the year, net of tax	-	-
Total comprehensive income for the year	123,346	123,346
Balance at 30 June 2020	<u>617,538</u>	<u>617,538</u>
	<b>Retained surpluses \$</b>	<b>Total equity \$</b>
Balance at 1 July 2020	617,538	617,538
Surplus after income tax expense for the year	(25,175)	(25,175)
Other comprehensive income for the year, net of tax	-	-
Total comprehensive income for the year	(25,175)	(25,175)
Balance at 30 June 2021	<u>592,363</u>	<u>592,363</u>

*The above statement of changes in equity should be read in conjunction with the accompanying notes*

**The Queensland Network of Alcohol and Other Drug Agencies Ltd**  
**Statement of cash flows**  
**For the year ended 30 June 2021**

	<b>Note</b>	<b>2021 \$</b>	<b>2020 \$</b>
<b>Cash flows from operating activities</b>			
Receipts from customers (inclusive of GST)		1,427,116	1,840,153
Payments to suppliers and employees (inclusive of GST)		<u>(1,213,668)</u>	<u>(1,580,748)</u>
		213,448	259,405
Interest received		<u>627</u>	<u>352</u>
Net cash from operating activities	13	<u>214,075</u>	<u>259,757</u>
<b>Cash flows from investing activities</b>			
Payments for property, plant and equipment	6	<u>-</u>	<u>-</u>
Net cash used in investing activities		<u>-</u>	<u>-</u>
Net increase in cash and cash equivalents		214,075	259,757
Cash and cash equivalents at the beginning of the financial year		<u>842,793</u>	<u>583,036</u>
Cash and cash equivalents at the end of the financial year	3(a)	<u><u>1,056,868</u></u>	<u><u>842,793</u></u>

*The above statement of cash flows should be read in conjunction with the accompanying notes*

**The Queensland Network of Alcohol and Other Drug Agencies Ltd**  
**Notes to the financial statements**  
**30 June 2021**

**Note 1. Significant accounting policies**

The principal accounting policies adopted in the preparation of the financial statements are set out below. These policies have been consistently applied to all the years presented, unless otherwise stated.

**New or amended Accounting Standards and Interpretations adopted**

The company has adopted all of the new or amended Accounting Standards and Interpretations issued by the Australian Accounting Standards Board ('AASB') that are mandatory for the current reporting period.

Any new or amended Accounting Standards or Interpretations that are not yet mandatory have not been early adopted.

**Basis of preparation**

In the directors' opinion, the company is not a reporting entity because there are no users dependent on general purpose financial statements.

These are special purpose financial statements that have been prepared for the purposes of complying with the Australian Charities and Not-for-profits Commission Act 2012 and associated regulations and the Corporations Act 2001 requirements to prepare and distribute financial statements to the members of The Queensland Network of Alcohol and Other Drug Agencies Ltd. The directors have determined that the accounting policies adopted are appropriate to meet the needs of the members of The Queensland Network of Alcohol and Other Drug Agencies Ltd.

These financial statements have been prepared in accordance with the recognition and measurement requirements specified by the Australian Accounting Standards and Interpretations issued by the Australian Accounting Standards Board ('AASB') 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', AASB 1048 'Interpretation of Standards' and AASB 1054 'Australian Additional Disclosures', as appropriate for not-for-profit oriented entities.

*Historical cost convention*

The financial statements have been prepared under the historical cost convention.

*Critical accounting estimates*

The preparation of the financial statements requires the use of certain critical accounting estimates. It also requires management to exercise its judgement in the process of applying the company's accounting policies. The areas involving a higher degree of judgement or complexity, or areas where assumptions and estimates are significant to the financial statements, are disclosed in note 2.

**Revenue recognition**

Revenue is recognised when it is probable that the economic benefit will flow to the company and the revenue can be reliably measured. Revenue is measured at the fair value of the consideration received or receivable.

*Sales revenue*

Events, fundraising and raffles are recognised when received or receivable.

*Donations*

Donations are recognised at the time the pledge is made.

*Grants*

Grants are recognised at their fair value where there is a reasonable assurance that the grant will be received and all attached conditions will be complied with.

*Interest*

Interest revenue is recognised as interest accrues using the effective interest method. This is a method of calculating the amortised cost of a financial asset and allocating the interest income over the relevant period using the effective interest rate, which is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset to the net carrying amount of the financial asset.

*Other revenue*

Other revenue is recognised when it is received or when the right to receive payment is established.

**The Queensland Network of Alcohol and Other Drug Agencies Ltd**  
**Notes to the financial statements**  
**30 June 2021**

**Note 1. Significant accounting policies (continued)**

**Income tax**

As the company is a charitable institution in terms of subsection 50-5 of the Income Tax Assessment Act 1997, as amended, it is exempt from paying income tax.

**Current and non-current classification**

Assets and liabilities are presented in the statement of financial position based on current and non-current classification.

An asset is classified as current when: it is either expected to be realised or intended to be sold or consumed in the company's normal operating cycle; it is held primarily for the purpose of trading; it is expected to be realised within 12 months after the reporting period; or the asset is cash or cash equivalent unless restricted from being exchanged or used to settle a liability for at least 12 months after the reporting period. All other assets are classified as non-current.

A liability is classified as current when: it is either expected to be settled in the company's normal operating cycle; it is held primarily for the purpose of trading; it is due to be settled within 12 months after the reporting period; or there is no unconditional right to defer the settlement of the liability for at least 12 months after the reporting period. All other liabilities are classified as non-current.

**Cash and cash equivalents**

Cash and cash equivalents includes cash on hand, deposits held at call with financial institutions, other short-term, highly liquid investments with original maturities of three months or less that are readily convertible to known amounts of cash and which are subject to an insignificant risk of changes in value.

**Trade and other receivables**

Other receivables are recognised at amortised cost, less any provision for impairment.

**Property, plant and equipment**

Plant and equipment is stated at historical cost less accumulated depreciation and impairment. Historical cost includes expenditure that is directly attributable to the acquisition of the items.

Depreciation is calculated on a straight-line basis to write off the net cost of each item of property, plant and equipment (excluding land) over their expected useful lives as follows:

Plant and equipment	3–7 years
Furniture, fixtures and fittings	5–10 years
Computer software	2.5 years

The residual values, useful lives and depreciation methods are reviewed, and adjusted if appropriate, at each reporting date.

An item of property, plant and equipment is derecognised upon disposal or when there is no future economic benefit to the company. Gains and losses between the carrying amount and the disposal proceeds are taken to profit or loss.

**Impairment of non-financial assets**

Non-financial assets are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount may not be recoverable. An impairment loss is recognised for the amount by which the asset's carrying amount exceeds its recoverable amount.

Recoverable amount is the higher of an asset's fair value less costs of disposal and value-in-use. The value-in-use is the present value of the estimated future cash flows relating to the asset using a pre-tax discount rate specific to the asset or cash-generating unit to which the asset belongs. Assets that do not have independent cash flows are grouped together to form a cash-generating unit.

**Trade and other payables**

These amounts represent liabilities for goods and services provided to the company prior to the end of the financial year and which are unpaid. Due to their short-term nature they are measured at amortised cost and are not discounted. The amounts are unsecured and are usually paid within 30 days of recognition.

**The Queensland Network of Alcohol and Other Drug Agencies Ltd**  
**Notes to the financial statements**  
**30 June 2021**

**Note 1. Significant accounting policies (continued)**

**Employee benefits**

*Short-term employee benefits*

Liabilities for wages and salaries, including non-monetary benefits, annual leave and long service leave expected to be settled wholly within 12 months of the reporting date are measured at the amounts expected to be paid when the liabilities are settled.

*Other long-term employee benefits*

The liability for annual leave and long service leave not expected to be settled within 12 months of the reporting date are measured at the present value of expected future payments to be made in respect of services provided by employees up to the reporting date using the projected unit credit method. Consideration is given to expected future wage and salary levels, experience of employee departures and periods of service. Expected future payments are discounted using market yields at the reporting date on national government bonds with terms to maturity and currency that match, as closely as possible, the estimated future cash outflows.

**Fair value measurement**

When an asset or liability, financial or non-financial, is measured at fair value for recognition or disclosure purposes, the fair value is based on the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date; and assumes that the transaction will take place either: in the principal market; or in the absence of a principal market, in the most advantageous market.

Fair value is measured using the assumptions that market participants would use when pricing the asset or liability, assuming they act in their economic best interests. For non-financial assets, the fair value measurement is based on its highest and best use. Valuation techniques that are appropriate in the circumstances and for which sufficient data are available to measure fair value, are used, maximising the use of relevant observable inputs and minimising the use of unobservable inputs.

**Goods and Services Tax ('GST') and other similar taxes**

Revenues, expenses and assets are recognised net of the amount of associated GST, unless the GST incurred is not recoverable from the tax authority. In this case it is recognised as part of the cost of the acquisition of the asset or as part of the expense.

Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the tax authority is included in other receivables or other payables in the statement of financial position.

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities which are recoverable from, or payable to the tax authority, are presented as operating cash flows.

Commitments and contingencies are disclosed net of the amount of GST recoverable from, or payable to, the tax authority.

**New Accounting Standards and Interpretations not yet mandatory or early adopted**

Australian Accounting Standards and Interpretations that have recently been issued or amended but are not yet mandatory, have not been early adopted by the company for the annual reporting period ended 30 June 2021. The company has not yet assessed the impact of these new or amended Accounting Standards and Interpretations.

**Note 2. Critical accounting judgements, estimates and assumptions**

The preparation of the financial statements requires management to make judgements, estimates and assumptions that affect the reported amounts in the financial statements. Management continually evaluates its judgements and estimates in relation to assets, liabilities, contingent liabilities, revenue and expenses. Management bases its judgements, estimates and assumptions on historical experience and on other various factors, including expectations of future events, management believes to be reasonable under the circumstances. The resulting accounting judgements and estimates will seldom equal the related actual results. The judgements, estimates and assumptions that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities (refer to the respective notes) within the next financial year are discussed below.

**The Queensland Network of Alcohol and Other Drug Agencies Ltd**  
**Notes to the financial statements**  
**30 June 2021**

**Note 2. Critical accounting judgements, estimates and assumptions (continued)**

*Estimation of useful lives of assets*

The company determines the estimated useful lives and related depreciation and amortisation charges for its property, plant and equipment and finite life intangible assets. The useful lives could change significantly as a result of technical innovations or some other event. The depreciation and amortisation charge will increase where the useful lives are less than previously estimated lives, or technically obsolete or non-strategic assets that have been abandoned or sold will be written off or written down.

*Impairment of non-financial assets other than goodwill and other indefinite life intangible assets*

The company assesses impairment of non-financial assets other than goodwill and other indefinite life intangible assets at each reporting date by evaluating conditions specific to the company and to the particular asset that may lead to impairment. If an impairment trigger exists, the recoverable amount of the asset is determined. This involves fair value less costs of disposal or value-in-use calculations, which incorporate a number of key estimates and assumptions.

*Employee benefits provision*

As discussed in note 1, the liability for employee benefits expected to be settled more than 12 months from the reporting date are recognised and measured at the present value of the estimated future cash flows to be made in respect of all employees at the reporting date. In determining the present value of the liability, estimates of attrition rates and pay increases through promotion and inflation have been taken into account.

**The Queensland Network of Alcohol and Other Drug Agencies Ltd**  
**Notes to the financial statements**  
**30 June 2021**

**Note 3. Current assets - cash and cash equivalents**

	<b>2021</b>	<b>2020</b>
	<b>\$</b>	<b>\$</b>
Cash at bank	1,046,335	832,793
	<u>1,046,335</u>	<u>832,793</u>

**(a) Reconciliation of cash**

Cash and cash equivalents reported in the Statement of Cash Flows are reconciled to the equivalent items in the Statement of Financial Position as follows:

Cash and cash equivalents	1,046,335	832,793
Cash on deposit – held to maturity financial asset	10,533	10,000
<b>Balance as per Statement of Cash Flows</b>	<u>1,056,868</u>	<u>842,793</u>

**Note 4. Current assets - trade and other receivables**

Prepayments	3,278	3,275
Security deposits	13,113	21,227
	<u>16,391</u>	<u>24,502</u>

**Note 5. Current assets – other financial assets**

Cash on deposit - Held to maturity financial assets	10,533	10,000
	<u>10,533</u>	<u>10,000</u>

**Note 6. Non-current assets - property, plant and equipment**

Plant and equipment - at cost	26,415	26,415
Less: Accumulated depreciation	(26,415)	(26,415)
	<u>-</u>	<u>-</u>
Furniture, fixtures and fittings - at cost	8,302	8,302
Less: Accumulated depreciation	(8,302)	(8,302)
	<u>-</u>	<u>-</u>
Computer software - at cost	34,542	34,542
Less: Accumulated depreciation	(34,542)	(31,000)
	<u>-</u>	<u>3,542</u>
	<u>-</u>	<u>3,542</u>

**The Queensland Network of Alcohol and Other Drug Agencies Ltd**  
**Notes to the financial statements**  
**30 June 2021**

**Note 6. Non-current assets - property, plant and equipment (continued)**

*Reconciliations*

Reconciliations of the written down values at the beginning and end of the current and previous financial year are set out below:

	Plant and equipment \$	Furniture, fixtures and fittings \$	Computer Software \$	Total \$
Balance at 1 July 2019	-	-	7,084	7,084
Additions	-	-	-	-
Depreciation expense	-	-	(3,542)	(3,542)
Balance at 30 June 2020	-	-	3,542	3,542
Additions	-	-	-	-
Depreciation expense	-	-	(3,542)	(3,542)
Balance at 30 June 2021	-	-	-	-

**Note 7. Current liabilities - trade and other payables**

	2021 \$	2020 \$
Trade payables	13,212	15,981
GST payable	37,072	52,797
Sundry payables and accrued expenses	63,323	61,044
Grants received and unexpended	305,048	76,168
	<u>418,655</u>	<u>205,990</u>

Trade and other payables are unsecured, non-interest bearing and are normally settled within 30 days. The carrying amounts are considered to be a reasonable approximation of fair value.

**Note 8. Employee benefits**

**Current**

Employee benefits	<u>38,657</u>	<u>27,152</u>
-------------------	---------------	---------------

**Non-current**

Employee benefits	<u>23,584</u>	<u>20,157</u>
-------------------	---------------	---------------

**Note 9. Members' Guarantee**

The Company is incorporated under the Australian Charities and Not-for-profits Commission Act 2012 and is a Company Limited by Guarantee. If the Company is wound up, the constitution states that each member is required to contribute a maximum of \$1 each towards meeting any outstandings and obligations of the Company. At 30 June 2021 the number of members was 77 (2020: 78)

**The Queensland Network of Alcohol and Other Drug Agencies Ltd**  
**Notes to the financial statements**  
**30 June 2021**

**Note 10. Contingent liabilities**

The company had no contingent liabilities as at 30 June 2021 and 30 June 2020.

**Note 11. Commitments**

The company had no commitments for expenditure as at 30 June 2021 and 30 June 2020.

**Note 12. Events after the reporting period**

No matter or circumstance has arisen since 30 June 2021 that has significantly affected, or may significantly affect the company's operations, the results of those operations, or the company's state of affairs in future financial years.

**Note 13. Reconciliation of surplus after income tax to net cash from operating activities**

	<b>2021</b>	<b>2020</b>
	<b>\$</b>	<b>\$</b>
Surplus after income tax expense for the year	(25,175)	123,346
Adjustments for:		
Depreciation and amortisation	3,542	3,542
Change in operating assets and liabilities:		
Decrease/(increase) in trade and other receivables	8,111	47,264
Decrease in trade and other payables	212,665	80,216
Increase in employee benefits	14,932	5,389
Net cash from operating activities	<u>214,075</u>	<u>259,757</u>

**The Queensland Network of Alcohol and Other Drug Agencies Ltd**  
**Directors' declaration**  
**30 June 2021**

In the directors' opinion:

- the company is not a reporting entity because there are no users dependent on general purpose financial statements. Accordingly, as described in note 1 to the financial statements, the attached special purpose financial statements have been prepared for the purposes of complying with the *Australian Charities and Not-for-profits Commission Act 2012* and the *Corporations Act 2001* requirements to prepare and distribute financial statements to the members of The Queensland Network of Alcohol and Other Drug Agencies Ltd;
- the attached financial statements and notes comply with the *Corporations Act 2001*, the Accounting Standards as described in note 1 to the financial statements, the *Corporations Regulations 2001* and other mandatory professional reporting requirements;
- the attached financial statements and notes give a true and fair view of the company's financial position as at 30 June 2021 and of its performance for the financial year ended on that date; and
- there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

Signed in accordance with a resolution of directors made pursuant to subsection 60.15(2) of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

On behalf of the directors



---

Genevieve Sinclair  
Director



---

Ara Harathunian  
Director

Date: 13/09/2021  
Brisbane

## INDEPENDENT AUDITOR'S REPORT

### To the Directors

I have audited the financial report of The Queensland Network of Alcohol and Other Drugs Agencies Ltd, which comprises the statement of financial position as at 30 June 2021, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the Directors' declaration.

In my opinion the financial report of The Queensland Network of Alcohol and Other Drugs Agencies Ltd has been prepared in accordance with Division 60 of the *Australian Charities and Not-for-Profits Commission Act 2012*, including:

- (a) giving a true and fair view of the registered entity's financial position as at 30 June 2021 and of its financial performance for the year [period] then ended; and
- (b) complying with Australian Accounting Standards to the extent described in Note 1, and Division 60 the *Australian Charities and Not-for-profits Commission Regulation 2013*.

### Basis for opinion

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

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

### Emphasis of Matter - Basis of Accounting

I 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 registered entity's financial reporting responsibilities under the ACNC Act. As a result, the financial report may not be suitable for another purpose. My opinion is not modified in respect of this matter.

### Responsibility of the Directors for the Financial Report

The Directors of the registered entity 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 Directors' responsibility also includes such internal control as the responsible entities determine is necessary to enable the preparation of a financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the Directors are responsible for assessing the registered entity'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 registered entity or to cease operations, or have no realistic alternative but to do so.

The Directors are responsible for overseeing the registered entity's financial reporting process.

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

My objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with 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, I exercise professional judgement and maintain professional scepticism throughout the audit. I also:

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

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

FSA Audit Pty Ltd



Mark du Plessis

Partner

Registered Company Auditor

ASIC Registration Number 471680

Date: 13<sup>th</sup> September 2021

# Thank you to our members!

---



# Thank you to our members!

---



# Thank you to our members!



An Australian Government Initiative



Gidgee  
Healing



treatment and healing centre



HEPATITIS  
QUEENSLAND

Hepatitis and Liver Health



# Thank you to our members!



NPA FAMILY & COMMUNITY SERVICES  
*Aboriginal Torres Strait Islander Corporation*

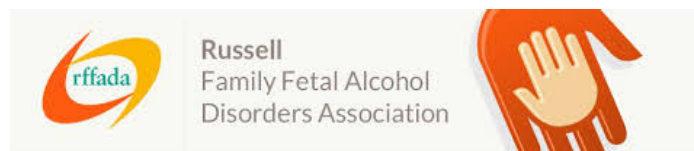


# Thank you to our members!



# Thank you to our members!

---



# Thank you to our members!

---



*This page intentionally left blank*

