

Annual Report 2007/08

Drug and Alcohol Office

Delivering a Healthy WA



Drug and Alcohol Office
Government of Western Australia

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Corporate information

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

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

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Statement of Compliance

The Hon Dr Kim D Hames MBBS JP MLA
Minister for Health

In accordance with Section 66 of the *Financial Management Act 2006*, we submit for your information and presentation to Parliament the Annual Report of the Western Australian Alcohol and Drug Authority for the year ending 30 June 2008.

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



Mike Daube
CHAIRPERSON



BOARD MEMBER

Executive Director's Report

The past year has been one of significant achievement for the Drug and Alcohol Office (DAO) and the alcohol and drug sector. It is pleasing to note that the prevalence of illicit drug use in Western Australia is continuing to decline and whilst the impact of alcohol consumption is generating harm at levels that are of significant concern, there are a number of positive developments that augur well for the creation of a safer drinking culture.

In February the DAO launched a new *Rethink Drink* campaign. One of the key objectives of *Rethink Drink* has been to inform people about the problems associated with binge drinking and drunkenness and to support the community to adopt a safer drinking culture. The DAO has also been active within the community in addressing concerns about liquor licensing matters and supporting local people to address alcohol related problems, for example in country towns such as Fitzroy Crossing, where significant harm reduction has been achieved. In addition, the development of local and regional alcohol management plans are, and will continue to be, an important area of focus.

Central to the DAO's strategy to deliver improvements in service delivery has been the development of partnerships and service delivery methods that are client focused. New integrated treatment services have been implemented across the metropolitan area that are delivering services that are more comprehensive whilst also improving local accessibility. Partnerships between Indigenous and non Indigenous services have been developed to improve services to Aboriginal people in metropolitan and non metropolitan regions, including new inpatient detoxification and residential rehabilitation services.

Importantly, the DAO has been working closely with other government agencies to deliver quality outcomes for its clients and to ensure that services are coordinated and easy to use. During 2007/08 strong relationships and formal agreements have been formed between drug and alcohol services, mental health and child protection services at the local level. Many people with drug and alcohol problems need the support of mental health and or child protection agencies and recent collaboration ensures that our mutual clients are better supported and outcomes are more sustainable. In addition, the DAO has been actively collaborating on Commonwealth of Australian Government initiatives to address alcohol related issues and the specific needs of Aboriginal communities.

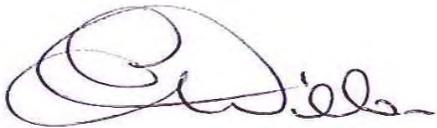
A sentinel event this year was the *WA Illicit Amphetamine Summit*, co-sponsored by the Director General of Health and the Commissioner of Police, held in July 2007. The summit resulted in a government action plan and new investment of \$16 million over four years to fund a wide range of initiatives including residential and outpatient treatment for adults and young people, additional dedicated staff in hospital emergency departments, child protection alcohol and drug services, court diversion programs and additional police services. This critical investment will greatly assist in reducing the harm caused by amphetamine use.

Community members can access information and support from DAO's Alcohol and Drug Information Service (ADIS) and Parent Drug Information Service (PDIS) every day of the year from anywhere in Western Australia. Enhancements this year have included the provision of callbacks to clients seeking support in addressing their drug use, internet based counselling and a significant growth in the number of parent volunteers who are supporting the PDIS.

Developing the skills of the alcohol and drug sector workforce is a vital element of a sustainable service. DAO has continued to roll out comprehensive training programs including a strong focus on working with Aboriginal people and supporting clients who have mental health as well as drug use problems. Furthermore, DAO has embarked on the development of a leadership and management program for our non government alcohol and drug service partners to assist them to comprehensively address workforce and client service issues.

The health of any organisation is underpinned by effective leadership, shared values and workforce practices that encourage contribution and development. DAO has continued to develop its strong team and service ethos through a process of embedding agreed values and encouraging learning and staff contribution and development across the organisation. This has greatly assisted in addressing staff attraction, retention and satisfaction issues at a time of high economic activity and workforce demand.

I extend my sincere thanks to the staff of DAO for their immense contribution in making this a successful year and to our service partners for their support in delivering service improvements to the community.

A handwritten signature in blue ink, appearing to read 'Eric Dillon', with a large, stylized initial 'E'.

Eric Dillon
Acting Executive Director
Drug and Alcohol Office
(Western Australian Alcohol and Drug Authority)

Overview

Executive Summary

The Drug and Alcohol Office - Who we are

DAO is a statutory authority (WA Alcohol and Drug Authority, WAADA) within WA Health and is accountable to the WA Minister for Health. WAADA is established as a statutory authority under the *Alcohol and Drug Authority Act 1974*.

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

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

There are five directorates within DAO:

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

Performance Management Framework

DAO achieves desired outcomes and services relevant to the State Government's goals and strategic outcomes of *Better Planning: Better Futures - A Framework for the Strategic Management of the Western Australian Public Sector*. DAO aims to support all goals, particularly those relating to the provision of better services that enhance the quality of health and well being of all people throughout Western Australia.

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

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

A range of prevention activities are undertaken by the office as part of an integrated and collaborative program that includes legislative, environmental and organisational initiatives. These aim to reduce drug and alcohol related harm to the community.

Summary Highlights 2007/08

Each directorate of DAO implements a range of strategies to meet organisational priorities. Detailed highlights are provided in the body of the report and significant agency achievements for 2007/08 have been summarised below.

Policy and strategy

- Development of formal linkages between DAO and the Department for Child Protection (DCP) at state level to bridge referral processes, protocols and improve service coordination.
- The *WA Illicit Amphetamine Summit 2007* was held in partnership with DAO and the WA Police. The Government committed \$16 million over four years to support the implementation of the summit recommendations. These recommendations and commitments have progressed with some completed or near completion. DAO continues to progress these initiatives across all service areas.
- Commenced development of the *WA Drug and Alcohol Strategy 2009-2013* through the WA Drug and Alcohol Strategy Senior Officers' Group.
- Development of a policy framework across government addressing the impact of parental drug use on pregnancy, newborns and infants.
- Completed review of the *Cannabis Control Act 2003* and *Young Offenders Act 1994*, and significantly progressed drafting of legislative amendments.

Treatment and client services

- Establishment of Community Drug Services (CDSs) in the southeast, northeast, central and northern metropolitan areas combining Next Step and Community Drug Service Teams (CDSTs) to provide comprehensive alcohol and drug services.
- Establishment of a four bed Aboriginal Withdrawal Unit at Next Step.
- Establishment of an integrated youth treatment service in partnership with Next Step and Mission Australia's youth services.
- Launch of the second edition of the *WA Clinical policies and procedures for the use of methadone and buprenorphine in the treatment of opioid dependence* manual.
- Establishment of six new residential rehabilitation beds for Aboriginal clients in the south metropolitan area in partnership between Palmerston Association and the Aboriginal Alcohol and Drug Service.
- Establishment of 17 new adult residential treatment beds at Cyrenian House and Palmerston Farm.
- Expansion of the WA Diversion Program in various metropolitan and regional locations.
- Enhancement to the *Quitline* service.

Prevention

- State-wide delivery of *Responsible Service of Alcohol* (RSA) training for 4,466 bar staff in WA.
- The *Enough is Enough* alcohol education program was rebranded and relaunched with a new title, *Rethink Drink*.
- Conducting the *Drug Aware Amphetamine Education* campaign three times a year, a key initiative from the 2007 WA Amphetamine Summit.
- Implementation of a targeted alcohol and other drug prevention initiative in the Fitzroy Valley in partnership with Nindilingarri Cultural Health, included take away alcohol restrictions in Fitzroy Crossing. University of Notre Dame were contracted to evaluate the impact of this initiative over two years.
- DAO monitored and assisted with 276 liquor licence applications lodged (July 07 to April 08), with investigation of 185 resulting in 16 interventions lodged by the Executive Director, Public Health (EDPH).
- Developing and distributing resources to support parents and communities in addressing alcohol related harm issues during the traditional period of celebrations.

Workforce development

- Introduction of the National PsyCheck Project (developed by Turning Point) across the metropolitan and regional areas of WA.
- The 16th WA Drug and Alcohol Symposium, *Working out what works* was held in September 2007.

- Development of a training manual on alcohol and tobacco for Brief Intervention Co-ordinators across each of the seven WA Country Health Service (WACHS) regions.
- Development of DROPPED DVD, a resource for health, welfare and peer support groups in responding to amphetamine and heroin intoxication and overdose.
- In partnership with the Department of Health's Sexual Health Program, identifying barriers and enablers to the provision of Blood Borne Virus (BBV) education for Aboriginal people.

Aboriginal alcohol and other drug programs

- Doubling the number of intakes of Aboriginal alcohol and drug workers into the nationally recognised program CHC30802 *Certificate III in Community Services Work* within Western Australia, as well as supporting four partner jurisdictions to provide this program nationally. In total 99 participants nationally including 36 from WA took part.
- Production of new resources to support workers within the sector including the Strong Spirit Strong Mind Counselling and Story Telling Cards.
- Development of a Reconciliation Action Plan for DAO.

Information and Research

- Evaluation of the Young People's Opportunity Program in the metropolitan area and the review of the program in the rural areas.
- Review of the process of the service integration in the south metropolitan corridor.
- Review of the Cannabis Infringement Notice (CIN) scheme as stipulated in Section 26 of the *Cannabis Control Act 2003*.

Issues and trends

Current drug and alcohol issues and trends are monitored continuously by DAO and seek to ensure accurate and timely reporting on a range of indicators. While these indicators show an encouraging downward trend in illicit drug use in WA, it is important that DAO remains vigilant in monitoring drug and alcohol trends to ensure appropriate and timely responses in the areas of supply disruption, treatment and prevention initiatives.

The 2007 *National Drug Strategy Household Survey* (NDSHS) was reported on nationally in April 2008, at the time of writing this report no state data was published. The 2007 data will be reported on in the 2008/09 annual report.

Results from the NDSHS showed that 10% of Western Australians aged 14 years and over drank alcohol on a daily basis in 2004. The proportion of those drinking weekly increased significantly from 43% in 2001, to 47% in 2004. In 2004, 13% of males aged 14 years and over consumed alcohol at risky/high risk levels in comparison to 10% of females¹. The 2005 *Australian School Students' Alcohol and Drug Survey* (ASSAD)² reports that for school students aged 12 to 17 years there was an increase in the proportion of those who drank at 'at risk' levels from the 2002 ASSAD³.

While cannabis is the most widely used illicit drug in WA, the annual rate of cannabis use decreased significantly from 17.5% in 2001 to 13.7% in 2004. WA results of the 2004 NDSHS found that 0.2% of those aged 14 years and over had used heroin in the past year⁴. Other information relating to drug use in WA reported in the 2004 NDSHS, are as follows: MDMA (Ecstasy) was used by 4.1%; hallucinogens were used by 0.6% and inhalants by 0.5% of the surveyed population in the last year⁵. The 2005 ASSAD survey showed lower rates of use in the last year in 2005 compared to 2002 in relation to MDMA (Ecstasy) (3.2% vs 4.2%), hallucinogens (2.8% vs 4.3%), cocaine (2.4% vs 3.0%) and steroids (1.7% vs 2.0%)⁶.

¹ Draper G & Serafino S (2005). 2004 National Drug Strategy Household Survey: Western Australian Results.

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

³ Fairthorne A, Hayman J & White V. (2004) *Drug Use among 12-17 year-old Western Australian school students in 2002*, Centre for Behavioural Research in Cancer Control Research Institute. Perth, Drug and Alcohol Office.

⁴ Draper G & Serafino S (2005). 2004 National Drug Strategy Household Survey: Western Australian Results.

⁵ Draper G & Serafino S (2005). 2004 National Drug Strategy Household Survey: Western Australian Results.

⁶ Summary of West Australian Results, Australian School Students' Alcohol & Drug Survey, 2005 (2007) Statistical Bulletin No 37, Drug and Alcohol Office, Perth.

Among WA secondary school students, significantly fewer used cannabis in the last year in 2005 compared to 2002 (19.0% vs 26.8%). Similarly, fewer students used amphetamines in the last year in 2005 compared to 2002 (6.5% vs 10.3%). There were lower rates of use in the last year in 2005 compared to 2002 of other illicit drugs - MDMA (Ecstasy) (3.2% vs 4.2%), hallucinogens (2.8% vs 4.3%), cocaine (2.4% vs 3.0%), steroids (1.7% vs 2.0%) and opiates (1.6% vs 2.0%).

Agency Priorities 2008/09

In support of the *WA Drug and Alcohol Strategy 2005-2009*, and to address a range of existing and emerging drug and alcohol issues, DAO has identified a number of priorities for 2008/09. These will be addressed in addition to core activities, and are summarised below.

Policy initiatives

Continued development of the *WA Drug and Alcohol Strategy 2009-2013* through the WA Drug and Alcohol Strategy Senior Officers' Group. The Strategy seeks to promote healthy and safe lifestyles with access to quality services and to prevent, reduce and delay alcohol and other drug related harm.

Indigenous Reform is one of the priority areas that continue to be supported through collaboration with COAG to develop and implement initiatives to reduce alcohol and substance abuse and its impact on families, safety and community well being in remote Indigenous communities.

Initiatives targeting recruitment and retention for DAO and the broader sector have been developed to support the ongoing development of a high quality workforce. Continued development and progression of initiatives in the areas of leadership, management and career pathways will enable both DAO and the sector to achieve its strategic objectives and business outcomes.

Prevention and early intervention

Prevention and early intervention remains a high priority for DAO. A number of targeted initiatives will be focused in the following areas:

- a more coordinated regional approach will be developed to address alcohol and drug issues. The regional focus for prevention and early intervention will be on identified areas of high need including the establishment of alcohol management strategies in local communities;
- the rebranded *Rethink Drink* campaign will be refocused to include a wider and more innovative range of media advertising to effectively reach the target group; and
- the *Drug Aware* illicit drug campaign will be expanded to focus on amphetamines and cannabis.

Treatment and support

Service integration, building linkages with key human services and capacity building comprise the major priorities for the treatment and support area for 2008/09. Key initiatives will include:

- implementation of regional approaches to address alcohol and drug issues with specific emphasis on Aboriginal communities;
- supporting the integration of the Drug and Alcohol Youth Service (DAYS) to ensure responsive, continuous and coordinated care for young people and their families;
- implement the agreed state-wide formal process with DCP for local service coordination and case management;
- supporting the development of a responsive and competent workforce across the drug and alcohol sector;
- working with the Department of Corrective Services (DCS) and the DCP to improve the skills of workers dealing with clients with drug and alcohol problems; and
- expanding the Aboriginal drug and alcohol workforce through nationally recognised training programs.

Law enforcement

Existing partnerships with WA Police, the DCS, Department of the Attorney General (DotAG) and the Department of Racing, Gaming and Liquor (DRGL) will continue to support a range of law enforcement measures and selected programs will be expanded. These will include:

- diversion programs across the State to promote better take up of court and police diversion opportunities;
- alcohol control strategies to facilitate safer drinking environments and responsible service; and
- new initiatives to address the diversion of Schedule 8 opioids.

Specific illicit drug interventions

DAO will continue to implement recommendations from the Government Action Plan to address amphetamine problems in the community including monitoring the activity of other agencies and reporting through the WADAS Senior Officer's Group.

Following the *Statutory Review of the Cannabis Control Act 2003*, the legislative amendments to the *Cannabis Control Act 2003* and the *Young Offenders Act 1994* will be progressed and if passed by Parliament, key changes arising from the amendments will be implemented.

Disclosure and Legal Compliance

Financial reports

DAO ended the year with a balanced budget and total expenditure of \$47,818,452.00

Key performance indicators

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

The three outcomes used to measure effectiveness are:

- improvement in the general health, psychological health and social relationships of people treated for drug and alcohol problems, and satisfaction with the services received;
- increased knowledge, competence and confidence of human service professionals undertaking training to work with people experiencing drug and alcohol problems; and
- prevent or delay the uptake of drug and alcohol use and reduce the associated harm.

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

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

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

A full report of DAO's key performance indicators including outcomes and data is provided in detail in this report.

Other requirements

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

Operational Structure

Enabling Legislation

The Drug and Alcohol Office is the business name of the WAADA, which is an independent statutory authority established in November 1974 under the *Alcohol and Drug Authority Act 1974*. WAADA is responsible to the Minister for Health and, through the Minister, to the West Australian Government.

Responsible Minister

Hon James (Jim) Andrew McGinty BA BJuris(Hons) LLB JP MLA
Attorney General; Minister for Health; Electoral Affairs

What we do

DAO is the government agency responsible for drug and alcohol strategies and services in WA and its functions are to:

- provide or contract a state-wide network of treatment services, a range of prevention programs, professional education and training, and research activities;
- co-ordinate, implement and monitor the *WA Drug and Alcohol Strategy 2005-2009*;
- co-ordinate whole-of-government policies and strategies targeting people affected by drug and alcohol use; and
- provide expert advice to government regarding drug and alcohol use and related harm.

Vision

Preventing and reducing drug and alcohol harm and providing effective treatment.

Values

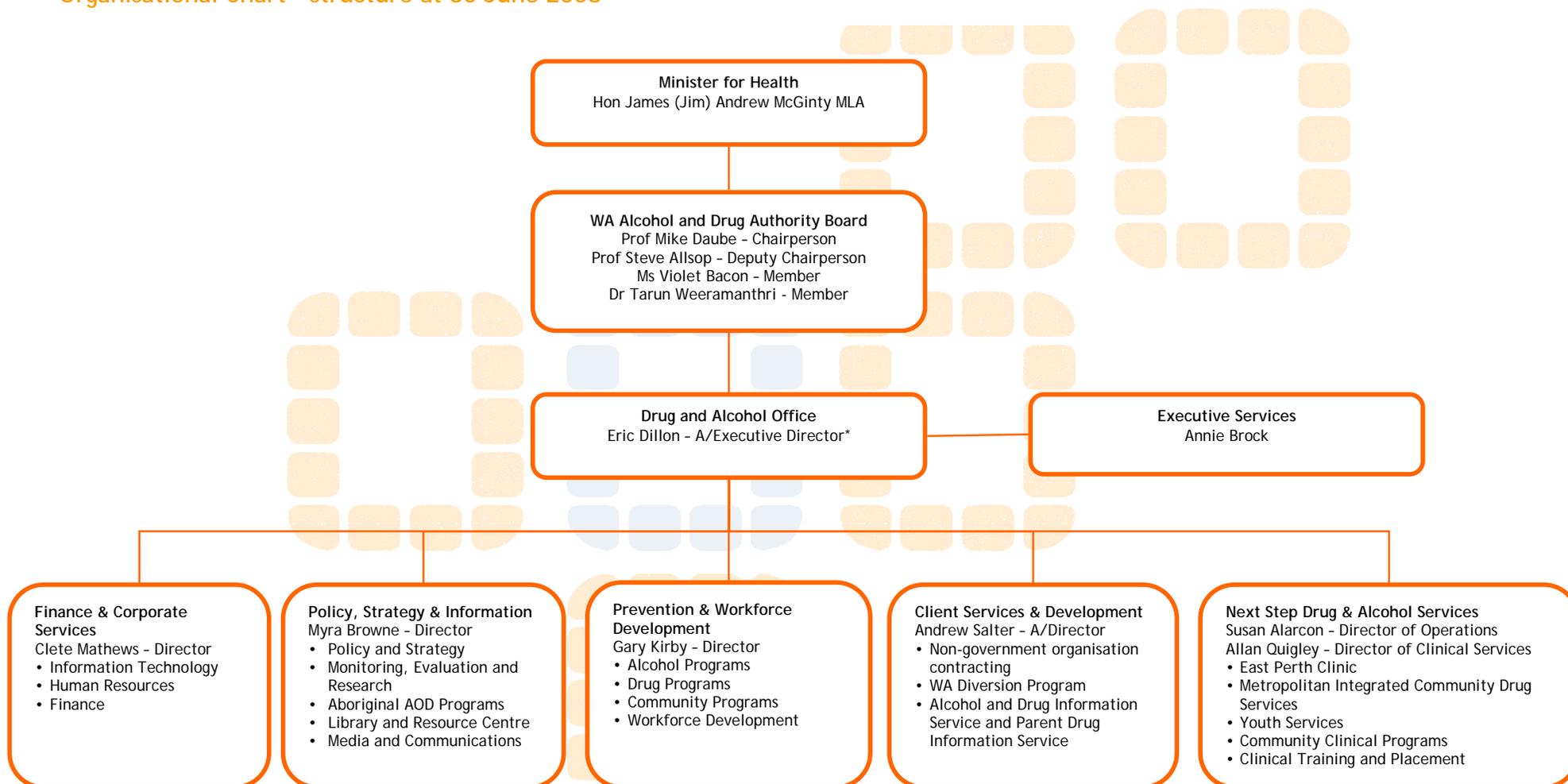
The values of DAO are:

- **Respect**
Respectful in our behaviour towards our clients, communities and our colleagues.
- **Integrity**
Honest and genuine in our actions and words.
- **Open and accountable**
Inclusive in our decision making, willing to explain our actions and learn from experience.
- **Quality and excellence**
Quality and excellence in our individual performance, programs and services.
- **Cultural security**
Cultural security is integral to our values.

Organisational Chart

The chart on the following page outlines the corporate structure and reporting lines at DAO as at 30 June 2008.

Organisational Chart - structure at 30 June 2008



* Neil Guard appointed Executive Director 28 July 2008

Board of Authority

DAO has a board of four members nominated by the Minister for Health and appointed by the Governor in Executive Council. All board members' terms are for three years expiring on 31 December 2010. The current board consists of Professor Mike Daube, Professor of Health Policy, Curtin University, Professor Steve Allsop, Director of the National Drug Research Institute, Ms Violet Bacon, Lecturer in Social Work and Social Policy at the University of Western Australia, and Dr Tarun Weeramanthri, Executive Director of the Public Health Division at the Department of Health.

Dr Margaret Stevens, Chief Medical Adviser Population Health at the Department of Health resigned from the board in September 2007.

A summary of the current board membership as at 30 June 2008 is highlighted in the table below:

DAO 2007/08 BOARD MEMBERSHIP			
Member	Position	Start	End
Mike Daube	Chairperson	January 2002	Current
Steve Allsop	Deputy Chairperson	January 2008	Current
	Member	March 2005	December 2007
Violet Bacon	Member	January 2005	Current
Tarun Weeramanthri	Member	April 2008	Current

With certain exceptions, the board has delegated to the DAO Executive Director, powers vested in it by the *Alcohol and Drug Authority Act 1974*. The board convened on four occasions during 2007/08 and members received \$12,446 gross remuneration.

Senior Officers

Senior officers of DAO as at 30 June 2008.

DAO SENIOR OFFICERS			
Area of responsibility	Title	Name	Basis of appointment
Drug and Alcohol Office	Executive Director	Eric Dillon*	Acting
Client Services and Development	Director	Andrew Salter	Acting
Clinical Services (Next Step)	Director	Dr Allan Quigley	Permanent
Operations (Next Step)	Director	Susan Alarcon	Permanent
Prevention and Workforce Development	Director	Gary Kirby	Permanent
Policy, Strategy and Information	Director	Myra Browne	Permanent
Finance and Corporate Services	Director	Clete Mathews	Permanent

* Neil Guard was appointed as Executive Director on 28 July 2008.

Pecuniary Interests

Senior officers declared no pecuniary interests during 2007/08.

Performance Management Framework

DAO achieves outcomes and services in line with the State Government's goals and strategic outcomes outlined in *Better Planning: Better Futures - A Framework for the Strategic Management of the WA Public Sector*.

Outcome Based Management Framework

Government Goal	Desired Outcomes	Services
To enhance the quality of life and wellbeing of all people throughout Western Australia.	Improvement in the general health, psychological health and social relationships of people experiencing alcohol and other drug related problems.	Clinical Services (Next Step) Client Services and Development
	Increased knowledge, competence and confidence of human services professionals when working with people experiencing alcohol and other drug problems.	Workforce Development Aboriginal Alcohol and Other Drug Programs
	Prevent or delay the uptake, and reduce the harm, associated with alcohol and other drug use.	Prevention

Changes to Outcome Based Management Framework

DAO's Outcome Based Management Framework did not change during 2007/08.

Agency Performance

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

Policy, Strategy and Information Directorate

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

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

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

Policy and Strategy

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

Highlights for 2007/08

- The Drug and Alcohol Office, together with the WA Police, held a WA Illicit Amphetamine Summit in July 2007. Recommendations from the summit formed a government action plan focusing on prevention, treatment and law enforcement and covering whole-of-government areas where amphetamines were having an adverse impact (mental health, acute health services, child protection, corrective services, courts and Indigenous issues). The Government committed \$16 million over four years to support implementation of the summit recommendations.
- Commenced development of the *WA Drug and Alcohol Strategy 2009-2013* through the WA Drug and Alcohol Strategy Senior Officers' Group.
- The executives of DAO and DCP have agreed to the development of linkages between the two sectors to bridge referral processes and protocols. Actions include the completion of a memorandum of understanding and resource kit for staff to support collaborative work.
- Published the quarterly drug and alcohol sector newsletter *Drugspeak* in partnership with WANADA and continued to support communication, media and public relations activities.
- Appointed a Coordinator Special Projects, who reports to a high level working party convened by DAO to reduce the diversion of Schedule 8 opioid based prescription drugs (most commonly products containing morphine).
- In *Addressing the Impact of Parental Drug and Alcohol Use on Pregnancy, Newborns and Infants*, a Policy Framework was developed by an across government and sector working party, chaired by DAO. The policy framework provides a guide for the development and implementation of strategy, programs and activities in addressing parental drug and alcohol use and highlights key priority areas for action.
- Contributed to the development of proposals to support the COAG Indigenous Reform process and the COAG bilateral framework which endeavours to improve the health and well being of Aboriginal people.

Planned Achievements for 2008/09

- A new evidence-based *WA Alcohol and Drug Strategy 2009-2013* will be developed on behalf of the Senior Officers' Group. This will focus on strategic priorities for the government in addressing AOD related harm, including an Indigenous alcohol and drug plan, the Parental Drug and Alcohol Use on Pregnancy policy framework as well as the COAG National Action Plan on Mental Health.
- Coordinate drafting of legislative amendments to the *Cannabis Control Act 2003* and *Young Offenders Act 1994* following the *Statutory Review of the Cannabis Control Act 2003*, and further develop strategies to support the legislative changes including modification of processes to include juveniles and development of cannabis brief intervention materials.
- Continue to coordinate and monitor implementation of the Government Amphetamine Action Plan.
- Develop and disseminate media guidelines for reporting on volatile substance use.
- Implement the recommendations of the Working Party on Schedule 8 Drugs, including development of resources for GPs, GP education, enhanced referral pathways for patients, and development of policies and guidelines to assist GPs in prescribing these drugs.
- Develop, implement and support key actions identified by the *Impact of Parental Drug and Alcohol Use on Pregnancy, Newborns and Infants Working Party* to address issues relating to parental drug and alcohol use. Implement the resource kit developed by DAO and DCP.
- Develop, coordinate and implement the NGO Leadership Management Project. Following consultation with the non government sector a Leadership Management Project is being developed to provide support for managers, directors and other staff taking on management activities and leadership roles within agencies or across the sector.
- Ongoing support of COAG Indigenous Reform outcomes.

Aboriginal Alcohol and Other Drug Programs

The Aboriginal Drug and Alcohol Program works across DAO to support and implement the *Strong Spirit Strong Mind: WA Aboriginal Alcohol and other Drugs Plan 2005-2009* and the *WA Health Aboriginal Cultural Respect Framework*. Core activity includes the development of knowledge and skills within the drug and alcohol sector and broader human services area to work in culturally secure ways through workforce development initiatives. The branch is responsible for managing DAO's RTO and delivering nationally recognised programs.

In addition, the branch plays a key role contributing to policy advice and providing support to enhance responses to Aboriginal people and communities affected by drug and alcohol use.

Highlights for 2007/08

- Aboriginal drug and alcohol workers from metropolitan, regional and remote areas participated in the fourth, fifth and sixth intake for the nationally recognized qualification, *CHC30802 Certificate III in Community Services Work*. Participants receive 150 hours training over 12 months. The culturally secure program is achieving the desired outcomes with a graduation ceremony held in February for nine graduates.
 - Five of DAO's graduates have progressed to higher tertiary qualifications and are either enrolled at university or have recently graduated.
 - The program is currently supporting two intakes (24 enrolled) in WA with completion of training at the end of 2008. One intake is specifically targeted for Indigenous Diversion Workers.
- Produce a range of new resources to support workers within the sector, including the Strong Spirit Strong Mind Counselling and Story Telling Cards that support culturally secure clinical interventions with Aboriginal people.

- Lead the implementation of the *Indigenous National Drug and Alcohol Workforce Development Program*, project funded by the Commonwealth (will complete in December 2008). The program supports South Australia, Queensland, ACT and the Northern Territory, to deliver *CHC30802 Certificate III in Community Services Work* through DAO's RTO. Nationally there are 92 current participants and 35 have completed the qualification.
- Completed the development of a *Reconciliation Action Plan*. The focus is on working in partnership with Indigenous people to value and lead healthy and safe lifestyles with access to quality services and programs to prevent and reduce alcohol and other drug-related harm.

Planned Achievements for 2008/09

- The development of the Strong Spirit Strong Mind Implementation Framework for the *WA Drug and Alcohol Strategy 2009-2013* (WADAS) that will guide culturally secure implementation of Indigenous priorities within the WADAS. The development of the framework will include consultation with key stakeholders and community members.
- Regional workforce development programs will be prioritised within the next twelve months due to overwhelming requests for training in culturally secure AOD intervention skills. Specific programs are planned for the Goldfields and the Southwest.
- Further development of workforce development programs for Aboriginal AOD workers and their employing agencies including pre and post qualification pathways for *CHC30802 Certificate III* graduates. Furthermore, continuing development and delivery of Culturally Secure Clinical Support Worker Training and Strong Spirit Strong Mind Ways of Working with Aboriginal People Training for the drug and alcohol sector.
- Finalise negotiations with the Commonwealth concerning funding another phase of the Indigenous National Drug and Alcohol Workforce Development program in NT, Qld, SA and WA for an additional three years. A third stage of this program will support consolidation of training teams to deliver nationally recognised training in partner jurisdictions, advance the development of a national trainers network and allow time to increase capacity of partner jurisdictions to sustain programs into the future.

Monitoring, Evaluation and Research

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

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

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

Highlights for 2007/08

- Completion of the evaluation of the Young Peoples' Opportunity Program (YPOP). YPOP was implemented in the Perth metropolitan area as a voluntary, collaborative initiative designed to divert juvenile offenders from the justice system to drug treatment.
- Completion of the review of the extension of the YPOP to country WA. The study reviewed the process and progress of establishing YPOP in regional centres in WA.
- Completion of a review of the process of service integration in the south metropolitan corridor. The aim of the service integration process was to provide increased access to a comprehensive range of AOD services in the South Metropolitan Corridor and to address the growing demand for services in the Rockingham/Kwinana area.
- Several reports detailing indicators of drug use in WA have been produced this financial year. Additionally, several major reports summarising service utilisation have been produced and disseminated on the DAO website (see Appendix 5).
- Completion of a Heroin Trends Tracking Project. This study, funded by the Office of Crime Prevention and DAO was designed to collate data pertaining to heroin use and crime into a single database and, to develop a statistical model for describing heroin use trends and their relationship to crime in WA.
- A major review of the first three year's operation of the Cannabis Infringement Notice (CIN) scheme, as stipulated in Section 26 of the *Cannabis Control Act 2003* was

completed. Based on the findings the report provided recommendations to government on aspects of the scheme.

- Publication of research outcomes in peak national and international peer-reviewed journals (see Appendix 4).
- Completion of the WA component of the Commonwealth Department of Health and Ageing National Directory of Alcohol and Other Drug Treatment Services.

Planned Achievements for 2008/09

- Conduct the WA component of the ASSAD Survey in collaboration with the Cancer Council of Victoria and the WA Department of Health.
- In collaboration with key stakeholders, continue to develop and disseminate comprehensive indicators to reflect trends in AOD use and service utilisation to inform future planning and other activities.
- Progress the work of the national working group on the Alcohol and Other Drugs Treatment Services National Minimum Data Set (AODTS-NMDS).
- Improve the capacity to respond to emerging issues through the Heroin Trends Project and other monitoring activities. Work with other directorates to develop responses to manage the associated harms.

Library and Resource Centre

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

Highlights for 2007/08

- Provision of 24 hour access to library resources including online journals to all DAO staff via the DAO website.
- Delivery of monthly electronic library alerts such as: Journal contents pages; Web-Watch; Have you seen that report?; and the Library Newsletter to staff.

Planned Achievements for 2008/09

- Continue to build a specialist alcohol and drug collection including areas of strategic priorities.
- Implementing a new shared health library management system via an extended license with the State Library of WA.

Next Step Drug and Alcohol Services

Next Step Drug and Alcohol Services (Next Step) is the clinical services directorate of DAO. Next Step provides a range of services for people experiencing problems associated with their drug and alcohol use, as well as support for families. Clinical placements and research support these activities. Next Step's services include an inpatient withdrawal unit, outpatient treatment, pharmacy, youth services, and community clinical programs.

Metropolitan Outpatient Services

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

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

Highlights for 2007/08

- Integration of Next Step services and CDSTs in metropolitan Perth to provide comprehensive alcohol and drug services has been completed. Next Step services extended to Gosnells, Midland and North Perth.
- Continued development of collaborative working relationships and clinical pathways with GPs, mental health services and other alcohol and drug treatment and support services.
- The development and signing of a MOU with King Edward Memorial Hospital (KEMH) to provide an inreach drug and alcohol nursing service to clients attending KEMH.
- Continued partnerships with Notre Dame University and the University of WA, School of Medicine to provide lectures and half day placements for undergraduate medical students.

Planned Achievements for 2008/09

- Establish a BBV and sexually transmitted infections service to improve coordination, education and support services for clients seeking treatment for hepatitis C.
- Establish a neuropsychology clinic to provide a specialist assessment for amphetamine users with a history of acute psychosis, neuropsychological impairment or ADHD, to inform their case management.
- Commit to developing family sensitive practices across the agency by ensuring key staff attend family counselling/therapy training.
- Develop opportunities for joint accreditation of the metropolitan integrated community drug services with non government partner agencies.
- Continue to consolidate and develop consistent common integrated services policies and procedures that underpin and support the metropolitan integrated CDSS.

Inpatient Withdrawal Services

Next Step provides a supervised, medical drug and alcohol withdrawal service for clients requiring withdrawal from licit (including alcohol) and illicit drugs at Moore Street, East Perth. The facility has 17 beds, 4 of which are dedicated for the provision of services to Aboriginal people.

Highlights for 2007/08

- The Aboriginal Withdrawal Unit was opened in August 2007. The unit is being renovated and it is anticipated that it will be reopened in September 2008.
- Continued development of collaborative working arrangements and referral pathways with residential rehabilitation services, and other key Aboriginal services to improve continuity of care from initial assessment to withdrawal and on to rehabilitation or ongoing support. A worker exchange program has been set up between the Aboriginal Alcohol and Drug Service (AADS) and the Aboriginal Inpatient Withdrawal Unit. Inpatient unit staff have been provided with further culturally secure training to ensure a greater understanding when working with Aboriginal clients attending the service.
- The establishment of a *Smokefree* inpatient unit to align with the WA Health *Smokefree* policy without a reduction in admission rates. All inpatients receive nicotine replacement therapies where appropriate and recreational equipment has been upgraded.

Planned Achievements for 2008/09

- The group program within the unit will be reviewed to ensure that the clients' needs are being met. Allied health workers on site will contribute to the program. Liaison is occurring with TAFE and other external providers for services. Consumers attending the unit will have input into the new group program being developed.
- Continue to improve referral pathways between the unit, emergency departments, mental health services and GPs and the non government alcohol and drug treatment sector through agency visits and support to referrers in the community.
- Continue to provide placements for nursing students from Notre Dame and Edith Cowan Universities, and to post graduate nursing students from Murdoch University and use this as an opportunity to promote the agency as an attractive place to work.
- Complete renovation and refurbishment of the Next Step Clinical Services Aboriginal withdrawal unit.

Drug and Alcohol Youth Services

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

Highlights for 2007/08

- Integration of Next Step and Mission Australia's youth services is complete. The Drug and Alcohol Youth Service (DAYS) commenced operation in June 2008 from Mission Australia's Hill Street, East Perth premises.
- Establishment of a worker exchange program between clinical staff from Youthlink, Youthreach South and DAYS to ensure improved management and care for young people with co-occurring mental health and alcohol and drug problems.

Planned Achievements for 2008/09

- Establishment of joint training and capacity building events, including the development of joint assessment protocols for staff from DAYS, Youthlink and Youthreach South.
- Consolidate and develop consistent common integrated services policies and procedures that underpin and support DAYS.

Community Clinical Programs

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

- provision of advice and support to medical and other health professionals on the clinical management of drug and alcohol use through the Clinical Advisory Service (CAS), a 24 hour, seven days a week service, and through a program of clinical education events; and
- management of the Community Program for Opioid Pharmacotherapy (CPOP) which provides a state-wide service to more than 2,000 clients through a network of GPs and community pharmacies.

Highlights of 2007/08

- The tenth anniversary of CPOP was celebrated in October 2007 with a function for past and present service providers. Since its introduction in 1997, CPOP has increased access to opioid replacement pharmacotherapy treatment from approximately 900 to more than 3,500 places through the development of an active network of more than 80 GPs and 200 pharmacies across WA.
- Launch of the second edition of the WA clinical policies and procedures for the use of methadone and buprenorphine in the treatment of opioid dependence manual. In addition to updating the clinical information, the revised edition saw the inclusion of the policy and procedure information for pharmacists, to provide an integrated manual for all service providers involved in CPOP.
- A series of short seminars covering a range of topics have been well attended by GPs and pharmacists involved in CPOP. The seminar series culminated in a weekend conference on 14/15 June 2008. The conference offered a

range of expert local and interstate speakers, presenting on topics including management of chronic pain, supporting effective treatment, motivation and changing drug use behaviour and opioid treatment in pregnancy.

Planned Achievements for 2008/09

- Consolidation of the clinical pathways for the management of patients with chronic pain and opioid dependency.
- Development of a consumer feedback mechanism for people on opioid pharmacotherapy with a community GP.
- Implementation of a revised and improved authorisation, training and support package for pharmacies involved in CPOP.

Prevention and Workforce Development Directorate

The Prevention Branch and the Workforce Development Branch together make up the Prevention and Workforce Development Directorate.

Prevention Branch

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

- prevent or delay the onset of drug and alcohol use;
- support environments that discourage risky use;
- enhance community awareness, attitudes and skills to avoid risky use;
- support and enhance the community's capacity to address drug and alcohol problems; and
- support initiatives that discourage inappropriate supply of drugs and alcohol.

Alcohol Program

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

Highlights for 2007/08

- Between July 2007 to May 2008, 132 abridged responsible service of alcohol (RSA) training sessions using the DAO state-wide package were delivered to bar staff in WA. Of the sessions, 39 were facilitated by DAO in collaboration with police, and 93 were facilitated by regional health and police agencies. A total of 4,466 participants attended the sessions.
- Liquor licence applications were monitored and assistance was provided to the Executive Director, Public Health (EDPH) in matters regarding harm or ill-health that may be caused due to the use of alcohol. In the 10-month period from July 2007 to the end of April 2008, 276 liquor licence applications were received, of which 185 were considered to possibly pose a risk of harm and warranted investigation. This resulted in 16 interventions being lodged by the EDPH.
- Alcohol education publications were revised to be consistent with the new liquor licensing legislation.
- Local governments were supported to address and prevent alcohol-related problems, including the distribution of 500 copies of the *Local Government Alcohol Management Package* throughout WA, and the availability of the online resource.
- The *Enough is Enough* Alcohol Education Program has been re-branded with a new title, *Rethink Drink*. The campaign consists of television advertising, convenience

advertising and unpaid media strategies that were delivered state-wide throughout February and March 2008.

Planned Achievements for 2008/09

- *Rethink Drink* campaign evaluation results will direct the expansion of the campaign to further engage the community to address risky drinking and the harms associated with it. The campaign will also be expanded regionally to the Kimberley and Pilbara.
- Monitoring of liquor licence applications and assistance to the EDPH where necessary in liquor licensing matters to reduce harm or ill-health that may occur due to the use of alcohol.
- Conduct a preliminary economic study into alcohol-related costs to local government.
- Work with the WA Local Government Association (WALGA) to support local government authorities to adopt alcohol management practices and policies that will reduce alcohol-related problems to the authorities and their communities.

Drug Program

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

Highlights for 2007/08

- The WA Illicit Amphetamine Summit 2007 identified a range of key recommendations outlined within the Government Action Plan to address amphetamine problems. The *Drug Aware* Amphetamine Education Campaign is one of these key initiatives and is planned to run three times a year over the next four years. The campaign is currently being evaluated to guide the next phase in 2008/09.
- Implemented the Night Venues and Entertainment Events Project to complement the *Drug Aware* Amphetamine Education Campaign by creating safer entertainment environments.
- Completed planning for a public education campaign aiming to prevent or delay cannabis use and increase access to treatment and support services.

Planned Achievements for 2008/09

- The April/May 2008 *Drug Aware* Amphetamine Education Campaign was evaluated in early June 2008 to direct the development of the new amphetamine campaign schedule for 2008/09. The first campaign is scheduled for late August/September 2008 and will be repeated in February/March 2009 and April/May 2009.
- The Amphetamine Education Campaign will be further enhanced by the state-wide expansion of the Night Venues and Entertainment Events Project, based on locally developed implementation plans for 2008/09.
- Plan and implement a new public information campaign. This will raise awareness about the illegality of all cannabis use, the changes to the laws, the harms of cannabis use and the availability of assistance to address cannabis use.
- To develop locally specific implementation plans based on regional consultation through the Night Venues and Entertainment Events Project along with the *Drug Aware* Amphetamine Education Campaign.

Community Program

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

Highlights for 2007/08

- Development and distribution of a suite of resources to support parents and communities in addressing alcohol related harm issues during traditional periods of celebrations (including school leavers week). Resources were distributed in partnership with the Office for Youth, WA Police, Local Drug Action Groups Inc and School Drug Education and Road Aware.
- Implemented a targeted alcohol and other drug prevention initiative in the Fitzroy Valley in partnership with Nindilingarri Cultural Health. The University of Notre Dame were contracted to evaluate the impact of the Fitzroy Valley prevention initiative over a two year period.
- Developed an interim report on the impact of the take-away alcohol restrictions in Fitzroy Crossing.
- In partnership with WA Police, implemented the fourth annual prevention workshop. Participants included population health officers, CDST staff and Police Alcohol and Drug Coordinators from across the State.

Planned Achievements for 2008/09

- Lead the development of a process to support the coordinated implementation of initiatives to address alcohol related harm at a regional and local community level. Target regions are Kimberley, Pilbara, Midwest and Southwest for 2008/09. This includes the development of alcohol management strategies with a focus on Indigenous communities.
- Support local government and non-government agencies in implementing initiatives to address alcohol and other drug related harm identified through the Community Safety Crime Prevention plans and Aboriginal Justice Agreements at a local community level.
- In partnership with the Sexual Health and Blood-borne Virus program, WA Department of Health, develop and implement a Sexual Health and Blood-borne Virus Harm Minimisation program for years 11 and 12 students.
- Increase support to CDSTs, population health officers, Police Alcohol and Drug Coordinators and other key prevention stakeholders in implementing evidence based prevention activities through the development of targeted capacity building modules to be delivered during regional visits.

Workforce Development Branch

The Workforce Development Branch works to enhance the capacity of staff in the alcohol and other drug (AOD) sector to respond effectively to AOD-related harm. Workforce development encompasses initiatives such as education and training programs, consultancy services and resource development.

The core functions of Workforce Development are:

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

Highlights for 2007/08

- A major symposium, the 16th Western Australian Drug and Alcohol Symposium, *Working out What Works*, was held on 18/19 September 2007. This was a partnership with the National Drug Research Institute, Murdoch University, Curtin University of Technology, Edith Cowan University, University of Western Australia and WANADA. In total, 264 participants attended the symposium with over 95% stating that it was moderately to extremely useful.
- The National *PsyCheck* Project (developed by Turning Point) commenced implementation across the metropolitan and regional areas of WA. It is a systemic program aimed at increasing the skills of AOD workers in screening for common mental health disorders and implementing effective interventions for clients. Training has been undertaken with managers and senior clinical staff, as well as clinical workers. Approximately 165 participants have been trained in the program this financial year.
- Production and implementation of a training manual on alcohol and tobacco for Brief Intervention Coordinators who have been employed across each of the seven WA Country Health Service regions. These coordinators attended a three-day train-the-trainer program to facilitate the roll out of brief intervention strategies across the State. A participant manual has been produced for all nurses who will be involved in conducting brief intervention in alcohol and tobacco across these regions.
- Provided a two semester Training@DAO program in consultation with the Workforce Development Steering Group. The first semester calendar was a collaboration with the Mental Health Division of the Department of Health.
- Established a MOU partnership between Central TAFE and DAO to award all past and current volunteers from the joint DAO/Curtin University program with a Certificate IV in Alcohol and Other Drugs.
- In partnership with the Department of Health's Sexual Health Program, completed a scoping project identifying barriers and enablers to the provision of BBV education for Aboriginal people.

Planned Achievements for 2008/09

- Conduct the AOD conference *Making it Happen: Responding to AOD issues across the sectors* on 12/13 May 2009 in collaboration with the Palmerston Centre, the Mental Health Division of the Department of Health, DCS, DCP and DotAG.
- Rewrite, produce and distribute the revised manual *Helping Change: The Volunteer Addiction Counsellors Training program* with funding assistance from the Commonwealth Government.
- Develop resources to support practitioners to reduce amphetamine-related harm including:
 - DVD resource in partnership with the WA Police, St John Ambulance and emergency departments to reflect the available clinical guidelines on responding to amphetamine related intoxication and overdose;
 - a new peer education resource for amphetamine users that incorporates strategies to decrease the physical and

- psychological consequences of amphetamine use; and
- distribution of the DROPPED DVD, a resource for health, welfare and peer support groups on responding to amphetamine and heroin intoxication and overdose.
 - Pilot an e-learning training package on AOD issues.
 - Provide a two semester Training@DAO calendar in consultation with the Workforce Development Steering Group.
 - Develop a comprehensive range of partnerships with the tertiary sector to ensure that AOD training is included in relevant undergraduate courses and linked to student placements within DAO and Next Step.

Client Services and Development Directorate

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

The Client Services and Development Directorate aims to:

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

Highlights for 2007/08

- Establishment of six new residential rehabilitation beds for Aboriginal clients in the south metropolitan area in a partnership between Palmerston Association and AADS.
- New provider (Cyrenian House) selected for the North Metropolitan CDS. Integrated service delivery has commenced with Next Step.
- Agreement reached and implementation commenced on a state-wide formal process with DCP for local service coordination and case management between drug and alcohol treatment services and local DCP offices.
- Implementation of specific elements of the Government Action Plan - WA Illicit Amphetamine Summit including:
 - funding provided for additional counsellor and nurse positions in Southwest and Great Southern CDSTs; and
 - counsellor position provided for each of the South Metro, North Metro, North East Metro and South East Metro CDSs.
- 17 new adult residential treatment beds have been established at Cyrenian House and Palmerston Farm.
- Majority of key drug and alcohol services are developing MOUs, with local mental health services.
- Peer Review process under the *WA Alcohol and Other Drug Sector Quality Framework* agreed, resourced and commenced in partnership with WANADA.
- Initial implementation phase completed for roll out of drug and alcohol funding provided

under the COAG family and domestic violence initiative.

Planned Achievements for 2008/09

- Work closely with the DAO IT Section in the complete development and implementation of the Services Information Management System (SIMS) in all AOD treatment services funded or provided by DAO.
- Implement the agreed state-wide formal process with DCP for local service coordination and case management between drug and alcohol treatment services and local DCP offices.
- Continue to support co-morbidity initiatives, including the continued development and maintenance of MOUs between local drug and alcohol services and mental health services.
- Work in partnership with the Commonwealth Government to reach agreement and begin implementation on drug and alcohol measures utilising funding available as part of the COAG agenda.
- Work with WANADA to further develop and implement the Peer Review process as part of the WA Alcohol and Drug Sector Quality Framework.

WA Diversion Program

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

Highlights for 2007/08

- Completed expansion of the Indigenous Diversion Program (IDP) to the Pilbara and to the Wheatbelt (Narrogin).
- Completed the expansion of the Supervised Treatment Intervention Regime (STIR) to the metropolitan region.
- Reviewed and implemented a revised funding model for services funded under the WA Diversion Program.

Planned Achievements for 2008/09

- Expand court diversion services to include circuit courts where practicable.
- Develop, in partnership with the Commonwealth Government, an agreed plan for Phase Three of the WA Diversion Program.
- Develop and implement diversion services within the Perth Children's Court.

Alcohol and Drug Information Service

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

Highlights for 2007/08

- Successfully implemented a planned enhancement to the *Quitline* to include the option of six call-backs to all Quit callers.
- Commenced activity to promote access to ADIS/PDIS services and disseminate information to relevant staff, agencies and client groups.
- Consistent provision of 24 hour access to AOD information and telephone counselling to the community through ADIS, as well as the active support and development of PDIS volunteers and service.
- Calls to ADIS increased by 4% on the 2006/07 financial year.

Planned Achievements for 2008/09

- Continue targeted promotion of ADIS in partnership with the DAO Prevention Directorate.
- Consolidate and expand tobacco cessation pilots from Royal Perth Hospital Cardiology Rehabilitation Unit and Peel and Rockingham Kwinana Mental Health Service to other health services.
- Work with the DCS to explore options for providing enhanced tobacco cessation support to the prison population.
- Expand call back regimes to GPs.

Parent Drug Information Service

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

Highlights for 2007/08

- Successful recruitment and retention of 38 parent volunteers.
- Enhanced the relationship with Perth Drug Court, Perth Children's Court, and DAYS; improving access to the PDIS service for parents.
- Establishment of five peer-based parent support groups.

Planned Achievements for 2008/09

- Plan for 2009 event to recognise the ten year anniversary of PDIS volunteers.
- Review volunteer training package and examine strategies for improving the engagement with culturally and linguistically diverse families and Aboriginal families.

Finance and Corporate Services

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

An extensive review of the Corporate Services structure was undertaken during 2007/08 following the first full year of operations of the Health Corporate Network (HCN). The focus of the review was around fulfilment of more robust governance, workforce management and procurement measures to support DAO.

Human Resources and Corporate Support

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

Highlights for 2007/08

- Full implementation and launch of the *Equal Employment Opportunity Management Plan*.
- Implementation of the *Disability Access and Inclusion Plan*.
- Comprehensive review of organisational establishment information.
- Human Resources information enhanced on intranet.
- Inclusive review of human resources policies.
- Improved management assurance processes implemented.
- Complete analysis of Occupational Safety and Health policies and processes.

Planned Achievements for 2008/09

- Continued development of an induction process to be available on-line with automated reporting facilities.
- Successful transition to the Alesco Human Resources system.
- Review of Strategic Governance framework.
- Review of Accountability framework
- Review of Risk Management framework.
- A number of human resource processes will be reviewed and updated: These include:
 - Performance Management;
 - Management of Unsatisfactory Performance; and
 - Equal Employment Opportunity (EEO) strategies.

Information Technology Services

The Information Technology (IT) Branch is charged with the maintenance, support, development and co-ordination of DAO's technical infrastructure and applications in line with the organisation's requirements.

Highlights for 2007/08

- Implementation of technical infrastructure services for the new integrated services at North Perth, Joondalup, Gosnells, Midland, Warwick and DAYS.
- Development of SIMS application software to support the integrated services.
- Development of a web based application to support ADIS counselling and call back services.

Planned Achievements for 2008/09

- Development of a web based application for the collection of state wide alcohol and drug activity data.
- Integration of DAO IT services into the healthwide Health Information and Communications Technology Service (HICTS) organisation.

Financial Services

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

Highlights for 2007/08

- Implementation of HCN and WA Health accounting manual, policies and procedures.
- Improved quality assurance control framework for financial statements and reporting processes.
- DAO ended the financial year with a balanced budget with all State and Commonwealth sourced funds.
- Successful implementation of iProcurement for DAO.

Planned Achievements for 2008/09

- Continue to employ effective account management processes in line with shared services.
- Introduce more system based information to allow better integrated reporting.
- Development of internal specialist contract procurement support.

Significant Issues and Trends

Current drug and alcohol issues and trends are monitored continuously by DAO and seek to ensure accurate and timely reporting on a range of indicators. While these indicators show an encouraging downward trend in illicit drug use in WA, it is important that DAO remains vigilant in monitoring drug and alcohol trends to ensure appropriate and timely responses in the areas of supply disruption, treatment and prevention initiatives.

DAO activities are designed to facilitate effective responses in the context of an evolving drug market and to ensure that the office is responsive to changing community needs over time. The longer term goals of the office and WA Government include, but are not limited to:

- development and implementation of agency action plans by key government departments in support of the *WA Drug and Alcohol Strategy 2005-2009*;
- ongoing monitoring of drug trends by the Monitoring Evaluation and Research branch, to guide planning, policy development and clinical practice;
- implementation of a Planning, Review and Reporting Framework to ensure that these elements are used to inform service development; and
- undertaking key activities such as monitoring the outcomes of the 2007 Amphetamine Summit.

Key drug and alcohol use prevalence and drug seizure data that impact on priority setting and the implementation of activities are summarised below. Further data is provided in the Key Performance Indicator section of the report. Detailed information on trends and activities can be accessed through statistical bulletins, reports and research papers on the DAO website (www.dao.health.wa.gov.au). Priority areas for future drug and alcohol activities have been outlined in the report under Agency Priorities 2008/09.

Alcohol

State comparisons indicate that the average alcohol per capita consumption in WA is second only to the Northern Territory⁷. The ASSAD⁸ survey reports that for school students aged 12 to 17 years there was an increase in the proportion of those who drank at 'at risk' levels from the 2002 ASSAD results to 2005 (23.3% to 26.9%)⁹. This may be attributed to a significant increase in 'at risk' drinking by 12 to 15 year old females. In Western Australia, alcohol misuse was associated with 11,878 hospitalisations in 2005¹⁰.

The *National Drug Strategy Household Survey* (NDSHS) identifies trends in alcohol and drug consumption across Australia every three years. The most recent results for Western Australians aged 14 years and over are summarised below.

An estimated 10% of Western Australians aged 14 years and over drank alcohol on a daily basis in 2004, a non-significant increase over the 2001 figure (8.7%). The proportion of WA males aged 14 years and over who reported drinking alcohol daily increased significantly between 2001 (11%) and 2004 (15%). In contrast, daily drinking in females aged 14 years and over remained stable at around 6% between 2001 and 2004. The proportion of those drinking weekly increased from 43% in 2001, to 47% in 2004, while those drinking less than weekly decreased from 33% in 2001 to 30% in 2004. The report also identified a small but significant fall in the proportion of Western Australians who had never tried alcohol, from 8% in 2001 to 7% in 2004.

In 2004, 13% of males aged 14 years and over consumed alcohol at risky/high risk levels in comparison to 10% of females. Similarly, 5% of males aged 14 years and over engaged in drinking patterns that placed them at a higher risk of harm in the long term in comparison to females (2%). However, in 2004, significantly more Western Australians aged 14 years and over (76%) were classified as having a low risk of harm in the long term in comparison to the 2001 figure of 72%¹¹.

⁷ Chikritzhs *et al.*, (2003). Australian Alcohol Indicators, 1990-2001. Patterns of alcohol use and related harms for Australian states and territories. National Drug Research Institute, Perth, Western Australia & Turning Point, Alcohol and Drug Centre Inc. Melbourne, Victoria.

⁸ Miller, J, & Lang, A. *ASSAD drug report 2005*. (2007) Drug and Alcohol Office, Perth.

⁹ Use of Alcohol by WA School Students in 2005 & Trends 1993 2005, Drug and Alcohol Office, Perth.

¹⁰ Xiao J, Rowe T, Somerford P, Draper G, & Martin J. (2008). Impact of Alcohol on the Population of Western Australia. Epidemiology Branch, Department of Health WA.

¹¹ Draper G, & Serafino S. (2005). 2004 National Drug Strategy Household Survey: Western Australian Results.

Cannabis

Cannabis is the most widely used illicit drug in WA according to the 2004 NDSHS results. However, the annual rate of cannabis use in WA decreased significantly from 17.5% in 2001 to 13.7% in 2004. Of those aged 14 years and over in WA, 7.9% reported cannabis use in the last month prior to interview. Cannabis use is also declining among school students. In the 2005 ASSAD survey, the proportion of 12 to 15 year old students using cannabis within the last month prior to interview declined from 20% in 1996 to 8% in 2005. Among 16 to 17 year olds, cannabis use within the last month also declined over time from 38% in 1996 to 16% in 2005¹².

Amphetamines

According to the 2004 NDSHS, 4.5% of Western Australians aged 14 years and over had used amphetamines in the last year and 1.9% had used amphetamines in the last month prior to interview. These figures indicate a downward trend in comparison to 2001 data when 5.8% used amphetamines in the last year prior to interview and 3.2% in the last month¹³ prior to interview. The downward trend in amphetamine use is consistent across age groups. Among 12 to 15 year olds, amphetamine use in the last month prior to interview was lower in 2005 (3%) than in 2002 (5%). A similar pattern was found among 16 to 17 year olds, with use in the last month prior to interview significantly lower in 2005 (5%) than in 2002 (8%)¹⁴. In addition, there has been a steady increase in police seizures of amphetamine type stimulants over the three year period from 2003 to 2006¹⁵.

Heroin

Heroin use in WA reduced slightly in 2004 compared to 2001 (0.2% vs 0.3%) among those aged 14 years and over¹⁶. Similarly, the 2005 ASSAD study showed a reduction in opiate use in the past year prior to interview among WA school students aged 12 to 17 years (2.0% in 2002 vs 1.6% in 2005)¹⁷.

Other drugs

Other information relating to drug use in WA reported in the 2004 NDSHS, is as follows: MDMA (Ecstasy) was used by 4.1%; hallucinogens were used by 0.6% and inhalants by 0.5% of the surveyed population in the year prior to interview¹⁸. The 2005 ASSAD survey showed lower rates of use in the year prior to interview in 2005 compared to 2002 in relation to MDMA (Ecstasy) (3.2% vs 4.2%), hallucinogens (2.8% vs 4.3%), cocaine (2.4% vs 3.0%) and steroids (1.7% vs 2.0%)¹⁹. There has been a 14% increase in drug seizures for all drugs from 2004 to 2006²⁰.

¹² Draper G, & Serafino S. (2005). 2004 National Drug Strategy Household Survey: Western Australian Results.

¹³ Draper G, & Serafino S. (2005). 2004 National Drug Strategy Household Survey: Western Australian Results.

¹⁴ Miller, J, & Lang, A. *ASSAD drug report 2005*. (2007) Drug and Alcohol Office, Perth.

¹⁵ Drug Related Offences & Seizures, WA, 1998-2006 (2007), Statistical Bulletin No 35 Drug and Alcohol Office & WA Police. Perth, Western Australia.

¹⁶ Draper G, & Serafino S. (2005). 2004 National Drug Strategy Household Survey: Western Australian Results.

¹⁷ Summary of West Australian Results, Australian School Students' Alcohol & Drug Survey, 2005 (2007), Statistical Bulletin No 37, Drug and Alcohol Office, Perth.

¹⁸ Draper G, & Serafino S. (2005). 2004 National Drug Strategy Household Survey: Western Australian Results.

¹⁹ Summary of West Australian Results, Australian School Students' Alcohol & Drug Survey, 2005 (2007) Statistical Bulletin No 37, Drug and Alcohol Office, Perth.

²⁰ Drug Related Offences & Seizures, WA, 1998-2006 (2007), Statistical Bulletin No 35 Drug and Alcohol Office & WA Police, Perth, Western Australia.

Disclosure and Legal Compliance

Financial Statements

Western Australian Alcohol and Drug Authority
Certification of Financial Statements
For the year ended 30 June 2008

The accompanying financial statements of the Western Australian Alcohol and Drug Authority have been prepared in compliance with the provisions of the *Financial Management Act 2006* from proper accounts and records to present fairly the financial transactions for the financial year ending 30 June 2008 and the financial position as at 30 June 2008.

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



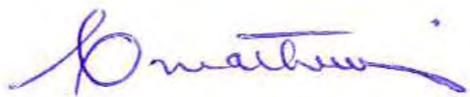
Mike Daube
Chairperson/Member of the Board
Western Australian Alcohol
and Drug Authority

16 September 2008



Dr Tarun Weeramanthri
Board Member
Western Australian Alcohol
and Drug Authority

16 September 2008



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

16 September 2008



Auditor General

INDEPENDENT AUDIT OPINION

To the Parliament of Western Australia

WESTERN AUSTRALIAN ALCOHOL AND DRUG AUTHORITY FINANCIAL STATEMENTS AND KEY PERFORMANCE INDICATORS FOR THE YEAR ENDED 30 JUNE 2008

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

The financial statements comprise the Balance Sheet as at 30 June 2008, and the Income Statement, Statement of Changes in Equity and Cash Flow Statement for Authority for the year then ended, a summary of significant accounting policies and other explanatory Notes.

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

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

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

Summary of my Role

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

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

**Western Australian Alcohol and Drug Authority
Financial Statements and Key Performance Indicators for the year ended 30 June 2008**

Basis for Qualified Audit Opinion

Sufficient audit evidence is not available to substantiate the Authority's key performance indicators 1.6 and 1.7 as there is an inability to match pre and post treatment evaluations for key performance indicator 1.6, and for both indicators the number of responses to client surveys is too small to support the results. Consequently, I am unable to verify the fair presentation of these two key performance indicators.

As a result, I am unable to form an opinion on whether these key performance indicators fairly represent indicated performance.

Qualified Audit Opinion

In my opinion,

- (i) except for the qualification, the key performance indicators of the Western Australian Alcohol and Drug Authority are relevant and appropriate to help users assess the Authority's performance and fairly represent the indicated performance for the year ended 30 June 2008;
- (ii) the financial statements are based on proper accounts and present fairly the financial position of the Authority at 30 June 2008 and its financial performance and cash flows for the year ended on that date. They are in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations) and the Treasurer's Instructions; and
- (iii) the controls exercised by the Authority provide reasonable assurance that the receipt, expenditure and investment of money, the acquisition and disposal of property, and the incurring of liabilities have been in accordance with legislative provisions.



GLEN CLARKE
ACTING AUDITOR GENERAL
22 September 2008

Western Australian Alcohol and Drug Authority

Income Statement

For the year ended 30th June 2008

	Note	2008	2007
		\$	\$
COST OF SERVICES			
Expenses			
Employee benefits expense	7	15,503,317	14,479,675
Patient support costs	8	27,269,173	24,002,663
Depreciation and amortisation expense	9	308,523	272,030
Capital user charge	10	-	841,000
Loss on disposal of non-current assets	11	2,512	1,245
Other expenses	12	4,734,926	3,683,174
Total cost of services		47,818,451	43,279,787
INCOME			
Revenue			
Other grants and contributions	13	1,185,418	90,033
Other revenues	14	1,828,838	1,620,094
Total revenue		3,014,256	1,710,127
Total income other than income from State Government		3,014,256	1,710,127
NET COST OF SERVICES		44,804,195	41,569,660
INCOME FROM STATE GOVERNMENT			
Service appropriations	15	45,123,268	41,475,326
Liabilities assumed by the Treasurer	16	-	24,713
Total income from State Government		45,123,268	41,500,039
SURPLUS/(DEFICIT) FOR THE PERIOD		319,073	(69,621)

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

Western Australian Alcohol & Drug Authority

Balance Sheet As at 30th June 2008

	Note	2008 \$	2007 \$
ASSETS			
Current Assets			
Cash and cash equivalents	17	1,018,667	527,313
Receivables	18	560,184	134,792
Inventories	20	27,930	24,444
Other current assets	21	3,879	-
Total Current Assets		1,610,660	686,549
Non-Current Assets			
Amounts receivable for services	19	2,433,673	1,969,329
Property, plant and equipment	22	18,925,752	14,994,549
Total Non-Current Assets		21,359,425	16,963,878
Total Assets		22,970,085	17,650,427
LIABILITIES			
Current Liabilities			
Payables	25	1,297,570	514,209
Provisions	26	2,201,533	2,213,378
Total Current Liabilities		3,499,103	2,727,587
Non-Current Liabilities			
Provisions	26	751,482	837,966
Total Non-Current Liabilities		751,482	837,966
Total Liabilities		4,250,585	3,565,553
NET ASSETS		18,719,500	14,084,874
EQUITY			
Contributed equity	27	4,663,939	4,583,939
Reserves	28	15,502,702	11,267,148
Accumulated surplus/(deficiency)	29	(1,447,141)	(1,766,213)
TOTAL EQUITY		18,719,500	14,084,874

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

Western Australian Alcohol & Drug Authority

Statement of Changes in Equity

For the year ended 30th June 2008

	Note	2008 \$	2007 \$
Balance of equity at start of period		14,084,874	11,506,960
CONTRIBUTED EQUITY	27		
Balance at start of period		4,583,939	4,503,939
Capital contribution		80,000	80,000
Balance at end of period		4,663,939	4,583,939
RESERVES	28		
Asset Revaluation Reserve			
Balance at start of period		11,267,148	8,451,368
Gains/(losses) from asset revaluation		4,235,554	2,815,780
Balance at end of period		15,502,702	11,267,148
ACCUMULATED SURPLUS	29		
Balance at start of period		(1,766,213)	(1,448,347)
Change in accounting policy		-	(248,245)
Restated balance at start of period		(1,766,213)	(1,696,592)
Surplus/(deficit) for the period		319,073	(69,621)
Balance at end of period		(1,447,141)	(1,766,213)
Balance of equity at end of period		18,719,500	14,084,874
Total income and expense for the period (a)		4,554,627	2,497,914

(a) The aggregate net amount attributable to each category of equity is: surplus \$319,073 plus gains from asset revaluation \$4,235,554 (2007: deficit \$69,621 plus gains from asset revaluation \$2,815,780 less changes in accounting policies of \$248,245).

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

Western Australian Alcohol & Drug Authority

Cash Flow Statement

For the year ended 30th June 2008

	Note	2008 \$ Inflows (Outflows)	2007 \$ Inflows (Outflows)
CASH FLOWS FROM STATE GOVERNMENT			
Service appropriations		44,658,924	40,171,766
Capital contributions		80,000	80,000
Net cash provided by State Government	30(c)	<u>44,738,924</u>	<u>40,251,766</u>
Utilised as follows:			
CASH FLOWS FROM OPERATING ACTIVITIES			
Payments			
Supplies and services		(31,816,236)	(27,728,184)
Employee benefits		(15,007,615)	(14,115,727)
GST payments on purchases		-	(384,907)
Receipts			
Other grants and subsidies		1,185,418	90,033
GST receipts on sales		-	13,162
GST refunds from taxation authority		3,543	514,915
Other receipts		1,399,903	1,848,385
Net cash (used in) / provided by operating activities	30(b)	<u>(44,234,987)</u>	<u>(39,762,323)</u>
CASH FLOWS FROM INVESTING ACTIVITIES			
Payments for purchase of non-current physical assets		(13,454)	(44,897)
Proceeds from sale of non-current physical assets	11	871	-
Net cash (used in) / provided by investing activities		<u>(12,583)</u>	<u>(44,897)</u>
Net increase / (decrease) in cash and cash equivalents		491,354	444,546
Cash and cash equivalents at the beginning of period		527,313	82,767
CASH AND CASH EQUIVALENTS AT THE END OF PERIOD	30(a)	<u><u>1,018,667</u></u>	<u><u>527,313</u></u>

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

Notes to the Financial Statements

For the year ended 30th June 2008

Note 1 Australian equivalents to International Financial Reporting Standards

General

The Authority's financial statements for the year ended 30 June 2008 have been prepared in accordance with Australian equivalents to International Financial Reporting Standards (AIFRS), which comprise a Framework for the Preparation and Presentation of Financial Statements (the Framework) and Australian Accounting Standards (including the Australian Accounting Interpretations).

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

Early adoption of standards

The Authority cannot early adopt an Australian Accounting Standard or Australian Accounting Interpretation unless specifically permitted by Treasurer's Instruction 1101 'Application of Australian Accounting Standards and Other Pronouncements'. No Standards and Interpretations that have been issued or amended but are not yet effective have been early adopted by the Authority for the annual reporting period ended 30 June 2008.

Note 2 Summary of significant accounting policies

(a) General Statement

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

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

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

(b) Basis of Preparation

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

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

The financial statements are presented in Australian dollars.

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

Notes to the Financial Statements

For the year ended 30th June 2008

(b) Basis of Preparation (continued)

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

(c) Contributed Equity

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

Transfer of net assets to/from other agencies are designated as contributions by owners where the transfers are non-discretionary and non-reciprocal. (See note 29 'Contributed Equity')

(d) Income

Revenue recognition

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

Sale of goods

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

Rendering of services

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

Service Appropriations

Service Appropriations are recognised as revenues at nominal value in the period in which the Authority gains control of the appropriated funds. The Authority gains control of appropriated funds at the time those funds are deposited to the bank account or credited to the holding account held at Treasury (See note 15 'Service Appropriations').

Grants, donations, gifts and other non-reciprocal contributions

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

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

Notes to the Financial Statements

For the year ended 30th June 2008

(d) Income (continued)

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

Gains

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

(e) Property, Plant and Equipment

Capitalisation/Expensing of assets

Items of property, plant and equipment costing \$5,000 or more are recognised as assets and the cost of utilising assets is expensed (depreciated) over their useful lives. Items of property, plant and equipment costing less than \$5,000 are immediately expensed direct to the Income Statement (other than where they form part of a group of similar items which are significant in total).

Initial recognition and measurement

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

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

Subsequent measurement

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

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

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

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

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

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

Notes to the Financial Statements

For the year ended 30th June 2008

(e) **Property, Plant and Equipment (continued)**

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

Derecognition

Upon disposal or derecognition of an item of property, plant and equipment, any revaluation reserve relating to that asset is retained in the asset revaluation reserve.

Depreciation

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

Land is not depreciated. Depreciation on buildings is calculated using the diminishing value method. Depreciation on plant and equipment is calculated using the diminishing value with a straight-line switch method under which the cost amounts of the assets are allocated on average on a diminishing value basis over the first half of their useful lives and a straight line basis for the second half of the useful lives.

The assets' useful lives are reviewed annually. Expected useful lives for each class of depreciable asset are:

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

Works of art controlled by the Authority are classified as property, plant and equipment, which are anticipated to have very long and indefinite useful lives. Their service potential has not, in any material sense, been consumed during the reporting period and so no depreciation has been recognised.

(f) **Intangible Assets**

Capitalisation/Expensing of assets

Acquisitions of intangible assets costing \$5,000 or more and internally generated intangible assets costing \$5,000 or more are capitalised. The cost of utilising the assets is expensed (amortised) over their useful life. Costs incurred below these thresholds are immediately expensed directly to the Income Statement.

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

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

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

Computer Software	5 years
-------------------	---------

Notes to the Financial Statements

For the year ended 30th June 2008

(f) Intangible Assets (continued)

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

(g) Impairment of Assets

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

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

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

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

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

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

(i) Leases

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

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

Notes to the Financial Statements

For the year ended 30th June 2008

(j) Financial Instruments

In addition to cash, the Authority has two categories of financial instrument:

- Loans and receivables (cash and cash equivalents, receivables); and
- Financial liabilities measured at amortised cost.

These have been disaggregated into the following classes:

Financial Assets

- * Cash and cash equivalents
- * Restricted cash and cash equivalents
- * Receivables
- * Amounts receivable for services

Financial Liabilities

- * Payables
- * WATC borrowings
- * Other borrowings
- * Finance lease liabilities

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

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

(k) Cash and Cash Equivalents

For the purpose of the Cash Flow Statement, cash and cash equivalent (and restricted cash and cash equivalent) assets comprise cash on hand and short-term deposits with original maturities of three months or less that are readily convertible to a known amount of cash and which are subject to insignificant risk of changes in value.

(l) Accrued Salaries

Accrued salaries (refer note 25) represent the amount due to employees but unpaid at the end of the financial year, as the pay date for the last pay period for that financial year does not coincide with the end of the financial year. Accrued salaries are settled within a fortnight of the financial year end. The Authority considers the carrying amount of accrued salaries to be equivalent to its net fair value.

(m) Amounts Receivable for Services (Holding Account)

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

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

Notes to the Financial Statements

For the year ended 30th June 2008

(n) Inventories

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

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

(o) Receivables

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

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

(p) Payables

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

(q) Provisions

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

Provisions - Employee Benefits

Annual Leave and Long Service Leave

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

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

Notes to the Financial Statements

For the year ended 30th June 2008

(q) Provisions - Employee Benefits (continued)

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

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

Sick Leave

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

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

Deferred Leave

The provision for deferred leave relates to Authority employees who have entered into an agreement to self-fund an additional twelve months leave in the fifth year of the agreement. In the fifth year they will receive an amount equal to 80% of the salary they were otherwise entitled to in the fourth year of deferment. The provision recognises the value of salary set aside for employees to be used in the fifth year. The liability has been calculated on current remuneration rates in respect of services provided by the employees up to the balance sheet date and includes related on-costs. Deferred leave is reported as a non-current provision until the fifth year.

Superannuation

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

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

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

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

(See also notes 2(r) Superannuation Expense)

Notes to the Financial Statements

For the year ended 30th June 2008

(q) Provisions - Other (continued)

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

Employment on-costs

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

(r) Superannuation Expense

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

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

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

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

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

(s) Resources Received Free of Charge or for Nominal Cost

Resources received free of charge or for nominal cost that can be reliably measured are recognised as income and as assets or expenses as appropriate, at fair value.

(t) Comparative Figures

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

Notes to the Financial Statements

For the year ended 30th June 2008

Note 3 Judgements made by management in applying accounting policies

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

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

Buildings

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

Note 4 Key sources of estimation uncertainty

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

Buildings

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

Employee benefits provision

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

Notes to the Financial Statements

For the year ended 30th June 2008

Note 5 Disclosure of changes in accounting policy and estimates

Initial application of an Australian Accounting Standard

The Authority has applied the following Australian Accounting Standards and Australian Accounting Interpretations effective for annual reporting periods beginning on or after 1 July 2007 that impacted on the Authority:

1) AASB 7 'Financial Instruments: Disclosures' (including consequential amendments in AASB 2005-10 'Amendments to Australian Accounting Standards [AASB 132, AASB 101, AASB 114, AASB 117, AASB 133, AASB 139, AASB 1, AASB 4, AASB 1023 & AASB 1038]'). This Standard requires new disclosures in relation to financial instruments and while there is no financial impact, the changes have resulted in increased disclosures, both quantitative and qualitative, of the Authority's exposure to risks, including enhanced disclosure regarding components of the Authority's financial position and performance, and changes to the way of presenting certain items in the notes to the financial statements.

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

AASB Standards and Interpretations

101	'Presentation of Financial Statements' (relating to the changes made to the Standard issued in October 2006)
2005-10	'Amendments to Australian Accounting Standards (AASB 132, AASB 101, AASB 114, AASB 117, AASB 133, AASB 139, AASB 1, AASB 4, AASB 1023, & AASB 1038)'
2007-1	'Amendments to Australian Accounting Standards arising from AASB Interpretation 11 [AASB 2]'
2007-4	'Amendments to Australian Accounting Standards arising from ED 151 and Other Amendments (AASB 1, 2, 3, 4, 5, 6, 7, 102, 107, 108, 110, 112, 114, 116, 117, 118, 119, 120, 121, 127, 128, 129, 130, 131, 132, 133, 134, 136, 137, 138, 139, 141, 1023 & 1038)'. The amendments arise as a result of the AASB decision to make available all options that currently exist under IFRSs and that certain additional Australian disclosures should be eliminated. The Treasurer's instructions have been amended to maintain the existing practice when the Standard was first applied and as a consequence there is no financial impact.
2007-5	'Amendments to Australian Accounting Standard - Inventories Held for Distribution by Not-for-Profit Entities [AASB 102]'
2007-7	'Amendments to Australian Accounting Standards [AASB 1, AASB 2, AASB 4, AASB 5, AASB 107 & AASB 128]'
ERR	Erratum 'Proportionate Consolidation [AASB 101, AASB 107, AASB 121, AASB 127, Interpretation 113]'
Interpretation 10	'Interim Financial Reporting and Impairment'
Interpretation 11	'AASB 2 - Group and Treasury Share Transactions'
Interpretation 1003	'Australian Petroleum Resource Rent Tax'

Notes to the Financial Statements

For the year ended 30th June 2008

Note 5 Disclosure of changes in accounting policy and estimates (continued)

Voluntary changes in accounting policy

Effective from 1 July 2007, the Authority has increased its asset capitalisation threshold from \$1,000 to \$5,000 for plant and equipment and intangible assets. The change in asset capitalisation policy does not apply to land and buildings.

Retrospective application of the change in accounting policy has resulted in assets below the \$5,000 threshold amounting to \$248,245 being expensed against the opening balance of accumulated surplus/(deficiency) as at 1 July 2006. The amounts of adjustments for each of the financial periods prior to 2006-07 have not been disclosed, as it is impracticable to trace back acquisitions, disposals, depreciation and amortisation of these assets.

The comparatives for property, plant and equipment, intangible assets, depreciation and amortisation expense, loss on disposal of non-current assets, and repairs, maintenance and consumable equipment expense have been restated to disclose the effect of the policy change (See note 31 'Voluntary changes in accounting policy').

Future impact of Australian Accounting Standards not yet operative

The Authority cannot early adopt an Australian Accounting Standard or Australian Accounting Interpretation unless specifically permitted by Treasurer's Instruction 1101 'Application of Australian Accounting Standards and Other Pronouncements'. Consequently, the Authority has not applied the following Australian Accounting Standards and Australian Accounting Interpretations that have been issued and which may impact the Authority but are not yet effective. Where applicable, the Authority plans to apply these Standards and Interpretations from their application date:

Title	Operative for reporting periods beginning on/after
AASB 101 'Presentation of Financial Statements' (September 2007). This Standard has been revised and will change the structure of the financial statements. These changes will require that owner changes in equity are presented separately from non-owner changes in equity. The Authority does not expect any financial impact when the Standard is first applied.	1 January 2009
Review of AAS 27 'Financial Reporting by Local Governments', 29 'Financial Reporting by Government Departments' and 31 'Financial Reporting by Governments'. The AASB has made the following pronouncements from its short term review of AAS 27, AAS 29 and AAS 31:	
AASB 1004 'Contributions' (December 2007).	1 July 2008
AASB 1050 'Administered Items' (December 2007).	1 July 2008
AASB 1051 'Land Under Roads' (December 2007).	1 July 2008
AASB 1052 'Disaggregated Disclosures' (December 2007).	1 July 2008
AASB 2007-9 'Amendments to Australian Accounting Standards arising from the review of AASs 27, 29 and 31 [AASB 3, AASB 5, AASB 8, AASB 101, AASB 114, AASB 116, AASB 127 & AASB 137] (December 2007).	1 July 2008

Western Australian Alcohol & Drug Authority

Notes to the Financial Statements

For the year ended 30th June 2008

Note	Title	Operative for reporting periods beginning on/after
5	Disclosure of changes in accounting policy and estimates (continued)	
	Interpretation 1038 'Contributions by Owners Made to Wholly-Owned Public Sector Entities' (revised) (December 2007).	1 July 2008
	The existing requirements in AAS 27, AAS 29 and AAS 31 have been transferred to the above new and existing topic-based Standards and Interpretation. These requirements remain substantively unchanged. AASB 1050, AASB 1051 and AASB 1052 only apply to government departments. The other Standards and Interpretation make some modifications to disclosures and provide additional guidance (for example, Australian Guidance to AASB 116 'Property, Plant and Equipment' in relation to heritage and cultural assets has been introduced), otherwise, there will be no financial impact.	
	AASB 3 'Business Combinations' (March 2008)	1 July 2009
	AASB 8 'Operating Segments'	1 January 2009
	AASB 123 'Borrowing Costs' (June 2007). This Standard has been revised to mandate the capitalisation of all borrowing costs attributable to the acquisition, construction or production of qualifying assets. The Authority already capitalises borrowing costs directly attributable to buildings under construction, therefore, this will be no impact on the financial statements when the Standard is first applied.	1 January 2009
	AASB 127 'Consolidated and Separate Financial Statements' (March 2008)	1 July 2009
	AASB 1049 'Whole of Government and General Government Sector Financial Reporting'	1 July 2008
	AASB 2007-2 'Amendments to Australian Accounting Standards arising from AASB Interpretation 12 [AASB 1, AASB 117, AASB 118, AASB 120, AASB 121, AASB 127, AASB 131 & AASB 139]' - paragraphs 1 to 8	1 January 2008
	AASB 2007-3 'Amendments to Australian Accounting Standards arising from AASB 8 [AASB 5, AASB 6, AASB 102, AASB 107, AASB 119, AASB 127, AASB 134, AASB 136, AASB 1023 & AASB 1038]'	1 January 2009
	AASB 2007-6 'Amendments to Australian Accounting Standards arising from AASB 123 [AASB 1, AASB 101, AASB 107, AASB 111, AASB 116 & AASB 138 and Interpretations 1 & 12]'	1 January 2009
	AASB 2007-8 'Amendments to Australian Accounting Standards arising from AASB 101'	1 January 2009
	AASB 2008-1 'Amendments to Australian Accounting Standard - Share-based Payments: Vesting Conditions and Cancellations'	1 January 2009

Western Australian Alcohol & Drug Authority

Notes to the Financial Statements

For the year ended 30th June 2008

Note	Title	Operative for reporting periods beginning on/after
5	Disclosure of changes in accounting policy and estimates (continued)	
	AASB 2008-2 'Amendments to Australian Accounting Standards - Puttable Financial Instruments and Obligations arising on Liquidation [AASB 7, AASB 101, AASB 132, AASB 139 & Interpretation 2]'	1 January 2009
	AASB 2008-3 'Amendments to Australian Accounting Standards arising from AASB 3 and AASB 127 [AASBs 1, 2, 4, 5, 7, 101, 107, 112, 114, 116, 121, 128, 131, 132, 133, 134, 136, 137, 138, 139 and Interpretations 9 & 107]'	1 July 2009
	Interpretation 4 'Determining whether an Arrangement contains a Lease' (February 2007)	1 January 2008
	Interpretation 12 'Service Concession Arrangements'	1 January 2008
	Interpretation 13 'Customer Loyalty Programmes'	1 July 2008
	Interpretation 14 'AASB 119 - The Limit on a Defined Benefit Asset, Minimum Funding Requirements and their Interaction'	1 January 2008
	Interpretation 129 'Service Concession Arrangements: Disclosures'	1 January 2008

Note 6 Services of the Authority

Information about the Authority's services and, the expenses and revenues which are reliably attributable to those services are set out in Note 41.

Drug and Alcohol Services

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

Western Australian Alcohol & Drug Authority

Notes to the Financial Statements

For the year ended 30th June 2008

	2008	2007
Note 7 Employee benefits expense	\$	\$
Salaries and wages (a)	12,918,885	11,443,310
Superannuation - defined contribution plans (b)	1,279,125	1,204,783
Annual leave and time off in lieu leave (c)	1,183,374	1,300,748
Long service leave (c)	121,933	530,834
	<u>15,503,317</u>	<u>14,479,675</u>

(a) Includes the value of the fringe benefit to the employees. The fringe benefits tax component is included at note 12 'Other expenses'.

(b) Defined contribution plans include West State, Gold State and GESB Super Scheme (contributions paid).

(c) Defined benefit plans include Pension scheme and Gold State (pre-transfer benefit).

(d) An equivalent notional income is also recognised. (See note 16 'Liabilities assumed by the Treasurer')

(e) Includes a superannuation contribution component.

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

Note 8 Patient support costs

Medical supplies and services	109,669	70,671
Domestic charges	47,589	17,781
Fuel, light and power	107,283	98,396
Food supplies	62,822	47,081
Patient transport costs	850	986
Purchase of external services	26,940,960	23,767,748
	<u>27,269,173</u>	<u>24,002,663</u>

Note 9 Depreciation and amortisation expense

Depreciation		
Buildings	257,097	216,174
Computer equipment	16,712	20,507
Furniture and fittings	3,862	3,152
Medical equipment	978	1,384
Other plant and equipment	29,874	30,813
	<u>308,523</u>	<u>272,030</u>

Western Australian Alcohol & Drug Authority

Notes to the Financial Statements

For the year ended 30th June 2008

	2008	2007
	\$	\$
Note 10 Capital user charge		
	-	841,000

The charge was a levy applied by Government for the use of its capital.
The final charge was levied in 2006-07.

Note 11 Net gain / (loss) on disposal of non-current assets

Cost of disposal of non-current assets		
Property, plant and equipment	(3,383)	(1,245)
Proceeds from disposal of non-current assets:		
Property, plant and equipment	871	-
Net gain/(loss)	<u>(2,512)</u>	<u>(1,245)</u>

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

Note 12 Other expenses

Communications	166,565	176,905
Computer services	48,732	93,797
Employment on-costs (a)	785,022	1,416,378
Insurance	-	68,423
Legal expenses	-	1,100
Motor vehicle expenses	47,868	17,464
Operating lease expenses	77,748	97,353
Printing and stationery	440,160	190,297
Rental of property	113,143	189,823
Repairs, maintenance and consumable equipment expense	795,679	384,924
Purchase of external services	311,174	161,325
Other	1,948,835	885,385
	<u>4,734,926</u>	<u>3,683,174</u>

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

Western Australian Alcohol & Drug Authority

Notes to the Financial Statements

For the year ended 30th June 2008

	2008	2007
	\$	\$
Note 13 Grants and contributions		
Other grants and contributions		
Ngnowar Aerwah Aboriginal Corporation	905,000	90,033
Healthway	128,622	-
Department of Indigenous Affairs	105,000	-
Other grants	46,796	-
	<u>1,185,418</u>	<u>90,033</u>

Note 14 Other revenues

Recoveries	442,448	302,367
Use of hospital facilities	90	120
Other	1,386,300	1,317,607
	<u>1,828,838</u>	<u>1,620,094</u>

Note 15 Service appropriations

Appropriation revenue received during the year:

- Service appropriations	<u>45,123,268</u>	<u>41,475,326</u>
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Service appropriations are accrual amounts reflecting the net cost of services delivered. The appropriation revenue comprises a cash component and a receivable (asset). The receivable (holding account) comprises the depreciation expense for the year and any agreed increase in leave liability during the year.

Western Australian Alcohol & Drug Authority

Notes to the Financial Statements

For the year ended 30th June 2008

	2008	2007
	\$	\$

Note 16 Liabilities assumed by the Treasurer

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

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

Note 17 Cash and cash equivalents

Cash on hand	3,000	3,000
Cash at bank - general	1,015,667	524,313
	<u>1,018,667</u>	<u>527,313</u>

Note 18 Receivables

Current

Other receivables	68,413	45,742
FBT receivables	491,772	85,508
	<u>560,185</u>	131,250
GST receivable	(1)	3,542
	<u>560,184</u>	<u>134,792</u>

Credit Risk

Ageing of receivables past due but not impaired based on the information provided to senior management, at the balance sheet date:

Not more than 3 months	540,949	37,699
More than 3 months but less than 6 months	19,235	-
More than 6 months but less than 1 year	-	8,043
	<u>560,184</u>	<u>45,742</u>

Western Australian Alcohol & Drug Authority

Notes to the Financial Statements

For the year ended 30th June 2008

Note 18 Receivables (continued)

	2008	2007
	\$	\$
Receivables individually determined as impaired at the balance sheet date:		
Carrying amount, before deducting any impairment loss	<u>560,184</u>	<u>45,742</u>
	560,184	45,742

The Authority does not hold any collateral as security or other credit enhancements relating to receivables.

See also note 2(o) 'Receivables' and note 40 'Financial instruments'.

Note 19 Amounts receivable for services

Non-current	<u>2,433,673</u>	<u>1,969,329</u>
	2,433,673	1,969,329

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

Note 20 Inventories

Current		
Pharmaceutical stores - at cost	<u>27,930</u>	<u>24,444</u>
	27,930	24,444

See note 2(n) 'Inventories'.

Note 21 Other current assets

Prepayments	<u>3,879</u>	-
	3,879	-

Western Australian Alcohol & Drug Authority

Notes to the Financial Statements

For the year ended 30th June 2008

	2008	2007
	\$	\$
Note 22 Property, plant and equipment		
Land		
<i>At fair value (a)</i>	7,520,800	6,267,000
	<u>7,520,800</u>	<u>6,267,000</u>
Buildings		
<i>At fair value</i>	11,283,057	8,535,000
<i>Accumulated depreciation</i>	(23,400)	-
	<u>11,259,657</u>	<u>8,535,000</u>
<i>Total land and buildings</i>	<u>18,780,457</u>	<u>14,802,000</u>
Computer equipment		
<i>At cost</i>	116,361	217,082
<i>Accumulated depreciation</i>	(86,949)	(172,638)
	<u>29,412</u>	<u>44,444</u>
Furniture and fittings		
<i>At cost</i>	90,756	90,756
<i>Accumulated depreciation</i>	(70,781)	(66,919)
	<u>19,975</u>	<u>23,837</u>
Medical equipment		
<i>At cost</i>	10,750	10,750
<i>Accumulated depreciation</i>	(7,981)	(7,003)
	<u>2,769</u>	<u>3,747</u>
Other plant and equipment		
<i>At cost</i>	302,744	304,756
<i>Accumulated depreciation</i>	(209,605)	(184,235)
	<u>93,139</u>	<u>120,521</u>
Total of property, plant and equipment	<u>18,925,752</u>	<u>14,994,549</u>

Notes to the Financial Statements

For the year ended 30th June 2008

Note 22 Property, plant and equipment (continued)

(a) Land and buildings were revalued as at 1 July 2007 by the Western Australian Land Information Authority (Valuation Services). The valuations were performed during the year ended 30 June 2008 and recognised at 30 June 2008. In undertaking the revaluation, fair value was determined by reference to market values for land: \$7,520,800 and buildings: \$11,283,057. See note 2(e) 'Property, Plant and Equipment'.

Valuation Services, the Office of the Auditor General and the Department of Treasury and Finance assessed the valuations globally to ensure that the valuations provided (as at 1 July 2007) were compliant with fair value at 30 June 2008.

Reconciliations

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

	2008	2007
	\$	\$
<i>Land</i>		
Carrying amount at start of year	6,267,000	4,989,000
Revaluation increments / (decrements)	1,253,800	1,278,000
Carrying amount at end of year	<u>7,520,800</u>	<u>6,267,000</u>
<i>Buildings</i>		
Carrying amount at start of year	8,535,000	7,213,394
Revaluation increments / (decrements)	2,981,754	1,537,780
Depreciation	<u>(257,097)</u>	<u>(216,174)</u>
Carrying amount at end of year	<u>11,259,657</u>	<u>8,535,000</u>
<i>Computer equipment</i>		
Carrying amount at start of year	44,444	26,239
Additions	8,245	38,712
Write-down of assets	(6,565)	-
Depreciation	<u>(16,712)</u>	<u>(20,507)</u>
Carrying amount at end of year	<u>29,412</u>	<u>44,444</u>

Western Australian Alcohol & Drug Authority

Notes to the Financial Statements

For the year ended 30th June 2008

	2008	2007
	\$	\$
Note 22 Property, plant and equipment (continued)		
<i>Furniture and fittings</i>		
Carrying amount at start of year	23,837	28,235
Disposals	-	(1,246)
Depreciation	(3,862)	(3,152)
Carrying amount at end of year	<u>19,975</u>	<u>23,837</u>
<i>Medical equipment</i>		
Carrying amount at start of year	3,747	5,131
Depreciation	(978)	(1,384)
Carrying amount at end of year	<u>2,769</u>	<u>3,747</u>
<i>Other plant and equipment</i>		
Carrying amount at start of year	120,521	146,775
Additions	7,500	4,559
Write-down of assets	(1,625)	-
Disposals	(3,383)	-
Depreciation	(29,874)	(30,813)
Carrying amount at end of year	<u>93,139</u>	<u>120,521</u>
<i>Total property, plant and equipment</i>		
Carrying amount at start of year	14,994,549	12,408,774
Additions	15,745	43,271
Write-down of assets	(8,190)	-
Disposals	(3,383)	(1,246)
Revaluation increments / (decrements)	4,235,554	2,815,780
Depreciation	(308,523)	(272,030)
Carrying amount at end of year	<u>18,925,752</u>	<u>14,994,549</u>

Western Australian Alcohol & Drug Authority

Notes to the Financial Statements

For the year ended 30th June 2008

Note 23 Impairment of Assets

There were no indications of impairment to property, plant and equipment, and intangible assets at 30 June 2008.

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

All surplus assets at 30 June 2008 have either been classified as assets held for sale or written off.

2008	2007
\$	\$

Note 24 Intangible assets

Computer software

At cost

-	32,470
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Accumulated amortisation

-	(32,470)
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-	-
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Note 25 Payables

Current

Trade creditors

555,520	70,161
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Other creditors

20,000	321,327
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Accrued expenses

55,410	50,112
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Accrued salaries

666,640	72,609
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1,297,570	514,209
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(See also note 2(p) 'Payables' and note 40 'Financial instruments')

Note 26 Provisions

Current

Employee benefits provision

Annual leave (a)

1,109,939	1,134,284
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Time off in lieu leave (a)

144,335	82,134
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Long service leave (b)

947,259	882,452
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Deferred salary scheme

-	114,508
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2,201,533	2,213,378
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Western Australian Alcohol & Drug Authority

Notes to the Financial Statements

For the year ended 30th June 2008

	2008	2007
	\$	\$
Note 26 Provisions (continued)		
Non-current		
Employee benefits provision		
Long service leave (b)	751,482	837,966
	<u>751,482</u>	<u>837,966</u>
Total Provisions	<u>2,953,015</u>	<u>3,051,344</u>
(a) Annual leave liabilities and time off in lieu leave liabilities have been classified as current as there is no unconditional right to defer settlement for at least 12 months after balance sheet date. Assessments indicate that actual settlement of the liabilities will occur as follows:		
Within 12 months of balance sheet date	1,254,274	1,216,418
More than 12 months after balance sheet date	-	-
	<u>1,254,274</u>	<u>1,216,418</u>
(b) Long service leave liabilities have been classified as current where there is no unconditional right to defer settlement for at least 12 months after balance sheet date. Assessments indicate that actual settlement of the liabilities will occur as follows:		
Within 12 months of balance sheet date	414,065	384,383
More than 12 months after balance sheet date	1,284,676	1,336,035
	<u>1,698,741</u>	<u>1,720,418</u>

(c) The settlement of annual and long service leave liabilities give rise to the payment of employment on-costs including workers compensation insurance. The provision is the present value of expected future payments. The associated expense, apart from the unwinding of the discount (finance cost), is included at note 12 'Other expenses'.

Western Australian Alcohol & Drug Authority

Notes to the Financial Statements

For the year ended 30th June 2008

	2008 \$	2007 \$
Note 27 Contributed equity		
Equity represents the residual interest in the net assets of the Authority. The Government holds the equity interest in the Authority on behalf of the community. The asset revaluation reserve represents that portion of equity resulting from the revaluation of non-current assets.		
Balance at start of the year	4,583,939	4,503,939
Contributions by owners		
Capital contributions (a)	80,000	80,000
Balance at end of year	<u>4,663,939</u>	<u>4,583,939</u>

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

Note 28 Reserves

Asset revaluation reserve (a)		
Balance at start of year	11,267,148	8,451,368
Net revaluation increments / (decrements) (b) (c):		
Land	1,253,800	1,278,000
Buildings	<u>2,981,754</u>	<u>1,537,780</u>
Balance at end of year	<u>15,502,702</u>	<u>11,267,148</u>

(a) The asset revaluation reserve is used to record increments and decrements on the revaluation of non-current assets.

(b) Any increment is credited directly to the asset revaluation reserve, except to the extent that any increment reverses a revaluation decrement previously recognised as an expense.

(c) Any decrement is recognised as an expense in the Income Statement, except to the extent that any decrement reverses a revaluation increment previously credited to the asset revaluation reserve.

Western Australian Alcohol & Drug Authority

Notes to the Financial Statements

For the year ended 30th June 2008

	2008	2007
	\$	\$
Note 29 Accumulated surplus/(deficit)		
Balance at start of year	(1,766,213)	(1,448,347)
Result for the period	319,073	(69,621)
Change in accounting policy	-	(248,245)
Balance at end of year	<u>(1,447,141)</u>	<u>(1,766,213)</u>

Note 30 Notes to the Cash Flow Statement

a) Reconciliation of cash

Cash assets at the end of the financial year as shown in the Cash Flow Statement is reconciled to the related items in the Balance Sheet as follows:

Cash and cash equivalents (see note 17)	<u>1,018,667</u>	<u>527,313</u>
	1,018,667	527,313

b) Reconciliation of net cash flows to net cost of services used in operating activities

Net cash used in operating activities (Cash Flow Statement)	(44,234,987)	(39,762,323)
Increase/(decrease) in assets:		
GST receivable	(3,543)	(143,170)
Other current receivables	428,935	(228,289)
Inventories	3,486	(3,267)
Prepayments	3,879	(64,292)
Decrease/(increase) in liabilities:		
Payables	(783,361)	176,657
Current provisions	11,845	(279,018)
Non-current provisions	86,484	(127,862)
Other liabilities	-	2,519
Non-cash items:		
Depreciation and amortisation expense (note 9)	(308,523)	(272,030)
Net gain/(loss) from disposal of non-current assets (note 11)	2,512	(1,245)
Capital user charge paid by Department of Health (note 10)	-	(841,000)
Superannuation liabilities assumed by the Treasurer (note 16)	-	(24,713)
Write down of property, plant and equipment (note 22)	(8,190)	-
Adjustment for other non-cash items	<u>(2,732)</u>	<u>(1,627)</u>
Net cost of services (Income Statement)	<u>(44,804,196)</u>	<u>(41,569,660)</u>

Western Australian Alcohol & Drug Authority

Notes to the Financial Statements

For the year ended 30th June 2008

	2008	2007
	\$	\$
Note 30 Notes to the Cash Flow Statement (continued)		
c) Notional cash flows		
Service appropriations as per Income Statement	45,123,268	41,475,326
Capital contributions credited directly to Contributed Equity (Refer Note 27)	80,000	80,000
	<u>45,203,268</u>	<u>41,555,326</u>
Less notional cash flows:		
Capital user charge	-	(841,000)
Accrual appropriations	(464,344)	(462,560)
	<u>(464,344)</u>	<u>(1,303,560)</u>
Cash Flows from State Government as per Cash Flow Statement	<u>44,738,924</u>	<u>40,251,766</u>

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

Notes to the Financial Statements

For the year ended 30th June 2008

Note 31 Voluntary changes in accounting policy

Effective from 1 July 2007, the Authority has increased its asset capitalisation threshold from \$1,000 to \$5,000 for plant and equipment and intangible assets (See note 5 'Voluntary changes in accounting policy'). The adjustments relating to the 2006-07 financial year are as follows:

Reconciliation of equity at the end of the last reporting period under previous asset capitalisation policy : 30 June 2007

	Before policy change 30th June 2007	Adjustment	After policy change 30th June 2007
	\$	\$	\$
Assets			
Current Assets	686,549	-	686,549
Non-Current Assets (a) (b)	17,154,488	(190,610)	16,963,878
Total Assets	17,841,037	(190,610)	17,650,427
Liabilities			
Current Liabilities	2,727,587	-	2,727,587
Non-Current Liabilities	837,966	-	837,966
Total Liabilities	3,565,553	-	3,565,553
Total Equity (c)	14,275,484	(190,610)	14,084,874
Accumulated surplus/(deficiency)			
Opening balance	(1,448,347)	(248,245)	(1,696,592)
Surplus/(Deficit) for the period	(127,256)	57,635	(69,621)
Closing balance	(1,575,603)	(190,610)	(1,766,213)
<i>(a) Property, plant and equipment</i>	15,182,547	(187,998)	14,994,549
<i>(b) Intangible assets</i>	2,612	(2,612)	-
<i>(c) Accumulated surplus/(deficiency)</i>	(1,575,603)	(190,610)	(1,766,213)

Notes to the Financial Statements

For the year ended 30th June 2008

Note 31 Voluntary changes in accounting policy (continued)

Reconciliation of income statement for the year ended 30 June 2007

	Before policy change 30th June 2007	Adjustment	After policy change 30th June 2007
	\$	\$	\$
Expenses (a)	43,337,422	(57,635)	43,279,787
Total income other than income from State Government	1,710,127	-	1,710,127
Net cost of services	41,627,295	(57,635)	41,569,660
 Income from State Government	 41,500,039	 -	 41,500,039
Surplus/(Deficit) for the period	(127,256)	57,635	(69,621)
 (a) <i>Depreciation and amortisation expense</i>	 383,283	 (111,253)	 272,030
<i>Loss on disposal of non- current assets</i>	4,795	(3,550)	1,245
<i>Repairs, maintenance and consumable equipment</i>	327,756	57,168	384,924
	<u>715,834</u>	<u>(57,635)</u>	<u>658,199</u>

Reconciliation of cash flow statement for the year ended 30 June 2007

	Before policy change 30th June 2007	Adjustment	After policy change 30th June 2007
	\$	\$	\$
Cash flows from State Government	40,251,766	-	40,251,766
Utilised as follows:			
Net cash (used in) / provided by -			
Operating activities (a)	(39,706,780)	(55,543)	(39,762,323)
Investing activities (b)	(100,440)	55,543	(44,897)
Net increase / (decrease) in cash and cash equivalents	444,546	-	444,546

Notes to the Financial Statements

For the year ended 30th June 2008

Note 31 Voluntary changes in accounting policy (continued)

Reconciliation of cash flow statement for the year ended 30 June 2007

	Before policy change 30th June 2007	Adjustment	After policy change 30th June 2007
	\$	\$	\$
Cash and cash equivalents at the beginning of period	82,767	-	82,767
Cash and cash equivalents at the end of period	527,313	-	527,313
<i>(a) Payments for supplies and services</i>	(27,672,641)	(55,543)	(27,728,184)
<i>(b) Payments for purchase of non-current physical assets</i>	(100,440)	55,543	(44,897)

Western Australian Alcohol & Drug Authority

Notes to the Financial Statements

For the year ended 30th June 2008

Note 32 Remuneration of members of the Accountable Authority and senior officers

Remuneration of members of the Accountable Authority

The number of members of the Accountable Authority, whose total of fees, salaries, superannuation and other benefits for the financial year, fall within the following bands are:

	2008	2007
\$0 - \$10,000	2	2
\$10,001 - \$20,000	1	1
	3	3

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

12,446	13,394
--------	--------

Remuneration of senior officers

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

	2008	2007
\$10,001 - \$20,000	-	1
\$50,001 - \$60,000	1	-
\$60,001 - \$70,000	1	-
\$90,001 - \$100,000	-	1
\$100,001 - \$110,000	-	1
\$110,001 - \$120,000	-	1
\$120,001 - \$130,000	2	3
\$130,001 - \$140,000	1	-
\$140,001 - \$150,000	1	-
\$160,001 - \$170,000	-	1
\$190,001 - \$200,000	1	-
\$200,001 - \$280,000	-	1
\$320,001 - \$340,000	1	-
	8	9

The total remuneration of senior officers is:

2008	2007
1,179,652	1,136,931

Notes to the Financial Statements

For the year ended 30th June 2008

Note 32 Remuneration of members of the Accountable Authority and senior officers (continued)

The total remuneration includes the superannuation expense incurred by the Authority in respect of senior officers other than senior officers reported as members of the Accountable Authority.

No senior officers are members of the Pension Scheme.

Note 33 Remuneration of auditor

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

	2008	2007
	\$	\$
Auditing the accounts, financial statements and performance indicators	41,600	37,000

Note 34 Commitments

Operating lease commitments:

Commitments in relation to non-cancellable leases contracted for at the balance sheet date but not recognised in the financial statements, are payable as follows:

Within 1 year	46,512	55,231
Later than 1 year, and not later than 5 years	41,057	37,061
	<u>87,569</u>	<u>92,292</u>

The operating lease commitments are all inclusive of GST.

Note 35 Contingent liabilities and contingent assets

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

Note 36 Events occurring after balance sheet date

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

Western Australian Alcohol & Drug Authority

Notes to the Financial Statements

For the year ended 30th June 2008

Note 37 Related bodies

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

The Authority had no related bodies during the financial year.

Note 38 Affiliated bodies

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

The Authority had no affiliated bodies during the financial year.

Notes to the Financial Statements

For the year ended 30th June 2008

Note 39 Explanatory Statement

(A) Significant variances between actual results for 2007 and 2008

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

	Note	2008 Actual \$	2007 Actual \$	Variance \$
Expenses				
Patient support costs	(a)	27,269,173	24,002,663	3,266,510
Depreciation and amortisation expense	(b)	308,523	272,030	36,493
Capital user charge	(c)	-	841,000	(841,000)
Loss on disposal of non-current assets	(d)	2,512	1,245	1,267
Other expenses	(e)	4,734,926	3,683,174	1,051,752
Income				
Other grants and contributions	(f)	1,185,418	90,033	1,095,385
Other revenues	(g)	1,828,838	1,620,094	208,744
Service appropriations	(h)	45,123,268	41,475,326	3,647,942
Liabilities assumed by the Treasurer	(i)	-	24,713	(24,713)

(a) Patient support costs

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

(b) Depreciation and amortisation expense

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

(c) Capital user charge

The State Government has abolished the Capital user charge in 2007/08.

(d) Loss on disposal of non-current assets

The variance is principally attributable to a review and write down of assets in 2007-08 that have exceeded their useful life.

(e) Other expenses

The change in other expenses is largely due to the increase in printing and advertising costs and renovations at East Perth.

Notes to the Financial Statements

For the year ended 30th June 2008

Note 39 Explanatory Statement (continued)

(f) Other grants and contributions

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

(g) Other revenues

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

(h) Service appropriations

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

(i) Liabilities assumed by the Treasurer

The variance relates to the assumption of the pension superannuation liabilities by the Treasurer from July 2007.

Notes to the Financial Statements

For the year ended 30th June 2008

Note 39 Explanatory Statement (continued)

(B) Significant variations between estimates and actual results for 2008

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

	Note	2008 Actual \$000	2008 Estimates \$000	Variance \$000
Operating expenses				
Employee benefits expense	(a)	15,503	18,136	-2,633
Other goods and services	(b)	32,315	29,337	2,978
Total expenses		47,818	47,473	345
Less: Revenues	(c)	-3,014	-2,350	-664
Net cost of services		44,804	45,123	-319

(a) Employee benefits expense

Employee expenses were less than estimated mainly due to the decrease payment of FBT liability.

(b) Other goods and services

The \$2.3m increase in other goods and services expenses compared to budget is mainly attributable to several contracts to the NGO sector for specific drug and alcohol program initiatives being greater than those estimated.

(c) Revenues

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

Notes to the Financial Statements

For the year ended 30th June 2008

Note 40 Financial instruments

a) Financial risk management objectives and policies

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

Credit risk

Credit risk arises when there is the possibility of the Authority's receivables defaulting on their contractual obligations resulting in financial loss to the Authority. The Authority measures credit risk on a fair value basis and monitors risk on a regular basis.

The maximum exposure to credit risk at balance sheet date in relation to each class of recognised financial assets is the gross carrying amount of those assets inclusive of any provisions for impairment as shown in the table at Note 40(c).

Credit risk associated with the Authority's financial assets is minimal because the main receivable is the amounts receivable for services (holding account). For receivables other than government, the Authority trades only with recognised, creditworthy third parties. The Authority has policies in place to ensure that sales of products and services are made to customers with an appropriate credit history. In addition, receivable balances are monitored on an ongoing basis with the result that the Authority's exposure to bad debts is minimal. There are no significant concentrations of credit risk.

Provision for impairment of financial assets is calculated based on past experience, and current and expected changes in client credit ratings. For financial assets that are either past due or impaired, refer to Note 18 'Receivables'.

Liquidity risk

The Authority is exposed to liquidity risk through its normal course of operations. Liquidity risk arises when the Authority is unable to meet its financial obligations as they fall due.

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

Market risk

The Authority does not trade in foreign currency and is not exposed to other price risks (for example, equity securities or commodity prices changes).

b) Categories of financial instruments

In addition to cash and bank overdraft, the carrying amounts of each of the following categories of financial assets and financial liabilities at the balance sheet date are as follows:

	2008 \$000	2007 \$000
Financial Assets		
Cash and cash equivalents	1,019	527
Loans and receivables (a)	2,994	2,101
Financial Liabilities		
Financial liabilities measured at amortised cost	1,298	514

(a) The amount of loans and receivables excludes GST recoverable from the ATO (statutory receivable).

Notes to the Financial Statements

For the year ended 30th June 2008

Note 40 Financial instruments (continued)

c) Financial instrument disclosures

Credit risk, liquidity risk and interest rate risk exposure

The following table details the exposure to liquidity risk and interest rate risk as at the balance sheet date. The Authority's maximum exposure to credit risk at the balance sheet date is the carrying amount of the financial assets as shown on the following table. The table is based on information provided to senior management of the Authority. The contractual maturity amounts in the table are representative of the undiscounted amounts at the balance sheet date. An adjustment for discounting has been made where material.

As at 30th June 2008	Weighted average effective interest rate	Variable interest rate	Non-Interest bearing	Contractual maturity dates						Total
				Within 1 year	1-2 years	2-3 years	3-4 years	4-5 years	More than 5 years	
	%	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000
Financial Assets										
Cash and cash equivalents		-	1,019							1,019
Receivables (a)			560							560
Amounts receivable for services			2,434							2,434
		-	4,013	-	-	-	-	-	-	4,013
Financial Liabilities										
Payables			1,298							1,298
Borrowings										
		-	1,298	-	-	-	-	-	-	1,298

(a) The amount of receivables excludes GST recoverable from the ATO (statutory receivable).

The amounts disclosed are the contractual undiscounted cash flows of each class of financial liabilities.

Western Australian Alcohol & Drug Authority

Notes to the Financial Statements

For the year ended 30th June 2008

Note 41 Schedule of Income and Expenses by Services

	Drug and Alcohol Office		Total	
	2008	2007	2008	2007
	\$	\$	\$	\$
COST OF SERVICES				
Expenses				
Employee benefits expense	15,503,317	14,479,675	15,503,317	14,479,675
Patient support costs	27,269,173	24,002,663	27,269,173	24,002,663
Depreciation and amortisation expense	308,523	272,030	308,523	272,030
Capital user charge	-	841,000	-	841,000
Loss on disposal of non-current assets	2,512	1,245	2,512	1,245
Other expenses	4,734,926	3,683,174	4,734,926	3,683,174
Total cost of services	47,818,451	43,279,787	47,818,451	43,279,187
INCOME				
Revenue				
Other grants and contributions	1,185,418	90,033	1,185,418	90,033
Other revenues	1,828,838	1,620,094	1,828,838	1,620,094
Gains				
Total income other than income from State Government	3,014,256	1,710,127	3,014,256	1,710,127
NET COSTS OF SERVICES	44,804,195	41,569,660	44,804,195	41,569,660
INCOME FROM STATE GOVERNMENT				
Service appropriations	45,123,268	41,475,326	45,123,268	41,475,326
Liabilities assumed by the Treasurer	-	24,713	-	24,713
Total income from State Government	45,123,268	41,500,039	45,123,268	41,500,039
SURPLUS(DEFICIT) FOR THE PERIOD	319,073	(69,621)	319,073	(69,621)

Key Performance Indicators

Certificate of Key Performance Indicators

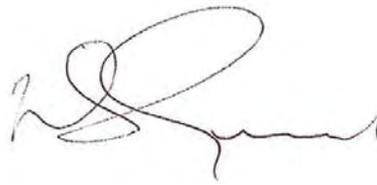
Western Australian Alcohol and Drug Authority
Certification of Performance Indicators
For the year ended 30 June 2008

We hereby certify that the Performance Indicators are based on proper records, are relevant and appropriate for assisting users to assess the Western Australian Alcohol and Drug Authority's performance, and fairly represent the performance of the Authority for the financial year ending 30 June 2008.



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

16 September 2008



Neil Guard
Executive Director
Drug and Alcohol Office
Western Australian Alcohol
and Drug Authority

16 September 2008

Effectiveness Indicators

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

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

Indicators 1.5, 1.6 and 1.7 are for inpatient and outpatient services provided by not-for-profit organisations funded by the Western Australian Alcohol and Drug Authority. These include four metropolitan CDSs, seven regional CDSTs and 23 organisations which provide treatment services, eight of which provide inpatient residential services.

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

Effectiveness Indicators 1.1 - 1.7

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

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

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

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

Component of treatment	Target	2007/08	2006/07	2005/06	2004/05	2003/04
General health	60%	60%	66%	69%	71%	64%
Psychological health	60%	60%	66%	68%	71%	63%
Social relationships	60%	53%	59%	63%	65%	57%
Primary drug use	60%	67%	73%	77%	77%	69%

Notes:

- This indicator is drawn from a census of outpatient clients that have left a program of treatment during the financial year 2007/08.
- Those clients who attended services for assessments but did not proceed to a treatment program during the year were excluded.
- The rating of "improved" used in the indicator includes clients who were rated as "improved" and "much improved" by clinicians.
- The population for this indicator is made up of those clients who left a program of treatment during 2007/08. The population size is 1,197.
- Assessments of improvement were made for 549 clients or 46% of the 1197 clients who left a treatment program. Clients who dropped out of treatment and who were lost to follow up had their outcome rated as unknown and these clients were not included in the analysis.
- While the figures for 2007/08 have generally met target, the overall reduction compared with previous years is considered to reflect an increased complexity in client presentations. In this year Next Step had an increased focus on specialist services. The small reduction in the social relationship rating may reflect the impact of economic changes (cost of living, housing) on social functioning for this vulnerable population.

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

Research shows that levels of client satisfaction with drug and alcohol treatment are related to treatment retention and successful treatment outcome.

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

	Target	2007/08	2006/07	2005/06	2004/05	2003/04
Satisfied	90%	93%	94%	89%	94%	92%

Notes:

- This indicator refers to the population of Western Australian Alcohol and Drug Authority outpatient clients who were treated during 2007/08. The total number of clients entering treatment was 4,152.
- The population for this survey were clients receiving outpatient treatment (excluding assessment only) at Next Step during 2007/08. The population size was 2,680 and the survey sample size was 364.
- Data were collected via a paper and pencil survey conducted between December 2007 and June 2008.
- The delay in data collection was due to the need to develop the survey methodology in response to the Auditor's feedback to the 2006/2007 Annual Report.
- The level of satisfaction with outpatient treatment services for this population was assessed via a client survey which was carried out from December 2007 to June 2008 at Western Australian Alcohol and Drug Authority services in East Perth (including Youth Services) and the integrated services at Warwick, Rockingham, Fremantle, Gosnells and North Perth.
- The survey was conducted once a month on two consecutive days with the exception of June when the survey was conducted for six days. Each month the days were varied.
- Clients who were attending for an assessment only or who were considered by a clinician to be distressed were excluded from the survey. Some clients declined to participate.

- At those clinics where the services were integrated (i.e., government and not-for-profit services were co-located) the issue of 'ownership' of the clients was defined by the type of service the client received on the day of the survey. Counselling services were provided by staff from the not-for-profit organisations, therefore clients attending for counselling at the integrated services were excluded from the survey.
- On the designated survey days, a total of 532 clients were identified from appointment lists as being eligible to participate in the client satisfaction survey (i.e., clients attending for assessment only). Of those, 364 completed a survey, giving a response rate of 68%, while 160 refused to participate giving a refusal rate of 30%. Nine clients (2%) were not invited to participate in the client satisfaction survey due to administrative reasons. The sampling precision is plus or minus 4.78% at the 95% confidence level with a presumed proportion of incidence in the population of 0.5.

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

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

Table 1.3.1: Percentage of clients rated as "improved" when leaving an inpatient treatment program at the Western Australian Alcohol and Drug Authority

Component of treatment	Target	2007/08	2006/07	2005/06	2004/05	2003/04
General health	90%	84%	90%	85%	93%	89%
Psychological health	90%	84%	89%	84%	93%	88%
Social relationships	90%	83%	87%	84%	90%	83%
Primary drug use	90%	85%	90%	85%	93%	91%

Notes:

- This indicator is drawn from a census of inpatient clients who left an inpatient withdrawal treatment program during the financial year 2007/08.
- The rating "improved" includes clients who are rated as "improved" and "much improved" by clinicians.
- The population for this indicator is made up of those clients who left an inpatient withdrawal treatment program during the financial year 2007/08. The population size is 528.
- Assessments of improvement were made for 508 clients or 96% of the 528 clients who left an inpatient withdrawal treatment program.
- During the year the number of admissions increased and the reductions in ratings may be the result of more clients with a poor prognosis being admitted to the unit.

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

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

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

	Target	2007/08	2006/07	2005/06	2004/05	2003/04
Satisfied	95%	99%	96%	98%	95%	96%

Notes:

- This indicator refers to the population of inpatient clients who left a program of treatment during the year, the population size is 528.
- Clients leaving inpatient treatment services at Western Australian Alcohol and Drug Authority services in East Perth throughout 2007/08 were surveyed to assess their level of satisfaction with treatment. Information was collected by direct interview with clients.
- 528 clients were discharged during the year. Of these, 353 participated in the survey, giving a response rate of 67%.

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

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

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

Service type	Target	2007/08	2006/07	2005/06	2004/05	2003/04
Inpatient	60%	58%	53%	50%	51%	63%
Outpatient	60%	64%	63%	65%	62%	66%

Notes:

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

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

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

Table 1.6.1: Percentage of clients showing improvements for each component of treatment between "pre" and "post" treatment ratings for inpatient and outpatient services in not-for-profit organisations funded by the Western Australian Alcohol and Drug Authority

Component of treatment	Target (% change)	2007/08			2006/07		
		Pre	Post	Change in %	Pre	Post	Change in %
General health	30%	40%	58%	+18	42%	63%	+21
Psychological health	30%	18%	39%	+21	19%	43%	+24
Social relationships	20%	49%	63%	+14	52%	67%	+15
Primary drug use	30%	30%	58%	+28	34%	61%	+27

	2005/06			2004/05			2003/04		
	Pre	Post	Change in %	Pre	Post	Change in %	Pre	Post	Change in %
	44%	68%	+24	43%	64%	+21	39%	63%	+24
	21%	43%	+22	20%	42%	+22	18%	42%	+24
	54%	71%	+17	52%	67%	+15	46%	59%	+13
	35%	69%	+34	33%	62%	+29	28%	68%	+40

Notes:

- This indicator is drawn from a census of clients that have left a program of inpatient or outpatient treatment during the financial year 2007/08.

- Information is based on self-report ratings made by clients regarding their health, levels of stress (which is used as an indication of their psychological health), social relationships and the extent of problems experienced as a result of drug and alcohol use.
- Between July and December 2007, these ratings were made at the beginning of treatment and at or near completion. Since January 2008, ratings were made at the beginning of treatment and at every third visit. The final post-treatment evaluation data was entered onto the database once the client had left treatment.
- The questionnaire uses a five point rating scale for each of the conditions listed above. Clients who rated their condition in the two most positive rating categories were rated as “positive” for this indicator.
- The following people are not included in this measure:
 - clients who did not complete treatment;
 - clients who remained in treatment at the end of the year;
 - clients who chose not to fill in a self-report questionnaire;
 - people diverted from the court system for an education program regarding cannabis; and
 - people who received services to assist with alcohol or drug problems of relatives or friends.
- There are a number of conditions under which clients may not participate in this census. These are as follows:
 - left treatment prior to completion;
 - refused to complete the questionnaire;
 - considered by a clinician to be distressed and were therefore not invited to participate in the census; or
 - administrative reasons.
- Some clients accessed more than one episode of treatment during the year and some may have contributed to more than one rating.
- Outpatient ratings include residential (n=595) and non-residential (n=7,143). The population size used was 7,738 which is the total number of clients completing treatment for inpatient and outpatient services. The minimum number of responses to each of the questions used for this indicator was 2,283. Therefore the response rate for the census was 30% over the whole financial year.
- Clients have reported improvements in health and relationship status and a reduction in drug use. There is a close correlation between the actual and targeted change in drug use. However, achieving changes in general and mental health status and in relationships is more difficult and although significant gains have been made, these targets have been more difficult to achieve.
- The 2006/07 result may be unreliable as the response rate was under 50%.
- This year the response rate was also under 50%.

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

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

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

	Target	2007/08	2006/07	2005/06	2004/05	2003/04
Satisfied	95%	93%	94%	93%	91%	95%

Notes:

- The notes for Table 1.6.1 also apply to the above table as the data for this indicator is taken from the post-treatment questionnaire.
- Categories of “very” and “moderately” satisfied with services were combined for the above ratings.
- Responses received were 2,322 for this indicator.
- This table combines inpatient and outpatient ratings.
- The 2006/07 result may be unreliable as the response rate was under 50%.
- This year the response rate was also under 50%.
- The level of satisfaction is stable and very close to the target level.

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

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

Effectiveness Indicator 2.1

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

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

Table 2.1.1: Percentage of participants in training with positive ratings of training outcomes

Training outcome	Target	2007/08	2006/07	2005/06	2004/05	2003/04
Usefulness to participant's work or study	80%	84%	86%	82%	72%	78%
Increase in knowledge of drug and alcohol issues	65%	72%	75%	69%	63%	65%
Increase in level of confidence working in this area	55%	61%	65%	59%	58%	55%
Increase in competence to work with drug and alcohol issues	55%	59%	62%	55%	57%	53%

Notes:

- Information is based on post training evaluation questionnaires completed by all participants in events that were evaluated.
- All relevant training sessions were evaluated. This was 140 training events.
- The questionnaire uses a five point rating scale. The above ratings are based on the number of participants rating a training outcome in one of the two most positive categories, namely "a lot" or "extremely satisfied".
- The population for the first two outcomes listed in the above table (usefulness and knowledge) was 3,006 and the population for the last two outcomes (confidence and competence) was 1,024.
- The response rate for the first two outcomes was 82% and 91% for the last two outcomes.

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

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

Effectiveness Indicators 3.1 - 3.3

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

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

Alcohol is a major cause of disease and injury. The Western Australian Alcohol and Drug Authority impacts on alcohol consumption by preventing or delaying the onset of risky alcohol use and reducing the harm that may result from risky use. Consuming alcohol at levels of long-term risk relates to poor health outcomes and short-term risk of injury such as road crash, assault and other social problems. This indicator uses information from a survey conducted every three years and provides a view of alcohol and drug use over time.

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

	Target	2007/08	2004/05	2001/02	1998/99	1995/96
Prevalence of alcohol use (% who consumed alcohol in past 12 months)	90%	86%	87%	84%	86%	80%
Long-term risk consumption	10%	12%	11%	11%	n/a	n/a
Short-term risk consumption	38%	37%	39%	38%	n/a	n/a
Prevalence of illegal drug use (% who consumed any illegal drugs in past 12 months)	16%	16%	17%	19%	22%	n/a
Prevalence of illegal drug use excluding cannabis	7%	5%	6%	8%	9%	n/a

Notes:

- Information is based on the National Drug Strategy Household Survey (NDSHS) which is conducted every three years and published by the Australian Institute of Health and Welfare.
- The most recent figures are from the 2007 National Drug Strategy Household Survey: State and Territory supplement. This data collected in 2007 was used for 2007/08 KPIs.
- Illegal drug use refers to the use of amphetamines, heroin, cocaine, hallucinogens, MDMA (ecstasy) and where applicable cannabis.
- Short-term risky alcohol consumption: that men do not exceed six standard drinks and women do not exceed four standard drinks on any single day of drinking.
- Long-term risky alcohol consumption: that men do not exceed four standard drinks on an average day (or 28 standard drinks per week) and women do not exceed two standard drinks on an average day (or 14 standard drinks per week).
- The results reflect a downward trend except for long-term risky consumption of alcohol. Reported use of any illicit drug in the last 12 months has improved marginally since 2004. Caution is advised in interpreting data due to the relatively small numbers of reported illicit drug users. See the DAO website for results from the National Drug Strategy Household Survey.

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

Preventing or delaying the onset of risky alcohol consumption among school students reduces the impact of short-term risk and contributes to the prevention of long-term health related harm. This indicator uses information from a survey conducted every three years and provides a view of alcohol use over time. No new information is available for 2007/08.

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

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

Notes:

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

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

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

CAMPAIGN	Target		2007/08		Target		2006/07		Target		2005/06	
	Aware	Correct	Aware	Correct	Aware	Correct	Aware	Correct	Aware	Correct	Aware	Correct
Alcohol Rethink Drink Enough is Enough	77%	38%	69%	50%	35%	17%	13%	9%	-	-	-	-
Drugs DA**												
Amphetamine education strategy	35%	17.5%	60%	58%	35%	17%	36%	22%	-	-	-	-
Youth drug driving*	-	-	-	-	-	-	-	-	35%	-	38%	-
DA Cannabis*	-	-	-	-	-	-	-	-	-	-	-	-

Table 3.3.1 continued ...

CAMPAIGN	Target		2004/05		Target		2003/04	
	Aware	Correct	Aware	Correct	Aware	Correct	Aware	Correct
Alcohol Rethink Drink Enough is Enough	-	-	-	-	-	-	-	-
	-	-	34%	28%	-	-	-	-
Drugs DA*								
Amphetamine education strategy								
Youth drug driving*	-	-	-	-	-	-	-	-
DA Cannabis*	-	-	-	-	-	-	29%	7%

Notes:

- *These campaigns are no longer conducted or evaluated.
- **DA refers to the *Drug Aware* Program.
- The *Enough is Enough* campaign has been rebadged as the *Rethink Drink* campaign.
- Evaluation resources are allocated to different campaigns annually as required. Only the *Rethink Drink* and *Drug Aware* campaigns were evaluated in 2007/08.

- “Awareness” refers to the percentage of the target population for the campaign who report being aware (when prompted) of the campaign elements during the post campaign evaluation.
- If more than one medium was used in a campaign (e.g. TV and radio), “Awareness” refers to the overall awareness from any medium, where reported. If overall awareness has not been reported then the medium having the greatest awareness (e.g. radio) has been used.
- “Correct” refers to the proportion of the target population who correctly recalled at least one of the main campaign messages during the post-campaign evaluation.
- If more than one medium was used in a campaign, “correct” has been reported for the same medium as “awareness” (i.e. overall where reported, or the medium having the greatest awareness).
- “Correct” is usually reported in campaign reports as a percentage of those who are “Aware”. In this indicator it is expressed as a percentage of the total sample representing the target population.
- Separate targets are set for each campaign undergoing evaluation. Therefore targets may change by year and by campaign. The targets for the *Drug Aware* campaign were established for the current financial year on the basis of the media spend allocated and the media mix to reach the target group of the campaign. Targets are estimated at 35% of the targeted population being aware of the campaign message, with 17.5% correct message takeout.
- The target for campaign awareness for the *Drug Aware* campaign can only be set on the expected media reach that can be achieved from one media phase of a campaign schedule. The expected reach is determined by the advertising agency from independent surveys that report what a particular media medium can achieve. This does not take into account the cumulative effect that running multiple phases of a campaign through the year may have on the overall awareness. In the past *Drug Aware* has only run one phase of a campaign per year for the Amphetamine Campaign and has not been able to achieve an accumulated awareness effect. This has been experienced in the 2007/08 financial year where multiple phases of the amphetamine campaign were run, allowing the awareness of the campaign to be built over time. Hence, the high percentage of the target population who were aware of the campaign (60%) and who correctly recalled at least one of the main campaign messages (58%) during the post-campaign evaluation. These results were well above targets and this supports the need to be running multiple phases through the year, as this will work to sustain a higher awareness rate and message takeout over time.
- Campaign details:
 - *Drug Aware* provides information about the harms associated with illegal drug use;
 - *Rethink Drink (Enough is Enough)*: Social Marketing Program aimed at raising awareness about public drunkenness, its related problems and what the community can do about the issue;
 - *Youth Drug Driving Campaign*: increased awareness of the effects of drugs on driving - target group 17-25 year olds; and
 - *Cannabis*: increased the awareness of the changes to the cannabis legislation - target group 18-60 year olds.
- Post-campaign evaluations are not necessarily conducted with the whole target group, but a subset of this group. Where this has occurred, the results are taken to be representative of the whole target group.
- In this table, cells where information is not available are designated by a “dash”.
- The increased budget spent on campaigns, which allowed more than one campaign to be run for Drug Aware, combined with other adjunct prevention activity is reflected in awareness and correct message take out well above estimated targets.

Efficiency Indicators

The targets for 2007/2008 were reviewed and adjusted to include increases related to the consumer price index (CPI) since 2005/2006 when targets were last reviewed. CPI increases were calculated based on salary award increases over the period, indexation for non government contracted services over the two years and the CPI increase for other goods and services. The targets adjusted using a CPI method were for the key performance indicators 1.1, 1.2, 1.3, 1.4, 2.1 and 3.1.

A different method for calculating the targets was used for indicator 3.2 in service group 3, Prevention Services as per the methodology for this indicator.

Service Group 1: Treatment Services

Efficiency Indicators 1.1 - 1.4

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

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

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

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

	Target	2007/08	2006/07	2005/06	2004/05	2003/04
Cost per client treated	\$1,778	\$1,995	\$1,830	\$1,780	\$1,598	\$1,510
Cost per completed treatment program	\$9,643	\$7,843	\$9,813	\$9,767	\$8,667	\$5,598

Notes:

- The cost per client completing treatment is based on the number of clients who left treatment at completion or for other reasons positively related to treatment, for instance to continue treatment in another service.
- The costs for 2003/04 to 2004/05 include support to treatment providers in the community that was accounted for elsewhere in previous years.
- Cost per completed treatment program is based on 1,056 episodes of treatment.
- The costs in this indicator are influenced by the number of clients presenting for treatment and the proportion who complete treatment which varies over time. In 2007/08 the number of clients treated was 4,152 compared to 4,868 in 2006/07, 4,510 in 2005/06, 4,875 in 2004/05 and 4,761 in 2003/04. The number of clients completing treatment in 2007/08 was 1,056 compared to 908 in 2006/07, 822 in 2005/06, 899 in 2004/05 and 974 in 2003/04.

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

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

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

	Target	2007/08	2006/07	2005/06	2004/05	2003/04
Cost per client treated	\$6,247	\$5,503	\$6,628	\$5,902	\$5,615	\$4,792
Cost per completed treatment program	\$7,435	\$7,292	\$8,075	\$7,826	\$6,683	\$5,947
Cost per occupied bed day	\$873	\$834	\$964	\$905	\$784	\$716

Notes:

- The cost per client completing treatment is based on the number of clients who left treatment at completion or for other reasons positively related to treatment, for instance to continue treatment in another service.
- The costs for 2003/04 to 2004/05 include support to treatment providers in the community that was accounted for elsewhere in previous years.
- The cost per completed treatment program is based on 409 episodes of treatment.
- The costs in this indicator are influenced by the number of clients presenting for treatment and the proportion who complete treatment which varies over time. In 2007/08 the number of clients treated was 542, compared to 502 in 2006/07, 484 in 2005/06, 469 in 2004/05 and 484 in 2003/04. The number of clients completing treatment was 409 in 2007/08 compared to 412 in 2006/07, 365 in 2005/06, 394 in 2004/05 and 390 in 2003/04. The number of occupied bed days in 2007/08 was 3,574 compared to 3,451 in 2006/07, 3,156 in 2005/06, 3,359 in 2004/05 and 3,283 in 2003/04.
- It should be noted that the bed numbers were increased by four during the last financial year resulting in a higher number of clients receiving inpatient treatment.

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

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

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

	Target	2007/08	2006/07	2005/06	2004/05	2003/04
Cost per client treated	\$1,032	\$1,193	\$977	\$871	\$914	\$1,547
Cost per completed treatment program	\$1,678	\$1,866	\$1,539	\$1,348	\$1,485	\$2,340

Notes:

- The cost per client completing treatment is based on the number of clients who left treatment at completion or for other reasons positively related to treatment, for instance to continue treatment in another service.
- The cost per completed treatment program is based on 7,143 episodes of treatment.
- The costs in this indicator are influenced by the number of clients presenting for treatment and the proportion who complete treatment which varies over time. In 2007/08 the number of clients treated was 11,174 compared to 10,068 in 2006/07, 9,808 in 2005/06, 8,931 in 2004/05 and 12,280 in 2003/04. The number of patients completing treatment in 2007/08 was 7,143 compared to 6,392 in 2006/07, 6,334 in 2005/06, 5,490 in 2004/05 and 6,972 in 2003/04.
- The increase in cost per client also reflects additional investment in services to increase staffing for provision of treatment and for agencies to increase their prevention and community engagement work. Prevention activity does not necessarily increase client numbers in treatment but is an essential component in reducing drug and alcohol problems in the community.

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

Table 1.4.1: Cost per inpatient client treated in not-for-profit organisations funded by the Western Australian Alcohol and Drug Authority

	Target	2007/08	2006/07	2005/06	2004/05	2003/04
Cost per client treated	\$6,257	\$9,635	\$8,044	\$6,446	\$5,539	\$5,245
Cost per completed treatment program	\$12,293	\$16,678	\$16,140	\$13,478	\$10,883	\$8,274
Cost per occupied bed day in treatment services	\$127	\$194	\$185	\$158	\$113	\$142
Cost per occupied bed day in sobering up centres	\$215	\$216	\$222	\$173	\$190	\$148

Notes:

- This indicator measures efficiency through the cost per client treated and occupied bed days and cost effectiveness through the cost per client who completed treatment.
- The cost per client who completed treatment is based on the number of clients who left treatment at completion or for other reasons positively related to treatment, for instance to continue treatment in another service.
- The costs in this indicator are influenced by the number of clients presenting for treatment and the proportion who complete treatment which varies over time. In 2007/08 the number of clients treated was 1,030 compared to 1,250 in 2006/07, 1,173 in 2005/06, 1,006 in 2004/05 and 1,546 in 2003/04. The number of clients completing treatment in 2007/08 was 595 compared to 623 in 2006/07, 561 in 2005/06, 512 in 2004/05 and 971 in 2003/04. The number of occupied bed days in 2007/08 was 51,035 compared to 54,320 in 2006/07, 47,939 in 2005/06, 49,464 in 2004/05 and 43,235 in 2003/04. The number of bed days in sobering up centres in 2007/08 was 21,585 compared to 20,138 in 2006/07, 20,757 in 2005/06, 17,810 in 2004/05, and 21,424 in 2003/04.
- For 2004/05 and subsequent years, improvements were made to the recording of assessments for two major organisations, Bridge House and Palmerston. At Bridge House clients attending the sobering-up centre are no longer counted as having completed a program of treatment. At Palmerston assessments are no longer made at the Palmerston farm facility but are made at the Palmerston Centre and included in the records of episodes of treatment.
- Over the previous two years, significant funding was provided to not-for-profit organisations to improve the quality of services through building improvement, quality assurance programs, training etc which raised unit costs for this year, particularly for outpatient services.

Service Group 2: Workforce Development

Efficiency Indicator 2.1

2.1 Cost per participant hour of training

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

Table 2.1.1: Cost per participant hour of training provided by the Western Australian Alcohol and Drug Authority

	Target	2007/08	2006/07	2005/06	2004/05	2003/04
Cost per participant hour of training	\$134	\$124	\$101	\$197	\$126	\$196

Notes:

- This indicator measures efficiency through the cost of providing training to one participant for one hour.
- Costs not directly involved in training are included in this indicator.
- The total expenditure is divided by the participant hours (25,146) to calculate the cost per participant hour.
- The cost per hour is affected by the proportion of training events that are intensive in nature and therefore need additional input in the development of the course itself and the accompanying resources. These intensive programs, which incur increased costs, achieve improved long term training outcomes. The proportions of programs which are intensive vary from year to year depending on requirements.

Service Group 3: Prevention

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

Efficiency Indicators 3.1 - 3.2

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

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

This indicator includes the staff salaries and corporate overheads.

Table 3.1.1: Cost per capita of prevention initiatives

	Target	2007/08	2006/07	2005/06	2004/05	2003/04
Cost per capita	\$1.96	\$3.22	\$1.77	\$1.92	\$1.68	\$1.47

Notes:

- The cost per capita is based on estimates of the Western Australian population aged 14 years and over which are obtained from the Australian Bureau of Statistics, Time Series Workbook 3201.0 Population by Age and Sex, Australian States and Territories, Western Australia.
- The costs are based on the total cost of prevention activity. These costs are influenced by the number of campaigns conducted each year. One campaign was conducted in 2003/04, 2004/05, and 2005/06, two in 2006/07, and in 2007/08 there were increased expenses as there were multi phases of the *Drug Aware* campaign as well as a *Rethink Drink* campaign.
- The rise in the cost per capita has arisen from a combination of factors that increased funding on a one-off basis, some fixed term funding and some increase in recurrent funding. This included:
 - new funding for initiatives addressing amphetamine use in the community from the WA Illicit Amphetamine Summit;
 - one-off funding to address implementation of initiatives arising from the recommendations of the Butane Taskforce; and
 - campaign timing straddling financial years and pushing both planning, formative and scheduling payments in to one year.

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

Table 3.2.1: Cost per person in target group for prevention campaigns

CAMPAIGN	Target		2007/08		Target		2006/07		Target		2005/06	
	Aware	Correct	Aware	Correct	Aware	Correct	Aware	Correct	Aware	Correct	Aware	Correct
Alcohol Rethink Drink Enough is Enough	\$0.55	\$1.10	\$0.55	\$0.76	-	-	-	-	-	-	-	-
Drugs DA**	-	-	-	-	\$0.50	\$1.00	\$0.85	\$1.23	-	-	-	-
Amphetamine education strategy	\$1.71	\$3.41	\$1.78	\$1.85	\$1.20	\$2.40	\$0.97	\$1.58	-	-	-	-
Youth drug driving*	-	-	-	-	-	-	-	-	\$1.20	2.40	\$0.18	-
DA Cannabis*	-	-	-	-	-	-	-	-	-	-	-	-

Table 3.2.1 continued ...

CAMPAIGN	Target		2004/05		Target		2003/04	
	Aware	Correct	Aware	Correct	Aware	Correct	Aware	Correct
Alcohol Rethink Drink Enough is Enough	-	-	-	-	-	-	-	-
Drugs DA*	-	-	\$0.13	\$0.16	-	-	-	-
Amphetamine education strategy	-	-	-	-	-	-	-	-
Youth drug driving*	-	-	-	-	-	-	-	-
DA Cannabis*	-	-	-	-	\$0.50	\$1.00	\$0.13	\$0.54

Notes:

- *These campaigns are no longer conducted or evaluated.
- **DA refers to the Drug Aware Program.
- The *Enough is Enough* campaign has been rebadged as the *Rethink Drink* campaign.
- Costs in this table are also included in Indicator 3.1.
- The cost per capita in the target group are based on population figures which are obtained from the Australian Bureau of Statistics, Time Series Workbook 3201.0 Population by Age and Sex, Australian States and Territories, Western Australia.
- "Awareness" refers to the cost per capita of the target population for the campaign who reported being aware of the campaign during the post-campaign evaluation: "Correct" refers to the cost per capita of the target population who correctly recalled the main campaign messages during the post-campaign evaluation.
- The methodology for 2007/08 includes direct media scheduling costs, production, evaluation and other campaign associated costs. This new methodology differs from previous year's methodology that only included media scheduling costs.
- The target for campaign awareness for the *Drug Aware* campaign can only be set on the expected media reach that can be achieved from one media phase of a campaign schedule. The expected reach is determined by the advertising agency from independent surveys that report what a particular media medium can achieve. This does not take into account the cumulative effect that running multiple phases of a campaign through the year may have on the overall awareness. In the past *Drug Aware* has only ran one phase of a campaign per year for the Amphetamine Campaign and has not been able to achieve an accumulated awareness effect. This has been experienced in the 2007/08 financial year where multiple phases of the amphetamine campaign were run, allowing the awareness of the campaign to be built over time. This supports the need to be running multiple phases through the year, as this will work to sustain a higher awareness rate and message takeout over time.
- The increase in media phases on Amphetamines seems to have had an impact on correct message take-out for the *Drug Aware* Amphetamines Campaign. The amount of unpaid media that has also occurred in the past twelve months around the Amphetamine Summit and in general around the issues related to amphetamines has most likely contributed to this increase too. Another factor to consider may be the serious nature of the issue and that the creative concepts used by the advertising agency to convey the message are quite clear and effective in convincing young people that amphetamines cause harm.
- The high level of correct message takeout for the *Rethink Drink* Campaign may be a reflection of the advertisement's ability to communicate the campaign's message clearly. The campaign message was very general in relation to drunkenness and the impacts it has on the community, the fact that the message around drunkenness was very broad may have also contributed to the high level of correct message takeout.

- *Youth Drug Driving* received an extra 50% of free advertising on the base budget in 2005/06.
- Separate targets are set for each campaign undergoing evaluation.
- Targets set in 2007/08 were based on the anticipated spend for media, creative and production, printing and other campaign associated costs. In previous years targets have been set only using media-related costs.
- Campaign details:
 - *Drug Aware* provides information about the harms associated with illegal drug use;
 - *Rethink Drink (Enough is Enough)*: Social Marketing Program aimed at raising awareness about public drunkenness, its related problems and what the community can do about the issue;
 - *Youth Drug Driving* Campaign: increased awareness of the effects of drugs on driving - target group 17-25 year olds; and
 - Cannabis: increased awareness of the effects of cannabis - target group 18 years and over.
- In this table, cells where information is not available are designated by a "dash".

Other Legal Requirements

Advertising

The Drug and Alcohol Office's expenditure for 2007/08 relating to advertising agencies is summarised in the table below.

Rethink Drink

Class of expenditure	2007/08
Advertising agencies (The Brand Agency)	\$123,050 (excl GST)
Market Research Agencies (TNS Social Research)	\$74,902 (excl GST)
Media Agencies (Maxus Perth)	\$445,350.18 (excl GST)
TOTAL EXPENDITURE	\$643,302 (excl GST)

Explanatory Note: The *Rethink Drink* Campaign and education program includes all campaign production and creative costs, all printed publications, sponsorship merchandise and signage, electronic publications and the *Rethink Drink* website, in addition to any creative, production and agency fees.

Drug Aware Amphetamines

Class of expenditure	2007/08
Advertising agencies (The Brand Agency)	\$26,477.00 (excl GST)
Market Research Agencies (TNS Social Research)	\$29,350.00 (excl GST)
Media Agencies (Maxus Perth)	\$297,161.09 (excl GST)
TOTAL EXPENDITURE	\$352,988.09 (excl GST)

Drug Aware Program (Referred to as the Drug Task Force in accounts) including the Drug Driving Campaign*

Class of expenditure	2007/08
Advertising agencies (The Brand Agency Total- excl Drug Driving)	\$ 89,146.58 (excl GST)
(The Brand Agency- Drug Driving)	\$ 36,127.42 (excl GST)
Market Research Agencies (TNS Social Research)	\$0 (excl GST)
Media Agencies (Maxus Perth- Drug Driving)	\$ 62,367.34 (excl GST)
TOTAL EXPENDITURE	\$187,641.34 (excl GST)

Drug Aware Cannabis

Class of expenditure	2007/08
Advertising agencies (The Brand Agency)	\$ 17,531.00(excl GST)
Market Research Agencies (TNS Social Research)	\$ 30,137.00 (excl GST)
Media Agencies (Maxus Perth)	\$0 (excl GST)
TOTAL EXPENDITURE	\$ 47,668.00 (excl GST)

Drug Aware Overall Total

Class of expenditure	2007/08
Advertising agencies (The Brand Agency)	\$ 169,282.00 (excl GST)
Market Research Agencies (TNS Social Research)	\$ 59,487.00 (excl GST)
Media Agencies (Maxus Perth)	\$ 359,528.43 (excl GST)
TOTAL EXPENDITURE	\$ 588,297.43 (excl GST)

*Explanatory Note: The *Drug Aware* Campaign and education program (referred to as the Drug Task Force), includes all Drug Driving campaign production and creative costs, all printed publications, sponsorship merchandise and signage, electronic publications and the *Drug Aware* website, in addition to any creative, production and agency fees.

Disability Access and Inclusion Plan Outcomes

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

The plan has been implemented at DAO and is available on the DAO website.

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

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

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

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

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

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

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

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

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

Outcome 5: People with disabilities have the same opportunities as other people to make complaints to the Drug and Alcohol Office.

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

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

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

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

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

Compliance with Public Sector Standards and Ethical Codes

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

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

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

Compliance issues	Significant action taken to monitor and ensure compliance
Public Sector Standards (PSS) <ul style="list-style-type: none"> One breach claim lodged 	<ul style="list-style-type: none"> Information about standards included on DAO intranet, internet and within induction materials. Ongoing support provided to staff on recruitment panels to ensure compliance with relevant standards. Transactions audited internally as a quality assurance process. Breach claim lodged late June and currently being reviewed.
WA Code of Ethics <ul style="list-style-type: none"> Nil reports of non compliance with WA Code of Ethics 	<ul style="list-style-type: none"> WA Code of Ethics part of induction materials and on DAO intranet. Ethics are discussed at DAO SMG meetings on an as needs basis.
Agency Code of Conduct <ul style="list-style-type: none"> Nil reports of non compliance with DAO Code of Conduct 	<ul style="list-style-type: none"> Code of Conduct part of induction materials and on DAO intranet. DAO's Induction Manual is currently being updated and on completion will seek staff sign-off on induction. Use of staff access to computer technology is monitored on an ongoing basis in line with the DAO information technology policy.

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

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

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

Recordkeeping plans

The Drug and Alcohol Office records are implemented in accordance with the provisions of the Record Keeping Plan of the *State Records Act 2000*. From 2005-2008, DAO's retention and disposal of records has been processed and kept efficiently and effectively in accordance with the approved Retention and Disposal Schedule. This includes the medical records at Next Step and also the YPOP Assessment and Referral files under the COAG Illicit Drug Diversion Initiative.

Currently, DAO has appointed a temporary Records Officer for six months, to assist the completion of DAO's retention and disposal of files under the previous WA Alcohol and Drug Authority file collection, and to meet the requirements of record keeping.

As stated in the previous annual report, DAO did not pursue developing a Code of Practice for Good Records Management as this document is already covered under the Records Management Policy being finalised.

Government Policy Requirements

Corruption Prevention

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

Sustainability

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

The Drug and Alcohol Office is committed to the *Sustainability Code of Practice for Government Agencies* and has incorporated sustainability principles and actions in business.

Savings in energy use and energy intensity were achieved by DAO and a total reduction in energy use of 10.6% and a total reduction in energy use per FTE of 14.2% is reported. This was the first full year that the Authority benefited from the implementation of energy audit recommendations.

During the year, new air conditioners were installed to replace older inefficient units. Separate air conditioners were also installed in a section of the office which has extended operating hours. This new configuration is more efficient than the previous configuration which involved operating the central air conditioning system during extended work hours. All fluorescent tubes have been replaced with high efficiency triphosphorous tubes along with the installation of motion sensors and timer switches.

As a result of these initiatives, DAO received an *Energy Smart Award* from the Sustainable Energy Development Office.

Occupational Safety and Health

Statement of Commitment

DAO is committed to providing a safe workplace to achieve high standards in safety and health for its employees, contractors and visitors.

All areas of DAO will meet, or exceed occupational safety and health (OSH) requirements and we will develop and implement safe systems and work practices that reflect our commitment to safety and health.

To achieve this, DAO will;

- promote a culture that emphasises safety as a core value in all aspects of work;
- develop and implement an effective OSH management system;
- take practical measures to identify hazards, assess risks and implement controls and investigate all incidents/accidents to prevent reoccurrence;
- ensure that management and supervisory staff accept responsibility for providing and maintaining safe systems of work in which employees are not exposed to hazards;
- inform all employees of their duty of care and empower them to take responsibility for the safety and health of themselves and others;
- communicate, consult and cooperate with employees and OSH representatives with respect to improving OSH performance; and
- maintain an OSH Plan with measurable objectives and targets to support continuous improvement in safety and health performance.
- provide training, time, resources and financial support as required, to implement effective OSH policy and procedures.

The policy and procedures will be kept under continuous review and will be formally reviewed every two years by DAO and its employees.

Consultation

DAO subscribes to the philosophy that the safety and health of all clients, visitors and staff is of utmost importance. DAO is committed to provide a safe and, as far as practicable, an environment that is free of hazards throughout its facilities. As part of this commitment DAO has set up a formal mechanism for consultation with employees on safety and health issues, which is the OSH Committee.

The OSH committee replaced a structure established by DAO in April 2003 and was set up to streamline operations following an external review in July 2007. The review incorporated extensive consultation with employees, management and stakeholders.

The committee's role is to establish an organisational philosophy that ensures OSH is an integral part of corporate business plans, objectives and quality management and creates ownership at all levels of the organisation.

Members may be nominated by the employer and/or safety and health representatives for a period of two years. Membership includes management representatives nominated by DAO and elected Safety and Health Representatives.

The Management Representatives shall include the:

- Director Finance and Corporate Services (Chair);
- Manager Human Resources and Corporate Support;
- Manager Outpatient/Inpatient Services; and
- Manager Integrated Services.

Compliance

The responsibility of the OSH committee is to ensure compliance with the following frameworks:

- *Occupational Safety and Health Act 1984;*
- *Occupational Safety and Health Regulations 1996;*
- *Treasurer's Instruction 825;*
- *Australian Standards AS/NZS 4360:204;*
- Disability Services Commission's legislation, regulations, standards and codes.

Furthermore to:

- Develop an OSH Plan (identify, assess, control, evaluate).
- Coordinate OSH across DAO sites and promote skill acquisition and training in relation to OSH.
- Make recommendations to the Senior Management Group regarding organisational policy and processes to support risk management and plan and review organisational performance in relation to policy.
- Make recommendations to the Senior Management Group regarding finance and resources required for OSH.

DAO recognises its responsibility to make provision for the injury management and vocational rehabilitation of all employees who have sustained a compensable work related illness, injury or disability. In this regard, DAO complies with the injury management requirements of the *Workers' Compensation and Injury Management Act 1981*.

Report of Annual Performance for 2007/2008

Annual Performance	Total
Number of fatalities	0
Number of severe claims	0
Number of lost time injury / diseases	0
Lost time injury severity rate	0

Appendices

Appendix One - Research Projects

(Completed or in progress 2007/08)

Monitoring the Implementation of Combination Buprenorphine-Naloxone (Suboxone) in Australia *(completed)*

A/Prof James Bell^{2,5,7}, Dr Allan Quigley^{1,4}, A/Prof Nicholas Lintzeris^{6,8}, Anni Ryan², Kristie Mammen^{2,7}, Fiona Everette¹, Trish Heath¹, Laura Sciacchitano³

1. Next Step
2. The Langton Centre, South Eastern Sydney Illawara Area Health Service
3. Turning Point Alcohol and Drug Centre
4. University of Western Australia
5. South Eastern Sydney Illawara Area Health Service
6. Drug Health Services, Sydney South West Area Health Service
7. National Drug and Alcohol Research Centre, University of New South Wales
8. University of Sydney.

Young People's Opportunity Program: Client characteristics, stakeholder perceptions and recommendations *(completed)*

Dr K Mizerski¹, Prof A Bartu¹, L Evans¹

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

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

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

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

Alcohol and pregnancy: Health promotion for health professionals *(in progress)*

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

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

Alcohol and pregnancy: Women's knowledge, attitudes and practice *(in progress)*

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

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

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

Alcohol and pregnancy: Aboriginal Women's knowledge, attitudes and preferences (*in progress*)

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

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

Funded by Healthway.

Illicit versus non-illicit drug exposure during pregnancy: Obstetric and neonatal outcomes (*completed*)

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

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

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

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

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

The 9th triennial Australian Secondary Student's Alcohol and Drug (ASSAD) survey 2008 (*in progress*)

C McGregor¹

1. Drug and Alcohol Office

Funded by DAO and the Department of Health.

Appendix Two - Reports and monographs

Evaluation of extension of the Young People's Opportunity Program to country WA

Prof A Bartu¹, L Evans¹

1. Drug and Alcohol Office.

Young people's opportunity program (YPOP): Client characteristics, stakeholder perceptions and recommendations

Prof A Bartu¹, K Mizerski¹

1. Drug and Alcohol Office.

The development of a comprehensive alcohol and drug service for the south metropolitan corridor: a review of client and staff perceptions at six months post integration, DAO Monograph No 1

C McGregor¹, M Browne¹, K Mizerski¹, L Evans¹

1. Drug and Alcohol Office.

Client satisfaction 2007: An evaluation of outpatient and inpatient withdrawal treatment services at DAO Next Step, DAO Monograph No 2

C McGregor¹, Lisa Evans¹

1. Drug and Alcohol Office

Heroin trends tracking: Relationships between indices of heroin use and crime. DAO Monograph No 3

L Santana¹, C McGregor¹, G Kirby¹, C Wilkinson¹

1. Drug and Alcohol Office

Statutory review of *Cannabis Control Act 2003* Technical Report

Report to the Minister for Health, Perth, Western Australia

Drug and Alcohol Office, 2007.

Appendix Three - Conference papers, seminars and other presentations

Bartu A, Copeland J, Psychiogiou C, Williams S, Phillips G & Andrew T. Alcohol use in Australia: Characteristics of those accessing specialist services. Working Out What Works - Western Australian Drug and Alcohol Symposium 18-19 September 2007, Fremantle.

Bartu A. Ante and postnatal substance misuse. School of Nursing and Midwifery Curtin University of Technology. Post-graduate Child and School Health Preclinical Workshop, 12-15 February 2008.

Bartu A. (*Interview*). Rural Doctors broadcasts, Rural Health West. Role of the general practitioner in the management of drug and alcohol use in pregnancy, February 2008.

Bartu A. Alcohol and amphetamine dependents: Characteristics and impact on health care services. 3rd International Congress on Innovations in Nursing. Innovation and Leadership in Clinical Practice, Research and Education. 13-16 November 2007, Perth Convention Centre.

Bartu A. Alcohol other drugs and breastfeeding. Health professionals making a difference: Fetal alcohol spectrum disorder, and alcohol and substance use in pregnancy and breastfeeding symposium. 31 July 2007, Department of Health, Perth.

Bartu A. Alcohol, Substance Use and Breastfeeding. Westlink satellite presentation, 5 September 2007.

Bartu A. Evaluation of the Young People's Opportunity Program; Metropolitan vs. country findings. Western Australian Diversion Workshop, Hotel Northbridge, Northbridge, 4 December 2007.

Bartu A. Impact of illicit drugs on fetal development Graduate Diploma in Midwifery. Edith Cowan University Joondalup Campus, 29 January 2008.

Bartu A. Maternal and neonatal outcomes of buprenorphine exposure during pregnancy. Community Program for Opioid Pharmacotherapy (CPOP) Conference 14-15 June 2008, Tompkins on Swan, Perth.

Bartu A. Substance Use in Pregnancy: antenatal and perinatal effects and the management of the Neonatal Abstinence Syndrome Family and Community Health workshop, 5 July 2007.

Bartu A. Western Australian Findings of the 2005-06 Alcohol and Other Drug Treatment Services - National Minimum Data Set (AODTS-NMDS), Next Step Drug and Alcohol Services Symposium, 26 September 2007.

Bartu, A and Alcohol and Pregnancy project Steering Committee. Alcohol Use in Pregnancy: what should be routinely recorded? 5th International Congress on Developmental Origins of Health and Disease. 6-10 November 2007, Perth, WA.

Bartu, A and the Alcohol and Pregnancy Project Steering Committee. Alcohol use in pregnancy: what should be routinely recorded? 5th International Congress on Developmental Origins of Health and Disease. Perth Convention Exhibition Centre. 8-11 November 2007. Poster.

Cruickshank C & Dyer K. The nature and temporal profile of the amphetamine withdrawal syndrome among a drug-dependent treatment population. 16th Western Australian Drug and Alcohol Symposium, 18-19 September 2007.

Kirby, G. (2007) Enough is Enough: Challenging and changing Western Australia's Drinking Culture. Working Out What Works: 16th Western Australian Drug and Alcohol Symposium, 18-19 September 2007.

Kirby G, Santana L, Dyer K, McGregor C, Wilkinson C & Lethlean C. Heroin trends tracking project: The relationship between heroin trends and crime in Western Australia. Fourth Australasian Drug Strategy Conference. Gold Coast, October 2007.

Lethlean, C (2007). Responding to overdose and a re-evaluation of the Z Card. Working Out What Works: 16th Western Australian Drug and Alcohol Symposium, 18-19 September 2007.

Lison-Pick M, Bartu A & Michael R. Living with Complex Regional Pain Syndrome (CRPS). 3rd International Congress on Innovations in Nursing. Innovation and Leadership in Clinical Practice, Research and Education. 13-16 November 2007, Perth Convention Centre.

Lison-Pick M, Bartu A & Michael R. Living with complex regional pain syndrome (CRPS). 3rd International Congress on Innovations in Nursing. Innovation and Leadership in Clinical Practice, Research and Education. 13-16 November 2007. Perth Convention Centre.

McGregor C, Santana L, Dyer K, Kirby G, Wilkinson C & Lethlean C. The relationship between heroin use, crime, health service and treatment utilisation in Western Australia. Australasian Professional Society on Alcohol and Other Drugs (APSAD) Auckland, New Zealand, November 2007.

McGregor C. Methamphetamine Update. DAO Next Step Drug and Alcohol Services Symposium, December 2007.

Mizerski K, Bartu A & Hosie A. An assessment of the effectiveness of the Young Peoples Opportunity Program (YPOP). Working Out What Works Western Australian Drug and Alcohol Symposium 18-19 September 2007 Fremantle, Poster.

Payne J, Peardon E, Bower C, Elliott E, Henley N, D'Antoine H & Bartu A. Alcohol and pregnancy: Womens' knowledge, attitudes and practice. Public Health Association of Australia Conference, 23-26 September Alice Springs, Northern Territory.

Peardon E, Payne J, Henley N, D'Antoine H, Bartu A & Elliot E. Alcohol and Pregnancy: Women's knowledge, attitudes and practice. Working Out What Works Western Australian Drug and Alcohol Symposium, 18-19 September 2007, Fremantle.

Peardon E, Payne J, Henley N, O'Leary C, D'Antoine H, Bartu A, Bower C, Elliott E. Australian women: and alcohol consumption in pregnancy. Royal Australian College of Physicians Congress, 11-15 May 2008 Adelaide Convention Centre.

Santana, L. (2007). Heroin trends tracking project: The relationship between heroin trends and crime in Western Australia. Working Out What Works: 16th Western Australian Drug and Alcohol Symposium, 18-19 September 2007.

Sharp J & Bartu A. The threat of loss: The central problem experienced by illicit drug -using mothers. 12th Annual Congress of the Perinatal Society of Australia and New Zealand, 20-23 April 2008, Gold Coast Convention Centre, Qld.

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Appendix Four - Publications

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Appendix Five - Statistical bulletins, updates and summaries

Cannabis Infringement Notice Scheme Data Update, March quarter 2007.

Deaths caused by amphetamines 1997-2004. Statistical Bulletin No. 39.

Deaths caused by opioids 1995-2004. Statistical Bulletin No. 32.

Drug related convictions 2002-2006. Statistical Bulletin No. 33.

Overview of trends in opioid related mortality WA and Australia. Statistical Bulletin No. 40.

Utilisation of sobering up centres 1990-2007. Statistical Bulletin No. 41.