

Annual Report 2007

Drug and Alcohol Office



Drug and Alcohol Office
Government of Western Australia

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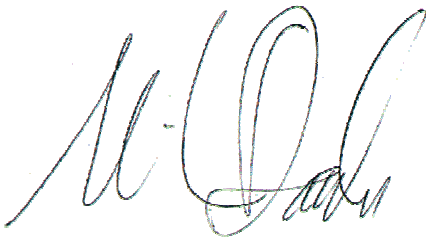
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STATEMENT OF COMPLIANCE

**The Hon Jim McGinty BA BJuris (Hons) LLB JP MLA
Minister for Health**

In accordance with Section 66 of the *Financial Management Act 2006*, we submit for your information and presentation to Parliament the Annual Report of the Western Australian Alcohol and Drug Authority for the year ending 30 June 2007.

The report has been prepared in accordance with the provisions of the *Financial Management Act 2006*.

A handwritten signature in black ink, appearing to read 'M. Daube', written in a cursive style.

**Mike Daube
CHAIRPERSON**

A handwritten signature in black ink, appearing to read 'Margaret Stevins', written in a cursive style.

BOARD MEMBER

26 September 2007

EXECUTIVE DIRECTOR'S REPORT

The 2006/07 year saw substantial progress in service development and reform for the Drug and Alcohol Office (DAO) and the broader sector.

Prevention activity expanded with the *Drug Aware* and *Enough is Enough* public health campaigns in partnership with the WA Network of Alcohol and other Drug Agencies and the Injury Control Council of WA respectively. *Drug Aware* focussed on the most significant illicit drug issue of the year, amphetamines, and should contribute to the downward trend in the use of this drug. *Enough is Enough* continued the long term effort to shift the alcohol culture in the State towards more responsible drinking.

Improvement of treatment services advanced considerably with the establishment of the South Metro Community Drug Service that integrated DAO's Next Step medical services with the community drug service team managed by Palmerston. This enabled a new service location to be established in Rockingham and a comprehensive range of treatment to be offered more effectively to clients throughout the southern corridor. The success of this approach has informed planning for the integration of all metropolitan community drug service teams with DAO Next Step services to occur in the latter half of 2007 and will result in several new service locations. The commitment of DAO and community drug service team staff to a totally client-centred approach has been outstanding.

Planning for the integration of DAO Next Step outpatient youth services with Mission Australia's residential youth services also made significant progress throughout the year with the establishment of the joint assessment team. Full integration and collocation is also anticipated for the latter half of 2007. Once again, the commitment of the staff has been a credit to both agencies.

DAO's community clinical programs have sustained pharmacotherapy services delivered through general practitioners, a continual challenge given the relatively low numbers of general practitioners in WA. This is one of the most important, community based and cost effective treatment programs provided through DAO Next Step.

Treatment services have also benefited from the WA Country Health Service's commitment to assist with medical officers to provide pharmacotherapy in regions where there is a shortage of general practitioners and for the progressive rollout of detoxification in regional hospitals that has occurred particularly in the Northwest.

The year has seen substantial development of the Aboriginal service network. In Perth, reallocation of funding has supported the establishment of dedicated Aboriginal residential rehabilitation beds at Cyrenian House, with more to follow at Palmerston Farm in the latter half of 2007, and dedicated Aboriginal detoxification beds at DAO Next Step. These developments have filled significant gaps in services for Aboriginal people in Perth. Additionally, the Aboriginal drug and alcohol partnership with the Commonwealth has been fundamental in securing significant Commonwealth funding for expansion of services in the Kimberley, Pilbara, Midwest, Goldfields and the Wheatbelt. A strong service network, together with

DAO's commitment to implementing the WA Health Aboriginal Cultural Respect Framework to improve all services, is essential to making progress in this area.

DAO focussed on key partnerships throughout the year. Agreements were reached with the Department of Health's Mental Health Division and the Department for Community Development (Department for Child Protection) to develop formal and robust linkages between local services. These will encompass agreements on liaison, consultation, client referral pathways and shared case management. DAO will continue to broker these arrangements throughout 2007/08 and support their maintenance over the long term. There are also substantial commitments in place to progress workforce development in these agencies.

Various parts of DAO were brought together to form the Monitoring, Evaluation and Research branch during the year. DAO has a strong track record in comprehensive trend monitoring and in some key areas of research and further aligning activities to the priority needs of the sector in Western Australia is now underway.

The year also saw the beginning of a substantial effort across the agency to consider how we live the values of the organisation – respect, integrity, being open and accountable, and striving for excellence. Continuing to build a strong organisational culture is the essential underpinning for the organisation to deliver well focussed and best practice services, particularly in an era when recruitment and retention of staff is a major challenge for human service agencies.

I would like to thank the staff of DAO for their work in achieving these developments over the last year and am confident that DAO will continue to meet the substantial challenges that the organisation will face in the coming years.



Terry Murphy
Executive Director
Drug and Alcohol Office
(WESTERN AUSTRALIAN ALCOHOL AND DRUG AUTHORITY)

EXECUTIVE SUMMARY

The purpose of the Drug and Alcohol Office (DAO) is to prevent and reduce drug and alcohol misuse and harm. It is the lead government agency responsible for drug and alcohol strategies and services in Western Australia (WA), and provides or contracts a statewide network of services relating to treatment, prevention, professional education and training, and research activities.

DAO coordinates whole-of-government policies and strategies in conjunction with state and commonwealth agencies. This includes the implementation of the *WA Drug and Alcohol Strategy 2005-2009* through a Senior Officers' Group consisting of representatives from key government departments. DAO works closely with the non-government sector and community to ensure the ongoing implementation of appropriate programs and services.

There are five directorates of DAO:

- Next Step Drug and Alcohol Services (Next Step)
- Client Services and Development
- Prevention and Workforce Development
- Policy, Strategy and Information
- Corporate Services

DAO is a statutory authority (WA Alcohol and Drug Authority) within WA Health and is accountable to the WA Minister for Health.

BETTER PLANNING: BETTER FUTURES

DAO achieves desired outcomes and services relevant to the State Government's goals and strategic outcomes of *Better Planning: Better Futures – A Framework for the Strategic Management of the Western Australian Public Sector*. DAO aims to support all goals particularly those relating to the provision of better services, ongoing regional development, provision of supportive environments and ensuring governance and public sector improvements.

Principles of providing better services underpin the *WA Drug and Alcohol Strategy 2005-2009*. As such, DAO aims to provide effective, integrated and coordinated services and programs of a high quality. This is achieved, in part, through strong partnerships with other government departments, the non-government sector and community. The office provides high quality education and training opportunities and ensures appropriate planning and capacity building strategies.

DAO provides statewide service delivery and expands programs as appropriate. It recognises that regional, rural and remote communities face particular challenges and endeavours to foster formal links with regional areas. This ensures an understanding of regional issues is used in planning and decision making. Methods used to achieve this include regional forums, supporting local regional activities and general contract management.

Prevention activities undertaken by the office include a range of initiatives as part of an integrated and collaborative program that includes legislative, environmental and organisational initiatives. These aim to reduce drug and alcohol misuse and harm to the community.

Governance and public sector improvements are integral to the service delivery of DAO. The office strives to ensure that the drug and alcohol workforce is skilled and capable and utilises a whole-of-government approach to planning and decision making. In addition, DAO maintains strong connections with the community to enable responsiveness to changing needs and through a variety of formal processes ensures a high level of accountability.

SUMMARY HIGHLIGHTS 2006/07

Each directorate of DAO implements a range of activities to meet organisational priorities. Key highlights are provided in detail in the body of the report. Significant agency achievements for 2006/07 have been summarised below.

PREVENTION

- Development and implementation of a comprehensive *Drug Aware* amphetamine education campaign in partnership with the WA Network for Alcohol and other Drug Agencies.
- A second phase of the *Enough is Enough* alcohol campaign was developed and implemented in partnership with the Injury Control Council of WA.

TREATMENT AND CLIENT SERVICES

- Establishment of integrated outpatient services in the south metropolitan area that brings together government and non-government treatment services and provides comprehensive and expanded services.
- Establishment of an Aboriginal Withdrawal Unit at DAO's Next Step service in partnership with key Aboriginal services.
- Establishment of six new residential rehabilitation beds for Aboriginal clients at Cyrenian House, in partnership with the Aboriginal Alcohol and Drug Service.
- Finalisation of formal processes for the establishment of an integrated youth treatment service in partnership with Mission Australia.
- Introduction of Suboxone as a pharmacotherapy for opioid dependence.
- Implementation of a call-back service on alcohol pharmacotherapies by the Alcohol and Drug Information Service.
- A quality framework was implemented for all DAO funded non-government services.
- Expansion of the WA Diversion Program to various metropolitan and regional locations.

WORKFORCE DEVELOPMENT

- Implementation of the third intake for the nationally recognised Certificate III qualification in Community Services Work for Aboriginal Drug and Alcohol workers from metropolitan, regional and remote areas.

- Through the formation of the Practice Development Steering Group, the development and implementation of workforce development programs with the non-government sector that meet the needs of the sector and other stakeholders.
- 'Beyond Boundaries – Families and Professionals Working Together' was held in September 2006 in partnership with Palmerston Association.

POLICY AND STRATEGY

- Coordinated the development of annual summary drug and alcohol action plans by key human service government departments that outline the specific activities to be implemented to meet the *WA Drug Alcohol Strategy 2005-2009*.
- Successful submission to the Council of Australian Governments for a cost shared proposal of \$8.214 million over four years to provide enhanced drug and alcohol treatment and rehabilitation services in regional and remote areas of WA.

INFORMATION AND RESEARCH

- Completion of a number of evaluations relating to DAO service delivery that will guide future practice.
- Research grants were received for two research projects of the Clinical Pharmacotherapy Research Group relating to memory impairment and cognitive functioning of amphetamine dependent patients, and the pharmacokinetics and pharmacodynamics of an intra-nasal form of buprenorphine.

ISSUES AND TRENDS

While objective indicators suggest that illicit drug use in WA is reducing, DAO remains vigilant in monitoring drug and alcohol trends and issues to ensure the ongoing implementation of appropriate responses in the areas of prevention, treatment and supply disruption. A number of methods are employed by DAO to monitor drug and alcohol issues, including drug use trend statistics.

Over 39% of people aged 14 years and over in WA consume alcohol at 'risky' or 'high risk' levels each year¹, and WA has an average alcohol per capita consumption second only to the Northern Territory. While this is the case, the latest *Australian School Students' Alcohol and Drug* (ASSAD, 2005) survey reports that students aged 12 to 17 years have consumed significantly less in the last year, month, and week in comparison to 2002². Even so, there was an increase in the proportion of 12 to 17 year old students from 2002 to 2005 who drank at 'at risk' levels, from 23.3% to 26.9%².

According to the latest *National Drug Strategy Household Survey* (NDSHS, 2004), for people aged 14 years and over in WA, cannabis is the most widely used illicit drug in the past year (13.7% down from 17.5% in 2002), followed by

¹ 2004 *National Drug Strategy Household Survey. Western Australian results*. (2006) Perth, Drug & Alcohol Office.

² Miller, J, & Lang, A. (2007) *ASSAD drug report 2005*. Perth, Drug & Alcohol Office.

meth/amphetamine (4.5% down from 5.8% in 2002), ecstasy (4.1%) and hallucinogens (0.6%)¹.

There is also a downward trend in illicit drug use in WA among school students aged 12 to 17 years². For example, comparing the 2005 and 2002 ASSAD surveys, significantly fewer students used cannabis in the last year (19.0% versus 26.8%) and amphetamines (6.5% versus 10.3%)². The decreasing trend is also evident for other illicit drugs including ecstasy, hallucinogens, cocaine, steroids and opiates².

AGENCY PRIORITIES 2007/08

In support of the *WA Drug and Alcohol Strategy 2005-2009*, and to address a range of existing and emerging drug and alcohol issues, DAO has identified a number of priorities for 2007/08. These will be implemented in addition to core activities and are summarised below.

PREVENTION AND EARLY INTERVENTION

Prevention and early intervention activities will remain a high priority of DAO. Priorities will include:

- Building prevention activity by expanding public health campaigns.
- Promoting the adoption of key drug and alcohol prevention activities by WA Health.

TREATMENT AND SUPPORT

Service integration, building linkages with key human services and capacity building will be treatment and support priorities for 2007/08. Key activities will be:

- Integration of DAO Next Step medical services with non-government community drug service teams in the metropolitan area to provide comprehensive services and extend locations.
- Integration of youth drug services operated by Mission Australia and DAO Next Step.
- Expansion of community clinical programs (services provided by general practitioners).
- Further development of Aboriginal services and promotion of cultural respect across the sector.
- Promotion and adoption of key drug and alcohol developments in health services.
- Building mental health service linkages and capacity.
- Building child protection service linkages and capacity.
- Strategic workforce development in key human services and the sector.

LAW ENFORCEMENT

DAO maintains partnerships with WA Police, the Department of Corrective Services and Department of Racing, Gaming and Liquor for the implementation of a range of programs relating to law enforcement. These partnerships will continue and certain programs will be reviewed and expanded as appropriate. This will include the:

- Preparation of the statutory review of the *Cannabis Control Act 2003*.
- Modification of liquor licensing application review processes in accordance with new legislation.
- Implementation of activities to reduce the supply of solvents.
- Regional rollout of court diversion programs.

SPECIFIC ILLICIT DRUG INTERVENTIONS

DAO will continue to address emerging drug and alcohol issues through the implementation of specific illicit drug interventions. For 2007/08 this will include conducting a summit on amphetamines in conjunction with WA Police and managing the implementation of the summit's outcomes. In addition, DAO will look to expand treatment options and extend the *Drug Aware* illicit drug public health campaign and associated community action to cannabis. This will be in conjunction with adjustments to the Cannabis Infringement Notice Scheme that may follow the statutory review of the *Cannabis Control Act 2003*.

MONITORING, EVALUATION AND RESEARCH

Monitoring, evaluation and research activities of DAO will be further aligned to the strategic priorities of the office to inform prevention and treatment service improvement. Further partnership arrangements for shared university positions will also be pursued.

DISCLOSURES AND LEGAL COMPLIANCE

FINANCIAL REPORTS

DAO ended the year with a balanced budget and total expenditure of \$43,422,928. Funding increased due to grants received for prevention and promotion activities and implementation of commitments for the *Repeat Drink Driving Strategy*.

KEY PERFORMANCE INDICATORS

DAO monitors performance through a range of effectiveness and efficiency indicators.

The three outcomes used to measure effectiveness are:

- Improvement in the general health, psychological health and social relationships of people treated for drug and alcohol problems;
- Increased knowledge, competence and confidence of human service professionals undertaking training for working with people experiencing drug and alcohol problems; and
- Prevent or delay the uptake of drug and alcohol use and reduce the associated harm.

Efficiency is measured through cost relating to various service groups. These groups include outpatient and inpatient services (Next Step and not-for-profit organisations), workforce development activities and prevention programs.

Prevention and workforce development activity have had increased cost-efficiencies and at the same time improved effectiveness. Prevalence rates for drug and alcohol use continue to indicate a downward trend and this is complemented by broadly stable treatment figures.

Training outcomes show high rates of effectiveness in increasing knowledge, competence and confidence of participants to work with people experiencing drug and alcohol problems. This training includes workforce development for Aboriginal staff working in drug and alcohol agencies.

A full report on DAO's key performance indicators including outcomes and data is provided later.

OTHER REQUIREMENTS

DAO continues to develop and implement a range of activities to ensure compliance with various legal requirements relating to the disability access and inclusion plan outcomes, equal opportunity, public sector standards and ethical codes, and recordkeeping. DAO also meets other government policy requirements in the areas of corruption prevention and sustainability. These contributions are outlined in more detail in the body of the report.

OPERATIONAL STRUCTURE

CORPORATE INFORMATION

ADDRESS AND LOCATION

The Drug and Alcohol Office (DAO) is the business name of the Western Australian Alcohol and Drug Authority (WAADA), which is an independent statutory authority established in November 1974. Its functions are set out in the *Alcohol and Drug Authority Act 1974*. WAADA is responsible to the Minister for Health and, through the Minister, to the West Australian Government.

Next Step Drug and Alcohol Services (Next Step) is the trading name DAO has applied to its clinical and treatment services. Next Step operates as a directorate of DAO.

Corporate Office:

Address: 7 Field Street, Mount Lawley WA 6050
Postal: PO Box 126, Mount Lawley 6943
Telephone: (08) 9370 0333
Fax: (08) 9272 6605
Email: dao@health.wa.gov.au

ENABLING LEGISLATION

The administration of DAO is established as set out in the *Alcohol and Drug Authority Act 1974*.

MINISTERIAL DIRECTIVES

DAO received one ministerial directive relating to the establishment of the Taskforce on Butane Misuse.

The taskforce was formed in July 2006 to investigate the extent of problems associated with the misuse of butane together with potential strategies to reduce the supply, demand and harm associated with butane misuse.

PURPOSE AND BROAD OBJECTIVES

PURPOSE

Preventing and reducing drug and alcohol misuse and harm.

BROAD OBJECTIVES

The broad objectives of DAO are to:

- coordinate, implement and monitor the *Western Australian Drug and Alcohol Strategy 2005–2009*;
- develop, resource and deliver best practice drug and alcohol services and programs throughout Western Australia (WA);
- coordinate whole-of-government planning and activity targeting people affected by drug and alcohol use; and
- provide expert advice to government regarding drug and alcohol use and related harm.

ORGANISATIONAL STRUCTURE

ACCOUNTABLE AUTHORITY

Western Australian Drug and Alcohol Authority

DAO has a board of four members nominated by the Minister for Health and appointed by the Governor in Executive Council. All board members' terms are for three years expiring on 31 December 2007. The board as at 30 June 2007 consisted of the chairman Professor Mike Daube, Professor of Health Policy at Curtin University, Dr Margaret Stevens, Chief Medical Adviser Population Health at the Department of Health, Professor Steve Allsop, Director of the National Drug Research Institute, and Ms Violet Bacon, Lecturer in Social Work and Social Policy at the University of Western Australia.

The board has delegated to the DAO executive director with certain exceptions, powers vested in it by the *Alcohol and Drug Authority Act 1974*. This board convened on four occasions during 2006/07 and members received \$13,463 in remuneration.

Senior Officers

Senior officers of DAO are listed in the table below, as at 30 June 2007.

AREA OF RESPONSIBILITY	TITLE	NAME	BASIS OF APPOINTMENT
DRUG AND ALCOHOL OFFICE	EXECUTIVE DIRECTOR	TERRY MURPHY	FIVE YEAR CONTRACT
CLIENT SERVICES AND DEVELOPMENT	DIRECTOR	ERIC DILLON	PERMANENT
CLINICAL SERVICES (NEXT STEP)	DIRECTOR	DR ALLAN QUIGLEY	PERMANENT
OPERATIONS (NEXT STEP)	DIRECTOR	SUSAN ALARCON	PERMANENT
PREVENTION AND WORKFORCE DEVELOPMENT	DIRECTOR	GARY KIRBY	PERMANENT
POLICY, STRATEGY AND INFORMATION	DIRECTOR	MYRA BROWNE	PERMANENT
FINANCIAL AND CORPORATE SERVICES	DIRECTOR	CLETE MATHEWS	PERMANENT

Pecuniary Interests

Senior officers declared no pecuniary interests during 2006/07.

Corporate Structure

The chart on the following page outlines the corporate structure and reporting lines for DAO as at 30 June 2007.

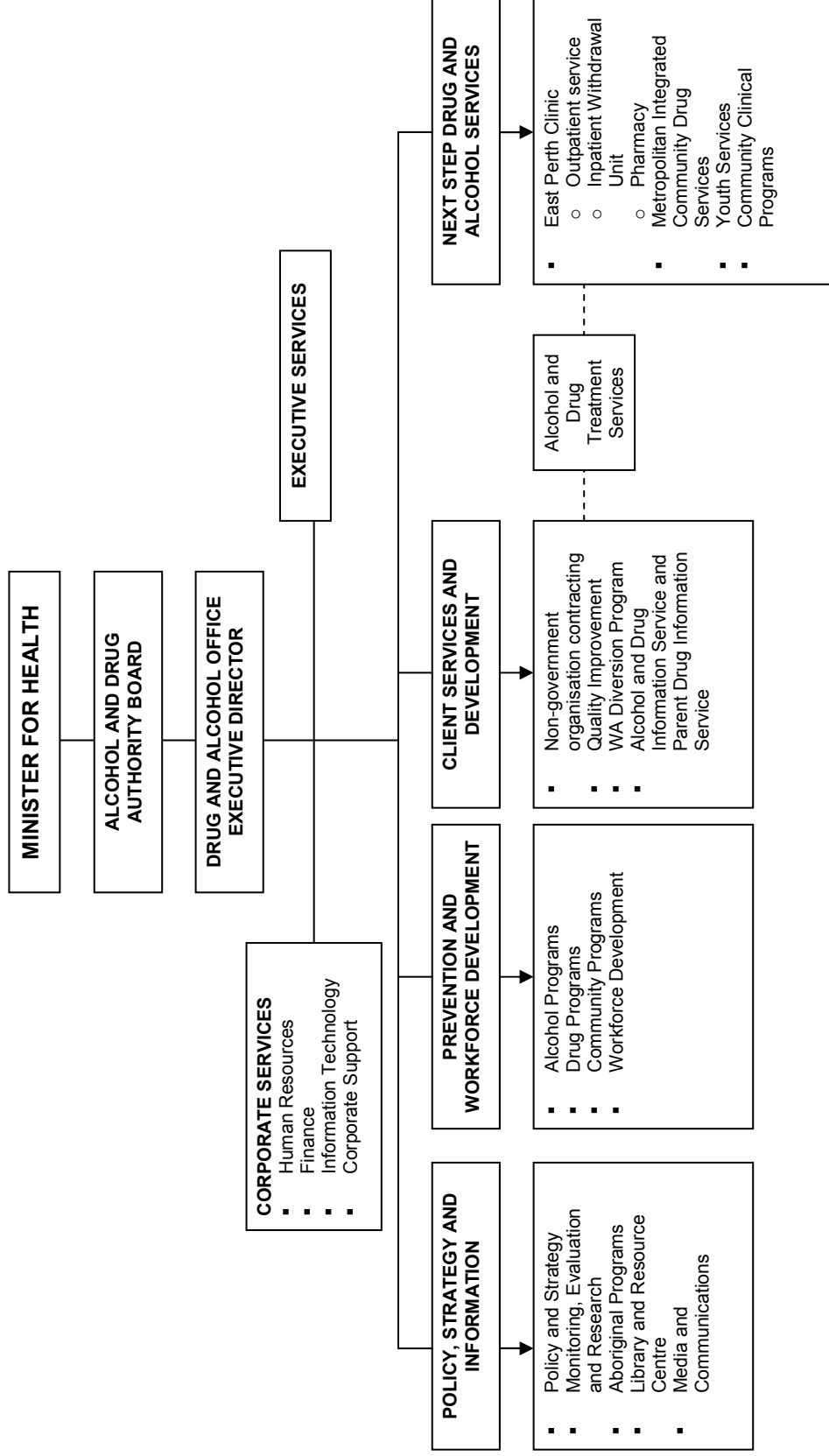
ABOUT THE DRUG AND ALCOHOL OFFICE

DAO is the government agency responsible for drug and alcohol strategies and services in WA. The agency provides or contracts a statewide network of treatment services, a range of prevention programs, professional education and training, and research activities. It coordinates whole-of-government policies and strategies in conjunction with state and commonwealth agencies, and is responsible for coordinating the implementation of the *Western Australian Drug and Alcohol Strategy 2005-2009*. DAO is a statutory authority (Western Australian Alcohol and Drug Authority) within WA Health and is accountable to the WA Minister for Health.

DAO is divided into five directorates. Each has a responsibility and budget for provision of services to the community. The directorates are:

- Next Step Drug and Alcohol Services (Next Step)
- Client Services and Development
- Prevention and Workforce Development
- Policy, Strategy and Information
- Corporate Services.

**DRUG AND ALCOHOL OFFICE
ORGANISATIONAL CHART
June 2007**



PERFORMANCE MANAGEMENT FRAMEWORK

DAO achieves desired outcomes and services relevant to the State Government's goals and strategic outcomes outlined in *Better Planning: Better Futures – A Framework for the Strategic Management of the Western Australian Public Sector*. Specific directorate achievements have been provided in the Agency Performance section of the report. General contributions to all five government strategic goals: Better services, Jobs and Economic Development, Lifestyle and Environment, Regional Development and Public Sector Improvement, are outlined below.

GOAL 1: BETTER SERVICES

DAO is the government agency responsible for drug and alcohol strategies and services in WA. It is responsible for coordinating implementation of the *WA Drug and Alcohol Strategy 2005-2009* that promotes access and equity; integration and coordination of services; responsiveness to individual, family and community needs; evidence based practice; cost effectiveness; and a flexible and pragmatic approach. The majority of DAO's activities contribute directly to this goal of enhancing the quality of life and wellbeing of all people throughout WA by providing high quality, accessible services.

The organisation provides or contracts a statewide network of treatment services, a range of prevention programs, professional education and training, and research activities. It coordinates whole-of-government policies and strategies in conjunction with other state and commonwealth agencies.

To achieve the Government's goal of providing better services, DAO:

- provides an effective and coordinated service;
- maintains and develops strong links between the drug and alcohol sector and key government agencies to provide integrated, coordinated and targeted programs and services;
- provides high quality education and training opportunities to professionals and volunteers;
- reduces misuse of licit and illicit drugs and associated harm to improve the safety of the community; and
- through appropriate planning and capacity building strategies develops sustainable community programs.

DAO maintains strong links with key government departments and non-government organisations, particularly the WA Police, WA Health services, the Department of Corrective Services (DCS), the Department for Child Protection, and the Department of Racing, Gaming and Liquor. This ensures appropriate drug and alcohol education and training for workers as well as the implementation of appropriate programs. Some of these programs are developed in partnership, such as the WA Diversion Program that aims to reduce crime by diverting drug using offenders into treatment to break the cycle of offending and address drug use.

DAO contracts 12 Community Drug Service Teams (CDSTs) throughout the state. These provide counselling and treatment services to youth, adults and families and also support local communities to prevent drug and alcohol problems.

DAO also supports a comprehensive range of outpatient counselling and residential rehabilitation services, including specialist youth, women's and family services provided by non-government organisations that are members of the WA Network for Alcohol and other Drug Agencies (WANADA).

The drug and alcohol sector continues its commitment to evidence-based treatment and support services, and is continually striving to improve the quality and accessibility of service provision. Quality is achieved through the accreditation of DAO Next Step treatment services by the Quality Improvement Council of Australia and for the non-government treatment sector, the ongoing implementation of a Quality Framework in partnership with WANADA. Accessibility is being increased through the expansion of appropriately resourced programs, the development of key linkages, integration of services, capacity building, and education and training.

A commitment to the development of staff involved in preventing and reducing drug and alcohol misuse and harm is integrated to better services for the community. DAO is a Registered Training Organisation and continues to provide world class training and education to drug and alcohol stakeholders. In conjunction with the Practice Development Steering Group, activities are focused to meet the needs of the drug and alcohol sector. Key partnerships have been established to increase the reach of drug and alcohol training to priority groups such as Aboriginal workers, mental health, child protection and corrective services.

GOAL 2: JOBS AND ECONOMIC DEVELOPMENT

DAO contributes to the Government's goal of jobs and economic development through the promotion of a fair and flexible labour market that promotes Aboriginal workforce development. It does this by providing the nationally recognised Certificate III training program in community services work to Aboriginal drug and alcohol workers across the state. In addition, an Aboriginal clinical worker support training package has been developed and implemented to support Aboriginal and non-Aboriginal workers in drug and alcohol supervision.

GOAL 3: LIFESTYLE AND ENVIRONMENT

The Prevention Branch of DAO aims to reduce the misuse of harm associated with alcohol and illicit drugs in WA. It does this through promoting physical, cultural and social environments that discourage drug and alcohol misuse and reduce their impact on the community. Initiatives are integrated and collaborative to include legislative, environmental and organisational strategies.

GOAL 4: REGIONAL DEVELOPMENT

As outlined in the *Western Australian Drug and Alcohol Strategy 2005-2009*, regional, rural and remote communities face particular challenges related to drug and alcohol use and continue to be a priority target group for intervention. DAO ensures that an understanding of regional issues is used for planning and decision making, and that approaches are responsive to the needs of diverse communities. This includes regional access to a range of services including prevention and early intervention, education and training, and treatment and support services.

DAO continues to provide statewide services through a variety of core program areas, many of which are highlighted in the Agency Performance section of the report. These include the implementation of various community, prevention activities, regional training events and forums. Some programs are currently being expanded in regional areas, such as the ongoing implementation of the WA Diversion Program and Quality Framework.

Through a variety of methods, DAO takes into account regional issues in its decision making. These include, but are not limited to:

- general contract management processes;
- implementation of regional forums and teleconferences;
- the establishment of statewide networks of services;
- providing support for regional activities undertaken by WANADA; and
- providing resources for the implementation of local prevention activities.

In addition to those activities already implemented, DAO has determined a number of regional priorities that will be further developed in consultation with Area Health Services and through a short term health network. These priorities are discussed in more detail later in the report but include: detoxification services in regional country hospitals; pharmacotherapy by regional medical officers; coordination of local support activities for prevention programs; promotion of a central referral system for drug and alcohol services; and the provision of up-to-date and easily accessible drug and alcohol service information.

GOAL 5: GOVERNANCE AND PUBLIC SECTOR IMPROVEMENT

DAO strives to develop and maintain a skilled, diverse and ethical public sector underpinned by public interest considerations. This is achieved through:

- the development of a skilled and capable workforce;
- utilising a whole-of-government approach to planning and decision making;
- being responsive to changing needs of the community; and
- ensuring a high level of accountability.

Drug and alcohol problems affect the entire community and have significant health, social and economic impacts on all Western Australians. To address the complexity of drug and alcohol problems, DAO recognises the importance of whole-of-government approaches to planning and decision making. Across-government activity is coordinated through a Senior Officers Group (SOG) that consists of high level representation from key government departments and agencies. SOG also oversees the implementation and reporting against the *WA Drug and Alcohol Strategy 2005-2009* and outlines their contributions through action plans.

DAO recognises the need to be responsive to the changing needs of the Government, community and sector. This is achieved through continuous improvement, engaging the community, and delivering cost effective, accessible services of a high quality. Activities include stakeholder forums, a community advisory council and feedback from customers and clients. For example, DAO in partnership with WA Police is currently organising the WA Illicit Amphetamine Summit that aims to address issues relating to illicit amphetamines, including crystal methamphetamine and diverted dexamphetamines.

DAO continues to support *voice*, ensuring that the community is able to participate and contribute to government processes. The aim of *voice* is to be a credible conduit between the community and government, ensuring that DAO and other government agencies receive independent advice from the professional and broader community.

At an agency level, DAO strives to develop the leadership and management potential of staff and undertakes regular evaluation and review of strategies to inform future developments. DAO's leadership and management strategy includes a number of activities and programs that aim to:

- build leadership capacity e.g. management review and development days, training courses, developmental work assignments;
- build team capacity e.g. team planning days, sector forums;
- provide ongoing performance development; and
- foster a positive organisational culture e.g. clinical and corporate governance, professional development opportunities, clinical supervision, employee climate survey, and staff satisfaction surveys.

The Alcohol and Drug Authority Board oversees the activities of DAO. Board members are nominated by the Minister for Health and appointed by the Governor in Executive Council. To assist in monitoring the office's activity, DAO has formalised all relevant processes and timing for key activities relating to planning, review and reporting. The framework aims to ensure that:

- planning and review is central to the operations of the agency and occurs within the context of the *WA Drug and Alcohol Strategy 2005-2009*;
- the implementation of activities is consistent with the planned strategic directions and priorities of the organisation;
- priorities and activities are reviewed on an ongoing basis to determine their appropriateness;
- activity is monitored to determine if priorities have been met;
- there is transparency and accountability; and
- future priorities are based on a sound strategic foundation.

AGENCY PERFORMANCE

Key achievements to meet the organisational priorities of DAO and the requirements of the *WA Drug and Alcohol Strategy 2005-2009* have been outlined below under the relevant directorate.

Planned achievements for 2007/08 for each DAO directorate have also been provided. Additional information relating to organisational priorities for next financial year is included in the Issues and Trends section of the report.

Other relevant information relating to agency performance is provided in the report under Key Performance Indicators.

NEXT STEP DRUG AND ALCOHOL SERVICES

Next Step Drug and Alcohol Services (Next Step) is the clinical services directorate of DAO. Next Step provides a range of services for people experiencing problems associated with their drug and alcohol use, as well as support for families. Clinical placements and research support these activities. Services under Next Step include the Inpatient Withdrawal Unit, outpatient treatment services, Pharmacy, Youth Services, Community Clinical Programs and clinical training and placements.

METROPOLITAN OUTPATIENT SERVICES

A comprehensive range of outpatient services are provided through four centres which are located in East Perth, Fremantle, Rockingham and Warwick. Services provided through these centres include:

- specialised assessment;
- outpatient withdrawal, opiate and alcohol pharmacotherapy, clinical psychology, case management and counselling; and
- pharmacotherapy dispensing for clients with special needs from East Perth.

Highlights for 2006/07

- Establishment of an integrated service, the South Metropolitan Community Drug Service, by combining Next Step's Fremantle Drug and Alcohol Centre (DAC) and Palmerston's Community Drug Service Team (CDST) to provide comprehensive and expanded services in the area. This includes a new service in Rockingham.
- Development of the capacity for drug and alcohol treatment services to undertake mental health interventions through participation in Turning Point's PsyCheck mental health screening and assessment tool pilot project (funded through the Commonwealth's National Comorbidity Initiative).
- Continued development of collaborative working relationships and clinical pathways with general practitioners, mental health services and other drug and alcohol treatment and support services.

Planned Achievements for 2007/08

- Integrate Next Step and CDST services in the metropolitan area to provide comprehensive drug and alcohol services. Next Step service locations will be extended to include Midland (northeast), Gosnells (southeast) and North Perth.
- Formalise linkages between mental health services and Next Step, including integrated services, through the implementation of the memoranda of understandings (MOU) developed by the Dual Diagnosis State Reference Group and establishing processes for service coordination, clinical pathways and shared case management.
- Continuation of the review and evaluation of work practices to improve client care and maintain accreditation.

INPATIENT WITHDRAWAL SERVICES

Next Step provides a supervised, medical drug and alcohol withdrawal service for clients requiring withdrawal from licit (including alcohol) and illicit drugs at Moore Street, East Perth. The facility has 13 standard beds plus two observation and four Aboriginal beds.

Highlights for 2006/07

- Establishment of a partnership between Aboriginal drug and alcohol services, Aboriginal medical services and Aboriginal support services, drug and alcohol residential services and Next Step to develop an Aboriginal withdrawal unit. Next Step has employed two Aboriginal staff, and developed clinical pathways, a culturally secure program and appropriate client and visitor contracts. Staff have completed culturally secure training to provide a greater understanding when working with Aboriginal clients.
- Ongoing commitment to the nursing graduate position within the withdrawal unit. The program has been expanded to encompass the South Metropolitan Health Service, increasing the number of staff trained in working with drug and alcohol issues.
- An increase in referrals from non-government organisations, emergency departments and other government departments. Metropolitan pharmacotherapy prescribers were also offered direct referral to the withdrawal unit for clients who presented in acute alcohol withdrawal.

Planned Achievements for 2007/08

- The opening of the Aboriginal withdrawal unit will link to Aboriginal rehabilitation beds to provide continuity of care from assessment to withdrawal and on to rehabilitation.
- Develop the provision of nurse-initiated medication in accordance with agreed protocols.

PHARMACY SERVICES

Next Step's pharmacy is located at Moore St, East Perth, and provides a seven-day-a-week pharmacotherapy dispensing service of methadone, buprenorphine and naltrexone. Clients who attend the pharmacy generally have complex needs that require ongoing clinical interventions that may exclude management by a community pharmacy.

Highlights for 2006/07

- Redevelopment of the pharmacy service delivery model to improve efficiency, enhance systems and maintain client care.
- Ordering and distribution of pharmaceutical and surgical supplies using the Oracle system.
- Implementation of a self directed learning package for fourth year pharmacy students.

Planned Achievements for 2007/08

- Continued collaboration with Community Program for Opioid Pharmacotherapies (CPOP) in the development of statewide buprenorphine dispensing guidelines and a community pharmacy support network.
- Continued collaboration with CPOP in the development of statewide buprenorphine dispensing guidelines and a community pharmacy support network.

YOUTH SERVICES

Next Step Youth Service (NSYS) is an outpatient service for young people and their families. It provides assessment and treatment for young people between the ages of 12 and 18 years who are experiencing difficulties in relation to their drug and alcohol use and other co-occurring mental health issues. The service provides comprehensive multidisciplinary assessment and treatment both on-site and on an outreach basis.

NSYS multidisciplinary team includes medical staff, clinical psychologists, a youth and family counsellor, clinical nurse, social worker and Aboriginal and non-Aboriginal youth mentors.

Highlights for 2006/07

- An MOU was endorsed by DAO and Mission Australia for the development of an integrated youth treatment service that will provide continuity of care for young people accessing services provided by both agencies.
- As the first point of service integration, development of the Youth Drug and Alcohol Assessment and Allocation Team (YDAAAT) in partnership with Mission Australia. YDAAAT provides a single point of entry for service users and referring agencies, a common assessment framework, integrated care planning, and shares resources and skills.

- Provision of assessment services at a weekly clinic for young, pregnant women attending King Edward Memorial Hospital.

Planned Achievements for 2007/08

- Establishment of the integrated youth service and co-location with Mission Australia's Hill Street premises.
- Implementation of family sensitive training for all staff of the integrated youth service including the development of a family sensitive assessment tool.

COMMUNITY CLINICAL PROGRAMS

Community Clinical Programs (CCP) focuses on two main areas of service delivery:

- Provision of advice and support to medical and other health professionals on the clinical management of drug and alcohol use through the Clinical Advisory Service (CAS), a 24 hour seven day a week service, and through a program of clinical education events.
- Management of the CPOP which provides a statewide service to more than 2000 clients through a network of general practitioners (GPs) and community pharmacies.

Highlights of 2006/07

- Introduction of the new buprenorphine formulation, Suboxone (naloxone combination pharmacotherapy). Suboxone was released in WA for use in the treatment of opioid dependence in May 2006. Approximately 600 patients were successfully transitioned to the new treatment over a six month period.
- Continued focus on service provision in regional areas to overcome barriers relating to staff turnover, work pressures and limited access. CCP has assisted several regions to successfully implement client management strategies to meet the unique requirements of their specific region.
- Development of policies and procedures to support the continuity of treatment for clients transferring intra or inter state, and those released from custodial settings.
- Continue to deliver training and information on the management of clients on pharmacotherapies to pharmacists and undergraduate students at the UWA and Curtin University.

Planned achievements for 2007/2008

- Development of enhanced pathways for the management of clients where chronic pain and opioid dependency are identified.
- Further consolidation of the support and training initiatives for GPs and pharmacies.
- Development of monitoring and evaluation systems for CCP.

CLINICAL TRAINING AND PLACEMENTS

Clinical training and placements are provided for undergraduate and post-graduate health professionals to identify and manage drug and alcohol related problems. Three month placements are provided for graduate nurses, six month placements are provided for GP registrars and psychiatry registrars, and 12 month placements for psychology registrars.

Clinical placements are also provided for final year social work and pharmacy students and Aboriginal health worker students.

Highlights for 2006/07

- Continued provision of practicum placements for Marr Mooditj Aboriginal Health College students studying for a Diploma in Mental Health. The partnership has resulted in improved retention and completion rates for students, as well as a greater understanding by mainstream agencies of the workplace issues faced by Aboriginal health workers.
- Continued partnerships with Notre Dame University and the UWA schools of medicine to provide lectures and half day placements for undergraduate medical students.
- Development of a culturally secure placement evaluation in conjunction with Aboriginal students.
- Establishment of an Aboriginal cadetship program for Aboriginal medical students.

Planned Achievements for 2007/08

- Development of partnerships with Edith Cowan University School of Nursing to enhance placement opportunities and communication regarding nursing student expectations around learning objectives and the role of the preceptor.
- Develop, within existing full time employees, two addiction medicine registrar positions. The Australian Medical Council has recommended that Addiction Medicine be recognised as a medical specialty.
- Develop protocols and a business case to support the establishment of a nurse practitioner role for Next Step services.

PREVENTION AND WORKFORCE DEVELOPMENT DIRECTORATE

PREVENTION

The Prevention Branch provides a range of prevention and early intervention programs and services that aim to:

- prevent and delay the onset of drug and alcohol use;
- support environments that discourage misuse;
- enhance healthy community attitudes and skills to avoid misuse;

- support and enhance the community's capacity to address drug and alcohol problems; and
- support initiatives that discourage inappropriate supply of drug and alcohol.

The Prevention Branch is comprised of three sub-program areas: Alcohol Program; Drug Program; and Community Programs.

Initiatives are part of an integrated and collaborative activity that includes educational, legislative, environmental and organisational initiatives. Community capacity building and action are key components of this approach. The programs are evidence-based and informed by ongoing monitoring and research.

ALCOHOL PROGRAM

The Alcohol Program aims to reduce the misuse of alcohol and associated harm. As part of a comprehensive approach, evidence-based structural, legislative and education initiatives are undertaken in conjunction with research and evaluation of programs. Community capacity building and action are key components of this approach.

Highlights for 2006/07

- A second phase of the *Enough is Enough (EiE)* alcohol education program was developed and implemented, in partnership with the Injury Control Council of WA which included statewide press advertising in community newspapers, outdoor advertising and a new community awareness DVD and support package to address local alcohol issues.
- Healthway adopted the *EiE* message for eight health, sport, art and racing sponsorships. DAO and Healthway also entered into a three year partnership with the Fremantle Football Club to increase awareness of the impacts of drunkenness as part of the *EiE* alcohol education program.
- During the 11 month period from July 2006 to May 2007, the *EiE* website was visited on average 2,846 times per month. The number of repeat visitors was 2,608 per month, with an average of 58,641 hits per month.
- Between June 2006 to May 2007, 28 abridged responsible service of alcohol training sessions using the DAO statewide package were delivered to bar staff in WA. Of the sessions, 12 were facilitated by DAO in collaboration with police and 16 were by regional health and police agencies. A total of 529 participants trained.
- Liquor licence applications were monitored and assistance was provided to the Department of Health's Executive Director, Public Health (EDPH) in matters regarding harm or ill health that may be caused due to the use of alcohol. In the 10 month period from July 2006 to the end of April 2007, of the 250 liquor licence applications received, 143 were considered to possibly pose a risk of harm and warranted investigation. This resulted in 23 interventions being lodged by the EDPH.

Planned Achievements for 2007/08

- A third phase of the *EiE* program will be conducted statewide. The strategies will include new radio advertisements, an aspirational DVD and community support package. Regional health agencies will also receive funding to undertake localised *EiE* activity to support the campaign.
- Development of a best practice 'how to' guide resource for alcohol accords.
- Revise alcohol education publications to be consistent with the new liquor licensing legislation reforms.
- Support local government authorities to address alcohol-related problems by using the newly developed local government alcohol management resource.

DRUG PROGRAM

The Drug Program aims to prevent or delay the onset of drug use and reduce associated harm. This is achieved largely through community education and the development of supportive partnerships to enable effective and targeted program delivery.

In 2006/07 a volatile substance program was initiated to reduce the supply, demand and harms associated with volatile substance use in WA. The program was developed in response to the recommendations of the *2006 WA Taskforce on Butane Misuse* to ensure a coordinated, integrated response to volatile substance use in WA.

Highlights for 2006/07

- Developed and implemented a comprehensive *Drug Aware* amphetamine education campaign in partnership WANADA which included radio, convenience, press and mobile telephone advertising.
- There were 25 *Drug Aware* co-sponsorships allocated by Healthway and managed by DAO. In 2007, for the first time, Healthway gained the naming rights sponsor for the international professional surfing event staged at Margaret River. *Drug Aware* was the allocated co-sponsorship message and resulted in widespread promotional opportunities.
- In the 11 month period from July 2006 to May 2007, the *Drug Aware* website was visited on average 23,702 times per month and receives on average 783,301 hits per month. During each month the number of repeat visitors is on average 21,687.
- Cannabis smoking paraphernalia retailers and retailers of hydroponic equipment were closely monitored and received educational material reminding them of their obligations under the *Cannabis Control Act 2003*.
- Collaboration with the Department of Consumer and Employment Protection monitoring compliance with the ban on the sale of methamphetamine smoking paraphernalia, known as 'Ice Pipes'.

- Development and implementation of recommendations of the 2006 *WA Taskforce on Butane Misuse* and specific initiatives of the *Western Australian Volatile Substance Use Plan 2005-2009*. Activities included the code of conduct and retailer's guide and a monitoring and surveillance model for retailers in association with WA Police.

Planned Achievements for 2007/08

- Expanding the *Drug Aware* amphetamine education program.
- A *Drug Aware* drug driving campaign will be implemented in collaboration with the Office of Road Safety to coincide with changes to the law.
- The *Night Venues and Entertainment Events Project* will be enhanced to include district monitoring and surveillance of trends.
- Ongoing coordination and implementation of recommendations of the 2006 *WA Taskforce on Butane Misuse* and specific initiatives of the *Western Australian Volatile Substance Use Plan 2005-2009*, including information and resources for teachers.

COMMUNITY PROGRAM

The Community Program takes a comprehensive approach to reducing drug and alcohol misuse and associated harm through building the capacity of health professionals and community groups to implement evidence-based drug prevention initiatives. Activities include targeted capacity building and resource development, an annual statewide prevention workshop, regular liaison with key stakeholders on a state and regional basis and representation on related funding and management committees.

Highlights for 2006/07

- Presentations to three metropolitan and five non-metropolitan Human Services Regional Managers Forums to promote the *WA Drug and Alcohol Strategy 2005-2009* and its related plans. Three of these groups are being supported to develop evidence-based activity addressing drug and alcohol use issues in their region.
- Development of a comprehensive prevention strategy to be implemented within the Fitzroy Valley communities. The plan was developed in partnership with Nindilingarri Cultural Health Services with input from local police, health and the local community drug service team.
- Completion of the *Young People and Alcohol Information for Parents* booklet in partnership with the Office for Children and Youth. The booklet provides information regarding the provision of alcohol to people under the age of 18.
- In February 2007, in partnership with WA Police, hosted a statewide professional development workshop for key stakeholders in the drug and alcohol prevention field. Evaluations indicated the workshop met intended outcomes and participant expectations.

- Continued maintenance and expansion of a statewide network of agencies and community groups involved in drug and alcohol prevention at a local and state level. Regional forums and capacity building programs were implemented in each health region within WA with many being held in smaller regional centres.

Planned Achievements for 2007/2008

- Implementation of a targeted unpaid media campaign to raise awareness of resources available to assist in addressing alcohol related issues being experienced by communities and parents during holiday periods (including Leavers' celebrations).
- Support the implementation of the Fitzroy Valley prevention initiative as well as successfully contract the evaluation of the program.
- Launch and distribute the *Wine Festival Guidelines* document in time for the Great Southern Wine Producers festival season. Negotiate the inclusion of the resource as part of the Department of Racing Gaming and Liquor's advice to wine festival liquor licence applicants.

WORKFORCE DEVELOPMENT

The Workforce Development Branch (formerly known as Practice Development Branch) works to enhance the capacity of drug and alcohol and generalist workers to respond effectively to drug and alcohol misuse and associated harm through evidence based best practice. Workforce development encompasses initiatives such as education and training programs, consultancy services, resource development (e.g. clinical guidelines) and nationally recognised courses (the organisation is a Registered Training Organisation).

The core functions of Workforce Development are:

- Workforce development strategies e.g. capacity building including organisational and policy development, consultancy and support strategies, mentoring, clinical supervision, peer support and partnerships.
- Ensuring access to quality information on drug use, harm and prevention and treatment options through an evidence-based approach.
- Resource development and dissemination (e.g. clinical best practice guidelines, clinical and information audio visual resources).
- Contributing to strategies to ensure clear and effective pathways of care for people affected by drug and alcohol use.

Highlights for 2006/07

- A major conference 'Beyond the Boundaries - Families and Professionals Working Together' was held in September 2006 in partnership with Palmerston Association and 200 delegates attended.
- The Training@DAO training program was offered across two semesters and 448 participants attended. A printed wall calendar was developed and distributed to government and non-government human service agencies and the drug and alcohol sector. Monthly lunch time forums were offered at both DAO and WANADA.

- Ongoing provision of Workforce Development activities in the drug and alcohol and generalist sector, including initiatives arising from the drug and alcohol sector Practice Development Steering Group. These included the introduction of five day induction training for new drug and alcohol workers, targeting the non-metropolitan sector.
- A training needs analysis was undertaken to inform emerging workforce development priorities, with returns from 200 drug and alcohol workers across WA.
- Videoconferencing of workforce development events was introduced, targeting non-metropolitan based drug and alcohol workers. One hundred people participated in nine videoconference events covering regional sites in Kalgoorlie, Bunbury, Broome, Exmouth, Kununurra, Geraldton and Dongara.
- Regional workforce development training programs were provided in Broome, Kununurra, Bunbury, Geraldton, Denmark, Albany, Katanning and Port Hedland.
- The *WA Clinical Guidelines for the Management of Acute Amphetamine-related Problems* and *Psychostimulant Information for Health Care Workers* was distributed to services across the state.
- In partnership with the Department of Health's Sexual Health and Blood Borne Virus Program, a scoping project commenced that will identify barriers and enablers to the provision of blood borne viruses education for Aboriginal people.
- Provision of volunteer programs through the Volunteer Addiction Counsellors' Training Program, a partnership between Curtin University of Technology, and the DAO Drug Related Overdose Prevention Program.
- Development and distribution of a drug overdose resource reflecting the revised first aid guidelines.

Planned Achievements for 2007/08

- A major symposium, the 16th Western Australian Drug and Alcohol symposium, *Working out What Works*, is scheduled for September 2007. This is a partnership with the National Drug Research Institute, Murdoch University, Curtin University of Technology, Edith Cowan University, UWA, WANADA and DAO.
- Implementation of the national PsyCheck project, aimed at increasing the skills of drug and alcohol workers in screening for common mental health disorders and implementing effective interventions. This project is anticipated as a three year program, offered to drug and alcohol agencies in WA.
- Increase access for non-metropolitan based drug and alcohol workers through the development of a regional training calendar, which will be supplemented by e-learning programs (developed in partnership with the tertiary education sector) and videoconferencing.
- Provide a two semester Training@DAO program in consultation with the Practice Development Steering Group.

- Develop a program of training events, prioritising the issue of child protection.
- Develop a collaborative brief intervention training program for implementation in area health services.

CLIENT SERVICES AND DEVELOPMENT DIRECTORATE

The Client Services and Development Directorate provides leadership to develop and support an integrated network of drug and alcohol treatment and support services. The directorate works with key stakeholders to plan, resource, develop and monitor the community's access to, and satisfaction with, statewide drug and alcohol treatment and support services.

The Client Services and Development directorate aims to:

- provide resources to agencies statewide to ensure a comprehensive range of treatment and support services are available in order to improve client access;
- deliver quality and consistency in the range and operation of drug and alcohol treatment support services across the state;
- ensure resource allocation remains cost effective and supports service collaboration and integration; and
- ensure that the performance of service providers is reviewed and service agreements clearly define the requirements.

Highlights for 2006/07

- The Quality Framework for all DAO funded services has been implemented across all funded agencies.
- The integrated South Metropolitan Community Drug Service combining Next Step DAC and Palmerston CDST has been successfully implemented. This has delivered comprehensive and expanded services in this area including a new service location in Rockingham. Work is well underway to implement this model in other metropolitan corridors.
- Implementation and support of formal processes for service coordination, clinical pathways and shared case management with mental health services across the state.
- Commenced the integration and collocation of Next Step Youth Services with the key non-government youth drug and alcohol services operated by Mission Australia.
- Implementation of a new Commonwealth funded Aboriginal drug and alcohol service in the Pilbara region in partnership with Office of Aboriginal and Torres Strait Islander Health, as part of the Pilbara CDST. Staff have been recruited and have commenced service delivery in the Port Hedland, Karratha/Roebourne and Newman areas.
- Establishment of six new residential rehabilitation beds for Aboriginal clients in the north metropolitan area in a partnership between Cyrenian House and the Aboriginal Alcohol and Drug Service (AADS).

Planned Achievements for 2007/08

- Establishment of integrated community drug services in the southeast, northeast, and northern metropolitan areas combining Next Step and CDSTs, similar to that implemented in the southern corridor.
- Establishment of six new residential rehabilitation beds for Aboriginal clients in the south metropolitan area in a partnership between Palmerston Association and AADS.
- Implementation and support of statewide formal processes for local service coordination and case management between drug and alcohol treatment services and the Department for Child Protection.
- A peer review mechanism will be developed and implemented as part of the Quality Framework that has been comprehensively adopted by the drug and alcohol sector treatment agencies.
- Implementation of a single services information management system across the drug and alcohol sector.

WA DIVERSION PROGRAM

The WA Diversion Program is a Commonwealth funded program that aims to divert offenders with drug use problems away from the criminal justice system and into treatment. The initiative consists of a number of police and court diversion programs ranging from brief, early intervention through to more intensive treatment regimes. The continual development of the program is monitored through a state reference group consisting of key stakeholders.

Highlights for 2006/07

- Significant increase in WA Diversion Program participation numbers.
- Expansion of the Pre-sentence Opportunity Program and Supervised Treatment Intervention Regime to Narrogin, Katanning and the Pilbara.
- Expansion of the Indigenous Diversion Program to Narrogin and the Murchison region.
- Provision of four Aboriginal specific positions within the metropolitan area. These positions are building the cultural security of mainstream services and encouraging participation in treatment by Aboriginal West Australians.
- Completion of the court diversion evaluation, highlighting the positive impact of the programs on re-offending, self-reported drug use and general health, as well as indicating the cost effectiveness of the programs.
- Support to key stakeholders through the provision of coordination positions within WANADA, Department of the Attorney General and WA Police.

- Implementation of a new accountability model and the training and re-training of all frontline police officers across WA. This activity has occurred as a consolidation of point of detection diversion programs (Cannabis Infringement Notices and All Drug Diversion).
- Development of treatment and funding models in preparation for the repeat drink driving legislation.

Planned Achievements for 2007/08

- Negotiation of phase three funding for the WA Diversion Program, allowing the programs to continue operation for an additional period.
- Expansion of illicit drug diversion services within the metropolitan region to address the needs of juveniles and moderate level offenders.
- Continued roll-out of early intervention court diversion programs in residing magistrate courts and identified priority areas, including the eastern Pilbara region.
- Implementation of the alcohol treatment component of the repeat drink driving strategy, pending legislation.

ALCOHOL AND DRUG INFORMATION SERVICE

The Alcohol and Drug Information Service (ADIS) is a 24-hour, statewide, confidential telephone service providing information, advice, counselling and referral. The service undertakes projects assisting particular client groups e.g. call back and support for people on alcohol pharmacotherapy, as well as supporting responses prevention campaigns. ADIS also encompasses the Parent Drug Information Service (PDIS), a specific phone support service for parents, and Quitline counselling for tobacco users.

Highlights for 2006/07

- ADIS, PDIS and Quitline provided information, counselling and referrals in response to approximately 20,000 calls to the service. ADIS has experienced an increase in the number of counselling calls relative to other call types.
- A call back service for people on alcohol pharmacotherapies was trialled and integrated into core business in late 2006.
- ADIS successfully supported two new national Quit campaigns relating to graphic health warnings and advertising related to 'light' and 'mild' cigarettes.
- The service participated in and provided information for evaluation for the Newborn and Asthma Prevention Project by counselling pregnant women who smoke.

Planned Achievements for 2007/08

- Extension of the call-back service to Drug and Alcohol Withdrawal Network clients who have completed detoxification and are waiting for counselling appointments or admission to rehabilitation services.

- Extension of call-back counselling services to all Quitline callers and provision of call-back services to cardiology patients at Royal Perth Hospital.
- Development of strategies to ensure appropriate responses to Aboriginal callers.
- Continuation of partnership with the Institute of Child Health Research Alcohol and Pregnancy Research Project.
- Continued development of services for mental health patients involved in smoking cessation.
- Develop ADIS as a central point of information and client referral for WA Health and other key services.

PARENT DRUG INFORMATION SERVICE

PDIS works in partnership with other programs within DAO and with relevant external agencies to provide support for parents and families who may be experiencing drug and alcohol problems.

Highlights for 2006/07

- A review of the PDIS program was completed to inform its development for 2006/07 and beyond and PDIS was reintegrated into the ADIS Service.
- In the last year, the service has recruited and trained an additional 17 volunteers, providing an active pool of 35 parent volunteers who offer support through the ADIS/PDIS telephone line, community events, adult drug court and the Children's Court.
- Parent volunteers have participated in Mission Australia's Youth Respite and Withdrawal Service parent nights on a weekly basis.
- The PDIS family resource booklet was completed and several thousand copies have been distributed.

Planned Achievements for 2007/08

- Continuation of the parent call-back service which was introduced in late 2006 and offers all parent callers the option of immediate transfer or call-back at a later time.
- Evaluation of the PDIS services in the Children's Court and Mission Australia.
- Explore opportunities for recruiting Aboriginal parent volunteers.

POLICY, STRATEGY AND INFORMATION DIRECTORATE

The Policy, Strategy and Information (PSI) Directorate provides a central point of coordination for drug and alcohol activity and involves core functions relating to:

- policy and strategy
- whole-of-government coordination, planning and reporting
- monitoring, evaluation and research
- media and communications
- library services, and
- Aboriginal Alcohol and other Drug Programs.

In delivery of these functions, PSI works collaboratively with other sections of DAO, other state government agencies, Commonwealth government agencies, community groups and key stakeholders. The overall aim is to ensure a coordinated series of activities, broadly consistent with the *Western Australian Drug and Alcohol Strategy 2005-2009*.

POLICY AND STRATEGY

The Policy and Strategy group includes policy development and coordination that enables clear communication and integration of policy across DAO, government agencies and the community. Marketing and communications is responsible for implementation of the DAO communications strategic plan that aims to provide effective liaison and communication both within and external to this office.

Highlights for 2006/07

- Coordinated the planning, review and reporting of drug and alcohol summary action plans by key human service government departments that outline specific across-government activities to achieve the outcomes of the *Western Australian Drug and Alcohol Strategy 2005-2009*. A consolidated report on the across-government achievements for 2005-06 was produced.
- Provided executive support to a high level working party convened by DAO to reduce the diversion of S8 opioids (most commonly products containing morphine).
- Submitted a successful cost shared proposal for \$8.214 million of funding over four years from the Council of Australian Governments following from the summit on violence and child abuse in Indigenous communities. The funding will provide enhanced drug and alcohol treatment and rehabilitation services in regional and remote areas of WA.
- Published a quarterly drug and alcohol sector newsletter *Drugspeak* in partnership with WANADA and continued to support communication, media and public relations activities. Media training was provided for Local Drug Action Groups and School Drug Education and Road Aware. Further training is planned.
- Continued to support the work of the Office of the Inspector of Custodial Services by providing expert drug and alcohol advice and participating in inspections of the state's adult prisons and juvenile facilities.

- Continued to provide executive support to *voice*, the community advisory council. *voice* has produced a poster and postcards which are being distributed widely with the aim of obtaining more community input on drug and alcohol issues. Both *voice* and DAO made submissions to the House of Representatives inquiry into the impact of illicit drugs on families.
- In conjunction with WA Police, organised and facilitated the WA Illicit Amphetamine Summit to be held in July 2007 which will address all illicit amphetamines, including crystalline methamphetamine or 'Ice'. The summit seeks to achieve outcomes in the key areas of prevention, treatment and law enforcement; and its findings will inform and reinforce the implementation of government drug and alcohol action plans for 2007/08.

Planned Achievements for 2007/08

- Produce a proposal for expanded prevention, early intervention and treatment initiatives to address cannabis use in WA and progress the recommendations.
- Continue to support whole of government strategy through the WA Drug and Alcohol Strategy Senior Officers' Group.
- Progress the redevelopment of the DAO website to ensure the provision of easily accessible information for key stakeholders and members of the wider community.
- Implement the recommendations of the working party on S8 drugs, including development of resources for GPs, GP education, enhanced referral pathways for patients, and development of policies and guidelines to assist GPs in prescribing these drugs.
- Ensure that services health and child protection agencies provide coordinated responses to address the impact of parental use of drug and alcohol on babies and infants. This will occur through a working party of government and non-government representatives which DAO has convened.
- Coordinate the implementation of the Government Action Plan arising from the WA Illicit Amphetamine Summit.

ABORIGINAL ALCOHOL AND OTHER DRUG PROGRAMS

The Aboriginal Drug and Alcohol Program works across DAO to support and implement the *Strong Spirit Strong Mind: Western Australian Aboriginal Alcohol and other Drugs Plan 2005-2009* and the *WA Health Aboriginal Cultural Respect Framework*. Core activity includes the development of knowledge and skills within the drug and alcohol sector and broader human services area to work in culturally secure ways through workforce development initiatives. In addition, the branch plays a key role contributing to policy advice and support to enhance responses to Aboriginal people and communities affected by drug and alcohol use.

Highlights for 2006/07

- Aboriginal drug and alcohol workers from metropolitan, regional and remote area participated in third intake for the nationally recognised qualification, CHC30802 Certificate III in Community Services Work. The culturally secure program is achieving the desired outcomes with:
 - 100% of participants indicated their training was extremely useful, and
 - 80% rated very or extremely satisfied in their increase in knowledge, competence and confidence.
- Implementation of the *Aboriginal Clinical Support Worker Training Program* for Aboriginal and non-Aboriginal people providing clinical supervision for Aboriginal workers in the drug and alcohol sector. Two follow-up programs will be provided for participants to review and evaluate integration of skills into practice and support national partners implement training in their jurisdictions.
- A total of 169 DAO staff have attended the *Strong Spirit Strong Mind: Ways of working with Aboriginal people* program. Culturally secure action plans and strategies to support the implementation of the *WA Health Aboriginal Cultural Respect Framework* were developed by participants. These will be monitored and reviewed by the Aboriginal Drug and Alcohol program on an ongoing basis.
- Completion of two new culturally secure, evidence based DVD resources for Aboriginal people about amphetamines and alcohol. The resources were developed in consultation with other Australian jurisdictions and Aboriginal people and were funded by the Commonwealth Department of Health and Ageing. The films offer practical advice and support strategies and also highlight Aboriginal people's passion and commitment to reduce drug and alcohol related harm within their communities.
- Significant contribution across DAO to support Aboriginal service development including the Aboriginal Withdrawal Unit at Next Step and residential beds at Cyrenian House and Palmerston farm. This work has included advocacy and consultation, policy advice, training, recruitment support, staff mentorship and incorporation of the *WA Health Cultural Respect Framework* into non-government service agreement schedules.

Planned Achievements for 2007/08

- Continue to provide policy and service development support to ensure effective responses within DAO, the drug and alcohol sector and across government in relation to the drug and alcohol problems of Aboriginal people and communities.
- Completion of the Indigenous *National Drug and Alcohol Workforce Development Program*. This Commonwealth funded program is project managed by DAO as the lead registered training organisation (RTO) to build the capacity of partner jurisdictions to deliver and assess an evidence-based and culturally secure nationally recognised qualification.
- Incorporation of the management of the RTO within the Aboriginal drug and alcohol programs branch to improve and support coordination of nationally recognised and culturally secure training for Aboriginal workforce development initiatives. A key priority

will be the delivery of the fourth Aboriginal Alcohol and other Drugs training program CHC30802 Certificate III in Community Services Work. Priority placements have been offered to workers in newly funded Aboriginal services.

- Extension of *Strong Spirit Strong Mind: Ways of working with Aboriginal people* program for the broader drug and alcohol sector and follow up programs for branches within DAO to support implementation of the *WA Health Cultural Respect Framework*.

MONITORING, EVALUATION AND RESEARCH

The role of the Monitoring, Evaluation and Research (MER) Branch is to provide timely and high quality monitoring, evaluation and research activities to inform DAO policy and practice. Program areas aligned with these functions include:

- Monitoring, including the provision of service environment reports (e.g. national and state drug use trends).
- Evaluation, including both process and outcome evaluation studies.
- Research, including clinical treatment and prevention studies to provide an evidence base for policy development, clinical practice and prevention activities.

Activities in these program areas also inform the functions of other state government departments, the Commonwealth, community groups and key stakeholders including non-government organisations.

Highlights for 2006/07

- Completion of the Alcohol and Pregnancy Project conducted in collaboration with the Telethon Institute for Child Health Research. This project resulted in the production of a range of resources, including a comprehensive booklet, fact sheet and information wallet cards for women, to help health professionals discuss the dangers of alcohol in pregnancy with women of child bearing age.
- Evaluation studies of DAO service developments were completed during the year, including the Young Person's Opportunity Program and the South Metropolitan Community Drug Service.
- Publication of several reports detailing indicators of drug use in WA. Additionally, several major reports summarising service utilisation have been produced and posted on the DAO website. These reports include: *Utilisation of needles and syringes, WA 1981-2005*; *Drug related telephone calls 1986-2006*; *Utilisation of services 1999-2003*, and current status reports on the WA Cannabis Infringement Notice scheme.

Planned Achievements for 2007/08

- Conduct the WA component of the Australian Secondary Schools Alcohol and Drug Survey in collaboration with the Cancer Council of Victoria and the Department of Health Tobacco Control Branch.

- Complete a report on a preventative intervention for illicit drug using mothers and their infants. This randomised controlled trial, conducted in collaboration with King Edward Memorial Hospital, Curtin University and UWA, examined the influence of postnatal home visiting on drug use, breastfeeding rates and immunisations.
- Complete a report on an investigation into the transplacental transfer of buprenorphine. This study was conducted in collaboration with Women and Infants Research Foundation and UWA.
- Complete the Heroin Trends Tracking Project. Funded by the Office of Crime Prevention, this study had the primary aims of collating data pertaining to heroin use and crime into a single database and developing a statistical model for describing and forecasting heroin use trends and their relationship to crime in WA.
- In conjunction with the Interdepartmental Steering Committee and the Expert Consultative Group, produce a major review of the first three year's operation of the *Cannabis Control Act 2003*. The review will provide advice to the Minister for Health on the outcomes of the scheme in accordance with the criteria indicated when the legislation was introduced and other areas indicated by the Minister. The report will include recommendations for any amendments to the legislative framework.

CLINICAL PHARMACOTHERAPY RESEARCH GROUP

The Clinical Pharmacotherapy Research Group is part of MER and builds the capacity of clinical research in the drugs of dependence field. The strategy has included the provision of funds for a joint status appointment of a senior research fellow, based within the School of Medicine and Pharmacology at UWA.

Highlights for 2006/07

- The Clinical Pharmacotherapies Research Group has been successful in obtaining a Raine Medical Research Foundation Grant (\$130,000) to examine memory impairment and executive cognitive functioning among amphetamine dependent patients and to explore the relationship with treatment participation and outcome.
- Funding has been received from Reckitt-Benkiser Pty Ltd to examine the pharmacokinetics and pharmacodynamics of an intra-nasal form of buprenorphine. Data for this project will be collected in Melbourne and Sydney, with laboratory and statistical analyses conducted at UWA.

Planned Achievements for 2007/08

- Continuation of the saliva drug testing projects.
- Complete a report on the relationship between amphetamine withdrawal, neurocognitive function and driving ability. Study conducted in collaboration with UWA and Curtin University.
- Complete a report on the relationship between acute amphetamine effects, saliva drug concentration and driving ability. The study was conducted in collaboration with UWA and Curtin University.

- Complete a report assessing prospective memory impairment in substance abuse and its relationship to treatment outcome. Funded by a Raine Medical Research Foundation grant, this study will identify the nature and extent of prospective memory impairments in amphetamine dependent patients receiving treatment at Next Step, and will evaluate the role of such impairments in treatment process and outcome.

LIBRARY AND RESOURCE CENTRE

The DAO library and resource centre delivers a specialist drug and alcohol library service and provides an extensive range of resources on responding to people affected by drug and alcohol use. It provides information support for policy, research, treatment, community services, prevention and workforce development around the state. Students and members of the public also have access to the collection.

Highlights for 2006/07

- Delivered improvements as recommended in the library review to support knowledge needs of staff and within the broad drug and alcohol sector. Activities included:
 - setting up a current awareness service to provide journal contents pages and new resources electronically;
 - consolidating the library collection to ensure it meets current needs, and
 - creating a 'hot topics' area on the intranet site and promoting this information to non-government agencies through the WANADA e-letter *FYI*.

Planned Achievements for 2007/08

- Continue to build a specialist drug and alcohol collection including areas of strategic priorities such as workforce development, child health/parent drug use, Aboriginal health, drug use and mental health.
- Align library services with knowledge management processes to support knowledge management initiatives in the agency.
- Reorganise the Intranet and the Internet library sites by creating more user-friendly searching options and providing seamless delivery of information where possible.
- Promote the library services and resources through information dissemination activities including library alerts and the development of a brochure of services.

CORPORATE SERVICES DIRECTORATE

The Corporate Services Directorate provides support for the core operating activities of DAO. The main functions of the Corporate Services Directorate are to provide efficient and effective finance, human resources, records, information technology, asset and building management services, contracting and purchasing, and administrative support for DAO. The Corporate Services Directorate also assists the executive director and the board to fulfill their statutory accountability requirements under the *Alcohol and Drug Authority Act 1974* and other public accountability legislation.

HUMAN RESOURCES AND CORPORATE SUPPORT

The Human Resource and Corporate Support Branch is responsible for human resource policy and advice, personnel and payroll, industrial relations, records management, risk management and contract coordination, and a range of other administrative functions.

Highlights for 2006/07

- The DAO induction manual was reviewed and updated.
- Innovative recruitment practices were implemented to enhance pools of applicants.
- The *Equal Employment Opportunity Management Plan* was implemented.
- Leave liability reviews were undertaken and improved auditing tools implemented.
- Payroll and recruitment functions were revised in consultation with key stakeholders and Health Corporate Network to facilitate improvements and simplify application process.
- Performance development training sessions were conducted and improvements achieved in current reporting and monitoring processes.

Planned Achievements for 2007/08

- Human Resources Internet/Intranet facilities will be updated and the DAO website reformatted to provide enhanced reference material and links.
- Induction process will be available on-line with automated reporting facilities.
- Specialist training will be provided to line managers on grievance procedures.
- Human resource policies will be reviewed and updated.
- A review of occupational safety and health and risk management policies and processes will be undertaken with a comprehensive business plan developed and implemented.
- The *Disability Access and Inclusion Plan* will be implemented.

INFORMATION TECHNOLOGY SERVICES

The Information Technology Branch is charged with the maintenance, support, development and coordination of DAO's technical infrastructure and applications in line with the organisations requirements.

Highlights for 2006/07

- Implementation of technical services for the new integrated services at Fremantle and Rockingham.
- Upgrade of the DAO internet site which included incorporation of the new WA Health visual identity.
- Consolidation of new technologies and process automation.

Planned Achievements for 2007/08

- Development of an application for the collection of statewide drug and alcohol activity data for use by all agencies.
- Implementation of technical services for new shared services as they occur.

FINANCIAL SERVICES

The Finance Branch is responsible for all financial and management accounting functions for DAO. This includes statutory financial reporting, budgeting and accounting, internal and external management reporting, accounts payable and receivable, taxation management and reporting, asset management and reporting.

Highlights for 2006/07

- DAO ended the financial year with a balanced budget as all State sourced funds have been fully committed. Continued to strengthen the financial function with an increased focus on evaluating key business activities and risks.
- Monitored the application of the Australian Equivalents to International Financial Reporting Standards effective from 1 July 2005, and recast the 2004-05 statements for comparisons with the 2005-06 results.
- Converted from financial model HCARE to Oracle 11i software to support new service delivery initiatives.
- Provided quality financial and management services and advice to divisions and special projects.

Planned Achievements for 2007/08

- Revise the accounting manual, policies and procedures in line with the Health Department of Health guidelines, policies and statutory requirements.
- Continue to employ effective account management processes in line with shared services.
- Further enhancing the quality assurance control framework for financial statements and reporting processes.

SIGNIFICANT ISSUES AND TRENDS

ISSUES AND TRENDS

Current drug and alcohol issues and trends are monitored by DAO on an ongoing basis and objective indicators suggest that illicit drug use in WA is decreasing. While this is the case, there is a need for the office to remain vigilant in monitoring drug and alcohol trends to ensure appropriate responses in the areas of supply disruption, treatment and prevention.

Activities implemented to ensure that DAO is responsive to changing needs and meeting the longer term goals of the office and WA Government include, but are not limited to the:

- development and implementation of agency action plans by key government departments in support of the *WA Drug and Alcohol Strategy 2005-2009*;
- ongoing monitoring of drug trends by the Monitoring Evaluation and Research branch, that is reported and used to inform future developments;
- implementation of a Planning, Review and Reporting Framework to ensure that these elements are used to inform service development; and
- undertaking key activities such as the WA Illicit Amphetamine Summit that will be held in July 2007 to determine appropriate responses to a priority area.

Key drug and alcohol use statistics and supply seizures that impact on priority setting and the implementation of activities are summarised below. These statistics provide a sound basis for monitoring drug and alcohol trends. Additional data is provided in the Key Performance Indicator section of the report and can be accessed through reports and research papers on the DAO website (www.dao.health.wa.gov.au). Priority areas for future drug and alcohol activities have been outlined in the report under Agency Priorities 2007/08.

ALCOHOL

Trends relating to the alcohol consumption of Western Australians, aged 14 years and over, can be determined by comparing the 2001 and 2004 results of the *National Drug Strategy Household Survey* (NDSHS)^{3,4}. Statistically significant trends have been:

- no change in the proportion of people who drank alcohol on a daily basis;
- an increase in the proportion of people drinking weekly; and
- a decrease in the proportion of people drinking less than weekly.

More specifically, the 2004 NDSHS reports that:

- 17.7% of 14 to 19 year olds, 25.3% of people in their twenties and 18.8% of people in their thirties drink at risky or high risk levels
- 11.4% of the population drink at levels placing them at risk of long term harm, and

³ 2001 *National Drug Strategy Household Survey. First results for Western Australia.* (2003) Perth, Drug & Alcohol Office.

⁴ 2004 *National Drug Strategy Household Survey. Western Australian results.* (2006) Perth, Drug & Alcohol Office.

- the average alcohol per capita consumption in WA is second only to the Northern Territory.

The 2005 *Australian Secondary School Students' Alcohol and Drug (ASSAD)*⁵ survey reports that for school students aged 12 to 17 years there was an increase in the proportion of those who drank at 'at risk' levels from 2002 ASSAD⁶ results to 2005 (23.3% to 26.9%). This may be attributed to a significant increase in 'at risk' drinking by 12 to 15 year old females.

In addition, alcohol misuse is associated with 8,200 hospitalisations per year⁷ and up to 62% of police incident reports, including drink driving, property crime, assaults and domestic violence⁸.

CANNABIS

Cannabis is the most widely used illicit drug in WA according to the 2004 NDSHS results. However, over the past four national surveys undertaken from 1995 to 2004, the annual rate of cannabis use decreased from 16.7% to 13.7%, with a significant fall from 17.5% in 2001 to 13.7% in 2004. Of those aged 14 years and over in WA, 7.9% reported use in the last month.

Moreover, in the 2005 ASSAD survey, fewer 12 to 17 year olds reported cannabis use in the last year in comparison with 2002 (19.0% versus 26.8%).

AMPHETAMINES

According to the 2004 NDSHS, 4.5% of West Australians aged 14 years and over had used meth/amphetamines in the last year and 1.9% in the last month. A downward trend in use is indicated, where in 2001 5.8% used in the last year and 3.2% in the last month.

The downward trend in meth/amphetamine use is consistent across age groups. This includes school students where in 2005 fewer reported using amphetamines in the last year compared with 2002 (6.5% versus 10.3%).

According to 2005 ASSAD data, non prescribed amphetamines were used by 5.5% of students aged 12 to 17 years in the last year.

In addition, there has been a steady increase in police seizures of amphetamine type stimulants over the three year period from 2002 to 2005.⁹

⁵ Miller, J, & Lang, A. *ASSAD drug report 2005*. (2007) Perth, Drug & Alcohol Office.

⁶ Fairthorne, A, Hayman, J & White, V. (2004) *Drug Use among 12-17 year-old Western Australian school students in 2002*, Centre for Behavioural Research in Cancer Control Research Institute. Perth, Drug and Alcohol Office.

⁷ Unwin, E, Codde JP, & Bartu, A (2004) *The impact of alcohol on the health of Western Australians. Epidemiology Occasional Paper 19*, ISSN: 1329-7252. Perth: Drug and Alcohol Office and the Epidemiology Branch, Health Information Centre, Department of Health.

⁸ Doherty SJ, Roche, AM (2003) *Alcohol consumption among Western Australian school students in 2002*. Results from the 2002 Australian School Students Alcohol and Drug Survey,

⁹ *Drug Related Offences & Seizures, WA, 1998-2005* (2006), Drug & Alcohol Office & WA Police.

HEROIN

The 2004 NDSHS found that among WA, of those aged 14 years and over, 0.2% had used heroin in the past year.

In relation to opiate use in WA there was a reduction among school students aged 12 to 17 years who reported using in the last year (2.0% in 2002 versus 1.6% in 2005).

OTHER DRUGS

Other statistics relating to drug use in WA in the last year, reported in the 2004 NDSHS, are as follows:

- Ecstasy was used by 4.1% of the surveyed population; and
- hallucinogens were used by 0.6% of the surveyed population.

The 2005 ASSAD survey reports a decrease in the number of students using inhalants in the last year compared with 2002 (10.5% versus 12.9%).

There has been a 9.4% increase in drug seizures for all drugs from 2004 to 2005².

AGENCY PRIORITIES 2007/08

DAO strategic priorities are outlined in the *DAO Summary Action Plan 2007-2008*. Annual summary action plans are developed by all the SOG agencies to inform the implementation of the *WA Drug Strategy 2005-2009*.

DAO has identified a number of key actions for implementation within the areas of prevention and early intervention, treatment and support, and law enforcement.

PREVENTION AND EARLY INTERVENTION

Prevention and early intervention remain a high priority for DAO. Core activities will continue to be implemented and future focus will include the enhancement of key partnerships, including the integration of activities into Area Health Services. Specific priorities include:

- Building prevention activity for illicit drugs and alcohol through public health campaigns and associated community action in partnership with key agencies.
- Promotion of the adoption of drug and alcohol developments within health services:
 - brief intervention in general health settings
 - engagement of population health units in prevention, and
 - engagement of health networks.

TREATMENT AND SUPPORT

Key priority areas relating to treatment and support will include:

- Integration of Next Step medical services and community drug service teams in the metropolitan corridors to provide comprehensive services and extend locations.

- Integration of Next Step and Mission Australia youth drug services to provide streamlined and comprehensive treatment.
- Focusing community clinical programs to sustain general practice based services.
- Developing Aboriginal services and cultural respect through the establishment of Aboriginal residential rehabilitation beds, consolidation of Next Step residential detoxification beds, and applying the WA Health Aboriginal Cultural Respect Framework for DAO and over time non-government organisations.
- Supporting WA Health service developments:
 - brief intervention in general health settings
 - detoxification in country regional hospitals
 - provision of pharmacotherapy by regional country medical officers, and
 - engagement of clinical networks.
- Building mental health service linkages and capacity through the development of robust and formal linkages between local mental health and drug and alcohol services, and by developing the mental health skill base of the drug and alcohol sector.
- Building child protection service linkages and capacity by developing robust and formal linkages between local drug and alcohol and child protection services, promoting and supporting child protection policies for drug and alcohol services and developing the child protection skill base of the drug and alcohol sector.
- Focusing practice development to support the drug and alcohol sector and further developing key partnerships to achieve coherent and strategic approaches to drug and alcohol skill development.

LAW ENFORCEMENT

Partnerships with key departments such as WA Police and Department of Corrective Services are required to maintain a focus on law enforcement activities that include the:

- Modification of liquor licensing application processes in line with the new liquor licensing legislation.
- Preparation of the statutory review of the *Cannabis Control Act 2003*.
- Reduction in the supply of solvents.
- Continuation of the rollout of court diversion programs across the state and promotion of the uptake of court and police diversion.

SPECIFIC ILLICIT DRUG INTERVENTIONS

DAO will continue to address emerging drug and alcohol issues through the implementation of specific illicit drug interventions. For 2007/08 this will include:

- Conducting a summit on amphetamines in conjunction with WA Police and managing the implementation of the prevention and treatment outcomes.
- Introducing expanded options for treatment and extending the *Drug Aware* illicit drug public health campaign and associated community action to cannabis in conjunction with any adjustments following the statutory review of the *Cannabis Control Act 2003*.

MONITORING, EVALUATION AND RESEARCH

To support the implementation of best practice and inform future activity it is important that monitoring, evaluation and research continues to be aligned to DAO's strategic priorities to inform practice. For 2007/08 priorities include pursuing partnership arrangements for shared university positions.

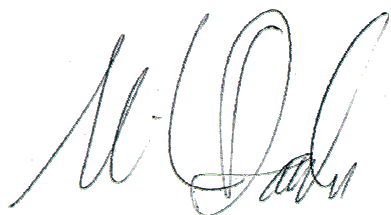
DISCLOSURES AND LEGAL COMPLIANCE

FINANCIAL STATEMENTS

Western Australian Alcohol and Drug Authority
Certification of Financial Statements
For the year ended 30 June 2007

The accompanying financial statements of the Western Australian Alcohol and Drug Authority have been prepared in compliance with the provisions of the *Financial Management Act 2006* from proper accounts and records to present fairly the financial transactions for the financial year ending 30 June 2007 and the financial position as at 30 June 2007.

At the date of signing we are not aware of any circumstances which would render any particulars included in the financial statements misleading or inaccurate.



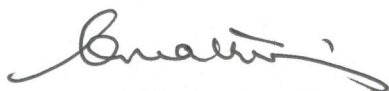
Mike Daube
Chairperson/Member of the Board
**Western Australian Alcohol
and Drug Authority**

26 September 2007



Margaret Stevens
Board Member
**Western Australian Alcohol
and Drug Authority**

26 September 2007



Clete Mathews
Director, Finance and Corporate Services
Drug and Alcohol Office
**Western Australian Alcohol
and Drug Authority**

26 September 2007



AUDITOR GENERAL

INDEPENDENT AUDIT OPINION

To the Parliament of Western Australia

WESTERN AUSTRALIAN ALCOHOL AND DRUG AUTHORITY FINANCIAL STATEMENTS AND KEY PERFORMANCE INDICATORS FOR THE YEAR ENDED 30 JUNE 2007

I have audited the accounts, financial statements, controls and key performance indicators of the Western Australian Alcohol and Drug Authority.

The financial statements comprise the Balance Sheet as at 30 June 2007, and the Income Statement, Statement of Changes in Equity and Cash Flow Statement for the year then ended, a summary of significant accounting policies and other explanatory Notes.

The key performance indicators consist of key indicators of effectiveness and efficiency.

Authority's Responsibility for the Financial Statements and Key Performance Indicators

The Authority is responsible for keeping proper accounts, and the preparation and fair presentation of the financial statements in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations) and the Treasurer's Instructions, and the key performance indicators. This responsibility includes establishing and maintaining internal controls relevant to the preparation and fair presentation of the financial statements and key performance indicators that are free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; making accounting estimates that are reasonable in the circumstances; and complying with the Financial Management Act 2006 and other relevant written law.

Summary of my Role

As required by the Auditor General Act 2006, my responsibility is to express an opinion on the financial statements, controls and key performance indicators based on my audit. This was done by testing selected samples of the audit evidence. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion. Further information on my audit approach is provided in my audit practice statement. Refer "<http://www.audit.wa.gov.au/pubs/Audit-Practice-Statement.pdf>".

An audit does not guarantee that every amount and disclosure in the financial statements and key performance indicators is error free. The term "reasonable assurance" recognises that an audit does not examine all evidence and every transaction. However, my audit procedures should identify errors or omissions significant enough to adversely affect the decisions of users of the financial statements and key performance indicators.

**Western Australian Alcohol and Drug Authority
Financial Statements and Key Performance Indicators for the year ended 30 June 2007**

Basis for Qualified Audit Opinion

The Authority has reported the following key performance indicators which are based on survey responses, the number of which is considered too small to provide reliable estimates of the actual results.

Indicator KPI 1.6 "Improvement in the general health, psychological health, social relationships and drug use of clients of not-for-profit organisations funded by the WAADA as rated by clients before and after treatment."

Indicator KPI 1.7 "Percentage of clients of not-for profit organisations funded by the WAADA who report being satisfied with inpatient and outpatient treatment service."

In addition, the responses in respect to KPI 1.6 cannot be traced back to a patient, making it impossible to match the pre and post treatment evaluation results.

Because of these matters, I cannot form an opinion on whether these key performance indicators fairly represent indicated performance.

Qualified Audit Opinion

In my opinion,

- (i) except for the qualification, the key performance indicators of the Western Australian Alcohol and Drug Authority are relevant and appropriate to help users assess the Authority's performance and fairly represent the indicated performance for the year ended 30 June 2007;
- (ii) the financial statements are based on proper accounts and present fairly the financial position of the Authority at 30 June 2007 and its financial performance and cash flows for the year ended on that date. They are in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations) and the Treasurer's Instructions; and
- (iii) the controls exercised by the Authority provide reasonable assurance that the receipt, expenditure and investment of money, the acquisition and disposal of property, and the incurring of liabilities have been in accordance with legislative provisions.



COLIN MURPHY
AUDITOR GENERAL
26 September 2007

Western Australian Alcohol and Drug Authority

Income Statement

For the year ended 30th June 2007

	Note	2007 \$	2006 \$
COST OF SERVICES			
Expenses			
Employee benefits expense	7	14,479,675	13,386,423
Patient support costs	8	24,002,663	19,141,978
Depreciation and amortisation expense	9	383,283	226,029
Capital user charge	10	841,000	402,000
Loss on disposal of non-current assets	11	4,795	40,069
Other expenses	12	3,626,006	4,801,148
Total cost of services		43,337,422	37,997,647
INCOME			
Revenue			
Other grants and contributions	13	90,033	77,972
Other revenues	14	1,620,094	1,444,500
Total revenue		1,710,127	1,522,472
Total Income other than income from State Government		1,710,127	1,522,472
NET COST OF SERVICES		41,627,295	36,475,175
INCOME FROM STATE GOVERNMENT			
Service appropriations	15	41,475,326	36,009,305
Liabilities assumed by the Treasurer	16	24,713	6,556
Total income from State Government		41,500,039	36,015,861
SURPLUS/(DEFICIT) FOR THE PERIOD		(127,256)	(459,314)

The Income Statement should be read in conjunction with the notes to the financial statements.

Western Australian Alcohol and Drug Authority

Balance Sheet

As at 30th June 2007

	Note	2007 \$	2006 \$
ASSETS			
Current Assets			
Cash and cash equivalents	17	527,313	82,768
Receivables	18	134,792	506,251
Inventories	20	24,444	27,711
Other current assets	21	0	64,292
Total Current Assets		686,549	681,022
Non-Current Assets			
Amounts receivable for services	19	1,969,329	1,506,769
Property, plant and equipment	22	15,182,547	12,653,255
Intangible assets	24	2,612	3,763
Total Non-Current Assets		17,154,488	14,163,787
Total Assets		17,841,037	14,844,809
LIABILITIES			
Current Liabilities			
Payables	25	441,600	550,612
Provisions	26	2,213,378	1,934,360
Other current liabilities	26	72,609	142,773
Total Current Liabilities		2,727,587	2,627,745
Non-Current Liabilities			
Provisions	26	837,966	710,104
Total Non-Current Liabilities		837,966	710,104
Total Liabilities		3,565,553	3,337,849
NET ASSETS		14,275,484	11,506,960
EQUITY			
Contributed equity	27	4,583,939	4,503,939
Reserves	28	11,267,148	8,451,368
Accumulated surplus/(deficiency)	29	(1,575,603)	(1,448,347)
TOTAL EQUITY		14,275,484	11,506,960

The Balance Sheet should be read in conjunction with the notes to the financial statements.

Western Australian Alcohol and Drug Authority

Statement of Changes in Equity

For the year ended 30th June 2007

	Note	2007 \$	2006 \$
Balance of equity at start of period		11,506,960	6,838,375
CONTRIBUTED EQUITY	27		
Balance at start of period		4,503,939	4,401,939
Capital contribution		80,000	102,000
Balance at end of period		4,583,939	4,503,939
RESERVES	28		
Asset Revaluation Reserve			
Balance at start of period		8,451,368	3,425,470
Gains/(losses) from asset revaluation		2,815,780	5,025,898
Balance at end of period		11,267,148	8,451,368
ACCUMULATED SURPLUS	29		
Balance at start of period		(1,448,347)	(989,033)
Surplus/(deficit) for the period		(127,256)	(459,314)
Balance at end of period		(1,575,603)	(1,448,347)
Balance of equity at end of period		14,275,484	11,506,960
Total income and expense for the period (a)		2,688,524	4,566,584

(a) The aggregate net amount attributable to each category of equity is: deficit \$127,256 plus gains from asset revaluation \$2,815,780 (2006: deficit \$459,314 plus gains from asset revaluation \$5,025,898).

The Statement of Changes in Equity should be read in conjunction with the notes to the financial statements.

Western Australian Alcohol and Drug Authority

Cash Flow Statement

For the year ended 30th June 2007

	Note	2007 \$	2006 \$
		Inflows (Outflows)	Inflows (Outflows)
CASH FLOWS FROM STATE GOVERNMENT			
Service appropriations		40,171,766	35,489,170
Capital contributions		80,000	0
Net cash provided by State Government	30(c)	<u>40,251,766</u>	<u>35,489,170</u>
Utilised as follows:			
CASH FLOWS FROM OPERATING ACTIVITIES			
Payments			
Supplies and services		(27,672,642)	(23,760,137)
Employee benefits		(14,115,727)	(13,063,070)
GST payments on purchases		(384,907)	(2,247,528)
Receipts			
Commonwealth grants and contributions		0	53,222
Other grants and subsidies		90,033	24,750
GST receipts on sales		13,162	88,674
GST refunds from taxation authority		514,915	2,158,489
Other receipts		1,848,385	1,420,519
Net cash (used in) / provided by operating activities	30(b)	<u>(39,706,780)</u>	<u>(35,325,081)</u>
CASH FLOWS FROM INVESTING ACTIVITIES			
Payments for purchase of non-current physical assets		(100,440)	(88,787)
Proceeds from sale of non-current physical assets	11	0	3,239
Net cash (used in) / provided by investing activities		<u>(100,440)</u>	<u>(85,548)</u>
Net increase / (decrease) in cash and cash equivalents		444,546	78,541
Cash and cash equivalents at the beginning of period		82,768	4,227
CASH AND CASH EQUIVALENTS AT END OF PERIOD	30(a)	<u>527,314</u>	<u>82,768</u>

The Cash Flow Statement should be read in conjunction with the notes to the financial statements.

Western Australian Alcohol and Drug Authority

Notes to the Financial Statements

For the year ended 30th June 2007

Note 1 Australian equivalents to International Financial Reporting Standards

General

The Authority's financial statements for the year ended 30 June 2007 have been prepared in accordance with Australian equivalents to International Financial Reporting Standards (AIFRS), which comprise a Framework for the Preparation and Presentation of Financial Statements (the Framework) and Australian Accounting Standards (including the Australian Accounting Interpretations).

In preparing these financial statements the Authority has adopted, where relevant to its operations, new and revised Standards and Interpretations from their operative dates as issued by the Australian Accounting Standards Board (AASB) and formerly the Urgent Issues Group (UIG).

Early adoption of standards

The Authority cannot early adopt an Australian Accounting Standard or Australian Accounting Interpretation unless specifically permitted by Treasurer's Instruction 1101 'Application of Australian Accounting Standards and Other Pronouncements'. No Standards and Interpretations that have been issued or amended but are not yet effective have been early adopted by the Authority for the annual reporting period ended 30 June 2007.

Note 2 Summary of significant accounting policies

(a) General Statement

The financial statements constitute a general purpose financial report which has been prepared in accordance with the Australian Accounting Standards, the Framework, Statements of Accounting Concepts and other authoritative pronouncements of the Australian Accounting Standards Board as applied by the Treasurer's instructions. Several of these are modified by the Treasurer's instructions to vary application, disclosure, format and wording.

The Financial Management Act and the Treasurer's instructions are legislative provisions governing the preparation of financial statements and take precedence over the Accounting Standards, the Framework, Statements of Accounting Concepts and other authoritative pronouncements of the Australian Accounting Standards Board.

Where modification is required and has a material or significant financial effect upon the reported results, details of that modification and the resulting financial effect are disclosed in the notes to the financial statements.

(b) Basis of Preparation

The financial statements have been prepared on the accrual basis of accounting using the historical cost convention, modified by the revaluation of land and buildings which have been measured at fair value.

The accounting policies adopted in the preparation of the financial statements have been consistently applied throughout all periods presented unless otherwise stated.

The financial statements are presented in Australian dollars and all values are rounded to the nearest dollar.

The judgements that have been made in the process of applying the Authority's accounting policies that have the most significant effect on the amounts recognised in the financial statements are disclosed at note 3 'Judgements made by management in applying accounting policies'.

The key assumptions made concerning the future, and other key sources of estimation uncertainty at the balance sheet date that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year are disclosed at note 4 'Key sources of estimation uncertainty'.

Western Australian Alcohol and Drug Authority

Notes to the Financial Statements

For the year ended 30th June 2007

(c) Contributed Equity

UIG Interpretation 1038 'Contributions by Owners Made to Wholly-Owned Public Sector Entities' requires transfers in the nature of equity contributions to be designated by the Government (the owner) as contributions by owners (at the time of, or prior to transfer) before such transfers can be recognised as equity contributions. Capital contributions (appropriations) have been designated as contributions by owners by Treasurer's Instruction (TI) 955 'Contributions by Owners made to Wholly Owned Public Sector Entities' and have been credited directly to Contributed Equity.

Transfer of net assets to/from other agencies are designated as contributions by owners where the transfers are non-discretionary and non-reciprocal. (See note 27 'Contributed Equity')

(d) Income

Revenue recognition

Revenue is measured at the fair value of consideration received or receivable. Revenue is recognised as follows:

Sale of goods

Revenue is recognised from the sale of goods and disposal of other assets when the significant risks and rewards of ownership control transfer to the purchaser and can be measured reliably.

Rendering of services

Revenue is recognised on delivery of the service to the client.

Interest

Revenue is recognised as the interest accrues. The effective interest method, 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, is used where applicable.

Service Appropriations

Service Appropriations are recognised as revenues at nominal value in the period in which the Authority gains control of the appropriated funds. The Authority gains control of appropriated funds at the time those funds are deposited to the bank account or credited to the holding account held at Treasury. (See note 20 'Service Appropriations')

Grants, donations, gifts and other non-reciprocal contributions

Revenue is recognised at fair value when the Authority obtains control over the assets comprising the contributions, usually when cash is received.

Other non-reciprocal contributions that are not contributions by owners are recognised at their fair value. Contributions of services are only recognised when a fair value can be reliably determined and the services would be purchased if not donated.

Where contributions recognised as revenues during the reporting period were obtained on the condition that they be expended in a particular manner or used over a particular period, and those conditions were undischarged as at the balance sheet date, the nature of, and amounts pertaining to, those undischarged conditions are disclosed in the notes.

Gains

Gains may be realised or unrealised and are usually recognised on a net basis. These include gains arising on the disposal of non-current assets and some revaluations of non-current assets.

Western Australian Alcohol and Drug Authority

Notes to the Financial Statements

For the year ended 30th June 2007

(e) Property, Plant and Equipment

Capitalisation/Expensing of assets

Items of property, plant and equipment costing \$1,000 or more are recognised as assets and the cost of utilising assets is expensed (depreciated) over their useful lives. Items of property, plant and equipment costing less than \$1,000 are immediately expensed direct to the Income Statement (other than where they form part of a group of similar items which are significant in total).

Initial recognition and measurement

All items of property, plant and equipment are initially recognised at cost.

For items of property, plant and equipment acquired at no cost or for nominal cost, the cost is their fair value at the date of acquisition.

Subsequent measurement

After recognition as an asset, the revaluation model is used for the measurement of land and buildings and the cost model for all other property, plant and equipment. Land and buildings are carried at fair value less accumulated depreciation on buildings and accumulated impairment losses. All other items of property, plant and equipment are stated at historical cost less accumulated depreciation and accumulated impairment losses.

Where market-based evidence is available, the fair value of land and buildings is determined on the basis of current market buying values determined by reference to recent market transactions.

Where market-based evidence is not available, the fair value of land and buildings is determined on the basis of existing use. This normally applies where buildings are specialised or where land use is restricted. Fair value for existing use assets is determined by reference to the cost of replacing the remaining future economic benefits embodied in the asset, ie. the depreciated replacement cost.

When buildings are revalued, the accumulated depreciation is eliminated against the gross carrying amount of the asset and the net amount restated to the revalued amount.

Independent valuations of land and buildings are provided annually by the Western Australian Land Information Authority (Valuation Services) and recognised with sufficient regularity to ensure that the carrying amount does not differ materially from the asset's fair value at the balance sheet date.

The most significant assumptions in estimating fair value are made in assessing whether to apply the existing use basis to assets and in determining estimated useful life. Professional judgement by the valuer is required where the evidence does not provide a clear distinction between market type assets and existing use assets.

Valuation of land and buildings

The revaluations of land and buildings have been undertaken on the following bases:

Land (non-clinical site)	Current market buying values
Buildings (non-clinical)	Current market buying values

Refer to note 22 'Property, plant and equipment' for further information on revaluations.

Depreciation

All non-current assets having a limited useful life are systematically depreciated over their estimated useful lives in a manner that reflects the consumption of their future economic benefits.

Land is not depreciated. Depreciation on buildings is calculated using the reducing balance method.

In prior years, depreciation on plant and equipment was calculated using the reducing balance method. The depreciation method was revised during the current year. Under the new reducing balance with a straight-line switch method, the cost amounts of the assets are allocated on average on a reducing balance basis

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For the year ended 30th June 2007

over the first half of their useful lives and a straight line basis for the second half of the useful lives. The net effect of the change in the current financial year was an increase in depreciation expense of \$40,000.

Buildings	50 years
Computer equipment	4 to 5 years
Furniture and fittings	10 to 20 years
Medical equipment	10 to 15 years
Other plant and equipment	5 to 15 years

(f) Intangible Assets

Capitalisation/Expensing of assets

Acquisitions of intangible assets costing \$1,000 or more and internally generated intangible assets costing \$1,000 or more are capitalised. The cost of utilising the assets is expensed (amortised) over their useful life. Costs incurred below these thresholds are immediately expensed directly to the Income Statement.

All acquired and internally developed intangible assets are initially recognised at cost. For assets acquired at no cost or for nominal cost, the cost is their fair value at the date of acquisition.

The cost model is applied for subsequent measurement requiring the asset to be carried at cost less any accumulated amortisation and accumulated impairment losses.

Amortisation for intangible assets with finite useful lives is calculated for the period of the expected benefit (estimated useful life) on the reducing balance basis using rates which are reviewed annually. All intangible assets controlled by the Authority have a finite useful life and zero residual value. The expected useful lives for each class of intangible asset are:

Computer Software	8 years
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Software that is an integral part of the related hardware is treated as property, plant and equipment. Software that is not an integral part of the related hardware is treated as an intangible asset.

(g) Impairment of Assets

Property, plant and equipment and intangible assets are tested for any indication of impairment at each balance sheet date. Where there is an indication of impairment, the recoverable amount is estimated. Where the recoverable amount is less than the carrying amount, the asset is considered impaired and is written down to the recoverable amount and an impairment loss is recognised. As the Authority is a not-for-profit entity, unless an asset has been identified as a surplus asset, the recoverable amount is the higher of an asset's fair value less costs to sell and depreciated replacement cost.

The risk of impairment is generally limited to circumstances where an asset's depreciation is materially understated, where the replacement cost is falling or where there is a significant change in useful life. Each relevant class of assets is reviewed annually to verify that the accumulated depreciation/amortisation reflects the level of consumption or expiration of asset's future economic benefits and to evaluate any impairment risk from falling replacement costs.

Intangible assets with an indefinite useful life and intangible assets not yet available for use are tested for impairment at each balance sheet date irrespective of whether there is any indication of impairment.

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For the year ended 30th June 2007

The recoverable amount of assets identified as surplus assets is the higher of fair value less costs to sell and the present value of future cash flows expected to be derived from the asset. Surplus assets carried at fair value have no risk of material impairment where fair value is determined by reference to market-based evidence. Where fair value is determined by reference to depreciated replacement cost, surplus assets are at risk of impairment and the recoverable amount is measured. Surplus assets at cost are tested for indications of impairment at each balance sheet date.

Refer note 23 'Impairment of assets' for the outcome of impairment reviews and testing.

Refer also to note 2(o) 'Receivables' and note 18 'Receivables' for impairment of receivables.

(h) Non-current Assets Classified as Held for Sale

Non-current assets held for sale are recognised at the lower of carrying amount and fair value less costs to sell and are presented separately from other assets in the Balance Sheet. Assets classified as held for sale are not depreciated or amortised.

(i) Leases

Leases of property, plant and equipment, where the Authority has substantially all of the risks and rewards of ownership, are classified as finance leases.

Leases in which the lessor retains significantly all of the risks and rewards of ownership are classified as operating leases. Operating lease payments are expensed on a straight line basis over the lease term as this represents the pattern of benefits derived from the leased items.

(j) Financial Instruments

The Authority has two categories of financial instruments:

- Loans and receivables (cash and cash equivalents, receivables); and
- Non trading financial liabilities (payables).

Initial recognition and measurement of financial instruments is at fair value which normally equates to the transaction cost or the face value. Subsequent measurement is at amortised cost using the effective interest method.

The fair value of short-term receivables and payables is the transaction cost or the face value because there is no interest rate applicable and subsequent measurement is not required as the effect of discounting is not material.

(k) Cash and Cash Equivalents

For the purpose of the Cash Flow Statement, cash and cash equivalent assets comprise cash on hand.

(l) Accrued Salaries

Accrued salaries (refer note 26) represent the amount due to employees but unpaid at the end of the financial year, as the pay date for the last pay period for that financial year does not coincide with the end of the financial year. Accrued salaries are settled within a fortnight of the financial year end. The Authority considers the carrying amount of accrued salaries to be equivalent to its net fair value.

(m) Amounts Receivable for Services (Holding Account)

The Authority receives funding on an accrual basis that recognises the full annual cash and non-cash cost of services. The appropriations are paid partly in cash and partly as an asset (Holding Account receivable) that is accessible on the emergence of the cash funding requirement to cover items such as leave entitlements and asset replacement.

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Notes to the Financial Statements

For the year ended 30th June 2007

See also note 15 'Service appropriations' and note 19 'Amounts receivable for services'.

(n) Inventories

Inventories are measured at the lower of cost and net realisable value. Costs are assigned on a weighted average cost basis.

Inventories not held for resale are valued at cost unless they are no longer required in which case they are valued at net realisable value. (See Note 20 'Inventories')

(o) Receivables

Receivables are recognised and carried at original invoice amount less an allowance for any uncollectible amounts (i.e. impairment). The collectability of receivables is reviewed on an ongoing basis and any receivables identified as uncollectible are written-off. The allowance for uncollectible amounts (doubtful debts) is raised when there is objective evidence that the Authority will not be able to collect the debts.

The carrying amount is equivalent to fair value as it is due for settlement within 30 days from the date of recognition. (See note 2(j) 'Financial instruments' and note 18 'Receivables')

Change to accounting procedure for GST

Rights to collect amounts receivable from the Australian Taxation Office and responsibilities to make payment for GST were assigned on the 1 September 2006 to the Minister for Health in his Capacity as the Deemed Board of the Metropolitan Public Hospitals. This change in accounting procedure was a result of application of the grouping provisions of "A New Tax System (Goods and Service Tax) Act 1999" whereby the Minister for Health in his Capacity as the Deemed Board of the Metropolitan Public Hospitals became the representative member for Health entities as part of governments' shared services initiative.

(p) Payables

Payables are recognised at the amounts payable when the Authority becomes obliged to make future payments as a result of a purchase of assets or services. The carrying amount is equivalent to fair value as they are generally settled within 30 days. See note 2(j) 'Financial instruments and note 25 'Payables'.

(q) Provisions

Provisions are liabilities of uncertain timing or amount and are recognised where there is a present legal or constructive obligation as a result of a past event and when the outflow of resources embodying economic benefits is probable and a reliable estimate can be made of the amount of the obligation. Provisions are reviewed at each balance sheet date. See note 26 'Provisions'.

Provisions - Employee Benefits

Annual Leave and Long Service Leave

The liability for annual and long service leave expected to be settled within 12 months after the end of the balance sheet date is recognised and measured at the undiscounted amounts expected to be paid when the liabilities are settled. Annual and long service leave expected to be settled more than 12 months after the end of the balance sheet date is measured at the present value of amounts expected to be paid when the liabilities are settled. Leave liabilities are in respect of services provided by employees up to the balance sheet date.

When assessing expected future payments consideration is given to expected future wage and salary levels including non-salary components such as employer superannuation contributions. In addition, the long service leave liability also considers the experience of employee departures and periods of service.

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The expected future payments are discounted using market yields at the balance sheet date on national government bonds with terms to maturity that match, as closely as possible, the estimated future cash outflows.

All annual leave and unconditional long service leave provisions are classified as current liabilities as the Authority does not have an unconditional right to defer settlement of the liability for at least 12 months after the balance sheet date.

Sick Leave

Liabilities for sick leave are recognised when it is probable that sick leave paid in the future will be greater than the entitlement that will accrue in the future.

Past history indicates that on average, sick leave taken each reporting period is less than the entitlement accrued. This is expected to continue in future periods. Accordingly, it is unlikely that existing accumulated entitlements will be used by employees and no liability for unused sick leave entitlements is recognised. As sick leave is non-vesting, an expense is recognised in the Income Statement for this leave as it is taken.

Superannuation

The Government Employees Superannuation Board (GESB) administers the following superannuation schemes.

Employees may contribute to the Pension Scheme, a defined benefit pension scheme now closed to new members or the Gold State Superannuation Scheme (GSS), a defined benefit lump sum scheme also closed to new members.

The Authority has no liabilities under the Pension or the GSS Schemes. The liabilities for the unfunded Pension Scheme and the unfunded GSS Scheme transfer benefits due to members who transferred from the Pension Scheme, are assumed by the Treasurer. All other GSS Scheme obligations are funded by concurrent contributions made by the Authority to the GESB. The concurrently funded part of the GSS Scheme is a defined contribution scheme as these contributions extinguish all liabilities in respect of the concurrently funded GSS Scheme obligations.

Employees commencing employment prior to 16 April 2007 who are not members of either the Pension or the GSS Schemes became non-contributory members of the West State Superannuation Scheme (WSS). Employees commencing employment on or after 16 April 2007 became members of the GESB Super Scheme (GESBS). Both of these schemes are accumulation schemes. The Authority makes concurrent contributions to GESB on behalf of employees in compliance with the Commonwealth Government's Superannuation Guarantee (Administration) Act 1992. These contributions extinguish the liability for superannuation charges in respect of the WSS and GESBS Schemes.

The GESB makes all benefit payments in respect of the Pension and GSS Schemes, and is recouped by the Treasurer for the employer's share.

See also note 2(t) 'Superannuation expense'.

Deferred Salary Scheme

With the written agreement of the Authority, an employee may elect to receive, over a four-year period, 80% of the salary they would otherwise be entitled to receive. On completion of the fourth year, an employee will be entitled to 12 months leave and will receive an amount equal to 80% of the salary they were otherwise entitled to in the fourth year of deferment. An employee may withdraw from this scheme prior to completing a four-year period by written notice. The employee will receive a lump sum payment of salary forgone to that time.

The liability for deferred salary scheme represents the amount which the Authority is obliged to pay to the employees participating in the deferred salary scheme. The liability has been calculated on current remuneration rates in respect of services provided by the employees up to the reporting date and includes related on-costs.

Western Australian Alcohol and Drug Authority

Notes to the Financial Statements

For the year ended 30th June 2007

Gratuities

The Authority is obliged to pay the medical practitioners and nurses for gratuities under Medical Practitioners (WA Country Authority – North West) AMA Industrial Agreement and the Nurses (WA Government Authority) Agreement 2001. These groups of employees are entitled to a gratuity payment for each completed year of continuous service in specified regions in Western Australia.

The liability for gratuity payments is measured as the present value of expected future payments to be made in respect of services provided by employees up to the reporting date. Consideration is given to expected future 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 flows.

Provisions – Other

Employment on-costs

Employment on-costs, including workers compensation insurance, are not employee benefits and are recognised separately as liabilities and expenses when the employment to which they relate has occurred. Employment on-costs are included as part of 'Other expenses' and are not included as part of the Authority's 'Employee benefits expense'. Any related liability is included in 'Employment on-costs provision'. (See note 12 'Other expenses' and note 26 'Provisions'.)

r) Superannuation Expense

The following elements are included in calculating the superannuation expense in the Income Statement.

- (a) Defined benefit plans - Change in the unfunded employer's liability (i.e. current service cost and, actuarial gains and losses) assumed by the Treasurer in respect of current employees who are members of the Pension Scheme and current employees who accrued a benefit on transfer from that Scheme to the Gold State Superannuation Scheme (GSS); and
- (b) Defined contribution plans - Employer contributions paid to the GSS and the West State Superannuation Scheme (WSS) and the GESB Super Scheme (GESBS).

Defined benefit plans - in order to reflect the true cost of services, the movements (i.e. current service cost and, actuarial gains and losses) in the liabilities in respect of the Pension Scheme and the GSS transfer benefits are recognised as expenses. As these liabilities are assumed by the Treasurer (refer note 2(q)), a revenue titled 'Liabilities assumed by the Treasurer' equivalent to the expense is recognised under Income from State Government in the Income Statement. (See note 16 'Liabilities assumed by the Treasurer')

The superannuation expense does not include payment of pensions to retirees, as this does not constitute part of the cost of services provided in the current year.

The GSS Scheme is a defined benefit scheme for the purposes of employees and whole-of-government reporting. However, apart from the transfer benefit, it is a defined contribution plan for agency purposes because the concurrent contributions (defined contributions) made by the agency to GESB extinguishes the agency's obligations to the related superannuation liability.

(s) Comparative Figures

Comparative figures are, where appropriate, reclassified to be comparable with the figures presented in the current financial year.

Western Australian Alcohol and Drug Authority

Notes to the Financial Statements

For the year ended 30th June 2007

Note 3 Judgements made by management in applying accounting policies

Judgements are continually evaluated and are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances.

The judgements that have been made in the process of applying accounting policies that have the most significant effect on the amounts recognised in the financial statements include:

Buildings

A number of buildings that are located on the land of local government agencies have been recognised in the financial statements. The Authority believes that, based on past experience, its occupancy in these buildings will continue to the end of their useful life.

Note 4 Key sources of estimation uncertainty

The key estimates and assumptions made concerning the future, and other key sources of estimation uncertainty at the balance sheet date that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year include:

Buildings

In order to estimate fair value on the basis of existing use, the depreciated replacement costs are determined on the assumption that the buildings will be used for the same functions in the future. A major change in utilisation of the buildings may result in material adjustment to the carrying amounts.

Employee benefits provision

In estimating the non-current long service leave liabilities, employees are assumed to leave the Authority each year on account of resignation or retirement at 10.6%. This assumption was based on an analysis of the turnover rates exhibited by employees over the past five years. Employees with leave benefits to which they are fully entitled are assumed to take all available leave uniformly over the following five years or to age 65 if earlier.

Note 5 Disclosure of changes in accounting policy and estimates

Initial application of an Australian Accounting Standard

The Authority has applied the following Australian Accounting Standards and Australian Accounting Interpretations effective for annual reporting periods beginning on or after 1 July 2006:

- 1) AASB 2005-9 'Amendments to Australian Accounting Standards [AASB 4, AASB 1023, AASB 139 & AASB 132]' (Financial guarantee contracts). The amendment deals with the treatment of financial guarantee contracts, credit insurance contracts, letters of credit or credit derivative default contracts as either an "insurance contract" under AASB 4 'Insurance Contracts' or as a "financial guarantee contract" under AASB 139 'Financial Instruments: Recognition and Measurement'. The Authority does not currently undertake these types of transactions, resulting in no financial impact in applying the Standard.
- 2) UIG Interpretation 4 'Determining whether an Arrangement Contains a Lease' as issued in June 2005. This Interpretation deals with arrangements that comprise a transaction or a series of linked transactions that may not involve a legal form of a lease but by their nature are deemed to be leases for the purposes of applying AASB 117 'Leases'. At balance sheet date, the Authority has not entered into any arrangements as specified in the Interpretation, resulting in no impact in applying the Interpretation.
- 3) UIG Interpretation 9 'Reassessment of Embedded Derivatives'. This Interpretation requires an embedded derivative that has been combined with a non-derivative to be separated from the host contract and accounted for as a derivative in certain circumstances. At balance sheet date, the Authority has not entered into any contracts as specified in the Interpretation, resulting in no impact in applying the Interpretation.

The following Australian Accounting Standards and Interpretations are not applicable to the Authority as they have no impact or do not apply to not-for-profit entities:

Western Australian Alcohol and Drug Authority

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For the year ended 30th June 2007

AASB Standards and Interpretation

AASB 2005-1	'Amendments to Australian Accounting Standard' (AASB 139 – Cash flow hedge accounting of forecast intragroup transactions)
AASB 2005-5	'Amendments to Australian Accounting Standards [AASB 1 & AASB 139]'
AASB 2006-1	'Amendments to Australian Accounting Standards [AASB 121]'
AASB 2006-3	'Amendments to Australian Accounting Standards [AASB 1045]'
AASB 2006-4	'Amendments to Australian Accounting Standards [AASB 134]'
AASB 2007-2	'Amendments to Australian Accounting Standards arising from AASB Interpretation 12 [AASB 1, AASB 117, AASB 118, AASB 120, AASB 121, AASB 127, AASB 131 & AASB 139]' – paragraph 9
UIG 5	'Rights to Interests arising from Decommissioning, Restoration and Environmental Rehabilitation Funds'
UIG 6	'Liabilities arising from Participating in a Specific Market – Waste Electrical and Electronic Equipment'
UIG 7	'Applying the Restatement Approach under AASB 129 Financial Reporting in Hyperinflationary Economies'
UIG 8	'Scope of AASB 2'

Future impact of Australian Accounting Standards not yet operative

The Authority cannot early adopt an Australian Accounting Standard or Australian Accounting Interpretation unless specifically permitted by TI 1101 'Application of Australian Accounting Standards and Other Pronouncements'. Consequently, the Authority has not applied the following Australian Accounting Standards and Australian Accounting Interpretations that have been issued but are not yet effective. These will be applied from their application date:

- 1) AASB 7 'Financial Instruments: Disclosures' (including consequential amendments in AASB 2005-10 'Amendments to Australian Accounting Standards [AASB 132, AASB 101, AASB 114, AASB 117, AASB 133, AASB 139, AASB 1, AASB 4, AASB 1023 & AASB 1038]'). This Standard requires new disclosures in relation to financial instruments. The Standard is considered to result in increased disclosures, both quantitative and qualitative of the Authority's exposure to risks, enhanced disclosure regarding components of the Authority's financial position and performance, and possible changes to the way of presenting certain items in the financial statements. The Authority does not expect any financial impact when the Standard is first applied. The Standard is required to be applied to annual reporting periods beginning on or after 1 January 2007.
- 2) AASB 2005-10 'Amendments to Australian Accounting Standards (AASB 132, AASB 101, AASB 114, AASB 117, AASB 133, AASB 139, AASB 1, AASB 4, AASB 1023, & AASB 1038)'. The amendments are as a result of the issue of AASB 7 'Financial Instruments: Disclosures', which amends the financial instrument disclosure requirements in these standards. The Authority does not expect any financial impact when the Standard is first applied. The Standard is required to be applied to annual reporting periods beginning on or after 1 January 2007.
- 3) AASB 101 'Presentation of Financial Statements'. This Standard was revised and issued in October 2006 so that AASB 101 has the same requirements as IAS 1 'Presentation of Financial Statements' (as issued by the IASB) in respect of for-profit entities. The Authority is a not-for-profit entity and consequently does not expect any financial impact when the Standard is first applied. The Standard is required to be applied to annual reporting periods beginning on or after 1 January 2007.
- 4) AASB 2007-4 'Amendments to Australian Accounting Standards arising from ED 151 and Other Amendments (AASB 1, 2, 3, 4, 5, 6, 7, 102, 107, 108, 110, 112, 114, 116, 117, 118, 119, 120, 121, 127, 128, 129, 130, 131, 132, 133, 134, 136, 137, 138, 139, 141, 1023 & 1038)'. This Standard introduces policy options and modifies disclosures. These amendments arise as a result of the AASB decision that,

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in principle, all options that currently exist under IFRSs should be included in the Australian equivalents to IFRSs and additional Australian disclosures should be eliminated, other than those now considered particularly relevant in the Australian reporting environment. The Department of Treasury and Finance has indicated that it will mandate to remove the policy options added by this amending Standard. This will result in no impact as a consequence of application of the Standard. The Standard is required to be applied to annual reporting periods beginning on or after 1 July 2007.

- 5) AASB 2007-5 'Amendment to Australian Accounting Standard – Inventories Held for Distribution by Not-for-Profit Entities (AASB 102)'. This amendment changes AASB 102 'Inventories' so that inventories held for distribution by not-for-profit entities are measured at cost, adjusted when applicable for any loss of service potential. The Authority does not have any inventories held for distribution so does not expect any financial impact when the Standard is first applied. The Standard is required to be applied to annual reporting periods beginning on or after 1 July 2007.
- 6) AASB Interpretation 4 'Determining whether an Arrangement Contains a Lease [revised]'. This Interpretation was revised and issued in February 2007 to specify that if a public-to-private service concession arrangement meets the scope requirements of AASB Interpretation 12 'Service Concession Arrangements' as issued in February 2007, it would not be within the scope of Interpretation 4. At balance sheet date, the Authority has not entered into any arrangements as specified in the Interpretation or within the scope of Interpretation 12, resulting in no impact when the Interpretation is first applied. The Interpretation is required to be applied to annual reporting periods beginning on or after 1 January 2008.
- 7) AASB Interpretation 12 'Service Concession Arrangements'. This Interpretation was issued in February 2007 and gives guidance on the accounting by operators (usually a private sector entity) for public-to-private service concession arrangements. It does not address the accounting by grantors (usually a public sector entity). It is currently unclear as to the application of the Interpretation to the Authority if and when public-to-private service concession arrangements are entered into in the future. At balance sheet date, the Authority has not entered into any public-to-private service concession arrangements resulting in no impact when the Interpretation is first applied. The Interpretation is required to be applied to annual reporting periods beginning on or after 1 January 2008.
- 8) AASB Interpretation 129 'Service Concession Arrangements: Disclosures [revised]'. This Interpretation was revised and issued in February 2007 to be consistent with the requirements in AASB Interpretation 12 'Service Concession Arrangements' as issued in February 2007. Specific disclosures about service concession arrangements entered into are required in the notes accompanying the financial statements, whether as a grantor or an operator. At balance sheet date, the Authority has not entered into any public-to-private service concession arrangements resulting in no impact when the Interpretation is first applied. The Interpretation is required to be applied to annual reporting periods beginning on or after 1 January 2008.

The following Australian Accounting Standards and Interpretations are not applicable to the Authority as they have no impact or do not apply to not-for-profit entities:

AASB Standards and Interpretation

AASB 8	'Operating Segments'
AASB 1049	'Financial Reporting of General Government Sectors by Governments'
AASB 2007-1	'Amendments to Australian Accounting Standards arising from AASB Interpretation 11 [AASB 2]'
AASB 2007-2	'Amendments to Australian Accounting Standards arising from AASB Interpretation 12 [AASB 1, AASB 117, AASB 118, AASB 120, AASB 121, AASB 127, AASB 131 & AASB 139]' – paragraphs 1 to 8
AASB 2007-3	'Amendments to Australian Accounting Standards arising from AASB 8 [AASB 5, AASB 6, AASB 102, AASB 107, AASB 119, AASB 127, AASB 134, AASB 136, AASB 1023 & AASB 1038]'

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AASB 2007-6	'Amendments to Australian Accounting Standards arising from AASB 123 [AASB 1, AASB 101, AASB 107, AASB 111, AASB 116 & AASB 138 and Interpretations 1 & 12]'
AASB 2007-7	'Amendments to Australian Accounting Standards [AASB 1, AASB 2, AASB 4, AASB 5, AASB 107 & AASB 128]'
Interpretation 10	'Interim Financial Reporting and Impairment'
Interpretation 11	'AASB 2 – Group and Treasury Share Transactions'

Note 6 Services of the Authority

Information about the Authority's services and, the expenses and revenues which are reliably attributable to those services are set out in Note 40. The key services of the Authority are:

Drug and Alcohol Services

The Drug and Alcohol Office is responsible for drug and alcohol strategies and services in Western Australia. The agency provides or contracts a State-wide network of treatment services, a range of prevention programs, professional education and training and research activities. It coordinates whole-of-government policies and strategies in conjunction with State and Commonwealth Government agencies.

	2007	2006
	\$	\$
Note 7 Employee benefits expense		
Salaries and wages	11,443,310	10,767,699
Superannuation - defined contribution plans (a)	1,204,783	1,125,810
Annual leave and time off in lieu leave (b)	1,300,748	1,085,763
Long service leave (b)	530,834	407,151
	<u>14,479,675</u>	<u>13,386,423</u>

(a) Defined contribution plans include West State and Gold State (contributions paid).

(b) Includes a superannuation contribution component.

Employment on-cost expense is included as note 12 'Other expenses'.
The employment on-costs liability is included at note 26 'Provisions'.

Note 8 Patient support costs

Medical supplies and services	70,671	79,962
Domestic charges	17,781	24,871
Fuel, light and power	98,396	102,750
Food supplies	47,081	52,557
Patient transport costs	986	1,171
Purchase of external services	23,767,748	18,880,667
	<u>24,002,663</u>	<u>19,141,978</u>

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Notes to the Financial Statements

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	2007	2006
	\$	\$
Note 9 Depreciation and amortisation expense		
Depreciation		
Buildings	216,174	104,442
Computer equipment	110,669	78,021
Furniture and fittings	13,878	10,714
Medical equipment	2,196	1,974
Other plant and equipment	39,215	30,346
	<u>382,132</u>	<u>225,497</u>
Amortisation		
Intangible assets	1,151	532
Total depreciation and amortisation	<u>383,283</u>	<u>226,029</u>
Note 10 Capital user charge		
	<u>841,000</u>	<u>402,000</u>
<p>The charge was a levy applied by Government for the use of its capital. In 2006-07, the final year in which the charge was levied, two payments were made equal to the appropriation for 2006-07 less any adjustment relating to 2005-06.</p>		
Note 11 Net gain / (loss) on disposal of non-current assets		
Cost of disposal of non-current assets		
Land and buildings	0	14,224
Computer equipment	0	13,272
Furniture and fittings	1,246	3,319
Medical equipment	1,248	0
Other plant and equipment	2,301	12,493
	<u>4,795</u>	<u>43,308</u>
Proceeds from disposal of non-current assets:		
Medical equipment	0	3,239
Net gain/(loss)	<u>(4,795)</u>	<u>(40,069)</u>

See note 2(h) 'Non-current assets held for sale', note 22 'Property, plant and equipment'.

Western Australian Alcohol and Drug Authority

Notes to the Financial Statements

For the year ended 30th June 2007

	2007	2006
	\$	\$
Note 12 Other Expenses		
Communications	176,905	172,179
Computer services	93,797	11,796
Employment on-costs (a)	1,416,378	2,347,080
Insurance	68,423	68,686
Legal expenses	1,100	1,232
Motor vehicle expenses	17,464	61,035
Operating lease expenses	97,353	61,843
Printing and stationery	190,297	317,076
Rental of property	189,823	230,076
Repairs, maintenance and consumable equipment expense	327,756	360,099
Purchase of external services	161,325	110,330
Other	885,385	1,059,716
	<u>3,626,006</u>	<u>4,801,148</u>

(a) Includes workers' compensation insurance and other employment on-costs. The on-costs liability associated with the recognition of annual and long service leave liability is included at note 26 'Provisions'. Superannuation contributions accrued as part of the provision for leave are employee benefits and are not included in employment on-costs.

	2007	2006
	\$	\$
Note 13 Grants and contributions		
Other grants and contributions		
Cancer Council Victoria	0	24,750
Alcohol Education and Rehabilitation Foundation	0	53,222
Other grants	90,033	0
	<u>90,033</u>	<u>77,972</u>

Note 14 Other revenues		
Recoveries	302,367	177,753
Use of hospital facilities	120	680
Other	1,317,607	1,266,067
	<u>1,620,094</u>	<u>1,444,500</u>

Note 15 Service appropriations

Appropriation revenue received during the year:		
Service appropriations	<u>41,475,326</u>	<u>36,009,305</u>

Service appropriations are accrual amounts reflecting the net cost of services delivered. The appropriation revenue comprises a cash component and a receivable (asset). The receivable (holding account) comprises the depreciation expense for the year and any agreed increase in leave liability during the year.

Western Australian Alcohol and Drug Authority

Notes to the Financial Statements

For the year ended 30th June 2007

2007	2006
\$	\$

Note 16 Liabilities assumed by the Treasurer

The following liabilities have been assumed by the Treasurer during the financial year:

- Superannuation	24,713	6,556
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The assumption of the superannuation liability by the Treasurer is a notional income to match the notional superannuation expense reported in respect of current employees who are members of the Pension Scheme and current employees who have a transfer benefit entitlement under the Gold State Superannuation Scheme (The notional superannuation expense is disclosed at note 7 'Employee benefits expense').

Note 17 Cash and cash equivalents

Cash on hand	3,000	2,100
Cash at bank - general	524,313	80,668
	<u>527,313</u>	<u>82,768</u>

Note 18 Receivables

Current

Other receivables	131,250	359,539
GST receivable	3,542	146,712
	<u>134,792</u>	<u>506,251</u>

See also note 2(o) 'Receivables' and note 39 'Financial instruments'.

Note 19 Amounts receivable for services

Current	0	0
Non-current	1,969,329	1,506,769
	<u>1,969,329</u>	<u>1,506,769</u>

Balance at start of the year	1,506,769	1,286,634
Credit to holding account	462,560	220,135
Less holding account drawdown	0	0
Balance at end of the year	<u>1,969,329</u>	<u>1,506,769</u>

This asset represents the non-cash component of service appropriations which is held in a holding account at the Department of Treasury and Finance. It is restricted in that it can only be used for asset replacement or payment of leave liability. See note 2(m) 'Amounts receivable for services'.

Western Australian Alcohol and Drug Authority

Notes to the Financial Statements

For the year ended 30th June 2007

	2007	2006
	\$	\$
Note 20 Inventories		
Current		
Pharmaceutical stores - at cost	24,444	24,803
Engineering stores – at cost	0	2,908
	<u>24,444</u>	<u>27,711</u>
See note 2(n) 'Inventories'.		
Note 21 Other current assets		
Prepayments	0	64,292
	<u>0</u>	<u>64,292</u>
Note 22 Property, plant and equipment		
Land		
<i>At fair value</i>	6,267,000	4,989,000
	<u>6,267,000</u>	<u>4,989,000</u>
Buildings		
<i>At fair value</i>	8,535,000	7,235,257
<i>Accumulated depreciation</i>	0	(21,863)
	<u>8,535,000</u>	<u>7,213,394</u>
<i>Total land and buildings</i>	<u>14,802,000</u>	<u>12,202,394</u>
Computer equipment		
<i>At cost</i>	627,480	535,777
<i>Accumulated depreciation</i>	(486,110)	(375,441)
<i>Accumulated impairment losses</i>	0	0
	<u>141,370</u>	<u>160,336</u>
Furniture and fittings		
<i>At cost</i>	227,858	234,258
<i>Accumulated depreciation</i>	(150,370)	(141,646)
<i>Accumulated impairment losses</i>	0	0
	<u>77,488</u>	<u>92,612</u>
Medical equipment		
<i>At cost</i>	21,454	26,361
<i>Accumulated depreciation</i>	(12,139)	(13,601)
<i>Accumulated impairment losses</i>	0	0
	<u>9,315</u>	<u>12,760</u>
Other plant and equipment		
<i>At cost</i>	392,910	401,917
<i>Accumulated depreciation</i>	(240,536)	(216,764)
<i>Accumulated impairment losses</i>	0	0
	<u>152,374</u>	<u>185,153</u>
Total of property, plant and equipment	<u>15,182,547</u>	<u>12,653,255</u>

Western Australian Alcohol and Drug Authority

Notes to the Financial Statements

For the year ended 30th June 2007

Note 22 Property, plant and equipment (continued)

Freehold land and buildings were revalued as at 1 July 2006 by the Western Australian Land Information Authority (Valuation Services). The valuations were performed during the year ended 30 June 2007 and recognised at 30 June 2007. In undertaking the revaluation, fair value was determined by reference to market values for land: \$6,267,000 and buildings: \$8,535,000. For the remaining balance, fair value of land and buildings was determined on the basis of depreciated replacement cost. See note 2(e) 'Property, plant and equipment'.

To ensure the valuations provided by Valuation Services were compliant at 30 June 2007 with the fair value requirements under AASB 116, Valuation Services provided the Department of Treasury and Finance (DTF) with information that tracked the general movement in the market value of land and in building construction costs from the 1 July 2006 (the date of valuation) to 31 March 2007. DTF reviewed the information and determined that the valuations provided by the Valuation Services (as at 1 July 2006) were compliant with fair value requirements for 30 June 2007 reporting without further adjustment.

Reconciliations

Reconciliations of the carrying amounts of property, plant and equipment at the beginning and end of the current financial year are set out below.

	2007	2006
	\$	\$
Land		
Carrying amount at start of year	4,989,000	3,810,000
Revaluation increments / (decrements)	1,278,000	1,179,000
Carrying amount at end of year	<u>6,267,000</u>	<u>4,989,000</u>
Buildings		
Carrying amount at start of year	7,213,394	3,485,162
Disposals	0	(14,224)
Revaluation increments / (decrements)	1,537,780	3,846,898
Depreciation	(216,174)	(104,442)
Carrying amount at end of year	<u>8,535,000</u>	<u>7,213,394</u>
Computer equipment		
Carrying amount at start of year	160,336	202,666
Additions	91,703	48,963
Disposals	0	(13,272)
Depreciation	(110,669)	(78,021)
Carrying amount at end of year	<u>141,370</u>	<u>160,336</u>

Western Australian Alcohol and Drug Authority

Notes to the Financial Statements

For the year ended 30th June 2007

	2007	2006
	\$	\$
Note 22 Property, plant and equipment (continued)		
<i>Furniture and fittings</i>		
Carrying amount at start of year	92,612	104,760
Additions	0	1,885
Disposals	(1,246)	(3,319)
Depreciation	(13,878)	(10,714)
Carrying amount at end of year	<u>77,488</u>	<u>92,612</u>
<i>Medical equipment</i>		
Carrying amount at start of year	12,760	14,734
Disposals	(1,249)	0
Depreciation	(2,196)	(1,974)
Carrying amount at end of year	<u>9,315</u>	<u>12,760</u>
<i>Other plant and equipment</i>		
Carrying amount at start of year	185,153	190,053
Additions	8,737	37,939
Disposals	(2,301)	(12,493)
Depreciation	(39,215)	(30,346)
Carrying amount at end of year	<u>152,374</u>	<u>185,153</u>
<i>Total property, plant and equipment</i>		
Carrying amount at start of year	12,653,255	7,806,375
Additions	100,440	88,787
Disposals	(4,796)	(43,308)
Revaluation increments / (decrements)	2,815,780	5,025,898
Depreciation	(382,132)	(225,497)
Carrying amount at end of year	<u>15,182,547</u>	<u>12,653,255</u>

Note 23 Impairment of Assets

There were no indications of impairment to property, plant and equipment, and intangible assets at 30 June 2007.

The Authority held no goodwill or intangible assets with an indefinite useful life during the reporting period and at the balance date there were no intangible assets not yet available for use.

All surplus assets at 30 June 2007 have been classified as assets held for sale or written off.

Western Australian Alcohol and Drug Authority

Notes to the Financial Statements

For the year ended 30th June 2007

	2007	2006
	\$	\$
Note 24 Intangible Assets		
Computer software		
At cost	56,625	56,625
Accumulated amortisation	(54,013)	(52,862)
Accumulated impairment losses	0	0
	<u>2,612</u>	<u>3,763</u>

Reconciliation

Reconciliation of the carrying amount of intangible assets at the beginning and end of the current financial year is set out below.

Computer software

Carrying amount at start of year	3,763	4,295
Amortisation expense	(1,151)	(532)
Carrying amount at end of year	<u>2,612</u>	<u>3,763</u>

(a) Recognised in Income Statement.

Note 25 Payables

Current

Trade creditors	70,161	11,491
Other creditors	321,327	451,964
Accrued expenses	50,112	87,157
	<u>441,600</u>	<u>550,612</u>

(See also note 2(p) 'Payables' and note 39 'Financial instruments')

Note 26 Provisions

Current

Employee benefits provision		
Annual leave (a)	1,134,284	893,585
Time off in lieu leave (a)	82,134	103,205
Long service leave (b)	882,452	840,113
Deferred salary scheme	114,508	97,457
	<u>2,213,378</u>	<u>1,934,360</u>

Non-current

Employee benefits provision		
Long service leave (b)	837,966	710,104
Superannuation	0	0
	<u>837,966</u>	<u>710,104</u>

Total Provisions	<u>3,051,344</u>	<u>2,644,464</u>
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Western Australian Alcohol and Drug Authority

Notes to the Financial Statements

For the year ended 30th June 2007

Note 26 Provisions (continued)

(a) Annual leave liabilities and time off in lieu leave liabilities have been classified as current as there is no unconditional right to defer settlement for at least 12 months after balance sheet date. Assessments indicate that actual settlement of the liabilities will occur as follows:

	2007	2006
	\$	\$
Within 12 months of balance sheet date	1,216,418	996,700
More than 12 months after balance sheet date	0	0
	<u>1,216,418</u>	<u>996,700</u>

(b) Long service leave liabilities have been classified as current where there is no unconditional right to defer settlement for at least 12 months after balance sheet date. Assessments indicate that actual settlement of the liabilities will occur as follows:

Within 12 months of balance sheet date	384,383	840,113
More than 12 months after balance sheet date	1,336,035	710,104
	<u>1,720,418</u>	<u>1,550,217</u>

(c) The settlement of annual and long service leave liabilities give rise to the payment of employment on-costs including workers compensation premiums. The provision is the present value of expected future payments. The associated expense, apart from the unwinding of the discount (finance cost), is included at note 14 'Other expenses'.

Other liabilities

Current

Accrued salaries	75,128	142,773
Other	(2,519)	0
	<u>72,609</u>	<u>142,773</u>

Western Australian Alcohol and Drug Authority

Notes to the Financial Statements

For the year ended 30th June 2007

	2007	2006
	\$	\$
Note 27 Contributed equity		
Equity represents the residual interest in the net assets of the Authority. The Government holds the equity interest in the Authority on behalf of the community. The asset revaluation reserve represents that portion of equity resulting from the revaluation of non-current assets.		
Balance at start of the year	4,503,939	4,401,939
Contributions by owners		
Capital contributions (a)	80,000	102,000
Total contributions by owners	<u>80,000</u>	<u>102,000</u>
Balance at end of year	<u>4,583,939</u>	<u>4,503,939</u>

(a) Capital Contributions (appropriations) and non-discretionary (non-reciprocal) transfers of net assets from other State government agencies have been designated as contributions by owners in Treasurer's Instruction 955 'Contribution by Owners Made to Wholly Owned Public Sector Entities' and are credited directly to equity.

Note 28 Reserves

Asset revaluation reserve (a):		
Balance at start of year	8,451,368	3,425,470
Land	1,278,000	1,179,000
Buildings	1,537,780	3,846,898
Balance at end of year	<u>11,267,148</u>	<u>8,451,368</u>

Note 28 Reserves (continued)

- (a) The asset revaluation reserve is used to record increments and decrements on the revaluation of non-current assets.
- (b) Any increment is credited directly to the asset revaluation reserve, except to the extent that any increment reverses a revaluation decrement previously recognised as an expense.
- (c) Any decrement is recognised as an expense in the Income Statement, except to the extent that any decrement reverses a revaluation increment previously credited to the asset revaluation reserve

Note 29 Accumulated surplus/(deficiency)

Balance at start of year	(1,448,347)	(989,033)
Result for the period	(127,256)	(459,314)
Rounding		
Balance at end of year	<u>(1,575,603)</u>	<u>(1,448,347)</u>

Western Australian Alcohol and Drug Authority

Notes to the Financial Statements

For the year ended 30th June 2007

	2007	2006
	\$	\$
Note 30 Notes to the Cash Flow Statement		
a) Reconciliation of cash		
Cash assets at the end of the financial year as shown in the Cash Flow Statement is reconciled to the related items in the Balance Sheet as follows:		
Cash and cash equivalents (see note 17)	527,313	82,768
Restricted cash and cash equivalents (see note 18)	0	0
	<u>527,313</u>	<u>82,768</u>
b) Reconciliation of net cash flows to net cost of services used in operating activities		
Net cash used in operating activities (Cash Flow Statement)	(39,706,780)	(35,325,081)
Increase/(decrease) in assets:		
GST receivable	(143,170)	1,680
Other current receivables	(228,289)	268,554
Inventories	(3,267)	4,398
Prepayments	(64,292)	(7,115)
Decrease/(increase) in liabilities:		
Doubtful debts provision	0	0
Payables	109,012	(454,382)
Accrued salaries	67,645	(142,773)
Current provisions	(279,018)	(71,080)
Non-current provisions	(127,862)	(74,721)
Income received in advance	0	0
Other liabilities	2,519	0
Non-cash items:		
Depreciation and amortisation expense (note 9)	(383,283)	(226,029)
Net gain / (loss) from disposal of non-current assets (note 11)	(4,795)	(40,069)
Capital user charge paid by Department of Health (note 10)	(841,000)	(402,000)
Superannuation liabilities assumed by the Treasurer (note 16)	(24,713)	(6,556)
Net GST (receipts) / payments	(2)	(1)
Net cost of services (Income Statement)	<u>(41,627,295)</u>	<u>(36,475,175)</u>

Western Australian Alcohol and Drug Authority

Notes to the Financial Statements

For the year ended 30th June 2007

	2007	2006
	\$	\$
c) Notional cash flows		
Service appropriations as per Income Statement	41,475,326	36,009,305
Capital appropriations credited directly to Contributed Equity (Refer Note 27)	80,000	102,000
Holding account drawdowns credited to Amounts Receivable for Services (Refer Note 19)	0	0
	<u>41,555,326</u>	<u>36,111,305</u>
Less notional cash flows:		
Items paid directly by the Department of Health for the Authority and are therefore not included in the Cash Flow Statement:		
Interest paid to WA Treasury Corporation	0	0
Repayment of interest-bearing liabilities to WA Treasury Corporation	0	0
Interest paid to Department of Treasury & Finance	0	0
Repayment of interest-bearing liabilities to Department of Treasury & Finance	0	0
Capital user charge	(841,000)	(402,000)
Accrual appropriations	(462,560)	(220,135)
Capital works expenditure	0	0
Other non cash adjustments to service appropriations	0	0
	<u>(1,303, 560)</u>	<u>(622,135)</u>
Cash Flows from State Government as per Cash Flow Statement	<u>40,251,766</u>	<u>35,489,170</u>

At the reporting date, the Authority had fully drawn on all financing facilities, details of which are disclosed in the financial statements.

Western Australian Alcohol and Drug Authority

Notes to the Financial Statements

For the year ended 30th June 2007

2007	2006
\$	\$

Note 31 Remuneration of members of the Accountable Authority and senior officers

Remuneration of members of the Accountable Authority

The number of members of the Accountable Authority, whose total of fees, salaries, superannuation and other benefits for the reporting period falls within the following bands are:

\$0 - \$10,000	2	2
\$10,001 - \$20,000	1	1
	<u>3</u>	<u>3</u>

The total remuneration of the members of the Accountable Authority is:

13,394	19,055
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Remuneration of senior officers

The number of senior officers other than senior officers reported as members of the Accountable Authority, whose total of fees, salaries, superannuation, non-monetary benefits and other benefits for the financial year, fall within the following bands are:

\$10,001 - \$20,000	1	1
\$30,001 - \$40,000	0	1
\$80,001 - \$90,000	0	3
\$90,001 - \$100,000	1	2
\$100,001 - \$110,000	1	3
\$110,001 - \$120,000	1	0
\$120,001 - \$130,000	3	0
\$160,001 - \$170,000	1	0
\$200,001 - \$280,000	1	1
Total	<u>9</u>	<u>11</u>

The total remuneration of senior officers is:

1,136,931	1,056,217
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The total remuneration includes the superannuation expense incurred by the Authority in respect of senior officers other than senior officers reported as members of the Accountable Authority.

Note 32 Remuneration of auditor

Remuneration to the Auditor General for the financial year is as follows:

Auditing the accounts, financial statements and performance indicators	<u>37,000</u>	<u>35,328</u>
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Western Australian Alcohol and Drug Authority

Notes to the Financial Statements

For the year ended 30th June 2007

	2007	2006
	\$	\$
Note 33 Commitments		
Operating lease commitments:		
Commitments in relation to non-cancellable leases contracted for at the balance date but not recognised in the financial statements, are payable as follows:		
Within 1 year	55,231	53,238
Later than 1 year, and not later than 5 years	37,061	35,445
	<u>92,292</u>	<u>88,683</u>
Representing:		
Non-cancellable operating leases	<u>92,292</u>	<u>88,683</u>
	<u>92,292</u>	<u>88,683</u>

The operating lease commitments are all inclusive of GST.

Note 34 Contingent liabilities and contingent assets

At the reporting date, the Authority is not aware of any contingent liabilities and contingent assets.

Note 35 Events occurring after balance sheet date

There were no events occurring after the balance sheet date which had significant financial effects on these financial statements.

Note 36 Related bodies

A related body is a body which receives more than half its funding and resources from the Authority and is subject to operational control by the Authority.

The Authority have no related bodies during the financial year.

Note 37 Affiliated bodies

An affiliated body is a body which receives more than half its funding and resources from the Authority and is not subject to operational control by the Authority.

The Authority had no affiliated bodies during the reporting period.

Western Australian Alcohol and Drug Authority

Notes to the Financial Statements

For the year ended 30th June 2007

Note 38 Explanatory Statement

(A) Significant variances between actual results for 2006 and 2007

Significant variations between actual results with the corresponding items of the preceding reporting period are detailed below. Significant variations are those greater than 10% or that are 4% or more of the current year's Total Cost of Services.

	Note	2007 Actual \$	2006 Actual \$	Variance \$
Expenses				
Employee benefits expense		14,479,675	13,386,423	1,093,252
Patient support costs	(a)	24,002,663	19,141,978	4,860,685
Depreciation and amortisation expense	(b)	383,283	226,029	157,254
Capital user charge	(c)	841,000	402,000	439,000
Loss on disposal of non-current assets	(d)	4,795	40,069	(35,274)
Other expenses	(e)	3,626,006	4,801,148	(1,175,142)
Other grants and contributions	(f)	90,033	77,972	12,061
Other revenues	(g)	1,620,094	1,444,500	175,594
Service appropriations	(h)	41,475,326	36,009,305	5,466,021
Liabilities assumed by the Treasurer	(i)	24,713	6,556	18,157

(a) Patient support costs

The increased cost was associated with various Commonwealth Programs, plus several grants to the NGO sector for specific drug and alcohol program initiatives.

(b) Depreciation and amortisation expense

The revaluation of buildings in 2006-07 contributed to the increase in depreciation expense.

(c) Capital user charge

Increase in capital user charge in 2006-7 due to revaluation of land and buildings.

(d) Loss on disposal of non-current assets

The variance is principally attributable to a review and write down of assets in 2005-06 that have exceeded their useful life.

(e) Other expenses

The change in other expenses is largely due to the decrease payment of FBT liability. The reason for the reduction is that both the number of people packaging salary with the value allowed has reduced. Only one year is now left in the FBT transition grant.

(f) Other grants and contributions

The increase relates to funding received from Healthway W.A. for sponsorship services, promoting Drug Aware and Enough is Enough.

(g) Other revenues

The variance mainly arises from the Office of Aboriginal and Torres Straight Islander Health, the purpose is the Pilbara Aboriginal Drug and Alcohol Program.

Western Australian Alcohol and Drug Authority

Notes to the Financial Statements

For the year ended 30th June 2007

Note 38 Explanatory Statement (continued)

(h) Service appropriations

Appropriation increased for the year due to increase in funds received for various Commonwealth Programs.

(i) Liabilities assumed by the Treasurer

The increase relates to the assumption of the pension superannuation liabilities by the Treasurer from June 2006.

(B) Significant variations between estimates and actual results for 2007

Significant variations between the estimates and actual results for income and expenses are detailed below. Significant variations are considered to be those greater than 10% of the budget estimates.

	Note	2007 Actual \$	2007 Estimates \$	Variance \$
Operating expenses				
Employee benefits expense	(a)	14,480	16,434	(1,954)
Other goods and services	(b)	28,857	25,486	3,371
Total expenses		43,337	41,920	1,417
Less: Revenues	(c)	(1,710)	(1,286)	(424)
Net cost of services		41,627	40,634	993

(a) Employee benefits expense

Employee expenses were less than estimated mainly due to leave entitlements.

(b) Other goods and services

The \$3.5m increase in other goods and services expenses compared to budget is mainly attributable to several contracts to the NGO sector for specific drug and alcohol program initiatives being greater than those estimated.

(c) Revenues

The variance mainly arises from the Office of Aboriginal and Torres Straight Islander Health, the purpose is the Pilbara Aboriginal Drug and Alcohol Program.

Western Australian Alcohol and Drug Authority

Notes to the Financial Statements

For the year ended 30th June 2007

Note 39 Financial instruments

(a) Financial risk management objectives and policies

Financial instruments held by the Authority are cash and cash equivalents, receivables and payables. The Authority has limited exposure to financial risks. The Authority's overall risk management program focuses on managing the risks identified below.

Credit risk

The Authority trades only with recognised, creditworthy third parties. The Authority has policies in place to ensure that sales of products and services are made to customers with an appropriate credit history. In addition, receivable balances are monitored on an ongoing basis with the result that the Authority's exposure to bad debts is minimal. There are no significant concentration of credit risk.

Liquidity risk

The Authority has appropriate procedures to manage cash flows including drawdowns of appropriations by monitoring forecast cash flows to ensure that sufficient funds are available to meet its commitments.

Cash flow interest rate risk

The Authority is not exposed to interest rate risk because cash and cash equivalents and restricted cash are non-interest bearing and have no borrowings.

(b) Financial instrument disclosures

Interest rate risk exposure

The following table details the Authority's exposure to interest rate risk as at the balance sheet date:

As at 30 June 2007	Weighted average effective interest rate %	Variable interest rate	Fixed interest rate maturities					Total
			Within 1 year	1-2 years	2-3 years	3-4 years	4-5 years	
		\$	\$	\$	\$	\$	\$	\$
Financial Assets								
Cash and cash equivalents								527
Receivables		0	0	0	0	0	0	135
								662
Financial Liabilities								
Payables		0	0	0	0	0	0	442
								442
Net financial assets / (liabilities)		0	0	0	0	0	0	220

Western Australian Alcohol and Drug Authority

Notes to the Financial Statements

For the year ended 30th June 2007

Note 39 Financial instruments (continued)

As at 30 June 2007	Weighted average effective interest rate %	Variable interest rate	Fixed interest rate maturities					Total	
			Within 1 year	1-2 years	2-3 years	3-4 years	4-5 years		More than 5 years
		\$	%	\$	\$	\$	\$	\$	\$
Financial Assets									
Cash and cash equivalents									83
Receivables		0	0	0	0	0	0	0	506
									589
Financial Liabilities									
Payables		0	0	0	0	0	0	0	551
									551
Net financial assets / (liabilities)		0	0	0	0	0	0	0	38

Fair Values

All financial assets and liabilities recognised in the balance sheet, whether they are carried at cost or fair value, are recognised at amounts that represent a reasonable approximation of fair value unless otherwise stated in the applicable notes.

Western Australian Alcohol and Drug Authority

Notes to the Financial Statements

For the year ended 30th June 2007

Note 40 Schedule of Income and Expenses by Services

	Drug and Alcohol		Total	
	2007	2006	2007	2006
	\$	\$	\$	\$
COST OF SERVICES				
Expenses				
Employee benefits expense	14,479,675	13,386,423	14,479,675	13,386,423
Patient support costs	24,002,663	19,141,978	24,002,663	19,141,978
Depreciation and amortisation expense	383,283	226,029	383,283	226,029
Capital user charge	841,000	402,000	841,000	402,000
Loss on disposal of non-current assets	4,795	40,069	4,795	40,069
Other expenses	3,626,006	4,801,148	3,626,006	4,801,148
Total cost of services	43,337,422	37,977,647	43,337,422	37,977,647
INCOME				
Other grants and contributions	90,033	77,972	90,033	77,972
Other revenues	1,620,094	1,444,500	1,620,094	1,444,500
Total income other than income from State Government	1,710,127	1,522,472	1,710,127	1,522,472
NET COST OF SERVICES	41,627,295	36,475,175	41,627,295	36,475,175
INCOME FROM STATE GOVERNMENT				
Service appropriations	41,475,326	36,009,305	41,475,326	36,009,305
Liabilities assumed by the Treasurer	24,713	6,556	24,713	6,556
Resources received free of charge	0	0	0	0
Total income from State Government	41,500,039	36,015,861	41,500,039	36,015,861
SURPLUS/(DEFICIT) FOR THE PERIOD	(127,256)	(459,314)	(127,256)	(459,314)

KEY PERFORMANCE INDICATORS

Western Australian Alcohol and Drug Authority
Certification of Performance Indicators
For the year ended 30 June 2007

We hereby certify that the Performance Indicators are based on proper records, are relevant and appropriate for assisting users to assess the Western Australian Alcohol and Drug Authority's performance, and fairly represent the performance of the Authority for the financial year ending 30 June 2007.



Mike Daube
Chairperson/Member of the Board
**Western Australian Alcohol
and Drug Authority**

17 August 2007



Terry Murphy
Executive Director
Drug and Alcohol Office
**Western Australian Alcohol
and Drug Authority**

17 August 2007

INDICATORS OF EFFECTIVENESS

Outcome 1: Improvement in the general health, psychological health and social relationships of people experiencing alcohol and other drug related problems.

Indicators 1.1 and 1.2 are for outpatient services provided directly by the Western Australian Alcohol and Drug Authority through centres in East Perth (including a specialist Youth Service), Warwick, Rockingham and Fremantle. Indicators 1.3 and 1.4 refer to inpatient withdrawal services provided at East Perth.

Indicators 1.5, 1.6 and 1.7 are for inpatient and outpatient services provided by not-for-profit organisations funded by the Western Australian Alcohol and Drug Authority. These include five metropolitan community drug services, seven regional Community Drug Service Teams and 27 organisations which provide treatment services, seven of which provide inpatient residential services.

Prior to 1 July 2002 services provided by not-for-profit organisations were the responsibility of the Western Australian Drug Abuse Strategy Office. Reporting and data collection systems for services provided by not-for-profit organisations therefore differ from those provided by the Western Australian Alcohol and Drug Authority which results in different effectiveness indicators for the two categories of services.

Effectiveness Indicators

- 1.1 Percentage of Western Australian Alcohol and Drug Authority outpatient treatment episodes rated by clinicians as having improved the general health, psychological health, social relationships and drug use of clients.
- 1.2 Percentage of Western Australian Alcohol and Drug Authority outpatient clients who report being satisfied with treatment services.
- 1.3 Percentage of Western Australian Alcohol and Drug Authority inpatient treatment episodes rated by clinicians as having improved the general health, psychological health, social relationships and drug use of clients.
- 1.4 Percentage of Western Australian Alcohol and Drug Authority inpatient clients who report being satisfied with treatment services.
- 1.5 Percentage of clients who remained in treatment until completion of treatment programs in not-for-profit organisations funded by the Western Australian Alcohol and Drug Authority.
- 1.6 Improvement in the general health, psychological health, social relationships and drug use of clients of not-for-profit organisations funded by the Western Australian Alcohol and Drug Authority as rated by clients before and after treatment.
- 1.7 Percentage of clients of not-for-profit organisations funded by the Western Australian Alcohol and Drug Authority who report being satisfied with outpatient and inpatient treatment services.

1.1 Percentage of Western Australian Alcohol and Drug Authority outpatient treatment episodes rated by clinicians as having improved the general health, psychological health, social relationships and drug use of clients.

Assessments by clinicians providing services through the Western Australian Alcohol and Drug Authority indicate improvements following treatment.

Table 1.1.1 - Percentage of clients rated as "improved" when leaving an outpatient treatment program at the Western Australian Alcohol and Drug Authority.

Component of Treatment	Target	2006/07	2005/06	2004/05	2003/04	2002/03
General Health	60%	66%	69%	71%	64%	66%
Psychological Health	60%	66%	68%	71%	63%	66%
Social Relationships	60%	59%	63%	65%	57%	63%
Primary Drug Use	60%	73%	77%	77%	69%	68%

Notes:

- information is based on ratings of improvement made by clinicians for clients who left a program of treatment during the year. Information is not available for clients who attended services for assessment but did not proceed to a treatment program during the year;
- the rating of "improved" used in the indicator includes clients who were rated as "improved" and "much improved" by clinicians;
- the population for this indicator is made up of those clients who were treated during 2006/07 and the population size is 3,484;
- a formal survey was not conducted requiring questionnaires to be returned and so the concept of a response rate is not appropriate for this indicator; however it is informative to note that assessments of improvement were made for 594 clients or 48% of the 1,234 clients who left a treatment program; the remaining 52% of clients were not available for a rating to be made when they left treatment or the rating was not made for other administrative reasons;
- the sample size is 594; and
- survey results have a sampling precision of plus or minus 3.66% at the 95% confidence level with a presumed proportion of incidence in the population of 0.5 using a population size of 3,484 and a sample size of 594.

1.2 Percentage of Western Australian Alcohol and Drug Authority outpatient clients who report being satisfied with treatment services.

Research shows that levels of client satisfaction with drug and alcohol treatment are related to the levels of treatment success and the extent to which they remain in treatment.

Table 1.2.1 - Percentage of Western Australian Alcohol and Drug Authority outpatient clients who report being satisfied with treatment services.

Target	2006/07	2005/06	2004/05	2003/04	2002/03
90%	94%	89%	94%	92%	87%

Notes:

- this indicator refers to the population of outpatient clients who were treated during 2006/07 and the population size is 3,484;
- in order to assess the level of satisfaction with outpatient treatment services for this population a client survey was carried out during May and June 2007 at Western Australian Alcohol and Drug Authority services in East Perth (including the Youth Service), Warwick, Rockingham and Fremantle. Information was collected by clients completing a survey. Those who were attending for an initial assessment only or who were considered by a clinician to be distressed were excluded from the survey. Some clients

declined to be interviewed. Clients who had not completed treatment at the time of the survey were included in the survey;

- 420 surveys were distributed of which 316 were returned, giving a response rate of 75%; and
- survey results have a sampling precision of plus or minus 5.26% at the 95% confidence level with a presumed proportion of incidence in the population of 0.5 using a sample size of 316 and a population of 3,484.

1.3 Percentage of Western Australian Alcohol and Drug Authority inpatient treatment episodes rated by clinicians as having improved the general health, psychological health, social relationships and drug use of clients.

Assessments by clinicians providing services through the Western Australian Alcohol and Drug Authority indicate improvements following treatment.

Table 1.3.1 - Percentage of clients rated as “improved” when leaving an inpatient treatment program at the Western Australian Alcohol and Drug Authority.

Component of Treatment	Target	2006/07	2005/06	2004/05	2003/04	2002/03
General Health	90%	90%	85%	93%	89%	89%
Psychological Health	90%	89%	84%	93%	88%	87%
Social Relationships	90%	87%	84%	90%	83%	87%
Primary Drug Use	90%	90%	85%	93%	91%	89%

Notes:

- information is based on ratings of improvement made by clinicians for clients who left a program of treatment during the year. Information is not available for clients who attended services for assessment but did not proceed to a treatment program during the year;
- the rating “improved” includes clients who are rated as “improved” and “much improved” by clinicians;
- the population for this indicator is made up of those clients who left a program of treatment during 2006/07 and the population size is 502;
- a formal survey was not conducted requiring questionnaires to be returned and so the concept of a response rate is not appropriate for this indicator; however it is informative to note that assessments of improvement were made for 450 clients or 90% of the 502 clients who left a treatment program; the remaining 10% of clients were not available for a rating to be made when they left treatment or the rating was not made for other administrative reasons;
- the sample size is 450; and
- survey results have a sampling precision of plus or minus 1.49% at the 95% confidence level with a presumed proportion of incidence in the population of 0.5 using a population size of 502 and a sample size of 450.

1.4 Percentage of Western Australian Alcohol and Drug Authority inpatient clients who report being satisfied with treatment services.

Research shows that levels of client satisfaction with drug and alcohol treatment are related to the levels of treatment success and the extent to which they remain in treatment.

Table 1.4.1 - Percentage of Western Australian Alcohol and Drug Authority inpatient clients who report being satisfied with treatment services.

Target	2006/07	2005/06	2004/05	2003/04	2002/03
95%	96%	98%	95%	96%	93%

Notes:

- this indicator refers to the population of inpatient clients who left a program of treatment during the year, the population size is 502;
- in order to assess the level of satisfaction with outpatient treatment services a client survey was carried out by clinical staff throughout 2006/07 at Western Australian Alcohol and Drug Authority services in East Perth. Information was collected by direct interview with clients. Those who were attending for an initial assessment only or who were considered by a clinician to be distressed were excluded from the survey. Some clients declined to be interviewed;
- 502 clients were treated during the year and a sample of 284 participated in the survey giving a response rate of 57%; and
- survey results have a sampling precision of plus or minus 3.83% at the 95% confidence level with a presumed proportion of incidence in the population of 0.5 using a sample size of 284 and a population size of 502.

1.5 Percentage of clients who remained in treatment until completion of treatment programs in not-for-profit organisations funded by the Western Australian Alcohol and Drug Authority.

Treatment for people with alcohol and drug related problems is significantly enhanced if they remain in treatment until the program is complete or they leave with the agreement of their clinician. This measure provides an indication of the extent to which treatment outcomes are likely to be achieved.

Table 1.5.1 - Percentage of clients remaining in outpatient and inpatient treatment programs until completion in not-for-profit organisations funded by the Western Australian Alcohol and Drug Authority.

Service Type	Target	2006/07	2005/06	2004/05	2003/04	2002/03
Inpatient	60%	53%	50%	51%	63%	66%
Outpatient	60%	63%	65%	62%	66%	68%

Notes:

- information is based on clients who left a service provided by not-for-profit organisations funded by the Western Australian Alcohol and Drug Authority during the year. Some clients may have used more than one service during the year and so episodes of treatment have been used in the calculation of the above figures;
- clients were considered not to have completed treatment if they had left a service for one of the following reasons: against advice of the service, did not comply with the conditions of the program, left without notice, died, imprisoned; and
- for 2004/05 and subsequent years improvements were made to the recording of assessments for two major organisations, Bridge House and Palmerston. At Bridge House clients attending the sobering-up centre are no longer counted as having completed a program of treatment. At Palmerston assessments are no longer made at the Palmerston farm facility but are made at the Palmerston Centre and included in the records of episodes of treatment.

1.6 Improvement in the general health, psychological health, social relationships and drug use of clients of not-for-profit organisations funded by the Western Australian Alcohol And Drug Authority as rated by clients before and after treatment.

This indicator is based on assessments made by clients before and after treatment in both inpatient and outpatient services.

Table 1.6.1 - Percentage of clients with positive ratings of each component of treatment “pre” and “post” treatment for inpatient and outpatient services in-not-for profit organisations.

Component of Treatment	Target (% Change)	2006/07			2005/06		
		“Pre”	“Post”	Change in %	“Pre”	“Post”	Change in %
General Health	30%	42%	63%	+21	44%	68%	+24
Psychological Health	30%	19%	43%	+24	21%	43%	+22
Social Relationships	20%	52%	67%	+15	54%	71%	+17
Primary Drug Use	30%	34%	61%	+27	35%	69%	+34

2004/2005			2003/04			2002/03		
“Pre”	“Post”	Change in %	“Pre”	“Post”	Change in %	“Pre”	“Post”	Change in %
43%	64%	+21	39%	63%	+24	33%	63%	+30
20%	42%	+22	18%	42%	+24	16%	41%	+25
52%	67%	+15	46%	59%	+13	43%	62%	+19
33%	62%	+29	28%	68%	+40	26%	62%	+36

Notes:

- information is based on self-report ratings made by clients regarding their health, levels of stress (which is used as an indication of their psychological health), social relationships and the extent of problems experienced as a result of drug and alcohol use. These ratings are made at the beginning of treatment and at or near completion;
- the questionnaire uses a five point rating scale for each of the conditions listed above, clients who rated their condition in the two most positive rating categories were rated as “positive” for this indicator;
- the following people are not included in this measure:
 - clients who did not complete treatment;
 - clients who remained in treatment at the end of the year;
 - clients who chose not to fill in a self-report questionnaire;
 - people diverted from the court system for an education program regarding cannabis; and
 - people who received services to assist with alcohol or drug problems of relatives or friends;
- some clients accessed more than one episode of treatment during the year and some may have contributed to more than one rating;
- population size: 7,015 programs of treatment were completed during 2006/07;
- survey sample size: the minimum number of assessments for the component of treatment is 1,571;
- it is not known how many of the original sample of clients who completed a “pre” questionnaire were invited to complete a “post” questionnaire and a response rate is not available;
- survey results have a sampling precision of plus or minus 2.18% at the 95% confidence level with a presumed proportion of incidence in the population of 0.5 using a sample size of 1571 and a population size of 7,015; and
- this table combines inpatient and outpatient ratings.

1.7 Percentage of clients of not-for-profit organisations funded by the Western Australian Alcohol and Drug Authority who report being satisfied with inpatient and outpatient treatment services.

Research shows that levels of client satisfaction with drug and alcohol treatment are related to the levels of treatment success and the extent to which they remain in treatment.

Table 1.7.1 - Percentage of clients of not-for-profit organisations funded by the Western Australian Alcohol and Drug Authority who report being satisfied with treatment services.

Target	2006/07	2005/06	2004/05	2003/04	2002/03
95%	94%	93%	91%	95%	91%

Notes:

- the notes for Table 1.6.1 also apply to the above table;
- categories of “very” and “moderately” satisfied with services were combined for the above ratings;
- survey sample size is 1,538;
- survey results have a sampling precision of plus or minus 2.21% at the 95% confidence level with a presumed proportion of incidence in the population of 0.5 using a sample size of 1,538 and a population size of 7,015; and
- this table combines inpatient and outpatient ratings.

Outcome 2: Increased knowledge, competence and confidence of human services professionals when working with people experiencing alcohol and other drug problems.

The Western Australian Alcohol and Drug Authority provides training to a large range of human services workers and volunteers to enhance their ability to treat and support people with drug and alcohol related problems. Training is provided to workers in the Western Australian Alcohol and Drug Authority, not-for-profit organisations and additional services which provide assistance to people with drug and alcohol problems.

Effectiveness Indicator

2.1 Ratings by participants in training events regarding usefulness to participants' work, increase in knowledge, competence and confidence to work with people experiencing drug and alcohol problems.

Research shows that increasing knowledge, confidence and competence increases the probability that a clinician will successfully engage and respond to the needs of people affected by drug and alcohol use.

Table 2.1.1 - Percentage of participants in training with positive ratings of training outcomes.

Training Outcome	Target	2006/07	2005/06	2004/05	2003/04	2002/03
Usefulness to participant's work or study	80%	86%	82%	72%	78%	79%
Increase in knowledge of drug and alcohol issues	65%	75%	69%	63%	65%	68%
Increase in level of confidence in working in this area	55%	65%	59%	58%	55%	64%
Increase in level of competence to work with drug and alcohol issues	55%	62%	55%	57%	53%	59%

Notes:

- information is based on post training evaluation questionnaires completed by all participants in events which were evaluated;
- evaluations were conducted for 134 of the 154 training events during the year (87%);
- the questionnaire uses a five point rating scale. The above ratings are based on the number of participants rating a training outcome in one of the two most positive categories, namely "very satisfied" or "extremely satisfied";
- the population size is 2,483 which is the total number of participants in training during the year;
- the sample size varies depending on the training outcome. It was 1,878 for the first two outcomes listed in the above table and 1,191 for the last two;
- the response rates for the first two outcomes were 86% and 91% for the last two; and
- survey results have a sampling precision of plus or minus 1.12% for the first two outcomes and 2.05% for the last two at the 95% confidence level with a presumed proportion of incidence in the population of 0.5 using the above population and sample sizes.

Outcome 3: Prevent or delay the uptake, and reduce the harm, associated alcohol and other drug use.

The Western Australian Alcohol and Drug Authority conducts campaigns and other activities to achieve this outcome. Indicators 3.1 and 3.2 reflect the impact of preventive initiatives of a range of government departments. A major strategy to achieve this outcome is media campaigns; their effectiveness is measured in indicator 3.3. The social acceptability of drug and alcohol use influences the prevalence of use and levels of harmful use.

Effectiveness Indicators	
3.1	Prevalence and risk of harm associated with alcohol use and the prevalence of illegal drug use in the population aged 14 years and above.
3.2	Prevalence and risk of harm associated with alcohol use among school students aged 12 to 17 years.
3.3	The success of campaigns to reduce the social acceptability of risky alcohol use and drug use and increase the awareness of associated harm.

3.1 Prevalence and risk of harm associated with alcohol use and the prevalence of illegal drug use in the population aged 14 years and above.

Alcohol is a major cause of disease and injury. The Western Australian Alcohol and Drug Authority impacts on alcohol consumption by preventing or delaying the onset of risky alcohol use and reducing the harms that may result from risky use. Consuming alcohol at levels of long-term risk relates to poor health outcomes and short-term risk of injury such as road crash, assault and other social problems. This indicator uses information from a survey conducted every three years and provides a view of alcohol and drug use over time. No new data are available for 2006/07.

Table 3.1.1 - Percentage of people in the population (14 years and over) who have consumed alcohol in the past 12 months and consumed at levels of long-term and short-term risk. Prevalence of illegal drug use.

	Target	2004/05	2001/02	1998/99	1995/96
Prevalence of alcohol use (% who consumed alcohol in past 12 months)	90%	87%	84%	86%	80%
Long-term risk consumption	10%	11%	11%	N/A	N/A
Short-term risk consumption	38%	39%	38%	N/A	N/A
Prevalence of illegal drug use (% who consumed any illegal drugs in past 12 months)	16%	17%	19%	22%	N/A
Prevalence of illegal drug use excluding cannabis	7%	6%	8%	9%	N/A

Notes:

- information is based on the National Drug Strategy Household Survey (NDSHS) which is conducted every three years and published by the Australian Institute of Health and Welfare;
- there are no new data for 2006/07, the next survey is to be completed in 2007;
- illegal drug use refers to the use of amphetamines, heroin, cocaine, hallucinogens, ecstasy and, where applicable, cannabis;
- short-term risky alcohol consumption: that men do not exceed six standard drinks and women do not exceed four standard drinks on any single day of drinking; and
- long-term risky alcohol consumption: that men do not exceed four standard drinks on an average day (or 28 standard drinks per week) and women do not exceed two standard drinks on an average day (or 14 standard drinks per week).

3.2 Prevalence and risk of harm associated with alcohol use among school students aged 12 to 17 years.

Preventing or delaying the onset of risky alcohol consumption among school students reduces the impact of short-term risk and contributes to the prevention of long-term health related harm. This indicator uses information from a survey conducted every three years and provides a view of alcohol use over time. No new information is available for 2006/07; however data for 2005/06 which were not previously available are now reported.

Table 3.2.1 - Percentage of school students who have consumed alcohol in the past 12 months and consumed at levels of short-term risk.

	2005/06	2002/03	1999/00	1996/97	1993/94	1990/91
Prevalence (% who consumed alcohol in past 12 months)	65%	73%	74%	74%	71%	71%
Short-term risky consumption	8%	8%	9%	8%	5%	6%

Notes:

- information is based on the Australian School Students Alcohol and Drugs (ASSAD) survey which is conducted every three years; and
- short-term risky alcohol consumption: that men do not exceed six standard drinks and women do not exceed four standard drinks on any single day of drinking.

3.3 The success of campaigns to reduce the social acceptability of risky alcohol and other drug use and increase the awareness of associated harm.

Table 3.3.1 - Percentage of persons in campaign target groups who were aware of the campaign and were able to recall the main campaign messages.

Campaign	Target		2006/07		2005/06		2004/05		2003/04		2002/03	
	Aware	Correct	Aware	Correct	Aware	Correct	Aware	Correct	Aware	Correct	Aware	Correct
Alcohol												
Standard Drinks*	-	-	-	-	-	-	-	-	-	-	38%	20%
Enough is Enough campaign	35%	17%	13%	9%	-	-	34%	28%	-	-	-	-
Drugs												
DA** Amphetamine Education Strategy	35%-	17%	36%	22%	-	-	-	-	-	-	52%	42%
Youth Drug Driving*	35%	17%-	-	-	38%	-	-	-	-	-	-	-
DA Cannabis*	-	-	-	-	-	-	-	-	29%	7%	-	-

Notes:

- *these campaigns are no longer conducted or evaluated;
- **DA refers to the Drug Aware Program;
- all targets are subject to the campaigns being conducted;
- evaluation resources are allocated to different campaigns annually as required, only the Enough is Enough and Drug Aware campaigns were evaluated in 2006/07;
- “Awareness” refers to the percentage of the target population for the campaign who report being aware (when prompted) of the campaign elements during the post campaign evaluation;
- if more than one medium was used in a campaign (eg. TV and radio), “Awareness” refers to the overall awareness from any medium, where reported. If overall awareness has not been reported then the medium having the greatest awareness (eg. radio) has been used;
- “Correct” refers to the proportion of the target population who correctly recalled at least one of the main campaign messages during the post-campaign evaluation;
- if more than one medium was used in a campaign, “correct” has been reported for the same medium as “awareness” (ie. overall where reported, or the medium having the greatest awareness);
- “Correct” is usually reported in campaign reports as a percentage of those who are “Aware”. In this indicator it is expressed as a percentage of the total sample representing the target population;
- Campaign details:
 - Standard Drinks: information about safe levels of alcohol consumption: target group 18-44 year olds;
 - Drug Aware provides information about the harms associated with illegal drug use;
 - Enough is Enough: Social Marketing Program aimed at raising awareness about public drunkenness, its related problems and what the community can do about the issue;
 - Youth Drug Driving Campaign: increased awareness of the effects of drugs on driving - target group 17-25;
 - Cannabis: increased the awareness of the changes to the cannabis legislation – target group 18-60 years; and
- post-campaign evaluations are not necessarily conducted with the whole target group, but a subset of this group. Where this has occurred, the results are taken to be representative of the whole target group; and
- in this table, cells where information is not available are designated by a “dash”.

INDICATORS OF EFFICIENCY

Service Group 1: Treatment Services

Efficiency Indicators

- 1.1 Cost of treating outpatient clients in Western Australian Alcohol and Drug Authority services.
- 1.2 Cost of treating inpatient clients in Western Australian Alcohol and Drug Authority services.
- 1.3 Cost of treating outpatient clients in not-for-profit organisations funded by the Western Australian Alcohol and Drug Authority.
- 1.4 Cost of treating inpatient clients in not-for-profit organisations funded by the Western Australian Alcohol and Drug Authority.

1.1 Cost of treating outpatient clients in Western Australian Alcohol and Drug Authority services.

This indicator represents the total cost of providing services to outpatients who receive a program of treatment at services provided by the Western Australian Alcohol and Drug Authority services at East Perth, including the Youth Service, Warwick, Rockingham and Fremantle. This indicator measures efficiency through the cost per client treated and cost effectiveness through the cost per completed treatment program.

Table 1.1.1 - Cost per outpatient client treated in Western Australian Alcohol and Drug Authority services.

	Target	2006/07	2005/06	2004/05	2003/04	2002/03
Cost per client treated	\$1,646	\$1,830	\$1,780	\$1,598	\$1,510	\$2,483
Cost per completed treatment program	\$8,927	\$9,813	\$9,767	\$8,667	\$5,598	\$6,898

Notes:

- the cost per client completing treatment is based on the number of clients who left treatment at completion or for other reasons positively related to treatment, for instance to continue treatment in another service;
- the costs for 2002/03 to 2004/05 include support to treatment providers in the community that was accounted for elsewhere in previous years;
- cost per completed treatment program is based on 822 episodes of treatment; and
- the costs in this indicator are influenced by the number of clients presenting for treatment and the proportion who complete treatment which varies over time. In 2006/07 the number of clients treated was 4,868 compared to 4,510 in 2005/06, 4,875 in 2004/05 and 4,761 in 2003/04. The number of clients completing treatment in 2006/07 was 908 compared to 822 in 2005/06, 899 in 2004/05 and 974 in 2003/04.

1.2 Cost of treating inpatient clients in Western Australian Alcohol and Drug Authority services.

This indicator represents the cost of providing services to inpatients at the Western Australian Alcohol and Drug Authority drug withdrawal service in East Perth. This indicator measures efficiency through the cost per client treated and cost per occupied bed day and cost effectiveness through the cost per client who completed treatment.

Table 1.2.1 - Cost per client treated in Western Australian Alcohol and Drug Authority inpatient services.

	Target	2006/07	2005/06	2004/05	2003/04	2002/03
Cost per client treated	\$5,783	\$6,628	\$5,902	\$5,615	\$4,792	\$5,049
Cost per completed treatment program	\$6,883	\$8,075	\$7,826	\$6,683	\$5,947	\$6,658
Cost per occupied bed day	\$808	\$964	\$905	\$784	\$716	\$940

Notes:

- the cost per client completing treatment is based on the number of clients who left treatment at completion or for other reasons positively related to treatment, for instance to continue treatment in another service;
- the costs for 2002/03 to 2004/05 include support to treatment providers in the community that was accounted for elsewhere in previous years;
- the cost per completed treatment program is based on 412 episodes of treatment; and
- the costs in this indicator are influenced by the number of clients presenting for treatment and the proportion who complete treatment which varies over time. In 2006/07 the number of clients treated was 502 compared with 484 in 2005/06, 469 in 2004/05 and 484 in 2003/04. The number of clients completing treatment was 412 in 2006/07 compared with 365 in 2005/06, 394 in 2004/05 and 390 in 2003/04. The number of occupied bed days in 2006/07 was 3,451 compared to 3,156 in 2005/06, 3,359 in 2004/05 and 3,283 in 2003/04.

1.3 Cost of treating outpatient clients in not-for-profit organisations funded by the Western Australian Alcohol and Drug Authority.

This indicator represents the cost of providing services to outpatients who receive a program of treatment at services provided by not-for-profit organisations funded by the Western Australian Alcohol and Drug Authority. This indicator measures efficiency through the cost per client treated and cost effectiveness through the cost per client who completed treatment.

Table 1.3.1 - Cost per outpatient client in not-for-profit organisations funded by the Western Australian Alcohol and Drug Authority.

	Target	2006/07	2005/06	2004/05	2003/04	2002/03
Cost per client treated	\$941	\$977	\$871	\$914	\$1,547	\$1,088
Cost per completed treatment program	\$1,530	\$1,539	\$1,348	\$1,485	\$2,340	\$1,597

Notes:

- the cost per client completing treatment is based on the number of clients who left treatment at completion or for other reasons positively related to treatment, for instance to continue treatment in another service;
- the cost per completed treatment program is based on 6,392 episodes of treatment; and

- the costs in this indicator are influenced by the number of clients presenting for treatment and the proportion who complete treatment which varies over time. In 2006/07 the number of clients treated was 10,068 compared to 9,808 in 2005/06, 8,931 in 2004/05 and 12,280 in 2003/04. The number of patients completing treatment in 2006/07 was 6,392 compared to 6,334 in 2005/06, 5,490 in 2004/05 and 6,972 in 2003/04.

1.4 Cost of treating inpatient clients in not-for-profit organisations funded by the Western Australian Alcohol and Drug Authority.

Table 1.4 1 - Cost per inpatient client treated in not-for-profit organisations funded by the Western Australian Alcohol and Drug Authority.

	Target	2006/07	2005/06	2004/05	2003/04	2002/03
Cost per client treated	\$5,705	\$8,044	\$6,446	\$5,539	\$5,245	\$3,349
Cost per completed treatment program	\$11,209	\$16,140	\$13,478	\$10,883	\$8,274	\$5,078
Cost per occupied bed day in treatment services	\$116	\$185	\$158	\$113	\$142	\$116
Cost per occupied bed day in sobering up centres	\$196	\$222	\$173	\$190	\$148	\$165

Notes:

- this indicator measures efficiency through the cost per client treated and occupied bed days and cost effectiveness through the cost per client who completed treatment;
- the cost per client who completed treatment is based on the number of clients who left treatment at completion or for other reasons positively related to treatment, for instance to continue treatment in another service;
- the costs in this indicator are influenced by the number of clients presenting for treatment and the proportion who complete treatment which varies over time. In 2006/07 the number of clients treated was 1,250 compared with 1,173 in 2005/06, 1,006 in 2004/05 and 1,546 in 2003/04. The number of clients completing treatment in 2006/07 was 623 compared with 561 in 2005/06, 512 in 2004/05 and 971 in 2003/04. The number of occupied bed days in 2006/07 was 54,320 compared with 47,939 in 2005/06, 49,464 in 2004/05 and 43,235 in 2003/04. The number of bed days in sobering up centres in 2006/07 was 20,138 compared to 20,757 in 2005/06, 17,810 in 2004/05, and 21,424 in 2003/04;
- in 2006/07 funding was provided to not-for-profit organisations to improve the quality of services through building improvement, quality assurance programs, training etc which has raised unit costs this year, particularly for outpatient services;
- for 2004/05 and subsequent years improvements were made to the recording of assessments for two major organisations, Bridge House and Palmerston. At Bridge House clients attending the sobering-up centre are no longer counted as having completed a program of treatment. At Palmerston assessments are no longer made at the Palmerston farm facility but are made at the Palmerston Centre and included in the records of episodes of treatment.

Service Group 2: Workforce Development

Efficiency Indicator

2.1 Cost per participant hour of training.

The main activity of the Workforce Development Branch is to train staff in services which treat people with drug and alcohol problems.

Table 2.1.1 - Cost per participant hour of training provide by the Western Australian Alcohol and Drug Authority.

	Target	2006/07	2005/06	2004/05	2003/04	2002/03
Cost per participant hour of training	\$130	\$101	\$197	\$126	\$196	\$142

Notes:

- this indicator measures efficiency through the cost of providing training to one participant for one hour;
- costs not directly involved in training are in this indicator;
- the total expenditure is divided by the participant hours (21,927) to calculate the cost per participant hour; and
- the cost per hour is affected by the proportion of training events that are intensive in nature and therefore need additional input in the development of the course itself and the accompanying resources. These intensive programs, which incur increased costs, achieve improved long term training outcomes. The proportion of programs which are intensive vary from year to year depending on requirements.

Service Group 3: Prevention

The Prevention Branch purchases and manages campaigns aimed at preventing or delaying the onset of risky alcohol use and illegal drug use.

Efficiency Indicators

- 3.1 Cost per capita of the Western Australian population 14 years and above for initiatives that delay the uptake, and reduce the harm, associated with alcohol and other drugs.
- 3.2 Cost per person of campaign target groups who are aware of, and correctly recall, the main campaign messages.

3.1 Cost per capita of the Western Australian population 14 years and above for initiatives that delay the uptake, and reduce the harm, associated with alcohol and other drugs.

This indicator includes the staff salaries and corporate overheads but is not available for years before 2002/03. However, direct costs are available for this year and previous years for comparison.

Table 3.1.1 - Cost per capita of prevention initiatives.

	Target	2006/07	2005/06	2004/05	2003/04	2002/03
Direct costs	-		-	-	-	\$2.14
Total costs	\$1.90	\$1.77	\$1.92	\$1.68	\$1.47	\$2.88

Notes:

- the cost per capita is based on estimates of the Western Australian population aged 14 years and over which are obtained from the Australian Bureau of Statistics, Catalog No; 2068.0 2006 Census Tables;
- the costs in this indicator are influenced by the number of campaigns conducted each year, there were two in 2002/03, one in 2003/04, 2004/05, and 2005/06, and two in 2006/07; and
- the per capita cost based on total costs is the preferred method of reporting on this indicator, information based on direct costs provided prior to 2003/04 years is longer reported.

3.2 Cost per person of campaign target groups who are aware of, and correctly recall, the main campaign messages.

Table 3.2.1 - Cost per person in target group for prevention campaigns.

Campaign	Target		2006/07		2005/06		2004/05		2003/04		2002/03	
	Aware	Correct	Aware	Correct	Aware	Correct	Aware	Correct	Aware	Correct	Aware	Correct
Alcohol												
Standard Drinks*	\$0.50	\$1.00	-	-	-	-	-	-	-	-	\$0.57	\$1.08
Enough is Enough	\$0.50	\$1.00	\$0.85	\$1.23	-	-	\$0.13	\$0.16	-	-	-	-
Drugs												
DA Amphetamine Education Strategy	\$1.20	\$2.40	0.97	\$1.58	-	-	-	-	-	-	\$0.73	\$0.91
Youth Drug Driving*	\$1.20	\$2.40	-	-	\$0.18	-	-	-	-	-	-	-
DA Cannabis*	\$0.50	\$1.00	-	-	-	-	-	-	-	\$0.54	-	-

Notes:

- costs in this table are also included in Indicator 3.1;
- the cost per capita in the target group are based on population figures which are obtained from the Australian Bureau of Statistics, Catalog No; 2068.0 2006 Census Tables;
- * these campaigns are no longer conducted;
- “Awareness” refers to the cost per capita of the target population for the campaign who reported being aware of the campaign during the post-campaign evaluation: “Correct” refers to the cost per capita of the target population who correctly recalled the main campaign messages during the post-campaign evaluation;
- all targets are subject to the campaigns being conducted;
- DA refers to the Drug Aware Program;
- Youth Drug Driving received an extra 50% of free advertising on the base budget in 2005/06;
- Campaign details:
 - Standard Drinks: information about safe levels of alcohol consumption - target group 18-44 year olds;
 - Enough is Enough: Social Marketing Program aimed at raising awareness about public drunkenness, its related problems and what the community can do about the issue;
 - Drug Aware provides information about the harms associated with illegal drug use
 - Youth Drug Driving Campaign: increased awareness of the effects of drugs on driving - target group 17-25 year olds; and
 - Cannabis: increased awareness of the effects of cannabis - target group 18 years and over;
- in this table, cells where information is not available are designated by a “dash”.

GOVERNANCE DISCLOSURES

Senior officers declared no pecuniary interests during 2006/07.

OTHER LEGAL REQUIREMENTS

ADVERTISING

DAO expenditure for 2006/07 relating to advertising agencies is summarised in the table below.

Class of expenditure	2006/07
Advertising agencies	
The Brand Agency Pty Ltd	\$15 942.50
Vinten Browning	\$ 245.00
TOTAL EXPENDITURE	\$16 187.50

DISABILITY ACCESS AND INCLUSION PLAN OUTCOMES

DAO recognises that people with disabilities are valued members of the community who make contributions to social, economic and cultural life. DAO is committed to ensuring that people with disabilities, including staff, their families and carers, are not discriminated against in any way and that they have access to the range of facilities and services (both in-house and contracted). As such, DAO has developed a Disability Access and Inclusion Plan (DAIP) in line with the *Disability Services Act 1993*.

The DAO plan is currently in draft form and is being circulated for feedback. The final document will be available on the DAO website when completed.

Key initiatives implemented as per the six outcomes of the DAIP and in accordance with the *Disability Services Act 1993* have been summarised below. A seventh outcome that is agency specific has also been included.

Outcome 1: People with disabilities have the same opportunities as other people to access the services of, and any events organised by, a public authority.

- Evaluation activities are used to ensure that clients with disabilities have the opportunity to comment on service access.
- Disability and equal opportunity legislation and guidelines will be integrated into DAO policies as they are developed or reviewed.

Outcome 2: People with disabilities have the same opportunities as other people to access the buildings and other facilities of a public authority.

- DAO endeavours to ensure that all buildings and facilities are physically accessible to people with disabilities by undertaking an annual audit to identify barriers and rectify issues.
- The DAO Senior Management Group ensures that provision is made for people with disabilities in tender documents and in line with the *Building Code of Australia* (mandatory and recommended standards) for all redevelopment works.
- Signage is annually reviewed to ensure barriers are identified and rectified.

Outcome 3: People with disabilities receive information from a public authority in a format that will enable them to access the information as readily as other people are able to access it.

- DAO ensures that key information (e.g. services, facilities, customer feedback, complaint procedures etc) is available in alternate formats (e.g. large font etc) and methods (e.g. website) upon request, and that the language used is clear, concise and culturally secure.

Outcome 4: People with disabilities receive the same level and quality of service from the staff of DAO as other people receive.

- Awareness of disability issues is encouraged through Job Description Forms (JDFs), recruitment and selection processes that includes a reference to the *Disability Services Act 1993* on all JDFs.
- Awareness of the *Disability Services Act 1993* is promoted to DAO staff through induction process, staff development programs, the adoption of *State Government Guidelines for Information, Services and Facilities*, the DAO intranet.

Outcome 5: People with disabilities have the same opportunities as other people to make complaints to DAO.

- Complaints relating to: service access; building and facility access; access to participation in public consultation; communication of information; decision making processes; and grievance procedures are resolved to the negotiated satisfaction of the complainant ensuring that all complaints are registered, recorded and responded to in accordance with standard policies and procedures.
- Grievance mechanisms are accessible to people with disabilities by ensuring staff and customers are aware of processes.

Outcome 6: People with disabilities have the same opportunities as other people to participate in any public consultation by DAO.

- DAO ensures that people with disabilities are informed of planned major public forums and consultation events by: advising *voice*; advertising opportunities; and informing relevant groups.
- DAO ensures that public forums and events are held in accessible venues and meet the communication requirements of participants.
- Customer evaluation surveys may be provided in alternative formats and methods on a needs-be basis.

Outcome 7: Employment programs and practices are in place to achieve equality of employment opportunity for people with disabilities.

- In line with the *Equal Employment Opportunity Act 1993*, DAO endeavours to provide people with disabilities equal opportunity to work within the DAO workforce through the promotion and adherence of appropriate policies.

EQUAL OPPORTUNITY OUTCOMES

Key Equal Employment Opportunity (EEO) initiatives for 2006/07

A summary of the DAO's key EEO initiatives for 2006/07 is provided in the table below.

Initiative	Achievements	Outcome	Initiative evaluation
Attendance of all staff at Strong Spirit Strong Mind – Ways of working with Aboriginal people workshops (plan reference outcome 1, strategy 2.1).	<ul style="list-style-type: none"> ▪ 169 DAO staff attended the program. ▪ 49 attended a second clinical workshop. 	<p>Of those who attended the workshop:</p> <ul style="list-style-type: none"> ▪ 85.5% found the program to be extremely useful ▪ 79% stated that their knowledge had increased a lot ▪ 60% considered their confidence had increased a lot ▪ 58% thought their competence had increased a lot. 	<ul style="list-style-type: none"> ▪ Number of staff who attended the workshops. ▪ Feedback from workshop participants via evaluation forms.
Direct targeting of Indigenous Australians in recruitment initiatives (plan reference outcome 3, strategy 2.5).	<ul style="list-style-type: none"> ▪ Introduced two Indigenous cadets through National Indigenous Cadetship Program under 21 years of age. 	<ul style="list-style-type: none"> ▪ Increased number of young Aboriginal persons participating in the program. 	<ul style="list-style-type: none"> ▪ Number of cadets continuing for semester two ▪ Department satisfaction of the cadets.
Direct targeting of Indigenous Australians in recruitment initiatives (plan reference outcome 3, strategy 2.5).	<ul style="list-style-type: none"> ▪ Created two positions for the Aboriginal Alcohol and Other Drug Workers ▪ Advertised in Aboriginal media ▪ Provided Next Step with culturally secure support and experience. 	<ul style="list-style-type: none"> ▪ Positions filled with competitive applicants. ▪ Increased knowledge of staff on culturally secure ways of working. 	<ul style="list-style-type: none"> ▪ Number of positions created and filled.

Initiative	Achievements	Outcome	Initiative evaluation
Use of innovative and responsive recruitment methods to target EEO and diversity groups (plan reference outcome 2, strategy 1.3).	<ul style="list-style-type: none"> ▪ Advertised identified appropriate positions at university websites and noticeboards. ▪ Prominent links to DAO website ▪ Wording to attract younger applicants. ▪ Targeted advertising for a casual counsellor. 	<ul style="list-style-type: none"> ▪ Received 55 applications of high quality. ▪ Employed and trained one person under 25 immediately from the casual pool. ▪ Increased expertise in phone counselling for younger clients. 	<ul style="list-style-type: none"> ▪ Number and type of applicants.

Current representation

DAO's current EEO representation is summarised in the table below.

2006/07	Equity Index	% Actual representation (30 June 2007)	2007 Agency Objective	% above or below objective
Women	74	73.6%	56%	18%
People from Culturally Diverse Backgrounds	54	4.9%	6.2%	-1.3%
Indigenous Australians	49	3.5%	3.6%	-0.1%
People with Disabilities	N/A	0.7%	3%	-2.3%
Youth	N/A	5.6%	3.2%	2.4%

Future directions

Future DAO activities relating to the implementation of EEO include:

- Increasing usability of the DAO website that includes a user-centric focus aimed at increasing accessibility to young people, Aboriginal people, people with a disability and those with a language barrier
- Providing induction information on the DAO intranet that includes updated information to improve effectiveness for EEO groups
- A review of policies to ensure appropriate strategies for staff members returning to work from parental leave
- DAIP to be implemented that increases awareness of disability issues throughout the agency and its contractors.
- Equity and diversity to be included the DAO performance development system.

COMPLIANCE WITH PUBLIC SECTOR STANDARDS AND ETHICAL CODES

DAO complies with the DAO Code of Conduct, the WA Public Sector Code of Ethics and all public sector standards in human resources management.

Directors and managers are responsible for compliance with public sector standards and ethical codes. Monitoring and advice is provided by the Human Resources Branch to ensure that all processes and transactions comply with the standards.

Compliance issues and the action undertaken to monitor and ensure compliance is summarised in the table below.

Compliance issues	Significant action taken to monitor and ensure compliance
Public Sector Standards (PSS) <ul style="list-style-type: none"> ▪ Nil breach claims 	<ul style="list-style-type: none"> ▪ Information about Standards included on agency intranet, internet and within induction materials ▪ Recruitment and Selection Training conducted in June 2007. ▪ Ongoing training provided to staff on recruitment panels to ensure compliance with relevant standards ▪ Transactions audited internally as a quality assurance process
WA Code of Ethics <ul style="list-style-type: none"> ▪ Nil reports of non compliance with WA Code of Ethics 	<ul style="list-style-type: none"> ▪ WA Code of Ethics part of induction materials and on agency intranet ▪ Ethics are discussed at DAO Senior Management Group meetings on a needs-be basis
Agency Code of Conduct <ul style="list-style-type: none"> ▪ Allegation of inappropriate employee conduct was investigated and substantiated for one staff member ▪ Allegation of inappropriate computer use was investigated and substantiated for one staff member 	<ul style="list-style-type: none"> ▪ Code of Conduct part of induction materials and on agency intranet ▪ DAO's induction manual is currently being updated and on completion will require staff sign-off on induction ▪ Use of staff access to computer technology is monitored on an ongoing basis in line with the DAO information technology policy ▪ An investigation regarding one employee's breach of DAO's code of conduct was found to be substantiated and disciplinary action taken ▪ An investigation regarding one employee's breach of DAO's information technology policy was found to be substantiated and disciplinary action taken

In addition to the above, DAO undertakes a comprehensive management development program to further promote strong organisational values and culture. The program is underpinned by the principles of public sector standards and ethics and includes:

- Establishing and adopting DAO core values and a range of activities that promote 'living our values';
- management and leadership development; and
- individual performance development.

Through the clear articulation and adoption of a shared vision for the agency and by undertaking regular activities such as climate surveys, DAO management is able to identify areas of risk and implement appropriate strategies as required.

RECORDKEEPING

DAO has developed a record keeping plan in accordance with the provisions of the *State Records Act 2000*. As such, the retention and disposal of DAO records have been carried out efficiently and effectively and is ongoing. Archival and non archival collections are kept in offsite storage.

In line with the *State Records Act 2000*, the Records Management Key Performance Indicators has been updated for 2006/2007.

DAO is also currently developing a Code of Practice for good records management.

GOVERNMENT POLICY REQUIREMENTS

CORRUPTION PREVENTION

DAO has informed staff about internal notification procedures for dealing with misconduct and corruption. DAO also undertakes management development activities that include the communication of information relating to corruption prevention and the establishment of core agency values.

SUSTAINABILITY

DAO's role of sustainability in the public health system is included in *WA Health's Sustainability Action Plan 2005-2009*. DAO contributes to the sustainability of individuals and communities through actions that aim to prevent and reduce drug and alcohol misuse and harm (see contributions outlined in previous sections of the report). In its operations, DAO also contributes to the sustainability of the environment through a variety of projects including energy smart and waste reduction initiatives.

DAO is committed to the *Sustainability Code of Practice for Government Agencies* and has incorporated sustainability principles and actions in business. These include:

- Undertaking an energy audit and implementing recommendations;
- Installing bores where scheme water was used to water garden areas;
- Currently reducing the vehicle fleet from six to four cylinder vehicles; and
- Conducting further investigations on other sustainability plans for future implementation.

In 2004/05 DAO conducted an energy audit of all facilities with the intention of meeting energy savings goal set by the Sustainable Energy Development Office. Funding was obtained and work completed in 2005/06. As a result, in 2006/07, a 10.7% saving was achieved from a target of 12%.

APPENDICES

APPENDIX ONE – RESEARCH PROJECTS

Young People’s Opportunity Program: Client characteristics, stakeholder perceptions and recommendations

Dr. K Mizerski¹, Prof. A Bartu¹, L Evans¹

1. Drug and Alcohol Office, Perth. (Commonwealth funded)

Alcohol in pregnancy: Health outcomes and use of hospital services by children of mothers with an ICD-10 code for an alcohol-related condition

Prof. C Bower¹, C O’Leary¹, Dr. E Geelhoed², H D’Antoine¹ Prof. A Bartu^{3,4}

1. Telethon Institute Child Health Research, Centre for Child Health Research University of Western Australia
2. Population Health University WA
3. School of Nursing and Midwifery Curtin University of Technology
4. Drug and Alcohol Office

Alcohol and pregnancy: Health promotion for health professionals

Prof. C Bower¹, Dr. E Elliott², Prof. A Bartu^{3,4}, Assoc. Prof. N Henley⁵, J Payne¹, C O’Leary¹, H D’Antoine¹

1. Telethon Institute Child Health Research, Centre for Child Health Research University of Western Australia
 2. Paediatrics and Child Health, University of Sydney, Australian Paediatric Surveillance Unit
 3. School of Nursing and Midwifery, Curtin University of Technology
 4. Drug and Alcohol Office
 5. Centre for Applied Social marketing Research, Edith Cowan University, Perth
- Funded by Healthway

Alcohol and pregnancy: Women’s knowledge, attitudes and practice

J Payne¹, Prof. C Bower¹, Prof. A Bartu^{2,3}, Dr. E Elliott⁴, Assoc. Prof. N Henley⁵, C O’Leary¹, H D’Antoine¹

Telethon Institute Child Health Research, Centre for Child Health Research University of Western Australia

1. School of Nursing and Midwifery, Curtin University of Technology
 2. Drug and Alcohol Office
 3. Paediatrics and Child Health, University of Sydney, Australian Paediatric Surveillance Unit
 4. Centre for Applied Social marketing Research, Edith Cowan University, Perth
- Funded by Healthway

Perinatal care for illicit-drug using mothers and their infants

J Sharp¹, Prof. A Bartu^{1,2}

1. School of Nursing and Midwifery, Curtin University of Technology
2. Drug and Alcohol Office

Rural Health Support, Education and Training grant

Alcohol and pregnancy: Aboriginal Women’s knowledge, attitudes and preferences

H D’Antoine¹, Prof. C Bower¹, Dr. E Elliot², Assoc. Prof. N Henley³, J Payne¹, C O’Leary¹, Prof. A Bartu^{4,5}

1. Telephone Institute Child Health Research, Centre for Child Health Research University of Western Australia
2. Paediatrics and Child Health, University of Sydney, Australian Paediatric Surveillance Unit
3. Centre for Applied Social Marketing Research, Edith Cowan University, Perth
4. School of Nursing and Midwifery, Curtin University of Technology
5. Drug and Alcohol Office

Funded by Healthway

Illicit versus non-illicit drug exposure during pregnancy: Obstetric and neonatal outcomes

Prof. A Bartu¹, Prof. S McDonald², Dr. D Doherty³, Dr. J Ludlow⁴, J Sharp¹, Dr. J Henderson³

1. School of Nursing and Midwifery, Curtin University of Technology
2. School of Nursing and Midwifery, LaTrobe University
3. Women and Infants Research Foundation, King Edward Memorial Hospital, University of Western Australia
4. Royal Prince Alfred Hospital, NSW

Relationship between illicit drug use in pregnancy and delivery of a small for gestational age infant

Dr. D Doherty¹, Dr. D Hamilton¹, Prof. A Bartu², Dr. J Ludlow³

1. Women and Infants Research Foundation, King Edward Memorial Hospital University of Western Australia
2. School of Nursing and Midwifery, Curtin University of Technology
3. Royal Prince Alfred Hospital, NSW

Clinical Pharmacotherapies Research Group

The Clinical Pharmacotherapies Research Group is conducting a number of research projects to guide clinical practice in the general areas of therapeutic drug monitoring, the management of withdrawal from methamphetamines, drug-induced neuropsychological impairment, opioid pharmacokinetics and pharmacodynamics and concurrent drug and mental health related problems.

Double blind randomised placebo controlled trial of the effects of mirtazapine upon methamphetamine withdrawal

Dr. KR Dyer^{1,2}, Dr. M Montebello³, C Cruickshank¹, Dr. A Quigley²

1. School of Medicine and Pharmacology, University of Western Australia
2. Next Step Drug and Alcohol Services, WA
3. Langton Centre NSW

The use of oral fluid for therapeutic drug monitoring within opioid replacement pharmacotherapy

Dr. K Dyer^{1,2}, C Wilkinson¹, Prof. KF Ilett^{1,3}, Dr. K Wolff⁴, H Taylor⁵, LJ Dusci³, Dr. T Mitchell⁴

1. School of Medicine and Pharmacology, University of Western Australia
2. Next Step Drug and Alcohol Services, WA
3. Division of Clinical Pathology, PathCentre WA
4. National Addiction Centre, Maudsley Hospital, UK

Pharmacokinetics and pharmacodynamic properties of oral, intramuscular and intravenous methadone in methadone maintenance patients

Dr. N Lintzeris³, Dr. T Mitchell³, Dr. K Dyer^{1,2}, Dr. S Mayet³, Dr. K Wolff³, Prof. J Strang³, C Wilkinson¹

1. School of Medicine and Pharmacology, University of Western Australia
2. Next Step Drug and Alcohol Services, WA
3. National Addiction Centre, Maudsley Hospital, UK

APPENDIX TWO - EVALUATIONS

Evaluation of extension of the Young People's Opportunity Program to regional WA
Prof. A Bartu¹, L Evans¹

1. Drug and Alcohol Office

2007 Repeat Baseline and 2006/2007 *Enough is Enough* Campaign Evaluation

1. Drug and Alcohol Office

APPENDIX THREE – PUBLICATIONS AND REPORTS

Bartu, A & Stonely, S (2006). *Drugs in pregnancy and neonatal abstinence syndrome: Amphetamine type substances*. National clinical guidelines for management of drug use during pregnancy, birth and the early development years of the newborn. Ministerial Committee on Drug Strategy, New South Wales Health.

Bartu, A, Sharp, J, Ludlow, J & Doherty, DA (2006). Postnatal home visiting for illicit drug-using mothers and their infants: A randomised controlled trial. *Australian and New Zealand Journal of Obstetrics and Gynaecology*, 46: 419-426.

Bartu, A, McDonald, S, Doherty, DA, Ludlow, JP, Sharp, J & Henderson, J (2007). Illicit versus non-illicit drug exposure: Obstetric and neonatal outcomes. *Journal of Paediatrics and Child Health*, vol. 43 supp 1, April, A61.

Doherty, DA, Hamilton, D, Bartu, A. & Ludlow JP (2007). Illicit drug use in pregnancy and delivery of a small for gestational age infant: are they related? *Journal of Paediatrics and Child Health*, vol. 43 supp 1, April, A61.

Dowdell, JA, Fenwick, J, Bartu, A & Sharp, J (2007). *Midwives' perception of the postnatal experience of women who use illicit substances*. Accepted for publication in *Midwifery*.

Drug and Alcohol Office (2006). BREATHE Z Card. A resource, developed to incorporate the 2006 resuscitation guideline changes in identifying and responding to a casualty who has experienced an accidental overdose. Resource prepared by C. Lethlean, Drug Risk and Overdose Prevention Program, Perth, WA.

Everette, F, Dyer, K (2006). 2006 *Next Step Outpatient Consumer Satisfaction Survey* Final Report. Perth: Next Step Specialist Drug and Alcohol Services Monograph.

McGregor, C, Srisurapanont, M, Mitchell, A, Longo, MC, Cahill, S, White, JM (2006). Psychometric evaluation of the Amphetamine Cessation Symptom Assessment (ACSA). *Journal of Substance Abuse Treatment*. In press; Accepted 23rd May, 2007.

Mitchell, TB, Dyer, KR, Newcombe, D, Somogyi, A, White, J (2006). Fluctuations in (R,S)-methadone pharmacokinetics and response among long-term methadone maintenance patients. *Addiction Biology*, 11, 170-174.

Mitchell, TB, Dyer, KR, Peay, ER (2006). Factors related to decision making by Australian methadone prescribers. *Substance Use and Misuse*, 41(3), 393-404.

Newcombe, K, Fox, AM, Dyer, KR (2007). Reversal learning deficits among alcohol- and methamphetamine-dependent individuals. *Brain and Cognition* (In Press).

Stritzke, W, McEvoy, P, Wheat, L, Dyer, K, French, D (2007). The yin and yang of indulgence and restraint: The ambivalence model of craving. *Psychology of Motivation*. Hauppauge, NY: Nova Science (In Press Accepted January 2007).

APPENDIX FOUR – CONFERENCE PAPERS, SEMINARS AND OTHER PRESENTATIONS

Bartu, A, Doherty, D & Francis, JA (2006). *Incidence and correlates of NAS in infants exposed to methadone and amphetamine*. 16th Congress of the International Council on Women's Health Issues, November 15-18 Sydney.

Bartu, A, Doherty, D, Francis, JA (2006). *Neonatal abstinence syndrome: Comparison of amphetamines and methadone*. Australasian Amphetamine Conference Sydney Convention Centre 28-29 September.

Bartu, A, Hamilton, D, McLaurin, R, Doherty, D & Hackett, P (2006). *Transplacental transfer of buprenorphine*. Perinatal Society of Australia and New Zealand 10th Annual Congress. 3-6 April Perth Convention Centre Perth.

Bartu, A, McDonald, S, Doherty, D, Ludlow, J, Sharp, J, Henderson, J (2007). *Illicit versus non-illicit drug exposure: Obstetric and perinatal outcomes*. Perinatal Society of Australia and New Zealand April 1-4, Melbourne.

Bartu, A (2007). *Drugs and Pregnancy*: Child and School Health Preclinical Workshop School of Nursing and Midwifery, Curtin University of Technology February 2007.

Bartu, A (2007). *Perinatal outcomes of illicit drug use during pregnancy* School of Nursing and Midwifery, Curtin University of Technology March 2007.

Bennetts, A (2006). *The making of 'Unlock': A short film about children of parents with mental illness*. Paper presented to the Beyond the Boundaries: Families and Professionals Working Together Symposium, 21-22 September, 2006. Scarborough, WA.

Cruickshank, C, Dyer, K, Ilett, K (2006). *The nature and temporal profile of the methamphetamine withdrawal syndrome among a drug-dependent treatment population*. Poster presentation at 7th European Opiate Addiction Treatment Association (Europad) Conference, Bratislava, Slovak Republic, EU, October 10, 2006.

Cruickshank, C, Dyer, K (2006). *Methamphetamine withdrawal syndrome: Symptoms, clinical assessment and treatment*. University of WA Research Showcase, July 7, 2006 Crawley WA.

Cruickshank, C, Dyer, K (2006). *Clinical research into the methamphetamine withdrawal syndrome*. Australasian Amphetamine Conference, September 28-29 2006, Sydney NSW.

Cruickshank, C, Montebello, M, Dyer, K, Blaszczyk, J, Tomkins, S (2006). *Preliminary results from a double blind randomized placebo controlled trial of mirtazapine for the management of methamphetamine withdrawal*. Oral presentation presented at APSAD 2006 National Conference, Cairns, Qld, 1-3 November 2006.

Dyer, K (2006). *The utility of oral fluid for drug screening and therapeutic drug monitoring among methadone maintenance patients*. Keynote presentation at 7th European Opiate Addiction Treatment Association (Europad) Conference, Bratislava, Slovak Republic, EU, October 10, 2006.

Dyer, K (2006). *The promise and the limitations of oral fluid for the detection and quantification of illicit drugs*. Invited paper presented at Australian Toxicology Proficiency Conference (AUSTOX) Sydney, November 28, 2006.

Dyer, K (2006). *The nature and treatment of amphetamine dependence*. Invited paper presented at Australian Toxicology Proficiency Conference (AUSTOX) Sydney, November 28, 2006.

Dyer, K (2006). *Improving methadone maintenance with therapeutic drug monitoring*. Invited paper presented at Australian Toxicology Proficiency Conference (AUSTOX) Sydney, November 28 2006.

Dyer, K (2006). *More than the sum of the parts: Combining psychopharmacological research on drug dependence with clinical practice and workforce development*. Invited paper presented at School of Medicine and Pharmacology Research Showcase 2006; University of WA, July 7, 2006.

Dyer, K (2006). *Balancing the potential with the present: The use of oral fluid for drug detection, quantification and the assessment of impairment*. Invited paper presented at 24/7: Work-related alcohol and drug use. A national forum. Adelaide, 29-30 June, 2006.

Doherty, D, Hamilton, D, Bartu, A & Ludlow, J (2007). *Illicit drug use in pregnancy and delivery of small for gestational age infants: Are they related?* Perinatal Society of Australia and New Zealand April 1-4, Melbourne.

Dowdell, JA, Fenwick, JAB, Bartu, A, & Sharp J (2006). *Living on the fringe: The early mothering experiences of illicit substance abusing women*. Perinatal Society of Australia and New Zealand 10th Annual Congress 3-6 April Perth Convention Centre, Perth.

Elliot, EJ, Bartu, A, Bower, C, D'Antoine, H, Freemantle, E, France, K, Hammill, J, Hayes, L, Henley, N, O'Leary, C, Payne, J, Peardon, E & Rhys-Jones, B (2007). *Fetal Alcohol Spectrum in Australia*. Proceedings of the 2nd International Conference on FASD, March 2007 British Columbia.

Jacobson, H & Alcock, J (2006). *Supporting families of Drug Court participants: PDIS and the Perth Drug Court working together*. Paper presented to the Beyond the Boundaries: Families and Professionals Working Together Symposium, 21-22 September, 2006. Scarborough, WA.

Kirby, G & Henrickson, N (2007). *Enough is Enough: Challenging and Changing Western Australia's Drinking Culture* Paper presented to the Thinking Drinking II: From Problems to Solutions, Beyond the Boundaries: Families and Professionals Working Together Symposium, 26-28 February, 2007. Melbourne, VIC

Kirby, G & Henrickson, N (2007). *Liquor Licensing Action as a Cultural Change Strategy* Paper presented to the Thinking Drinking II: From Problems to Solutions, Beyond the Boundaries: Families and Professionals Working Together Symposium, 26-28 February, 2007. Melbourne, VIC.

Lison-Pick, M & Bartu A (2007). *Effect of media releases of medical advances on incapacitated people with persistent pain*. 27th ASM of the Australian Pain Society 1-4 April, Adelaide.

Lison-Pick M & Bartu A (2007). *Personal interactions with health care providers*. Presented at the 7th International Qualitative Health Research Conference July 14-16 Surfers Paradise, Gold Coast Queensland.

McLaurin, R, Sharp, M, Hamilton, D, Bartu, A & Doherty D (2006). *Neonatal abstinence: Buprenorphine versus methadone exposure*. Perinatal Society of Australia and New Zealand 10th Annual Congress. 3-6 April Perth Convention Centre Perth.

Mitchell, T, Dyer, K, Strang, J, Mayet, S, Lintzeris, N, Wolff, K & Wilkinson, C (2006). *The consequences of injecting methadone: Controlled studies of treatment and simulated abuse settings*. Oral presentation presented at APSAD 2006 National Conference, Cairns, Qld, 1-3 November, 2006.

Olsen, T (2006). *Are we here yet? Feedback from the 2005 Family Sensitive Forum*. Paper presented to the Beyond the Boundaries: Families and Professionals Working Together Symposium, 21-22 September, 2006. Scarborough, WA.

Wilkinson, C, Dyer, K, Mitchell, T & Ilett, K (2006). *Therapeutic drug monitoring in methadone maintenance patients: Are saliva methadone levels useful?* Oral presentation at 7th European Opiate Addiction Treatment Association (Europad) Conference, Bratislava, Slovak Republic, EU, October 10, 2006.

Wilkinson, C, Dyer, K, Mitchell, T, Ilett, K, Motteram, A, Ellis, S, Wolff, K, Lintzeris, N, Spofforth, N & Strang, J (2006). *A comparison of (R,S)-methadone concentrations in oral fluid and plasma resulting from oral, intravenous and intramuscular routes of administration*. Poster presentation presented at APSAD 2006 National Conference, Cairns, Qld, 1-3 November, 2006.

APPENDIX FIVE - GRANTS

Prospective memory impairment in substance abuse treatment

Weinborn, M, Dyer, K & Fox, A.

Raine Medical Research Foundation: \$114795

The pharmacokinetics and pharmacodynamics of an intranasal preparation of buprenorphine for heroin dependent patients.

Lintzeris, N & Dyer, K.

Reckitt-Benkiser Pty Ltd: \$128000

APPENDIX SIX – POSTGRADUATE STUDENT SUPERVISION 2006/2007

Six postgraduate research projects have been supervised by Dr Kyle Dyer.

Mr Mathew Albrecht, Doctor of Philosophy (PhD), University of Western Australia (Co-supervision with Prof. M Martin-Iverson)

Binaural beat and associated EEG-associated states during methamphetamine withdrawal.

Ms Catherine Wilkinson, Doctor of Philosophy (PhD/MBBS), University of Western Australia

The use of oral fluid for therapeutic drug monitoring within opioid replacement pharmacotherapy.

Mr Christopher Cruickshank, Doctor of Philosophy (PhD), University of Western Australia.

Supported by Dora Lush NHMRC Postgraduate Research Scholarship, ID 303272,

Methamphetamine withdrawal in humans - assessment, treatment and correlations with anxiety and depression.

Mr Andrew Motteram. Pharmacology Unit, University of Western Australia

The relationship among dexamphetamine drug effects, saliva dexamphetamine concentration and simulated driving performance.

Mr James Colalillo. Pharmacology Unit, University of Western Australia

The relationship among acute and chronic amphetamine withdrawal, saliva amphetamine concentration and simulated driving performance.

Mr Mathew Albrecht. Pharmacology Unit, University of Western Australia (Co-supervision with Assoc. Prof. M. Martin-Iverson)

Drug cued modulation of the startle reflex in amphetamine users undergoing treatment.