



ANNUAL REPORT

2003

**DRUG AND
ALCOHOL OFFICE**

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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 Administration and Audit Act 1985*, 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 2003.

The report has been prepared in accordance with the provisions of the *Financial Administration and Audit Act 1985*.



**Mike Daube
CHAIRPERSON**



**Dr Margaret Stevens
BOARD MEMBER**

25 August 2003

EXECUTIVE DIRECTOR'S REPORT

The Drug and Alcohol Office (DAO) came into existence on 1 July 2002, the result of the amalgamation of government agencies and programs responsible for drug and alcohol matters. During the first year of our operation, priority has been given to:

- establishing DAO as an effective and efficient agency;
- finalising and implementing the WA Drug and Alcohol Strategy across government;
- working collaboratively with the alcohol and other drug (AOD) non-government sector;
- participating fully in the national AOD agenda and activities; and
- finalising the implementation of the recommendations of the Community Drug Summit (CDS).

DAO has reviewed many of its activities including Next Step's Clinical Service delivery, and the operation of the Youth Service. In addition, a performance development system has been put in place and a quality assurance framework for AOD service delivery is being developed.

The WA Drug and Alcohol Strategy was tabled in Parliament in August 2002, the emphasis being on prevention and early intervention, support and treatment and justice and enforcement. The strategy is to be implemented by means of 'Area' Drug and Alcohol Plans and 'Agency' Drug and Alcohol Plans that complement each other. For the first time, across government a planned and rational approach to drug and alcohol service delivery and related matters is in place in Western Australia.

Collaboration with the non-government sector has been a priority and secondments of staff from the WA Network of Alcohol and Drug Agencies (WANADA) to DAO have been most productive. In addition the first of several planned Drug and Alcohol Centres (DACs) opened at Warwick. The DAC provides a one-stop shop for clients in that both Next Step and a range of non-government and other providers including GPs are located together, providing a wide range of services, support and referral.

Nationally, Commonwealth funding for a range of Drug Diversion activities has been received for the next 18 months. DAO is responsible for the National Workforce Development Strategy project and is participating in the development of the National Prevention Agenda which is one of the Commonwealth Governments' priorities.

In effect, the recommendations of the CDS have now been implemented. The new arrangements in place in Western Australia reflect both the priorities determined by the Summit and specific initiatives, for example the training of qualified Indigenous AOD workers and the establishment of the first WA Youth Detoxification and Respite Centre under the auspices of Mission Australia.

In summary, much has been achieved through the collaborative efforts of DAO, our colleagues in the non-government sector and across government in those agencies with an involvement in drug and alcohol matters. I would like to thank these colleagues for their involvement, the Board for its support throughout the year and all DAO staff for their contribution during a period of major change.

Denzil McCotter

Dr Denzil McCotter
A/EXECUTIVE DIRECTOR

CORPORATE INFORMATION

ADDRESS AND LOCATION

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

Corporate Office:

7 Field Street, Mt Lawley WA 6050
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ENABLING LEGISLATION

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

LEGISLATION

The DAO does not administer legislation. Legislation impacting on DAO's activities is outlined at Appendix One.

ACTS PASSED DURING 2002/03

No Acts were passed by the Parliament that concerned DAO during 2002/03.

ACTS IN PARLIAMENT AT 30 JUNE 2003

The *Cannabis Control Bill 2003* was in the Legislative Council at 30 June 2003.

MINISTERIAL DIRECTIVES

The Board received no ministerial directives during 2002/03.

MISSION STATEMENT AND BROAD OBJECTIVES

MISSION

DAO is the peak agency of Government to coordinate, implement and monitor the Western Australian Drug and Alcohol Strategy. As such, it embraces the vision, aims, values and principles of the WA Drug and Alcohol Strategy.

VISION

For Western Australians to lead healthy lifestyles and to have access to the best services and programs to prevent and reduce alcohol and other drug-related harm.

BROAD OBJECTIVES

The broad objectives of DAO are to:

- coordinate, implement and monitor the Community Drug Summit initiatives in accordance with the Government's Response '*Putting People First*';
- coordinate, implement and monitor the Western Australian Drug and Alcohol Strategy 2002 – 2005;
- develop, resource and deliver best practice drug and alcohol services and programs throughout Western Australia;
- 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

Board of the 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 12 months expiring on 31 December 2003. The Board consists of Mr Mike Daube, the Director General of the Department of Health who is the chairman, Professor Tim Stockwell, the Director of the National Drug Research Institute, Dr Margaret Stevens, Director Public Health, the Department of Health and Dr Denzil McCotter, A/Executive Director of DAO. The Board has delegated to the Executive Director, with certain exceptions, powers vested in it by the *Alcohol and Drug Authority Act* 1974. This Board has sat on five occasions and Professor Stockwell received \$1,897 in remuneration.

Senior Officers

Senior officers of DAO are listed in the following table.

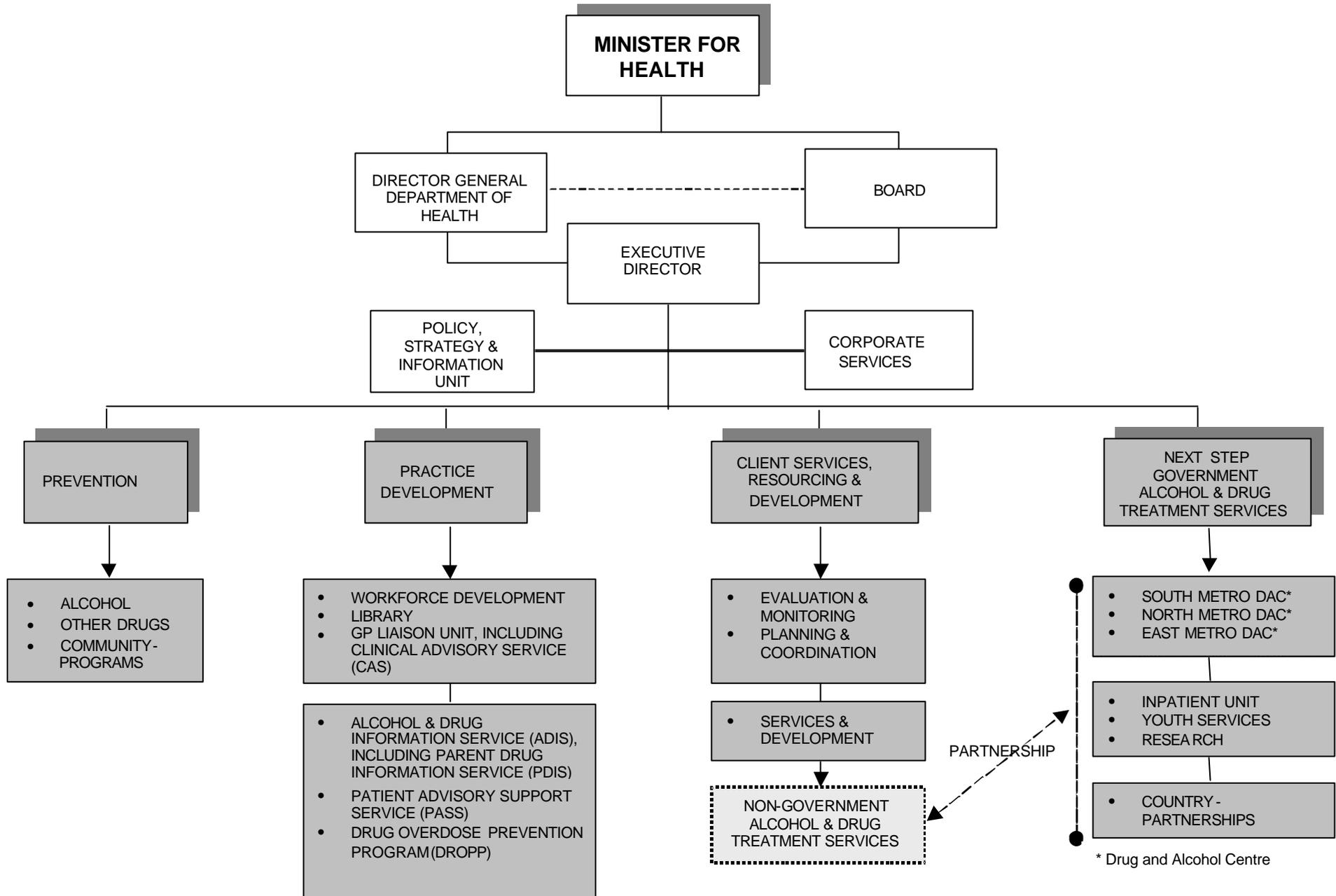
| AREA OF RESPONSIBILITY | TITLE | NAME | BASIS OF APPOINTMENT |
|---|--------------------------|----------------------|----------------------|
| DRUG AND ALCOHOL OFFICE | EXECUTIVE DIRECTOR | DR DENZIL MCCOTTER | ACTING |
| CLIENT SERVICES, RESOURCING AND DEVELOPMENT | DIRECTOR | EMMANUEL STAMATIOU | PERMANENT |
| PRACTICE DEVELOPMENT | DIRECTOR | A/PROF. STEVE ALLSOP | PERMANENT |
| CLINICAL SERVICES | DIRECTOR | DR ALLAN QUIGLEY | PERMANENT |
| OPERATIONS (NEXT STEP) | DIRECTOR | MICHAEL SALTER | ACTING |
| FINANCIAL & CORPORATE SERVICES | DIRECTOR | GARY CASEY | ACTING |
| PREVENTION | DIRECTOR | GARY KIRBY | PERMANENT |
| POLICY | PRINCIPAL POLICY OFFICER | PAUL BIRCHALL | ACTING |

Pecuniary Interests

Senior officers declared no pecuniary interests during 2002-03.

Corporate Structure

The following chart outlines the Corporate Structure and reporting lines for DAO.



ABOUT THE DRUG AND ALCOHOL OFFICE

DAO was initiated following the 2001 Community Drug Summit (CDS).

The rationale was to bring together the key government organisations working in the drug and alcohol sector. These included Next Step Specialist Drug and Alcohol Services, the WA Drug Abuse Strategy Office (WADASO), the Alcohol and Drug Policy Branch (Mental Health Division) and the Department of Health, Alcohol and other Drugs Program.

DAO was implemented in July 2002. It is accountable to the people of Western Australia and the Government and is managed by a Board of Directors. Since operations commenced, its driving mandate has been to assist with implementation of CDS initiatives and ongoing engagement of the community, government and non-government agencies in developing initiatives and programs with regard to drug and alcohol issues.

It continues to provide strategic advice to the sector and funding, expertise, services and resources to assist in meeting the broader recommendations of the CDS.

DAO is divided into five directorates and each has a responsibility and budget for provision of services to the community. They include:

- Next Step Drug and Alcohol Services;
- Practice Development;
- Prevention;
- Client Services, Resourcing and Development; and
- Corporate Services.

The Policy, Strategy and Information Unit is a separate branch reporting directly to the Executive Director.

NEXT STEP DRUG AND ALCOHOL SERVICES

Next Step Drug and Alcohol Services provide a range of clinical services for people experiencing problems associated with their drug and alcohol use, as well as support services for families. Clinical placement and research programs support these activities. In the past year, the directorate underwent a clinical and administrative restructure in response to recommendations and outcomes identified through the CDS and the WA Drug and Alcohol Strategy (2002-2005). The restructure has positioned Next Step to fulfil the priorities identified for the agency which include:

- developing Next Step as a centre for clinical excellence for the AOD sector;
- providing evidence-based practice and undertaking clinical research;
- expanding services; and
- working more closely with the non-government sector.

Services under the Next Step branch include Inpatient and Outpatient services, Pharmacy, Youth Services, Clinical Training and Placements, Drug and Alcohol Centres (DACs), Clinical Pharmacotherapies Research Group and Research.

Highlights for 2002/03:

- implementing a new clinical and management structure;
- improving access to services by closer working relationships with other government and non-government agencies;
- improving access to services in the northern suburbs with the new Warwick DAC;
- improving access to services for Mandurah people through the South Metropolitan Community Drug Service Team (CDST);
- establishing a Clinical Governance Committee; and
- admission of eight medical staff as foundation Fellows of the Australasian Chapter of Addiction Medicine.

Planned Achievements for 2003/04:

- improved access to services in the southern suburbs with the new Fremantle DAC;
- improved measurement and reporting of performance through reporting protocols and indicators;
- increased awareness of Next Step as a centre of excellence through research collaboration and training with the universities, professional societies and colleges; and
- continued development of closer working relationships with government and non-government agencies in the alcohol and drugs sector.

INPATIENT SERVICES

Next Step provides a medical inpatient alcohol and drug withdrawal service for clients requiring medical assistance with detoxification from alcohol, licit and illicit drugs at Moore Street, East Perth. It has 16 beds and includes three observation beds and 13 standard beds for clients requiring medical assistance with detoxification. Special care beds are available for youth, pregnant women, and mothers with babies, HIV positive people and Indigenous people.

Highlights for 2002/03:

- enhancing Next Step's relationship with Cyrenian House through Next Step's weekly three hour clinics at Cyrenian;
- developing a concise referral form and pathway for GPs referring to the inpatient unit;
- streamlining referral processes for residential rehabilitation and non-government agencies;
- strengthening links with teaching hospitals and psychiatric clinics such as the Inner City Mental Health & Psychiatric Emergency Team (PET);
- facilitating research within the inpatient unit such as a saliva drug screen study, PET therapy, an amphetamine withdrawal study with a view to implementing a comprehensive evidence-based approach to inpatient treatment;
- establishing multi-disciplinary student placements in the inpatient unit for social work, nursing, medical and Indigenous roles.

- developing specific written resources for inpatients such as womens'/mens' brochures, a cravings brochure, follow up support package and post acute withdrawal brochure for clients & families; and
- implementing Risk Management initiatives including the establishment of monthly safety audits and an action plan to upgrade the inpatient facility to reduce opportunities for self-harm by clients.

Planned Achievements for 2003/04:

- review of the group program and activities schedule for the inpatient unit with a view to enhancing skills development for clients and staff and to offer complementary therapies;
- improved unit structure to reduce hanging points; and
- continuing specialised staff development and training to ensure staff are suitably skilled to respond to clients' needs.

OUTPATIENT SERVICES

A comprehensive range of outpatient services operate from Moore Street including triage, assessment, treatment and referral. The services include:

- telephone assessment for clients wishing to access the service;
- outpatient withdrawal, pharmacotherapies, case management, shared care, counselling and group therapy; and
- pharmacotherapy dispensing for clients not managed at community pharmacies.

Highlights for 2002/03:

- providing a diverse range of services to clients in the East Metropolitan area, including holistic assessment, pharmacotherapy interventions, psychological and psychiatric assessments and interventions, case management, counselling, support and onward referral services;
- review of staff structures and compositions to reflect appropriate clinical and administrative resources to meet clients' needs;
- collaborating with community providers to enhance the integration of treatment services; and
- validation of client lists and re-allocation of clients based on new DAC boundaries.

Planned Achievements for 2003/04:

- development of agreed integrated care pathways across the non-government and government sector to ensure a seamless service is available;
- development of satellite services in the North East and South East sectors to improve local access to Next Step services and to ensure that services are responsive to local needs; and
- to increase the number of collaborative research projects undertaken by Next Step.

PHARMACY SERVICES

Next Step's pharmacy at Moore Street, provides a seven day a week dispensing service.

Pharmacy clients often require more specialised assistance as they present with more complex issues and behavioural problems that need medical and psychological assistance which cannot usually be managed by a community pharmacy. Ongoing partnerships with universities continue to enable participation in clinical trials and the support of undergraduate and PhD research.

At the end of the financial year, 97 clients were attending for supervised methadone treatment, 33 were being dispensed naltrexone, and 32 clients had received buprenorphine, with another six clients receiving other pharmacotherapies. In addition to clients attending the East Perth pharmacy, another 403 clients were receiving their medications through community pharmacies while being managed by Next Step.

Highlights for 2002/03:

- stabilizing a large number of clients on medication and placing them with community pharmacies;
- developing ongoing partnerships with universities to enable participation in clinical trials and providing opportunities for research for undergraduate and PhD students;
- providing support, advice and liaison to community pharmacists, hospitals and the Department of Health;
- renovating the pharmacy environment, thus improving the service and facilities for clients; and
- continuing to offer placements to final year Curtin University Pharmacology students.

Planned Achievements for 2003/04:

- stabilizing the maximum number of clients and placing them with community pharmacies; and
- increasing the number of community pharmacies prepared to dispense for Next Step clients.

METROPOLITAN DRUG AND ALCOHOL CENTRES

Next Step, in conjunction with other government and non-government agencies, is establishing three new DACs. These Centres are located at Warwick (North) and in August 2003 a re-modelled Fremantle Centre (South) will open, while the East Metropolitan DAC will replace the existing Next Step outpatient service at the Moore Street premises.

South Metropolitan Drug and Alcohol Centre – Fremantle

Planning has been finalised for the opening of the South Metropolitan DAC in Queen Street, Fremantle in August 2003. The Centre will provide specialist outpatient assessment, treatment and case management services from referrals through other alcohol and drug agencies, general practitioners and other health care providers and Palmerston, St John of God Health Care and the Joint Services Development Unit will be involved.

Highlights for 2002/03:

- establishing a Mandurah office, with co-location of a Next Step nurse, local general practitioners and CDST staff; and
- establishing the new shared worksite at the Queen Street, Fremantle premises.

Planned Achievements for 2003/04:

- development of the new South Metropolitan DAC at Fremantle;
- development of clinical and service roles of the new facility to meet the needs of clients;
- improved access to general practice for clients within the southern suburbs via a program of supportive liaison and education of local general practitioners;
- development of internal Risk Management and Clinical Governance procedures and activities; and
- implementation of collaborative arrangements with collocating agencies and other stakeholders.

North Metropolitan Drug and Alcohol Centre – Warwick

This Centre opened for clients in Dugdale Street, Warwick in May 2003. The Centre primarily caters for clients from the northern suburbs, who were previously attending the East Metropolitan Clinic for treatment. The Centre provides a full range of services including specialist outpatient assessment, treatment and case management services from referrals through other alcohol and drug agencies, general practitioners and other government and non-government health care providers.

The services include Next Step, St John of God Health Care, Holyoake, Cyrenian House, Wesley Central Mission, Osborne Division of General Practice, Central Coastal Division of General Practice, Mission Australia and the Joint Services Development Unit.

Highlights for 2002/03:

- opening the first fully integrated DAC at Warwick;
- the collocation of different services has provided a unique opportunity to explore and improve the agreed co-ordination and integration of drug services; and
- developing the relationship established with the Osborne Division of General Practice and Perth Central Coastal Division of General Practices to facilitate referrals and shared care agreements.

Planned Achievements for 2003/04:

- consolidation of integrated working practices through formal agreements by services operating within the Centre;
- improved access to general practice for clients within the northern suburbs via a program of supportive liaison and education of local general practitioners;
- establishment of a clear and functional working agreement between Next Step and mental health services within the northern suburbs regarding clients with co morbidities; and
- introduction of family sensitive practice within the North Metropolitan DAC.

YOUTH SERVICES

The Youth Services provide a specialist outpatient service for young people between the ages of 12 to 18 years with substance use problems, and also targets their families. The service provides a comprehensive multi-disciplinary assessment and treatment program both on site and on an outreach basis. The service is involved in research and evaluation relating to young people and their use of the service.

Youth Services was the subject of an independent review. The outcome of the review means a closer relationship with Mission Australia's new Youth Detoxification and Respite Inpatient facility to provide an integrated youth service.

Highlights for 2002/03:

- external review of Next Step Youth Services completed by DAO;
- representation on external committees focussed on youth specific issues such as the Multisystemic Therapy Implementation Group (Office of Mental Health in the Department of Health);
- providing youth specific alcohol and drug and mental health training for various workers and organisations in the youth field including Australian Medical Association, GPWA, and Child and Adolescent Mental Health Services;
- a Special Commendation Award in the Youth Specific Initiative category in the National Ted Noffs Awards for a video project, *Getting Off the Roundabout*, developed by young people to represent their views on what works in treatment for alcohol and other drugs;
- an education and training package, *Meaningful Conversations, Working with Young People affected by alcohol and drugs*;
- a video titled *Wizz Kids* that provides an understanding of the nature of amphetamine use in young people;
- presenting at local and international conferences including National Women and Children's Conference (Perth) and Young People and Drugs Conference (New Zealand);
- collaborating with the WA Academy of Performing Arts (WAPA) to assist in developing a youth specific music CD; and
- developing an Art Therapy program.

Planned Achievements for 2003/04

- implementation of youth service review recommendations including an integrated/shared care service provision with the newly established youth detoxification/respite service managed by Mission Australia;
- increasing the role of providing specialist alcohol and drug and mental health consultation and support to workers in the youth sector; and
- assisting external agencies in working with families affected by alcohol and other drugs and mental health issues.

CLINICAL TRAINING AND PLACEMENTS

Clinical training is provided for undergraduate and postgraduate health professionals to identify and manage AOD use for clients. The service also involves evidence-based practice, research and placements and supervision of various professionals which has included general practitioners, registrars, psychiatric trainees, general nurse trainees and psychology registrars.

Planned Achievements for 2003/04:

- undertaking staff training survey to ensure that all staff are appropriately skilled to deliver services; and
- collaboration with external agencies to ensure that current practices and a wide range of service information is available to DAO staff, for example, research findings external to this agency which may impact on service provision and pharmacotherapy updates.

CLINICAL PHARMACOTHERAPIES RESEARCH GROUP

DAO aims to build the capacity of clinical research in the drug field and has included the provision of funds to appoint Dr Kyle Dyer as Senior Research Fellow, based within the School of Medicine & Pharmacology at the University of Western Australia. Responsibilities include the management and coordination of clinical research at Next Step, the development of collaborative relationships between Next Step and the university sector, the provision of education and training within the University of Western Australia, and supporting clinical practice at Next Step.

Highlights for 2002/03:

- commencing a major research program examining saliva-based drug testing involving a collaboration between the School of Medicine and Pharmacology at the University of Western Australia, PathCentre WA, Cozart UK Pty Ltd., Microgenics Australia Pty Ltd., and Next Step Drug and Alcohol Services;
- completing a systematic literature review of naltrexone pharmacology and sustained-release preparations;
- completing two studies examining predictors of outcome from inpatient drug detoxification;
- contributing to two peer-reviewed publications, four technical monographs and 14 conference presentations and seminars;
- teaching provided to undergraduate medical students at UWA and Murdoch University;

- supervision of six postgraduate research students from UWA, Murdoch and Curtin Universities; and
- consultancy services have been provided to Next Step clinicians and the Health Consumers Council, Mission Australia and various working groups on specific drug and alcohol related projects.

RESEARCH

The Clinical Pharmacotherapies Research Group is conducting a number of research projects to guide clinical practice in the general areas of therapeutic drug monitoring, predictors of outcome and best practice within inpatient detoxification settings; opioid pharmacokinetics and pharmacodynamics and concurrent drug and mental health related problems.

Planned Achievements for 2003/04:

- completion of evaluation of saliva as a novel biological matrix for drug testing;
- completion of evaluation of divided methadone dose regimens and the preparation of reports;
- completion of the psychometric evaluation of the BD-II and the preparation of reports;
- conducting the 2004 census of Next Step consumer satisfaction and treatment outcome;
- strengthening of existing research collaborations, including the establishment of a Neuropsychological Assessment Clinic at Next Step (East Perth) as a collaborative arrangement among the Clinical Pharmacotherapies Research Group (Next Step/UWA), and the Schools of Psychology at Murdoch University and the University of Western Australia;
- supervising postgraduate research students;
- achieving externally funded research projects; and
- publication of research outcomes in peak international peer-reviewed journals.

PUBLICATIONS

All publications are listed in Appendix Four.

CONFERENCE PAPERS & SEMINARS

All details of conference papers and seminars are listed in Appendix Five.

PREVENTION

The Prevention Directorate provides a range of prevention and early intervention programs and services that aim to assist the community in preventing and delaying the onset of drug use. It is comprised of three sub-program areas, Alcohol, Illicit Drugs and Community Programs.

It works across a number of sectors and services and programs aim to:

- support environments that discourage harmful use;
- enhance healthy community attitudes and skills to avoid harmful use;
- support and enhance the community's and the family's capacity to address drug and alcohol problems; and
- support initiatives that address inappropriate supply of drugs and alcohol.

The range of prevention and early intervention activities include:

- public education – including public campaigns, production and distribution of printed materials;
- healthy public policy and legislative strategies – including liquor licensing, local government policies, Alcohol Accords and policies to promote responsible service of alcohol;
- sponsorship activities;
- organisational activities – coordinated activity with WA Police Service, the Liquor Industry and night venue owners to identify opportunities to reduce drug and alcohol use;
- research and evaluation; and
- community support activities – including support of the School Drug Education Project (SDEP), Local Drug Action Groups (LDAGs), community support and health promotion professional development.

Highlights for 2002/03:

Alcohol Programs

- facilitating a Statewide Alcohol Accord stakeholder review through collaboration with the liquor industry, WA Police Service and local government Alcohol Accords involve co-operative arrangements between the alcohol industry, local government, health and police representatives in local communities; and
- a comprehensive state-wide education program concerning the new National Health and Medical Research Council alcohol drinking guidelines was conducted in November 2003, promoting new drinking levels for avoiding short and long-term harm from alcohol use along with specific guidelines for special needs groups, such as pregnant women and young people.

Illicit and Other Drugs Programs

- developing and implementing the Dexamphetamine and Teenagers Project to address the dangers associated with the inappropriate use of dexamphetamines. In September 2002 the project introduced a new series of publications targeting teachers, school students, parents, general practitioners and pharmacists; and
- In January 2003 an education program was initiated targeting people at risk of use and users of amphetamines and related problems.

Community Programs

- developing and implementing a Prevention Workshop for Regional Health Professionals and members of each CDST from across the State;
- initiating the SDEP outcome evaluation;
- establishing a working group representing Rotary, Lions, LDAG Inc. and DAO to deliver prevention activities within the local community; and
- conducting the WA component of the 2002 Australian School Students Alcohol and Drug (ASSAD) Survey with 50 secondary and 32 primary schools.

Planned Achievements for 2003/04:

Alcohol Programs

- coordinate the development of a State Alcohol Strategy for the purpose of providing an evidence-based strategic direction for working with alcohol issues in WA in relation to policies, programs and services;
- develop a public awareness program to reduce the social acceptability of intoxication and resulting harm;
- increase the number of drinking environments with responsible service strategies by assisting in Alcohol Accords and the collaborative development of a responsible service of alcohol package for casual bar staff;
- monitor liquor licence applications and assist the Executive Director, Public Health in interventions where necessary in relation to harm or ill-health that may be caused due to the use of alcohol; and
- assist local government authorities to develop alcohol policies and management plans.

Illicit and Other Drugs Programs

- develop and implement a state-wide public education campaign to educate the community about the proposed changes to cannabis legislation;
- introduction of a state-wide entertainment venue drug policy and support strategies;
- work with the Peer Support Network Project to educate users about the harms associated with drug use and the available treatment and support services; and
- development and implementation of a youth drug driving education campaign in partnership with the Office of Road Safety.

Community Programs

- development of a partnership project with the four major universities and their residential colleges to coordinate a uniform approach to alcohol and drug use on campus;
- refinement of the DAO funded Leavers Live program targeting school leaver celebrations around the State;
- assist key stakeholders and communities in the development and implementation of evidence-based prevention activities to address the priorities identified through the area planning process;
- support the SDEP and LDAG Inc. in the further development, implementation and evaluation of their programs in accordance with their service agreements

including increasing the number of schools involved in the program and develop evidence-based prevention activities;

- increase the number of schools involved in the program; and
- develop evidence-based prevention activities and implement programs that address priorities.

CLIENT SERVICES, RESOURCING & DEVELOPMENT

The Client Services, Resourcing and Development Directorate provides a leadership role in strategic and operational planning for drug and alcohol programs and services. The Directorate works with key stakeholders to plan, resource, develop and monitor the community's access to drug and alcohol statewide treatment and support services.

It comprises three branches, Planning and Coordination, Services and Development and Evaluation and Monitoring.

The Planning and Coordination branch aims to:

- develop and coordinate Area Drug and Alcohol Plans for the 10 Health Regions statewide;
- develop and coordinate strategies to enhance system integration and coordination of services and programs targeting people affected by drug and alcohol problems; and
- analyse and plan for specific program areas as identified through stakeholder consultations and the DAO strategic directions.

The Services and Development branch aims to:

- provide resources to agencies statewide to ensure a diverse 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 that quality assurance monitoring underpins service delivery;
- ensure that the performance of service providers is reviewed and service agreements clearly define the requirements; and
- ensure that continuity of care for clients is coordinated through the integration of specialised government and non-government drug and alcohol treatment and support services.

In addition, this section also manages the Commonwealth-funded Western Australian Diversion 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. Pilot programs are evaluated through the Branch.

The current WA Diversion Program priorities are to:

- expand diversion services across the State;
- provide more appropriate diversion programs for Indigenous people;
- ensure efficient and effective programs for offenders appearing at the Perth Children's Court; and
- ensure that the program is supported through appropriate training, resource development and management.

The WA Diversion Program is also supported through a number of measures including a school and family program that is due for completion on the 30 June 2003 and the 30 June 2004 respectively. The school program aims to engage high-risk youth into treatment - the family program targets family members of offenders.

The Evaluation and Monitoring branch aims to:

- evaluate the outcomes of funded drug and alcohol programs and other activities;
- establish a unitary government and non-government inter-agency client monitoring system;
- collect, compile, analyse, and disseminate relevant, timely, accurate and reliable information concerned with the drug and alcohol service delivery system and a range of population parameters (including morbidity, mortality and health services utilisation) at State and national levels;
- develop, in collaboration with other key stakeholders, projects to improve, maintain and share relevant data;
- monitor and evaluate the outcomes of existing service delivery systems, innovations in service delivery, and other related activities; and
- maintain and promote essential intelligence for analysis and interpretation of trends and outcome-specific data to inform policy development and strategic decision-making.

All publications, research projects and conference papers are listed in Appendices 3, 4 and 5.

Highlights for 2002/03:

Non-government Funding

- In 2002/03 \$14.79 million was distributed to the drug and alcohol sector for the delivery of treatment and support programs and several initiatives for this period included:
 - \$750,000 tender awarded to Mission Australia for the establishment of a youth detoxification and respite centre due to commence operation in June 2003;
 - \$576,000 to establish the Wyndham Sobering up Centre, the Anawim Sobering up Centre in Northbridge and the Geraldton Sobering up Centre;
 - \$300,000 for a metropolitan-wide home based detoxification service based with St John of God Health Care; and
- \$200,000 for the establishment of Supported Accommodation Assistance Program (SAAP) drug and alcohol workers based at each accommodation

service in the metropolitan area to assist young residents with their substance use problems;

- in accordance with the Western Australian Drug and Alcohol Strategy 2002-2005, a Model for Drug and Alcohol Treatment and Support Services was developed in August 2002. This model highlighted the need to ensure continuity of care for clients accessing treatment and support services. A key initiative to address this has been the establishment of DACs at Warwick and Fremantle; and
- a working party to examine the desirability of introducing an accreditation system for drug and alcohol treatment and support services in WA was established and recommended that a project officer be employed for six months to develop a quality assurance framework with the sector, which would address clinical and corporate governance concerns. The project officer commenced in June 2003.

COAG Illicit Drug Diversion Initiative

- introduction of a pilot court diversion program, contribution to national evaluations and the development of future program strategy;
- \$2.3 million was distributed to the drug and alcohol sector within Western Australia for the delivery of the WA Diversion Program;
- introduction of a pilot early intervention diversion program, called the Pre sentence Opportunity Program, was implemented within Court 37 of the Central Law Courts to engage offenders with minimal criminal records and a clear drug use problem away from the justice system and into treatment;
- contribution to a number of COAG Illicit Drug Diversion Initiative reports including the Evaluation of the Council of Australian Governments' Initiatives on Illicit Drugs, Indigenous Sentinel Study and the Review of the Client Services Funding Model;
- consultation with the WA State Reference Group and examination of evidence through Australian National Council on Drugs workshops, diversion forums and national research, resulted in a proposal outlining priority areas for the development of the WA Diversion Program were identified; and
- additionally, two supporting measures of the COAG Illicit Drug Diversion Initiative called the WA Family Program and the WA School Program Supporting Diversion continue to engage high risk youth and family members of persons diverted.

Planning and Coordination of Services

The first phase of Area Drug and Alcohol Planning was undertaken across all the 10 health regions of Western Australia. This included:

- consulting with approximately 900 key stakeholders, mainly alcohol and other drug and human service providers and analysis of data and presentation of reports;
- presentation of draft Area Drug and Alcohol Plans to all stakeholders for comment; and
- presentation of draft Area Plans to the Cabinet Standing Committee on Social Policy.

The outcome to-date resulting from this process has been to inform:

- the DAO Operational Plan; and

- the priorities for DAO for the next two years.

Monitoring, Evaluation and Research

In 2002 the Evaluation, Monitoring and Research Unit was relocated under the Client Services, Resources and Development directorate of DAO. Highlights include:

- seven papers have been submitted to peer reviewed journals for publication (see Appendix Four) and one has already been published;
- strengthening of links with the Department of Health Epidemiology Branch and the Data Link Unit through collaborative research on the impacts of alcohol and tobacco on the health of Western Australians and record linkage projects;
- strengthening of links with Curtin University of Technology to progress higher degree studies in substance misuse; and
- supervision of nine postgraduate students by staff members.

Planned Achievements for 2003/04:

Non-government Funding

The development of Area Drug and Alcohol Plans means that all contracts with service providers funded by DAO will be reviewed in order to align them with funding priorities for future services. The review will:

- examine the impact of collocation and its status in relation to future procurement arrangements;
- develop service specifications and accountability requirements,
- develop a procurement strategy to meet government priorities for drug and alcohol treatment and support services;
- establish a working group to examine the capacity of sobering up services in the metropolitan area to respond to the needs of intoxicated people, including youth in order to achieve the optimum level of service; and
- trialling a systems approach to managing public intoxication in the Midwest region.

COAG Illicit Drug Diversion Initiative

- expansion of court diversion services to include three regional locations;
- implementation of an Indigenous diversion program within three regional locations;
- development and implementation of an appropriate diversion model within the Perth Children's Court;
- expansion of police diversion for drugs other than cannabis across the State; and
- implementation of a range of resources and services to support the program.

Planning and Coordination

- assist and support regions to develop and implement local responses to the identified strategies, which will result in improving services and programs to people with alcohol and drug problems; and

- lead planning for future directions identified in the DAO Operational Plan and in the DAO Agency Plan e.g. identification of strategies for improving AOD services for CALD people.

Monitoring, Evaluation and Research

- gain externally funded research projects;
- publish research outcomes in peak international peer-reviewed journals;
- evaluation of the home based withdrawal program by St John of God Healthcare;
- evaluation of the extension of medical services to the non-government sector;
- expansion of the National Minimum Data Set - Alcohol and Other Drug Treatment Services (NMDS-AODTS);
- supervise postgraduate research students; and
- complete the Impact of Alcohol on the Health of Western Australians report which analyses the burden of disease associated with alcohol on the health of Western Australians.

PRACTICE DEVELOPMENT

The Practice Development Directorate provides accessible information, advice, counselling and referral options to the community, and works to support organisations, systems and the workforce to respond effectively to people affected by drug and alcohol use. The core functions are:

- ensuring access to quality information on drug use, drug harm and prevention and treatment options through an evidence-based approach;
- identifying and disseminating effective practice guidelines;
- building the capacity to implement effective prevention and treatment practice in individual practitioners and organisations;
- supporting workforce development through a comprehensive range of organisational development, consultancy and support strategies; and
- contributing to strategies to ensure clear and effective pathways of care for people affected by drug and alcohol use.

The program areas of the branch are:

- Aboriginal Health contributes to policy advice and practice development initiatives to enhance responses to Aboriginal people and communities affected by drug and alcohol use. Currently the program manages Aboriginal traineeships around the State;
- Workforce Development provides practice and organisational development initiatives to a wide range of individuals (e.g. nurses, medical staff, drug specialist staff, justice staff) and organisations (e.g. schools, hospitals, Department of Justice, drug specialist services). These include consultancy services, mentorships, resource development (e.g. clinical guidelines) accredited courses (the organisation is a Registered Training Organisation) and tertiary education courses;
- the Drug Overdose Prevention Program (DROPP), established in 2002, works with a wide range of agencies (e.g. drug specialist agencies, Department of

Justice, hospitals) implementing strategies to prevent and respond effectively to drug overdose;

- the Library provides information and library services to those who are implementing responses to people affected by drug and alcohol use;
- the GP Support Program, provides practice development, support and consultancy services to GPs and the Community Program for Pharmacotherapies (CPOP). This includes the 24 hour Clinical Advisory Service (CAS) for general practitioners and other professionals. The Patient Advisory Service for pharmacotherapies is managed by the Alcohol and Drug Information Service (ADIS); and
- ADIS is a 24 hour, Statewide, confidential telephone service providing information, advice, counselling and referral. The service includes the Parent Drug Information Service (PDIS) parents who offer support to other parents whose children are affected by drug and alcohol use, Quitline counselling and responses to various State and Federal drug and alcohol prevention campaigns.

Highlights for 2002/03:

- establishing the new Family Sensitive Practice program worked in collaboration with other agencies in the alcohol and other drug sector to enhance responses to families affected by drug use;
- implementing programs involved with developing the clinical skills of staff in mental health and drug services and building links between service providers to ensure more integrated service provision;
- building the capacity of services that work with young people has continued to be a priority of the section. This has included continued involvement with the In-Touch program which aims to ensure effective management of drug related problems in schools;
- funding has enhanced health responses in rural and remote regions and has included funding four regional CDSTs to increase client access to medical care;
- supporting regional and remote health services through continued collaboration with the Sexual Health and Blood-Borne Viruses Branch, Department of Health and the Western Australian Substance Users' Association (WASUA). Strategies were implemented to build the capacity of health services around the State to reduce the harm from injecting drug use. A nationally recognised training program for needle and syringe provision (NSP) was conducted in March/April 2003 for over 100 NSP workers, including a program specifically for Indigenous staff;
- conducting a range of programs in collaboration with the Department of Justice including prison officer training at Wooroloo Prison, a train-the-trainer program for Community Based Correction Officers from Sri Lanka and skills training for Community Justice staff (five programs per year) and for Drug Court, Family Court and Legal Aid staff;
- delivery of the Volunteer Addiction Counsellor Training Program in conjunction with Curtin University of Technology;

- contributions to the tertiary education sector and teaching and resource development have been provided to Curtin University, University of Western Australia, Murdoch University, Notre Dame and Edith Cowan Universities;

- collaborative organisation of the Inaugural Alcohol and Other Drug Symposium, by DAO and the university sector in August 2002 with 210 participants; and
- developing a national strategy on Workforce Development for completion in the next financial year.

Planned Achievements for 2003/04:

- coordinated practice development initiatives with the Joint Services Development Unit will enhance responses to people affected by co-occurring mental health and drug related problems;
- continued family sensitive strategies to improve the inclusion of families in treatment and support;
- training and support for those who respond to young people affected by drug use;
- clinical support, training, resources and development to enhance mainstream health service responses (metropolitan and rural) to people affected by drug use (e.g. dissemination and utilisation of clinical guidelines, shared care strategies, brief interventions and referral); and
- further collaboration with the tertiary education sector to ensure “drug studies” is included in curricula.

DRUG OVERDOSE PREVENTION PROGRAM (DROPP)

Highlights for 2002/03:

- the Emergency Department Project operated in collaboration with Royal Perth and Fremantle Hospitals to allow an opportunity for non-threatening, supportive interventions for clients who have experienced an accidental overdose who have little or no other contact with support and treatment services;
- continuing the Brief Intervention Expired Air Resuscitation Project (BREATHE) to provide training to agency staff and clients in overdose prevention and expired air resuscitation (EAR) involving weekly sessions on Drug Overdose Prevention and EAR at Rangeview Remand Centre. Over the past year 276 clients have participated in BREATHE workshops at Rangeview Remand Centre and Banksia Hill Detention Centre;
- providing education and support for a range of agency staff who work with people at risk with drug use, including agency staff in the Rockingham- Kwinana area who work with young people not in mainstream educational systems but who attend specialised life skills classes; and
- fifteen current DROPP volunteers have played an active role in the Emergency Department Program, BREATHE workshops and a large number of community education events including: Big Day Out, WA Pharmacy Guild Expo, GENERATE Dance party, SAMSARA Event, Inner City Youth festival, Rockingham Senior High School Health Happening Expo, Mount Lawley Health Expo and Cyril Jackson Senior High School Health Odyssey.

Planned Achievements for 2003/04:

- development of a training module in opportunistic interventions to prevent and respond to overdose for health and welfare staff; and

- provision of overdose prevention and management information to prisoners in preparation for re-entry to the community.

ABORIGINAL HEALTH PRACTICE DEVELOPMENT

Highlights for 2002/03:

- development and implementation of the Indigenous Alcohol and Other Drug Officer Traineeship Program has been a core activity. This involves block training, on-the-job learning and mentoring. Currently there are 16 trainees involved in the 12-month training and support program and four metropolitan trainees (funded by the Sexual Health and Blood-Borne Viruses Branch) commenced in September 2002. There are seven rural and remote DAO employed/funded trainees who are placed with CDSTs around the State, five externally funded trainees participate in the program and are already employed within the non-government, government and community controlled sector. As well as expanding their own skills, trainees contribute to the cultural security of services in which they are placed;
- the Aboriginal Health Unit has a representative on the National Aboriginal and Torres Strait Islander Reference Group, a sub committee of the Intergovernmental Committee on Drugs;
- provision of support and cultural advice to different branches is a high priority within DAO in policy, practice development, area planning and strategic directions; and
- advocacy, consultation and training to the broader AOD and Indigenous community on a range of issues relevant to this area and DAO.

Planned Achievements for 2003/04:

- establishment of a working party to progress the development of a West Australian Indigenous Alcohol and Other Drug Strategy in partnership with:
 - the Office of Aboriginal Health (OAH);
 - the Office of Aboriginal and Torres Strait Islander Health (OATSIH);
 - WA Community Controlled Health Organisations (WACCHO); and
 - the Aboriginal & Torres Strait Islander Commission (ATSIC);
- continuing to build on developing the Indigenous Alcohol and Other Drug Officer Traineeship program as a priority area within the Aboriginal Health Unit with view to extending the program to encompass Diversion and to enhance capacity building within the metropolitan and rural and remote regions of Western Australia;
- development of regional partnerships with the Community Controlled Sector, CDSTs and health services to enhance capacity building in remote area indigenous communities to address AOD issues;
- development of a network of Indigenous professionals to support non-Indigenous workers or professionals with clinically sound cultural supervision;
- development of Indigenous resources including health promotion/prevention, education and training, brief and early interventions; and
- workforce development to include the existing Indigenous AOD sector, Aboriginal Health Workers, Aboriginal and Islander Education Officers and Coordinators as a

part of continual professional development in responding to Indigenous AOD related harm.

GENERAL PRACTITIONER SUPPORT PROGRAM

The GP Support Program has been created from the amalgamation of two programs, the GP Alcohol and Drug Support Program and the Clinical Advisory Service. There are three components of the program:

- *Professional Development*, which provides education to GPs along the continuum of training (from medical school to Continuing Professional Development) and disseminates alcohol and drug information to GPs (eg. *Drink, Drugs and Doctors* newsletter);
- *System Development* which involves developing the systems of care for patients (e.g. referral to and from GPs to drug specialist services); and
- *Clinical Support* which provides a 24-hour Clinical Advisory Service (CAS) to GPs and other health professionals.

Highlights for 2002/03:

- the Clinical Advisory Service (CAS) provides clinical consultancy and support to over 60 GPs and 190 pharmacies managing over 1500 patients engaged in pharmacotherapies for opioid dependence;
- over the past three years the GP program has achieved 2000 attendances at education events out of a total of 2200 GPs in WA;
- the program has achieved recognition for the sole drug and alcohol training program to achieve national accreditation for Level 2 under the Commonwealth 'Better Outcomes in Mental Health Care' initiative. This has been achieved through the development and successful pilot of a 20 hour focussed educational program for GPs and registrars on cognitive behavioural strategies for GPs (in collaboration with General Practice Division of WA (GPDWA), Curtin University, University of WA and other agencies involved in GP training);
- collaborative partnerships developed and maintained with other education providers to enhance and extend the reach of education to GPs and other health professionals, such as the East Metropolitan Health Unit and Western Australian Centre for Rural Remote Medicine;
- an annual training weekend was conducted in November 2002 with 35 GPs who engage in pharmacotherapy treatment for drug dependence;
- two grants have been provided to Divisions of General Practice to improve services for people with co-occurring mental health and alcohol and drug problems through better access, coordination, support and education of GPs and drug specialist agencies; and
- a number of shared care arrangements have been established to secure access to opiate pharmacotherapies in rural areas.

Planned Achievements for 2003/04:

- delivery of advanced skill training under the *Better Outcomes in Mental Health Care (BOMHC)* initiative across metropolitan and rural Western Australia;
- undertake system development activities, in collaboration with Next Step, other alcohol and drug agencies and Divisions of General Practice to improve

consistency in referral pathways, information and communication processes between agencies and GPs and encourage the development of shared care models of practice;

- increase the clinical support provided to GPs and pharmacists through practice visits and telehealth;
- use Commonwealth Government initiatives to engage the non-government sector in identifying the needs and systems to support better communication within general practice and to improve integration between services and access for clients;
- engage GPs and pharmacists, as well as key stakeholders within the alcohol and drug sector, in a strategy to recruit, support and retain opiate pharmacotherapy service delivery in the community; and
- place volunteer counsellors within general practices, supervised by CDSTs and GPs to provide psycho-social support to patients affected by drug use and enhance collaboration between CDSTs and GPs.

ALCOHOL AND DRUG INFORMATION SERVICE

ADIS incorporates PDIS. ADIS provides Statewide telephone information, advice and counselling 24-hours a day, seven days a week. PDIS provides the option for parents to talk to a parent volunteer who has been trained and supervised by DAO. PDIS also provides parent support in community services, the adult Drug Court and in Family Sensitive Practice.

Highlights for 2002/03:

- ADIS/PDIS have provided information/advice/counselling in response to 24,000 calls to the service;
- protocols for telephone assessment of ADIS/Point of entry into treatment systems were developed to facilitate standardised referral for withdrawal management services;
- collaborative and integrated service provisions have been enhanced through the development of agency referral protocols, regular information bulletins and the creation of a partnership placement scheme;
- ADIS, as a primary reference point for victims, has taken a role in the development of police and hospital based campaigns to prevent drink spiking and provide services to victims;
- the service has been actively promoted in a variety of rural publications to enhance its awareness in country areas, and has commenced a telephone-based mentor program to staff and volunteers in remote areas who respond to people affected by drug use. Similarly, ADIS has been promoted as a partner in the development of Care Plans with GPs, especially in remote areas. Uptake of these services is beginning to grow;
- ADIS has been actively promoted within CALD and Aboriginal communities. Contact was made with all migrant resource centres and DAO staff have attended a range of community events centred on multiculturalism or specific CALD groups, promoting ADIS. The service provides input to the TAFE course for translators, enhancing penetration into CALD communities. ADIS was used as a placement for four Aboriginal Traineeships. The establishment of the Aboriginal Health Practice Development Section will enhance cultural security of the service;

- the Patient Advisory Service for patients engaged in pharmacotherapies has been integrated into ADIS;
- an ADIS staff member has been seconded (for a six month trial period) to provide an ADIS type service in the Central Law Courts under the Supervised Treatment Intervention Regime;
- PDIS has recruited, trained and supervised 11 new parent volunteers providing support to parents in the WA Adult Drug Court;
- PDIS has supported a range of teaching and community activities where input from parents affected by drug use is important (e.g. community events; Family Sensitive Practice project; Mandurah Family Symposium, LDAG Inc) and has worked collaboratively with 10 Parent and Family Support groups and assisted in the establishment of the Parent and Family Support Group network; and
- PDIS has commenced work with metropolitan migrant resource centres and has provided a presence at a variety of community based activities targeted at families and specifically at people from CALD backgrounds.

Planned Achievements for 2003/04:

- emphasis will be placed on increasing penetration into rural and remote regions and increasing the number of people from these regions who use ADIS/PDIS;
- ADIS will be promoted to rural and remote GPs and support provided in referral and to patients to identify treatment pathways; and
- PDIS will continue to be promoted in CALD communities and will contribute to the development of resources and services for parents.

CLINICAL TRAINING AND ADVISORY SERVICE - (COMMUNITY PROGRAM FOR OPIOID PHARMACOTHERAPIES)

This service provides specialist clinical advice and support to clients and providers of community based drug and alcohol services, including CAS, Community Program for Opioid Pharmacotherapies (CPOP) and Patient Advice and Support Service (PASS).

CAS is a 24-hour, seven day a week telephone advisory service for general practitioners, pharmacists and other health service providers, which is staffed by Next Step's medical officers. This service also processes on average 50 applications to prescribe an opioid pharmacotherapy per week and maintains links with the Department of Health's Drugs and Poisons Branch.

Highlights for 2002/03:

- recruiting and training GP prescribers. A total of 48 GPs attended four 'Planet of the Opiates' training events;
- approximately 150 GPs have completed pharmacotherapy training. A total of 67 GPs are currently prescribers. Thirty-two GPs have been authorised to prescribe methadone and 35 GPs methadone and buprenorphine;
- Ten GPs are managing more than fifty clients; and

- Thirty-five GPs responded to a recent GP survey with 86% of the GPs rating CAS as very supportive or supportive.

Planned Achievements for 2003/04:

- improve GP support by offering training, mentoring and regular surgery visits to GPs and practice staff;
- review the role of clinical audits and consider alternative processes that accommodate the privacy amendments and ensure best practice; and
- develop shared care models of management to support the needs of the rural communities.

LIBRARY

The library has WA's largest range of written and electronic data on responding to people affected by drug use and supports research, prevention and clinical staff and students around the State. As well as providing physical resources, the library provides training in accessing and using electronic databases.

Highlights for 2002/03:

- a MOU was developed with WANADA, enabling subscription to and use of the library services for WANADA members;
- training programs in searching and using electronic data bases have been conducted for government and non-government staff;
- the library has collaborated with Health Libraries in WA in consortia to purchase electronic titles; and
- membership of the Australasian Professional Society on Alcohol and other Drugs was provided to all CDSTs around the State and will increase access to the *Drug and Alcohol Review*, a key journal on drugs.

Planned Achievements for 2003/04:

- a number of key texts have been purchased and will be distributed to 50 Statewide libraries and all CDSTs. This will provide enhanced physical access across the State to key texts in the drug field; and
- access to library resources via the internet will be enhanced.

POLICY, STRATEGY AND INFORMATION

The Policy, Strategy and Information Unit provides 'central point' coordination for drug and alcohol activity.

Core functions of the unit are:

- policy development (provides systemic, coordinated and evidence-based approach to service and program delivery);

- policy coordination (enabling clear communication and the integration of policy across DAO, Government and the community); and
- information, research and support (providing evidence, research and support to stakeholders in the development and implementation of policy and programs).

To deliver these functions, the Policy, Strategy and Information Unit staff work collaboratively with other sections of DAO, other State departments, the Commonwealth Government, community groups and stakeholders. The overall aim of unit activity is to ensure a coordinated series of activities, broadly consistent with the WA Drug and Alcohol Strategy.

Highlights for 2002/03:

- developing the WA Drug and Alcohol Strategy and treatment and prevention models to support the strategy;
- coordinating the Agency Drug and Alcohol Action Plans outlining responses to drug and alcohol issues in nine key human service agencies. These form a “joined-up” government response to the Western Australian Drug and Alcohol Summit which was submitted to the Cabinet Standing Committee on Social Policy;
- developing the DAO Action Plan;
- reviewing Next Step Youth Services;
- publishing *“Indicators of Drug Use: Regional and State Profiles Western Australia”* which is a major compilation of drug use indicators;
- reviewing management of the CPOP; and
- supporting the newly created Community Advisory Council which provides advice to the Board of DAO.

Planned Achievements for 2003/04:

- review of the research, evaluation and performance reporting functions of DAO;
- review of the funding processes for non-government service providers;
- implement the findings of the Youth Services Review;
- monitor the implementation of Agency Drug and Alcohol Action Plans;
- develop performance indicators for WA Drug and Alcohol Strategy including the development of performance reporting;
- develop a coordinated response to Indigenous people and communities affected by drug and alcohol use in conjunction with the OAH and the OATSIH;
- monitor the capacity of existing treatment services to meet the needs of people from culturally and linguistically diverse backgrounds; and
- develop strategies to reduce drug and alcohol-related harm in the workplace.

CORPORATE SERVICES

The principal objective of the Corporate Services Directorate is to support the core activities of DAO by providing efficient and effective corporate services that aim to be at best practice standard. The main functions provided are finance, human

resources, information technology, records and information management, asset and building management, contracting and purchasing services and administrative support.

During 2002/03 the Corporate Services Directorate consolidated services and systems after the extensive restructure that took place in mid 2002. The major focus was on reviewing policies and procedures to ensure greater accountability in the use and deployment of DAO's resources.

In particular, systems associated with the purchasing of goods and services were reviewed with the aim of promoting greater accountability and transparency and existing policies and procedures were revised and a series of in-house training courses were run to communicate the new systems.

During 2003/04, the current process of reviewing existing corporate processes and systems will continue with the aim of achieving greater efficiency and effectiveness in the delivery of services. A continuing priority will be the review and reform of existing corporate contracts for building and support services and the further development of record management systems.

HUMAN RESOURCES AND CORPORATE SUPPORT

This Branch is responsible for human resources, payroll and personnel, industrial relations, records, risk management and other administrative functions for DAO.

Highlights for 2002/03:

Human Resources

- selection and recruitment for a large number of positions was completed in order to implement the new DAO Office structure;
- recruitment and appointment of the Directors of Prevention, and Client Services, Resourcing and Development was completed; and
- development and implementation of a web-based recruitment portal to streamline and create efficiencies in the recruitment process.

Risk Management

- a new Committee structure to oversee Occupational Safety & Health (OS&H) and risk issues across the organisation was developed and implemented;
- a Risk Management Coordinating Committee was introduced to provide a peak forum for operational planning, review and development of processes and documents to support risk management;
- two local Risk Management Teams at the local workplace level have begun operating; and
- a Risk Management & Contracts Co-ordinator position is being created with the responsibility to commence risk identification, assessment and control processes, risk awareness education and provide administrative support to the three new committees.

Records

- a new Records Manager has been recruited with prime responsibility to improve the corporate records management system for DAO;
- a new corporate records system, TRIM was introduced during 2003 involving training of staff in TRIM; and
- a new retention and disposals schedule has been completed for all current corporate records.

Administration

- an assessment of physical security measures was completed, resulting in an upgrade of building security measures and procedures; and
- a stock-take and review of corporate and administrative contracts was completed with the aim of rationalising the number of contracts and achieving administrative efficiencies through greater central coordination.

Planned Achievements for 2003/04:

- completion of a new Human Resource's Manual with current policies and procedures;
- development of the new DAO website portal to allow applicants for advertised positions to apply on-line;
- implementation of OSH@Work software to assist in the management of worker's compensation claims and accidents and incidents reporting;
- commencement of a new Performance Development System with training for managers and employees;
- introduction of a Management Development Program for middle managers at DAO;
- introduction of a recruitment and selection process training for managers at DAO;
- completion of the DAO Records Plan; and
- provision of required training for all Risk Management and Occupational Health and Safety Officers.

INFORMATION TECHNOLOGY SERVICES

The Information Technology Branch provides support and maintenance of DAO's information technology infrastructure. This includes software, desktop computers and servers within DAO's Local Area Network (LAN) environment. The branch also provides advice to management and staff on the application of information technology to assist with the core activities of DAO.

Highlights for 2002/03:

- consolidation of all DAO staff onto one server and domain;
- combining the various Exchange servers on to one new Exchange server;
- combining the Next Step and WA Drug Abuse Strategy Office web sites into a DAO web site;
- adding the facility to the DAO web site to advertise employment opportunities and to receive job applications on-line;

- setting up the information technology infrastructure for the new Northern DAC at Warwick including the provision of services to non-government workers;
- development and implementation of a Help Desk call logging system in order to provide information on the service provided and with the aim of providing a better service;
- implementation of an IT equipment booking system for staff who need temporary use of specialist equipment;
- consolidation of the information technology equipment asset registers; and
- enhancements to the ADIS system to provide statistical information in line with the DAO strategy.

Planned Achievements for 2003/04:

- development and implementation of a new DAO web site;
- setting up the information technology infrastructure for the new Southern DAC in Fremantle including the provision of services to non-government workers;
- provision of a facility for IT users to download data from the Client Management Information System (CMIS) for statistical use within other applications;
- enhancing the backup procedures through the use of a backup server. This will provide a quick restore function for files that have been incorrectly deleted and will provide a backup in the event of failure of the main server; and
- streamlining of the IT user support functions.

FINANCIAL SERVICES

The Finance Branch is responsible for all financial and management accounting functions for DAO. During 2002/03 the branch consolidated the financial systems and financial reporting structure after the organisational restructure in mid 2002.

Highlights for 2002/03:

- establishment of a new monthly management reporting system;
- review and reform of purchasing and contracting policies and procedures culminating in a revision of the Purchasing Manual;
- the conducting of in-house training of purchasing officers with regard to revised purchasing policies and procedures;
- revision of asset management policies and procedures in the DAO Accounting Manual; and
- revaluation of land and building assets and completion of the transfer of assets from the Department of Health to DAO that were associated with the 2002 restructure.

Planned Achievements for 2003/04:

- provision of training and mentoring to program staff to promote greater financial accountability and transparency in the management of the agency's funds;
- further review and updating of DAO's accounting manuals to ensure compliance with accounting standards and best practice; and
- establishment of a DAO capital replacement program.

ASSET AND BUILDING MANAGEMENT

DAO owns and occupies two premises, an administrative and programs office at 7 Field Street, Mount Lawley and a specialist outpatient and inpatient facility at 32 Moore Street, East Perth. Leased premises at 33 Quarry Street, Fremantle and 26 Dugdale Street, Warwick are used to house outpatient services.

During 2002/03, office refurbishments continued at the Mount Lawley office to accommodate the increased number of staff associated with the integration of drug and alcohol services within DAO. The planned upgrade of the dispensing pharmacy at East Perth was also completed.

The new DAC at Warwick was completed and opened in June 2003. During the proceeding eight months the new premises were located, a lease negotiated, the building fit-out designed and planned, and the fit-out completed. A new DAC at Fremantle was due to be opened in August 2003 to replace the existing Quarry Street premises that are now too small for the revised service.

HUMAN RESOURCE MANAGEMENT

Employee Profile

The following table shows the number of full time equivalent (FTE) staff by category employed by the Authority.

| Category | 2002/03 | 2001/02 | 2000/01 |
|-------------------------|---------------|---------------|-----------|
| Nursing | 27.00 | 27.12 | na |
| Administration/Clerical | 87.81 | 62.76 | na |
| Medical Support | 25.95 | 22.71 | na |
| Hotel Services | 11.47 | 11.42 | na |
| Maintenance | 0 | 0 | na |
| Medical (Salaried) | 11.75 | 12.19 | na |
| TOTAL | 163.97 | 138.74 | na |

During 2002/03 FTE increased as a result of the transfer of alcohol and drug functions from the Department of Health to the Western Australian Alcohol and Drug Authority.

Recruitment

During 2002/03, 41 permanent and fixed term positions were advertised externally. Seventy-one new employees were recruited, whilst 35 employees ceased employment.

Staff Development

A total of \$30,540.49 (salaries and fees) were expended on staff development activities during 2002/03. This amount does not include staff attending internal training events.

Industrial Relations

During 2002/03, DAO continued to pursue workplace reform with the aim of achieving best practice. Most reform activity focussed on the completion of the DAO restructure that commenced the previous financial year.

Meetings were held with unions throughout the year to keep them informed of staff movements and issues as they arose. The new Medical Practitioners (Alcohol and Drug Authority) AMA Industrial Agreement was implemented and is currently awaiting registration in the Industrial Relations Commission.

Workers Compensation & Rehabilitation

The following table shows the claims profile by category for the Authority.

| Category | 2002/03 | 2001/02 | 2000/01 |
|-----------------------------|----------|----------|----------|
| Nursing Services | 0 | 0 | 2 |
| Administration and Clerical | 3 | 2 | 2 |
| Medical Support | 0 | 0 | 0 |
| Hotel Services | 0 | 0 | 3 |
| Maintenance | 0 | 0 | 0 |
| Medical (salaried) | 1 | 0 | 0 |
| Other | 0 | 0 | 0 |
| Total | 4 | 2 | 7 |

For 2002/03 the following indicators applied to workers compensation:

- frequency rate of compensation claims – 7.95;
- estimated cost of claim per \$100 Wageroll - \$3.53;
- contributions (premium rate) - \$176,752; and
- rehabilitation success rate – no employees have required rehabilitation.

Equity and Diversity Outcomes

The following table reports equity and diversity indicators for the Authority.

| Indicator | Level of Achievement |
|--|--|
| EEO Management Plan | Under review |
| Organisational Plans reflect EEO | Will require review |
| Policies and procedures encompass EEO requirements | Under review |
| Established EEO contact officers | Two Grievance Officers will require review |
| Training and staff awareness programs | Will require review |

| | |
|-----------|---------------------|
| Diversity | Will require review |
|-----------|---------------------|

Equal Employment Opportunity

There were no reported cases of harassment or concerns raised regarding equal employment opportunity during the year.

Grievance Officers

During the year five grievances were dealt with by an internal formal process.

Public Sector Standards and Ethical Codes

DAO has complied with the DAO Code of Conduct, the WA Public Sector Code of Ethics and all Public Sector Standards in Human Resources Management except the Performance Management Standard.

With respect to the Performance Management Standard, progressive implementation of a new performance management system commenced in June 2003.

Directors and Managers are responsible for compliance with public sector standards and ethical codes. A monitoring and advisory role is played by the Human Resources Branch to ensure that all processes and transactions comply with the standards.

A revised Code of Conduct was implemented in December 2002.

Breach of Standard Applications

| | |
|---------------------------|-----|
| Number lodged | Nil |
| Breaches found | Nil |
| Multiple breaches | Nil |
| Applications under review | Nil |
| Material breaches | Nil |
| Non-material breaches | Nil |



Dr Denzil McCotter
A/Executive Director
WESTERN AUSTRALIAN ALCOHOL AND DRUG AUTHORITY

CUSTOMER GROUP OUTCOMES

Disability Services Plan Outcomes

During 2003, DAO re-established its Disability Services Committee under the umbrella of its Risk Management Co-ordinating Committee structure. There are now two local Risk Management Committees and a peak Risk Management Co-ordinating Committee that have disability service outcomes as an integral part of their terms of reference.

Cultural Diversity and Language Services Outcomes

The principal source of initial contact with DAO clients is through ADIS. ADIS provides a telephone translation service to clients speaking languages other than English who are seeking confidential counselling, information or referral to an alcohol and drug treatment service. Translation services are available in other clinical services.

Youth Outcomes

DAO provides a specialist outpatient services for young people aged 12-18 years with drug and alcohol related problems. A detailed report of the programs provided by the youth service is included in an earlier section of this Report.

PUBLIC RELATIONS AND MARKETING

As DAO has evolved so too has the area of corporate communication.

This covers information management, via various communication channels to a range of stakeholders.

In the area of communication which includes public relations, marketing, media liaison, stakeholder relations, website management and strategic planning a number of initiatives were implemented during the year.

These included establishing an internal staff newsletter, development and implementation of a strategic communication plan and upgrading of DAO's website.

In addition DAO services were actively promoted through a range of events and activities and collaboration was undertaken with government and non-government agencies to establish cohesiveness for greater communication within the community on drug and alcohol matters.

RESEARCH AND DEVELOPMENT

A full listing of research and development projects undertaken is included at Appendix Three.

PRICING POLICY

DAO does not charge for drugs dispensed. Partial cost recovery is used for most education and training events.

MAJOR CAPITAL PROJECTS

During 2002/03 the Northern DAC at Warwick was opened. Capital works to the value of \$275,000 were completed.

INTERNAL AUDIT CONTROLS

The Department of Health's Internal Audit Branch is responsible for the internal audit program for DAO. During 2002/03 a Risk Assessment Internal Audit was conducted. There were no significant findings from the audit.

A further audit was commenced on ADIS, however, this was not finalised during this financial year. The findings of this audit will be presented to senior management in August 2003.

RISK MANAGEMENT

DAO implemented a new Risk Management structure during 2003. This structure consists of two localised Risk Management Committees reporting to a Risk Management Co-ordinating Committee. Furthermore, a new position dedicated to risk management and contract co-ordination was established. The committees with the assistance of the Co-ordinator Risk Management and Contracts are currently in the process of establishing a formal Risk Management Plan.

ADVERTISING & SPONSORSHIP

This information is published in accordance with section 175ZE of the *Electoral Act* 1907 (see the following Table).

| Class of Expenditure | 2002/03 |
|---|------------------|
| Advertising Agencies: | |
| <i>Marketforce Productions</i> | \$34,383 |
| Market Research Organisations: | |
| <i>Patterson Market Research</i> | \$7,290 |
| <i>Curtin University of Technology</i> | \$27,692 |
| <i>Department of Health</i> | \$390 |
| <i>Hall Chadwick</i> | \$1,100 |
| <i>Hides Group</i> | \$25,369 |
| <i>MYDATA</i> | \$3,866 |
| <i>Donovan Research</i> | \$103,070 |
| <i>Brand Agency</i> | \$15,000 |
| Polling Organisations | Nil |
| Direct Mail Organisations | Nil |
| Media Advertising Organisations: | |
| <i>Allmark & Associates Pty Ltd</i> | \$128 |
| <i>Assoc of Volunteer Bushfire Brigades</i> | \$420 |
| <i>Brand Agency</i> | \$419,255 |
| <i>Bull Dog Graphics</i> | \$117 |
| <i>Campbell Management Services</i> | \$620 |
| <i>Community Newspaper Group</i> | \$620 |
| <i>Direct Image</i> | \$289 |
| <i>Gigantic Entertainment</i> | \$682 |
| <i>Lasso Kip Pty Ltd</i> | \$238 |
| <i>Marketforce Productions</i> | \$34,382 |
| <i>Media Decisions WA</i> | \$232,906 |
| <i>Public Information Services</i> | \$700 |
| <i>Vinten Browning</i> | \$19,144 |
| <i>Vivid Interactive and Design</i> | \$675 |
| <i>WA Local Business & Community Services</i> | \$905 |
| <i>West Regional Sales</i> | \$2,529 |
| <i>Westside Publishing</i> | \$208 |
| TOTAL EXPENDITURE | \$931,978 |

WASTE PAPER RECYCLING

DAO implements policies concerning the recycling of waste paper. Waste paper is collected for recycling in accordance with Government policy and where appropriate recycled paper products are purchased.

FREEDOM OF INFORMATION

One formal request under the *Freedom of Information Act 1992* was lodged during 2002/03. The applicant was given access to the information they sought.

Persons seeking formal access to information under the provisions of the *Freedom of Information Act* 1992 should write to the Freedom of Information Officer, Drug and Alcohol Office, 7 Field Street, Mount Lawley 6050.

PUBLICATIONS

Refer to Appendix Four for Publications.

APPENDICES

APPENDIX ONE - LEGISLATION IMPACTING ON OFFICE ACTIVITIES

Key Legislation

- *Alcohol and Drug Authority Act 1974*
- *Mental Health Act 1996*
- *Poisons Act 1964*
- *Health Act 1911*

Financial Legislation

- *Financial Administration and Audit Act 1985*
- *Corporation (Western Australia) Act 1990 (Corporations Law)*
- *State Supply Commission Act 1991*
- *A New Tax System Act 1999*

Administration/Human Resources Legislation

- *Public Sector Management Act 1994*
- *Workplace Agreements Act 1993*
- *Minimum Conditions of Employment Act 1993*
- *Salaries and Wages Act 1975*
- *Public and Bank Holidays Act 1972*
- *Equal Opportunity Act 1984*
- *Government Superannuation Act 1987*
- *Occupational Health and Safety Act 1984*
- *Workers' Compensation and (Rehabilitation) Assistance Act 1981*
- *Industrial Relations Act 1979 (Employment Acts)*
- *Workplace Relations Act 1996 (Commonwealth)*

Other Legislation

- *Library Board of Western Australia Act 1951*
- *Official Corruption Commission Act 1988*
- *Disability services Act 1993*
- *Freedom of Information Act 1992*
- *Health Services (Quality Improvement) Act 1994*
- *Health Services (Quality Improvement) Regulations 1995*
- *State Records Act 2000*

The following written laws also impact on DAO's activities:

- *Constitution Act 1989 and Constitution Acts Amendments Act 1989*
- *Treasurer's Advance Authorisation*
- *Supply, Loans and Appropriation Acts*
- *Financial Agreement Act 1928*
- *Interpretation Act 1984*

APPENDIX TWO – CONTACT INFORMATION

Drug and Alcohol Office

7 Field Street, Mount Lawley WA 6050

Telephone: (08) 9370 0333

Fax: (08) 9272 6605

Email: dao@health.wa.gov.au

Alcohol and Drug Information Service

Telephone: (08) 9442 5000

Freecall: 1800 198 024

TIS: 131 450

Parent Drug Information Service

Telephone: (08) 9442 5050

Freecall: 1800 653 203

TIS: 131 450

Quit Line

Telephone: 131 848

Opiate Overdose Prevention Strategy

Telephone: (08) 9370 0363

Fax: (08) 9272 6605

Methadone Treatment

32 Moore Street, East Perth WA 6004

Telephone: (08) 9219 1919

Fax: (08) 9221 3089

Specialist Outpatient Services

32 Moore Street, East Perth WA 6004

Telephone: (08) 9219 1919

Fax: (08) 9221 3089

Detoxification Services

32 Moore Street, East Perth WA 6004

Telephone: (08) 9219 1919

Fax: (08) 9221 3089

Fremantle Drug and Alcohol Centre

Level 3, 22 Queen Street, Fremantle WA 6160

Telephone: (08) 9430 5966

Fax: (08) 9335 3071

Warwick Drug and Alcohol Centre

26 Dugdale Street, Warwick WA 6024

Telephone: (08) 9246 6767

Fax: (08) 9246 6788

APPENDIX THREE – RESEARCH PROJECTS

The effect of a divided methadone dose upon opioid withdrawal and mood disturbance among methadone maintenance patients.

Kyle Dyer^{1,2}, Ken Ilett¹, Belinda Wright¹, Chris Cruickshank²

1. Department of Pharmacology, University of WA
2. Next Step Drug and Alcohol Services

Naltrexone pharmacology and sustained-release preparations: A systematic literature review.

Kyle Dyer^{1,2}, Chris Cruickshank², Mike Tressler³

1. Dept. of Pharmacology, University of WA
2. Next Step
3. Kalamazoo College, Michigan, USA

Predictors of outcome from inpatient detoxification: Opioid and alcohol withdrawal.

Kyle Dyer^{1,2}, Peter Nelson², Kim Newcombe²

1. Dept. of Pharmacology, University of WA
2. Next Step

Psychometric evaluation of the Beck Depression Inventory-II among drug dependent patients.

Kyle Dyer^{1,2}, Alison Marsh³, Sophie LaVincente⁴

1. Dept. of Pharmacology, University of WA
2. Next Step
3. School of Psychology, Curtin University
4. Dept. of Clinical & Experimental Pharmacology, University of Adelaide.

Naltrexone maintenance following heroin withdrawal using Buprenorphine.

Kyle Dyer^{1,2}, Chris Cruickshank², Allan Quigley²

1. Dept. of Pharmacology, University of WA
2. Next Step

Next Step Treatment Census: Consumer Treatment Satisfaction and Outcome.

Kyle Dyer^{1,2}, Kim Newcombe², Chris Cruickshank², Mel Robson²

1. Dept. of Pharmacology, University of WA
2. Next Step

Inpatient amphetamine detoxification: an overview of treatment practice and outcome.

Kyle R Dyer^{1,2}, Chris Cruickshank¹

1. Next Step Specialist Drug & Alcohol Services
2. Department of Pharmacology, University of WA

The use of saliva for therapeutic drug monitoring in methadone maintenance.

Kyle R. Dyer^{1,2}, Catherine Wilkinson¹, Kenneth F. Ilett^{1,3}, Hayley Taylor¹, Sean O'Halloran³, Leon J. Dusci³, Michelle Lewer³, Michelle Duncan²

1. School of Medicine & Pharmacology, University of WA
2. Next Step Drug & Alcohol Services WA
3. Division of Clinical Pathology, PathCentre WA

Saliva, a novel matrix for identifying methamphetamine and cannabis use among dependent patients.

Kyle R. Dyer^{1,2}, Hayley Taylor¹, Kenneth F. Ilett^{1,3}, Catherine Wilkinson¹, Sean O'Halloran³, Leon J. Dusci³, Michelle Lewer³

1. School of Medicine & Pharmacology, The University of WA
2. Next Step Drug & Alcohol Services, WA
3. Division of Clinical Pathology, PathCentre, WA

An Epidemiological Study of the Prevalence of Heroin Use in Western Australia Using Capture-recapture Methods

A/Prof (Adj.) Anne Bartu¹, Dr. Jim Codde², Nerelie Freeman¹, Geoff Gawthorne¹, & A/Prof. Steve Allsop¹.

1 Drug and Alcohol Office, WA

2 Epidemiology & Analytical Services, Department of Health

Characteristics and Retention of Alcohol Dependent Clients Treated with Naltrexone

A/Prof (Adj.) Anne Bartu¹, Nerelie Freeman¹

1. Drug and Alcohol Office, WA

Access to Data on Mortality Associated with Pharmacotherapy Treatment of Opioid Dependent Clients

A/Prof. (Adj.) Anne Bartu & Geoff Gawthorne

Drug and Alcohol Office, WA

Evaluating the Health Outcomes and Service Utilisation of Illicit Drug Users using Linked Data

A/Prof (Adj.) Anne Bartu¹, Professor D'Arcy Holman², Dr. Jim. Codde³, & Elizabeth Unwin³

(NHMRC funded)

1 Drug and Alcohol Office, WA

2 Dept of Public Health, University of WA

3 Epidemiology & Analytical Services, Department of Health

A Preventative Intervention for Illicit Drug using Mothers and their Infants

A/Prof (Adj.) Anne Bartu^{1,2}, Jennie Sharp², Prof. Sue McDonald³ & A/Prof (Adj.) Sharon Evans³

(Healthway funded)

1 Drug and Alcohol Office, WA

2 School of Nursing & Midwifery, Curtin University of Technology

3 Women & Infants Research Foundation

Recreational Use of Amphetamines and Breastfeeding

A/Prof Ken Ilett¹, A/Prof (Adj.) Anne Bartu², Judith Kristenson³, Leon Dusci⁴, & Malcolm Roberts³

1 Dept of Pharmacology, University of WA

2 Drug and Alcohol Office, WA

3 Pharmacy, King Edward Memorial Hospital and Princess Margaret Hospital

4 WA Centre for Pathology & Medical Research

Extended Follow-up of Infants Exposed to Illicit Drugs: A Feasibility Study

A/Prof (Adj.) Anne Bartu¹, Jennie Sharp², A/Prof(Adj.) Sharon Evans³ & Dr. Noel French⁴

(WIRF funded)

1 Drug and Alcohol Office, WA

2 School of Nursing & Midwifery, Curtin University of Technology

3 Women & Infants Research Foundation

4 Dept of Newborn Service, King Edward Memorial Hospital

APPENDIX FOUR – PUBLICATIONS

Gail, S., Dyer, K. (2002) 2002 Next Step Consumer Survey. Perth: Next Step Specialist Drug and Alcohol Services Monograph

Newcombe, K., Dyer, K., Davies, S., King, B., Lemaic, J. (2002) The effectiveness of methadone maintenance for the treatment of opioid dependence in young people. Perth: Next Step Specialist Drug and Alcohol Services Monograph

Miller-Lewis, L., Wade, T., Dyer, K.R. (2003) The prevalence of cannabis use in an Australian tertiary student population. *Australian Psychologist*, 38(1), 73-77

Rickwood, D., Crowley, M., Dyer, K., Melrose, J., Mentha, H., Ryder, D., Magor-Blatch, L. (2003) Psychology and Substance Use: Potential Contributions and Professional Training Needs. An APS Discussion Paper. Melbourne, Vic.: Australian Psychological Society

Dyer, K., Cruickshank, C. (2003) Pharmacochemistry and clinical effectiveness of sustained-released naltrexone preparations: A systemic literature review. Perth: Next Step Specialist Drug and Alcohol Services

Newcombe, K., Dyer, K. (2003) Predictators of successful completion from an inpatient detoxification unit. Perth: Next Step Specialist Drug and Alcohol Services

Allsop, S. and Helfgott, S. (2002) Whither the Drug Specialist: The workforce development needs of drug specialist staff and agencies. *Drug and Alcohol Review*. 21(3) 215-222

Allsop, S and Phillips, M (2002) Alcohol and other drugs: looking at the problems. In *Australian Master OHS and Environment Guide 2003*. CCH Australia Ltd, Sydney pp591-610

Allsop, S, Corry, L and Ernst, L (2002) Learning objectives and assessment procedures for medical staff who engage in pharmacotherapies for opioid dependence. Report submitted

Allsop, S (2002) Clinical guidelines for managing relapse in Veterans who are alcohol dependent. Report submitted

Allsop, S. (2003) Treatment and rehabilitation in the community. Department of Justice Drug Roundtable Forum, Perth WA, February 2003

Bartu, A., Freeman, N, Gawthorne, G, Allsop, S and Quigley, A (2002) Characteristics, retention and re- admissions of opioid-dependent clients treated with oral naltrexone. *Drug and Alcohol Review* 21(4) 335-340

APPENDIX FOUR – PUBLICATIONS cont

Bartu, A., Freeman N.C., Gawthorne, G.S., Codde J., & Holman, C.D.J. (2003). Comorbidity in a cohort of heroin and amphetamine users accessing psychiatric services in Western Australian between 1985-1998. *Journal of Substance Use*: in press (to be published in September 2003)

Bartu, A., Gawthorne, G.S., Freeman, N.C., Codde, J., & Holman, C.D.J. (2003). All-cause and drug-cause deaths in a cohort of opioid and amphetamine users in Western Australia 1985-1998. *Addiction*. Paper submitted for publication

Freeman N.C., & Bartu, A. (2003) Alcohol dependents treated with naltrexone: Client characteristics and impact of counselling on retention in treatment. *Journal of Substance Use*. Paper submitted for publication

APPENDIX FIVE – CONFERENCE PAPERS AND SEMINARS

Dyer, K.R. (2002) Enhancing drug dependence treatment through evidence based practice. *Keynote presentation, 4th Annual Murdoch Psychology Research Conference, Murdoch University, Perth WA September 19 2002*

Cruickshank, C., Dyer, K., Robson, R., Newcombe, K. (2002) Inpatient amphetamine detoxification: an overview of treatment practice and outcome. Preliminary analyses. Paper presented at the Inaugural WA Alcohol and Other Drug Symposium, 'Alcohol and Other Drugs: Collaborating for Better Care', 20-21 August 2002 Esplanade Hotel, Fremantle WA

Dyer, K. (2003) The utility of saliva for road-side drug testing. *Presentation to the Working Group on drug-impaired driving, chaired by Injury Research Centre, the University of WA, April 15, 2003*

Bartu A., Freeman N.C., Gawthorne G.S. & Quigley, A.J. (2002) Characteristics and outcomes of opioid dependent patients treated with oral naltrexone: impact on prescribing practice. *Presented at the Australian Professional Society on Alcohol and Drugs (APSAD) 2002 Conference. Adelaide, South Australia. 18 – 20 November, 2002*

Bartu, A., Freeman, N.C., & Gawthorne, G.S. (2002) Co-morbidity in a cohort of heroin and amphetamine dependents in Western Australia between 1985-1998: a record linkage study. *Presented at the First International Alcohol, Tobacco and Other Drugs Nursing and Midwifery Conference. Adelaide, South Australia. 15 – 17 April, 2003*

Freeman N.C. & Bartu A. (2002) Alcohol dependents treated with naltrexone: client characteristics and impact of counselling on retention in treatment. *Presented at the Inaugural Alcohol and Other Drugs Symposium: Collaborating for Better Care. Fremantle, Western Australia. 20 – 21 August, 2002*

OTHER PRESENTATIONS / TUTORIALS

Cruickshank, D., Dyer, K. (2002) Inpatient amphetamine detoxification: an overview of treatment practice and outcome. Preliminary analyses. *East Perth Lunchtime Seminar, August 16, 2002*

Dyer, K. (2003) The Clinical Pharmacotherapies Research Group: What we're doing, where we're heading. *Next Step East Perth Lunchtime Seminar, February 26, 2003*

Dyer, K. (2003) The effect of a divided methadone dose upon opioid withdrawal and mood. *Next Step East Perth Lunchtime Seminar, March 5, 2003*

Dyer, K. (2003) The 2002 Next Step Consumer Survey. *Next Step East Perth Lunchtime Seminar, March 12, 2003*

**PERFORMANCE
INDICATORS
OF THE
WESTERN AUSTRALIAN
ALCOHOL AND DRUG
AUTHORITY**

2002/03



AUDITOR GENERAL

INDEPENDENT AUDIT OPINION

To the Parliament of Western Australia

WESTERN AUSTRALIAN ALCOHOL AND DRUG AUTHORITY PERFORMANCE INDICATORS FOR THE YEAR ENDED JUNE 30, 2003

Audit Opinion

In my opinion, the key effectiveness and efficiency 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 June 30, 2003.

Scope

The Authority's Role

The Authority is responsible for developing and maintaining proper records and systems for preparing performance indicators.

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

Summary of my Role

As required by the Financial Administration and Audit Act 1985, I have independently audited the performance indicators to express an opinion on them. This was done by looking at a sample of the evidence.

An audit does not guarantee that every amount and disclosure in the performance indicators is error free, nor does it examine all evidence and every transaction. However, my audit procedures should identify errors or omissions significant enough to adversely affect the decision of users of the performance indicators.

A handwritten signature in black ink, appearing to read 'D D R Pearson'.

D D R PEARSON
AUDITOR GENERAL
November 7, 2003

WESTERN AUSTRALIAN ALCOHOL AND DRUG AUTHORITY

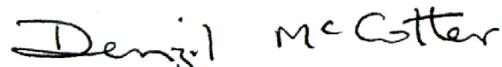
Certification of Performance Indicators
For the year ended 30 June 2003

We hereby certify that the Performance Indicators are based on proper records, are relevant and appropriate for assisting users to assess the Western Australian Drug and Alcohol Authority's performance, and fairly represent the performance of the Authority for the financial year ending 30 June 2003.



Mike Daube
Chairperson/Member of the Board
WESTERN AUSTRALIAN ALCOHOL
AND DRUG AUTHORITY

Date: 25 August 2003



Dr Denzil McCotter
Member of the Board
WESTERN AUSTRALIAN ALCOHOL
AND DRUG AUTHORITY

Date: 25 August 2003

INDICATORS OF EFFECTIVENESS

OUTCOME 1

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

Indicators of Effectiveness

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, Fremantle and a specialist Youth Service. 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 12 Community Drug Service Teams and 25 organisations providing treatment services, five 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 which was part of the Department of Health. 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.

- 1.1 Percentage of Western Australian Alcohol and Drug Authority outpatient treatment episodes rated by clinicians as having improved the general health, psychological health, and 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” at completion of an outpatient treatment program at the Western Australian Alcohol and Drug Authority.

| Component of Treatment | Target | 2002/03 | 2001/02 |
|-------------------------------|---------------|----------------|----------------|
| General Health | 60% | 66% | 62% |
| Psychological Health | 60% | 66% | 63% |
| Social Relationships | 60% | 63% | 59% |
| Primary Drug Use | 60% | 68% | 65% |

Notes:

- the rating of “improved” includes clients who are rated as “improved” and “much improved”. Figures for 2001-02 have been recalculated to bring them in line with the 2002-03 definition;
- information is based on ratings by clinicians for clients who completed 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 or who left the program before completion. Population size: 1,093 programs of treatment were completed during 2003;
- survey sample size: the minimum number of assessments for the categories of improvement is 452;
- assessments of improvement were made for 41% of clients who completed a treatment program;
- survey results have a sampling precision of plus or minus 3.53% at the 95% confidence level with a presumed proportion of incidence in the population of 0.5; and
- caution should be exercised in interpreting this indicator because in a sample of 109 records taken for inpatient and outpatient services, data errors were identified in six records.

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 | 2002/03 | 2001/02 | 2000/01 | 1999/00 |
|---------------|----------------|----------------|----------------|----------------|
| 90% | 87% | 87% | 94% | 85% |

Notes:

- information is based on a client survey carried out over a four week period in June 2003 at Western Australian Alcohol and Drug Authority services in East Perth (including the Youth Service) and Fremantle. 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. Clients who had not completed treatment at the time of the survey were included in the survey;
- population size of clients completing outpatient treatment during 2002-03: 1,093;
- the number of clients attending for treatment during the period of the survey was 526;
- survey sample size: 195;
- response rate 37%;
- survey results have a sampling precision of plus or minus 6.36% at the 95% confidence level with a presumed proportion of incidence in the population of 0.5; and
- results for previous years were based on a survey conducted throughout the year.

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" at completion of an inpatient treatment program at the Western Australian Alcohol and Drug Authority.

| Component of Treatment | Target | 2002/03 | 2001/02 |
|------------------------|--------|---------|---------|
| General Health | 90% | 89% | 66% |
| Psychological Health | 90% | 87% | 66% |
| Social Relationships | 90% | 87% | 65% |
| Primary Drug Use | 90% | 89% | N/A |

Notes:

- the rating "improved" includes clients who are rated as "improved" and "much improved". Figures for 2001-02 have been recalculated to bring them in line with the 2002-03 definition;
- information is based on ratings by clinicians for clients who completed 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 or who left the program before completion;
- population size: 509 programs of treatment were completed during 2003;
- survey sample size: the minimum number of assessments for the categories of improvement is 401;
- assessments of improvement were made for 79% of clients who completed a treatment program;
- survey results have a sampling precision of plus or minus 2.25% at the 95% confidence level with a presumed proportion of incidence in the population of 0.5; and
- caution should be exercised in interpreting this indicator because a sample of 109 records taken for inpatient and outpatient services, data errors were identified in six records.

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 | 2002/03 | 2001/02 | 2000/01 | 1999/00 |
|--------|---------|---------|---------|---------|
| 90% | 93% | 80% | 91% | 92% |

Notes:

- information is based on a client survey carried out by clinical staff during 2002-03 the 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. Only clients who had completed treatment during the year were included in the survey;
- population size of clients completing inpatient treatment during 2002-03: 509;
- survey sample size: 181;
- response rate: 36%;
- survey results have a sampling precision of plus or minus 5.85% at the 95% confidence level with a presumed proportion of incidence in the population of 0.5; and
- results for previous years were based on a survey conducted throughout the year.

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 drug and alcohol 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 | 2002/03 | 2001/02 | 2000/01 |
|--------------|--------|---------|---------|---------|
| Inpatient | 60% | 66% | 66% | 69% |
| Outpatient | 60% | 68% | 64% | 66% |

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; and
- the total used in the calculation excludes episodes of treatment where the reason for leaving was not available (7% of 9579 episodes). 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.

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.

Assessments are 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 | 2002/03 | | | 2001/02 | | |
|------------------------|--------|---------|--------|-------------|---------|--------|-------------|
| | | "Pre" | "Post" | Change in % | "Pre" | "Post" | Change in % |
| General Health | 60% | 33% | 63% | +30 | 34% | 65% | +31 |
| Psychological Health | 60% | 16% | 41% | +25 | 16% | 41% | +25 |
| Social Relationships | 60% | 43% | 62% | +19 | 44% | 62% | +18 |
| Primary Drug Use | 60% | 26% | 62% | +36 | 28% | 69% | +41 |

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 alcohol or drug use. These ratings are made at the beginning of treatment and at or near completion;
- the questionnaire uses a five point rating scale with five categories for each of the above components of treatment;
- the following people are not included in this measure:
 - clients who do not complete treatment;
 - clients who remained in treatment at the end of the year;
 - clients who choose not to fill in a self-report questionnaire;
 - people diverted from the court system for an education program regarding cannabis; and
 - people receiving services to assist with alcohol or drug problems of relatives or friends;
- some clients access more than one episode of treatment during the year and some may contribute more than one rating;
- population size: 6,028 programs of treatment were completed during 2003;
- survey sample size: the minimum number of assessments for the component of treatment is 460;
- 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; and
- survey results have a sampling precision of plus or minus 4.43% at the 95% confidence level with a presumed proportion of incidence in the population of 0.5.

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 | 2002/03 | 2001/02 |
|---------------|----------------|----------------|
| 90% | 91% | 83% |

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; and
- this table combines inpatient and outpatient ratings.

OUTCOME 2

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

Indicator of Effectiveness

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.

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 alcohol and drug use.

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

| Training Outcome | Target | 2002/03 | 2001/02 | 2000/01 |
|--|---------------|----------------|----------------|----------------|
| Usefulness to participant's work or study | 80% | 79% | 78% | 80% |
| Increase in knowledge of drug and alcohol issues | 65% | 68% | 67% | 65% |
| Increase in level of confidence in working in this area | 60% | 64% | 56% | 58% |
| Increase in level of competence to work with drug and alcohol issues | 55% | 59% | 51% | 50% |

Notes:

- information is based on post training evaluation questionnaires completed by participants;
- evaluations were conducted for 119 of the 158 training events during the year;
- 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, for instance "very satisfied" or "extremely satisfied";
- the population size is 3,095 which is the total number of participants in training during the year;
- the sample size varies depending on the training outcome. It was 1,686 for the first two outcomes listed in the above table and 1,181 for the last two;
- the response rates also vary and are 80% for the first two outcomes and 86% for the last two; and
- survey results have a sampling precision of plus or minus 1.61% for the first two outcomes and 2.24% for the last two at the 95% confidence level with a presumed proportion of incidence in the population of 0.5.

OUTCOME 3

Prevent or delay the uptake, and reduce the harm, associated with alcohol and other drug use.

Indicators of Effectiveness

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 alcohol and drug use influences the prevalence of use and levels of harmful use.

- 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.

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.

| | 2001/02 | 1998/99 | 1995/96 | 1993/94 | 1991/92 |
|---|---------|---------|---------|---------|---------|
| Prevalence of alcohol use (% who consumed alcohol in past 12 months) | 84% | 86% | 80% | 75% | 82% |
| Long-term risk consumption | 11% | N/A | N/A | N/A | N/A |
| Short-term risk consumption | 38% | N/A | N/A | N/A | N/A |
| Prevalence of illegal drug use (% who consumed illegal drugs in past 12 months) | 19% | 22% | N/A | N/A | N/A |
| Prevalence of illegal drug use excluding cannabis | 8% | 9% | N/A | N/A | N/A |

Notes:

- information is based on the National Drug Strategy Household Survey (NDSHS) which is conducted every three years;
- 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 6 standard drinks and women do not exceed 4 standard drinks on any single day of drinking; and
- long-term risky alcohol consumption: that men do not exceed 4 standard drinks on an average day (or 28 standard drinks per week) and women do not exceed 2 standard drinks on an average day (or 14 standard drinks per week);
- short-term and long-term risky alcohol consumption include “risky” and “high risk” levels.

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.

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.

| | 2002/03 | 1999/00 | 1996/97 | 1993/94 | 1990/91 |
|---|---------|---------|---------|---------|---------|
| Prevalence (% who consumed alcohol in past 12 months) | 73% | 74% | 74% | 71% | 71% |
| Short-term risk consumption | 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 6 standard drinks and women do not exceed 4 standard drinks on any single day of drinking;
- short-term and long-term risky alcohol consumption include “risky” and “high risk” levels.

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.

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 | 2002/03 | | 2001/02 | | 2000/01 | | 1999/00 | | 1998/99 | |
|--------------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| | Aware | Correct |
| Host | - | - | 46% | 46% | 72% | 63% | 78% | 73% | 80% | 72% |
| Respect Yourself | - | - | - | - | - | - | 84% | 76% | 90% | 80% |
| NYAC | - | - | - | - | - | - | 98% | 54% | - | - |
| Standard Drinks | 38% | 20% | - | - | - | - | - | - | - | - |
| Psychostimulants | 52% | 42% | - | - | - | - | 76% | 65% | - | - |
| Cannabis | - | - | - | - | - | - | - | - | 49% | 20% |
| Youth Drug Driving | - | - | - | 59% | 42% | 15% | -- | - | - | - |

Notes:

- “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 “aware”. These have been recalculated and expressed as a percentage of the total sample
(% correct of those aware x % aware = % correct of total sample);
- Campaign details:
 - Host: encouragement of hosts to take responsibility when they serve alcohol in social or licensed settings - target group 18-34 years;
 - Respect Yourself: promotion of responsible levels of drinking - target group 18-29 year-olds;
 - NYAC (National Youth Alcohol Campaign): promotion of responsible levels of drinking - target group 12-17 year olds;
 - Drinking Guidelines and Standard Drinks: information about safe levels of alcohol consumption: - target group 18-44 year olds;
 - Psychostimulants: information about the harmful effects of psychostimulant drugs – target group 12-24 year olds (2002), and 14-24 year olds (2000);
 - Cannabis: increased awareness of the effects of cannabis - target group 14-24; and
 - Youth Drug Driving Campaign: increased awareness of the effects of drugs on driving - target group 17-25;
- post-campaign evaluations are not necessarily conducted with the whole target group, but a subset of this group. For example, the target group for the Cannabis Campaign was 14-24 year olds, however the evaluation involved only 16-24 year olds. Where this has occurred, the results are taken to be representative of the whole target group;
- in this table cells where information is not available are designated by a “dash”.

INDICATORS OF EFFICIENCY

OUTPUT 1

Treatment Services

Indicators of Efficiency

- 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 in East Perth, including the Youth Service, and at Fremantle. A small number of clients using a clinic opened at Warwick late in the financial year are also included. This indicator measures efficiency through the cost per client treated.

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

| | 2002/03 | 2001/02 |
|--------------------------------------|----------------|----------------|
| Cost per client treated | \$2,483 | \$1,253 |
| Cost per completed treatment program | \$6,898 | N/A |

Notes:

- the 2001/02 cost per client treated is based on clients attending the East Perth service only;
- the cost per client treated for 2002/03 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 now include support to treatment providers in the community that was accounted for elsewhere in previous years; and
- completed treatment program based on number of episodes = 1093.

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.

| | 2002/03 | 2001/02 | 2000/01 | 1999/00 |
|--------------------------------------|---------|---------|---------|---------|
| Cost per client treated | \$5,049 | N/A | N/A | N/A |
| Cost per client completing treatment | \$6,658 | N/A | N/A | N/A |
| Cost per occupied bed day | \$940 | \$676 | \$404 | \$621 |

Notes:

- the cost per client treated for 2002-03 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; and
- the costs for 2002-03 now include support to treatment providers in the community that was accounted for elsewhere in previous years.

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 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.

| | 2002/03 | 2001/02 | 2000/01 | 1999/00 |
|---|---------|---------|---------|---------|
| Cost per client treated | \$1,088 | N/A | N/A | N/A |
| Cost per client who completed treatment | \$1,597 | N/A | N/A | N/A |

Notes:

- the cost per client treated for 2002-03 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; and
- this indicator measures efficiency through the cost per client treated and cost effectiveness through the cost per client who completed treatment.

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.

| | 2002/03 | 2001/02 | 2000/01 | 1999/00 |
|--|---------|---------|---------|---------|
| Cost per client treated | \$3,349 | N/A | N/A | N/A |
| Cost per client who completed treatment | \$5,078 | N/A | N/A | N/A |
| Cost per occupied bed day in treatment services | \$116 | N/A | N/A | N/A |
| Cost per occupied bed day in sobering up centres | \$165 | \$122 | \$207 | \$143 |

Notes:

- the cost per client treated for 2002-03 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; and
- 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.

OUTPUT 2 Practice Development

Efficiency Indicator

2.1 Cost per participant hour of training.

The main activity of the Practice Development Branch is to train staff 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.

| | 2003/02 | 2001/02 | 2000/01 |
|---------------------------------------|---------|---------|---------|
| Cost per participant hour of training | \$142 | \$100 | \$87 |

Notes:

- during 2002/03 expenditure included the funding of brief intervention projects in a number of government and non-government services, funds to Community Drug Service Teams to enhance access to clinical/medical care and systems integration clinical access contracts. Total expenditure also included other activities that are not included in the workload indicators but are substantial costs. For example eleven percent (11%) of expenditure was provided in grants to external organisations. Other activities included the establishment and funding of Indigenous traineeships around the state and the production of clinical guidelines that will be disseminated in 2003-04. These additional major projects account for the apparent increase in the efficiency indicator.

OUTPUT 3 Prevention

Indicators of Efficiency

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

- 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 which delay the uptake, and reduce the harm, associated with alcohol and other drugs.

This is a new indicator that includes the staff salaries and corporate overheads and is not available for previous years. However, direct costs are available for this year and previous years for comparison.

Table 3.1.1 - Cost per capita of prevention initiatives.

| | 2002/03 | 2001/02 | 2000/01 | 1999/00 | 1998/99 |
|--------------|---------|---------|---------|---------|---------|
| Direct costs | \$2.14 | \$1.52 | \$1.77 | \$1.86 | \$2.24 |
| Total costs | \$2.88 | N/A | N/A | N/A | N/A |

Notes:

- the cost per capita is based on estimates of the Western Australian population aged 14 years which are obtained from the Rate Calculator V9.0.2 of the Department of Health; and
- the total costs for 2002-03 include corporate overheads and staff salaries which are not available for previous years.

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 | 2002/03 | | 2001/02 | | 2000/01 | | 1999/00 | | 1998/99 | |
|--------------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| | Aware | Correct |
| Host | - | - | \$0.82 | \$0.83 | \$1.07 | \$1.23 | \$1.14 | \$1.21 | \$1.27 | \$1.41 |
| Respect Yourself | - | - | - | - | - | - | \$1.68 | \$1.87 | \$0.98 | \$1.11 |
| NYAC | - | - | - | - | - | - | \$1.07 | \$1.94 | - | - |
| Standard Drinks | \$0.57 | \$1.08 | - | - | - | - | - | - | - | - |
| Psychostimulants | \$0.73 | \$0.91 | - | - | - | - | \$0.54 | \$0.63 | - | - |
| Cannabis | - | - | - | - | - | - | - | - | \$1.52 | \$3.73 |
| Youth Drug Driving | - | - | - | \$0.49 | \$0.68 | \$1.90 | - | - | - | - |

Notes:

- this cost is also included in Indicator 3.1;
- “Awareness” refers to the cost per capita of the target population for the campaign who report 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; and
- Campaign details:
 - Host: encouragement of hosts to take act responsibility when they serve alcohol in social or commercial settings - target group 18-34 years;
 - Respect Yourself: promotion of responsible levels of drinking - target group 18-29 year olds;
 - NYAC (National Youth Alcohol Campaign): promotion of responsible levels of drinking - target group 12-17 year olds;
 - Drinking Guidelines and Standard Drinks: information about safe levels of alcohol consumption - target group 18-44 year olds;
 - Psychostimulants: information about the harmful effects of psychostimulant drugs – target group 14-24 year olds (2000) and 12-24 year olds (2002);
 - Cannabis: increased awareness of the effects of cannabis - target group 14-24 year olds; and
 - Youth Drug Driving Campaign: increased awareness of the effects of drugs on driving - target group 17-25 year olds;
- short-term risky alcohol consumption: that men do not exceed 6 standard drinks and women do not exceed 4 standard drinks on any single day of drinking; and
- long-term risky alcohol consumption: that men do not exceed 4 standard drinks on an average day (or 28 standard drinks per week) and women do not exceed 2 standard drinks on an average day (or 14 standard drinks per week)
- in this table cells where information is not available are designated by a “dash”.

SECTION 42 SUBMISSION

WESTERN AUSTRALIAN ALCOHOL & DRUG AUTHORITY

Statement of Financial Performance
For the year ended 30th June 2004

| | ESTIMATES | ACTUAL (UNAUDITED) |
|--|-------------------|-----------------------|
| | 2003/04 \$'000 | 2002/03 \$'000 |
| COST OF SERVICES | | |
| Expenses from Ordinary Activities | | |
| Salaries and wages | 11,580 | 11,495 |
| Superannuation | 1,186 | 517 |
| Direct patient support cost | 200 | 277 |
| Indirect patient support cost | 16,998 | 19,699 |
| Repairs, maintenance and consumable equipment | 522 | 565 |
| Depreciation expense | 308 | 246 |
| Net loss on disposal of non-current assets | 15 | 23 |
| Asset revaluation decrement | 0 | 0 |
| Capital user charge | 484 | 387 |
| Other expenses from ordinary activities | 1,919 | 3,289 |
| Total cost of services | 33,212 | 36,498 |
| Revenues from Ordinary Activities | | |
| Commonwealth grants and contributions | 0 | 257 |
| Recoveries | 0 | 67 |
| Other revenues | 10 | 28 |
| Total revenues from ordinary activities | 10 | 352 |
| NET COST OF SERVICES | 33,202 | 36,146 |
| REVENUES FROM GOVERNMENT | | |
| Output appropriations | 33,202 | 33,585 |
| Assets assumed / (transferred) | 0 | 1,608 |
| Resources received free of charge | 20 | 20 |
| Total revenues from government | 33,222 | 35,213 |
| Change in net assets before extraordinary items | 20 | (933) |
| Extraordinary revenue / (expense) | 0 | 0 |
| CHANGE IN NET ASSETS | 20 | (933) |
| Net increase / (decrease) in asset revaluation reserve | 0 | 482 |
| Net initial adjustments on adoption of a new accounting standards | | 1,621 |
| Total revenues, expenses and valuation adjustments recognised directly in equity | 0 | 2,103 |
| TOTAL CHANGES IN EQUITY OTHER THAN THOSE RESULTING FROM TRANSACTIONS WITH WA STATE GOVERNMENT AS OWNERS | 20 | 1,170 |

FINANCIAL STATEMENTS

OF THE

WESTERN AUSTRALIAN
ALCOHOL AND DRUG
AUTHORITY

2002/03



AUDITOR GENERAL

INDEPENDENT AUDIT OPINION

To the Parliament of Western Australia

**WESTERN AUSTRALIAN ALCOHOL AND DRUG AUTHORITY
FINANCIAL STATEMENTS FOR THE YEAR ENDED JUNE 30, 2003**

Audit Opinion

In my opinion,

- (i) the controls exercised by the Western Australian Alcohol and Drug Authority provide reasonable assurance that the receipt, expenditure and investment of moneys, the acquisition and disposal of property, and the incurring of liabilities have been in accordance with legislative provisions; and
- (ii) the financial statements are based on proper accounts and present fairly in accordance with applicable Accounting Standards and other mandatory professional reporting requirements in Australia and the Treasurer's Instructions, the financial position of the Authority at June 30, 2003 and its financial performance and cash flows for the year ended on that date.

Scope

The Authority's Role

The Authority is responsible for keeping proper accounts and maintaining adequate systems of internal control, preparing financial statements, and complying with the Financial Administration and Audit Act 1985 (the Act) and other relevant written law.

The financial statements consist of the Statement of Financial Performance, Statement of Financial Position, Statement of Cash Flows and the Notes to the Financial Statements.

Summary of my Role

As required by the Act, I have independently audited the accounts and financial statements to express an opinion on the controls and financial statements. This was done by looking at a sample of the evidence.

An audit does not guarantee that every amount and disclosure in the financial statements is error free. The term "reasonable assurance" recognizes 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.

D D R PEARSON
AUDITOR GENERAL
November 7, 2003

WESTERN AUSTRALIAN ALCOHOL AND DRUG AUTHORITY

Certification of Financial Statements
For the year ended 30 June 2003

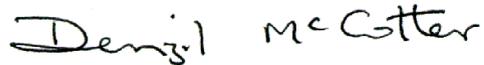
The accompanying financial statements of the Western Australian Alcohol and Drug Authority have been prepared in compliance with the provisions of the *Financial Administration and Audit Act* 1985 from proper accounts and records to present fairly the financial transactions for the twelve months ending 30 June 2003 and the financial position as at 30 June 2003.

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



Mike Daube
Chairperson/Member of the Board
WESTERN AUSTRALIAN ALCOHOL
AND DRUG AUTHORITY

Date: 25 August 2003



Dr Denzil McCotter
Member of the Board
WESTERN AUSTRALIAN ALCOHOL
AND DRUG AUTHORITY

Date: 25 August 2003



Gary Casey
Principal Accounting Officer
WESTERN AUSTRALIAN ALCOHOL
AND DRUG AUTHORITY

Date: 25 August 2003

WESTERN AUSTRALIAN ALCOHOL & DRUG AUTHORITY

Statement of Financial Position

As at 30th June 2003

| | Note | 2003 \$ | 2002 \$ |
|--------------------------------------|------|------------------|------------------|
| CURRENT ASSETS | | | |
| Cash assets | 15 | 1,911 | 2,195,284 |
| Receivables | 16 | 133,952 | 113,176 |
| Amounts receivable for outputs | 17 | 51,182 | 0 |
| Inventories | 18 | 12,695 | 14,460 |
| Other assets | 19 | 49,424 | 33,280 |
| Total current assets | | 249,164 | 2,356,200 |
| NON-CURRENT ASSETS | | | |
| Amounts receivable for outputs | 17 | 99,300 | 229,300 |
| Property, plant and equipment | 20 | 8,184,054 | 5,317,247 |
| Total non-current assets | | 8,283,354 | 5,546,547 |
| Total assets | | 8,532,518 | 7,902,747 |
| CURRENT LIABILITIES | | | |
| Payables | 21 | 240,573 | 81,592 |
| Provisions | 22 | 1,586,803 | 894,672 |
| Other liabilities | 23 | 368,630 | 226,014 |
| Total current liabilities | | 2,196,006 | 1,202,278 |
| NON-CURRENT LIABILITIES | | | |
| Provisions | 22 | 1,731,951 | 2,121,663 |
| Total non-current liabilities | | 1,731,951 | 2,121,663 |
| Total liabilities | | 3,927,957 | 3,323,941 |
| Net Assets | | 4,604,561 | 4,578,806 |
| EQUITY | | | |
| Asset revaluation reserve | 24 | 3,425,470 | 2,943,305 |
| Accumulated surplus / (deficiency) | 25 | (920,773) | 1,635,501 |
| Contributed equity | 13 | 2,099,864 | 0 |
| Total Equity | | 4,604,561 | 4,578,806 |

The Statement of Financial Position should be read in conjunction with the notes to the financial statements.

WESTERN AUSTRALIAN ALCOHOL & DRUG AUTHORITY

Statement of Financial Performance

For the year ended 30th June 2003

| | Note | 2003 \$ | 2002 \$ |
|--|------|---------------------------|--------------------------|
| COST OF SERVICES | | | |
| Expenses from Ordinary Activities | | | |
| Employee expenses | 3' | 12,012,292 | 9,219,739 |
| Patient support costs | 4 | 19,971,297 | 463,771 |
| Patient transport costs | | 1,250 | 856 |
| Repairs, maintenance and consumable equipment expense | | 564,993 | 210,119 |
| Depreciation expense | 5 | 246,490 | 199,849 |
| Capital user charge | 7 | 387,130 | 285,957 |
| Other expenses from ordinary activities | 8 | <u>3,315,151</u> | <u>1,284,359</u> |
| Total cost of services | | <u>36,498,603</u> | <u>11,664,650</u> |
| Revenues from Ordinary Activities | | | |
| <i>Revenue from operating activities</i> | | | |
| Commonwealth grants and contributions | 9 | 277,314 | 629,003 |
| Other revenues from operating activities | 11a | 66,311 | 223,947 |
| <i>Revenue from non-operating activities</i> | | | |
| Donations revenue | 10 | 25 | 0 |
| Other revenues from non operating activities | 11b | <u>8,226</u> | <u>38,438</u> |
| Total revenues from ordinary activities | | <u>351,876</u> | <u>891,388</u> |
| NET COST OF SERVICES | | <u>36,146,727</u> | <u>10,773,262</u> |
| Revenues from State Government | | | |
| Output appropriations | 12 | 33,584,858 | 10,407,617 |
| Grant - other State Government | | 0 | 1,823,662 |
| Resources received free of charge | 14 | <u>20,000</u> | <u>19,500</u> |
| Total revenues from State Government | | <u>33,604,858</u> | <u>12,250,779</u> |
| Change in net assets | | <u>(2,541,869)</u> | <u>1,477,517</u> |
| Net increase / (decrease) in asset revaluation reserve | 24 | 482,165 | 0 |
| Net initial adjustments on adoption of AASB 1028 "Employee Benefits" | 25 | (14,405) | 0 |
| Total revenues, expenses and valuation adjustments recognised directly in equity | | <u>467,760</u> | <u>0</u> |
| Total changes in equity other than those resulting from transactions with WA State Government as owners | | <u>(2,074,109)</u> | <u>1,477,517</u> |

The Statement of Financial Performance should be read in conjunction with the notes to the financial statements.

WESTERN AUSTRALIAN ALCOHOL & DRUG AUTHORITY

Statement of Cash Flows

For the year ended 30th June 2003

| | Note | 2003 \$ Inflows (Outflows) | 2002 \$ Inflows (Outflows) |
|--|-------|-------------------------------------|-------------------------------------|
| CASH FLOWS FROM STATE GOVERNMENT | | | |
| Output appropriations | 26(c) | 32,805,728 | 9,892,360 |
| Net cash provided by State Government | | <u>32,805,728</u> | <u>9,892,360</u> |
| Utilised as follows: | | | |
| CASH FLOWS FROM OPERATING ACTIVITIES | | | |
| Payments | | | |
| Supplies and services | | (24,466,738) | (2,996,015) |
| Employee Costs | | (10,705,602) | (8,140,189) |
| GST payments on purchases | | (2,381,186) | (211,590) |
| Receipts | | | |
| Commonwealth grants and contributions | | 275,496 | 599,047 |
| Donations | | 25 | 0 |
| GST receipts on sales | | 34,109 | 214,221 |
| GST receipts from taxation authority | | 2,300,561 | (53,245) |
| Other receipts | | 136,805 | 2,104,593 |
| Net cash used in operating activities | 26(b) | <u>(34,806,530)</u> | <u>(8,483,178)</u> |
| CASH FLOWS FROM INVESTING ACTIVITIES | | | |
| Payment for purchase of non-current assets | 20 | (192,871) | (141,266) |
| Net cash (used in) / provided by investing activities | | <u>(192,871)</u> | <u>(141,266)</u> |
| Net increase / (decrease) in cash held | | (2,193,673) | 1,267,916 |
| Cash assets at the beginning of the financial year | | 2,195,284 | 927,368 |
| Cash assets transferred from other sources | 13 | 300 | 0 |
| CASH ASSETS AT THE END OF THE FINANCIAL YEAR | 26(a) | <u>1,911</u> | <u>2,195,284</u> |

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

WESTERN AUSTRALIAN ALCOHOL & DRUG AUTHORITY

Notes to the Financial Statements

For the year ended 30th June 2003

Note 1 Significant accounting policies

The following accounting policies have been adopted in the preparation of the financial statements. Unless otherwise stated these policies are consistent with those adopted in the previous year.

a) General Statement

The financial statements constitute a general purpose financial report which has been prepared in accordance with Accounting Standards, Statements of Accounting Concepts and other authoritative pronouncements of the Australian Accounting Standards Board, and Urgent Issues Group (UIG) Consensus Views 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 Administration and Audit Act and the Treasurer's Instructions are legislative provisions governing the preparation of financial statements and take precedence over Accounting Standards, Statements of Accounting Concepts and other authoritative pronouncements of the Australian Accounting Standards Board, and UIG Consensus Views. The modifications are intended to fulfil the requirements of general application to the public sector, together with the need for greater disclosure and also to satisfy accountability requirements.

If any such modification has a material or significant financial effect upon the reported results, details of that modification and where practicable, the resulting financial effect, are disclosed in individual notes to these financial statements.

b) Basis of Accounting

The financial statements have been prepared on the accrual basis of accounting using the historical cost intervention, except for certain assets and liabilities which, as noted, are measured at valuation.

c) Output Appropriations

Output Appropriations are recognised as revenues 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 into the Authority's bank account.

(d) Contributed_Equity

Under UIG 38 "Contributions by Owners Made to Wholly-Owned Public Sector Entities", transfers in the nature of equity contributions must be designated by the Government (owners) as contributions by owners (at the time of, or prior to transfer) before such transfers can be recognised as equity contributions in the financial statements. Capital contributions (appropriations) have been designated as contributions by owners and have been credited as contributions by owners and have been credited directly to Contributed Equity in the Statement of Financial Position. Capital appropriations which are repayable to the Treasurer are recognised as liabilities.

(e) Acquisition of Assets

The cost method of accounting is used for all acquisitions of assets. Cost is measured as the fair value of the assets given up or liabilities undertaken at the date of acquisition plus incidental costs directly attributable to the acquisition. Assets acquired at no cost or for nominal consideration, are initially recognised at their fair value at the date of acquisition.

WESTERN AUSTRALIAN ALCOHOL & DRUG AUTHORITY

Notes to the Financial Statements

For the year ended 30th June 2003

(f) Property, Plant and Equipment

Valuation of Non-Current Assets

(i) Land and Non-Clinical Buildings at Fair Value

The revaluations of land and non-clinical buildings have been undertaken by the Valuer-General's Office in Western Australia, on the following bases:

| | |
|--------------------------|---------------------------------------|
| Land (non-clinical site) | Market value for Highest and best use |
| Buildings (non-clinical) | Market value for Highest and best use |

Depreciation of Non-Current Assets

All property, plant and equipment having a limited useful life are systematically depreciated over their estimated useful lives in a manner which reflects the consumption of their future economic benefits.

Depreciation is calculated on the reducing balance basis, using rates which are reviewed annually. Expected useful lives for each class of depreciable assets are:

| | |
|---------------------------------|---------------|
| Buildings | 33 years |
| Computer equipment and software | 3 years |
| Furniture and fittings | 7 to 26 years |
| Other plant and equipment | 3 to 30 years |

(g) Leases

The Authority has entered into a number of operating lease arrangements for the rent of buildings and equipment where the lessors effectively retain all of the risks and benefits incident to ownership of the items held under the operating leases. Equal instalments of the lease payments are charged to the Statement of Financial Performance over the lease term as this is representative of the pattern of benefits to be derived from the leased items.

(h) Cash

For the purpose of the Statement of Cash Flows, cash includes cash assets and restricted cash assets net of outstanding bank overdrafts. These include short-term deposits that are readily convertible to cash on hand and are subject to insignificant risk of changes in value.

(i) Receivables

Receivables are recognised at the amounts receivable as they are due for settlement no more than 30 days from the date of recognition.

Collectability of receivables is reviewed on an ongoing basis. Debts which are known to be uncollectable are written off. A provision for doubtful debts is raised where some doubts as to collection exists.

(j) Inventories

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

(k) Payables

Payables, including accruals not yet billed, are recognised when the Authority becomes obliged to make future payments as a result of a purchase of assets or services. Payables are generally settled within 30 days.

WESTERN AUSTRALIAN ALCOHOL & DRUG AUTHORITY

Notes to the Financial Statements

For the year ended 30th June 2003

(l) Accrued Salaries

Accrued salaries represent the amount due to staff but unpaid at the end of the financial year, as the end of the last pay period for that financial year does not coincide with the end of the financial year. The Authority considers the carrying value.

(m) Interest-bearing liabilities

Interest-bearing liabilities are recognised at an amount equal to the net proceeds received. Borrowing costs expense is recognised on an accrual basis.

(n) Employee Benefits

Annual Leave

This benefit is recognized at the reporting date in respect to employees' services up to that date and is measured at the nominal amounts expected to be paid when the liabilities are settled.

Long Service Leave

The liability for long service leave expected to be settled within 12 months of the reporting date is recognized in the provisions for employee benefits, and is measured at the nominal amounts expected to be paid when the liability is settled. The liability for long service leave expected to be settled more than 12 months from the reporting date is recognized in the provisions for employee benefits and is measured at 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, when assessing expected future payments, to expected future wage and salary levels including relevant on costs, experience of employee departures and periods of service. Expected future payments are discounted using market yields at the reporting date on national government bonds with terms to maturity and currency that match, as closely as possible, the estimated future cash outflows.

This method of measurement of the liability is consistent with the requirements of Accounting Standard AAS 30 "Accounting for Employee Entitlements".

Superannuation

Staff may contribute to the Pension Scheme, a defined benefits pension scheme now closed to new members, or to the Gold State Superannuation Scheme, a defined benefit lump sum scheme now also closed to new members. All staff who do not contribute to either of these schemes become non-contributory members of the West State Superannuation Scheme, an accumulation fund complying with the Commonwealth Government's Superannuation Guarantee (Administration) Act 1992. All of these schemes are administered by the Government Employees Superannuation Board (GESB).

The Pension Scheme is unfunded and the liability for future payments is provided for at reporting date.

The unfunded employer's liability in respect of the pre-transfer benefit for employees who transferred from the Pension Scheme to the Gold State Superannuation Scheme is assumed by the Treasurer.

The liabilities for superannuation charges under the Gold State Superannuation Scheme and West State Superannuation Scheme are extinguished by payment of employer contributions to the GESB.

WESTERN AUSTRALIAN ALCOHOL & DRUG AUTHORITY

Notes to the Financial Statements

For the year ended 30th June 2003

The note disclosure required by paragraph 6.10 of AASB 1028 (being the employer's share of the difference between employees' accrued superannuation benefits and the attributable net market value of plan assets) has not been provided. State scheme deficiencies are recognised by the State in its whole of government reporting. The GESB's records are not structured to provide the information for the Health Service. Accordingly, deriving the information for the Authority is impractical under current arrangements, and thus any benefits thereof would be exceeded by the cost of obtaining the information.

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 Health Service 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.

Employee benefit on-costs

Employee benefit on-costs are recognized and included in employee benefit liabilities and costs when the employee benefits to which they relate are recognized as liabilities and expenses.

(o) Revenue Recognition

Revenue from the sale of goods, disposal of other assets and the rendering of services, is recognised when the Authority has passed control of the goods or other assets or has delivered the services to the customer.

(p) Grants and Other Contributions Revenue

Grants, donations, gifts and other non-reciprocal contributions are recognised as revenue when the Authority obtains control over the assets comprising the contributions. Control is normally obtained upon their receipt.

Contributions 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.

(q) Resources Received Free of Charge or For Nominal Value

Resources received free of charge or for nominal value which can be reliably measured are recognised as revenues and as assets or expenses as appropriate at fair value.

(r) Rounding of amounts

Amounts in the financial statements have been rounded to the nearest thousand dollars.

WESTERN AUSTRALIAN ALCOHOL & DRUG AUTHORITY

Notes to the Financial Statements

For the year ended 30th June 2003

Note 2 Outputs of the Health Service

Information about the Authority's outputs and, the expenses and revenues which are reliably attributable to those outputs is set out in Note 36. The two key outputs of the Authority are:

Prevention and Promotion

Prevention and Promotion services aim to improve the health of Western Australians by reducing the incidence of preventable disease, injury, disability and premature death. This output primarily focuses on the health and well being of populations, rather than on individuals. The programs define populations that are at-risk and ensure that appropriate interventions are delivered to a large proportion of these at-risk populations.

Diagnosis and Treatment

The objective for the diagnosis and treatment services is to improve the health of Western Australians by restoring the health of people with acute illness. The services provided to treat patients include emergency services; ambulatory care or outpatient services and services for those people who are admitted to hospitals.

| Note 3 Employee expenses | 2003 | 2002 |
|---------------------------------|-------------------|------------------|
| | \$ | \$ |
| Salaries and wages (i) | 9,941,038 | 7,486,248 |
| Superannuation | 517,184 | 1,069,284 |
| Annual leave | 965,046 | 560,679 |
| Long service leave | 589,024 | 103,528 |
| | <u>12,012,292</u> | <u>9,219,739</u> |

(s) These employee expenses include superannuation and other employment on-costs associated with the recognition of annual and long service leave liability.

The related on-costs liability is included in employee benefit liabilities at Note 22.

Note 4 Patient support costs

| | | |
|-------------------------------|-------------------|----------------|
| Medical supplies and services | 98,549 | 165,856 |
| Domestic charges | 22,599 | 21,104 |
| Fuel, light and power | 98,515 | 111,582 |
| Food supplies | 57,025 | 62,599 |
| Purchase of external services | 19,694,609 | 102,630 |
| | <u>19,971,297</u> | <u>463,771</u> |

Note 5 Depreciation expense

| | | |
|---------------------------------|----------------|----------------|
| Buildings | 98,924 | 50,507 |
| Computer equipment and software | 95,877 | 95,610 |
| Furniture and fittings | 15,659 | 16,633 |
| Other plant and equipment | 36,030 | 37,099 |
| | <u>246,490</u> | <u>199,849</u> |

Note 6 Net loss on disposal of non-current assets

Loss on disposal of non-current assets:

| | | |
|---------------------------------|---------------|---------------|
| Computer equipment and software | 8,630 | 22,874 |
| Furniture and fittings | 0 | 1,058 |
| Other plant and equipment | 14,312 | 0 |
| | <u>22,942</u> | <u>23,932</u> |

WESTERN AUSTRALIAN ALCOHOL & DRUG AUTHORITY

Notes to the Financial Statements

For the year ended 30th June 2003

| | 2003 | 2002 |
|-----------------------------------|----------------|----------------|
| | \$ | \$ |
| Note 7 Capital user charge | | |
| | <u>387,130</u> | <u>285,957</u> |

A capital user charge rate of 8% has been set by the Government for 2002/03 and represents the opportunity cost of capital invested in the net assets of the Authority used in the provision of outputs. The charge is calculated on the net assets adjusted to take account of exempt assets. Payments are made to the Department of Treasury and Finance on a quarterly basis by the Department of Health on behalf of the Authority.

Note 8 Other expenses from ordinary activities

| | | |
|---|------------------|------------------|
| Workers compensation insurance | 166,272 | 241,698 |
| Staff related expenses | 163,962 | 102,651 |
| Motor vehicle expenses | 112,068 | 103,315 |
| Insurance | 76,942 | 66,248 |
| Communications | 173,501 | 144,800 |
| Printing and stationery | 518,179 | 160,737 |
| Rental of property | 168,848 | 43,316 |
| Audit fees – external | 20,500 | 19,500 |
| Bad and doubtful debts expense | 0 | (311) |
| Carrying amount of non-current assets disposed of | 22,942 | 23,932 |
| Other | <u>1,891,938</u> | <u>378,473</u> |
| | <u>3,315,151</u> | <u>1,284,359</u> |

Note 9 Commonwealth grants and contributions

| | | |
|--|----------------|----------------|
| Grant for National Illicit Drugs and Research | 257,314 | 240,375 |
| Other grants: Aboriginal Training and Leadership | 0 | 270,000 |
| ADIS Quit Project | 20,000 | 20,000 |
| Needle and Syringe Program | 0 | 28,456 |
| Diversion of Drug Offenders | 0 | 2,672 |
| Parent Drug Program | 0 | 67,500 |
| | <u>277,314</u> | <u>629,003</u> |

Note 10 Donations revenue

| | | |
|------------------------------|----|---|
| General public contributions | 25 | 0 |
|------------------------------|----|---|

Note 11 Other revenues from ordinary activities

(a) Revenue from operating activities

| | | |
|---------------------------------------|---------------|----------------|
| Recoveries | 66,041 | 120,984 |
| Use of hospital facilities | 270 | 0 |
| Other: Medical Reports / Certificates | 0 | 631 |
| Workers Comp Adj 97-98 | 0 | 47,332 |
| Population Health | 0 | 55,000 |
| | <u>66,311</u> | <u>223,947</u> |

(b) Revenue from non-operating activities

| | | |
|------------------------------|---------------|----------------|
| Net Income Sundry Activities | <u>8,226</u> | <u>38,438</u> |
| | <u>74,562</u> | <u>262,385</u> |

WESTERN AUSTRALIAN ALCOHOL & DRUG AUTHORITY

Notes to the Financial Statements

For the year ended 30th June 2003

Note 12 Output appropriations

Appropriation revenue received during the year:

| | | |
|-----------------------|-------------------|-------------------|
| Output appropriations | <u>33,584,858</u> | <u>10,407,617</u> |
|-----------------------|-------------------|-------------------|

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

Note 13 Assets assumed / (transferred)

The following assets have been assumed from other state government agencies during the financial year:

Current assets:

| | | |
|-------------|---------|---|
| Cash | 300 | 0 |
| Prepayments | 296,000 | 0 |

Non-current assets:

| | | |
|--------------------------|-----------|---|
| Land and buildings | 1,779,272 | 0 |
| Other Non Current Assets | 87,822 | 0 |

Current liabilities:

| | | |
|--------------------|-----------|---|
| Accrued Expenses | (371,131) | 0 |
| Accrued Salaries | (34,807) | 0 |
| Annual leave | (63,534) | 0 |
| Long service leave | (29,546) | 0 |
| Superannuation | (2,764) | 0 |

Non-current liabilities:

| | | |
|--------------------|------------------|----------|
| Long service leave | <u>(53,083)</u> | <u>0</u> |
| | <u>1,608,529</u> | <u>0</u> |

Non-discretionary transfers of assets between State Government Agencies.

| | | |
|-------------------|---------|--|
| Capital injection | 491,335 | |
|-------------------|---------|--|

| | | |
|--------------|-------------------------|--|
| TOTAL | <u>2,099,864</u> | |
|--------------|-------------------------|--|

Note 14 Resources received free of charge

Resources received free of charge has been determined on the basis of the following estimates provided by agencies.

Office of the Auditor General

| | | |
|------------------|--------|--------|
| - Audit services | 20,000 | 19,500 |
|------------------|--------|--------|

| | | |
|--|---------------|---------------|
| | <u>20,000</u> | <u>19,500</u> |
|--|---------------|---------------|

Where assets or services have been received free of charge or for nominal consideration, the Authority recognises revenues (except where the contribution of assets or services is in the nature of contributions by owners, in which case the Authority shall make a direct adjustment to equity) equivalent to the fair value of the assets and/or the fair value of those services that can be reliably determined and which would have been purchased if not donated, and those fair values shall be recognised as assets or expenses, as applicable.

WESTERN AUSTRALIAN ALCOHOL & DRUG AUTHORITY

Notes to the Financial Statements

For the year ended 30th June 2003

| | 2003 \$ | 2002 \$ |
|---|------------------|------------------|
| Note 15 Cash assets | | |
| Cash on hand | 1,900 | 1,800 |
| Cash at bank - general | 11 | 2,193,483 |
| | <u>1,911</u> | <u>2,195,283</u> |
| Note 16 Receivables | | |
| GST receivable | 122,635 | 75,680 |
| Other receivables | 11,317 | 37,496 |
| | <u>133,952</u> | <u>113,176</u> |
| Less: Provision for doubtful debts | 0 | 0 |
| | <u>133,952</u> | <u>113,176</u> |
| Note 17 Amounts receivable for outputs | | |
| Current | 51,182 | 0 |
| Non-current | 99,300 | 229,300 |
| | <u>150,482</u> | <u>229,300</u> |
| Balance at beginning of year | 229,300 | 0 |
| Credit to holding account | 78,818 | 229,300 |
| Balance at end of year | <u>150,482</u> | <u>229,300</u> |
| <p>This asset represents the non-cash component of output appropriations. It is restricted in that it can only be used for asset replacement or payment of leave liability.</p> | | |
| Note 18 Inventories | | |
| Pharmaceutical stores – at cost | 11,276 | 11,486 |
| Engineering stores – at cost | 1,419 | 2,974 |
| | <u>12,695</u> | <u>14,460</u> |
| Note 19 Other assets | | |
| Prepayments | 49,424 | 33,281 |
| Note 20 Property, plant and equipment | | |
| Land | | |
| At fair value | 3,810,000 | 3,060,000 |
| | 3,810,000 | 3,060,000 |
| Buildings | | |
| <u>Non-Clinical:</u> | | |
| At fair value | 3,399,996 | 1,762,036 |
| Accumulated depreciation | (124,728) | (128,979) |
| | <u>3,275,268</u> | <u>1,633,057</u> |
| Total of non clinical buildings | <u>3,275,268</u> | <u>1,633,057</u> |
| Total of all land and buildings | <u>7,085,268</u> | <u>4,693,057</u> |

WESTERN AUSTRALIAN ALCOHOL & DRUG AUTHORITY

Notes to the Financial Statements

For the year ended 30th June 2003

| | 2003 \$ | 2002 \$ |
|--|------------------|------------------|
| Computer equipment and software | | |
| At cost | 806,465 | 681,073 |
| Accumulated depreciation | <u>(485,384)</u> | <u>(427,649)</u> |
| | 321,081 | 253,424 |
| Furniture and fittings | | |
| At cost | 239,725 | 239,764 |
| Accumulated depreciation | <u>(115,321)</u> | <u>(102,051)</u> |
| | 124,404 | 137,713 |
| Other plant and equipment | | |
| At cost | 517,901 | 472,216 |
| Accumulated depreciation | <u>(256,934)</u> | <u>(239,163)</u> |
| | 260,967 | 233,053 |
| Works in progress | | |
| Other Work in Progress | <u>392,334</u> | 0 |
| | 392,334 | 0 |
| Total of property, plant and equipment | <u>8,184,054</u> | <u>5,317,247</u> |

Land and buildings

Land and non clinical buildings have been subject to a recent revalue and are carried at their Market Value.

Payments for non-current assets

Payments were made for purchases of non-current assets during the reporting period as follows:

| | | |
|--|----------------|----------------|
| Payments were made for purchases of non-current assets | <u>192,871</u> | <u>141,266</u> |
| Gross payments for purchases of non-current assets | <u>192,871</u> | <u>141,266</u> |

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:

| | 2003 \$ |
|---------------------------------------|------------------|
| Land | |
| Carrying amount at start of year | 3,060,000 |
| Additions | 410,000 |
| Revaluation increments / (decrements) | 340,000 |
| Carrying amount at end of year | <u>3,810,000</u> |
| Buildings | |
| Carrying amount at start of year | 1,633,057 |
| Additions | 1,598,970 |
| Revaluation increments / (decrements) | 142,165 |
| Depreciation | <u>(98,924)</u> |
| Carrying amount at end of year | <u>3,275,268</u> |
| Computer equipment and software | |
| Carrying amount at start of year | 253,424 |
| Additions | 182,455 |
| Disposals | (8,630) |
| Depreciation | (95,877) |
| Write-off of assets | <u>(10,291)</u> |
| Carrying amount at end of year | <u>321,081</u> |

WESTERN AUSTRALIAN ALCOHOL & DRUG AUTHORITY

Notes to the Financial Statements

For the year ended 30th June 2003

| | 2003 |
|---------------------------------------|------------------|
| | \$ |
| Furniture and fittings | |
| Carrying amount at start of year | 137,713 |
| Additions | 2,350 |
| Depreciation | (15,659) |
| Write-off of assets | <u>0</u> |
| Carrying amount at end of year | <u>124,404</u> |
| Other plant and equipment | |
| Carrying amount at start of year | 233,053 |
| Additions | 78,765 |
| Disposals | (14,312) |
| Depreciation | (36,030) |
| Write-off of assets | <u>(509)</u> |
| Carrying amount at end of year | <u>260,967</u> |
| Works in progress | |
| Carrying amount at start of year | 0 |
| Additions | <u>392,334</u> |
| Carrying amount at end of year | <u>392,334</u> |
| Total property, plant and equipment | |
| Carrying amount at start of year | 5,317,247 |
| Additions | 2,664,874 |
| Disposals | (22,942) |
| Revaluation increments / (decrements) | 482,165 |
| Depreciation | (246,490) |
| Write-off of assets | <u>(10,800)</u> |
| Carrying amount at end of year | <u>8,184,054</u> |

| | 2003 | 2002 |
|------------------------------------|------------------|------------------|
| | \$ | \$ |
| Note 21 Payables | | |
| Creditors and accruals | <u>240,573</u> | <u>81,592</u> |
| Note 22 Provisions | | |
| Current liabilities: | | |
| Annual leave | 839,743 | 566,182 |
| Long service leave | 708,549 | 324,387 |
| Deferred salary scheme | 38,511 | 4,103 |
| Superannuation | <u>0</u> | <u>0</u> |
| | <u>1,586,803</u> | <u>894,672</u> |
| Non-current liabilities: | | |
| Long service leave | 574,829 | 409,965 |
| Superannuation | <u>1,157,122</u> | <u>1,711,698</u> |
| | <u>1,731,951</u> | <u>2,121,663</u> |
| Total employee benefit liabilities | <u>3,318,754</u> | <u>3,016,335</u> |

(i) The settlement of annual and long service leave liabilities give rise to the payment of superannuation and other employment on-costs. The liability for such on-costs is included here. The associated expense is included under Employee expenses at Note 4.

WESTERN AUSTRALIAN ALCOHOL & DRUG AUTHORITY

Notes to the Financial Statements

For the year ended 30th June 2003

| | 2003 | 2002 |
|--|------|------|
| | \$ | \$ |

(ii) The superannuation liability has been established from data supplied by the Government Employees Superannuation Board.

The Authority considers the carrying amount of employee entitlements approximates the net fair value.

Note 23 Other liabilities

| | | |
|------------------|----------------|----------------|
| Accrued salaries | <u>368,630</u> | <u>226,014</u> |
| | 368,630 | 226,014 |

Note 24 Asset revaluation reserve

| | | |
|--|------------------|------------------|
| Balance at beginning of the year | 2,943,305 | 2,943,305 |
| Net revaluation increments / (decrements): | | |
| Land | 340,000 | 0 |
| Buildings | <u>142,165</u> | <u>0</u> |
| Balance at end of the year | <u>3,425,470</u> | <u>2,943,305</u> |

(t) Revaluation increments and decrements are offset against one another within the same class of non-current assets.

(ii) Any net 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.

(iii) Any net decrement is recognised as an expense in the Statement of Financial Performance, except to the extent that any decrement reverses a revaluation increment previously credited to the asset revaluation reserve.

Note 25 Accumulated surplus / (deficiency)

| | | |
|---|------------------|------------------|
| Balance at beginning of year | 1,635,501 | 157,984 |
| Change in net assets | (2,541,869) | 1,477,517 |
| Net initial adjustments on adoption of AASB 1028 "Employee Benefits" | (14,405) | 0 |
| Balance at end of the year | <u>(920,773)</u> | <u>1,635,501</u> |

Note 26 Notes to the statement of cash flows

a) Reconciliation of cash

Cash assets at the end of the financial year as shown in the Statement of Cash Flows is reconciled to the related items in the Statement of Financial Position as follows:

| | | |
|-----------------------------|--------------|------------------|
| Cash assets (Refer Note 15) | <u>1,911</u> | <u>2,195,284</u> |
| | 1,911 | 2,195,284 |

WESTERN AUSTRALIAN ALCOHOL & DRUG AUTHORITY

Notes to the Financial Statements

For the year ended 30th June 2003

| | 2003 \$ | 2002 \$ |
|---|---------------------|---------------------|
| b) Reconciliation of net cash flows used in operating activities to net cost of services | | |
| Net cash used in operating activities (Statement of Cash Flows) | (34,806,530) | (8,483,178) |
| Increase / (decrease) in assets: | | |
| GST receivable | 46,955 | 52,164 |
| Other receivables | (26,179) | 17,266 |
| Inventories | (1,765) | (1,234) |
| Prepayments | 16,144 | (3,980) |
| Decrease / (increase) in liabilities: | | |
| Payables | (158,982) | 56,010 |
| Accrued salaries | (142,616) | (12,117) |
| Provisions | (302,419) | (7,325) |
| Non-cash items: | | |
| Depreciation expense | (246,490) | (199,849) |
| Net gain / (loss) from disposal of non-current assets | 22,942 | 23,932 |
| Capital user charge paid by Department of Health | (387,130) | (285,957) |
| Donation of non-current assets | 25 | 0 |
| Resources received free of charge | (20,000) | (19,500) |
| Other | (140,683) | (1,909,494) |
| Net cost of services (Statement of Financial Performance) | <u>(36,146,727)</u> | <u>(10,773,262)</u> |
| c) Notional cash flows | | |
| Output appropriations as per Statement of Financial Performance | 33,584,858 | 10,407,617 |
| Holding account drawdowns credited to Amounts Receivable For Outputs (Refer Note 17) | <u>0</u> | <u>0</u> |
| | 33,584,858 | 10,407,617 |
| Less notional cash flows: | | |
| Items paid directly by the Department of Health for the Health Service and are therefore not included in the Statement of Cash Flows: | | |
| Capital user charge | (387,130) | (285,957) |
| Other non cash adjustments to output appropriations | <u>(392,000)</u> | <u>(229,300)</u> |
| | (779,130) | (515,257) |
| Cash Flows from State Government as per Statement of Cash Flows | <u>32,805,728</u> | <u>9,892,360</u> |
| Note 27 Losses though theft, defaults and other causes | | |
| Losses of public moneys and public or other property through theft or default | 960 | 2,892 |
| Less amount recovered | <u>2,676</u> | <u>2,892</u> |
| Net losses | <u>(1,716)</u> | <u>0</u> |

WESTERN AUSTRALIAN ALCOHOL & DRUG AUTHORITY

Notes to the Financial Statements

For the year ended 30th June 2003

| | 2003 \$ | 2002 \$ |
|--|------------|------------|
|--|------------|------------|

Note 28 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 | 1 | 2 |
| Total | <u>1</u> | <u>2</u> |

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

| | |
|-------|--------------|
| 1,897 | <u>4,606</u> |
|-------|--------------|

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 and other benefits for the financial year, fall within the following bands are:

| | | |
|-----------------------|-----------|----------|
| \$0 - \$10,000 | 1 | 0 |
| \$30,001 - \$40,000 | 2 | 0 |
| \$40,001 - \$50,000 | 2 | 0 |
| \$70,001 - \$80,000 | 1 | 0 |
| \$80,001 - \$90,000 | 2 | 1 |
| \$90,001 - \$100,000 | 0 | 2 |
| \$110,001 - \$120,000 | 1 | 0 |
| \$120,001 - \$130,000 | 0 | 1 |
| \$180,001 - \$190,000 | 0 | 1 |
| \$190,001 - \$200,000 | 0 | 0 |
| \$200,000 - \$285,000 | 1 | 1 |
| Total | <u>10</u> | <u>6</u> |

The total remuneration of senior officers is:

| | |
|---------|----------------|
| 760,315 | <u>857,847</u> |
|---------|----------------|

The superannuation included here represents the superannuation expense incurred by the Authority Service in respect of Senior Officers other than senior officers reported as members of the Authority.

Numbers of Senior Officers presently employed who are Members of the Pension Scheme:

| | |
|---|----------|
| 0 | <u>0</u> |
|---|----------|

Note 29 Commitments for Expenditure

(a) Operating lease commitments

Commitments in relation to non cancelable operating leases are payable as follows:

| | | |
|--|----------------|---------------|
| Within one year | 163,230 | 24,955 |
| Later than one year, and not later than five years | <u>174,940</u> | <u>2,996</u> |
| | <u>338,170</u> | <u>27,951</u> |

The capital commitments include amounts for:

| | | |
|-------------|----------------|----------|
| - Buildings | <u>962,153</u> | <u>0</u> |
|-------------|----------------|----------|

WESTERN AUSTRALIAN ALCOHOL & DRUG AUTHORITY

Notes to the Financial Statements

For the year ended 30th June 2003

Note 30 Contingent liabilities and contingent assets

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

Note 31 Events occurring after report date

There were no events occurring after reporting date which have significant financial effects on these financial statements.

Note 32 Related bodies

A related body is a body which receives more than half its funding and resources from the Accountable Authority and is subject to operational control by the Accountable Authority. Related bodies are generally government agencies which have no financial administration responsibilities.

The Accountable Authority had no related bodies during the reporting period.

Note 33 Affiliated bodies

An affiliated body is a body which receives more than half its funding and resources from the Accountable Authority and is not subject to operational control by the Accountable Authority. Affiliated bodies are generally non-government agencies, such as charitable, welfare and community interest groups which receive financial support from government.

The Accountable Authority had affiliated bodies during the reporting period.

Note 34 Explanatory statement

a) Significant variations between actual revenues and expenditures for the financial year and revenues and expenditures for the immediately preceding financial year.

Details and reasons for significant variations between actual results and the corresponding items of the preceding year are detailed below. Significant variations are considered to be those greater than 10%.

| | 2003 | 2002 | Variation \$000 |
|--|----------|----------|--------------------|
| 1. Net Cost of Services | 36,498.6 | 11,664.7 | 24,833.9 |
| 2. Output Appropriations | 33,584.8 | 10,407.6 | 23,177.2 |
| 3. Total Revenues, Expenses and Valuation Adjustments Recognised Directly in Equity | 2,103.3 | 0.0 | 2,103.0 |

As a result of the amalgamation of the WA Drug Abuse Strategy Office and other Alcohol and Drug Programs of the Department of Health to the Western Australian Alcohol and Drug Authority which took place on 1 July 2002 the output appropriations increased from \$10,407,600 to \$33,584,800.

b) Significant variations between estimates and actual results for the financial year.

Section 42 of the Financial Administration and Audit Act requires the health service to prepare annual budget estimates. Details and reasons for significant variations between these estimates and actual results are detailed below. Significant variations are considered to be those greater than 10% of budget of \$50,000 and will always include any reported extraordinary items in the statement of financial performance.

WESTERN AUSTRALIAN ALCOHOL & DRUG AUTHORITY

Notes to the Financial Statements

For the year ended 30th June 2003

| | Actual \$000 | Estimate \$000 | Variation \$000 |
|---|-----------------|-------------------|--------------------|
| 1. Employee Expenses | 11,495.1 | 9,978.6 | 1,516.5 |
| Employee expenses are above the original estimates due to a staff redundancy program in July 2002 implemented by the Department of Health. In addition backpay to medical officers associated with the 2002 AMA Agreement was higher than original estimates. | | | |
| 2. Superannuation | 517.1 | 972.3 | -455.2 |
| The original provision made for superannuation liabilities was set to high. | | | |
| 3. Repairs, Maintenance and Consumable Equipment | 564.9 | 482.7 | 82 |
| The increased expense was due to the cost of unbudgeted building works for the establishment of the Warwick Drug and Alcohol Centre. | | | |
| 4. Patient Support Costs | 19,971.3 | 18,147.5 | 1,823.8 |
| The increased cost was due to unbudgeted expenditure associated with a new Cannabis prevention and education media campaign, plus several grants to the NGO sector for specific drug and alcohol program initiatives. | | | |
| 5. Other Expenses | 3,315.2 | 3,086.1 | 229.1 |
| The increased expense was due to a one-off payment to Cyrenian House (NGO) associated with their drug and alcohol programs. | | | |

Note 35 Financial instruments

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

| | <u>Weighted average effective interest rate</u> % | <u>Variable interest rate</u> \$000 | <u>Fixed interest rate maturities</u> | | <u>Total</u> \$000 |
|--|--|--|---------------------------------------|----------------------------------|-----------------------|
| | | | <u>Less than 1 year</u> \$000 | <u>1 to 5 years</u> \$000 | |
| As at 30 June 2003 | | | | | |
| Financial Assets | | | | | |
| Cash assets | 0.00% | 0 | 0 | 2 | 2 |
| Receivables | | | | 134 | 134 |
| | | 0 | 0 | 136 | 136 |
| Financial Liabilities | | | | | |
| Payables | | | | 241 | 241 |
| Accrued salaries | 0.00% | 0 | 0 | 369 | 369 |
| | | 0 | 0 | 610 | 610 |
| Net financial assets/ (liabilities) | | 0 | 0 | (474) | (474) |

b) Credit risk exposure

All financial assets are unsecured. Amounts owing by other government agencies are guaranteed and therefore no credit risk exists in respect of those amounts. The carrying amounts of financial assets recorded in the financial statements, net of any provisions or losses, represent the Accountable Authority's maximum exposure to credit risk.

WESTERN AUSTRALIAN ALCOHOL & DRUG AUTHORITY

Notes to the Financial Statements

For the year ended 30th June 2003

c) Net fair values

The carrying amounts of financial assets and financial liabilities recorded in the financial statements are not materially different from their net values, determined in accordance with the accounting policies disclosed in Note 1 to the financial statements.

Note 36 Output information

| | Prevention & Promotion | | Diagnosis & Treatment | | Total | |
|--|------------------------|---------------|-----------------------|---------------|----------------|---------------|
| | 2003 \$000 | 2002 \$000 | 2003 \$000 | 2002 \$000 | 2003 \$000 | 2002 \$000 |
| COST OF SERVICES | | | | | | |
| Expenses from Ordinary Activities | | | | | | |
| Employee expenses | 3,570 | 2,182 | 8,442 | 7,038 | 12,012 | 9,220 |
| Patient support costs | 859 | 44 | 19,112 | 420 | 19,971 | 464 |
| Patient transport costs | 0 | 0 | 1 | 1 | 1 | 1 |
| Repairs, maintenance and consumable equipment expenses | 50 | 60 | 515 | 150 | 565 | 210 |
| Depreciation expense | 66 | 47 | 180 | 153 | 246 | 200 |
| Capital user charge | 155 | 114 | 232 | 172 | 387 | 286 |
| Other expenses from ordinary activities | 2,430 | 457 | 885 | 827 | 3,315 | 1,284 |
| Total cost of services | 7,130 | 2,904 | 29,368 | 8,761 | 36,498 | 11,665 |
| Revenues from Ordinary Activities | | | | | | |
| <i>Revenue from operating activities</i> | | | | | | |
| Commonwealth grants and contributions | 81 | 389 | 196 | 240 | 277 | 629 |
| Other revenues from operating activities | 0 | 105 | 66 | 157 | 66 | 262 |
| Revenue from non-operating activities | | | | | | |
| Other revenues from non-operating activities | 4 | 0 | 4 | 0 | 8 | 0 |
| Total revenues from ordinary activities | 85 | 494 | 266 | 397 | 351 | 891 |
| NET COST OF SERVICES | 7,045 | 2,410 | 29,102 | 8,364 | 36,147 | 10,774 |
| Revenues from State Government | | | | | | |
| Output appropriations | 13,434 | 3,404 | 20,151 | 8,827 | 33,585 | 12,231 |
| Resources received free of charge | 8 | 8 | 12 | 12 | 20 | 20 |
| Total revenues from State Government | 13,442 | 3,412 | 20,163 | 8,839 | 33,605 | 12,251 |
| Change in net assets before extraordinary items | 6,397 | 1,002 | (8,939) | 475 | (2,542) | 1,477 |
| Extraordinary revenue / (expense) | 0 | 0 | 0 | 0 | 0 | 0 |
| Change in net assets | 6,397 | 1,002 | (8,939) | 475 | (2,542) | 1,477 |

**APPENDIX FIVE – CONFERENCE PAPERS AND SEMINARS
OTHER PRESENTATIONS / TUTORIALS cont**

Cruickshank, C. (2003) Inpatient methamphetamine withdrawal at Next Step: evaluation results and future directions. *Next Step East Perth Lunchtime Seminar, April 2, 2003*

Cruickshank, C. (2003) Pharmacochemistry of sustained release naltrexone preparations. *Next Step East Perth Lunchtime Seminar, April 9 2003*

Dyer, K. (2003) Behaviourist approaches to AOD dependence: Introduction. *Tutorial presented as part of the Next Step Staff Development Programs, February 26, 2003*

Dyer, K. (2003) Behaviourist approaches to AOD dependence: The role of classical conditioning in opioid dependence. *Tutorial presented as part of the Next Step Staff Development Programs, March 5, 2003*

Dyer, K. (2003) An introduction to Drug Development and Clinical Trials. *Tutorial presented as part of the Next Step Staff Development Programs, March 12, 2003*

Cruickshank, C. (2003) Methamphetamines: Pharmacokinetics. *Tutorial presented as part of the Next Step Staff Development Programs, April 2, 2003*

Cruickshank, C. (2003) Methamphetamines: Treatment options. *Tutorial presented as part of the Next Step Staff Development Programs, April 9, 2003*



AUDITOR GENERAL

INDEPENDENT AUDIT OPINION

To the Parliament of Western Australia

WESTERN AUSTRALIAN ALCOHOL AND DRUG AUTHORITY PERFORMANCE INDICATORS FOR THE YEAR ENDED JUNE 30, 2003

Audit Opinion

In my opinion, the key effectiveness and efficiency 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 June 30, 2003.

Scope

The Authority's Role

The Authority is responsible for developing and maintaining proper records and systems for preparing performance indicators.

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

Summary of my Role

As required by the Financial Administration and Audit Act 1985, I have independently audited the performance indicators to express an opinion on them. This was done by looking at a sample of the evidence.

An audit does not guarantee that every amount and disclosure in the performance indicators is error free, nor does it 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 performance indicators.

A handwritten signature in black ink, appearing to read 'D D R Pearson'.

D D R PEARSON
AUDITOR GENERAL
November 7, 2003