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STATEMENT OF COMPLIANCE

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

In accordance with Section 66 of the Financial Administration and Audit Act 1985, we submit for your information and presentation to Parliament the Annual Report of the Western Australian Alcohol and Drug Authority for the year ending 30 June 2004.

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

Mike Daube
CHAIRPERSON

BOARD MEMBER

20 August 2004
EXECUTIVE DIRECTOR’S REPORT

The past year has involved continued establishment of the Drug and Alcohol Office (DAO) as an effective and efficient agency that embraces evidence-based practice (conducting, interpreting and disseminating research and building the capacity of the workforce to apply research in the context of the needs and unique circumstances of individuals and communities affected by drug and alcohol related problems). This has involved investment of effort and resources in a number of priority activities.

Through the Senior Officers Group (SOG) DAO and other key government agencies have invested in establishing and maintaining strong collaborative effort to prevent and respond to drug problems. The SOG has developed activities for each key government agency that has an interest in preventing and responding to drug problems. Performance Indicators have been developed for these activities and the Group will report to the Cabinet Standing Committee on Social Policy in August 2004. Collaborative effort across government is a key to effective practice.

DAO and the WA Network of Alcohol and Drug Agencies (WANADA) have invested in collaborative effort across the drug sector. A range of different services are required to meet the diverse needs of people affected by drug use. However, clear guidelines and practices are needed to ensure quality and to develop effective referral pathways. Excellent cross-sector collaboration has resulted in a quality assurance framework that will be implemented in the coming year, enhancing the delivery of effective quality services.

The second Drug and Alcohol Centre (DAC) opened in Fremantle, locating government, and non-government services on the one site. Key providers from government and non-government services are now exploring other ways in which services can collaborate to create better systems of care for people affected by drug use.

DAO and other government and non-government agencies have invested in responding to Aboriginal people and communities affected by drug problems. The Office of Aboriginal Health, Department of Indigenous Affairs, the Commonwealth Office of Aboriginal and Torres Strait Islander Health, along with non-government colleagues are currently developing a State strategy based on the Aboriginal and Torres Strait Island Peoples Complementary Action Plan, developed under the National Drug Strategy.

The second intake of Indigenous people, from around the State, came into the 12-month training program run by DAO and eleven people completed the course. Graduates of this, and the initial program, are valued employees and many have returned to their previous roles or found new jobs where their skills are directly applied to respond to the needs of Indigenous people and communities affected by drug and alcohol use. A program, led by DAO, in partnership with New South Wales, Queensland, South Australian and Northern Territory services has been supported by the Ministerial Council on Drug Strategy (MCDS), and will commence in 2004. This national initiative will identify current best practice and build the capacity of the workforce to respond to Indigenous people’s needs.
A central feature of DAO’s investment has been on prevention. New evidence-based guidelines of effective practice have been released by the MCDS and staff in the DAO Prevention Directorate have ensured that DAO prevention activities are consistent with these guidelines. Simultaneously, there has been much activity to keep our partners in other drug services, health, police and other key agencies abreast of these developments.

A significant concern that was raised in our extensive consultations across the state was alcohol. A key component of our response to alcohol was launched this year – the *Enough is Enough* program aims to raise community awareness about the risks of alcohol intoxication, but most importantly aims to engage and provide strategies to communities to prevent problems of alcohol intoxication at home, in the community and in licensed premises.

Every three years the drug use of Western Australian school children is assessed as part of the Australian School Students Alcohol and Drug Survey. The results from 2002 were published this year. It is heartening to see the significant decrease in the number of young people who report they are using illegal drugs. Nevertheless, far too many young people are exposed to the risks of drug use and we intend to learn from the evidence and from these recently published figures to identify where we should continue to invest our resources.

The diverse needs of people affected by drug problems requires a range of responses. We have seen enhanced collaboration across the sector in how our treatment services work together. Those in the government and non-government sectors should be commended for the efforts they have made to enhance collaboration and cohesion of services. The demands placed on clinicians can be significant and they have responded to challenges with vision, compassion and a focus on finding solutions to new challenges. This is an essential requirement for those who respond to drug problems. We need to respond to changing patterns of drug use, emerging prevention strategies and treatments and an increasingly diverse group of people affected by drug use. We recognize that our concern should not only be with those who consume drugs, but their families and communities as well.

Dr Steve Allsop
A/Executive Director
WESTERN AUSTRALIAN ALCOHOL AND DRUG AUTHORITY
CORPORATE INFORMATION

ADDRESS AND LOCATION

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

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

**Corporate Office:**

7 Field Street, Mt Lawley WA 6050  
Postal: PO Box 126, Mt Lawley 6943  
Telephone: (08) 9370 0333  
Fax: (08) 9272 6605  
Email: dao@health.wa.gov.au

ENABLING LEGISLATION

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

LEGISLATION

DAO does not administer legislation.

**ACTS PASSED DURING 2003/04**

The *Cannabis Control Act 2004* was proclaimed in March 2004.

**ACTS IN PARLIAMENT AT 30 JUNE 2004**

No Acts were passed at Parliament that concerned DAO as at 30 June 2004.

MINISTERIAL DIRECTIVES

The Board received no ministerial directives during 2003/04.
MISSION STATEMENT AND BROAD OBJECTIVES

MISSION

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

VISION

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

BROAD OBJECTIVES

The broad objectives of DAO are to:

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

ORGANISATIONAL STRUCTURE

ACCOUNTABLE AUTHORITY

Board of the Western Australian Drug and Alcohol Authority

DAO has a Board of four members nominated by the Minister for Health and appointed by the Governor in Executive Council. All Board members’ terms are for 12 months expiring on 31 December 2004. The Board consists of Mr Mike Daube, the Director General of the Department of Health who is the chairman, Professor Tim Stockwell, the Director of the National Drug Research Institute, Dr Margaret Stevens, Director Public Health, the Department of Health and Associate Professor Steve Allsop, A/Executive Director of DAO. Dr Denzil McCotter resigned from the Board in September 2003 and was replaced by Associate Professor Steve Allsop. The Board has delegated to the Executive Director, with certain exceptions, powers vested in it by the Alcohol and Drug Authority Act 1974. This Board has sat on five occasions and Professor Stockwell received $2,130 in remuneration.
Senior Officers

Senior officers of DAO are listed in the following table.

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<td>GARY CASEY</td>
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<td>ROCHELLE MCINTOSH</td>
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Pecuniary Interests

Senior officers declared no pecuniary interests during 2003/04.

Corporate Structure

The chart on the following page outlines the Corporate Structure and reporting lines for DAO.

ABOUT THE DRUG AND ALCOHOL OFFICE

DAO was formed following the 2001 Community Drug Summit (CDS).

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

DAO’s current structure was implemented in July 2002 and is accountable to the people of Western Australia through the Government and is managed by a Board of Directors. Since operations commenced, its driving mandate has been to assist with implementation of CDS initiatives and ongoing engagement of the community, government and non-government agencies in developing initiatives and programs with regard to drug and alcohol issues.
It continues to provide strategic advice to the sector and funding, expertise, services and resources to assist in meeting the broader recommendations of the CDS.

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

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

The Policy, Strategy and Information Unit is a separate branch reporting directly to the Executive Director.

**NEXT STEP DRUG AND ALCOHOL SERVICES**

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

Services under the Next Step Branch include the Inpatient Withdrawal Unit, DACs which provide outpatient services, Pharmacy, Youth Services, Clinical Training and Placements and the Clinical Pharmacotherapies Research Group.

**Highlights for 2003/04**

- Next Step Drug and Alcohol Services now has improved access to services for clients living in the southern suburbs with the establishment of the new South Metropolitan DAC.
- There are improved measurement and reporting of activity and performance through new reporting protocols and indicators.
- Development of an increased awareness of Next Step as a centre of excellence through research, collaboration and training with universities, professional societies and colleges.
- Next Step Drug and Alcohol Services has continued the development of closer working relationships with government and non-government agencies in the alcohol and drugs sector.

**Planned Achievements for 2004/05**

- Next Step Drug and Alcohol Services plans to obtain service accreditation through the Quality Improvement Council of Australia.
- In conjunction with the University of Western Australia, an increased level of external funding for research activities is planned.
Next Step Drug and Alcohol Services envisage continued integration of shared care management and planning with external agencies.

A structured clinical education and training program is expected to be developed and implemented.

**INPATIENT WITHDRAWAL SERVICES**

Next Step provides a medical inpatient alcohol and drug withdrawal service for clients requiring medical assistance with detoxification from alcohol, licit and illicit drugs at Moore Street, East Perth. The facility has 16 beds and includes three observation beds and 13 standard beds for clients requiring medical assistance with detoxification. Special care beds are available for youth, pregnant women, and mothers with babies, HIV positive people and Indigenous people.

**Highlights for 2003/04**

- Next Step Drug and Alcohol Services consolidated clinical pathways for direct admission to the withdrawal unit with major metropolitan teaching hospitals, Mental Health Centres, general practitioners and alcohol and other drug non-government organisations.

- A collaborative partnership with Cyrenian House has continued through a weekly medical clinic provided by a Next Step Medical Officer.

- In collaboration with Fremantle Hospital (Alma St Centre), a Graduate Nursing program providing three-month placements for graduate nurses at Next Step was introduced.

- Next Step Drug and Alcohol Services introduced the Clinical Institute Withdrawal Assessment for Alcohol scale to assess the severity of alcohol withdrawal.

**Planned Achievements for 2003/04**

- Next Step Drug and Alcohol Services plans to implement a weekly placement of graduate nursing staff at Cyrenian House to gain a greater understanding of a therapeutic community and to enhance discharge planning advice to clients.

- A subjective and objective amphetamine scale for assessing the severity of amphetamine withdrawal is to be developed and implemented.

- Clinical placements are envisaged to continue within the withdrawal unit for nursing, mental health, social work in Alcohol and Other Drug Studies, Certificate IV (TAFE) and health promotion students.

- A continued program of upgrading the inpatient facility to reduce self-harm risks to clients is planned.

- A review and introduction of a structured group program to provide health information and skills training is planned to enable clients to prepare themselves for their discharge and to function in their own environment.
PHARMACY SERVICES

Next Step’s Pharmacy at Moore Street, provides a seven day a week pharmacotherapy dispensing service.

Those clients who dose at the Next Step Pharmacy are generally those commencing pharmacotherapy treatment and are awaiting transfer to a community pharmacy. Other clients presenting at this pharmacy may have more complex issues and behavioural problems that need medical and psychological assistance that cannot usually be managed by a community pharmacy.

The pharmacy continues to build on partnerships with universities through involvement in clinical trials and the support of undergraduate and PhD research.

At the end of the financial year, 77 clients were attending for supervised methadone treatment. Thirty-three clients were being dispensed naltrexone, and 26 clients had received buprenorphine, with another six clients receiving other pharmacotherapies. In addition to clients attending the East Perth pharmacy, another 594 clients were receiving their medications through community pharmacies while being managed by Next Step.

Highlights for 2003/04

- The Pharmacy was restructured to support client integration with community pharmacies.

- Working partnerships continued with the Opioid Pharmacotherapies Advisory Committee chaired by DAO.

- Next Step Pharmacy maintained close working relationships with both the Pharmacy Guild and the Pharmaceutical Council.

- Placements were continued to be offered to final year Curtin University pharmacy students and ongoing support for medical and allied health clinical placements across the DACs.

Planned Achievements for 2003/04

- The provision of consultation and support by Next Step pharmacists to community pharmacists is ongoing.

- The upgrade of information technology systems for the Pharmacy is envisaged.

- The Next Step Pharmacy will provide specialist advice in the development of the State Buprenorphine Dispensing Guidelines.

- Pharmacy staff will also provide specialist advice and support for the introduction of suboxone across the State as a new opioid pharmacotherapy option.
METROPOLITAN DRUG AND ALCOHOL CENTRES (DACs)

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

- telephone assessment for clients wishing to access the service;
- outpatient withdrawal, pharmacotherapies, case management, shared care, counselling and group therapy; and
- pharmacotherapy dispensing for clients (available from Next Step East Perth only) for those clients not managed at community pharmacies.

East Metropolitan DAC – East Perth

The East Metropolitan DAC is located at 32 Moore Street, East Perth and provides a comprehensive range of outpatient services including specialist outpatient assessment, treatment and case management services for clients.

Highlights for 2003/04

- The East Metropolitan DAC has developed a multidisciplinary team structure to improve client access to services in the eastern metropolitan region.
- A psycho education group program to support clients’ individual treatment programs was developed and implemented.
- Integration of management structure has occurred to ensure consistent operations across the East Metropolitan DAC including adult outpatients, youth and pharmacy services.
- The East Metropolitan DAC has developed clinical pathways between the centre and inpatient services to ensure ease of access for clients requesting treatment.

Planned Achievements for 2004/05

- Ongoing collaboration with government and non-government providers to facilitate co-location arrangements will continue throughout 2004/05.
- Development of a collaborative working partnership with King Edward Memorial Hospital’s Antenatal Chemical Dependency Clinic and DAO’s Clinical Advisory Service (CAS) to provide specialist treatment services for pregnant women with alcohol and other drug dependence is envisaged.

South Metropolitan DAC – Fremantle

The South Metropolitan DAC opened in Queen Street, Fremantle in August 2003. The Centre provides specialist outpatient assessment, treatment and case management services for clients who self refer or from other health and welfare agency referrals. The Centre co-locates a total of 12 distinct alcohol and drug services.
Highlights for 2003/04

- The successful establishment of the co-location model, with 12 different agencies on site is now providing sessional services at the South Metropolitan DAC.
- Development and refinement of both Next Step and DAC operating procedures to improve ‘in-house’ (Next Step) and shared care (multiple agency) procedures.
- Access was improved to general practice for clients within the southern suburbs via a program of supportive liaison and education of local general practitioners.
- Improved access and liaison with mental health service providers has occurred, in conjunction with the Alma St Mental Health Services and the Joint Services Development Unit (JSDU).
- The development of internal Risk Management and Clinical Governance procedures and activities was carried out.

Planned Achievements for 2004/05

- The South Metropolitan DAC will further develop clinical and service roles in the new facility to meet the needs of clients.
- The Centre will improve the liaison with identified major stakeholder agencies, including Health, Welfare and Justice sector agencies.
- There will be continued development of Next Step models and clinical practices through active participation in the Accreditation process.

North Metropolitan DAC – Warwick

The North Metropolitan DAC is located in Dugdale Street, Warwick and caters for clients primarily from the northern suburbs. The Centre provides a full range of services including specialist outpatient assessment, treatment and case management services from referrals through other alcohol and drug agencies, general practitioners and other government and non-government health care providers.

Services operating from the site include Next Step, St John of God Health Care, Holyoake, Cyrenian House, Wesley Central Mission, Osborne Division of General Practice, Central Coastal Division of General Practice, Mission Australia and the JSDU.

Highlights for 2003/04

- The first fully integrated DAC was officially opened at Warwick in July 2003.
- The cooperation and goodwill displayed by partner services within the DAC.
- The development of a close working relationship with Osborne Division of General Practice and Perth Central Coastal Division of General Practices resulted in a Memorandum of Understanding between DAO and these organisations.
Planned Achievements for 2004/05

- Formal agreements by services operating within the Centre will result in the consolidation of integrated working practices.

- It is envisaged that there will be improved access to general practice for clients within the northern suburbs via a program of supportive liaison and education of local general practitioners.

- The North Metropolitan DAC will establish a clear and functional working agreement between Next Step and mental health services within the northern suburbs regarding clients with co-morbidities.

- There will be an introduction of family sensitive practice within the North Metropolitan DAC.

YOUTH SERVICES

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

The service is also involved in research and evaluation relating to young people and their use of the service. In response to the multiplicity of issues common among young people who have co-existing substance use and mental health difficulties, NSYS employs a multi-disciplinary health team consisting of medical officers, clinical psychologists, youth counsellors, a consultant psychiatrist, clinical nurse, art therapist, and youth workers/mentors.

Highlights for 2003/04

- NSYS was awarded the National Drug and Alcohol Award for Excellence in Services for Young People 2004. NSYS were also runners-up in the Excellence in Treatment category.

- The ongoing development of the Mentoring Program for clients has been a valuable adjunct to the more formal work undertaken in clinical treatment. This program has two components: intensive mentoring and creative arts.

- Two videos were recently designed and filmed by Next Step clients - Doors of Perception (winner of 2002 Ted Noffs award) and The ‘Wizz’ Kids, a video made by users of amphetamines on the dangers of “speed”. These were accepted for viewing at the 15th ICRDRH Conference 20-24 April 2004. Marketing and distribution to the national youth sector was an education and training package, Meaningful Conversations: Working with young people affected by alcohol and drugs, developed in conjunction with the Ted Noffs Institute and AB Consultancy.
A self-help booklet titled “How to get clean”, developed in conjunction with a young person who had successfully ceased drug use has recently been distributed.

NSYS has developed an out-reach service at Passages, a drop in centre for youth at risk, based in Northbridge, to improve access to treatment for young people who are street present.

Planned Achievements for 2004/05

- It is planned that NSYS will participate in a National Health and Medical Research Centre funded research program, *The Adolescent Cannabis Check-Up Study*. This is in partnership with the National Drug and Alcohol Research Centre (University of NSW) and the Drug and Alcohol Services Council (South Australia).

- The continuation of a close working partnership with Mission Australia’s Youth Detoxification and Respite Centre and YIRRA will occur to improve access and integration to treatment across the youth alcohol and drug sector.

- Access will be improved to alcohol and drug treatment for Indigenous young people and their families.

**CLINICAL TRAINING AND PLACEMENTS**

Clinical training is provided for undergraduate and postgraduate health professionals to identify and manage alcohol and other drug related problems. Three monthly placements are provided for graduate nurses, six monthly placements are provided for general practice registrars, psychiatric registrars and 12-month placements for psychology registrars.

The service also involves evidence-based practice, research and placements and supervision of various professionals which has included general practitioners, registrars, psychiatric trainees, general nurse trainees and psychology registrars.

**Highlights for 2003/04**

- The re-establishment of the Graduate Nurse Program in conjunction with Fremantle Hospital.

- Next Step has recently hosted international students from both Thailand and the USA.

- Formal arrangements have been re-established with both Curtin and Edith Cowan Universities to allow the participation of nursing and allied health students from both universities in clinical placements at Next Step.

- There has been an establishment of formal links with TAFE to enable students undertaking alcohol and other drug studies, to take part in practical placements at Next Step.

**Planned Achievements for 2004/05**

- A Clinical Nurse Educator position will be established.
- A structured clinical education and training program will be developed and implemented.

- There will be ongoing development of formal links with universities and TAFE in the placement of students.

**CLINICAL PHARMACOTHERAPIES RESEARCH GROUP**

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

**Highlights for 2003/04**

- A major research program examining saliva based drug testing has continued involving collaboration between the School of Medicine and Pharmacology at the University of Western Australia, PathCentre WA, Cozart UK Pty Ltd., Microgenics Australia Pty Ltd., and Next Step.

- The recent establishment of the East Perth Neuropsychological Clinic is a collaborative arrangement among the School of Medicine and Pharmacology UWA, the School of Psychology UWA, the School of Psychology Murdoch University, and Next Step East Metropolitan DAC.

- A questionnaire for the Brief Assessment of patients entering treatment at Next Step has recently been developed.

- Teaching is now being provided to undergraduate medical students and science students at the UWA and Murdoch University.

- Two papers have been published, three technical monographs and twenty-one conference and seminar presentations, including the delivery of a Keynote address at Aggiornamenti Nella Terapia Delle Tossicodipendenze (Italy) and other papers to international conferences in the USA, Canada, and the United Kingdom.

**Planned Achievements for 2004/05**

- The saliva drug screen research program is expected to be completed.

- The psychometric evaluation of the Beck Depression Inventory is likely to be completed.

- The recently established East Perth Neuropsychological Clinic will be further developed.

- It is hoped that the publication of research outcomes in peak national and international peer-reviewed journals will take place.
Externally funded research projects will be achieved.

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

Research projects conducted, papers published, and other presentations compiled during 2003/04 are included in Appendices one to four.

**PREVENTION DIRECTORATE**

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

- Alcohol Programs;
- Drug Programs; and
- Community Programs.

The Directorate works across a number of sectors, and services and programs aim to:

- support environments that discourage harmful use;
- enhance healthy community attitudes and skills to avoid harmful use;
- support and enhance the community’s and the family’s capacity to address drug and alcohol problems; and
- support initiatives that address inappropriate supply of drugs and alcohol.

The range of prevention and early intervention activities include:

- public education including media-based programs, production and distribution of printed materials;
- healthy public policy and legislative strategies including liquor licensing, local government policies, Alcohol Accords and policies to promote responsible service of alcohol;
- sponsorship activities;
- organisational activities involving coordinated activity with the WA Police Service, the Liquor Industry and night venue owners to identify opportunities to reduce drug and alcohol use;
- research and evaluation; and
community support activities including support of the School Drug Education Project (SDEP), Local Drug Action Groups (LDAGs), community support and health promotion professional development.

ALCOHOL PROGRAMS BRANCH

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

Highlights for 2003/04

- The production of a Responsible Service of Alcohol Training package was a key highlight for 2003/04. The package was designed to be delivered to casual bar staff by Police Alcohol and Drug Advisers in collaboration with regional health promotion professionals. A one-day train-the-trainer workshop implementing the package was held with Police Alcohol and Drug Advisors and regional health promotion professionals from around the State.

- A draft State Alcohol Plan was developed providing an evidence-based strategic direction for working with alcohol issues in WA in relation to policies, programs and services.

- The Alcohol Programs Branch developed and implemented the statewide Enough is Enough media-based alcohol education program aimed at reducing the social acceptability of public drunkenness and resulting harm in order to create safer drinking environments.

Planned Achievements for 2004/05

- The second phase of the Enough is Enough alcohol education program will need to be developed to assist in reducing the social acceptability of drunkenness and resulting harm.

- The co-ordination of the implementation of the WA Alcohol Plan as approved by Government is envisaged.

- With the assistance of Alcohol Accords, the number of drinking environments is likely to increase with responsible service strategies.

- The monitoring of liquor licence applications and assistance to the Executive Director, Public Health in interventions will continue where necessary in relation to harm or ill-health that may be caused due to the use of alcohol.

- Local government authorities will be assisted in developing alcohol policies and management plans.
DRUG PROGRAMS BRANCH

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

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

Highlights for 2003/04

- The Drug Programs Branch developed and implemented a state-wide public education program to accompany the proclamation of the Cannabis Control Act 2003, targeting the general public, cannabis users, retailers of cannabis smoking paraphernalia and retailers of hydroponic equipment.
- The Branch also introduced a state-wide night venues and entertainment events drug policy and support strategies. The policy and education program was developed by the Night Venues and Entertainment Events Project Working Party, a collaboration between government and non-government agencies, and industry representatives.
- The Peer Support Network Project was developed and implemented, aiming to educate users about the harms associated with drug use and available treatment and support services.

Planned Achievements for 2004/05

- In partnership with the Office of Road Safety, the Drugs Programs Branch aims to develop and implement a youth drug driving education campaign.
- It is planned to implement a summer drug and alcohol education program for night venues and entertainment events, including support to three key regional areas and implement drug and alcohol policy and risk management training for night venues and entertainment event managers.
- Indigenous communities will receive support with targeted community action to address cannabis-related harm in each area health region.

COMMUNITY PROGRAMS BRANCH

The Community Programs Branch takes a comprehensive approach to reducing alcohol and other drug related harm through building the capacity of health professionals, community groups and community members to implement evidence-based drug prevention initiatives at the State, regional and local level.
Highlights for 2003/04

- The implementation of strategies to assist communities with school leavers’ celebrations including a statewide community workshop, and the development of a school presentation to be used by communities and agencies and identification of funding to support leavers’ activities took place.

- The Branch developed and implemented event management and responsible service of alcohol training for one tertiary institution and associated residential college staff, students and liquor license holders. This initiative entitled, the Tertiary Partnerships Program, included assistance in the review of the university’s alcohol and other drug policy.

Planned Achievements for 2004/05

- Assistance to key stakeholders and communities is envisaged in the planning, development and implementation of evidence-based prevention activities to address hazardous and harmful alcohol use.

- Engagement with the major universities and their residential colleges in the Tertiary Partnership program is planned.

- The Community Program will continue to support the SDEP in addressing key priority areas including developing appropriate education strategies for Indigenous and culturally and linguistically diverse (CALD) populations and parents.

- Local Drug Action Group (LDAG Inc.) will continue to be supported to develop initiatives that address hazardous and harmful alcohol use within communities.

CLIENT SERVICES, RESOURCING AND DEVELOPMENT DIRECTORATE

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

It comprises four branches:

- The Services and Development Branch;

- The WA COAG Illicit Drug Diversion Program;

- The Planning and Coordination Branch; and

- The Evaluation, Research and Reporting Branch.

SERVICES AND DEVELOPMENT BRANCH

The Services and Development Branch aims to:
provide resources to agencies statewide to ensure a diverse range of treatment and support services are available in order to improve client access;

deliver quality and consistency in the range and operation of drug and alcohol treatment support services across the State;

ensure that quality assurance monitoring underpins service delivery;

ensure that the performance of service providers is reviewed and service agreements clearly define the requirements; and

ensure that continuity of care for clients is coordinated through the integration of specialised government and non-government drug and alcohol treatment and support services.

Highlights for 2003/04

- An internal review of Processes to Fund Not for Profit Organisations was conducted. New procurement arrangements were established consistent with the DAO Strategic Plan and Model for Treatment and Support Services emphasizing the integration and coordination of services. All agencies were awarded preferred provider status following the review.

- A quality framework for treatment and support services for the alcohol and drug sector was completed. The product includes a set of five performance expectations and support material, which encapsulates evidence based and sector defined best practice.

- The construction of the purpose-built Geraldton Sobering Up Centre was completed and officially opened in December 2003.

Planned Achievements for 2004/05

- The implementation of the Quality Framework for services will commence at the beginning of the new financial year and is to be incorporated into all new service agreements with contracted agencies. Self-assessment reporting and a peer-based review will be conducted at regular 18 month intervals. A component of the Framework is to include a Peer Review Training package to be developed in consultation with the Quality Framework Steering Committee for sector workers.

- New service agreements will be aligned to the DAO Strategy to reflect the agency’s priorities. The new service agreements will also emphasise integration and coordination between services to improve the community’s access to treatment and support services and continuity of care for clients.

WA COAG ILLICIT DRUG DIVERSION PROGRAM

The Client Services, Resourcing and Development Directorate also manages the Commonwealth-funded Western Australian Diversion Program that aims to divert offenders with drug related problems away from the criminal justice system and 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 ongoing development of the program is monitored through a State Reference Group consisting of key stakeholders. Pilot programs are evaluated through the Branch.

The WA COAG Illicit Diversion Program’s priorities are to:

- expand diversion services across the State;
- provide more appropriate diversion programs for Indigenous people;
- ensure efficient and effective programs for offenders appearing at metropolitan Courts and the Perth Children's Court; and
- ensure that the program is supported through appropriate training, resource development and management.

The WA Diversion Program is also supported by a number of other initiatives including the school and family program. The family program targets family members of offenders. The Commonwealth ceased funding the school program component in 2003/04.

**Highlights for 2003/04**

- The Indigenous Diversion Pilot Program was commenced in Carnarvon.
- The Young Persons' Opportunity Pilot Program was initiated in the metropolitan area.
- The Diversion Branch was responsible for the Pre-Sentencing Opportunity Pilot program and Supervised Treatment Intervention Regime commenced in the Bunbury Court.
- The development of the phase two proposal for the WA Diversion Program 2004-2007 has commenced.

**Planned Achievements for 2004/05**

- The Diversion Program will be responsible for the implementation of the Pre Sentence Opportunity Program and Supervised Treatment Intervention Regime in three regional Courts and several suburban courts.
- The Young Person’s Opportunity Program will be implemented across four locations during 2004/05.
- The Indigenous Diversion Program will commence in Broome under the umbrella of the WA Diversion Program.
- The development of a number of supporting resources for the WA Diversion Program including Indigenous and video resources is planned.
An evaluation and research framework for the WA Diversion Program is planned.

**PLANNING AND CO-ORDINATION BRANCH**

The Planning and Coordination Branch aims to:

- develop and coordinate strategies to enhance system integration and coordination of services and programs targeting people affected by drug and alcohol problems; and
- analyse and plan for specific program areas as identified through stakeholder consultations and the DAO strategic directions.

**Highlight for 2003/04**

- The Strategic Framework for Enhancing Access to Treatment and Support Services 2003-2005 was completed in October. This has provided a framework for developing a system for continuity of care for clients and to further the coordination and integration of treatment and support services.

**Planned Achievement for 2004/05**

- DAO plans to negotiate the development of clinical pathways and partnerships between State funded contracted services and the DACs with the aim of improving access to alcohol and drug treatment and support services.

**EVALUATION, RESEARCH AND REPORTING BRANCH**

The Evaluation, Research and Reporting Branch aims to:

- evaluate the outcomes of funded drug and alcohol programs and other activities;
- continue to develop the unitary government and non-government inter-agency client monitoring system;
- collect, compile, analyse, and disseminate relevant, timely, accurate and reliable information concerned with the drug and alcohol service delivery system and a range of population parameters (including morbidity, mortality and health services utilisation) at State and national levels;
- develop, in collaboration with other key stakeholders, projects to improve, maintain and share relevant data;
- monitor and evaluate the outcomes of existing service delivery systems, innovations in service delivery, and other related activities; and
- maintain and promote essential intelligence for analysis and interpretation of trends and outcome-specific data to inform policy development and strategic decision-making.

All publications, research projects and conference papers associated with this Directorate are listed in Appendices two and three.
Highlights for 2003/04

- Evaluation of the St John of God Health Services Home Based Withdrawal Program.
- Evaluation of the Mission Australia Youth Detoxification and Respite Service.
- Evaluation of the extension of medical services to Cyrenian House.
- In collaboration with the Epidemiology Branch of the Department of Health, three reports on the burden of disease of alcohol, tobacco and other drugs on the health of West Australians were completed.
- A new database was established to produce regular quarterly and annual reports to enable the WA Police Service and DAO to provide information on the progress and impact of the Cannabis Infringement (CIN) Scheme.

Planned Achievements for 2004/05

- It is planned to expand the National Minimum Data Set for Alcohol and Other Drug Treatment Services (NMDS-AODTS). New data elements will be developed to include pharmacotherapies such as methadone and buprenorphine. The new data elements provided to the Commonwealth will require national consensus and strategies to capture information in a timely manner.
- A register of obstetric and neonatal outcomes for mothers on buprenorphine is planned to be developed with the Women and Infants Research Foundation and King Edward Memorial Hospital.
- Development of collaborative research arrangements with the Telethon Institute of Child Health Research regarding Foetal Alcohol Syndrome is planned.

PRACTICE DEVELOPMENT DIRECTORATE

The Practice Development Directorate provides accessible information, advice, counselling and referral options to the community, and works to support organisations, systems and the workforce to respond effectively to people affected by drug and alcohol use. The core functions are:

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

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

Highlights for 2003/04

- Metropolitan and country health services were supported through a range of strategies. Comprehensive clinical guidelines for nursing staff in managing alcohol and other drug problems were disseminated to all major health services around the State. Other strategies included supporting health services to consolidate or extend brief intervention initiatives and provision of training for child health nurses to support early intervention. A program that builds the capacity of health services involved in needle and syringe provision (NSP) state-wide to reduce the harm from injecting drug use was extended to Aboriginal health workers. This program utilises competency-based nationally recognised training and collaborates with the Sexual Health and Blood-Borne Viruses Branch at the Department of Health (DOH).

- A range of programs were conducted in partnership with the DOJ to enhance the skills and procedures of their staff to respond effectively to offenders with alcohol and other drug problems. This included pre-release education on overdose prevention for offenders; drug awareness training for prison officers; workforce development programs for Community Justice Services; pharmacotherapy training for health staff; and the design and delivery of a train-the-trainer package on using the Moving on From Dependencies program for Acacia Prison programs’ staff.

- Building the capacity of services that work with young people has continued to be a priority of the Branch. Training programs have been provided to a range of non-government service providers including Swan Emergency Accommodation, and for the Australian Medical Association’s (AMA) Youth Friendly Doctors Program. Resource development has included updating training resources to support workers responding to volatile substance use.

- Workforce Development completed two national projects that will support workforce development in Western Australia as well as other jurisdictions. The first project involved DAO as the lead agency in a national workforce development project conducted by the Inter Governmental Committee on Drugs to develop a national strategy on workforce development. The second project sponsored by the Commonwealth Department of Education, Science and Training allowed DAO to develop the In Touch Program as a national strategy for schools. This program developed by Practice Development in collaboration with the SDEP, aims to ensure effective management of drug related problems in schools.
The Branch has continued to support workforce development initiatives to enhance responses to consumers with co-occurring drug and mental health related problems through key worker programs and working collaboratively with the JSDU. A second key worker program for mental health workers was delivered in the southern corridor in partnership with Fremantle Hospital and Health Service.

Planned Achievements for 2004/05

- The Workforce Development Program plans to coordinate practice development initiatives with other key bodies such as WANADA and the WA Substance User’s Association (WASUA) to support workforce development within the alcohol and other drug sector. Planned strategies include support for the implementation of the Quality Assurance Framework, implementing a community of practice model, supervision training and family sensitive strategies to improve the inclusion of families in treatment and support.

- Training and support for those who respond to young people affected by drug use will also be a key priority.

- The Workforce Development Program aims to enhance clinical support, training, resources and development to further develop mainstream health service responses to people affected by drug use.

- The section also aims to support key agencies in the implementation of agency alcohol and other drug plans.

PARENT DRUG INFORMATION SERVICE (PDIS)

The Parent Drug Information Service (PDIS) supports volunteer parents who offer support to other parents whose children are affected by drug and alcohol use.

Highlights for 2003/04

- Parent volunteers were involved in direct service provision to support other parents and families who were experiencing drug and alcohol problems with a child. This was an additional telephone support service to the PDIS counsellors. Volunteers attended the Drug Court to support family members and in 2003/04 commenced a pilot support service one day a week at the Perth Children’s Court.

- PDIS worked together with the Family Sensitive Practice Program to provide training, consultancy, policy advice and support for workers and organisations to enhance responses to families affected by drug use. The service was also involved in resource development, and a range of community education and information events statewide.

Planned Achievements for 2004/05

- PDIS aims to continue the development of capacity building projects that enhance service provision for parents and families who may be experiencing drug and alcohol problems with a child. This will occur through the engagement of parents in strategic voluntary work in the alcohol and other drug sector, and the broader community.
Promotion to groups that have previously been less engaged with PDIS including men, Aboriginal parents and family members, and CALD communities will be further enhanced.

There are plans to contribute further to community education and to the development of resources and services for parents, including focusing on early intervention.

**DRUG OVERDOSE PREVENTION PROGRAM (DROPP)**

The Drug Overdose Prevention Program (DROPP) aims to encourage and support drug users, agency staff, mainstream health workers and the wider community to implement strategies to prevent and respond effectively to accidental drug overdoses.

**Highlights for 2003/04**

- The Brief Intervention Expired Air Resuscitation Project (BREATHE) has continued with the provision of overdose prevention and management information for prisoners in preparation for re-entry to the community at Rangeview Remand Centre, Banksia Hill Detention Centre and Bandyup Women’s prison.

- Provision and implementation of training in opportunistic interventions to prevent and respond to overdose for health and welfare staff was also continued. This training has included specific events on overdose and harm reduction as well as integration of overdose prevention and management into a range of alcohol and other drug knowledge and skills training programs.

- The development and distribution of overdose prevention resource material e.g. amphetamine harm reduction fitpak card, CNS overdose fitpak card, BREATHE Z card.

- Seventeen current DROPP volunteers have played an active role in the Emergency Department Program, BREATHE workshops and a large number of community education events including: PK youth festival, Big Day Out, WA Pharmacy Guild Expo, Rockingham Senior High School (SHS) Health Happening Expo, Mount Lawley SHS Health Expo and Cyril Jackson SHS Health Odyssey.

**Planned Achievements for 2004/05**

- There will be further recruitment of volunteers to support capacity building in prevention strategies, as well as the BREATHE and the Emergency Department program.

- Education will continue to be provided by DROPP for prisoners in the support of the Justice Alcohol and Other Drug Plan.

- The knowledge and skills of workers will be enhanced in relation to overdose prevention and management through the integration of sessions on overdose into broader workforce development programs.

- Through collaborative work with the DAO Prevention Directorate, DROPP will contribute to prevention strategies and targeted community education initiatives.
ABORIGINAL HEALTH PRACTICE DEVELOPMENT

The Aboriginal Health Unit provides culturally secure workforce development initiatives and policy advice for the alcohol and drug sector.

**Highlights for 2003/04**

- The development of the *Indigenous Alcohol and Other Drug Training Program, CHC30802 Certificate III in Community Services Work (Alcohol and Other Drugs)*, has been a significant achievement for the Aboriginal Health Program. The content is culturally secure and based on evidence-based practice for alcohol and other drugs, as it relates to working with Indigenous people and communities.

- Two Aboriginal Alcohol and Other Drug Worker Training Programs were completed over the last year. The first traineeship was metropolitan-based and four participants completed their training and were awarded nationally recognised ‘Statements of Attainment’. The second program included eleven participants from regional and remote locations working within the Community Drug Service Teams (CDSTs). Participants successfully completed Certificate III in Community Services Work (CHC30802). The majority of participants from both programs have secured employment within the alcohol and other drug sector or other relevant health and welfare areas.

- The National Drug Strategy, Aboriginal and Torres Strait Islander Complementary Action Plan 2003-2006 was endorsed by the Ministerial Council on Drug Strategy in August 2003. Western Australia’s approach to supporting the implementation of the plan has been to establish a working party to develop a WA Aboriginal Alcohol and Other Drug Strategy. An Aboriginal Consultation Forum was held in Perth in May 2004 and involved fifty-six representatives from across Western Australia. Information collated from this forum will provide significant direction in the development of the strategy.

- A Senior Project Officer was appointed to develop the Complementary Aboriginal Quality Assurance Framework. A successful consultation forum with 25 Aboriginal alcohol and other drug workers from regional, remote and metropolitan locations was held in May 2004. The framework will provide culturally secure directions for alcohol and other drug services across the State and will be an integrated component of the DAO Quality Assurance Framework.

- The development of culturally secure resources for Aboriginal people has been a priority during 2003/04. This project is part of the Indigenous Diversion Program with resources tailored to meet the needs of diversion clients that also have broader applications for the alcohol and other drug sector. A wide consultation process has taken place to ensure that the resources developed meet the community’s needs including production of videos, pamphlets, story telling boards and flip charts.

**Planned Achievements for 2004/05**

- The Indigenous Alcohol and Other Drug Training Program will continue to be a priority area and will be extended to provide qualification pathways for existing Indigenous
alcohol and other drug workforce. Three Metropolitan CDSTs will be funded to employ new workers who will participate in this nationally recognised training program.

- Culturally sensitive alcohol and other drug training will be developed to support the implementation of the quality assurance framework for alcohol and other drug services.

- The Aboriginal Health Unit will continue to develop and disseminate culturally secure indigenous resources including resources to support diversion programs, health promotion/prevention, education and training, brief and early interventions.

- The Unit will also progress the development and implementation of a WA Aboriginal Alcohol and Other Drug Strategy.

**GENERAL PRACTITIONER PROGRAM**

The General Practitioner (GP) Program has two components:

- professional development, which provides education to GPs along the continuum of training from medical school to postgraduate Continuing Professional Development; and

- system development which involves developing the systems of care for patients and improving communications between alcohol and drug agencies and general practitioners.

**Highlights for 2003/04**

- The GP Program developed an alcohol and drug education series in the University of Western Australia 3rd and 6th year medical student curriculum where previously there was no structured addiction medicine content.

- The Program established a working group of representatives from a variety of alcohol and drug agencies to develop strategies to improve integration and develop partnerships between alcohol and other drug agencies and GPs.

- Grants were provided to two local Divisions of General Practice to fund activities to improve services for people with co-occurring mental health and alcohol and drug problems through better access, coordination, support and education of GPs and drug specialist agencies.

- The GP Program delivered three 20 hour psychosocial skills training courses under the Better Outcomes in Mental Health Care (BOMHC) initiative for metropolitan and rural GPs and GP registrars.

- Seven volunteer counsellors were placed within six general practices via the GP Program, supervised by CDSTs and GPs. The GP stream will become an ongoing part of the Volunteer Addiction Course.
Planned Achievements for 2004/05

- The likely implementation by the GP Program of the EasyCare model of shared care between specialist services and general practitioners to increase client access to opiate pharmacotherapy.

- A number of strategies to improve communication and integration of patient care between alcohol and other drug agencies and GPs are planned.

- A comprehensive training package will be developed by the GP Program to provide practice staff with the skills to manage difficult behaviours.

- Ongoing education and training in drug and alcohol issues and psychosocial skills for undergraduate medical students, interns and registrars at hospitals, GP registrars and postgraduate doctors (GPs and specialists) in both the metropolitan and rural areas of Western Australia is envisaged.

LIBRARY

The library has Western Australia’s largest range of written and electronic data on responding to people affected by drug use and supports research, prevention and clinical staff and students around the State. As well as providing physical resources, the library provides training in accessing and using electronic databases.

Highlights for 2003/04

- The DAO Library has had increasing collaboration with the National Drug Research Institute (NDRI) Library.

- Distribution of key texts in the drug and alcohol field to fifty statewide public libraries and all CDSTs, with the inclusion of ADIS and PDIS promotional material has taken place.

- The upgrading of the DAO Library’s open access computer terminal to enhance on-site accessibility took place.

- Enhanced access to the DAO Library collection via the upgraded DAO internet site with capabilities for searching for monographs and serial titles occurred.

Planned Achievements for 2004/05

- The enhancement of the DAO’s Library intranet site with useful drug and alcohol links will continue.

- Expansion of the DAO Library’s internet site, including possible audio/visual collection search facility, along with the addition of the Library’s New Resources List and links to other drug and alcohol websites is envisaged.

- DAO will ensure that closer collaboration with the NDRI Library and the sharing of resources will take place.
ALCOHOL AND DRUG INFORMATION SERVICE (ADIS)

The Alcohol and Drug Information Service (ADIS) provides statewide telephone information referral and counselling 24-hours a day, seven days a week. ADIS incorporates Quitline WA which provides support, information and advice to the people to stop smoking and a call-back service for people particularly vulnerable to relapse.

Highlights for 2003/04

- ADIS and Quitline provided information, counseling and referral in response to 22,464 calls to the service.
- The promotion of ADIS to people and health professionals in rural and remote communities increased the percentage of calls from these areas from 11% to 15% of total calls.
- A service providing out of hours call-backs for people in home based withdrawal was commenced by ADIS.
- Responses to people with mental illness seeking to quit smoking were developed.
- The provision of an ADIS counsellor to combined Juvenile Justice Teams under the Supervised Treatment Intervention Regime was introduced.

Planned Achievements for 2004/05

- The formal trial of the ADIS response to people with mental illness seeking to quit smoking will commence.
- The provision of ADIS services to support drug free units in prisons will also commence.

CLINICAL ADVISORY SERVICE

The Clinical Advisory Service (CAS) provides clinical consultancy and support to GPs, pharmacists, hospitals and health care providers involved in pharmacotherapies for opioid dependent clients. The telephone support service is available 24 hours, 7 days per week.

In addition, support for patients to enter and to access the Community Programs for Opioid Pharmacotherapies (CPOP) is provided in conjunction with CAS.

Highlights for 2003/04

- CAS received a 30% increase in the number of calls from GPs to its specialist medical advice service.
- In September 2003, the DOJ introduced an expanded pharmacotherapy program within prisons. CAS undertook a support role in coordinating treatment for both released prisoners on pharmacotherapies and for prisoners accessing the program through the Prison Addictions Services Team.
CAS received 4,868 calls and processed 1,758 applications for an authority to prescribe a pharmacotherapy for an opioid dependent person.

CAS assisted CPOP in transferring 952 clients between alternate GP prescribers and pharmacies and responded to 7,208 calls for advice.

CAS assisted with the management of 1,387 CPOP patients receiving methadone and 1,040 CPOP patients receiving buprenorphine.

**Planned Achievements for 2004/05**

- CAS plans to improve information, communication and access to treatment processes between GPs, pharmacists, Next Step Drug and Alcohol Services and patients during 2004/05.
- CAS will provide training and support for GPs implementing the Easy Care model of practice for patients undergoing pharmacotherapy treatment.
- Clinical advice and support to the Prison Addictions Services Team in the management of prisoners on pharmacotherapies will continue.

**POLICY, STRATEGY AND INFORMATION**

The Policy, Strategy and Information Unit provides a central point of coordination for drug and alcohol activity. Core functions of the Unit are:

- policy development providing systemic, coordinated and evidence-based approach to service and program delivery;
- policy coordination enabling clear communication and the integration of policy across DAO, Government and the community; and
- information, research and support providing evidence, research and support to stakeholders in the development and implementation of policy and programs.

To deliver these functions, staff work collaboratively with other sections of DAO, other state government departments, the Commonwealth Government, community groups and stakeholders. The overall aim of Unit activity is to ensure a coordinated series of activities, broadly consistent with the WA Drug and Alcohol Strategy (WADAS).

**Highlights for 2003/04**

- The Policy, Strategy and Information Unit developed, coordinated and monitored a comprehensive framework for drug and alcohol activity statewide. In accordance with the WADAS, DAO coordinated the development of Agency Drug and Alcohol Action Plans, which detail the activities and directions of Government agencies in responding to alcohol and other drug related issues. Forming an integral part of the framework and for the first time in Western Australia, a reporting process has been developed across Government to monitor and measure alcohol and drug related activity. This includes development of, and reporting against a set of whole-of-Government performance indicators.
The Unit has undertaken a comprehensive review of the research functions and structures of DAO. The review identified a clear purpose for these functions, and recommended structures and processes to ensure the available resources are used to progress the aims of DAO.

A set of performance indicators was developed and completed which accurately reflect the activity being undertaken by DAO, following amalgamation of the four Government alcohol and other drug agencies. These were approved and endorsed by the Auditor General of WA.

The Unit provided ongoing management and support for a number of specialist alcohol and other drug sector, state and national committees, including the Community Advisory Council, the Community Program for Opioid Pharmacotherapies, the Senior Officers’ Group, the working party to develop a WA Aboriginal Alcohol and other Drug Strategy, the Inter-Government Committee on Drugs and the Ministerial Council on Drug Strategy.

Specialist alcohol and other drug related advice and support was provided by the Unit to the Office of the Inspector of Custodial Services, in accordance with the Inspectorate’s role in Western Australian prisons. This support function includes statewide site visits, consultation with key stakeholders, and preparation of formal reports for the Inspector’s consideration.

Planned Achievements for 2004/05

In conjunction with the Practice Development Directorate of DAO, and other key stakeholders, the Policy, Strategy and Information Unit intends to complete and fully implement the WA Aboriginal Alcohol and Other Drug Strategy.

The Unit will also undertake a review of clinical governance related research and activity with an aim to improve the clinical governance framework for DAO.

A comprehensive review of the WADAS 2002-2005 and supporting documents will be undertaken with an aim to update and provide direction for future years.

Along with key stakeholders and key DAO staff, the Unit aims to develop and implement a coordinated approach to treatment and support for amphetamine type stimulants (ATS), particularly amphetamine and methamphetamine. Improved engagement with ATS users, providing coordinated, evidence based treatment and support services is envisaged.

The Unit will continue to provide management and support for a number of specialist alcohol and other drug sector, state and national committees.

CORPORATE SERVICES

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

The Corporate Service Directorate of DAO provides a “full service” to DAO in that almost all corporate support functions are provided directly by the Directorate and not by other bureau services. During 2003/04 DAO Corporate Services actively participated in planning for the implementation of the Government’s policy on Shared Corporate Services. Much of DAO’s transactional and tactical corporate services functions will be undertaken by the Health Corporate Network (Shared Corporate Service) from July 2005.

HUMAN RESOURCES AND CORPORATE SUPPORT

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

Highlights for 2003/04

- DAO human resource staff participated in working groups designing systems and processes for the implementation of Shared Corporate Services. This has involved policy and process review at a whole of government level, a new system assessment and working towards a new structure for the provision of human resource services to DAO.

- The new DAO website was launched which included a facility to advertise positions and receive applications online.

- DAO completed its new Risk Management Plans and commenced its new approach to the management of risk and occupational health and safety. A new Emergency Procedures Manual has been introduced and emergency drills are now in place. The Occupation Health and Safety Manual was finalised along with a new Disability Services Plan.

- The records keeping plan for DAO was lodged with the State Records Office. This involved the completion of a records management policy along with a retention and disposal schedule for all corporate records.

- A range of building maintenance projects including renovation of walls and painting was completed during 2003/04.

Planned Achievements for 2004/05

- The Health Corporate Network will have selected a new human resource and payroll operating system and it is expected to roll this out in 2005. DAO staff will assist in this process and work towards the implementation of the new system.

- It is planned to implement a new DAO Grievance Policy and Process after consultation with all levels of management and staff.
- The Records Retention and Disposal Schedule will be formally approved by the State Records Committee. This will enable DAO to legally destroy or archive records. The Retention and Disposal Schedule is a vital component of the Record Keeping Plan which is a requirement of the State Records Act 2000.

- Release of the revised Occupational Health and Safety Policy Manual is expected in 2004/05 after significant consultation with Occupational Health and Safety staff and Management.

**INFORMATION TECHNOLOGY SERVICES**

The Information Technology Branch provides support and maintenance of DAO’s information technology infrastructure and systems. This includes help desk functions, system development and maintenance, administration of DAO’s Local Area Network, and advice on the application of information technology for core activities.

**Highlights for 2003/04**

- The Information Technology Branch has developed and implemented a new DAO web site.

- This Branch installed information technology infrastructure for the new Southern DAC at Fremantle including the provision of services to non-government workers.

- An internal Programmer/Analyst position was created within the Information Technology Branch to support, maintain and co-ordinate future systems development enabling DAO to end an external support contract and better satisfy user information technology requirements.

- The Information Technology Branch has enhanced the backup procedures through the use of a backup server. This provides a quick restore function for files that have been incorrectly deleted and will provide a backup in the event of failure of the main server.

**Planned Achievements for 2004/05**

- The Information Technology Branch plans to implement a revised and improved Client Management Information System (CMIS) to manage client bookings and data.

- A new Reporting System and data warehouse combining data from various DAO systems will be implemented. Staff will be able to access and produce statistical reports using a Web based reporting system.

- The upgrading of the DAO Information Technology Disaster Recovery and Business Continuity Plan will commence.

- The Information Technology Branch plans to upgrade the network to Windows 2003.

- The Branch will also upgrade the majority of desktop computers to Windows XP.
FINANCIAL SERVICES

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

Highlights for 2003/04

- The Finance Branch established an ongoing DAO equipment replacement program.
- DAO’s Finance Branch is now in complete compliance with the DOH’s new monthly reporting regime.
- Further refinement of purchasing practices and accounting procedures was undertaken in order to promote greater financial accountability.

Planned Achievements for 2004/05

- It is planned that continued interaction with the DOH by the Finance Branch will improve financial management reporting.
- Analysis and implementation of the new International Accounting Standards will take place.
- Planning will take place for the implementation of new financial systems involved with the commencement of the Health Corporate Network (Shared Services).

WESTERN AUSTRALIAN GOVERNMENT STRATEGIC PLANNING FRAMEWORK

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

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

PEOPLE AND COMMUNITIES

DRUG AND ALCOHOL OFFICE’S CONTRIBUTION

GOAL 1: To enhance the quality of life and wellbeing of all people throughout Western Australia
As all DAO activity aligns under **Goal 1, Strategic Outcome 7: Reduce drug-related harm**, only significant strategies and achievements have been outlined in this section. For more detailed information, refer to the section titled *About the Drug and Alcohol Office*.

**Prevention**

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

**Treatment and Support**

A number of Government and community processes identified the need for improved access to alcohol and other drug services and the development of shared care to avoid duplication and fragmentation of services. In response DAO, in partnership with key stakeholders, developed the model for DACs. This approach aims to enhance partnerships within the alcohol and other drug sector, particularly between Government and not-for-profit services. DACs have been established in the East, South and North Metropolitan Area Health Services and employ medical and allied health staff and operate in tandem with the community based alcohol and other drug services, providing an integrated service throughout the metropolitan area.

To further enhance access to treatment and support services in the metropolitan and regional and remote areas, a Strategic Framework for Enhancing Access to Treatment and Support Services has been developed. The framework identifies key target groups and provides direction across the continuum of alcohol and other drug responses for DAO, the not-for-profit sector and other key agencies responding to people with alcohol and other drug related problems.

**Evidence Based Services**

DAO recently undertook an internal review of its processes to fund not-for-profit organisations. These organisations provide the great majority of alcohol and other drug treatment and support services within Western Australia. Particular importance was placed on the need to provide evidence-based services, with the best possible outcomes for all clients within Western Australia. The review took into consideration key statewide issues that reflect current Government priorities in the alcohol and other drug area, including *System Integration and Coordination, Enhancing Access to Services*, and *Addressing Hazardous and Harmful Alcohol Use*. The successful completion of the review has enabled development of a strategic, coordinated and integrated process for the procurement of services.

**DISABILITY SERVICE PLAN OUTCOMES**

During 2003, DAO re-established its Disability Services Committee under the umbrella of its Risk Management Co-ordinating Committee structure. There are now two local Risk
Management Committees and a peak Risk Management Co-ordinating Committee that have disability service outcomes as an integral part of their terms of reference.

The Drug and Alcohol Local Risk Teams including representatives from the Disability Services Commission, Brightwater and the Activ Foundation met several times during 2004 to assess, reformat and update DAO’s Disability Service Plan. Further meetings are scheduled for the latter half of 2004 to finalise the revised Plan.

CULTURAL DIVERSITY AND LANGUAGE SERVICES OUTCOMES

The principal source of initial contact with DAO clients is through ADIS. ADIS provides a telephone translation service to clients speaking languages other than English who are seeking confidential counselling, information or referral to an alcohol and drug treatment service. Translation services are available in other clinical services.

YOUTH OUTCOMES

DAO provides a specialist outpatient services for young people aged 12-18 years with drug and alcohol related problems. A detailed report of the programs provided by the youth service is included in an earlier section of this Report.

THE ECONOMY

DRUG AND ALCOHOL OFFICE’S CONTRIBUTION

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

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

- developing the capacity and creating opportunities for the wider health sector to better respond to people with alcohol and other drug related problems through collaboration with health services, training institutions and the not-for-profit sector;

- improving our response to alcohol and other drug related issues for Indigenous people continues to be a priority for Government and the sector. A workforce development approach has been adopted to enhance Indigenous and non-Indigenous expertise, increasing the sectors capacity to develop, deliver and manage culturally secure alcohol and other drug initiatives and programs in metropolitan, rural and remote communities; and

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

In keeping with Strategic Outcome 10, DAO is actively improving the research and development capacity of the sector. This has been achieved through the ongoing development and maintenance of strategic partnerships, with key tertiary institutions, and has resulted in a range of benefits for both the tertiary and alcohol and other drug sector.

An example of a strategic partnership has been the establishment of the East Perth Neuropsychological Clinic. The Clinic has been established through a collaborative partnership between the School of Medicine and Pharmacology, and the School of Psychology at the University of WA, the School of Psychology at Murdoch University and DAO, Next Step Drug and Alcohol Services. The Clinic will respond to the neuropsychological harms arising from methamphetamine and alcohol dependence. It is the first of its kind within an Australian drug treatment service, and provides significant opportunities for education, research and clinical practice. The Clinic will position the University of Western Australia, Murdoch University and DAO at the forefront of research and treatment of drug-induced neuropsychological harm and the effectiveness of the Clinic may also have significant implications for other drug treatment facilities throughout Australia.

THE ENVIRONMENT

DRUG AND ALCOHOL OFFICE’S CONTRIBUTION

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

DAO is actively implementing Government policy that promotes sustainable and responsible use of resources.

WASTE PAPER RECYCLING

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

ENERGY SMART GOVERNMENT POLICY

In accordance with the Energy Smart Government policy, DAO has committed to achieving an 8% reduction in non-transport related energy use by 2006/07 with a 6% reduction targeted for 2004/05.

As DAO has only commenced this program in 2004, the Office of Sustainable Energy has confirmed DAO’s baseline energy consumption as the 2003/04 financial year. As yet, DAO
has not implemented any effective energy saving measures. During the later half of 2004, DAO will conduct an Energy Audit and it is intended that energy saving measures will be recommended from this Audit.

<table>
<thead>
<tr>
<th>Energy Smart Government program</th>
<th>Baseline</th>
<th>2003/04</th>
<th>Variation %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Energy Consumption (MJ)</td>
<td>2,377</td>
<td>2,377</td>
<td>0</td>
</tr>
<tr>
<td>Energy Cost ($)</td>
<td>83,447</td>
<td>83,447</td>
<td>0</td>
</tr>
<tr>
<td>Greenhouse Gas Emissions (tonnes of CO₂)</td>
<td>558</td>
<td>558</td>
<td>0</td>
</tr>
<tr>
<td>Performance Indicators:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office combined services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MJ/Occupancy (People) / annum</td>
<td>10,929</td>
<td>10,929</td>
<td>0</td>
</tr>
<tr>
<td>MJ/Area (m²) / Annum</td>
<td>435</td>
<td>435</td>
<td>0</td>
</tr>
<tr>
<td>Hospitals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MJ/Area (m²) / Annum</td>
<td>640</td>
<td>640</td>
<td>0</td>
</tr>
<tr>
<td>MJ/Effective Full Time Staff / Annum</td>
<td>18,642</td>
<td>18,642</td>
<td>0</td>
</tr>
<tr>
<td>MJ/Occupied Bed Day / Annum</td>
<td>358</td>
<td>358</td>
<td>0</td>
</tr>
<tr>
<td>Other Healthcare Buildings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MJ/Area (m²) / Annum</td>
<td>370</td>
<td>370</td>
<td>0</td>
</tr>
</tbody>
</table>

(The actual PI varies depending on agency functions)

THE REGIONS

DRUG AND ALCOHOL OFFICE’S CONTRIBUTION

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

In keeping with the Strategic Outcomes of Goal 4, DAO has endeavoured to ensure planning and decision making is based on a thorough understanding of regional issues, and that approaches are responsive to the needs of diverse communities. As outlined in the WADAS, regional, rural and remote communities face particular challenges related to alcohol and other drug use for a broad range of reasons. With this in mind DAO undertook an extensive Area Planning process, whereby information was collected from key stakeholders in regional areas and towns throughout Western Australia, and analysed to provide a framework in which enhanced drug and alcohol program and service integration and coordination could be achieved at the local and regional level.

A number of initiatives have resulted from this approach. Of particular note, DAO developed and implemented a statewide Mentorship Program. The Program aims to improve access to alcohol and other drug treatment and support for people in rural and remote regions, through mentorship by specialist alcohol and other drug clinicians with rural and remote practitioners. Mentorship is provided to a range of practitioners including allied health professionals, teachers, counsellors and other social service workers who are engaging with people who have an alcohol or other drug related problem. The Program is a workforce development initiative, where practitioners who do not have access to collegiate support or specialist drug and alcohol skills, can contact ADIS, where they are connected with a professional ‘mentor’. The practitioner, as the case manager, receives professional advice and support from their mentor, enabling them to effectively respond to the alcohol and other drug needs of their client. The Program helps practitioners enhance their skills in responding to drug and alcohol related problems and provides collegiate support to the practitioner, which may otherwise not be available in a rural and remote setting.
GOVERNANCE

DRUG AND ALCOHOL OFFICE’S CONTRIBUTION

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

Goal 5, underpinned by the associated strategic outcomes, identifies governance and supporting processes as critical to the sustainability of Western Australia. Themes such as partnerships, sustainability, community engagement, coordinated service delivery and value for money service delivery are key principles that guide alcohol and other drug planning and service delivery, as outlined in the WADAS and supporting documents.

Strategic Outcome 1 highlights the importance of high quality service delivery. The alcohol and other drug sector is committed to evidence-based treatment and support services, and is continually striving to improve the quality of service provision. There are two parallel processes underway to actively improve the quality of alcohol and other drug service provision in Western Australia. These are:

- the undertaking of Accreditation for drug specialist services within DAO through the Quality Improvement Council of Australia; and
- the implementation of a Quality Assurance Process for the alcohol and other drug not-for-profit sector. This is a first for Western Australia, and has been developed and implemented in partnership with the Western Australian Network for Alcohol and other Drug Agencies (WANADA), and other key stakeholders.

In keeping with Strategic Outcome 2 and 8, DAO continues to support the Community Advisory Council for alcohol and other drug issues, ensuring the community is able to participate and contribute to government processes. The aim of the Council is to be a credible conduit between the community and Government, ensuring that DAO and other Government agencies receive independent advice from the professional and broader community. The 10 member Council has a wide range of experience and expertise on alcohol and other drug related issues and collectively represents the interests of young people, families, Aboriginal and culturally and linguistically diverse (CALD) communities, people from rural and remote areas, drug users and service providers.

Strategic Outcome 3 identifies the importance of whole of Government approaches to planning and decision making. This approach is particularly important for the alcohol and other drug sector, as alcohol and other drug problems affect the entire community and have significant health, social and economic impacts on all Western Australians. Although some problems are the direct result of use, we recognise that complex social, psychological and economic factors underpin alcohol and other drug related problems. The complexity of these issues requires more than a single Agency response. For this reason a whole of Government approach has been adopted. The primary aim of this approach is to enhance coordination across key departments to ensure resources are used effectively to deliver the best outcomes.
In August 2003 a suite of Agency Drug and Alcohol Action Plans were developed by 10 key Government agencies to complement and reflect outcomes from the Area Planning process, and enable whole of Government coordination of policy and related activity in meeting the needs of people affected by alcohol and other drug related problems. Each Agency Action Plan lists the actions that the agency will undertake in the area of alcohol and other drugs during the 2003-2005 period. Agencies are currently developing a 12-month progress report, which includes reporting against a range of performance indicators developed to provide a whole of Government status report on alcohol and other drug related activity in Western Australia.

EQUAL EMPLOYMENT OPPORTUNITY OUTCOMES

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

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Level of Achievement</th>
</tr>
</thead>
<tbody>
<tr>
<td>EEO Management Plan</td>
<td>Under review</td>
</tr>
<tr>
<td>Organisational Plans reflect EEO</td>
<td>Will require review</td>
</tr>
<tr>
<td>Policies and procedures encompass EEO</td>
<td>Under review</td>
</tr>
<tr>
<td>requirements</td>
<td>Two Grievance Officers will require review</td>
</tr>
<tr>
<td>Established EEO contact officers</td>
<td>Will require review</td>
</tr>
<tr>
<td>Training and staff awareness programs</td>
<td>Will require review</td>
</tr>
<tr>
<td>Diversity</td>
<td></td>
</tr>
</tbody>
</table>

There was one reported grievance regarding equal employment opportunity during the year. This grievance was investigated and was not substantiated.

EVALUATIONS

Major evaluations undertaken by DAO are listed under the section of the Annual Report covering Client Services, Resourcing and Development Directorate

INFORMATION STATEMENT

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

In 2003/04 there was one Freedom of Information Application for which an exemption was claimed. This was subject to an Internal Review, which upheld the decision.

RECORD KEEPING PLAN

DAO has a developed Record Keeping Plan in accordance with the provisions of the State Records Act 2000. The Retention and Disposal Schedule of this plan is currently awaiting approval by the State Records Advisory Committee. This will enable DAO to legally destroy or archive agency records.
COMPLIANCE WITH PUBLIC SECTOR STANDARDS AND ETHICAL CODES

Employee Profile

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

<table>
<thead>
<tr>
<th>Category</th>
<th>2003/04</th>
<th>2002/03</th>
<th>2001/02</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing</td>
<td>29.4</td>
<td>27.00</td>
<td>27.12</td>
</tr>
<tr>
<td>Administration/Clerical</td>
<td>91.5</td>
<td>87.81</td>
<td>62.76</td>
</tr>
<tr>
<td>Medical Support</td>
<td>29.2</td>
<td>25.95</td>
<td>22.71</td>
</tr>
<tr>
<td>Hotel Services</td>
<td>11.5</td>
<td>11.47</td>
<td>11.42</td>
</tr>
<tr>
<td>Maintenance</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Medical (Salaried)</td>
<td>12.5</td>
<td>11.75</td>
<td>12.19</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>174.2</strong></td>
<td><strong>163.97</strong></td>
<td><strong>138.74</strong></td>
</tr>
</tbody>
</table>

During 2002/03 FTE increased as a result of the transfer of alcohol and drug functions from the Department of Health to the Western Australian Alcohol and Drug Authority.

Public Sector Standards and Ethical Codes

DAO has complied with the DAO Code of Conduct, the WA Public Sector Code of Ethics and all Public Sector Standards in Human Resources Management.

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

A revised Code of Conduct was implemented in December 2002.

Breach of Standard Applications

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

____________________________
Dr Steve Allsop
A/Executive Director
WESTERN AUSTRALIAN ALCOHOL AND DRUG AUTHORITY
PUBLIC INTEREST DISCLOSURES

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

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

In 2003/04 there was one PID made to DAO in relation to administration matters affecting the employee. A subsequent investigation was undertaken, however, the disclosure was not substantiated.

ADVERTISING AND SPONSORSHIP

This information is published in accordance with section 175ZE of the Electoral Act 1907 (see the following Table).

<table>
<thead>
<tr>
<th>Class of Expenditure</th>
<th>2003/04</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advertising</td>
<td></td>
</tr>
<tr>
<td>Brand Agency</td>
<td>$3,439</td>
</tr>
<tr>
<td>Get Positive Productions</td>
<td>$700</td>
</tr>
<tr>
<td>Marketforce Productions</td>
<td>$9,164</td>
</tr>
<tr>
<td>Media Decisions WA</td>
<td>$89,295</td>
</tr>
<tr>
<td>Vinten Browning</td>
<td>$189,891</td>
</tr>
<tr>
<td>West Australian Newspapers Ltd</td>
<td>$217</td>
</tr>
<tr>
<td>West Regional Sales</td>
<td>$100</td>
</tr>
<tr>
<td><strong>TOTAL EXPENDITURE</strong></td>
<td><strong>$292,806</strong></td>
</tr>
</tbody>
</table>
APPENDICES

APPENDIX ONE – RESEARCH PROJECTS

Methamphetamine withdrawal in humans - assessment, treatment and relationship with anxiety and depression.
Chris Cruickshank
NHMRC Biomedical Postgraduate Scholarship (Dora Lush Scholarship), National Health & Medical Research Council, 27 November 2003.
Thesis supervisors Dr Kyle R. Dyer and A/Prof Ken F. Ilett.
1. School of Medicine and Pharmacology, University of Western Australia

Psychometric evaluation of the Beck Depression Inventory-II among drug dependent patients.
Kyle Dyer\textsuperscript{1,2}, Alison Marsh\textsuperscript{3}, Sophie LaVincent\textsuperscript{e}\textsuperscript{4}
1. School of Medicine and Pharmacology, University of Western Australia
2. Next Step
3. School of Psychology, Curtin University
4. Department of Clinical and Experimental Pharmacology, University of Adelaide

Next Step Treatment Census: Consumer Treatment Satisfaction and Outcome.
Kyle Dyer\textsuperscript{1,2}, Kim Newcombe\textsuperscript{2}
1. School of Medicine and Pharmacology, University of Western Australia
2. Next Step

The use of saliva for therapeutic drug monitoring in methadone maintenance.
Ruth Luther\textsuperscript{1}, Kyle R. Dyer\textsuperscript{1,2}, Catherine Wilkinson\textsuperscript{1}, Kenneth F. Ilett\textsuperscript{1,3}, Hayley Taylor\textsuperscript{1}, Sean O'Halloran\textsuperscript{3}, Leon J. Dusci\textsuperscript{3}, Timothy Mitchell\textsuperscript{4}
1. School of Medicine and Pharmacology, University of Western Australia
2. Next Step Drug and Alcohol Services
3. Division of Clinical Pathology, PathCentre WA
4. National Addiction Centre, Maudsley Hospital, UK

The relationship between methamphetamine saliva concentration and behavioural impairment.
Vivian Lam\textsuperscript{1}, Kyle R. Dyer\textsuperscript{1,2}, Catherine Wilkinson\textsuperscript{1}, Kenneth F. Ilett\textsuperscript{1,3}, Hayley Taylor\textsuperscript{1}, Sean O'Halloran\textsuperscript{3}, Leon J. Dusci\textsuperscript{3}
1. School of Medicine and Pharmacology, University of Western Australia
2. Next Step Drug and Alcohol Services
3. Division of Clinical Pathology, PathCentre WA

Inpatient amphetamine detoxification: an overview of treatment practice and outcome.
Kyle R Dyer \textsuperscript{1,2}, Chris Cruickshank\textsuperscript{1}
1. Next Step Drug and Alcohol Services
2. School of Medicine and Pharmacology, University of Western Australia
The use of saliva for therapeutic drug monitoring in methadone maintenance.
Kyle R. Dyer\textsuperscript{1,2}, Catherine Wilkinson\textsuperscript{1}, Kenneth F. Ilett\textsuperscript{1,3}, Hayley Taylor\textsuperscript{1}, Sean O’Halloran\textsuperscript{3}, Leon J. Dusci\textsuperscript{3}, Michelle Lewer\textsuperscript{3}, Michelle Duncan\textsuperscript{2}
1. School of Medicine and Pharmacology, University of Western Australia
2. Next Step Drug and Alcohol Services
3. Division of Clinical Pathology, PathCentre WA

Saliva, a novel matrix for identifying methamphetamine and cannabis use among dependent patients.
Kyle R. Dyer\textsuperscript{1,2}, Hayley Taylor\textsuperscript{1}, Kenneth F. Ilett\textsuperscript{1,3}, Catherine Wilkinson\textsuperscript{1}, Sean O’Halloran\textsuperscript{3}, Leon J. Dusci\textsuperscript{3}, Michelle Lewer\textsuperscript{3}
1. School of Medicine and Pharmacology, University of Western Australia
2. Next Step Drug and Alcohol Services
3. Division of Clinical Pathology, PathCentre, WA
APPENDIX TWO – PUBLICATIONS AND REPORTS


Swensen, G. (2003) Indicators of Drug Use: Whole of State (This document includes: Metropolitan Health Region, South West Health Region, Great Southern Health Region, Goldfields & South East Coastal Health Region, Kimberley Health Region, Pilbara & Gascoyne Health Region, Wheatbelt Health Region, and the Midwest & Murchison Health Region)


Swensen, G. (2003) Indicators of Volatile Substance Abuse and Indicators of Amphetamine Type Stimulant Abuse


**Book Reviews**

APPENDIX THREE – CONFERENCE PAPERS, SEMINARS AND OTHER PRESENTATIONS


Bartu, A. (2003) Breastfeeding and drugs. Paper presented at the Inaugural Alcohol and Other Drugs Workshop 5-7 November University House, University of Western Australia

Bartu, A. (2004) Impact of illicit drugs on foetal development. Paper presented at the Inaugural Alcohol and Other Drugs Workshop, 5-7 November, University House, University of Western Australia


APPENDIX FOUR – POSTGRADUATE STUDENT SUPERVISION 2003/04

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

2004: Mr Christopher Cruickshank, The assessment and management of the methamphetamine withdrawal syndrome. PhD, University of Western Australia.

2004: Ms Vivian Lam, Determination of the relationship between methamphetamine concentration in saliva and plasma. Honours Pharmacology, University of Western Australia.

2004: Ms Ruth Luther, Determination of the relationship among (R) and (S) methadone concentration in saliva and plasma. Honours Pharmacology, University of Western Australia.


2003: Ms Hayley Taylor, Saliva, a novel matrix for identifying cannabis and methamphetamine use among dependent patients. Honours Pharmacology, University of Western Australia.

2002/03: Mr Matt Sumner, PTSD and drug preference. School of Psychology, Curtin University of Technology. Co-supervised with Dr Ali Marsh, Curtin University.

2003: Mr Chris Hayes, Expectancies of drug use among individuals with both drug dependence and ongoing distress resultant from traumatic stress. School of Psychology, Curtin University of Technology. Co-supervised with Dr Ali Marsh, Masters of Clinical Psychology, Curtin University of Technology.

PERFORMANCE INDICATORS OF THE WESTERN AUSTRALIAN ALCOHOL AND DRUG AUTHORITY

2003/04
INDEPENDENT AUDIT OPINION

To the Parliament of Western Australia

WESTERN AUSTRALIAN ALCOHOL AND DRUG AUTHORITY
PERFORMANCE INDICATORS FOR THE YEAR ENDED JUNE 30, 2004

Audit Opinion
In my opinion, the key effectiveness and efficiency performance indicators of the Western Australian Alcohol and Drug Authority are relevant and appropriate to help users assess the Authority's performance and fairly represent the indicated performance for the year ended June 30, 2004.

Scope
The Authority's Role
The Authority is responsible for developing and maintaining proper records and systems for preparing performance indicators.

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

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

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

D D R PEARSON
AUDITOR GENERAL
September 20, 2004
WESTERN AUSTRALIAN ALCOHOL AND DRUG AUTHORITY

Certification of Performance Indicators
For the year ended 30 June 2004

We hereby certify that the Performance Indicators are based on proper records, are relevant and appropriate for assisting users to assess the Western Australian Drug and Alcohol Authority’s performance, and fairly represent the performance of the Authority for the financial year ending 30 June 2004.

Mike Daube
Chairperson/Member of the Board
WESTERN AUSTRALIAN ALCOHOL AND DRUG AUTHORITY
Date: 30th August 2004

Dr Steve Allsop
Member of the Board
WESTERN AUSTRALIAN ALCOHOL AND DRUG AUTHORITY
Date: 30th August 2004
INDICATORS OF EFFECTIVENESS

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

Indicators of Effectiveness

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

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

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

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

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

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

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

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

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

1.7 Percentage of clients of not-for-profit organisations funded by the Western Australian Alcohol and Drug Authority who report being satisfied with outpatient and inpatient treatment services.
1.1 Percentage of Western Australian Alcohol and Drug Authority outpatient treatment episodes rated by clinicians as having improved the general health, psychological health, social relationships and drug use of clients.

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

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

<table>
<thead>
<tr>
<th>Component of Treatment</th>
<th>Target</th>
<th>2003/04</th>
<th>2002/03</th>
<th>2001/02</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Health</td>
<td>60%</td>
<td>64%</td>
<td>66%</td>
<td>62%</td>
</tr>
<tr>
<td>Psychological Health</td>
<td>60%</td>
<td>63%</td>
<td>66%</td>
<td>63%</td>
</tr>
<tr>
<td>Social Relationships</td>
<td>60%</td>
<td>57%</td>
<td>63%</td>
<td>59%</td>
</tr>
<tr>
<td>Primary Drug Use</td>
<td>60%</td>
<td>69%</td>
<td>68%</td>
<td>65%</td>
</tr>
</tbody>
</table>

Notes:
- Information is based on ratings of improvement made by clinicians for clients who completed a program of treatment during the year. Information is not available for clients who attended services for assessment but did not proceed to a treatment program during the year or who left the program before completion;
- The rating of “improved” used in the indicator includes clients who are rated as “improved” and “much improved” by clinicians;
- The population for this indicator is made up of those clients who completed a program of treatment during 2003/04 and the population size is 1,284;
- A formal survey was not conducted requiring questionnaires to be returned and so the concept of a response rate is not appropriate for this indicator, however it is informative to note that assessments of improvement were made for 805 clients, or 63% of the 1,284 clients who completed a treatment program; the remaining 37% of clients were not available for a rating to be made at the completion of treatment or the rating was not made for other administrative reasons;
- The sample size is 805; and
- Survey results have a sampling precision of plus or minus 2.11% at the 95% confidence level with a presumed proportion of incidence in the population of 0.5 using a population size of 1,284 and a sample size of 805.

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

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

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

<table>
<thead>
<tr>
<th>Target</th>
<th>2003/04</th>
<th>2002/03</th>
<th>2001/02</th>
<th>2000/01</th>
<th>1999/00</th>
</tr>
</thead>
<tbody>
<tr>
<td>90%</td>
<td>92%</td>
<td>87%</td>
<td>87%</td>
<td>94%</td>
<td>85%</td>
</tr>
</tbody>
</table>

Notes:
- This indicator refers to the population of outpatient clients who completed a program of treatment during the year, the population size is 1,284;
- In order to assess the level of satisfaction with outpatient treatment services for this population a client survey was carried out over a four week period during May and June 2004 at Western Australian Alcohol and Drug Authority services in East Perth (including the Youth Service), Warwick and Fremantle. Information was collected by direct interview with clients. Those who were attending for an initial assessment only or who were considered by a clinician to be distressed were excluded from the survey.
Some clients declined to be interviewed. Clients who had not completed treatment at the time of the survey were included in the survey;

- 619 clients attended for treatment during the period of the survey and a sample of 178 participated in the survey giving a response rate of 29%;
- survey results have a sampling precision of plus or minus 6.82% at the 95% confidence level with a presumed proportion of incidence in the population of 0.5 using a sample size of 178 and a population of 1,284; and
- results for 1999/00 to 2001/02 were based on a survey conducted throughout the year.

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

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

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

<table>
<thead>
<tr>
<th>Component of Treatment</th>
<th>Target</th>
<th>2003/04</th>
<th>2002/03</th>
<th>2001/02</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Health</td>
<td>90%</td>
<td>89%</td>
<td>89%</td>
<td>66%</td>
</tr>
<tr>
<td>Psychological Health</td>
<td>90%</td>
<td>88%</td>
<td>87%</td>
<td>66%</td>
</tr>
<tr>
<td>Social Relationships</td>
<td>90%</td>
<td>83%</td>
<td>87%</td>
<td>65%</td>
</tr>
<tr>
<td>Primary Drug Use</td>
<td>90%</td>
<td>91%</td>
<td>89%</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Notes:**
- information is based on ratings by clinicians for clients who completed a program of treatment during the year. Information is not available for clients who attended services for assessment but did not proceed to a treatment program during the year or who left the program before completion;
- the rating “improved” used in the indicator includes clients who are rated as “improved” and “much improved” by clinicians;
- the population for this indicator is made up of those clients who completed a program of treatment during 2004 and the population size is 478;
- a formal survey was not conducted requiring questionnaires to be returned and so the concept of a response rate is not appropriate for this indicator, however it is informative to note that assessments of improvement were made for 415 clients or 87% of the 478 clients who completed a treatment program, the remaining 13% of clients were not available for a rating to be made at the completion of treatment or the rating was not made for other administrative reasons;
- the sample size is 415; and
- survey results have a sampling precision of plus or minus 1.75% at the 95% confidence level with a presumed proportion of incidence in the population of 0.5 using a population size of 478 and a sample size of 415.

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

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

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

<table>
<thead>
<tr>
<th>Target</th>
<th>2003/04</th>
<th>2002/03</th>
<th>2001/02</th>
<th>2000/01</th>
<th>1999/00</th>
</tr>
</thead>
<tbody>
<tr>
<td>95%</td>
<td>96%</td>
<td>93%</td>
<td>80%</td>
<td>91%</td>
<td>92%</td>
</tr>
</tbody>
</table>
Notes:
- this indicator refers to the population of inpatient clients who completed a program of treatment during the year, the population size is 478;
- in order to assess the level of satisfaction with inpatient treatment services for this population a client survey was carried out by clinical staff during 2003-04 the at Western Australian Alcohol and Drug Authority services in East Perth. Information was collected by direct interview with clients. Those who were attending for an initial assessment only, or who were considered by a clinician to be distressed, were excluded from the survey. Some clients declined to be interviewed. Only clients who had completed treatment during the year were included in the survey;
- 478 clients were treated during the year and a sample of 240 participated in the survey giving a response rate of 50%; and
- survey results have a sampling precision of plus or minus 4.5% at the 95% confidence level with a presumed proportion of incidence in the population of 0.5 using a sample size of 240 and a population size of 478.

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

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

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

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Target</th>
<th>2003/04</th>
<th>2002/03</th>
<th>2001/02</th>
<th>2000/01</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient</td>
<td>60%</td>
<td>63%</td>
<td>66%</td>
<td>66%</td>
<td>69%</td>
</tr>
<tr>
<td>Outpatient</td>
<td>60%</td>
<td>66%</td>
<td>68%</td>
<td>64%</td>
<td>66%</td>
</tr>
</tbody>
</table>

Notes:
- information is based on clients who left a service provided by not-for-profit organisations funded by the Western Australian Alcohol and Drug Authority during the year. Some clients may have used more than one service during the year and so episodes of treatment have been used in the calculation of the above figures; and
- the total used in the calculations excludes episodes of treatment where the reason for leaving was not available (0.8% of 6,752 episodes). Clients were considered not to have completed treatment if they had left a service for one of the following reasons: Against advice of the service, did not comply with the conditions of the program, left without notice, died, imprisoned.

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

Assessments are made by clients before and after treatment in both inpatient and outpatient services.
Table 1.6.1 - Percentage of clients with positive ratings of each component of treatment "pre" and "post" treatment for inpatient and outpatient services in-not-for profit organisations.

<table>
<thead>
<tr>
<th>Component of Treatment</th>
<th>Target (% Change)</th>
<th>2003/04</th>
<th>Change in %</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>&quot;Pre&quot;</td>
<td>&quot;Post&quot;</td>
</tr>
<tr>
<td>General Health</td>
<td>30%</td>
<td>39%</td>
<td>63%</td>
</tr>
<tr>
<td>Psychological Health</td>
<td>30%</td>
<td>18%</td>
<td>42%</td>
</tr>
<tr>
<td>Social Relationships</td>
<td>20%</td>
<td>46%</td>
<td>59%</td>
</tr>
<tr>
<td>Primary Drug Use</td>
<td>30%</td>
<td>28%</td>
<td>68%</td>
</tr>
</tbody>
</table>

Component of Treatment | Target (% Change) | 2002/03 | Change in % | 2001/02 | Change in % |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>&quot;Pre&quot;</td>
<td>&quot;Post&quot;</td>
<td></td>
<td>&quot;Pre&quot;</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Health</td>
<td>30%</td>
<td>33%</td>
<td>63%</td>
<td>+30</td>
<td>34%</td>
</tr>
<tr>
<td>Psychological Health</td>
<td>30%</td>
<td>16%</td>
<td>41%</td>
<td>+25</td>
<td>16%</td>
</tr>
<tr>
<td>Social Relationships</td>
<td>20%</td>
<td>43%</td>
<td>62%</td>
<td>+19</td>
<td>44%</td>
</tr>
<tr>
<td>Primary Drug Use</td>
<td>30%</td>
<td>26%</td>
<td>62%</td>
<td>+36</td>
<td>28%</td>
</tr>
</tbody>
</table>

Notes:
- Information is based on self-report ratings made by clients regarding their health, levels of stress (which is used as an indication of their psychological health), social relationships and the extent of problems experienced as a result of alcohol or drug use. These ratings are made at the beginning of treatment and at or near completion;
- The questionnaire uses a five point rating scale with five categories for each of the above components of treatment;
- The following people are not included in this measure:
  - Clients who do not complete treatment;
  - Clients who remained in treatment at the end of the year;
  - Clients who choose not to fill in a self-report questionnaire;
  - People diverted from the court system for an education program regarding cannabis; and
  - People receiving services to assist with alcohol or drug problems of relatives or friends;
- Some clients access more than one episode of treatment during the year and some may contribute more than one rating;
- Population size: 4,422 programs of treatment were completed during 2004;
- Survey sample size: the minimum number of assessments for the component of treatment is 307;
- It is not known how many of the original sample of clients who completed a "pre" questionnaire were invited to complete a "post" questionnaire and a response rate is not available; and
- Survey results have a sampling precision of plus or minus 5.4% at the 95% confidence level with a presumed proportion of incidence in the population of 0.5.

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

Research shows that levels of client satisfaction with drug and alcohol treatment are related to the levels of treatment success and the extent to which they remain in treatment.
Table 1.7.1- Percentage of clients of not-for-profit organisations funded by the Western Australian Alcohol and Drug Authority who report being satisfied with treatment services.

<table>
<thead>
<tr>
<th>Target</th>
<th>2003/04</th>
<th>2002/03</th>
<th>2001/02</th>
</tr>
</thead>
<tbody>
<tr>
<td>95%</td>
<td>95%</td>
<td>91%</td>
<td>83%</td>
</tr>
</tbody>
</table>

Notes:
- the notes for Table 1.6.1 also apply to the above table;
- categories of “Very” and “Moderately” satisfied with services were combined for the above ratings
- survey sample size is 302;
- survey results have a sampling precision of plus or minus 5.44% at the 95% confidence level with a presumed proportion of incidence in the population of 0.5; and
- this table combines inpatient and outpatient ratings.
OUTCOME 2
Increased knowledge, competence and confidence of human services professionals when working with people experiencing drug and alcohol problems.

Indicator of Effectiveness

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

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

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

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

<table>
<thead>
<tr>
<th>Training Outcome</th>
<th>Target</th>
<th>2003/04</th>
<th>2002/03</th>
<th>2001/02</th>
<th>2000/01</th>
</tr>
</thead>
<tbody>
<tr>
<td>Usefulness to participant’s work or study</td>
<td>80%</td>
<td>78%</td>
<td>79%</td>
<td>78%</td>
<td>80%</td>
</tr>
<tr>
<td>Increase in knowledge of drug and alcohol issues</td>
<td>65%</td>
<td>65%</td>
<td>68%</td>
<td>67%</td>
<td>65%</td>
</tr>
<tr>
<td>Increase in level of confidence in working in this area</td>
<td>55%</td>
<td>55%</td>
<td>64%</td>
<td>56%</td>
<td>58%</td>
</tr>
<tr>
<td>Increase in level of competence to work with drug and alcohol issues</td>
<td>55%</td>
<td>53%</td>
<td>59%</td>
<td>51%</td>
<td>50%</td>
</tr>
</tbody>
</table>

Notes:
- information is based on post training evaluation questionnaires completed by participants;
- evaluations were conducted for 111 of the 127 training events during the year;
- the questionnaire uses a five point rating scale. The above ratings are based on the number of participants rating a training outcome in one of the two most positive categories, for instance “very satisfied” or “extremely satisfied”;
- the population size is 1,881 which is the total number of participants in training during the year;
- the sample size varies depending on the training outcome. It was 1,396 for the first two outcomes listed in the above table and 1,078 for the last two;
- the response rates for the first two outcomes was 74% and 57% for the last two; and
- survey results have a sampling precision of plus or minus 1.33% for the first two outcomes and 1.95% for the last two at the 95% confidence level with a presumed proportion of incidence in the population of 0.5 using the above population and sample sizes.
OUTCOME 3
Prevent or delay the uptake, and reduce the harm, associated with alcohol and other drug use.

Indicators of Effectiveness

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

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

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

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

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

Alcohol is a major cause of disease and injury. The Western Australian Alcohol and Drug Authority impacts on alcohol consumption by preventing or delaying the onset of risky alcohol use and reducing the harms that may result from risky use. Consuming alcohol at levels of long-term risk relates to poor health outcomes and short-term risk of injury such as road crash, assault and other social problems. This indicator uses information from a survey conducted every three years and provides a view of alcohol and drug use over time. There are no survey results available of 2003/04. The next year for reporting this information will be 2004/05.

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

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevalence of alcohol use (% who consumed alcohol in past 12 months)</td>
<td>84%</td>
<td>86%</td>
<td>80%</td>
<td>75%</td>
<td>82%</td>
</tr>
<tr>
<td>Long-term risk consumption</td>
<td>11%</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Short-term risk consumption</td>
<td>38%</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Prevalence of illegal drug use (% who consumed any illegal drugs in past 12 months)</td>
<td>19%</td>
<td>22%</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Prevalence of illegal drug use excluding cannabis</td>
<td>8%</td>
<td>9%</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>
Notes:
- information is based on the National Drug Strategy Household Survey (NDSHS) which is conducted every three years;
- the next survey is due in September 2004 and information will be included in the 2004/05 indicators;
- illegal drug use refers to the use of amphetamines, heroin, cocaine, hallucinogens, ecstasy and, where applicable, cannabis;
- short-term risky alcohol consumption: that men do not exceed 6 standard drinks and women do not exceed 4 standard drinks on any single day of drinking;
- long-term risky alcohol consumption: that men do not exceed 4 standard drinks on an average day (or 28 standard drinks per week) and women do not exceed 2 standard drinks on an average day (or 14 standard drinks per week); and
- short-term and long-term risky alcohol consumption include “risky” and “high risk” levels.

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

Preventing or delaying the onset of risky alcohol consumption among school students reduces the impact of short-term risk and contributes to the prevention of long-term health related-harm. This indicator uses information from a survey conducted every three years and provides a view of alcohol use over time. There are no survey results available of 2003/04. The next year for reporting this information will be 2005/06.

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

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

Notes:
- information is based on the Australian School Students Alcohol and Drugs (ASSAD) survey which is conducted every three years, new data for this indicator will be included in the 2005/06 indicators;
- short-term risky alcohol consumption: that men do not exceed 6 standard drinks and women do not exceed 4 standard drinks on any single day of drinking; and
- short-term and long-term risky alcohol consumption include “risky” and “high risk” levels.

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

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

<table>
<thead>
<tr>
<th>Campaign</th>
<th>2003/04</th>
<th>2002/03</th>
<th>2001/02</th>
<th>2000/01</th>
<th>1999/00</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Aware</td>
<td>Correct</td>
<td>Aware</td>
<td>Correct</td>
<td>Aware</td>
</tr>
<tr>
<td>Host</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>46%</td>
</tr>
<tr>
<td>Respect Yourself</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>NYAC</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Standard Drinks</td>
<td>-</td>
<td>-</td>
<td>38%</td>
<td>20%</td>
<td>-</td>
</tr>
<tr>
<td>Psychostimulants</td>
<td>-</td>
<td>-</td>
<td>52%</td>
<td>42%</td>
<td>-</td>
</tr>
<tr>
<td>Youth Drug Driving</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>59%</td>
</tr>
<tr>
<td>Cannabis</td>
<td>29%</td>
<td>7%</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>
Notes:

- “Awareness” refers to the percentage of the target population for the campaign who report being aware (when prompted) of the campaign elements during the post campaign evaluation;
- if more than one medium was used in a campaign (eg. TV and radio), “awareness” refers to the overall awareness from any medium, where reported. If overall awareness has not been reported then the medium having the greatest awareness (eg. radio) has been used;
- “Correct” refers to the proportion of the target population who correctly recalled at least one of the main campaign messages during the post-campaign evaluation;
- if more than one medium was used in a campaign, “correct” has been reported for the same medium as “awareness” (ie. overall where reported, or the medium having the greatest awareness);
- “Correct” is usually reported in campaign reports as a percentage of those “aware”. These have been recalculated and expressed as a percentage of the total sample;
- Campaign details:
  - Host: encouragement of hosts to take responsibility when they serve alcohol in social or licensed settings - target group 18-34 years;
  - Respect Yourself: promotion of responsible levels of drinking - target group 18-29 year-olds;
  - NYAC (National Youth Alcohol Campaign): promotion of responsible levels of drinking - target group 12-17 year olds;
  - Drinking Guidelines and Standard Drinks: information about safe levels of alcohol consumption: - target group 18-44 year olds;
  - Psychostimulants: information about the harmful effects of psychostimulant drugs – target group 12-24 year olds (2002), and 14-24 year olds (2000);
  - Youth Drug Driving Campaign: increased awareness of the effects of drugs on driving - target group 17-25; and
  - Cannabis: increased the awareness of the changes to the cannabis legislation – target group 18-60 years;
- post-campaign evaluations are not necessarily conducted with the whole target group, but a subset of this group. For example, the target group for the Cannabis Campaign was 14-24 year olds, however the evaluation involved only 16-24 year olds. Where this has occurred, the results are taken to be representative of the whole target group; and
- in this table, cells where information is not available are designated by a “dash.”
INDICATORS OF EFFICIENCY

OUTPUT 1
Treatment Services

Indicators of Efficiency

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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th></th>
<th>2003/04</th>
<th>2002/03</th>
<th>2001/02</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost per client treated</td>
<td>$1,510</td>
<td>$2,483</td>
<td>$1,253</td>
</tr>
<tr>
<td>Cost per completed treatment program</td>
<td>$5,598</td>
<td>$6,898</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Notes:
- the 2001/02 cost per client treated is based on clients attending the East Perth service only;
- the cost per client completing treatment is based on the number of clients who left treatment at completion or for other reasons positively related to treatment, for instance to continue treatment in another service;
- the costs for 2002/03 and 2003/04 now include support to treatment providers in the community that was accounted for elsewhere in previous years;
- cost per completed treatment program is based on 1,284 episodes of treatment; and
- the costs in this indicator are influenced by the number of clients presenting for treatment and the proportion who complete treatment which varies over time, in 2003/04 the number of clients treated increased from 3,037 in 2002/03 to 4,761 and the number of clients completing treatment rose from 1,093 to 1,284.
1.2 Cost of treating inpatient clients in Western Australian Alcohol and Drug Authority services.

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

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

<table>
<thead>
<tr>
<th></th>
<th>2003/04</th>
<th>2002/03</th>
<th>2001/02</th>
<th>2000/01</th>
<th>1999/00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost per client treated</td>
<td>$4,792</td>
<td>$5,049</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Cost per completed treatment program</td>
<td>$5,947</td>
<td>$6,658</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Cost per occupied bed day</td>
<td>$716</td>
<td>$940</td>
<td>$676</td>
<td>$404</td>
<td>$621</td>
</tr>
</tbody>
</table>

Notes:
- the cost per client completing treatment is based on the number of clients who left treatment at completion or for other reasons positively related to treatment, for instance to continue treatment in another service;
- the costs for 2002/03 and 2003/04 now include support to treatment providers in the community that was accounted for elsewhere in previous years;
- the cost per completed treatment program is based on 390 episodes of treatment; and
- the costs in this indicator are influenced by the number of clients presenting for treatment and the proportion who complete treatment which varies over time, in 2003/04 the number of clients treated decreased from 513 in 2002/03 to 484, the number of clients completing treatment rose from 389 to 390 and the number of occupied bed days rose from 2,756 to 3,283.

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

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

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

<table>
<thead>
<tr>
<th></th>
<th>2003/04</th>
<th>2002/03</th>
<th>2001/02</th>
<th>2000/01</th>
<th>1999/00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost per client treated</td>
<td>$1,547</td>
<td>$1,088</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Cost per completed treatment program</td>
<td>$2,340</td>
<td>$1,597</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Notes:
- the cost per client completing treatment for 2002/03 and 2003/04 is based on the number of clients who left treatment at completion or for other reasons positively related to treatment, for instance to continue treatment in another service;
- the cost per completed treatment program is based on 3,691 episodes of treatment;
- the costs in this indicator are influenced by the number of clients presenting for treatment and the proportion who complete treatment which varies over time, in 2003/04 the number of clients treated decreased from 9,588 in 2002/03 to 5,583 and the number of clients completing treatment decreased from 6,694 to 3,691.
1.4 Cost of treating inpatient clients in not-for-profit organisations funded by the Western Australian Alcohol and Drug Authority.

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

<table>
<thead>
<tr>
<th></th>
<th>2003/04</th>
<th>2002/03</th>
<th>2001/02</th>
<th>2000/01</th>
<th>1999/00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost per client treated</td>
<td>$5,245</td>
<td>$3,349</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Cost per completed treatment program</td>
<td>$8,274</td>
<td>$5,078</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Cost per occupied bed day in treatment services</td>
<td>$142</td>
<td>$116</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Cost per occupied bed day in sobering up centres</td>
<td>$148</td>
<td>$165</td>
<td>$122</td>
<td>$207</td>
<td>$143</td>
</tr>
</tbody>
</table>

Notes:
- the cost per client treated for 2002/03 and 2003/04 is based on the number of clients who left treatment at completion or for other reasons positively related to treatment, for instance to continue treatment in another service;
- this indicator measures efficiency through the cost per client treated and occupied bed days and cost effectiveness through the cost per client who completed treatment; and
- the costs in this indicator are influenced by the number of clients presenting for treatment and the proportion who complete treatment which varies over time, in 2003/04 the number of clients treated decreased from 1,405 in 2002/03 to 1,169, the number of clients completing treatment decreased from 922 to 741, the number of occupied bed days increased from 40,434 to 43,235 and the number of occupied bed days in sobering-up centers increased from 20,367 to 21,424.
OUTPUT 2
Practice Development

Efficiency Indicator

2.1 Cost per participant hour of training.

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

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

<table>
<thead>
<tr>
<th></th>
<th>2004/03</th>
<th>2003/02</th>
<th>2001/02</th>
<th>2000/01</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost per participant hour of training</td>
<td>$196</td>
<td>$142</td>
<td>$100</td>
<td>$87</td>
</tr>
</tbody>
</table>

Notes:
- cost not directly involved in training are in this indicator; and
- during 2003/04 more emphasis has been placed on intensive training formats to achieve long term training outcomes which increases unit costs.
OUTPUT 3
Prevention

Indicators of Efficiency

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

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

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

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

This is a new indicator that includes the staff salaries and corporate overheads and is not available for previous years. However, direct costs are available for previous years for comparison.

Table 3.1.1 - Cost per capita of prevention initiatives.

<table>
<thead>
<tr>
<th></th>
<th>2003/04</th>
<th>2002/03</th>
<th>2001/02</th>
<th>2000/01</th>
<th>1999/00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct costs</td>
<td>-</td>
<td>$2.14</td>
<td>$1.52</td>
<td>$1.77</td>
<td>$1.86</td>
</tr>
<tr>
<td>Total costs</td>
<td>$1.47</td>
<td>$2.88</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Notes:
- the cost per capita is based on estimates of the Western Australian population aged 14 years which are obtained from the Rate Calculator V9.0.2 of the Department of Health; and
- the total costs for 2002/03 and 2003/04 include corporate overheads and staff salaries which are not available for previous years;
- the total costs in this indicator are influenced by the number of campaigns conducted each year, there were two in 2003/03 and one in 2003/04; and
- total costs are the preferred way of reporting on this indicator and will be used in the future with the reporting of direct costs being phased out, as a result direct costs are not reported for 2003/04.

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

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

<table>
<thead>
<tr>
<th>Campaign</th>
<th>2003/04</th>
<th>2002/03</th>
<th>2001/02</th>
<th>2000/01</th>
<th>1999/00</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Aware</td>
<td>Correct</td>
<td>Aware</td>
<td>Correct</td>
<td>Aware</td>
</tr>
<tr>
<td>Host</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>$0.82</td>
</tr>
<tr>
<td>Respect Yourself</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>NYAC</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Standard Drinks</td>
<td>-</td>
<td>-</td>
<td>$0.57</td>
<td>$1.08</td>
<td>-</td>
</tr>
<tr>
<td>Psychostimulants</td>
<td>-</td>
<td>-</td>
<td>$0.73</td>
<td>$0.91</td>
<td>-</td>
</tr>
<tr>
<td>Cannabis</td>
<td>$0.13</td>
<td>$0.54</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Youth Drug Driving</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

72
Notes:
- this cost is also included in Indicator 3.1;
- “Awareness” refers to the cost per capita of the target population for the campaign who report being aware of the campaign during the post-campaign evaluation; “Correct” refers to the cost per capita of the target population who correctly recalled the main campaign messages during the post-campaign evaluation;
- campaign details:
  - Host: encouragement of hosts to take act responsibility when they serve alcohol in social or commercial settings - target group 18-34 years;
  - Respect Yourself: promotion of responsible levels of drinking - target group 18-29 year olds;
  - NYAC (National Youth Alcohol Campaign): promotion of responsible levels of drinking - target group 12-17 year olds;
  - Drinking Guidelines and Standard Drinks: information about safe levels of alcohol consumption - target group 18-44 year olds;
  - Psychostimulants: information about the harmful effects of psychostimulant drugs – target group 14- 24 year olds (2000) and 12-24 year olds (2002);
  - Cannabis: increased awareness of the effects of cannabis - target group 14-24 year olds; and
  - Youth Drug Driving Campaign: increased awareness of the effects of drugs on driving - target group 17-25 year olds;
- short-term risky alcohol consumption: that men do not exceed 6 standard drinks and women do not exceed 4 standard drinks on any single day of drinking;
- long-term risky alcohol consumption: that men do not exceed 4 standard drinks on an average day (or 28 standard drinks per week) and women do not exceed 2 standard drinks on an average day (or 14 standard drinks per week); and
- in this table cells where information is not available are designated by a “dash”.
**SECTION 42 SUBMISSION**

**WESTERN AUSTRALIAN ALCOHOL & DRUG AUTHORITY**

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

<table>
<thead>
<tr>
<th></th>
<th>ESTIMATES 2004/05 $'000</th>
<th>ACTUAL (UNAUDITED) 2003/04 $'000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>COST OF SERVICES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expenses from Ordinary Activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee expenses</td>
<td>12,700</td>
<td>13,223</td>
</tr>
<tr>
<td>Patient support costs</td>
<td>19,934</td>
<td>16,432</td>
</tr>
<tr>
<td>Depreciation expense</td>
<td>522</td>
<td>248</td>
</tr>
<tr>
<td>Capital user charge</td>
<td>385</td>
<td>376</td>
</tr>
<tr>
<td>Other expenses from ordinary activities</td>
<td>1,632</td>
<td>2,484</td>
</tr>
<tr>
<td><strong>Total cost of services</strong></td>
<td><strong>35,173</strong></td>
<td><strong>32,763</strong></td>
</tr>
<tr>
<td><strong>Revenues from Ordinary Activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Revenue from operating activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Commonwealth grants and contributions</td>
<td>50</td>
<td>382</td>
</tr>
<tr>
<td>Other revenues from operating activities</td>
<td>25</td>
<td>17</td>
</tr>
<tr>
<td>Revenue from non-operating activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proceeds from disposal of non-current assets</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other revenues from non-operating activities</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total revenues from ordinary activities</strong></td>
<td><strong>75</strong></td>
<td><strong>399</strong></td>
</tr>
<tr>
<td><strong>NET COST OF SERVICES</strong></td>
<td><strong>35,098</strong></td>
<td><strong>32,364</strong></td>
</tr>
<tr>
<td><strong>Revenues from State Government</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Output appropriations</td>
<td>34,973</td>
<td>32,011</td>
</tr>
<tr>
<td>Assets assumed / (transferred)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Resources received free of charge</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total revenues from State Government</strong></td>
<td><strong>34,973</strong></td>
<td><strong>32,011</strong></td>
</tr>
<tr>
<td><strong>CHANGE IN NET ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net increase / (decrease) in asset revaluation reserve</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Employee Benefits</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total revenues, expenses and valuation adjustments recognised directly in equity</strong></td>
<td><strong>0</strong></td>
<td><strong>0</strong></td>
</tr>
<tr>
<td><strong>Total changes in equity other than those resulting from transactions with WA State Government as owners</strong></td>
<td><strong>(125)</strong></td>
<td><strong>(353)</strong></td>
</tr>
</tbody>
</table>
FINANCIAL STATEMENTS

OF THE

WESTERN AUSTRALIAN ALCOHOL AND DRUG AUTHORITY

2003/04
INDEPENDENT AUDIT OPINION

To the Parliament of Western Australia

WESTERN AUSTRALIAN ALCOHOL AND DRUG AUTHORITY
FINANCIAL STATEMENTS FOR THE YEAR ENDED JUNE 30, 2004

Audit Opinion
In my opinion,
(i) the controls exercised by the Western Australian Alcohol and Drug Authority provide reasonable assurance that the receipt, expenditure and investment of moneys, the acquisition and disposal of property, and the incurring of liabilities have been in accordance with legislative provisions; and
(ii) the financial statements are based on proper accounts and present fairly in accordance with applicable Accounting Standards and other mandatory professional reporting requirements in Australia and the Treasurer’s Instructions, the financial position of the Authority at June 30, 2004 and its financial performance and cash flows for the year ended on that date.

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


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

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

D D R PEARSON
AUDITOR GENERAL
September 20, 2004
WESTERN AUSTRALIAN ALCOHOL AND DRUG AUTHORITY

Certification of Financial Statements
For the year ended 30 June 2004

The accompanying financial statements of the Western Australian Alcohol and Drug Authority have been prepared in compliance with the provisions of the Financial Administration and Audit Act 1985 from proper accounts and records to present fairly the financial transactions for the twelve months ending 30 June 2004 and the financial position as at 30 June 2004.

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

Mike Daube
Chairperson/Member of the Board
WESTERN AUSTRALIAN ALCOHOL AND DRUG AUTHORITY
Date: 30th August 2004

Dr Steve Allsop
Member of the Board
WESTERN AUSTRALIAN ALCOHOL AND DRUG AUTHORITY
Date: 30th August 2004

Joyce Naidoo
Principal Accounting Officer
WESTERN AUSTRALIAN ALCOHOL AND DRUG AUTHORITY
Date: 30th August 2004
WESTERN AUSTRALIAN ALCOHOL & DRUG AUTHORITY

Statement of Financial Position
As at 30th June 2004

<table>
<thead>
<tr>
<th>Note</th>
<th>2004</th>
<th>2003</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>CURRENT ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash assets</td>
<td>14</td>
<td>111,202</td>
</tr>
<tr>
<td>Receivables</td>
<td>15</td>
<td>141,545</td>
</tr>
<tr>
<td>Amounts receivable for outputs</td>
<td>16</td>
<td>350,000</td>
</tr>
<tr>
<td>Inventories</td>
<td>17</td>
<td>21,953</td>
</tr>
<tr>
<td>Other assets</td>
<td>18</td>
<td>80,455</td>
</tr>
<tr>
<td><strong>Total current assets</strong></td>
<td></td>
<td>705,155</td>
</tr>
<tr>
<td><strong>NON-CURRENT ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amounts receivable for outputs</td>
<td>16</td>
<td>334,806</td>
</tr>
<tr>
<td>Property, plant and equipment</td>
<td>19</td>
<td>7,979,671</td>
</tr>
<tr>
<td><strong>Total non-current assets</strong></td>
<td></td>
<td>8,314,477</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td></td>
<td>9,019,632</td>
</tr>
<tr>
<td><strong>CURRENT LIABILITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payables</td>
<td>20</td>
<td>132,793</td>
</tr>
<tr>
<td>Provisions</td>
<td>21</td>
<td>1,729,411</td>
</tr>
<tr>
<td>Other liabilities</td>
<td>22</td>
<td>60,272</td>
</tr>
<tr>
<td><strong>Total current liabilities</strong></td>
<td></td>
<td>1,922,476</td>
</tr>
<tr>
<td><strong>NON-CURRENT LIABILITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provisions</td>
<td>21</td>
<td>2,284,053</td>
</tr>
<tr>
<td><strong>Total non-current liabilities</strong></td>
<td></td>
<td>2,284,053</td>
</tr>
<tr>
<td><strong>Total liabilities</strong></td>
<td></td>
<td>4,206,529</td>
</tr>
<tr>
<td><strong>NET ASSETS</strong></td>
<td></td>
<td>4,813,103</td>
</tr>
<tr>
<td><strong>EQUITY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contributed equity</td>
<td>23</td>
<td>2,633,137</td>
</tr>
<tr>
<td>Reserves</td>
<td>24</td>
<td>3,425,470</td>
</tr>
<tr>
<td>Accumulated surplus / (deficiency)</td>
<td>25</td>
<td>(1,245,504)</td>
</tr>
<tr>
<td><strong>Total Equity</strong></td>
<td></td>
<td>4,813,103</td>
</tr>
</tbody>
</table>

*The Statement of Financial Position should be read in conjunction with the notes to the financial statements.*
### WESTERN AUSTRALIAN ALCOHOL & DRUG AUTHORITY

Statement of Financial Performance
For the year ended 30th June 2004

<table>
<thead>
<tr>
<th>Note</th>
<th>2004</th>
<th>2003</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

#### COST OF SERVICES

**Expenses from Ordinary Activities**

- **Employee expenses**
  - 3 13,222,830 12,342,525
- **Patient support costs**
  - 4 16,431,762 18,676,957
- **Depreciation expense**
  - 5 248,229 246,490
- **Capital user charge**
  - 7 376,210 387,130
- **Costs of disposal of non-current assets**
  - 30,177 22,942
- **Other expenses from ordinary activities**
  - 8 2,425,541 4,822,559

**Total cost of services**

32,734,749 36,498,603

#### Revenues from Ordinary Activities

**Revenue from operating activities**

- **Commonwealth grants and contributions**
  - 9 382,200 277,314
- **Other revenues from operating activities**
  - 11a 16,355 66,311

**Revenue from non-operating activities**

- **Donations revenue**
  - 10 0 25
- **Proceeds from disposal of non-current assets**
  - 6a 273 0
- **Other revenues from non operating activities**
  - 11b 0 8,226

**Total revenues from ordinary activities**

398,828 351,876

#### NET COST OF SERVICES

32,335,921 36,146,727

#### Revenues from State Government

**Output appropriations**

- 12 32,011,189 33,584,858

**Resources received free of charge**

- 13 0 20,000

**Total revenues from State Government**

32,011,189 33,604,858

#### CHANGE IN NET ASSETS

- **Net increase / (decrease) in asset revaluation reserve**
  - 24 0 482,165
- **Net initial adjustments on adoption of AASB 1028 “Employee Benefits”**
  - 25 0 (14,405)

**Total revenues, expenses and valuation adjustments recognised directly in equity**

0 467,760

**Total changes in equity other than those resulting from transactions with WA State Government as owners**

(324,732) (2,074,109)

*The Statement of Financial Performance should be read in conjunction with the notes to the financial statements.*
Statement of Cash Flows
For the year ended 30th June 2004

<table>
<thead>
<tr>
<th>Note</th>
<th>2004</th>
<th>2003</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>Inflows (Outflows)</td>
<td>Inflows (Outflows)</td>
</tr>
</tbody>
</table>

CASH FLOWS FROM STATE GOVERNMENT
Output appropriations 26(c) 31,613,288 32,805,728
Net cash provided by State Government 31,613,288 32,805,728

Utilised as follows:

CASH FLOWS FROM OPERATING ACTIVITIES
Payments
Supplies and services (18,845,019) (23,189,100)
Employee costs (13,049,911) (11,948,832)
GST payments on purchases (2,016,209) (2,381,186)
Receipts
Commonwealth grants and contributions 374,380 249,314
Grants and subsidies from non-government sources 0 26,182
Donations 0 25
GST receipts on sales 171,122 34,109
GST receipts from taxation authority 1,885,986 2,300,561
Other receipts 25,441 102,697
Net cash (used in) / provided by operating activities 26(b) (31,454,210) (34,806,230)

CASH FLOWS FROM INVESTING ACTIVITIES
Payments for purchase of non-current assets 19 (50,060) (192,871)
Proceeds from disposal of non-current assets 6a 273 0
Net cash (used in) / provided by investing activities (49,787) (192,871)

Net increase / (decrease) in cash held 109,291 (2,193,373)
Cash assets at the beginning of the financial year 1,911 2,195,284
CASH ASSETS AT THE END OF THE FINANCIAL YEAR 26(a) 111,202 1,911

The Statement of Cash Flows should be read in conjunction with the notes to the financial statements.
Note 1 Significant accounting policies

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

(a) General Statement

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

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

(b) Basis of Accounting

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

(c) Output Appropriations

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

(d) Contributed Equity

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

(e) Acquisitions of Assets

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

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

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

Notes to the Financial Statements
For the year ended 30th June 2004

(f) Property, Plant and Equipment

Valuation of Land and Buildings

Land and Non-Clinical Buildings are valued at fair value.
The revaluations of land and non-clinical buildings undertaken by the Valuer General’s Office are recognized in the financial statements.

(i) Land and Non-Clinical Buildings

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

<table>
<thead>
<tr>
<th>Land (non-clinical site)</th>
<th>Market value for Highest and best use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buildings (non-clinical)</td>
<td>Market value for Highest and best use</td>
</tr>
</tbody>
</table>

Depreciation of Non-Current Assets

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

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

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

(g) Leases

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

(h) Cash

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

(i) Receivables

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

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

(j) Inventories

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

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

(l) Accrued Salaries

Accrued salaries (refer note 22) represent the amount due to staff but unpaid at the end of the financial year, as the end of the last pay period for that financial year does not coincide with the end of the financial year. The Authority considers the carrying amount approximates net fair value.

(m) Employee Benefits

(i) Annual Leave

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

(ii) Long Service Leave

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

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

(iii) Superannuation

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

The Pension Scheme and the pre-transfer benefit for employees who transferred to the Gold State Superannuation Scheme are unfunded and the liability for future payments is provided for at reporting date.

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

The note disclosure required by paragraph 6.10 of AASB 1028 (being the employer’s share of the difference between employees’ accrued superannuation benefits and the attributable net market value of plan assets) has not been provided. State scheme deficiencies are recognised by the State in its whole of government reporting. The GESB’s records are not structured to provide the information for the Authority. Accordingly, deriving the information for the Authority is impractical under current arrangements, and thus any benefits thereof would be exceeded by the cost of obtaining the information.
(iv) Deferred Salary Scheme

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

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

(v) Employee benefit on-costs

Employee benefit on-costs are recognized and included in employee benefit liabilities and costs when the employee benefits to which they relate are recognised as liabilities and expenses. (see notes 3 and 21).

(n) Revenue Recognition

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

(o) Grants and Other Contributions Revenue

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

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

(p) Resources Received Free of Charge or For Nominal Value

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

(q) Comparative Figures

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

(r) Rounding of amounts

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

Note 2 Outputs of the Authority

Information about the Authority’s outputs and, the expenses and revenues which are reliably attributable to those outputs is set out in Note 36. The two key outputs of the Authority are:

(i) Prevention and Promotion

Prevention and Promotion services aim to improve the health of Western Australians by reducing the incidence of preventable disease, injury, disability and premature death. This output primarily focuses on the health and well being of populations, rather than on individuals. The programs define populations that are at-risk and ensure that appropriate interventions are delivered to a large proportion of these at-risk populations.
(ii) Diagnosis and Treatment
The objective for the diagnosis and treatment services is to improve the health of Western Australians by restoring the health of people with acute illness. The services provided to treat patients include emergency services; ambulatory care or outpatient services and services for those people who are admitted to hospitals.

Note 3 Employee expenses

<table>
<thead>
<tr>
<th></th>
<th>2004</th>
<th>2003</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries and wages (i)</td>
<td>10,037,115</td>
<td>9,907,358</td>
</tr>
<tr>
<td>Superannuation</td>
<td>1,546,501</td>
<td>517,184</td>
</tr>
<tr>
<td>Annual leave and time-in-lieu</td>
<td>990,027</td>
<td>998,725</td>
</tr>
<tr>
<td>Long service leave</td>
<td>245,797</td>
<td>589,024</td>
</tr>
<tr>
<td>Other related expenses</td>
<td>403,390</td>
<td>330,234</td>
</tr>
<tr>
<td></td>
<td>13,222,830</td>
<td>12,342,525</td>
</tr>
</tbody>
</table>

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

The related on-costs liability is included in employee benefit liabilities at Note 21.

Note 4 Patient support costs

<table>
<thead>
<tr>
<th></th>
<th>2004</th>
<th>2003</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical supplies and services</td>
<td>81,492</td>
<td>98,549</td>
</tr>
<tr>
<td>Domestic charges</td>
<td>20,992</td>
<td>22,599</td>
</tr>
<tr>
<td>Fuel, light and power</td>
<td>108,778</td>
<td>98,515</td>
</tr>
<tr>
<td>Food supplies</td>
<td>52,820</td>
<td>57,025</td>
</tr>
<tr>
<td>Patient transport costs</td>
<td>783</td>
<td>1,250</td>
</tr>
<tr>
<td>Purchase of external services</td>
<td>16,166,797</td>
<td>18,399,019</td>
</tr>
<tr>
<td></td>
<td>16,431,762</td>
<td>18,676,957</td>
</tr>
</tbody>
</table>

Note 5 Depreciation expense

<table>
<thead>
<tr>
<th></th>
<th>2004</th>
<th>2003</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buildings</td>
<td>98,228</td>
<td>98,924</td>
</tr>
<tr>
<td>Computer equipment and software</td>
<td>97,458</td>
<td>95,877</td>
</tr>
<tr>
<td>Furniture and fittings</td>
<td>14,025</td>
<td>15,659</td>
</tr>
<tr>
<td>Medical equipment</td>
<td>2,490</td>
<td>0</td>
</tr>
<tr>
<td>Other plant and equipment</td>
<td>36,028</td>
<td>36,030</td>
</tr>
<tr>
<td></td>
<td>248,229</td>
<td>246,490</td>
</tr>
</tbody>
</table>

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

a) Proceeds from disposal of non-current assets

b) Gain / (Loss) on disposal of non-current assets

<table>
<thead>
<tr>
<th></th>
<th>2004</th>
<th>2003</th>
</tr>
</thead>
<tbody>
<tr>
<td>Computer equipment and software</td>
<td>16,585</td>
<td>8,630</td>
</tr>
<tr>
<td>Other plant and equipment</td>
<td>13,592</td>
<td>14,312</td>
</tr>
<tr>
<td></td>
<td>30,177</td>
<td>22,942</td>
</tr>
</tbody>
</table>
WESTERN AUSTRALIAN ALCOHOL & DRUG AUTHORITY

Notes to the Financial Statements
For the year ended 30th June 2004

Note 7  Capital user charge

A capital user charge rate of 8% has been set by the Government for 2003/04 and represents the opportunity cost of capital invested in the net assets of the Authority used in the provision of outputs. The charge is calculated on the net assets adjusted to take account of exempt assets. Payments are made to the Department of Treasury and Finance on a quarterly basis by the Department of Health on behalf of the Authority.

Note 8  Other expenses from ordinary activities

<table>
<thead>
<tr>
<th>Item</th>
<th>2004</th>
<th>2003</th>
</tr>
</thead>
<tbody>
<tr>
<td>Motor vehicle expenses</td>
<td>33,856</td>
<td>112,068</td>
</tr>
<tr>
<td>Insurance</td>
<td>94,485</td>
<td>76,942</td>
</tr>
<tr>
<td>Communications</td>
<td>193,043</td>
<td>173,501</td>
</tr>
<tr>
<td>Printing and stationery</td>
<td>228,090</td>
<td>518,179</td>
</tr>
<tr>
<td>Rental of property</td>
<td>163,380</td>
<td>168,848</td>
</tr>
<tr>
<td>Audit fees – external</td>
<td>0</td>
<td>20,500</td>
</tr>
<tr>
<td>Costs of disposal of non-current assets</td>
<td>30,177</td>
<td>22,942</td>
</tr>
<tr>
<td>Repairs, maintenance and consumable equipment expense</td>
<td>728,261</td>
<td>564,993</td>
</tr>
<tr>
<td>Other</td>
<td>954,249</td>
<td>3,164,586</td>
</tr>
</tbody>
</table>

Total: 2,425,541 4,822,559

Note 9  Grants and contributions

a) Commonwealth grants and contributions

<table>
<thead>
<tr>
<th>Grant</th>
<th>2004</th>
<th>2003</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant for National Illicit Drugs and Research</td>
<td>0</td>
<td>257,314</td>
</tr>
<tr>
<td>Grant for ADIS Quit Project</td>
<td>0</td>
<td>20,000</td>
</tr>
<tr>
<td>Grant for National Adaptation of the In Touch Resource</td>
<td>78,200</td>
<td>0</td>
</tr>
<tr>
<td>Grant for WA Family Program Supporting Police Diversion</td>
<td>304,000</td>
<td>0</td>
</tr>
</tbody>
</table>

Total: 382,200 277,314

Note 10  Donations revenue

| General public contributions            | 0     | 25    |

Note 11  Other revenues from ordinary activities

a) Revenue from operating activities

<table>
<thead>
<tr>
<th>Item</th>
<th>2004</th>
<th>2003</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recoveries</td>
<td>4,554</td>
<td>66,041</td>
</tr>
<tr>
<td>Use of hospital facilities</td>
<td>570</td>
<td>270</td>
</tr>
<tr>
<td>Other</td>
<td>11,231</td>
<td>0</td>
</tr>
</tbody>
</table>

Total: 16,355 66,311

(b) Revenue from non-operating activities

| Net Income Sundry Activities            | 0     | 8,226|

Total: 0 8,226
Note 12  Output appropriations

Appropriation revenue received during the year:
Output appropriations 32,011,189 33,584,858

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

Note 13  Resources received free of charge

Resources received free of charge have been determined on the basis of the following estimates provided by agencies:

Office of the Auditor General
Audit services (i) 0 20,000

Where assets or services have been received free of charge or for nominal consideration, the Authority recognises revenues (except where the contribution of assets or services is in the nature of, contributions by owners, in which case the Authority shall make a direct adjustment to equity) equivalent to the fair value of the assets and/or the fair value of those services that can be reliably determined and which would have been purchased if not donated, and those fair values shall be recognised as assets or expenses, as applicable.

(i) Commencing with the 2003/04 audit, the Office of the Auditor General will be charging a fee for auditing the accounts, financial statements and performance indicators. The fee of $30,800 (GST inclusive) for the 2003/04 audit will be due and payable in the 2004/05 financial year.

Note 14  Cash assets

Cash on hand 1,900 1,900
Cash at bank - general 109,302 111,202

Note 15  Receivables

GST receivable 75,483 122,635
Other receivables 66,062 11,316

Note 16  Amounts receivable for outputs

Current 350,000 51,182
Non-current 334,806 99,300

684,806 150,482

Balance at beginning of year 150,482 0
Movement in holding account 534,324 150,482
Balance at end of year 684,806 150,482
This asset represents the non-cash component of output appropriations which is held in a holding account at the Department of Treasury and Finance. It is restricted in that it can only be used for asset replacement or payment of leave liability.

### Note 17 Inventories

**Pharmaceutical stores – at cost**  
2004: $13,722  
2003: $11,276

**Engineering stores – at cost**  
2004: $8,231  
2003: $1,419

### Note 18 Other assets

**Prepayments**  
2004: $80,455  
2003: $49,424

### Note 19 Property, plant and equipment

**Land**  
At fair value  
2004: $3,810,000  
2003: $3,810,000

**Buildings**  
Non-Clinical:  
At fair value  
2004: $3,399,997  
2003: $3,399,997

Accumulated depreciation  
2004: $(222,956)  
2003: $(124,728)

Total of all land and buildings  
2004: $3,177,041  
2003: $3,275,269

**Computer equipment and software**  
At cost  
2004: $747,289  
2003: $806,465

Accumulated depreciation  
2004: $(506,360)  
2003: $(485,384)

Furniture and fittings  
At cost  
2004: $242,027  
2003: $239,725

Accumulated depreciation  
2004: $(124,733)  
2003: $(115,321)

Medical Equipment  
At cost  
2004: $39,564  
2003: $0

Accumulated depreciation  
2004: $(22,682)  
2003: $0

Other plant and equipment  
At cost  
2004: $427,567  
2003: $517,900

Accumulated depreciation  
2004: $(218,036)  
2003: $(256,934)

Works in progress  
Buildings under construction  
2004: $0  
2003: $0

Other Work in Progress  
2004: $407,994  
2003: $392,334

Total of property, plant and equipment  
2004: $7,979,671  
2003: $8,184,054
Notes to the Financial Statements
For the year ended 30th June 2004

The revaluation of land and non-clinical buildings was performed in July 2003 in accordance with an independent valuation by the Valuer General's Office. Market value has been determined on the basis of current market buying values for land and non-clinical buildings.

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

<table>
<thead>
<tr>
<th>Payments to Authority</th>
<th>2004</th>
<th>2003</th>
</tr>
</thead>
<tbody>
<tr>
<td>As capital contributions</td>
<td>46,288</td>
<td>0</td>
</tr>
<tr>
<td>As other funding sources</td>
<td>3,772</td>
<td>192,871</td>
</tr>
<tr>
<td><strong>Total payments</strong></td>
<td><strong>50,060</strong></td>
<td><strong>192,871</strong></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Property, Plant and Equipment</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Land</td>
<td>3,810,000</td>
</tr>
<tr>
<td>Buildings</td>
<td></td>
</tr>
<tr>
<td>Carrying amount at start of year</td>
<td>3,275,269</td>
</tr>
<tr>
<td>Depreciation</td>
<td>(98,228)</td>
</tr>
<tr>
<td>Carrying amount at end of year</td>
<td>3,177,041</td>
</tr>
<tr>
<td>Computer equipment and software</td>
<td></td>
</tr>
<tr>
<td>Carrying amount at start of year</td>
<td>321,081</td>
</tr>
<tr>
<td>Other additions</td>
<td>33,891</td>
</tr>
<tr>
<td>Disposals</td>
<td>(16,585)</td>
</tr>
<tr>
<td>Depreciation</td>
<td>(97,458)</td>
</tr>
<tr>
<td>Carrying amount at end of year</td>
<td>240,929</td>
</tr>
<tr>
<td>Furniture and fittings</td>
<td></td>
</tr>
<tr>
<td>Carrying amount at start of year</td>
<td>127,239</td>
</tr>
<tr>
<td>Additions</td>
<td>4,080</td>
</tr>
<tr>
<td>Depreciation</td>
<td>(14,025)</td>
</tr>
<tr>
<td>Carrying amount at end of year</td>
<td>117,294</td>
</tr>
<tr>
<td>Medical Equipment</td>
<td></td>
</tr>
<tr>
<td>Carrying amount at start of year</td>
<td>19,372</td>
</tr>
<tr>
<td>Depreciation</td>
<td>(2,490)</td>
</tr>
<tr>
<td>Carrying amount at end of year</td>
<td>16,882</td>
</tr>
<tr>
<td>Other plant and equipment</td>
<td></td>
</tr>
<tr>
<td>Carrying amount at start of year</td>
<td>238,760</td>
</tr>
<tr>
<td>Other additions</td>
<td>20,391</td>
</tr>
<tr>
<td>Disposals</td>
<td>(13,592)</td>
</tr>
<tr>
<td>Depreciation</td>
<td>(36,028)</td>
</tr>
<tr>
<td>Carrying amount at end of year</td>
<td>209,531</td>
</tr>
<tr>
<td>Works in progress</td>
<td></td>
</tr>
<tr>
<td>Carrying amount at start of year</td>
<td>392,334</td>
</tr>
<tr>
<td>Additions</td>
<td>15,660</td>
</tr>
<tr>
<td>Carrying amount at end of year</td>
<td>407,994</td>
</tr>
</tbody>
</table>
Notes to the Financial Statements
For the year ended 30th June 2004

2004

$  
Total property, plant and equipment
  Carrying amount at start of year 8,184,055
  Additions 74,022
  Disposals (30,177)
  Depreciation (248,229)
  Carrying amount at end of year 7,979,671

Note 20  Payables

2004  2003
Creditors and accruals 132,793  240,573

Note 21  Provisions

Current liabilities:
  Annual leave and time-in-lieu 950,236  839,743
  Long service leave 740,260  708,549
  Deferred salary scheme 38,915  38,511
  1,729,411  1,586,803

Non-current liabilities:
  Long service leave 653,251  574,829
  Superannuation 1,630,802  1,157,122
  2,284,053  1,731,951

Total employee benefit liabilities 4,013,464  3,318,754

(i) The settlement of annual and long service leave liabilities
give rise to the payment of superannuation and other
employment on-costs. The liability for such on-costs is included
here. The associated expense is included under Employee
expenses at Note 3.

(ii) The superannuation liability has been established from data
supplied by the Government Employees Superannuation
Board.

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

Note 22  Other liabilities

Accrued salaries 60,272  368,630

Note 23  Contributed equity

Balance at beginning of the year 2,099,864  1,608,529
Capital contributions (i) 533,272  491,335
Contributions by owners
Balance at end of the year 2,633,137  2,099,864

(i) Capital Contributions have been designated as contributions by
owners and are credited directly to equity in the Statement of
Financial Position.
Note 24  Reserves

Asset revaluation reserve
Balance at beginning of the year 3,425,470 2,943,305
Net revaluation increments / (decrements):
- Land 0 340,000
- Buildings 0 142,165
Balance at end of the year 3,425,470 3,425,470

(i) The asset revaluation reserve is used to record increments and
decrements on the revaluation of non-current assets. Revaluation
increments and decrements are offset against one another within
the same class of non-current assets.

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

(iii) Any net decrement is recognized as an expense in the Statement
of Financial Performance, except to the extent that any decrement
reverses a revaluation increment previously credited to the asset
revaluation reserve.

Note 25  Accumulated surplus (deficiency)

Balance at beginning of the year (920,773) 1,635,501
Change in net assets (324,732) (2,541,869)
Net initial adjustments on adoption of AASB 1028 “Employee Benefits” 0 (14,405)
Rounding 1 0
Balance at end of the year (1,245,504) (920,773)

Note 26  Notes to the statement of cash flows

a) Reconciliation of cash

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

Cash assets (Refer Note 14) 111,202 1,911
111,202 1,911
Notes to the Financial Statements
For the year ended 30th June 2004

<table>
<thead>
<tr>
<th>2004</th>
<th>2003</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

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

Net cash used in operating activities (Statement of Cash Flows)  
(31,454,210)  
(34,806,230)

Increase / (decrease) in assets:

- GST receivable:  
  47,152  
  46,955
- Other receivables:  
  54,746  
  (26,179)
- Inventories:  
  9,258  
  (1,765)
- Prepayments:  
  31,031  
  16,144

Decrease / (increase) in liabilities:

- Payables:  
  107,780  
  (158,982)
- Accrued salaries:  
  308,358  
  (142,616)
- Provisions:  
  (694,710)  
  (302,419)

Non-cash items:

- Depreciation expense:  
  (248,229)  
  (246,490)
- Net gain / (loss) from disposal of non-current assets:  
  30,177  
  22,942
- Capital user charge paid by Department of Health:  
  (376,210)  
  (387,130)
- Donation of non-current assets:  
  0  
  25
- Resources received free of charge:  
  0  
  (20,000)
- Other:  
  (56,760)  
  (140,982)

Net cost of services (Statement of Financial Performance)  
(32,335,921)  
(36,146,727)

c) Notional cash flows

Output appropriations as per Statement of Financial Performance  
32,011,189  
33,584,858

Capital appropriations credited directly to Contributed Equity  
(Refer Note 23)  
533,272  
491,335

Holding account drawdowns credited to Amounts Receivable  
For Outputs (Refer Note 16)  
(534,324)  
(150,482)

32,010,137  
33,925,711

Less notional cash flows:

- Items paid directly by the Department of Health for the Authority and are therefore not included in the Statement of Cash Flows:
  Capital user charge:  
  (376,210)  
  (387,130)
  Other non-cash adjustments to output appropriations:  
  (20,639)  
  (732,853)

(396,849)  
(1,119,983)

Cash Flows from State Government as per Statement of Cash Flows  
31,613,288  
32,805,728

Note 27 Losses of public monies and other property

Losses of public monies and public or other property through theft or default  
(693)  
(960)

Less amount recovered  
2,193  
2,676

Net profit  
1,500  
1,716
Note 28  Remuneration of members of the accountable authority and senior officers

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

- $0 - $10,000: 1
- Total: 1

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

- 2004: 632
- 2003: 1,897

The superannuation included here represents the superannuation expense incurred by the Authority in respect of members of the Accountable Authority. No member of the Accountable Authority is a member of the Pension Scheme.

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

- $0 - $10,000: 0
- $30,001 - $40,000: 2
- $40,001 - $50,000: 2
- $50,001 - $60,000: 1
- $70,001 - $80,000: 1
- $80,001 - $90,000: 0
- $90,001 - $100,000: 1
- $100,001 - $110,000: 2
- $110,001 - $120,000: 3
- $120,001 - $285,000: 2
- Total: 9

The total remuneration of senior officers is:

- 2004: 1,176,983
- 2003: 760,315

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

Numbers of Senior Officers presently employed who are members of the Pension Scheme:

- 2004: 0
- 2003: 0

Note 29  Commitments for Expenditure

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

- Within one year: 41,500
- Later than one year, and not later than five years: 2,888

Total: 93
Note 30  Contingent liabilities and contingent assets
At the reporting date, the Authority is not aware of any contingent liabilities and contingent assets.

Note 31  Events occurring after report date
There were no events occurring after reporting date which have significant financial effects on these financial statements.

Note 32  Related bodies
A related body is a body which receives more than half its funding and resources from the Authority and is subject to operational control by the Authority. Related bodies are generally government agencies which have no financial administration responsibilities.

The Authority had no related bodies during the reporting period.

Note 33  Affiliated bodies
An affiliated body is a body which receives more than half its funding and resources from the Authority and is not subject to operational control by the Authority. Affiliated bodies are generally non-government agencies, such as charitable, welfare and community interest groups which receive financial support from government.

The Authority had no affiliated bodies during the reporting period.

Note 34  The Impact of adopting Australian equivalents to International Financial Reporting Standards
The International Financial Reporting Standards (IFRSs) will be applicable to reporting periods beginning on or after 1 January 2005. The Australian Accounting Standards Board (AASB) has adopted a convergence policy under which the Australian Accounting Standards are converged with their IFRS equivalents. The AASB will issue Australian equivalents to IFRSs, and Urgent Issues Group abstracts to harmonise with the International Financial Reporting Standards issued by the International Accounting Standards Board. The Western Australian Alcohol and Drug Authority will prepare its first Australian-equivalents-to-IFRSs financial statements for the year ending 30 June 2006.

The Department of Health has established a structure of project teams to manage the transition to IFRSs and report to executive management. These project teams include members representing pertinent function areas within the health sector, an internal audit officer, an expert consultant from an accounting firm and representatives from the Department of Treasury and Finance and the Valuer General’s Office. The actions that have been undertaken include the preparation of a timetable, identification of system changes and training of staff. Considerable progress has been made on the projects for impairment of assets and revaluation of land and buildings. To date the project teams have analysed most of the Standards and have identified a number of accounting policy changes that will be required. A Treasurer’s Instruction will be issued for application within the Western Australian public sector to mandate an accounting treatment and disclosure where there are alternatives under the IFRSs.

The following are the key differences in accounting policies identified to date that are expected to arise from adopting Australian equivalents to IFRSs:

a)  Revaluation of land and buildings
Under AASB 116, the Australian equivalent to IAS 16 “Property, Plant and Equipment” all land and buildings will be measured on the fair value basis.

This will result in a change to the current accounting policy, under which land and buildings are measured at a mix of fair values and costs.
b) **Impairment of assets**

Under AASB 136, the Australian equivalent to IAS 36 “Impairment of Assets”, assets will be measured at the recoverable amount if there is an indication of impairment.

This will result in a change to the current accounting policy, under which assets are not required to be measured at their recoverable amounts.

c) **Leases**

Under AASB 117, the Australian equivalent to IAS 17 “Leases”, assets and liabilities under finance leases will be recognized at amounts equal at the inception of the lease to the fair value of the leased property or, if lower, at the present value of the minimum lease payments.

This will result in a change to the current accounting policy, under which assets and liabilities under finance leases are recognized at amounts equal to the present value of the minimum lease payments.

d) **Inventories**

Under AASB 102, the Australian equivalent to IAS 2 “Inventories”, inventories held for distribution will be measured at the lower of cost and current replacement cost, rather than the lower of cost and net realisable value, which will apply to other general inventories.

**Note 35 Financial instruments**

a) **Interest rate risk exposure**

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

<table>
<thead>
<tr>
<th>Weighted average effective interest rate</th>
<th>Variable interest rate</th>
<th>Fixed interest rate maturities</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rate</td>
<td>1 year</td>
<td>$000</td>
</tr>
<tr>
<td>Weighted average interest rate</td>
<td>%</td>
<td>$000</td>
<td>$000</td>
</tr>
<tr>
<td>As at 30 June 2004</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial Assets</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash assets</td>
<td>0.00%</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Receivables</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial Liabilities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payables</td>
<td>0.00%</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net financial assets/ (liabilities)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>As at 30 June 2003</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial Assets</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash assets</td>
<td>0.00%</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Receivables</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial Liabilities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payables</td>
<td>0.00%</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net financial assets/ (liabilities)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

b) **Credit risk exposure**

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

c) **Net fair values**

The carrying amounts of financial assets and financial liabilities recorded in the financial statements are not materially different from their net values, determined in accordance with the accounting policies disclosed in Note 1 to the financial statements.
Note 36  Output Information

<table>
<thead>
<tr>
<th>Prevention &amp; Promotion</th>
<th>Diagnosis &amp; Treatment</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>COST OF SERVICES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expenses from Ordinary Activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee expenses</td>
<td>3,373</td>
<td>3,676</td>
</tr>
<tr>
<td>Patient support costs</td>
<td>1,643</td>
<td>0</td>
</tr>
<tr>
<td>Depreciation expense</td>
<td>63</td>
<td>66</td>
</tr>
<tr>
<td>Capital user charge</td>
<td>96</td>
<td>155</td>
</tr>
<tr>
<td>Other expenses from ordinary activities</td>
<td>634</td>
<td>3,339</td>
</tr>
<tr>
<td>Total cost of services</td>
<td>5,809</td>
<td>7,236</td>
</tr>
</tbody>
</table>

Revenues from Ordinary Activities

Revenue from operating activities

| Commonwealth grants and contributions | 382 | 81 | 0 | 196 | 382 | 277 |
| Other revenues from operating activities | 15 | 0 | 2 | 66 | 17 | 67 |

Revenue from non-operating activities

| Other revenues from non-operating activities | 0 | 4 | 0 | 4 | 0 | 8 |

Total revenues from ordinary activities

| 397 | 85 | 2 | 266 | 399 | 352 |

NET COST OF SERVICES

| 5,412 | 7,151 | 26,952 | 28,997 | 32,364 | 36,147 |

Revenues from State Government

Output appropriations

| 5,762 | 13,434 | 26,249 | 20,151 | 32,011 | 33,585 |

Resources received free of charge

| 0 | 8 | 0 | 12 | 0 | 20 |

Total revenues from State Government

| 5,762 | 13,442 | 26,249 | 20,163 | 32,011 | 33,605 |

Government Change in net assets

| 350 | 6,291 | (703) | (8,834) | (353) | (2,542) |

Note 37  Explanatory Statement

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

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

<table>
<thead>
<tr>
<th>Note</th>
<th>2004 Actual</th>
<th>2003 Actual</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Statement of Financial Performance - Expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee expenses</td>
<td>13,222,830</td>
<td>12,342,525</td>
<td>880,305</td>
</tr>
<tr>
<td>(a) Patient support costs</td>
<td>16,431,762</td>
<td>18,676,957</td>
<td>(2,245,195)</td>
</tr>
<tr>
<td>Depreciation expense</td>
<td>248,229</td>
<td>246,490</td>
<td>1,739</td>
</tr>
<tr>
<td>Capital user charge</td>
<td>376,210</td>
<td>387,130</td>
<td>(10,920)</td>
</tr>
<tr>
<td>Other expenses from ordinary activities</td>
<td>2,425,541</td>
<td>4,822,559</td>
<td>(2,397,018)</td>
</tr>
<tr>
<td>Statement of Financial Performance - Revenues</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Commonwealth grants and contributions</td>
<td>382,200</td>
<td>277,314</td>
<td>104,886</td>
</tr>
<tr>
<td>(d) Other revenues from operating activities</td>
<td>16,355</td>
<td>66,311</td>
<td>(49,956)</td>
</tr>
<tr>
<td>Donations revenue</td>
<td>0</td>
<td>25</td>
<td>(25)</td>
</tr>
<tr>
<td>Proceeds from disposal of non-current assets</td>
<td>273</td>
<td>0</td>
<td>273</td>
</tr>
<tr>
<td>(e) Other revenues from non-operating activities</td>
<td>0</td>
<td>8,226</td>
<td>(8,226)</td>
</tr>
<tr>
<td>Output appropriations</td>
<td>32,011,189</td>
<td>33,584,858</td>
<td>(1,573,669)</td>
</tr>
<tr>
<td>Resources received free of charge</td>
<td>0</td>
<td>20,000</td>
<td>(20,000)</td>
</tr>
</tbody>
</table>
Notes to the Financial Statements
For the year ended 30th June 2004

a) **Patient support costs**
Patient support costs were significantly less than 2003 due to a reduction in funding for the Authority’s outputs.

b) **Other expenses from ordinary activities**
Due to a reduction in funding activity in the area of prevention, promotion campaigns declined from activity levels in 2003.

c) **Commonwealth grants and contributions**
The increase in grant was for the increase in Commonwealth grants was as a result of a one-off grant in the area of the WA Family Supporting Police Diversion.

d) **Other revenues from non-operating activities**
There was a decrease in revenue from sundry activities.

e) **Other revenues from operating activities**
Decrease due to reduction in activity levels.

f) **Resources received free of charge**
Commencing with the 2003/04 audit, the Office of the Auditor General will charge a fee for auditing the accounts, financial statements and performance indicators.

g) **Output appropriations**
The Authority’s output appropriation from the Department of Health was reduced from the 2003 level.

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

<table>
<thead>
<tr>
<th>Note</th>
<th>2004 Actual $</th>
<th>2003 Actual $</th>
<th>Variance $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee expenses</td>
<td>(a) 13,222,830</td>
<td>12,801,000</td>
<td>421,830</td>
</tr>
<tr>
<td>Other goods and services</td>
<td>(b) 19,511,919</td>
<td>19,197,000</td>
<td>314,919</td>
</tr>
<tr>
<td>Total expenses from ordinary activities</td>
<td>32,734,749</td>
<td>31,998,000</td>
<td>736,749</td>
</tr>
<tr>
<td>Less: Revenues from ordinary activities</td>
<td>(c) (398,828)</td>
<td>(389,000)</td>
<td>(9,828)</td>
</tr>
<tr>
<td>Net cost of services</td>
<td>32,335,921</td>
<td>31,609,000</td>
<td>726,921</td>
</tr>
</tbody>
</table>

a) **Employee expenses**
Employee expenses were greater than those estimated mainly due to greater than expected increase in provision for superannuation for 2003/04.

b) **Other goods and services**
Variance not material.

c) **Revenues from ordinary activities**
Variance not material.