



Quality
Improvement
Council
'Yes ... we are
a QIC accredited
organisation'

annual report

20
08

20
08



Self Help Addiction Resource Centre

sharc

Chairman's report	3
Executive Officer's report.....	4
Renegotiating Relationships Service	5
Recovery Support Services	6
Association of Participating Service Users.....	7
Family Drug Help	8
SHARC Partners, friends and supporters.....	10
The Board	11
The staff.....	11
Family Drug Help Steering Committee	11
APSU Steering Committee	11
Financials.....	12

Recovery is Possible

I want to begin by paying tribute to my fellow directors for their support and contribution during this year. Your directors for the year were Merridie Costello, Trevor King, Rosemary McClean, Nikki McCoy (Treasurer), Heather Pickard and Ken Sherry.



Coupled with them is our immediate past CEO, Michael Sgro. Michael has been involved with SHARC before it became SHARC. His continued dedication to and passionate support for our community goes back a long way. This building will be a lasting testament to Michael's term of office as CEO.

This 2007/2008 year has been full of challenges for the Board. Three things stand out:

1. The Board met for a retreat day. At the end of the day we agreed upon a succinct statement of our

2. The year saw SHARC attain quality accreditation. The Board was involved in the process, however by far the greatest contribution came from our staff. We now have in place a process for improving the way we go about our work.

3. The year saw the best strategic planning process so far because of the contribution and involvement from our community. For the first time we now have a rolling three year plan which has been put together from broad community input and approval.

extremely well. I am pleased to report on behalf of your Board that we are in good shape for 2008/2009. We have some new staff, we have secured new programs with adequate funding, and we have good processes in place. As always, finding money for the non-funded necessities remains a major objective.

In conclusion, I want to thank my fellow directors, the management and staff, our volunteers, peer helpers, steering committee and advisory committee members, our community, and our funding agencies and donors for their belief in and dedication to our mission.

James Guthrie
Chairman

A peer is a person of like experience who we relate to equally. In the context of the peer model it is the person who has experienced a journey of recovery or a transition who we can turn to for support. The person we turn to is happy to help because they are imparting the knowledge that has been has come out of endurance, hardship or plain old heartache. In other words with give help get help. The peer is the

experientialist that has the particular skill that differs from

The peer... the person who has experienced a journey of recovery... a person who has endured hardship and is able to help another who is experiencing a similar hardship.

that of the professional. The peer is not a counsellor or an outreach worker or a support worker but simply a person who has endured hardship and is able to help another who is experiencing a similar hardship.

...we agreed upon a succinct statement of our fundamental belief that "recovery is possible", recovery of life, well-being, self respect, hope whatever it is we wish to regain.

fundamental belief that "recovery is possible", recovery of life, well-being, self respect, hope whatever it is we wish to regain. And in our community we offer this belief through the support of others – our peers.

The year 2007/2008 has been a challenging year in a number of ways and, in spite of distractions, the staff of SHARC have remained focused on the work to be done and have done it

This year has seen SHARC settled comfortably into its new home at 140 Grange Rd.

It was a year of consolidation and measured growth. We are rightly proud of our achievements. Our asset strength assures that those that need our services in the future can continue to come to us for help.



Significantly, we achieved Quality Accreditation. This was important for us – dispelling the notion that operating from a peer helper framework in some ways makes us less effective or less professional. In fact we are respected throughout the AOD industry by the highest standards we achieve, as well as by our deep identification with the people we serve. In our Accreditation Report we received commendations on various fronts, particularly on the way that we meet and treat the people coming to us for support.

us by our funding bodies. Too often SHARC has operated only by the smell of an oily rag and the passion of our staff and volunteers. Encouraging for us was the great new additions to our workforce, rejuvenating us with renewed fervour and drive. Some of these staff were previous users of our services. This is the essence and spirit of SHARC, receiving help and then helping others. The spirit continues on uninterrupted. It's a way of helping to create a better world beyond addiction.

Our thanks go out to our major funding agencies – the

We hold a deep identification, respect and compassion with those seeking help.

This came as no surprise to us. We allow people to be exactly as they are and as they're not, and people always experience being valued by us. We hold a deep identification, respect and compassion with those seeking help.

All Programs achieved excellent results throughout the year. We were encouraged by additional funding granted to

Department of Human Services, Department of Health & Ageing, the Buckland Foundation, the Alcohol Education and Research Foundation and Department of Justice. Our special thanks to the various philanthropic trusts that have come on board to support new initiatives and programs. We experienced unbridled support from all funders which acknowledges

their growing confidence and respect.

Many thanks go out to our staff and volunteers for their continued commitment, passionately working in an often difficult environment.

SHARC remains always a community full of energy, growth, and hope, where people participate fully in their own lives and in the lives of those around them.

Recovery becomes a living reality.

Michael Sgro
Chief Executive Officer



Evaluation Feedback Quotes

What did you like about the session?

Life experience, I love it the whole lot very rewarding; I felt human and normal for the first time in a long while.

Tarrangower 02/05/08

It was straight up advice from people who have been in similar situations to myself. They don't hold back and tell it as it is viewpoint really helped.

Beechworth2 28/04/08

It gives one a reality check on how relationships are very important.

Barwon 16/10/07

The fact that no one organization or religion was focused on to get us to join it was about helping and experiences of individuals

DPFC 15/08/08

Special thanks to the men and women in prison who have contributed, and to Michael Sgro, a believer.

Peering in... peering out

"I can't remember the last time someone shook my hand"

Quote from a person after an introduction with SHARC staff in prison.

Taking Peer Support to the men and women in prison is the newest addition to service delivery at SHARC.

Renegotiating Relationships is a module of the Transitional Assistance Program delivered state wide in all Victorian Prisons. It is a group session in which we share the experiences of men and women who have experienced addiction and imprisonment, and who have made the successful transition from prison to community.

Developed and drawn from the personal insight of our peers, we are in a privileged position to bring this program to the people who are incarcerated. Over a two hour session, people explore the relationships between Self, Loved Ones and Community and the effects drugs & alcohol has on these relationships.

Often, reflecting on how these relationships change and challenges associated with the transition brings overwhelming response from the people we serve. Our purpose is to offer a message of HOPE, that RECOVERY IS POSSIBLE and that people NEED NOT

RETURN TO PRISON. We are in a unique position to bring to life SHARC's mission and values to our peers in this state wide service.

Peering in prisons not only enables us to bring the examples of others who have faced similar challenges and succeeded, but gives us permission to discuss personal issues associated with change, form attachments to a group of peers, and explore a sense of spiritual faith, or other forms of inspiration that can support an individual's belief that they matter and their relationships can help them find purpose and meaning in life.

Renegotiating Relationships also has a Family Drug Help component, whereby support to families who are dealing with a loved ones imprisonment and Drug & Alcohol issues is offered through a English and Spanish telephone help line, access to counseling, the ARC program and support groups state wide. We promote this invaluable component of this service and appreciate loved ones also benefit from the support, understanding and encouragement of their peers.

The evaluation data compiled over the last 14 months have indicated that the RNR program has been able to affect people who are incarcerated in a way that other prisons based programs have not, and has brought much learning, positive outcomes and evoked a great debate amongst our peers at SHARC, prison staff and the people themselves.

One thing is evident, that at the end of the Renegotiating Relationship session the handshake is instigated by the other person with genuine gratitude.

Serge Liistro
Manager Renegotiating Relationships

SHARC Recovery Support Services (RSS) provides an 'intensive supported accommodation' model for young people (16-25) experiencing severe problematic issues associated with alcohol and other drug use.

AOD, social housing and family therapy) provide the foundation for quality service delivery for complex people with complex issues. These team members are the people who have ensured all funding performance targets have been met and excellent services aligned to our values have been a reality at RSS.

Our approach to this is guided by the peer model; the special knowledge that carries a message of hope that recovery is possible. In RSS we have combined the experiential knowledge of having 'walked the walk', with professional expertise.

while in our residential program (this is what constitutes an 'episode of care'), including the achievement of personal recovery and life goals, reporting increased wellbeing and motivation to live a fulfilling life of their choosing.

The current program design emerged through a process of continuous quality improvement, especially in consultation with our program participants through the RSS 'Community Advisory Group'. This high level of support is provided through programs delivered by the RSS staff and the safe, supported and drug free community based structure. The purpose of RSS is to provide genuine recovery opportunities for these young people.

+ An average length of stay of 151 days indicates a consistency of achievement brought by stability in programs, staff and housing.

+ 26 out of the 57 completed episodes of care successfully completed the formal program, leaving in a planned manner, drug free, with concrete plans in place for housing and networks to provide ongoing support in the community setting.

Housing emerged as a critical issue during the course of this year. The vulnerability of a residential service to changing conditions in the housing market and the move to increased regulation through the Housing Provider Framework (with the requirement to become a Registered Housing Provider), challenge us to develop strategies to ensure safe, supported and drug free housing is there for our service users. The 2008-2011 SHARC strategic plan will provide the framework for ensuring appropriate and affordable housing is available to our residents.

It is the young people themselves, providing a team of enthusiastic and effective

volunteers, demonstrating leadership, giving support and encouragement to each other that makes it all work. These young people deserve the credit for their own achievements. Their efforts have shone.

David Hartmann
Manager Recovery Support Services

Let's take a journey, a significant journey for 54 of the 200 service user members of the Association of Participating Service users who like all our members, want to contribute the knowledge gathered from the process of recovery, the transition that has been made when taking ownership of a meaningful and purpose filled life.

say in research. The person hungers for more and now finds themselves meeting the demands of the Certificate IV in Alcohol and Other Drugs, completes a placement, begins to take on some causal work. This is journey is one of many, one of many people who stood up to have a say and inadvertently created a pathway. These journeys would not be if it wasn't for the APSU Team: Moira McPheat (Peer Helper Coordinator) Miriam Clarke (APSU Project Worker) , Annie O'Neil (Student) and Sasha K (Student) Lauren Downie (Volunteer) and James Chacko (Volunteer) Thanks to our Steering Committee Peter Darroch (Chair), Michael Honig (Service User) Kathryn Brand (Family Member) Sarah Lord (VIVAIDS), Michael Fleming (VMIAC), Sam Biondo (VAADA), and David Leggatt (Community Member). Also thanks to our FIT Peer Model Campaign Steering Committee who are Chantel Churchus (VAADA) Vanessa Lyn (Health Issues Centre), Rob White (PENDAP) Isabel Colins (VMIAC) Amy Swan (Turning Point) and Natasha M Wilson (Peer Helper).

It makes sense when a person decides that they want to do something that is a step to take, removed from working out how to live without being of out of it, pissed, stoned, on the tilt, piller. As it turns out this step is The FIT Peer Helper Training Project where this person who is greatly admired for taking such a step takes on board 36 hours over three weeks of The FIT Peer Helper Training. They relearn what is a

another who's beginning. Upon completion of training, our capable individual goes on to complete 12 hours of Peer Helping at an agency of their choice. Whilst completing their 12 hours they are supervised by the Peer Helper Facilitator or the Manager of APSU or the APSU project worker for each of the APSU team has a hand in ensuring that the peer helping is successful not only for the Peer Helper and but also for the organisation that is reaping the benefits of the Peer as Helper, as the one who is making the difference.

The agency is impressed and wants the Peer Helper to continue on with volunteer work and/ or promises casual worker. However, this person wants to continue educating their self that increasingly they hold in high esteem. So now this member, one of many of the two hundred members wanting to exercise their capability, complete the second part of the FIT Peer Helper Training, the 4 Experts by Experience workshops, now becoming specialised in participating in services, contributing to policy, having a

combination of instinct, information accumulated but not compiled: recovery, stages of change, communication, the first ninety days, advocacy, mental health and self care, pharmacotherapy and harm reduction. These topics are important, but what is more important is becoming a part of a new community of people who have experienced recovery and want to help

Regina Brindle
Manager of the Association of Participating Service Users

... becoming a part of a new community of people who have experienced recovery and want to help another...

The purpose of RSS is to provide genuine recovery opportunities for these young people.

In the 2007-2008 financial year Recovery Support Services provided services to a total of 145 young people, including supportive counselling, advise, information, appropriate referral and residential support.

+ 57 young people achieved significant positive life changes

A quality team of dedicated and skilled support staff have contributed greatly to the high level of achievement of service outcomes. A team approach that ensures good communications and professionalism, diverse experience and formal qualifications (including welfare,



Families are a significant part of most people's lives. The interaction can be positive or negative, but it exists and it is important. And most people have a family, even those people who have a need to deny their families existence at a particular time.

Unfortunately the denial of family has also been one of the themes of the drug and alcohol sector over the last 30 years. It is true that people seeking support from services often have a fractious relationship with their family. This has probably contributed to the mythology within the AOD sector about families being part of the problem.

However contrary to this denial of family, the research reveals

relationships normally survive many years of drug use, including the associated abuse of family members. This is supported by data from our Helpline. Family members call the Helpline because they are concerned about the person with the drug use problem. Rather than concerned for themselves, 55% of callers have been dealing with a family members substance use for more than 5 years, and for a further 30% it is 1 to 5 years.

services have often been too quick to close the door to the benefits to be found by supporting families, and engaging families in the treatment process.

It is true that some family members do present as over anxious and wanting to control, but let's be careful about assuming this came before the drug use. Surely this may be a natural state for anyone of us after having lived with excessive substance use over many years.

There is no doubt that substance misuse can be aligned to what is often termed a dysfunctional family. However this is just one side of the picture. Families who ring our Helpline are often very functional and caring families

many families are always present, and often ready to be supportive. Unfortunately too often families are cut out of the recovery loop, reinforcing that worthless feeling that comes from having addiction in the family, rather than being brought on board to be encouraged and supported, creating a more healthy family for everyone concerned.

Changing our attitude towards families is a logical and evidenced base way for the sector to achieve improved long-term outcomes for the people entering treatment. Families will take on the

support in our own right. We are not just an agent for change for the person with the addiction. Many families have dealt with fear and grief for years, along with the stigma and discrimination that comes with addiction. Support needs to be provided to families in our own right, supporting us to both understand and gain the tools and strategies necessary to positive outcomes. This is the base of the Family Drug Help approach. Given the peer philosophy and operation of our service (families supporting families), we believe we do this well. Regular positive feedback

provided to increase from 7 a year to a 12 in 2008/9 and then up to 16 courses in the following 2 years. This is a great outcome for families.

A snapshot of Support for Families in 2007/8

In total Family Drug Help interacted with a minimum of 23,000 families in the year, with over 7000 people receiving direct support from our service.

This consisted of 6300 Helpline calls, individual members of our 26 Support Groups, 560 people attending the Action for Recovery Course (ARC) for 6 sessions per person, 160

the support of the following organizations.

Directline (Turning Point).

As always the invaluable support of Directline in responding to callers to our Helpline overnight (9 pm to 9am) and on the weekends is greatly appreciated.

William Buckland Foundation

This year the Foundation made a 2-year commitment to support Family Drug Help in our program to improve both our promotion and response to male callers to our services.

Changing our attitude towards families is a logical and evidenced base way for the sector to achieve improved long-term outcomes...

support and learning offered at any encounter with the system. This in turn resources families to more effectively encourage change in the addicted family member when the time is right. Equally importantly it provides the drug and alcohol sector an opportunity to alert the family to the risk faced by siblings in the same family. Siblings can be at greater risk of early initiation to alcohol and drug use, resulting in patterns of long-term problematic use.

Family Drug Help's philosophy has continued throughout the year as it has been since Family Drug Help was formed in 1996. As families dealing with addiction we need

from both the community and staff within alcohol and drug services supports this belief.

The year has been incredibly productive for Family Drug Help. The biggest single achievement has been the continued growth in the number of family members wanting to join our Action for Recovery Course (ARC). The incredible demand by family members to join the course resulted in us writing a successful submission to the Commonwealth Government for funds to expand the course. In late June we were notified we had received funding for 3 years, allowing the number of courses

people attending 15 public presentations, 15000 booklets and 26000 Newsletters distributed during the year.

Volunteers

This outcome was only achieved because of the incredible goodwill of over 70 family volunteers who regularly work in direct service delivery on the Helplines (both English and Spanish lines) and in facilitating the 26 support groups across Victoria.

Partners in service delivery.

Family Drug Help could not have delivered the breadth of services over the year without

Alcohol Education Rehabilitation Foundation

A three-year project with the Foundation was completed in May 2008. During the year the Foundation again supported the delivery of the Action for Recovery Program, along with the writing and publication of our latest booklet for families 'The Merry Go Round of Addiction'. (Copies available through the Helpline – 1300 660 068)

Alan Murnane

Manager Family Drug Help

The reality is that it is often families that are the most motivated to see change occur.

that people with alcohol and other drug use issues have more contact with their family than other people.

And a recent survey revealed that 'A third of drug users in treatment would like to see more support for families and carers', according to England's National Treatment Agency's annual survey of drug treatment clients.

Relationships between people using substances and their family are at times difficult, but the fact is that those family

The reality is that it is often families that are the most motivated to see change occur. But this desire for change can become a negative force as unsupported families continue to push their family member to change. However, it is also the reality that those very same families are often the ones who have been present and supportive for years, well after friends and alcohol and drug services have withdrawn support.

Based on our experience of families, alcohol and drug

dealing with long term alcohol and drug use, at great cost to everyone in the family, not just the person with the addiction.

The work of Family Drug Help focuses on supporting families in their own right, along with supporting them to develop strategies to support their addicted family member.

What are the possibilities?

The reality is there is no way the drug and alcohol service system can support everyone with an addiction every time they are ready to try again. But



partners, friends and supporters

2008

20 08

who we are

The Board, the staff,
the steering committees

20 08

- | | | | |
|--|--|---|--|
| AndyInc | Community Housing Federation of Victoria | Hanover Southern Housing and Support Services | Whyte's Café Glen Huntly |
| ANEX | DASWEST | Harold Holt Swim Centre | The Alcohol Education and Rehabilitation Fund |
| Australian Council for the Arts | Department of Health & Aging | Health Issues Centre | The Bouverie Centre |
| Australian Drug Foundation | Department of Human Services | Healthlink (Directline) | The Ian Potter Foundation |
| Ballarat and District Aboriginal Cooperative | Department of Justice | Helen Mcpherson Trust | The Jack Brockhoff Foundation |
| Bethlehem Hospital | Department of Victorian Communities | Holding Redlick Solicitors | The Reichstein Foundation |
| Bob McDonald | De Paul House (St Vincent's Hospital) | Hoyts Cinemas | The R. E. Ross Trust |
| Brimbank City Council | Dianella Community Health Service | Jesuit Social Services Gateway | The Rotary Club of Southbank |
| Caulfield Swimming Pool | DLA Phillip-Fox Legal Service | Kelli Milne Design | The Shire of Yarra Ranges |
| Cheltenham Financial Counselling Service | Family Alcohol and Drug Network (FADNET) | Mary of the Cross Centre | The Windana Society |
| City of Glen Eira | Fitzroy Legal Service | Merrin Foundation | Tim Nicholas Landscape Architecture |
| City of Melbourne | Grazia Peake | Moreland Hall | Turning Point Alcohol and Drug Centre |
| City of Port Phillip | Gandel Foundation | Myer Community Fund | Victorian Alcohol and Drug Association (VAADA) |
| City of Yarra | | National Development and Research Institutes (NDRI), New York | Victorian Association for the Care and Resettlement of Offenders (VACRO) |
| Coffeemia - Glenhuntly | | North Yarra Community Health Service | Vera Moore Foundation |
| | | Oxford Houses of Australia | Victorian Mental Illness Awareness Council (VMIAC) |
| | | PENDAP | VIVAIDS |
| | | Perpetual Finance Services | Wellington House |
| | | Reclink Australia | William Buckland Foundation |
| | | Recover Oz | YSAS - Youth Substance Abuse Service |
| | | Rotary International Melbourne South | |
| | | Salvation Army Bridge Program | |
| | | South East Alcohol and Drug Services (SEADS) | |
| | | START | |
| | | St Leonards Uniting Church Brighton | |
| | | Taskforce Community Agency | |



The Board



left to right: Michael Sgro, Nikki McCoy, Ken Sherry, Rosemary McClean, Heather Pickard, Merridie Costello, Trevor King, James Guthrie

The staff



Back row: Moira, Margaret, Trudi, David, Kelly, Emma, Jason, Elzara, Paul
Middle row: Oum, Margaret, Angela, Jacqui, Patricia, Jenny
Front row: Kelly, Karolina, Tracey, Nola, Natasha
Absent: Serge, Regina, Anne, Kerry

FDH steering committee

- Ali Barnacle
- Chris Walsh
- Greg Kerlin
- Kevin Nicholas
- Tina Goodman
- Brenda Irwin and Kathy Crow (Chairperson)

APSU steering committee

- Peter Darrock (Chair)
- Michael Honig
- Kathryn Brand
- Sarah Lord
- Michael Flemming
- Sam Biondo
- David Leggatt

financials

Year Ended 30 June 2008

2008

Statement of financial position as at 30 June 2008

	2008	2007
	\$	\$
CURRENT ASSETS		
Cash at Bank	16,119	18,803
Petty Cash	2,630	2,420
Debtors	17,039	18,543
Prepayments	665	1,082
Total Current Assets	36,453	40,848
NON-CURRENT ASSETS		
Property, Plant & Equipment	2,685,063	2,635,344
Total Non-Current Assets	2,686,033	2,635,344
TOTAL ASSETS	2,721,516	2,676,192
CURRENT LIABILITIES		
Creditors and accruals	51,548	60,894
Income Received in Advance	115,810	66,000
Payroll accruals and creditors	30,169	14,476
GST Liability	25,785	20,000
Provision for Annual Leave	48,457	37,384
Provision for FADNET	27,545	29,615
Total Current Liabilities	299,314	228,369
NON CURRENT LIABILITIES		
Commonwealth Bank Loan (Secured)	482,051	343,566
Total Non Current Liabilities	482,051	343,566
TOTAL LIABILITIES	781,365	571,935
NET ASSETS	1,940,151	2,104,257
MEMBERS FUNDS		
Asset Revaluation Reserve	823,396	823,396
Operating Projects Reserve	90,717	182,254
Accumulated Surplus	1,026,038	1,098,607
TOTAL EQUITY	1,940,151	2,104,257

Statement of financial performance for the year ended 30 June 2008

	2008	2007
	\$	\$
REVENUE		
GRANTS		
Government Funding – Federal		
NIDS – Halfway Project	120,829	120,829
Government Funding – State		
Youth Supported Accommodation (YSA)	133,280	129,536
Associat'n of Participating Service Users (APSU)	142,506	138,489
Family Drug Help – Support Network DHS	165,017	160,367
Family Drug Helpline – DHS	230,187	224,885
DHS Volunteering Grant (Vic Communities)	0	3,500
CODA Software Grant (DHS)	0	5,000
RSS DHS Training Grant	1,500	
Prisons Project	220,000	0
Development Grants (DHS)	0	117,159
Total Grants	1,013,319	899,765
TOTAL INDUSTRY BASED REVENUE	46,510	149,544
TOTAL OTHER INCOME	201,423	176,383
TOTAL OPERATING REVENUE	1,261,272	1,225,692
NON OPERATING ACTIVITIES		
Capital Grants & Donations	3,950	31,310
Proceeds from Sale of Properties & motor vehicles	13,045	20,910
TOTAL REVENUE FROM ORDINARY ACTIVITIES	1,278,267	1,277,912

financials

Year Ended 30 June 2008

2008

Statement of financial performance for the year ended 30 June 2008

EXPENSES	2008	2007
	\$	\$
General and Administrative Expenses	(382,700)	(468,687)
Borrowing Expenses	(47,130)	(8,647)
Employment Expenses	(959,738)	(769,880)
Depreciation Expenses	(39,853)	(37,769)
Total Operating Expenditure	(1,429,422)	(1,284,983)
Book value & selling expenses of fixed assets sold	(12,950)	(23,452)
TOTAL EXPENSES	(1,442,372)	(1,308,435)
OPERATING SURPLUS (DEFICIT)	(164,105)	(30,523)
TRANSFERS TO/ FROM RESERVES		
Transfer to Operating Projects Reserve	91,536	(53,811)
Transfer from Capital Grants Reserve	0	161,579
Increase(decrease) in Accumulated Surplus	(72,568)	77,245
Accumulated Surplus Brought Forward	1,098,607	1,021,362
ACCUMULATED SURPLUS 30 June 2008	1,026,038	1,098,607

SHARC

a non-profit organisation

2008

SHARC is a non-profit organisation who relies on Government funding and donations to provide the important work and service that we do.

If you would like to donate to SHARC, your contribution would be gratefully accepted. Give us a call on 9573 1700 or email info@sharc.org.au





**Quality
Improvement
Council**

'Yes ... we are
a QIC accredited
organisation'

SHARC

history

SHARC has its origins in 1986. Then a group of recovering addicts formed the US Society (Understanding & Support), offering others empathic understanding and support in a drug free and home like environment, with John Campbell at the helm.

was introduced and delivered to all adult Victorian prisons, and SHARC achieved Quality Assurance Accreditation from QICSA.

In 11 years SHARC income has jumped from \$184,000 in 1997 to \$1,900,000 in 2008.

Significantly in that time SHARC has lived up to its Mission Statement, and helped create miracles and transformation for countless individuals, families and communities impacted by addiction.

SHARC
11 YEARS

SHARC

Self Help Addiction Resource Centre Inc.

ACN. A0032803B
140 Grange Road,
Carnegie 3163

t 03 9573 1700

f 9572 3498

e info@sharc.org.au

w www.sharc.org.au

Association of Participating Service Users

t 03 9573 1778

f 03 9572 3498

Recovery Support Services

t 03 9573 1700

f 03 9572 3498

Family Drug Help

t 03 9573 1702

f 03 9572 3498

Renegotiating Relationships

t 03 9573 1754

f 03 9572 3498



In 1995 the US Society amalgamated with SHASU (Self Help agency & Substance use). In 1997 the situation was grim as the DHS funding ceased. In 1998 Turning Point funded Gordon Storey's wages for 6 months to develop a self help model in Victoria. the founding Board members were:

Caroline Clark, Prue Stevens-Jones, Heather Pickard, Michael Sgro, Guy Churchman, Roma Nyhuis, David O'Halloran, Toby Cooper, Hugh McKinnon, Richard Rogers and Joanna MacDougall. That

2002 saw efforts to develop Board Charters, Constitution, Governance, Structures and Systems. In 2004 SHARC purchased 'the Church', at 140 Grange Road, Carnegie to deal with the need for more space and demand for SHARC's services grew. There was also a planning weekend held at 'Country place', exploring SHARC's Vision and philosophy.

2005 was a difficult year dealing with fierce local opposition to the planning permit. Council rejected the

... transformation for countless individuals, families and communities...

same year saw the supported accommodation service and youth service funded by DHS and NIDS, and SHARC moved to its new home at 1242 Glenhenty Road. A planning day was held in Warburton, and in 1999 Gordon was appointed CEO.

In 2000 Family Drug Help and APSU were funded under the SHARC umbrella of services, as natural extensions of the SHARC self help philosophy.

application. Programs however flourished and consolidated. In 2006 the planning application was subsequently approved by VCAT and building works commenced. The Quality Accreditation process also began in earnest. The year 2007 was one of significant growth and stability, and SHARC moved into its new offices at 140 Grange Road.

A fourth program, Renegotiating Relationships,

