

# Annual Report 2008/09

Drug and Alcohol Office

Delivering a **Healthy WA**



Government of Western Australia  
Drug and Alcohol Office

2008/09



# Contents

Statement of Compliance.....	1
Executive Director's Report.....	2
<b>Overview .....</b>	<b>4</b>
Executive Summary .....	4
Summary Highlights 2008/09 .....	6
Significant Issues and Trends .....	8
Agency Priorities 2009/10 .....	12
Operational Structure .....	15
<b>Agency Performance.....</b>	<b>19</b>
Policy, Strategy and Information Directorate .....	19
Prevention and Workforce Development Directorate.....	22
Client Services and Development Directorate .....	25
Next Step Drug and Alcohol Services .....	27
Finance and Corporate Services Directorate .....	30
<b>Disclosure and Legal Compliance .....</b>	<b>32</b>
Financial Statements .....	33
Key Performance Indicators.....	67
Performance Management Framework .....	68
Other Legal Requirements .....	80
Government Policy Requirements.....	85
<b>Appendices .....</b>	<b>87</b>
Appendix One – Research projects.....	87
Appendix Two – Publications, reports and monographs.....	88
Appendix Three – Conference papers, seminars and other presentations .....	89



## Corporate information

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

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## Statement of Compliance

**To the Hon Dr Graham Jacobs, MBBS FRACGP MLA  
Minister for Water; Mental Health**

In accordance with Section 66 of the *Financial Management Act 2006*, we submit for your information and presentation to Parliament the Annual Report of the Western Australian Alcohol and Drug Authority for the financial year ending 30 June 2009.

The Annual Report has been prepared in accordance with the provisions of the following Acts:

- *Financial Management Act 2006*
- *Public Sector Management Act 1994*
- *State Records Act 2000*
- *Disability Services Act 1993*
- *Freedom of Information Act 1992*
- *Electoral Act 1907*
- *Public Interest Disclosure Act 2003*



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



Professor Steve Allsop  
Deputy Chairperson/Member of the Board  
Western Australian Alcohol and Drug Authority

## Executive Director's Report

2008/09 has been a year of considerable change and challenge, but another busy and productive year for the Drug and Alcohol Office (DAO) and the alcohol and drug sector.

Following the release of the first results of the national findings of the National Drug Strategy Household Survey in April 2007, the summary results for states and territories were released in August 2008. Pleasingly, these continued to show generally positive trends for drug and alcohol use in Western Australia with overall reductions in the prevalence of alcohol and illicit drug use during the 12 months prior to data collection in 2007, compared to the results from the 2004 Household Survey.

Despite these reductions, the results also showed that problematic drug and alcohol use continues to impact all Western Australians. In Western Australia in 2007, of those aged 14 years and over:

- 9.85% reported drinking alcohol on a daily basis and 46.9% on a weekly basis;
- 37.1% reported drinking at risky or high risk levels in the short term and 11.5% in the long term (above the national average of 34.6% and 10.3% respectively);
- 16.2% had used an illicit drug in the last 12 months;
- cannabis (10.8%), meth/amphetamine (4.2%) and ecstasy (4.1%) were the most commonly used illicit drugs; and
- significant proportions reported being a victim of verbal or physical abuse or put in fear as a result of someone else's alcohol or drug use.

The availability of the results was timely in respect to the development of the new *Western Australian Drug and Alcohol Strategy 2009–2013*, which has been coordinated during the year by DAO, through the WA Drug and Alcohol Strategy Group Senior Officers Group, and will be released shortly for public consultation.

Prevention and early intervention will be two areas of significant focus in the new Strategy and these have been areas of high priority for DAO during 2008/09. As part of a more coordinated approach to addressing alcohol and drug issues in regional Western Australia, substantial support has been provided to the development and implementation of alcohol management strategies in areas of high need, particularly, though not exclusively, in the Kimberley and Pilbara regions.

As evidence of the achievements has spread following the implementation of liquor restrictions in Fitzroy Crossing, the level of requests for DAO to support the consideration and development of alcohol management strategies in other communities has similarly increased. Assistance is now being provided to several communities across the state.

During the year, the rebranded *Rethink Drink* alcohol education campaign has been refocused to include a wider, more innovative and harder hitting range of media advertising to better engage the community in taking action to address drunkenness. The post-campaign evaluation showed strong community support for this type of public education and strategies are now being developed through a partnership with Healthway to expand the campaign and supporting activities into high risk regions and communities. Three phases of the *Drug Aware* Amphetamine campaign were also enabled through the additional funding provided following the 2007 WA Illicit Amphetamine Summit.

The development of effective partnerships has continued to be a high priority for DAO. The year has also seen good progress with the consolidation of integrated government and non-government alcohol and drug services in the metropolitan area, delivering more comprehensive and accessible services.

The creation of the new Ministerial portfolio of the Minister for Mental Health has formally recognised the importance of improving support for people with co-occurring mental health and alcohol and drug

problems. It has also lent additional emphasis to the partnership approach to building improved linkages between alcohol and other drug and mental health services, being pursued by DAO and the Division of Mental Health. This work has been complemented by the implementation of the Commonwealth Government's Improved Services Initiative funding that is now supporting eleven consortia across the state to collaborate in the improvement of services for clients with co-occurring mental health and alcohol and drug problems.


Existing partnership approaches and linkages have also been expanded between alcohol and other drug and child protection services to improve referral processes and joint case management, and a support manual is also close to completion. Similarly, existing partnerships with the WA Police and the Department of Racing, Gaming and Liquor have been consolidated to support a range of law enforcement and alcohol control strategies particularly aimed at facilitating safer drinking environments and responsible service.

Indigenous service improvement and reform has continued to be prioritised by DAO and has been supported through collaboration with the Council of Australian Governments (COAG) and a strong partnership approach to support the development and progression of initiatives to reduce alcohol and substance use, and its devastating impact on many Indigenous families, and to improve safety and community wellbeing in many areas of the state.

The repeal of the *Cannabis Control Act 2003* was an election commitment of the State Government and DAO is progressing the associated legislative amendments with WA Police. The repeal of the *Cannabis Control Act 2003* and amendments to the *Misuse of Drugs Act 1981* and the *Young Offenders Act 1984* will reinstate cannabis cautioning and make provision for a mandatory cannabis intervention session for both adult and juvenile minor cannabis offenders.

I am delighted to report that early in 2009, DAO successfully retained its status as a Registered Training Organisation and received very positive feedback on the quality, innovation and culturally secure focus of the Certificate III Program provided by the Aboriginal Alcohol and Other Drugs Programs Branch. New Commonwealth funding was subsequently approved to support the continued implementation of Aboriginal National Workforce Development and the development of a Certificate IV program in the year ahead.

I joined DAO just over a year ago and in closing this report want to extend my very sincere thanks to the Board, the staff, the sector and our service partners for their invaluable support and immense contribution during the year. The year has certainly presented a range of challenges, not the least of which have related to significant change in the global economic environment. But DAO is a great place to work, underpinned by strong and shared values and a commitment to teamwork and service. Thank you for making me feel so welcome.



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

# Overview

## Executive Summary

### *The Drug and Alcohol Office – Who we are*

The Drug and Alcohol Office (DAO) is a statutory authority (Western Australian Alcohol and Drug Authority (WAADA)) within WA Health and is accountable to the Minister for Mental Health. DAO was established under the *Alcohol and Drug Authority Act 1974* and provides or contracts a statewide network of services relating to prevention, treatment, professional education and training, and research activities.

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

There are five Directorates within DAO:

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

### *The Drug and Alcohol Office – What we do*

#### **Prevention and Community Action**

DAO conducts a range of prevention and early intervention programs and services to:

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

DAO delivers public health campaigns and initiatives to reduce risky alcohol use and prevent illicit drug use:

- The *Rethink Drink* campaign encourages and supports communities to achieve a safer drinking culture in Western Australia.
- The *Drug Aware* program focuses on reducing the harm from illicit drugs by encouraging sensible informed decisions about illicit drug use, through providing credible, factual information and delivering comprehensive strategies to address drug related issues.

DAO supports a statewide network of local drug action groups that deliver preventative activities and education for youth and support for families. DAO also supports school drug education through the state, Catholic and independent school sectors.



## Treatment Services

DAO clinical services are integrated with key non-government agencies to provide counselling and treatment services to youth, adults and families and also support local communities to prevent drug and alcohol problems.

DAO supports a comprehensive range of outpatient counselling and residential rehabilitation services, including specialist youth, women's and family services provided by non-government organisations that are members of the Western Australian Network of Alcohol and other Drug Agencies (WANADA).

Next Step Drug and Alcohol Services comprise:

- a specialist clinic in East Perth providing outpatient clinical programs for youth and adults;
- a residential withdrawal service, including dedicated beds for Aboriginal people;
- clinical services throughout the metropolitan area that are integrated with community drug service teams; and
- support for a statewide network of general practitioners providing pharmacotherapy.

The Drug and Alcohol Youth Service (DAYS) is an integrated outpatient service, in partnership with Mission Australia and Next Step youth service, for young people between the ages of 12 to 18 and their families to provide a comprehensive range of alcohol and drug assessment and treatment services. The service provides comprehensive multidisciplinary assessment and treatment both on-site and on an outreach basis.

The WA Diversion Program aims to reduce crime by diverting offenders with drug use problems away from the criminal justice system and into treatment to break the cycle of offending and address their drug use.

The Alcohol and Drug Information Service (ADIS) is a 24-hour, statewide, confidential telephone service providing information, advice, counselling and referral to anyone concerned about their own or another person's drug or alcohol use. ADIS also encompasses the Parent Drug Information Service (PDIS), a specific support service for parents, and the *Quitline* telephone counselling service for tobacco users.

The Parent Drug Information Service (PDIS) works in partnership with other programs within DAO and relevant agencies to provide support for parents and families in Western Australia who may be experiencing drug and alcohol problems. Callers have the option of talking to a professional counsellor, a volunteer parent or both.

## Aboriginal Programs

DAO provides culturally secure workforce and organisational development programs for human service agencies and staff to respond effectively to Aboriginal people affected by drug and alcohol use. This involves policy advice; professional education and training; including nationally recognised qualifications; as well as strategic support and planning for treatment and prevention programs. DAO is a Registered Training Organisation offering nationally recognised training that complies with the Australian Quality Training Framework.

## Workforce Development

DAO works with the drug and alcohol sector, government human service agencies and the broader community to ensure access to professional education and training; workplace and organisational support; and resource development to address drug and alcohol issues.

Workforce development activities include the Training@DAO calendar of drug and alcohol knowledge and skills-based training; tailored programs with agencies whose clients are characterised by high levels of drug and alcohol use; volunteer training programs, and professional conferences and symposia.

## Policy and Information

DAO undertakes policy development and coordinates whole-of-government policies and strategies in conjunction with state and Commonwealth agencies.

DAO undertakes monitoring, evaluation and research to identify trends and emerging problems, improve treatment and prevention services, and measure progress. Published reports cover state and national drug use trends, strategic performance indicators and analysis of key issues. DAO houses Western Australia's specialist library and information service for drug and alcohol publications. Members of the public, tertiary students and staff from other government agencies are welcome to use the library for reference purposes.

## Summary Highlights 2008/09

Significant achievements of DAO for 2008/09 are summarised below. Detailed highlights are provided in the body of the annual report.

### Policy initiatives

- Developed the draft *WA Drug and Alcohol Strategy 2009-2013* and supporting plans in preparation for public consultation, pending the approval of the Minister for Mental Health and Cabinet.
- Contributed to National Partnership Agreements and other Coalition of Australian Government (COAG) processes related to Indigenous reform with particular focus on policy formulation related to a comprehensive regional approach to tackle alcohol and drug use in high risk areas.
- Progressed with the development of the draft *Strong Spirit Strong Mind – Western Australian Aboriginal Alcohol and Other Drugs Framework* for the *WA Drug and Alcohol Strategy 2009-2013*. This will provide guidance to key stakeholders in delivering culturally secure programs and Aboriginal ways of working across the key strategic priority areas.

### Prevention and early intervention

- Launched the next phase of the *Rethink Drink* campaign consisting of television advertising, convenience advertising, a comprehensive website and targeted unpaid media.
- Conducted the *Drug Aware* Drug Driving Campaign as a joint project with the Office of Road Safety and the Western Australian Network of Alcohol and Other Drugs Agencies (WANADA). The campaign strategies included targeted advertising and other education initiatives to influence driver attitudes, beliefs and behaviours.
- Establishment of a partnership between the Office of Crime Prevention, Department for Indigenous Affairs, Department of the Attorney General and DAO to support a more coordinated and effective approach to implementing Community Safety and Crime Prevention Plans and Local Justice Agreements.
- Establishment and ongoing coordination of local alcohol management committees and associated strategies in Fitzroy Crossing, Kununurra (Oombulgurri), Mullewa, Geraldton and Halls Creek. Assistance was provided to other Western Australian communities acting to reduce alcohol-related problems.

### Treatment and support

- Improved support for co-morbid clients has continued with continuing implementation of local agreements between mental health and alcohol and drug services. This work has complemented the implementation of the Commonwealth Government's improved services initiative that enables consortia of services to collaborate and improve services for clients with mental health and alcohol and drug problems.

- Key staff were trained in family counselling and family therapy. Processes are in place so that family members of clients attending the service or considering treatment can be better supported.
- The blood-borne virus (BBV) and sexually transmitted infections service was established and clinical staff at each site were trained. Screening, immunisation, education and support services for clients seeking treatment with hepatitis C has increased.
- The Aboriginal Withdrawal Unit refurbishment was completed in August 2008 and continues to attract referrals from regional areas. The majority of clients were engaged with culturally secure residential rehabilitation programs on discharge.
- Referral pathways continue to be improved between the Inpatient Withdrawal Unit, Emergency Departments, mental health services, GPs and the non-government alcohol and drug sector. As a result admission rates remain high, with 73% of clients completing treatment as planned.
- The development and signing of a memorandum of understanding with the major youth mental health services in Perth – Youthlink and Youthreach South. A number of other strategies were also implemented to further enhance the ability of the services to manage clients with mental health and drug and alcohol problems.
- A parent support program was developed in conjunction with PDIS which offers parents of clients of the service the opportunity to participate in parent support groups or be provided with one-to-one support from a PDIS counsellor at DAYS.
- The CPOP Pharmacist Online Training Package designed for WA Community Pharmacists delivering opioid pharmacotherapy treatment (methadone and buprenorphine) to clients of the CPOP was completed. The online training program is designed to assist pharmacists meet their legal and administrative requirements. It will ensure that all community pharmacists involved in the CPOP program are appropriately trained.
- Clinical pathways for the management of patients with chronic pain and opioid dependency have been established and a resource kit for GPs managing non-malignant pain with opioids was released in June 2009.

### Law enforcement

- Commenced implementation of legislative reform in relation to cannabis use through the approval by Cabinet for the repeal of the *Cannabis Control Act 2003* with agreement that the repeal be coordinated with legislative amendments to the *Misuse of Drugs Act 1981* and the *Young Offenders Act 1984*.
- Diversion services were implemented in the Perth Children's Court through implementation of the Young People's Supervised Treatment Intervention Regime (YSTIR).

### Specific illicit drug interventions

- Launched and evaluated the 2008/09 *Drug Aware* Amphetamine Campaign that targeted young people with messages about drug use, focussing on prevention and harm reduction.

## Significant Issues and Trends

### Drug and alcohol trends

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

The detailed findings from the 2007 National Drug Strategy Household Survey (NDSHS) were released by the Australian Institute of Health and Welfare (Canberra) in early 2008. This unique triennial survey collects questionnaire data randomly from households throughout Australia and is representative of the Australian and the Western Australian population.

### Alcohol

Results from the survey show that 86% of Western Australians over 14 years of age consumed alcohol within the last 12 months of the 2007 survey, compared to 83% nationally. The median ages for people first drinking alcohol were 16 years for males and 17 years for females.

Both men and women continue to drink unacceptably high levels of alcohol. No clear changes in short-term risky drinking behaviour were apparent between the years 2001-2007, and in 2007 around 37% of Western Australians over 14 years of age who reported drinking in the past week also reported drinking at levels associated with short term risks.

In Western Australia in 2007, a slightly greater number of females (12%) than males (10.7%) over 14 years of age reported drinking alcohol at levels associated with long-term health risks. Long-term risky drinking levels increased in all women's age groups aged 60 or less in the period 2004-2007 (Figure 1).

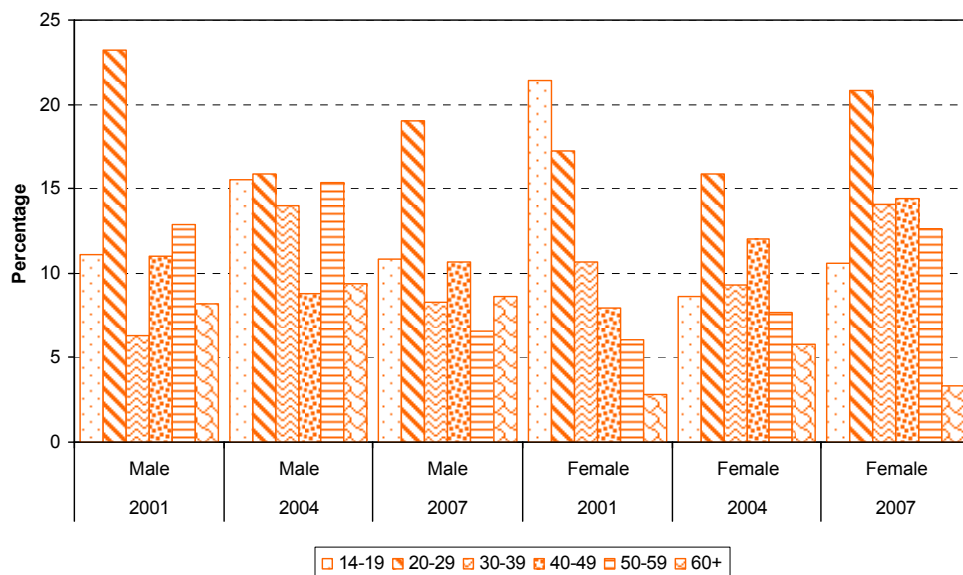


Figure 1: Percentage of Western Australia population engaging in long-term risky drinking behaviour (2001-2007) by gender and age

In 2007, the majority of Western Australian householders over 14 years of age supported more severe penalties for drink driving (85% compared with 84% in 2004) and stricter laws against servicing intoxicated customers (82.5% compared with 81% in 2004).

Approximately 54% (compared with 45% in 2004) of people believed alcohol sponsorship of sporting events should be banned. A greater number of people (74% compared to 70% in 2004) supported the limitation of alcohol advertising on television until after 9.30 pm. Twenty-three percent (compared with 17% in 2004) of households supported strategies to increase the price of alcohol, and 27% (compared with 21% in 2004) supported reducing the number of outlets selling alcohol.

The changes in community responses indicated by the figures above indicate a movement in community attitudes towards increasing controls to counter the harms associated with the risky use of alcohol.

## Illicit drugs

Between 2004 and 2007 in Western Australia, the results from the National Drug Strategy Household Survey showed that prevalence rates relating to most illicit drugs (cannabis, amphetamines, ecstasy and non-medical use analgesics) remained steady or decreased (Figures 2 and 3).

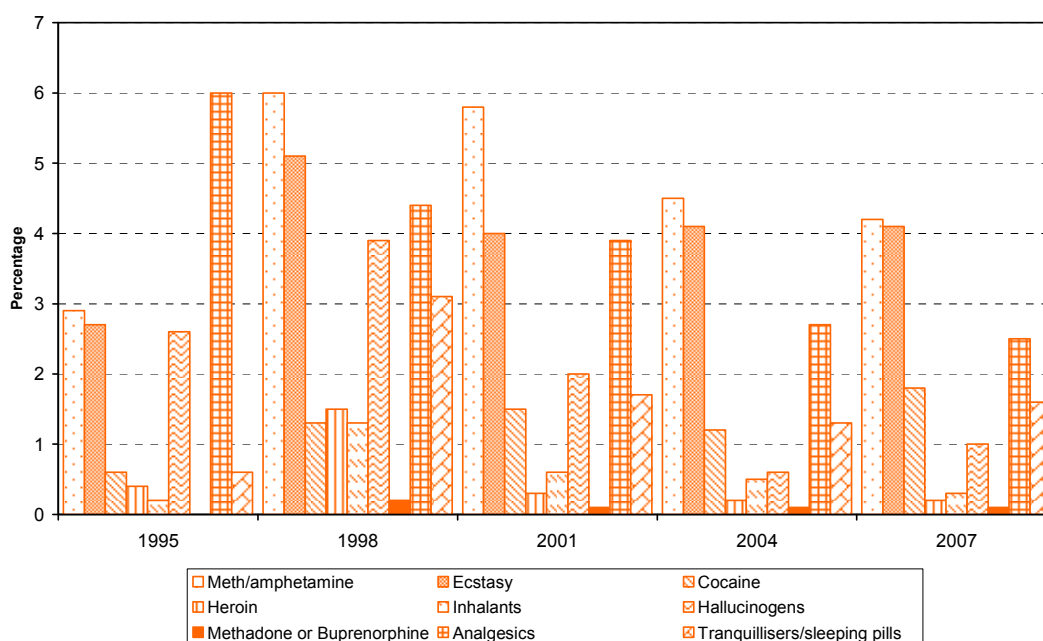


Figure 2: Percentage of Western Australian population over 14 years of age who used illicit drugs (excluding cannabis) within one year of being surveyed (1995-2007)

The age group exhibiting the highest recent use of illicit drugs (excluding cannabis) in females was 14-24 years of age, whereas in males the highest prevalence age group was 25-39 years of age.

Amphetamine use was almost twice as high in Western Australia (4.2%) as nationally (2.3%), whereas ecstasy use in Western Australia (4.1%) was only slightly higher than the national prevalence (3.5%).

In 2007, cannabis remained the most prevalent illicit drug used in Western Australia (10.8%) and nationally (9.1%). However, cannabis prevalence in Western Australia has continued to decline

since 1998 (22.3%, see Figure 3). In 2007, the age group exhibiting the highest recent cannabis use was 14-24 years, whereas for other illicit drug users the highest prevalence was seen in the group aged 25-39 years.

The percentage of Western Australians over 14 years of age reporting use of drugs other than cannabis, amphetamine and ecstasy remained low and comparable to national rates.

The community was generally supportive of using cannabis for treatment of medical conditions (69.3%) or for use in clinical trials (73.7%). Most people supported rapid detoxification therapy for heroin users in Western Australia (83.4%). There was less support for a trial of prescribed heroin (37.1%).

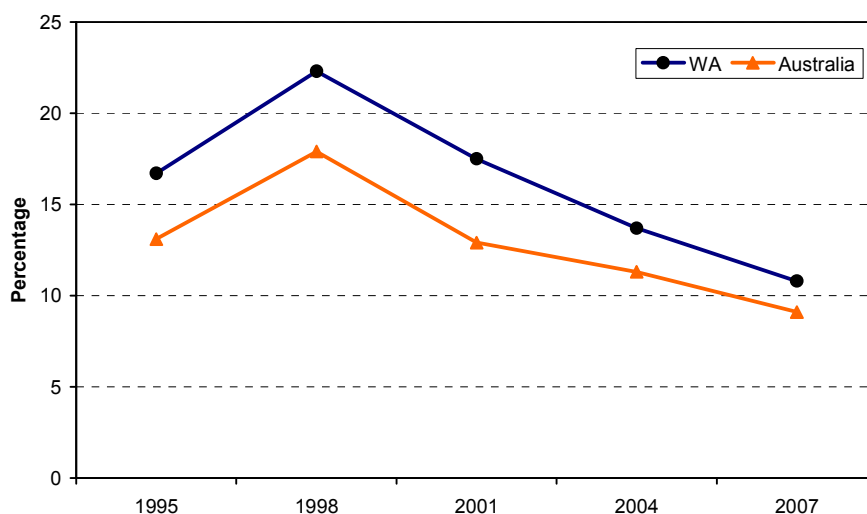


Figure 3: Percentage of Western Australian population over 14 years of age who used cannabis within one year of being surveyed (1995-2007)

## Other current and emerging issues

### Misuse of pharmaceutical drugs

The misuse of pharmaceutical (including prescription) drugs has gained increased attention in Australia and internationally in recent years. Non-medical use of analgesics and pain relievers is now the third most common class of drugs used by Australians in the previous twelve months, after cannabis and ecstasy. The two main classes of pharmaceutical drugs commonly misused are opioids and benzodiazepines. These drugs are available on prescription from GPs or accessed via street trafficking. Their misuse has increased over the past decade and looks likely to continue to increase.

The data that is available shows that there has been a substantial increase in prescription opioid use in Australia. With the increased prescribing of drugs such as MS Contin and Oxycontin there has been a corresponding increase in the number of people experiencing problems from prescription opioid dependence and also an increase in diversion of prescription opioids to the illicit drug market.

The Intergovernmental Committee on Drugs (IGCD) has resolved that this issue warrants the development of a comprehensive National Pharmaceutical Drug Misuse Strategy.

### Responding to the needs of regional and remote communities

It is important that local communities are actively engaged in the development, implementation and management of drug and alcohol programs. This requires investment in capacity building strategies including education and training, mentoring, peer support and establishment of partnerships to build community knowledge and competence.

There is a growing recognition at a state and regional level that drug and alcohol use influences the core business of all human service agencies and community groups. This has resulted in a growing demand from state and regional bodies for support in identifying appropriate processes and initiatives to address related issues. Drug and Alcohol Office resources are stretched in responding to these requests, and it has identified the Kimberley, Pilbara and Midwest regions for targeted support in 2009/2010.

### Legislative changes

During the 2008 State election campaign, the Liberal Party released a policy document titled *Tackling Illicit Drugs in our Community: Law Enforcement*. The document outlined a range of law enforcement initiatives to tackle illicit drugs in Western Australia, requiring the repeal of the *Cannabis Control Act 2003* and amendments to the *Misuse of Drugs Act 1981* and the *Young Offenders Act 1994*.

Significant responsibilities for the Drug and Alcohol Office under the jurisdiction of the Minister for Mental Health will include service provision relating to the requirement for all first time offenders, juvenile and adult, found in possession of 10 grams of cannabis or less to attend a mandatory cannabis education program, and associated community education.

### Economic environment

The current economic and financial environment has presented a range of additional pressures and challenges for the Drug and Alcohol Office. It also has the potential to present a range of additional stressors and risk factors often associated with increased drug use in the community. The Drug and Alcohol Office is therefore closely monitoring the available indicators.

### Responding to the needs of Aboriginal communities

Drug and alcohol use continues to play a significant role in the disruption of Aboriginal people's lives and impacts on the wellbeing of the whole community. It often co-exists with a broad range of mental health and behavioural disorders and is linked to high rates of hospitalisation, injuries and chronic disease.

The recruitment and retention of Aboriginal workers and subsequent access to culturally secure services are important, but remain problematic in parts of Western Australia. Current servicing of remote area communities to provide prevention and treatment services also presents significant challenges.

The Drug and Alcohol Office continues to receive a large number of requests for support to develop local capacity to address drug and alcohol issues and is supporting the development of an effective Aboriginal workforce as an ongoing priority.



## Agency Priorities 2009/10

In support of the *Western Australian Drug and Alcohol Strategy 2009-2013*, and to address a range of existing and emerging drug and alcohol issues, DAO has identified a number of priorities for 2009/10. These will be addressed in addition to core activities, and are summarised below.

### Focusing on prevention

A range of prevention strategies are required to decrease the demand for illicit drugs and reduce risky alcohol consumption. Key components are preventing and delaying the onset of use. This includes educating individuals, families and communities to develop the knowledge, attitudes and skills to choose healthy lifestyles and promote healthier environments.

- Launch the new *Rethink Drink* campaign in February/March 2010 that will include television advertising, convenience advertising, a comprehensive website and unpaid media.
- Develop a complementary region-specific *Rethink Drink* campaign in partnership with Goolari Media targeting Aboriginal people and addressing local issues in the Kimberley and Pilbara.
- Conduct the *Drug Aware* Amphetamine Campaign in March/April 2010, coinciding with the Healthway sponsored *Drug Aware* Surfing Pro in Margaret River.
- Further expand the Night Venues and Entertainment Projects into regional areas including the Great Southern and Pilbara.
- Implementation of regional alcohol management plans, coordination groups and other prevention initiatives in the Kimberley and Pilbara as part of a comprehensive approach to tackling alcohol and drug problems. The outcomes of the final report into the effectiveness of the liquor restrictions in Fitzroy Crossing will inform directions.
- Commence implementation of Commonwealth Council of Australian Governments (COAG) endorsed and funded priority initiatives arising from consideration of the Ministerial Council on Drug Strategy Report on options to reduce binge drinking.

### Intervening before problems become entrenched

Early intervention initiatives are required to identify individuals, families and communities at risk and intervene before problems become entrenched. This should include early detection and referral of those with potential drug and alcohol problems to appropriate treatment services.

- Develop the Alcohol and Drug Information Service (ADIS) as a key point of information and referral for GPs, health services and alcohol and drug services and enhance support to clients through call-back services.
- Implement the new cannabis intervention sessions statewide following the proposed repeal of the *Cannabis Control Act 2003* and proposed amendments to the *Misuse of Drugs Act 1981* and the *Young Offenders Act 1984*.
- Further develop and consolidate the WA Diversion Program to engage juvenile and adult offenders.
- Ensure treatment is available to people who are subject to the proposed early intervention pilot project that will target underage drinkers and their families.

### Strong law enforcement approaches

Strong law enforcement approaches are required to eliminate as far as possible, reduce and control the availability of drugs and alcohol. It includes implementing strategies that aim to break the cycle of offending by providing access to treatment and support services for offenders.



- Continue monitoring liquor licence applications and assist the Executive Director of Public Health in liquor licensing matters to reduce harm or ill-health that may occur due to the use of alcohol.
- Support Police to amend the *Misuse of Drugs Act 1981* to ban the sale by retail outlets of drug use paraphernalia and provide harsher penalties for those supplying drugs to children, or in places where children are present.
- Repeal the *Cannabis Control Act 2003* to criminalise cannabis possession and cultivation and provide a mandatory intervention session for both adult and juvenile minor cannabis offenders.
- Ensure availability of treatment programs for clients who are subject to the Government's proposed Repeat Drink Driving Legislation.

## Effective treatment and support services

The provision of integrated treatment and support services is required for those with problematic drug and alcohol use and for those affected by someone else's drug and alcohol use. Services must be of a high quality, informed by evidence, and meet the needs of individuals, families and communities.

- Maximise access to services and implement best practice admission, assessment and client management processes and coordinated care, including the consolidation and evaluation of the integrated community drug services in metropolitan corridors and the youth service.
- Work with the Department of Corrective Services and the drug and alcohol sector to identify service needs and optimise current service delivery for corrective services clients.
- Continue to implement initiatives that support and strengthen families and protect children through activities such as the implementation of local partnerships between local child protection and drug and alcohol services; collaboration with the Department for Child Protection to provide comprehensive workforce development programs for workers; and the implementation of a Family Inclusive Workforce Development training calendar to develop skills to work more effectively with families.
- Implement initiatives to target illicit drug related harm, including development and dissemination of new resources for health, welfare and peer support groups on responding to amphetamine and heroin intoxication and overdose.
- Promote the Parent Drug Information Service (PDIS) as a key point of information and referral into the drug and alcohol sector for parents concerned about their children's substance use.
- Work in partnership with the Australian Government and the Office of Aboriginal and Torres Strait Islander Health (OATSIH) to ensure optimal and coordinated resourcing and service delivery. Initiatives in the year ahead will include:
  - further development of the Nganwar Aerwah Residential Rehabilitation service;
  - support of the development of a residential rehabilitation service in South Hedland; and
  - support of initiatives related to the Council of Australian Governments (COAG) Indigenous Reform program.
- Develop and implement effective partnerships and clinical pathways with the Department of Health and pain management services to address prescription opioid dependence.
- Consolidate and further develop integrated drug and alcohol services including the specialist integrated youth service.
- Continue to review and enhance partnerships and clinical pathways with mental health services, Department for Child Protection, regional health services, hospitals and other alcohol and drug treatment services.

## Strategic coordination and capacity building

There are a number of supporting initiatives that are fundamental to the development of drug and alcohol related policy, programs and services. Flexibility is required in order to respond to the changing needs of government, community and the sector. Key components of strategic coordination and capacity building include, but are not limited to: workforce development; collaboration and partnerships; evidence-based practice; and information dissemination.

- Launch of the *Western Australian Drug and Alcohol Strategy 2009-2013* and supporting plans that will provide the across-government strategic direction in addressing drug and alcohol related problems in Western Australia for the coming years.
- Improve the drug and alcohol sector's ability to evaluate and target its services through the implementation of the Services Information Management System (SIMS) in treatment services funded or provided by DAO.
- Support and develop Aboriginal drug and alcohol services and staff, and promote and support culturally respectful and secure practice in mainstream drug and alcohol services.
- For Aboriginal workers, customise and develop the nationally recognised Certificate IV in drugs and alcohol to be culturally secure and include skill development in the management of co-occurring drug and alcohol and mental health problems.
- Develop a comprehensive range of partnerships with the tertiary sector to ensure that drug and alcohol training is included in relevant undergraduate courses and linked to student placements within DAO and Next Step.
- In collaboration with Women's Health Services, WA Country Health Service and Communicable Disease Control Directorate; design, develop, implement and evaluate drug and alcohol related e-learning courses.
- In partnership with the Mental Health Division of the Department of Health, develop and conduct a range of training programs including screening, early and brief intervention and follow up supervision/support to assist the implementation.
- Conduct a preliminary costing study into alcohol-related costs to local government.
- Support the publication and dissemination of the Australian School Students' Alcohol and Drug Survey and the National Drug Strategy Household Survey.
- Assist the WA Network for Alcohol and other Drug Agencies to identify and implement strategies to develop and enhance leadership and management skills of the drug and alcohol sector.

## Operational Structure

### Enabling Legislation

The Drug and Alcohol Office is the business name of the Western Australian Alcohol and Drug Authority (WAADA), which is an independent statutory authority established in November 1974 under the *Alcohol and Drug Authority Act 1974*.

WAADA is responsible to the Minister for Mental Health and, through the Minister, to the Western Australian Government.

### Responsible Minister

Hon Dr Graham Jacobs, MBBS FRACGP MLA  
Minister for Water; Mental Health

### What we do

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

- provide or contract a statewide network of treatment services, a range of prevention programs, professional education and training, and research activities;
- coordinate whole-of-government policies and strategies targeting people affected by drug and alcohol use; and
- provide expert advice to government regarding drug and alcohol use and related harm.

### Vision

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

### Values

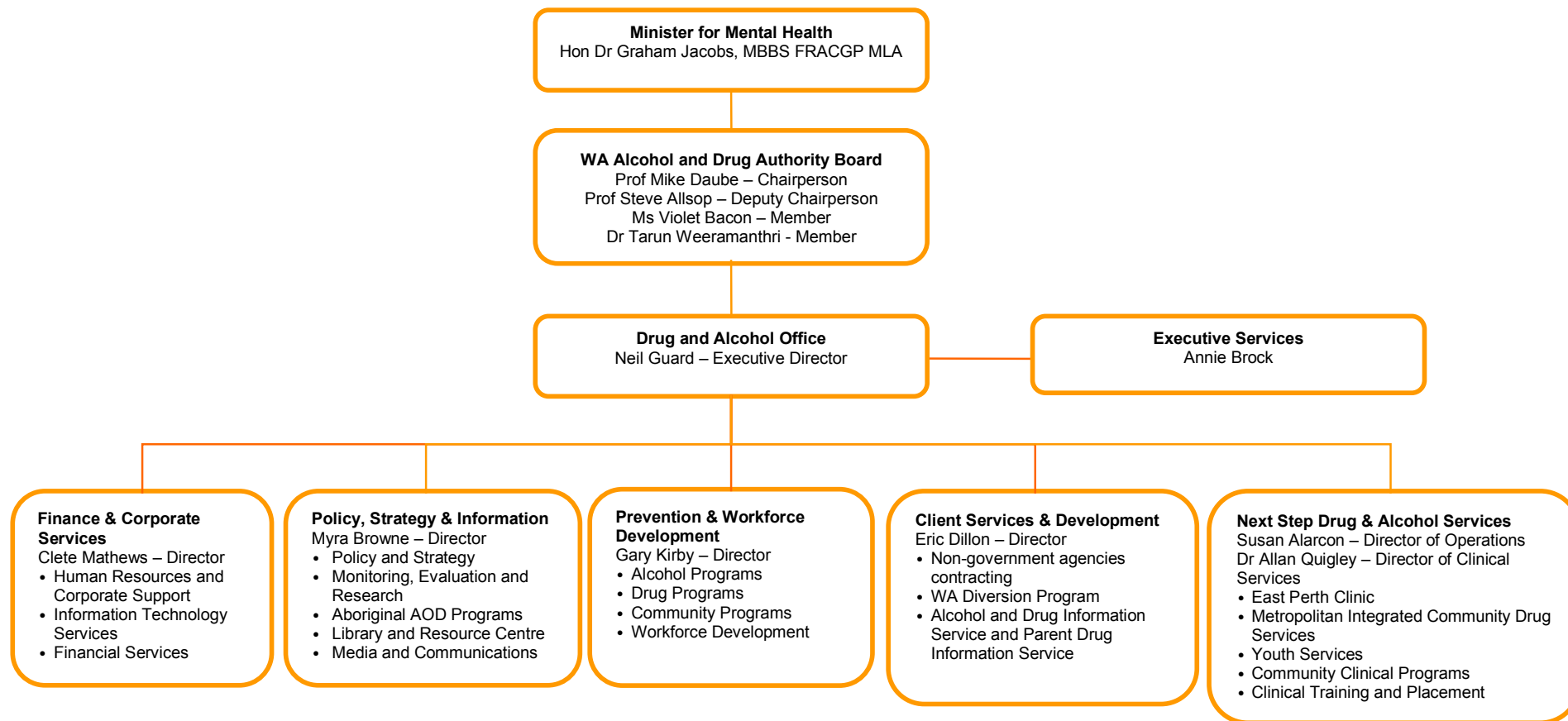
The values of DAO are:

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

### Organisational Structure

The chart on the following page outlines the corporate structure and reporting lines at DAO as at 30 June 2009.

## Organisational Structure – at 30 June 2009



## Board of Authority

The Western Australian Alcohol and Drug Authority Board comprises 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.

### *Members of the Board*

#### **Professor Mike Daube - Chairperson**

Professor of Health Policy, Curtin University of Technology  
Director of the Public Health Advocacy Institute of WA

Prof Daube has a long and distinguished history in the health industry and is known for his commitment to improving health. He has previously held a number of prestigious roles including the inaugural Director General of WA Health, the Chief Executive Officer of the Cancer Foundation of WA, Assistant Commissioner of Health and the Chief Executive of Princess Margaret Hospital. Prof Daube is currently President of the Public Health Association of Australia, the Australian Council on Smoking and Health and the WA Heart Foundation, and deputy chairperson of the National Preventative Health Taskforce.

#### **Professor Steve Allsop – Deputy Chairperson**

Director, National Drug Research Institute

Prof Allsop has over 25 years experience working in the drug and alcohol field. He is the Professor and Director of the National Drug Research Institute at Curtin University of Technology. Prof Allsop has previously worked as the Acting Executive Director of the Drug and Alcohol Office and the Director of the National Centre for Education and Training on Addiction at Flinders University in South Australia.

#### **Ms Violet Bacon - Member**

Lecturer, Social Work and Social Policy, University of Western Australia

Ms Bacon was appointed as an Adjunct Fellow by the National Drug Research Institute at Curtin University of Technology in 2006. Ms Bacon has previously worked for the WA Drug and Alcohol Authority, has been involved in a number of Aboriginal projects and represented the drug and alcohol field on a variety of Boards.

#### **Dr Tarun Weeramanthri - Member**

Executive Director, Public Health Division, Department of Health

Dr Weeramanthri has held positions as Principal Medical Advisor and Chief Health Officer in the Northern Territory, Senior Research Fellow at the Menzies School of Health Research and as specialist physician at Royal Darwin Hospital. He has a number of tertiary qualifications including a Bachelor of Medicine and Bachelor of Surgery, a Diploma in Tropical Medicine and Hygiene and a PhD.

The current Board membership as at 30 June 2009 is summarised in the table below:

Western Australian Alcohol and Drug Authority Board Membership 2008/09			
Member	Position	Start	End
Mike Daube	Chairperson	January 2002	31 December 2010
Steve Allsop	Deputy Chairperson	January 2008	31 December 2010
Violet Bacon	Member	January 2005	31 December 2010
Tarun Weeramanthri	Member	April 2008	31 December 2010

The Board convened on four occasions during 2008/09. A total of \$16,533 gross was paid in remuneration. In accordance with Government policy, Board members who are public sector employees are not paid additional remuneration for sitting on the Board.

With certain exceptions, the Board has delegated powers vested in it by the *Alcohol and Drug Authority Act 1974* to the DAO Executive Director.

### *Senior Officers*

Senior Officers of DAO as at 30 June 2009.

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

### *Pecuniary Interests*

Senior Officers declared no pecuniary interests during 2008/09.

# Agency Performance

Key achievements to meet the organisational priorities of the Drug and Alcohol Office (DAO) and the requirements of the *WA Drug and Alcohol Strategy 2005-2009* are outlined under the relevant Directorate.

## Policy, Strategy and Information Directorate

The Policy, Strategy and Information Directorate provides a central point of coordination for statewide activity in the prevention and treatment of drug and alcohol related problems and includes core functions relating to:

- policy and strategy;
- whole-of-government coordination, planning and reporting;
- monitoring, evaluation and research;
- Aboriginal alcohol and other drug programs;
- media and communications; and
- library and resource services.

In the delivery of these functions, the Policy, Strategy and Information Directorate works collaboratively with other sections of DAO, other State Government agencies, community groups and key stakeholders.

### Policy and Strategy

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

### Highlights for 2008/09

- Commenced implementation of legislative reform in relation to cannabis use through the approval by Cabinet for the repeal of the *Cannabis Control Act 2003*, with agreement that the repeal be coordinated with legislative amendments to the *Misuse of Drugs Act 1981* and the *Young Offenders Act 1984*.
- Developed the draft *Western Australian Drug and Alcohol Strategy 2009-2013* and supporting plans in preparation for public consultation, pending the approval of the Minister for Mental Health and Cabinet.
- Contributed to National Partnership Agreements and other Coalition of Australian Government (COAG) processes related to Indigenous reform with particular focus on policy formulation related to a comprehensive regional approach to tackle alcohol and drug use in high risk areas.
- Developed policy and implemented initiatives that strengthened responses across sectors for parents, children and newborns affected by alcohol and drug use, including:
  - memoranda of understanding between the Department for Child Protection and DAO to support drug and alcohol services and capacity building; and
  - development and implementation of key actions identified by the Impact of Parental Drug and Alcohol Use on Pregnancy, Newborns and Infants Working Party to address issues relating to parental drug and alcohol use.
- Commenced re-design of the DAO website to improve access to information on drugs and alcohol.

- Developed and distributed the *Managing chronic non-malignant pain with opioids: a resource kit for GPs*, which includes clinical guidelines, to support general practitioners in addressing the diversion and misuse of schedule 8 prescription drugs.
- Provided policy advice, reporting and the review of activities and outcomes related to state and national strategies including the Inter-governmental Committee on Drugs and the Ministerial Council on Drugs.
- Developed and distributed guidelines for reporting on volatile substance use to Western Australian media outlets.
- Published the quarterly drug and alcohol sector newsletter *Drugspeak* in partnership with WANADA and continued to support communication, media and public relations activities.
- Organised, with the Western Australian Network of Alcohol and Drug Agencies, the Western Australian Alcohol and other Drugs Sector Awards. The event was held in October 2008 and hosted by Mark Bin Baker/Mary G and included the *Strong Spirit Strong Mind* Aboriginal AOD Worker Awards.
- Completion of approximately 90% of recommendations from the WA Illicit Amphetamine Summit which provided law enforcement, emergency department support, expanded treatment options and court diversion and prevention initiatives.

### Monitoring, Evaluation and Research

The Monitoring, Evaluation and Research Branch provides timely and high quality monitoring, evaluation and research activities to inform DAO policy and practice. The Branch responds to emerging issues through activities such as monitoring and disseminating information on alcohol consumption, illicit drug availability and harms, and evidence-based research findings. Activities also inform the functions of other state government departments, the Commonwealth, community groups and stakeholders.

#### Highlights for 2008/09

- In collaboration with the Australian Institute of Health and Welfare, progressed with the work of the national working group on the Alcohol and Other Drugs Treatment Services National Minimum Data Set (AODTS-NMDS) in maintaining and enhancing the collection through data development.
- Completed data collection and commenced data analysis and report production for the Western Australian component of the Australian School Student Alcohol and Drug (ASSAD) Survey in collaboration with the Cancer Council Victoria and the Tobacco Control Branch of the WA Department of Health.
- Drafted two major reports providing summary data and an extensive secondary analysis of the 2007 National Drug Strategy Household Survey (NDSHS) findings comparing Western Australian to national data.
- In collaboration with the Department of Respiratory Medicine at Sir Charles Gairdner Hospital, Next Step commenced a research study to assess lung function of clients on opioid pharmacotherapy maintenance treatment.
- Commenced a study on health promotion messages to reduce alcohol use in pregnancy in collaboration with Edith Cowan University and the Telethon Institute for Child Health Research.
- Coordinated the second WA Health Employee Survey within DAO.
- In collaboration with DAO-funded treatment agencies, developed and tested new outcome measures for agency performance reporting across government and non-government agencies.
- Continued publication of research outcomes in peak national and international peer-reviewed journals (see Appendix 2).



## Aboriginal Alcohol and Other Drug Programs

The Aboriginal Drug and Alcohol Program works across DAO to support and implement the *Strong Spirit Strong Mind: WA Aboriginal Alcohol and other Drugs Plan 2005-2009* and the *WA Health Aboriginal Cultural Respect Framework*. Core activity includes the development of knowledge and skills within the drug and alcohol sector and broader human services area to work in culturally secure ways through workforce development initiatives. The Branch is responsible for managing DAO's Registered Training Organisation and delivering nationally recognised training programs. In addition, the Branch plays a key role contributing to policy advice and providing support to enhance responses to Aboriginal people and communities affected by drug and alcohol use.

### Highlights for 2008/09

- Progressed with the development of the draft *Strong Spirit Strong Mind – Western Australian Aboriginal Alcohol and Other Drugs Framework* for the *Western Australian Drug and Alcohol Strategy 2009-2013*. This will provide guidance to key stakeholders in delivering culturally secure programs and Aboriginal ways of working across the key strategic priority areas.
- Delivered metropolitan and regional workforce development programs in the Goldfields and the Wheatbelt to support cultural awareness and skills development of Aboriginal and non-Aboriginal workers in culturally secure drug and alcohol interventions.
- Completion of two intakes of the CHC30802, Certificate III in Community Services Work for the Aboriginal drug and alcohol workforce (including Diversion workers). The 22 participants graduating were from community controlled, non-government and government drug and alcohol agencies in the Kimberley, Goldfields, Gascoyne/Murchinson, Wheatbelt and metropolitan regions.
- Delivered seven *Strong Spirit Strong Mind, Ways of Working with Aboriginal People* workshops to 139 participants attending from metropolitan, regional and remote locations. Additional training programs were scheduled due to the high number of registrations. Culturally Secure Clinical Support Worker Training was also provided for the drug and alcohol sector.
- The Commonwealth Department of Health and Ageing funded the Indigenous National Alcohol and other Drug Workforce Development Program for an additional three years. DAO will be responsible for the national coordination of the program and will customise and develop learner resources of the CHC40408, Certificate IV in Alcohol and other Drugs, to enable the Indigenous AOD workforce access to higher level qualifications, including skills development in mental health and co-morbidity.
- Developed the *Aboriginal Access to Withdrawal and Residential Services* DVD to raise awareness and promote the Aboriginal withdrawal and residential programs available in Perth. The DVD explains treatment options and programs that the partnership agencies offer Aboriginal people and is useful in helping those in regional and remote areas familiarise themselves with the services that are available.

## Library and Resource Centre

The DAO Library and Resource Centre delivers a specialist drug and alcohol library service that provides an extensive range of resources on responding to people affected by drug and alcohol use.

### Highlights for 2008/09

- Continued provision of 24-hour access to library resources including online journals to all DAO staff via the DAO website and selective dissemination of information to staff in areas of strategic priority.
- Delivered a range of regular electronic alerts to staff such as journal contents pages; *Web-Watch*; *Have you seen that report?*; new resources; and upcoming conferences to staff.
- Commenced a new user-friendly shared health library management system "Millennium" with improved capabilities.

## Prevention and Workforce Development Directorate

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

### Prevention Branch

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

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

### Alcohol Program

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

#### Highlights for 2008/09

- Launched the 2009 phase of the *Rethink Drink* campaign consisting of television advertising, convenience advertising, a comprehensive website and targeted unpaid media.
- Managed 12 Healthway-funded *Rethink Drink* Sponsorships, including major sponsorships with Netball WA, West Coast Fever and Fremantle Football Club.
- Delivered 40 abridged Responsible Service of Alcohol (RSA) training sessions to bar staff from volunteer, not-for-profit organisations in Western Australia using the DAO statewide package. Of the sessions, seven were facilitated by DAO in collaboration with police and 33 were facilitated by regional health and police agencies. A total of 681 participants were trained.
- Monitored liquor licence applications and provided assistance to the Executive Director, Public Health (EDPH) in matters regarding alcohol-related harm or ill-health. Of 332 liquor licence applications reviewed, 232 (70%) warranted investigation. Forty-five interventions were lodged by the EDPH with assistance from DAO. Of the 45 interventions:
  - 15 fully opposed the application;
  - 3 opposed the application, recommending conditions should the licence be granted;
  - 2 partially opposed the application and recommended conditions on the licence;
  - 5 made representations about harm and ill-health; and
  - 20 made representations and recommended conditions.
- During the same period there were 37 decisions received that related to interventions lodged by the EDPH. Of the decisions received, there were:
  - 22 successful interventions;
  - 4 partially successful interventions;
  - 7 losses;
  - 4 successful negotiations resulting in intervention withdrawal; and
  - 4 successful negotiations with licensees, resulting in interventions avoided.

## Drug Program

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

### *Highlights for 2008/09*

- Launched and evaluated the 2008/09 *Drug Aware* Amphetamine Campaign that targeted young people with messages about drug use, focussing on prevention and harm reduction.
- Conducted the *Drug Aware* Drug Driving Campaign as a joint project with the Office of Road Safety and the Western Australian Network of Alcohol and Other Drugs Agencies (WANADA). The campaign strategies included targeted advertising and other education initiatives to influence driver attitudes, beliefs and behaviours.
- Developed an implementation plan for the Night Venues and Entertainment Events Project and expanded into regional areas including the Midwest, Kimberley, South West and Goldfields.
- Managed 26 Healthway funded *Drug Aware* sponsorships including the *Drug Aware* Pro surfing competition.

## Community Program

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

### *Highlights for 2008/09*

- Establishment of a partnership between the Office of Crime Prevention, Department for Indigenous Affairs, Department of the Attorney General and DAO to support a more coordinated and effective approach to implementing Community Safety and Crime Prevention Plans and Local Justice Agreements.
- Completion of a quantitative report on the impact of liquor restrictions after 12 months in the Fitzroy Valley.
- Establishment and ongoing coordination of local alcohol management committees and associated strategies in Fitzroy Crossing, Kununurra (Oombulgurri), Mullewa, Geraldton and Halls Creek. Assistance was provided to other Western Australian communities acting to reduce alcohol-related problems.
- Led the development and implementation of the Midwest Murchison Regional Alcohol Management Plan with the Midwest Murchison Regional Managers Forum.
- In partnership with the Sexual Health and Blood-borne Virus Program of the WA Department of Health, developed and began implementing a Sexual Health and Blood-borne Virus Harm Minimisation program for Years 11 and 12 students.

## Workforce Development Branch

The Workforce Development Branch aims to improve and sustain practices which are evidence based. The Branch works to enhance the capacity of specialist drug and mainstream workers to respond effectively to alcohol and other drug (AOD) related harm.

Key strategies include the provision of and support for:

- education and training programs, including courses, workshops, seminars, conferences;
- workplace support strategies, including capacity building, mentoring, clinical supervision, peer support, partnerships and policy development;
- resource development and dissemination, including clinical guidelines to ensure best practice, information, audio visual material, brochures; and
- consultancy to AOD and mainstream organisations.

The core functions of Workforce Development Branch are:

- ensuring access to quality information on drug use, drug harm and prevention and treatment options through evidence-based practice;
- building the capacity to implement effective prevention and treatment practice;
- facilitating and sustaining developments in the AOD workforce at different levels targeting systems, current workers and future workers; and
- contributing to strategies to ensure clear and effective pathways of care for people affected by drug use.

### Highlights for 2008/09

- Conducted 140 events for over 3,300 participants.
- Conducted the AOD conference *Making it Happen: Responding to AOD issues across the sectors*, including pre-conference workshops between 11-13 May 2009. This was in collaboration with Palmerston Association, Mental Health Division of the Department of Health, Department of Corrective Services, Department for Child Protection and the Department of the Attorney General. There were 423 delegates at the conference and 175 delegates at the pre-conference workshops.
- In partnership with the National Drug Research Institute (NDRI), updated the manual *Helping Change: The Drug and Alcohol Counsellors' Training* program. Seventeen volunteers from this volunteer training program were awarded a Certificate IV in Alcohol and Other Drugs Work from Central TAFE.
- Supported the WA Substance Users Association (WASUA) to run focus groups with amphetamine users to develop a new peer education resource *The ups and the downs of using meth* that incorporates strategies to decrease the physical and psychological consequences of amphetamine use. Peer educators were trained in the use of the resource that has been widely disseminated through the WASUA.
- In consultation with the Workforce Development Reference group, provided two Training@DAO calendars. The calendar theme for the second semester 2008 focused on working with families and young people. The theme for the first semester 2009 focused on co-morbidity.
- Conducted an evaluation of the metropolitan and regional roll out of the *Psycheck* training program.

## Client Services and Development Directorate

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

The Client Services and Development Directorate aims to:

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

### Highlights for 2008/09

- The core elements of the Services Information Management System (SIMS) were completed and testing within pilot agencies began in June 2009. Planning for roll-out of the system in the second half of 2009 was completed.
- A heads of agreement between DAO and the Department for Child Protection was completed together with the progressive implementation of a number of agreements between drug and alcohol and child protection agencies at a local level. These agreements will improve referral and case management of clients.
- Improved support for co-morbid clients has continued with continuing implementation of local agreements between mental health and alcohol and drug services. This work has complemented the implementation of the Commonwealth Government's improved services initiative that enables consortia of services to collaborate and improve services for clients with mental health and alcohol and drug problems.
- Significant support was provided in the development of regional alcohol and drug management proposals that assisted the COAG agenda. In addition, support was provided to the implementation of a scoping study for the proposed residential rehabilitation service in the Pilbara.
- Significant progress was made in the implementation of the Peer Review that supports the *Western Australian Alcohol and Drug Quality Framework*. More than 20 agencies have commenced peer review, 19 reviewers have been trained and the system will continue to be progressively implemented.

## WA Diversion Program

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

### *Highlights for 2008/09*

- Court Diversion was expanded to include circuit courts in the Kimberley and parts of the Pilbara, Murchison and Midwest.
- Phase two was completed in 2009 and a plan for phase three was completed that aims to continue to increase access to diversion programs.
- Diversion services were implemented in the Perth Children's Court through implementation of the Young People's Supervised Treatment Intervention Regime (YSTIR) in November 2008.

## Alcohol and Drug Information Service

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

### *Highlights for 2008/09*

- A number of initiatives were progressed to improve the promotion of ADIS including preparation of new materials and implementation of improved information distribution strategies.
- Tobacco cessation pilots at Royal Perth Hospital Cardiology Rehabilitation Unit and Peel and Rockingham Kwinana Mental Health Service were successfully implemented with over 120 referrals in the year.
- Consultation occurred with the Department of Corrective Services to identify the need and scope for tobacco cessation support to prisoners.
- Tobacco cessation call backs to patients referred by GPs have more than doubled during the year, clearly indicating a strong demand for this service which contributes to reducing smoking.

## 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 drug and alcohol problems.

### *Highlights for 2008/09*

- The volunteer training package was reviewed and strategies to improve engagement of Aboriginal families implemented, including the engagement of Aboriginal volunteers.

## Next Step Drug and Alcohol Services

Next Step Drug and Alcohol Services is the clinical services directorate of DAO. Next Step provides assessment and treatment services for people experiencing problems associated with their alcohol and other drug use, as well as support for families. Clinical placements and research support these activities.

Services provided by Next Step include metropolitan outpatient treatment services, a pharmacy, an inpatient withdrawal service, youth services, and community clinical programs.

### Metropolitan Outpatient Treatment Services

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

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

### Highlights for 2008/09

- The South Metro Community Drug Service was a joint winner of the *Excellence in Treatment and Support* award at the 2008 WA Alcohol and Drug Sector Awards.
- The neuropsychology service was successfully established and is well accessed by clients attending Next Step and other alcohol and drug services in the metropolitan area.
- Key staff were trained in family counselling and family therapy. Processes are in place so that family members of clients attending the service or considering treatment can be better supported.
- The blood-borne virus and sexually transmitted infections service was established and clinical staff at each site were trained. Screening, immunisation, and education and support services for clients seeking treatment with hepatitis C have increased.
- A gap analysis to determine the feasibility of joint accreditation of metropolitan integrated community drug services with their non-government partner agencies was conducted at the South Metro Community Drug Service. The report's recommendations are being progressed.
- Placements for medical and nursing undergraduate and post graduate students continue to expand and are an opportunity to promote and encourage future employment in the alcohol and drug field.



## Inpatient Withdrawal Services

Next Step provides an inpatient alcohol and other drug withdrawal service for clients requiring medical assistance with withdrawal from alcohol, licit and illicit drugs. The facility has thirteen standard beds and four beds for Aboriginal people.

### Highlights for 2008/09

- The Aboriginal Withdrawal Unit was a joint winner for the *Innovative and Culturally Secure Aboriginal Alcohol and other Drugs Program Award*, along with the Pilbara Aboriginal Drug and Alcohol program, at the 2008 WA Alcohol and Drug Sector Awards.
- Refurbishment of the Aboriginal Withdrawal Unit was completed in August 2008. The Unit continues to attract referrals from regional areas. The majority of clients were engaged with culturally secure residential rehabilitation programs on discharge.
- Referral pathways continue to be improved between the Service, Emergency Departments, mental health services, GPs and the non-government alcohol and drug sector. As a result, admission rates remain high, with 71% of clients completing treatment as planned.
- An evaluation of the effect of the Department of Health's Smoke Free policy on the Inpatient Withdrawal Unit was conducted by the Monitoring, Evaluation and Research Branch of DAO. The findings showed there was minimal impact on patient treatment outcomes. In addition, clients reporting their intention to remain smoke-free upon discharge indicated that the smoke-free policy and provision of nicotine replacement therapy positively impacts on their motivation to address their nicotine addiction.

## Drug and Alcohol Youth Services

The integrated Drug and Alcohol Youth Service (DAYS) is a partnership between Mission Australia and Next Step's youth service to provide young people and their families with improved access to a comprehensive range of alcohol and drug treatment services. Specifically these include:

- assessment, case management and referral;
- outpatient withdrawal, opiate and alcohol pharmacotherapy, counselling and clinical psychology;
- Aboriginal and youth mentors;
- inpatient withdrawal and respite; and
- residential rehabilitation.

### Highlights for 2008/09

- Developed and signed a memorandum of understanding with the major youth mental health services in Perth - Youthlink and Youthreach South. A number of other strategies were implemented to further enhance the ability of the services to manage clients with mental health and drug and alcohol problems. These include joint professional development training, joint case presentations and the development of a structure and pathway for facilitating joint assessments and shared care between services.
- Developed and coordinated a quarterly Youth AOD forum to address issues such as referral pathways between services. All major services involved in providing drug and alcohol services to young people in Perth attended.
- A parent support program was developed in conjunction with PDIS which offers parents of clients of the service the opportunity to participate in parent support groups or be provided with one-to-one support from a PDIS counsellor at DAYS.
- The newly developed outreach position has resulted in increased referrals from a range of different services including Step 1 and Passages and from health services including hospital emergency



departments. It has also helped reduced the barriers to young people accessing the service once referred.

### Community Clinical Programs

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

- Clinical Advisory Service (CAS), a 24-hour, seven days a week service that provides advice and support to medical and other health professionals; and
- Community Program for Opioid Pharmacotherapy (CPOP) which provides methadone and buprenorphine treatment to more than 2,000 clients through a network of GPs and community pharmacies.

### *Highlights for 2008/09*

- Completed the CPOP Pharmacist Online Training Package designed for WA Community Pharmacists delivering opioid pharmacotherapy treatment (methadone and buprenorphine) to clients of the CPOP. The online training program is designed to assist pharmacists meet their legal and administrative requirements. It will ensure that all community pharmacists involved in the CPOP program are appropriately trained.
- Clinical pathways for the management of patients with chronic pain and opioid dependency have been established and a resource kit for GPs managing non-malignant pain with opioids was released in June 2009.
- A series of short seminars covering a range of topics were well attended by GPs and pharmacists including rural and regional health professionals. The seminar series culminated in a weekend conference on 6-7 June 2009. This conference with expert interstate and local speakers, included presentations on chronic pain, prescription drug misuse, changes in availability of illicit drugs and working with drug dependent people.

## Finance and Corporate Services Directorate

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

### Human Resources and Corporate Support

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

#### *Highlights for 2008/09*

- Implemented One Pay Health pay cycle to align with Health Corporate Network processes.
- Implemented Phase 1 of the Alesco and MyHR human resource management systems.
- Appointed a Risk Management Coordinator to oversee the currency of risk data and the controls decided by managers and key staff.
- Provided compulsory occupational safety and health awareness training and met the commitment to train more than 50% of managers in occupational safety and health hazard identification, risk assessment and injury management in accordance with the Occupational Safety and Health in the Public Sector Code of Practice.
- Implementation of the Statement of Commitment to occupational safety and health to demonstrate to our staff, contractors and visitors that their wellbeing is of paramount importance.
- Updated and continuously reviewed occupational safety and health risk policies.

### Information Technology Services

The Information Technology Branch is charged with the maintenance, support, development and coordination of DAO's technical infrastructure and applications in line with the organisations requirements.

#### *Highlights for 2008/09*

- Development of a web based application for the collection of statewide alcohol and drug activity data.

## Financial Services

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

### *Highlights for 2008/09*

- Improved financial reporting processes via the Health Corporate Network.
- Completed the 2008/09 financial year with a balanced budget, including all State and Commonwealth sourced funds.
- Improved integrated financial and workforce reporting by introducing more system based information.
- Reduced time frames and increased prompt financial services.



# Disclosure and Legal Compliance

## Financial reports

DAO ended the year with a balanced budget and total expenditure of \$51,083,666.

## Key performance indicators

DAO monitors performance through a range of effectiveness and efficiency indicators. The agency's desired outcome is to prevent and delay the uptake, incidence of use and harm associated with alcohol and drug use.

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

## Other requirements

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

## Financial Statements

### Western Australian Alcohol and Drug Authority Certification of Financial Statements For the year ended 30 June 2009

The accompanying financial statements of the Western Australian Alcohol and Drug Authority have been prepared in compliance with the provisions of the *Financial Management Act 2006* from proper accounts and records to present fairly the financial transactions for the financial year ending 30 June 2009 and the financial position as at 30 June 2009.

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.



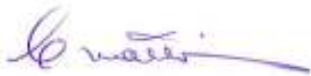
Professor Mike Daube  
Chairperson/Member of the Board  
Western Australian Alcohol  
and Drug Authority

16 September 2009



Professor Steve Allsop  
Deputy Chairperson/Member of the Board  
Western Australian Alcohol  
and Drug Authority

16 September 2009



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

16 September 2009



## Auditor General

### INDEPENDENT AUDIT OPINION

To the Parliament of Western Australia

#### **WESTERN AUSTRALIAN ALCOHOL AND DRUG AUTHORITY FINANCIAL STATEMENTS AND KEY PERFORMANCE INDICATORS FOR THE YEAR ENDED 30 JUNE 2009**

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

The financial statements comprise the Balance Sheet as at 30 June 2009, and the Income Statement, Statement of Changes in Equity and Cash Flow Statement for the year then ended, a summary of significant accounting policies and other explanatory Notes.

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

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

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

#### **Summary of my Role**

As required by the Auditor General Act 2006, my responsibility is to express an opinion on the financial statements, controls and key performance indicators based on my audit. This was done by testing selected samples of the audit evidence. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion. Further information on my audit approach is provided in my audit practice statement. Refer [www.audit.wa.gov.au/pubs/AuditPracStatement\\_Feb09.pdf](http://www.audit.wa.gov.au/pubs/AuditPracStatement_Feb09.pdf).

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

**Western Australian Alcohol and Drug Authority**  
**Financial Statements and Key Performance Indicators for the year ended 30 June 2009**

**Audit Opinion**

In my opinion,

- (i) the financial statements are based on proper accounts and present fairly the financial position of the Western Australian Alcohol and Drug Authority at 30 June 2009 and its financial performance and cash flows for the year ended on that date. They are in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations) and the Treasurer's Instructions;
- (ii) the controls exercised by the Authority provide reasonable assurance that the receipt, expenditure and investment of money, the acquisition and disposal of property, and the incurring of liabilities have been in accordance with legislative provisions; and
- (iii) the key performance indicators of the 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 2009.



GLEN CLARKE  
ACTING AUDITOR GENERAL  
23 September 2009

## Western Australian Alcohol and Drug Authority

### Income Statement

For the year ended 30 June 2009

	Note	2009 \$	2008 \$
<b>COST OF SERVICES</b>			
<b>Expenses</b>			
Employee benefits expense	7	17,385,507	15,503,318
Patient support costs	8	29,489,288	28,178,264
Depreciation and amortisation expense	9	402,173	308,523
Loss on disposal of non-current assets	10	19,237	2,512
Repairs, maintenance and consumable equipment	11	424,650	795,679
Other expenses	12	3,362,811	3,939,247
<b>Total cost of services</b>		<b>51,083,666</b>	<b>48,727,543</b>
<b>INCOME</b>			
<b>Revenue</b>			
Commonwealth grants and contributions	13a	278,146	-
Other grants and contributions	13b	457,983	1,185,418
Other revenues	14	1,969,885	2,737,930
<b>Total revenue</b>		<b>2,706,014</b>	<b>3,923,348</b>
Total income other than income from State Government		<b>2,706,014</b>	<b>3,923,348</b>
<b>NET COST OF SERVICES</b>		<b>48,377,652</b>	<b>44,804,195</b>
<b>INCOME FROM STATE GOVERNMENT</b>			
Service appropriations	15	47,838,441	45,123,268
<b>Total income from State Government</b>		<b>47,838,441</b>	<b>45,123,268</b>
<b>SURPLUS/(DEFICIT) FOR THE PERIOD</b>		<b>(539,211)</b>	<b>319,073</b>

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



## Western Australian Alcohol and Drug Authority

### Balance sheet

For the year ended 30 June 2009

	Note	2009 \$	2008 \$
<b>ASSETS</b>			
<b>Current Assets</b>			
Cash and cash equivalents	16	469,158	1,018,667
Receivables	17	173,753	560,184
Inventories	19	20,272	27,930
Other current assets	20	52,064	3,879
<b>Total Current Assets</b>		<b>715,247</b>	<b>1,610,660</b>
<b>Non-Current Assets</b>			
Amounts receivable for services	18	2,903,114	2,433,673
Property, plant and equipment	21	17,003,082	18,925,752
<b>Total Non-Current Assets</b>		<b>19,906,196</b>	<b>21,359,425</b>
<b>Total Assets</b>		<b>20,621,443</b>	<b>22,970,085</b>
<b>LIABILITIES</b>			
<b>Current Liabilities</b>			
Payables	23	961,090	1,297,570
Provisions	24	2,453,658	2,201,533
<b>Total Current Liabilities</b>		<b>3,414,748</b>	<b>3,499,103</b>
<b>Non-Current Liabilities</b>			
Provisions	24	602,232	751,482
<b>Total Non-Current Liabilities</b>		<b>602,232</b>	<b>751,482</b>
<b>Total Liabilities</b>		<b>4,016,980</b>	<b>4,250,585</b>
<b>NET ASSETS</b>		<b>16,604,463</b>	<b>18,719,500</b>
<b>EQUITY</b>			
Contributed equity	25	4,663,939	4,663,939
Reserves	26	13,926,876	15,502,702
Accumulated surplus/(deficiency)	27	(1,986,352)	(1,447,141)
<b>TOTAL EQUITY</b>		<b>16,604,463</b>	<b>18,719,500</b>

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

## Western Australian Alcohol and Drug Authority

### Statement of Change in Equity

For the year ended 30 June 2009

	Note	2009 \$	2008 \$
<b>Balance of equity at start of period</b>		18,719,500	14,084,874
<b>CONTRIBUTED EQUITY</b>	25		
Balance at start of period		4,663,939	4,583,939
Capital contribution		-	80,000
Other contributions by owners		-	-
<b>Balance at end of period</b>		<b>4,663,939</b>	<b>4,663,939</b>
<b>RESERVES</b>	26		
<b>Asset Revaluation Reserve</b>			
Balance at start of period		15,502,702	11,267,148
Gains/(losses) from asset revaluation		(1,575,826)	4,235,554
<b>Balance at end of period</b>		<b>13,926,876</b>	<b>15,502,702</b>
<b>ACCUMULATED SURPLUS/(DEFICIENCY)</b>	27		
Balance at start of period		(1,447,141)	(1,766,214)
Correction of prior period errors		-	-
Restated balance at the start of period		(1,447,141)	(1,766,214)
Surplus/(deficit) for the period		(539,211)	319,073
<b>Balance at end of period</b>		<b>(1,986,352)</b>	<b>(1,447,141)</b>
<b>Balance of equity at end of period</b>		<b>16,604,463</b>	<b>18,719,500</b>
Total income and expense for the period (a)		(2,115,037)	4,554,627

(a) The aggregate net amount attributable to each category of equity is: 2009: Deficit \$539,211 plus losses from asset revaluation \$1,575,826; 2008: Surplus \$319,073 plus gains from asset revaluation \$4,235,554.

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

## Western Australian Alcohol and Drug Authority

### Cash Flow Statement

For the year ended 30 June 2009

	Note	2009 \$ Inflows (Outflows)	2008 \$ Inflows (Outflows)
<b>CASH FLOWS FROM STATE GOVERNMENT</b>			
Service appropriations		47,369,000	44,658,924
Capital contributions		-	80,000
<b>Net cash provided by State Government</b>	28c	47,369,000	44,738,924
<b>Utilised as follows:</b>			
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
<b>Payments</b>			
Supplies and services		(33,373,444)	(31,816,236)
Employee benefits		(17,560,653)	(15,007,615)
<b>Receipts</b>			
Commonwealth grants and contributions		278,146	-
Other grants and subsidies		457,983	1,185,418
GST refunds from taxation authority		-	3,543
Other receipts		2,356,317	1,399,903
<b>Net cash (used in)/provided by operating activities</b>	28b	(47,841,652)	(44,234,987)
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
Payments for purchase of non-current physical assets		(76,857)	(13,454)
Proceeds from sale of non-current physical assets	10	-	871
<b>Net cash (used in)/provided by investing activities</b>		(76,857)	(12,583)
<b>Net increase/(decrease) in cash and cash equivalents</b>		(549,509)	491,354
Cash and cash equivalents at the beginning of period		1,018,667	527,313
<b>CASH AND CASH EQUIVALENTS AT THE END OF PERIOD</b>	28a	469,158	1,018,667

The Cash Flow Statement 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 30 June 2009

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#### Note 1 Australian equivalents to International Financial Reporting Standards

##### General

The Authority's financial statements for the year ended 30 June 2009 have been prepared in accordance with Australian equivalents to International Financial Reporting Standards (AIFRS), which comprise a Framework for the Preparation and Presentation of Financial Statements (the Framework) and Australian Accounting Standards (including the Australian Accounting Interpretations).

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

##### Early adoptions of standards

The Authority cannot early adopt an Australian Accounting Standard or Australian Accounting Interpretation unless specifically permitted by Treasurer's Instruction 1101 'Application of Australian Accounting Standards and Other Pronouncements'. No Standards and Interpretations that have been issued or amended but are not yet effective have been early adopted by the Authority for the annual reporting period ended 30 June 2009.

#### Note 2 Summary of significant accounting policies

##### (a) General Statement

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

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

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

##### (b) Basis of Preparation

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

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

The financial statements are presented in Australian dollars.

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

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

## Western Australian Alcohol and Drug Authority

### Notes to the Financial Statements

For the year ended 30 June 2009

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**(c) Contributed Equity**

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

Transfer of net assets to/from other agencies, other than as a result of a restructure of administrative arrangements, are designated as contributions by owners where the transfers are non-discretionary and non-reciprocal (see note 25 'Contributed equity').

**(d) Income**

**Revenue recognition**

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

*Sale of goods*

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

*Rendering of services*

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

*Service Appropriations*

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

*Grants, donations, gifts and other non-reciprocal contributions*

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

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

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

**Gains**

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

## Western Australian Alcohol and Drug Authority

### Notes to the Financial Statements

For the year ended 30 June 2009

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

*Capitalisation/Expensing of assets*

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

*Initial recognition and measurement*

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

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

*Subsequent measurement*

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

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

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

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

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

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

Refer to note 21 'Property, plant and equipment' for further information on revaluations.

*Derecognition*

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

*Asset Revaluation Reserve*

The asset revaluation reserve is used to record increments and decrements on the revaluation of non-current assets as described in note 21 'Property, plant and equipment'.

## Western Australian Alcohol and Drug Authority

### Notes to the Financial Statements

For the year ended 30 June 2009

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

##### *Depreciation*

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

In order to apply this policy, the following methods are utilised :

- Land - not depreciated
- Buildings - diminishing value
- Plant and equipment - diminishing value with a straight line switch

Under the diminishing value with a straight line switch method, the cost amounts of the assets are allocated on average on a diminishing value basis over the first half of their useful lives and a straight line basis for the second half of their useful lives.

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

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

#### (f) Impairment of Assets

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

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

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

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

#### (g) Non-current Assets Classified as Held for Sale

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

## Western Australian Alcohol and Drug Authority

### Notes to the Financial Statements

For the year ended 30 June 2009

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**(h) Leases**

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

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

**(i) Financial instruments**

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

- Loans and receivables; and
- Financial liabilities measured at amortised cost.

These have been disaggregated into the following classes:

Financial Assets

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

Financial Liabilities

- Payables

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

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

**(j) Cash and Cash Equivalents**

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

**(k) Accrued Salaries**

Accrued salaries (see note 23 'Payables') represent the amount due to employees but unpaid at the end of the financial year, as the pay date for the last pay period for that financial year does not coincide with the end of the financial year. Accrued salaries are settled within a fortnight of the financial year end. The Authority considers the carrying amount of accrued salaries to be equivalent to its net fair value.

**(l) Amounts Receivable for Services (Holding Account)**

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

See also note 15 'Service appropriations' and note 18 'Amounts receivable for services'.



## Western Australian Alcohol and Drug Authority

### Notes to the Financial Statements

For the year ended 30 June 2009

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**(m) Inventories**

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

Inventories not held for resale are valued at cost unless they are no longer required in which case they are valued at net realisable value (see note 19 'Inventories').

**(n) Receivables**

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

The carrying amount is equivalent to fair value as it is due for settlement within 30 days from the date of recognition (see note 2(i) 'Financial instruments' and note 17 'Receivables').

**(o) Payables**

Payables are recognised at the amounts payable when the Authority becomes obliged to make future payments as a result of a purchase of assets or services. The carrying amount is equivalent to fair value as they are generally settled within 30 days (see note 2(i) 'Financial instruments' and note 23 'Payables').

**(p) Provisions**

Provisions are liabilities of uncertain timing or amount and are recognised where there is a present legal or constructive obligation as a result of a past event and when the outflow of resources embodying economic benefits is probable and a reliable estimate can be made of the amount of the obligation. Provisions are reviewed at each balance sheet date (see note 24 'Provisions').

**(i) Provisions - Employee Benefits**

*Annual Leave and Long Service Leave*

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

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

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

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

*Sick Leave*

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

## Western Australian Alcohol and Drug Authority

### Notes to the Financial Statements

For the year ended 30 June 2009

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**(p) Provisions (continued)**

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

*Deferred Leave*

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

*Superannuation*

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

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

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

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

The GESB makes all benefit payments in respect of the Pension and GSS Schemes, and is recouped by the Treasurer for the employer's share .  
(See also note 2(q) 'Superannuation Expense')

**(ii) Provisions – Other**

*Employment on-costs*

Employment on-costs, including workers' compensation insurance, are not employee benefits and are recognised separately as liabilities and expenses when the employment to which they relate has occurred. Employment on-costs are included as part of 'Other expenses' and are not included as part of the Authority's 'Employee benefits expense'. Any related liability is included in 'Employment on-costs provision' (see note 12 'Other expenses' and note 24 'Provisions').

## Western Australian Alcohol and Drug Authority

### Notes to the Financial Statements

For the year ended 30 June 2009

#### (q) Superannuation Expense

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

- (a) Defined benefit plans - For 2007-08, the change in the unfunded employer's liability (i.e. current service cost and actuarial gains and losses) assumed by the Treasurer in respect of current employees who are members of the Pension Scheme and current employees who accrued a benefit on transfer from that Scheme to the Gold State Superannuation Scheme (GSS); and
- (b) Defined contribution plans - Employer contributions paid to the GSS Scheme (concurrent contributions), the West State Superannuation (WSS) Scheme, and the GESB Super Scheme.

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

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

#### (r) Resources Received Free of Charge or for Nominal Cost

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

#### (s) Comparative Figures

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

#### Note 3 Judgements made by management in applying accounting policies

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

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

##### *Buildings*

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

#### Note 4 Key sources of estimation uncertainty

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

##### *Buildings*

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

## Western Australian Alcohol and Drug Authority

### Notes to the Financial Statements

For the year ended 30 June 2009

#### Note 4 Key sources of estimation uncertainty (continued)

##### *Employee benefits provision*

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

#### Note 5 Disclosure of changes in accounting policy and estimates

##### **Initial application of an Australian Accounting Standard**

The Authority has applied the following Australian Accounting Standards and Australian Accounting Interpretations effective for annual reporting periods beginning on or after 1 July 2008 that impacted on the Authority:

Review of AAS 27 'Financial Reporting by Local Governments', AAS 29 'Financial Reporting by Government Departments' and AAS 31 'Financial Reporting by Governments'. The AASB has made the following pronouncements from its short term review of AAS 27, AAS 29 and AAS 31:

AASB 1004 'Contributions';

AASB 2007-9 'Amendments to Australian Accounting Standards arising from the review of AASs 27, 29 and 31 [AASB 3, AASB 5, AASB 8, AASB 101, AASB 114, AASB 116, AASB 127 & AASB 137]; and

Interpretation 1038 'Contributions by Owners Made to Wholly-Owned Public Sector Entities'.

The existing requirements in AAS 27, AAS 29 and AAS 31 have been transferred to the above new and revised topic-based Standards and Interpretation. These requirements remain substantively unchanged. AASB 1050, AASB 1051 and AASB 1052 do not apply to Statutory Authorities. The other Standards and Interpretation make some modifications to disclosures and provide additional guidance (for example, Australian Guidance to AASB 116 'Property, Plant and Equipment' in relation to heritage and cultural assets has been introduced), otherwise there is no financial impact.

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

##### AASB Standards and Interpretations

1048	'Interpretation and Application of Standards' (issued September 2008)
1049	'Whole of Government and General Government Sector Financial Reporting' (revised - October 2007)
1050	'Administered Items'
1051	'Land Under Roads'
1052	'Disaggregated Disclosures';
2007-2	'Amendments to Australian Accounting Standards arising from AASB Interpretation 12 [AASB 1, AASB 117, AASB 118, AASB 120, AASB 121, AASB 127, AASB 131 & AASB 139]' – paragraphs 1- 8
2008-10	'Amendments to Australian Accounting Standards – Reclassification of Financial Assets [AASB 7 & AASB 139]'
2008-12	'Amendments to Australian Accounting Standards – Reclassification of Financial Assets – Effective Date and Transition [AASB 7, AASB 139 & AASB 2008-10]'
Interpretation 4	'Determining whether an Arrangement contains a Lease' (revised – February 2007)
Interpretation 12	'Service Concession Arrangements'
Interpretation 13	'Customer Loyalty Programmes'
Interpretation 14	'AASB 119 - The Limit on a Defined Benefit Asset, Minimum Funding Requirements and their Interaction'
Interpretation 129	'Service Concession Arrangements: Disclosures'

## Western Australian Alcohol and Drug Authority

### Notes to the Financial Statements

For the year ended 30 June 2009

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

##### Future impact of Australian Accounting Standards not yet operative

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

Title	Operative for reporting periods beginning on/after
AASB 101 'Presentation of Financial Statements' (September 2007). This Standard has been revised and will change the structure of the financial statements. These changes will require that owner changes in equity are presented separately from non-owner changes in equity. The Authority does not expect any financial impact when the Standard is first applied.	1 January 2009
AASB 2008-13 'Amendments to Australian Accounting Standards arising from AASB Interpretation 17 – Distributions of Non-cash Assets to Owners [AASB 5 & AASB 110]'. This Standard amends AASB 5 'Non-current Assets Held for Sale and Discontinued Operations' in respect of the classification, presentation and measurement of non-current assets held for distribution to owners in their capacity as owners. This may impact on the presentation and classification of Crown land held by the Department where the Crown land is to be sold by the Department for Planning and Infrastructure. The Department does not expect any financial impact when the Standard is first applied prospectively.	1 July 2009
AASB 2009-2 'Amendments to Australian Accounting Standards – Improving Disclosures about Financial Instruments [AASB 2009-2 'Amendments to Australian Accounting Standards – Improving Disclosures about Financial Instruments [AASB 4, AASB 7, AASB 1023 & AASB 1038]'. This Standard amends AASB 7 and will require enhanced disclosures about fair value measurements and liquidity risk with respect to financial instruments. The Department does not expect any financial impact when the Standard is first applied.	1 January 2009

#### Note 6 Services of the Authority

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

##### Drug and Alcohol

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

	2009 \$	2008 \$
<b>Note 7 Employee benefits expense</b>		
Salaries and wages (a)	14,166,361	12,918,885
Superannuation – defined contribution plans (b)	1,491,804	1,279,125
Annual leave and time off in lieu leave (c)	1,460,056	1,183,374
Long service leave (d)	267,286	121,934
	<u>17,385,507</u>	<u>15,503,318</u>

## Western Australian Alcohol and Drug Authority

### Notes to the Financial Statements

For the year ended 30 June 2009

#### Note 7 Employee benefits expense (continued)

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

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

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

Employment on-costs expense is included at note 12 'Other expenses'. The employment on-costs liability is included at note 24 'Provisions'.

	2009 \$	2008 \$
<b>Note 8 Patient support costs</b>		
Medical supplies and services	126,414	109,669
Domestic charges	25,132	47,589
Fuel, light and power	102,971	107,283
Food supplies	90,016	62,822
Patient transport costs	1,171	850
Purchase of external services (a)	29,143,584	27,850,051
	<u>29,489,288</u>	<u>28,178,264</u>

(a) For explanations about changes in comparatives refer to note 27.

#### Note 9 Depreciation and amortisation expense

##### Depreciation

Buildings	337,790	257,097
Computer equipment	13,144	16,712
Furniture and fittings	3,026	3,862
Medical equipment	978	978
Other plant and equipment	47,235	29,874
	<u>402,173</u>	<u>308,523</u>

#### Note 10 Net gain/(loss) on disposal of non-current assets

##### Cost of disposal of non-current assets

Property, plant and equipment	(19,237)	(3,383)
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##### Proceeds from disposal of non-current assets

Property, plant and equipment	-	871
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##### Net gain/(loss)

	<u>(19,237)</u>	<u>(2,512)</u>
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See note 2(g) 'Non-current assets held for sale' and note 21 'Property, plant and equipment'.

#### Note 11 Repairs, maintenance and consumable equipment

Repairs and maintenance	40,874	549,263
Consumable equipment	383,776	246,416
	<u>424,650</u>	<u>795,679</u>

## Western Australian Alcohol and Drug Authority

### Notes to the Financial Statements

For the year ended 30 June 2009

	2009 \$	2008 \$
<b>Note 12 Other expenses</b>		
Communications	208,209	166,565
Computer services	52,186	48,732
Employment on-costs (a)	166,224	785,022
Legal expenses	1,560	-
Motor vehicle expenses	41,565	47,868
Operating lease expenses	101,179	77,748
Printing and stationery	531,984	440,160
Rental of property	133,076	113,143
Purchase of external services	496,251	311,174
Other	1,630,577	1,948,835
	<u>3,362,811</u>	<u>3,939,247</u>

(a) Includes workers' compensation insurance, fringe benefit tax and staff development costs. The on-costs liability associated with the recognition of annual and long service leave liability is included as note 24 'Provisions'. Superannuation contributions accrued as part of the provision for leave are employee benefits and are not included in employment on-costs.

#### Note 13 Grants and contributions

##### (a) Commonwealth grants and contributions

Department of Health and Ageing	278,146	-
	<u>278,146</u>	<u>-</u>

##### (b) Other grants and contributions

WA Health Promotion Foundation	243,150	-
Office of Road Safety	185,073	-
Other	29,760	1,185,418
	<u>457,983</u>	<u>1,185,418</u>

#### Note 14 Other revenues

Services to external organisations	168,652	442,448
Use of hospital facilities	20	90
Department of Indigenous Affairs	1,745,158	-
Other (a)	56,055	2,295,392
	<u>1,969,885</u>	<u>2,737,930</u>

(a) For explanations about changes in comparatives refer to note 27.

#### Note 15 Service appropriations

Appropriation revenue received during the year:		
Service appropriations	47,838,441	45,123,268

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

## Western Australian Alcohol and Drug Authority

### Notes to the Financial Statements

For the year ended 30 June 2009

	2009 \$	2008 \$
<b>Note 16 Cash and cash equivalents</b>		
Cash on hand	2,800	3,000
Cash at bank – general	466,358	1,015,667
	<u>469,158</u>	<u>1,018,667</u>
<b>Note 17 Receivables</b>		
<b>Current</b>		
Other receivables	168,254	68,413
Accrued revenue	5,499	491,772
	<u>173,753</u>	<u>560,185</u>
GST receivable	-	(1)
	<u>173,753</u>	<u>560,184</u>
The Authority does not hold any collateral as security or other credit enhancements relating to receivables.		
See also note 2(n) 'Receivables' and note 38 'Financial instruments'.		
<b>Note 18 Amounts receivable for services</b>		
Non-current	2,903,114	2,433,673
	<u>2,903,114</u>	<u>2,433,673</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. See note 2(l) 'Amounts receivable for services'.		
<b>Note 19 Inventories</b>		
Current		
Pharmaceutical stores – at cost	20,272	27,930
See note 2(m) 'Inventories'		
<b>Note 20 Other current assets</b>		
Prepayments	52,064	3,879



## Western Australian Alcohol and Drug Authority

### Notes to the Financial Statements

For the year ended 30 June 2009

		2009	2008
		\$	\$
<b>Note</b>	<b>21 Property, plant and equipment</b>		
	Land		
	<i>At fair value (a)</i>	7,707,600	7,520,800
		<u>7,707,600</u>	<u>7,520,800</u>
	Buildings		
	<i>Clinical</i>		
	<i>At fair value</i>	9,183,657	11,283,057
	<i>Accumulated depreciation</i>	(24,416)	(23,400)
		<u>9,159,241</u>	<u>11,259,657</u>
	<i>Total land and buildings</i>	<u>16,866,841</u>	<u>18,780,457</u>
	Computer equipment		
	<i>At cost</i>	70,810	116,361
	<i>Accumulated depreciation</i>	(56,834)	(86,949)
		<u>13,976</u>	<u>29,412</u>
	Furniture and fittings		
	<i>At cost</i>	76,275	90,756
	<i>Accumulated depreciation</i>	(59,325)	(70,781)
		<u>16,950</u>	<u>19,975</u>
	Medical equipment		
	<i>At cost</i>	10,750	10,750
	<i>Accumulated depreciation</i>	(8,958)	(7,981)
		<u>1,792</u>	<u>2,769</u>
	Other plant and equipment		
	<i>At cost</i>	311,669	302,744
	<i>Accumulated depreciation</i>	(208,146)	(209,605)
		<u>103,523</u>	<u>93,139</u>
	<b>Total of property, plant and equipment</b>	<u>17,003,082</u>	<u>18,925,752</u>

(a) Land and buildings were reviewed as at 1 July 2008 by the Western Australian Land Information Authority (Valuation Services). The valuations were performed during the year ended 30 June 2009 and recognised at 30 June 2009. In undertaking the revaluation, fair value was determined by reference to market values for land: \$7,707,600 and buildings: \$9,159,241. For the remaining balance, fair value of land and buildings was determined on the basis of depreciated replacement cost. See note 2(e) 'Property, plant and equipment'.

## Western Australian Alcohol and Drug Authority

### Notes to the Financial Statements

For the year ended 30 June 2009

		2009	2008
		\$	\$
<b>Note</b>	<b>21 Property, plant and equipment (continued)</b>		
	<b>Reconciliations</b>		
	Reconciliations of the carrying amounts of property, plant and equipment at the beginning and end of the current financial year are set out below.		
	<b>Land</b>		
	Carrying amount at start of year	7,520,800	6,267,000
	Revaluation increments/(decrements)	186,800	1,253,800
	Carrying amount at end of year	7,707,600	7,520,800
	<b>Buildings</b>		
	Carrying amount at start of year	11,259,657	8,535,000
	Revaluation increments/(decrements)	(1,762,626)	2,981,754
	Depreciation	(337,790)	(257,097)
	Carrying amount at end of year	9,159,241	11,259,657
	<b>Computer equipment</b>		
	Carrying amount at start of year	29,412	44,444
	Additions	-	8,245
	Write-down of assets	(2,291)	(6,565)
	Depreciation	(13,144)	(16,712)
	Carrying amount at end of year	13,976	29,412
	<b>Furniture and fittings</b>		
	Carrying amount at start of year	19,975	23,837
	Depreciation	(3,026)	(3,862)
	Carrying amount at end of year	16,950	19,975
	<b>Medical Equipment</b>		
	Carrying amount at start of year	2,769	3,747
	Depreciation	(978)	(978)
	Carrying amount at end of year	1,792	2,769
	<b>Other plant and equipment</b>		
	Carrying amount at start of year	93,139	120,521
	Additions	76,857	7,500
	Write-down of assets	-	(1,625)
	Disposals	(19,237)	(3,383)
	Depreciation	(47,235)	(29,874)
	Carrying amount at end of year	103,523	93,139
	<b>Total property, plant and equipment</b>		
	Carrying amount at start of year	18,925,752	14,994,549
	Additions	76,857	15,745
	Write-down of assets	(2,291)	(8,190)
	Disposals	(19,237)	(3,383)
	Revaluation increments/(decrements)	(1,575,826)	4,235,554
	Depreciation	(402,173)	(308,523)
	Carrying amount at end of year	17,003,082	18,925,752

## Western Australian Alcohol and Drug Authority

### Notes to the Financial Statements

For the year ended 30 June 2009

	2009 \$	2008 \$
<b>Note 22 Impairment of Assets</b>		
There were no indications of impairment of property, plant and equipment, and intangible assets at 30 June 2009.		
The Authority held no goodwill or intangible assets with an indefinite useful life during the reporting period and at balance sheet date there were no intangible assets not yet available for use.		
All surplus assets at 30 June 2009 have either been classified as assets held for sale or written off.		
<b>Note 23 Payables</b>		
<b>Current</b>		
Trade creditors	296,044	127,348
Other creditors	15,000	20,000
Accrued expenses	261,427	483,582
Accrued salaries	388,619	666,640
	<u>961,090</u>	<u>1,297,570</u>
(See also note 2(o) 'Payables' and note 38 'Financial instruments')		
<b>Note 24 Provisions</b>		
<b>Current</b>		
Employee benefits provision		
Annual leave (a)	1,251,009	1,109,939
Time off in lieu leave (a)	111,528	144,335
Long service leave (b)	1,091,121	947,260
	<u>2,453,658</u>	<u>2,201,534</u>
<b>Non-current</b>		
Employee benefits provision		
Long service leave (b)	602,232	751,482
	<u>602,232</u>	<u>751,482</u>
Total provisions	<u>3,055,890</u>	<u>2,953,016</u>
(a) Annual leave liabilities and time off in lieu liabilities have been classified as current at there is no unconditional right to deter settlement for at least 12 months after balance sheet date. Assessments indicate that actual settlement of the liabilities will occur as follows:		
Within 12 months of balance of sheet date	967,179	1,254,274
More than 12 months after balance sheet date	395,358	-
	<u>1,362,537</u>	<u>1,254,274</u>

## Western Australian Alcohol and Drug Authority

### Notes to the Financial Statements

For the year ended 30 June 2009

	2009 \$	2008 \$
<b>Note 24 Provisions (continued)</b>		
(b) Long service leave liabilities have been classified as current where there is no unconditional right to defer settlement for at least 12 months after balance sheet date. Assessments indicate that actual settlement of the liabilities will occur as follows:		
Within 12 months of balance of sheet date	281,520	414,065
More than 12 months after balance sheet date	1,411,833	1,284,676
	<u>1,693,353</u>	<u>1,698,741</u>
(c) The settlement of annual and long service leave liabilities give rise to the payment of employment on-costs including workers compensation insurance. The provision is the present value of expected future payments. The associated expense, apart from the unwinding of the discount (finance cost), is included at note 12 'Other expenses'.		
<b>Note 25 Contributed equity</b>		
Equity represents the residual interest in the net assets of the Authority. The Government holds the equity interest in the Authority on behalf of the community. The asset revaluation reserve represents that portion of equity resulting from the revaluation of non-current assets (see note 26 'Reserves').		
Balance at start of the year	4,663,939	4,583,939
<b>Contributions by owners</b>		
Capital contributions (b)	-	80,000
Balance at end of year	<u>4,663,939</u>	<u>4,663,939</u>
(a) Under AASB 1004 'Contributions', transfers of net assets as a result of a restructure of administrative arrangements are to be accounted for as contributions by owners and distributions to owners.		
(b) Under the Treasurer's instruction TI 955 'Contributions by Owners Made to Wholly Owned Public Sector Entities' Capital Contributions (appropriations) have been designated as contributions by owners in accordance with AASB Interpretation 1038 'Contributions by Owners Made to Wholly-Owned Public Sector Entities'.		
(c) Under TI 955, non-discretionary (non-reciprocal) transfers of net assets between State government agencies have been designated as contributions by owners in accordance with AASB Interpretation 1038, where the transferee agency accounts for a non-discretionary (non-reciprocal) transfer of net assets as a contribution by owners and the transferor agency accounts for the transfer as a distribution to owners.		

## Western Australian Alcohol and Drug Authority

### Notes to the Financial Statements

For the year ended 30 June 2009

		2009 \$	2008 \$
<b>Note</b>	<b>25 Contributed equity (continued)</b>		
	(d) TI 955 requires non-reciprocal transfers of net assets to Government to be accounted for as distribution to owners in accordance with AASB Interpretation 1038.		
<b>Note</b>	<b>26 Reserves</b>		
	<b>Asset revaluation reserve (a)</b>		
	Balance at start of year	15,502,702	11,267,148
	Net revaluation increments/(decrements) (b):		
	Land	186,800	1,253,800
	Buildings	(1,762,626)	2,981,754
	Balance at end of year	13,926,876	15,502,702
	(a) The asset revaluation reserve is used to record increments and decrements on the revaluation of non-current assets.		
	(b) Any increment is credited directly to the asset revaluation reserve, except to the extent that any increment reverses a revaluation decrement previously recognised as an expense.		
<b>Note</b>	<b>27 Accumulated surplus/(deficiency)</b>		
	Balance at start of year	(1,447,140)	(1,766,213)
	Correction of prior years errors (a)	-	-
	Restate balance at the end of the year	(1,447,140)	(1,766,213)
	Result for the period	(539,211)	319,073
	Balance at end of year	(1,986,352)	(1,447,140)
	(a)	Audited Figures	Adjustment
		2007-08	Restated Figures
			2007-08
	Other revenues	1,828,839	909,091
	Patient support cost	27,269,173	909,091
			28,178,264
	The variation is due to a one off Commonwealth government capital works funding allocation which was channelled via the Department of Indigenous Affairs and brokered by WAADA, in view of the existing WAADA relationship with the alcohol and drug service provider.		
<b>Note</b>	<b>28 Notes to the Cash Flow Statement</b>		
	<b>(a) Reconciliation of cash</b>		
	Cash assets at the end of the financial year as shown in the Cash Flow Statement is reconciled to the related items in the Balance Sheet as follows:		
	Cash and cash equivalents (see note 16)	469,158	1,018,667
		469,158	1,018,667

## Western Australian Alcohol and Drug Authority

### Notes to the Financial Statements

For the year ended 30 June 2009

	2009 \$	2008 \$
<b>Note 28 Notes to the Cash Flow Statement (continued)</b>		
<b>(b) Reconciliation of net cost of services to net cash flows used in operating activities</b>		
Net cash used in operating activities (Cash Flow Statement)	(47,841,652)	(44,234,987)
Increase/(decrease) in assets:		
GST receivable	1	(3,543)
Other current receivables	(386,432)	428,935
Inventories	(7,658)	3,486
Prepayments	48,185	3,879
Decrease/(increase) in liabilities:		
Payables	336,480	(783,361)
Current provisions	(252,125)	11,845
Non-current provisions	149,250	86,484
Non-cash items:		
Depreciation expense (note 9)	(402,173)	(308,523)
Net gain/(loss) from disposal of non-current assets (note 10)	(19,237)	2,512
Write down of property, plant and equipment (note 21)	(2,291)	(8,190)
Adjustment for other non-cash items	-	(2,732)
Net cost of services (Income Statement)	(48,377,652)	(44,804,195)
<b>(c) Notional cash flows</b>		
Service appropriations as per Income Statement	47,838,441	45,123,268
Capital contributions credited directly to Contributed Equity (See note 25)	-	80,000
	47,838,441	45,203,268
Less notional cash flows:		
Items paid directly by the Department of Health for the Authority and are therefore not included in the Cash Flow Statement:		
Accrual appropriations	(469,441)	(464,344)
<b>Cash Flows from State Government as per Cash Flow Statement</b>	<b>47,369,000</b>	<b>44,738,924</b>
At the balance sheet date, the Authority had fully drawn on all financing facilities, details of which are disclosed in the financial statements.		
<b>Note 29 Losses of public moneys and other property</b>		
Losses of public moneys and public or other property through theft or default	32,332	-
Less amount recovered	(35,225)	-
Net gain	(2,893)	-

## Western Australian Alcohol and Drug Authority

### Notes to the Financial Statements

For the year ended 30 June 2009

		2009 \$	2008 \$
<b>Note</b>	<b>30 Remuneration of members of the Accountable Authority and senior officers</b>		
	<u>Remuneration of members of the Accountable Authority</u>		
	The number of members of the Accountable Authority, whose total of fees, salaries, superannuation and other benefits for the financial year fall within the following bands are:		
	\$0 - \$10,000	3	2
	\$10,001 - \$20,000	1	1
	Total	4	3
	The total remuneration of members of the Accountable Authority is:	16,533	12,446
	The total remuneration includes the superannuation expense incurred by the Authority in respect of members of the members of the Accountable Authority.		
	<u>Remuneration of senior officers</u>		
	The number of senior officers other than senior officers reported as members of the Accountable Authority, whose total of fees, salaries, superannuation, non-monetary benefits and other benefits for the financial year, fall within the following bands are:		
	\$50,001 - \$60,000	-	1
	\$60,001 - \$70,000	-	1
	\$120,001 - \$130,000	1	2
	\$130,001 - \$140,000	2	1
	\$140,001 - \$150,000	1	1
	\$150,001 - \$160,000	1	-
	\$170,001 - \$180,000	1	-
	\$190,001 - \$200,000	-	1
	\$330,001 - \$340,000	-	1
	\$380,001 - \$390,000	1	-
	Total	7	8
	The total remuneration of senior officers is:	1,273,817	1,179,652
	The total remuneration includes the superannuation expense incurred by the Authority in respect of senior officers other than senior officers reported as members of the Accountable Authority.		

## Western Australian Alcohol and Drug Authority

### Notes to the Financial Statements

For the year ended 30 June 2009

	2009 \$	2008 \$
<b>Note 31 Remuneration of auditor</b>		
Remuneration payable to the Auditor General in respect to the audit for the current financial year is as follows:		
Auditing the accounts, financial statements and performance indicators	49,000	41,600
<b>Note 32 Commitments</b>		
<b>Operating lease commitments</b>		
Commitments in relation to non-cancellable leases contracted for at the balance sheet date but not recognised in the financial statements, are payable as follows:		
Within 1 year	68,787	51,163
Later than 1 year, and not later than 5 years	63,413	45,163
	132,200	96,326
The operating lease commitments are all inclusive of GST.		
<b>Note 33 Contingent liabilities and contingent assets</b>		
At the reporting date, the Authority is not aware of any contingent liabilities and contingent assets.		
<b>Note 34 Events occurring after balance sheet date</b>		
There were no events occurring after the balance sheet date which had significant financial effects on these financial statements.		
<b>Note 35 Related bodies</b>		
A related body is a body which receives more than half its funding and resources from the Authority and is subject to operational control by the Authority.		
The Authority had no related bodies during the financial year.		
<b>Note 36 Affiliated bodies</b>		
An affiliated body is a body which receives more than half its funding and resources from the Authority and is not subject to operational control by the Authority.		
The Authority had no affiliated bodies during the financial year.		



## Western Australian Alcohol and Drug Authority

### Notes to the Financial Statements

For the year ended 30 June 2009

#### Note 37 Explanatory Statement

##### (A) Significant variances between actual results for 2008 and 2009

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	2009 Actual \$	2008 Actual \$	Variance \$
<b>Expenses</b>				
Employee benefits expense	(a)	17,385,507	15,503,318	1,882,189
Patient support costs		29,489,288	28,178,264	1,311,024
Depreciation and amortisation expense	(b)	402,173	308,523	93,650
Loss on disposal of non-current assets	(c)	19,237	2,512	16,725
Repairs, maintenance and consumable equipment	(d)	424,650	795,679	(371,029)
Other expenses	(e)	3,362,811	3,939,247	(576,436)
<b>Income</b>				
Commonwealth grants and contributions		278,146	-	278,146
Other grants and contributions	(f)	457,983	1,185,418	(727,435)
Other revenues	(g)	1,969,885	2,737,930	(768,045)
Service appropriations	(h)	47,838,441	45,123,268	2,715,173

##### (a) Employee benefits expense

The variance was due to the backpays for the GOSAC, ANF Qualifications and Private Consultants as per the AMA Agreement.

##### (b) Depreciation and amortisation expense

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

##### (c) Loss on disposal of non-current equipment

The variance is principally attributable to a review and write down of assets in 2008-09 that have exceeded their useful life.

##### (d) Repairs, maintenance and consumable equipment

Renovation work was undertaken last year

##### (e) Other expenses

The change in other expenses is largely due to the decrease in printing and advertising costs.

##### (f) Other grants and contributions

The reduction with several grants to the NGO sector for specific drug and alcohol program initiatives compared to 2007-08 has resulted in variance.

##### (g) Other revenues

Last year ATO grant of \$1.2 million was received.

##### (h) Service appropriations

The Authority's service appropriation from the Department of Health was increased due to the CPI back-pays for the NGO sectors of \$970k and the back-pays for the GOSAC and ANF Awards.

## Western Australian Alcohol and Drug Authority

### Notes to the Financial Statements

For the year ended 30 June 2009

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#### Note 37 Explanatory Statement (continued)

##### (B) Significant variations between estimates and actual results for 2009

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

	Note	2009 Actual \$	2009 Estimates \$	Variance \$
<b>Operating expenses</b>				
Employee benefits expense		17,385,507	17,823,817	(438,310)
Other goods and services	(a)	33,698,159	29,929,145	3,769,014
<b>Total expenses</b>		51,083,666	47,752,962	3,330,704
Less: Revenues	(b)	(2,706,014)	(590,000)	(2,116,014)
<b>Net cost of services</b>		48,377,652	47,162,962	1,214,690

##### (a) Other goods and services

The increase in other goods and services expenses compared to budget is mainly attributable to the CPI back-pays and several contracts to the NGO sector for specific drug and alcohol program received as revenues.

##### (b) Revenues

The variance mainly arises from the Department of Indigenous Affairs the purpose is for Halls Creek treatment Facility.

## Western Australian Alcohol and Drug Authority

### Notes to the Financial Statements

For the year ended 30 June 2009

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#### Note 38 Financial instruments

##### (a) Financial risk management objectives and policies

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

##### *Credit risk*

Credit risk arises when there is the possibility of the Authority's receivables defaulting on their contractual obligations resulting in financial loss to the Authority.

The maximum exposure to credit risk at balance sheet date in relation to each class of recognised financial assets is the gross carrying amount of those assets inclusive of any provisions for impairment as shown in the table at note 38(c).

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

Allowance for impairment of financial assets is calculated based on objective evidence such as observable data indicating changes in client credit ratings. For financial assets that are either past due or impaired, refer to note 38(c) Financial Instruments Disclosures.

##### *Liquidity risk*

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

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

##### *Market risk*

Market risk is the risk that changes in market prices such as foreign exchange rates and interest rates will affect the Authority's income or the value of its holdings of financial instrument. The Authority does not trade in foreign currency and is not materially exposed to other price risks.

##### (b) Categories of Financial Instruments

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

	2009 \$	2008 \$
<b>Financial Assets</b>		
Cash and cash equivalents	469,158	1,018,667
Loans and receivables	3,076,867	2,993,857
<b>Financial Liabilities</b>		
Financial liabilities measured at amortised cost	961,090	1,297,570

## Western Australian Alcohol and Drug Authority

### Notes to the Financial Statements

For the year ended 30 June 2009

#### Note 38 Financial instruments (continued)

##### (c) Financial instrument disclosures

##### *Credit Risk and Interest Rate Risk Exposures*

The following tables disclose the Authority's maximum exposure to credit risk, interest rate exposures and the ageing analysis of financial assets. The Authority's maximum exposure to credit risk at the balance sheet date is the carrying amount of financial assets as shown below. The table discloses the ageing of financial assets that are past due but not impaired and impaired financial assets. The table is based on information provided to senior management of the Authority.

The Authority does not hold any collateral as security or other credit enhancements relating to the financial assets it holds.

The Authority does not hold any financial assets that had to have their terms renegotiated that would have otherwise resulted in them being past due or impaired.

##### Interest rate exposures and ageing analysis of financial assets

	Weighted Average Effective Interest %	Interest rate exposure				Past due but not impaired							Impaired financial Assets
		Carrying Amount \$	Variable Interest Rate \$	Non- Interest Bearing \$	Up to 3 Months \$	3-12 Months \$	1-2 years \$	2-3 years \$	3-4 years \$	4-5 years \$	More than 5 years \$		
Financial Assets													
2009													
Cash and cash equivalents	0.0%	469,158	-	469,158	469,158								
Receivables (a)		173,753	-	173,753	173,753								
Amounts receivable for services		2,903,114	-	2,903,114		2,903,114							
		3,546,025	-	3,546,025	642,911	2,903,114	-	-	-	-	-	-	-
2008													
Cash and cash equivalents	0.0%	1,018,667	-	1,018,667	1,018,667								
Receivables (a)		560,184		560,184	560,184								
Amounts receivable for services		2,433,673		2,433,673		2,433,673							
		4,012,524	-	4,012,524	1,578,851	2,433,673	-	-	-	-	-	-	-

## Western Australian Alcohol and Drug Authority

### Notes to the Financial Statements

For the year ended 30 June 2009

#### Note 38 Financial instruments (continued)

##### *Liquidity Risk*

The following table details the contractual maturity analysis for financial liabilities. The contractual maturity amounts are representative of the undiscounted amounts at the balance sheet date. The table includes both interest and principal cash flows. An adjustment has been made where material.

##### Interest rate exposures and ageing analysis of financial assets

	Interest rate exposure				Past due but not impaired							
	Weighted Average Effective Interest %	Carrying Amount \$	Variable Interest Rate \$	Non- Interest Bearing \$	Up to 3 Months \$	3-12 Months \$	1-2 years \$	2-3 years \$	3-4 years \$	4-5 years \$	More than 5 years \$	Impaired financial Assets \$
<b>Financial Liabilities</b>												
<b>2009</b>												
Payables		961,090		961,090	961,090							
		961,090	-	961,090	961,090	-	-	-	-	-	-	-
<b>2008</b>												
Payables		1,297,570		1,297,570	1,297,570							
		1,297,570	-	1,297,570	1,297,570	-	-	-	-	-	-	-

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

## Western Australian Alcohol and Drug Authority

### Notes to the Financial Statements

For the year ended 30 June 2009

#### Note 39 Schedule of Income and Expenses by Services

	Prevention and Early Intervention 2009 \$	Treatment and Support 2009 \$	Total 2009 \$
<b>COST OF SERVICES</b>			
<b>Expenses</b>			
Employee benefits expense	2,260,116	15,125,391	17,385,507
Patient support costs	3,724,919	25,764,369	29,489,288
Depreciation and amortisation expense	52,282	349,891	402,173
Loss on disposal of non-current assets	2,501	16,736	19,237
Repairs, maintenance and consumable equipment	55,205	369,446	424,650
Other expenses	437,165	2,925,646	3,362,811
<b>Total cost of services</b>	<b>6,532,188</b>	<b>44,551,478</b>	<b>51,083,666</b>
<b>INCOME</b>			
<b>Revenue</b>			
Commonwealth grants and contributions	36,159	241,987	278,146
Other grants and contributions	59,538	398,445	457,983
Other revenues	147,396	1,822,489	1,969,885
<b>Total income other than income from State Government</b>	<b>243,093</b>	<b>2,462,921</b>	<b>2,706,014</b>
<b>NET COST OF SERVICES</b>	<b>6,289,095</b>	<b>42,088,557</b>	<b>48,377,652</b>
<b>INCOME FROM STATE GOVERNMENT</b>			
Service appropriations	6,218,997	41,619,444	47,838,441
<b>Total income from State Government</b>	<b>6,218,997</b>	<b>41,619,444</b>	<b>47,838,441</b>
<b>SURPLUS/(DEFICIT) FOR THE PERIOD</b>	<b>(70,098)</b>	<b>(469,113)</b>	<b>(539,211)</b>

*This Schedule of Income and Expenses by Service should be read in conjunction with the notes in the Financial Statements. As last year WAADA was reporting as one service, there are no comparatives from prior year.*

## Key Performance Indicators

### Certificate of Key Performance Indicators

**Western Australian Alcohol and Drug Authority  
Certification of Performance Indicators  
For the year ended 30 June 2009**

We hereby certify that the Performance Indicators are based on proper records, are relevant and appropriate for assisting users to assess the Western Australian Alcohol and Drug Authority's performance, and fairly represent the performance of the Authority for the financial year ending 30 June 2009.



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

16 September 2009



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

16 September 2009

# Performance Management Framework

## Outcome, Services and Performance Information

Government Goal	Desired outcomes	Services
Outcomes-based Service Delivery:  Greater focus on achieving results in key service delivery areas for the benefits of all Western Australians.	Prevent and delay the uptake, incidence of use and harm associated with alcohol and drug use.	1. Prevention and Early Intervention.
		2. Treatment and Support.

## Changes to Outcome Based Management Framework

DAO's Outcome Based Management Framework was approved by the Department of Treasury and Finance and endorsed by the Outcome Structure Review Group on 27 January 2009.

The agreed effectiveness and efficiency indicators are:

### Key Effectiveness Indicators

1. Percentage of the population aged 14 years and over reporting recent use of illicit drugs and reporting use of alcohol at risky levels compared to the percentage reported nationally.
2. Correct take out messages from campaigns among target population.
3. Number of open and opened treatment episodes (including inpatient and outpatient in government and non-government agencies) and the percentage not completed as planned (unplanned exits).

### Key Efficiency Indicators

Service 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.
- Cost per person of campaign target group who are aware of, and correctly recall, the main campaign messages.

Service 2:

- Cost per treatment episode that are complete as planned or clients are still in treatment.



## Government Goal

Greater focus on achieving results in key service delivery areas for the benefits of all Western Australians.

## Agency Level Government Desired Outcomes

Prevent and delay the uptake, incidence of use and harm associated with alcohol and drug use.

## Effectiveness Indicators

The Western Australian Alcohol and Drug Authority (WAADA) provides a continuum of treatment and support services either through direct service provision or through funded agencies to achieve this outcome. WAADA also conducts a range of prevention activities including public education campaigns and community action and funding of programs such as school drug education to reduce the demand for drug use and prevent problems associated with alcohol and drug use. Research, policy, workforce development and education are functions of the agency and are activities that contribute to the desired outcome.

The indicators for the outcome were approved by the Department of Treasury and Finance as part of the Outcome Based Management Structure for the Western Australian Alcohol and Drug Authority for commencement in the 2008/09 financial year.

Prior to 2008/09 the WAADA reported on eighteen key performance indicators (11 effectiveness indicators and seven efficiency indicators). These key performance indicators have been reduced to six (three effectiveness indicators and three efficiency indicators). The data for previous years is only provided where there is retention of an indicator. Although data is available to make comparisons to previous years for effectiveness indicator 1.3 and efficiency indicators 1.1 and 2.0, it has not been audited and therefore will not be used in this Report.

### Effectiveness Indicators 1.1 – 1.3

- 1.1 Percentage of the population aged 14 years and over reporting recent use of illicit drugs and reporting use of alcohol at risky levels compared to the percentage reported nationally.
- 1.2 Correct take out messages from campaigns among target population.
- 1.3 Number of open and opened treatment episodes (including inpatient and outpatient in government and non-government agencies funded by WAADA) and the percentage not completed as planned (unplanned exits).

**Indicator 1: Percentage of the population aged 14 years and over reporting recent use of illicit drugs and reporting use of alcohol at risky levels compared to the percentage reported nationally**

Problematic drug and alcohol use impacts on all Western Australians. It results in significant health, social and economic costs to the community, such as illness and injury, crime, violence and family and relationship breakdown. Alcohol is a major cause of disease and injury. The Western Australian Alcohol and Drug Authority conducts a range of programs that impacts on drug and alcohol consumption by preventing or delaying the onset of drug use and risky alcohol use and reducing the harm that may result from risky use.

Preventing or delaying the onset of risky alcohol consumption 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 reported illicit drug use and alcohol use over time.

*Table 1.1.1: Percentage of people in the Western Australian population (14 years and over) who report recent use of illicit drugs and report recent use of alcohol at risky levels (short and long-term risk) compared to the percentage reported nationally*

	Target % Difference	% Difference	WA 2007	Aust 2007	% Difference	WA 2004	Aust 2004	% Difference	WA 2001	Aust 2001
Prevalence of illicit drug use (% who consumed any illicit drugs in past 12 months)	Less than the difference in the previous survey	2.8%	16.2%	13.4%	2.0%	17.3%	15.3%	5.1%	22.0%	16.9%
Short-term risk consumption of alcohol		2.5%	37.1%	34.6%	3.7%	39.1%	35.4%	3.2%	37.6%	34.4%
Long-term risk consumption of alcohol		1.2%	11.5%	10.3%	1.5%	11.4%	9.9%	1.0%	10.8%	9.8%

**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.
- Data source from:
  - Australian Institute of Health and Welfare 2008. 2007 National Drug Strategy Household Survey: First Results. Drug Statistics series number 20. Cat. No. PHE 98. Canberra and from: Australian Institute of Health and Welfare 2008.
  - Australian Institute of Health and Welfare 2008. 2007 National Drug Strategy Household Survey: State and territory supplement. Drug Statistics series no. 21. Cat. no. PHE 102. Canberra: AIHW.
  - Drug and Alcohol Office (2009). National Drug Strategy Household Survey 2007: Summary tables, Western Australians Households. DAO Surveillance report: No. 1. Drug and Alcohol Office, Perth, Western Australia.
- The 2008/09 data is based on the 2007 survey, which was the latest survey.
- The term 'Illicit drugs,' as reported in the National Household Drug Survey, covers a wide range of drugs that includes illegal drugs (such as cannabis, ecstasy, heroin and cocaine), prescription or over-the-counter pharmaceuticals (such as tranquilisers/sleeping pills) used for illicit purposes, and other substances used

inappropriately (such as naturally occurring hallucinogens and inhalants). The term 'recent use' refers to the use of drugs or alcohol within 12 months prior to being surveyed for the 2007 National Drug Strategy Household Survey.

- For the 2007 NDSHS short-term and long-term risk were based on the *Australian Alcohol Guidelines* (National Health and Medical Research Council, Canberra, 2001). Short-term risky alcohol consumption: men do not exceed six standard drinks and women do not exceed four standard drinks on any single day of drinking. Long-term risky alcohol consumption: men do not exceed four standard drinks on an average day (or 28 standard drinks per week) and women do not exceed two standard drinks on an average day (or 14 standard drinks per week).
- Reported use within Western Australia of any illicit drug in the last 12 months has improved marginally since 2004, whereas, the national rate showed a greater decline (1.9% v. 1.1%). Hence, Western Australia did not reduce the difference between the state rate and the national rate for illicit drug use. This was mainly due to the slight upward trend for females from 13.5% in 2004 to 14.4% in 2007 (see table below on gender differences). Caution is advised in interpreting data due to the relatively small numbers of reported illicit drug users.
- Western Australia did show a reduction in the difference between the state and national rates in relation to risky alcohol consumption. Targeting prevention messages to address short-term risky drinking continues to be an important prevention strategy to reduce short-term risky drinking. Western Australia is participating in the national prevention of binge drinking initiatives as well as continuing to address this problem through the *Rethink Drink* alcohol awareness campaign and other approaches. Short-term risky drinking fell slightly in Western Australia from 39.1% to 37.1%, mainly due to an improvement in short-term risky drinking for Western Australian males (a reduction of 3.4% to 41.3%). Short-term risky drinking for women is less than that of males, but remains at a relatively steady rate. At 2.5% for short-term risky drinking, the gap between the Western Australian rate and the national rate has reduced slightly by 1.2%.
- The use of illicit drugs by females and alcohol consumption at levels associated with long-term risk is of concern and needs to be considered in terms of policy development, programs and access to services.

***Percentage of people in the population (14 years and over) who recently have used illicit drugs, by gender***

	WA 2007	Aust 2007	WA 2004	Aust 2004	WA 2001	Aust 2001
Prevalence of illicit drug use by males	18.1%	15.8%	21.1%	18.2%	24.3%	19.8%
Prevalence of illicit drug use by females	14.4%	11.0%	13.5%	12.5%	19.9%	14.2%

***Percentage of people in the population (14 years and over) who consumed alcohol at levels of long-term and short-term risk, by gender***

	WA 2007	Aust 2007	WA 2004	Aust 2004	WA 2001	Aust 2001
Short-term risk consumption by males	41.3%	38.7%	44.7%	40.3%	42.7%	39.3%
Short-term risk consumption by females	33.0%	30.5%	33.7%	30.7%	32.5%	29.6%
Long-term risk consumption by males	10.7%	10.2%	12.9%	10.1%	12.2%	10.2%
Long-term risk consumption by females	12.3%	10.5%	9.9%	9.6%	10.4%	9.4%

- See the DAO website (<http://www.dao.health.wa.gov.au>) for further results from the National Drug Strategy Household Survey and the table below for gender differences on the rates used as performance indicators.

**Indicator 2: Correct take out messages from campaigns among target population**

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

*Table 1.2.1: Percentage of persons in campaign target groups who were aware of the campaign and were able to recall the main campaign messages*

CAMPAIGN		Target	2008/09	Target	2007/08	Target	2006/07	Target	2005/06	Target	2004/05
<b>ALCOHOL</b>											
<i>Rethink Drink</i>	Aware	76%	75%	77.0%	69.0%	-	-	-	-	-	-
	Correct	38%	63%	38.0%	50.0%	-	-	-	-	-	-
<i>Enough is Enough*</i>	Aware	-	-	-	-	35.0%	13.0%	-	-	-	34.0%
	Correct	-	-	-	-	17.0%	9.0%	-	-	-	28.0%
<b>DRUGS</b>											
<i>Drug Aware programs</i>											
Amphetamine education strategy	Aware	47%	48%	35.0%	60.0%	35.0%	36.0%	-	-	-	-
	Correct	24%	48%	17.5%	58.0%	17.0%	22.0%	-	-	-	-
Youth drug driving**	Aware	-	-	-	-	-	-	35.0%	38.0%	-	-
	Correct	-	-	-	-	-	-	-	-	-	-

**Notes:**

- \* *Enough is Enough* campaign was rebranded as the *Rethink Drink* campaign.
- \*\* This campaign is no longer conducted or evaluated.
- "Aware" 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. Evaluation resources are allocated to different campaigns annually as required. Only the *Rethink Drink* and *Drug Aware* campaigns were evaluated in 2008/09. If more than one medium was used in a campaign (e.g. TV and radio), "Aware" refers to the overall awareness from any medium, where reported. If overall awareness has not been reported then the medium having the greatest awareness (e.g. radio) has been used.
- "Correct" refers to the proportion of the target population who correctly recalled at least one of the main campaign messages during the post-campaign evaluation. If more than one medium was used in a campaign, "Correct" has been reported for the same medium as "Aware" (i.e. overall where reported, or the medium having the greatest awareness). "Correct" is usually reported in campaign reports as a percentage of those who are "Aware". In this indicator it is expressed as a percentage of the total sample representing the target population.
- Separate targets are set for each campaign undergoing evaluation e.g. *Drug Aware*, *Rethink Drink*. Targets are established for the current financial year on the basis of the media spend allocated and the media mix to reach the target group of the campaign. Therefore targets may change by year and by campaign. Prior to 2007/08 targets have been set only using media-related costs. The targets for the *Drug Aware* campaign were estimated at 47.0% of the targeted population being "aware" of the campaign message, with 24% "correct" message takeout. The targets for *Rethink Drink* campaign were estimated at 76% of the target population being "aware" of the campaign message, with 38% "correct" message take out.

- The *Rethink Drink* campaign has performed well and achieved awareness levels in line with the target (75%) and correct message takeout of 63% which is well above the estimated target. The continued use of television as a medium, the hard hitting style of execution and the specific focus of the campaign on the negative consequences of risky drinking are considered likely to have contributed to this success.
- Three phases of the *Drug Aware* campaign were conducted during the year. The mix of campaign strategies was different to previous years with a larger weighting given to online media, and this has contributed to achieving an awareness level of 48% which while in line with the target, is lower than in 2007/08. Levels of comprehension remained extremely high, with 99% of the total sample able to correctly recall and describe one or more of the main messages the campaign was trying to get across (99% of the sample equates to 47.5% of the target population group). Accordingly, the results for correct message takeout significantly exceeded the target. It is likely that conducting multiple phases throughout the year, the continued media focus on amphetamines and the presence of the Australian Government's National Drug Strategy Campaign has supported the high levels of comprehension achieved for this campaign.
- Campaign details:
  - *Drug Aware* provides information about the harms associated with illegal drug use;
  - *Rethink Drink (Enough is Enough)* was rebranded as *Rethink Drink* in 2007/08: Social Marketing Program aimed at raising awareness about public drunkenness, its related problems and what the community can do about the issue; and
  - *Youth Drug Driving Campaign*: increased awareness of the effects of drugs on driving - target group 17-25 year olds.
- Post-campaign evaluations are not necessarily conducted with the whole target group, but a subset of this group. Where this has occurred, the results are taken to be representative of the whole target group.
- In this table, cells where information is not available are designated by a "dash".

**Indicator 3: Number of open and opened treatment episodes (including inpatient and outpatient in government and non-government agencies funded by WAADA) and the percentage not completed as planned (unplanned exits)**

Treatment outcomes for people with alcohol and drug related problems are significantly enhanced if they remain in treatment until the program is complete or they leave with the agreement of their clinician. Treatment episodes that are completed as planned or where the client continues to be engaged in treatment are indicative of effective outcomes. This measure provides an indication of the extent to which treatment objectives are likely to be achieved.

*Table 1.1.3: The percentage of episodes (including inpatient and outpatient in government and non-government agencies funded by WAADA) not completed as planned (unplanned exits)*

Treatment outcome	Target	2008/09
% of client episodes not completed as planned (unplanned exits)	26% (over a 5 year period)	29%

**Notes:**

- Information is based on the number of treatment episodes where the client left a service provided either by government or non-government agencies funded by WAADA and is extracted from the SIMS and PICASO databases.
- Open and opened refers to all treatment episodes that were open already at the beginning of the period and all episodes opened during that period. Due to the requirements of the National Minimum Data Set for a 3 month period before closures of episodes where the client has exited without notice, the reporting period for this effectiveness indicator will be 1 April 2008 – 31 March 2009.
- Treatment episodes were considered to have unplanned exits if the client had left a service for one of the following reasons: left against advice of the service, did not comply with the conditions of the program, left without notice, died or were imprisoned.
- The total number of open and opened episodes for 2008/09 was 40,909 and Sobering up Centre activity accounted for 19,416 of these episodes. 143 episodes were excluded from the analysis due to information not stated correctly.
- Sobering up Centre data is not used for this indicator. The nature of the Sobering up Centre service means that the episode is opened and closed within 24 hours and that the completion rate is 100%. This data is therefore not used to calculate the effectiveness indicator.
- The number of unplanned exits was 6,129 and those that completed as planned were 10,642. A further 4,579 treatment episodes were related to clients still engaged in treatment for the period. These episodes where clients are still in treatment are classified as a satisfactory outcome for the period along with those that completed treatment as planned. The indicator of percentage of unplanned exits shows the percentage that did not complete treatment satisfactorily.
- This is the first year for this performance indicator and the Drug and Alcohol Office has set a target to achieve a reduction of unplanned exits through continuing improvements in availability, capacity and effectiveness of alcohol and drug treatment in Western Australia. For many clients with alcohol and drug problems, remaining in treatment is recognised as a challenge world-wide due to relapse back to alcohol and drug use. Many factors affect the ability to engage and remain in treatment. Time in treatment and completion of treatment as planned are associated with better treatment outcomes. The target is set for a reduction to 26% of treatment episodes not completed as planned over the next five years. The proportion of people leaving treatment successfully each year or still engaged in treatment is comparable with data from other countries such as the United Kingdom and the United States of America and indicates higher rates of successful completion.

### Key Efficiency Indicators

The efficiency indicators and the service groups were approved by the Department of Treasury and Finance as part of the Outcome Based Management Structure for the Western Australian Alcohol and Drug Authority for commencement in the 2008/09 financial year.

**Service Group 1 is for prevention and early intervention.** The Western Australian Alcohol and Drug Authority, either directly or through funding, provides and contracts a range of prevention activities including public education campaigns, licensing support, community action and school drug education to reduce the demand for alcohol and drug use and prevent problems associated with alcohol and drug use.

**Service Group 2 is for treatment and support.** The Western Australian Alcohol and Drug Authority provides a continuum of treatment and support services either through direct service provision or through funded agencies to achieve this outcome.

A different method for calculating the targets was used for indicator 1.2 in Service Group 1, Prevention and Early Intervention services as per the methodology for this indicator.

### Service Group 1: Prevention and Early Intervention

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

#### Efficiency Indicators 1.1 – 1.2

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

**Indicator 1.1: Cost per capita of the Western Australian population aged 14 years and over for initiatives that delay the uptake, and reduce the harm, associated with alcohol and other drugs**

The costs associated with this indicator include direct costs associated with prevention programs and activities, staff salaries and corporate overheads. The targets for this indicator were based on the 2007/08 costs for prevention activity that were recast based on the Service Group 1 for 2008/09 under the new outcome based management structure for the Western Australian Alcohol and Drug Authority.

*Table 2.1.1: Cost per capita of prevention initiatives*

	Target	2008/09
Cost per capita	\$3.76	\$3.68

**Notes:**

- The cost per capita is based on estimates of the Western Australian population aged 14 years and over which are obtained from the Australian Bureau of Statistics, Time Series Workbook 3201.0 Population by Age and Sex, Australian States and Territories, Western Australia. Population figures for this report were accessed from the Time Series Spreadsheets and may differ over time from dates accessed.
- The costs are based on the total cost of prevention activity and a proportional allocation of overhead costs. The prevention costs are influenced by the number of campaigns conducted each year.
- In 2008/09, costs for Service Group 1 were \$6,532,188 and the population aged 14 years and over was 1,773,179 (June 2008 released 20 March 2009).



**Indicator 1.2: Cost per person of campaign target groups who are aware of, and correctly recall, the main campaign messages.**

This measure is reported annually as an additional KPI to the prevalence rates, as the source for the prevalence data, the National Drug Strategy Household Survey, is conducted only every three years.

Table 2.1.2: Cost per person in target group for prevention campaigns

CAMPAIGN		Target	2008/09	Target	2007/08	Target	2006/07	Target	2005/06	Target	2004/05
<b>ALCOHOL</b>											
<i>Rethink Drink</i>	Aware	\$0.30	\$0.47	\$0.55	\$0.55	-	-	-	-	-	-
	Correct	\$0.60	\$0.56	\$1.10	\$0.76	-	-	-	-	-	-
<i>Enough is Enough*</i>	Aware	-	-	-	-	\$0.50	\$0.85	-	-	-	\$0.13
	Correct	-	-	-	-	\$1.00	\$1.23	-	-	-	\$0.16
<b>DRUGS</b>											
<i>Drug Aware programs</i>											
Amphetamine education strategy	Aware	\$1.39	\$1.04	\$1.71	\$1.78	\$1.20	\$0.97	-	-	-	-
	Correct	\$2.78	\$1.06	\$3.41	\$1.85	\$2.40	\$1.58	-	-	-	-
Youth drug driving**	Aware	-	-	-	-	-	-	\$1.20	\$0.18	-	-
	Correct	-	-	-	-	-	-	\$2.40	-	-	-

**Notes:**

- \* The *Enough is Enough* campaign was rebranded as the *Rethink Drink* campaign.
- \*\* This campaign is no longer conducted or evaluated.
- The cost per capita in the target group are based on population figures which are obtained from the Australian Bureau of Statistics, Time Series Workbook 3201.0 Population by Age and Sex, Australian States and Territories, Western Australia.
- "Awareness" refers to the cost per capita of the target population for the campaign who reported being aware of the campaign during the post-campaign evaluation: "Correct" refers to the cost per capita of the target population who correctly recalled the main campaign messages during the post-campaign evaluation.
- The methodology for 2008/09 includes direct media scheduling costs, production, evaluation and other campaign associated costs. This methodology differs from previous year's methodology that only included media scheduling costs. Costs in this table are also included in Indicator 1.1.
- Separate targets are set for each campaign undergoing evaluation. The target for campaign awareness can only be set on the expected media reach that can be achieved from one media phase of a campaign schedule. The expected reach is determined by the advertising agency from independent surveys that report what a particular media medium can achieve. This does not take into account the cumulative effect that running multiple phases of a campaign through the year may have on the overall awareness.
- The actual cost for the *Rethink Drink* campaign was \$621,432 and the cost per person in the target group was \$0.47 for "aware" and \$0.56 for "correct" recall of the main campaign messages. In November 2008, the Australian Government launched a new campaign to address risky drinking. As a result only one phase of the WA *Rethink Drink* campaign was conducted in 2008/09 and overall campaign spend was less than anticipated. High awareness and an improved correct message takeout have contributed to achieving a more cost effective campaign than the previous year.

- The actual cost for the *Drug Aware* campaign was \$512,939 (\$170,980 for each phase) and the cost per person in the target group was \$1.04 for “aware” and \$1.06 for “correct” recall of the main campaign messages. Due to budgetary pressures, the actual campaign spend was less than originally anticipated. As a result the mix of campaign strategies was adjusted, including a reduction in the use of print media. Despite these adjustments, it was still possible to conduct multiple phases (3) throughout the year. Which, coupled with a continued media focus on amphetamines and the implementation of a national campaign targeting illicit drug use has enabled satisfactory awareness levels and strong levels of message comprehension to be maintained.  
Campaign details:
  - *Drug Aware* provides information about the harms associated with illegal drug use;
  - *Rethink Drink (Enough is Enough* was rebranded in 2007/08 as the *Rethink Drink* campaign.): Social Marketing Program aimed at raising awareness about public drunkenness, its related problems and what the community can do about the issue; and
  - *Youth Drug Driving* Campaign: increased awareness of the effects of drugs on driving - target group 17-25 year olds. *Youth Drug Driving* received an extra 50% of free advertising on the base budget in 2005/06.
- In this table, cells where information is not available are designated by a “dash”.

## Service Group 2: Treatment and Support

### Efficiency Indicators

#### 2. Cost per treatment episode that are completed as planned or clients still in treatment.

This indicator represents the total cost per treatment episode of providing services to clients who received an episode of treatment at services provided directly by the Western Australian Alcohol and Drug Authority services and through non-government agencies funded by WAADA. This indicator measures efficiency through the cost per treatment episode (open and opened episodes) and cost effectiveness through the cost per successfully completed treatment episode and those episodes in which the clients are still in treatment.

*Table 2.2.1: Cost per treatment episode completed as planned or clients still in treatment (including inpatient and outpatient in government and non-government agencies and Sobering-up Centres)*

	Target	2008/09
Cost per treatment episode completed as planned or still engaged in treatment	\$1,259	\$1,262

#### Notes:

- The indicator is a measure of efficiency for treatment and support episodes inpatient and outpatient services provided by government and non-government agencies funded by WAADA and also include Sobering up Centres, which are funded services of WAADA.
- The indicator is based on all the open and opened treatment and support episodes and measures the efficiency of treatment and support activity by calculating the cost per episode for all episodes that are completed as planned or clients are still continuing in treatment. The cost is based on an amount of \$43,715,411 which is the total costs for this service group (Service Group 2) for the financial year, which was \$44,551,478 minus a one off funding allocation of \$836,067. The one-off Commonwealth Government funding allocation for a capital works project was channelled via the Department of Indigenous Affairs and brokered by WAADA in view of the existing WAADA relationship with the alcohol and drug service provider. The number of episodes completed as planned or clients still engaged in treatment was 34,637.
- Open and opened refers to all treatment episodes that were open at the beginning of the period and all episodes opened during that period. Due to the requirements of the National Minimum Data Set for a 3 month period before closures of episodes where the client has exited without notice, the reporting period for the activity data is 1 April 2008 – 31 March 2009.
- Completing treatment is based on the number of episodes in which clients who left treatment at completion or for other reasons positively related to treatment, for instance to continue treatment in another service. Episodes were considered to have unplanned exits if the client had left a service for one of the following reasons: left against advice of the service, did not comply with the conditions of the program, left without notice, died or were imprisoned.
- The cost per treatment episodes completed as planned or still in treatment is for all episodes (including 19,416 sobering up centre client episodes) and is calculated against the total cost for Service Group 2. The cost per completed as planned or clients still in treatment was \$1,262.
- The 2008/09 cost of episodes completed as planned or clients still engaged in treatment without the Sobering up Centre episodes was \$40,057,156. The direct cost for Sobering up Centres in 2008/09 was \$3,658,255 and the number of episodes was 19,416 so the direct unit cost was \$188 per episode.

Cost per treatment episode completed as planned or still engaged in treatment without Sobering-up Centre episodes	\$2,632
Cost of Sobering-up Centre episodes	\$188

## Other Legal Requirements

### Advertising

The Drug and Alcohol Office's expenditure for 2008/09 relating to advertising agencies is summarised in the table below.

#### *Rethink Drink*

Class of expenditure	2008/09
Advertising agencies ( <i>The Brand Agency</i> )	\$281,511.88 (excl GST)
Market Research Agencies ( <i>TNS Social Research</i> )	\$68,250.00 (excl GST)
Media Agencies ( <i>Maxus Perth</i> )	\$271,671.25 (excl GST)
Total expenditure	\$621,432.33 (excl GST)

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

#### *Drug Aware - Amphetamines*

Class of expenditure	2008/09
Advertising agencies ( <i>The Brand Agency</i> )	\$108,420.02 (excl GST)
Market Research Agencies ( <i>TNS Social Research</i> )	\$80,436.00 (excl GST)
Media Agencies ( <i>Maxus Perth</i> )	\$324,082.50 (excl GST)
Total expenditure	\$512,938.52 (excl GST)

#### *Drug Aware - Drug Driving Campaign*

Class of expenditure	2008/09
Advertising agencies ( <i>The Brand Agency</i> )	\$30,395.25 (excl GST)
Market Research Agencies ( <i>TNS Social Research</i> )	\$0.00 (excl GST)
Media Agencies ( <i>Maxus Perth</i> )	\$48,492.66 (excl GST)
Total expenditure	\$78,887.91 (excl GST)

#### *Drug Aware - Overall Total*

Class of expenditure	2008/09
Advertising agencies ( <i>The Brand Agency</i> )	\$131,525.58 (excl GST)
Market Research Agencies ( <i>TNS Social Research</i> )	\$372,574.23 (excl GST)
Media Agencies ( <i>Maxus Perth</i> )	\$84,459.30 (excl GST)
Total expenditure	\$588,559.11 (excl GST)

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

## Disability Access and Inclusion Plan Outcomes

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## Compliance with Public Sector Standards and Ethical Codes

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

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

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

Compliance issues	Significant action taken to monitor and ensure compliance
<b>Public Sector Standards</b> Nil reports of non-compliance with Public Sector Standards	<ul style="list-style-type: none"><li>• Information about standards included on DAO intranet, internet and within induction materials.</li><li>• Ongoing support provided to staff on recruitment panels to ensure compliance with relevant standards.</li><li>• Transactions audited internally as a quality assurance process.</li></ul>
<b>WA Code of Ethics</b> Nil reports of non-compliance with WA Code of Ethics	<ul style="list-style-type: none"><li>• WA Code of Ethics part of induction materials and on DAO intranet.</li><li>• Ethics are discussed at DAO Senior Management and team meetings on an as needs basis.</li></ul>
<b>Agency Code of Conduct</b> One report of non-compliance with DAO Code of Conduct	<ul style="list-style-type: none"><li>• Revised Code of Conduct developed in 2008/09.</li><li>• Code of Conduct included as part of induction materials and is available on DAO intranet.</li><li>• Looking to develop eLearning product.</li><li>• Use of staff access to computer technology is monitored on an ongoing basis in line with the DAO information technology policy.</li></ul>

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

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

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

## Recordkeeping plans

The Drug and Alcohol Office has a Recordkeeping Plan in accordance with the provisions of the *State Records Act 2000*. This Plan was approved by the State Record Commission in 2005 for three years and was recently reviewed and bench marked against the State Records Office Principles and Standards. The review identified areas for improvement and an updated Plan is under development for submission by 31 December 2009.

As such, the retention and disposal of DAO records have been carried out efficiently and effectively and is ongoing. Archival and non archival collections are kept in offsite storage. This includes the medical records at Next Step and also the Young People's Opportunity Program Assessment and Referral files under the COAG Illicit Drug Diversion Initiative.



DAO did not pursue developing a Code of Practice for Good Records Management as this document is already covered under the Records Management Policy. This document is also currently being reviewed as part of the monitoring process.

Performance indicators for recordkeeping have been developed around the broad areas of quality, quantity, responsiveness and participation and it is planned that an evaluation of the efficiency and effectiveness of the recordkeeping systems will be conducted during 2009/10.

All new employees are reminded of their obligations in regard to recordkeeping as part of the TRIM induction program. This training is available on the intranet and additional training is provided. A number of employees have successfully completed Recordkeeping Awareness Training.



## Government Policy Requirements

### Corruption Prevention

The Drug and Alcohol Office has informed staff about internal notification procedures for dealing with misconduct and corruption. Revised Misconduct and Public Interest Disclosure policies to better support staff and managers were developed during 2008/2009. DAO also undertakes management development activities that include the communication of information relating to corruption prevention and the establishment of core agency values.

### Substantive Equality

The Drug and Alcohol Office commenced negotiations with the Equal Opportunity Commission to develop an implementation plan for the *Policy Framework for Substantive Equality*. The initial commitment will focus on a review of access and availability to detoxification services and residential rehabilitation for Indigenous clients.

### Occupational Safety and Health

#### *Statement of Commitment*

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

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

To achieve this, DAO:

- promotes a culture that emphasises safety as a core value in all aspects of work;
- develops and implements an effective OSH management system;
- takes practical measures to identify hazards, assess risks and implement controls and investigate all incidents/accidents to prevent recurrence;
- ensures that management and supervisory staff accept responsibility for providing and maintaining safe systems of work in which employees are not exposed to hazards;
- informs all employees of their duty of care and empowers them to take responsibility for the safety and health of themselves and others;
- communicates, consults and cooperates with employees and OSH representatives with respect to improving OSH performance;
- maintains an OSH Plan with measureable objectives and targets to support continuous improvement in safety and health performance; and
- provides training, time, resources and financial support as required, to implement effective OSH policy and procedures.

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

#### *Consultation*

DAO believes that the safety and health of all clients, visitors and staff is of utmost importance. DAO is committed to provide a safe environment that is free of hazards throughout its facilities, as far as practicable. As part of this commitment, DAO has a formal mechanism for consultation with employees on safety and health issues, via our Safety and Health Representatives and the Occupational Safety and Health Committee.

The OSH Committee's role is to ensure that OSH is an integral part of corporate business plans, objectives and quality management and creates ownership at all levels of the organisation. Members consist of both management representation and Safety and Health Representatives, who may be nominated by the employer or elected by DAO staff.

The Management Representatives include the:

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

### Training

To follow through on our commitment to OSH, DAO provides training to all staff. The diversity of services provided by DAO requires a variety of training needs. Our staff are trained in the specific duties of their positions to ensure they are able to safely perform their duties without risk of injury or harm. Compulsory OSH Awareness Training is provided for all staff and provides a forum for fostering a culture of safety within DAO by informing staff of safe work methods, legal responsibilities and staff compliance.

### Compliance

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

- *Occupational Safety and Health Act 1984*;
- *Occupational Safety and Health Regulations 1996*;
- *Treasurer's Instruction 825*;
- Code of Practice; OSH in the Public Sector 2007
- Australian Standards AS/NZS 4360:3004; and
- Disability Services Commission's legislation, regulations, standards and codes.

An OSH Management Plan was finalised in the latter half of 2008. The Management Plan provides a framework for compliance, information and strategies to ensure DAO staff, contractors and visitors are provided with a safe workplace.

Furthermore, DAO is committed to:

- coordinate OSH across DAO sites and promote skill acquisition and provide specific training in relation to OSH;
- make recommendations to the Senior Management Group regarding organisational policy and processes to support risk management and plan and review organisational performance in relation to policy; and
- make recommendations to the Senior Management Group regarding finance and resources required for OSH.

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

Annual Performance for 2008/09	Total
Number of fatalities	0
Number of severe claims	0
Number of lost time injury/diseases	1
Lost time injury severity rate	0

# Appendices

## Appendix One – Research projects

*(Completed or in progress 2008/09)*

### **Respiratory symptoms and lung function of opioid dependent clients on methadone or buprenorphine treatment** *(in progress)*

*Musk A W<sup>1</sup>, Bartu A<sup>2</sup>, Nelson P<sup>3</sup>, deKlerk N<sup>4</sup>*

- 1 Department of Respiratory Medicine, SCGH
- 2 School of Nursing and Midwifery, Curtin University of Technology, Drug and Alcohol Office
- 3 Next Step Specialist Drug and Alcohol Services
- 4 Telethon Institute of Child Health Services

### **Transmission of buprenorphine in breastmilk of lactating mothers**

*(in progress)* Funded by WIRF

*Bartu A<sup>1</sup>, Illet K<sup>2</sup>, Hamilton D<sup>3</sup>, O'Halloran S<sup>4</sup>, Doherty D<sup>5</sup>*

- 1 School of Nursing and Midwifery, Faculty of Health Sciences, Curtin University of Technology, Drug and Alcohol Office
- 2 Pharmacology and Anaesthesiology Unit, Faculty of Medicine, Dentistry and Health Sciences, University of Western Australia
- 3 Obstetrics and Gynaecology, King Edward Memorial Hospital
- 4 Clinical Pharmacology and Toxicology Laboratory, Path West Nedlands.
- 5 Women and Infants Research Foundation King Edward Memorial Hospital.

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

*Bower C<sup>1</sup>, O'Leary CM<sup>1</sup>, Geelhoed E<sup>2</sup>, D'Antoine H<sup>3</sup> & Bartu A<sup>3,4</sup>*

- 1 Telephone Institute Child Health Research University of Western Australia
- 2 Population Health University WA
- 3 School of Nursing and Midwifery Curtin University Technology
- 4 Drug and Alcohol Office

### **Alcohol and pregnancy: Health promotion messages that work**

*Henley N<sup>1</sup>, Donovan R<sup>2</sup>, Bower C<sup>3</sup>, Elliott E<sup>4</sup>, Payne J<sup>3</sup>, D'Antoine H<sup>3</sup>, Bartu A<sup>5</sup>.*

- 1 Edith Cowan University
- 2 Curtin University of Technology
- 3 Telephone Institute Child Health Research University of Western Australia
- 4 University of Sydney, Children's Hospital Westmead
- 5 School of Nursing and Midwifery Curtin University Technology

## Appendix Two – Publications, reports and monographs

Bartu A (2009). Are the terms Dual Diagnosis and comorbidity redundant? *Mental Health and Substance Use: Dual Diagnosis Journal* (accepted for publication).

Bartu A, Dusci LJ & Ilett KF (2009). Transfer of methylamphetamine and amphetamine into breast milk following recreational use of methylamphetamine. *British Journal of Clinical Pharmacology*, vol 67(4), 455-459.

Bartu A, Hamilton D & Doherty DA (2009). Buprenorphine and pregnancy: Australian and international outcomes. *Journal of Paediatrics and Child Health*, 45, supp 1, A11.

Dowdell JA, Fenwick J, Bartu A & Sharp J (2009). Midwives perceptions of the postnatal experience of women who use illicit drugs. *Midwifery*, 25, 295-306.

Fatovich DM, Bartu A & Daly FFS (2008). A prospective study of non-fatal heroin overdose. *Journal of Substance Use*, 13 (5), 299-307.

France K, Henley N, Payne J, D'Antoine H, Bartu A, O'Leary C, Elliott E & Bower C. Health professionals addressing alcohol use with pregnant women in Western Australia: barriers and strategies for communication. *Journal of Substance Use and Misuse* (accepted for publication).

Griffiths P & McGregor C (2009). The association between methadone and prolonged QT intervals: What is the evidence? Drug and Alcohol Office: Perth, Western Australia.

Haynes R (2008). Brief evaluation of the client assessment documents used at Next Step for screening, vaccinating, and providing treatment for the hepatitis virus's B and C. Drug and Alcohol Office; Perth, Western Australia.

Haynes R (2008). Associations between alcohol and other drug (AOD) use, and risky sexual behaviour. Drug and Alcohol Office: Perth, Western Australia.

Haynes R (2008). Associations between community perceptions and cannabis legislative changes. Drug and Alcohol Office: Perth, Western Australia.

Kalic R, Gunnell A, Griffiths P and McGregor C (2009). National Drug Strategy Household Survey 2007: Summary Tables, Western Australian Households, DAO Surveillance Report: Number 01. Drug and Alcohol Office: Perth, Western Australia.

Peardon E, Payne J, Henley N, D'Antoine H, Bartu A, O'Leary C, Bower C & Elliott EJ (2009). Knowledge and attitudes of Australian women regarding alcohol in pregnancy and its effects on the unborn child. *In press*.

## Appendix Three – Conference papers, seminars and other presentations

Akesson G (2008). Addressing alcohol related harm through a regional approach to alcohol management. Australasian Professional Society on Alcohol and other Drugs Conference, 23-26 November.

Akesson G (2008). Managing alcohol - the Fitzroy Crossing example poster presentation. Australasian Professional Society on Alcohol and other Drugs Conference, 23-26 November.

Akesson G (2009). Now we fight to practice sutures: Fitzroy Crossing 12 months on. Antisocial Behaviour Symposium, 27 March.

Akesson G (2009). Fitzroy Crossing, much more than a Liquor Restriction. 10th National Rural Health Conference, 18–20 May.

Akesson G (2009). Packaging and posting – Innovative education delivery and community engagement. National Community Education and Participation Conference 2009, 10-11 June.

Akesson G & Hearse M (2009). Alcohol management in the Kimberley and Fitzroy Crossing. Making it happen: responding to AOD issues across the sectors, 12-13 May, Fremantle, Western Australia.

Bartu A (2008). Post-graduate child and school health preclinical workshop. Ante and Postnatal Substance Misuse. School of Nursing and Midwifery Curtin University of Technology, 8-11 July 2008.

Bartu A (2008). National Fetal Alcohol Spectrum Disorder (FASD) Workshop. Ministerial Council on Drug Strategy, Stamford Grand Glenelg Hotel, South Australia, 19–20 August.

Bartu A (2008). Alcohol and Other Drugs Treatment Services National Minimum Data Set (AODTS-NMDS) 2006-07: Key findings. Next Step Drug and Alcohol Services, Moore St Perth, 22 October.

Bartu A (2009). Trajectories of polydrug use during pregnancy and early postpartum period. The 3rd International Conference on Fetal Alcohol Spectrum Disorder. Victoria, British Columbia, 11-14 March.

Bartu A (2009). Illicit drug use in pregnancy: current knowledge and practice challenges. Australian College of Neonatal Nurses 4th Annual Conference New Horizons: nursing neonates, families and communities. 19 April, Darwin NT. Invited speaker.

Bartu A (2009). Buprenorphine versus methadone in pregnancy: Maternal and neonatal outcomes. Drug and Alcohol Nurses Association Annual Conference, 24-26 June, 2009. Surfers Paradise Queensland.

Bartu A (2009). Child and School Health, Preclinical Post Graduate Workshop. Drugs and Pregnancy, 12 February.

Bartu A (2009). Graduate Diploma in Midwifery. Impact of illicit drugs on fetal development. Edith Cowan University Joondalup Campus, 12 May.

Bartu A, Fatovich D, Davis G, Atrie J & Daly F (2009). Inpatient service utilisation associated with heroin overdose presentation to an emergency department: a 10 year record linkage study. 4th International Congress on Innovations in Nursing. 27-29 May, Perth Convention Centre.

Bartu A & Knight J (2009). Alcohol and other drug treatment services and opioid pharmacotherapies 2001-2007: WA vs other Australia. 2009. Making it happen: responding to AOD issues across the sectors, 12-13 May, Fremantle, Western Australia.

Bartu A, Hamilton D & Doherty DA (2009). Buprenorphine and pregnancy: Australian and international outcomes. 13th Annual Congress Perinatal Society of Australia and New Zealand, Better Birthing, Better Babies, 20-23 April 2009, Darwin.

Bower C, Payne J, France K, Elliott E, Henley N, O'Leary C, D'Antoine H, Bartu A & the Alcohol and Pregnancy Research Group (2009). Alcohol and Pregnancy: Progress in Australia. The 3rd International Conference on Fetal Alcohol Spectrum Disorder. Victoria, British Columbia. 11-14 March.

Costello E (2009). Cannabis, amphetamine and alcohol attitudinal research results. NSW Health Campaign Planning Working Group. Sydney, 8-9 December.

D'Antoine H, France K, Henley N, Payne J, Elliott E, Bower C, Bartu A and the Alcohol and Pregnancy Research Group (2009). Alcohol and Pregnancy: Australian Aboriginal women's knowledge, attitudes and practice. The 3rd International Conference on Fetal Alcohol Spectrum Disorder. Victoria, British Columbia. 11-14 March.

D'Antoine H, Henley N, Payne J, Elliott E & Bartu A (2009). Alcohol and Pregnancy: Aboriginal women's knowledge, attitudes and practice. Health Promotion for Health Professionals. Australian Health Promotion Association 18th Annual Conference. Perth, May.

France K, Payne J, Bower C, Henley N, D'Antoine H, Elliott E, O'Leary C & Bartu A & the Alcohol and Pregnancy Research Group (2009). Alcohol and Pregnancy: Health Promotion for Health Professionals. Making it happen: responding to AOD issues across the sectors, 12-13 May, Fremantle, Western Australia.

Fuhrmann T & Stark R (2009). Working across the sectors: A partnership approach to implementing alcohol and tobacco brief intervention in all WA Country Health Regions. Making it happen: responding to AOD issues across the sectors, 12-13 May, Fremantle, Western Australia.

Gatti S, Gray M & Henrickson N (2009). Norseman Voluntary Liquor Agreement: A Community Partnership Approach. Drug and Alcohol Office State Prevention Workshop, Perth, March.

Griffiths P, McGregor C & Gately N (2009). "In the line of fire" – what are the links between substance use, mental health and violence in frontline policing in Western Australia? Paper presented at the conference, Violence in the Ice Age: Exploring the link between drug use, violence and other effects Fremantle, Australia.

Griffiths P, McGregor C, Kalic R & Gately N (2009). The relationship between violent offences and drug use in detainees held at the East Perth Watch House. Making it happen: responding to AOD issues across the sectors, 12-13 May, Fremantle, Western Australia.

Helfgott S & Allsop S (2009). Helping Change: Making a Difference: The Alcohol and Drug Counsellors' Training Program. Making it happen: responding to AOD issues across the sectors, 12-13 May, Fremantle, Western Australia.


Henrickson N (2009). The Local Government Alcohol Management Package: A toolkit to assist Local Governments, Environmental Health Association 63rd Annual Conference, Fremantle Esplanade, 2 April.

Henrickson N (2008). On the road to a safer drinking culture - the impact of the new Liquor Control Act. Lavan Legal Seminar, Perth, October.

Henrickson N (2008). Alcohol Control Strategies: Working towards a culture of responsible alcohol use, safer drinking environments and less harm. WA Police Inspectors Forum. All Seasons Hotel Perth, July.

- Henrickson N (2009). Alcohol control strategies and road safety: working towards a culture of responsible alcohol use, safer drinking environments and less harm. WA Local Government Association Road Safety Regional Officers workshop, Perth 5 March.
- Henrickson N (2009). Alcohol control strategies. WA Police Midwest (Eastern) Officer's in Charge Conference. Meekatharra, March.
- Henrickson N (2009). Liquor licensing facilitation session. WA Police Kalgoorlie Police District Officer's in Charge Conference, May.
- Henrickson N & Gomm M (2009). Collecting events data workshop session. Drug and Alcohol Office State Prevention Workshop, March.
- Henrickson N & Gregor R (2009). Liquor licensing workshop session. Drug and Alcohol Office State Prevention Workshop, March.
- Henrickson N & Gray M (2008). Preventing and minimising alcohol problems: working towards a culture of responsible alcohol use and safer drinking settings. Notre Dame University Medical Students Lecture, Fremantle, 24 September.
- Kalic R, McGregor C, Griffiths P & Gately N (2009). Binge-drinking and illicit drug use among detainees in East Perth watch-house: does employment matter? 17th Western Australian Drug and Alcohol Symposium, Fremantle, Western Australia, May.
- Kemp K & Sarney P (2009). Working better with comorbidity. Has it Happened? Evaluating the PsyCheck roll out in WA. Making it happen: responding to AOD issues across the sectors, 12-13 May, Fremantle, Western Australia.
- Lamond T & Lombardi L (2009). Aboriginal participation in court based drug diversion in WA: Identifying and addressing barriers. Presentation at WA Health Justice Research Forum: Past, Present and Future. The University Club of Western Australia; March.
- Lethlean C (2008). A smorgasbord of options. Annual St John Ambulance Association Conference, Perth, August.
- McCallum T & Lombardi L (2009). The WA Illicit Drug Diversion Program – barriers and benefits of working across the sectors. Making it happen: responding to AOD issues across the sectors, 12-13 May, Fremantle, Western Australia.
- McGregor C & Gately N (2008). Does amphetamine use predict offending patterns among detainees at the East Perth watch-house? Australasian Professional Society on Alcohol and other Drugs (APSAD) Sydney, Australia, November.
- Mutch R, D'Antoine H, Bartu A, Bower C & the Alcohol and the Pregnancy Research Group (2009). Alcohol and Pregnancy: Evaluating the establishment of a 'best practice' evidence-based model of care for Fetal Alcohol Spectrum Disorder in Western Australia. The 3rd International Conference on Fetal Alcohol Spectrum Disorder. Victoria, British Columbia, 11-14 March.
- Payne J, Bower C, France K, Henley N, D'Antoine H, Elliott E, O'Leary C, Bartu A & the Alcohol and Pregnancy Research Group (2009). Alcohol and pregnancy: an intervention to support health professionals' practice in Western Australia. The 3rd International Conference on Fetal Alcohol Spectrum Disorder. Victoria, British Columbia, 11-14 March.
- Payne J, Bower C, France K, Henley N, D'Antoine H, Elliott E, O'Leary C, Bartu A & the Alcohol and Pregnancy Research Group (2009). Alcohol and pregnancy: health promotion for health professionals. Australian Health Promotion Association 18th Annual Conference. Perth: May.





Payne J, Peardon E, Henley N, D'Antoine H, Bartu A, Bower C & Elliott E (2008). Alcohol and pregnancy: women's knowledge, attitudes and practice. Division of Population Sciences, Scientific Meeting. Telethon Institute of Child Health Research, October.

Peardon E, Payne J, Henley N, O'Leary C, D'Antoine H, Bartu A, Bower C, Elliott E & the Alcohol and Pregnancy Research Group (2009). Alcohol and pregnancy: what influences Australian women's knowledge, attitudes and practice? The 3rd International Conference on Fetal Alcohol Spectrum Disorder. Victoria, British Columbia. 11-14 March.

Tapping L (2009). Preventing alcohol-related harm through liquor licensing action. Working towards a culture of responsible alcohol use and safer drinking environments. Local Drug Action Group Conference 30 January.

Tapping L & Henrickson N (2009). Making it happen: preventing alcohol related harm through liquor licensing action. Making it happen: responding to AOD issues across the sectors, 12-13 May, Fremantle, Western Australia.





Government of **Western Australia**  
Drug and Alcohol Office

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