



Self Help Addiction Resource Centre

# Annual Report

# 2010



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# Chairman's Report

*As a result of planning and robust management, the 2010 financial year saw SHARC return to an operating surplus*



## Chairman's Report

We have completed another successful year at SHARC. I would like to thank our outgoing chair Nikki McCoy for her dedicated service to SHARC over the last five years. I would also like to thank Merridie Costello for her many years of dedication and commitment to the SHARC community, as she is also retiring from the Board. I take this opportunity to welcome Kirsten Anderson-Llewellyn, Margaret Graham and Steve Strang who bring new enthusiasm and essential skills to the board.

The 2010 financial year saw SHARC return to an operating surplus for the first time in six years. Despite SHARC being a "not for profit" organisation, it is not in the long term interest of SHARC to continue to generate unfunded operating deficits. The Board is responsible for

not only overseeing the overall management of SHARC, but also for its long term financial health. Five years ago SHARC borrowed money from its bankers for ongoing funding of its operations and some capital expenditure. In order to service this debt we need to generate a small surplus each year over a longer term. The Board is committed to this financial plan in order to ensure our long term viability.

With strong management controls and a funding strategy working towards generating income, not related directly to service delivery outcomes, the view for the longer term financial health of SHARC is positive.

The term "not-for-profit" can be misleading. SHARC exists to fulfil its mission and contribute to the community. This social mission often makes it much more difficult for not-for-profit organisations to gauge results and assess their effectiveness. SHARC operates within a climate of scarce resources which means we face increasing pressure to diversify our revenue base and become more self sufficient. Our Chief Executive Officer continues to seek alliances and partnership possibilities with other like minded community organisations.

The Board is conscious of the need for continual improvement within the organisation and this year our Strategic Planning Day was a resounding success. Our management team brought together our staff, volunteers,

service users and Board members in order to review and develop our strategic plan for the future. The atmosphere and co-operation in these open and frank discussions, was further evidence of SHARC's ongoing development as an integrated and cohesive organisation, committed to its mission.

Finally, I would like to acknowledge and commend our Chief Executive Officer, Heather Pickard and her capable and dedicated team, who are fundamental to our ongoing success.

**Garry Anderson**

**Chairman**

*The term "not-for-profit" can be misleading. SHARC exists to fulfil its mission and contribute to the community. This social mission often makes it much more difficult for not-for-profit organisations to gauge results and assess their effectiveness.*

# Chief Executive Officer's Report

*Partnership in its most productive form is a two-way flow, and here at SHARC, we are continually enriched by participation with our service users, volunteers, and the wider community of providers, groups and individuals. To stay open to learning and growth from others and have the privilege of sharing what we have learnt is a key value embedded into our work at SHARC.*



SHARC's understanding and engagement with our community forms a major component of how we experience the pulse beat of the organisation; in that we embrace our service users, community and volunteers as valued participants in our business. There are many opportunities for individuals who become part of our community, whatever the point of access to move around the organisation. We see this as an extremely valuable aspect of what we do.

This year I have been involved in numerous interview or quality committee processes, and been privileged by the opportunity to participate on a panel or committee with service users and volunteers. I have seen the evidence in motion of people who come in for help, develop and stabilise, and then remain with us to share their knowledge and growth with others. We see SHARC community as 'all of us' and I believe we experience the reality of that every day. As we continue to successfully meet the challenge of ensuring all our staff and volunteers are professionally trained to equip us in an ever-changing domain of best practice, we deliver a unique blend of lived experience, community utilisation and development and professional skill and knowledge.

Externally SHARC has valuable active partnerships and

collaborative relationships. Currently, we are engaged in further conversations around alliances and partnership possibilities with community based organisations. We see this as an exciting step towards enhancing our participation in resource and knowledge exchange or sharing; shared project and program delivery opportunities, and wider community participation. We know this ultimately increases the depth and quality of support for our service users.

We believe at SHARC, we are established and clear about our unique model of service delivery, and can retain our point of difference whilst participating and benefitting from partnership relationships. It is time to share more of our knowledge, and benefit also from the uniqueness and knowledge of other organisations expertise.

This year has seen the continued development of an integrated SHARC organisation: incorporating our internal vision and understanding, and external perception and practice of engagement. The nature of SHARC's growth and history of evolving, has been as complex as it has been extraordinary. It has been an intricate and challenging process to build a sense of one organisation, without taking away the uniqueness and value of the individual programs at SHARC.

I am pleased to say there has been a deepening understanding and practice at SHARC as one organisation, and we will continue to work in this area

as we facilitate a marketing strategy over the next twelve months. This will focus on reflecting the organisation in a clear way and enabling us to build a profile within the community that is both consistent and accessible. We will be developing documented models of our practice, and investigating how we can create supporting evidence for our approach. We are observing the commencement of this direction with the APSU manual 'Straight From The Source'.

The end of last financial year saw the development of a robust financial management and long term sustainability plan, guiding our business as we work towards creating a legacy for people that come after us and our current community.

We sadly farewell staff Nola Logiotatos and Serge Liistro after the completion of a three year contract SHARC had with Corrections Victoria, and thank them for their commitment.

*SHARC remains a community with a unique approach to service delivery, and it is an absolute privilege to assist in the leadership of SHARC in this critical part of our journey. At all levels within the organisation I experience the message that change and recovery is possible, and that to be a partner in support for individuals, families or groups on this journey is both a privilege and an inspiration.*

**Heather Pickard**  
**Chief Executive Officer**

# Co-occurring Project

*Mental health difficulties should not be hidden, end the stigma. Over the last few years, research has shown that increasing numbers of people are experiencing both mental health and drug and alcohol problems and disorders. The co-occurrence of these conditions (dual diagnosis), adds complexity to assessment, diagnosis, treatment and recovery.*

In response to this, the Australian Government, under the National Illicit Drug Strategy, allocated funding for the National Co-morbidity Initiative to improve service coordination and treatment for people with coexisting mental health and substance use disorders.

The Department of Health and Ageing has provided funds under the Improved Services Initiative for project work enhancing staff capacity to respond to co-occurring mental health conditions prevalent in AOD settings.

SHARC received funding under this initiative in 2008 continuing through to 2011.

A committee advises this project and membership includes: Kerry Trask (formerly APSU staff and now FDH volunteer) who gives voice for service users, Graham Betley (dedicated FDH Helpline volunteer) representing the voice of carers, Bernard Hickey (psychiatrist), Kerryn Super (FDH family therapist), Rebecca Pattison (Victorian Dual Diagnosis Initiative), and Matt Riley (Outer Eastern Health).

A thank you goes out to Helen Smith (former carer representative), Leanne Prochazka from Southern Health and Jacqui Sundbery (former FDH family therapist) for their time and guidance on this committee.

Through the Co-occurring Project a learning program was delivered, comprising of mental health

related topics identified by staff and the esteemed Mental Health First Aid course. Learning has occurred through group training, online study, regular supervision encompassing mental health issues.

Further opportunities for learning about Mental Health services and building relationships come through the VDDI Reciprocal Rotations program. This program offers the opportunity for staff members from AOD organisations to be temporarily located in Mental Health (MH) or Psychiatric Disability Rehabilitation Support Services (PDRSS) to learn and to influence how AOD is responded to in the host service, and 4 of SHARC staff will participate in this program in 2011.

As part of delivering best practice standards, SHARC has enhanced processes to increase identification of existing or emerging mental health needs. Our referral pathways are expanding to offer a range of clinical and non-clinical mental health supports for residents and family members, linking them with services, groups, therapists and continuing programs. Our partnerships have become more formal with agreements to collaborate between complementary services.

Anxiety and depression are the most prevalent conditions encountered at SHARC, which reflects the wider community. Stronger connection to and use of mental health services and psychosocial rehabilitation

programs, will assist service users to learn to recognise, manage and reduce symptoms, to actively participate in community life. Use of telephone help lines, websites and on-line assistance will help build understanding, reduce stigma and assist staff, service users and family members, to encourage others to seek help.

With open discussion normalising mental health difficulties, assessment and connection to support SHARC moves towards realising the vision of the National Co-morbidity Initiative. We are well on target to meet our goal of being dual-diagnosis capable by 2011.

*Mental illness should not be hidden: Difficulties or illness can occur to anyone at any age but recovery and improvement of quality of life is possible.*

**Rose Coulter**  
**Co-occurring Project Leader**

# Recovery Support Service

*We envision a world where all people affected by the impact of addiction can proudly and openly seek help, help each other and demonstrate the living proof that recovery is possible. The RSS guiding statement is to model SHARC values, in providing and maintaining opportunities for young people affected by addiction related problems, to recover and to participate in valued roles. To bring to life the hope of recovery in all of our relationships.*

RSS is a residential supported accommodation service for young people aged 16 to 25 who are experiencing severe challenges related to their use of alcohol and other drugs.

At RSS we focus on the wellbeing of the members of our community. We believe that recovery is an inside job.

We are here to help you reach your goals and live your dreams.

Successfully overcoming alcohol and drug related problems, is a unique and very personal process. For many of us, it has been a gradual journey of healing and achieving a healthy balance in our lives. It's about discovering talents and developing skills; it's about learning and growing, having loving relationships to achieve a meaningful and contributing life.

Recovery is a state of mind! It's rising to the challenges of the day with a sense of optimism. It's moving from feeling powerless to living with confidence and a sense of achievement and purpose.

RSS is a peer based community. Professionally trained staff and our

residents have experienced the problems of addiction and are now living in the solution. As a result we have developed unique insights and intimate understandings only available to those who have lived through the experience.

The strength of our approach lies in the spirit of: Mutual support, self-responsibility and empowerment!

RSS continues to provide a genuine recovery opportunity for young people with complex and co-occurring issues.

The importance of safe, supported and drug free housing is critical in offering this opportunity. A real sense of community among the young people, a number of residents moving on with their lives and a home like environment demonstrates to all involved that change is possible.

A recovery culture has developed within the RSS community which allows new residents an opportunity to see for themselves that recovery and change is possible. This combined with a self help philosophy of 'get help, give help, help yourself' provides all RSS participants with a genuine chance of recovery.

A real recovery focus has developed with the majority of the community actively participating in a 12-step program. As a result, a culture change has developed within the community with current residents setting clear boundaries and defining to new residents what a safe, supportive drug free environment really means. This definition is backed up by action and new participants quickly see a group of their peers achieving significant positive change.

**Jason Bowman**  
**Manager RSS**

*'To Dear SHARC staff, I can't thank you all enough for all your support & help during the last 5 ½ months. You people helped me get my life back which is amazing, I never thought I would come this far & learn to live a life without drugs. I am now safe, supported & drug free! Love always, Anon.'*

# The Association of Participating Service Users

*The Association of Participating Service Users has a relationship of mutual reliance with its community. The community of people impacted by alcohol and other drug issues, at times complicated by mental health issues, rely on APSU to advocate on their behalf and create the means for their ideas and opinions to shape research, policy development, service provision and the development of education and training in the AOD sector.*

In turn, APSU relies upon its community to identify advocacy issues, source the experience of alcohol and other drug consumers and to contribute to the development and delivery of consumer participation projects throughout the Victorian AOD sector.

It is this contact with the APSU membership and with people who use AOD services in general that makes our roles worthwhile. It is rewarding facilitating a focus group where the participants, whose opinions are normally ignored, relish in the opportunity to express their views, their dignity reinforced after contributing to a project or policy that may or may not affect their lives.

When compiling the report 'Smoking Is a Lifeboat' on smoking bans in withdrawal services, it was with admiration and gratitude, that we read through the well written and thoughtful responses to our email requesting opinions from each of the APSU membership.

When recruiting people for the APSU steering committee it is gratifying to have people who have completed the 'Fit Peer Helper' participate in SHARC governance. It is via this contact that we see people move through a pathway upon which their actions elicit respect.

The development of 'Straight From the Source: A Practical

Guide to Consumer Participation in the Alcohol and Other Drug Sector' is chiefly the compilation of the experience of this valuable work of providing the means for AOD consumers to shape service provision, policy, research and education and training. Miriam Clarke, as the author of this publication has been instrumental in the realisation of this project. Along with Miriam Clarke I would like to take this opportunity to acknowledge the work and dedication of the following people: Ros Watson, a teacher working at APSU as part of the upgrade her qualifications, researched for and predominantly wrote 'Smoking Is a Lifeboat', an issue paper covering smoking bans in withdrawal services.

Rosa Good, a writing and editing student completing her placement at APSU as part of her course, compiled and edited two editions of 'Flipside', assisted with the referencing of 'Straight From the Source' and came up with the title of this publication. Megan Cooke, a social work student working as a volunteer at APSU conducted research into the impact of criminal records checks on the lives of people who use AOD services.

To all the people who participated in the launch of the report 'Where's The Help? When a Person has Mental Health and Substance Use Issues and Engages With Services,' we offer our sincere gratitude. It was uplifting to organise an event where

the consumer critique was the predominant feature.

Also I want to thank the APSU Steering Committee for their valuable support and guidance. The APSU Steering Committee is: Peter Darroch, Brownyn Upston, Frank Passek, Lara Anderson, Kerry Trask, Chris McConnell (VAADA) and Sarah Lord (Harm Reduction Victorian) and Isabel Collins (Victorian Mental Illness Fellowship).

Lastly, thank you to the service providers and consumers with which we have collaborated in planning and delivering consumer participation projects.

These projects include:

- The Turning Point Phase 1 Project, Sessional Experiential Dual Diagnosis Educators at the Victorian Dual Diagnosis Initiative Education and Training Unit,
- The Easter Metropolitan Region Alcohol and other Drug Strategy Dual Diagnosis Working Group Consumer Advisory Council,
- Consumer Representative on the Monashlink Improved Services Initiative Reference Group, Northern Yarra Community Health Innerspace Peer Leader Position,
- DASWEST Peer Lead Position
- The linking of Windana Peer Support Group to APSU's Peer Helper Project.

**Regina Brindle  
Manager APSU**

# Family Drug Help

*The Family Drug Help (FDH) community consists of many people who are each on their own personal journey of discovery and acceptance.*

*'One does not discover new lands without consenting to lose sight of the shore for a very long time'- Andre Gide*

## The Family Drug Help model includes:

- A telephone helpline providing an assessment of needs and connection to other services.
- Support groups across the state offering comfort through peer support.
- The ARC program - a six week course offering psycho education to improve coping skills and relieve anxiety and worry.
- Individual consultation and family therapy.
- The promotion of self actualisation and acceptance
- Join a support group at various sites across the state where trained peer support facilitators will provide them with opportunities to hear guest speakers. They can also gain support from other members and know that they are not alone in their situation
- Participate in a six week ARC education program to learn strategies and skills to improve their relationships.
- Attend individual therapy or with other family members.
- Train as a volunteer on the helpline and increase skills in listening, empathy and understanding, as well as gain insight by hearing other peoples' stories.

Working with the family, not the individual, is recognised as an important part of treatment today, as identified by the Victorian Department of Health in the blueprint. The services offered by FDH provide a myriad of opportunities for family participation at their own pace and in their own time.

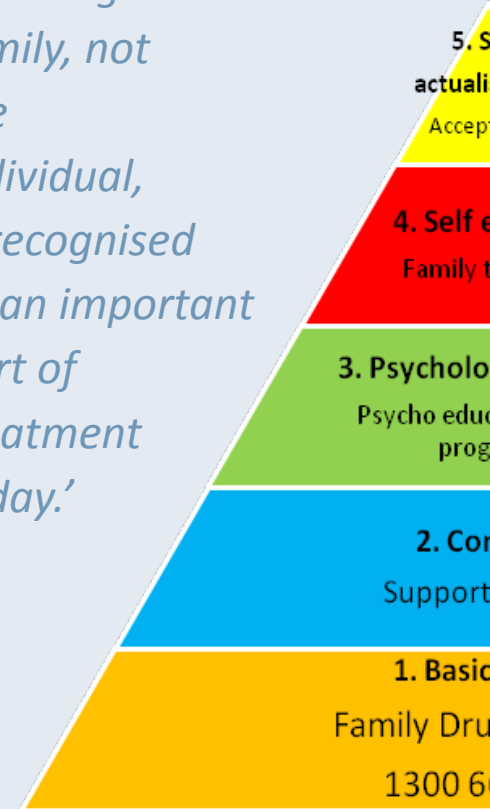
## Pathways

There are many pathways through FDH as families enter and leave at different stages of the journey.

Families can:

- Phone the helpline at any time night or day and speak to a peer support volunteer during the hours of 9-5 or a counsellor at Turning Point after hours.
- Engage in the supper club, a support group for families who have lost a loved one due to alcohol and drug use. It is a support group with a difference in that we provide support with a professional grief counsellor for those who have experienced the death of a loved one. This group started this year and continues to grow.

*'Working with the family, not the individual, is recognised as an important part of treatment today.'*



**We have developed a  
network that can be described  
hierarchy**

## The FDH Support Group Network

has been formalised into Family Drug Help Groups, both primary and secondary. The difference being:

- Primary groups, are ones that we hold duty of care for and we provide training, supervision and support.
- Secondary Groups are usually held under the umbrella of a Community Health Centre and we provide guest speakers, referrals, literature and opportunities to join some of the training sessions if required.

All groups work on the model of members being able to share their experiences and also to learn new strategies, and reinforce teachings from ARC which is delivered regularly to our support groups.

All groups operate with the wonderful dedication of our voluntary support group facilitators.

### Thank you to our volunteers:

We pay tribute to our volunteers and honour their amazing contribution. We could not achieve what we do without them; they are at the coalface of our service.

- who have shifts on the helpline
- who are support group facilitators
- who network information
- who are on our Steering Committee

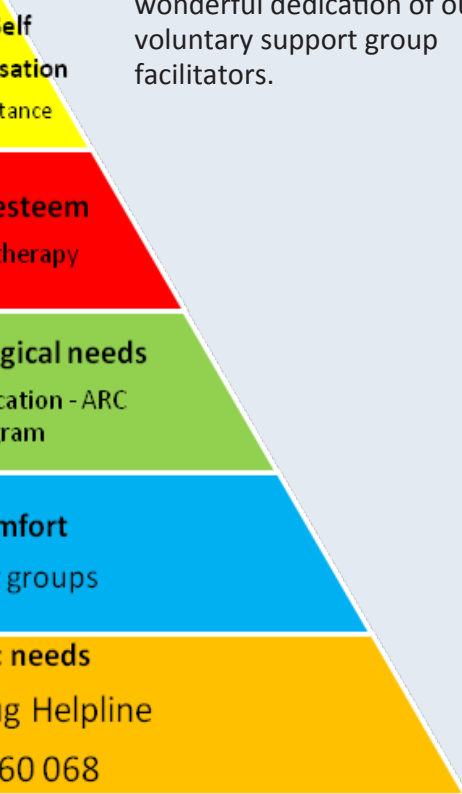
This dedicated group of people provide enormous support, information encouragement and empathy to thousands of families who are currently caught up in the merry-go-round of addiction.

Our bilingual volunteers also provide support to Italian, Vietnamese and Russian speaking families.

Thank you also to our partners at *Direct Line (Turning Point)*. From the very beginning of our service in 2001, *Directline* has provided the back up for late night hours, (5pm to 9am). We wish to acknowledge the professional and supportive service you provide.

We thank our funding sources and our dedicated staff.

**Angela Ireland**  
*Manager FDH*



model of the family journey described in part, by Maslow's hierarchy of needs.

## Data for 2009-2010

Number of calls to the helpline	5,260
Volunteers trained	17
Number of volunteers rostered on the helpline	35
Number of peer support groups maintained	22
Under contract to FDH	12
Secondary support groups at other agencies	12
Number of family counselling episodes of care	110
Newsletter editions	4
Newsletters distributed	10,400
ARC programs delivered	17
Number of people attending	204
Number of booklets distributed	12,000

# Partners, Friends and Supporters 2010

ANEX	Harold Holt Swim Centre	Taskforce Community Agency
Australian Council for the Arts	Health Issues Centre	The Alcohol Education and Rehabilitation Fund
Australian Drug Foundation	Healthlink (Directline)	The Bouverie Centre
Ballarat and District Aboriginal Cooperative	Holding Redlick Solicitors	The Fred P Archer Charitable Trust
Bethlehem Hospital	Hoyts Cinemas	The Ian Potter Foundation
Blair Shipwrights	IN2 Pty Ltd	The Jack Brockhoff Foundation
Bob McDonald	Jesuit Social Services Gateway	The R. E. Ross Trust
Brimbank City Council	Kelli Milne Design	The Reichstein Foundation
Caulfield Swimming Pool	Lighthouse Foundation	The Rotary Club of Southbank
Cheltenham Financial Counselling Service	Mary of the Cross Centre	The Shire of Yarra Ranges
Chrissie and Jed Comand	Merrin Foundation	The Trust Company
City of Glen Eira	Moreland Hall	The Windana Society
City of Melbourne	Myer Community Fund	Tim Fleming Memorial
City of Port Phillip	National Development and Research Institutes (NDRI), New York	Tim Nicholas Landscape Architecture
City of Yarra	Ngwala Willumbong	Turning Point Alcohol and Drug Centre
Coffeemia – Glenhuntly	North Yarra Community Health Service	Vera Moore Foundation
Community Housing Federation of Victoria	Oxford Houses of Australia	Victorian Alcohol and Drug Association (VAADA)
DASWEST	PENDAP	Victorian Association for the Care and Resettlement of Offenders (VACRO)
De Paul House (St Vincent's Hospital)	Perpetual Finance Services	Victorian Mental Illness Awareness Council (VMIAC)
Department of Health & Aging	Peter and Emily Mandjian	Victorian Nurses Health Program (VNHP)
Department of Human Services	Phillip Rose	VIVAIDS
Department of Justice	R.E. Ross Trust	Wellington House
Department of Victorian Communities	Reclink Australia	Whyte's Café Glen Huntly
Dianella Community Health Service	Recover Oz	William Buckland Foundation
DLA Phillip-Fox Legal Service	Re-Focus	YSAS – Youth Substance Abuse Service
Dr. Sharon Keeling	Rotary International Melbourne South	
Family Alcohol and Drug Network (FADNET)	SaladFresh	
Family Drug Support	Sally Graham Memorial	
Fitzroy Legal Service	Salvation Army Bridge Program	
Frank Derango	South East Alcohol and Drug Services (SEADS)	
Gandel Foundation	St Leonards Uniting Church Brighton	
Grazia Peake	START	
GROW		
Hanover Southern Housing and Support Services		

# Who We Are

## The Staff – Staff employed in the period 01.07.09 to 30.06.10. Includes staff who concluded their employment or resigned.

Aider Ramazanov  
Angela Ireland  
Anna Guthrie  
Anne Iversen  
Brooke Upton  
Davina Tribbick,  
Elzara Ramazanova  
Emma Hooper  
Giorgie Blair  
Glenda Nettleton  
Grace Bowen  
Heather Pickard

Jacqui Sundbery  
Jason Bowman  
Jenny Coll  
Jennifer James  
Jessica Cooke  
Kanitaka Enright  
Karolina Shaw  
Kelly Meadmore  
Kerryn Super  
Linda Troselj  
Matthew Allen  
Miriam Clarke

Nola Logiotatos  
Owen Spear  
Paul Wood  
Regina Brindle  
Rosemary Coulter-Schulz  
Serge Liistro  
Stephen Lowe  
Susan White  
Tracey Alder  
Trudi Hartmann  
Waddah Eltchelebi  
Ying Kong

### The Board

#### Garry Anderson (Chair)

Garry is a qualified accountant and became involved with SHARC through his own personal experience with addiction. He has been Treasurer for the last two years and was recently elected to Chair the Board. Garry is looking forward to the challenges ahead.

#### Merridie Costello

Works as an executive officer with Urban Seed, a not for profit serving Melbourne's CBD through education programs, a lunch program and various youth training initiatives. She lives fairly locally and has been on the SHARC board since 2003.

#### Rosemary McClean

Rosemary has a background in clinical and public health, nutrition, research, health promotion and alcohol and drug prevention. Her current position is as Policy & Conference Advisor, at the Australian Drug Foundation. Originally from Ireland, Rosemary came to Australia in 1989 and is married with two teenage daughters. Joining the SHARC Board in 2007 fitted with her belief in

community service.

#### Paul Leary

Is a local resident of Carnegie with extensive experience as a Human Resources Manager. Paul has a family of four boys (3 in the early 20s) and is very aware and concerned about the impact that alcohol and drugs can have on young people's lives.

#### Kirsten Anderson Llewellyn (Treasurer)

Kirsten Anderson Llewellyn joined the SHARC board in late 2009 and became acting Treasurer in October 2010. Kirsten is currently the Senior Legal Counsel for Transurban. Kirsten has a strong interest in promoting access and equity in our community and is hoping that her legal and board advisory experience can contribute to the governance of SHARC.

#### Margaret Graham

New to the SHARC Board in 2010, having had a long involvement with Family Drug Help as a Helpline Volunteer and Support Group Facilitator. Professional career has been mainly in education and have always enjoyed contributing to the broader community as

a volunteer. Personal interests include anything to do with bicycles, especially riding up hills and cycle touring in out of the way places. Total mileage on her bikes is more than a circumnavigation of the world!

#### Steve Strang

Steve has been working in the marketing and communications industry for the past 12 years. He is currently the Chief Operating Officer of Direct Mail & Marketing, a 20 million dollar print, mail, online and distribution company based in Dandenong South. Steve has recently completed the Australian Institute of Company Directors Diploma.

### Steering Committees

#### APSU Steering Committee

Peter Darroch, Brownyn Upston, Frank Passek, Lara Anderson, Kerry Trask, Chris McConnell (VAADA), Sarah Lord (Harm Reduction Victorian) and Isabel Collins. (Victorian Mental Illness Fellowship)

#### FDH Steering Committee

Chair Marg Quon, Board rep Marg Graham Dr Chris Walsh, Brenda Irwin, Kathy Crow.

# Financials

## year ended 30 June 2010

SELF HELP ADDICTION RESOURCE CENTRE INC  
STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE, 2010

	2010 \$	2009 \$
<b>CURRENT ASSETS</b>		
Cash at Bank	0	15,180
Petty Cash	2,933	2,630
Debtors	63,125	42,900
Prepayments	5,609	1,405
<b>Total Current Assets</b>	<b>71,667</b>	<b>62,115</b>
<b>NON-CURRENT ASSETS</b>		
Property, Plant & Equipment	2,675,321	2,654,630
<b>Total Non-Current Assets</b>	<b>2,675,321</b>	<b>2,654,630</b>
<b>TOTAL ASSETS</b>	<b>2,746,988</b>	<b>2,716,744</b>
<b>CURRENT LIABILITIES</b>		
Bank Overdraft	57,562	0
Creditors and accruals	67,025	32,006
Income Received in Advance	103,297	293,337
Payroll accruals and creditors	25,543	38,545
GST Liability	38,418	41,540
Provision for Annual Leave	41,014	43,829
Provision for Long Service Leave	4,004	2,004
<b>Total Current Liabilities</b>	<b>336,863</b>	<b>451,262</b>
<b>NON CURRENT LIABILITIES</b>		
Commonwealth Bank Loan (Secured)	423,967	369,039
<b>Total Non Current Liabilities</b>	<b>423,967</b>	<b>369,039</b>
<b>TOTAL LIABILITIES</b>	<b>760,830</b>	<b>820,301</b>
<b>NET ASSETS</b>	<b>1,986,158</b>	<b>1,896,443</b>
<b>MEMBERS FUNDS</b>		
Asset Revaluation Reserve	823,396	823,396
Accumulated Surplus	1,162,762	1,073,047
<b>TOTAL EQUITY</b>	<b>1,986,158</b>	<b>1,896,443</b>

# Financials

## year ended 30 June 2010

SELF HELP ADDICTION RESOURCE CENTRE INC  
STATEMENT OF FINANCIAL PERFORMANCE FOR THE YEAR ENDED 30 JUNE 2010

REVENUE	2010 \$	2009 \$
<b>GRANTS</b>		
<i>Government Funding - Federal</i>		
NIDS Halfway Project- Family Drug Help	192,684	185,910
NIDS Halfway Project-Residential Support Services	206,618	197,782
NIDS Halfway Project-Co-Occurring Mental Illness	152,631	125,108
<i>Government Funding - State</i>		
Youth Supported Accommodation (YSA)	145,472	137,152
Assoc.of Participating Service Users (APSU)	147,442	142,954
Family Drug Help - Support Network	175,135	169,803
Family Drug Helpline-DHS	244,871	236,624
Prisons Project	232,780	226,600
<b>Total Grants</b>	<b>1,497,633</b>	<b>1,421,933</b>
<b>INDUSTRY BASED REVENUE</b>	<b>47,229</b>	<b>31,758</b>
<b>OTHER INCOME</b>	<b>73,100</b>	<b>98,736</b>
<b>TOTAL OPERATING REVENUE</b>	<b>1,617,962</b>	<b>1,552,427</b>
<b>NON OPERATING ACTIVITIES</b>		
Capital Grant & Donations	35,000	0
Proceeds from Sale of Properties & motor vehicles	10,909	0
<b>TOTAL REVENUE</b>	<b>1,663,871</b>	<b>1,552,427</b>

# Financials

## year ended 30 June 2010

SELF HELP ADDICTION RESOURCE CENTRE INC  
STATEMENT OF FINANCIAL PERFORMANCE FOR THE YEAR ENDED 30 JUNE 2010

<b>EXPENSES</b>	<b>2010</b>	<b>2009</b>
General and Administrative Expenses	-332,538	-390,298
Borrowing Expenses	-37,766	-38,925
Employment Expenses	-1,162,532	-1,126,563
Depreciation Expenses	-38,620	-40,350
Total Operating Expenses	-1,570,456	-1,596,136
Book value of fixed assets disposed	-3,700	0
<b>TOTAL EXPENSES</b>	<b>-1,574,156</b>	<b>-1,596,136</b>
<b>OPERATING SURPLUS / DEFICIT</b>	<b>89,715</b>	<b>-43,709</b>
<b>TRANSFERS TO/ FROM RESERVES</b>		
Transfer to Operating Projects Reserve	0	90,718
Increase(decrease) in Accumulated Surplus	89,715	47,009
Accumulated Surplus Brought Forward	1,073,047	1,026,038
<b>ACCUMULATED SURPLUS 30 June 2010</b>	<b>1,162,762</b>	<b>1,073,047</b>

SHARC is a not-for-profit organisation which relies on government funding and donations to provide the important work and service that we do.

For all donations please phone SHARC on 03 95731700 or visit our website at [www.sharc.org.au](http://www.sharc.org.au) for details.

*All donations of \$2.00 or more are tax deductible.*

## SHARC

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