

# **ANNUAL REPORT**

**2002**

**Next Step Specialist Drug and Alcohol Services**

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## Statement of Compliance

### **The Hon. Bob Kucera APM MLA**

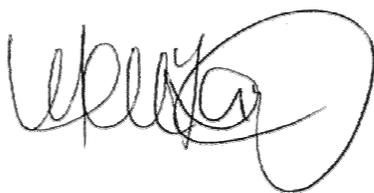
Minister for Health

In accordance with Section 66 of the *Financial Administration and Audit Act 1985*, we submit for your information and presentation to Parliament the Report of the Western Australian Alcohol and Drug Authority for the year ending 30 June 2002.

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



**Mike Daube**  
**CHAIRPERSON**



**Dr Virginia McLaughlin**  
**BOARD MEMBER**

23 August 2002

## Address and Location

Next Step Specialist Drug and Alcohol Services (Next Step), the trading name of the Western Australian Alcohol and Drug Authority (WAADA), is an independent statutory authority established in November 1974. Its functions are set out in *the Alcohol and Drug Authority Act 1974*. The Authority is responsible to the Minister for Health and through the Minister to the Government.

### Corporate Office

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## Enabling Legislation

The administration of Next Step Specialist Drug and Alcohol Services is established as set out in *the Alcohol and Drug Authority Act 1974*.

### Legislation

Next Step Specialist Drug and Alcohol Services does not administer legislation. Legislation impacting on Next Step's activities is outlined at Appendix One.

### Acts Passed During 2001-02

No Acts were passed during 2001-02.

### Acts in Parliament at 30 June 2002

No Acts were in Parliament at 30 June 2002.

### Amalgamation and Establishment of Boards

Four new Board members were appointed to the Alcohol and Drug Authority in January 2002, after the retirement of the previous four members. Full details of changes to the Board are reported in the section titled Management Structure.

## Ministerial Directives

No ministerial directives were received by the Board during 2001-02.

## Mission Statement

### Mission

Next Step's mission is to provide leadership in treatment, education and research to reduce drug-related harm.

### Vision

Next Step's vision is to create the best clinical practice, to develop successful partnerships and to provide innovative and responsive alcohol and other drug services for the community.

## **Principles**

### **Equity and Access**

Next Step respects the interests and views of clients and professional groups and adheres to the principles of social justice in response to customer needs and expectations.

### **Quality Care**

Next Step is committed to quality outcomes through professional education and training and the development of evidence-based clinical programs.

### **Continuity of Care**

Next Step supports coordination and integration of service delivery by working in partnership with others.

### **Accountability**

Next Step uses resources efficiently through quality management practices and ensures that services are monitored and evaluated.

## **Broad Objectives**

The broad objectives of Next Step are to:

- provide specialist evidence-based clinical services;
- achieve excellence in professional education and training;
- undertake clinical research and inform policy; and
- provide consultancy and support to health and other professionals.

## **Significant Operations and Major Achievements**

### **Executive Director's Report**

The Community Drug Summit was held in August 2001 and had significant implications for the Alcohol and Drug Authority, (Next Step). Broadly, the recommendations called for:

- a greater emphasis on education, prevention and early intervention;
- more support for families;
- culturally appropriate services for Indigenous people;
- better services for young people and those in regional and remote areas;
- more diversion;
- drug law reform; and
- greater community involvement.

In November 2001 the Government accepted forty-four of the forty-five recommendations made by the Summit in its response 'Putting People First'. The emphasis was to be on the importance of lives. The aim was to prevent drug harm, to intervene when it occurs and to minimise the

harm experienced by users and the community at large. More than \$5 million was to be provided for family support, youth specific withdrawal and rehabilitation services, GP support, Indigenous services, services for people in the regions with both mental health drug dependence problems, and training for alcohol and drug counsellors.

Duplication was to be eliminated, the priority areas addressed and co-ordination improved within the health sector and across Government by changes to the Alcohol and Drug Authority in the form of a new Drug and Alcohol Office (DAO).

### **Structure and Function**

DAO was to be created within the health portfolio, in the first instance, and following repeal of the Alcohol and Drug Authority legislation it will be placed within the Department of Health. The Alcohol and Drug Authority legislation has been used to bring the various government run alcohol and drug related functions together. In effect the activity of the Authority has been extended with the inclusion of the WA Drug Abuse Strategy Office, the Alcohol and Other Drug Program of the Population Health Division of the Department of Health, and the Alcohol and Drug Policy Branch of the Mental Health Division.

The structure for DAO was approved in April 2002, the core functions being prevention, client resources and services, practice development, policy development and co-ordination across health and government, and the implementation of the recommendations of the Community Drug Summit. The name 'Next Step' is being retained for government drug and alcohol services. The non government sector supported retaining the name as it was known to clients and made a distinction between the DAO and the services it funded. Legally the expanded Alcohol and Drug Authority, the DAO came into existence on 1 July 2002 but from February 2002 a considerable amount of the Alcohol and Drug Authority's activity was directed towards developing and establishing the structural and functional changes. Mr Carlo Calogero, who had been in the position of Acting Executive Director Next Step for almost eight years opted for redundancy but prior to leaving made a significant contribution to the planning of the DAO.

### **Community Drug Summit Recommendations**

Considerable progress has been made with the implementation of the recommendations of the Community Drug Summit. The Ministerial Working Party on Drug Law Reform reported to Government in March 2002 on cannabis law reform and all but one of the recommendations were accepted and the drafting of a Cannabis Control Act is underway. Work continues on other aspects of drug law reform identified by the Summit, e.g. the *Misuse of Drugs Act 1981* and the *Poisons Act 1964*.

The WA Drug and Alcohol Strategy for 2002-05 has been finalised and will be announced in August 2002. It is underpinned by Prevention and Treatment models that have been endorsed by the non government sector and a process of Metropolitan area and country region planning that will produce Drug and Alcohol Plans for the State.

The Drug and Alcohol Community Advisory Council was established in June 2002. The Council is to be a conduit between the community and the Government and it will have a significant role in ongoing developments in the drug and alcohol sector.

Many of the Summit recommendations involve other government agencies. All have made progress on the recommendations that are specific to that agency. A Senior Officers' Group consisting of representatives of the Department of Justice, Department of Education, Department of Community Development, Department of Indigenous Affairs, WA Police

Service, Department of Housing and Works, Department of Training, Office for Children and Young People's Policy, Department of Local Government and Regional Development, and the Department of the Premier and Cabinet meets regularly. The group is chaired by the DAO and it

is this forum that is responsible for driving the implementation of the Community Drug Summit recommendations across Government.

Of the nine initiatives specified by the Government in November 2001, five have been fully implemented. These are:

- the provision of alcohol and drug workers for three supported accommodation programs (\$150,000);
- additional services for three family support programs (\$225,000);
- expansion of the GP support program (\$210,000);
- additional Metropolitan home based withdrawal services (\$300,000); and
- the employment of staff to provide specialist drug and alcohol education for Aboriginal people (\$100,000).

The Government allocated \$450,000 for a culturally secure detoxification and rehabilitation service for Aboriginal people. Discussion with all the stakeholders indicated a strong preference for this money to be used to produce trained Aboriginal staff rather than a centre of bricks and mortar. Funds were also provided by the Sexual Health and Blood Borne Virus Program in the Department of Health, to support Aboriginal traineeships. To this end, five full-time trainees have been selected and funded for a program that will last a year and provide a much needed Aboriginal resource for the community. A further ten trainees will be selected in the next financial year.

The Government allocated an additional \$300,000 per annum to improve services for clients who present with both mental health and alcohol and drug problems. The Drug and Alcohol Office in conjunction with the Office of Mental Health is developing an Alcohol, Drugs and Psychiatric Treatment (ADAPT) Policy and Program. A discussion paper is scheduled for release in September 2002.

A new youth specific detoxification and rehabilitation service is to be established. This planned service went to tender in April 2002 and the tender evaluation process is well advanced. The Government allocated \$600,000 for this initiative, however, additional funds were added from DAO internal savings to increase the value of the tender to \$750,000.

## **Overview**

The first six months of the financial year 2001-02 involved 'business as usual' for the Alcohol and Drug Authority (Next Step), the second six months involved considerable change whilst services had to continue to be provided and research progressed. Major change inevitably causes anxiety and insecurity therefore the change management process was based on two principles of openness and inclusiveness. All staff were involved in a consultation process and contributed to the development of the structure and the planning of the service delivery models and I would like to commend them for their participation and input. I would also like to thank the 'acting' senior management group, Mr Gary Casey, Dr Steve Allsop, Dr Allan Quigley, Mr Emmanuel Stamatiou, Ms Sue Leivers and Mr David Wray for their efforts over the last six months and their ability as a team to deal with the difficulties that arise with any major change process.

It has been a challenging year for the Alcohol and Drug Authority and the challenges will continue over the next year as the DAO proceeds to oversee the implementation of the new Drug and Alcohol Strategy, establishes new services and prepares itself for integration into the Department of Health.

## **Clinical Services**

Next Step's clinical services provide specialist assessment and treatment for people with drug and alcohol problems. The services are located at Moore Street, East Perth and Quarry Street, Fremantle. The services provided at East Perth include Outpatients, Inpatient Withdrawal, Pharmacy and a Youth Clinic. The Fremantle Clinic provides a community based outpatient service.

The Office of the Chief Psychiatrist completed a review of Next Step clinical services in October 2001. Since the formation of the Drug and Alcohol Office, a further review of Next Step's clinical services has commenced. A component of this review will consider whether the findings of the 2001 report have been implemented and are still relevant in the context of the creation of the Drug and Alcohol Office's model for Drug and Alcohol Treatment Support Services. This review is expected to be completed in September 2002.

During the year, the waiting time for an assessment remained less than a week and was most commonly, one or two days. Continuity of care is a high priority for the service and while clients can self present, formal referral from other health services, drug and alcohol agencies and general practitioners is encouraged.

During the year, there was a nation wide reduction in the availability of heroin. This has been referred to as a heroin drought, and resulted in a reduction in heroin overdose deaths and less opiate dependent people presenting for treatment. However, during this time, the number of clients presenting to Outpatients with amphetamine use problems including aggression, violence and paranoid psychosis increased.

Professional training and clinical research continue as important priorities for the clinical services. Undergraduate and postgraduate clinical placements are offered to medical, nursing, psychology and social work students. Next Step's new pharmacotherapy research program involved clinical trials of Naltrexone and Buprenorphine.

## **Outpatient Services**

The last year has been characterised by a period of consolidation of our clinical protocols, management processes and the ongoing development of the treatment programs involving the new pharmacotherapies, Buprenorphine, Acamprosate and Naltrexone.

A holistic approach to assessment and treatment has been adopted with case management plans developed and reviewed at weekly clinical team meetings. New clients are initially assessed by nursing and allied health staff in consultation with medical officers. The major focus continues to be on the core functions of detoxification from alcohol, amphetamines and opiates, maintenance on pharmacotherapies and specialised counselling and therapeutic interventions.

While operating as a specialist referral service there has been an increase in people accessing the service as self-referrals either by telephone contact with our screening service or by presenting directly to our Triage service. Staff have noticed an increase in the complexity of peoples' social, medical and psychological problems. The increased use of methamphetamines, by clients, has resulted in an increase in the number of disruptive incidents to be managed by staff.

Staff continue to encourage people to form ongoing therapeutic relationships with community based general practitioners once they are stabilised both socially and/or on a pharmacotherapy maintenance program.

The service prioritises a commitment to training by offering registrar rotations in medicine, psychiatry and psychology. Student placements are also offered in the fields of social work, nursing and medicine.

## **Highlights 2001-02**

Highlights for the year include:

- consolidation of a case management model of practice based on best practice principles. Each client is managed by both a medical officer and key relevant clinician;
- the Medical Records Committee has achieved the standardisation of major documentation used by clinicians;
- the Disruptive Incidents Review Committee has been established and has been responsible for overseeing a number of projects;
- the Group work program has been reviewed and is based on best practice principles linked to the Services' case management model whereby each participant is linked with a clinician;
- staff conducting groups have received group work skills training and supervision of their skills by an external consultant;
- there has been an increase in the range of groups offered and in numbers attending the long term support group, life skills groups, anger management group and the new yoga group. A solution focussed group for partners of people with addictions is planned;
- the Polish Alcoholics Anonymous Group now use Next Step premises for meetings and the service is keen to encourage other relevant community groups to access our resources;
- following a staff survey on clients' welfare needs, a welfare advocacy service has been established. The service operates on a shop front model, two sessions a week. Since September 2001, 60 clients have accessed this service and issues covered include accommodation, homelessness, Centrelink enquiries, emergency relief, legal advocacy, financial budgeting and debt negotiation and referral to other community agencies;
- there has been consolidation and continuation of the use of new pharmacotherapies, specifically expansion of the use of Buprenorphine with heroin detoxification. Buprenorphine use has also increased as an opiate maintenance agent;
- community liaison is ongoing and outpatient staff regularly meet with representatives of other agencies and education institutions to inform people about our service;
- staff have continued ongoing commitment to education and training by either attending or presenting at internal/external training events. Involvement in a series of workshops on SAAP protocols was appreciated by staff and provided invaluable networking opportunities with mental health and accommodation agencies; and
- the Outpatient Service has continued to provide both medical and counselling services for clients referred by the Perth Drug Court.

### **Planned Achievements 2002-03**

Planned achievements include:

- to continue our commitment to community liaison activities including encouraging community support groups to use our resources for meetings;
- to develop our liaison with Aboriginal agencies and Culturally and Linguistically Diverse organisations working with people with drug and alcohol problems;
- to expand psychology services to meet the needs of clients with complex psychological issues;

- to consolidate links with Next Step’s clinical research team through joint projects identified at our clinical meetings; and
- to continue to monitor the Emergency Response Team activities and provide ongoing training opportunities for staff involved in managing critical incidents.

### Workload Indicators

Number of new admissions	534
Number of re-admissions	655
Number treated	2,127
Population in treatment (June 2002)	1,098

Workload indicators are for East Perth outpatient services only.

#### 1.1.1 Effectiveness Indicator

Key measures of effectiveness of clinical services are improvements in terms of general health, psychological health, social relationships and drug use.

Improvement in	2001-02	2000-01	1999-00
General health	60.8%	46.8%	na
Psychological health	61.6%	45.6%	na
Social relationships	59.1%	43.4%	na
Primary drug use	62.0%	44.4%	na
Other drug use	53.9%	33.6%	na

#### **Explanatory note**

On completion of each outpatient program medical officers provide ratings on clients’ health, psychological and social status, primary drug use and other drug use. The ratings include “worse”, “same”, “improved” and “unknown”. As preventing any deterioration in clients’ conditions is an important component of treatment, the ratings of “same” and “improved” were collapsed to obtain the above measures of effectiveness.

*Sample: n = 878 (85.1%). Standard error +/- 1.28% at the 95% confidence level.*

#### 1.1.2 Effectiveness Indicator

A key measure of the effectiveness of clinical services is the client’s satisfaction with the treatment service provided.

	2001-02	2000-01	1999-00
Mostly or very satisfied	88.6%	93.8%	84.8%

#### **Explanatory note**

This year the client satisfaction questionnaire was incorporated in the Next Step Treatment Census: Consumer Treatment Satisfaction and Outcome survey. The survey was conducted over a four week period, 27 May to 21 June 2002, at the East Perth clinic and Youth services, and for one week, 17-21 June 2002 at the Fremantle clinic. Of the 514 clients who attended treatment at the clinics during the period of the survey, 149 (29%) were surveyed.

*Sample: n = 149 (29%). Standard error +/- 6.73% at the 95% confidence level.*

#### 1.1.3 Efficiency Indicator

A key measure of efficiency for clinical service is the cost per client undergoing treatment with outpatient services (excludes the Fremantle Clinic and Youth Services).

	2001-02	2000-01	1999-00
Cost per client treated at the East Perth Clinic	\$1,252.94	na	na

**Explanatory note**

Cost of service (including Commonwealth Drug Diversion Funds) divided by the number of clients treated (n = 2,127). Due to the change in cost centres, comparisons are not available for previous years.

**1.1.4 Efficiency Indicator**

A key measure of efficiency is the cost per client for Naltrexone treatment.

	2001-02	2000-01	1999-00
Cost per client undergoing Naltrexone treatment	\$287.64	\$1,090.15	\$1,005.72

**Explanatory note**

Naltrexone is one of the pharmacotherapies approved for treating alcohol and opioid dependent people. Over the past year the number of clients treated with Naltrexone had declined from 1,050 in 2000-01 to 367 in 2001-02 as other pharmacotherapies became available. The cost per client was calculated by dividing the cost of the service by the number of clients (n = 367, 183 alcohol dependent and 184 opioid dependent clients). The expenditure on Naltrexone was decreased because there was a reduction in the number of clients treated. The cost of Naltrexone treatment is directly proportional to the quantity of the drug prescribed.

**Fremantle Clinic**

The Fremantle Clinic provides specialist outpatient drug and alcohol services for the local community. The clinic operates with a multidisciplinary team comprising of medical, nursing, social work, psychology and counselling staff. Referrals are accepted from other drug and alcohol agencies, hospitals, general practitioners and other health and welfare services. The service works particularly closely with the Alma Street Psychiatric Service to provide a shared care model of treatment for dual diagnosis clients. In addition, the clinic provides education and training and clinical consultancy for other service providers and participates in clinical research.

**Highlights 2001-02**

Highlights for the year include:

- the development of shared care protocols with the Alma Street Clinic and the Community Drug Service Teams;
- implementation of the highly successful 'art therapy group for women; and
- completion of the clinic's refurbishment and remodelling providing an improved environment for staff and clients.

**Workload Indicators**

Number of new admissions	261
Number of re-admissions	185
Number treated	768
Population in treatment (June 2002)	444

**1.1.5 Efficiency Indicator**

A key measure of efficiency is the cost of treatment per client at the Fremantle Clinic.

	<b>2001-02</b>	<b>2000-01</b>	<b>1999-00</b>
Cost per client treated at the Fremantle Clinic	\$1,147.82	\$1,371.70	\$2,056.00

***Explanatory note***

Cost of service (including Evidence-Based Practice Funding) divided by the number of clients (n = 768) treated. The decrease in the cost per client is due to the increase in number treated in this financial year. The number treated in 2000-01 was 605.

**Planned Achievements 2002-03**

Planned achievements include:

- the development of the Clinic’s capacity to provide a regional service; and
- further development of a specialised group program to meet client needs.

**Youth Services**

The Youth Service located at East Perth provides a specialist outpatient service for young people between the ages of 12-18 years with drug and alcohol related problems. The treatment services provided include outpatient drug withdrawal, pharmacotherapies, counselling, mentoring and family support.

The Youth Service’s multidisciplinary team has a broad range of professions with skills in the assessment and treatment of young people with drug and alcohol and mental health problems.

**Highlights 2001-02**

Highlights for the year include:

- the development of a mobile outreach service where the mentors can visit young people in the community. This has greatly assisted in engaging and keeping young people linked to the service who have for various reasons found it difficult to attend appointments in a ‘clinic’ setting;
- the commencement of an evening clinic to improve the capacity of young people and their families to access the service;
- support for Next Step’s volunteer programs by having three volunteer counsellors working at the youth service to enhance their skills and expertise in working with youth co-existing alcohol and drug problems and mental health problems;
- the provision of education and training to medical practitioners and other youth health professionals to assist them in better responding to young people with co-existing alcohol and drug problems and mental health problems;
- project collaboration with various arts community agencies including Disabilities and the Arts and Artrage to enable the youth clients to link into community theatre, art and music programs;
- the development of a short film by a small group of young people on ‘Altered States of Consciousness’;

**Planned Achievements 2002-03**

Planned achievements include:

- to provide specialist clinical expertise in the development of a new youth withdrawal management and respite service in the non-government sector;
- to continue to develop collaborative working models with other youth agencies to improve the service delivery to young people and their families seeking assistance with alcohol and other drug use related problems;
- the development of a family therapy training program for youth health professionals in the addiction field to enhance their skills in working with young people and their families; and
- to expand the already successful mentoring program by developing a volunteer mentoring training program.

### **Workload Indicators**

Number of new admissions	164
Number of re-admissions	31
Number treated	256
Population in treatment (June 2002)	100

#### **1.1.6 Efficiency Indicator**

A key measure of efficiency is the cost of treatment per client at the Youth Service.

	<b>2001-02</b>	<b>2000-01</b>	<b>1999-00</b>
Cost per client treated at the Youth Service	\$2,453.46	\$3,223.01	na

#### ***Explanatory note***

Cost of service divided by the number of clients (n = 256) treated. The decrease in the cost per client is due to the increase in the number treated. In 2000-01, 164 clients were treated, in 2001-02, 256 were treated.

### **Pharmacy Services**

Located at the East Perth site, Next Step's pharmacy provides a seven-day a week dispensing service. Clients may require medications to assist with an outpatient or home withdrawal program or may be receiving Naltrexone, Methadone or Buprenorphine treatment. Other relapse prevention medications such as acamprosate and disulfiram are also dispensed to clients.

Clients' attending Next Step's pharmacy require more individualised input as they present with more complex needs. These involve concurrent medical, psychological and behavioural problems that cannot usually be managed in a community pharmacy. Observation of clients provides an opportunity to review and support them on a daily basis and liaise and refer to case managers as necessary.

Ongoing partnerships with universities continue to enable the pharmacy to participate in clinical trials and to support opportunities for research for undergraduate and PhD students. In addition the service provides support, advice and liaison to community pharmacists, hospitals and the Department of Health.

At the end of the financial year, 117 clients were attending for supervised Methadone treatment, 43 were being dispensed Naltrexone, and 20 clients had received Buprenorphine. Another 19 clients had received drugs such as Physeptone, Kapanol, Palfium and other medications. An

additional 542 clients were managed for Next Step but were receiving their medications from community pharmacies.

### Highlights 2001-02

Highlights for the year include:

- the implementation of an enhanced comprehensive record keeping system;
- the introduction of six week placement opportunities for final year Curtin University pharmacology students; and
- greater opportunity for Next Step pharmacists to offer outreach support and liaison to community pharmacies.

### Planned Achievements 2002-03

Planned achievements include:

- increased return of stable clients to community pharmacies for ongoing management; and
- remodelling of the dispensary to improve efficiency.

#### 1.1.7 Efficiency Indicator

Key measures of efficiency are the cost per client for drugs dispensed.

	2001-02	2000-01	1999-00
Cost per client dispensed at East Perth	\$2,302.14	\$2,268.24	\$2,173.85
Cost per client dispensed at community pharmacies	\$611.82	\$871.79	\$737.32

#### ***Explanatory note***

The number of clients dispensed at East Perth on a daily basis was 144. The number of clients managed by Next Step but dispensed at community pharmacies on a daily basis was 542. The main drugs dispensed are Methadone, Naltrexone and Buprenorphine.

### Inpatient Withdrawal Service

The Inpatient Withdrawal Service located at East Perth provides a 16-bed facility for clients requiring medical assistance with detoxification from alcohol, licit and illicit drugs. The facility includes a 3-bed acute care area for clients requiring more intensive observation. A four bed suite is also attached to the unit and available for clients with special needs.

An assessment for admission to the unit is arranged by clinician to clinician on self-referral. Priority for admission is given to clients in alcohol or benzodiazepine withdrawal and to those clients who are likely to experience moderate to severe withdrawal problems. A multidisciplinary team of health professionals work with clients.

An identified key worker co-ordinates each client's care and ensures that clients receive treatment plans on admission. Individual counselling, group work, an activities program and alternative therapies are offered and encouraged for all clients. Comprehensive discharge planning and referral is integral to each client's treatment.

Ongoing liaison and collaboration with community health providers helps to ensure an effective and streamlined client referral process.

## Highlights 2001-02

Highlights for the year include:

- development of a comprehensive inpatient unit brochure available to the community;
- increased links with referral agencies resulting in the further development of shared care models of treatment;
- development and implementation of clinical guidelines for the unit;
- admission of at risk youth to the unit;
- increased opportunities for student placements; and
- introduction of Sahaja Yoga for clients.

## Planned Achievements 2002-03

Planned achievements include:

- the development of the inpatient counselling and day program as a result of consumer feedback;
- further review and development of clinical guidelines based on treatment research; and
- a more comprehensive orientation package for students and new staff.

## Workload Indicators

Number of admissions      548  
Average length of stay      6.26 days

### 1.2.1 Effectiveness Indicator

Key measures of effectiveness of clinical services are improvements in terms of general health, psychological health, and social relationships.

Improvement in	2001-02	2000-01	1999-00
General health	59.0%	52.8%	69.6%
Psychological health	58.5%	48.6%	59.4%
Social relationships	57.9%	37.0%	31.2%

#### ***Explanatory note***

On completion of each inpatient program, medical officers provide ratings on clients' health, psychological and social status. The ratings include "much worse" to "much improved" on a scale of one to five. These ratings were collapsed "worse", "same", "improved" and "unknown/missing". The above indicator was calculated on "improved".

*Sample n = 509 (93.9%). Standard error +/- 1.07% at the 95% confidence level.*

### 1.2.2 Effectiveness Indicator

A key measure of the effectiveness of inpatient services is the clients' satisfaction with the service.

2001-02                      2000-01                      1999-00

Mostly or very satisfied	80.0%	91.4%	91.7%
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**Explanatory note**

This year the client satisfaction questionnaire was incorporated in the Next Step Treatment Census: Consumer Treatment Satisfaction and Outcome survey. The survey was conducted over a four week period, 27 May to 21 June 2002, inclusive. During the survey period, 31 clients were discharged from the inpatient withdrawal service. Of these 10 (32.3%) were surveyed.

*Sample n = 10 (32.3%). Standard error +/- 25.51% at the 95% confidence level.*

**1.2.3 Efficiency Indicator**

A key measure of efficiency for inpatient services is the cost per occupied bed day.

	<b>2001-02</b>	<b>2000-01</b>	<b>1999-00</b>
Cost per occupied bed day	\$676.08	\$403.68	\$621.10

**Explanatory note**

The cost per occupied bed day was calculated by dividing the total cost of inpatient services by the number of occupied bed days (n = 3,490). The increased cost compared to the previous year is due to a decrease in the number of clients admitted.

**Clinical Advisory and Support Services**

Located at East Perth, this service includes the Clinical Advisory Service (CAS) and the Patient Advisory and Support Service (PASS). These services provide support to clients and specialist clinical advice to providers of community based drug and alcohol services including the Community Program for Opiate Pharmacotherapy (CPOP). This program coordinates the General Practitioners, Community Pharmacies, clinical staff at Next Step and officers of the Department of Health involved in the provision of Methadone and Buprenorphine treatment.

The Clinical Advisory Service provides telephone advice to general practitioners, pharmacists and other health providers involved in the treatment of clients with drug and alcohol problems. This service is operated 24 hours a day, 7 days a week and is staffed by Next Step’s senior medical officers.

The Patient Advisory and Support Service has been established to provide streamlined telephone advice, assessment and support to patients commencing Methadone or Buprenorphine treatment in the community. The service links new and existing patients with community prescribers and pharmacists and provides ongoing liaison between general practitioners and patients, pharmacists and health care providers. The phone line is staffed by a Clinical Nurse Specialist during office hours Monday to Friday.

This service provides ongoing clinical support and training for new and existing general practitioners and pharmacists, clinical consultancy, monitoring, clinical audits and the investigation of complaints.

**Highlights 2001-02**

Highlights for the year include:

- new models of shared care developed especially to meet the needs of rural patients and prescribers;

- further implementation of outreach support for general practice and pharmacy staff;
- a more comprehensive training program offered to GPs; and
- introduction of a Methadone/Buprenorphine clinical resource manual for general practitioners.

### **Planned Achievements 2002-03**

Planned achievements include:

- further development and implementation of shared care models of treatment with Community Drug Service Teams and GPs;
- further recruitment of GPs to prescribe Methadone and Buprenorphine; and
- update of resource packages for general practitioners education and training.

### **Workload Indicators**

	<b>30 June 2001</b>
Number of clients on the Community Program for Opioid Pharmacotherapies	2,117
Number of GPs prescribing Methadone/Buprenorphine	67
Number of community pharmacies dispensing	264

### **Clinical Training and Advisory Service (Community Program for Opioid Pharmacotherapies)**

This service provides specialist clinical advice and support to clients and providers of community based drug and alcohol services. This service includes the Clinical Advisory Service [CAS] Community Program for Opioid Pharmacotherapies [CPOP] and Patient Advice and Support Service [PASS].

The Clinical Advisory Service is a 24-hour, 7-day a week telephone advisory service for general practitioners, pharmacists and other health service providers, which is staffed by Next Step's medical officers. This service also processes on average 50 applications to prescribe an opioid pharmacotherapy per week and maintains links with the Department of Health Drugs and Poisons Branch.

CPOP has a coordinating role with general practitioners and pharmacists involved in providing methadone/buprenorphine treatment. The program provides support to these providers through training, clinical consultancy, monitoring and clinical audits. The program also facilitates client access to treatment and investigates complaints.

PASS provides a Monday to Friday telephone consultancy service to clients on the CPOP program.

### **Workload Indicators**

Number of clients on CPOP	
Methadone	1,359
Buprenorphine	758
Total number of GPs prescribing	67
Number of GPs prescribing Methadone	32
Number of GPs prescribing Methadone and Buprenorphine	35
Total number of pharmacies dispensing	264
Number of community pharmacies dispensing:	
Methadone	264

Buprenorphine	80
Number of CAS calls received for this period:	
GPs	1,186
Pharmacists	517
Other health professionals	700

### Workload Indicators

Number of calls received for this period	1,946
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### Highlights 2001-02

Highlights for the year include:

- recruiting and training GP prescribers. A total of 48 GPs attended four ‘Planet of the Opiates’ training events;
- approximately 150 GPs have completed pharmacotherapy training. A total of 67 GPs are currently prescribers. 32 GPs have been authorised to prescribe Methadone and 35 GPs Methadone and Buprenorphine;
- ten GPs are managing more than fifty clients; and
- 35 GPs responded to a recent GP survey. 86% of the GPs rated CAS as very supportive or supportive.

### Planned Achievements 2002-03

Planned achievements include:

- CAS to move from Clinical Services to the Practice Development Directorate at the Drug and Alcohol Office. CAS will integrate with the GP Project and the PASS service will integrate with ADIS;
- improve GP support by offering training, mentoring and regular surgery visits to GPs and practice staff;
- review the role of clinical audits and consider alternative processes that accommodate the privacy amendments and ensure best practice; and
- develop shared care models of management to support the needs of the rural communities.

#### 1.3.1 Efficiency Indicator

A key measure of efficiency for the Clinical Advisory and Support Service is the cost per client treated in the community.

	2001-02	2000-01	1999-00
Cost per client treated in the community	\$260.94	\$192.78	\$182.06

#### Explanatory note

Cost of service divided by the number of clients (n = 2,117) treated in the community. This service provides clinical support and training for general practitioners and pharmacists involved in treating opioid dependent clients in the community.

### Clinical Training and Placements

Next Step provides clinical placements to a range of health disciplines to improve the knowledge and skills of health workers in responding to clients' alcohol and drug problems. There are well-established links with the universities and hospitals that provide opportunities for undergraduate and postgraduate students. Medical, nursing, social work, counselling, art therapy, pharmacy and psychology students have benefited from clinical placements this year. These clinical placements and student orientation visits are facilitated on site by a program coordinator.

This role is also responsible for coordinating staff development and training programs.

### Highlights 2001-02

Highlights for the year include:

- Buprenorphine training for staff; and
- ongoing development of the staff training program in response to all staff training needs across clinical services.

### Planned Achievements 2002-03

Planned achievements include:

- comprehensive orientation package for new staff and students to gain a complete understanding of all services based at Next Step; and
- collaboration with external agencies to assist with training requirements ensuring that current practices and a wide range of service information is available to all Drug and Alcohol Office (DAO) staff, for example, research findings external to this agency which may impact on service provision, and pharmacotherapy updates.

### Workload Indicators

Nursing students/graduates	49
Medical students	99
Social work students/graduates	2
Psychology registrars/students	3
GP registrars	3
Psychiatric registrars	2
Pharmacy students	4
TAFE students (massage)	9
Volunteer Counsellors (Next Step)	4

#### 1.4.1 Efficiency Indicator

A key measure of efficiency for Clinical Training and Placements is the cost per clinical placement.

	2001-02	2000-01	1999-00
Cost per clinical placement	\$1,597.79	\$872.22	na

#### **Explanatory note**

During the year there were 175 clinical placements for a range of disciplines including general practice registrars, psychiatric registrars, mental health nursing, clinical psychology registrars, and social work graduates. Cost of each placement is calculated by dividing the cost of the service by the number of placements. The increase in the cost is due to the decrease in the number of placements, 255 in 2000-01, and 175 in 2001-02.

### Clinical Education and Research

## Professional and Organisational Development

Professional and Organisational Development aims to enhance the capacity of health and other staff to respond effectively to people affected by drug use through evidence-based practice. Strategies involve two main elements: the translation of evidence into practical responses for health and other staff and the adoption of new and supportive practices within service provider systems or organisations. Passive dissemination of information may raise awareness but is generally ineffective in changing workplace practice. Multifaceted strategies are more effective than single strategies.

Professional and Organisational Development has a number of key programs:

- Clinical Education and Training;
- Drug Education and Clinical Support Service (DECSS); and
- General Practitioner Alcohol and Drug Support Program.

The programs assess the characteristics of the proposed practice(s) that might influence adoption, assess the preparedness of target groups and individuals to change, and identify potential barriers to and enablers of change. Effective strategies go beyond education and training and include, using champions, peer leaders, clinical audits, policy development, educational outreach and support and supervision.

### Clinical Education and Training

The Clinical Education and Training section facilitates the development of a broad workforce to respond to people affected by drug use. The section also supports pre-service training through tertiary education institutions and the vocational education and training sector.

The section is a Registered Training Organisation offering assessments and training for the Alcohol and Other Drug Work National Competency Standards.

Clinical Education and Training is involved in a number of capacity building projects. These include projects with the mental health sector, the prison services and with needle and syringe programs across the State.

### Highlights 2001-02

Highlights for the year include:

- the Volunteer Counsellor program was a key component of the Premier's Award to Next Step Specialist Drug and Alcohol Services for Excellence in Social and Community Development, 2001. The program also won the national 2001 Ted Noff's Award for Organisational Excellence;
- the Statewide *In Touch: School Drug Management Program* (for school support staff) was continued in conjunction with the WA Drug Abuse Strategy Office and the School Drug Education Project. A resource manual and associated training to complement the *In Touch* manual were provided for Aboriginal Liaison Officers and others from the Education Sector who work with indigenous students. This latter program is in collaboration with the School Drug Education Project and the Kimberley Community Drug Service Team;
- practice development projects within the Department of Justice included:
  - training for Community Corrections Officers;
  - accrediting staff in the AOD skills course;
  - nationally accredited training for Prison Officers at Wooroloo Prison;

- contributions to the Steering Committee for the drug-free unit at Wooroloo; and
  - working with the Programs Branch of Prison Services to redevelop an accredited intensive cognitive-behavioural program for offenders; *Moving on From Dependencies*.
- a number of projects were implemented to enhance responses to clients affected by drug use within the mental health sector. Projects were conducted with Graylands Hospital, Alma Street Clinic, Ruah Services and a Volunteer Counsellor training program was implemented across the sector;
- the section was involved in three National Projects. These were:
    - development of training programs for frontline workers responding to the needs of young people affected by drug use;
    - development of learning objectives and assessment procedures for medical staff who seek to engage in pharmacotherapies for opioid dependent patients; and
    - development of drug harm reduction competencies for police.
- a regular program of workshops continued to be provided in conjunction with the WA Network for Alcohol and Drug Agencies (WANADA) and the WA Substance Users Association (WASUA). The workshops aim to be relevant to both clients' needs and the needs of alcohol and other drug workers and have included amphetamine use, consumer rights and motivational interviewing;
- a training program was delivered by Next Step for the Sexual Health Program and funded by the Council of Australian Governments (COAG). This project is an effective capacity building program that accredits needle and syringe providers with a unit of competency, CHCAOD7A from the Alcohol and Other Drug Work National Competency Standards. Participants were mainly from hospitals and public health units in rural and remote areas. Next Step supported them through a train-the-trainer workshop and mentoring program to enhance the capacity of other workers in their local areas. The program linked the workers to other key agencies such as the WA Substance User's Association, the Hepatitis C Council and the WA AIDS Council;
- the new Postgraduate Diploma in Health Sciences (Clinical Nursing – Substance Misuse) commenced in July with 10 students. This has been developed into a generic course for health and welfare with flexible delivery and a wide range of placements to reflect the broad emphasis beyond the nursing profession. The unit is accredited with 120 points of the 200 points for the Diploma. The flexibility in modules allows for recognition of prior learning and articulation of the units of competency to the diploma; and
- the section supported the dissemination of information to key professionals and provided accredited training related to the release of Buprenorphine for the treatment of dependence. This included funding the pharmaceutical council to provide authorised training for pharmacists as per the State policy to 52 sites for over 350 participants using Westlink.

### **Drug Education and Clinical Support Service (DECSS)**

This service provides training and support to health services across Western Australia, to enhance the clinical management of drug related problems, particularly withdrawal management. A multidisciplinary team provided a variety of services to support organisation development of health services to support responses to alcohol and other drug-related problems. The service funded and supported a number of pilot withdrawal projects in rural areas.

### **Highlights 2001-02**

Highlights for the year include:

- clinical leadership and mentoring has resulted in the development of an across State network of nurses working with drug related problems. Almost half of the health services in the State

have developed alcohol and drug strategies;

- ten health services have developed clinical policies and procedures in the appropriate care and management of patients affected by drug use, where previously no such policies existed. In many cases, sustainability of these responses have been assured through aligning the internal change process with the EQUIP quality assurance process, with service business plans and through the release of internal funds;
- substantial system change has occurred (e.g. patient record keeping, changes to admission procedures, screening day surgery patients for drug use, provision of self-help booklets etc.). Changed admission procedures for patients with drug-related conditions have been implemented in nine health services;
- over 720 copies of the second edition of the manual 'Alcohol and Drug Withdrawal – A Practical Approach' have been distributed to health professionals, GPs, health services and other relevant government and non-government organisations. The manual is also available for downloading on the Drug and Alcohol Office's website; and
- the manual 'Clinical Guidelines for Next Step Medical Officers' was finalised and produced as 40 hard copies and six CD-ROMs. This resource has been distributed to Next Step clinicians.

### **General Practice Alcohol and Drug Support Program**

The GP Alcohol and Drug Support Program invests in the capacity of general practitioners to identify and respond to patients affected by drug use. The program provides quality education events for GPs, the dissemination of drug and alcohol information relevant to GPs and support for the development of general practice best-practice, and outcome based programs. An advisory group, with members from GP organisations, provides advice.

The multi-level education curriculum, which incrementally developed GPs confidence and competence in managing patients with alcohol and drug problems, has been developed.

### **Highlights 2001-02**

Highlights for the year include:

- a total of 37 activities were hosted, 33 specifically for GPs. Fourteen were held in conjunction with Divisions of General Practice and 14 for rural GPs. There were five GP Alcohol and Brief Intervention clinical audits;
- all events were granted the Royal Australian College of General Practitioners accreditation for the new Quality Assurance and continuing Professional Development triennium;
- the establishment of partnerships through collaborative education activities with the University of Queensland, WA Police Service and hospitals; and
- the use of the Enhanced Primary Care Initiatives have been promoted and health system development initiatives have been developed that increase the support available to GPs who manage patients with drug and alcohol problems.

### **Planned Achievements 2002-03**

The services of Professional and Organisational Development will be part of the new Practice Development Branch of the Drug and Alcohol Office.

Planned achievements include:

- priority will be given to practice development initiatives for key groups as identified in the Community Drug Summit: families, young people, indigenous people, people living in rural and remote areas;
- the continued implementation of the Family Sensitive Practice Development Program;
- the establishment of an Aboriginal Health Program as part of Practice Development. This will result in a comprehensive across State training and leadership program to support the development of an Indigenous drug and alcohol workforce. The initiative has been funded by the Drug and Alcohol Office and the Sexual Health Program;
- continuation of key worker models to support practice development in mental health agencies;
- health systems development initiatives with rural and metropolitan health services to provide clinical support, training, resources and development to enhance mainstream health service responses to people affected by drug use;
- the development and implementation of strategies to support health workers and others to effectively deliver brief interventions;
- comprehensive strategies to reduce drug-related harm, particularly unintended overdoses;
- Practice Development will work with the WA Network of Alcohol and Drug Agencies (WANADA) to deliver a Statewide capacity building program for drug services to enhance access of key target groups to these services;
- the Inaugural Alcohol and Drug Symposium will be held at Fremantle in August 2002;
- the establishment of a comprehensive program for GPs and other key professionals in primary health care through the creation of a team within Practice Development that combines the GP Alcohol and Drug Support Program and the Clinical Advisory Service /Community Program for Opioid Pharmacotherapy (CPOP). This team will link with other programs within the Practice Development Branch such as the Alcohol and Drug Information Service to develop innovative strategies and to improve services for GPs, particularly within rural and Aboriginal communities;
- the establishment of a GP liaison position to enhance links, communication and integrated service provision between GPs and drug treatment services;
- the development of local models of support for GPs in collaboration with Community Drug Service Teams; and
- the development of education packages for GPs and registrars (in conjunction with GPDWA and Curtin University) accredited under the 'Better outcomes in mental health care package initiatives'.

### Workload Indicators

	Target	Actual
<b>Clinical Education and Training and DECSS</b>		
No of completed events	102	106
No of participants	1990	2168
No of completed training hours	615	910
<b>GP Program</b>		
No of completed events for GPs	20	34
No of participants (401 GPs)	-	465
No of completed training hours	-	79

### 2.1.1 Effectiveness Indicator

Key measures of effectiveness of practice development are the average rating given by participants at training events.

	2001-02	2000-01	1999-00
Average rating for completed events on:			
▪ Usefulness of training courses to participant's work or study	77.9%	79.8%	76.3%
▪ Increase in knowledge	67.0%	65.4%	63.0%
▪ Increase in level of confidence in working in this area	56.0%	57.6%	54.0%
▪ Increase in level of competence in working in this area	51.3%	50.1%	59.0%

#### **Explanatory note**

1,176 of the 1,475 participants of training events that were evaluated using the standardised course evaluation questionnaires completed evaluation questionnaires. (This does not include the General Practitioner Alcohol and Drug Support Sub-Program, as the same performance indicators were not used for the participants' evaluations of this program's events (465 participants)). A further 692 participants undertook courses that were not formally evaluated using written questionnaires.

The performance indicators refer to the percentage of participants who reported that the event was very/extremely useful to their work or study, that they had a high increase in knowledge of the area covered and a high increase in their level of confidence and competence after the event. These were the top categories in a five point rating scale. There is a body of research that demonstrates that increasing knowledge, confidence and competence is associated with an increased probability that a clinician will successfully engage and respond to the needs of clients with alcohol and other drug problems.

Twelve of the events were evaluated using a shorter evaluation with only the first two indicators developed for use for courses of less than two hours. For these twelve events, 135 of the 208 participants completed evaluation questionnaires. The indicators relating to increased confidence and competence were not used for this standardised questionnaire as it is difficult to achieve these objectives with short events.

*Sample n = 1,176 (54.3%) Standard error: 1.93% at the 95% confidence level.*

### 2.1.2 Efficiency Indicator

A key measure of efficiency for practice development is the cost per participant, per hour of training.

	2001-02	2000-01	1999-00
Cost per participant, per hour of training	\$99.52	\$87.26	\$81.42

#### **Explanatory note**

Refers to the total cost per participant (per event hour), including staff salaries, materials, resources and overheads of providing clinical education and training events for persons working or studying in the health and welfare field. Total participant hours = 15,198.

## **Alcohol and Drug Information Service**

Established in 1986, the Alcohol and Drug Information Service (ADIS) provides professional counselling, information, referral and consultancy on drug-related matters. This is a Statewide service, accessible 24 hours per day for the cost of a local call. ADIS receives over 20,000 calls a year with about 10% of calls coming from outside the Perth metropolitan area.

Approximately 40% of callers required counselling about concerns involving their own or another's alcohol or other drug use. Over 12,000 referrals were made to government or community-based treatment or education services.

ADIS also responded to a wide variety of callers seeking information about treatment initiatives, legal issues, drug effects, agencies, transmissible diseases, needle and syringe disposal, drug testing in the work place, peer to peer support programs and school projects.

ADIS provides the main service support to State and Commonwealth drug-related media campaigns, prevention and early intervention initiatives, including QUIT.

### **Workload Indicators**

No of calls	20,537
No of mailouts of information	3,167

## **Parent Drug Information Service**

The Parent Drug Information Service (PDIS) is a component of ADIS. The service is available 24 hours per day and provides professional telephone counselling, information and referral to parents and family members concerned about their children's drug use.

Parents can be linked to one of 54 trained parent volunteers for peer support, information and guidance through the Parent Telephone Support Network. This network links concerned parents to trained parent volunteers who have had experience with a child using drugs.

### **Workload Indicators**

No of parent calls through PDIS	2,305
No of parent calls through ADIS	3,823
No of parent calls receiving professional PDIS follow up calls	99
No of parent volunteers trained/graduated	22
No of calls transferred to Parent Telephone Support Network	501

## **Highlights 2001-02**

Highlights for the year include:

- a number of strategies were implemented to reduce call drop-outs. These resulted in a 50% reduction in call drop-outs (now approximately 5% of all calls);
- a trial was implemented to assess the value of standardised clinical assessment protocols, to facilitate cross-service referrals;
- an automatic electronic evaluation mechanism was installed to enable anonymous caller evaluation/feedback to the service. This has significantly enhanced the capacity to ensure quality service delivery and will be used in generating effectiveness indicators;

- PDIS was a key component of the Premier's Award to Next Step Specialist Drug and Alcohol Services for Excellence in Social and Community Development, 2001;
- in partnership with the Department of Justice, PDIS has established Parent Volunteer support in the WA Adult Drug Court;
- parent volunteers were delegates at the WA Community Drug Summit; and
- the book 'Drugs and Your Teenager' was distributed to all high school libraries, health and State libraries across the State, promoting ADIS and PDIS and providing accessible advice to parents concerned about drug use.

### Planned Achievements 2002-03

Planned achievements include:

- the role of ADIS as a clear point of entry into treatment systems will be enhanced;
- ADIS and PDIS will be effectively integrated with government and non-government services to enhance clear pathways treatment entry, referral and care;
- ADIS's role in prevention initiatives will be enhanced;
- ADIS and PDIS will be more effectively promoted in remote and rural communities to enhance use of the service;
- ADIS will be promoted to Aboriginal and CALD communities to enhance the use of the service;
- the Patient Advisory Service (for patients receiving pharmacotherapies for opioid dependence) will be incorporated into ADIS; and
- the Parent Information Resource Pack will be launched and distributed Statewide.

#### 2.2.1 Efficiency Indicator

Key measures of efficiency for ADIS and PDIS are the cost per call to ADIS and the cost per parent volunteer.

	2001-02	2000-01	1999-00
Cost per call to ADIS	\$39.96	\$23.56	\$29.74
Cost per new parent volunteer	\$1,318.00	\$1,200.00	na
Cost per parent volunteer for drug court	\$1,633.00	na	na

#### ***Explanatory note***

The cost/call is calculated by dividing total cost (\$820,655.00) by the number of ADIS calls answered (n = 20,537). Approximately 90% of ADIS time is spent in direct service provision. Other service activities include mail-outs, responding to voice mails and maintaining information systems. Costs per call appear to have increased. However, a change to the method of calculation has contributed to this. The business costs include, for the first time, a proportion of the director's costs and administrative costs. In addition, there was a decline in calls to the service in this financial year.

The Parent Drug Information Service spent \$29,000.00 on training, supervision and support of 22 new volunteers. A new service, providing Parent Volunteers to the Drug Court, was established in 2001-02. The total cost was \$9,800.00 for training and support of six parent volunteers.

## Opiate Overdose Prevention Strategy

The Opiate Overdose Prevention Strategy (OOPS) was established in 1997 to prevent and manage accidental opiate overdoses. The service combines the use of professional staff and carefully selected and trained volunteers.

The OOPS Emergency Department Project provides a full service to Royal Perth Hospital, Sir Charles Gairdner Hospital and Fremantle Hospital and has been one of the key areas involving OOPS volunteers. Hospital staff can call out a volunteer or staff member to support patients who come to the hospital as a consequence of an accidental overdose. The strategy reduces demand on emergency services, provides support to people affected by drug use and provides an opportunity to reduce the risk of future overdose.

OOPS provides training workshops covering overdose prevention and management, reduced risk from injecting practices and brief intervention resuscitation. Additional funding was provided for this component from July to September 2001. During this period, working in unison with the Western Australian Substance Users Association (WASUA) a total of 184 agency staff and clients were trained in Expired Airway Resuscitation, focussed on drug overdose.

### Highlights 2001-02

Highlights for the year include:

- the Opiate Overdose Prevention Strategy was a key component of the Premier's Award to Next Step Specialist Drug and Alcohol Services for Excellence in Social and Community Development, 2001;
- there was a trial to expand services at Sir Charles Gairdner Hospital to include accidental overdoses related to a broader range of drugs (not just opiates);
- 162 people were trained in resuscitation techniques as a response to opiate overdose; and
- as the time immediately after release from detention is high risk for overdose, prevention strategies for overdose were implemented at pre-release for juvenile offenders.

### Planned Achievements 2002-03

Planned achievements include:

- development of the project into the Drug Overdose Prevention Project (DROPP) – this recognises the role of responding to a range of drug overdoses, not just opioids;
- Statewide practice development of drug treatment services to provide information and strategies to clients to prevent and respond to drug overdose;
- provision of drug overdose prevention strategies within the Department of Justice; and
- Statewide practice development for mainstream health services to build strategies to respond effectively to drug overdose.

#### 2.3.1 Efficiency Indicator

Key measures of efficiency for OOPS are the cost of training per client and cost per client intervention.

	2001-02	2000-01	1999-00
Cost per new graduate volunteer	\$3,849.51	na	na

Cost per graduate in psychostimulant interventions training for current volunteers	\$1,292.34	na	na
Resuscitation/harm reduction training per client at risk	\$345.72	na	na
Resuscitation training per clinical staff graduate	\$384.95	\$240.45	na
Cost per overdose case attended in Emergency Dept	\$1,206.16	\$842.00	\$342.12

**Explanatory note**

The cost per graduate volunteer represents the approximate proportion of expenditure (50% = \$180,927.00) devoted to recruiting, selecting, training and supporting volunteers who provide a service at large public events (e.g. Big Day Out) and in the hospital and justice systems divided by the number of graduates of the training program (n = 47).

The cost for ‘current volunteers’ in training in responding to psychostimulant overdose represents the approximate proportion of expenditure (5% = \$18,092.70) devoted to training and supervision divided by the number of graduates of the training (n = 14).

The cost for resuscitation and harm reduction skills for clients, who are at risk of overdose, is calculated by dividing the approximate proportion of expenditure (30% = \$108,556.20) by the number of graduates of the training (n = 314).

The cost for resuscitation training for clinical and other staff is calculated by dividing the approximate proportion of expenditure (5% = \$18,092.70) by the number of graduates (n = 47).

The costs per overdose attended is calculated by dividing the approximate proportion of expenditure (10% = \$36,185.40) by the number of interventions provided in emergency departments (n = 30).

**Library Services**

The Library is located at 7 Field Street, Mount Lawley. It houses the major collection of “addiction” literature and videos in WA. The collection is included in the national bibliographic database and is part of the shared library system with other state health libraries.

The library is physically accessed by over 1500 clients each year. These consist of staff from drug and alcohol services, other government and non-government services, students and members of the public. In addition, the library provides resources electronically via the agency intranet and externally via the internet. The library engages in major literature searches and provides training on accessing electronic information.

**Highlights 2001-02**

Highlights for the year include:

- provision of training to government and non-government staff in searching and accessing electronic information;
- liaison with WA Network of Alcohol and Drug Agencies to provide library access and services to its members;
- increased access to the library – from two half days per week to four full days per week; and
- establishment of a national reciprocal arrangement of interlibrary loans, to enhance local access to information.

## Planned Achievements 2002-03

Planned achievements for 2002-03 include:

- continued training to the sector in searching and accessing electronic information; and
- enhancing electronic delivery of published literature (e.g. journal articles) to provide improved access to information.

### 2.4.1 Efficiency Indicator

Key measures of the efficiency of Library Services are the unit costs of the services offered.

	2001-02	2000-01	1999-00
Cost per literature/data search conducted	\$233.44	na	na
Cost per loan from library	\$46.55	na	na
Cost per client use of library	\$40.48	na	na

The cost per literature/data search is calculated by the approximate proportion of the service expenditure (10% = \$13,539.60) being divided by the number of literature searches (n = 58). The rest of the service expenditure is equally divided into responding to clients who visit the library and resource loans provided by the library. The cost per client use is calculated by dividing 50% of the service expenditure, less literature/data search costs (\$60,928.20) by the number of clients, excluding electronic contacts (n = 1,505). The cost per loan is calculated by dividing 50% of the service expenditure, less literature/data search costs (\$60,928.20) by the number of loans (n = 1,309).

### Clinical Research and Evaluation

Next Step aims to build the capacity of clinical research in the drug field. The strategy has included the provision of funds to appoint Dr Kyle Dyer as Senior Research Fellow, based within the Department of Pharmacology at the University of Western Australia (UWA), but with joint status in Next Step. Responsibilities of this position include the management and coordination of clinical research at Next Step, the development of collaborative relationships between Next Step and the University sector, the provision of education and training within UWA and supporting clinical practice at Next Step.

In addition, Dr Steve Allsop has been accorded full academic status in the Centre for International Health at Curtin University and Adjunct academic status in the Department of Psychiatry and Behavioural Science at University of WA. Dr Anne Bartu has been accorded Adjunct Professor academic status at the School of Nursing and Midwifery, Curtin University. In addition, Dr Bartu is an honorary Research Fellow at the Women and Infants Research Foundation. These positions have contributed to building close working relationships with tertiary education institutions in terms of teaching and research.

Dr Dyer has developed a Clinical Pharmacotherapies Research Group, consisting of Next Step research and clinical staff, senior academic staff and postgraduate students from the University of WA. Collaborative research relationships have been developed with academics from Curtin University and Murdoch University. To date these relationships have resulted in the development of graduate and postgraduate research projects offered within Next Step, as well as the development of external grant submissions. In the last year, three honours and two masters students have been co-supervised by Dr Dyer. Dr Allsop has co-supervised four PhD candidates and supervised one PhD and one doctoral candidate. Dr Bartu is supervising three PhD candidates and is providing alcohol and other drug related education into the undergraduate and postgraduate curricula at the School of Nursing and Midwifery at Curtin University.

Clinical consultancy has been provided for Next Step clinicians pertaining to the clinical management of adverse reactions to Buprenorphine during detoxification, Naltrexone sustained release implant patients, and drug interactions. Dr Dyer is providing research and technical advice on an ongoing basis to the Department of Justice (WA) regarding an evaluation of saliva and rapid-urine drug screening instruments.

The research projects for 2001-02 were as follows:

**The Effect of a Divided Methadone Dose upon Opioid Withdrawal and Mood Disturbance among Maintenance Patients**

*Dr Kyle Dyer<sup>1,2</sup>, A/Prof Ken Ilett<sup>1</sup>, Belinda Wright<sup>1</sup>, Peta Prindiville<sup>3</sup>, Chris Cruickshank<sup>2</sup>  
Dept. of Pharmacology, UWA*

1. Next Step
2. Dept. of Psychology, Murdoch University.

**The Effectiveness of Methadone Maintenance for the Treatment of Opioid Dependence in Young People**

*Dr Kyle Dyer<sup>1,2</sup>, Kim Newcombe<sup>2</sup>, Ben King<sup>3</sup>, Sarah Davies<sup>3</sup>, Jelena Lemaic<sup>3</sup>*

1. Dept. of Pharmacology, Uni. of WA
2. Next Step
3. School of Medicine, Uni. of WA.

**Predictors of Outcome from Inpatient Detoxification: Opioid and Alcohol Withdrawal**

*Dr Kyle Dyer<sup>1,2</sup>, Kim Newcombe<sup>2</sup>, Peter Nelson<sup>2</sup>,*

1. Dept. of Pharmacology, UWA
2. Next Step

**Inpatient Amphetamine Detoxification: An Overview of Treatment Practice and Outcome**

*Chris Cruickshank<sup>1</sup>, Dr Kyle R Dyer<sup>1,2</sup>, Mel Robson<sup>1</sup>, Kim Newcombe<sup>1</sup>.*

1. Next Step
2. Department of Pharmacology, UWA

**Psychometric Evaluation of the Beck Depression Inventory-II Among Drug Dependent Patients**

*Dr Kyle Dyer<sup>1,2</sup>, Stacy Gall<sup>2</sup>, Dr Alison Marsh<sup>3</sup>, Sophie LaVincente<sup>4</sup>*

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

**Naltrexone Maintenance Following Heroin Withdrawal Using Buprenorphine**

*Dr Kyle Dyer<sup>1,2</sup>, Chris Cruickshank<sup>2</sup>, Dr Allan Quigley<sup>2</sup>, Dr Peter Nelson<sup>2</sup>, Dr Richard O'Regan<sup>2</sup>, A/Prof James Bell<sup>3</sup>*

1. Dept. of Pharmacology, UWA
2. Next Step
3. Langton Centre, University. of Sydney, NSW

**Next Step Treatment Census: Consumer Treatment Satisfaction and Outcome**

*Dr Kyle Dyer<sup>1,2</sup>, Stacy Gall<sup>2</sup>, Chris Cruickshank<sup>2</sup>, Kim Newcombe<sup>2</sup>, Mel Robson<sup>2</sup>*

1. Dept. of Pharmacology, UWA
2. Next Step

**Characteristics, Risk Factors and Outcomes of Opioid Dependent Patients Treated with Oral Naltrexone**

*A/Prof (Adj) Anne Bartu, Nerelie Freeman, Geoff Gawthorne & Dr Allan Quigley, Next Step.*

**Characteristics and Retention of Opioid Dependent Clients Treated with Naltrexone**

*A/Prof (Adj) Anne Bartu, Nerelie Freeman, Geoff Gawthorne & Dr Allan Quigley, Next Step.*

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

*A/Prof (Adj) Anne Bartu, Dr Jim Codde, Nerelie Freeman, Geoff Gawthorne & A/Prof Steve Allsop.*

1. Next Step
2. Epidemiology & Analytical Services, Department of Health

### **Characteristics and Retention of Alcohol Dependent Clients Treated with Naltrexone**

*A/Prof (Adj) Anne Bartu & Nerelie Freeman, Next Step.*

### **Access to Data on Morality Associated with Pharmacotherapy Treatment of Opioid Dependent Clients**

*A/Prof (Adj) Anne Bartu & Geoff Gawthorne, Next Step.*

### **Evaluating the Health Outcomes and Service Utilisation of Illicit Drug Users Using Linked Data**

*A/Prof (Adj) Anne Bartu, Professor D'Arcy Holman, Dr Jim Codde & Elizabeth Unwin, (NHMRC funded).*

1. Next Step.
2. Dept of Public Health, University of WA.
3. Epidemiology & Analytical Services, Department of Health.

### **A Preventative Intervention for Illicit Drug Using Mothers and their Infants**

*A/Prof (Adj) Anne Bartu, Jennie Sharp, Professor Sue McDonald & A/Prof (Adj) Sharon Evans, (Healthway funded).*

1. Next Step.
2. School of Nursing & Midwifery, Curtin University of Technology.
3. Women & Infants Research Foundation.

### **Recreational Use of Amphetamines and Breastfeeding**

*A/Prof Ken Ilett, A/Prof (Adj) Anne Bartu, Judith Kristenson, Leon Dusci & Malcolm Roberts.*

1. Dept of Pharmacology, University of WA.
2. Next Step.
3. Pharmacy, King Edward Memorial Hospital & Princess Margaret Hospital.
4. WA Centre for Pathology & Medical Research.

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

*A/Prof (Adj) Anne Bartu, Jennie Sharp, A/Prof (Adj) Sharon Evans & Dr Noel French, (WIRF funded).*

1. Next Step.
2. School of Nursing & Midwifery, Curtin University of Technology.
3. Women & Infants Research Foundation.
4. Dept of Newborn Service, King Edward Memorial Hospital.

## **Planned Achievements 2002-03**

Planned achievements include:

- completion of the evaluation of divided Methadone dose regimens and the preparation of reports;
- completion of the inpatient detoxification studies and the preparation of reports;
- completion of the psychometric evaluation of the BDI-II and the preparation of reports;
- continuation of the evaluation of rapid opioid detoxification;
- conducting the 2003 census of the DAO consumer satisfaction and treatment outcome;
- commencement of research examining the relationship between saliva and plasma concentrations of Methadone;
- the strengthening of existing research collaborations;
- recruiting and supervising postgraduate research students;
- achieving externally funded research projects;

- completion of record linkage study;
- extension of follow-up of infants of illicit drug using mothers;
- development of a State-wide systematic model of program evaluation across health regions;
- design a program of sequential evaluation of drug treatment services; and
- publication of research outcomes in peak international peer-reviewed journals.

### Workload Indicators

<b>Conference papers</b>	<b>14</b>
Conferences attended	8
Poster presentations	1
Other presentations	8
Reports	7
Journal papers	9
Books/Book chapters	3

#### 2.5.1 Efficiency Indicator

Key measures of the efficiency of Research and Evaluation Services are the unit cost of the major outputs being tertiary education, evaluation and research projects.

	<b>2001-02</b>	<b>2000-01</b>	<b>1999-00</b>
Tertiary Education	\$56,997.00	na	na
Evaluation	\$56,997.00	na	na
Cost per research project	\$28,498.80	na	na

#### **Explanatory note**

The total expenditure for Research and Evaluation during 2001-02 was \$569,976.00.

Tertiary Education: The approximate proportion of the expenditure devoted to tertiary education was 10% or \$56,997.00. Over the year, 13 PhD, Masters, and Honours students were supervised and postgraduate teaching was conducted at two universities.

Evaluation: The approximate proportion of the expenditure for evaluation was 10% or \$56,997.60. The main evaluation projects undertaken were the development and piloting of the National Minimum Data System (NMDS), and the evaluation of the data validity of the computerised Client Management Information System (CMIS).

Cost per research project: \$455,980.80 (80% of funds \$569,976.00) were allocated for research. Sixteen research projects were conducted with an average cost of \$28,498,80. The projects consisted of one in the development phase, twelve ongoing, and three research projects were completed.

### Research

In the year 2001-02 the approximate proportion of the budget for research was \$455,980.80. During this period 16 research projects were conducted with an average cost of \$28,498,80. The projects consisted of one in the development phase, 12 ongoing research in progress, and three research projects were completed.

#### **Explanatory note**

Approximately 80% of staff time was devoted to research . The approximate average cost of research projects was calculated by dividing 80% of the budget (\$455,980.80) by the number of research projects being undertaken in 2001-02.

## **Evaluation**

The approximate proportion of the budget for evaluation was 10% or \$56,997.60. The main evaluation projects undertaken were the development and piloting of the National Minimum Data System (NMDS), and the evaluation of the data validity of the computerised Client Management Information System (CMIS). Each project averaged \$28,498.80.

### ***Explanatory note***

Approximately 10% of staff time is taken up with evaluation of certain projects. In 2001-02 the two main projects were the NMDS and the CMIS. The average cost of each project was calculated by dividing 10% of the budget by two.

## **Corporate Services**

The prime function of the Corporate Services Directorate is to support the core activities of Next Step by providing efficient and effective corporate services that aim to be at a best practice standard. The principal functions provided by the Directorate to Next Step include human resource, information technology, finance, records and information, asset and building management and contracting and purchasing services.

During 2001-02 the Corporate Services Directorate underwent a restructure with the creation of the Drug and Alcohol Office. Corporate and business support activities from four drug and alcohol agencies were combined to form a single Corporate Service Directorate within the new Drug and Alcohol Office.

With the combining of corporate support activities, considerable work was undertaken to combine key corporate systems, in particular a single payroll and personnel system, a single accounting and financial system and an integrated information technology system. This work has now been mostly completed. During 2002-03, further work will be undertaken to integrate and enhance the capabilities of the records and information service systems and to improve contracting and purchasing systems and practices.

## **Human Resource Services**

The Human Resources Branch is responsible for the Drug and Alcohol Office's personnel, human resource and industrial relations matters.

During the first half of the 2001-02 financial year, the branch's activity focussed on the enhancement and continuous improvement of existing human resources policies and practices. Achievements during this time included:

- implementation of the revised Public Sector Standards on 1 July 2001 and revised Public Sector Code of Ethics in March 2002;
- finalisation and implementation of a new Intellectual Property Policy and Procedures;
- review and updating of the Staff Code of Conduct and New Employee Information Manual;
- review and updating of staff information pertaining to organisational change and restructuring;
- development of a new Equal Employment Opportunity Management Plan; and
- ongoing enhancement of the Human Resource Intranet.

The second half of the financial year was primarily focussed on restructuring associated with creation of the Drug and Alcohol Office. Restructuring activity included:

- the development and implementation of a restructure strategy and associated Human Resource Plan;
- ongoing consultation with relevant unions;
- the creation of new positions and job descriptions in the new structure; and
- preparation for the transfer of Next Step staff and the integration of Department of Health staff into the new Drug and Alcohol Office.

During this period the Government announced an enhanced voluntary severance scheme. A total of 26 expressions of interest were received from staff across the four offices. Of these, 11 were supported and seven employees ultimately accepted a severance offer.

### **Information Technology Services**

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

### **Highlights 2001-02**

Highlights for the year include:

- development and implementation of major enhancements to Next Step's Clinical Services Client Management Information System (CMIS);
- implementation of an enhanced Internet web site (<http://www.nextstep.health.wa.gov.au/>);
- creation of a new Drug and Alcohol Office Intranet site for the dissemination of information to all staff;
- development of a business continuity/disaster recovery plan for information technology services;
- update virus scan software; and
- installation of a new Exchange (Email) server.

### **Planned Achievements 2002-03**

Planned achievements include:

- consolidate all Drug and Alcohol Office staff onto one server and domain;
- consolidate client management systems operated by Next Step Clinical Services and the non-government sector;

- consolidate the Next Step and WA Drug Abuse Strategy Office web sites in a fully integrated Drug and Alcohol Office web site;
- consolidate the information technology equipment asset registers; and
- enhance the Alcohol and Drug Information Service (ADIS) system.

### **Financial Services**

The Financial Services Branch is responsible for all financial and management accounting functions for Next Step. During 2002, the activities of this branch increased significantly with the integration of four drug and alcohol agencies into the Drug and Alcohol Office.

### **Highlights 2001-02**

Highlights for the year include:

- consolidation of separate financial systems to the HCare financial system;
- consolidation and integration of the accounts payable systems and the processing of a significantly increased volume of accounts;
- provision of timely and accurate management accounting information to enable the restructuring of drug and alcohol services and budget preparation for the new Drug and Alcohol Office; and
- implementation of full accrual based budgeting and financial reporting.

### **Planned Achievements 2002-03**

Planned achievements include:

- implementation of new financial reporting requirements for the State Health Management Team of the Department of Health; and.
- full implementation and training of administrative staff on the use of the HCare financial system across the new Drug and Alcohol Office.

### **Records and Information Services**

With the creation of the Drug and Alcohol Office a significant upgrade of the records management system commenced during the first half of 2002. This involved the installation of a new records management system called TRIM and the entry of all active and inactive records on this system. The installation of the new records management system will enable the Drug and Alcohol Office to more efficiently manage the greatly increased volume of records and to comply with the requirements of the State Records Act 2000.

During 2002-03 it is intended to expand the use of TRIM to all desktop personal computers and to record all incoming and outgoing correspondence on this system. In order for this to occur, all staff will need to undergo training in the use of the system.

### **Contracting and Purchasing**

Contracting and purchasing within Next Step is undertaken on a decentralised basis whereby each Division/Branch undertakes its own purchasing according to limits and delegations set by management. A centralised Policy and Procedures manual applies to all contracting and purchasing that incorporates the State Supply Commission's current policies and procedures.

During May 2002, the State Supply Commission undertook a routine audit of Next Step's contracting and purchasing activities. No significant deficiencies were found in the purchasing practices of Next Step and the State Supply Commission increase the organisation's purchasing delegation from \$20,000 to \$50,000.

For 2002-03 it is planned to review all major building maintenance and services contracts in order to achieve greater efficiency and effectiveness.

### **Asset and Building Management Services**

Next Step owns and occupies two premises, an administrative and other services office at 7 Field Street, Mount Lawley and a specialist outpatient and inpatient facility at 32 Moore Street, East Perth. A building at 33 Quarry Street, Fremantle is leased as an outpatient clinic.

During 2001-02, refurbishment of several offices were completed at the Mount Lawley premises to allow additional staff to be housed associated with the integration of drug and alcohol services within the new Drug and Alcohol Office. Planning also occurred for the upgrading of the dispensing pharmacy at East Perth. It is planned that the upgrading of the dispensing pharmacy will be completed during the second half of 2002.

The integration of drug and alcohol services associated with the formation of the new Drug and Alcohol Office has allowed efficiencies to be achieved with the vehicle fleet. In March 2002, a review recommended a 25% reduction in the size of the vehicle fleet. This recommendation was implemented with a resultant 25% reduction in the size of the fleet. The current fleet totals 13 vehicles.

During 2002-03 some further minor alterations to office accommodation will continue and it is planned to integrate all assets on a single assets register.

## **Management Structure**

### **Accountable Authority**

#### **Board of the Alcohol and Drug Authority**

The Alcohol and Drug Authority (Next Step), has a Board of four members nominated by the Minister for Health. As a result of the recommendations of the Community Drug Summit, and the establishment of the Drug and Alcohol Office, the Alcohol and Drug Authority has had two Boards during 2001-02.

For the first half of the financial year, the Board was chaired by Professor George Lipton until his retirement in December 2001. Professor David Hawks was the remaining Board member until the end of 2001 when his term expired. During this period there was one Board meeting. Professor Lipton attended this meeting and received no remuneration. Professor David Hawks also attended this meeting and received \$1,325 in remuneration.

A new Board was appointed in January 2002. Mr Mike Daube the Director General of the Department of Health is the chairman and Professor Tim Stockwell, the Director of the National Drug Research Institute, Dr Virginia McLaughlin, Principal Medical Officer at the Department of Health and Dr Denzil McCotter, A/Executive Director of the Drug and Alcohol Office comprise the Board. The Board has delegated to the Executive Director, with certain exceptions, powers vested in it by the *Alcohol and Drug Authority Act 1974*. This Board has sat on two occasions and Professor Tim Stockwell received \$580 in remuneration.

### **Senior Officers**

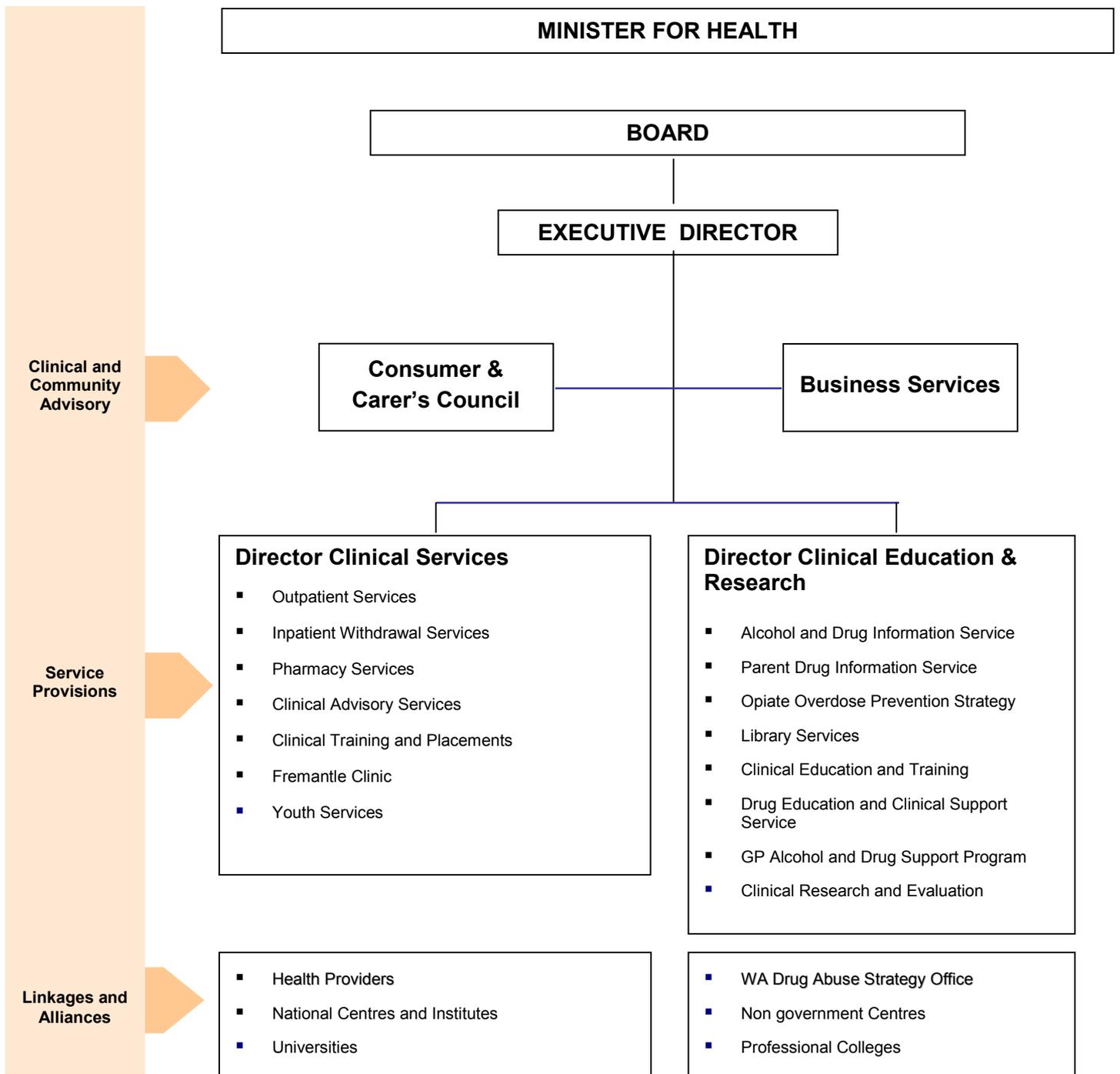
Senior Officers of the Authority are listed in the following table.

<b>Area of Responsibility</b>	<b>Title</b>	<b>Name</b>	<b>Basis of Appointment</b>
Drug and Alcohol Office	Executive Officer	Denzil McCotter	Acting
Client Services, Resourcing and Development	Director	Emmanuel Stamatiou	Acting
Practice Development	Director	Steve Allsop	Permanent
Clinical Services	Director	Dr Allan Quigley	Acting
Corporate Services	Director	Gary Casey	Acting
Prevention	Director	Sue Leivers	Acting
Policy	Principal Policy Officer	David Wray	Acting

### **Pecuniary Interests**

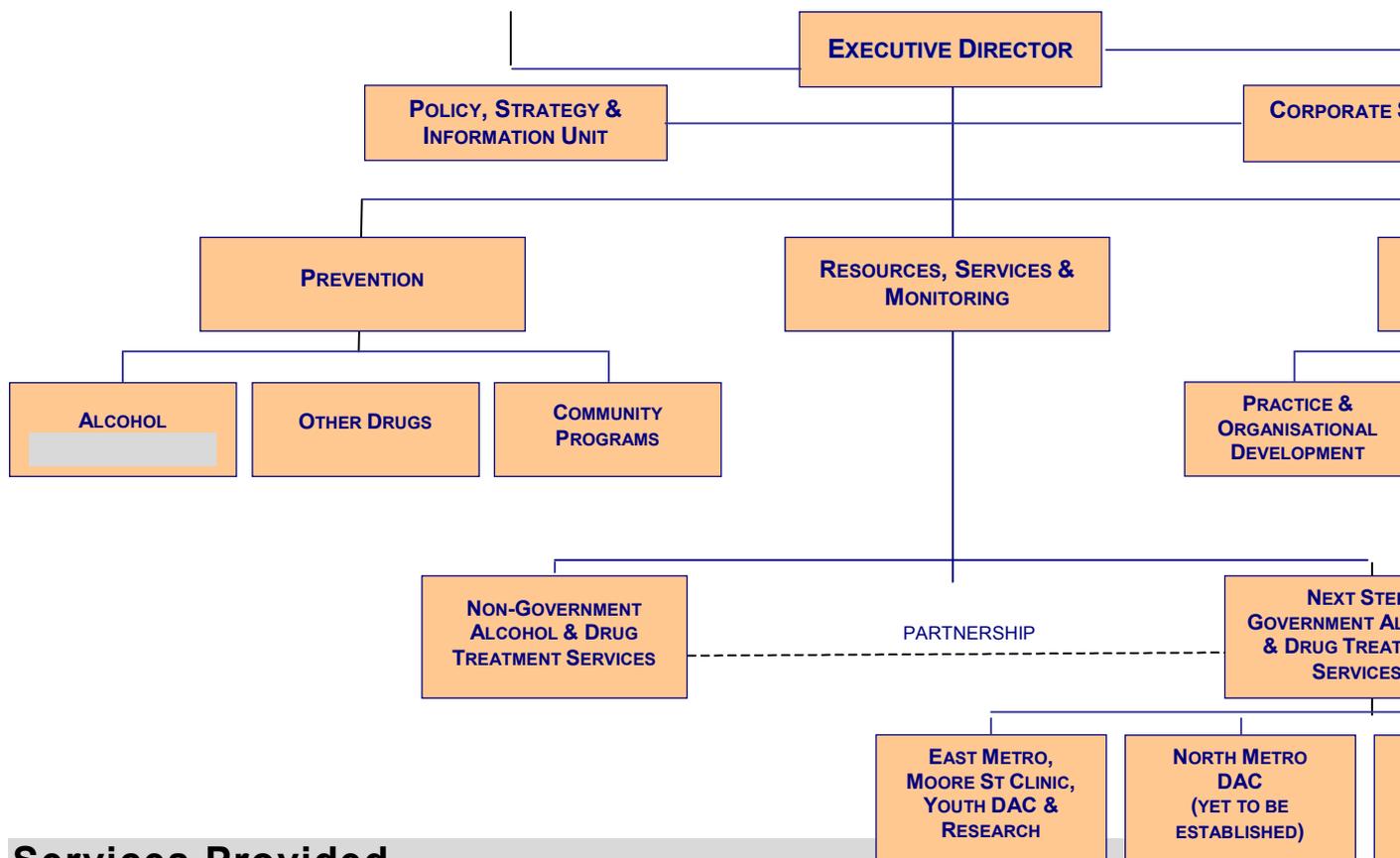
No pecuniary interests were declared by senior officers during 2001-02.

## Structure of Next Step (until February 2002)



## Structure of the Drug and Alcohol Office (from February 2002)





## Services Provided

During 2001-02 Next Step provided the following services:

- outpatient alcohol and drug treatment service;
- inpatient withdrawal service;
- alcohol and drug Clinical Advisory Service;
- clinical training and placements;
- outpatient youth service;
- Alcohol and Drug Information Service;
- Parent Drug Information Service;
- Opiate Overdose Prevention Strategy;
- Clinical education and training;
- Drug Education and Clinical Support Service;
- GP Alcohol and Drug Support Program; and
- Clinical research and evaluation.

## Demography

Next Step serves the whole of the West Australian community who are affected by drug use. This includes people who use drugs, parents and family members, and staff and services who respond to drug use.

There has been an increase in drug use amongst young people which has resulted in an increase in demand for youth specific services. There also has been an increase in demand for services for parents.

## Human Resource Management

### Employee Profile

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

Category	2001-02	2000-01	1999-00
Nursing	27.12	na	na
Administration/Clerical	62.76	na	na
Medical Support	22.71	na	na
Hotel Services	11.42	na	na
Maintenance	0	na	na
Medical (Salaried)	12.19	na	na
<b>TOTAL</b>	<b>138.74</b>	<b>na</b>	<b>na</b>

### Recruitment

During 2001-02, 23 permanent and fixed term positions were advertised externally. Thirty-eight new employees were recruited, whilst 34 employees ceased employment.

### Staff Development

A total of \$38,830 (salaries and fees) were expended on staff development activities during 2001/02. This figure does not include staff attending internal training events.

### Industrial Relations

Next Step continued to pursue workplace reform with the aim of achieving best practice. Most reform activity focussed around the formation of the Drug and Alcohol Office and restructure. Regular meetings were held with the CPSA/CSA during the second half of the financial year to facilitate a smooth transition to the new structure.

The following enterprise agreements were implemented during the year:

- the Nurses (WA Government Health Services) Agreement 2001;
- the Government Officers Salaries, Allowances and Conditions General Agreement 2002; and
- the Western Australian Government Health Service (Australian Liquor, Hospitality and Miscellaneous Workers Union) Agreement 2002.

In addition, simplification of the Nurses (ANF – WA Public Sector) Award was completed and the new Award implemented.

### Workers Compensation & Rehabilitation

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

Category	2001/02	2000/01	1999/00
Nursing Services	0	2	2
Administration and Clerical	2	2	0
Medical Support	0	0	0
Hotel Services	0	3	1

Maintenance	0	0	0
Medical (salaried)	0	0	0
Other	0	0	0
<b>Total</b>	<b>2</b>	<b>7</b>	<b>3</b>

## Equity and Diversity Outcomes

Restructuring activity has prevented active pursuit of the strategies contained in the plan, and these will need to be reviewed upon finalisation of the new structure.

## Equity and Diversity Indicators

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

Indicator	Level of Achievement
EEO Management Plan	Implemented, but will require review
Organisational Plans reflect EEO	Will require review
Policies and procedures encompass EEO requirements	Implemented, but will require review
Established EEO contact officers	Two Grievance Officers currently, will require review
Training and staff awareness programs	Will require review
Diversity	Will require review

## Equal Employment Opportunity

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

## Grievance Officers

During the year two grievances were dealt with by an internal formal process. Three further grievance processes were commenced but not concluded by the end of the financial year.

## Public Sector Standards and Ethical Codes

In the administration of Next Step Specialist Drug and Alcohol Services I have complied with the Next Step Code of Conduct, the WA Public Sector Code of Ethics and all Public Sector Standards in Human Resources Management except the Performance Management Standard.

With respect to the Performance Management Standard, progressive implementation of a new performance management system was suspended during the year due to restructuring. Implementation will recommence when the restructure is finalised.

Directors and Managers are responsible for compliance with public sector standards and ethical codes. A monitoring and advisory role is played by the Human Resources Branch to ensure that all processes and transactions comply with the standards. An independent audit of compliance with the standards was scheduled to occur during the year, however this was cancelled due to the restructure.

A revised Code of Conduct was implemented in September 2001.

## Breach of Standard Applications

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

*Denzil McCotter*

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Dr Denzil McCotter  
A/Executive Director  
**ALCOHOL AND DRUG AUTHORITY**  
**(NEXT STEP SPECIALIST DRUG AND ALCOHOL SERVICES)**

## **Customer Group Outcomes**

### **Disability Services Plan Outcomes**

The provisions of the Disability Service Plan 1999-01 have continued to be implemented and are currently under review for the 2002-05 Disability Service Plan.

Next Step's Disability Committee has met less frequently over the past year, due to staff losses and restructuring. A consumer committee has also been formed which allows for client consultation and feedback about the organisation and as such provides another opportunity for input by clients with disabilities.

### **Cultural Diversity and Language Services Outcomes**

The principal source of initial contact with Next Step by clients is through the 24 hour Alcohol and Drug Information Service (ADIS). ADIS provides a telephone translation service to clients speaking languages other than English who are seeking confidential counselling, information or referral to an alcohol and drug treatment service. Translation services are available in other clinical services.

### **Youth Outcomes**

Next Step provides a specialist outpatient services for young people aged 12-18 years with drug and alcohol related problems. A detailed report of the programs provided by the youth service is included in the section Significant Operations and Major Achievements.

## **Public Relations & Marketing**

Next Step actively promotes the alcohol and drug services offered by the Authority and other services offered by the non government sector. Next Step operates the Alcohol and Drug Information Service (ADIS) via a toll free number and provides confidential telephone counselling, information and referral services to callers. ADIS is actively promoted by the use of brochures, listings in general and youth directories, and drug and alcohol awareness and promotional events. A significant number of promotional events focus on youth clients.

## **Research and Development**

A full listing of research and development projects undertaken is included under the heading Clinical Research and Evaluation in the section Significant Operations and Major Achievements.

## **Pricing Policy**

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

## **Major Capital Projects**

There were no major capital projects undertaken during 2001-02.

## Internal Audit Controls

During 2001-02, Next Step's internal audit function was contracted out to Mr R V Broughton (Chartered Accountant). The audit program for 2001-02 focussed on asset registers, asset management, pharmacy activities and financial accounting processes. No significant findings were made from the audits, however a range of minor issues were conveyed to management that have been actioned.

At the Board meeting of the 26 June 2002, a decision was made to adopt the Department of Health's audit charter and committee as the audit committee of the Alcohol and Drug Authority. As a consequence, for 2002-03 the internal audit program for the Alcohol and Drug Authority will be determined and conducted by the Department of Health's internal auditors.

## Risk Management

Next Step has undertaken risk analysis and monitoring through the activities of internal audit. During 2002-03 the Authority intends to undertake a new risk management planning process to incorporate all areas of the new Drug and Alcohol Office.

## Advertising & Sponsorship

This information is published in accordance with section 175ZE of the *Electoral Act* 1907.

<b>Class of Expenditure</b>	<b>2001/02</b>	<b>2000/01</b>	<b>1999/00</b>
Advertising Agencies			
<i>Market Force Productions</i>	\$13,727.82	na	na
Market Research Organisations	0	na	na
Polling Organisations	0	na	na
Direct Mail Organisations	0	na	na
Media Advertising Organisations			
<i>Media Decisions WA</i>	\$2,067.00	na	na
<b>TOTAL EXPENDITURE</b>	<b>\$15,794.82</b>	<b>na</b>	<b>na</b>

## Waste Paper Recycling

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

## Freedom of Information

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

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

## Publications

Refer to Appendix 4 for Publications.

## Evaluations

In October 2001 an evaluation titled Clinical Review Report Next Step Specialist Drug and Alcohol Services was completed by the Chief Psychiatrist of the Department of Health. The report focussed on the quality of clinical practice within Next Step's clinical services as part of a Statewide Quality Assurance Program.

Since the formation of the Drug and Alcohol Office, a further review of practice, operational management and clinical governance has commenced for Next Step's clinical services. A component of this review will consider whether the findings of the October 2001 report have been implemented and are still relevant in the context of the creation of the Drug and Alcohol Office. A report on this review is due in September 2002.

## SECTION 42 SUBMISSION

### WA ALCOHOL & DRUG AUTHORITY

#### Statement of Financial Performance For the year ended 30th June 2003

	ESTIMATES	ACTUAL (UNAUDITED)
	2002/03 \$'000	2001/02 \$'000
<b>COST OF SERVICES</b>		
<b>Expenses from Ordinary Activities</b>		
Salaries and wages	10,741	8,150
Fees for visiting medical practitioners	0	0
Superannuation	1,077	1,069
Direct patient support cost	613	464
Indirect patient support cost	219	1
Borrowing costs expense	0	0
Repairs, maintenance and consumable equipment	450	210
Depreciation expense	356	200
Net loss on disposal of non-current assets	85	24
Asset revaluation decrement	0	0
Capital user charge	0	286
Other expenses from ordinary activities	25,367	1,260
<b>Total cost of services</b>	<b>38,908</b>	<b>11,664</b>
Patient charges	0	0
Commonwealth grants and contributions	6,100	629
Donations revenue	0	0
Interest revenue	0	0
Net profit on disposal of non-current assets	0	0
Recoveries	265	262
Use of facilities	0	0
Other revenues	731	1,824
<b>Total revenues from ordinary activities</b>	<b>7,096</b>	<b>2,715</b>
<b>NET COST OF SERVICES</b>	<b>31,812</b>	<b>8,949</b>
<b>REVENUES FROM GOVERNMENT</b>		
Output appropriations	32,000	10,408
Assets assumed / (transferred)	0	0
Resources received free of charge	30	20
<b>Total revenues from government</b>	<b>32,030</b>	<b>10,428</b>
<b>Change in net assets before extraordinary items</b>	<b>218</b>	<b>1,478</b>
Extraordinary revenue / (expense)	0	0
<b>CHANGE IN NET ASSETS</b>	<b>218</b>	<b>1,478</b>
Net increase / (decrease) in asset revaluation reserve	0	0
<b>Total revenues, expenses and valuation adjustments recognised directly in equity</b>	<b>0</b>	<b>0</b>
<b>TOTAL CHANGES IN EQUITY OTHER THAN THOSE RESULTING FROM TRANSACTIONS WITH WA STATE GOVERNMENT AS OWNERS</b>	<b>218</b>	<b>1,478</b>

## WA ALCOHOL &amp; DRUG AUTHORITY

## Reconciliation of Statement of Financial Performance to Net Cash Flows

For the year ended 30th June 2003

	ESTIMATES	ACTUAL (UNAUDITED)
	2002/03	2001/02
	\$'000	\$'000
<b>TOTAL CHANGES IN EQUITY OTHER THAN THOSE RESULTING FROM TRANSACTIONS WITH WA STATE GOVERNMENT AS OWNERS</b>	218	1,478
<b><u>MOVEMENTS IN BALANCE SHEET ITEMS</u></b>		
<b>Less INCREASES / (DECREASES) ASSETS</b>		
Receivables	22	69
Amounts receivable for outputs	0	229
Inventories	3	(1)
Prepayments	3	(4)
Land and building	533	(51)
Plant, equipment and vehicles	191	(70)
	752	173
<b>Add INCREASES / (DECREASES) LIABILITIES</b>		
Payables	20	(56)
Accrued salaries	45	12
Employee entitlements	507	7
	572	(37)
 Increases/ (Decreases) in cash at bank balances	 38	 1,268

**SUPPORTING DOCUMENT FOR S42 SUBMISSION  
WA ALCOHOL & DRUG AUTHORITY  
Statement of Financial Position  
As at 30th June 2003**

**APPENDIX B**

	<b>ESTIMATES</b>	<b>ACTUAL (UNAUDITED)</b>
	<b>2002/03</b>	<b>2001/02</b>
	<b>\$'000</b>	<b>\$'000</b>
<b>CURRENT ASSETS</b>		
Cash assets	2,500	2,195
Receivables	157	113
Inventories	17	14
Prepayments	40	33
<b>Total current assets</b>	<b>2,714</b>	<b>2,356</b>
<b>NON-CURRENT ASSETS</b>		
Amounts receivable for outputs	229	229
Land and building	4,721	3,655
Plant, equipment and vehicles	827	1,662
<b>Total non-current assets</b>	<b>5,777</b>	<b>5,546</b>
<b>Total assets</b>	<b>8,491</b>	<b>7,902</b>
<b>CURRENT LIABILITIES</b>		
Payables	150	82
Accrued salaries	316	226
Employee entitlements	1,580	894
<b>Total current liabilities</b>	<b>2,046</b>	<b>1,202</b>
<b>NON-CURRENT LIABILITIES</b>		
Employee entitlements	2,629	2,122
<b>Total non-current liabilities</b>	<b>2,629</b>	<b>2,122</b>
<b>Total liabilities</b>	<b>4,675</b>	<b>3,324</b>
<b>Net Assets</b>	<b>3,817</b>	<b>4,579</b>
<b>EQUITY</b>		
Asset revaluation reserve	2,943	2,943
Accumulated surplus / (deficiency)	1,732	1,636
<b>Total Equity</b>	<b>4,675</b>	<b>4,579</b>



## AUDITOR GENERAL

**To the Parliament of Western Australia**

### **WESTERN AUSTRALIAN ALCOHOL AND DRUG AUTHORITY PERFORMANCE INDICATORS FOR THE YEAR ENDED JUNE 30, 2002**

#### **Matters Relating to the Electronic Presentation of the Audited Performance Indicators**

This audit opinion relates to the performance indicators of the Western Australian Alcohol and Drug Authority for the year ended June 30, 2002 included on the Western Australian Alcohol and Drug Authority's web site. The Authority is responsible for the integrity of the Western Australian Alcohol and Drug Authority's web site. I have not been engaged to report on the integrity of the Western Australian Alcohol and Drug Authority's web site. The audit opinion refers only to the performance indicators named below. It does not provide an opinion on any other information which may have been hyperlinked to or from these performance indicators. If users of this opinion are concerned with the inherent risks arising from electronic data communications, they are advised to refer to the hard copy of the audited performance indicators to confirm the information included in the audited performance indicators presented on this web site.

#### **Scope**

I have audited the key effectiveness and efficiency performance indicators of the Western Australian Alcohol and Drug Authority for the year ended June 30, 2002 under the provisions of the Financial Administration and Audit Act 1985.

The Authority is responsible for developing and maintaining proper records and systems for preparing and presenting performance indicators. I have conducted an audit of the key performance indicators in order to express an opinion on them to the Parliament as required by the Act. No opinion is expressed on the output measures of quantity, quality, timeliness and cost.

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

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

#### **Audit Opinion**

In my opinion, the key effectiveness and efficiency performance indicators of the Western Australian Alcohol and Drug Authority are relevant and appropriate for assisting users to assess the Authority's performance and fairly represent the indicated performance for the year ended June 30, 2002.

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

**D D R PEARSON**

**AUDITOR GENERAL**  
**November 4, 2002**

4th Floor Dumas House 2 Havelock Street West Perth 6005 Western Australia Tel: 08 9222 7500 Fax: 08 9322 5664

## WESTERN AUSTRALIAN ALCOHOL AND DRUG AUTHORITY

Certification of Performance Indicators  
For the year ended 30 June 2002

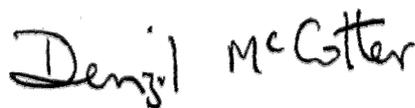
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In our opinion the Performance Indicators described in this section are based on proper records, and fairly represent the performance of the authority for the financial year ending 30 June 2002.



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

*Date: 20 September 2002*



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

*Date: 23 September 2002*

# WESTERN AUSTRALIAN ALCOHOL AND DRUG AUTHORITY PERFORMANCE INDICATORS 2001-02

## 1.0 Clinical Services Program

**OUTCOME:** Provision of specialist clinical services to improve the general health, psychological health and social relationships of people experiencing alcohol and other drug problems.

The Western Australian Alcohol and Drug Authority has two main treatment sub-programs: inpatient and outpatient services. Outpatient services are provided at the East Perth Clinic, the Fremantle Clinic and by the Youth Service. Inpatient services are provided only at the East Perth Clinic. Other treatment sub-programs are the Clinical Advisory and Support Service and Clinical Training and Placements.

### 1.1 Outpatient Services Sub-Program

The effectiveness indicators are reported as group data across the East Perth Clinic, Fremantle Clinic and the Youth Service.

#### 1.1.1 Effectiveness Indicator

Key measures of effectiveness of clinical services are improvements in terms of general health, psychological health, social relationships and drug use.

Improvement in	2001-02	2000-01	1999-00
General health	60.8%	46.8%	na
Psychological health	61.6%	45.6%	na
Social relationships	59.1%	43.4%	na
Primary drug use	62.0%	44.4%	na
Other drug use	53.9%	33.6%	na

#### **Explanatory note**

On completion of each outpatient program medical officers provide ratings on clients' health, psychological and social status, primary drug use and other drug use. The ratings include "worse", "same", "improved" and "unknown". As preventing any deterioration in clients' conditions is an important component of treatment, the ratings of "same" and "improved" were collapsed to obtain the above measures of effectiveness.

*Sample: n = 878 (85.1%). Standard error +/- 1.28% at the 95% confidence level.*

#### 1.1.2 Effectiveness Indicator

A key measure of the effectiveness of clinical services is the client's satisfaction with the treatment service provided.

	2001-02	2000-01	1999-00
Mostly or very satisfied	88.6%	93.8%	84.8%

#### **Explanatory note**

This year the client satisfaction questionnaire was incorporated in the Next Step Treatment Census: Consumer Treatment Satisfaction and Outcome survey. The survey was conducted over a four week period, 27 May to 21 June 2002, at the East Perth clinic and Youth services, and for one week, 17-21 June 2002 at the Fremantle clinic. Of the 514 clients who attended treatment at the clinics during the period of the survey, 149 (29%) were surveyed.

*Sample: n = 149 (29%). Standard error +/- 6.73% at the 95% confidence level.*

### 1.1.3 Efficiency Indicator

A key measure of efficiency for clinical service is the cost per client undergoing treatment with outpatient services (excludes the Fremantle Clinic and Youth Services).

	2001-02	2000-01	1999-00
Cost per client treated at the East Perth Clinic	\$1,252.94	na	na

#### ***Explanatory note***

Cost of service (including Commonwealth Drug Diversion Funds) divided by the number of clients treated (n = 2,127). Due to the change in cost centres, comparisons are not available for previous years.

### 1.1.4 Efficiency Indicator

A key measure of efficiency is the cost per client for Naltrexone treatment.

	2001-02	2000-01	1999-00
Cost per client undergoing Naltrexone treatment	\$287.64	\$1,090.15	\$1,005.72

#### ***Explanatory note***

Naltrexone is one of the pharmacotherapies approved for treating alcohol and opioid dependent people. Over the past year the number of clients treated with Naltrexone had declined from 1,050 in 2000-01 to 367 in 2001-02 as other pharmacotherapies became available. The cost per client was calculated by dividing the cost of the service by the number of clients (n = 367, 183 alcohol dependent and 184 opioid dependent clients). The expenditure on Naltrexone was decreased because there was a reduction in the number of clients treated. The cost of Naltrexone treatment is directly proportional to the quantity of the drug prescribed.

### 1.1.8 Efficiency Indicator

A key measure of efficiency is the cost of treatment per client at the Fremantle Clinic.

	2001-02	2000-01	1999-00
Cost per client treated at the Fremantle Clinic	\$1,147.82	\$1,371.70	\$2,056.00

#### ***Explanatory note***

Cost of service (including Evidence-Based Practice Funding) divided by the number of clients (n = 768) treated. The decrease in the cost per client is due to the increase in number treated in this financial year. The number treated in 2000-01 was 605.

### 1.1.9 Efficiency Indicator

A key measure of efficiency is the cost of treatment per client at the Youth Service.

	2001-02	2000-01	1999-00
Cost per client treated at the Youth Service	\$2,453.46	\$3,223.01	na

#### ***Explanatory note***

Cost of service divided by the number of clients (n = 256) treated. The decrease in the cost per client is due to the increase in the number treated. In 2000-01, 164 clients were treated, in 2001-02, 256 were treated.

### 1.1.10 Efficiency Indicator

Key measures of efficiency are the cost per client for drugs dispensed.

	2001-02	2000-01	1999-00
Cost per client dispensed at East Perth	\$2,302.14	\$2,268.24	\$2,173.85
Cost per client dispensed at community pharmacies	\$611.82	\$871.79	\$737.32

#### **Explanatory note**

The number of clients dispensed at East Perth on a daily basis was 144. The number of clients managed by Next Step but dispensed at community pharmacies on a daily basis was 542. The main drugs dispensed are Methadone, Naltrexone and Buprenorphine.

## 1.2 Inpatient Withdrawal Service Sub-Program

### 1.2.1 Effectiveness Indicator

Key measures of effectiveness of clinical services are improvements in terms of general health, psychological health, and social relationships.

Improvement in	2001-02	2000-01	1999-00
General health	59.0%	52.8%	69.6%
Psychological health	58.5%	48.6%	59.4%
Social relationships	57.9%	37.0%	31.2%

#### **Explanatory note**

On completion of each inpatient program, medical officers provide ratings on clients' health, psychological and social status. The ratings include "much worse" to "much improved" on a scale of one to five. These ratings were collapsed "worse", "same", "improved" and "unknown/missing". The above indicator was calculated on "improved".

*Sample n = 509 (93.9%). Standard error +/- 1.07% at the 95% confidence level.*

### 1.2.2 Effectiveness Indicator

A key measure of the effectiveness of inpatient services is the clients' satisfaction with the service.

	2001-02	2000-01	1999-00
Mostly or very satisfied	80.0%	91.4%	91.7%

#### **Explanatory note**

This year the client satisfaction questionnaire was incorporated in the Next Step Treatment Census: Consumer Treatment Satisfaction and Outcome survey. The survey was conducted over a four week period, 27 May to 21 June 2002, inclusive. During the survey period, 31 clients were discharged from the inpatient withdrawal service. Of these 10 (32.3%) were surveyed.

*Sample n = 10 (32.3%). Standard error +/- 25.51% at the 95% confidence level.*

### 1.2.4 Efficiency Indicator

A key measure of efficiency for inpatient services is the cost per occupied bed day.

	2001-02	2000-01	1999-00
Cost per occupied bed day	\$676.08	\$403.68	\$621.10

**Explanatory note**

The cost per occupied bed day was calculated by dividing the total cost of inpatient services by the number of occupied bed days (n = 3,490). The increased cost compared to the previous year is due to a decrease in the number of clients admitted.

**1.3 Clinical Advisory and Support Services Sub-Program  
(Community Program for Opioid Pharmacotherapies)**

**1.3.2 Efficiency Indicator**

A key measure of efficiency for the Clinical Advisory and Support Service is the cost per client treated in the community.

	<b>2001-02</b>	<b>2000-01</b>	<b>1999-00</b>
Cost per client treated in the community	\$260.94	\$192.78	\$182.06

**Explanatory note**

Cost of service divided by the number of clients (n = 2,117) treated in the community. This service provides clinical support and training for general practitioners and pharmacists involved in treating opioid dependent clients in the community.

**1.4 Clinical Training and Placements Sub-Program**

**1.4.1 Efficiency Indicator**

A key measure of efficiency for Clinical Training and Placements is the cost per clinical placement.

	<b>2001-02</b>	<b>2000-01</b>	<b>1999-00</b>
Cost per clinical placement	\$1,597.79	\$872.22	na

**Explanatory note**

During the year there were 175 clinical placements for a range of disciplines including general practice registrars, psychiatric registrars, mental health nursing, clinical psychology registrars, and social work graduates. Cost of each placement is calculated by dividing the cost of the service by the number of placements. The increase in the cost is due to the decrease in the number of placements, 255 in 2000-01, and 175 in 2001-02.

**2.0 Clinical Education and Research Program**

**OUTCOME: The provision of information to increase the knowledge, competence and confidence of health and human service professionals when working with people experiencing alcohol and other drug problems.**

The Clinical Education and Research Program consists of five sub-programs. The first is Practice Development which focuses on educating and training staff in the alcohol and drug sector. Other sub-programs are the Alcohol and Drug Information Service, the Opiate Overdose Prevention Strategy, Library Services, and Clinical Research and Evaluation.

**2.1 Practice Development Sub-Program**

**2.1.1 Effectiveness Indicator**

Key measures of effectiveness of practice development are the average rating given by participants at training events.

	2001-02	2000-01	1999-00
Average rating for completed events on:			
▪ Usefulness of training courses to participant's work or study	77.9%	79.8%	76.3%
▪ Increase in knowledge	67.0%	65.4%	63.0%
▪ Increase in level of confidence in working in this area	56.0%	57.6%	54.0%
▪ Increase in level of competence in working in this area	51.3%	50.1%	59.0%

### **Explanatory note**

1,176 of the 1,475 participants of training events that were evaluated using the standardised course evaluation questionnaires completed evaluation questionnaires. (This does not include the General Practitioner Alcohol and Drug Support Sub-Program, as the same performance indicators were not used for the participants' evaluations of this program's events (465 participants)). A further 692 participants undertook courses that were not formally evaluated using written questionnaires.

The performance indicators refer to the percentage of participants who reported that the event was very/extremely useful to their work or study, that they had a high increase in knowledge of the area covered and a high increase in their level of confidence and competence after the event. These were the top categories in a five point rating scale. There is a body of research that demonstrates that increasing knowledge, confidence and competence is associated with an increased probability that a clinician will successfully engage and respond to the needs of clients with alcohol and other drug problems.

Twelve of the events were evaluated using a shorter evaluation with only the first two indicators developed for use for courses of less than two hours. For these twelve events, 135 of the 208 participants completed evaluation questionnaires. The indicators relating to increased confidence and competence were not used for this standardised questionnaire as it is difficult to achieve these objectives with short events.

*Sample n = 1,176 (54.3%) Standard error: 1.93% at the 95% confidence level.*

### **2.1.3 Efficiency Indicator**

A key measure of efficiency for practice development is the cost per participant, per hour of training.

	2001-02	2000-01	1999-00
Cost per participant, per hour of training	\$99.52	\$87.26	\$81.42

### **Explanatory note**

Refers to the total cost per participant (per event hour), including staff salaries, materials, resources and overheads of providing clinical education and training events for persons working or studying in the health and welfare field. Total participant hours = 15,198.

## **2.2 Alcohol and Drug Information Service (ADIS) and Parent Drug Information Service (PDIS) Sub-Program**

### **2.2.1 Efficiency Indicator**

Key measures of efficiency for ADIS and PDIS are the cost per call to ADIS and the cost per parent volunteer.

	<b>2001-02</b>	<b>2000-01</b>	<b>1999-00</b>
Cost per call to ADIS	\$39.96	\$23.56	\$29.74
Cost per new parent volunteer	\$1,318.00	\$1,200.00	na
Cost per parent volunteer for drug court	\$1,633.00	na	na

### ***Explanatory note***

The cost/call is calculated by dividing total cost (\$820,655.00) by the number of ADIS calls answered (n = 20,537). Approximately 90% of ADIS time is spent in direct service provision. Other service activities include mail-outs, responding to voice mails and maintaining information systems. Costs per call appear to have increased. However, a change to the method of calculation has contributed to this. The business costs include, for the first time, a proportion of the director's costs and administrative costs. In addition, there was a decline in calls to the service in this financial year.

The Parent Drug Information Service spent \$29,000.00 on training, supervision and support of 22 new volunteers. A new service, providing Parent Volunteers to the Drug Court, was established in 2001-02. The total cost was \$9,800.00 for training and support of six parent volunteers.

## **2.3 Opiate Overdose Prevention Strategy (OOPS) Sub-Program**

### **2.3.2 Efficiency Indicator**

Key measures of efficiency for OOPS are the cost of training per client and cost per client intervention.

	<b>2001-02</b>	<b>2000-01</b>	<b>1999-00</b>
Cost per new graduate volunteer	\$3,849.51	na	na
Cost per graduate in psychostimulant interventions training for current volunteers	\$1,292.34	na	na
Resuscitation/harm reduction training per client at risk	\$345.72	na	na
Resuscitation training per clinical staff graduate	\$384.95	\$240.45	na
Cost per overdose case attended in Emergency Dept	\$1,206.16	\$842.00	\$342.12

### ***Explanatory note***

The cost per graduate volunteer represents the approximate proportion of expenditure (50% = \$180,927.00) devoted to recruiting, selecting, training and supporting volunteers who provide a service at large public events (e.g. Big Day Out) and in the hospital and justice systems divided by the number of graduates of the training program (n = 47).

The cost for 'current volunteers' in training in responding to psychostimulant overdose represents the approximate proportion of expenditure (5% = \$18,092.70) devoted to training and supervision divided by the number of graduates of the training (n = 14).

The cost for resuscitation and harm reduction skills for clients, who are at risk of overdose, is calculated by dividing the approximate proportion of expenditure (30% = \$108,556.20) by the number of graduates of the training (n = 314).

The cost for resuscitation training for clinical and other staff is calculated by dividing the approximate proportion of expenditure (5% = \$18,092.70) by the number of graduates (n = 47).

The costs per overdose attended is calculated by dividing the approximate proportion of expenditure (10% = \$36,185.40) by the number of interventions provided in emergency departments (n = 30).

## 2.4 Library Services Sub-Program

### 2.4.2 Efficiency Indicator

Key measures of the efficiency of Library Services are the unit costs of the services offered.

	2001-02	2000-01	1999-00
Cost per literature/data search conducted	\$233.44	na	na
Cost per loan from library	\$46.55	na	na
Cost per client use of library	\$40.48	na	na

The cost per literature/data search is calculated by the approximate proportion of the service expenditure (10% = \$13,539.60) being divided by the number of literature searches (n = 58). The rest of the service expenditure is equally divided into responding to clients who visit the library and resource loans provided by the library. The cost per client use is calculated by dividing 50% of the service expenditure, less literature/data search costs (\$60,928.20) by the number of clients, excluding electronic contacts (n = 1,505). The cost per loan is calculated by dividing 50% of the service expenditure, less literature/data search costs (\$60,928.20) by the number of loans (n = 1,309).

## 2.5 Clinical Research and Evaluation Sub-Program

### 2.5.1 Efficiency Indicator

Key measures of the efficiency of Research and Evaluation Services are the unit cost of the major outputs being tertiary education, evaluation and research projects.

	2001-02	2000-01	1999-00
Tertiary Education	\$56,997.00	na	na
Evaluation	\$56,997.00	na	na
Cost per research project	\$28,498.80	na	na

#### ***Explanatory note***

The total expenditure for Research and Evaluation during 2001-02 was \$569,976.00.

Tertiary Education: The approximate proportion of the expenditure devoted to tertiary education was 10% or \$56,997.00. Over the year, 13 PhD, Masters, and Honours students were supervised and postgraduate teaching was conducted at two universities.

Evaluation: The approximate proportion of the expenditure for evaluation was 10% or \$56,997.60. The main evaluation projects undertaken were the development and piloting of the National Minimum Data System (NMDS), and the evaluation of the data validity of the computerised Client Management Information System (CMIS).

Cost per research project: \$455,980.80 (80% of funds \$569,976.00) were allocated for research. Sixteen research projects were conducted with an average cost of \$28,498,80. The projects consisted of one in the development phase, twelve ongoing, and three research projects were completed.



## AUDITOR GENERAL

**To the Parliament of Western Australia**

### **WESTERN AUSTRALIAN ALCOHOL AND DRUG AUTHORITY FINANCIAL STATEMENTS FOR THE YEAR ENDED JUNE 30, 2002**

#### **Matters Relating to the Electronic Presentation of the Audited Financial Statements**

This audit opinion relates to the financial statements of the Western Australian Alcohol and Drug Authority for the year ended June 30, 2002 included on the Western Australian Alcohol and Drug Authority's web site. The Authority is responsible for the integrity of the Western Australian Alcohol and Drug Authority's web site. I have not been engaged to report on the integrity of the Western Australian Alcohol and Drug Authority's web site. The audit opinion refers only to the statements named below. It does not provide an opinion on any other information which may have been hyperlinked to or from these statements. If users of this opinion are concerned with the inherent risks arising from electronic data communications, they are advised to refer to the hard copy of the audited financial statements to confirm the information included in the audited financial statements presented on this web site.

#### **Scope**

I have audited the accounts and financial statements of the Western Australian Alcohol and Drug Authority for the year ended June 30, 2002 under the provisions of the Financial Administration and Audit Act 1985.

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

My audit was performed in accordance with section 79 of the Act to form an opinion based on a reasonable level of assurance. The audit procedures included examining, on a test basis, the controls exercised by the Authority to ensure financial regularity in accordance with legislative provisions, evidence to provide reasonable assurance that the amounts and other disclosures in the financial statements are free of material misstatement and the evaluation of accounting policies and significant accounting estimates. These procedures have been undertaken to form an opinion as to whether, in all material respects, the financial statements are presented fairly in accordance with Accounting Standards and other mandatory professional reporting requirements in Australia and the Treasurer's Instructions so as to present a view which is consistent with my understanding of the Authority's financial position, its financial performance and its cash flows.

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

**Western Australian Alcohol and Drug Authority  
Financial statements for the year ended June 30, 2002**

**Audit Opinion**

**In my opinion,**

- (i) the controls exercised by the Western Australian Alcohol and Drug Authority provide reasonable assurance that the receipt, expenditure and investment of moneys and the acquisition and disposal of property and the incurring of liabilities have been in accordance with legislative provisions; and
- (ii) the Statement of Financial Performance, Statement of Financial Position, Statement of Cash Flows and the Notes to and forming part of the financial statements are based on proper accounts and present fairly in accordance with applicable Accounting Standards and other mandatory professional reporting requirements in Australia and the Treasurer's Instructions, the financial position of the Authority at June 30, 2002 and its financial performance and its cash flows for the year then ended.



**D D R PEARSON  
AUDITOR GENERAL  
November 4, 2002**



## WESTERN AUSTRALIAN ALCOHOL AND DRUG AUTHORITY

Certification of Financial Statements  
For the year ended 30 June 2002

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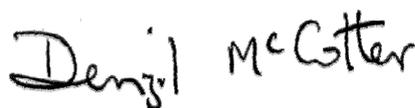
The accompanying financial statements of the Western Australian Alcohol and Drug Authority have been prepared in compliance with the provisions of the *Financial Administration and Audit Act 1985* from proper accounts and records to present fairly the financial transactions for the twelve months ending 30 June 2002 and the financial position as at 30 June 2002.

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



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

*Date: 23 September 2002*



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

*Date: 17 September 2002*



Gary Casey  
Principal Accounting Officer  
WESTERN AUSTRALIAN ALCOHOL  
AND DRUG AUTHORITY

*Date: 17 September 2002*

## WESTERN AUSTRALIAN ALCOHOL & DRUG AUTHORITY

### Statement of Financial Position

As at 30th June 2002

	Note	2002 \$	2001 \$
<b>CURRENT ASSETS</b>			
Cash assets	11	2,195,284	927,368
Receivables	12	113,176	43,746
Inventories	14	14,460	15,694
Prepayments		33,280	37,260
<b>Total current assets</b>		<b>2,356,200</b>	<b>1,024,068</b>
<b>NON-CURRENT ASSETS</b>			
Amounts receivable for outputs	13	229,300	0
Property, plant and equipment	15	5,317,247	5,437,730
<b>Total non-current assets</b>		<b>5,546,547</b>	<b>5,437,730</b>
<b>Total assets</b>		<b>7,902,747</b>	<b>6,461,798</b>
<b>CURRENT LIABILITIES</b>			
Payables		81,592	137,602
Accrued salaries	16	226,014	213,897
Provisions	17	894,672	948,338
<b>Total current liabilities</b>		<b>1,202,278</b>	<b>1,299,837</b>
<b>NON-CURRENT LIABILITIES</b>			
Provisions	17	2,121,663	2,060,672
<b>Total non-current liabilities</b>		<b>2,121,663</b>	<b>2,060,672</b>
<b>Total liabilities</b>		<b>3,323,941</b>	<b>3,360,509</b>
<b>Net Assets</b>		<b>4,578,806</b>	<b>3,101,289</b>
<b>EQUITY</b>			
Asset revaluation reserve	18	2,943,305	2,943,305
Accumulated surplus / (deficiency)	19	1,635,501	157,984
<b>Total Equity</b>		<b>4,578,806</b>	<b>3,101,289</b>

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

# WESTERN AUSTRALIAN ALCOHOL & DRUG AUTHORITY

## Statement of Financial Performance

For the year ended 30th June 2002

	Note	2001/02 \$	2000/01 \$
<b>COST OF SERVICES</b>			
<b>Expenses from Ordinary Activities</b>			
Employee expenses	`	8,150,455	7,766,508
Superannuation expense		1,069,284	815,900
Patient support costs	2	463,771	826,258
Patient transport		856	1,160
Repairs, maintenance and consumable equipment		210,119	214,452
Depreciation expense	3	199,849	208,228
Net loss on disposal of non-current assets	4	23,932	26,266
Capital user charge	5	285,957	0
Other expenses from ordinary activities	6	1,260,427	1,388,591
<b>Total cost of services</b>		<b>11,664,650</b>	<b>11,247,363</b>
<b>Revenues from Ordinary Activities</b>			
Commonwealth grants and contributions	7	629,003	497,628
Other revenues from ordinary activities	8	262,385	115,317
<b>Total revenues from ordinary activities</b>		<b>891,388</b>	<b>612,945</b>
<b>NET COST OF SERVICES</b>		<b>10,773,262</b>	<b>10,634,418</b>
<b>REVENUES FROM GOVERNMENT</b>			
Output appropriations	9	10,407,617	10,180,360
Grant - other State Government	9	1,823,662	0
Resources received free of charge	10	19,500	18,000
<b>Total revenues from government</b>		<b>12,250,779</b>	<b>10,198,360</b>
<b>CHANGE IN NET ASSETS</b>		<b>1,477,517</b>	<b>(436,058)</b>
<b>TOTAL CHANGES IN EQUITY OTHER THAN THOSE RESULTING FROM TRANSACTIONS WITH WA STATE GOVERNMENT AS OWNERS</b>		<b>1,477,517</b>	<b>(436,058)</b>

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

## WESTERN AUSTRALIAN ALCOHOL & DRUG AUTHORITY

### Statement of Cash Flows

For the year ended 30th June 2002

	Note	2001/02 \$ Inflows (Outflows)	2000/01 \$ Inflows (Outflows)
<b>CASH FLOWS FROM GOVERNMENT</b>			
Output appropriations	9	9,892,360	10,180,360
Net cash provided by Government		<u>9,892,360</u>	<u>10,180,360</u>
Utilised as follows:			
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
Payments			
Supplies and Services		(2,996,015)	(3,102,302)
Employee Costs		(8,140,189)	(7,594,123)
GST payments on purchases		(211,590)	(253,756)
Commonwealth grants and contributions		599,047	497,628
GST receipts on sales		214,221	54,684
GST receipts from taxation authority		(53,245)	180,285
Other receipts		<u>2,104,593</u>	<u>103,064</u>
Net cash used in operating activities	20(b)	<u>(8,483,178)</u>	<u>(10,114,520)</u>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
Purchase of non-current assets	15	<u>(141,266)</u>	<u>196,770</u>
Net cash (used in) / provided by investing activities		<u>(141,266)</u>	<u>196,770</u>
<b>Net increase / (decrease) in cash held</b>		1,267,916	(130,930)
Cash assets at the beginning of the reporting period		927,368	1,058,298
<b>Cash assets at the end of the reporting period</b>	20(a)	<u><u>2,195,284</u></u>	<u><u>927,368</u></u>

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

# WESTERN AUSTRALIAN ALCOHOL & DRUG AUTHORITY

## Notes to the Financial Statements

For the year ended 30th June 2002

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### Note 1 Significant accounting policies

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

#### a) General Statement

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

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

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

#### b) Output Appropriations

Output Appropriations are recognised as revenues in the period in which the Authority gains control of the appropriated funds. The Authority gains control of appropriated funds at the time those funds are deposited into the Authority's bank account.

#### (c) Contributed Equity

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

#### (d) Acquisition of Assets

The cost method of accounting is used for all acquisitions of assets. Cost is measured as the fair value of the assets given up or liabilities undertaken at the date of acquisition plus incidental costs directly attributable to the acquisition.

Assets acquired at no cost or for nominal consideration, are initially recognised at their fair value at the date of acquisition.

#### (e) Valuation of Non-Current Assets

The Authority has applied the transitional provisions in AASB 1041 "Revaluation of Non-Current Assets" for land and buildings. Land and buildings are in the process of being revalued at fair value on a progressive basis.

## WESTERN AUSTRALIAN ALCOHOL & DRUG AUTHORITY

### Notes to the Financial Statements

For the year ended 30th June 2002

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

Land and non-clinical buildings are measured at fair value, being the amount for which an asset could be exchanged, or a liability settled, between knowledgeable, willing parties in an arm's length transaction. Fair value has been determined by the Valuer General's Office in Western Australia, on the following bases:

Land (non clinical site)	Market value
Buildings (non-clinical)	Market value

#### (f) Leases

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

The Authority has no contractual obligations under finance leases.

#### (g) Depreciation of Non-current Assets

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

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

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

#### (h) Cash

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

#### (i) Receivables

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

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

#### (j) Inventories

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

#### (k) Payables

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

## WESTERN AUSTRALIAN ALCOHOL & DRUG AUTHORITY

### Notes to the Financial Statements

For the year ended 30th June 2002

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#### (l) Accrued Salaries

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

#### (m) Interest-bearing liabilities

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

#### (n) Provisions

##### Employee Entitlements

##### (i) Annual and Long Service Leave

The liability for annual leave represents the amount which the Health Service has a present obligation to pay resulting from employees' services up to the reporting date. The liability has been calculated on current remuneration rates and includes related on-costs.

The liability for long service leave represents the present value of expected future payments to be made in respect of services provided by employees up to the reporting date. Consideration is given, when assessing expected future payments, to expected future wage and salary levels including related on-costs, experience of employee departures and periods of service.

The methods of measurement of the liabilities are consistent with the requirements of Australian Accounting Standard AAS 30 "Accounting for Employee Entitlements".

##### (ii) Superannuation

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

The liability for superannuation charges incurred under the Pension Scheme are provided for at reporting date.

The unfunded employer's liability in respect of the pre-transfer benefit for employees who transferred from the Pension Scheme to the Gold State Superannuation Scheme is assumed by the Treasurer. A revenue "Liabilities assumed by the Treasurer" equivalent to the change in this unfunded liability is recognised in the Statement of Financial Performance.

From 1 July 2001 employer contributions were paid to the GESB in respect of the Gold State Superannuation Scheme and West State Superannuation Scheme. Prior to 1 July 2001, the unfunded liability in respect of these schemes was assumed by the Treasurer. An amount equivalent to the employer contributions which would have been paid to the Gold State Superannuation Scheme and the West State Superannuation Scheme if the Authority had made concurrent employer contributions to those schemes, was included in superannuation expense. This amount was also included in the revenue item "Liabilities assumed by the Treasurer".

The note disclosure required by paragraph 51(e) of AAS30 (being the employer's share of the difference between employees' accrued superannuation benefits and the attributable net market value of plan assets) has not been provided. State Scheme deficiencies are recognised by the State in its whole of government reporting. The GESB's records are not structured to provide the information for the Authority. Accordingly, deriving the information for the Authority is impractical under current arrangements, and thus any benefits thereof would be exceeded by the cost of obtaining the information.

# WESTERN AUSTRALIAN ALCOHOL & DRUG AUTHORITY

## Notes to the Financial Statements

For the year ended 30th June 2002

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### iii) Deferred Salary Scheme

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

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

### (o) Revenue Recognition

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

### (p) Grants and Other Contributions Revenue

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

Contributions are recognised at their fair value. Contributions of services are only recognised when a fair value can be reliably determined and the services would be purchased if not donated.

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

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

### (r) Comparative Figures

Comparative figures are, where appropriate, reclassified so as to be comparable with the figures presented in the current reporting period.

<b>Note 2 Patient support costs</b>	<b>2001/02</b>	<b>2000/01</b>
	<b>\$</b>	<b>\$</b>
Medical supplies and services	165,856	490,202
Domestic charges	21,104	20,404
Fuel, light and power	111,582	118,797
Food supplies	62,599	59,289
Purchase of external services	102,630	137,566
	<u>463,771</u>	<u>826,258</u>

<b>Note 3 Depreciation expense</b>	<b>2001/02</b>	<b>2000/01</b>
	<b>\$</b>	<b>\$</b>
Buildings	50,507	52,077
Computer equipment and software	95,610	104,233
Furniture and fittings	16,633	18,033
Other plant and equipment	37,099	33,885
	<u>199,849</u>	<u>208,228</u>

## WESTERN AUSTRALIAN ALCOHOL & DRUG AUTHORITY

### Notes to the Financial Statements

For the year ended 30th June 2002

	2001/02	2000/01
	\$	\$
<b>Note 4 Loss on disposal of non-current assets:</b>		
Computer equipment and software	22,874	12,052
Furniture and fittings	1,058	72
Other plant and equipment	0	14,142
	<u>23,932</u>	<u>26,266</u>

<b>Net loss</b>	<u>23,932</u>	<u>26,266</u>
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	2001/02	2000/01
	\$	\$
<b>Note 5 Capital user charge</b>		
	<u>285,957</u>	<u>0</u>

A capital user charge rate of 8% has been set by the Government for 2001/02 and represents the opportunity cost of capital invested in the net assets of the Accountable Authority used in the provision of outputs. The charge is calculated on the net assets adjusted to take account of exempt assets. Payments are made to the Department of Treasury and Finance on a quarterly basis by the Department of Health on behalf of the Authority.

	2001/02	2000/01
	\$	\$
<b>Note 6 Other expenses from ordinary activities</b>		
Workers compensation insurance	241,698	82,596
Other employee expenses	102,651	124,446
Motor vehicle expenses	103,315	103,211
Insurance	66,248	62,153
Communications	144,800	163,546
Printing and stationery	160,737	194,442
Rental of property	43,316	35,957
Audit fees - external	19,500	19,455
Bad and doubtful debts expense	(311)	0
Other	378,473	602,785
	<u>1,260,427</u>	<u>1,388,591</u>

	2001/02	2000/01
	\$	\$
<b>Note 7 Commonwealth grants and contributions</b>		
Grant for National Illicit Drugs & Research	240,375	497,628
Other grants: Aboriginal Training & Leadership	270,000	0
ADIS Quit Project	20,000	0
Needle & Syringe Program	28,456	0
Diversion of Drug Offenders	2,672	0
Parent Drug Program	67,500	0
	<u>629,003</u>	<u>497,628</u>

# WESTERN AUSTRALIAN ALCOHOL & DRUG AUTHORITY

## Notes to the Financial Statements

For the year ended 30th June 2002

<b>Note 8 Other revenues from ordinary activities</b>	<b>2001/02</b>	<b>2000/01</b>
	<b>\$</b>	<b>\$</b>
Recoveries	120,984	45,411
Other:		
Medical Reports / Certificates	631	69,906
Workers Comp Adj 97/98	47,332	0
Population Health	55,000	0
Net Income Sundry Activities	38,438	0
	<u>262,385</u>	<u>115,317</u>

<b>Note 9 Government appropriations</b>	<b>2001/02</b>	<b>2000/01</b>
	<b>\$</b>	<b>\$</b>
Appropriation revenue received during the year:		
Output appropriations (I)	10,407,617	10,180,360
Capital appropriations (II)	0	0
Total appropriation revenue (Statement of Financial Performance):	<u>10,407,617</u>	<u>10,180,360</u>
Capital user charge	(285,957)	0
Other non cash adjustments to recurrent appropriation	(229,300)	0
Total appropriations received as cash (Statement of Cash Flows):	<u>9,892,360</u>	<u>10,180,360</u>
Grant – other State Government:		
Public Health	300,000	0
Voluntary Severance	623,662	0
Superannuation liability	900,000	0
	<u>1,823,662</u>	<u>0</u>

(I) Output appropriations are accrual amounts as from 1 July 2001, reflecting the full price paid for outputs purchased by the Government. 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.

(II) Capital appropriations were revenue in 2000/01 (year ended 30 June 2001). From 1 July 2001, capital appropriations, termed Capital Contributions, have been designated as contributions by owners and are credited directly to equity in the Statement of Financial Position.

<b>Note 10 Resources received free of charge</b>	<b>2001/02</b>	<b>2000/01</b>
	<b>\$</b>	<b>\$</b>
Resources received free of charge has been determined on the basis of the following estimates provided by agencies.		
Office of the Auditor General		
- Audit services	19,500	18,000
	<u>19,500</u>	<u>18,000</u>

Where assets or services have been received free of charge or for nominal consideration, the Accountable Authority recognises revenues equivalent to the fair value of the assets and/or the fair value of those services that can be reliably determined and which would have been purchased if not donated, and those fair values shall be recognised as assets or expenses, as applicable.

# WESTERN AUSTRALIAN ALCOHOL & DRUG AUTHORITY

## Notes to the Financial Statements

For the year ended 30th June 2002

	2001/02	2000/01
	\$	\$
<b>Note 11 Cash assets</b>		
Cash on hand	1,800	1,860
Cash at bank - general	2,193,484	925,508
	<u>2,195,284</u>	<u>927,368</u>
<b>Note 12 Receivables</b>		
GST receivable	75,680	23,516
Other receivables	37,496	20,230
	<u>113,176</u>	<u>43,746</u>
	<u>113,176</u>	<u>43,746</u>
<b>Note 13 Amounts receivable for outputs</b>		
Current	0	0
Non-current	229,300	0
	<u>229,300</u>	<u>0</u>
<p>This asset represents the non-cash component of output appropriations. It is restricted in that it can only be used for asset replacement or payment of leave liability.</p>		
<b>Note 14 Inventories</b>		
Pharmaceutical stores – at cost	14,460	15,694
	<u>14,460</u>	<u>15,694</u>
<b>Note 15 Property, plant and equipment</b>		
Land		
At fair value (i)	3,060,000	3,060,000
	<u>3,060,000</u>	<u>3,060,000</u>
Buildings Non-Clinical		
At fair value (i)	1,762,036	1,762,036
Accumulated depreciation	(128,979)	(78,472)
	<u>1,633,057</u>	<u>1,683,564</u>
Computer equipment and software		
At cost	681,073	744,932
Accumulated depreciation	(427,649)	(453,440)
	<u>253,424</u>	<u>291,492</u>
Furniture and fittings		
At cost	239,764	234,385
Accumulated depreciation	(102,051)	(87,223)
	<u>137,713</u>	<u>147,162</u>
Other plant and equipment		
At cost	472,216	462,378
Accumulated depreciation	(239,163)	(206,866)
	<u>233,053</u>	<u>255,512</u>
Total of property, plant and equipment	<u>5,317,247</u>	<u>5,437,730</u>

# WESTERN AUSTRALIAN ALCOHOL & DRUG AUTHORITY

## Notes to the Financial Statements

For the year ended 30th June 2002

### Land and buildings

- (i) Land and non clinical buildings have been revalued and are carried at their fair value in accordance with the policy set out in note 1(e)(i)

### Payments for non-current assets

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

Payments for purchases of non-current assets	141,266	196,770
Gross payments for purchases of non-current assets	<u>141,266</u>	<u>196,770</u>

### Note 15 Property, plant and equipment (continued)

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

	Land \$	Buildings \$	Computer equipment and software \$	Furniture and fittings \$	Other plant and equipment \$	TOTAL \$
<b>2001/02</b>						
Carrying amount at start of year	3,060,000	1,683,564	291,492	147,162	255,512	5,437,730
Additions	0	0	94,057	8,242	40,285	142,584
Disposals	0	0	(31,493)	(1,058)	(25,645)	(58,196)
Revaluation increments/ (decrements)	0	0	0	0	0	0
Depreciation	0	(50,507)	(95,610)	(16,633)	(37,099)	(199,849)
Adjustments	0	0	(5,022)	0	0	(5,022)
Carrying amount at end of year	<u>3,060,000</u>	<u>1,633,057</u>	<u>253,424</u>	<u>137,713</u>	<u>233,053</u>	<u>5,317,247</u>

### Note 16 Accrued salaries

Amounts owing for:

Nursing staff

10 days from 21 June to 30 June 2002

(2001: 9 days from 22 June to 30 June 2001)

Non-nursing staff

10 days from 21 June to 30 June 2002

(2001: 9 days from 22 June to 30 June 2001)

<b>2001/02</b>	<b>2000/01</b>
\$	\$
<u>226,014</u>	<u>213,897</u>

### Note 17 Provisions

Current liabilities:

Liability for annual leave

Liability for long service leave

Liability for deferred salary scheme

<b>2001/02</b>	<b>2000/01</b>
\$	\$
566,182	486,852
324,387	461,486
4,103	0
<u>894,672</u>	<u>948,338</u>

## WESTERN AUSTRALIAN ALCOHOL & DRUG AUTHORITY

### Notes to the Financial Statements

For the year ended 30th June 2002

#### Non-current liabilities:

Liability for long service leave	409,965	341,163
Liability for superannuation	1,711,698	1,719,509
	<u>2,121,663</u>	<u>2,060,672</u>

Total employee entitlements	<u>3,016,335</u>	<u>3,009,010</u>
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The superannuation liability has been established from data supplied by the Government Employees Superannuation Board.

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

	2001/02	2000/01
	\$	\$
<b>Note 18 Asset revaluation reserve</b>		
Asset Revaluation Reserve		
Balance at beginning of the year	2,943,305	2,943,305
Net revaluation increments / (decrements):		
Land	0	0
Buildings	0	0
Balance at end of the year	<u>2,943,305</u>	<u>2,943,305</u>

- (j) Revaluation increments and decrements are offset against one another within the same class of non-current assets.
- (ii) Any net increment is credited directly to the asset revaluation reserve, except to the extent that any increment reverses a revaluation decrement previously recognised as an expense.
- (iii) Any net decrement is recognised as an expense in the Statement of Financial Performance, except to the extent that any decrement reverses a revaluation increment previously credited to the asset revaluation reserve.

	2001/02	2000/01
	\$	\$
<b>Note 19 Accumulated surplus</b>		
Balance at beginning of year	157,984	594,042
Change in net assets	1,477,517	(436,058)
Balance at end of the year	<u>1,635,501</u>	<u>157,984</u>

	2001/02	2000/01
	\$	\$
<b>Note 20 Notes to the statement of cash flows</b>		

#### a) Reconciliation of cash

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

Cash assets (Refer Note 11)	<u>2,195,284</u>	<u>927,368</u>
	2,195,284	927,368

## WESTERN AUSTRALIAN ALCOHOL & DRUG AUTHORITY

### Notes to the Financial Statements

For the year ended 30th June 2002

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

Net cash used in operating activities (Statement of Cash Flows)	(8,483,178)	(10,114,520)
Increase / (decrease) in assets:		
GST receivable	52,164	18,794
Other receivables	17,266	17,360
Inventories	(1,234)	6,052
Prepayments	(3,980)	15,970
Decrease / (increase) in liabilities:		
Payables	56,010	(48,905)
Accrued salaries	(12,117)	(40,478)
Provisions	(7,325)	(250,403)
Non-cash items:		
Depreciation expense	(199,849)	(208,228)
Loss from disposal of non-current assets	(23,932)	(26,266)
Interest paid by Department of Health	0	0
Capital user charge paid by Department of Health	285,957	0
Resources received free of charge	(19,500)	(18,000)
Other	(2,433,545)	14,205
Net cost of services (Statement of Financial Performance)	<u>(10,773,262)</u>	<u>(10,634,418)</u>

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

	2001/02 \$	2000/01 \$
<b>Note 21 Loss of public moneys and public or other property</b>		
Losses of public moneys and public or other property through theft or default	2,892	0
Less recovery of losses	2,892	0
Net losses	<u>0</u>	<u>0</u>

#### Note 22 Remuneration of members of the accountable authority and senior officers

##### Remuneration of members of the Accountable Authority

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

	2001/02	2000/01
\$0 - \$10,000	<u>2</u>	<u>1</u>
Total	<u>2</u>	<u>1</u>

## WESTERN AUSTRALIAN ALCOHOL & DRUG AUTHORITY

### Notes to the Financial Statements

For the year ended 30th June 2002

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	\$	\$
The total remuneration of the members of the Accountable Authority is:	4,606	3,975

The superannuation included here represents the superannuation expense incurred by the Authority in respect of members of the Accountable Authority.

#### Remuneration of senior officers

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

	2001/02	2000/01
\$40,001 - \$50,000	0	1
\$60,001 - \$70,000	0	1
\$70,001 - \$80,000	0	2
\$80,001 - \$90,000	1	0
\$90,001 - \$100,000	2	2
\$100,001 - \$110,000	0	1
\$120,001 - \$130,000	1	0
\$150,001 - \$160,000	0	1
\$180,001 - \$190,000	1	0
\$200,000 - \$285,000	1	0
Total	6	8

	\$	\$
The total remuneration of senior officers is:	857,847	699,508

The superannuation included here represents the superannuation expense incurred by the Authority in respect of Senior Officers (other than members of the Authority).

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

	2001/02	2000/01
Members of the Accountable Authority	0	2
Senior officers other than members of the Accountable Authority	3	6
	3	8

#### **Note 23 Explanatory statement**

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

Details and reasons for significant variations between actual results and the corresponding items of the preceding year are detailed below. Significant variations are considered to be those greater than 10% or \$50,000.

## WESTERN AUSTRALIAN ALCOHOL & DRUG AUTHORITY

### Notes to the Financial Statements

For the year ended 30th June 2002

	2001/02 \$	2000/01 \$	Variation \$
<b>1. Employee Expenses</b>	8,150.5	7,766.5	384.0
Even though there was a reduction in staff number during the year salaries and wages increased due to an award increase of 2.3% and redundancy payouts.			
<b>2. Superannuation Expense</b>	1,069.3	815.9	253.4
The increase is due to staff that left, being paid out the lump sum of past superannuation liability.			
<b>3. Patient Support Costs</b>	463.7	826.2	(362.5)
The demand for Naltrexone treatment decreased significantly during 2001-02. This was largely due to the availability of alternative pharmacotherapies for treatment of opioid dependent clients. In addition there has been a decrease in availability of heroin which has impacted on the number of clients seeking treatment.			
<b>4. Other Expenses</b>	1,260.4	1,388.5	(128.1)
Decreased as a result of cost savings measures implemented during the year.			
<b>5. Commonwealth Grants and Contributions</b>	629.0	497.6	131.4
This is due to an increase in grant monies being received in 2001-02.			
<b>6. Output Appropriations</b>	10,407.6	10,180.4	227.2
These have increased primarily due to the introduction of accrual appropriation items for depreciation, employee leave entitlements and capital user charge.			
<b>7. Other Revenues</b>	262.4	115.3	147.1
Revenue for training and education has increased this year due to an increase in the number of courses offered and the high number of participants.			
<b>8. Grant - other State Government</b>	1,823.7	0.0	1,823.7
Have increased due to the need to meet the increased costs of employee entitlements for voluntary severance, annual leave, long service leave and superannuation liabilities, plus increased administrative expenses associated with the restructuring of Next Step and the establishment of the Drug and Alcohol Office.			

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

Section 42 of the Financial Administration and Audit Act requires the Accountable Authority to prepare annual budget estimates. Details and reasons for significant variations between these estimates and actual results are detailed below. Significant variations are considered to be those greater than 10% of budget or \$50,000.

	2001/02 Actual	2001/02 Estimate	2001/02 Variation \$
<b>1. Employee Expenses</b>			
Redundancy payments not budgeted.	8,150.5	7,942.0	208.5

# WESTERN AUSTRALIAN ALCOHOL & DRUG AUTHORITY

## Notes to the Financial Statements

For the year ended 30th June 2002

	2001/02 Actual	2001/02 Estimate	2001/02 Variation \$
<b>2. Superannuation</b>			
Flow-on impact of superannuation liability and on-cost increases not factored into anticipated changes in employee estimates.	1,069.3	916.2	153.1
<b>3. Repairs, Maintenance and Consumable Equipment</b>			
Decrease as a result of cost savings measures implemented during the year.	210.1	398.2	(188.1)
<b>4. Commonwealth Grants and Contributions</b>			
This is due to increased grant monies received in 2001/2002.	629.0	453.9	175.1
<b>5. Output Appropriations</b>			
These have increased primarily due to the introduction of accrual appropriation items for depreciation, employee leave entitlements and capital user charge.	10,407.6	10,180.4	227.2
<b>6. Grant - other State Government</b>			
Have increased due to the need to meet the increased costs of redundancy and superannuation liability payments associated with the restructuring of Next Step and administrative expenses arising out of the creation of the Drug and Alcohol Office.	1,823.7	435.6	1,388.1

### Note 24 Expenditure commitments

	2001/02 \$	2000/01 \$
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#### Operating lease commitments:

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

Not later than one year	24,955	51,868
Later than one year, and not later than five years	2,996	7,564
Later than five years	0	0
	<u>27,951</u>	<u>59,432</u>

These commitments are all inclusive of GST.

### Note 25 Contingent liabilities

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

### Note 26 Events occurring after reporting date

There were no events occurring after the reporting date, which have a significant effect on these financial statements.

### Note 27 Related bodies

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

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

## WESTERN AUSTRALIAN ALCOHOL & DRUG AUTHORITY

### Notes to the Financial Statements

For the year ended 30th June 2002

#### Note 28 Affiliated bodies

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

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

#### Note 29 Financial instruments

##### a) Interest rate risk exposure

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

	Weighted average effective interest rate %	Floating interest rate \$000	Fixed interest rate maturities			Non interest bearing \$000	Total \$000
			1 year or less \$000	1 to 5 years \$000	Over 5 years \$000		
<b>As at 30 June 2002</b>							
<b>Financial Assets</b>							
Cash assets	0.00%	0	0	0	0	2,195	2,195
Receivables						113	113
		0	0	0	0	2,308	2,308
<b>Financial Liabilities</b>							
Payables						82	82
Accrued salaries	0.00%		0	0	0	226	226
		0	0	0	0	308	308
Net financial assets/ (liabilities)		0	0	0	0	2,000	2,000
<b>As at 30 June 2001</b>							
<b>Financial Assets</b>							
Cash assets	0.00%	0	0	0	0	927	927
Receivables						44	44
		0	0	0	0	971	971
<b>Financial Liabilities</b>							
Payables						138	138
Accrued salaries	0.00%		0	0	0	214	214
		0	0	0	0	352	352
Net financial assets/ (liabilities)		0	0	0	0	619	619

##### b) Credit risk exposure

All financial assets are unsecured. Amounts owing by other government agencies are guaranteed and therefore no credit risk exists in respect of those amounts. In respect of other financial assets the carrying amounts represent the Accountable Authority's maximum exposure to credit risk in relation to those assets. There were no amounts owing by other government agencies.

## WESTERN AUSTRALIAN ALCOHOL & DRUG AUTHORITY

### Notes to the Financial Statements

For the year ended 30th June 2002

#### Note 30 Output information

	<u>Prevention &amp; Promotion</u>		<u>Diagnosis &amp; Treatment</u>		<u>Total</u>	
	<u>2001/02</u>	<u>2000/01</u>	<u>2001/02</u>	<u>2000/01</u>	<u>2001/02</u>	<u>2000/01</u>
	<u>\$000</u>	<u>\$000</u>	<u>\$000</u>	<u>\$000</u>	<u>\$000</u>	<u>\$000</u>
<b>Expenses from Ordinary Activities</b>						
Employee expenses	1,951	1,647	6,199	6,120	8,150	7,767
Superannuation expense	231	171	839	645	1,070	816
Patient support costs	44	24	420	802	464	826
Patient transport	0	0	1	1	1	1
Repairs, maintenance and consumable equipment	60	23	150	191	210	214
Depreciation expense	47	42	153	166	200	208
Net loss from disposal of non-current assets	1	5	23	21	24	26
Capital user charge	114	0	172	0	286	0
Other expenses from ordinary activities	456	718	804	671	1,260	1,389
<b>Total cost of services</b>	<b>2,904</b>	<b>2,630</b>	<b>8,761</b>	<b>8,617</b>	<b>11,665</b>	<b>11,247</b>
<b>Revenues from Ordinary Activities</b>						
Commonwealth grants and contributions	389	202	240	296	629	498
Other revenues from ordinary activities	105	99	157	16	262	115
<b>Total revenues from ordinary activities</b>	<b>494</b>	<b>301</b>	<b>397</b>	<b>312</b>	<b>891</b>	<b>613</b>
<b>NET COST OF SERVICES</b>	<b>2,410</b>	<b>2,329</b>	<b>8,364</b>	<b>8,305</b>	<b>10,774</b>	<b>10,634</b>
<b>REVENUES FROM GOVERNMENT</b>						
Output appropriations	2,675	2,090	7,733	8,090	10,408	10,180
Capital appropriations	0	0	0	0	0	0
Grant - other State Government	729	0	1,094	0	1,823	0
Liabilities assumed by the Treasurer	0	0	0	0	0	0
Resources received free of charge	8	6	12	12	20	18
<b>Total revenues from government</b>	<b>3,412</b>	<b>2,096</b>	<b>8,839</b>	<b>8,102</b>	<b>12,251</b>	<b>10,198</b>
<b>Change in net assets before extraordinary items</b>	<b>1,002</b>	<b>(233)</b>	<b>475</b>	<b>(203)</b>	<b>1,477</b>	<b>(436)</b>
<b>CHANGE IN NET ASSETS</b>	<b>1,002</b>	<b>(233)</b>	<b>475</b>	<b>(203)</b>	<b>1,477</b>	<b>(436)</b>

Output groups as defined in the budget papers are as follows:

#### Prevention and Promotion

This output provides services that aim to prevent disease and improve the health of the population through prevention and promotion programs. The objective of prevention and promotion services is to improve the health of Western Australians by reducing the incidence of preventable disease, injury, disability and premature death. Within the prevention and promotion services different health conditions lend themselves to greater emphasis on some intervention strategies than others. For example, where the causes of a disease are known and the risks of developing the disease can be reduced in a cost-effective way, there will be an emphasis on prevention strategies eg. smoking reduction campaigns. The activities from this output include:

- the service provides a confidential 24 hour telephone counselling, information, consultancy and advisory service;
- this service provides leadership in the development and delivery of professional education, training and resources relating to alcohol and other drug issues for workers and volunteers; and
- the emergency department service provides peer support, brief intervention, education and referral for people who have been discharged from an emergency department following an accidental opiate overdose.

## **WESTERN AUSTRALIAN ALCOHOL & DRUG AUTHORITY**

### **Notes to the Financial Statements**

For the year ended 30th June 2002

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#### **Diagnosis and Treatment**

This output provides services in the acute care diagnosis and treatment of patients include emergency services, ambulatory or outpatient services and those people who are admitted to hospitals as inpatients. The objective for the acute care diagnosis and treatment activities is to improve the health of Western Australians by restoring the health of people with acute illness. Treatments are provided through a network of hospital and clinical services. The activities from this output include:

A statewide specialist medical withdrawal service providing clinical detoxification options based on clinical assessment. A 21 bed residential unit within the central treatment facility.

The service provides a comprehensive assessment of clients who present with alcohol and other drug problems and have significant physical, mental health and social issues that may require the intervention of a specialist service.

Complex case management provides a comprehensive range of specialist services that target clients whose alcohol and other drug problems are complex in their presentation and are unable to be managed by primary service providers.

The services provided offer an expanded range of options for the ongoing management of these complex cases within an integrated service with the eventual goal of referral back to primary health care setting.

# Appendices

## Appendix One - Legislation Impacting on Office Activities

### Key Legislation

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

### Financial Legislation

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

### Administration/Human Resources Legislation

- *Public Sector Management Act 1994*
- *Workplace Agreements Act 1993*
- *Minimum Conditions of Employment Act 1993*
- *Salaries and Wages Act 1975*
- *Public and Bank Holidays Act 1972*
- *Equal Opportunity Act 1984*
- *Government Superannuation Act 1987*
- *Superannuation and Family Benefits Act 1938*
- *Occupational Health and Safety Act 1984*
- *Workers' Compensation and (Rehabilitation) Assistance Act 1981*
- *Industrial Relations Act 1979* (Employment Acts)
- *Workplace Relations Act 1996* (Commonwealth)

### Other Legislation

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

The following written laws also impact on Next Step's activities:

- *Constitution Act 1889 and Constitution Acts Amendments Act 1889*
- Treasurer's Advance Authorisation
- Supply, Loan and Appropriation Acts
- *Financial Agreement Act 1928*
- *Interpretation Act 1984*

## **Appendix Two - Contact Information**

### **Alcohol and Drug Information**

Telephone:(08) 9442 5000  
Freecall: 1800 198 024  
TIS: 131450

### **Parent Drug Information Service**

Telephone: (08) 9442 5050  
Freecall: 1800 653 203  
TIS: 131450

### **Opiate Overdose Prevention Strategy**

Telephone: (08) 9370 0363  
Fax: (08) 9272 6605

### **Methadone Treatment**

32 Moore Street, East Perth WA 6004  
Telephone: (08) 9219 1919  
Fax: (08) 9221 3089

### **Specialist Outpatient Services**

32 Moore Street, East Perth WA 6004  
Telephone: (08) 9219 1919  
Fax: (08) 9221 3089

### **Detoxification Services**

32 Moore Street, East Perth WA 6004  
Telephone: (08) 9219 1919  
Fax: (08) 9221 3089

### **Fremantle Clinic**

33 Quarry Street, Fremantle WA 6160  
Telephone: (08) 9430 5966  
Fax: (08) 9335 3071

For the following services:

- Clinical Education and Training;
- Library Services; and
- General Office and Business Services,

contact

### **Drug and Alcohol Office**

7 Field Street, Mt Lawley WA 6050  
Telephone: (08) 9370 0333  
Fax: (08) 9272 6605  
Email: [nextstep@health.wa.gov.au](mailto:nextstep@health.wa.gov.au)

## Appendix Three - Abbreviations and Glossary

<b>ADIS</b>	Alcohol and Drug Information Service
<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>AOD</b>	Alcohol and Other Drugs
<b>BBV</b>	Blood Borne Viruses
<b>BIOS</b>	Basic Input/Output System
<b>CAS</b>	Clinical Advisory Service
<b>CBMP</b>	Community Based Methadone Program
<b>CMIS</b>	Client Management Information System
<b>CSA</b>	Civil Service Association
<b>CEIDA</b>	Centre for Education & Information on Drugs and Alcohol
<b>DAO</b>	Drug and Alcohol Office
<b>DOH</b>	Department of Health
<b>EBPU</b>	Evidence-based Practice Unit
<b>EEO</b>	Equal Employment Opportunity
<b>FOI</b>	Freedom of Information
<b>FTE</b>	Full Time Equivalent
<b>GPs</b>	General Practitioners
<b>GST</b>	Goods and Services Tax
<b>HCARe</b>	Health Care and Related Information Technology
<b>HIV</b>	Human Immunodeficiency Virus
<b>HRIS</b>	Human Resources Information System
<b>IT</b>	Information Technology
<b>LAN</b>	Local Area Network
<b>Next Step</b>	Next Step Specialist Drug and Alcohol Services
<b>NCETA</b>	National Centre for Education and Training on Addiction
<b>NHMRC</b>	National Health and Medical Research Council
<b>OOPS</b>	Opiate Overdose Prevention Strategy
<b>PDIS</b>	Parent Drug Information Service
<b>PTSN</b>	Parent Telephone Support Network
<b>RCV</b>	Replacement Capital Value
<b>TIS</b>	Telephone Interpreter Service
<b>UWA</b>	University of Western Australia
<b>WAN</b>	Wide Area Network

## Appendix Four – Conference Papers

Allen, M. (2001). New Visions: The Training of Volunteers. Vision Conference, Fremantle, WA, 8-10 August 2001.

Allsop, S. (2001). Responding to Drug Problems: Developing Effective Practice. Conference Proceedings of the Winter School in the Sun, Brisbane, 2-5 July 2001.

Allsop, S. (2001). Relapse Prevention. Facilitating Pathways to Care for Veterans with Alcohol and Related Problems. Department of Veterans Affairs and Australian Centre for Post-traumatic Mental Health.

Allsop, S. & Pidd, K. (2001). Drug Problems in the Workplace: Implications for Employers, Unions and Employees. Paper presented at the seminar on Mobilising Business to Prevent Drug Abuse in Workplaces in Asia, Bangkok, Thailand, 18-25 December 2001.

Allsop, S., Calogero, C., Towers, T. & Midford, R. (2001). Responding to Drug Related Harm in the Workplace: The Role of Counselling and Assistance Programs. Paper presented at the seminar on Mobilising Business to Prevent Drug Abuse in Workplaces in Asia, Bangkok, Thailand, 18-21 December 2001.

Bartu, A. (2001). Heroin and Amphetamine Use in Western Australia: Trade Routes, Purity, Availability and Market Value. Paper presented at the Mothers, Babies and Drugs of Addiction conference, Curtin University of Technology, Perth, 10 November 2001.

Bartu, A., Gawthorne, G., Johnson, S., Codde, J., Unwin, E. & Holman, D. (2001). Psychiatric Admissions Subsequent to Treatment for Heroin and Amphetamine Use: A Record Linkage Study. Paper presented at the Combined Australian Professional Society on Alcohol and Other Drugs (APSAD) National Methadone Conference, Sydney, 29-31 October 2001.

Bartu, A., Gawthorne, G., Johnson, S., Codde, J., Unwin, E. & Holman, D. Psychiatric Admissions Subsequent to Treatment for Heroin and Amphetamine Use: A Record Linkage Study. Paper presented at the Royal College of Nursing Australia WA Chapter Nursing Research in Specialist Settings: Facing the issues. St John of God Medical Centre, Perth, 9 November 2001.

Bartu, A. Heroin and Amphetamine Use in Western Australia: Trade Routes, Purity, Availability and Market Value. Paper presented at the Mothers, Babies and Drugs of Addiction conference held at Curtin University of Technology, 10 November 2001.

Dyer, K., Prindiville, P., Donoghue, N., Williams, S., Wright, B. & Ilett, K. (2001). The Relationship Between Plasma Methadone Concentration and State & Trait Measures of Depression and Anxiety. Paper presented at the combined Australian Professional Society on Alcohol & Other Drugs (APSAD) and National Methadone Conference, Sydney, 28 October 2001.

Dyer, K., Wright, B. & Ilett, K. (2001). The Effect of a Divided Dose Upon Opioid Withdrawal. Paper presented at the combined Australian Professional Society on Alcohol and Other Drugs (APSAD) and National Methadone Conference, Sydney, 28 October 2001.

Dyer, D. (2001). Mood Disturbances among Opioid Pharmacotherapy Patients. Seminar presented at Centre for Clinical Research in Neuropsychiatry, Graylands Hospital, 16 November 2001.

Dyer, D. (2001). Divided Methadone Dose Regimens: Current Research and Clinical Implications. Seminar presented as WA Methadone/Buprenorphine Prescriber Meeting, 5 December 2001.

Ernst, E., Bartu, A., Popescu, A., Ilett, K. & Hansson, R. (2001). Methadone Related Deaths in Western Australia 1993-1999. Paper presented at the Combined Australian Professional Society on Alcohol and Other Drugs (APSAD) National Methadone Conference, Sydney, 29-31 October 2001.

Freeman, N., Bartu, A., De Klerk, N. & Allsop, S. Indirect Estimates of the Prevalence of Dependent Opioid Users in Western Australia. Paper presented at the 2<sup>nd</sup> Australasian Conference on Drugs Strategy 'Policing, Prevention and Innovation', Perth, 7-9 May 2002.

Gawthorne, G., Bartu, A., Johnson, S., Codde, J. & Holman, D. Death Subsequent to Treatment for Heroin and Amphetamine Use: A Record Linkage Study. Paper presented at the Symposium on Health Data Linkage, Sydney, 20-21 March 2002.

Gomes, A., Helfgott, S., Pennebaker, D.F., Allsop, S. & Mander, A. (2002). Workforce Development in Mental Health and Drug and Alcohol Services. A Cross-service Training Initiative, 8 May 2002.

Lethlean, C., Armstrong, T., Moore, S., Berkhout, M., Nicholson, S. & Robson, M. (2001). Accepting Complexity – Dual Role Volunteering and How to Make it Work. Vision Conference, Fremantle, WA, 8-10 August 2001.

Marsh, A., Dyer, K., Newcombe, K., Davies, S., King, B., Lemaic, J., Towers, T. & Quigley, A. (2001). Next Step Specialist Youth Service: An Overview of Treatment Practice and Outcome. Paper presented at the combined Australian Professional Society on Alcohol and Other Drugs (APSAD) and National Methadone Conference, Sydney, 28 October 2001.

Sim, M., Wain, T. & Corry, A. (2002). Building Pyramids. Paper presented at Catching Clouds: Exploring Diversity in Workforce Development for the Alcohol and Other Drugs Field, Adelaide, 1-3 May 2002.

Wright, B., Dyer, K.R. & Ilett, K. (2001). The Effect of a Divided Dose upon Opioid Withdrawal. Paper presented at the combined Australian Professional Society on Alcohol and Other Drugs (APSAD) and National Methadone Conference, Sydney, 28 October 2001.

## **Proceedings/Forum**

Helfgott, S., Knight, L. & Moore, S. (2002). Volunteers Making a Difference – Parents, Peers and Professional Counsellors. Paper and presentation at Making Excellence Happen: Winning Initiatives from the 2001 Premier's Awards, Perth, Western Australia, April 2002.

## **Poster Presentations**

Bartu, A., Ilett, K., Kristensen, J., Roberts, M. & Dusci, L. Breastfeeding and Recreational Amphetamine Use. A harm minimisation approach poster presentation at the Perinatal Society of Australia and New Zealand annual congress at Christchurch, New Zealand, 9-13 March 2002.

## **Other Presentations/Research Forums**

Allsop, S., Helfgott, S. & Ernst, E. (2001). New Interventions for Drug Problems. So What for Client Choice? Workshop presented at Social Workers Conference, Perth, August, 2001.

Bartu, A. (2001). A Preventative Intervention for Illicit Drug Using Mothers and their Infants. Progress report presented to the Scientific Advisory Committee of King Edward Memorial Hospital, 28 September 2001.

Bartu, A. (2001). Prevalence, Management and Disposition of Non-fatal Heroin Overdoses at an Emergency Department at a Major Health Campus. Presented at Edith Cowan University, 16 October 2001.

Bartu, A. (2001). Combining Qualitative and Quantitative Methodologies. Presented at Edith Cowan University, 2 October 2001.

Bartu, A., Gawthorne, G. & Johnson, S. (2002). Application of Record Linkage to the Drug and Alcohol Field. Presented at the Department of Public Health University of Western Australia Research Forum, 16 April 2002.

Bartu, A. (2002). Qualitative Research Methodology with Emphasis on Grounded Theory. Presented to pre and post registration students, Edith Cowan University, 8 May 2002.

Ernst, E. (2001). Methadone-related Deaths in Western Australia 1993-99. Lunchtime seminar presented at Next Step, East Perth, November 2001.

Helfgott, S. & Ernst, E. (2001). New Interventions for Drug Problems. So What for Client Choice? Lunchtime seminar presented at Royal Perth Hospital Social Workers, November 2001.

## Reports/Technical Reports

Allsop, S. (2001). Relapse Prevention. Technical Report for the Department of Veterans Affairs, Canberra.

Allsop, S., Corry, A. & Ernst, L. (2001). National Learning Objectives and Assessment Procedures for the Pharmacological Management of Opioid Dependence. Submitted to the National Expert Advisory Council on Illicit Drugs.

Bartu, A., Ilett, K., Cooke, C., Hansson, R. & Plumley, N. (2001). Methadone-related Deaths in Western Australia 1993-99. Report submitted to the State Coroner, December 2001.

Bartu, A., Johnson, S., Bennett, I. & Crouchley, K. (2001). Community Based Methadone Program: Client Characteristics April 1997 – September 2000. Report prepared as part of the NHMRC funded record linkage project in progress.

Brock, A. & Hanslip, A. (2002). Supporting Clients Through Withdrawal: Working in a Residential Setting (Training Manual). Drug and Alcohol Office: Perth.

Corry, A., Ernst, E., Farmer, L. & Allsop, S. (2001). Assessment of Clinical Competence: Literature Review. Developed for the Learning Objectives and Assessment Procedures for the Pharmacological Management of Opioid Dependence project.

Next Step Specialist Drug and Alcohol Services & School Drug Education Project (2002). In Touch: Working with Aboriginal & Torres Strait Islander Students. Next Step Specialist Drug and Alcohol Services & School Drug Education Project. Government of Western Australia: Perth.

Newcombe, K., Dyer, K., Davies, S., King, B. & Lemaic, J. (2002). The Effectiveness of Methadone Maintenance for the Treatment of Opioid Dependence in Young People. Perth: Next Step Specialist Drug and Alcohol Services Monograph.

Palmer, B. (2002). Alcohol and Drug Withdrawal: A Practical Approach (2<sup>nd</sup> edition). Drug and Alcohol Office: Perth

Sim, M. & Khong, E. (2002). Clinical Guidelines for Medical Officers. Next Step Specialist Drug and Alcohol Services: Perth.

Steenkamp, M., Harrison, J. & Allsop, S. (2002). Alcohol-related injury and young males. Injury Technical Paper Series no. 1, AIHW cat. no. INJCAT 42. Canberra, Australian Institute of Health and Welfare.

Weatherburn, D., Topp, L., Midford, R. & Allsop, S. (2000). Drug Crime Prevention and Mitigation: A Literature Review and Research Agenda. NSW Bureau of Crime Statistics and Research, Sydney.

## Journal Articles

Ernst, E., Bartu, A., Popescu, A., Ilett, K., Hansson, R. & Plumley, N. (2001). Methadone-related Deaths in Western Australia 1993-99. Paper accepted by ANZJPH.

Vincent, N., Allsop, S. & Shoobridge, J. (2000). The Use of Rapid Assessment Methodology (RAM) for investigating illicit drug use: A South Australian experience. Drug and Alcohol Review, 19, 419-426.

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Bartu, A., Gawthorne, G., Johnson, S., Codde, J., Unwin, E. & Holman, D. (2002). Psychiatric Admissions Subsequent to Treatment for Heroin and Amphetamine Use: A Record Linkage Study. Paper submitted to the ANZJPH.

Dyer, K.R., White, J.M., Foster, D., Bochner, F. & Menelaou, A. (2001). The Relationship Between Mood State and Plasma Methadone Concentration in Maintenance Patients. Journal of Clinical Psychopharmacology, 21 (1), 78-84.

Miller-Lewis, L., Wade, T. & Dyer, K. The Prevalence of Cannabis Use in an Australian Tertiary Population. *Australian Psychologist*. (In Press).

Dyer, K.R. & White, J.M. Patterns of Symptom Complaints in Methadone Maintenance Patients. *Ret, Revista De Toxicomanias* (Spanish Language). (In Press).

Mitchell, T.B., Dyer, K.R. & Peay, E.R. Factors to Decision Making by Australian Methadone Prescribers. Submitted to *Addiction*, 7 September 2001.

## **Books / Book Chapters**

Allsop, S. & Pidd, K. (2001). The Nature of Drug-related Harm in the Workplace. In Allsop, S., Phillips, P. & Calogero, C. (eds). *Drugs and Work: Responding to Alcohol and Other Drug Problems in Australian Workplaces*. IP Communications, Melbourne.

Allsop, S., Phillips, M. & Calogero, C. (2001). Practical Steps to Responding to Drug-related Harm in the Workplace. In, Allsop, S., Phillips, P. & Calogero, C. (eds). *Drugs and Work: Responding to Alcohol and Other Drug Problems in Australian Workplaces*. IP Communications, Melbourne.

Allsop, S., Phillips, P. & Calogero, C. (eds) (2001). *Drugs and Work: Responding to Alcohol and Other Drug Problems in Australian Workplaces*. IP Communications, Melbourne.

Corry, A.M., (2001). Controls on Drug Use. In Allsop, S., Phillips, M. & Calogero, C. (Ed) *Drugs and Work: Responding to Alcohol and Drug Problems in the Australian Workplace*. Victoria: IP Communications.

Little, G., Browne, M. & Sullivan, P. (2001). Needle and Syringe Program Delivery in Regional Hospitals: Building Capacity for Change. In Roche, A.M. & McDonald, J. (Eds) *Systems, Settings, People: Workforce Development Challenges for the Alcohol and Other Drug Field*. NCETA: Adelaide.

Salmon, A. & Browne, M. (2001). Bridging the Gap Between Tertiary Education and Workforce Development. In Roche, A.M. & McDonald, J. (Eds) *Systems, Settings, People: Workforce Development Challenges for the Alcohol and Other Drugs Field*. NCETA: Adelaide.

Sim, M., Cheng, W. & Kelly Beers, K. (2001). Symptoms and Signs of Chronic Hepatitis C. In Dore, G. et al (Ed) *HIV/Viral Hepatitis: A Guide for Primary Care*. Australian Society for HIV Medicine (ASHM) monograph.

## **Journal Editor/Referee/Reviewer**

Allsop, S. (Assistant Editor; Referee) *Addiction*.

Allsop, S. (Referee) *Drug and Alcohol Review*.

Allsop, S. (Referee) *Journal of Substance Abuse Treatment*.

Allsop, S. (Assessor) National Health and Medical Research Council (NHMRC).

Allsop, S. (Reviewer) Alcohol Education and Rehabilitation Foundation.

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