## CONTENTS

<table>
<thead>
<tr>
<th>OVERVIEW</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statement of Compliance</td>
</tr>
<tr>
<td>About the Authority</td>
</tr>
<tr>
<td>General Manager’s Review</td>
</tr>
<tr>
<td>Organisation Structure</td>
</tr>
<tr>
<td>Program Structure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TREATMENT SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highlights</td>
</tr>
<tr>
<td>Central Treatment Services</td>
</tr>
<tr>
<td>Metropolitan Community Treatment Services</td>
</tr>
<tr>
<td>Planned Achievements 1998-99</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CLINICAL EDUCATION AND TRAINING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highlights</td>
</tr>
<tr>
<td>Special Projects</td>
</tr>
<tr>
<td>Planned Achievements 1998-99</td>
</tr>
<tr>
<td>Country Service</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CORPORATE SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highlights</td>
</tr>
<tr>
<td>Information Technology</td>
</tr>
<tr>
<td>Human Resources</td>
</tr>
<tr>
<td>Financial Services</td>
</tr>
<tr>
<td>Information Services</td>
</tr>
<tr>
<td>Professional Advisory Group</td>
</tr>
<tr>
<td>Executive Secretariat</td>
</tr>
<tr>
<td>Annual Estimates for the year ended 30 June 1999</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PERFORMANCE INDICATORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment Services</td>
</tr>
<tr>
<td>Clinical Education &amp; Training</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FINANCIAL STATEMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial Statements</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>APPENDICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Information</td>
</tr>
<tr>
<td>Abbreviations &amp; Glossary</td>
</tr>
<tr>
<td>Reports</td>
</tr>
<tr>
<td>Map Metropolitan Services</td>
</tr>
<tr>
<td>Statement of Compliance with Relevant Written Laws</td>
</tr>
</tbody>
</table>
OVERVIEW

STATEMENT OF COMPLIANCE

The Hon. JHD Day 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 Report of the Western Australian Alcohol and Drug Authority for the year ending 30 June 1998.

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

Marian Kickett
Russell McKenney

ACTING CHAIRMAN
ACTING DEPUTY CHAIRMAN

28 August 1998

ABOUT THE AUTHORITY

The Western Australian Alcohol and Drug Authority (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.

Mission

The Authority's mission is to contribute to the well-being of the people of Western Australia by the minimisation of harm associated with the use of alcohol and other drugs.

Primary Objectives

The Authority's primary objective is to ensure the provision of coordinated, accessible, comprehensive and effective prevention and treatment services for people who are experiencing alcohol and other drug problems.
OVERVIEW

Primary Strategies

The primary strategies designed to achieve this objective are to:

• provide specialist clinical services to people experiencing alcohol and other drug problems;
• provide community services to people experiencing alcohol and other drug problems; and
• provide clinical education and training to people working or studying in the health and welfare fields.

Programs and Subprograms

In order to implement these strategies the Authority has one service program - Alcohol and Harm Minimisation. This is structured into two service subprograms:

• Treatment Services; and
• Prevention Services.

The Authority's Alcohol and Drug Information Service (ADIS) operates seven days a week and provides a confidential telephone counselling, information and referral service.

Assessment, counselling and treatment services are available from the Central Drug Unit (CDU) and the William Street Clinic (WSC) in Perth, and another metropolitan site in Fremantle.

Clinical education and training is provided for people who work in the health and welfare fields, and for tertiary students. Advice and assistance is also provided for people involved with alcohol and other drug studies.

Contact details for the Authority's services are provided in Appendix I.

Membership

The Authority's Board comprises four members nominated by the Minister for Health. At least one member must be a medical practitioner.

During the year ending 30 June 1998 the Board met nine times. The General Manager, Director Treatment Services, Principal Medical Officer, Director Corporate Services and other senior officers were asked to attend when their advice and expertise were needed in considering particular issues.

The Board has delegated, with certain exceptions, powers vested in it by the Alcohol and Drug Authority Act 1974 to the General Manager.

Members of the Board during 1997 and 1998 were:

Dr James C McNulty AO

Dr McNulty, who had been Chairman for 10 years, retired from the Board on 31 March 1998. Dr McNulty was formerly Commissioner of Public Health and Executive Director of Public Health on the formation of the Health Department of Western Australia in 1984. He played a significant role in the development of occupational health reforms in this State. In 1988 he was awarded the Order of Australia for his contribution to public health.

Dr McNulty provided valuable leadership and support to the Alcohol and Drug Authority during a time of major changes to the State's alcohol and drug services.
OVERVIEW

Ms Marian Kickett

Ms Kickett is Manager of Cultural Awareness in the Office of Aboriginal Health, Health Department of Western Australia.

Ms Kickett has worked for over 25 years on Aboriginal health issues and during her time on the Board has assisted considerably in ensuring appropriate relationships between the Authority and the Aboriginal community. She is a founding member of the Aboriginal Medical Service and the Aboriginal Initiatives and Support Forum.

Ms Kickett is Deputy Chairman and has been a member of the Board since 1988.

Mr Russell McKenney

Mr McKenney is General Manager of Graylands Selby-Lemnos and Special Care Health Services. He is a member of the Metropolitan Health Services Board, a Director of the Health Services Credit Union Society, a Board member of the Clinical Neuropsychiatric Research Institute and has been a State Councillor of the Health Care Association of Western Australia. He has professional associations with the Australian College of Health Executives and Australian Council on Health Care Standards.

Mr McKenney was appointed to the Authority’s Board in February 1998.

Professor George Lipton

Professor Lipton is General Manager and Chief Psychiatrist, Mental Health Division, of the Health Department of Western Australia. He joined the Authority’s Board as an ex-officio member in May 1998.

He is currently immediate past President of the Royal Australian and New Zealand College of Psychiatrists. Prior to coming to Western Australia he had held academic positions at Melbourne University and Monash University and was the Director of Training of Child Psychiatrists in Victoria.

Previously he held positions as Director of Mental Health Services and Director of Public Health Services in Victoria and was the first psychiatrist to serve on the National Health and Medical Research Council.

He has interspersed administrative and academic positions with private and public practice in his specialty of Child and Adolescent Psychiatry.

Professor David Hawks AM

Professor Hawks is a Professorial Fellow at the National Centre for Research into the Prevention of Drug Abuse and is currently Professor of Addiction Studies at Curtin University. He is also the immediate past President of the Australian Medical and Professional Society on Alcohol and Other Drugs and a member of the World Health Organisation Expert Panel on Alcohol and Drug Dependence.

Professor Hawks has been a member of the Authority’s Board since 1994 and was re-appointed to 31 March 1998.
OVERVIEW

Senior Officers

Senior Officers of the Authority at 30 June 1998 were:

Mr Carlo Calogero  
Mr Chris Baldwin  
Ms Shan Howard  
Dr Allan Quigley  
Ms Myra Browne  

General Manager  
Director Treatment Services  
Director Corporate Services  
Principal Medical Officer  
Director Prevention Services

The Statement of Compliance with Relevant Written Law

The Statement of Compliance with Relevant Written Law is shown in Appendix VI.

GENERAL MANAGER'S REVIEW

The past year has seen the implementation of the WA Strategy Against Drug Abuse Action Plan 1997-98 and the most significant changes to the alcohol and drug field in this State since the inception of the Authority in 1974.

The Authority has also undergone its most significant changes not only as a result of the State plan, but also through its own initiatives. There were major service and staff changes and overall these have contributed to a new energy and vitality.

The Authority’s major changes are summarised as follows:

• realignment and contracting of the Authority’s services through the Mental Health Division in the Health Department;
• transfer of the Authority’s regional services and metropolitan service teams to the WA Drug Abuse Strategy Office to tender and develop the community drug service teams in other agencies;
• transfer of the solvent abuse project and Aboriginal community development officers to the Office of Aboriginal Health;
• responsibility for the production of Yarramna magazine, winner of several WA and national awards since it was established over 10 years ago by the Authority, was transferred to the Office of Aboriginal Health;
• reduction of staffing in the Clinical Education and Training area to create greater flexibility with funds;
• introduction of the Community Based Methadone Program in March 1997 now allows general practitioners to provide methadone treatment. This initiative, alongside reforms to the William Street Clinic, supported a much needed growth to meet the demand for this treatment. As a result, the waiting time for people seeking methadone treatment was reduced from nine months to nil;
• the Opiate Overdose Project (OOPS) was established as part of the Government’s strategy to reduce the number of fatal heroin overdoses.
OVERVIEW

There is a plan to integrate the Authority by locating it under the auspices of the Metropolitan Health Services Board and linking it through the administration of Graylands Selby-Lemnos and Special Care Health Services. This will realign the Authority's services with other metropolitan-based health services with the intention of strengthening linkages with the broader health system.

Although the year can be best categorised as a year of change, there was also a substantial consolidation of our client services. These services continued to perform at levels which exceeded our contract and yet we also maintained our high standards of service delivery.

The Authority restructured its management and services and established a new directorate dealing with clinical policy and research. This new directorate will help ensure that current and future services incorporate the best practice for the most effective outcome.

The plans to re-locate the William Street Clinic are progressing, and early in 1998-99 a project manager/architect will be appointed. This is a positive development because the Authority's methadone clients will be treated for the first time in a purpose-built clinic, which will be located in a health-oriented area.

In March 1998, Dr Jim McNulty retired as Chairman of the Authority after more than 10 years of service. His support for the Authority during my period as General Manager has been invaluable, particularly during the past year. My appreciation is also extended to Ms Marian Kickett and Professor David Hawks for their significant contribution.

My thanks are offered to the Minister for Health, Commissioner for Health, General Manager of the Mental Health Division and other senior health officials who assisted the Authority through the changes.

The dedication and commitment of all staff to provide high quality services to our clients is sincerely appreciated. This has been particularly remarkable in view of the added pressure of extraordinary reforms that occurred throughout the year. My thanks are also extended to the Authority's Executive who continued to provide support to our management and staff during a complex and challenging year.

The major changes have reinvented and reinvigorated our services, and plans are progressing to present a new image and profile to the community. In many ways this report marks the end of the Authority, but also celebrates a new beginning.

Carlo Calogero
GENERAL MANAGER
OVERVIEW

ORGANISATION STRUCTURE

Parliament

Minister for Health

WA Alcohol & Drug Authority Board

General Manager

Directorate
Prevention Services

Clinical Education & Training
Country Services* & Special Projects

Directorate
Treatment Services

Central Treatment Services
Metropolitan Community Treatment Services

Directorate
Corporate Services

PROGRAM STRUCTURE

Alcohol and Harm Minimisation

Treatment Services

Central Treatment Services

Detoxification Services

Specialist Outpatient Services

Alcohol & Drug Information Service

Court Diversion Service*

Clinical Placements

Metropolitan Community Treatment Services

Methadone Treatment

Transmissible Diseases

Metropolitan Community Teams North & South*

Prevention Services

Clinical Education & Training

Multidisciplinary
Education & Training

Aboriginal Addiction Training*

Nursing Education & Training

Voluntary Counsellors Training Program

Country Services*

Special Projects

Volatile Substance Project*

*Transferred out of the Authority during 1997-98
Central Treatment Services

Residential Medical Detoxification Services
- Implementation of ‘whole-of-site’ practices at Central Drug Unit (CDU) to enable more integrated responses to client treatment needs in proportion to limited staff resources.
- Client satisfaction surveys conducted at CDU reflect a highly favourable perception by clients of services received.

Clinical Placements
- Ongoing commitment by the Authority to clinical training and practice by the provision of clinical placements across all services within Treatment Services.

Court Diversion Service (CDS)
- Management was transferred to the Ministry of Justice.

Alcohol and Drug Information Service (ADIS)
- Installation of a new telephone system enabling a superior service to meet current and projected client demand.
- Continued participation in various successful media campaigns including Parent Drug Information Service (PDIS), QUIT, Drug Aware, Drinksafe and others.
- Establishment of a Clinical Advisory Service, incorporating ADIS’ services, for practitioners involved in community-based methadone prescribing and dispensing.

Dual Diagnosis Project
- Satisfactory conclusion to the contracted Dual Diagnosis Project.

Metropolitan Community Treatment Services

William Street Clinic
- The waiting list was cleared.
- Referral of complex community-based methadone clients to William Street Clinic (WSC) / Fremantle Specialist Clinic (FSC) for specialist management and stabilisation.
- Planning for the relocation of WSC to the Central Drug Unit (CDU) site commenced.
- Continuing contribution to the community pharmacists methadone course.
- Continuing training, professional development and supervision of GP prescribers.
- Aligned policies and procedures at WSC and FSC with the Community Methadone Program and the National Methadone Guidelines.
- Publication of a methadone information booklet.
TREATMENT SERVICES

Community Based Methadone Program / Clinical Advisory Service
- A central Methadone Assessment Line was established.
- GP prescribers are available throughout the metropolitan area and in some country locations.
- The Community Methadone's Clinical Advisory Service (CAS) provides a consultancy, professional support and referral service to GP prescribers and pharmacists involved in the community methadone program.
- Clinical audits of GP prescribers commenced, the continuing education events were well attended and a regular GP prescriber newsletter was distributed.

Metropolitan Community Teams - North and South
- These services were tendered out to the non-government and private sectors.

CENTRAL TREATMENT SERVICES

Assessment, referral, residential detoxification, counselling and specialist outpatient services are all provided at the Central Drug Unit site at 32 Moore Street, East Perth. The services are available to adults who are experiencing problematic use of one or more of a variety of substances including alcohol, illicit opiates, prescribed opiates, benzodiazepines, amphetamines and cannabis. In recognition of the complexity of substance use problems, treatment is provided in the context of a multidisciplinary team including medical officers, general and mental health nurses, psychiatric consultant and registrar, clinical psychologist, social workers, alcohol and other drug counsellors, art therapist and welfare officer.

Central Treatment Services comprises:
- Central Drug Unit (CDU) residential medical detoxification;
- Assessment and Referral Services (located at CDU);
- Specialist Outpatient Services (located at CDU);
- Clinical Placements;
- Court Diversion Service (CDS);
- Alcohol and Drug Information Service (ADIS);
- Dual Diagnosis Project; and
- Evaluation and Monitoring.

There have been notable achievements across all services within Central Treatment Services throughout 1997-1998.
TREATMENT SERVICES

Residential Medical Detoxification Services

The residential unit offers 17 beds with 24-hour medical and nursing care for substance-dependent clients requiring medically supervised detoxification.

The number of admissions was 774 (three of whom were children under the age of five accompanying a parent; one of these children required treatment). This is a slight increase on the total for last year.

Of these admissions, 492 were males whose average age was 35.1 years and 282 were females whose average age was 33.8 years.

There were 401 new admissions (258 males and 143 females; the average age of all new admissions was 32 years).

There were 370 clients who were repeat admissions including 233 males; average age 38.5 and 137 females, average age 35.6.

Alcohol was the presenting problem drug for 315 clients, illicit opiates for 322, prescription opiates for 102, benzodiazepines for 44, amphetamines for 27, cannabis for 23 and 8 clients identified some other psychoactive substance as being the primary problem. Overall, there appears to have been a continued increase in poly substance use and dependency.

The average length of stay was 4.5 days. Bed occupancy averaged 56.6%.

Of the 774 clients who were admitted, 61.3% accepted referral for ongoing treatment, 31.1% attended their referral, 20% did not attend, 10.2% remain unaccounted for.

Specialist Outpatient Service

The Specialist Outpatient Service continues to provide follow-up counselling, support and specialist referrals to clients who have completed residential detoxification and for those following an outpatient detoxification regime. Increasingly a service is being provided for clients who are intending to undertake residential detoxification and who need support and preparation before embarking on this course of treatment. The Core Group Program and the Support Group continue to be well attended and the team is in the process of developing a comprehensive relapse prevention-based day program to run five days per week and to include special issues groups which will run periodically.

The Specialist Outpatient Team continues to liaise regularly with the Court Diversion Service (CDS) to ensure that CDS clients receive a coordinated service.

The total occasions of service generated by the Specialist Outpatient Services was 4975. There were 945 appointments made and not kept, representing a 19% reduction in the possible number of occasions of service. The total occasions of service is slightly down on the previous year, but one member of the team was on secondment for six months.

There were 342 attendances at the weekly Core Groups.

The Support Group has maintained a steady rate of attendance with an average of 9-15 clients attending each weekly session. The total number of attendances for the year was 441.

Assessment and Referral Services

The change to shorter assessment times during the previous year has meant that waiting times for assessment appointments has been kept to around 48 to 72 hours.
TREATMENT SERVICES

Access to the services offered at the CDU site has been further facilitated by the Duty Counsellor. This service has meant a more efficient use of assessment appointments and has proven to be a useful adjunct to the assessment and referral service offered by the Central Drug Unit. The service includes responding to telephone inquiries about the service, professional consultation, assessment, referral, support of outpatient detoxification, country liaison and walk-in crises.

The Duty Counsellor service has generated 2213 occasions of service during the year. There were 2174 booked assessments and a further 910 appointments made but not attended. It is of some concern that there have been an increasing number of young people with established patterns of drug use in the 15-18 age range presenting for treatment at CDU.

Case Review

The weekly Case Review meeting brings together representatives of the multidisciplinary treatment team, including psychiatry, medicine, nursing, clinical psychology and social work. The meeting provides an opportunity to review complex cases and to develop individual management plans with the benefit of multidisciplinary input. This meeting is open to all clinicians within the Authority who are seeking a venue for clinical consultation and who wish to discuss treatment and referral options for clients who present with a complexity of psychiatric, psychosocial and medical problems. The discussions have also been attended by clinicians from other health and drug and alcohol treatment agencies where they have had concerns about the treatment and referral options for cases that fall outside their normal purview. Traditionally there has been a group of clients whose treatment needs have been difficult to meet. Inviting clinicians from other agencies involved in the treatment of these cases has proven to be a very useful means of ensuring a continuum of coordinated care.

Clinical Placements

Clinical placements have remained an important part of the education and training services offered at the Central Drug Unit. Almost all clinical professions have been represented including undergraduate and postgraduate nursing, art therapy, massage, welfare, social work, psychiatry and medical officers.

The Family Medicine Program has continued with medical officers at William Street Clinic and the Central Drug Unit.

Staff at the Central Drug Unit continue to be actively involved in education and training, and a number have been utilised in training hosted by the WAADA Education and Training Section. Staff of the Central Drug Unit have taken part in hospital-based training, others have been invited to teach units in tertiary courses including an active role in teaching fifth year medical students in the substance use component of their studies in psychiatry.

Alcohol and Drug Information Service (ADIS)

ADIS is a confidential telephone counselling, information and referral service for people concerned about their own or someone else’s alcohol or other drug use. This service remains available 24 hours per day, 7 days per week.

ADIS has been able to increasingly utilise information technology specific to information data bases. This capacity has been significantly enhanced by the installation of a new telephone system with complementary hardware.
TREATMENT SERVICES

During the year ADIS achieved:

• participation in major health campaigns including QUIT, Drug Aware and Heroin;
• reduction in drop out rate for calls to ADIS;
• participation in the Channel 7 Forum on Drug Use;
• placement of two social work students in ADIS;
• continued involvement in promoting ADIS to the community and professionals; and
• provision of a telephone counselling skills training workshop.

ADIS Calls

There were 21,347 calls answered at ADIS during 1997-98, of which 1,650 (7.7%) were received on the toll-free non-metropolitan line. Of the total calls received, 12,753 (59.7%) were drug related, with 58% from males and 39% from females.

Since January 1998, ADIS has adopted a new system of measuring drop out rates. Drop out rates are calculated as a percentage of the total calls received. From January to June 1998, ADIS received 12,817 calls, of which the drop out rate was 15.2%.

Parent Drug Information Service (PDIS)

There were 3,444 calls received from parents of drug users in 1997-98 compared to 3,080 in 1996-97.

Drug Related Calls

There were 1,154 calls related to amphetamine use in 1997-98, representing 9% of the drug related calls compared with 989 (7.7%) in the previous year. This represents an increase of 16.7% in amphetamine related calls.

There were 2,578 calls related to heroin use in 1997-98, representing (20.2%) of the drug related calls compared with 1,637 (12.7%) in the previous year.

There were 2,739 alcohol related calls in 1997-98, representing (21.5%) of the drug related calls compared with 3,961 (30.8%) in the previous year. This was a decrease of 30.9%.

There were 2,453 calls related to cannabis during 1997-98, representing 19.2% of the drug related calls compared with 2,482 (19.3%) in the previous year. This was a decrease of 1.2%.

There were 1,803 calls related to tobacco use in 1997-98, representing 14.1% of the drug related calls. In the previous year tobacco related calls represented 7.7% of the drug related calls.

The areas most represented in ADIS calls during 1997-98 were Fremantle, Joondalup, Morley, Rockingham, Hamilton Hill and Mandurah.

Dual Diagnosis Project

The Dual Diagnosis Project was not contracted by the WA Health Department during 1997-98.

However, the Authority has always provided a clinical service to clients fitting within the auspices of mental health and alcohol/other drug treatment services.
TREATMENT SERVICES

Evaluation and Monitoring

The objectives of the Evaluation and Monitoring section are to evaluate the Authority's treatment services and inform program managers on research findings. Specific research projects are initiated and supervision is provided for tertiary students. In addition, information on research findings is provided to the general public, and research proposals and grant applications are reviewed. Activities during the year included:

- regular surveys of clients of the Authority's treatment programs to obtain their views of the services they receive;
- contributing to the National Surveillance Data Base on blood-borne viruses;
- research, in collaboration with the University of Western Australia and Edith Cowan University, on the knowledge, attitudes, substance use and service utilisation of people from non-English speaking backgrounds;
- presenting papers at research symposiums; and
- providing a consultancy to the Drug and Alcohol Services, North Queensland Health, on hospital and community-based detoxification services.

METROPOLITAN COMMUNITY TREATMENT SERVICES

Metropolitan Community Treatment Services comprises:

- William Street Clinic;
- Community Based Methadone Program / Clinical Advisory Service;
- Metropolitan Community Teams North and South; and
- Transmissible Diseases.

In February 1998 this portfolio ceased to exist. Both Metropolitan Community Teams were tendered out to the non-government and private sectors and responsibilities for Transmissible Diseases moved to the Prevention Directorate.

A new portfolio bringing together methadone services was established in March 1998. Specialist Methadone Services comprises:

- William Street Clinic;
- Fremantle Specialist Clinic; and
- Community Based Methadone Program / Clinical Advisory Service.

William Street Clinic

William Street Clinic (WSC) has made significant changes in the way treatment services are delivered. These operational changes have ensured that opiate users seeking methadone maintenance treatment (MMT) are now able to access it in a timely manner. There is no longer a waiting list for MMT. After assessment, treatment can commence within 48 hours. The aims of MMT are to improve health and social functioning, reduce criminality and decrease the use of illicit opiates.
TREATMENT SERVICES

There were 1,446 clients treated in 1997-98.
There were 124,661 doses of methadone dispensed to clients throughout the year.
Sixty four per cent of all methadone doses were dispensed at community pharmacies and 36% at WSC pharmacy.

*The apparent stabilisation of clients retained in treatment figures over the last 12 months is a reflection of the increased emphasis on community based prescribing and dispensing services.

Community Based Methadone Program / Clinical Advisory Service

The Community Based Methadone Program (CBMP) has continued to be a principal area of growth and development. An evaluation of the CBMP is being conducted in several stages including process and outcome. In the first stage, completed in January 1998, GP prescribers were surveyed about the training they received; the Clinical Advisory Service (CAS); the Health Department of WA (HDWA); and other support services and structures which have been implemented in support of the new service. The results indicate that the large majority of GPs are satisfied with most aspects of the structures and procedures now in place.
TREATMENT SERVICES

Methadone Doses Dispensed at William Street Clinic and Community Pharmacies

Fremantle Specialist Clinic

The Fremantle Specialist Clinic was established in April 1998 to provide a multi-disciplinary team (medical, nursing, social work, psychology) as a consultative and support service to GP prescribers and the community based methadone program in the south metropolitan area. In addition, Fremantle Specialist Clinic offers consultation and support for the management of complex cases referred by non-government alcohol and other drug treatment agencies and other health care providers. The clinic also provides case management, shared care and home detoxification services.

Transmissible Diseases

This portfolio was relocated to the Prevention Directorate in October 1997.

Metropolitan Community Teams - North and South

Metropolitan Community Teams treatment services were tendered out to the non-government and private sectors in November 1997. The successful tenderers were St John of God (North), Holyoake Institute (North East), Palmerston Centre (South) and Perth City Mission (South East). The transfer of all redeployees to the WA Drug Abuse Strategy Office was completed by January 1998.

Although no new initiatives were commenced during this time, the Community Teams continued to provide clinical, education, outreach and consulting services to the local community while preparing key external agencies for the transition.

The Community Teams had conducted 737 assessments, provided 3,236 occasions of service and conducted 479 community consultations for the period ended 31 January 1998.
Central Treatment Services

1998-99 heralds a period of transition for the Central Drug Unit in the context of a year of major developments for Treatment Services. Most significant will be the integration of the services of William Street Clinic onto the Moore Street site along with the possible relocation of the Alcohol and Drug Information Service and the Court Diversion Service to Moore Street as well. This move entails the construction of purpose-built accommodation to house methadone and other services and a reallocation of space for Specialist Outpatient Services and Assessment and Referral.

Alongside these physical changes, plans are underway to implement an organisational restructuring with the aim of achieving a further integration of all aspects of Treatment Services. This integration will achieve greater flexibility and availability of services to an increasingly diverse and complex client group. There is a need to be able to provide seamless continuity of care across the treatment options available.

This new treatment environment will provide for the establishment of a number of clinics to address specific issues of concern and to meet the needs of special populations. These will cover such areas as dual diagnosis, youth, women, and counselling and testing for blood-borne viruses. In addition, there will be provision for demonstration projects and clinical trials to be conducted in the normal course of business as befits a centre of best practice.

Along with the provision of counselling, groupwork and the support of outpatient detoxification the services of the Specialist Outpatient Team will be expanded to provide a group work and activities program for residential clients and a five day per week day program for clients completing medically supervised detoxification. Essentially this program will be aimed at those clients whose special needs cannot be met in the community. However, it will also be available as a transition program for clients planning to engage in other treatment programs.

The Central Drug Unit has a well established history of offering educational opportunities to health professionals and it is planned to extend these opportunities by offering professional secondments as a means of giving clinicians, especially nurses, hands on experience in working with substance use.

Specialist Methadone Services

Key projected activities are:

- Expand methadone services at Fremantle Specialist Clinic;
- Increase the proportion of clients dosing in the community;
- Relocate William Street Clinic to the Central Drug Unit site;
- Continue to reduce the primary care function of William Street Clinic;
- Continue to work towards becoming a secondary referral agency to the Community Based Methadone Program;
- Continue to manage complex cases.
TREATMENT SERVICES

William Street Clinic

• Expand methadone services at Fremantle Specialist Clinic to include assessment of new clients and methadone dispensing;
• Increase the number of clients receiving methadone at community based pharmacies;
• Investigate the introduction of a nominal dispensing fee;
• Commence planning for the relocation of William Street Clinic to a more appropriate site.

Alcohol and Drug Information Service (ADIS)

• Develop a new database for ADIS calls;
• Update the Directory of Treatment Services in Western Australia;
• Develop a pool of ADIS trained counsellors;
• Promote and further develop the Parent Drug Information Service through links to volunteers and the community;
• Develop a website for ADIS;
• Streamline the system of collecting and accessing current relevant research in the addiction field that is held in ADIS for counsellor use.

Community Based Methadone Program / Clinical Advisory Service

• Targeted recruitment of GPs in key metropolitan and country locations;
• Targeted recruitment of community pharmacies in key metropolitan and country locations;
• Develop a single data base;
• Develop a regional directory of psycho-social supports.

Fremantle Specialist Clinic

• Provide a complementary service to existing alcohol and other drug agencies in the south metropolitan region;
• Ensure key workers/agencies are aware of FSC and the specialist services it provides;
• Ensure key workers/agencies are aware of the criteria of referral;
• Establish and develop effective inter-agency links through community liaison and professional networks.
CLINICAL EDUCATION & TRAINING

PROGRAM ACTIVITIES 1997-98

Highlights

• The Directorate of Clinical Education and Training was formed as part of the restructure of the WA Alcohol and Drug Authority (WAADA) and incorporates education and training, the library and special projects such as blood-borne virus education and training and projects addressing opiate overdose prevention. Country services and the Volatile Substance Project were transferred to other agencies as part of the restructure. The focus of the new Directorate is on increasing the confidence and competence of workers in responding to alcohol and other drug-related problems.

• The Education and Training section was restructured using a contracting and outsourcing model to increase flexibility, effectiveness and efficiency in the provision of clinical education and training.

• A review and evaluation of the Authority's Clinical Education and Training calendar was undertaken. The Needs Feedback Survey provided invaluable information on the needs of those working and studying in the alcohol and other drug field. In addition, the survey identified the most suitable medium to market and promote clinical education and training events.

• The publication of the first edition of the Clinical Education & Training Newsletter. The newsletter and accompanying education and training information are distributed three times a year to about 1000 people who are working or studying in the health and welfare field.

• The inaugural one year academic and skills focused course, Certificate in Clinical Nursing (Substance Misuse), for registered nurses was successfully completed during 1997-98. This is the first course of the Authority's to have articulation with a University. Graduates of this Certificate are awarded 120 credit points towards the Postgraduate Diploma in Clinical Nursing at Curtin University. Six graduates will receive their certificates of completion in August 1998.

• The Clinical Education and Training Directorate of the Authority continues to collaborate on various projects with the National Centre for Education and Training in Addiction (NCETA) at Flinders University in South Australia. The Authority and NCETA, in conjunction with Curtin University, were successful in gaining Commonwealth funding to conduct a national Train the Trainer program to disseminate Helping Change: The Addiction Counsellors' Training Program.

• The general practitioner training project commenced in 1997 with the Community Based Methadone Prescribers' Training Program aimed at providing training for general practitioners to become competent in prescribing methadone. In addition, regular training has been provided for clinical practice issues.

• The Clinical Education and Training Directorate has been involved in the development and delivery of performance-based assessment of several clinical education and training programs. In particular, an accredited program was designed and delivered for Corrective Service Officers of the Ministry of Justice.

• Phases Two and Three of the Healthway-funded project of the Community and Youth Training Services, Getting to Health Too, was completed. Phases Two and Three involved the development and delivery of a four-day Train the Trainers course to train workers to deliver alcohol and other drug training to rural and remote workers.

• A pilot CD-ROM, Understanding Drug Use, was developed to assist rural and other health workers in understanding alcohol and other drug issues. The CD-ROM was supported by a Rural Health Support Education and Training grant.
CLINICAL EDUCATION & TRAINING

- WAADA was funded through to 2001 to provide two special projects to reduce the risks of overdose: a targeted peer education and health promotion project; and a brief-intervention follow-up service in emergency departments of hospitals.

- The Library has been involved with the selection of a new health library system (AMICUS) and the bar coding and stocktake of library materials.

Education and Training

Continuing education and training activities are offered on a regular basis through the Authority's Clinical Education and Training newsletter. These activities attract generalist health, welfare, and other human services workers, and specialist alcohol and other drug workers.

Substantial education and training was offered to various organisations who have identified specific education and training needs to assist them in responding to clients experiencing alcohol and/or other drug-related problems. For example, introductory and intensive knowledge and skills-based training was conducted for the metropolitan Community Drug Service Teams, Ministry of Justice, Family and Children’s Services.

The Directorate has also supported other sections of the Authority who are involved in providing clinical education and training. For example, the Directorate has assisted with the training of general practitioners involved in the Community Based Methadone Program.

To support education and training programs, the Directorate has been involved in the development of a range of resources aimed at flexible delivery of learning including training packages, CD-ROMs, information sheets, handouts and overhead transparencies.

The education and training offered throughout the year have ranged from brief knowledge-based presentations, to more intensive, prolonged, skills training presentations.

Volunteer Addiction Counsellors’ Training Program

Fourteen participants graduated from the ninth Volunteer Addiction Counsellors’ Training Program and were placed in various agencies.

The tenth Volunteer Addiction Counsellors’ Training Program attracted about 450 telephone enquiries and 250 written applications. Twenty seven people were selected and commenced this training program in May 1998. It should be noted that due to the recruitment of volunteers by the Community Drug Service Teams, this current program is training additional volunteers.

Agencies involved in these two training programs include the Palmerston Centre, Perth City Mission (Yirra), Perth Women’s Centre, Ministry of Justice, Karawara Community Centre and the South Metropolitan Community Drug Service Team.

The increased demand of volunteers reflects the move to expand the number of alcohol and other drug counsellors in Western Australia. It also recognises the significant role of the Volunteer Addiction Counsellors’ Training Program as a valuable resource to the field.
CLINICAL EDUCATION & TRAINING

Workload Indicators

The workload indicators for the Directorate’s Clinical Education and Training Service.

<table>
<thead>
<tr>
<th></th>
<th>1997-98</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of completed education and training activities</td>
<td>102</td>
</tr>
<tr>
<td>Number of completed education and training hours</td>
<td>863</td>
</tr>
<tr>
<td>Number of participants</td>
<td>1894</td>
</tr>
<tr>
<td>Number of participant hours</td>
<td>12446</td>
</tr>
</tbody>
</table>

SPECIAL PROJECTS

Blood-Borne Viruses

The WA Alcohol and Drug Authority continues to provide an information service on blood-borne viruses as they relate to injecting drug use. This service has provided an education program for health care workers working with the drug using population. Education and training is also offered in conjunction with other communicable disease service providers.

Opiate Overdose Project Strategy (OOPS)

The Opiate Overdose Prevention Strategy (OOPS) project was developed in 1997. It is a targeted outreach education initiative of the WA Alcohol and Drug Authority in association with the WA Substance Users’ Association and other key agencies. The project has been funded by the State Government through to 2001.

OOPS Peer Education

The aim of the OOPS Peer Education project is to disseminate information to opiate users and others through peer networks, service providers and key individuals to reduce the risks of heroin-related overdose. The project is based on close collaborative relationships with key stakeholders, including the WA Substance Users’ Association and St John Ambulance Australia (WA Ambulance Service Inc).

The project has provided peer-based education strategies and outreach consultations with opiate users and others in relation to the prevention of overdose. A range of targeted resources aimed at reducing the number of overdoses has been distributed amongst peer networks. The project has also conducted workshops and provided a consultancy on opiate overdose issues to health care workers and agencies and local community groups concerned with opiate overdose issues.

Emergency Department Project

The Opiate Overdose Prevention Strategy (OOPS) was expanded to include the Emergency Department Project. This pilot project is designed as a peer support, brief intervention and education service for people who have been discharged from an emergency department following an accidental opiate overdose.
The first phase of the project involved the design of protocols and procedures for the prevention, management and follow-up of non-fatal opiate overdoses. Data collection at the pilot hospitals, Royal Perth Hospital and Sir Charles Gairdner Hospital, included action research methodology to inform, practise and develop appropriate clinical and organisational models for the service. Education, information and consultancy have also been provided to emergency department staff in relation to opiate overdose issues.

PLANNED ACHIEVEMENTS 1998-99

Education & Training and Library

- Develop and modify education and training programs to encourage an increase in the number of generalist health and welfare workers responding to alcohol and other drug-related problems.
- Develop a Statewide education and training program on detoxification from alcohol and other drugs for general practitioners and other primary health care workers.
- Provide education and training support for across-government initiatives to improve the responses of generalist services to alcohol and other drug problems.
- Implement a service purchaser model based on best procurement practice that includes the establishment of a panel of suppliers for education and training.
- Continued collaboration with other government and non-government organisations in providing consultation and direct education and training to assist them in responding to clients experiencing alcohol and/or other drug-related problems.
- Continued development of collaborative education and training projects with tertiary institutions, including the Certificate in Clinical Nursing (Substance Misuse).
- Attain accreditation as a Registered Training Organisation (RTO) and accredit key courses based on industry training packages.
- Conduct a Volunteer Addiction Counsellors’ Training Program in Perth and undertake the national Train the Trainer program in Adelaide.
- Continue to hold two or three larger events each year (e.g. symposia, forums and conferences) to attract larger audiences and publicise the services provided by the Authority.
- Develop programs, packages and materials to support a Train the Trainer approach to the provision of alcohol and other drug education and training.
- Conduct an intensive course focusing on working with complex clients as part of the NCETA Intensives Program.
- Mail out on a regular basis the calendar/newsletter offering a range of clinical education and training activities.
- Develop and enhance a range of quality resources to support flexible methods of training delivery, including CD-ROM, Internet and self-directed learning packages.
- Continue to provide a quality specialist library and information service.
- Improve the efficiency of library services and expand capabilities through the utilisation of on-line and other communications technologies.
- Establish a library working party within the Authority to enhance its internal customer focus.
CLINICAL EDUCATION & TRAINING

Special Projects

• Provide regular training relating to blood-borne viruses through the Clinical Education and Training newsletter/calendar of events.
• Conduct regular training for volunteers of blood-borne virus service providers in collaboration with other key agencies.
• Distribute resources on blood-borne viruses to workers responding to drug-related problems.
• Produce and distribute an information package on blood-borne viruses to all WAADA staff.
• Continue to provide a mix of peer-based strategies aimed at the prevention of overdoses.
• Provide training in simple resuscitation methods to users through peer outreach and other education strategies.
• Conduct a major awareness-raising event to promote prevention messages relating to opiate overdoses within target groups.
• Conduct training courses in collaboration with the WA Substance Users' Association to develop a volunteer base for the Emergency Department follow-up project to enable an extension of the service.
• Extend the Emergency Department follow-up project to a 24-hour service and produce best practice protocols for the service based on the research findings from phase 1 and 2 of the project.

COUNTRY SERVICE

During 1997-98 the responsibility for providing country alcohol and drug services moved from the Alcohol and Drug Authority to the Western Australian Drug Abuse Strategy Office. The WA Strategy Against Drug Abuse Action Plan (1997-1999), released on 26 June 1996, called for the creation of “Community Drug Service Teams” across WA to replace both the country and metropolitan services provided by the Alcohol and Drug Authority. The Regional Coordinator positions were included within the tender process while the regional Aboriginal Community Development Officer positions came under the control of the Office of Aboriginal Health in the Health Department.

Consequently, 1997-98 was a year of considerable change at both an organisational and personal level within the Authority’s regional alcohol and drug services. While activities undertaken in each region varied according to local priorities and individual circumstance, all regions were subject to the same process. In November 1997 the successful tenderers for community-based services were announced and in January 1998 the first of the new “community drug service teams” was funded. Inevitably, the process also involved finalising the business of the Authority in each region, transferring assets and informing regional communities of the changes.

Services provided by regional offices during this period reflected the need to maintain core services while participating in a significant change process. Inevitable staff movement during this period added further variability to the way in which each region responded to the changes. Some staff opted to join the new teams, others opted for redeployment and still others took up opportunities elsewhere. Nevertheless, service delivery in each region continued throughout the period.
CLINICAL EDUCATION & TRAINING

Gascoyne/Murchison

Core Services
Clinical services were maintained during the transition period by increasing counselling in the wider Midwest region and increasing referrals within Geraldton to other alcohol and drug services. Links with the regional health services and the mental health teams were also improved and a coordinated case management approach was developed with Family and Children's Services and the Juvenile Justice arm of the Ministry of Justice for young people experiencing problems.

The focus of community development activities was on developing a new regional service but other activities included:

- Geraldton's Solvent Abuse Task-group, the Geraldton Liquor Accord, and the Sobering up Shelter Steering Committee. Activity highlights included the completion of the Geraldton Liquor Accord evaluation and the on-going delivery of monthly activities for young people who use volatile substances; and

- Chairmanship of the Carnarvon Alcohol and Drug Advisory Committee (CADAC) and support for its task groups. CADAC task groups addressed alcohol issues, injecting drug use issues, and the establishment of a sobering up facility in Carnarvon.

Change Processes
The Regional Coordinator became actively involved in creating a community wide response to the WA Strategy Against Drug Abuse Action Plan. As a consequence the Gascoyne/Murchison office initiated and developed the successful Community Drug Service Team tender which combined almost all the region's alcohol and drug services into one agency. Extensive negotiations were undertaken with many people within the region in order to gain a professional, well resourced and coordinated service.

Eastern Goldfields

Core Services
Individual client counselling was maintained in Kalgoorlie but reduced regional counselling services were provided during 1997-98. The Eastern Goldfields office identified the provision of services to the region's hospitals as a priority and provided staff and client support within these services. Community development activities continued through involvement in:

- Drug Action Group;
- Sobering Up Shelter Advisory Group;
- Young Offenders Advisory Group;
- Volatile Substances Coordinating Committee;
- Dry Areas Project Committee; and
- Joint Case Management Meeting.

Change Processes
Community consultation was undertaken throughout the region in order to inform agencies of the imminent changes and to provide information about the WA Drug Abuse Strategy.
Kimberley

Core Services
Clinical, assessment and counselling services were provided in the region in a reduced form with the Kimberley office focusing on supporting the region’s significant community development activities and the change process. Among the community development activities were:

- the further development of the Derby Sobering Up Centre with the completion of the Centre building. Authority staff provided training and support for the shelter manager during this period;
- staff support of the Derby Alcohol Action Group, which included the nutrition program, the street drinking strategy development, the licensing restriction sub-committee and the safe house/spirit healing centre project. A particular highlight during this period was the successful conclusion to the development of liquor licensing restrictions in Derby; and
- several professional development workshops for service providers, including a two day alcohol, drugs and youth workshop.

Change Processes
The Regional Coordinator undertook extensive regional information consultation involving considerable media information dissemination and a profile report about the Authority’s work over the previous 12 years. The Coordinator also assisted the development of regional submissions through advice and support to those interested in tendering for the Community Drug Service Team.

Great Southern

Core Services
Casework continued in the region throughout the transition period with 20-30 clients each month. A particular focus was on the development of a case management approach involving general practitioners in Denmark with their alcohol and drug related clients. The success of the Community Based Methadone Program reduced the Authority’s involvement in this area as general practitioners became more confident in dealing with these clients.

The major community development activities in this region were:

- support to ARADAC during its final months; and
- chairing and launching the Denmark Accord and supporting the Albany Accord.

Change Processes
The Regional Coordinator provided considerable support to the new Community Drug Service Team coordinator during the transition period helping organise facilities, introducing staff and providing a consultancy service.
CLINICAL EDUCATION & TRAINING

South West

Core Services

Although the South West office of the Authority did not have staff from September 1997, an agreement was reached with the Southern Public Health Unit which ensured that alcohol and drug counselling was provided in Bunbury until 1 January 1998. The Regional Coordinator continued to provide counselling one day per week, and continued with many community development activities including:

- Regional Drug Committee support and coordination;
- Alcohol and drug policy development;
- Liquor Accord support;
- Organisation and delivery of alcohol and drug calendar training;
- Cigarette sales to minors project;
- Agency training and consultancy.

Change Processes

The South West office was active in developing a coordinated response by regional teams of the Authority to The WA Strategy Against Drug Abuse Action Plan (1997-1999) and to drafts of the WA Drug Abuse Strategy Office tender document. The office also facilitated community discussion and input into the change process at a regional level.

Pilbara

Core Services

Counselling services were provided in Port Hedland and through out-reach services to Roebourne, Marble Bar, Nullagine, and Jigalong. Telephone counselling to other outlying areas was also available. Community development activities included:

- Involvement with the Port Hedland Sobering Up Shelter and the Dry Area Outreach Program;
- Education programs in outlying areas such as Marble Bar and in the regional prison; and
- Support of the Mawarnkarra Health Service in Roebourne and the development of a soup kitchen.

Change Processes

The Regional Coordinator provided some support to the Regional Health Service in creating the submission for funding for the Community Drug Service Team.
CORPORATE SERVICES

PROGRAM ACTIVITIES 1997-98

Highlights

- Rationalisation of the supply function.
- Implementation of an integrated accrual accounting system.

INFORMATION TECHNOLOGY

The Information Technology (IT) branch provides support and maintenance of the Authority's information technology infrastructure in terms of software, hardware and Local Area Network (LAN) environment. The branch also provides advice to management and staff.

During the year the main IT achievements were:
- extension of the Wide Area Network (WAN) to the Authority's Fremantle office;
- expansion of the desktop facilities provided to staff by the installation of additional personal computers;
- conversion of the Authority's financial systems from the Health Department's mainframe computer, General Ledger/Accounts Payable system to HCARE running on an in-house SCO Unix server;
- investigation and confirmation that the Authority's IT applications are Year 2000 compliant;
- commencement of a project for the redevelopment of the Alcohol and Drug Information System (ADIS).

HUMAN RESOURCES

Following the announcement at the end of 1997 by the Minister for Family and Children's Services of the new arrangements relating to the Drug Strategy for the State, the following staffing changes were made:
- regional Offices, comprising 13 staff were closed with some staff transferring to the Office of Aboriginal Health in the Health Department and others to the WA Drug Abuse Strategy Office;
- transfer of Metropolitan Community Service Teams to the WA Drug Abuse Strategy Office for eventual redeployment or employment in private sector teams;
- reduction of Clinical Education Staff by 5.0 FTE by contracting out education and training services;
- transfer of Volatile Substance Abuse staff of 1.5 FTE to the Office of Aboriginal Health at the Health Department; and
- compensating reduction in Corporate Support staff. Altogether 41.8 FTE positions were abolished as a result of the above changes.
CORPORATE SERVICES

Other achievements during the year included:

• registration of a Workplace Agreement for medical officers;
• supported study assistance for 11 staff; and
• a further large reduction in hours lost due to Workers' Compensation for the third consecutive year.

There were five lost-time cases totalling 144 hours. There were no outstanding cases at year end.

Equal Employment Opportunity

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

Grievance Officers

The Authority has both workplace grievance officers and those concerned with sexual harassment issues. There were no grievance cases during 1997-98.

Disability Services

The Disability Service Plan has been reviewed and revised in accordance with the requirements of the Act.

Public Sector Standards

In accordance with Section 31(1) of the Public Sector Management Act, the administration of public sector standards, the code of ethics and the Authority's code of conduct have been complied with.

• Procedures are in place to ensure such compliance and internal and external checks carried out to confirm the accuracy of the statement above.
• One application was made for breach of standard during the reporting period but this was not sustained on review.

FINANCIAL SERVICES

Financial Services is responsible for budgeting and financial reporting functions of the Authority.

Achievements during the year include:

• implementation of an integrated accrual accounting system;
• containment of expenditure within allocations provided from the HDWA; and
• devolvement of purchasing within the Authority.
CORPORATE SERVICES

INFORMATION SERVICES

Information Services provides management of corporate documents and is also responsible for the processing of Freedom of Information requests. All FOI requests were processed within the statutory time.

PROFESSIONAL ADVISORY GROUP

The Professional Advisory Group provides a mechanism to enable professional input to contribute to executive decision making.

Representatives of medical, nursing, social work and psychology meet during the year, reporting to the General Manager, to advise on professional issues.

The representatives of each profession are also available for consultation by managers and coordinators on professional issues.

EXECUTIVE SECRETARIAT

The Executive Secretariat provides support services to the Authority and to the Executive. These services consist of Planning and Policy, Internal Audit and Customer Focus.

Planning and Policy

Achievements during the year included:

• the processing of 96 correspondence items and 25 Parliamentary questions through the Ministerial and Parliamentary liaison system;
• arranging capital works at each centre;
• introduction of Customer Focus initiatives;
• preparation of the 1997 Annual Report; and
• providing support for meetings of the Board, the Executive, the Joint Consultative Committee and the WA Consultative Council on Alcohol.

Energy Savings

The Authority is committed to the Government strategy to save energy costs for users. Continued monitoring of housekeeping practices among all staff has ensured in energy consumption costs are kept to a minimum.

Recycling

Mindful of conservation principles, the Authority continued to improve its percentage of waste paper recycled. Paper recycling procedures continued at all centres. Collection of waste paper for recycling is in accordance with government instructions. Recycled paper products are purchased where possible.
CORPORATE SERVICES

Occupational Safety and Health

The Occupational Safety and Health Committee actively monitors Occupational Safety and Health issues within the organisation to ensure that high standards are maintained for the benefit of all employees.

Meetings were held in accordance with legislative requirements, and continued to provide a forum for discussion and resolution of health and safety issues.

Evacuation drills were conducted at two sites.

Internal Audit

Internal Audit continues to focus on working with management to continually improve the Authority’s services and to provide reasonable assurance that activities are carried out effectively and efficiently in accordance with sound business practices and legal requirements.

Internal audit reviews are conducted by a professional specialised accountant, Mr Rod Broughton. Audits carried out during the year were:

- follow-up on the implementation of recommendations contained in the 1996-97 internal audit reports;
- personnel and payroll;
- creditors and payments;
- asset register;
- building maintenance and alterations.

Risk Management

The Authority recognises that risk management is an ever-present management responsibility, and has previously undertaken risk analyses and monitoring through the internal audit function. In response to Treasurer’s Instruction 109 of 4 July 1997, the Authority commenced a Risk Management Review. The first stage of the program has involved the engagement of consultants, Stanton Partners, to provide consulting support.

The Authority has completed the Risk Assessment and has a Risk Management Policy in place. The second stage will involve regularly reviewing the Authority’s Risk Management Action Plan and ensuring that risk management is built all into management practices.

Year 2000 Risk Management Plan

The Authority has confirmed that its own computer applications are fully Year 2000 compliant. The BIOS on some older PCs has been identified as a possible problem and is scheduled for upgrading before June 1999.

Applications provided by the Health Department are being replaced with Year 2000 compliant versions.
CORPORATE SERVICES

Customer Focus

The Authority continued its customer focus during the year with a range of initiatives to gain customer input to issues and to understand and respond to customer needs. The Authority appreciates the time that community representatives give to assisting the Council improve its Customer Focus initiatives. Community representatives include Ms Roz Niblett, Ms Elaine Graham and Mr Bruce Walker.

Section 42 Estimates for 1998/99

Under Treasurer’s Instruction 953 appropriately approved annual estimates are to be included in annual report of the preceding year.

<table>
<thead>
<tr>
<th></th>
<th>Estimates 30 JUNE 1999</th>
<th>Actuals 30 JUNE 1998</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$'000</td>
<td>$'000</td>
</tr>
<tr>
<td>Cost of Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operating Expenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries and wages</td>
<td>5532.5</td>
<td>6697.2</td>
</tr>
<tr>
<td>Patient support costs</td>
<td>267.6</td>
<td>254.0</td>
</tr>
<tr>
<td>Repairs &amp; maintenance &amp; consumable equipment</td>
<td>261.4</td>
<td>291.2</td>
</tr>
<tr>
<td>Administrative expenses</td>
<td>2,238.5</td>
<td>1,124.0</td>
</tr>
<tr>
<td>Depreciation</td>
<td>233.7</td>
<td>221.2</td>
</tr>
<tr>
<td>Net loss of sale of non-current assets</td>
<td>0.0</td>
<td>4.0</td>
</tr>
<tr>
<td>Total operating expenses</td>
<td>8,533.7</td>
<td>8,591.6</td>
</tr>
<tr>
<td>Revenues from Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net profit from sale of non-current assets</td>
<td>0.0</td>
<td>0.1</td>
</tr>
<tr>
<td>Other revenue</td>
<td>99.3</td>
<td>275.1</td>
</tr>
<tr>
<td>Other grants &amp; contributions</td>
<td>34.0</td>
<td>13.7</td>
</tr>
<tr>
<td>Total Revenues from Services</td>
<td>133.3</td>
<td>288.9</td>
</tr>
<tr>
<td>Net Cost of Service</td>
<td>8,400.4</td>
<td>8,302.7</td>
</tr>
<tr>
<td>Revenues from Government</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital fund - recurrent</td>
<td>7,410.7</td>
<td>8,550.9</td>
</tr>
<tr>
<td>Resources received free of charge</td>
<td>18.0</td>
<td>53.0</td>
</tr>
<tr>
<td>Total Revenues from Government</td>
<td>7,428.7</td>
<td>8,603.9</td>
</tr>
<tr>
<td>Change in Net Assets Resulting from Operations</td>
<td>-971.7</td>
<td>301.2</td>
</tr>
<tr>
<td>Add: Opening Balance of Accumulated Surplus/(Deficit)</td>
<td>122.4</td>
<td>-55.0</td>
</tr>
<tr>
<td>Total Available for Appropriation</td>
<td>-849.3</td>
<td>246.2</td>
</tr>
<tr>
<td>Closing Balance of Accumulated Surplus/(Deficit)</td>
<td>-849.3</td>
<td>246.2</td>
</tr>
</tbody>
</table>
## CORPORATE SERVICES

### Section 42 Estimates for 1998/99

<table>
<thead>
<tr>
<th></th>
<th>Estimates 30 JUNE 1999</th>
<th>Actuals 30 JUNE 1998</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$'000</td>
<td>$'000</td>
</tr>
<tr>
<td><strong>Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash resources</td>
<td>3.1</td>
<td>811.7</td>
</tr>
<tr>
<td>Accounts receivable</td>
<td>0.6</td>
<td>2.6</td>
</tr>
<tr>
<td>Inventories</td>
<td>9.7</td>
<td>9.7</td>
</tr>
<tr>
<td>Prepayments</td>
<td>10.9</td>
<td>29.5</td>
</tr>
<tr>
<td><strong>Total Current Assets</strong></td>
<td><strong>24.3</strong></td>
<td><strong>853.5</strong></td>
</tr>
<tr>
<td><strong>Non Current Assets</strong></td>
<td><strong>4,915.6</strong></td>
<td><strong>5,024.1</strong></td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td><strong>4,939.9</strong></td>
<td><strong>5,877.6</strong></td>
</tr>
<tr>
<td><strong>Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts payable</td>
<td>116.4</td>
<td>104.1</td>
</tr>
<tr>
<td>Accrued salaries</td>
<td>92.8</td>
<td>55.6</td>
</tr>
<tr>
<td>Employee entitlements</td>
<td>2,585.5</td>
<td>2,477.3</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td><strong>2,794.7</strong></td>
<td><strong>2,637.0</strong></td>
</tr>
<tr>
<td><strong>Net Assets</strong></td>
<td><strong>2,145.2</strong></td>
<td><strong>3,240.6</strong></td>
</tr>
<tr>
<td><strong>Equity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asset revaluation reserve</td>
<td>2,994.5</td>
<td>2,994.5</td>
</tr>
<tr>
<td>Accumulated surplus/(Deficit)</td>
<td>-849.3</td>
<td>246.1</td>
</tr>
<tr>
<td><strong>Total Equity</strong></td>
<td><strong>2,145.2</strong></td>
<td><strong>3,240.6</strong></td>
</tr>
</tbody>
</table>
PERFORMANCE INDICATORS

OPINION OF THE AUDITOR GENERAL

To the Parliament of Western Australia

WESTERN AUSTRALIAN ALCOHOL AND DRUG AUTHORITY

PERFORMANCE INDICATORS FOR THE YEAR ENDED JUNE, 30 1998

Scope

I have audited the performance indicators of the Western Australian Alcohol and Drug Authority for the year ended June 30, 1998 under the provisions of the Financial Administration and Audit Act 1985.

The Authority is responsible for developing and maintaining proper records and systems for preparing and presenting performance indicators. I have conducted an audit of the performance indicators in order to express an opinion on them to the Parliament as required by the Act.

My audit was performed in accordance with section 79 of the Act to form an opinion based on a reasonable level of assurance. The audit procedures included examining, on a test basis, evidence supporting the amounts and other disclosures in the performance indicators, and assessing the relevance of the performance indicators to the program objectives and the appropriateness of the performance indicators in assisting users to assess the Authority’s performance. These procedures have been undertaken to form an opinion as to whether, in all material respects, the performance indicators are relevant and appropriate having regard to their purpose and fairly represent the indicated performance.

The audit opinion expressed below has been formed on the above basis.

Audit Opinion

In my opinion, the performance indicators are relevant to the objectives of the Western Australian Alcohol and Drug Authority. The indicators are appropriate for assisting users to assess the Authority’s performance and fairly represent the indicated performance for the year ended June 30, 1998.

D D R PEARSON
AUDITOR GENERAL
November 6, 1998
In our opinion the performance indicators described in this section are based on proper records, and fairly represent the performance of the Authority for the financial year ending 30 June 1998.

Marian Kickett
ACTING CHAIRMAN

Russell McKenney
ACTING DEPUTY CHAIRMAN

28 August 1998
PERFORMANCE INDICATORS

TREATMENT SERVICES

Objectives

To provide specialist clinical services to people experiencing alcohol and other drug problems.
To provide community services to people experiencing alcohol and other drug problems.

Efficiency Indicators

Central Treatment Services

Residential Detoxification
1 Cost per occupied bed day $284.31 $283.00 $272.00

Methadone Program
2 Cost per client per day $6.75 $5.64 $4.21

Effectiveness Indicators

Central Treatment Services

Residential Detoxification
3 Proportion completing detoxification 60.0% 62.1% 79.8%
4 Proportion of clients improving in:
   - health 61.2% 73.6% 68.2%
   - psychological 51.7% 61.6% 56.5%
   - social status 21.2% 39.5% 31.8%
   "The sampling error rate for 1997-98 is +/- 10.23% at 95% confidence level, assuming a proportion of incidence in the population of 0.5."

5 Client satisfaction with services
   - clients mostly or very satisfied with services 95.1% 94.7% 96.3%
   "The sampling error rate for 1997-98 is +/- 10.16% at 95% confidence level, assuming a proportion of incidence in the population of 0.5."

Alcohol and Drug Information Service

6 Key agency satisfaction with services
   - agencies mostly or very satisfied with services N/A N/A 95.5%

7 Caller satisfaction with services
   - callers either mostly or very satisfied with services N/A N/A 87.0%

N/A = not available
PERFORMANCE INDICATORS

Effectiveness Indicators

Methadone Program

8 Proportion of clients improving in:
   - health 98.0% 80.6% 77.3%
   - psychological 96.0% 88.1% 89.4%
   - social status 100.0% 96.8% 89.4%

9 Reduction in use of heroin 88.0% 58.0% 53.3%

10 Reduction in use of other drugs 65.4% 45.4% 65.3%

"The sampling error rate for 1997-98 (applicable to indicators 8, 9 and 10) is +/- 9.24% at 95% confidence level, assuming a proportion of incidence in the population of 0.5."

11 Satisfaction with services
   - clients were either mostly or very satisfied with services 91.8% 84.9% 97.3%

"The sampling error rate for 1997-98 is +/- 6.51% at 95% confidence level, assuming a proportion of incidence in the population of 0.5."
PERFORMANCE INDICATORS

CLINICAL EDUCATION & TRAINING

Objectives
To provide clinical education and training to people working or studying in the health and welfare field.

Efficiency Indicators

Clinical Education and Training
12 Cost per participant (per hour) $10.68 $11.00 $14.00

Country Services
13 Cost per client service N/A $39.00 $42.26
14 Cost per clinical and community consultation N/A $58.50 $63.39
15 Cost per education and training event N/A $93.00 $115.67

Volatile Substance Project
16 Cost per participant (per hour) N/A $8.00 $8.40

Effectiveness Indicators

Clinical Education and Training
17 Proportion of participants who reported that the education and training event they attended was very/extremely useful to their work or study. 82% 82% 81%
18 Proportion of participants who reported that there was an increase of knowledge of the topic covered. 72% 73% 76%

Volatile Substance Project
19 Proportion of participants who reported that the education and training event was:
- greatly or extremely useful in relation to their work N/A 80% 68%
- greatly or extremely increased their knowledge N/A 86% 76%

N/A = Not available
The following notes are intended to provide additional information, where necessary, about the relevance of Performance Indicators or the methods used to derive measures of performance.

1 A major component of Central Treatment Services is residential medical detoxification. The key efficiency measure for this program is cost per bed day. Cost per bed day refers to the residential detoxification program contract amount divided by the average number of occupied bed days over the year.

2 This is calculated by dividing the methadone treatment program contract amount (budget) for 1997-98 ($2,425,300) by the number of clients on the methadone program during the financial year (984). This is further divided by 365 to obtain the cost per client per day.

3 This represents the number of clients who remained on the detoxification program for four or more days divided by the total number of clients admitted to the program in 1997-98.

4 Ratings for health, psychological and social functions for each client were provided by medical officers on the completion of each episode. The ratings range from “much worse” to “much improved” on a scale of one to five with an additional rating “unknown”. A systematically determined sample of 85 was selected from the period 1-7-97 to 16-4-98 to represent the total number of 774 clients for the financial year. “Improvement” represents ratings of either “improved” or “much improved”.

5 All clients who complete the residential program are invited to complete a satisfaction questionnaire before leaving the unit. The results reported are based on the 82 clients admitted in April and May 1998 that completed the satisfaction survey. The total number of clients admitted to the program in 1997-98 was 774.

6-7 The key measures of effectiveness of the Alcohol and Drug Information Service are the level of satisfaction of other agencies and callers with the service. These estimates are calculated from surveys of agencies and callers every three years.

8-10 The data for Indicators 8, 9 and 10 are collated from a sample of all clinic clients who have been on the program for longer than three months, and is based on medical reports as part of the three-monthly review of each client by their prescribing medical practitioner.

A systematically determined sample of 101 clients was selected to represent the total number of 984 clients for the financial year. “Improvement” represents ratings of either “same” or “better” as the methadone program is a long-term program. If the clients remain on the program, it is considered that they are improving. The figures for reduction in drug use represent the proportion of clients reporting they had not used these substances since the previous review or had used these substances less.

11 The level of client satisfaction was estimated from client surveys conducted on 26-7-98. There were 184 clients who completed the questionnaire out of a total of 984 clients on the methadone program during 1997-98.

12 Refers to the total cost per participant (per hour), including staff salaries, materials, resources and overheads of providing clinical education and training to persons working or studying in the health and welfare field.

13-15 Country Services were transferred to other agencies as part of the Authority’s restructure.
PERFORMANCE INDICATORS

16 Volatile Substance Project was transferred to the Office of Aboriginal Health as part of the Authority’s restructure.

17-18 Refers to the calculation of an average rating for these indicators of all completed event evaluations for the financial year. "These evaluations related to 47 events. Another 41 events were not evaluated in the same manner and have not been included as part of the performance indicators. The percentages refer to the proportion of participants who reported that the event they attended was very/extremely useful to their work or study, and that they had increased their knowledge in the area covered.

19 Volatile Substance Project was transferred to the Office of Aboriginal Health as part of the Authority’s restructure.
FINANCIAL STATEMENTS

OPINION OF THE AUDITOR GENERAL

To the Parliament of Western Australia

WESTERN AUSTRALIAN ALCOHOL AND DRUG AUTHORITY
FINANCIAL STATEMENTS FOR THE YEAR ENDED JUNE 30, 1998

Scope
I have audited the accounts and financial statements of the Western Australian Alcohol and Drug Authority for the year ended June 30, 1998 under the provisions of the Financial Administration and Audit Act 1985.

The Authority is responsible for keeping proper accounts and maintaining adequate systems of internal control, preparing and presenting the financial statements, and complying with the Act and other relevant written law. The primary responsibility for the detection, investigation and prevention of irregularities rests with the Authority.

My audit was performed in accordance with section 79 of the Act to form an opinion based on a reasonable level of assurance. The audit procedures included examining, on a test basis, the controls exercised by the Authority to ensure financial regularity in accordance with legislative provisions, evidence to provide reasonable assurance that the amounts and other disclosures in the financial statements are free of material misstatement and the evaluation of accounting policies and significant accounting estimates. These procedures have been undertaken to form an opinion as to whether, in all material respects, the financial statements are presented fairly in accordance with applicable Accounting Standards, other mandatory professional reporting requirements (Urgent Issues Group Consensus Views) and the Treasurer’s Instructions.

The audit opinion expressed below has been formed on the above basis.

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 and the acquisition and disposal of property and the incurring of liabilities have been in accordance with legislative provisions; and

ii) the Operating Statement, Statement of Financial Position and Statement of Cash Flows and the Notes to and forming part of the financial statements are based on proper accounts and present fairly in accordance with applicable Accounting Standards, other mandatory professional reporting requirements and the Treasurer’s Instructions, the transaction for the year ended June 30, 1998 and the financial position at that date.

D D R PEARSON
AUDITOR GENERAL
November 6, 1998
The accompanying financial statements of the Western Australian Alcohol and Drug Authority have been prepared in compliance with provisions of the Financial Administration and Audit Act 1985, from proper accounts and records, to present fairly the financial transactions for the year ending 30 June 1998 and the financial position as at 30 June 1998.

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.

Marian Kickett
ACTING CHAIRMAN

Russell McKenney
ACTING DEPUTY CHAIRMAN

Shan Howard
PRINCIPAL ACCOUNTING OFFICER

28 August 1998
### Operating Statement for the Year Ended 30 June 1998

<table>
<thead>
<tr>
<th>Note</th>
<th>1998</th>
<th>1997</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

#### Cost of Services

<table>
<thead>
<tr>
<th>Description</th>
<th>1998</th>
<th>1997</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries and Wages</td>
<td>6,698,908</td>
<td>6,470,357</td>
</tr>
<tr>
<td>Repairs, Maintenance &amp; Consumable Equipment</td>
<td>291,246</td>
<td>197,758</td>
</tr>
<tr>
<td>Patient Support Costs</td>
<td>262,542</td>
<td>261,705</td>
</tr>
<tr>
<td>Other Support</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administrative Expenses</td>
<td>816,867</td>
<td>835,252</td>
</tr>
<tr>
<td>Communications</td>
<td>148,942</td>
<td>143,378</td>
</tr>
<tr>
<td>Superannuation</td>
<td>0</td>
<td>586,817</td>
</tr>
<tr>
<td>Workers Compensation Insurance</td>
<td>125,305</td>
<td>129,300</td>
</tr>
<tr>
<td>Depreciation</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Net Loss on Disposal of Non-Current Assets</td>
<td>221,244</td>
<td>208,579</td>
</tr>
<tr>
<td></td>
<td>3,999</td>
<td>2,165</td>
</tr>
<tr>
<td>Total operating expenses</td>
<td>8,569,053</td>
<td>8,835,311</td>
</tr>
</tbody>
</table>

#### Revenue from Services

<table>
<thead>
<tr>
<th>Description</th>
<th>1998</th>
<th>1997</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net profit on disposal of non-current assets</td>
<td>75</td>
<td>0</td>
</tr>
<tr>
<td>Other revenue</td>
<td>319,989</td>
<td>370,016</td>
</tr>
<tr>
<td>Other grants and contributions</td>
<td>13,683</td>
<td>74,162</td>
</tr>
<tr>
<td>Total revenues from services</td>
<td>333,747</td>
<td>444,178</td>
</tr>
</tbody>
</table>

#### Net Cost of Services

<table>
<thead>
<tr>
<th>Note</th>
<th>1998</th>
<th>1997</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

#### Revenues from Government

<table>
<thead>
<tr>
<th>Description</th>
<th>1998</th>
<th>1997</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital fund - recurrent appropriation</td>
<td>8,550,900</td>
<td>8,519,400</td>
</tr>
<tr>
<td>Consolidated fund - capital appropriation</td>
<td>0</td>
<td>75,000</td>
</tr>
<tr>
<td>Resources received free of charge</td>
<td>53,019</td>
<td>18,324</td>
</tr>
<tr>
<td>Total revenues from Government</td>
<td>8,603,919</td>
<td>8,612,724</td>
</tr>
</tbody>
</table>

#### Change in net assets resulting from operations

<table>
<thead>
<tr>
<th>Note</th>
<th>1998</th>
<th>1997</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

#### ADD

<table>
<thead>
<tr>
<th>Description</th>
<th>1998</th>
<th>1997</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opening Balance of Accumulated Surplus/(Deficit)</td>
<td>(54,976)</td>
<td>(276,567)</td>
</tr>
<tr>
<td>Total Available for appropriation</td>
<td>313,637</td>
<td>(54,976)</td>
</tr>
</tbody>
</table>

#### Closing Balance of Accumulated surplus/(deficit)

<table>
<thead>
<tr>
<th>Note</th>
<th>1998</th>
<th>1997</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

Notes to and forming part of the accounts are included on pages 44 to 56.
<table>
<thead>
<tr>
<th>Note</th>
<th>30 June 1998</th>
<th>30 June 1997</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>CURRENT ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash Resources</td>
<td>9</td>
<td>811,712</td>
</tr>
<tr>
<td>Accounts Receivable</td>
<td>10</td>
<td>2,588</td>
</tr>
<tr>
<td>Inventories</td>
<td>11</td>
<td>9,718</td>
</tr>
<tr>
<td>Prepayments</td>
<td></td>
<td>29,446</td>
</tr>
<tr>
<td><strong>Total Current Assets</strong></td>
<td></td>
<td>853,464</td>
</tr>
<tr>
<td><strong>NON-CURRENT ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Property, Plant and Equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Land</td>
<td>12</td>
<td>3,030,000</td>
</tr>
<tr>
<td>Buildings</td>
<td>12</td>
<td>1,535,657</td>
</tr>
<tr>
<td>Computer Equipment / Software</td>
<td>12</td>
<td>269,690</td>
</tr>
<tr>
<td>Furniture &amp; Fittings</td>
<td>12</td>
<td>68,086</td>
</tr>
<tr>
<td>Other Plant &amp; Equipment</td>
<td>12</td>
<td>120,681</td>
</tr>
<tr>
<td><strong>Total Non-Current Assets</strong></td>
<td></td>
<td>5,024,124</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td></td>
<td>5,877,588</td>
</tr>
<tr>
<td><strong>CURRENT LIABILITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts Payable</td>
<td>3</td>
<td>114,830</td>
</tr>
<tr>
<td>Accrued Salaries</td>
<td>13</td>
<td>55,622</td>
</tr>
<tr>
<td>Employee Entitlements</td>
<td>14</td>
<td>517,820</td>
</tr>
<tr>
<td><strong>Total Current Liability</strong></td>
<td></td>
<td>688,272</td>
</tr>
<tr>
<td><strong>NON-CURRENT LIABILITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee Entitlements</td>
<td>14</td>
<td>1,881,191</td>
</tr>
<tr>
<td><strong>Total Non-Current Liabilities</strong></td>
<td></td>
<td>1,881,191</td>
</tr>
<tr>
<td><strong>TOTAL LIABILITIES</strong></td>
<td></td>
<td>2,569,463</td>
</tr>
<tr>
<td><strong>NET ASSETS</strong></td>
<td></td>
<td><strong>3,308,125</strong></td>
</tr>
<tr>
<td><strong>EQUITY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asset Revaluation Reserve</td>
<td>15</td>
<td>2,994,488</td>
</tr>
<tr>
<td>Accumulated Surplus / (Deficit)</td>
<td></td>
<td>313,637</td>
</tr>
<tr>
<td><strong>TOTAL EQUITY</strong></td>
<td></td>
<td><strong>3,308,125</strong></td>
</tr>
</tbody>
</table>

Notes to and forming part of the accounts are included on pages 44 to 56.
## FINANCIAL STATEMENTS

### STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 1998

<table>
<thead>
<tr>
<th>Note</th>
<th>1998 $</th>
<th>1997 $</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Inflows (Outflows)</td>
<td>Inflows (Outflows)</td>
</tr>
<tr>
<td>CASH FLOWS FROM / TO GOVERNMENT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital fund - recurrent</td>
<td>5</td>
<td>8,550,900</td>
</tr>
<tr>
<td>Consolidated fund - capital</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>NET CASH PROVIDED BY GOVERNMENT</td>
<td></td>
<td>8,550,900</td>
</tr>
</tbody>
</table>

Utilised as follows:

### Cash Flows From Operating Activities

<table>
<thead>
<tr>
<th>Payments</th>
<th>1998</th>
<th>1997</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payments to suppliers</td>
<td>(2,177,879)</td>
<td>(1,786,460)</td>
</tr>
<tr>
<td>Payments to employees</td>
<td>(6,822,368)</td>
<td>(6,517,282)</td>
</tr>
<tr>
<td>Receipts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receipts from customers</td>
<td>96,100</td>
<td>0</td>
</tr>
<tr>
<td>Other operating receipts</td>
<td>287,565</td>
<td>441,075</td>
</tr>
<tr>
<td>Net Cash (used in)/provided by operating activities</td>
<td>16</td>
<td>(8,616,582)</td>
</tr>
</tbody>
</table>

### Cash Flows From Investing Activities

<table>
<thead>
<tr>
<th>Payments</th>
<th>1998</th>
<th>1997</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payments for purchase of non-current assets</td>
<td>(214,801)</td>
<td>(195,124)</td>
</tr>
<tr>
<td>Proceeds from sale of non-current assets</td>
<td>0</td>
<td>29,600</td>
</tr>
<tr>
<td>Net Cash (Used in) / provided by investing activities</td>
<td>(214,801)</td>
<td>(165,524)</td>
</tr>
</tbody>
</table>

### TOTAL CASH FLOWS FROM OPERATING AND INVESTING ACTIVITIES

<table>
<thead>
<tr>
<th></th>
<th>1998</th>
<th>1997</th>
</tr>
</thead>
<tbody>
<tr>
<td>(8,831,383)</td>
<td>(8,028,191)</td>
<td></td>
</tr>
</tbody>
</table>

### NET INCREASE (DECREASE) IN CASH HELD

<table>
<thead>
<tr>
<th></th>
<th>1998</th>
<th>1997</th>
</tr>
</thead>
<tbody>
<tr>
<td>(280,483)</td>
<td>492,109</td>
<td></td>
</tr>
</tbody>
</table>

### CASH AT THE BEGINNING OF THE REPORTING PERIOD

<table>
<thead>
<tr>
<th></th>
<th>1998</th>
<th>1997</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,092,195</td>
<td>600,086</td>
<td></td>
</tr>
</tbody>
</table>

### CASH AT THE END OF THE REPORTING PERIOD

<table>
<thead>
<tr>
<th></th>
<th>1998</th>
<th>1997</th>
</tr>
</thead>
<tbody>
<tr>
<td>811,712</td>
<td>1,092,195</td>
<td></td>
</tr>
</tbody>
</table>

Notes to and forming part of the accounts are included on pages 44 to 56.
NOTE 1

STATEMENT OF 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 preceding year.

a) GENERAL

i) The Financial Statements are prepared in accordance with the Financial Administration and Audit Act 1985.

ii) Subject to the exceptions noted in these accounting policies, the financial statements have been drawn up on the basis of historical cost principles.

iii) The accrual basis of accounting is being applied.

iv) The financial statements constitute a general purpose financial report which has been prepared in accordance with Australian Accounting Standards and UIG Consensus Views as applied by the Treasurer's Instructions. Several of these are modified by the Treasurer's Instructions to vary the 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 Australian Accounting Standards 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 is disclosed in individual notes to these financial statements.

b) VALUATION OF NON-CURRENT ASSETS

1. Land & Buildings

The following land revaluations were made during 1997-98.

<table>
<thead>
<tr>
<th>Location</th>
<th>Date of valuation</th>
<th>Basis of valuation</th>
<th>Disclosed in the Authority's Accounts as at 30.6.97</th>
<th>Disclosed in the Authority's Accounts as at 30.6.96</th>
<th>Values per the Government Property Register valued at 1.7.97</th>
</tr>
</thead>
<tbody>
<tr>
<td>William Street Clinic</td>
<td>November 97</td>
<td>Market Value</td>
<td>300,000</td>
<td>450,000</td>
<td>440,000</td>
</tr>
<tr>
<td>Carrellis Centre</td>
<td>November 97</td>
<td>Market Value</td>
<td>600,000</td>
<td>600,000</td>
<td>660,000</td>
</tr>
<tr>
<td>East Perth Clinic</td>
<td>July 1996*</td>
<td>Current Use</td>
<td>1,780,000</td>
<td>1,980,000</td>
<td>2,200,000</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td>2,680,000</td>
<td>3,030,000</td>
<td>3,300,000</td>
</tr>
</tbody>
</table>

The above valuations were all performed by the Valuer General's Office.
*The Authority became aware of this valuation during 1997-98.
FINANCIAL STATEMENTS

Buildings were not revalued by the Authority during 1997-98. The following shows the written down replacement capital values of buildings as at 30 June 1998 and those shown in the GPR as at 30 June 1998:

<table>
<thead>
<tr>
<th>Location</th>
<th>Disclosed in the Authority’s 1997-98 Accounts</th>
<th>Values per Government Property Register</th>
<th>Basis of Valuation</th>
<th>Date of Valuation</th>
</tr>
</thead>
<tbody>
<tr>
<td>William Street Clinic</td>
<td>199,129</td>
<td>140,000</td>
<td>Best Use</td>
<td>1 July 1997</td>
</tr>
<tr>
<td>Carrellis Centre</td>
<td>497,758</td>
<td>690,000</td>
<td>Best Use</td>
<td>1 July 1997</td>
</tr>
<tr>
<td>East Perth Clinic</td>
<td>768,600</td>
<td>650,000</td>
<td>Best Use</td>
<td>1 July 1997</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>70,170</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Total</td>
<td>1,535,657</td>
<td>1,480,000</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Revaluations will be made from time to time and in any event, no later than five years after the date of the previous valuation.

2. Plant, Equipment, Office Equipment, Furniture, Computing Hardware and Software. Assets acquired during 1997/98 have been brought to account at actual cost or market value where cost is not known.

c) LEASED ASSETS

The Authority has entered into an operating lease arrangement for motor vehicles where the lessor effectively retain all of the risks and benefits incident to ownership of the items held under the operating lease. Equal instalments of the lease payments are charged to the Operating Statement over the lease term, as this is representative of the pattern of benefits to be derived from the leased property.

d) DEPRECIATION OF NON-CURRENT ASSETS

Property, plant and equipment, other than freehold land, are depreciated over their estimated useful lives using the straight line method.

Depreciation rates are:

- Buildings: 4%
- Computer equipment and software: 20%-30%
- Furniture and fittings: 10%
- Other plant and equipment: 10%-20%
e) **INVENTORIES**

Stocks are valued on a weighted average method at the lower of cost or net realisable value.

f) **EMPLOYEE ENTITLEMENTS**

i) Annual and Long Service Leave

Annual Leave entitlements are calculated at current remuneration rates together with leave loading where appropriate as defined by the awards applicable to the hospital.

A liability for long service leave is recognised, and is measured as the present value of expected future payments to be made in respect of services provided by employees up to the reporting date. Consideration is given to expected future wage and salary levels, experience of employee departures and periods of service.

Expected future payments are discounted using interest rates on national government guaranteed securities with terms to maturity that match, as closely as possible, the estimated future cash outflows. The factors for the Net Present Value of the long service leave and actuarial results obtained as at 30 June 1996 were applied to determine the liability as at 30 June 1998 as recommended by the actuary.

ii) Superannuation

Staff may contribute to the Superannuation and Family Benefits Act scheme, a defined benefits pension scheme now closed to new members, or to the Gold State Superannuation Scheme, a defined benefit and 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.

The liability for superannuation charges incurred under the Superannuation and Family Benefits Act pension scheme, together with the pre-transfer service liability for employees who transferred to the Gold State Superannuation Scheme are provided for at balance date.

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

The note disclosure required by paragraph 51(e) of AAS30 (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 Government Employees Superannuation Board’s records are not structured to provide the information for the Authority. 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.
FINANCIAL STATEMENTS

g) INSURANCE

The Authority fully insures declared property and insurable risks under a managed fund known as "Riskcover". The fund is operated by the Insurance Commission of WA under the supervision of the Treasury Department.

Risks insured against have been divided into the following five areas:

- property (including buildings, contents, portable equipment) at replacement cost;
- liability (ie. public liability, professional indemnity, medical malpractice, and directors & officers);
- motor vehicle (material damage and third party property damage);
- miscellaneous (ie. personal accident, fraud & dishonesty and marine); and
- workers' compensation.

h) APPROPRIATIONS

Appropriations in the nature of revenue, whether recurrent or capital, are recognised as revenues in the period in which the Authority gains control of the appropriated funds. Appropriations which are repayable by the Authority to the Treasurer are recognised as liabilities.

i) ACCOUNTS RECEIVABLE, ACCOUNTS PAYABLE AND ACCRUED SALARIES

Accounts Receivable are generally settled within 30 days and are carried at amounts due.

A provision is raised for any doubtful debts based on a review of all outstanding amounts at reporting date. Bad debts are written off in the period in which they are identified.

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

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 Accountable Authority considers the carrying amount approximates net fair value.

NOTE 2

<table>
<thead>
<tr>
<th></th>
<th>1998</th>
<th>1997</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEPRECIATION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Buildings</td>
<td>74,060</td>
<td>74,255</td>
</tr>
<tr>
<td>b) Computer equipment / software</td>
<td>99,872</td>
<td>92,016</td>
</tr>
<tr>
<td>c) Furniture &amp; fittings</td>
<td>11,533</td>
<td>11,667</td>
</tr>
<tr>
<td>d) Other plant and equipment</td>
<td>35,779</td>
<td>30,641</td>
</tr>
<tr>
<td>TOTAL</td>
<td>221,244</td>
<td>208,579</td>
</tr>
</tbody>
</table>
NOTE 3

ACCOUNTS PAYABLE

Accounts Payable are generally settled with 30 days.
The Authority considers the carrying amounts of accounts payable approximate their net fair values.

Other Goods & Services 114,830 481,613

NOTE 4

i) NET LOSS ON DISPOSAL OF NON-CURRENT ASSETS

Classes of assets disposed of:

a) Buildings 0 3,738
b) Computer equipment / software 3,944 0
c) Motor vehicles 0 (1,573)
d) Other plant and equipment 55 0

TOTAL 3,999 2,165

ii) NET PROFIT ON DISPOSAL OF NON-CURRENT ASSETS

Classes of assets disposed of:

Computer equipment / software 75 0

NOTE 5

APPROPRIATIONS

The Authority is funded through the Hospital Fund on a recurrent basis. Funding for specific capital expenditure is obtained through the Consolidated Fund.

Hospital Fund - Recurrent Appropriation 8,550,900 8,519,400
Consolidated Fund - Capital Appropriation 0 75,000

TOTAL APPROPRIATIONS REVENUE 8,550,900 8,594,400

Less
The following items were paid directly by the Health Department and are not included in the appropriations shown in the Statement of Cash Flows.

Capital subsidy expended directly by Health Department of WA on behalf of the Accountable Authority 0 (74,100)

TOTAL APPROPRIATIONS RECEIVED AS CASH 8,550,900 8,520,300
FINANCIAL STATEMENTS

Funding arrangements

Government funding for the operational costs of the Authority is based on an annual level of funding for a specified level of activity. This funding is then advanced on a monthly basis as per an agreed Cash Payment Schedule calculated on seasonal trends and scheduled activity. Adjustments to funding are made during the year based upon actual activity levels.

Major capital and other special purpose funding is determined annually and is mainly funded on a recoup basis, as per the operational funding methodology above or purchased directly by the Health Department on behalf of the Authority.

NOTE 6

OTHER OPERATING REVENUE

Revenue from Services - Other revenue

<table>
<thead>
<tr>
<th>Description</th>
<th>1998</th>
<th>1997</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical reports / certificates</td>
<td>770</td>
<td>0</td>
</tr>
<tr>
<td>Recoveries</td>
<td>80,951</td>
<td>44,330</td>
</tr>
<tr>
<td>Other miscellaneous revenue</td>
<td>238,268</td>
<td>325,686</td>
</tr>
<tr>
<td>TOTAL</td>
<td>319,989</td>
<td>370,016</td>
</tr>
</tbody>
</table>

NOTE 7

OTHER GRANTS AND CONTRIBUTIONS

Commonwealth Grants

<table>
<thead>
<tr>
<th>Description</th>
<th>1998</th>
<th>1997</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commonwealth Grants</td>
<td>13,683</td>
<td>74,162</td>
</tr>
</tbody>
</table>

NOTE 8

RESOURCES RECEIVED FREE OF CHARGE

Administration expenses

<table>
<thead>
<tr>
<th>Description</th>
<th>1998</th>
<th>1997</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration expenses</td>
<td>53,019</td>
<td>18,324</td>
</tr>
</tbody>
</table>

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

Department of Contract and Management Services - assistance in the preparation of accrual financial systems

Treasury

<table>
<thead>
<tr>
<th>Description</th>
<th>1998</th>
<th>1997</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office of the Auditor General - Audit Services</td>
<td>18,000</td>
<td>15,000</td>
</tr>
<tr>
<td>Department of Contract and Management Services</td>
<td>35,019</td>
<td>0</td>
</tr>
<tr>
<td>in the preparation of accrual financial systems</td>
<td></td>
<td>3,324</td>
</tr>
<tr>
<td>Treasury</td>
<td>0</td>
<td>3,324</td>
</tr>
</tbody>
</table>

NOTE 9

CASH RESOURCES

For the purpose of Statement of Cash Flows, cash includes cash on hand, cash advances and cash at bank. Cash at the end of the reporting period shown in the Statement of Cash Flows is reconciled to related items in the Statement of Financial Position as follows:

<table>
<thead>
<tr>
<th>Description</th>
<th>1998</th>
<th>1997</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Cash on hand</td>
<td>1,580</td>
<td>1,515</td>
</tr>
<tr>
<td>b) Cash at bank - general</td>
<td>808,638</td>
<td>1,088,168</td>
</tr>
<tr>
<td>c) Cash at bank - Bank West</td>
<td>1,495</td>
<td>2,512</td>
</tr>
<tr>
<td>TOTAL</td>
<td>811,712</td>
<td>1,092,195</td>
</tr>
</tbody>
</table>
NOTE 10

ACCOUNTS RECEIVABLE

Other Debtors

<table>
<thead>
<tr>
<th></th>
<th>1998</th>
<th>1997</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>i) Significant Terms and Conditions</td>
<td>2,588</td>
<td>80,183</td>
</tr>
<tr>
<td>Accounts receivable are required to be settled within 30 days.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ii) Credit Risk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Authority does not have any significant exposure to any individual customer or counter party. The carrying amounts represent the Authority's maximum exposure to credit risk.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>iii) Net Fair Values</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Authority considers the carrying amounts of accounts receivable approximate their net fair values.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NOTE 11

INVENTORIES

Pharmaceutical stores

<table>
<thead>
<tr>
<th></th>
<th>1998</th>
<th>1997</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>9,718</td>
<td>0</td>
</tr>
</tbody>
</table>

NOTE 12

PROPERTY PLANT & EQUIPMENT

a) Land

<table>
<thead>
<tr>
<th></th>
<th>1998</th>
<th>1997</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>At valuation as at July 1995</td>
<td>0</td>
<td>2,680,000</td>
</tr>
<tr>
<td>At valuation as at November 1997</td>
<td>1,050,000</td>
<td>0</td>
</tr>
<tr>
<td>At valuation as at July 1996</td>
<td>1,980,000</td>
<td>0</td>
</tr>
<tr>
<td>Total Land</td>
<td>3,030,000</td>
<td>2,680,000</td>
</tr>
</tbody>
</table>

b) Buildings

<table>
<thead>
<tr>
<th></th>
<th>1998</th>
<th>1997</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>At replacement capital value</td>
<td>1,846,097</td>
<td>1,857,803</td>
</tr>
<tr>
<td>Less Provision for Depreciation</td>
<td>(310,440)</td>
<td>(248,086)</td>
</tr>
<tr>
<td>Buildings - at written down value</td>
<td>1,535,657</td>
<td>1,609,717</td>
</tr>
</tbody>
</table>

c) Computer equipment / software

<table>
<thead>
<tr>
<th></th>
<th>1998</th>
<th>1997</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>At cost</td>
<td>930,508</td>
<td>866,354</td>
</tr>
<tr>
<td>Less Provision for Depreciation</td>
<td>(660,818)</td>
<td>(642,279)</td>
</tr>
<tr>
<td>Net carrying amount of computer equipment / software</td>
<td>269,690</td>
<td>224,075</td>
</tr>
</tbody>
</table>

d) Furniture & Fittings

<table>
<thead>
<tr>
<th></th>
<th>1998</th>
<th>1997</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>At cost</td>
<td>140,475</td>
<td>140,475</td>
</tr>
<tr>
<td>Less Provision for Depreciation</td>
<td>(72,379)</td>
<td>(60,846)</td>
</tr>
<tr>
<td>Net carrying amount of furniture &amp; fittings</td>
<td>68,096</td>
<td>79,629</td>
</tr>
</tbody>
</table>
### FINANCIAL STATEMENTS

<table>
<thead>
<tr>
<th></th>
<th>1998</th>
<th>1997</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>e) Other Plant &amp; Equipment</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At cost</td>
<td>374,593</td>
<td>365,652</td>
</tr>
<tr>
<td>Less Provision for Depreciation</td>
<td>(253,912)</td>
<td>(274,507)</td>
</tr>
<tr>
<td>Net carrying amount of other plant &amp; equipment</td>
<td>120,681</td>
<td>91,145</td>
</tr>
<tr>
<td><strong>TOTAL PROPERTY PLANT &amp; EQUIPMENT</strong></td>
<td>5,024,124</td>
<td>4,684,566</td>
</tr>
</tbody>
</table>

Refer to valuation methodology as per note 1(b) above.

#### NOTE 13
**ACCRUED SALARIES**

Amounts owing for accrued salaries | 55,622 | 75,158 |

Accrued salaries are settled within a few days of the end of the reporting period. The Authority considers that the carrying amount of accrued salaries is equivalent to the net fair value.

#### NOTE 14
**EMPLOYEE ENTITLEMENTS**

<table>
<thead>
<tr>
<th></th>
<th>1998</th>
<th>1997</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Liability for annual leave</td>
<td>287,681</td>
<td>435,035</td>
</tr>
<tr>
<td>b) Liability for long service leave</td>
<td>230,139</td>
<td>209,889</td>
</tr>
<tr>
<td><strong>Non-current Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Liability for long service leave</td>
<td>384,877</td>
<td>351,009</td>
</tr>
<tr>
<td>d) Liability for superannuation</td>
<td>1,496,314</td>
<td>1,717,198</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1,881,191</td>
<td>2,068,207</td>
</tr>
</tbody>
</table>

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 15
**ASSET REVALUATIONS**

Revaluations increments during the year were in respect of

<table>
<thead>
<tr>
<th></th>
<th>1998</th>
<th>1997</th>
</tr>
</thead>
<tbody>
<tr>
<td>Land</td>
<td>350,000</td>
<td>0</td>
</tr>
</tbody>
</table>

Increments have been taken to the assets revaluation reserve. Decrement have been offset against previous increments (if any) relating to the same class of assets and the balance (if any) charged against profits.
### FINANCIAL STATEMENTS

<table>
<thead>
<tr>
<th></th>
<th>1998</th>
<th>1997</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Asset Revaluation Reserve</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance at beginning of year</td>
<td>$2,644,488</td>
<td>$2,644,488</td>
</tr>
<tr>
<td>Revaluations during the year</td>
<td>$350,000</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Balance at end of the year</strong></td>
<td><strong>$2,994,488</strong></td>
<td><strong>$2,644,488</strong></td>
</tr>
</tbody>
</table>

**NOTE 16**

RECONCILIATION OF NET CASH (USED IN) / PROVIDED BY OPERATING ACTIVITIES TO NET COST OF SERVICES.

Net cash (used in) / provided by operating activities (cash flow statement)

<table>
<thead>
<tr>
<th></th>
<th>1998</th>
<th>1997</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depreciation</td>
<td>$(221,244)</td>
<td>$(208,579)</td>
</tr>
<tr>
<td>Net Loss / (profit) on sale of assets</td>
<td>$3,924</td>
<td>$(2,165)</td>
</tr>
<tr>
<td>Increase / (decrease) in debtors</td>
<td>$(77,595)</td>
<td>$2,613</td>
</tr>
<tr>
<td>Increase / (decrease) in prepayments</td>
<td>$26,976</td>
<td>$(31,620)</td>
</tr>
<tr>
<td>Decrease / (increase) in creditors</td>
<td>$366,783</td>
<td>$(283,646)</td>
</tr>
<tr>
<td>Increase / (decrease) in inventories</td>
<td>$9,718</td>
<td>$0</td>
</tr>
<tr>
<td>Decrease / (increase) in employee entitlements and accrued salaries</td>
<td>$333,656</td>
<td>$13,255</td>
</tr>
<tr>
<td>Resources received free of charge</td>
<td>$(53,019)</td>
<td>$(18,324)</td>
</tr>
<tr>
<td>Other</td>
<td>$(7,923)</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Net cost of services (operating statement)</strong></td>
<td><strong>$(8,235,306)</strong></td>
<td><strong>$(8,391,133)</strong></td>
</tr>
</tbody>
</table>

**NOTE 17**

REMUNERATION OF ACCOUNTABLE AUTHORITY AND SENIOR OFFICERS

The total fees, salaries and other benefits received or due and receivable for the reporting period, by members (two in 1998 and one in 1997) of the Authority, from the Authority or any related body.

<table>
<thead>
<tr>
<th></th>
<th>1998</th>
<th>1997</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$11,095</td>
<td>$8,989</td>
</tr>
</tbody>
</table>

The total of fees, salaries and other benefits received or due and receivable for the reporting period by Senior Officers other than members of the Accountable Authority, from the Accountable Authority or any related body.

<table>
<thead>
<tr>
<th></th>
<th>1998</th>
<th>1997</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$421,486</td>
<td>$315,202</td>
</tr>
</tbody>
</table>

The number of Senior Officers (other than Senior Officers reported as members of the Accountable Authority), whose total of fees, salaries and other benefits received, or due and receivable, for the reporting period, falls within the following bands:

<table>
<thead>
<tr>
<th></th>
<th>1998</th>
<th>1997</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>$10,001</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>$20,001</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>$30,001</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>$40,001</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>$50,001</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>$60,001</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>
FINANCIAL STATEMENTS

<table>
<thead>
<tr>
<th></th>
<th>1998</th>
<th>1997</th>
</tr>
</thead>
<tbody>
<tr>
<td>$70,001</td>
<td>-</td>
<td>80,000</td>
</tr>
<tr>
<td>$80,001</td>
<td>-</td>
<td>90,000</td>
</tr>
<tr>
<td>$90,001</td>
<td>-</td>
<td>100,000</td>
</tr>
<tr>
<td>$100,001</td>
<td>-</td>
<td>110,000</td>
</tr>
<tr>
<td>$110,001</td>
<td>-</td>
<td>120,000</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NOTE 18

RETIREMENT BENEFITS

In respect of members of the Accountable Authority, the following amounts were paid or became payable for the reporting period:

- Contributions to Gold State Superannuation Scheme and West State Superannuation Scheme $0 $0
- Contributions to other superannuation funds $0 $0

In respect of Senior Officers other than members of the Accountable Authority, the following amounts were paid or became payable for the reporting period:

- Contributions to Gold State Superannuation Scheme and West State Superannuation Scheme 50,578 26,877
- Redundancy payments 0 0

Numbers of Senior Officers presently employed who are members of the Superannuation and Family Benefits Act Scheme:

- Senior Officer members 0 0

NOTE 19

REMUNERATION OF AUDITOR

The total fees paid or due and payable to the Auditor General for the reporting period, are as follows:

Fees for audit (received free of charge - refer note 8) 18,000 15,000

NOTE 20

EXPLANATORY STATEMENT

a) Comparison of Actual Results with those of the Preceding Year Details and reasons for significant variations between actual revenue (income) and expenditure and the corresponding item of the preceding year are detailed below. Significant variations are considered to be those greater than 10% or $50,000.
FINANCIAL STATEMENTS

1. Salaries $228,551
   Even though there was a reduction in staff numbers during the year, Salaries and Wages increased due to award increases of 2-3% and redundancy payouts totalling $203,863.

2. Repairs, Maintenance and Consumable Equipment $93,488
   Increase is due mainly to painting, carpeting and other additional works, done at Carrellis Centre.

3. Superannuation ($586,817)
   The Government Employees Superannuation Board was unable to provide superannuation data in previous years, therefore an estimate was used for 1996/97. In 1997/98 the Government Employees Superannuation Board was able to provide superannuation liability data and the result was a reduction in the provision which was taken to other revenue.

4. Net loss on Sale of Non-Current Assets $1,834
   The increase was due to proceeds being less than expected.

5. Other Revenue ($128,332)
   This is due to receipts for other recoveries and other revenue being less than anticipated.
   Refer to the explanation for superannuation expense above.

6. Commonwealth Grants & Contributions ($60,480)
   Decrease due to a reduction in Grant Monies for the year.

7. Consolidated Fund - Capital $75,000
   There was no capital works funding for 1997/98.

8. Resources Received Free of Charge $34,695
   Increase due to the preparation of Accrual Financial Systems by the Department of Contract and Management Services.

b) Section 42 estimates for 1997/98 were not prepared due to the uncertainty in the continuence of the Authority as a separate entity in 1997/98. Therefore the Comparison of Estimates and Actual Results cannot be provided in accordance with Treasurers Instruction 945.

NOTE 21  

<table>
<thead>
<tr>
<th>OPERATING LEASES</th>
<th>1998</th>
<th>1997</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lease Expense</td>
<td>87,276</td>
<td>121,869</td>
</tr>
</tbody>
</table>

Aggregate motor vehicle commitments

Leases with a commitment of less than one year 22,500 97,306
Leases with a commitment of between one and two years 22,500 16,436
Leases with a commitment of between two and five years 0 0
Leases with a commitment of more than five years 0 0

45,000 113,742
FINANCIAL STATEMENTS

NOTE 22
FINANCIAL INSTRUMENTS
The Authority's exposure to interest rate risk on financial instruments at the reporting date are:

<table>
<thead>
<tr>
<th></th>
<th>1998</th>
<th>1997</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non interest bearing $'000</td>
<td>$811.7</td>
<td>$811.7</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net financial liabilities</td>
<td>(1,725.7)</td>
<td>(1,725.7)</td>
</tr>
</tbody>
</table>

30 June 1998

Financial Assets
- Cash resources: 32.0
- Accounts receivable and prepayments: 811.7

Total financial assets: 843.7

Financial Liabilities
- Accounts payable: 114.8
- Accrued salaries: 55.6
- Employee entitlements: 2,399.0

Total financial liabilities: 2,569.4

Net financial liabilities: (1,725.7)

NOTE 23
EVENTS OCCURRING AFTER BALANCE DATE
No events impacting on the Financial Statement occurred after the Balance Date.

NOTE 24
REVENUE, PUBLIC AND OTHER PROPERTY WRITTEN OFF
- Revenue written off: 181
- Public and other property written off: 15,044

NOTE 25
SEGMENT INFORMATION
The Authority has only one segment (as defined by Treasurer's Instruction 904 (2)(iii)(b) that is the provision of Alcohol and Harm minimisation.

NOTE 26
RELATED BODIES
The Authority has no related bodies.

NOTE 27
AFFILIATED BODIES
The Authority has no affiliated bodies.
NOTE 28
CONTINGENT LIABILITIES

There were no contingent liabilities.
APPENDICES

APPENDIX I

Contact Information

Alcohol and Drug Information Service
Telephone: (08) 9442 5000
TTY: (08) 9325 6107
TIS: (08) 9131 450

Parent Drug Information Service
Telephone: (08) 9371 1844

Methadone Treatment
William Street Clinic
354 William Street
NORTHBRIDGE WA 6003
Telephone: (08) 9328 3066
Fax: (08) 9227 5148

Specialist Outpatient Services
Central Drug Unit
32 Moore Street
EAST PERTH WA 6004
Telephone: (08) 9421 1833
Fax: (08) 9221 3089

Detoxification Services
Central Drug Unit
32 Moore Street
EAST PERTH WA 6004
Telephone: (08) 9421 1833
Fax: (08) 9221 3089

Metropolitan Community Treatment Service
South Metropolitan Office
33 Quarry Street
FREMANTLE WA 6160
Telephone: (08) 9430 5966
Fax: (08) 9335 3071
Contact
Carrellis Centre
7 Field Street
PO Box 126
MOUNT LAWLEY WA 6929
Telephone: (08) 9370 0333
Fax: (08) 9272 6605
e-mail: waada@health.wa.gov.au

for the following services:

• Clinical Placements
• Clinical Education & Training
• Library
• Central Office & Corporate Services
• Court Diversion Service (managed by Ministry of Justice)
## APPENDIX II

### Abbreviations and Glossary

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADA</td>
<td>Alcohol and Drug Authority</td>
</tr>
<tr>
<td>ADIS</td>
<td>Alcohol and Drug Information Service</td>
</tr>
<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
</tr>
<tr>
<td>AOD</td>
<td>Alcohol and Other Drug</td>
</tr>
<tr>
<td>BBV</td>
<td>Blood Borne Viruses</td>
</tr>
<tr>
<td>BIOS</td>
<td>Basic Input/Output System</td>
</tr>
<tr>
<td>CAS</td>
<td>Clinical Advisory Service</td>
</tr>
<tr>
<td>CBMP</td>
<td>Community Based Methadone Program</td>
</tr>
<tr>
<td>CDU</td>
<td>Central Drug Unit</td>
</tr>
<tr>
<td>CDS</td>
<td>Court Diversion Service</td>
</tr>
<tr>
<td>CSA</td>
<td>Civil Service Association</td>
</tr>
<tr>
<td>CEIDA</td>
<td>Centre for Education &amp; Information on Drugs and Alcohol</td>
</tr>
<tr>
<td>DEET</td>
<td>Department of Employment Education &amp; Training</td>
</tr>
<tr>
<td>EEO</td>
<td>Equal Employment Opportunity</td>
</tr>
<tr>
<td>FOI</td>
<td>Freedom of Information</td>
</tr>
<tr>
<td>FTE</td>
<td>Full Time Equivalent</td>
</tr>
<tr>
<td>GP</td>
<td>General Practitioners</td>
</tr>
<tr>
<td>HDWA</td>
<td>Health Department of Western Australia</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td>HRIS</td>
<td>Human Resources Information System</td>
</tr>
<tr>
<td>LAN</td>
<td>Local Area Network</td>
</tr>
<tr>
<td>NCETA</td>
<td>National Centre for Education and Training on Addiction</td>
</tr>
<tr>
<td>PDIS</td>
<td>Parent Drug Information Service</td>
</tr>
<tr>
<td>RCV</td>
<td>Replacement Capital Value</td>
</tr>
<tr>
<td>TIS</td>
<td>Telephone Interpreter Service</td>
</tr>
<tr>
<td>TTY</td>
<td>Telephone Typewriter</td>
</tr>
<tr>
<td>UWA</td>
<td>University of Western Australia</td>
</tr>
<tr>
<td>WAADA</td>
<td>Western Australian Alcohol and Drug Authority</td>
</tr>
<tr>
<td>WAN</td>
<td>Wide Area Network</td>
</tr>
<tr>
<td>WSC</td>
<td>William Street Clinic</td>
</tr>
</tbody>
</table>
APPENDICES

APPENDIX III

Reports


APPENDICES

APPENDIX IV

Metropolitan

+Mount Lawley (Carrellis Centre)

William Street Clinic •
Central Drug Unit •

Fremantle
STATEMENT OF COMPLIANCE WITH RELEVANT WRITTEN LAWS

Enabling Legislation

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

Legislation Administered

The Authority does not administer legislation.

Legislation Impacting On Office Activities

In the performance of its functions the Office complies with the following relevant written laws:

- Financial Administration and Audit Act 1985, and Corporations (Western Australia) Act 1990 ("Corporations Law");
- Health Act 1911;
- Library Board of Western Australia Act 1951;
- Official Corruption Commission Act 1988;
- State Supply Commission Act 1991;
- Disability Services Act 1993;
- Freedom of Information Act 1992; and
- Poisons Act 1964.

The following written laws also impact on the Authority activities: