

Annual Report 2005

Drug and Alcohol Office



Drug and Alcohol Office
Government of Western Australia

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STATEMENT OF COMPLIANCE

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

In accordance with Section 66 of the *Financial Administration and Audit Act 1985*, we submit for your information and presentation to Parliament the Annual Report of the Western Australian Alcohol and Drug Authority for the year ending 30 June 2005.

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



Mike Daube
CHAIRPERSON



BOARD MEMBER

12 August 2005

EXECUTIVE DIRECTOR'S REPORT

The Drug and Alcohol Office (DAO) continues to build on the achievements made since its formation in 2002, and throughout 2004/05 a number of initiatives have been progressed to enhance responses to alcohol and other drug (AOD) issues.

The *Western Australian Drug and Alcohol Strategy 2005–2009* has been developed providing broad directions for a whole-of-government response to address issues relating to alcohol and other drugs in Western Australia. The strategy builds on the *Western Australian Alcohol and Drug Strategy 2002–2005* and is consistent with the *National Drug Strategy 2004–2009*. It is supported by a suite of plans being developed by DAO including the *Western Australian Alcohol Plan 2005–2009*, the *Western Australian Volatile Substance Use Plan: A Guide for Government and Service Providers 2005–2009* and *Strong Spirit Strong Mind: Western Australian Aboriginal Alcohol and Other Drug Plan 2005–2009*. The *Western Australian Alcohol and Drug Strategy 2005–2009* has been developed in consultation with the Senior Officer's Group (SOG), a group of senior officers from primary State Government human service providers including the departments of Health, Indigenous Affairs, Community Development, Police, Justice, Education, Housing and Works, Premier and Cabinet, and Local Government and Regional Development. To support the strategy, SOG is developing Agency Drug and Alcohol Action Plans which outline specific activities that will be implemented to achieve across-government responses and provide a comprehensive approach to AOD use in Western Australia.

The Western Australian Alcohol Plan has been developed with the aim of decreasing the problems associated with the short and long-term risky consumption of alcohol. The plan has been developed to drive alcohol-related policies, programs and services across government and non-government sectors. It is evidence-based and provides strategic direction to respond to alcohol-related problems in Western Australia. The initiatives in the plan will affect the whole community and are expected to reduce alcohol-related harm and other problems associated with drunkenness.

A Volatile Substance Advisory Group was also convened by DAO consisting of representatives from government and non-government agencies working with people experiencing volatile substance use (VSU) problems. The role of the group was to develop a plan that would guide Western Australian government and funded agencies to support local communities to address VSU issues. The draft *Western Australian Volatile Substance Use Plan: A Guide for Government and Service Providers 2005–2009* has now been developed incorporating feedback from key stakeholders, providing an across-agency response to VSU issues. The plan will be monitored and reviewed, with six-monthly progress reports provided to SOG.

DAO has developed an Aboriginal AOD plan, *Strong Spirit Strong Mind: Western Australian Aboriginal Alcohol and Other Drug Plan 2005–2009*. This plan encourages a whole-of-system approach across government and community organisations to ensure that Aboriginal AOD policy, program and service responses are culturally secure and make the best use of available resources and partnership arrangements. The plan responds to the *National Drug Strategy, Aboriginal and Torres Strait Islander People's Complementary Action Plan 2003–2006*.

A developmental review of Next Step Drug and Alcohol Services (Next Step), the clinical branch of DAO, was undertaken by the Institute for Healthy Communities Australia Ltd. The review assessed the extent to which Next Step has achieved the Quality Improvement Council's Standards in relation to a set of core module standards and specific alcohol, tobacco and other drug module standards. Next Step has established quality subgroups with staff representation from across the service to systematically address the recommendations through a quality work plan aiming to achieve a full accreditation review in November 2005.

DAO, together with the Western Australian Network of Drug and Alcohol Agencies (WANADA) and representatives of the AOD sector working in partnership have developed the Western Australian Alcohol and Other Drug Sector Quality Framework. This is a model of Continuous Quality Improvement to assist program and service development to better meet the needs of consumers and improve outcomes within the non-government sector. Phased, incremental implementation coordinated by WANADA commenced in October 2004 and has been supported by mentor agencies. DAO continues to work in partnership with WANADA in the implementation process and is supporting the agency's process. This has been an excellent, collaborative initiative between DAO and the non-government sector and has been well received.

DAO continues to participate fully in the national AOD agenda and is actively involved in both the Inter-Governmental Committee on Drugs and the Ministerial Council on Drug Strategy where it provides support to the Minister for Health.

The Council of Australian Governments' Illicit Drug Diversion Program is continuing to be supported by DAO. Phase One of the initiative ceased on 30 September 2005 and DAO has worked constructively with the Commonwealth to secure a commitment for further funding for Phase Two of the program for the period 1 October 2005 to 30 June 2007.

On behalf of DAO, I acknowledge the valuable contribution and ongoing commitment of SOG, WANADA and other key stakeholders in working collaboratively with DAO on a broad range of issues. I also acknowledge the commitment and dedication of the staff of DAO who have embraced change and continue to work towards ensuring that Western Australians have access to the best services and programs. I believe that the achievements of the past 12 months provide a solid basis from which to further build responses to people affected by AOD issues consistent with the agency's vision.



Mr Michael Salter

A/Executive Director

WESTERN AUSTRALIAN ALCOHOL AND DRUG AUTHORITY

CORPORATE INFORMATION

ADDRESS AND LOCATION

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

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

Corporate Office:

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ENABLING LEGISLATION

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

LEGISLATION

DAO does not administer legislation.

ACTS PASSED DURING 2004/05

None.

ACTS IN PARLIAMENT AT 30 JUNE 2005

No Acts that concerned DAO were passed in Parliament as at 30 June 2005.

MINISTERIAL DIRECTIVES

The DAO board received no ministerial directives during 2004/05.

MISSION STATEMENT AND BROAD OBJECTIVES

MISSION

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

VISION

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

BROAD OBJECTIVES

The broad objectives of DAO are to:

- coordinate, implement and monitor the Community Drug Summit initiatives in accordance with the government's response '*Putting People First*';
- coordinate, implement and monitor the *Western Australian Drug and Alcohol Strategy 2002–2005*;
- develop, resource and deliver best practice AOD services and programs throughout Western Australia;
- coordinate whole-of-government planning and activity targeting people affected by AOD use; and
- provide expert advice to government regarding AOD use and related harm.

ORGANISATIONAL STRUCTURE

ACCOUNTABLE AUTHORITY

Board of the Western Australian Drug and Alcohol Authority

DAO has a board of four members nominated by the Minister for Health and appointed by the governor in Executive Council. All board members' terms are for three years expiring on 31 December 2007. The board as at 30 June 2005 consisted of the chairman Professor Mike Daube, Professor of Health Policy at Curtin University, Dr Margaret Stevens, Director Public Health at the Department of Health, Professor Steve Allsop, Director of the National Drug Research Institute, and Ms Violet Bacon, Lecturer in Social Work and Social Policy at the University of Western Australia.

Professor Steve Allsop took on the role of board member following his resignation from the position of acting executive director of DAO on 28 February 2005. Mr Michael Salter took on the position of acting executive director of DAO on 1 March 2005.

The board has delegated to the DAO executive director with certain exceptions, powers vested in it by the *Alcohol and Drug Authority Act 1974*. This board convened on three occasions during 2004/05 and members received \$0 in remuneration.

Senior Officers

Senior officers of DAO are listed in the following table as at 30 June 2005.

AREA OF RESPONSIBILITY	TITLE	NAME	BASIS OF APPOINTMENT
DRUG AND ALCOHOL OFFICE	EXECUTIVE DIRECTOR	MICHAEL SALTER	ACTING
CLIENT SERVICES, RESOURCING AND DEVELOPMENT	DIRECTOR	ERIC DILLON	PERMANENT
PRACTICE DEVELOPMENT	DIRECTOR	PAUL BIRCHALL	ACTING
CLINICAL SERVICES (NEXT STEP)	DIRECTOR	DR ALLAN QUIGLEY	PERMANENT
OPERATIONS (NEXT STEP)	DIRECTOR	SUSAN ALARCON	ACTING
FINANCIAL AND CORPORATE SERVICES	DIRECTOR	CLETE MATHEWS	PERMANENT
PREVENTION	DIRECTOR	GARY KIRBY	PERMANENT
EXECUTIVE SUPPORT UNIT	PRINCIPAL POLICY OFFICER	JULIA KNAPTON	ACTING

Pecuniary Interests

Senior officers declared no pecuniary interests during 2004/05.

Corporate Structure

The chart on the following page outlines the corporate structure and reporting lines for DAO as at 30 June 2005.

ABOUT THE DRUG AND ALCOHOL OFFICE

DAO was formed following the 2001 Community Drug Summit.

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

DAO's current structure was implemented in July 2002 and is accountable to the people of Western Australia through the Western Australian Government and is managed by a board of directors. Since operations commenced, its driving mandate

has been to assist with implementation of Community Drug Summit initiatives and ongoing engagement of the community, government and non-government agencies in developing initiatives and programs with regard to AOD issues.

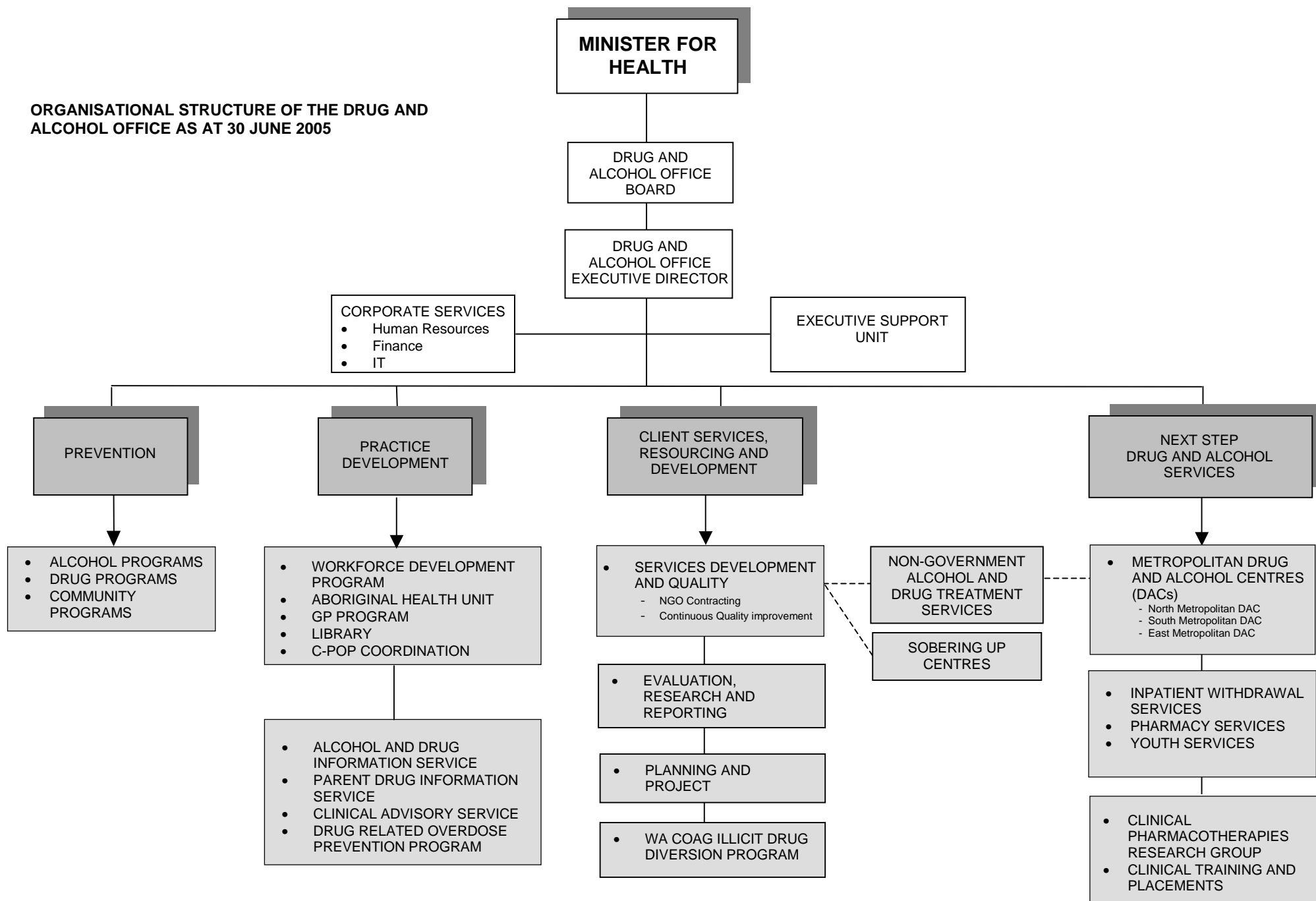
It continues to provide strategic advice to the sector, and funding, expertise, services and resources to assist in meeting the broader recommendations of the Community Drug Summit and strategic directions of the *Western Australian Drug and Alcohol Strategy 2002-2005*.

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

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

The Executive Support Unit is a separate branch reporting directly to the executive director.

ORGANISATIONAL STRUCTURE OF THE DRUG AND ALCOHOL OFFICE AS AT 30 JUNE 2005



NEXT STEP DRUG AND ALCOHOL SERVICES

Next Step Drug and Alcohol Services (Next Step) provides a range of clinical services for people experiencing problems associated with their AOD use, as well as support services for families. Clinical placement and research programs support these activities. In the past year, the directorate worked towards consolidating the administrative and clinical restructure which was implemented over the previous year.

Services under Next Step include the Inpatient Withdrawal Unit, Drug and Alcohol Centres (DACs), Pharmacy, Youth Services, Clinical Training and Placements and the Clinical Pharmacotherapies Research and Teaching Program.

Highlights for 2004/05

- Participation in a developmental review by the Institute for Healthy Communities Australia Ltd. The review assessed the extent to which Next Step has achieved the Quality Improvement Council of Australia's (QICA) core standards relating to alcohol, tobacco and other drugs in preparation for the accreditation process.
- Improvement in measurement and reporting of activity and performance through enhanced data management procedures.
- Development of collaborative working relationships and clinical pathways with general practitioners (GPs), health services and the AOD treatment and support services.

Planned Achievements for 2005/06

- Establish state-wide outreach medical and clinical services through partnerships with the public health system. These services will support other government and non-government providers in the provision of AOD services to the community and focus on outer metropolitan and rural areas.
- Develop and enhance partnerships with tertiary institutions and other organisations to develop clinical interventions in the AOD field.
- Obtain service accreditation through the QICA and systematically integrate clinical governance standards into clinical practice and management.
- Develop clinical guidelines and training programs to support the introduction of new pharmacotherapies for opioid dependence.

METROPOLITAN DRUG AND ALCOHOL CENTRES (OUTPATIENT SERVICES)

A comprehensive range of outpatient services are provided through three DACs which are located at East Perth, Fremantle and Warwick. Services provided through these centres include:

- specialised assessment for clients wishing to access the service;
- outpatient withdrawal, pharmacotherapy, case management and counselling;
- inpatient withdrawal (available at Next Step, East Perth only); and

- pharmacotherapy dispensing for clients not managed at community pharmacies (also available from Next Step, East Perth only).

There are a number of co-located services in the DACs. Services operating from the North Metropolitan DAC in Warwick include Next Step, St John of God Health Care, Subiaco (North Metro Community Drug Service Team and the Drug and Alcohol Withdrawal Network), Holyoake, Cyrenian House, Wesley Mission Health, Osborne Division of General Practice, Central Coastal Division of General Practice and Joondalup Mental Health Service.

Co-located services operating from the South Metropolitan DAC in Fremantle include Next Step, St John of God Health Care, Subiaco (Drug and Alcohol Withdrawal Network), Holyoake, Cyrenian House, Serenity Lodge, Palmerston Centre (South Metro Community Drug Service Team) and the Infectious Diseases Unit of Fremantle Hospital.

Highlights for 2004/05

- Implementation of a case management structure to enhance client care.
- Successful co-location of the Department of Community Development Indigenous Family Program at East Perth.
- Development of clear and functional working agreements between Next Step and mental health services, Fremantle Hospital and the Infectious Diseases Unit, Fremantle Hospital.
- Improved access by clients from general practice within the northern suburbs via a supportive liaison and education program with local GPs.
- Establishment of a working agreement with Osborne Mental Health Service regarding the management of clients with co-morbidities.

Planned Achievements for 2005/06

- Development of memoranda of understanding for all co-located agencies to further enhance integration of services and programs to consumers.
- Continued participation in research and evaluation relating to a trial of the effectiveness of mirtazapine for the management of the amphetamine withdrawal syndrome.
- Broaden the representation of co-locating services to include services for Aboriginal and culturally and linguistically diverse (CALD) communities.
- Improve clinical pathways and shared care for clients with co-morbid presentations by completing memoranda of understanding with local mental health providers.

INPATIENT WITHDRAWAL SERVICES

Next Step provides a supervised medical AOD withdrawal service for clients requiring medical assistance with detoxification from alcohol, licit and illicit drugs at Moore Street, East Perth. The facility has 13 standard beds plus two observation beds. Special care

beds are available for young people, pregnant women, mothers with babies, HIV positive people and Aboriginal people.

Highlights for 2004/05

- Development of clinical pathways with the Department of Justice (DOJ) Prison Addiction Services Team.
- Development of clinical pathways and working partnerships with the Mission Australia Youth Withdrawal and Respite Service.
- Completion of a satisfaction survey by all clients upon their discharge that has led to improvements in service delivery such as changes to the group program and in the type of meals provided.
- Provision of a seven-day-a-week group program to inpatients that includes personal development, healthy lifestyles and health education. The group program is evaluated and reviewed regularly to ensure that clients' needs are being met.

Planned Achievements for 2005/06

- Collaborate with Alcohol and Drug Information Service (ADIS) staff to explore the possibility of providing smoking cessation assistance for clients while in the inpatient withdrawal unit. This will involve a pre-admission assessment, use of nicotine replacement therapy, ongoing support and follow-up support post discharge by ADIS staff.
- Organise a forum for key stakeholders on their perceptions of the inpatient withdrawal unit to provide further service development and enhance partnerships.
- Establish a formal agreement with Fremantle Hospital to provide six month placements at Next Step for mental health graduate nurses to gain experience in a range of AOD-related issues. This will enable them to take the knowledge and experience back to their workplace and provide a more informed standard of care.

PHARMACY SERVICES

Next Step's pharmacy is located at Moore St, East Perth and provides a seven-day-a-week pharmacotherapy service (methadone, buprenorphine and naltrexone) dispensing for approximately 100 high risk and special needs clients. Clients who dose at the Next Step pharmacy are generally commencing treatment and once stabilised are usually transferred to a community pharmacy.

Other clients who receive medication at the pharmacy generally have complex needs that require ongoing clinical intervention that may exclude management by a community pharmacy.

Highlights for 2004/05

- Provision of consultation and support to community pharmacists engaged with Next Step clients in the community.

- Continued collaborative partnerships with the Pharmacy Guild and the Pharmaceutical Council.
- Provision of clinical placements for final year Curtin University pharmacy students and ongoing support to other medical and allied health clinical placements.
- The completion of an information technology system upgrade to support practice.
- Partnerships with hospitals, community pharmacies and Prison Health Services were enhanced to ensure a coordinated state-wide system for pharmacotherapy dispensing.

Planned Achievements for 2005/06

- The provision of specialist advice to the Community Program for Opiate Pharmacotherapies (CPOP) Program for the development of the state buprenorphine dispensing guidelines.
- The introduction of suboxone as an alternative pharmacotherapy subject to the Pharmaceutical Benefits Scheme approval.
- Continued community pharmacist and allied health support with respect to evidence-based practice for clients requiring pharmacotherapies.

YOUTH SERVICES

Next Step Youth Service (NSYS) is an outpatient service for young people and their families. It provides an assessment and treatment program for young people between the ages of 12 to 18 years who are experiencing difficulties in relation to their substance use and other co-occurring mental health issues. The service provides a comprehensive multi-disciplinary assessment and treatment program both on-site and on an outreach basis. The service is also involved in research relating to young people and AOD use issues.

In response to the multiplicity of issues common among young people who have co-occurring substance use and mental health difficulties, NSYS employs a multidisciplinary health team consisting of medical officers, clinical psychologists, youth and family counsellors, a clinical nurse, and Indigenous and non-Indigenous youth mentors.

Highlights for 2004/05

- Improved access for Indigenous young people and their families has been achieved through the appointment of an Indigenous youth mentor. This program has two components: intensive mentoring available 24 hours; and creative arts.
- The revision of two videos that won the *2002 Ted Noffs Award* (The Wizz Kids and Doors of Perception). The mentoring video was re-filmed, spliced and added to the original film with the same young people talking candidly two years later.

Planned Achievements for 2005/06

- Participation in a National Health and Medical Research Council funded research program – *The Adolescent Cannabis Check-Up Study*. This is in partnership with the

National Drug and Alcohol Research Centre (University of NSW) and the Drug and Alcohol Services Council (South Australia).

- Expansion of the partnership with Mission Australia's Youth Withdrawal and Respite and YIRRA's residential and day program to include Youthlink and Intensive Youth Mental Health Services to better meet the needs of young people in the metropolitan area.
- Participation in the Department of Health (DOH) funded Multi-Systemic Therapy (MST) program through an interagency memorandum of agreement. The program is due to commence in Rockingham and Joondalup in August 2005.

CLINICAL TRAINING AND PLACEMENTS

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

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

Highlights for 2004/2005

- Placements have been made available for Marr Mooditj Aboriginal Health College students. As part of Next Step's commitment to cultural security, training was provided to Next Step staff addressing barriers facing Indigenous students in the workplace.
- Training sessions with the DOJ Court Assessment and Treatment Service (CATS) and Prison Addictions Services Team (PAST) have led to improved liaison and the development of clinical pathways between the services.
- A training needs analysis was conducted across the service to assess the training needs of staff.
- A position for a staff development educator was filled.

Planned Achievements for 2005/2006

- Outcomes from the training needs analysis will be collated and analysed and used to inform a structured education and training program currently in development.
- The establishment of a community of practice model through small group multidisciplinary case presentations that will provide input from all disciplines to improve case management.
- Training focusing on Indigenous AOD issues will continue Next Step's commitment to cultural security.
- Coordination between the staff development educator and clinical placement coordinator will provide an integrated approach that links training to the wider AOD

field. This will connect theory to practice and keep staff informed of current trends and community initiatives.

CLINICAL PHARMACOTHERAPIES RESEARCH AND TEACHING PROGRAM

DAO aims to build the capacity of clinical research in the drug field. The strategy has included the provision of funds to appoint a senior research fellow, based within the School of Medicine and Pharmacology at the University of Western Australia (UWA), but with joint status at Next Step.

This involves:

- the management and co-ordination of clinical research at Next Step;
- the development of collaborative relationships between Next Step and the university sector;
- the establishment of a neuropsychology clinic;
- the provision of education and training to undergraduates; and
- supporting clinical practice at Next Step.

Highlights for 2004/05

- Completion of a major research program examining saliva-based drug testing involving collaboration between Next Step, the School of Medicine and Pharmacology at UWA, PathCentre WA, Cozart United Kingdom Pty Ltd. and Microgenics Australia Pty Ltd. An outcome from this research has been the commencement of a significant collaboration with the National Addiction Centre, Kings College, United Kingdom.
- Commencement of a double blind randomised placebo controlled trial of the effectiveness of mirtazapine in the treatment of methamphetamine withdrawal. This is a collaborative project involving Next Step, the School of Medicine and Pharmacology at UWA and the Langton Centre, New South Wales.
- Publication of six papers in peer-reviewed journals, one technical monograph and 27 conference and seminar presentations, including the delivery of a keynote address at the 6th European Opiate Addiction Treatment Association (Europad) Conference, France, and other papers in international conferences in the United States of America and the United Kingdom.

Planned Achievements for 2005/06

- Development of a research project to examine the use of saliva for therapeutic drug monitoring within methadone and buprenorphine maintenance programs.
- Commencement of further evaluations of new pharmacotherapies for the management of the methamphetamine withdrawal syndrome.
- Extension of current research into the co-existence of adult attention deficit hyperaction disorder and amphetamine dependence.

- Publication of research outcomes in peak national and international peer-reviewed journals.
- The continuation of applications for external funding for research projects.

PREVENTION DIRECTORATE

The Prevention Directorate provides a range of prevention programs and services that aim to assist the community in preventing and delaying the onset of AOD use. It is comprised of three sub-program areas:

- Alcohol Programs
- Drug Programs
- Community Programs

The Prevention Directorate works across a number of sectors. Its services and programs aim to:

- support environments that discourage harmful use;
- enhance healthy community attitudes and skills to avoid harmful use;
- support and enhance the capacity of communities and families to address AOD problems; and
- support initiatives that address inappropriate supply of alcohol and drugs.

The range of Prevention Directorate activities include:

- public education – including media-based programs, production and distribution of printed materials;
- healthy public policy and legislative strategies – including liquor licensing, local government policies, Alcohol Accords and policies to promote responsible service of alcohol;
- sponsorship activities;
- organisational activities – coordinated activity with Western Australian Police, the liquor industry and night venue owners to identify opportunities to reduce AOD use;
- research and evaluation; and
- community support activities – including support of School Drug Education and Road Aware (SDERA), Local Drug Action Groups (LDAGs), communities and prevention worker professional development.

ALCOHOL PROGRAMS BRANCH

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

Highlights for 2004/05

- The draft *Western Australian Alcohol Plan 2005-2009* was completed and provides an evidence-based strategic direction for working with alcohol issues in Western Australia in relation to policies, programs and services.
- Delivery of 37 responsible service of alcohol (RSA) training sessions were delivered to bar staff. Of these sessions, DAO facilitated 15 in collaboration with police and 22 were facilitated by regional health and police agencies. DAO also facilitated a further three RSA train-the-trainer sessions.
- Planning of phase two of the state-wide *Enough is Enough* media-based alcohol education program was completed. The program aims to reduce the acceptability of the harms associated with drunkenness and create safer drinking environments.
- Liquor licence applications were monitored and assistance was provided to the executive director, Public Health (EDPH) in interventions regarding harm or ill-health that may have been caused due to the use of alcohol. In the 11 month period from July 2004 to May 2005, 291 liquor licence applications were investigated that resulted in 31 interventions being lodged by the EDPH. Of the 31 interventions, 14 fully opposed the application, four partially opposed the application and 13 requested conditions on the licence. Overall, there were 11 successful interventions, five partially successful interventions and three losses. Decisions on 12 interventions are still pending.

Planned Achievements for 2005/06

- Implementation of the *Western Australian Alcohol Plan 2005-2009* upon approval by the Western Australian Government.
- Implementation of the second phase of the *Enough is Enough* alcohol education program that aims to reduce the social acceptability of drunkenness and resulting harm.
- The monitoring of liquor licence applications and assistance to the EDPH where necessary, in interventions in relation to harm or ill-health that may be due to the use of alcohol.
- The development of a user guide and capacity building program for local government authorities to assist with the implementation of alcohol policies and management plans in order to reduce alcohol-related problems in the community.

DRUG PROGRAMS BRANCH

The Drug Programs Branch aims to prevent or delay the onset of drug use and reduce the harm associated with drug use by:

- decreasing the acceptability and desirability of drug use, particularly among young people, those at risk and users;
- decreasing the social acceptability of intoxication from drug use among young people, those at risk and users; and
- developing safer entertainment environments for young people, those at risk and users.

The Drug Programs Branch seeks to achieve this through the improvement of service coordination, increased community access and the development of supportive partnerships to enable effective and targeted program delivery.

Highlights for 2004/05

- Development and implementation of a new amphetamine education strategy to improve responses to people experiencing amphetamine-related problems. The strategy was complemented by the Night Venues and Entertainment Events Project and included the development and state-wide implementation of targeted drug education programs for those at risk of drug-related harm; Alcohol and Other Drug Risk Management and Policy Development Training for venue managers and staff; and the development of drug risk management policies for venues attending the training.
- Provision of retailer compliance resources and the monitoring of cannabis smoking paraphernalia and hydroponic retailer compliance under the *Cannabis Control Act 2003*.
- Development and state-wide implementation of the *Drug Aware* Youth Drug Driving Education Project, in partnership with the Office of Road Safety and the Road Safety Council.
- The implementation of a key stakeholder review of Drug Programs publications and the *Drug Aware* interactive youth website that provides recommendations for a strategic approach for information provision in the form of a forthcoming Other Drugs Program Information and Policy Support Project.

Planned Achievements for 2005/06

- An Other Drugs Program Information and Policy Support Project will be implemented as a result of the recent key stakeholder review of Drug Programs publications and the *Drug Aware* interactive youth website.
- Improve responses to people experiencing amphetamine-related problems and strengthen and enhance prevention and early intervention activity through the state-wide implementation of the Night Venues and Entertainment Events Project and the complementary amphetamine education strategy.
- Strengthen and enhance prevention and early intervention activity through the state-wide implementation of the Other Drugs Program Information and Policy Support Project. The project will provide information and support to key stakeholders who are in a position to implement strategies that aim to prevent or reduce the uptake of other drugs and minimise the harms associated with hazardous or harmful drug use.
- Improve and coordinate responses to volatile substances by supporting the state-wide implementation of the Volatile Substance Use Support Project.

COMMUNITY PROGRAMS BRANCH

The Community Programs Branch takes a comprehensive approach to reducing AOD related harm through building the capacity of health professionals, community groups and community members to implement evidence-based drug prevention initiatives on a state, regional and local level. The branch seeks to form partnerships with key stakeholders to assist in the development and implementation of initiatives that are reflective of community needs, evidence-based, targeted to priority areas and represent value for money.

Highlights for 2004/05

- Implementation of strategies to address hazardous and harmful alcohol consumption on two university campuses and associated residential colleges. Strategies included the development and implementation of effective AOD policies, event management, responsible service of alcohol training and ongoing support in event development and management.
- Implementation of capacity building workshops to assist in the development of community focused, evidence-based initiatives for key stakeholders within each health region of the state.
- In partnership with the Office of Crime Prevention, a discussion paper was developed for government that outlines strategies needed to address the growing problems associated with school leavers' week.

Planned Achievements for 2005/06

- Develop and implement a comprehensive capacity building program to assist key stakeholders in developing evidence-based initiatives.
- Support the SDERA program in the development of strategies to address the recommendations that came from the 2005 program's outcome evaluation.

CLIENT SERVICES, RESOURCING AND DEVELOPMENT DIRECTORATE

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

SERVICES AND DEVELOPMENT BRANCH

The Services and Development Branch provides resources to agencies across the state to ensure a range of evidence-based treatment and support services are available to the community. The branch provides a key role in the operational planning of service responses to emerging issues and contributes to strategic planning activities.

In managing contractual relationships with the non-government sector, the branch ensures that the principle of continuous quality improvement underpins service delivery. The

performance of service providers is monitored through service agreements that clearly define service requirements and expectations that are consistent with DAO priorities.

Highlights for 2004/05

- A Quality Framework for all DAO funded services commenced implementation and has been incorporated in all service agreements with contracted services.
- New service agreements were implemented with contracted services. These agreements are aligned to the DAO Strategic Plan and reflect government and community priorities. Contracting practices with the non-government AOD sector are now consistent with the objectives of the Industry Plan for the non-government human services sector.
- In collaboration with the Aboriginal AOD Program, Practice Development, a partnership agreement for the funding of AOD services in Western Australia between DAO, the Office of Aboriginal Health (OAH) and the Commonwealth Department of Health and Ageing (Office for Aboriginal and Torres Strait Islander Health [OATSIH]) was signed and commenced implementation in 2004. The partnership aims to improve outcomes for Aboriginal people affected by AOD issues through improved coordination in the planning and funding of services.
- The development of a draft *Western Australian Volatile Substance Use Plan: A Guide for Government and Service Providers 2005-2009*. The plan, once finalised and implemented, will act as a guide for government and service providers in responding to the issue of VSU.

Planned Achievements for 2005/06

- Participate in the further implementation of the Quality Framework within DAO funded services. A key initiative will be the development of a peer-review process for the framework and the development and implementation of a peer-review training package.
- Implement and further develop the partnership agreement with OAH and OATSIH to improve service responses for Aboriginal and Torres Strait Islander people affected by AOD issues.
- Implementation of the *Western Australian Volatile Substance Use Plan: A Guide for Government and Service Providers 2005-2009* upon approval by government.
- Coordination of planning and the development of new initiatives to deal with issues relating to the use of amphetamines in the community.

WA COAG ILLICIT DRUG DIVERSION PROGRAM

The Client Services, Resourcing and Development Directorate manages the Commonwealth-funded Western Australian Comprehensive Drug Diversion Program (WA Diversion Program) that aims to divert offenders with drug related problems from the criminal justice system and into treatment. The initiative consists of a number of police and court diversion programs ranging from education and brief early intervention to more intensive treatment regimes. The ongoing development of the program is monitored

through a State Reference Group consisting of key stakeholders. Pilot programs are evaluated through the directorate.

Highlights for 2004/05

- The Pre-Sentence Opportunity Program (POP) and Supervised Treatment Intervention Regime (STIR) were implemented into Bunbury, Northam and Rockingham and provide assessment and referral of offenders appearing in magistrates' courts.
- The Young Persons Opportunity Program (YPOP) was implemented metropolitan-wide, providing assessment and referral for juveniles presenting at Juvenile Justice Teams.
- The Indigenous Diversion Program (IDP) was implemented in the Gascoyne and the Kimberley regions. This program aims to facilitate access to diversion by Aboriginal offenders and involves an Aboriginal worker liaising closely with the regional magistrate to provide assessment and treatment to offenders prior to sentencing.
- Approval for the extension of Phase One of the program from both the State and Commonwealth governments pending approval of Phase Two proposal of the WA Diversion Program. The proposal sets out a plan for the expansion and ongoing operation of the WA Diversion Program for 2005/06 and 2006/07.

Planned Achievements for 2005/06

- Implementation of the Phase Two proposal for the WA Diversion Program.
- Further expansion of the POP to two additional regional and metropolitan sites.
- Further expansion of the IDP to an additional two regional sites.
- Completion of a project designed to provide service and funding benchmarks for organisations providing drug treatment services under the WA Diversion Program.
- Commence evaluation of the program.

EVALUATION, RESEARCH AND REPORTING BRANCH

The Evaluation, Research and Reporting Branch has a leadership role in providing the essential intelligence required to underpin government responses to AOD-related issues throughout the state. The information generated by the branch is utilised in priority setting, planning, resource allocation, monitoring and evaluation, and research.

Specifically, the Evaluation, Research and Reporting Branch aims to:

- evaluate the outcomes of funded AOD programs and other activities;
- continue to develop the unitary government and non-government inter-agency client monitoring system;
- collect, compile, analyse, and disseminate relevant, timely, accurate and reliable information concerned with the AOD service delivery system and a range of population parameters at state and national levels;

- develop, in collaboration with other key stakeholders, projects to improve, maintain and share relevant data;
- monitor and evaluate the outcomes of existing service delivery systems, innovations in service delivery, and other related activities; and
- maintain and promote essential intelligence for analysis and interpretation of trends and outcome-specific data to inform policy development and strategic decision-making.

Highlights for 2004/05

- Continued assistance to the Australian Institute of Health and Welfare building consensus at a national level on the inclusion of pharmacotherapies such as methadone and buprenorphine in the National Minimum Data Set for Alcohol and Other Drug Treatment Services.
- Commencement of the evaluation of YPOP which is an early intervention initiative for diverting juvenile offenders with drug problems into treatment.
- Participation in the development of national guidelines for the management of drug dependency during pregnancy, delivery and early development years.
- Comprehensive reporting and analysis of the first six months of operation of the *Cannabis Control Act 2003*.

Planned Achievements for 2005/06

- Continue to monitor and report on the implementation of the *Cannabis Control Act 2003* and Cannabis Infringement Notice Scheme.
- Complete the evaluation of the Cannabis Education Sessions by mid-2006 and report findings.
- Complete the data collection for the establishment of a register of obstetric and neonatal outcomes for mothers on buprenorphine in conjunction with the Women's and Infants' Research Foundation and King Edward Memorial Hospital.
- Continue to contribute to the development of national guidelines for the management of drug dependency during pregnancy, delivery and early development years.
- Assist the improvement of national data collection for pharmacotherapies.
- Ensure regular reporting of key AOD use information and service activity.
- Continue to support the three to five year collaborative research project being conducted by the Telethon Institute of Child Health Research regarding Foetal Alcohol Syndrome which began in 2004/05.

PRACTICE DEVELOPMENT DIRECTORATE

The Practice Development Directorate provides accessible information, advice, counselling and referral options to the community, and works to support organisations,

systems and the workforce to respond effectively to people affected by AOD use. The core functions are:

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

WORKFORCE DEVELOPMENT

Workforce Development provides practice and organisation development initiatives to a wide range of individuals (e.g. nurses, medical staff, drug specialist staff, justice staff) and organisations (e.g. schools, hospitals, DOJ, drug specialist services). Activities include the provision of clinical and education consultancy, mentorships, resource development (e.g. clinical guidelines) education, training and assessment (the organisation is a registered training organisation) and contributions to tertiary education programs. Workforce Development is involved in a number of capacity building projects with key stakeholders, for example, the mental health sector, rural and remote health services and DOJ.

Highlights 2004/05

- Practice development support was provided to key agencies in the implementation of Agency Drug and Alcohol Action Plans, in particular the DOH and DOJ. A number of education and training events were provided for a range of health sector workers including emergency department nurses, intensive care unit staff, child health nurses, practice nurses and mental health services.
- Programs were conducted in partnership with DOJ to enhance the skills and procedures of their staff to respond effectively to offenders with AOD problems. A total of 311 staff attended training events from Acacia, Hakea, Bandyup and Boronia prisons as well as entry-level training for new recruits. Workforce development worked collaboratively with the Community Justice Services (CJS) training unit to review and implement revised training programs for their frontline staff.
- Workforce development strategies were implemented to support integration and collaboration between the AOD services and mental health services. This included a key worker program for mental health workers delivered in partnership with Fremantle Hospital and Health Service; the development of local 'Communities of Practice' as forums of information exchange and skills development; and the development of a memorandum of understanding with North Metropolitan Area Health Service for the delivery of a Graduate Clinical Alcohol and Other Drug Training program for mental health and AOD nurses. The program, which leads to a qualification of the Graduate Diploma in Health Sciences (Substance Misuse) from the School of Nursing, Curtin University of Technology, aims to develop skills and support inter-sector collaboration.

- The Australian Professional Society for Alcohol and other Drugs' (APSAD) National Conference was held in Fremantle, Western Australia, from 14 to 17 November 2004. The conference was attended by 562 (176 Western Australian) delegates. The overall theme for the conference was 'Beyond the Drug', which involved exploring the individual, political, social and other contexts critical to effective prevention and treatment. The conference attracted a significant number of national and international presenters from a variety of disciplines. Owing to its success, the APSAD conference was no financial cost to the agency.
- A variety of events were offered to workers through forums and training calendars including clinical supervision training, family sensitive practice and the Volunteer Addiction Counsellor's Training Program. Workforce development recommenced a calendar of events, *Training @ DAO*, which is marketed through DAO's website and various email groups.

Planned Achievements for 2005/06

- Provide core programs such as the Volunteer Addiction Counsellor Training Program, AOD knowledge and skills workshops on the calendar of events, *Training @ DAO* (offered twice yearly) and offer relevant forums and symposia such as the Family Sensitive Practice Forum in August; a Drugs in the Workplace Symposium in September; and in 2006, the 16th Addiction Symposium. The Addiction Symposium will be held in conjunction with the Family Symposium run by Palmerston Association.
- Provide workforce development strategies to support workers responding to problematic drug use such as amphetamine-related problems and volatile substance use (VSU).
- Work collaboratively with WANADA to develop peer review training in support of the Quality Framework for the AOD sector.
- Develop a practice development model to improve collaboration between agencies and enhance responses to AOD-related problems in an outer metropolitan area.

PARENT DRUG INFORMATION SERVICE

The Parent Drug Information Service (PDIS) works in partnership with other programs within DAO and with relevant external agencies to provide support for parents and families who may be experiencing AOD problems with a child. This includes a 24-hour telephone counselling, information and support service to parents and families through ADIS. It also provides training, consultancy and support for workers and organisations to enhance responses to families affected by drug use.

Highlights for 2004/05

- Parent volunteers were involved in direct service provision to support other parents and families who were experiencing AOD problems with a child. The volunteers provided a telephone support service to parents and families affected by AOD use as an additional service to PDIS counsellors and attended the Perth Drug Court and the Perth Children's court to support family members.

- A range of community and practice development strategies was implemented, including a one-day forum on working with men and families, two forums on 'Working with Families' and the provision of information and support to workers from CALD communities.
- Developing and strengthening consultative networks and sustainable linkages with stakeholders to enhance responses for grandparents responding to drug use problems with agencies such as Centrelink, Wanslea, Joondalup Community Vision and Council on the Ageing.
- Strengthening sustainable links with AOD service providers including the establishment of a Palmerston Association partnership around peer parent support and Indigenous parents and family support in partnership with Southeast, Perth, Northeast and South Community Drug Service Teams (CDSTs).

Planned Achievements for 2005/06

- Continued strengthening of linkages and partnerships with AOD agencies to provide collaborative services. These programs include Mission Australia parent and family support, Palmerston Association peer parent support and Indigenous family support with some of the CDSTs and in conjunction with the Prevention Directorate.
- Completion of resources for parents and families including a Family Support Kit and development of the PDIS newsletter which will be distributed to community, GPs and service providers.
- Further community and practice development forums will be provided around men's issues and diversity of family support work in the AOD sector including participation at Dowerin Field Day and co-facilitation of a Family Sensitive Practice Forum.

DRUG OVERDOSE PREVENTION PROGRAM

The Drug Overdose Prevention Program (DROPP) aims to encourage and support drug users, agency staff, mainstream health workers and the wider community to enhance strategies to prevent and respond effectively to accidental drug overdoses and other drug-related harm, including toxicity related to amphetamine use.

Highlights 2005/06

- Ten volunteers completed a revised six-week training course that included a train-the-trainer component to enable volunteers to develop presentation skills to support their work with a variety of target groups and community education settings.
- Continuation of the Brief Intervention Expired Air Resuscitation Project (BREATHE), including the provision of overdose prevention and management information for prisoners in preparation for re-entry to the community at Rangeview Remand Centre, Banksia Hill Detention Centre and Bandyup Women's prison; over 337 participants received BREATHE education training and 98% of these prisoners were considered high risk of sustaining an accidental drug overdose post release.

- Provision and implementation of training in opportunistic interventions to prevent and respond to overdose for health and welfare staff. This training has included specific events on overdose and harm reduction as well as the integration of overdose prevention and management into a range of AOD knowledge and skills training programs.
- Expansion of collaborative work with the Prevention Directorate to provide overdose prevention strategies, e.g. Night Venues Entertainment Events Project and Tertiary Alcohol Project, and the development of an amphetamine harm reduction Fitpak card.

Planned Achievements for 2005/06

- Develop the capacity of AOD residential services, womens' refuges, other womens' services and youth refuges to provide BREATHE and other opportunistic overdose prevention and management programs.
- Enhance the knowledge and skills of workers in relation to overdose prevention and management through integration of sessions on overdose into broader workforce development programs.
- Contribute to prevention strategies through collaborative work with the Prevention Directorate and targeted community education initiatives.
- Formulate a train-the-trainer resource to provide agency staff with a training package to provide drug overdose and prevention training to clients.

ABORIGINAL ALCOHOL AND OTHER DRUG PROGRAM

This program develops and provides culturally secure workforce development programs for Aboriginal and non-Aboriginal workers in the Aboriginal AOD service area, along with the development and evaluation of culturally secure information strategies and resources about the harms associated with AOD use.

Highlights for 2004/05

- The draft *Strong Spirit Strong Mind: Western Australian Aboriginal Alcohol and Other Drugs Plan 2005–2009* (AAOD Plan) was completed and circulated to stakeholders for comment.
- A state-wide two-day workshop was held, involving representation from across Western Australia of agencies involved in Aboriginal AOD work. Sixty-five people attended the workshop, which was coordinated by DAO in partnership with OAH and OATSIH.
- The second Aboriginal Alcohol and Other Drugs training program, CHC30802 Certificate III in Community Services Work (Alcohol and Other Drugs) was delivered to Aboriginal workers from metropolitan, regional and remote areas within the AOD sector. Fifteen people completed the program.
- The Ministerial Council on Drug Strategy endorsed the Cost Shared Funding Model Project, Indigenous AOD National Train the Trainer Pilot Program. The project began in

December 2004. The completion of the project will establish the basis for the long-term aim of the project, which is to implement an Indigenous National AOD Workforce Development Program.

Planned Achievements for 2005/06

- Partnerships and implementation structures will be expanded and consolidated for the application of the AAOD Plan, and to work with the OAH and OATSIH partnership and the Aboriginal AOD services sector for the establishment of improved networking capacity, for people working in the Aboriginal AOD service area.
- The OAH and OATSIH partnership will work together to ensure that an Aboriginal AOD state-wide forum will become an annual event for the purposes of Aboriginal organisations and individuals working in the AOD field to network and be supported in addressing key priorities.
- The Indigenous AOD National Train the Trainer Pilot Program will establish the basis for the National Indigenous AOD Workforce Development Program. Subject to funding availability, it is envisaged that this program will begin in January 2006. It will support and increase the capacity of partnering jurisdictions to deliver nationally-recognised, culturally secure, evidence-based AOD training to the Indigenous AOD workforce.
- The OAH and OATSIH partnership will support WANADA to implement continuous quality improvement for Aboriginal AOD community-controlled services. An Aboriginal AOD Services Quality Assurance Reference Group, involving the partnership, WANADA and community representation, will examine the process by which best practice benchmarking and quality assurance initiatives can be applied to the Aboriginal AOD services sector, and whether this is feasible.

GENERAL PRACTITIONER PROGRAM

The GP Program has two components:

- Professional Development which provides education to GPs along the continuum of training (from medical school to postgraduate Continuing Professional Development) and disseminates AOD information to GPs; and
- System Development which involves developing the systems of care to enhance access and continuity of care for patients and improving communication between AOD agencies and GPs.

Highlights for 2004/05

- Development of a partnership agreement with WANADA to support the sustainability and sector ownership of initiatives to promote enhanced collaboration between AOD agencies and GPs.
- Ongoing education and training in AOD issues and agency placements for undergraduate medical students, interns and registrars at hospitals, medical officers within Aboriginal medical services, GP registrars and postgraduate doctors in metropolitan and rural areas of Western Australia. This included skills training in the

management of difficult behaviours which was provided to GP registrars and third year medical students.

- A grant was received for the development, implementation and evaluation of a call back telephone service for GP patients on alcohol pharmacotherapies from the Alcohol Education and Rehabilitation Foundation (AERF).

Planned Achievements for 2005/06

- Assist in the development of innovative models to increase access to AOD pharmacotherapy services through the provision of outreach and shared care programs.
- Enhance communication and facilitate shared care initiatives between GPs, mental health and AOD agencies through WANADA and GP liaison activities.
- Implement and evaluate the call-back telephone service for GP patients on alcohol pharmacotherapies in conjunction with ADIS that is funded by the AERF.
- Develop sustainable models to engage the Aboriginal Community Controlled Health Organisation in the provision of services for people with alcohol problems.

LIBRARY

The DAO library is the specialist AOD library in Western Australia and provides an extensive range of resources about responding to people affected by AOD use. It provides support for research, prevention and clinical staff and students around the state. Members of the public also have access to the collection.

Highlights for 2004/05

- The library intranet service was enhanced to provide a range of services that include electronic request forms, conferences, new resources list and drug news.
- Collaboration with health libraries continued to provide access to electronic British medical journals via consortium purchasing.
- The memorandum of understanding with WANADA for access to library services by members was reviewed and updated.

Planned Achievements for 2005/06

- Further enhance DAO's library Internet site to include access to key AOD resources.
- Deliver training to DAO staff on new services that are offered electronically.
- Transfer audio-visual holdings onto Amicus library system.

ALCOHOL AND DRUG INFORMATION SERVICE

ADIS incorporates PDIS and the counselling component of Quitline WA. ADIS provides a 24 hours-a-day, seven days-a-week, state-wide telephone information, referral and counselling service.

ADIS is a frontline service providing assessment and referral for people seeking treatment and support for AOD-related problems. ADIS also supports the broader AOD and allied health and welfare services through the provision of mentorship, debriefing and consultancy services to professionals and volunteers especially those working in rural and remote areas.

ADIS provides a counsellor to the Central Law Courts, the Juvenile Justice Teams and the Children's Court under the WA Diversion Program. ADIS hosts a number of research and specialist projects and training initiatives.

Highlights for 2004/05

- ADIS, PDIS and QUIT provided information, counselling, and referrals in response to 22,000 calls to the service, and use of the service in rural and remote areas increased to 18%.
- A system was introduced to enable GPs to refer patients wishing to quit smoking directly to ADIS.
- New equipment to process and queue calls to ADIS, PDIS and QUIT was installed.

Planned Achievements for 2005/06

- The provision of ADIS services to support drug free units in prisons will be extended to support generic smoking cessation strategies.
- A call-back service for people on alcohol pharmacotherapies will be trialled.
- QUIT will participate in the Newborns and Asthma Prevention Project by counselling pregnant women who smoke.

CLINICAL ADVISORY SERVICE

CAS provides clinical consultancy and support to GPs, pharmacists, hospitals and health care providers involved in pharmacotherapy for opioid dependent clients. The telephone support service is available 24 hours-a-day, seven days-a-week.

In addition, support for patients to enter and access the CPOP is provided in conjunction with CAS.

Highlights for 2004/05

- 5,278 calls were responded to during 2004/05, 1,916 from GPs and 3,362 from other health care professionals.

- 1,465 applications were processed for an authority to prescribe a pharmacotherapy for an opioid dependent person.
- CPOP was assisted by CAS in responding to 8,014 calls for advice and 554 calls for interstate, intrastate or overseas transfer assistance.
- Support was maintained for its DOJ Prison Pharmacotherapy Program, with responses to 646 calls during this period and 280 applications processed for an authority to prescribe a pharmacotherapy for an opioid dependent person.

Planned Achievements for 2005/06

- Continue to provide information, referral and support to GPs and other health care providers in Western Australia.
- Provide training for GPs and other health care providers participating in the CPOP program.
- Continue to support the DOJ Prison Addictions Services Team.
- Provide support, information and referral (with CPOP) for consumers on pharmacotherapies.

EXECUTIVE SUPPORT UNIT

The Executive Support Unit provides a central point of coordination for AOD-related activity. Core functions of the unit are the:

- development of strategic, systemic, coordinated, evidence-based practice to service and program delivery;
- strategic coordination enabling clear communication and the integration of policy across DAO, government and the community;
- strategic communication incorporating all aspects of the agency's internal and external transfer of information;
- coordination of the strategic planning processes of DAO;
- ministerial liaison; and
- media and public relations.

To deliver these functions, the Executive Support Unit works collaboratively with other sections of DAO, State Government departments, the Commonwealth Government, community groups and other stakeholders. The overall aim of the unit is to ensure a coordinated series of activities broadly consistent with the *Western Australian Drug and Alcohol Strategy 2002-2005*.

Highlights for 2004/05

- The release of the state drug strategy annual report, *Reporting on the Implementation of the WA Drug and Alcohol Strategy 2002-2005*. The report provides the State Government with activities that aim to achieve the desired outcomes of the drug strategy and includes a report against key performance indicators.

- The development of the *Western Australian Drug and Alcohol Strategy 2005-2009* which outlines the key strategic directions for the State Government to achieve the vision for providing access to quality services and programs to prevent, reduce and delay AOD-related harm within the state.
- The development of the *Drug and Alcohol Office Strategic Plan 2005-2009* that provides the broad strategic direction the agency will follow to achieve its mission and identify areas requiring future focus. The plan is supported by directorate business and operational plans.
- The development of a DAO communication strategy that incorporates all aspects of the agency's internal and external communication. The strategy includes the agency's communication goals; media liaison; and relationships with the wider AOD sector.

Planned Achievements for 2005/06

- Coordinate the development of Agency Drug and Alcohol Action Plans by key human and social service government departments that outline specific across-government activities to achieve the desired outcomes of the *Western Australian Drug and Alcohol Strategy 2005-2009*.
- In conjunction with the Practice Development Directorate, support the implementation and monitoring of *Strong Spirit Strong Mind: Western Australian Aboriginal Alcohol and Other Drug Plan 2005-2009*.
- In conjunction with the Client Services, Resourcing and Development Directorate, support the development and implementation of the Repeat Drink Driving Project, including the development and implementation of a funding and treatment model.
- Develop and implement an annual strategic planning cycle for DAO.
- Continue to provide management and support for a number of specialist, AOD sector state and national committees.
- Upgrade the agency's website to include an extensive media page featuring current and archived media releases, speeches, relevant news articles and transcripts, and conference papers.

CORPORATE SERVICES

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

The Corporate Service Directorate provides a "full service" to DAO in that almost all corporate support functions are provided directly by the directorate and not by other bureau services.

HUMAN RESOURCES AND CORPORATE SUPPORT

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

Highlights for 2004/05

- Staff participated in working groups designing systems and processes for the implementation of Shared Corporate Services. This has involved policy and process review at a whole-of-government level, a new system assessment and working towards a new structure for the provision of human resource services to DAO.
- DAO moved to a new shared server in line with working towards a common human resource service across health. The configuration of this server and process brought DAO in line with other health services' payment profile and conditions.
- New risk management plans were completed to commence a new approach to the management of risk and occupational health and safety. A new Emergency Procedures Manual was introduced and emergency drills are now in place. The Occupation Health and Safety Manual was finalised along with a new Disability Services Plan.
- The records keeping plan for DAO was lodged with the State Records Office. This involved the completion of a records management policy along with a retention and disposal schedule for all corporate records.
- Key performance indicators were developed for the records management section within DAO.
- Fifty-two vacancies were advertised throughout 2004/05 and 76 new staff were employed.
- An energy audit was conducted by EMET Consulting, the recommendations of which will be implemented during the 2005/06 financial year.

Planned Achievements for 2005/06

- The Health Corporate Network will be implementing the new human resource and payroll operating system (Oracle) during the new calendar year. Assistance will be provided for the implementation of the new system.
- The Records Retention and Disposal Schedule will be formally approved by the State Records Committee. This will enable DAO to legally destroy or archive records.
- A revised Occupational Health and Safety Policy Manual was released after significant consultation with occupational health and safety staff and management.

INFORMATION TECHNOLOGY SERVICES

The Information Technology Branch is charged with the maintenance, support, development and coordination of DAO's information technology infrastructure in line with the organisation's requirements.

Highlights for 2004/05

- The email system has been upgraded from Exchange 5.5 to 2003. This service is now administered by Infohealth.
- A new Intranet portal based on open source technologies was implemented.
- The pharmacy modules within the Client Management Information System have been redeveloped to provide extra functionality to DAO staff.
- The network link connecting the Mount Lawley site to the East Perth site has been upgraded to higher capacity fibre-optic cable. Voice traffic has also been moved to use the link. New network and server hardware has been purchased to replace obsolete equipment.

Planned Achievements for 2005/06

- The Information Technology Branch plans to implement a new Internet-based web portal.
- There will be a coordination of functions into the Health Information Communications Technology Shared Services.
- A migration of network services will occur to the new health active directory environment.
- Enhance information and reporting functionality.

FINANCIAL SERVICES

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

Highlights for 2004/05

- Complete compliance with DOH's new monthly reporting regime.
- Further refinement of purchasing practices and accounting procedures was undertaken in order to promote greater financial accountability.

Planned Achievements for 2005/06

- Continued interaction with DOH will improve financial management reporting.
- Analysis and implementation of the new international accounting standards will take place.
- Planning will take place for the implementation of new financial systems involved with the commencement of the Health Corporate Network (Shared Services).

WESTERN AUSTRALIAN GOVERNMENT STRATEGIC PLANNING FRAMEWORK

The Western Australian Government has identified five strategic goals that contribute to the vision for Western Australia, which is essentially to provide the best opportunities for current and future generations to live better, longer and healthier lives. The goals, supported by strategic outcomes, help to shape the way government services are planned and delivered, through improved integration and coordination across government.

A summary of significant contributions made by DAO towards achieving the strategic goals and outcomes of the Western Australian Government is outlined below. The outcomes of DAO activity are primarily aligned with people and communities.

PEOPLE AND COMMUNITIES

DRUG AND ALCOHOL OFFICE'S CONTRIBUTION

GOAL 1: To enhance the quality of life and well-being of all people throughout Western Australia

As all DAO activity aligns under Goal 1, strategic outcome 7: Reduce drug-related harm, only significant strategies and achievements have been outlined in this section. For more detailed information, refer to the section entitled *About the Drug and Alcohol Office*.

Western Australian Drug and Alcohol Strategy 2005-2009

The *Western Australian Drug and Alcohol Strategy 2005-2009* has been developed by DAO in liaison with SOG and provides the broad strategic direction for a whole-of-government response to issues relating to AOD use in Western Australia.

The vision of the drug strategy is for West Australians to value and lead healthy and safe lifestyles with access to quality services and programs to prevent, reduce and delay AOD-related harm. The strategy includes three key priority areas of action: prevention and early intervention; treatment and support; and law, justice and enforcement.

Underpinning the drug strategy are a number of principles. These are:

- access and equity;

- integration and coordination of services;
- responsiveness to individual, family and community needs;
- evidence-based services;
- cost effectiveness; and
- a flexible and pragmatic approach.

The strategy is consistent with the *National Drug Strategy 2005-2009* and is implemented and monitored by SOG on an annual basis.

Key policy documents

DAO, in liaison with key stakeholders, has drafted three key policy documents that will guide activities undertaken in priority areas. These are:

- *Strong Spirit Strong Mind: Western Australian Aboriginal Alcohol and Other Drug Plan 2005-2009;*
- *Western Australian Volatile Substance Use Plan: A Guide for Government and Service Providers 2005-2009;* and
- *Western Australian Alcohol Plan 2005-2009.*

Strong Spirit Strong Mind: Western Australian Aboriginal Alcohol and Other Drug Plan 2005-2009 aims to present an informed framework that adds benefit to the way stakeholders collaborate and work on issues relating to Aboriginal AOD use. The plan recognises that AOD use among Aboriginal people is exacerbated by the poor social and economic status of the Aboriginal community, compared to the broader population.

The *Western Australian Volatile Substance Use Plan: A Guide for Government and Service Providers 2005-2009* has been developed by the Volatile Substances Advisory Group, convened by DAO. The plan provides guidance for Western Australian government departments and funded agencies to identify ways to support local communities to address volatile substance use issues.

In response to clear empirical evidence of the problems associated with hazardous and harmful alcohol use, and in response to community groups identifying alcohol as the primary drug of concern, DAO has developed the *Western Australian Alcohol Plan 2005-2009*. The plan drives policies, programs and services across government and not-for-profit sectors, and provides an evidence-based and strategic direction for working with alcohol issues in Western Australia. The intended outcome of the plan is to decrease the problems associated with hazardous and harmful alcohol use.

DISABILITY SERVICES PLAN OUTCOMES

During 2004/05 the Disability Services Planning Committee (comprised of risk management teams and representatives from Disability Services Commission, Brightwater and Activ Foundation) met regularly to assess, reformat and update DAO's Disability Services Plan.

The Disability Services Plan was finalised early in 2005 and endorsed by the DAO Senior Management Group in March 2005. Projected outcomes and schedules will be monitored by the committee on a quarterly basis.

Risk Management

A review of the agency's risk register, risk processes and procedures is being conducted jointly by the risk management coordinator and a RiskCover representative.

CULTURAL DIVERSITY AND LANGUAGE SERVICES OUTCOMES

The principal source of initial contact with DAO clients is through ADIS. ADIS continues to provide a telephone interpreter service to clients speaking languages other than English who are seeking confidential counselling, information or referral to an AOD treatment service.

Interpreter services are also available through Next Step and the not-for-profit sector through funding provided by DAO to WANADA.

YOUTH OUTCOMES

Through Next Step, DAO continues to provide specialist outpatient services for young people aged 12 to 18 years with AOD-related problems. A detailed report of the programs provided by the youth service, including highlighted achievements for 2004/05, is included in earlier sections of this report.

THE ECONOMY

DRUG AND ALCOHOL OFFICE'S CONTRIBUTION

GOAL 2: To develop a strong economy that delivers more jobs, more opportunities and greater wealth to West Australians by creating the conditions required for investment and growth

Goal 2, underpinned by strategic outcomes 2, 4, 5, 10 and 14, is contingent on the development and retainment of a strong workforce. Workforce development is a priority within the AOD sector and is supported by a range of strategic initiatives across the continuum of responses. These initiatives collectively enhance the capacity of the West Australian community to better respond to AOD-related problems. Strategic workforce development initiatives include:

- developing the capacity and creating opportunities for the wider health sector to better respond to people with AOD-related problems through collaboration with health services, training institutions and the not-for-profit sector;
- improving our response to AOD-related issues for Aboriginal people continues to be a priority for government and the sector. A workforce development approach has been adopted to enhance Aboriginal and non-Aboriginal expertise, increasing the sectors' capacity to develop, deliver and manage culturally secure AOD initiatives and programs in metropolitan, rural and remote communities; and

- developing and supporting a comprehensive network of volunteers across the continuum of AOD responses. This includes training and development and continued support for volunteers from key target areas including parents (treatment and support); local community members (prevention and community capacity building); users (harm reduction, treatment and support); trainee counsellors linked with GP services (treatment and support); as well as the active participation of community representatives at the strategic and ministerial policy level.

THE ENVIRONMENT

DRUG AND ALCOHOL OFFICE'S CONTRIBUTION

GOAL 3: To ensure that Western Australia has an environment in which resources are managed, developed and used sustainably; biological diversity is preserved; and habitats protected

An application has been developed and submitted to the Office of Sustainable Energy Development in order to implement building upgrades in the 2005/06 financial year:

- air conditioning;
- lighting;
- hot water systems; and
- office equipment: energy efficient refrigerators, water coolers and installation of office pro software.

WASTE PAPER RECYCLING

DAO implements policies concerning the recycling of waste paper which is collected for recycling in accordance with government policy. Where appropriate, recycled paper products are purchased.

ENERGY SMART GOVERNMENT POLICY

In accordance with the Energy Smart government policy, DAO has committed to achieving a 24% reduction in non-transport related energy use by 2007/08, with an 8% reduction targeted for 2005/06.

An energy audit was conducted during the 2004/05 financial year by EMET Consulting, and in 2005/06 DAO will work towards:

- savings of 123 tonnes of greenhouse gases per year; and
- savings of 150 kilolitres of scheme water following the installation of a garden bore at Mount Lawley.

DAO will make savings of four tonnes of greenhouse gases by reducing:

- the size of the fleet by one vehicle; and
- using smaller vehicles, i.e., reduce vehicles from six cylinders to four cylinders.

Energy Smart government program	Baseline	2004/05	Variation %
Energy Consumption (MJ)	2,377	2,391	0
Energy Cost (\$)	83,447	84,300	0
Greenhouse Gas Emissions (tonnes of CO2)	558	550	0
Performance Indicators:			
Office combined services			
MJ/Occupancy (People) / annum	10,929	10,929	0
MJ/Area (m2) / Annum	435	435	0
Hospitals			
MJ/Area (m2) / Annum	640	640	0
MJ/Effective Full Time Staff / Annum	18,642	18,642	0
MJ/Occupied Bed Day / Annum	358	358	0
Other Healthcare Buildings			
MJ/Area (m2) / Annum	370	370	0
(The actual PI varies depending on agency functions)			

THE REGIONS

DRUG AND ALCOHOL OFFICE'S CONTRIBUTION

GOAL 4: To ensure that regional Western Australia is strong and vibrant

In keeping with the strategic outcomes of Goal 4, DAO has endeavoured to ensure planning and decision-making is based on an understanding of regional issues, and that approaches are responsive to the needs of diverse communities.

As outlined in the *Western Australian Drug and Alcohol Strategy 2005-2009*, regional, rural and remote communities face particular challenges related to AOD use for a broad range of reasons and continue to be a priority target group. In relation to the drug strategy, government aims to:

- prioritise resource allocation to regional, rural and remote areas; and
- allow greater flexibility in the use of existing resources to meet local need.

DAO continues to provide state-wide services through a variety of core program activities. Key regional initiatives implemented by DAO during 2004/05 have been included in earlier sections of this report. Of particular note are the following activities:

- Prevention related activities, including but not limited to:
 - delivery of responsible service of alcohol training sessions;
 - monitoring of liquor license applications across Western Australia;
 - retailer compliance resources in support of the *Cannabis Control Act 2003*;
 - development of a discussion paper about strategies relating to school leavers' week; and
 - delivery of state-wide media campaigns.
- Service development activities, including but not limited to:
 - development of new service agreements with funded services that are aligned with government and local community priorities;
 - development of an OAH, OATSIH and DAO partnership;
 - implementation of early intervention court diversion programs in regional locations, including an Aboriginal specific program; and
 - development and progressive implementation of a Quality Framework in partnership with WANADA.

- Workforce development activities.
- Partnerships with GPs, including but not limited to:
 - call-back services for GP patients on alcohol pharmacotherapies; and
 - processes implemented to support GP patients wanting to quit smoking.

GOVERNANCE

DRUG AND ALCOHOL OFFICE'S CONTRIBUTION

GOAL 5: To govern for all West Australians in an open, effective and efficient manner that also ensures a sustainable future

Goal 5, underpinned by the associated strategic outcomes, identifies governance and supporting processes as critical to the sustainability of Western Australia. Themes such as partnerships, sustainability, community engagement, integrated and coordinated service delivery, and value for money service delivery are key principles that guide AOD planning and service delivery. This is outlined in the *Western Australian Drug and Alcohol Strategy 2005-2009* and supporting documents.

Strategic outcome 1 highlights the importance of high quality service delivery. The AOD sector continues its commitment to evidence-based treatment and support services, and is continually striving to improve the quality of service provision. The process of improving quality AOD service provision in Western Australia continues through:

- the undertaking of accreditation for drug specialist services within DAO through the Quality Improvement Council of Australia; and
- the implementation of a Quality Framework for the AOD not-for-profit sector, in partnership with WANADA and other key stakeholders.

In keeping with strategic outcomes 2 and 8, DAO continues to support the *voice* (previously known as the Community Advisory Council) for AOD issues, ensuring the community is able to participate and contribute to government processes. The aim of the *voice* is to be a credible conduit between the community and Government, ensuring that DAO and other Government agencies receive independent advice from the professional and broader community. *voice* has a wide range of experience and expertise on AOD-related issues and collectively represents the interests of young people, families, Aboriginal and CALD communities, people from rural and remote areas, drug users and service providers.

Strategic outcome 3 identifies the importance of whole-of-government approaches to planning and decision-making. This approach is particularly important for the AOD sector, as AOD problems affect the entire community and have significant health, social and economic impacts on all Western Australians. Although some problems are the direct result of use, DAO recognises that complex social, psychological and economic factors underpin AOD-related problems. The complexity of these issues requires more than a single agency response. For this reason a whole-of-government approach continues to be adopted. The primary aim of this approach is to enhance coordination across key

departments to ensure resources are used effectively to deliver the best outcomes. Across-government activity is coordinated through SOG.

EQUAL EMPLOYMENT OPPORTUNITY OUTCOMES

The following table reports equity and diversity indicators for DAO.

Indicator	Level of Achievement
EEO Management Plan	Under review
Organisational plans reflect EEO	Will require review
Policies and procedures encompass EEO requirements	Complete
Established EEO – grievance officers	3 grievance officers appointed
Training and staff awareness programs	Finalised for 05/06
Diversity:	Training arranged for 05/06
▪ Women	increase 2.1%
▪ CALD	increase 1.2%
▪ Aboriginal people	1%

There were no reported grievances regarding equal employment opportunity during the year.

EVALUATIONS

Major evaluations, research and publications undertaken by DAO are listed under the section of the annual report covering Client Services, Resourcing and Development Directorate and listed in the appendices.

INFORMATION STATEMENT

DAO has a current information statement published on its Internet site and copies may be downloaded or obtained from the agency's executive officer/freedom of information officer. In accordance with the *Freedom of Information Act 1992*, the information statement is revised and updated as required each year.

In 2004/05 there was one freedom of information application for which access to some documents was provided, with exemption on others claimed. This application was subject to an internal review, which upheld the decision.

RECORD KEEPING PLAN

DAO has developed a Record Keeping Plan in accordance with the provisions of the *State Records Act 2000*. The retention and disposal schedule of this plan still awaits approval by the State Records Advisory Committee. This will enable DAO to legally destroy or archive agency records.

The following items have been implemented as a result of the *State Records Act 2000*:

- A policy and procedure manual was endorsed by the DAO Senior Management Group.
- A thesaurus was developed and implemented within DAO.
- Key performance indicators were developed for records management within DAO.

The plan, along with the training, will be reviewed within five years. An online training program currently exists and further records management training will be developed by June 2006 as well as a records management induction program.

COMPLIANCE WITH PUBLIC SECTOR STANDARDS AND ETHICAL CODES

Employee Profile

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

Category	2004/05	2003/04	2002/03
Nursing	28.5	29.4	27.00
Administration/Clerical	89.0	91.5	87.81
Medical Support	28.6	29.2	25.95
Hotel Services	10.4	11.5	11.47
Maintenance	0	0	0
Medical (Salaried)	11.5	12.5	11.75
TOTAL	169.0	174.2	163.97

During 2004/05, FTE decreased as a result of an inability to recruit to several positions and several people leaving on secondment.

Public Sector Standards and Ethical Codes

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

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

A Code of Conduct was revised and implemented in May 2005.

Breach of Standard Applications

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



Mr Michael Salter
A/Executive Director
WESTERN AUSTRALIAN ALCOHOL AND DRUG AUTHORITY

PUBLIC INTEREST DISCLOSURES

DAO fully supports the aim of the *Public Interest Disclosure Act 2003* and has appointed the executive officer as the designated public interest disclosure (PID) officer for this agency. An agency policy has been developed and procedures put in place to ensure the agency complies with the legislation.

DAO does not tolerate any of its officers or employees engaging in acts of victimisation or reprisal against those who make a PID. The DAO executive have been required to sign off to their responsibilities/requirements under the Act and are aware that any detrimental action taken against a member of staff who has lodged a complaint will not be tolerated. Complainants are advised when lodging a claim to ensure that either the PID officer or executive director is informed of any detrimental action taken against them as a result of their disclosure. Where victimisation or reprisals are reported, appropriate action will be taken and records maintained in this regard on the PID file. In addition, agency wide communications supporting the PID legislation and providing details of the DAO policy and procedures are routinely sent out to all staff.

In 2004/05 there were no PIDs made to DAO.

ADVERTISING AND SPONSORSHIP

Class of Expenditure	2004/05
Advertising	
Brand Agency	\$31473
Marketforce Productions	\$8325
Media Decisions WA	\$163655
Medical Forum Magazine	\$87
Palmerston	\$585
Taylor Nelson	\$7796
Vinten Browning	\$249671
West Australian Newspapers Ltd	\$79
TOTAL EXPENDITURE	\$461671

APPENDICES

APPENDIX ONE – RESEARCH PROJECTS

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

Projects conducted during 2004/05 include:

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

Dr Kyle R. Dyer^{1,2}, Dr Mark Montebello³, Chris Cruickshank¹, Dr Allan Quigley²

1. School of Medicine & Pharmacology, The University of WA

2. Next Step Drug and Alcohol Services WA

3. Langton Centre NSW

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

Dr Kyle R. Dyer^{1,2}, Catherine Wilkinson¹, Prof. Kenneth F. Ilett^{1,3}, Dr Kim Wolff⁴, Hayley Taylor⁵, Leon J. Dusci³, Dr Timothy Mitchell⁴

1. School of Medicine & Pharmacology, The University of WA

2. Next Step Drug and Alcohol Services WA

3. Division of Clinical Pathology, PathCentre WA

4. National Addiction Centre, Maudsley Hospital, UK

Neuropsychological functioning among a methamphetamine and alcohol-dependent treatment population

Dr Kyle Dyer^{1,2}, Dr Allison Fox³, Dr Marjorie Collins⁴

1. School of Medicine & Pharmacology, The University of WA

2. Next Step Drug and Alcohol Services WA

3. School of Psychology, The University of WA

The diagnostic and classification accuracy of a neuropsychological screening battery developed for alcohol or amphetamine dependent clients

Dr Allison Fox³, Dr Kyle Dyer^{1,2}, Dr Marjorie Collins⁴

1. School of Medicine & Pharmacology, The University of WA

2. Next Step Drug and Alcohol Services WA

3. School of Psychology, The University of WA

4. School of Psychology, Murdoch University

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

Dr Nick Lintzeris³, Dr Tim Mitchell³, Dr Kyle Dyer^{1,2}, S Mayet³, Dr K Wolff³, Prof. J Strang³, Catherine Wilkinson¹

1. School of Medicine & Pharmacology, The University of WA

2. Next Step Drug and Alcohol Services WA

3. National Addiction Centre, Maudsley Hospital, UK

Subjective and physiological responses among racemic-methadone maintenance patients in relation to relative (S)- versus (R)- methadone exposure

Dr Tim Mitchell³, Dr Kyle R. Dyer^{1,2}

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

The effect of chronic methadone maintenance treatment on methadone pharmacokinetics and pharmacodynamics

Dr Tim Mitchell³, Dr Kyle Dyer^{1,2}

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

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

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

1. School of Medicine & Pharmacology, The University of WA
2. Next Step Drug and Alcohol Services WA
3. School of Psychology, Curtin University
4. Dept. of Clinical & Experimental Pharmacology, University of Adelaide

Next Step Treatment Census: Consumer Treatment Satisfaction and Outcome

Dr Kyle Dyer^{1,2}, Laura Fowles²

1. School of Medicine & Pharmacology, The University of WA
2. Next Step Drug and Alcohol Services WA

The relationship between social identity and drug use among a treatment population.

Dr Kyle Dyer^{1,2}, Prof. Mark Rapley³, Dr Justine Dandy³

1. School of Medicine & Pharmacology, University of WA
2. Next Step Drug and Alcohol Services WA
3. School of Psychology, Edith Cowan University

The Practice Development Directorate has conducted a research project during 2004/05 as follows:

Clear Mind Project – Research on the Effectiveness of General Practitioners in Alcohol and BZD Interventions for the Elderly in General Practice

A/Prof. Moira Sim^{1,2,3}, Prof. Gary Hulse¹, Prof. Osvaldo Almeida¹, Prof. Leon Flicker¹, Dr Nicola Lautenschlager¹, Dr Michael Rosenberg¹

1. University of WA
2. Osborne Division of General Practice
3. Practice Development Directorate, Drug and Alcohol Office

APPENDIX TWO – PUBLICATIONS AND REPORTS

- Bartu, A. and Evans, L. (2004). Mission Australia's Youth Withdrawal and Respite Service Evaluation Report. Perth: Drug and Alcohol Office
- Dyer, K.R., Wilkinson, C., Taylor, H., Ilett, K., Page-Sharpe, M., O'Halloran, S., and Dusci, L. (2004). Saliva as a biological matrix for the assessment of drugs of abuse: preliminary results of an evaluation of saliva drug screening technologies within a drug-dependent population. Perth: Next Step Specialist Drug and Alcohol Services Monograph
- Dyer, K.R., and Cruickshank, C. (2005). Depression and other psychological health problems among methamphetamine dependent patients in treatment: implications for assessment and treatment outcome. *Australian Psychologist (In Press)*
- Dyer, K.R. (2005). Methadone ,maintenance treatment and mood disturbances: pharmacological and psychological implications. *Heroin and Related Clinical Problems (In Press)*
- Dyer, K.R. (2005). Dispersioni di trattamento e di umore di manutenzione del metadone: implicazioni farmacologiche e psicologiche. *Medicina della Tossicodipendenze (The Italian Journal on the Addictions) (In Press)*
- Khong, E., and Wain, T. (2004). The growing challenge of party drugs in general practice. *Australian Family Physician*, 33(9), 709-713, Sept 2004
- Khong, E., Sim, M., and Hulse, G. (2004) Benzodiazepine Dependence: Alcohol and other drug case studies from general practice. *Australian Family Physician*, Vol 33(11), 923-926, Nov 2004
- Mitchell, T.B., Dyer, K.R., and Peay, E.R. (2005). Factors related to decision making by Australian methadone prescribers. Accepted by *Journal of Substance Use and Misuse*, 20 September 2004. (In Press)
- Mitchell, T.B., Dyer, K.R., Newcombe, D., Salter, A., Somogyi, A., Bochner, F., and White, J.M. (2004). Subjective and physiological responses among racemic-methadone maintenance patients in relation to relative (S)- versus (R)- methadone exposure. *British Journal of Clinical Pharmacology* 58(6), 609-617
- O'Halloran, S., Lam, V., Dyer, K.R., Taylor, H., and Ilett, K.F. (2005). Development of a GC-MS method for confirmation of methamphetamine in oral fluid and its use in assessment of the performance of an on-site saliva immunoassay testing system. *Therapeutic Drug Monitoring*. 27(2), 225, April 2005
- Sim, M., Hulse, G., and Khong, E. (2004). Injecting drug use and skin. *Australian Family Physician*, Vol 33(7), 519-522, July 2004
- Sim, M., Hulse, G., and Khong, E. (2004). When the child with ADHD grows up. *Australian Family Physician*, 33(8), 615-618, Aug 2004
- Sim, M., Hulse, G., and Khong, E. (2004). Management of the impaired doctor. *Australian Family Physician*, 33(9), 703-707, Sept 2004

Sim, M., Hulse, G., and Khong, E. (2004). Alcohol and other drug use in later life: Alcohol and other drug case studies from general practice. *Australian Family Physician*, 33(10), 820-824, Oct 2004

Sim, M., Hulse, G., and Khong, E. (2004). Acute pain and opiate seeking behaviour: Alcohol and other drug case studies from general practice. *Australian Family Physician*, 33(11), 1009-1012, Dec 2004

Sim, M., Hulse, G., and Khong, E. (2005). Back pain and opioid seeking behaviour: A case study. *Journal of Neuropathic Pain*. (In Press)

APPENDIX THREE - CONFERENCE PAPERS AND SEMINARS

- Bartu, A., Doherty, D., and Francis, J. (2004). *Drug use trajectories during pregnancy and two and six month months postpartum*. Paper presented at the Australian Professional Society for Alcohol and Drugs Conference, Fremantle, Western Australia, 14-17 November 2004
- Bartu, A. (2005). *Amphetamines*. Trigger paper presented at the National Guidelines for the Management of Drug Dependency during Pregnancy and Early Development Years of the Newborn, Adelaide, South Australia, 7-8 April 2005
- Bartu, A. (2005). *Cocaine*. Discussant paper presented at the National Guidelines for the Management of Drug Dependency during Pregnancy and Early Development Years of the Newborn, Adelaide, South Australia, 7-8 April 2005
- Bartu, A. (2004). *Pregnancy and Perinatal Issues, addressing drug related issues in pregnancy and early years in metropolitan and country areas*. Paper presented at the Australian Professional Society for Alcohol and Drugs Conference, Fremantle, Western Australia, 14-17 November 2004
- Bartu, A., Copeland, J., York, L. and Psychogios, C. (2004). *Alcohol and other Drug Treatment Services: Predictors of residential versus outpatient delivery setting*. Poster presentation at the Australian Professional Society for Alcohol and Drugs Conference incorporating the National Methadone Conference, Fremantle, Western Australia, 14-17 November 2004
- Bartu, A., Doherty, D., and Francis J. (2005). *Incidence and correlates of NAS in infants exposed to methadone, amphetamine type substances and other drugs*. Poster presentation at the Perinatal Society of Australia and New Zealand Congress, Adelaide, South Australia, 13-16 March 2005
- Bartu, A., Doherty, D., and Francis, J. (2005). *Influence of pharmacotherapies on fluctuations in drug use in pregnancy and two and six months postpartum*. Poster presentation at the Perinatal Society of Australia and New Zealand Congress, Adelaide, South Australia, 13-16 March 2005
- Cruickshank, C. (2004). *Methamphetamine pharmacology*. Seminar presented at Southern Metropolitan Drug and Alcohol Centre, Fremantle, Western Australia, 19 August 2004
- Browne, M. (2004). *Learning from people in partnerships*. Paper presented to the Population Health Showcase 2004, Perth, Western Australia, 18-19 November 2004
- Browne, M. (2004). *Making partnerships work: A case study of cross-agency collaboration in the AOD sector*. Paper presented to the Australian Professional Society for Alcohol and Drug Conference, Perth, Western Australia 14-17 November 2004
- Cruickshank, C., and Dyer, K.R. (2004). *The nature and treatment of the amphetamine withdrawal syndrome*. Oral presentation Annual Research Day, School of Medicine and Pharmacology, The University of Western Australia, Nedlands, Western Australia, 27 August 2004

- Cruickshank, C. (2005). *A clinical trial of mirtazapine as a treatment for amphetamine withdrawal*. Lunchtime seminar at the Eastern Metropolitan Drug and Alcohol Centre (Drug and Alcohol Office), East Perth, Western Australia, 2 March 2005
- Cruickshank, C. (2005). *Amphetamine and methamphetamine health issues*. Seminar presentation at Palmerston Association, Fremantle, Western Australia, 13 May 2005
- Cruickshank, C., Dyer, K.R., and Lam, V. (2004). *Methamphetamine dependence: Subjective and objective measures of intoxication and withdrawal, and the relationship with methamphetamine concentration in plasma and saliva*. Paper presented at the Australian Professional Society for Alcohol and Drugs Conference, Esplanade Hotel, Fremantle, Western Australia, 14-17 November 2004
- Dyer, K.R. (2004). *Amphetamine abuse: Acute and chronic harms*. Invited presentation to the Department of Health Western Australia, Government of Western Australia Stimulant Assessment Panel for ADHD Workshop for Psychiatrists, Neurologists, Respiratory and Sleep Physicians, Perth Zoo Function Centre, 19 October 2004
- Dyer, K.R. (2004). *The relationship between (R)- and (S)- methadone concentrations in plasma and saliva and methadone pharmacodynamics: mood disorders and withdrawal complaints*. Keynote presentation at 6th European Opiate Addiction Treatment Association (Europad) Conference, Paris, France, 1-3 November 2004
- Dyer, K.R., Marsh, A. and LaVincente, S. (2004). *A psychometric evaluation of the Beck Depression Inventory-II among drug dependent patients*. Poster presented at 66th Annual Scientific Meeting of the College on Problems of Drug Dependence, San Juan, Puerto Rico, 17 June 2004
- Dyer, K.R., Wilkinson, C., Luther, R., Page-Sharpe, M., and Ilett, K. (2004). *The relationship between (R)- and (S)-methadone concentrations in saliva and plasma and therapeutic response*. Poster presented at the Australian Professional Society for Alcohol and Drugs Conference, Esplanade Hotel, Fremantle, Western Australia, 14-17 November 2004
- Dyer, K.R., Lam, V., Wilkinson, C., Page-Sharpe, M., and Ilett, K. (2004). *Methamphetamine concentration in saliva and plasma and the relationship with observed drug effects*. Poster presented at the Australian Professional Society for Alcohol and Drugs Conference, Esplanade Hotel, Fremantle, Western Australia, 14-17 November 2004
- Fox, A.M., Dyer, K.R., and Collins, M. (2005). *Detecting Sub-optimal Effort on Cognitive Screening in Substance Dependent Clients*. International Neuropsychology Symposium, Dublin, Ireland, 6-9 June 2005
- Little, G., and Reilly, P. (2004). *Initiating organisational change in a mental health setting*. The Australian Professional Society for Alcohol and Drugs Conference, Esplanade Hotel, Fremantle, Western Australia, 14-17 November 2004

- Marsh, A., Hayes, C., Dyer, K.R., and Sumner, M. (2004). *Expectancies of substance use effects on trauma symptomology in individuals with substance dependence and ongoing distress from traumatic events*. Paper presented at the Australian Professional Society for Alcohol and Drugs Conference, Esplanade Hotel, Fremantle, Western Australia, 14-17 November 2004
- Marsh, A., Hayes, C., and Dyer, K.R. (2004). *Expectancies of substance use effects on trauma symptomatology in individuals with substance dependence and ongoing distress from traumatic events*. Paper presented at 66th Annual Scientific Meeting of the College on Problems of Drug Dependence, San Juan, Puerto Rico, 17 June 2004
- Mitchell, T., Dyer, K.R., Newcombe, D., Salter, A., Somogyi, A., Bochner, F., and White, J. (2004). *Methadone maintenance treatment: is use of racemic rather than (R)-methadone appropriate?* Paper presented at the Australian Professional Society for Alcohol and Drugs Conference, Esplanade Hotel, Fremantle, Western Australia, 14-17 November 2004
- Mitchell, T., Dyer, K.R., Newcombe, D., Salter, A., Somogyi, A., Bochner F. and White, J. (2004). *Mood, withdrawal, and physiological responses among racemic-methadone maintenance patients in relation to relative (S)- versus (R)-methadone exposure*. Paper presented at 66th Annual Scientific Meeting of the College on Problems of Drug Dependence, San Juan, Puerto Rico, 16 June 2004
- Newcombe, K., Dyer, K.R. (2004). *Patient satisfaction and treatment response in a drug treatment service*. Poster presented at the Australian Professional Society for Alcohol and Drugs Conference, Esplanade Hotel, Fremantle, Western Australia, 14-17 November 2004
- Morton, E., Cole, A., Fox, A., Collins, M., Dyer, K.R., and Newcombe, K.M. (2004). *The neurocognitive effects of methamphetamine dependence*. Paper presented at the APS College of Clinical Neuropsychologists 10th Annual Conference 2004: Mild Cognitive Impairment Across the Life Span: Theoretical, clinical and treatment implications, Sydney, Australia, 25-27 November 2004
- Stritzke, W., Wheat, L., McEvoy, P., Dyer, K.R., and French, D. (2004). *Examining craving as an entity and a process in clinical samples*. Poster presented at Addictions 2004 Conference, Sunshine Coast, Queensland, Australia, 24-26 September 2004
- Whitworth, B., and Rundle, J. (2004). *Engaging the community alcohol and drug sector in primary health care*. The Australian Professional Society for Alcohol and Drugs Conference, Esplanade Hotel, Fremantle, Western Australia, 14-17 November 2004
- Wilkinson, C., Dyer, K.R., Page-Sharpe, M., and Ilett, K. (2004). *The accuracy of onsite saliva drug testing devices in a drug treatment population and the relationship with self-reported drug use*. Poster presented at the Australian Professional Society for Alcohol and Drugs Conference, Esplanade Hotel, Fremantle, Western Australia, 14-17 November 2004
- Wilkinson, C. (2004). *Detection of drugs in saliva*. Invited speaker for "Using biological samples for forensic and toxicological detection of organic and inorganic substances; Workshop for Forensic Science Undergraduates", Murdoch University, 2 November 2004

- Wilkinson, C. (2004). *Saliva Testing, An Update*. Training Workshop, Next Step Drug and Alcohol Services, 12 September 2004
- Wilkinson, C. (2005). *Saliva for Therapeutic Drug Monitoring in Methadone Maintenance, An Update*. Seminar presented at Next Step Drug and Alcohol Services, 16 March 2005
- Wilkinson, C. (2005). *Therapeutic drug monitoring in methadone maintenance patients: Are saliva methadone levels useful?* Seminar presented at National Addiction Centre, Institute of Psychiatry, Kings College London, UK, 10 February 2005
- Wong, D. (2005). *Neuropsychology staff education session 1: Neuropsychological impairments and assessment*. Training seminar, Next Step Drug and Alcohol Services, May 2005
- Wong, D. (2005). *Neuropsychology staff education session 2: Managing clients with memory difficulties*. Training seminar, Next Step Drug and Alcohol Services, May 2005
- Wong, D. (2005). *Neuropsychology staff education session 3: Managing clients with attentional and executive difficulties*. Training seminar, Next Step Drug and Alcohol Services, May 2005
- Wong, D. (2004). *Neuropsychological assessment: What is it and how can it inform the treatment of Next Step clients?* Lunchtime Seminar, Next Step Drug and Alcohol Services, December 2004

APPENDIX FOUR – POSTGRADUATE STUDENT SUPERVISION 2004/05

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

Mr Christopher Cruickshank, The assessment and management of the methamphetamine withdrawal syndrome. PhD, School of Medicine & Pharmacology, University of Western Australia. Supervisor: Dr Kyle Dyer.

Ms Catherine Wilkinson, The use of saliva for therapeutic drug monitoring in methadone maintenance. PhD, School of Medicine & Pharmacology, University of Western Australia. Supervisors: Dr Kyle Dyer, Dr Kim Wolff (National Addiction Centre, Kings College, London United Kingdom).

Ms Theresa Hewlett, Social Identity in action: drug dependence. recovery and relapse Honours, School of Psychology, Murdoch University. Supervisors: Dr Kyle Dyer, Dr Susan Hansen.

Ms Vivian Lam, Determination of the relationship between methamphetamine concentration in saliva and plasma. Honours Pharmacology, University of Western Australia. Supervisor: Dr Kyle Dyer.

Ms Ruth Luther, Determination of the relationship among (R) and (S) methadone concentration in saliva and plasma. Honours Pharmacology, University of Western Australia. Supervisor: Dr Kyle Dyer.

Ms Louise Manger, The relationship between social identity and heroin use among a treatment population. Honours Psychology, Edith Cowan University. Supervisors: Dr Kyle Dyer, Dr Justine Dandy.

Ms Kim Newcombe, The effects of drug dependence on executive functioning. Honours, School of Psychology, University of Western Australia. Supervisors: Dr Allison Fox, Dr Kyle Dyer.

Ms Christine Paine, The relationship between social identity and methamphetamine use among a treatment population. Honours Psychology, Edith Cowan University. Supervisors: Dr Kyle Dyer, Dr Justine Dandy.

Ms Sarah Schubert, Amphetamine withdrawal and adult ADHD. Honours, School of Psychology, Murdoch University. Supervisors: Dr Kyle Dyer, Dr Susan Hansen.

Mr Matt Sumner, PTSD and drug preference. School of Psychology, Curtin University of Technology. Co-supervised with Dr Ali Marsh, Curtin University of Technology.

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

2004/05



AUDITOR GENERAL

INDEPENDENT AUDIT OPINION

To the Parliament of Western Australia

WESTERN AUSTRALIAN ALCOHOL AND DRUG AUTHORITY PERFORMANCE INDICATORS FOR THE YEAR ENDED 30 JUNE 2005

Audit Opinion

In my opinion, the key effectiveness and efficiency performance indicators of the Western Australian Alcohol and Drug Authority are relevant and appropriate to help users assess the Authority's performance and fairly represent the indicated performance for the year ended 30 June 2005.

Scope

The Authority's Role

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

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

Summary of my Role

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

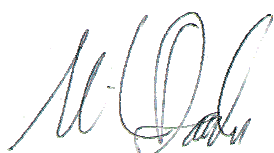
An audit does not guarantee that every amount and disclosure in the performance indicators is error free, nor does it examine all evidence and every transaction. However, my audit procedures should identify errors or omissions significant enough to adversely affect the decisions of users of the performance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

D D R PEARSON
AUDITOR GENERAL
30 September 2005

WESTERN AUSTRALIAN ALCOHOL AND DRUG AUTHORITY

Certification of Performance Indicators
For the year ended 30 June 2005

We hereby certify that the Performance Indicators are based on proper records, are relevant and appropriate for assisting users to assess the Western Australian Alcohol and Drug and Authority's performance, and fairly represent the performance of the Authority for the financial year ending 30 June 2005.



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

Date: 8 August 2005



Dr Margaret Stevens
Member of the Board
WESTERN AUSTRALIAN ALCOHOL
AND DRUG AUTHORITY

Date: 8 August 2005

INDICATORS OF EFFECTIVENESS

OUTCOME 1

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

Indicators of Effectiveness

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

Indicators 1.5, 1.6 and 1.7 are for inpatient and outpatient services provided by not-for-profit organisations funded by the Western Australian Alcohol and Drug Authority. These include 12 Community Drug Service Teams and 25 organisations providing treatment services, five of which provide inpatient residential services.

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

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

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

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

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

Component of Treatment	Target	2004/05	2003/04	2002/03	2001/02
General Health	60%	71%	64%	66%	62%
Psychological Health	60%	71%	63%	66%	63%
Social Relationships	60%	65%	57%	63%	59%
Primary Drug Use	60%	77%	69%	68%	65%

Notes:

- information is based on ratings of improvement made by clinicians for clients who completed a program of treatment during the year. Information is not available for clients who attended services for assessment but did not proceed to a treatment program during the year or who left the program before completion;
- the rating of "improved" used in the indicator includes clients who are rated as "improved" and "much improved" by clinicians;
- the population for this indicator is made up of those clients who completed a program of treatment during 2004/05 and the population size is 1,589;
- a formal survey was not conducted requiring questionnaires to be returned and so the concept of a response rate is not appropriate for this indicator, however it is informative to note that assessments of improvement were made for 713 clients or 45% of the 1,589 clients who completed a treatment program; the remaining 55% of clients were not available for a rating to be made at the completion of treatment or the rating was not made for other administrative reasons;
- the sample size is 713; and
- survey results have a sampling precision of plus or minus 2.72% at the 95% confidence level with a presumed proportion of incidence in the population of 0.5 using a population size of 1,589 and a sample size of 713.

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

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

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

Target	2004/05	2003/04	2002/03	2001/02	2000/01
90%	94%	92%	87%	87%	94%

Notes:

- this indicator refers to the population of outpatient clients who completed a program of treatment during the year, the population size is 1,589;
- in order to assess the level of satisfaction with outpatient treatment services for this population a client survey was carried out over a four week period during May and June 2005 at Western Australian Alcohol and Drug Authority services in East Perth (including the Youth Service), Warwick and Fremantle. Information was collected by direct interview with clients. Those who were attending for an initial assessment only or who were considered by a clinician to be distressed were excluded from the survey.

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

- 890 clients attended for treatment during the period of the survey and a sample of 252 participated in the survey giving a response rate of 28%;
- survey results have a sampling precision of plus or minus 5.66% at the 95% confidence level with a presumed proportion of incidence in the population of 0.5 using a sample size of 252 and a population of 1,589; and
- results for 2001/02 were based on a survey conducted throughout the year.

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

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

Table 1.3.1 - Percentage of clients rated as "improved" at completion of an inpatient treatment program at the Western Australian Alcohol and Drug Authority.

Component of Treatment	Target	2004/05	2003/04	2002/03	2001/02
General Health	90%	93%	89%	89%	66%
Psychological Health	90%	93%	88%	87%	66%
Social Relationships	90%	90%	83%	87%	65%
Primary Drug Use	90%	93%	91%	89%	N/A

Notes:

- information is based on ratings of improvement made by clinicians for clients who completed a program of treatment during the year. Information is not available for clients who attended services for assessment but did not proceed to a treatment program during the year or who left the program before completion;
- the rating "improved" includes clients who are rated as "improved" and "much improved" by clinicians;
- the population for this indicator is made up of those clients who completed a program of treatment during 2004/05 and the population size is 462;
- a formal survey was not conducted requiring questionnaires to be returned and so the concept of a response rate is not appropriate for this indicator, however it is informative to note that assessments of improvement were made for 352 clients or 76% of the 462 clients who completed a treatment program; the remaining 24% of clients were not available for a rating to be made at the completion of treatment or the rating was not made for other administrative reasons;
- the sample size is 352; and
- survey results have a sampling precision of plus or minus 2.55% at the 95% confidence level with a presumed proportion of incidence in the population of 0.5 using a population size of 462 and a sample size of 352.

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

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

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

Target	2004/05	2003/04	2002/03	2001/02	2000/01
95%	95%	96%	93%	80%	91%

Notes:

- this indicator refers to the population of outpatient clients who completed a program of treatment during the year, the population size is 462;
- in order to assess the level of satisfaction with outpatient treatment services for this population a client survey was carried out by clinical staff during 2004/05 at Western Australian Alcohol and Drug Authority services in East Perth. Information was collected by direct interview with clients. Those who were attending for an initial assessment only or who were considered by a clinician to be distressed were excluded from the survey. Some clients declined to be interviewed. Only clients who had completed treatment during the year were included in the survey;
- 462 clients were treated during the year and a sample of 227 participated in the survey giving a response rate of 49%;
- survey results have a sampling precision of plus or minus 4.64% at the 95% confidence level with a presumed proportion of incidence in the population of 0.5 using a sample size of 227 and a population size of 462; and
- results for 2001/02 were based on a survey conducted throughout the year.

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

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

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

Service Type	Target	2004/05	2003/04	2002/03	2001/02	2000/01
Inpatient	60%	51%	63%	66%	66%	69%
Outpatient	60%	62%	66%	68%	64%	66%

Notes:

- information is based on clients who left a service provided by not-for-profit organisations funded by the Western Australian Alcohol and Drug Authority during the year. Some clients may have used more than one service during the year and so episodes of treatment have been used in the calculation of the above figures; and
- the total used in the calculations excludes episodes of treatment where the reason for leaving was not available (0.16% of 9,941 episodes). Clients were considered not to have completed treatment if they had left a service for one of the following reasons: Against advice of the service, did not comply with the conditions of the program, left without notice, died, imprisoned.

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

Assessments are made by clients before and after treatment in both inpatient and outpatient services.

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

Component of Treatment	Target (% Change)	2004/2005			2003/2004		
		"Pre"	"Post"	Change in %	"Pre"	"Post"	Change in %
General Health	30%	43%	64%	+21	39%	63%	+24
Psychological Health	30%	20%	42%	+22	18%	42%	+24
Social Relationships	20%	52%	67%	+15	46%	59%	+13
Primary Drug Use	30%	33%	62%	+29	28%	68%	+40

Component of Treatment	Target (% Change)	2002/03			2001/02		
		"Pre"	"Post"	Change in %	"Pre"	"Post"	Change in %
General Health	30%	33%	63%	+30	34%	65%	+31
Psychological Health	30%	16%	41%	+25	16%	41%	+25
Social Relationships	20%	43%	62%	+19	44%	62%	+18
Primary Drug Use	30%	26%	62%	+36	28%	69%	+41

Notes:

- information is based on self-report ratings made by clients regarding their health, levels of stress (which is used as an indication of their psychological health), social relationships and the extent of problems experienced as a result of alcohol or drug use. These ratings are made at the beginning of treatment and at or near completion;
- the questionnaire uses a five point rating scale with five categories for each of the above components of treatment;
- the following people are not included in this measure:
 - clients who did not complete treatment;
 - clients who remained in treatment at the end of the year;
 - clients who chose not to fill in a self-report questionnaire;
 - people diverted from the court system for an education program regarding cannabis; and
 - people who received services to assist with alcohol or drug problems of relatives or friends;
- some clients access more than one episode of treatment during the year and some may contribute to more than one rating;
- population size: 6,007 programs of treatment were completed during 2004/2005;
- survey sample size: the minimum number of assessments for the component of treatment is 620;
- it is not known how many of the original sample of clients who completed a "pre" questionnaire were invited to complete a "post" questionnaire and a response rate is not available;
- survey results have a sampling precision of plus or minus 3.7% at the 95% confidence level with a presumed proportion of incidence in the population of 0.5 using a sample size of 620 and a population size of 6007; and
- this table combines inpatient and outpatient ratings.

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

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

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

Target	2004/05	2003/04	2002/03	2001/02
95%	91%	95%	91%	83%

Notes:

- the notes for Table 1.6.1 also apply to the above table;
- categories of “Very” and “Moderately” satisfied with services were combined for the above ratings
- survey sample size is 606;
- survey results have a sampling precision of plus or minus 3.78% at the 95% confidence level with a presumed proportion of incidence in the population of 0.5 using a sample size of 606 and a population size of 6007; and
- this table combines inpatient and outpatient ratings.

OUTCOME 2

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

Indicator of Effectiveness

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

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

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

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

Training Outcome	Target	2004/05	2003/04	2002/03	2001/02	2000/01
Usefulness to participant's work or study	80%	72%	78%	79%	78%	80%
Increase in knowledge of drug and alcohol issues	65%	63%	65%	68%	67%	65%
Increase in level of confidence in working in this area	55%	58%	55%	64%	56%	58%
Increase in level of competence to work with drug and alcohol issues	55%	57%	53%	59%	51%	50%

Notes:

- information is based on post training evaluation questionnaires completed by all participants in events which were evaluated;
- evaluations were conducted for 116 of the 168 training events during the year;
- the questionnaire uses a five point rating scale. The above ratings are based on the number of participants rating a training outcome in one of the two most positive categories, for instance "very satisfied" or "extremely satisfied";
- the population size is 2,810 which is the total number of participants in training during the year;
- the sample size varies depending on the training outcome. It was 1,638 for the first two outcomes listed in the above table and 1,038 for the last two;
- the response rate also vary and are 97% for the first two outcomes and 90% for the last two; and
- survey results have a sampling precision of plus or minus 1.56% for the first two outcomes and 2.42% for the last two at the 95% confidence level with a presumed proportion of incidence in the population of 0.5 using the above population and sample sizes.

OUTCOME 3

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

Indicators of Effectiveness

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

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

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

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

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

	2004/05	2001/02	1998/99	1995/96	1993/94
Prevalence of alcohol use (% who consumed alcohol in past 12 months)	87%	84%	86%	80%	75%
Long-term risk consumption	11%	11%	N/A	N/A	N/A
Short-term risk consumption	39%	38%	N/A	N/A	N/A
Prevalence of illegal drug use (% who consumed any illegal drugs in past 12 months)	17%	19%	22%	N/A	N/A
Prevalence of illegal drug use excluding cannabis	N/A	8%	9%	N/A	N/A

Notes:

- information is based on the National Drug Strategy Household Survey (NDSHS) which is conducted every three years and published by the Australian Institute of Health and Welfare;
- the survey used “drop and collect” questionnaires for households and some additional telephone interviews (18%);
- the population size for people 14 years and over in Western Australia is 1,544,000;

- the sample size is 2,906;
- survey results have a sampling precision of plus or minus 1.82% at the 95% confidence level with a presumed proportion of incidence in the population of 0.5 using the above population and sample sizes;
- data for "prevalence of illegal drug use excluding cannabis" was not collected in manner compatible with previous surveys in 2004/05;
- illegal drug use refers to the use of amphetamines, heroin, cocaine, hallucinogens, ecstasy and, where applicable, cannabis;
- short-term risky alcohol consumption: that men do not exceed 6 standard drinks and women do not exceed 4 standard drinks on any single day of drinking;
- long-term risky alcohol consumption: that men do not exceed 4 standard drinks on an average day (or 28 standard drinks per week) and women do not exceed 2 standard drinks on an average day (or 14 standard drinks per week); and
- short-term and long-term risky alcohol consumption include "risky" and "high risk" levels.

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

Preventing or delaying the onset of risky alcohol consumption among school students reduces the impact of short-term risk and contributes to the prevention of long-term health related-harm. This indicator uses information from a survey conducted every three years and provides a view of alcohol use over time. No new information is available for 2004/05.

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

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

Notes:

- information is based on the Australian School Students Alcohol and Drugs (ASSAD) survey which is conducted every three years. The next ASSAD survey is scheduled to commence in August 2005, with data available in February 2006;
- short-term risky alcohol consumption: that men do not exceed 6 standard drinks and women do not exceed 4 standard drinks on any single day of drinking; and
- short-term and long-term risky alcohol consumption include "risky" and "high risk" levels.

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

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

Campaign	2004/05		2003/04		2002/03		2001/02		2000/01	
	Aware	Correct	Aware	Correct	Aware	Correct	Aware	Correct	Aware	Correct
Host	-	-	-	-	-	-	46%	46%	72%	63%
Standard Drinks	-	-	-	-	38%	20%	-	-	-	-
Psychostimulants	-	-	-	-	52%	42%	-	-	-	-
Youth Drug Driving	-	-	-	-	-	-	-	59%	42%	15%
Cannabis	-	-	29%	7%	-	-	-	-	-	-
Enough is Enough	34%	28%	-	-	-	-	-	-	-	-

Notes:

- the information for the Enough is Enough campaign is from the campaign evaluation report conducted by TNSSR Consultants, this involved a telephone survey of 300 people aged 14 and over in Western Australia;
- the population size for people 14 years and over in Western Australia is 1,544,000;
- the sample size is 300;
- survey results have a sampling precision of plus or minus 5.66% at the 95% confidence level with a presumed proportion of incidence in the population of 0.5 using the above population and sample sizes;
- “Awareness” refers to the percentage of the target population for the campaign who report being aware (when prompted) of the campaign elements during the post campaign evaluation;
- if more than one medium was used in a campaign (eg. TV and radio), “awareness” refers to the overall awareness from any medium, where reported. If overall awareness has not been reported then the medium having the greatest awareness (eg. radio) has been used;
- “Correct” refers to the proportion of the target population who correctly recalled at least one of the main campaign messages during the post-campaign evaluation;
- if more than one medium was used in a campaign, “correct” has been reported for the same medium as “awareness” (ie. overall where reported, or the medium having the greatest awareness);
- “Correct” is usually reported in campaign reports as a percentage of those “aware”. These have been recalculated and expressed as a percentage of the total sample;
- Campaign details:
 - Host: encouragement of hosts to take responsibility when they serve alcohol in social or licensed settings - target group 18-34 years;
 - Drinking Guidelines and Standard Drinks: information about safe levels of alcohol consumption: - target group 18-44 year olds;
 - Psychostimulants: information about the harmful effects of psychostimulant drugs – target group 12-24 year olds (2002), and 14-24 year olds (2000);
 - Youth Drug Driving Campaign: increased awareness of the effects of drugs on driving - target group 17-25;
 - Cannabis: increased the awareness of the changes to the cannabis legislation – target group 18-60 years; and
 - Enough is Enough: Social Marketing Program aimed at raising awareness about public drunkenness, its related problems and what the community can do about the issue;
- post-campaign evaluations are not necessarily conducted with the whole target group, but a subset of this group. For example, the target group for the Cannabis Campaign was 18 years and over, however the evaluation involved only 16-24 year olds. Where this has occurred, the results are taken to be representative of the whole target group; and
- in this table, cells where information is not available are designated by a “dash”.

INDICATORS OF EFFICIENCY

SERVICE GROUP 1

Treatment Services

Indicators of Efficiency

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

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

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

	2004/05	2003/04	2002/03	2001/02
Cost per client treated	\$1,598	\$1,510	\$2,483	\$1,253
Cost per completed treatment program	\$8,667	\$5,598	\$6,898	N/A

Notes:

- the 2001/02 cost per client treated is based on clients attending the East Perth service only;
- the cost per client completing treatment is based on the number of clients who left treatment at completion or for other reasons positively related to treatment, for instance to continue treatment in another service;
- the costs for 2002/03, 2003/04 and 2004/05 now include support to treatment providers in the community that was accounted for elsewhere in previous years;
- cost per completed treatment program is based on 899 episodes of treatment; and
- the costs in this indicator are influenced by the number of clients presenting for treatment and the proportion who complete treatment which varies over time. In 2004/05 the number of clients treated was 4,875 compared with 4,761 in 2003/04 and the number of clients completing treatment was 899 in 2004/05 compared with 974 in 2003/04.

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

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

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

	2004/05	2003/04	2002/03	2001/02	2000/01
Cost per client treated	\$5,615	\$4,792	\$5,049	N/A	N/A
Cost per completed treatment program	\$6,683	\$5,947	\$6,658	N/A	N/A
Cost per occupied bed day	\$784	\$716	\$940	\$676	\$404

Notes:

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

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

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

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

	2004/05	2003/04	2002/03	2001/02	2000/01
Cost per client treated	\$914	\$1,547	\$1,088	N/A	N/A
Cost per completed treatment program	\$1,485	\$2,340	\$1,597	N/A	N/A

Notes:

- the cost per client completing treatment for 2002/03, 2003/04 2004/05 is based on the number of clients who left treatment at completion or for other reasons positively related to treatment, for instance to continue treatment in another service;
- the cost per completed treatment program is based on 5,495 episodes of treatment; and
- the costs in this indicator are influenced by the number of clients presenting for treatment and the proportion who complete treatment which varies over time, in 2004/05 the number of clients treated was

8,931 compared with 12,280 in 2003/04 and the number of clients completing treatment was 5,490 in 2004/05 compared with 6,972 in 2003/04.

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

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

	2004/05	2003/04	2002/03	2001/02	2000/01
Cost per client treated	\$5,539	\$5,245	\$3,349	N/A	N/A
Cost per completed treatment program	\$10,883	\$8,274	\$5,078	N/A	N/A
Cost per occupied bed day in treatment services	\$113	\$142	\$116	N/A	N/A
Cost per occupied bed day in sobering up centres	\$190	\$148	\$165	\$122	\$207

Notes:

- the cost per client who completed treatment is based on the number of clients who left treatment at completion or for other reasons positively related to treatment, for instance to continue treatment in another service;
- this indicator measures efficiency through the cost per client treated and occupied bed days and cost effectiveness through the cost per client who completed treatment; and
- the costs in this indicator are influenced by the number of clients presenting for treatment and the proportion who complete treatment which varies over time. In 2004/05 the number of clients treated was 1,006 compared with 1,546 in 2003/04, the number of clients completing treatment was 512 in 2004/05 compared with 971 in 2003/04, the number of occupied bed days was 49,464 in 2004/05 compared with 43,235 in 2003/04 and the number of bed days in sobering up centres was 17,810 in 2004/05 compared with 21,424 in 2003/04.

SERVICE GROUP 2

Practice Development

Efficiency Indicator

2.1 Cost per participant hour of training.

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

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

	2004/05	2004/03	2003/02	2001/02	2000/01
Cost per participant hour of training	\$126	\$196	\$142	\$100	\$87

Notes:

- cost not directly involved in training are in this indicator; and
- during 2003/04 more emphasis was placed on intensive training formats to achieve long term training outcomes which increased unit costs.

SERVICE GROUP 3

Prevention

Indicators of Efficiency

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

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

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

Table 3.1.1 - Cost per capita of prevention initiatives.

	2004/05	2003/04	2002/03	2001/02	2000/01
Direct costs	-	-	\$2.14	\$1.52	\$1.77
Total costs	\$1.68	\$1.47	\$2.88	N/A	N/A

Notes:

- the cost per capita is based on estimates of the Western Australian population aged 14 years and over which are obtained from the Rate Calculator V9.0.2 of the Department of Health;
- the total costs for 2002/03, 2003/04 and 2004/05 include corporate overheads and staff salaries which are not available for previous years;
- the costs in this indicator are influenced by the number of campaigns conducted each year, there were two in 2002/03, one in 2003/04 and one in 2004/05; and
- total costs are the preferred way of reporting on this indicator and have been adopted as the single indicator since 2003/04.

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

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

Campaign	2004/05		2003/04		2002/03		2001/02		2000/01	
	Aware	Correct	Aware	Correct	Aware	Correct	Aware	Correct	Aware	Correct
Host			-	-	-	-	\$0.82	\$0.83	\$1.07	\$1.23
Standard Drinks			-	-	\$0.57	\$1.08	-	-	-	-
Psychostimulants			-	-	\$0.73	\$0.91	-	-	-	-
Cannabis			\$0.13	\$0.54	-	-	-	-	-	-
Youth Drug Driving	-		-	-		-	-	\$0.49	\$0.68	\$1.90
Enough is Enough (a)	\$0.13	\$0.16								

Notes:

- this cost is also included in Indicator 3.1;
- “Awareness” refers to the cost per capita of the target population for the campaign who report being aware of the campaign during the post-campaign evaluation: “Correct” refers to the cost per capita of the target population who correctly recalled the main campaign messages during the post-campaign evaluation;
- the post-campaign evaluation used a sample of 300 and the percentage of the target group found to be both “Aware” of the campaign and able to recall the message “Correctly” , 34% and 28% respectively, was applied to the target population of the campaign to obtain the costs reported;
- the cost of the Enough is Enough campaign is based on the Perth metropolitan population estimate of 1,152,091 aged 15 years and over (ABS cat.no. 1379.0.55.001);
- campaign details:
 - Host: encouragement of hosts to take act responsibility when they serve alcohol in social or commercial settings - target group 18-34 years;
 - Drinking Guidelines and Standard Drinks: information about safe levels of alcohol consumption - target group 18-44 year olds;
 - Psychostimulants: information about the harmful effects of psychostimulant drugs – target group 14-24 year olds (2000) and 12-24 year olds (2002);
 - Cannabis: increased awareness of the effects of cannabis - target group 18 years and over;
 - Youth Drug Driving Campaign: increased awareness of the effects of drugs on driving - target group 17-25 year olds; and
 - Enough is Enough: Social Marketing Program aimed at raising awareness about public drunkenness, its related problems and what the community can do about the issue;
- short-term risky alcohol consumption: that men do not exceed 6 standard drinks and women do not exceed 4 standard drinks on any single day of drinking;
- long-term risky alcohol consumption: that men do not exceed 4 standard drinks on an average day (or 28 standard drinks per week) and women do not exceed 2 standard drinks on an average day (or 14 standard drinks per week); and
- in this table cells where information is not available are designated by a “dash”.

SECTION 42 SUBMISSION

WESTERN AUSTRALIAN ALCOHOL AND DRUG AUTHORITY

Statement of Financial Performance
For the year ended 30th June 2006

	ESTIMATES 2005/06 \$'000	ACTUAL (UNAUDITED) 2004/05 \$'000
COST OF SERVICES		
Expenses from Ordinary Activities		
Employee expenses	15,116	14,884
Patient support costs	19,771	16,184
Depreciation expense	242	247
Capital user charge	0	313
Carrying amount of non-current assets disposed of	25	27
Other expenses from ordinary activities	1,230	1,998
Total cost of services	36,384	33,653
Revenues from Ordinary Activities		
<i>Revenue from operating activities</i>		
Commonwealth grants and contributions	0	100
Other revenues from operating activities	20	1,269
<i>Revenue from non-operating activities</i>		
Proceeds from disposal of non-current assets	0	1
Other revenues from non-operating activities	0	2
Total revenues from ordinary activities	20	1,372
NET COST OF SERVICES	36,364	32,281
Revenues from State Government		
Service appropriations	36,294	32,450
Liabilities assumed by the Treasurer	70	70
Total revenues from State Government	36,364	32,520
CHANGE IN NET ASSETS	0	239
Total changes in equity other than those resulting from transactions with WA State Government as owners	-	239

APPROVED BY THE MINISTER FOR HEALTH :

Signature *PARL SEC TO MfH*

DATE:

8/8/05

FINANCIAL STATEMENTS

OF THE

WESTERN AUSTRALIAN
ALCOHOL AND DRUG
AUTHORITY

2004/05

WESTERN AUSTRALIAN ALCOHOL AND DRUG AUTHORITY

Certification of Financial Statements For the year ended 30 June 2005

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 financial year ending 30 June 2005 and the financial position as at 30 June 2005.

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



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

Date: 8 August 2005



Dr Margaret Stevens
Member of the Board
WESTERN AUSTRALIAN ALCOHOL
AND DRUG AUTHORITY

Date: 8 August 2005



Clete Mathews
Director, Finance and Corporate Services
WESTERN AUSTRALIAN ALCOHOL
AND DRUG AUTHORITY

Date: 8 August 2005



AUDITOR GENERAL

INDEPENDENT AUDIT OPINION

To the Parliament of Western Australia

WESTERN AUSTRALIAN ALCOHOL AND DRUG AUTHORITY FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2005

Audit Opinion

In my opinion,

- (i) the controls exercised by the Western Australian Alcohol and Drug Authority provide reasonable assurance that the receipt, expenditure and investment of moneys, the acquisition and disposal of property, and the incurring of liabilities have been in accordance with legislative provisions; and
- (ii) the financial statements are based on proper accounts and present fairly in accordance with applicable Accounting Standards and other mandatory professional reporting requirements in Australia and the Treasurer's Instructions, the financial position of the Authority at 30 June 2005 and its financial performance and cash flows for the year ended on that date.

Scope

The Authority's Role

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

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

Summary of my Role

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

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

D D R PEARSON
AUDITOR GENERAL
30 September 2005

WESTERN AUSTRALIAN ALCOHOL AND DRUG AUTHORITY

Statement of Financial Position

As at 30th June 2005

	Note	2005 \$	2004 \$
CURRENT ASSETS			
Cash assets	13	4,227	111,202
Receivables	14	236,018	141,545
Amounts receivable for services	15	350,000	350,000
Inventories	16	23,313	21,953
Other assets	17	71,407	80,455
Total current assets		684,965	705,155
NON-CURRENT ASSETS			
Amounts receivable for outputs	15	936,634	334,806
Property, plant and equipment	18	7,811,670	7,979,671
Total non-current assets		8,748,304	8,314,477
Total assets		9,433,269	9,019,632
CURRENT LIABILITIES			
Payables	19	96,230	132,793
Provisions	20	1,880,719	1,747,411
Other liabilities	21	0	60,272
Total current liabilities		1,976,949	1,940,476
NON-CURRENT LIABILITIES			
Provisions	20	635,383	2,266,053
Total non-current liabilities		635,383	2,266,053
Total liabilities		2,612,332	4,206,529
NET ASSETS		6,820,937	4,813,103
EQUITY			
Contributed equity	22	4,401,939	2,633,137
Reserves	23	3,425,470	3,425,470
Accumulated surplus / (deficiency)	24	(1,006,472)	(1,245,504)
Total Equity		6,820,937	4,813,103

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

WESTERN AUSTRALIAN ALCOHOL AND DRUG AUTHORITY

Statement of Financial Performance For the year ended 30th June 2005

	Note	2005 \$	2004 \$
COST OF SERVICES			
Expenses from Ordinary Activities			
Employee expenses	3	14,883,727	13,222,830
Patient support costs	4	16,184,159	16,431,762
Depreciation expense	5	247,167	248,229
Capital user charge	7	313,000	376,210
Carrying amount of non-current assets disposed of		27,114	30,177
Other expenses from ordinary activities	8	1,998,315	2,425,541
Total cost of services		33,653,482	32,734,749
Revenues from Ordinary Activities			
<i>Revenue from operating activities</i>			
Commonwealth grants and contributions	9	100,000	382,200
Other revenues from operating activities	10a	1,268,750	16,355
<i>Revenue from non-operating activities</i>			
Proceeds from disposal of non-current assets		1,255	273
Other revenues from non-operating activities	10b	2,006	0
Total revenues from ordinary activities		1,372,011	398,828
NET COST OF SERVICES		32,281,471	32,335,921
Revenues from State Government			
Service appropriation	11	32,449,843	32,011,189
Liabilities assumed by the Treasurer	12	70,660	0
Total revenues from State Government		32,520,503	32,011,189
Total changes in equity other than those resulting from transactions with WA State Government as owners		239,032	(324,732)

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

WESTERN AUSTRALIAN ALCOHOL AND DRUG AUTHORITY

Statement of Cash Flows

For the year ended 30th June 2005

	Note	2005 \$ Inflows (Outflows)	2004 \$ Inflows (Outflows)
CASH FLOWS FROM STATE GOVERNMENT			
Service appropriations	25(c)	31,673,015	31,613,288
Net cash provided by State Government		<u>31,673,015</u>	<u>31,613,288</u>
Utilised as follows:			
CASH FLOWS FROM OPERATING ACTIVITIES			
Payments			
Supplies and services		(18,211,379)	(18,845,019)
Employee costs		(14,756,122)	(13,049,911)
GST payments on purchases		(1,915,526)	(2,016,209)
Receipts			
Commonwealth grants and contributions		107,820	374,380
GST receipts on sales		68,975	171,122
GST receipts from taxation authority		1,760,660	1,885,986
Other receipts		1,270,604	25,441
Net cash (used in) / provided by operating activities	25(b)	<u>(31,674,968)</u>	<u>(31,454,210)</u>
CASH FLOWS FROM INVESTING ACTIVITIES			
Purchase of non-current assets	18	(106,277)	(50,060)
Proceeds from sale of non-current physical assets	6a	1,255	273
Net cash (used in) / provided by investing activities		<u>(105,022)</u>	<u>(49,787)</u>
Net increase / (decrease) in cash held		(106,975)	109,291
Cash assets at the beginning of the financial year		111,202	1,911
CASH ASSETS AT THE END OF THE FINANCIAL YEAR	25(a)	<u>4,227</u>	<u>111,202</u>

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

WESTERN AUSTRALIAN ALCOHOL AND DRUG AUTHORITY

Notes to the Financial Statements

For the year ended 30th June 2005

Note 1 Significant accounting policies

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

(a) General Statement

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

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

(b) Basis of Accounting

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

(c) Service Appropriation

Service 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.

(d) Contributed Equity

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

(e) Acquisitions 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.

Assets costing less than \$1,000 are expensed in the year of acquisition (other than where they form part of the group of similar items which are significant in total).

WESTERN AUSTRALIAN ALCOHOL AND DRUG AUTHORITY

Notes to the Financial Statements

For the year ended 30th June 2005

(f) Property, Plant and Equipment

Valuation of Land and Buildings

Land and Non-Clinical Buildings are valued at fair value. The revaluations of land and non-clinical buildings undertaken by the Department of Land Information (Valuation Services) are recognized in the financial statements.

Land and Non-Clinical Buildings

The revaluations of land and non-clinical buildings have been undertaken on the following basis:

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

Depreciation of Non-Current Assets

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

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

Buildings	30 years
Computer equipment and software	3 years
Furniture and fittings	7 to 26 years
Medical equipment	4 to 25 years
Other plant and equipment	3 to 30 years

(g) Leases

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

(h) Cash

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

(i) Receivables

Receivables are recognised as 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 and in any event where the debt is more than 60 days overdue.

(j) Inventories

Inventories are valued at the lower of cost and net realisable value.

WESTERN AUSTRALIAN ALCOHOL AND DRUG AUTHORITY

Notes to the Financial Statements

For the year ended 30th June 2005

(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.

(l) Accrued Salaries

Accrued salaries (refer note 21) 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 amount approximates net fair value.

(m) Employee Benefits

Annual Leave

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

Long Service Leave

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

This method of measurement of the liability is consistent with the requirements of Accounting Standard AASB 1028 "Employee Benefits".

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. The Authority contributes to this accumulation fund in compliance with the Commonwealth Government's Superannuation Guarantee (Administration) Act 1992. All of these schemes are administered by the Government Employees Superannuation Board (GESB).

From 30 June 2004, the Treasurer has assumed the liability for pension and pre-transfer benefit superannuation liabilities. The assumption was designated as a contribution by owners under Treasurer's Instruction 955 (3)(iv) on 30 June 2004.

The superannuation expense comprises the following elements:

- i) changes in the unfunded employer's liability in respect of current employees who are members of the Pension Scheme and current employees who accrued a benefit on transfer from that Scheme to the Gold State Superannuation Scheme; and
- ii) employer contributions paid to the Gold State Superannuation Scheme and the West State Superannuation Scheme.

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

WESTERN AUSTRALIAN ALCOHOL AND DRUG AUTHORITY

Notes to the Financial Statements

For the year ended 30th June 2005

A revenue "Liabilities assumed by the Treasurer" equivalent to (i) is recognised under Revenues from State Government in the Statement of Financial Performance as the unfunded liability is assumed by the Treasurer. The GESB makes the benefit payment and is recouped from the Treasurer.

The Authority is funded for employer contributions in respect of the Gold State Superannuation Scheme and the West State Superannuation Scheme. These contributions were paid to the GESB during the year. The GESB subsequently paid the employer contributions in respect of the Gold State Superannuation Scheme to the Consolidated Fund. The liabilities for superannuation charges under these schemes are extinguished by payment of employer contributions to the GESB.

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.

Employee benefit on-costs

Employee benefit on-costs are recognised and included in employee benefit liabilities and costs when the employee benefits to which they relate are recognised as liabilities and expenses. (see notes 3 and 20).

(n) 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.

(o) 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.

(p) 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.

(q) Comparative Figures

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

(r) Rounding of amounts

Amounts in the financial statements have been rounded to the nearest thousand dollars, or in certain cases, to the nearest dollar.

WESTERN AUSTRALIAN ALCOHOL AND DRUG AUTHORITY

Notes to the Financial Statements

For the year ended 30th June 2005

Note 2 Outputs of the Authority

Information about the Authority's outputs and, the expenses and revenues which are reliably attributable to those outputs is set out in Note 37. The two key outputs of the Authority are:

Prevention and Promotion

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

Diagnosis and Treatment

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

	2005	2004
	\$	\$
Note 3 Employee expenses		
Salaries and wages (i)	10,168,092	10,215,471
Superannuation	1,146,940	1,546,501
Annual leave	950,716	811,671
Long service leave	270,184	245,797
Other related expenses	<u>2,347,795</u>	<u>403,390</u>
	<u>14,883,727</u>	<u>13,222,830</u>

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

The related on-costs liability is included in employee benefit liabilities at Note 20.

Note 4 Patient support costs

Medical supplies and services	83,004	81,492
Domestic charges	20,512	20,992
Fuel, light and power	99,953	108,778
Food supplies	56,277	52,920
Patient transport costs	951	783
Purchase of external services	<u>15,923,462</u>	<u>16,166,797</u>
	<u>16,184,159</u>	<u>16,431,762</u>

Note 5 Depreciation expense

Buildings	99,872	98,228
Computer equipment and software	99,034	97,458
Furniture and fittings	13,589	14,025
Medical Equipment	2,148	2,490
Other plant and equipment	<u>32,524</u>	<u>36,028</u>
	<u>247,167</u>	<u>248,229</u>

Note 6 Net gain / (loss) on disposal of non-current assets

Gain / (Loss) on disposal of non-current assets:		
Computer equipment and software	14,997	16,312
Other plant and equipment	<u>10,862</u>	<u>13,592</u>
Net gain / Loss)	<u>25,859</u>	<u>29,904</u>

WESTERN AUSTRALIAN ALCOHOL AND DRUG AUTHORITY

Notes to the Financial Statements

For the year ended 30th June 2005

	2005 \$	2004 \$
Note 7 Capital user charge		
A capital user charge rate of 8% has been set by the Government for 2004/05 and represents the opportunity cost of capital invested in the net assets of the Authority used in the provision of outputs. The charge is calculated on the net assets adjusted to take account of exempt assets. Payments are made to the Department of Treasury and Finance on a quarterly basis by the Department of Health on behalf of the Authority.	<u>313,000</u>	<u>376,210</u>
Note 8 Other expenses from ordinary activities		
Motor vehicle expenses	54,334	33,856
Insurance	92,198	94,485
Communications	164,095	193,043
Printing and stationery	280,506	228,090
Rental of property	187,173	163,380
Audit fees - external	28,000	0
Repairs, maintenance and consumable equipment expense	393,549	728,261
Costs of disposal of non-current assets	27,114	30,177
Other	<u>771,349</u>	<u>954,249</u>
	<u>1,998,315</u>	<u>2,425,541</u>
Note 9 Grants and contributions		
Commonwealth grants and contributions		
Grant for National Adaptation of the In Touch Resource	0	78,200
Grant for WA Family Program Supporting Police Diversion	0	304,000
Grant for Train the Trainer Project	<u>100,000</u>	<u>0</u>
	<u>100,000</u>	<u>382,200</u>
Note 10 Other revenues from ordinary activities		
a) Revenue from operating activities		
Recoveries	1,016	4,554
Use of hospital facilities	447	570
Other	<u>1,267,287</u>	<u>11,231</u>
	<u>1,268,750</u>	<u>16,355</u>
b) Revenue from non-operating activities		
Net income sundry activities	<u>2,006</u>	<u>0</u>
	<u>2,006</u>	<u>0</u>
	<u>1,270,756</u>	<u>16,355</u>
Note 11 Service appropriation		
Appropriation revenue received during the year:		
Service appropriation	<u>32,449,843</u>	<u>32,011,189</u>

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

WESTERN AUSTRALIAN ALCOHOL AND DRUG AUTHORITY

Notes to the Financial Statements

For the year ended 30th June 2005

	2005 \$	2004 \$
Note 12 Liabilities assumed by the Treasurer		
The following liabilities have been assumed by the Treasurer during the financial year:		
Superannuation	<u>70,660</u>	<u>0</u>
The assumption of the superannuation liability by the Treasurer is a notional revenue to match the notional superannuation expense reported in respect of current employees who are members of the Pension Scheme and current employees who have a pre-transfer benefit entitlement under the Gold State Superannuation Scheme.		
Note 13 Cash assets		
Cash on hand	2,000	1,900
Cash at bank – general	<u>2,227</u>	<u>109,302</u>
	<u>4,227</u>	<u>111,202</u>
Note 14 Receivables		
GST receivable	145,032	75,483
Other receivables	<u>90,986</u>	<u>66,062</u>
	<u>236,018</u>	<u>141,545</u>
Less: Provision for doubtful debts	<u>0</u>	<u>0</u>
	<u>236,018</u>	<u>141,545</u>
Note 15 Amounts receivable for services		
Current	350,000	350,000
Non-current	<u>936,634</u>	<u>334,806</u>
	<u>1,286,634</u>	<u>684,806</u>
This asset represents the non-cash component of service appropriations which is held in a holding account at the Department of Treasury and Finance. It is restricted in that it can only be used for asset replacement or payment of leave liability.		
Note 16 Inventories		
Pharmaceutical stores – at cost	<u>23,313</u>	<u>21,953</u>
	<u>23,313</u>	<u>21,953</u>
Note 17 Other assets		
Prepayments	<u>71,407</u>	<u>80,455</u>
	<u>71,407</u>	<u>80,455</u>
Note 18 Property, plant and equipment		
Land		
At fair value	<u>3,810,000</u>	<u>3,810,000</u>
	<u>3,810,000</u>	<u>3,810,000</u>

WESTERN AUSTRALIAN ALCOHOL AND DRUG AUTHORITY

Notes to the Financial Statements

For the year ended 30th June 2005

	2005 \$	2004 \$
Buildings		
<u>Clinical:</u>		
At fair value	3,807,990	3,399,997
Accumulated depreciation	<u>(322,828)</u>	<u>(222,956)</u>
	3,485,162	3,177,041
Total of all land and buildings	<u>7,295,162</u>	<u>6,987,041</u>
Computer equipment and software		
At cost	712,890	747,289
Accumulated depreciation	<u>(505,929)</u>	<u>(506,360)</u>
	206,961	240,929
Furniture and fittings		
At cost	241,169	242,027
Accumulated depreciation	<u>(136,409)</u>	<u>(124,733)</u>
	104,760	117,294
Medical Equipment		
At cost	39,564	39,564
Accumulated depreciation	<u>(24,830)</u>	<u>(22,682)</u>
	14,734	16,882
Other plant and equipment		
At cost	405,365	427,567
Accumulated depreciation	<u>(215,312)</u>	<u>(218,036)</u>
	190,053	209,531
Works in progress		
Other Work in Progress	<u>0</u>	<u>407,994</u>
	0	407,994
Total of property, plant and equipment	<u>7,811,670</u>	<u>7,979,671</u>

The revaluation of land and non-clinical buildings was performed in July 2003 in accordance with an independent valuation by the Department of Land Information (Valuation Services). Fair value has been determined on the basis of current market buying values for land and non-clinical buildings.

Payments for non-current assets

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

Paid as cash by the Authority from capital contributions	0	46,288
Paid as cash by the Authority from other funding sources	<u>106,277</u>	<u>3,772</u>
Gross payments for purchases of non-current assets	<u>106,277</u>	<u>50,060</u>

Reconciliations

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

WESTERN AUSTRALIAN ALCOHOL AND DRUG AUTHORITY

Notes to the Financial Statements

For the year ended 30th June 2005

	2005
	\$
Land	
Carrying amount at end of year	<u>3,810,000</u>
Buildings	
Carrying amount at start of year	3,177,041
Other additions	407,993
Depreciation	<u>(99,872)</u>
Carrying amount at end of year	<u>3,485,162</u>
Computer equipment and software	
Carrying amount at start of year	240,929
Other additions	81,315
Disposals	<u>(16,249)</u>
Depreciation	<u>(99,034)</u>
Carrying amount at end of year	<u>206,961</u>
Furniture and fittings	
Carrying amount at start of year	117,294
Additions	1,055
Depreciation	<u>(13,589)</u>
Carrying amount at end of year	<u>104,760</u>
Medical Equipment	
Carrying amount at start of year	16,882
Depreciation	<u>(2,148)</u>
Carrying amount at end of year	<u>14,734</u>
Other plant and equipment	
Carrying amount at start of year	209,531
Other additions	23,908
Disposals	<u>(10,862)</u>
Depreciation	<u>(32,524)</u>
Carrying amount at end of year	<u>190,053</u>
Works in progress	
Carrying amount at start of year	407,994
Transfers to other asset classes	<u>(407,994)</u>
Carrying amount at end of year	<u>0</u>
Total property, plant and equipment	
Carrying amount at start of year	7,979,671
Additions	106,277
Disposals	<u>(27,111)</u>
Depreciation	<u>(247,167)</u>
Carrying amount at end of year	<u>7,811,670</u>

Note 19 Payables

	2005	2004
	\$	\$
Trade payables	4,380	6,505
Accrued expenses	<u>91,850</u>	<u>126,288</u>
	<u>96,230</u>	<u>132,793</u>

WESTERN AUSTRALIAN ALCOHOL AND DRUG AUTHORITY

Notes to the Financial Statements

For the year ended 30th June 2005

	2005 \$	2004 \$
Note 20 Provisions		
Current liabilities:		
Annual leave (i)	863,174	812,713
Time off in lieu leave (i)	99,793	137,523
Long service leave (i)	839,636	740,260
Deferred salary scheme (i)	78,116	56,915
Superannuation (ii)	0	0
	<u>1,880,719</u>	<u>1,747,411</u>
Non-current liabilities:		
Long service leave (i)	635,383	653,251
Deferred salary scheme	0	(18,000)
Superannuation (ii)	0	1,630,802
	<u>635,383</u>	<u>2,266,053</u>
Total employee benefit liabilities	<u>2,516,102</u>	<u>4,013,464</u>
(i) The settlement of annual and long service leave liabilities give rise to the payment of superannuation and other employment on-costs. The liability for such on-costs is included here. The associated expense is included under Employee expenses at Note 4.		
(ii) The superannuation liability has been established from data supplied by the Government Employees Superannuation Board.		
The Authority considers the carrying amount of employee benefits approximates the net fair value.		
Employee benefit liabilities		
The aggregate employee benefit liability recognized and included in the financial statements is as follows:		
Provision for employee benefits		
Current	1,880,719	1,747,411
Non-current	<u>635,383</u>	<u>2,266,053</u>
	<u>2,516,102</u>	<u>4,013,464</u>
Note 21 Other liabilities		
Accrued salaries	0	507,576
Other	<u>0</u>	<u>(447,304)</u>
	0	60,272
Note 22 Contributed equity		
Balance at beginning of the year	2,633,137	2,099,864
Capital contributions (i)	138,000	533,272
Contributions by owners		
Assumption of superannuation liability by the Treasurer	<u>1,630,802</u>	<u>0</u>
Balance at end of the year	<u>4,401,939</u>	<u>2,633,137</u>

WESTERN AUSTRALIAN ALCOHOL AND DRUG AUTHORITY

Notes to the Financial Statements

For the year ended 30th June 2005

	2005 \$	2004 \$
(i) Capital Contributions have been designated as contributions by owners and are credited directly to equity in the Statement of Financial Position.		
Note 23 Reserves		
Asset revaluation reserve (i):		
Balance at beginning of the year	3,425,470	3,425,470
Net revaluation increments / (decrements):		
- Land	0	0
- Buildings	0	0
Balance at end of the year	<u>3,425,470</u>	<u>3,425,470</u>
(i) The asset revaluation reserve is used to record increments and decrements on the revaluation of non-current assets. Revaluation increments and decrements are offset against one another within the same class of non-current assets. Refer note 1(f) for the Authority's revaluation.		
(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 recognized as an expense in the Statement of Financial Performance, except to the extent that any decrement reverses a revaluation increment previously credited to the asset revaluation reserve.		
Note 24 Accumulated surplus (deficiency)		
Balance at beginning of the year	(1,245,504)	(920,772)
Change in net assets	239,032	(324,732)
Balance at end of the year	<u>(1,006,472)</u>	<u>(1,245,504)</u>
Note 25 Notes to the statement of cash flows		
a) Reconciliation of cash		
Cash assets at the end of the financial year as shown in the Statement of Cash Flows is reconciled to the related items in the Statement of Financial Position as follows:		
Cash assets (Refer Note 13)	<u>4,227</u>	<u>111,202</u>
	<u>4,227</u>	<u>111,202</u>
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)	(31,674,968)	(31,454,210)
Increase / (decrease) in assets:		
GST receivable	69,549	(47,152)
Other receivables	24,924	54,746
Inventories	1,360	9,258
Prepayments	(9,048)	31,031

WESTERN AUSTRALIAN ALCOHOL AND DRUG AUTHORITY

Notes to the Financial Statements

For the year ended 30th June 2005

	2005 \$	2004 \$
Decrease / (increase) in liabilities:		
Payables	36,563	107,780
Accrued salaries	507,576	308,358
Provisions	1,497,362	(694,710)
Non-cash items:		
Depreciation expense	(247,167)	(248,229)
Net gain / (loss) from disposal of non-current assets	25,859	(29,904)
Capital user charge paid by Department of Health	(313,000)	(376,210)
Superannuation liabilities assumed by the Treasurer	70,660	0
Other	(2,078,103)	3,321
Net cost of services (Statement of Financial Performance)	<u>(32,281,471)</u>	<u>(32,335,921)</u>

c) Notional cash flows

Service appropriations as per Statement of Financial Performance	32,449,843	32,011,189
Capital appropriations credited directly to Contributed Equity (Refer Note 22)	138,000	533,272
Holding account drawdowns credited to Amounts Receivable for Services (Refer Note 15)	<u>(601,828)</u>	<u>(534,324)</u>
	31,986,015	32,010,137
Less notional cash flows:		
Capital user charge	(313,000)	(376,210)
Other non cash adjustments to service appropriations	<u>0</u>	<u>(20,639)</u>
	(313,000)	(396,849)
Cash Flows from State Government as per Statement of Cash Flows	<u>31,673,015</u>	<u>31,613,288</u>

Note 26 Losses of public monies and other property

Losses of public monies and public or other property through theft or default	0	(693)
Less amount recovered	<u>0</u>	<u>2,193</u>
Net losses	<u>0</u>	<u>1,500</u>

Note 27 Remuneration of members of the accountable authority and senior officers

Remuneration of members of the accountable authority

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

\$0 - \$10,000	<u>1</u>	<u>1</u>
	<u>1</u>	<u>1</u>

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

<u>316</u>	<u>632</u>
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WESTERN AUSTRALIAN ALCOHOL AND DRUG AUTHORITY

Notes to the Financial Statements

For the year ended 30th June 2005

	2005 \$	2004 \$
Remuneration of Senior Officers		
The number of senior officers other than senior officers reported as members of the Accountable Authority, whose total of fees, salaries, superannuation and other benefits for the financial year, fall within the following bands are:		
\$50,001 - \$60,000	0	1
\$60,001 - \$70,000	1	0
\$70,001 - \$80,000	1	0
\$80,001 - \$90,000	1	0
\$90,001 - \$100,000	1	1
\$100,001 - \$110,000	3	2
\$110,001 - \$120,000	1	3
\$140,001 - \$150,000	1	0
\$200,000 - \$285,000	1	2
Total	10	9

The total remuneration of senior officers is: 1,233,510 1,176,983

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

Numbers of senior officers presently employed who are members of the Pension Scheme:

0 0

Note 28 Remuneration of Auditor

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

Auditing the accounts, financial statements and performance indicators 30,000 28,000

Note 29 Commitments for Expenditure

Operating lease commitments:

Commitments in relation to leases contracted for at the reporting date but not recognized as liabilities, are payable as follows:

Within one year	65,557	41,500
Later than one year, and not later than five years	55,485	2,888
	<u>121,042</u>	<u>44,388</u>

These commitments are all inclusive of GST.

Note 30 Contingent liabilities and contingent assets

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

Note 31 Events occurring after reporting date

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

WESTERN AUSTRALIAN ALCOHOL AND DRUG AUTHORITY

Notes to the Financial Statements

For the year ended 30th June 2005

Note 32 Related bodies

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

The Authority had no related bodies during the reporting period.

Note 33 Affiliated bodies

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

The Authority had no affiliated bodies during the reporting period.

Note 34 Impact of Adopting Australian Equivalents to International Financial Reporting Standards

Reconciliation of Equity

The following table sets out the expected adjustments to the statement of financial position for the AIFRS comparative period balance sheet as at 30 June 2005.

WESTERN AUSTRALIAN ALCOHOL AND DRUG AUTHORITY

Notes to the Financial Statements

For the year ended 30th June 2005

	Previous GAAP 30 June 2005	Transition impact	Australian equivalents to IFRSs 30 June 2005
	\$	\$	\$
Statement of Financial Position			
Cash assets	4,227	0	4,227
Restricted cash assets	0	0	0
Receivables	236,018	0	236,018
Amounts receivable for services	350,000	0	350,000
Inventories	23,313	0	23,313
Other assets	71,407	0	71,407
Total current assets	684,965	0	684,965
Amounts receivable for services	936,634	0	936,634
Property, plant and equipment	7,811,670	0	7,811,670
Other financial assets	0	0	0
Total non-current assets	8,748,304	0	8,748,304
Total assets	9,433,269	0	9,433,269
Payables	96,230	0	96,230
Interest-bearing liabilities	0	0	0
Provisions	1,880,719	(17,439)	1,863,280
Other liabilities	0	0	0
Total current liabilities	1,976,949	(17,439)	1,959,510
Interest-bearing liabilities	0	0	0
Provisions	635,383	0	635,383
Total non-current liabilities	635,383	0	635,383
Total liabilities	2,612,332	(17,439)	2,594,893
NET ASSETS	6,820,937	17,439	6,838,376
Contributed equity	4,401,939	0	4,401,939
Reserves	3,425,470	0	3,425,470
Accumulated surplus / (deficiency)	(1,006,472)	17,439	(989,033)
TOTAL EQUITY	6,820,937	17,439	6,838,376

Reconciliation of net cost of service for the financial year ended 30 June 2005

The following table sets out the expected adjustments to the statement of financial performance for the year ended 30 June 2005

WESTERN AUSTRALIAN ALCOHOL AND DRUG AUTHORITY

Notes to the Financial Statements

For the year ended 30th June 2005

	Previous GAAP 30 June 2005	Transition impact	Australian equivalents to IFRSs 30 June 2005
	\$	\$	\$
Statement of Financial Performance			
Employee expenses	14,883,727	5,231	14,888,958
Fees for visiting medical practitioners	0	0	0
Patient support costs	16,184,159	0	16,184,159
Borrowing costs expense	0	0	0
Depreciation expense	247,167	0	247,167
Asset Impairment losses	0	0	0
Asset revaluation decrement	0	0	0
Capital user charge	313,000	0	313,000
Carrying amount of non-current assets disposed of	(25,859)	0	(25,859)
Other expenses from ordinary activities	1,998,315	0	1,998,315
Total Cost of Services	<u>33,600,509</u>	<u>5,231</u>	<u>33,605,740</u>
Total revenues from ordinary activities	1,372,011	0	1,372,011
NET COST OF SERVICES	<u>32,228,498</u>	<u>5,231</u>	<u>32,233,729</u>

Summary of impact on transition to AIFRS on accumulated surplus/(Deficiency)

Accumulated reconciliation	1,245,504
AIFRS reconciliation	
Adjustments in respect of the Employee benefits provisions	(22,670)
Accumulated Surplus/(Deficiency) as at	<u>1,222,834</u>
1 July 2004 under AIFRS	

The adjustments are explained as follows:

Employee Benefits

Under previous GAAP, all annual leave and vesting long service leave were measured at nominal amounts. In accordance with AASB 119 "Employee benefits", all employee benefits that fall due after 12 months are measured at the present value and reclassified to non-current liabilities.

Employee benefits amounting to \$22,670 have been reclassified from current liabilities to non-current liabilities.

WESTERN AUSTRALIAN ALCOHOL AND DRUG AUTHORITY

Notes to the Financial Statements

For the year ended 30th June 2005

Note 35 Explanatory Statement

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

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

	Note	2005 Actual \$	2004 Actual \$	Variance \$
Statement of Financial Performance - Expenses				
Employee expenses	(a)	14,883,727	13,222,830	1,660,897
Patient support costs		16,184,159	16,431,762	(247,603)
Depreciation expense		247,167	248,229	(1,062)
Capital user charge	(c)	313,000	376,210	(63,210)
Carrying amount of non-current assets disposed of		27,114	30,177	(3,063)
Other expenses from ordinary activities	(b)	1,998,315	2,425,541	(427,226)
Statement of Financial Performance - Revenues				
Commonwealth grants and contributions	(d)	100,000	382,200	(282,200)
Other revenues from operating activities	(e)	1,268,750	16,355	1,252,395
Proceeds from disposal of non-current assets	(f)	1,255	273	982
Other revenues from non-operating activities		2,006	0	2,006
Service appropriation		32,449,843	32,011,189	438,654
Liabilities assumed by the Treasurer		70,660	0	70,660

a) Employee expenses

The FBT payment of \$1.8 million had a flow on effect resulting in increased costs for employee expenses.

b) Other expenses from ordinary activities

Decrease as a result of cost savings measures implemented during the year.

c) Capital User Charge

The Capital User Charge from the Department of Health was reduced from the 2004 level.

d) Commonwealth grants and contributions

The decrease in grant was a result of a one-off grant received in 2004 in the area of the WA Family Program Supporting Police Diversion.

e) Other revenues from operating activities

Have decreased due to the Transitional Grant of \$1.3 million received from the Australian Taxation Office to meet the FBT payment.

f) Proceeds from disposal of non-current assets

Proceeds were more than expected.

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

Section 42 of the Financial Administration and Audit Act requires the health service to prepare annual budget estimates. Details and reasons for significant variations between these estimates and actual results are detailed below. Significant variations are considered to be those greater than 10% of budget.

	Note	2005 Actual \$	2005 Estimates \$	Variance \$
Operating expenses				
Employee expenses	(a)	14,883,727	14,782,796	100,931
Other goods and services	(b)	18,769,755	18,895,506	(125,751)
Total expenses from ordinary activities		33,653,482	33,678,302	(24,820)
Less: Revenues from ordinary activities	(c)	(1,372,011)	(1,441,500)	69,489
Net cost of services		32,281,471	32,236,802	44,669

WESTERN AUSTRALIAN ALCOHOL AND DRUG AUTHORITY

Notes to the Financial Statements

For the year ended 30th June 2005

a) Employee expenses

Variance not significant.

b) Other goods and services

Variance not significant.

c) Revenues from ordinary activities

Variance not significant.

Note 36 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:

	<u>Weighted average effective interest rate</u> %	<u>Variable interest rate</u> \$000	<u>Fixed interest rate maturities</u>		<u>Total</u> \$000
			<u>Less than 1 year</u> \$000	<u>1 to 5 years</u> \$000	
As at 30 June 2004					
Financial Assets					
Cash assets	0.0%	0	0	4	4
Receivables				236	236
		4	0	240	240
Financial Liabilities					
Payables				96	96
		0	0	96	96
Net financial assets / (liabilities)		0	0	144	144
As at 30 June 2004					
Financial Assets	0.0%	0	0	255	255
Financial Liabilities	0.0%	0	0	224	224

b) Credit risk exposure

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

c) Net fair values

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

WESTERN AUSTRALIAN ALCOHOL AND DRUG AUTHORITY

Notes to the Financial Statements

For the year ended 30th June 2005

Note 37 Schedule of Services Delivered

	Prevention & Promotion		Diagnosis & Treatment		Continuing Care		Total	
	2005	2004	2005	2004	2005	2004	2005	2004
	\$	\$	\$	\$	\$	\$	\$	\$
COST OF SERVICES								
Expenses from Ordinary Activities								
Employee expenses	967,442	433,709	13,916,285	12,593,423	0	195,698	14,883,727	13,222,830
Patient support costs	770,366	538,962	15,413,793	15,649,610	0	243,190	16,184,159	16,431,762
Depreciation expense	46,962	8,142	200,205	236,413	0	3,674	247,167	248,229
Capital user charge	59,470	12,340	253,530	358,302	0	5,568	313,000	376,210
Carrying amount of non-current assets disposed of	5,152	989	21,962	28,741	0	447	27,114	30,177
Other expenses from ordinary activities	379,680	79,558	1,618,635	2,310,085	0	35,898	1,998,315	2,425,541
Total cost of services	2,229,072	1,073,700	31,424,410	31,176,574	0	484,475	33,653,482	32,734,749
Revenues from Ordinary Activities								
<i>Revenue from operating activities</i>								
Commonwealth grants and contributions	100,000	12,536	0	364,007	0	5,657	100,000	382,200
Other revenues from operating activities	241,062	536	1,027,688	15,577	0	242	1,268,750	16,355
<i>Revenue from non-operating activities</i>								
Proceeds from disposal of non-current assets	238	9	1,017	260	0	4	1,255	273
Other revenues from non-operating activities	381	0	1,625	0	0	0	2,006	0
Total revenues from ordinary activities	341,681	13,081	1,030,330	379,844	0	5,903	1,372,011	398,828
NET COST OF SERVICES	1,887,391	1,060,619	30,394,080	30,796,730	0	478,572	32,281,471	32,335,921
Revenues from State Government								
Output appropriations	6,165,470	1,049,967	26,284,373	30,487,456	0	473,766	32,449,843	32,011,189
Liabilities assumed by the Treasurer	13,425	0	57,235	0	0	0	70,660	0
Total revenues from State Government	6,178,895	1,049,967	26,341,608	30,487,456	0	473,766	32,520,503	32,011,189
Change in net assets before extraordinary items	4,291,504	(10,652)	(4,052,472)	(309,274)	0	(4,806)	239,032	(324,732)
CHANGE IN NET ASSETS	4,291,504	(10,652)	(4,052,472)	(309,274)	0	(4,806)	239,032	(324,732)