



Government of Western Australia  
Drug and Alcohol Office

# DRUG AND ALCOHOL OFFICE ANNUAL REPORT 2013/14



We **prevent and delay** the onset of alcohol and other drug use

We **support environments** that discourage risky use

We enhance **healthy community attitudes** and skills to avoid risky use



We **support and enhance the community's capacity** to address alcohol and other drug problems

We **support initiatives** that discourage inappropriate supply of alcohol and other drugs

# Contents

<b>Corporate Information</b> .....	4
Statement of compliance .....	6
Executive summary.....	7
Executive Director’s report .....	10
Board Chairperson’s report.....	13
<b>Operational Structure</b> .....	15
Enabling legislation .....	16
Organisational structure .....	17
Corporate Executive .....	20
Staff profile .....	22
Significant issues and trends.....	27
<b>Agency Performance</b> .....	31
Summary of Financial Performance.....	32
Summary of Key Efficiency Indicators .....	33
Major achievements for 2013/14.....	34
<b>Disclosures and legal compliance</b> .....	41
Financial statements .....	42
Key performance indicators .....	91
Performance management framework .....	92
Other legal requirements.....	104
<b>Appendices</b> .....	110
Appendix One – Research projects.....	111
Appendix Two – Publications and reports .....	112
Appendix Three – Conference papers, seminars and other presentations .....	114
Endnotes .....	116

# CORPORATE INFORMATION

1

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

The Western Australian Alcohol and Drug Authority is responsible to the Minister for Mental Health, and through the Minister, to the Western Australian Government.

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

Responsible Minister: Minister for Mental Health  
The Hon. Helen Morton MLC

Accountable Authority: Western Australian Alcohol and Drug Authority

Board Chairperson: Professor Gary Geelhoed

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## Statement of compliance



**To the Hon Helen Morton MLC**

**Minister for Mental Health; Disability Services; Child Protection**

In accordance with Section 63 of the *Financial Management Act 2006*, we hereby submit for your information and presentation to Parliament, the Annual Report of the Western Australian Alcohol and Drug Authority for the financial year ending 30 June 2014.

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

A handwritten signature in black ink, appearing to read 'Gary Geelhoed'.

**Professor Gary Geelhoed**

Chairperson

Western Australian Alcohol and Drug Authority

A handwritten signature in black ink, appearing to read 'Steve Allsop'.

**Professor Steve Allsop**

Deputy Chairperson

Western Australian Alcohol and Drug Authority

## Executive summary

Alcohol and other drug use affects many Western Australians, resulting in significant health, social and economic costs to the community. The complexity of alcohol and other drug use requires a comprehensive response that includes interventions for specific problems and at-risk populations.

In Western Australia the strategic direction has been to focus on the most prevalent drugs that cause the most harm, including alcohol, cannabis, amphetamine-type substances, heroin and other opioids. The *Drug and Alcohol Interagency Strategic Framework 2011-2015* is Western Australia's key policy document that outlines how the agencies will work together to prevent and reduce the adverse impacts of alcohol and other drugs.

Services planning to articulate a strategy for the development of mental health, alcohol and other drug services and support programs over the next 10 years has been undertaken in 2013/14, with the development of the *Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015 – 2025*. DAO, in partnership with the Mental Health Commission and the Department of Health, are developing a plan to forecast the service requirements for the Western Australian population in 2025, and provide a roadmap to service those needs. The planning process included a forum of 87 stakeholders in October 2013.

As part of strategic service delivery planning, DAO worked collaboratively with the sector, and communities around the state, to recommission the new Community Alcohol and Drug Services. In March 2014 DAO instigated a name change for the state-wide network of Community Drug Service Teams, to become Community Alcohol and Drug Services, and work is progressing on the formal changeover to the new name, which is expected to occur once new service agreements commence.

In April 2014 the first open tender for these services was released, under the principles and processes outlined in the Government's *Delivering Community Services in Partnership Policy*. DAO advertised for the provision of eight Community Alcohol and Drug Services across the State and the anticipated completion date for the procurement process is September 2014.

In the May 2014 State Government budget, alcohol and other drug services in the northern metropolitan corridor were given a boost to keep pace with predicted population increases. The Community Alcohol and Drug Service in the northern metropolitan area will receive additional funding of \$5.2 million over four years, to provide a one-stop-shop of medical, nursing, clinical psychology and counselling services for this growing community.

Regionally construction is nearly complete on the Carnarvon Dual Purpose Centre, the first of its kind in Western Australia to combine day time counselling and prevention services, and an overnight sobering up service. In April 2014 DAO awarded the Sobering Up Service contract to Carnarvon Family Support Services, and they will be working alongside the Midwest Community Alcohol and Drug Service which will operate during the daytime. A new building for this service is under construction and it is expected both services will be up and running before the end of September 2014.

People living in the Wheatbelt region have also seen access to their Community Alcohol and Drug Service improved with the addition of a new office in Merredin. This permanent presence means reduced travel time for clients seeking treatment in this area, and positive feedback has been received from clients with comorbid conditions about the benefit for them of co-location with the mental health service.

Both the Community Alcohol and Drug Services in the Great Southern region and the south metropolitan area are currently provided by Palmerston Association. In 2013 DAO provided funding to Palmerston for the renovation and fit out of new, expanded premises in Rockingham to meet the increased demand for service in the area. DAO also contributed to the renovation and fit out costs for the new premises in Albany, and both these upgrades should see an improved staff and client experience.

A new Community Alcohol and Drug Service provider is now on board in the Pilbara with Mission Australia winning the DAO contract via an open tender process. Mission Australia added the Pilbara service to their other alcohol and other drug services including the Drug and Alcohol Youth Service, comprising a residential program in Carlisle, youth withdrawal and respite services and the south east metropolitan area community drug service.

The first evaluation report of DAO's Transitional Housing and Support Program, which provides short-term housing for people exiting residential rehabilitation and at risk of homelessness, showed the program was having a positive impact. The 15 houses throughout Western Australia were purchased or constructed by the Department of Housing, with support for people living in the houses being provided by non-government organisations under service agreements with DAO. Clients interviewed in the evaluation process provided their feedback on the program, with one person reporting that *"I've a 95% to 99% chance of making it through. I think if I was not in the house then realistically I'd probably have a 50% chance. It's doubled my chance for sure."*



*I've a 95% to 99% chance of making it through. I think if I was not in the house then realistically I'd probably have a 50% chance. It's doubled my chance for sure.*

In 2014 DAO began offering a new qualification. The Certificate IV in Alcohol and Other Drugs is available to Aboriginal people who have completed their Certificate III in Community Services Work. DAO is considered a leader in the delivery of culturally relevant and nationally recognised training for alcohol and other drug workers, and expanding the program is hoped to further develop the depth of knowledge and skill of the workforce, particularly in relation to supporting people with co-occurring conditions.

DAO's efforts to prevent alcohol and other drug related harm and ill health continued through the prevention campaigns *Alcohol.Think Again*, *Strong Spirit Strong Future* and *Drug Aware*. In 2013/14 the *Alcohol.Think Again* website has been redesigned and launched, simplifying the information and creating a more user friendly experience. The website includes innovative new interactive tools to gauge the health effects of the amount of alcohol someone is consuming, and also to gauge what a standard drink is.

DAO and the Department of the Attorney General successfully collaborated to expand the Pre-sentence Opportunity Program for offenders with alcohol-related problems. In March 2014 the Pre-sentence Opportunity Program was expanded from only operating at the Perth Magistrates Court, to being made available across metropolitan area. The Pre-sentence Opportunity Program is an early intervention program to assist people attending court who have drug-related problems, and it is great to see offenders before the magistrates' courts in the broader Perth area now also having the option of addressing their alcohol-related problems.



DAO continues to chair the interagency Emerging Psychoactive Substances Review Group which co-ordinates action and advises the Government about emerging substances. The group recommended 33 additional substances be listed in Schedule 9 of the *WA Poisons Act 1964* as they have all either documented evidence of harm, or are pharmacologically or toxicologically similar to substances already shown to be harmful when consumed. The government accepted this recommendation and the ban took effect in June 2014.

Subsequent to this State action, on 6 July 2014 it was announced that new legislation would be introduced to Federal Parliament, prohibiting all psychoactive substances unless importers could prove they have a legitimate use. This issue will be an ongoing priority for DAO and its partner agencies.

Preventing the 30 to 40 deaths in Western Australia each year from opioid overdose saw DAO working with the Western Australian Substance Users Association to develop and implement a peer education program to prevent and respond to opioid overdose. The Peer Naloxone Education Project provides education about overdose prevention and health-related information as well as basic life support and the use of naloxone to reverse an opioid overdose. As part of their training by December 2013, 32 people had received naloxone kits, and perhaps most importantly eight successful overdose reversals had taken place. This program is in place in a number of other Australian jurisdictions.

Work has been progressing on the legislative amendments and organisational changes required to amalgamate DAO with the Mental Health Commission as part of the machinery of government changes announced in 2013. Mr Timothy Marney was appointed Commissioner of the new organisation in February 2014. Work is progressing on the legislative changes required for the amalgamation, which involves amendments to the *Alcohol and Drug Authority Act 1974*. It is expected that the formal amalgamation process will be finalised in 2014/15, and reporting on alcohol and other drug activities from then on will occur from within this new environment.

## Executive Director's report

On 10 April 2013 the State Government announced that DAO and the Mental Health Commission would be amalgamated. Bringing the two organisations together is intended to ensure better integration of the State's network of mental health and alcohol and other drug prevention and treatment services. It is also expected that this will improve treatment outcomes for people suffering from both alcohol and other drug problems and mental health issues, who often experience difficulty getting the help they need.

Work has been progressing on this machinery of government change, which includes amending the *Alcohol and Drug Authority Act 1974*. The DAO board will continue to operate and be supported until the legislative changes can be enacted. The new organisation will be called the Mental Health Commission, and Mr Timothy Marney took up the role of Mental Health Commissioner in February 2014. While preparation has been underway for the changes ahead, DAO has continued to operate in a largely business as usual manner, and both sectors have been advised that mental health, and alcohol and other drug services will continue to be delivered by the existing government and non-government providers.

Employees at DAO have continued to produce some excellent work throughout the year. Pleasingly employee satisfaction and engagement has remained high, which was confirmed through an employee survey in June 2014. The survey of 157 staff showed a highly satisfied, motivated workforce with particularly positive responses in relation to organisational support for professional development, opportunities to learn and grow, and recognition and praise for good work.

Relationships with the alcohol and other drug sector have also remained strong over the past year. DAO has supported the Western Australian Network of Alcohol and other Drug Agencies to implement the Standard for Culturally Secure Practice (Alcohol and other Drug Sector) accreditation program at a number of alcohol and other drug agencies across the state.

DAO has also worked closely with the Western Australian Network of Alcohol and other Drug Agencies to support the development of agencies' capacity to respond to the government's procurement reforms. The additional allocation of \$6.4 million per annum through the State Government's Component II process contributed significantly to the sustainability of non-government services across the sector. This, coupled with additional funding from other sources, enabled the relocation or refurbishment of services in Rockingham, Albany, Kalgoorlie and Northam and the opening of a new service in Merredin. In addition, a new provider for the Pilbara Community Alcohol and Drug service was selected via an open tender process, and this has led to the opening of offices in Port Hedland, Karratha, Newman and Tom Price.

Throughout 2013/14 the alcohol and other drug and mental health sectors have been working more closely together to establish where there might be opportunities to improve service provision to people experiencing comorbid conditions, and to learn from each other. In February 2014 the sector peak bodies launched a new 'Green Book' directory, listing alcohol and other drug, as well as community mental health services. The directory is also available online and in smart phone app formats. It is expected this will be helpful to health professionals as well as clients trying to find local services that meet their needs.

In June 2014 peak bodies the Western Australian Network of Alcohol and other Drug Agencies and the Western Australian Association for Mental Health, invited consumers, carers, family members and service providers to a cross sector forum to build relationships and understanding. The sectors working together like this in Western Australia, along with a joined public sector agency, will help to achieve the improved client outcomes that we are all striving for.

In an effort to seek consumer input into planning and delivering services, DAO contracted a research organisation to undertake a comprehensive consultation with consumers and key stakeholders across WA.

The consultations explored the current levels of consumer involvement in the sector, and some of the priorities for ensuring that consumer involvement is embedded into future service planning and delivery, policy development, strategic planning and research. The recommendations being developed as an outcome of this process will inform how we can improve our services so they are meeting the needs of the people who need them.

DAO has continued to play an active role nationally, including participation on an expert reference group established by the Commonwealth Government as part of a commissioned national review of drug and alcohol treatment services. The review is intended to inform future Commonwealth funding of services and the consultants delivered their report to the Commonwealth Department of Health in June 2014. Since January 2014 I have also chaired the Intergovernmental Committee on Drugs, the Commonwealth, state and territory committee of senior officers who represent health and law enforcement officials from all Australian jurisdictions, and who have responsibility for managing the ongoing work of the *National Drug Strategy 2010-2015*.

In terms of our work to prevent and reduce harm from alcohol and other drugs it is clear that DAO's current approach is working. Here in Western Australia, key performance indicators related to effective and efficient public education programs are being exceeded, when compared to the rest of the nation, with awareness levels of the National Health and Medical Research Council guidelines for low risk drinking being significantly higher here than in other jurisdictions. This is an excellent indicator of the success of public education programs when they are delivered in a comprehensive and sustained manner.

DAO continues work to build capacity of the workforce to respond to alcohol and other drug harms, both within, and beyond the alcohol and other drug sector. DAO conducted more workforce development training events in 2013/14 than ever before, with 233 events being delivered to more than 4,300 participants.

This also included partnerships with key mainstream organisations including the Department for Child Protection and Family Support, Department of Corrective Services, mental health services and WA Police to enhance their capacity to respond to alcohol and other drug issues.

Excellent workforce development key performance indicators were achieved, with 84% of participants indicating that the training they attended was 'a lot' to 'extremely' useful in relation to their work or study (compared to 86% in 2012/13) and 77% of participants indicated that the training had increased their knowledge 'a lot' to 'extremely' (compared to 79% in 2012/13).

Workforce development in 2013/14 culminated with the highly successful 2014 Western Australian Symposium, *The Road Ahead: Challenges, Change and Consolidation*. More than 370 people registered to attend from a range of sectors, and the high calibre and diversity of the speakers is a testament to the organisers.

To identify priority areas for service development and explore areas that might be considered for Next Step over the coming five years, the *Next Step Strategic Plan 2014-2019* was developed. To ensure future services meet the ongoing needs of the Western Australian population, DAO consulted widely with the sector and a range of key stakeholders in a collaborative process.

Cultural security is a core DAO value, respecting the legitimate cultural rights, values, beliefs and expectations of Aboriginal people. The *Strong Spirit Strong Mind Aboriginal Drug and Alcohol Framework for Western Australia 2011 – 2015*, guides cultural security and is a key concept and program that underpins all of the work of DAO. *Strong Spirit Strong Mind* promotes the uniqueness of Aboriginal culture as a central strength in guiding efforts to manage and reduce alcohol and other drug related harm in Aboriginal communities.

DAO's *Reconciliation Action Plan 2014-2016* seeks to improve the organisation's awareness of the needs of Aboriginal and Torres Strait Islander people and create opportunities to build relationships and grow respect. The Plan includes recruitment and retention of Aboriginal staff, along with organising events to acknowledge significant dates for Aboriginal and Torres Strait Islander people. The Plan is being finalised, and represents a longer term commitment to previous plans, offering a better opportunity to incorporate and achieve identified actions.

In relation to the broader alcohol and other drug sector I extend my congratulations to the 13 individuals and organisations recognised for their outstanding contribution to preventing and reducing harm at the Alcohol and other Drug Excellence Awards ceremony held in June 2014. The addition this year of a new honour roll, saw four people recognised for their outstanding contribution to the field over a significant period of time, and it's always satisfying to be able to acknowledge the people working in this engaging and challenging field.

In closing I'd like to acknowledge and thank the Chair, Professor Gary Geelhoed and the Board members of the Western Australian Alcohol and Drug Authority, and colleagues across the alcohol and other drug sector for their fantastic support during uncertain times over the past year. I'd also like to thank the superb team at DAO, who are dedicated to doing all they can to prevent and reduce the adverse impacts of alcohol and other drugs in the Western Australian community. It has been a real pleasure to be part of this team over the past six years.



**Neil Guard**

Executive Director

Drug and Alcohol Office

(Western Australia Alcohol and Drug Authority)



*L to R – Hon Helen Morton MLC Minister for Mental Health with 2014 Honour Roll inductees, Ms Carol Daws CEO Cyrenian House, Ms Judy Alcock Consumer Advocate, Professor Steve Allsop National Drug Research Institute, Mr Malcolm Smith Teen Challenge.*

## Board Chairperson's report

Through my work as a medical professional and a Healthway Board member, I am particularly aware of the importance of efforts to prevent and reduce risky behaviours and associated harms. In the alcohol and other drug field this includes preventing and delaying use, creating low-risk drinking environments, along with enhancing community awareness and capacity to address alcohol and other drug problems.

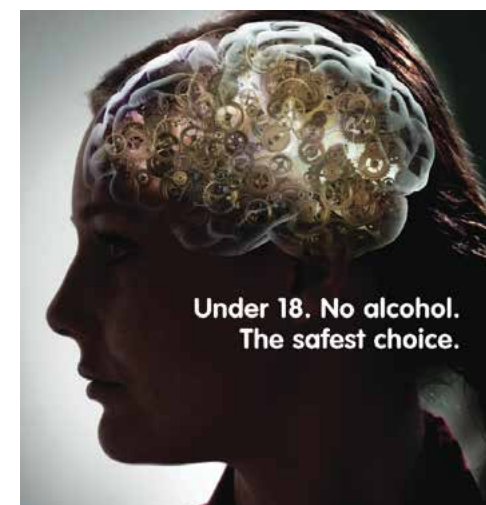
Effective, evidence-based prevention programs have the potential to effect the greatest reduction in harm across the population. To support professionals, service providers and community groups in this area, DAO finalised and released the new '*Introduction to Alcohol and other Drug Prevention: Guidelines 2014*'. These guidelines provide a quality framework to assist with developing, implementing and evaluating prevention programs to ensure they are based on what the research tells us works, and value for money is being achieved.

Regionally, 30 communities across Western Australia now have alcohol and other drug management plans in place as part of DAO's strategy to develop prevention skills at a local level. This includes training regional stakeholders, filling two new regional prevention coordinator positions in the Kimberley and Pilbara, and piloting a prevention stakeholder network. In addition, a partnership with the Commonwealth Government saw DAO funding 13 prevention initiatives identified in alcohol and other drug management plans for the four *Breaking the Cycle* sites, to a value of \$1,087,044. DAO also provided 12 community grants for prevention projects in Broome, Kununurra, Halls Creek, Kalgoorlie, Albany, Katanning, Bunbury, Manjimup and Gosnells.

Along with workforce development initiatives, DAO regularly conducts mass reach public education campaigns to keep getting important public health messages out in a relevant, credible way.

Understanding what people need to know and researching the message to get a sense of what they are ready to hear, how to say it, how often and in what medium, is a complex area requiring marketing and communications expertise. Affecting positive behaviour change through prevention campaigns can only happen when they are implemented in a sustained way, integrated with other state-wide and locally applied strategies.

In November 2013, the Minister for Mental Health Hon. Helen Morton MLC and Dr Fiona Wood launched DAO's *Alcohol.Think Again* campaign about alcohol and young people. Dr Wood is a well-respected director from the Burns Unit at Royal Perth Hospital, who volunteered her time to tell people about the alcohol-related harm being experienced by young people that she sees. The campaign included state-wide television, radio and press advertising to promote the message that for under 18's no alcohol is the safest choice.



The *Strong Spirit Strong Future: Promoting Healthy Women and Pregnancies* project, developed by DAO through Council of Australian Governments funding provides a suite of Aboriginal Fetal Alcohol Spectrum Disorder prevention initiatives. The project aimed to increase Aboriginal people's awareness that the safest option for women who were pregnant, planning a pregnancy, or breastfeeding was not to drink alcohol.

A media campaign was conducted as part of the project, including a television advertisement. Post campaign evaluation results for 2014 showed that:

- Nine out of 10 women recalled the television campaign unprompted
- Nine out of 10 women stated they were aware that no alcohol during pregnancy was the safest choice, and most reported the message was both believable and credible, especially those with a child conceived or born since the campaign started



- Three out of four women stated that they now believed that they shouldn't drink alcohol when breastfeeding.

Preventing Fetal Alcohol Spectrum Disorder in even one child is worthwhile, and these results show us the power of mass reach public education.

To extend the campaign message, and develop the local workforce, DAO delivered 17 Fetal Alcohol Spectrum Disorder prevention one-day workshops to more than 340 human services providers throughout Western Australia.

At the end of another very productive year, I'd like to thank the staff of DAO for their continued passion that they bring to their work each day. I'd also like to thank my fellow Board members for their ongoing commitment to making a difference to the health and wellbeing of all Western Australians.

**Professor Gary Geelhoed**

Chairperson

Western Australian Alcohol and Drug Authority

# OPERATIONAL STRUCTURE

# 2

## Enabling legislation

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

In the performance of its functions, DAO complies with relevant written law and in particular the following Acts:

- *Auditor General Act 2006*
- *Disability Discrimination Act 1992*
- *Equal Opportunity Act 1984*
- *Financial Management Act 2006*
- *Freedom of Information Act 1992*
- *Occupational Safety and Health Act 1984*
- *Public Interest Disclosure Act 2003*
- *Public Sector Management Act 1994*
- *State Records Act 2000*
- *State Supply Commission Act 1991*
- *Workers Compensation and Injury Management Act 1981*

### Responsible Minister

Hon Helen Morton MLC

Minister for Mental Health; Disability Services; Child Protection.

### Who we are

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

reduce the adverse impacts of alcohol and other drugs in the Western Australian community.

### Our Vision

A community in which all Western Australians experience minimal alcohol and other drug related harms.

### Our Mission

Through strategic leadership, collaboration and quality evidence based policy, programs and services, we aim to prevent and reduce the adverse impacts of alcohol and other drugs in the Western Australian community.

### Values

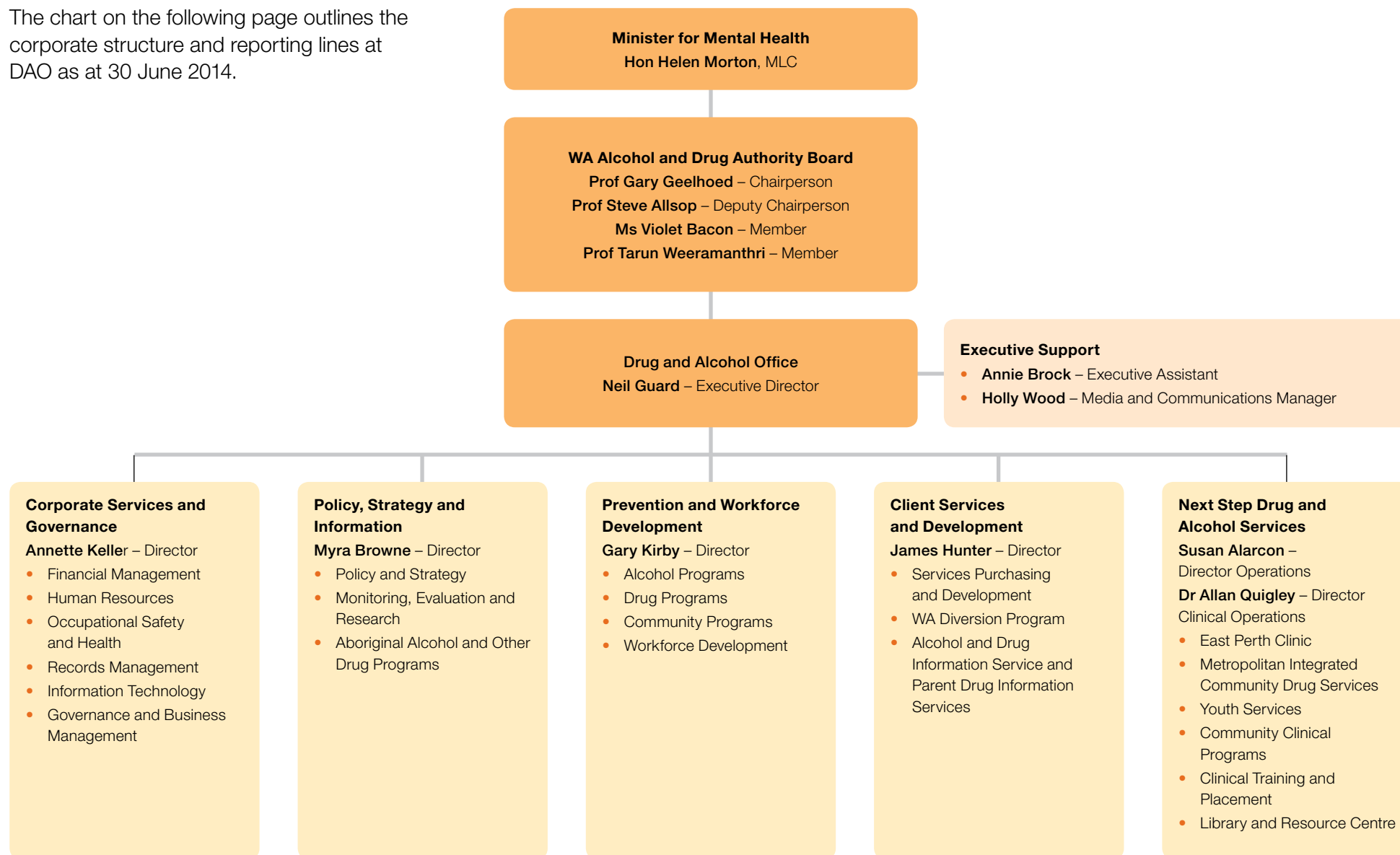
The values of DAO are:

- **Consumer focussed**  
The needs of consumers, including clients and the broader community, are central to strategy development and service delivery.
- **Inclusive**  
Respond to, work collaboratively with and seek involvement of consumers, the community and other stakeholders.
- **Strategic**  
Influence the policy agenda through strategic leadership and working in partnership.
- **Respectful**  
Respect for each other, consumers and stakeholders.
- **Accountable**  
Improve the efficiency and effectiveness of practice, programs and services for the community.
- **Culturally secure**  
Cultural security is central to programs, services, policies and strategies.



# Organisational structure

The chart on the following page outlines the corporate structure and reporting lines at DAO as at 30 June 2014.



## Board of Authority

The Western Australian Alcohol and Drug Authority Board is comprised of four members nominated by the Minister for Mental Health and appointed by the Governor in Executive Council. All Board members' terms are for three years.

## Members of the Board



**Professor Gary Geelhoed – Chairperson**

*Chief Medical Officer, Western Australian Department of Health, Clinical Professor, University of Western Australia*

Prior to his appointment as the Chief Medical Officer of the Department of Health, Prof Geelhoed worked in the Emergency Department at Princess Margaret Hospital as a Paediatric Emergency Physician for over 20 years. He has also been State President of the Paediatric Chapter of the Royal Australasian College of Physicians; a member of the Women's & Children's Hospital Board and President of the Australian Medical Association Western Australia. He is currently a Federal Australian Medical Association Councillor and a Board Member of Healthway.



**Professor Steve Allsop – Deputy Chairperson**

*Director, National Drug Research Institute*

Prof Allsop has almost 30 years' experience working in the alcohol and other drug field. He is a Professor and Director of the National Drug Research Institute at Curtin University. Prof Allsop has previously worked as the Acting Executive Director of DAO.



**Ms Violet Bacon – Member**

*Honorary Research Fellow, University of Western Australia, Retired Assistant Professor, Social Work and Social Policy, University of Western Australia*

Ms Bacon is a Yamatji woman and has been involved in a number of Aboriginal projects and represented the alcohol and other drug field on a variety of boards including the Alcohol and Drug Council of Australia. Ms Bacon is a Life Member of the Aboriginal Drug and Alcohol Service Inc. Ms Bacon worked for a short time with the National Drug Research Institute at Curtin University of Technology, and after her return to the University of Western Australia, was an Adjunct Fellow at the National Drug Research Institute for a number of years. Ms Bacon previously worked for the Western Australian Alcohol and Drug Authority.



**Professor Tarun Weeramanthri – Member**

*Executive Director, Public Health and Chief Health Officer, Western Australian Department of Health*

After clinical training in Western Australia, Prof Weeramanthri worked in the Northern Territory from 1991-2007 and became Northern Territory Chief Health Officer in 2004. In 2008 he returned to Western Australia to establish a new Public Health Division. His interests are in the contribution public health can make to Aboriginal health improvement, health services research, use of new social networking technologies in public health, and implementation of health policy.

The current Board membership as at 30 June 2014 is summarised in the table below:

Western Australian Alcohol and Drug Authority Board Membership 2013/14			
Member	Position	Start	End
Gary Geelhoed	Chairperson	January 2011	31 December 2016
Steve Allsop	Deputy Chairperson	January 2008	31 December 2016
Violet Bacon	Member	January 2005	31 December 2016
Tarun Weeramanthri	Member	April 2008	31 December 2016

The Board convened on six occasions during 2013/14. In accordance with Government policy, Board members who are employees of the public sector or an academic institution are not paid additional remuneration for sitting on the Board. One Board member, Ms Violet Bacon was remunerated \$1,740 for the six meetings she attended.

### Senior Officers

Senior Officers of DAO as at 30 June 2014:

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

### Pecuniary Interests

Senior Officers declared no pecuniary interests during 2013/14.

## Corporate Executive



**L-R:**

*Myra Browne – Director, Policy, Strategy and Information*

*Gary Kirby – Director, Prevention and Workforce Development*

*Dr Allan Quigley – Director, Clinical Services, Next Step*

*Annette Keller – Director, Corporate Services and Governance*

*James Hunter – Director, Client Services and Development*

*Susan Alarcon – Director, Operations, Next Step*

*Neil Guard – Executive Director*

### What we do

DAO works closely with other government agencies, the non-government sector and community to ensure the ongoing implementation of appropriate programs and services.

There are five Directorates within DAO:

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

### Policy and information

DAO undertakes policy development and coordinates whole-of-government policies and strategies in conjunction with State and Australian Government agencies.

DAO undertakes monitoring, evaluation and research to identify trends and emerging problems, improve treatment and prevention services, and measure progress. Published reports cover state and national alcohol and other drug use trends, strategic performance indicators and analysis of key issues.

## Prevention and community action

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

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

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

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

DAO supports a statewide network of local drug action groups that deliver preventative activities and education for youth and support for families.

DAO also supports school drug education through the state, Catholic and independent school sectors.

## Treatment services

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

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

DAO's Next Step Drug and Alcohol Services comprise:

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

The Drug and Alcohol Youth Service is an integrated outpatient service, operated as a partnership between Mission Australia and Next Step, for young people between the ages of 12 to 18 and their families. The Drug and Alcohol Youth Service provides a comprehensive range of alcohol and other drug assessment and treatment services. The service provides comprehensive multi-disciplinary assessment and treatment both on-site and on an outreach basis.

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

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

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

### Aboriginal programs

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

### Workforce development

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

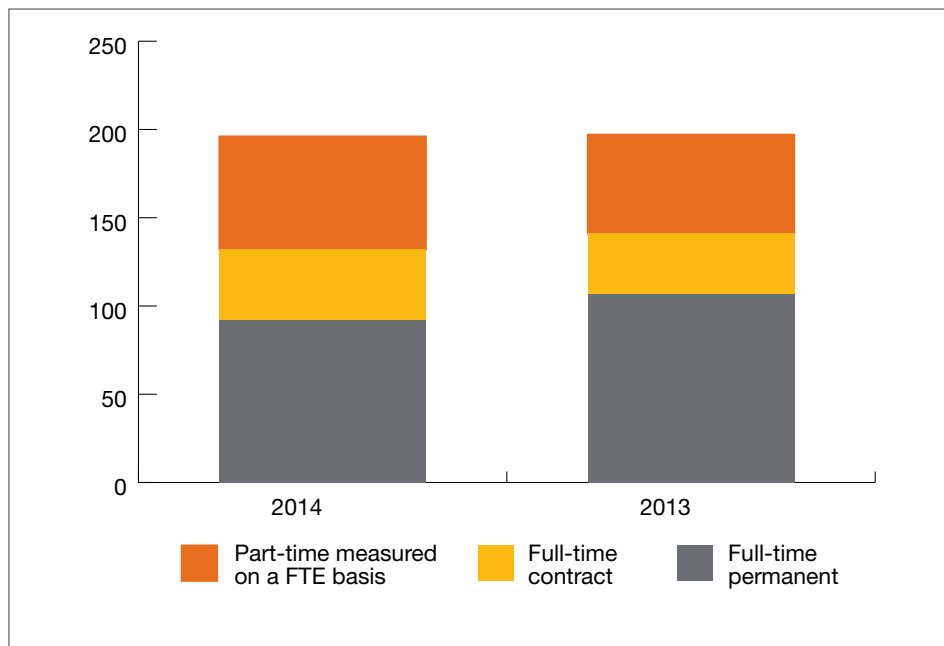
Workforce development activities include the Training@DAO calendar of alcohol and other drug knowledge and skills-based training, tailored programs with agencies whose clients are characterised by high levels of alcohol and other drug use, volunteer training programs, and professional conferences and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

### Staff profile

DAO is a diverse organisation comprising a number of specialist and unique services, requiring an equally diverse and high quality workforce. In support of this DAO's *Workforce and Diversity Plan 2012-15* outlines initiatives to attract and retain a capable, efficient and effective workforce with the capacity to deliver high quality services.

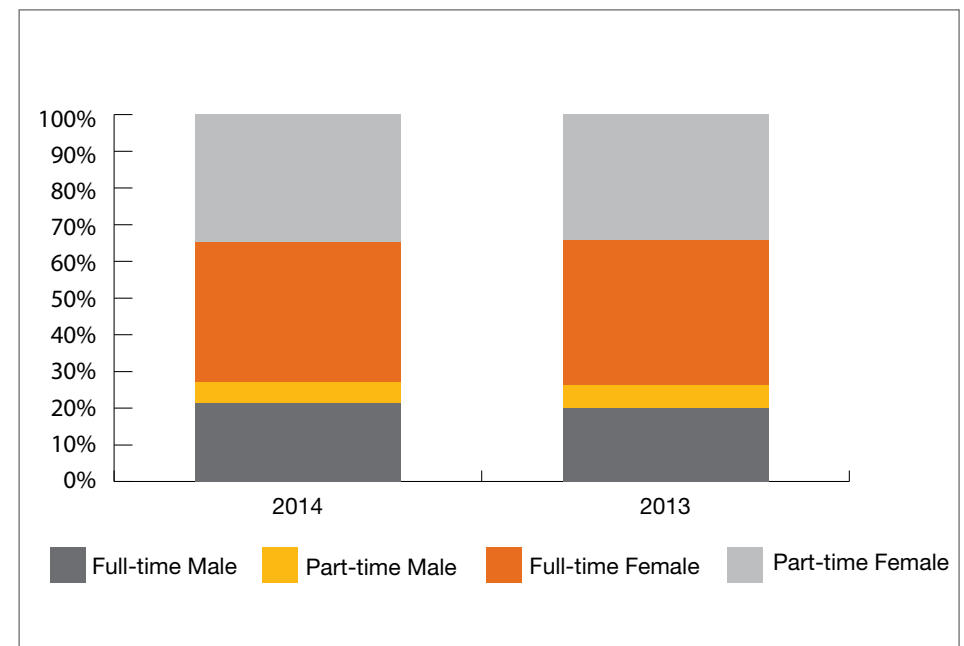
As at June 30, 2014 DAO had 258 employees (headcount) which equated to 196 fulltime equivalents (FTE). DAO's comparative staffing levels by employment category for the current and preceding year are presented below.

**Employment Category (FTE)**



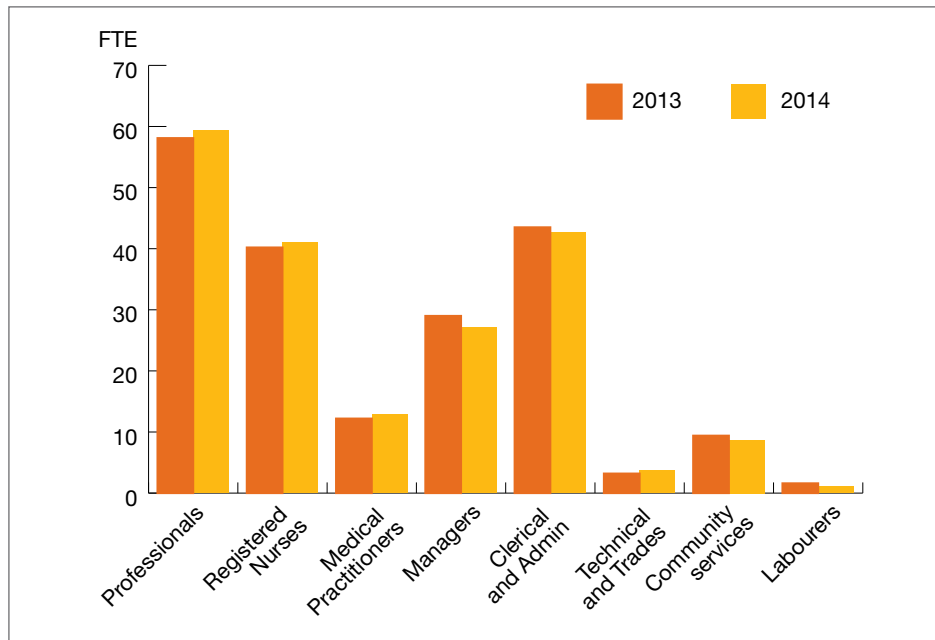
Females comprise 74% of DAO's workforce which is slightly higher than the public sector as a whole (72%). Females also make up the larger proportion (86%) of DAO's part time workers. Their male counterparts only have 14% participation in part time roles.

**Gender Distribution**



### Occupational Category by FTE

DAO has a diverse range of occupational groups including medical practitioners, nurses, counsellors and other professionals. The following chart provides an overview of DAO's occupational categories by FTE.



### Equal Employment Opportunity and Diversity

DAO and its Corporate Executive are committed to ensuring a discrimination and harassment free workplace and to promoting equal employment opportunity for all people. This is an integral part of DAO's values and is reflected in DAO's policies, programs and personnel practices such as the Code of Conduct, Grievance Procedures, recruitment processes and JDFs.

The table below compares DAO's workforce composition to the Public Sector workforce in relation to the different equity groups. Representation (%), other than women and youth, is based on the number of employees who identified themselves as belonging to a diversity group.

Equity Group	DAO workforce 2014	DAO workforce 2013	WA Public Sector Workforce 2014
Women in Tier 2 and 3	83.3%	79%	40.4%
People from culturally diverse backgrounds	12.7%	12.6%	12.4%
Indigenous Australians	6.6%	4.0%	2.9%
People with disabilities	1.2%	N/A <sup>1</sup>	2.4%
Youth	3.7%	4.0%	4.9%

### Women in Management

At 83.3% DAO's representation of Women in Tier 2 and 3 management roles remains significantly higher than other public sector agencies, which is reflective of DAO's effective workforce planning strategies in relation to women in management.

<sup>1</sup> Due to coding issues, accurate data for "People with disabilities" was not available for 2013



### *People from culturally diverse backgrounds*

According to the Public Sector Commission,<sup>2</sup> Western Australian public sector cultural diversity has increased over the last five years with people from culturally diverse backgrounds well represented across all salary levels. Currently 12.7% of DAO's employees have identified themselves as coming from culturally diverse backgrounds.

### *Indigenous Australians*

DAO is committed to ensuring sustainable development opportunities and career pathways for Indigenous Australians. As part of the 2013/14 reporting process, 6.6% of our employees identify as Indigenous Australians which exceeds the public sector rate and the Council of Australian Governments' target of 3.2% Indigenous Australian employment by 2015.

### *People with Disabilities*

1.2% of DAO's workforce identify as having a disability. This is currently below the Public Sector figure of 2.4%. During 2014/15 DAO will focus on further review of the Disability Services Commission's *Disability Employment Strategy* which aims to assist agencies to improve participation, inclusion and access for people with disability at all levels of employment.

<sup>2</sup> Source: PSC, How does your agency compare in 2012?

## **Indigenous employment in the alcohol and other drug sector**

At DAO we recognise an Aboriginal workforce is essential to work in effective and culturally secure ways with Aboriginal communities. Employment of Aboriginal workers in our agency is higher than the public sector average, with a representation of 6.6% in 2014. We actively engage and recruit Aboriginal workers into our program areas and have developed measurable Aboriginal workforce strategies. Our staff have a contemporary understanding of Aboriginal people and culture. We also have a dedicated Aboriginal workforce development program that provides nationally recognised training in the alcohol and other drug sector.

Some of our key strategies for improving Aboriginal employment outcomes include:

- Supporting Aboriginal people at all levels of our organisation, including a specific Aboriginal program area, senior representation at corporate executive and dedicated entry level positions.
- Cultural security is one of our core values, respecting the legitimate cultural rights, values, beliefs and expectations of Aboriginal people.
- Development of the *Strong Spirit Strong Mind Aboriginal Drug and Alcohol Framework for Western Australia 2011-2015*, which guides cultural security and is a key program that underpins all of our work.
- Implementation of our Reconciliation Action Plan which seeks to improve our agency's awareness of the needs of Aboriginal people and identifies actions that will create opportunities, build relationships and grow respect for and with Aboriginal people.
- Through our Indigenous Cadetship program we support Aboriginal people undertaking tertiary study to gain professional experience and enhance employment opportunities.
- Delivering our *Ways of Working with Aboriginal People* training program, which increases the cultural awareness and competency of mainstream workers to better enable them to work in culturally secure ways with Aboriginal people.
- Through our awards for excellence, we recognise and celebrate the successes of culturally secure programs and activities across the alcohol and other drug sector.

### **Youth**

To assist in increasing DAO's representation of youth in the agency DAO will target strategies for increasing employment opportunities for young people during 2014/15.

### **Employee Assistance Program**

DAO is committed to maintaining a safe and healthy working environment. As part of this commitment DAO values the importance of the contribution of its staff. When staff are experiencing work-related and personal or health problems, it may affect their work performance as well as their quality of life and general sense of wellbeing. DAO's Employee Assistance Program is available to help staff identify, explore and resolve work or personal problems that may adversely affect wellbeing, including anxiety, depression, relationships, conflict with others, coping with change and communication breakdown. This free, confidential service is available to all staff and their immediate family.

### **Planning and performance**

DAO's individual performance development process which was rolled out across the agency in 2012/13 continues to be championed across DAO. The framework assists in promoting constructive dialogue on development and performance for all staff and in identifying their training and development needs. During the 2013/14 period 87% of staff have completed a performance development review.

## Significant issues and trends

Alcohol and other drug use affects many Western Australians, resulting in significant health, social and economic costs to the community. The complexity of alcohol and other drug use requires comprehensive program responses that are achieved by targeting interventions for specific problems and at risk populations. In Western Australia, the policy has been to focus significant efforts on the most prevalent drugs, i.e. alcohol, cannabis, amphetamine-type substances, heroin and other opioids.

Evidence demonstrates that some population groups experience a greater impact of harm than others and require additional support, such as Aboriginal people and communities, children and young people, people with co-occurring mental health and alcohol and other drug problems, people in rural and remote areas, families and offenders.

Other focus areas in Western Australia include poly drug use, use of volatile substances, prescription drugs, blood borne viruses and any other emerging group where harms are disproportionate.

Some of the key annual trends in relation to these significant issues are described below.

### Priority drugs

#### *Alcohol related treatment and harms increasing*

As Figure 1 shows, alcohol continues to be the most common primary drug of concern for individuals seeking treatment, and accounted for one-third of total treatment episodes in 2013. The number of alcohol-related treatment episodes increased by 13.4%, from 7,602 in 2007 to 8,620 in 2013.<sup>1</sup>

Alcohol-related calls to the Alcohol and Drug Information Service increased by over one-third (36.8%) from 3,563 in 2007 to 4,875 in 2013 (see Figure 2).<sup>2</sup> In 2013, alcohol was the most commonly discussed drug (19.9% of total calls) after tobacco. From 2008 to 2012 the rate of alcohol-related hospitalisations increased significantly by 19.8%.<sup>3</sup>

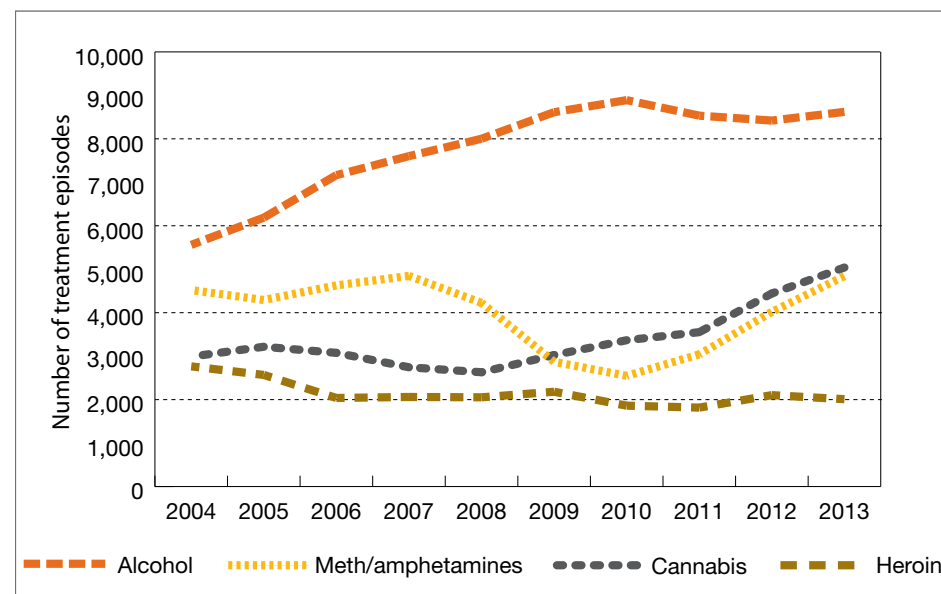


Figure 1: Number of open and opened treatment episodes for primary drug of concern, 2004-2013

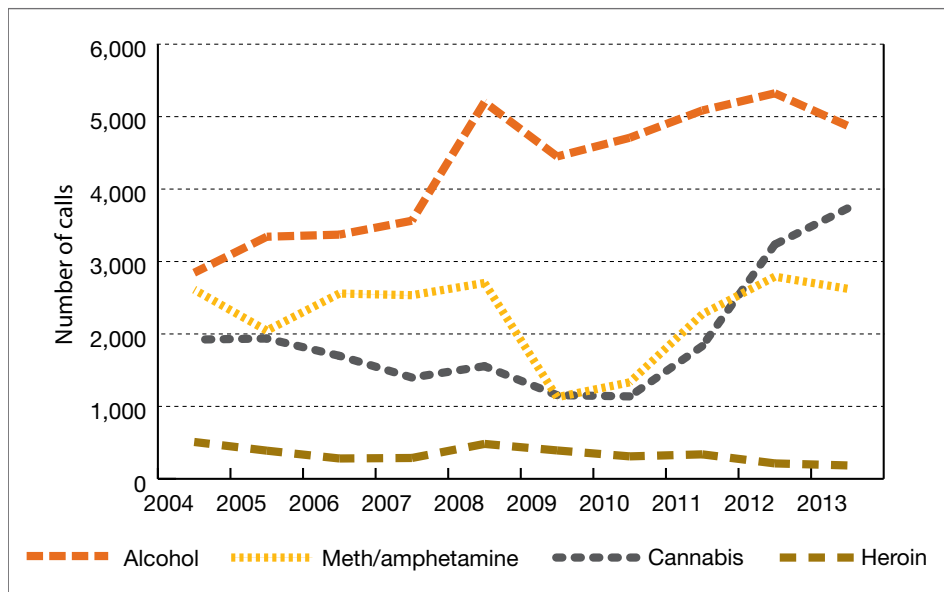


Figure 2: Number of calls to ADIS by primary drug of concern, 2004-2013

### Cannabis related treatment and harms increasing

Treatment episodes where cannabis was the primary drug of concern increased by over four-fifths (83.6%), from 2,744 in 2007 to 5,039 in 2013.<sup>4</sup>

As shown in Figure 2 cannabis-related Alcohol and Drug Information Service calls more than doubled from 1,398 in 2007 to 3,732 in 2013. Calls regarding synthetic cannabinoids, although low relative to cannabis, increased two and a half times from 64 in 2012 to 165 in 2013.<sup>5</sup> Cannabis-related hospitalisations, although relatively low, significantly increased by 150% from 2008 to 2012.<sup>6</sup>

### Other priority drugs

Heroin-related treatment episodes have fluctuated, with decreases in 2010 (n=1,861) and 2011 (n=1,816), counterbalanced by increases in 2012 (n=2,103) and 2013 (n=2,010).<sup>7</sup> The rate of heroin and other opioid-related hospitalisations increased from 0.2 per 1,000 population in 2007 to 0.4 per 1,000 population in 2012,<sup>8</sup> while Alcohol and Drug Information Service calls decreased (288 in 2007 to 185 in 2013).<sup>9</sup>

Figures 1 and 2 show that the numbers of meth/amphetamine-related Alcohol and Drug Information Service calls and treatment episodes have fluctuated over time. Decreases were recorded in 2009 and 2010, and increases in 2013 with 4,842 treatment episodes and 2,624 calls to the Alcohol and Drug Information Service.<sup>10</sup> Amphetamine-related hospitalisations remain low in comparison to alcohol.<sup>11</sup>

### Other drugs

#### Emerging psychoactive substances

In recent years, law enforcement and health professionals have seen the emergence of new drugs and chemicals that have pharmacological effects similar to existing controlled drugs. These drugs are collectively called new psychoactive substances.

In Western Australia, the Emerging Psychoactive Substances Review Group was formed to monitor trends in new psychoactive substances. In April 2014, the inter-department group, chaired by DAO, contributed to the scheduling decision to have 33 new psychoactive substances added to Schedule 9 of the *Western Australian Poisons Act 1964*.

Two thirds of the new psychoactive substances were synthetic cannabinoids, with the remainder of the substances stimulant, opioid, and hallucinogenic-type drugs (such as the NBOMe series). The implementation date of this legislative action was 27 June 2014.

In addition, the Emerging Psychoactive Substances Review Group prompted the Therapeutic Goods Administration's scheduling decision to have AH-7921 become a Schedule 9 substance at the Commonwealth level, with an implementation date of 1 June 2014.

AH-7921, a synthetic opioid drug similar to morphine, was first detected in July 2012. Over a short period of time it has been associated with 16 deaths and six non-fatal intoxications in four countries.

### **Volatile substances/inhalants**

In 2013, volatile substances/inhalant-related treatment episodes represented 0.2% of all treatment episodes, similar to the 0.3% reported in 2012.<sup>12</sup>

### **Pharmaceuticals**

Treatment episodes where pharmaceuticals<sup>13</sup> were identified as the primary drug of concern accounted for 9.3% of all episodes in 2013, a slight decline from that reported in 2012 (9.9%).<sup>14</sup> Results from the *Young Adult Drug and Alcohol Survey 2013*<sup>15</sup> revealed that 26.0% of adults aged between 18 and 35 in Western Australia had used a pharmaceutical for non-medical/recreational purposes at least once in their lifetime, and 17.7% in the last twelve months. The most commonly reported misused pharmaceuticals were ADHD medications, caffeine tablets, sedatives, and analgesics.

## **Priority groups**

### **Aboriginal people and communities**

Aboriginal people are more likely than non-Aboriginal people to abstain from drinking alcohol. However, those who do drink are more likely to drink at risky levels than non-Aboriginal people.<sup>16</sup> Aboriginal people are six times more likely to be hospitalised due to alcohol than non-Aboriginal people.<sup>17</sup>

In 2013 Aboriginal people represented approximately one-quarter (23.9%) of treatment episodes. Aboriginal people were more likely to seek treatment for alcohol (44.7% vs. 31.8%) and cannabis (26.2% vs. 18.7%) compared to non-Aboriginal people.<sup>18</sup> This demonstrates the disproportionate representation of Aboriginal people seeking treatment.

### **Children and young people**

Recruiting for the *2014 Australian School Students Alcohol and Drug Survey* is currently underway and results will show whether the significant increase in students abstaining from alcohol is maintained, and if those students choosing to drink, continue to do so at increasingly concerning levels.

Individuals under 25 years old represented one-quarter (24.7%) of treatment episodes in 2013. The main drugs of concern for this age group were cannabis (45.9%), alcohol (22.8%) and meth/amphetamines (18.8%).<sup>19</sup>

Between 2008 and 2012 the rate of alcohol-related hospitalisations for those aged less than 25 years significantly increased by 12.9%.<sup>20</sup> During the same time period the rate of other drug-related hospitalisations for this age group significantly increased by 39.1%.

### ***People with co-occurring mental health and alcohol and other drug problems***

In WA the rate of alcohol-related suicide hospitalisations increased by 9.5% between 2008 and 2012. Those aged 25-44 years were the most affected by alcohol-related suicide.<sup>21</sup> Alcohol-related suicide deaths account for 3.8% of all drug caused deaths between 2007 and 2011.<sup>22</sup>

### ***People in rural and remote areas***

In 2009/10 estimated per capita pure alcohol consumption in the regional areas (14.8L) was almost 20% higher than the statewide per capita alcohol consumption (12.4L).<sup>23</sup>

Compared to Western Australia overall the rate of alcohol-related hospitalisations for males was significantly greater in rural and remote areas, whilst the rate of female alcohol-related hospitalisations was significantly greater in remote Western Australia and lower in rural areas.<sup>24</sup>

The main drugs of concern for those seeking treatment in regional areas were alcohol (42.5%), cannabis (25.1%) and amphetamines (16.2%).<sup>25</sup>

Services have recently been expanded in the Wheatbelt region with the Northam office relocating to bigger premises and the opening of a new office in Merredin. The Merredin service will provide free outpatient counselling, prevention, community development and police and court diversion services.

A dual-purpose centre is nearing completion in Carnarvon. The centre will be the base for the Midwest Community Alcohol and Drug Service during the day, and operate as a 10-bed sobering up centre for intoxicated persons overnight.

### ***Families, including alcohol and other drug using parents***

Family and significant others play a key role in the treatment outcomes for those with alcohol and other drug issues. The Integrated Community Drug Services recognise the impact of alcohol and other drug use on the family and the importance of offering support to family members. The agencies support the practices of Family Inclusive Practice and endeavour to involve family members in treatment programs wherever possible.

In 2013, 16.4% of those seeking treatment for alcohol and other drug use reported living with children (either as a sole parent or with a partner).<sup>26</sup> Approximately one in six (15.7%) Alcohol and Drug Information Service calls were from a family member.<sup>27</sup>

## AGENCY PERFORMANCE

# 3

## Summary of Financial Performance

The following information provides an overview of DAO's financial performance. The detailed information and notes are provided in the Financial Statements section of this report.

Financial Targets	2013-14 Actual \$000	2013-14 Target <sup>(a)</sup> \$000	Variance \$000
Total Cost of Services (expense Limit)	85,987	81,884	4,103 <sup>(b)</sup>
Net Cost of Services	80,884	81,583	(699)
Total Equity	32,850	28,965	3,885 <sup>(c)</sup>
Net Increase/decrease in cash and cash held	(1,315)	(934)	(381)
Full Time equivalent (FTE) staff level	196	199	(3)

Table Notes:

(a) As specified in the 2013/14 Budget Statements.

(b) The variance in Total Cost of Services is mainly due to additional Commonwealth and other source funding received during the year for Alcohol and other Drug programs and services.

(c) The variance in Total Equity is mainly due to contributed equity from our Royalties for Regions project.



## Summary of Key Efficiency Indicators

DAO reports each year on efficiency and effectiveness in delivering services that contribute to our agency outcomes. A summary of our performance is provided in the table below. More detailed information and analysis of our efficiency and effectiveness indicators is provided in the Key Performance Indicators section of this report.

Indicator	Actual 2013-14	Target 2013-14
Correct take out messages from campaigns among target population	79.2%	76.8%
Percentage of client episodes not completed as planned	20%	26%
Cost per capita of the Western Australian population aged 14 years and over for initiatives that delay the uptake, and reduce the harm associated with alcohol and other drugs	\$5.70	\$4.78
Cost per person of campaign target groups who are aware of, and correctly recall, the main campaign messages	\$0.96	\$1.03
Cost per treatment episode that are completed as planned or clients still in treatment	\$1,951	\$2,315

## Major achievements for 2013/14

### Focus on prevention

In 2013/14, DAO's prevention work continued through efforts to prevent and reduce alcohol and other drug-related problems.

This was achieved through a range of activities including:

- Community awareness and mass reach campaigns to increase knowledge of alcohol and other drug related issues, including the *Alcohol.Think Again* Campaign, *Drug Aware* Program, the *Strong Spirit Strong Mind Metro Project* and the *Strong Spirit Strong Future Promoting Healthy Women and Pregnancies Project*.
- Working to create safer licensed premises and events through the Night Venues and Entertainment Events Project.
- Monitoring of liquor licence applications and providing assistance to the Executive Director Public Health in matters regarding alcohol-related harm and ill-health.
- Implementing regional and local alcohol and other drug management plans in more than 30 communities across Western Australia. Continued work with four regional volatile substance use working groups in the Goldfields, Port Hedland, East Pilbara and East Kimberley.
- Workforce development and capacity building among prevention workers through a suite of regional training and the release of the *Introduction to Alcohol and other Drug Prevention Guidelines*, a quality framework for services working in the prevention area.
- Coordination of the Emerging Psychoactive Substances Review Group which has responsibility for monitoring emerging psychoactive substances such as synthetic cannabinoids, assessing the potential for harm, and recommending appropriate action to Government.

### Intervening before problems become entrenched

DAO conducts a range of programs and services for individuals, families and communities at-risk, to intervene before problems become entrenched.

In 2013/14 this was achieved through a range of activities including:

- Implementing the Peer Naloxone Education Program to provide education about overdose prevention, basic life support, health education and the use of naloxone to reverse an opioid overdose.
- Continuing to provide a range of telephone services including the Alcohol and Drug Information Service, the Parent Drug Information Service (including the Volunteer Parent Support Network) and the Quitline tobacco cessation service.
- In collaboration with the Chronic Disease Prevention Directorate and the Heart Foundation, developing a web based interactive Healthy Workers Alcohol Program, including a downloadable resource kit for developing alcohol-related policy in the workplace; information and resources to engage employers and employees around reducing alcohol-related risks and harms in the workplace; and an online self-assessment tool.
- Implementing and commencing evaluation of a pilot online alcohol intervention amongst a cohort of tertiary students in partnership with Curtin University.

## Prevention campaigns getting the message out

There is sound evidence to suggest that well-planned, adequately resourced and sustained mass reach social marketing campaigns can help to achieve cultural change. In terms of alcohol and other drug use it is by increasing awareness, changing social norms and increasing demand for supportive settings that we can contribute to population-wide decreases in harm.

DAO conducts two major social marketing campaigns, *Alcohol. Think Again* and *Drug Aware*. These public education programs are evaluated for effectiveness and efficiency as part of DAO's annual key performance indicators, and targets are set on an annual basis. Campaigns regularly deliver above predetermined targets and have demonstrated improved message awareness and effectiveness over the life of a campaign.

In addition to these key performance indicators, tracking of peoples' attitudes has shown positive shifts that can lead to positive behavioural changes as a result of the public education programs.

One example of this is the cost per parent with a correct understanding of the National Health and Medical Research Council's Drinking Guidelines for people under 18 years. Awareness of the recommended drinking guidelines for young people amongst people aged between 35 and 54 (the most common age for parents with children aged between 12 and 17 years of age) rose from 68% at baseline prior to the Parents, Young People and Alcohol Campaign, achieving an increase to 82% in year one and 93% in year two. This is an excellent result for a campaign of this kind, and clearly demonstrates that the message is getting through to the target audience.

Another campaign about Foetal Alcohol Spectrum Disorder aimed to improve awareness among Aboriginal people, families and communities of the harms associated with alcohol use during pregnancy. Recent evaluation of the campaign which features well known Kimberley identity Mary G, showed that 86% of people surveyed recalled the TV commercial without being prompted. Importantly 64% of the target audience expressed an intention not to drink while pregnant, and 74% not to drink while breast feeding.

Evidence is clear that the current approach is making a difference. Key performance indicators that make for effective and efficient public education programs are being exceeded and when compared to the rest of the nation, awareness levels of the National Health and Medical Research Council guidelines for low risk drinking are significantly higher in Western Australia, than other jurisdictions and nationally. This is an excellent indicator of the success of public education programs when delivered in a comprehensive and sustained manner.

## Effective law enforcement approaches

DAO supports regulatory bodies to reduce and control the availability of alcohol and other drugs, and implement strategies to prevent or break the cycle of offending.

This was achieved through a range of activities including:

- Continuing to operate the Cannabis Intervention Requirement Scheme booking service and the contracting of service providers for the delivery of Cannabis Intervention Sessions. In the first 10 months of 2013/14 a total of 1,488 bookings were made for Cannabis Intervention Sessions.
- Metropolitan-wide expansion of the Pre-sentence Opportunity Program for offenders with alcohol-related problems. Previously only operating as a pilot at the Perth Magistrates Court, the Pre-sentence Opportunity Program for alcohol problems has been expanded to include all outer metropolitan courts.

## Effective treatment and support services

DAO provides a comprehensive range of alcohol and other drug treatment and support services for individuals and their families. Ensuring integrated and coordinated services through effective partnerships and collaboration with the alcohol and other drug sector and stakeholders is an ongoing priority.

This was achieved through a range of activities including:

- Consulting with staff and the alcohol and other drug sector to develop the *Next Step Strategic Plan 2014-2019*.
- Finalising and disseminating the third edition of the *Western Australian Community Program for Opioid Pharmacotherapy clinical policies and procedures for the use of methadone and buprenorphine in the treatment of opioid dependence*.
- Expanding the Midland integrated service site to increase the provision of medical and nursing staff.

- Exploring land options for the construction and operation of a culturally secure alcohol and other drug treatment and support facility for Aboriginal people and their families with intensive needs in the southern regions of Western Australia.
- Progressing the construction of the Carnarvon Dual Purpose Centre in preparation for the commencement of services in September 2014.
- Expanding the provision of services in regional areas by establishing service hubs in Tom Price and Karratha under the Royalties for Regions, Northwest Alcohol and other Drug Support Program.
- Undertaking an open tender request process for the newly rebranded Community Alcohol and Drug Services across the State.
- Continuing a program of individualised funding to provide access to culturally secure treatment for young people on a case-by-case basis at the Bush Mob service in the Northern Territory. An evaluation of this initiative also commenced in the 2013/14 year.
- Working with the alcohol and other drugs sector to implement procurement reform consistent with the *Delivering Community Services in Partnership Policy* and allocating \$6.4 million in recurrent Component 2 funding across the sector to improve sustainability of services.
- Continuing the Transitional Housing and Support Program to provide accommodation and support to assist people in their recovery post alcohol and other drug residential treatment.
- Contracting a research partner to survey alcohol and other drug stakeholders and consumers to evaluate and make recommendations for improving consumer involvement in the alcohol and other drug sector.

## Carnarvon dual purpose centre

Substantial progress was made in the establishment of the Carnarvon Dual Purpose Centre which is located on the Carnarvon Hospital site. Construction of the purpose built facility commenced in July 2013 and was completed ahead of schedule in July 2014.

The Centre, which is the first of its kind in Western Australia, will provide a day-time counselling, support and prevention service, combined with a 10 bed sobering up centre service in the evening. The sobering up service will operate on Wednesday, Thursday, Friday and Saturday nights. The Centre will be fully operational from 1 September 2014 when the Sobering Up Service accepts its first clients.

The Carnarvon office of the Midwest Community Alcohol and Drug Service, which already operates from the hospital, will move to the new centre and continue counselling and support work, as well as taking over responsibility for the overall management of the facility. Carnarvon Family Support Service was selected as the provider for the Sobering Up Service following an open tender process, and the local community is satisfied that a local provider was chosen.

To inform the development of the service a Community Implementation Reference Group has been established.

The project has been funded by Royalties for Regions and the Drug and Alcohol Office.

## Community Alcohol And Drug Services

During the 2013/2014 financial year, DAO worked with the alcohol and other drug sector, and communities around the state, to plan for the recommissioning of the new Community Alcohol and Drug Services.

In 2012 the decision was taken to review the focus of these services in consultation with the sector and the community in preparation for the first open tender of these services under the principles and processes outlined in the Government's *Delivering Community Services in Partnership Policy*.

The process involved to achieve this included workshops with service providers to develop draft outcomes, service specifications and performance reporting frameworks. Community based consultations were also conducted throughout the State in February 2014, to identify the key local alcohol and other drug issues and the prevention, treatment and support service functions required.

The end result of this process was a revised set of outcomes and service specifications for service providers focussed clearly on the needs and priorities of consumers and the broader community. This includes a sharper focus on young people and on evidence-based prevention work.

A key outcome of this process was to change the name of the services to Community Alcohol and Drug Services, recognising that the most common reason people seek help from these services is because of problems with alcohol.

The Community Alcohol and Drug Services had previously been known as Community Drug Service Teams in the regions and Community Drug Services in the metropolitan area.

The open tender for these services commenced in May 2014, and the new service agreements for the Community Alcohol and Drug Services will be in place to commence on 1 January 2015.

## Housing to reduce homelessness after rehabilitation

For some people trying to recover from alcohol and other drug dependence, some time living in a residential drug and alcohol rehabilitation facility is an important step.

Residential rehabilitation generally involves three to six months living in a place run by a professional alcohol and other drug service, with counsellors, medical professionals and other allied health services available to assist with recovery.

When a person is ready to re-join the community having finished their treatment, it can be a stressful time. Often they are faced with the prospect of finding a house, finding a job, reconnecting with family and friends, and rebuilding their lives all in one go.

For some of these people the home they were in before they started treatment might not be the best option for them when they leave, and some people may not have had a home at all.

And sometimes we find people returning to treatment after some time back out in the community because the pressures have been overwhelming and they have returned to substance use.

The DAO Transitional Housing and Support Program aims to assist these vulnerable people by providing temporary accommodation to help people get back on their feet, and importantly to reduce the risk of relapse.

The first evaluation report of the Transitional Housing and Support Program was released in May 2014, and showed the program was having a positive impact. Almost all the people who accessed the program either stopped or reduced their alcohol and other drug use.

Ongoing assistance through regular contact with support workers and help with everyday tasks such as budgeting, meal planning, and household routine, also improved people's emotional, physical and mental health outcomes.

Client feedback included throughout the evaluation report, reflects some of the experiences felt by people living in the house.

"The most significant thing is really being an adult and being responsible, paying my bills and being normal. It's the first time I can say I'm living independently with a lot of responsibility. Living with the kids. I can say I've never done that my whole life. I was always asking someone else for support. Now I'm truly independent and I get more so each day," said a THASP housing client.

Another client reported that "I've had to look for it (my house) and I got knock backs; had to compete in the tough market and I got knocked back and knocked back but still got one. Without the house and rehab I don't think I would have had the skills to do it, to stay on my own two feet and accept that its part of life to have the ups and downs, to realise that life is full of shades of grey and not all black and white."

Since commencing in May 2011, services to people living in the 15 houses state-wide have been managed by professional non-government alcohol and other drug agencies, through a pilot program jointly implemented by DAO and the Department of Housing. The evaluation report is available at [www.dao.health.wa.gov.au](http://www.dao.health.wa.gov.au)

## Strategic coordination and capacity building

DAO has continued to provide responses to alcohol and other drug problems through capacity building, workforce development, collaboration and evidence based practice.

This was achieved through a range of activities including:

- Conducting over 200 workforce development training events across a range of sectors to build capacity to respond to alcohol and other drug issues. This included launching the E-learning@DAO website featuring three online learning packages to the alcohol and other drug sector, and other sectors. Additionally, a strong focus on delivering training to increase culturally secure ways of working with Aboriginal people continued through existing programs as well as through the launch of the Certificate IV in Alcohol and Other Drugs.
- Conducting the annual *Volunteer Alcohol and Drug Counsellors' Training Program* in collaboration with the National Drug Research Institute, the Central Institute of Technology and the alcohol and other drug sector.
- Organising and conducting the 2014 Alcohol and Drugs Symposium in collaboration with the Western Australian Network of Alcohol and Drug Agencies, Edith Cowan University, Curtin University, the National Drug Research Institute, University of Western Australia, Notre Dame University, Healthway and WA Police.
- Organising and conducting the 2014 Western Australian Alcohol and Other Drug Excellence Awards, including an Honour Roll.
- As an outcome of the work being done by the Social Inclusion Action Research Group, DAO providing funding to the Western Australian Network of Alcohol and Drug Agencies to conduct research to gain an understanding of the reasons and complexities behind the stigma associated with the use of alcohol and other drugs in Western Australia. The results will be used to develop and implement a WA specific strategy to reduce stigma.
- Conducting and participating in a range of projects that demonstrate the prevalence of alcohol and other drugs and related harms including the Young Adult Drug and Alcohol Survey (in collaboration with Edith Cowan University), and publishing a series of Regional Alcohol and Other Drug Indicators reports.
- Coordinating and supporting the across government Drug and Alcohol Strategic Senior Officers' Group whose respective agencies continued to develop, implement and report on annual action plans, with key activities supporting the *Drug and Alcohol Interagency Strategic Framework 2011-2015*.
- Developing the *Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025* (in partnership with the Mental Health Commission and the Department of Health) which articulates a strategy and pathway for the development of mental health, alcohol and other drug services and support programs over the next ten years.
- Chairing the Intergovernmental Committee on Drugs (IGCD) consisting of law enforcement and health officials from across Australia to progress the implementation of the *National Drug Strategy 2010-2015*, as well as chairing the IGCD Sub Committee on Alcohol to progress responses to alcohol issues of national concern as part of the *National Drug Strategy 2010-2015*.
- Supporting and resourcing the Western Australian Network of Alcohol and Drug Agencies to complete the Standard for Culturally Secure Practice Alcohol and Other Drug Sector pilot program at a number of DAO purchased alcohol and other drug services across the State.

## Encouraging Aboriginal employment in the alcohol and other drug sector

DAO is a registered training organisation that has been providing nationally recognised training customised to meet the needs of Aboriginal alcohol and other drug workers in Western Australia since 2002.

In 2014 DAO launched a new qualification for Aboriginal people working in the alcohol and other drug sector. The new qualification, Certificate IV in Alcohol and Other Drugs is available to Aboriginal people who have completed their Certificate III in Community Services Work.

DAO is considered a leader in the delivery of culturally relevant and nationally recognised training for alcohol and other drug workers, and expanding the program is hoped to further develop the depth of knowledge and skill of the workforce.

The training builds on the previous Community Services Work programs, and uses evidence based approaches and specially designed resources to work with Aboriginal people in a culturally secure way. The new training program will further develop knowledge and skills, so workers are empowered to support those with alcohol and other drug issues as well as mental health and co-occurring disorders in their own communities.

Previous graduates from the WA alcohol and other drug sector were invited to undertake the new 12-month Certificate IV, with an initial intake of 14 people taking up the opportunity.

Since starting in 2003, 84 people have achieved a Certificate III in Community Services Work, Alcohol and other Drug Worker Training Program.

*\*The term Aboriginal, used here, should be taken to mean Aboriginal; Aboriginal and Torres Strait Islander; and Indigenous peoples.*



# DISCLOSURES AND LEGAL COMPLIANCE

# 4

## Financial statements

### Western Australian Alcohol and Drug Authority Certification of Financial Statements For the year ended 30 June 2014

The accompanying financial statements of the Western Australian Alcohol and Drug Authority have been prepared in compliance with the provisions of the *Financial Management Act 2006* from proper accounts and records to present fairly the financial transactions for the financial year ending 30 June 2014 and the financial position as at 30 June 2014.

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



**Annette Keller CPA**  
Chief Finance Officer  
Director, Corporate Services and Governance  
Western Australian Alcohol and Drug Authority

5 August 2014



**Professor Gary Geelhoed**  
Chairperson  
Western Australian Alcohol and Drug Authority

5 August 2014



**Professor Steve Allsop**  
Deputy Chairperson  
Western Australian Alcohol and Drug Authority

5 August 2014



**Auditor General**

## INDEPENDENT AUDITOR'S REPORT

To the Parliament of Western Australia

### WESTERN AUSTRALIAN ALCOHOL AND DRUG AUTHORITY Report on the Financial Statements

I have audited the accounts and financial statements of the Western Australian Alcohol and Drug Authority.

The financial statements comprise the Statement of Financial Position as at 30 June 2014, the Statement of Comprehensive Income, Statement of Changes in Equity and Statement of Cash Flows for the year then ended, and Notes comprising a summary of significant accounting policies and other explanatory information.

#### *Authority's Responsibility for the Financial Statements*

The Authority is responsible for keeping proper accounts, and the preparation and fair presentation of the financial statements in accordance with Australian Accounting Standards and the Treasurer's Instructions, and for such internal control as the Authority determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

#### *Auditor's Responsibility*

As required by the Auditor General Act 2006, my responsibility is to express an opinion on the financial statements based on my audit. The audit was conducted in accordance with Australian Auditing Standards.

Those Standards require compliance with relevant ethical requirements relating to audit engagements and that the audit be planned and performed to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Authority's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances. An audit also includes evaluating the appropriateness of the accounting policies used and the reasonableness of accounting estimates made by the Authority, as well as evaluating the overall presentation of the financial statements.

I believe that the audit evidence obtained is sufficient and appropriate to provide a basis for my audit opinion.

### **Opinion**

In my opinion, the financial statements are based on proper accounts and present fairly, in all material respects, the financial position of the Western Australian Alcohol and Drug Authority at 30 June 2014 and its financial performance and cash flows for the year then ended. They are in accordance with Australian Accounting Standards and the Treasurer's Instructions.

### **Report on Controls**

I have audited the controls exercised by the Western Australian Alcohol and Drug Authority during the year ended 30 June 2014.

Controls exercised by the Western Australian Alcohol and Drug Authority are those policies and procedures established by the Authority to ensure that the receipt, expenditure and investment of money, the acquisition and disposal of property, and the incurring of liabilities have been in accordance with legislative provisions.

### **Authority's Responsibility for Controls**

The Authority is responsible for maintaining an adequate system of internal control to ensure that the receipt, expenditure and investment of money, the acquisition and disposal of public and other property, and the incurring of liabilities are in accordance with the Financial Management Act 2006 and the Treasurer's Instructions, and other relevant written law.

### **Auditor's Responsibility**

As required by the Auditor General Act 2006, my responsibility is to express an opinion on the controls exercised by the Western Australian Alcohol and Drug Authority based on my audit conducted in accordance with Australian Auditing and Assurance Standards.

An audit involves performing procedures to obtain audit evidence about the adequacy of controls to ensure that the Authority complies with the legislative provisions. The procedures selected depend on the auditor's judgement and include an evaluation of the design and implementation of relevant controls.

I believe that the audit evidence obtained is sufficient and appropriate to provide a basis for my audit opinion.

### **Opinion**

In my opinion, the controls exercised by the Western Australian Alcohol and Drug Authority are sufficiently adequate to provide reasonable assurance that the receipt, expenditure and investment of money, the acquisition and disposal of property, and the incurring of liabilities have been in accordance with legislative provisions during the year ended 30 June 2014.

### **Report on the Key Performance Indicators**

I have audited the key performance indicators of the Western Australian Alcohol and Drug Authority for the year ended 30 June 2014.

The key performance indicators are the key effectiveness indicators and the key efficiency indicators that provide information on outcome achievement and service provision.

### **Authority's Responsibility for the Key Performance Indicators**

The Authority is responsible for the preparation and fair presentation of the key performance indicators in accordance with the Financial Management Act 2006 and the Treasurer's Instructions and for such controls as the Authority determines necessary to ensure that the key performance indicators fairly represent indicated performance.

### **Auditor's Responsibility**

As required by the Auditor General Act 2006, my responsibility is to express an opinion on the key performance indicators based on my audit conducted in accordance with Australian Auditing and Assurance Standards.

An audit involves performing procedures to obtain audit evidence about the key performance indicators. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the key performance indicators. In making these risk assessments the auditor considers internal control relevant to the Authority's preparation and fair presentation of the key performance indicators in order to design audit procedures that are appropriate in the circumstances. An audit also includes evaluating the relevance and appropriateness of the key performance indicators for measuring the extent of outcome achievement and service provision.

I believe that the audit evidence obtained is sufficient and appropriate to provide a basis for my audit opinion.

### **Opinion**

In my opinion, the key performance indicators of the Western Australian Alcohol and Drug Authority are relevant and appropriate to assist users to assess the Authority's performance and fairly represent indicated performance for the year ended 30 June 2014.

### **Independence**

In conducting this audit, I have complied with the independence requirements of the Auditor General Act 2006 and Australian Auditing and Assurance Standards, and other relevant ethical requirements.

### **Matters Relating to the Electronic Publication of the Audited Financial Statements and Key Performance Indicators**

This auditor's report relates to the financial statements and key performance indicators of the Western Australian Alcohol and Drug Authority for the year ended 30 June 2014 included on the Authority's website.

The Authority's management is responsible for the integrity of the Authority's website. This audit does not provide assurance on the integrity of the Authority's website. The auditor's report refers only to the financial statements and key performance indicators described above. It does not provide an opinion on any other information which may have been hyperlinked to/from these financial statements or key performance indicators.

If users of the financial statements and key performance indicators are concerned with the inherent risks arising from publication on a website, they are advised to refer to the hard copy of the audited financial statements and key performance indicators to confirm the information contained in this website version of the financial statements and key performance indicators.



**GLEN CLARKE**

DEPUTY AUDITOR GENERAL

Delegate of the Auditor General for Western Australia

Perth, Western Australia

8 August 2014

## Statement of Comprehensive Income for the year ended 30 June 2014

	Note	2014 \$	2013 \$
<b>COST OF SERVICES</b>			
<b>Expenses</b>			
Employee benefits expense	7	23,843,923	22,534,529
Patient support costs	8	58,592,465	50,070,910
Depreciation expense	9	324,632	334,621
Repairs, maintenance and consumable equipment	10	486,276	474,859
Other supplies and services	11a	520,873	532,894
Other expenses	11b	2,219,154	2,165,033
<b>Total cost of services</b>		<b>85,987,323</b>	<b>76,112,846</b>
<b>INCOME</b>			
<b>Revenue</b>			
Commonwealth grants and contributions	12a	1,788,493	2,476,679
Other grants and contributions	12b	2,947,767	4,385,124
Other revenues	13	367,481	459,511
<b>Total revenue</b>		<b>5,103,741</b>	<b>7,321,314</b>
<b>Total income other than income from State Government</b>		<b>5,103,741</b>	<b>7,321,314</b>
<b>NET COST OF SERVICES</b>		<b>80,883,582</b>	<b>68,791,532</b>
<b>INCOME FROM STATE GOVERNMENT</b>			
Service appropriation	14	75,791,000	65,834,000
Royalties for Regions Fund	15	5,005,391	3,071,000
<b>Total income from State Government</b>		<b>80,796,391</b>	<b>68,905,000</b>
<b>SURPLUS / (DEFICIT) FOR THE PERIOD</b>		<b>(87,191)</b>	<b>113,468</b>
<b>OTHER COMPREHENSIVE INCOME</b>			
<b>Items not reclassified subsequently to profit or loss</b>			
Changes in asset revaluation surplus	27	53,877	406,090
<b>TOTAL COMPREHENSIVE INCOME/(LOSS) FOR THE PERIOD</b>		<b>(33,314)</b>	<b>519,558</b>

The Statement of Comprehensive Income should be read in conjunction with the accompanying notes.

## Statement of Financial Position as at 30 June 2014

	Note	2014 \$	2013 \$
<b>ASSETS</b>			
<b>Current Assets</b>			
Cash and cash equivalents		2,617,861	2,882,919
Restricted cash and cash equivalents	16	7,888,243	9,023,763
Receivables	17	158,265	124,806
Inventories	19	15,072	13,803
Other current assets	20	32,560	29,522
<b>Total Current Assets</b>		<b>10,712,001</b>	<b>12,074,813</b>
<b>Non-Current Assets</b>			
Restricted cash and cash equivalents	16	773,115	687,213
Amounts receivable for services	18	4,626,123	4,303,123
Property, plant and equipment	21	23,030,849	20,916,813
<b>Total Non-Current Assets</b>		<b>28,430,087</b>	<b>25,907,149</b>
<b>TOTAL ASSETS</b>		<b>39,142,088</b>	<b>37,981,962</b>
<b>LIABILITIES</b>			
<b>Current Liabilities</b>			
Payables	24	1,246,403	1,745,750
Provisions	25	4,053,927	3,717,087
<b>Total Current Liabilities</b>		<b>5,300,330</b>	<b>5,462,837</b>
<b>Non-Current Liabilities</b>			
Provisions	25	990,990	1,018,757
<b>Total Non-Current Liabilities</b>		<b>990,990</b>	<b>1,018,757</b>
<b>TOTAL LIABILITIES</b>		<b>6,291,320</b>	<b>6,481,594</b>
<b>NET ASSETS</b>		<b>32,850,768</b>	<b>31,500,368</b>
<b>EQUITY</b>			
Contributed equity	26	10,231,293	8,847,579
Reserves	27	16,611,982	16,558,105
Accumulated surplus	28	6,007,493	6,094,684
<b>TOTAL EQUITY</b>		<b>32,850,768</b>	<b>31,500,368</b>

The Statement of Financial Position should be read in conjunction with the accompanying notes.

## Statement of Changes in Equity for the year ended 30 June 2014

	Note	2014 \$	2013 \$
<b>CONTRIBUTED EQUITY</b>			
	26		
Balance at start of period		8,847,579	5,891,579
Transactions with owners in their capacity as owners:			
Other contributions by owners		1,383,714	2,956,000
<b>Balance at end of period</b>		<b>10,231,293</b>	<b>8,847,579</b>
<b>RESERVES</b>			
	27		
<b>Asset Revaluation Reserve</b>			
Balance at start of period		16,558,105	16,152,015
Other comprehensive income for the year		53,877	406,090
<b>Balance at end of period</b>		<b>16,611,982</b>	<b>16,558,105</b>
<b>ACCUMULATED SURPLUS/(DEFICIT)</b>			
	28		
Balance at start of period		6,094,684	5,981,216
Surplus/(deficit) for the period		(87,191)	113,468
<b>Balance at end of period</b>		<b>6,007,493</b>	<b>6,094,684</b>
<b>TOTAL EQUITY</b>			
Balance at start of period		31,500,368	28,024,810
Total comprehensive income/(loss) for the year		(33,314)	519,558
Transactions with owners in their capacity as owners		1,383,714	2,956,000
<b>Balance at end of period</b>		<b>32,850,768</b>	<b>31,500,368</b>

*The statement of changes in equity should be read in conjunction with the accompanying notes.*



# Statement of Cash Flows for the year ended 30 June 2014

	Note	2014 \$	2013 \$
<b>CASH FLOWS FROM STATE GOVERNMENT</b>			
Service appropriation		75,468,000	65,511,000
Royalties for Regions Fund		6,389,105	6,027,000
<b>Net cash provided by State Government</b>		<b>81,857,105</b>	<b>71,538,000</b>
Utilised as follows:			
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
<b>Payments</b>			
Employee benefits		(23,462,343)	(22,084,021)
Supplies and services		(62,386,842)	(52,625,472)
<b>Receipts</b>			
Commonwealth grants and contributions		1,788,493	2,476,679
Other grants and contributions		2,947,767	4,385,124
Other receipts		334,021	496,036
<b>Net cash used in operating activities</b>	<b>29</b>	<b>(80,778,904)</b>	<b>(67,351,654)</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
Payments of non-current physical assets		(2,392,878)	(1,934,416)
<b>Net cash used in investing activities</b>		<b>(2,392,878)</b>	<b>(1,934,416)</b>
<b>Net increase / (decrease) in cash and cash equivalents</b>		<b>(1,314,676)</b>	<b>2,251,930</b>
Cash and cash equivalents at the beginning of period		12,593,895	10,341,965
<b>CASH AND CASH EQUIVALENTS AT THE END OF PERIOD</b>	<b>29</b>	<b>11,279,219</b>	<b>12,593,895</b>

The Statement of Cash Flows should be read in conjunction with the accompanying notes.

# Notes to the Financial Statements for the year ended 30 June 2014

## Note 1 Australian Accounting Standards

### General

The Authority's financial statements for the year ended 30 June 2014 have been prepared in accordance with Australian Accounting Standards. The term 'Australian Accounting Standards' includes Standards and Interpretations issued by the Australian Accounting Standards Board (AASB).

The Authority has adopted any applicable new and revised Australian Accounting Standards from their operative dates.

### Early adoption of standards

The Authority cannot early adopt an Australian Accounting Standard unless specifically permitted by Treasurer's Instruction 1101 '*Application of Australian Accounting Standards and Other Pronouncements*'. There has been no early adoption of Australian Accounting Standards that have been issued or amended (but not operative) by the Authority for the annual reporting period ended 30 Jun 2014.

## Note 2 Summary of significant accounting policies

### (a) General statement

The Authority is a not-for-profit reporting entity that prepares general purpose financial statements in accordance with Australian Accounting Standards, the Framework, Statements of Accounting Concepts and other authoritative pronouncements of the Australian Accounting Standards Board as applied by the Treasurer's instructions. Several of these are modified by the Treasurer's instructions to vary application, disclosure, format and wording.

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

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

### (b) Basis of preparation

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

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

The financial statements are presented in Australian dollars and all values are rounded to the nearest dollar (\$).

Note 3 'Judgements made by management in applying accounting policies' discloses judgements that have been made in the process of applying the Authority's accounting policies resulting in the most significant effect on amounts recognised in the financial statements.

Note 4 'Key sources of estimation uncertainty' discloses key assumptions made concerning the future, and other key sources of estimation uncertainty at the end of the reporting period, that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year.

# Notes to the Financial Statements for the year ended 30 June 2014

## (c) Reporting Entity

The reporting entity comprises the Authority only.

## (d) Contributed equity

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

The transfer of net assets to/from other agencies, other than as a result of a restructure of administrative arrangements, are designated as contributions by owners where the transfers are non-discretionary and non-reciprocal.

See also note 26 'Contributed equity'.

## (e) Income

### Revenue recognition

Revenue is recognised and measured at the fair value of consideration received or receivable. Specific recognition criteria must be met before revenue is recognised as follows:

#### *Sale of goods*

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

#### *Provision of services*

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

#### *Interest*

Revenue is recognised as the interest accrues.

#### *Service Appropriations*

Service Appropriations are recognised as revenues at fair value in the period in which the Authority gains control of the appropriated funds. The Authority gains control of appropriated funds at the time those funds are deposited to the bank account or credited to the 'Amounts receivable for services' (holding account) held at Treasury.

See also note 14 'Service appropriations' for further information.

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

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

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

Royalties for Regions funds are recognised as revenue at fair value in the period in which the Authority obtains control over the funds. The Authority obtains control of the funds at the time the funds are deposited into the Authority's bank account.

#### Gains

Realised and unrealised gains are usually recognised on a net basis. These include gains arising on the disposal of non-current assets and some revaluations of non-current assets.

# Notes to the Financial Statements for the year ended 30 June 2014

## **(f) Property, plant and equipment**

### **Capitalisation/Expensing of assets**

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

### **Initial recognition and measurement**

Property, plant and equipment are initially recognised at cost.

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

### **Subsequent measurement**

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

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

In the absence of market-based evidence, fair value of land and buildings (clinical sites) is determined on the basis of existing use. This normally applies where buildings are specialised or where land use is restricted. Fair value for existing use assets is determined by reference to the cost of replacing the remaining future economic benefits embodied in the asset, i.e. the depreciated replacement cost.

Fair value for restricted use land is determined by comparison with market evidence for land with similar approximate utility (high restricted use land) or market value of comparable unrestricted land (low restricted use land).

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

Land and buildings are independently valued annually by the Western Australian Land Information Authority (Valuation Services) and recognised annually to ensure that the carrying amount does not differ materially from the asset's fair value at the end of the reporting period.

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

See also note 21 'Property, plant and equipment' for further information on revaluation.

### **Derecognition**

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

### **Asset revaluation surplus**

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

# Notes to the Financial Statements for the year ended 30 June 2014

## (f) Property, plant and equipment (continued)

### Depreciation

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

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

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

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

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

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

## (g) Impairment of assets

Property, plant and equipment are tested for any indication of impairment at the end of each reporting period. Where there is an indication of impairment, the recoverable amount is estimated. Where the recoverable amount is less than the carrying amount, the asset is considered impaired and is written down to the recoverable amount. Where an asset measured at cost is written down to recoverable amount, an impairment loss is recognised in profit or loss. Where a previously revalued asset is written down to recoverable amount, the loss is recognised as a revaluation decrement in other comprehensive income.

As the Authority is a not-for-profit entity, unless a specialised asset has been identified as a surplus asset, the recoverable amount is the higher of an asset's fair value less costs to sell and depreciated replacement cost.

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

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

Refer to note 23 'Impairment of assets' for the outcome of impairment reviews and testing.

## (h) Leases

Leases of property, plant and equipment, where the Authority has substantially all of the risks and rewards of ownership, are classified as finance leases. The Authority does not have any finance leases.

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

# Notes to the Financial Statements for the year ended 30 June 2014

## (i) Financial instruments

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

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

These have been disaggregated into the following classes:

### Financial assets

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

### Financial liabilities

- Payables

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

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

## (j) Cash and cash equivalents

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

## (k) Accrued salaries

Accrued salaries (see note 24 'Payables') represent the amount due to employees but unpaid at the end of the financial year, as the pay date for the last pay period for that financial year does not coincide with the end of the financial year. Accrued salaries are settled within a fortnight of the financial year end. The Authority considers the carrying amount of accrued salaries to be equivalent to its fair value.

## (l) Amounts receivable for services (holding account)

The Authority receives income from the State Government partly in cash and partly as an asset (holding account receivable). The holding account receivable balance, resulting from service appropriation funding, is accessible on the emergence of the cash funding requirement to cover leave entitlements and asset replacement.

See also note 14 'Service appropriations' and note 18 'Amounts receivable for services'.

## (m) Inventories

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

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

## (n) Receivables

Receivables are recognised at original invoice amount less an allowance for any uncollectible amounts (i.e. impairment). The collectability of receivables is reviewed on an ongoing basis and any receivables identified as uncollectible are written-off against the allowance account. The allowance for uncollectible amounts (doubtful debts) is raised when there is objective evidence that the Authority will not be able to collect the debts. The carrying amount is equivalent to fair value as it is due for settlement within 30 days.

# Notes to the Financial Statements for the year ended 30 June 2014

## (n) Receivables (continued)

See also note 2(i) 'Financial Instruments' and note 17 'Receivables'.

### Change to accounting procedure for Goods and Services Tax

Rights to collect amounts receivable from the Australian Taxation Office (ATO) and responsibilities to make payments for GST have been assigned to the 'Department of Health'. This accounting procedure was a result of application of the grouping provisions of "A New Tax System (Goods and Services Tax) Act 1999" whereby the Department of Health became the Nominated Group Representative (NGR) for the GST Group as from 1 July 2012. The 'Minister for Health in his Capacity as the Deemed Board of the Metropolitan Public Hospitals' (Metropolitan Health Services) was the NGR in the previous six financial years. The Health entities in the GST group include the Department of Health, Mental Health Commission, Metropolitan Health Service, Peel Health Service, WA Country Health Service, WA Alcohol and Drug Authority, QE II Medical Centre Trust, and Health and Disability Services Complaints Office.

GST for accounts payables are recognised upon the receipt of tax invoices for purchases of goods and services. Accordingly, accrued expense amounts are generally exclusive of GST.

## (o) Payables

Payables are recognised when the Authority becomes obliged to make future payments as a result of a purchase of assets or services at fair value, as they are generally settled within 30 days.

Refer to note 2(i) 'Financial instruments' and note 24 'Payables'.

## (p) Provisions

Provisions are liabilities of uncertain timing or amount and are recognised where there is a present legal or constructive obligation as a result of a past event and when the outflow of resources embodying economic benefits is probable and a reliable estimate can be made of the amount of the obligation. Provisions are reviewed at the end of each reporting period.

See also note 25 'Provisions'.

### Provisions – employee benefits

All annual leave and long service leave provisions are in respect of employees' services up to the end of the reporting period.

#### *Annual Leave*

Annual leave is not expected to be settled wholly within 12 months after the end of the reporting period and is therefore considered to be 'other long-term employee benefits'. The annual leave liability is recognised and measured at the present value of amounts expected to be paid when the liabilities are settled using the remuneration rate expected to apply at the time of settlement.

When assessing expected future payments consideration is given to expected future wage and salary levels including non-salary components such as employer superannuation contributions, as well as the experience of employee departures and periods of service. The expected future payments are discounted using market yields at the end of the reporting period on national government bonds with terms to maturity that match, as closely as possible, the estimated future cash outflows.

The provision for annual leave is classified as a current liability as the Authority does not have an unconditional right to defer settlement of the liability for at least 12 months after the end of the reporting period.

#### *Long service leave*

Long service leave not expected to be settled wholly within 12 months after the end of the reporting period is recognised and measured at the present value of amounts expected to be paid when the liabilities are settled using the remuneration rate expected to apply at the time of settlement.

# Notes to the Financial Statements for the year ended 30 June 2014

## (p) Provisions (continued)

When assessing expected future payments consideration is given to expected future wage and salary levels including non-salary components such as employer superannuation contributions, as well as the experience of employee departures and periods of service. The expected future payments are discounted using market yields at the end of the reporting period on national government bonds with terms to maturity that match, as closely as possible, the estimated future cash outflows.

Unconditional long service leave provisions are classified as current liabilities as the Authority does not have an unconditional right to defer settlement of the liability for at least 12 months after the end of the reporting period. Pre-conditional and conditional long service leave provisions are classified as non-current liabilities because the Authority has an unconditional right to defer the settlement of the liability until the employee has completed the requisite years of service.

### *Sick Leave*

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

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

### *Superannuation*

The Government Employees Superannuation Board (GESB) and other fund providers administer public sector superannuation arrangements in Western Australia in accordance with legislative requirements. Eligible criteria for membership in particular schemes for public sector employees vary according to commencement and implementation dates.

Eligible employees contribute to the Pension Scheme, a defined benefit pension scheme closed to new members since 1987, or the Gold State Superannuation Scheme (GSS), a defined benefit lump sum scheme closed to new members since 1995.

Employees commencing employment prior to 16 April 2007 who were not members of either the Pension Scheme or the GSS became non-contributory members of the West State Superannuation Scheme (WSS). Employees commencing employment on or after 16 April 2007 became members of the GESB Super Scheme (GESBS). From 30 March 2012, existing members of the WSS or GESBS and new employees have been able to choose their preferred superannuation fund provider. The Authority makes contributions to GESB or other fund providers on behalf of employees in compliance with the Commonwealth Government's Superannuation Guarantee (Administration) Act 1992. Contributions to these accumulation schemes extinguish the Authority's liability for superannuation charges in respect of employees who are not members of the Pension Scheme or GSS.

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



# Notes to the Financial Statements for the year ended 30 June 2014

## **(p) Provisions (continued)**

The Authority has no liabilities under the Pension Scheme or the GSS. The liabilities for the unfunded Pension Scheme and the unfunded GSS transfer benefits attributable to members who transferred from the Pension Scheme, are assumed by the Treasurer. All other GSS obligations are funded by concurrent contributions made by the Authority to the GESB.

The GESB makes all benefit payments in respect of the Pension Scheme and GSS transfer benefits, and recoups from the Treasurer the employer's share.

Refer to note 2(q) Superannuation expense

### **Employment on-costs**

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

Refer to note 11(b) 'Other expenses' and note 25 'Provisions'.

## **(q) Superannuation expense**

The superannuation expense in the Statement of Comprehensive Income comprises employer contributions paid to the GSS (concurrent contributions), WSS, GESBS and other superannuation funds.

## **(r) Comparative figures**

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

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

The preparation of financial statements requires management to make judgements about the application of accounting policies that have a significant effect on the amounts recognised in the financial statements. The Authority evaluates these judgements regularly.

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

### ***Buildings***

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

## **Note 4 Key sources of estimation uncertainty**

Key estimates and assumptions concerning the future are based on historical experience and various other factors that have a significant risk of causing a material adjustment to the carrying amount of assets and liabilities within the next financial year:

### ***Buildings***

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

# Notes to the Financial Statements for the year ended 30 June 2014

## *Employee benefits provision*

In estimating the non-current long service leave liabilities, employees are assumed to leave the Authority each year on account of resignation or retirement at 7.2%. This assumption was based on an analysis of the turnover rates exhibited by employees over a five year period. Employees with leave benefits to which they are fully entitled are assumed to take all available leave uniformly over the following five years or to age 65 if earlier.

Other estimations and assumptions used in calculating the Authority's long service leave provision include expected future salary rates, discount rates, employee retention rates and expected future payments. Changes in these estimations and assumptions may impact on the carrying amount of the long service leave provision.

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

### Initial application of an Australian Accounting Standard

The Authority has applied the following Australian Accounting Standards effective for annual reporting periods beginning on or after 1 July 2013 that impacted on the Authority.

AASB 13	<p><i>Fair Value Measurement</i></p> <p>This Standard defines fair value, sets out a framework for measuring fair value and requires additional disclosures for assets and liabilities measured at fair value. There is no financial impact.</p>
AASB 119	<p><i>Employee Benefits</i></p> <p>This Standard supercedes AASB 119 (October 2010), making changes to the recognition, presentation and disclosure requirements.</p> <p>The Authority assessed employee leave patterns to determine whether annual leave is a short-term or other long-term employee benefit. The resultant discounting of annual leave liabilities that were previously measured at the undiscounted amounts is not material.</p>
AASB 1048	<p><i>Interpretation of Standards</i></p> <p>This Standard supercedes AASB 1048 (June 2012), enabling references to the Interpretations in all other Standards to be updated by reissuing the service Standard. There is no financial impact.</p>
AASB 2011-8	<p><i>Amendments to Australian Accounting Standards</i> arising from AASB 13 [AASB 1, 2, 3, 4, 5, 7, 9, 2009-11, 2010-7, 101, 102, 108, 110, 116, 117, 118, 119, 120, 121, 128, 131, 132, 133, 134, 136, 138, 139, 140, 141, 1004, 1023 &amp; 1038 and Int 2, 4, 12, 13, 14, 17, 19, 131 &amp; 132]</p> <p>This Standard replaces the existing definition and fair value guidance in other Australian Accounting Standards and Interpretations as the result of issuing AASB 13 in September 2011. There is no financial impact.</p>

# Notes to the Financial Statements for the year ended 30 June 2014

## Initial application of an Australian Accounting Standard (continued)

AASB 2011-10	<p><i>Amendments to Australian Accounting Standards arising from AASB 119 (September 2011) [AASB 1, 8, 101, 124, 134, 1049 &amp; 2011-8 and Int 14]</i></p> <p>This Standard makes amendments to other Australian Accounting Standards and Interpretations as a result of issuing AASB 119 in September 2011. The resultant discounting of annual leave liabilities that were previously measured at the undiscounted amounts is not material.</p>
AASB 2012-2	<p><i>Amendments to Australian Accounting Standards – Disclosures – Offsetting Financial Assets and Financial Liabilities [AASB 7 &amp; 132]</i></p> <p>This Standard amends the required disclosures in AASB 7 to include information that will enable users of an entity's financial statements to evaluate the effect or potential effect of netting arrangements, including rights of set-off associated with the entity's recognised financial assets and recognised financial liabilities, on the entity's financial position. There is no financial impact.</p>
AASB 2012-5	<p><i>Amendments to Australian Accounting Standards arising from Annual Improvements 2009-11 Cycle [AASB 1, 101, 116, 132 &amp; 134 and Int 2]</i></p> <p>This Standard makes amendments to the Australian Accounting Standards and Interpretations as a consequence of the annual improvements process. There is no financial impact.</p>
AASB 2012-6	<p><i>Amendments to Australian Accounting Standards – Mandatory Effective Date of AASB 9 and Transition Disclosures [AASB 9, 2009-11, 2010-7, 2011-7 &amp; 2011-8]</i></p> <p>This Standard amends the mandatory effective date of AASB 9 Financial Instruments to 1 January 2015 (instead of 1 January 2013). Further amendments are also made to numerous consequential amendments arising from AASB 9 that will now apply from 1 January 2015. There is no financial impact.</p>
AASB 2012-9	<p><i>Amendments to AASB 1048 arising from the Withdrawal of Australian Int 1039</i></p> <p>The withdrawal of Int 1039 Substantive Enactment of Major Tax Bills in Australia has no financial impact for the Authority during the reporting period and at balance sheet date. Measurement of tax assets and liabilities continues to be measured in accordance with enacted or substantively enacted tax law pursuant to AASB 112.46-47.</p>
AASB 2012-10	<p><i>Amendments to Australian Accounting Standards – Transition Guidance and Other Amendments [AASB 1, 5, 7, 8, 10, 11, 12, 13, 101, 102, 108, 112, 118, 119, 127, 128, 132, 133, 134, 137, 1023, 1038, 1039, 1049 &amp; 2011-7 and Int 12]</i></p> <p>This Standard introduces a number of editorial alterations and amends the mandatory application date of Standards for not-for-profit entities accounting for interests in other entities. There is no financial impact.</p>
AASB 2013-9	<p><i>Amendments to Australian Accounting Standards – Conceptual Framework, Materiality and Financial Instruments.</i></p> <p>Part A of this omnibus Standard, makes amendments to other Standards arising from revisions to the Australian Accounting Conceptual Framework for periods ending on or after 20 December 2013. Other Parts of this Standard become operative in later periods. There is no financial impact for Part A of the Standard.</p>

# Notes to the Financial Statements for the year ended 30 June 2014

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

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

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

Title		Operative for reporting periods beginning on/after
Int 21	<p><i>Levies</i></p> <p>This interpretation clarifies the circumstances under which a liability to pay a government levy imposed should be recognised. There is no financial impact for the Authority at reporting date.</p>	1 Jan 2014
AASB 9	<p><i>Financial Instruments</i></p> <p>This Standard supercedes AASB 139 'Financial Instruments: Recognition and Measurement', introducing a number of changes to accounting treatments.</p> <p>The mandatory application date of this Standard was amended to 1 January 2017. The Authority has not yet determined the application or the potential impact of the Standard.</p>	1 Jan 2017
AASB 10	<p><i>Consolidated Financial Statements</i></p> <p>This Standard, issued in August 2011, supercedes AASB 127 Consolidated and Separate Financial Statements and Int 112 Consolidation – Special Purpose Entities, introducing a number of changes to accounting treatments.</p> <p>Mandatory application of this Standard was deferred for not-for-profit entities by AASB 2012-10 <i>Amendments to Australian Accounting Standards – Transition Guidance and Other Amendments</i>. The adoption of the new Standard has no financial impact for the Authority as it does not impact accounting for related bodies and the Authority has no interests in other entities.</p>	1 Jan 2014

# Notes to the Financial Statements for the year ended 30 June 2014

## Future impact of Australian Accounting Standards not yet operative (continued)

Title		Operative for reporting periods beginning on/after
AASB 11	<p><i>Joint Arrangements</i></p> <p>This Standard, issued in August 2011, supercedes AASB 131 Interest in Joint Ventures, introduces new principles for determining the type of joint arrangement that exists, which are more aligned to the actual rights and obligations of the parties to the arrangement.</p> <p>Mandatory application of this Standard was deferred for not-for-profit entities by AASB 2012-10. There is no financial impact for the Authority as the new standard continues to require the recognition of the Authority's share of assets and liabilities for the unincorporated joint operation.</p>	1 Jan 2014
AASB 12	<p><i>Disclosure of Interests in Other Entities</i></p> <p>This Standard, issued in August 2011, supercedes disclosure requirements under AASB 127 Consolidated and Separate Financial Statements, AASB 128 Investments in Associates and AASB 131 Interests in Joint Ventures. Mandatory application was deferred for not-for-profit entities by AASB 2012-10. There is no financial impact.</p>	1 Jan 2014
AASB 127	<p><i>Separate Financial Statements</i></p> <p>This Standard, issued in August 2011, supercedes AASB 127 Consolidated and Separate Financial Statements, removing the consolidation requirements of the earlier standard whilst retaining accounting and disclosure requirements for the preparation of separate financial statements. Mandatory application was deferred by one year for not-for-profit entities by AASB 2012-10. There is no financial impact.</p>	1 Jan 2014
AASB 128	<p><i>Investments in Associates and Joint Ventures</i></p> <p>This Standard issued in August 2011, supercedes AASB 128 Investments in Associates, introducing a number of clarifications for the accounting treatments of changed ownership interest.</p> <p>Mandatory application was deferred for not-for-profit entities by AASB 2012-10. The adoption of the new Standard has no financial impact for the Authority as it does not hold investments in associates and the accounting treatments for joint operations is consistent with current practice.</p>	1 Jan 2014

# Notes to the Financial Statements for the year ended 30 June 2014

## Future impact of Australian Accounting Standards not yet operative (continued)

Title		Operative for reporting periods beginning on/after
AASB 1031	<p><i>Materiality</i></p> <p>This Standard supercedes AASB 1031 (February 2010), removing Australian guidance on materiality that is not available in IFRSs and refers to other Australian pronouncements that contain guidance on materiality. There is no financial impact.</p>	1 Jan 2014
AASB 1055	<p><i>Budgetary Reporting</i></p> <p>This Standard requires specific budgetary disclosures in the financial statements of not-for-profit entities within the General Government Sector. The Authority will be required to disclose additional budgetary information and explanations of major variances between actual and budgeted amounts, though there is no financial impact.</p>	1 Jul 2014
AASB 2009-11	<p><i>Amendments to Australian Accounting Standards arising from AASB 9 [AASB 1, 3, 4, 5, 7, 101, 102, 108, 112, 118, 121, 127, 128, 131, 132, 136, 139, 1023 &amp; 1038 and Int 10 &amp; 12]</i></p>	1 Jan 2015
AASB 2010-7	<p><i>Amendments to Australian Accounting Standards arising from AASB 9 (December 2010) [AASB 1, 3, 4, 5, 7, 101, 102, 108, 112, 118, 120, 121, 127, 128, 131, 132, 136, 137, 139, 1023 &amp; 1038 and Int 2, 5, 10, 12, 19 &amp; 127]</i></p> <p>This Standard makes consequential amendments to other Australian Accounting Standards and Interpretations as a result of issuing AASB 9 in December 2010. The Authority has not yet determined the application or the potential impact of the Standard.</p>	1 Jan 2015
AASB 2011-7	<p><i>Amendments to Australian Accounting Standards arising from the Consolidation and Joint Arrangements Standards [AASB 1, 2, 3, 5, 7, 101, 107, 112, 118, 121, 124, 132, 133, 136, 138, 139, 1023 &amp; 1038 and Int 5, 9, 16 &amp; 17]</i></p> <p>This Standard gives effect to consequential changes arising from the issue of AASB 10, AASB 11, AASB 127 <i>Separate Financial Statements</i> and AASB 128 <i>Investments in Associates and Joint Ventures</i>. Mandatory application was deferred for not-for-profit entities by AASB 2012-10. The Authority has analysed these Standards and determined that no financial impact arises from adopting the various Standards.</p>	1 Jan 2014

# Notes to the Financial Statements for the year ended 30 June 2014

## Future impact of Australian Accounting Standards not yet operative (continued)

Title		Operative for reporting periods beginning on/after
AASB 2012-3	<p><i>Amendments to Australian Accounting Standards – Offsetting Financial Assets and Financial Liabilities [AASB 132]</i></p> <p>This Standard adds application guidance to AASB 132 to address inconsistencies identified in applying some of the offsetting criteria, including clarifying the meaning of “currently has a legally enforceable right of set-off” and that some gross settlement systems may be considered equivalent to net settlement.</p> <p>The Authority does not routinely hold financial assets and financial liabilities that it intends to settle on a net basis, therefore there is no financial impact.</p>	1 Jan 2014
AASB 2013-3	<p><i>Amendments to AASB 136 – Recoverable Amount Disclosures for Non-Financial Assets.</i></p> <p>This Standard introduces editorial and disclosure changes. There is no financial impact.</p>	1 Jan 2014
AASB 2013-4	<p><i>Amendments to Australian Accounting Standards – Novation of Derivatives and Continuation of Hedge Accounting [AASB 139]</i></p> <p>This Standard permits the continuation of hedge accounting in circumstances where a derivative, which has been designated as a hedging instrument, is novated from one counterparty to a central counterparty as a consequence of laws or regulations. The Authority does not routinely enter into derivatives or hedges, therefore there is no financial impact.</p>	1 Jan 2014
AASB 2013-8	<p><i>Amendments to Australian Accounting Standards – Australian Implementation Guidance for Not-for-Profit Entities – Control and Structured Entities [AASB 10, 12, &amp; 1049]</i></p> <p>The amendments, issued in October 2013, provide significant guidance in determining whether a not-for-profit entity controls another entity when financial returns are not a key attribute of the investor’s relationship. The Standard has no financial impact in its own right, rather the impact results from the adoption of the amended AASB 10.</p>	1 Jan 2014
AASB 2013-9	<p><i>Amendments to Australian Accounting Standards – Conceptual Framework, Materiality and Financial Instruments.</i></p> <p>The omnibus Standard makes amendments to other Standards arising from the deletion of references to AASB 1031 in other Standards for periods beginning on or after 1 January 2014 (Part B), and, defers the application of AASB 9 to 1 January 2017 (Part C). The Authority has not yet determined the application or the potential impact of AASB 9, otherwise there is no financial impact for Part B.</p>	1 Jan 2014 1 Jan 2017

# Notes to the Financial Statements for the year ended 30 June 2014

## Note 6 Services of the Authority

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

	2014 \$	2013 \$
<b>Note 7 Employee benefits expense</b>		
Salaries and wages (a)	21,807,553	20,649,484
Superannuation – defined contribution plans (b)	2,036,370	1,885,045
	23,843,923	22,534,529

(a) Includes the value of the fringe benefits to employees plus the fringe benefits tax component and the superannuation contribution component of leave entitlements.

(b) Defined contribution plans include West State, Gold State and GESB Super and other eligible funds.

Employment on-costs expense is included at note 11(b) 'Other expenses'. Employment on-costs liability is included at note 25 'Provisions'.

## Note 8 Patient support costs

Medical supplies and services	149,314	158,447
Domestic charges	29,705	42,585
Fuel, light and power	201,995	177,222
Food supplies	121,129	101,478
Patient transport costs	6,774	4,027
Purchase of external services	58,083,548	49,587,151
	58,592,465	50,070,910



## Notes to the Financial Statements for the year ended 30 June 2014

	2014 \$	2013 \$
<b>Note 9 Depreciation expense</b>		
<u>Depreciation</u>		
Buildings	302,109	310,590
Computer equipment	5,189	4,090
Furniture and fittings	526	526
Other plant and equipment	16,808	19,415
	324,632	334,621
<b>Note 10 Repairs, maintenance and consumable equipment</b>		
Repairs and maintenance	276,493	351,975
Consumable equipment	209,783	122,884
	486,276	474,859
<b>Note 11 (a) Other supplies and services</b>		
Sanitisation and waste removal services	11,631	3,894
Administration and management services	167,318	68,251
Interpreter services	1,926	2,054
Security services	8,445	6,928
Other	331,553	451,767
	520,873	532,894

## Notes to the Financial Statements for the year ended 30 June 2014

	2014 \$	2013 \$
<b>Note 11 (b) Other expenses</b>		
Communications	222,123	225,102
Computer services	28,642	19,964
Employment on-costs (a)	602,215	601,787
Insurance	73,892	80,715
Legal expenses	1,500	493
Motor vehicle expenses	6,232	11,580
Operating lease expenses	123,735	54,428
Printing and stationery	187,078	344,337
Rental of property	9,935	68,604
Loss on disposal of non-current asset	8,087	–
Other	955,715	758,023
	2,219,154	2,165,033

(a) Includes workers' compensation insurance. The on-costs liability associated with the recognition of annual and long service leave liability is included at note 25 'Provisions'. Superannuation contributions accrued as part of the provision for leave are employee benefits and are not included in employment on-costs.

### Note 12 Grants and contributions

#### (a) Commonwealth grants and contributions

Department of Health and Ageing	190,493	526,901
Department of Education, Employment and Workforce Relations	28,000	28,000
Department of Families, Housing, Community Services & Indigenous Affairs	1,570,000	1,921,778
	1,788,493	2,476,679

# Notes to the Financial Statements for the year ended 30 June 2014

	2014 \$	2013 \$
<b>Note 12 Grants and contributions (continued)</b>		
<b>(b) Other grants and contributions</b>		
WA Health Promotion Foundation	585,000	793,000
Mental Health Commission	112,215	174,070
Office of Road Safety	–	260,111
Royal Australian & New Zealand College of Psychiatrists	50,000	100,000
Department of Health	545,324	556,364
WA Country Health Service	1,654,228	2,410,670
Department of Finance	–	90,909
Department of Industry	1,000	–
	2,947,767	4,385,124

## Note 13 Other revenues

Services to external organisations	86,560	108,740
Interest Revenue	222,986	277,694
Other	57,935	73,077
	367,481	459,511

## Note 14 Service appropriation

Appropriation revenue received during the period:

Service appropriation	75,791,000	65,834,000
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Service appropriation fund the net cost of services delivered. Appropriation revenue comprises a cash component and a receivable (asset). The receivable (holding account) comprises the budgeted depreciation expense for the year and any agreed increase in leave liability during the year.

## Note 15 Royalties for Regions Fund

Regional Community Services Account	5,005,391	3,071,000
	5,005,391	3,071,000

This is a sub-fund within the over-arching 'Royalties for Regions Fund'. The recurrent funds are committed to projects and programs in WA regional areas.

## Notes to the Financial Statements for the year ended 30 June 2014

	2014 \$	2013 \$
<b>Note 16 Restricted cash and cash equivalents</b>		
<b>Current</b>		
Special Purpose Account (a)	6,465,445	7,619,868
Royalties for Regions Fund (b)	1,422,798	1,403,895
	7,888,243	9,023,763
<b>Non-Current</b>		
Accrued Salaries Suspense Account (c)	773,115	687,213
	773,115	687,213

(a) Funds are held for specific purposes for programs relating to drug diversion and other programs relating to the development, implementation and administration of initiatives and activities to reduce drug abuse.

(b) Unspent funds are committed to projects and programs in WA regional areas.

(c) Funds held for the purpose of meeting the 27th pay in a financial year that occurs every 11 years.

### Note 17 Receivables

#### Current

Receivables	97,530	50,452
Accrued revenue	60,735	74,354
	158,265	124,806

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

See also note 2(n) 'Receivables' and note 38 'Financial instruments'.

### Note 18 Amounts receivable for services

#### Non-current

	4,626,123	4,303,123
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Represents the non-cash component of service appropriations. It is restricted in that it can only be used for asset replacement or payment of leave liability. See note 2(l) 'Amounts receivable for services'.

## Notes to the Financial Statements for the year ended 30 June 2014

	2014 \$	2013 \$
<b>Note 19 Inventories</b>		
<b>Current</b>		
Pharmaceutical stores – at cost	15,072	13,803
See note 2(m) 'Inventories'.		
<b>Note 20 Other current assets</b>		
Prepayments	32,560	29,522
<b>Note 21 Property, plant and equipment</b>		
<b>Land</b>		
<i>At fair value (a)</i>	8,934,500	8,847,200
	8,934,500	8,847,200
<b>Buildings</b>		
<i>At fair value (a)</i>	9,807,300	10,077,000
	9,807,300	10,077,000
<b>Computer equipment</b>		
<i>At cost</i>	79,528	67,355
<i>Accumulated depreciation</i>	(65,683)	(60,495)
	13,845	6,860
<b>Furniture and fittings</b>		
<i>At cost</i>	20,863	20,863
<i>Accumulated depreciation</i>	(20,818)	(20,292)
	45	571

## Notes to the Financial Statements for the year ended 30 June 2014

	2014 \$	2013 \$
<b>Note 21 Property, plant and equipment (continued)</b>		
<b>Medical equipment</b>		
<i>At cost</i>	10,750	10,750
<i>Accumulated depreciation</i>	(10,750)	(10,750)
	–	–
<b>Other plant and equipment</b>		
<i>At cost</i>	316,120	319,490
<i>Accumulated depreciation</i>	(277,027)	(270,022)
	39,093	49,468
<b>Works in progress</b>		
<i>Buildings under construction (at cost)</i>	4,236,066	1,935,714
<b>Total of property, plant and equipment</b>	<b>23,030,849</b>	<b>20,916,813</b>

(a) Land and buildings were revalued as at 1 July 2013 by the Western Australian Land Information Authority (Valuation Services). The valuations were performed during the year ended 30 June 2014 and recognised at 30 June 2014. In undertaking the revaluation, fair value was determined by reference to the market values for land \$1,257,000 (at market value) and \$7,677,500 (at current use value), likewise, building \$1,823,000 (at market value).

For the remaining balance \$7,984,300, fair value of buildings was determined on the basis of depreciated replacement cost and fair value of land was determined on the basis of comparison with market evidence for land with low level utility (high restricted use land). See also note 2(f) 'Property, plant and equipment'.

Information on fair value measurements is provided in note 22.

## Notes to the Financial Statements for the year ended 30 June 2014

	2014 \$	2013 \$
<b>Note 21 Property, plant and equipment (continued)</b>		
<b>Reconciliations</b>		
Reconciliations of the carrying amounts of property, plant and equipment at the beginning and end of the reporting period are set out below.		
<b>Land</b>		
Carrying amount at start of period	8,847,200	8,475,700
Revaluation increments	87,300	371,500
Carrying amount at end of period	8,934,500	8,847,200
<b>Buildings</b>		
Carrying amount at start of period	10,077,000	10,353,000
Additions	65,832	–
Revaluation increments / (decrements)	(33,423)	34,590
Depreciation	(302,109)	(310,590)
Carrying amount at end of period	9,807,300	10,077,000
<b>Computer equipment</b>		
Carrying amount at start of period	6,860	10,950
Additions	12,174	–
Depreciation	(5,189)	(4,090)
Carrying amount at end of period	13,845	6,860
<b>Furniture and fittings</b>		
Carrying amount at start of period	571	1,097
Depreciation	(526)	(526)
Carrying amount at end of period	45	571

# Notes to the Financial Statements for the year ended 30 June 2014

	2014 \$	2013 \$
<b>Note 21 Property, plant and equipment (continued)</b>		
<i>Other plant and equipment</i>		
Carrying amount at start of period	49,468	68,883
Additions	14,520	–
Disposals	(8,087)	–
Depreciation	(16,808)	(19,415)
Carrying amount at end of period	39,093	49,468
<i>Works in progress</i>		
Carrying amount at start of period	1,935,714	1,298
Additions	2,300,352	1,935,714
Internal transfer	–	(1,298)
Carrying amount at end of period	4,236,066	1,935,714
<i>Total property, plant and equipment</i>		
Carrying amount at start of period	20,916,813	18,910,928
Additions	2,392,878	1,935,714
Disposals	(8,087)	–
Revaluation increments / (decrements)	53,877	406,090
Depreciation	(324,632)	(334,621)
Internal transfer	–	(1,298)
Carrying amount at end of period	23,030,849	20,916,813

## Note 22 Fair value measurements

Assets measured at fair value:	Level 1	Level 2	Level 3	Fair Value At end of period
<b>2014</b>				
Land (Note 21)	–	1,257,000	7,677,500	8,934,500
Buildings (Note 21)	–	1,823,000	7,984,300	9,807,300
	–	3,080,000	15,661,800	18,741,800

There were no transfers between Levels 1, 2, or 3 during the period.



# Notes to the Financial Statements for the year ended 30 June 2014

## Note 22 Fair value measurements (continued)

### Valuation techniques to derive Level 2 fair values

Level 2 fair values of Non-current assets held for sale, Land and Buildings (office accommodation) are derived using the market approach. Market evidence of sales prices of comparable land and buildings (office accommodation) in close proximity is used to determine price per square metre.

### Fair value measurements using significant unobservable inputs (Level 3)

	Land	Buildings
<b>2014</b>		
Fair value at start of period	7,398,200	8,156,000
Additions	–	65,832
Revaluation increments/(decrements) recognised in Profit or Loss	–	–
Revaluation increments/(decrements) recognised in Other Comprehensive Income	279,300	6,947
Transfers (from/(to) Level 2)	–	–
Disposals	–	–
Depreciation Expense	–	(244,479)
<b>Fair value at end of period</b>	<b>7,677,500</b>	<b>7,984,300</b>

### Valuation processes

There were no changes in valuation techniques during the period.

Transfers in and out of a fair value level are recognised on the date of the event or change in circumstances that caused the transfer. Transfers are generally limited to assets newly classified as non-current assets held for sale as Treasurer's instructions require valuations of land and buildings to be categorised within Level 3 where the valuations will utilise significant Level 3 inputs on a recurring basis.

Fair value for existing use specialised buildings and infrastructure assets is determined by reference to the cost of replacing the remaining future economic benefits embodied in the asset, i.e. the depreciated replacement cost. Depreciated replacement cost is the current replacement cost of an asset less accumulated depreciation calculated on the basis of such cost to reflect the already consumed or expired economic benefit, or obsolescence, and optimisation (where applicable) of the asset. Current replacement cost is generally determined by reference to the market-observable replacement cost of a substitute asset of comparable utility and the gross project size specifications.

Fair value for restricted use land is based on market value, by either using market evidence of sales of comparable land that is unrestricted (low restricted use land) less restoration costs, or, comparison with market evidence for land with low level utility (high restricted use land).

# Notes to the Financial Statements for the year ended 30 June 2014

## Note 22 Fair value measurements (continued)

Significant Level 3 inputs used by the Authority are derived and evaluated as follows:

### Consumed economic benefit/obsolescence of asset

These are estimated by the Western Australian Land Information Authority (Valuation Services).

### Selection of land with restricted utility

Fair value for high restricted use land is determined by comparison with market evidence for land with low level utility. Relevant comparators of land with low level utility are selected by the Western Australian Land Information Authority (Valuation Services).

Information about significant unobservable inputs (Level 3) in fair value measurements

Description and fair value as at 30 June 2014	Valuation technique (s)	Unobservable inputs	Range of unobservable inputs (weighted average)	Relationship of unobservable inputs to fair value
Land \$7,677,500	Market approach	Selection of land with similar approximate utility	\$32 – \$969 per m <sup>2</sup> (\$820 per m <sup>2</sup> )	Higher Value of similar land increases estimated fair value.
Buildings \$7,984,300	Depreciated Replacement Cost	Consumed economic benefit/obsolescence of asset	-0.31% – 2% per year (1.21% per year)	Greater consumption of economic benefit or increased obsolescence lowers fair value.

Reconciliations of the opening and closing balances are provided in Note 21.

### **Basis of Valuation**

In the absence of market-based evidence, due to the specialised nature of some non-financial assets, these assets are valued at Level 3 of the fair value hierarchy on an existing use basis. The existing use basis recognises that restrictions or limitations have been placed on their use and disposal when they are not determined to be surplus to requirements. These restrictions are imposed by virtue of the assets being held to deliver a specific community service and the Authority's enabling legislation.

# Notes to the Financial Statements for the year ended 30 June 2014

## Note 23 Impairment of Assets

There were no indications of impairment to property, plant and equipment at 30 June 2014.

The Authority held no goodwill or intangible assets with an indefinite useful life during the reporting period. At the end of the reporting period there were no intangible assets not yet available for use.

All surplus assets at 30 June 2014 have either been classified as assets held for sale or written off.

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	2014 \$	2013 \$
<b>Note 24 Payables</b>		
<b>Current</b>		
Trade creditors	120,302	304,839
Other creditors	36,011	33,305
Accrued expenses	258,617	648,640
Accrued salaries	831,473	758,966
	1,246,403	1,745,750

See also note 2(o) 'Payables' and note 38 'Financial instruments'

## Notes to the Financial Statements for the year ended 30 June 2014

	2014 \$	2013 \$
<b>Note 25 Provisions</b>		
<b>Current</b>		
<u>Employee benefits provision</u>		
Annual leave (a)	1,726,272	1,641,581
Time off in lieu leave (a)	118,650	110,013
Long service leave (b)	2,209,005	1,965,493
	4,053,927	3,717,087
<b>Non-current</b>		
<u>Employee benefits provision</u>		
Long service leave (b)	958,213	1,008,886
Deferred salary scheme (c)	32,777	9,871
	990,990	1,018,757
	5,044,917	4,735,844
(a) Annual leave liabilities and time off in lieu leave liabilities have been classified as current as there is no unconditional right to defer settlement for at least 12 months after the end of the reporting date. Assessments indicate that actual settlement of the liabilities is expected to occur as follows:		
Within 12 months of the end of the reporting date	1,317,200	1,235,145
More than 12 months after the end of the reporting date	527,722	516,448
	1,844,922	1,751,593
(b) Long service leave liabilities have been classified as current where there is no unconditional right to defer settlement for at least 12 months after the end of the reporting period. Assessments indicate that actual settlement of the liabilities is expected to occur as follows:		
Within 12 months of the end of the reporting period	448,322	395,328
More than 12 months after the end of the reporting period	2,718,896	2,579,052
	3,167,218	2,974,380

# Notes to the Financial Statements for the year ended 30 June 2014

	2014 \$	2013 \$
<b>Note 25 Provisions (continued)</b>		
The settlement of annual and long service leave liabilities give rise to the payment of employment on-costs including workers compensation insurance. The provision is the present value of expected future payments. The associated expense, apart from the unwinding of the discount (finance cost), is included at note 11(b) ' Other expenses'.		
(c) Deferred salary scheme liabilities have been classified as non-current where there is a conditional right to defer settlement for at least 12 months after reporting period. Assessments indicate that actual settlement of the liabilities is expected to occur as follows:		
More than 12 months after the end of the reporting period	32,777	9,871
	<b>32,777</b>	<b>9,871</b>

## Note 26 Contributed equity

The Western Australian Government holds the equity interest in the Authority on behalf of the community. Equity represents the residual interest in the net assets of the Authority. The asset revaluation reserve represents that portion of equity resulting from the revaluation of non-current assets (note 27).

Balance at start of period	8,847,579	5,891,579
<b>Other contributions by owners:</b>		
Royalties for Regions Fund – Regional Community Services Account	1,383,714	2,956,000
<b>Total contributions by owners</b>	<b>1,383,714</b>	<b>2,956,000</b>
Balance at end of period	10,231,293	8,847,579

## Notes to the Financial Statements for the year ended 30 June 2014

	2014 \$	2013 \$
<b>Note 27 Reserves</b>		
<b>Asset revaluation surplus (a)</b>		
Balance at start of period	16,558,105	16,152,015
Net revaluation increments / (decrements) (b):		
Land	87,300	371,500
Buildings	(33,423)	34,590
Balance at end of period	16,611,982	16,558,105

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

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

### Note 28 Accumulated surplus/(deficit)

Balance at start of period	6,094,684	5,981,216
Result for the period	(87,191)	113,468
Balance at end of period	6,007,493	6,094,684

# Notes to the Financial Statements for the year ended 30 June 2014

	2014 \$	2013 \$
<b>Note 29 Notes to the Statement of Cash Flows</b>		
<b>Reconciliation of cash</b>		
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 and cash equivalents	2,617,861	2,882,919
Restricted cash and cash equivalents	8,661,358	9,710,976
	11,279,219	12,593,895
<b>Reconciliation of net cost of services to net cash flows provided by (used in) operating activities</b>		
Net cost of services	(80,883,582)	(68,791,532)
<b><u>Non-cash items:</u></b>		
Depreciation expense (note 9)	324,632	334,621
Adjustment for other non-cash items	8,087	–
<b><u>(Increase)/decrease in assets:</u></b>		
Other current receivables	(33,459)	36,525
Inventories	(1,269)	3,312
Prepayments	(3,038)	6,722
<b><u>Increase/(decrease) in liabilities:</u></b>		
Payables	(499,348)	698,670
Current provisions	336,840	36,581
Non-current provisions	(27,767)	323,447
Net cash provided used in operating activities	(80,778,904)	(67,351,654)

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

# Notes to the Financial Statements for the year ended 30 June 2014

	2014	2013
<b>Note 30 Remuneration of members of the Accountable Authority and senior officers</b>		
<b>Remuneration of members of the Accountable Authority</b>		
The number of members of the Accountable Authority, whose total of fees, salaries, superannuation, non-monetary benefits and other benefits for the financial year fall within the following bands are:		
\$0 – \$10,000	4	4
	<b>\$</b>	<b>\$</b>
The total remuneration of members of the Accountable Authority is:	1,900	–
The total remuneration includes the superannuation expense incurred by the Authority in respect of members of the Accountable Authority.		
<b>Remuneration of senior officers</b>		
The number of senior officers other than senior officers reported as members of the Accountable Authority, whose total of fees, salaries, superannuation, non-monetary benefits and other benefits for the financial year, fall within the following bands are:		
\$120,001 – \$130,000	–	1
\$130,001 – \$140,000	1	–
\$150,001 – \$160,000	–	2
\$160,001 – \$170,000	–	2
\$170,001 – \$180,000	2	–
\$180,001 – \$190,000	2	–
\$250,001 – \$260,000	–	1
\$260,001 – \$270,000	1	–
\$480,001 – \$490,000	1	–
\$490,001 – \$500,000	–	1
<b>Total:</b>	<b>7</b>	<b>7</b>



## Notes to the Financial Statements for the year ended 30 June 2014

	2014 \$	2013 \$
<b>Note 30 Remuneration of members of the Accountable Authority and senior officers (continued)</b>		
Cash remuneration received	1,551,452	1,511,690
Annual leave and long service leave accruals	10,297	(35,399)
Other benefits	43,546	32,412
The total remuneration of senior officers is:	1,605,295	1,508,703

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

### Note 31 Remuneration of auditor

Remuneration payable to the Auditor General in respect to the audit for the current financial year is as follows:

Auditing the accounts, financial statements and key performance indicators	53,000	51,000
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### Note 32 Commitments

#### Capital expenditure commitments

Capital expenditure commitments, being contracted capital expenditure additional to the amounts reported in the financial statements, are payable as follows:

Within 1 year	504,472	1,305,905
The capital commitments include amounts for buildings:	504,472	1,305,905

The capital expenditure commitments are inclusive of GST.

## Notes to the Financial Statements for the year ended 30 June 2014

	2014 \$	2013 \$
<b>Note 32 Commitments (continued)</b>		
<b>Operating lease commitments:</b>		
Commitments in relation to non-cancellable leases contracted for at the end of the reporting period but not recognised in the financial statements, are payable as follows:		
Within 1 year	51,672	48,820
Later than 1 year, and not later than 5 years	50,487	31,180
	102,159	80,000

The operating lease commitments are inclusive of GST.

### **Other expenditure commitments:**

Other expenditure commitments contracted for at the reporting period but not recognised as liabilities, are payable as follows:

Within 1 year	45,260,608	45,405,932
Later than 1 year, and not later than 5 years	26,880,066	20,618,940
	72,140,674	66,024,872

The other expenditure commitments are inclusive of GST.

### **Note 33 Contingent liabilities and contingent assets**

At the reporting period, the Authority is not aware of any contingent liabilities or contingent assets.

### **Note 34 Events occurring after the end of the reporting period**

The Government has announced the amalgamation of the Drug and Alcohol Office and the Mental Health Commission. No date has been set for the formal transition, but it is expected during 2014/15.

# Notes to the Financial Statements for the year ended 30 June 2014

## Note 35 Related bodies

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

The Authority had no related bodies during the financial year.

## Note 36 Affiliated bodies

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

The Authority had no affiliated bodies during the financial year.

## Note 37 Explanatory Statement

This statement provides details of any significant variations between estimates and actual results for 2014 and between the actual results for 2013 and 2014. Significant variations are considered to be those greater than 10% or \$1.5million.

## Significant variances between estimated and actual results for 2014

	Note	2014 Actual \$	2014 Estimates \$	Variance \$
<b>Operating expenses</b>				
Employee benefits expense		23,843,923	24,909,737	(1,065,814)
Other goods and services		62,143,400	60,922,709	1,220,691
<b>Total expenses</b>		85,987,323	85,832,446	154,877
Less: Revenues		(5,103,741)	(5,036,259)	(67,482)
<b>Net cost of services</b>		80,883,582	80,796,187	87,395

# Notes to the Financial Statements for the year ended 30 June 2014

## Note 37 Explanatory Statement (continued)

### Significant variances between actual results for 2013 and 2014

	Note	2014 Actual \$	2013 Actual \$	Variance \$
<b>Expenses</b>				
Employee benefits expense		23,843,923	22,534,529	1,309,394
Patient support costs	(a)	58,592,465	50,070,910	8,521,555
Depreciation expense		324,632	334,621	(9,989)
Repairs, maintenance and consumable equipment		486,276	474,859	11,417
Other supplies and services		520,873	532,894	(12,021)
Other expenses		2,219,154	2,165,033	54,121
<b>Income</b>				
Commonwealth grants and contributions	(b)	1,788,493	2,476,679	(688,186)
Other grants and contributions	(c)	2,947,767	4,385,124	(1,437,357)
Other revenues	(d)	367,481	459,511	(92,030)
Service appropriation	(e)	75,791,000	65,834,000	9,957,000

#### (a) Patient support costs

Increase in expenditure is directly attributed to CPI increase as well as an increase of \$6.4M in payments to Not-For-Profit service providers.

#### (b) Commonwealth grants and contributions

Reduction in income is due to completion of two DOHA programs in the previous year as well as a reduction of \$352k as per agreed schedule payment for the "Breaking the Cycle" program.

#### (c) Other grants and contributions

This variance is primarily attributed to completion of Drug Driving Education Campaign program in the previous year \$260k as well as a reduction of \$756k from WACHS for two programs, namely FASD and SSSM.

# Notes to the Financial Statements for the year ended 30 June 2014

## Note 37 Explanatory Statement (continued)

### (d) Other revenues

The variance is mainly attributed to a reduction in interest received \$55k as well as a reduction of \$37k in recoups and sundry revenue.

### (e) Service appropriation

Other than the normal CPI increase an additional funding amount of \$6.4M was received for Not-For-Profit sector “Component II allocation”.

## Note 38 Financial instruments

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

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

#### Credit risk

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

The maximum exposure to credit risk at the end of the reporting period in relation to each class of recognised financial assets is the gross carrying amount of those assets inclusive of any provisions for impairment as shown in the table at note 38(c) ‘Financial Instrument disclosures’ and note 17 ‘Receivables’.

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

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

#### Liquidity risk

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

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

# Notes to the Financial Statements for the year ended 30 June 2014

## Note 38 Financial instruments (continued)

### Market risk

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

### **(b) Categories of financial instruments**

In addition to cash, the carrying amounts of each of the following categories of financial assets and financial liabilities at the end of the reporting period are:

	2014 \$	2013 \$
<b>Financial Assets</b>		
Cash and cash equivalents	2,617,861	2,882,919
Restricted cash and cash equivalents	8,661,358	9,710,976
Loans and receivables	4,784,388	4,427,929
<b>Financial Liabilities</b>		
Financial liabilities measured at amortised cost	1,246,403	1,745,750

### **(c) Financial Instrument disclosures**

#### Credit Risk

The following table discloses the Authority's maximum exposure to credit risk and the ageing analysis of financial assets. The Authority's maximum exposure to credit risk at the end of the reporting period is the carrying amount of financial assets as shown below. The table discloses the ageing of financial assets that are past due but not impaired and impaired financial assets. The table is based on information provided to senior management of the Authority.

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

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

# Notes to the Financial Statements for the year ended 30 June 2014

## Note 38 Financial instruments (continued)

### (c) Financial Instrument disclosures (continued)

#### Aged analysis of financial assets

	Carrying amount \$	Not past due and not impaired \$	Past due but not impaired					Impaired Financial assets \$
			Up to 1 month \$	1-3 months \$	3 months to 1 year \$	1-5 years \$	More than 5 years \$	
<b>Financial Assets</b>								
<b>2014</b>								
Cash and cash equivalents	2,617,861	2,617,861						
Restricted cash and cash equivalents	8,661,358	8,661,358						
Receivables	158,265	158,265						
Amounts receivable for services	4,626,123	4,626,123						
	<b>16,063,607</b>	<b>16,063,607</b>	–	–	–	–	–	–
<b>2013</b>								
Cash and cash equivalents	2,882,919	2,882,919						
Restricted cash and cash equivalents	9,710,976	9,710,976						
Receivables	124,806	124,806						
Amounts receivable for services	4,303,123	4,303,123						
	<b>17,021,824</b>	<b>17,021,824</b>	–	–	–	–	–	–

# Notes to the Financial Statements for the year ended 30 June 2014

## Note 38 Financial instruments (continued)

### (c) Financial Instrument disclosures (continued)

#### Liquidity risk and interest rate exposure

The following table details the Authority's interest rate exposure and the contractual maturity analysis of financial assets and financial liabilities. The maturity analysis section includes interest and principal cash flows. The interest rate exposure section analyses only the carrying amounts of each item.

#### Interest rate exposures and maturity analysis of financial assets and liabilities

	Interest rate exposure					Nominal Amount \$	Maturity dates				
	Weighted average effective interest rate %	Carrying amount \$	Fixed interest rate \$	Variable interest rate \$	Non-interest bearing \$		Up to 1 month \$	1-3 months \$	3 months to 1 year \$	1-5 years \$	More than 5 years \$
<b>2014</b>											
<b>Financial Assets</b>											
Cash and cash equivalents	–	2,617,861	–	–	2,617,861	2,617,861	2,617,861	–	–	–	–
Restricted cash and cash equivalents	2.82	8,661,358	–	6,465,445	2,195,913	8,661,358	8,661,358	–	–	–	–
Receivables	–	158,265	–	–	158,265	158,265	158,265	–	–	–	–
Amounts receivable for services	–	4,626,123	–	–	4,626,123	4,626,123	–	–	–	–	4,626,123
		16,063,607	–	6,465,445	9,598,162	16,063,607	11,437,484	–	–	–	4,626,123
<b>Financial Liabilities</b>											
Payables	–	1,246,403	–	–	1,246,403	1,246,403	1,246,403	–	–	–	–
		1,246,403	–	–	1,246,403	1,246,403	1,246,403	–	–	–	–



# Notes to the Financial Statements for the year ended 30 June 2014

## Note 38 Financial instruments (continued)

### (c) Financial Instrument disclosures (continued)

#### Liquidity risk and interest rate exposure (continued)

	Weighted average effective interest rate %	Carrying amount \$	Interest rate exposure			Nominal Amount \$	Maturity dates				
			Fixed interest rate \$	Variable interest rate \$	Non-interest bearing \$		Up to 1 month \$	1-3 months \$	3 months to 1 year \$	1-5 years \$	More than 5 years \$
<b>2013</b>											
<u>Financial Assets</u>											
Cash and cash equivalents	-	2,882,919	-	-	2,882,919	2,882,919	2,882,919	-	-	-	-
Restricted cash and cash equivalents	3.06	9,710,976	-	7,619,868	2,091,108	9,710,976	9,710,976	-	-	-	-
Receivables	-	124,806	-	-	124,806	124,806	124,806	-	-	-	-
Amounts receivable for services	-	4,303,123	-	-	4,303,123	4,303,123	-	-	-	-	4,303,123
		17,021,824	-	7,619,868	9,401,956	17,021,824	12,718,701	-	-	-	4,303,123
<u>Financial Liabilities</u>											
Payables	-	1,745,750	-	-	1,745,750	1,745,750	1,745,750	-	-	-	-
		1,745,750	-	-	1,745,750	1,745,750	1,745,750	-	-	-	-

# Notes to the Financial Statements for the year ended 30 June 2014

## Note 38 Financial instruments (continued)

### Interest rate sensitivity analysis

The following table represents a summary of the interest rate sensitivity of the Authority's financial assets and liabilities at the end of the reporting period on the surplus for the period and equity for a 1% change in interest rates. It is assumed that the change in interest rates is held constant throughout the reporting period.

	Carrying Amount \$	-100 Basis Points		+100 Basis Points	
		Surplus \$	Equity \$	Surplus \$	Equity \$
<b>2014</b>					
<u>Financial Assets</u>					
Restricted cash and cash equivalents	6,465,445	(64,654)	(64,654)	64,654	64,654

	Carrying Amount \$	-100 Basis Points		+100 Basis Points	
		Surplus \$	Equity \$	Surplus \$	Equity \$
<b>2013</b>					
<u>Financial Assets</u>					
Restricted cash and cash equivalents	7,619,868	(76,199)	(76,199)	76,199	76,199

## Note 39 Schedule of income and expenses by service

Western Australian Alcohol and Drug Authority has only one service known as Drug and Alcohol.

## Key performance indicators


### Certificate of Key Performance Indicators

**Western Australian Alcohol and Drug Authority**

**Certification of key performance indicators**

**For the year ended 30 June 2014**

We hereby certify that the key performance indicators are based on proper records, are relevant and appropriate for assisting users to assess the Western Australian Alcohol and Drug Authority's performance, and fairly represent the performance of the Authority for the financial year ending 30 June 2014.



**Professor Gary Geelhoed**

Chairperson

Western Australian Alcohol and Drug Authority



**Professor Steve Allsop**

Deputy Chairperson

Western Australian Alcohol and Drug Authority

5 August 2014

# Performance management framework

## Outcome, services and performance information

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

### Key Effectiveness Indicators

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

### Key Efficiency Indicators

#### *Prevention and Early Intervention:*

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

#### *Treatment and support:*

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

## Agency Level Government Desired Outcomes

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

### Key Effectiveness Indicators

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

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

This indicator presents information on the Western Australian prevalence rate for illicit drugs and alcohol, and reflects the impact of preventive initiatives of a range of government departments. Prevalence rates are from the National Drug Strategy Household Survey which is conducted every three years. The prevalence of alcohol and drug use is determined by a range of complex social and structural determinants, therefore whole of government activities are required to effectively reduce rates of use.

#### **1.2 Correct take out messages from campaigns among target population.**

A major strategy to achieve the desired outcome is public education and social marketing campaigns. This is an indicator of effectiveness of the public education campaigns to reduce the social acceptability of risky alcohol and other drug use and increase the awareness of associated harm. It is included in the efficiency indicators as an additional annual indicator as the primary key performance indicator (Indicator 1) is based on data that is only collected every three years.

#### **1.3 Number of open and opened treatment episodes (including inpatient and outpatient in government and non-government agencies funded by the Western Australian Alcohol and Drug Authority) and the percentage not completed as planned (unplanned exits).**

This indicator reflects the impact of treatment and support services and is based on client episodes that are provided either directly by the Western Australian Alcohol and Drug Authority or by agencies funded by the Western Australian Alcohol and Drug Authority.

The indicator measures the effectiveness of treatment by presenting information on client episodes that are completed as planned or where the clients are still retained in treatment. The indicator presents the percentage of unplanned exits from treatment and the aim is to reduce, year on year, the percentage of client episodes that are not completed as planned.

### Indicator 1.1: Percentage of the population aged 14 years and over reporting recent use of illicit drugs and reporting use of alcohol at risky levels compared to the percentage reported nationally

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

Preventing or delaying the onset of risky alcohol consumption reduces the impact of short-term risk and contributes to the prevention of long-term health related harm. This indicator uses information from a survey conducted every three years and provides a view of reported illicit drug use and alcohol use over time.

Table 1: Percentage of people in the Western Australian population (14 years and over) who report recent use of illicit drugs and report recent use of alcohol at risky levels (short and long-term risk) compared to the percentage reported nationally

	Target % Difference	% Difference	WA 2010	Aust 2010	% Difference	WA 2007	Aust 2007	% Difference	WA 2004	Aust 2004
Prevalence of illicit drug use (% who consumed any illicit drugs in past 12 months)		3.9%	18.6%	14.7%	2.8%	16.2%	13.4%	2.0%	17.3%	15.3%
Short-term risk consumption of alcohol	Less than the difference in the previous survey									
2009 NHMRC Guidelines		3.5%	43.3%	39.8%	3.0%	44.4%	41.4%			
2001 NHMRC Guidelines		3.6%	36.4%	32.8%	2.5%	37.1%	34.6%	3.7%	39.1%	35.4%
Long-term risk consumption of alcohol										
2009 NHMRC Guidelines		2.6%	22.7%	20.1%	3.9%	24.2%	20.3%			
2001 NHMRC Guidelines		1.1%	11.1%	10.0%	1.2%	11.5%	10.3%	1.5%	11.4%	9.9%

Information is based on the National Drug Strategy Household Survey (NDSHS) which is conducted every three years and published by the Australian Institute of Health and Welfare.

Reported use within Western Australia of any illicit drug in the last 12 months has remained consistent with national trends. Both Western Australia and Australia reported a decrease in recent illicit drug use 2007 compared to the 2004 survey; however, an increase in recent illicit drug use was reported in 2010 compared to the 2007 survey. The estimated increase of recent illicit drug use reported in the 2010 NDSHS was greater for Western Australia than the Australian estimates. This was mainly due to the slight upward trend for Western Australian males from 18.1% in 2007 to 22.8% in 2010. Caution is advised in interpreting data due to the relatively small numbers of reported illicit drug users.

Defining long term risky drinking using either the 2001 or 2009 National Health and Medical Research Council guidelines, Western Australia did show a reduction in the difference between the state and national rates in relation to risky alcohol consumption. However in terms of the short term risk of consumption, there was an increase in the difference between the state and national rates. Based on the 2001 guidelines, short-term risky drinking fell slightly in Western Australia from 37.1% to 36.4% (2007 to 2010), mainly due to an improvement in short-term risky drinking for Western Australian females (from 33.0% in 2007 to 31.5% in 2010). Short-term risky drinking for Western Australian males is less than that of females, but remains at a relatively steady rate between the two latest surveys.

The gap between the Western Australian rate and the national rate for short term risky drinking was 3.6% which is an increase of 1.1% (using 2001 National Health and Medical Research Council guidelines). Western Australian females who consumed alcohol at risky levels of long-term harms decreased in the 2010 survey (10.7%) compared to 12.3% in the 2007 survey. Targeting prevention messages to address short-term risky drinking continues to be an important prevention strategy to reduce short-term risky drinking. Western Australia is also participating in the national prevention of binge drinking initiatives as well as continuing to address this problem through the *Alcohol.Think Again* alcohol awareness campaign and other approaches.

#### Notes:

- The 2013/2014 results are based on the 2010 National Drug Strategy Household Survey, which is the most recent survey and was released in 2011.
- In 2009, the National Health and Medical Research Council revised the alcohol guidelines in light of new evidence on the risks of alcohol-related harm, including a range of chronic diseases, accidents and injury. The new guidelines take a different approach to the 2001 guidelines. This approach is the development of a population-health guide to estimate the overall risk of alcohol-related harm over a lifetime rather than looking at the immediate risk of injury and cumulative risk of chronic disease. The 2009 guidelines also provide advice to specific populations (e.g. children and young people), and on lowering the risk of alcohol-related harm. The 2009 guidelines reduced the number of standard drinks per session/week that is recommended to consume to stay under a risk of harm to less than one death from alcohol-related disease/injury per 100 drinkers. The 2009 National Health and Medical Research Council guidelines recommend on average, no more than two/ four standard drinks on any occasion for lifetime/single occasion risk (regardless of sex). The 2004 and 2007 National Drug Strategy Household Survey calculated risky drinking using the previous 2001 NHMRC guidelines. Short-term risk was calculated by the consumption of females/males consumption of five/seven or more standard drinks on an occasion. Long-term risk was calculated by the consumption of females/males consuming 15/29 or more standard drinks per week.
- The term 'Illicit drugs', covers a wide range of drugs that includes illegal drugs (such as cannabis, ecstasy, heroin and cocaine), prescription and over-the-counter pharmaceuticals (such as tranquilisers/sleeping pills) used for illicit purposes, and other substances used inappropriately (such as naturally occurring hallucinogens and inhalants). The term 'recent use' refers to the use of drugs or alcohol within 12 months prior to being surveyed for the National Drug Strategy Household Survey.

## Indicator 1.2: Correct take out messages from campaigns among target population

Successful public education and social marketing campaigns aim to reduce the social acceptability of risky alcohol and other drug use and increase the awareness of associated harm. The *Alcohol. Think Again* campaign is a social marketing program aimed at raising awareness of the risk of alcohol-caused disease and alcohol related harms. The *Drug Aware* campaign provides information about the harms associated with illicit drug use.

Table 2: Percentage of persons in campaign target groups who were aware of the campaign and were able to recall the main campaign messages

CAMPAIGN		Target	2013/14	Target	2012/13	Target	2011/12	Target	2010/11	Target	2009/10
<b>ALCOHOL</b>											
<i>Alcohol.Think Again</i> 'Alcohol and Health' campaign.	Aware	53%	N/A*								
	Correct	N/A*	N/A*								
<i>Alcohol. Think Again</i> 'Parents, young people and alcohol' campaign	Aware			67.7%	46%						
	Correct			60.8%	69.6%						
Campaign 1 'Tolerance'	Aware							78.6%	77.0%	74.0%	58.0%
	Correct							50.4%	51.2%	52.7%	42.7%
Campaign 2 'Cancer'	Aware					68.5%	75%	76.3%	74.0%	57.6%	47.0%
	Correct					73.6%	72.8%	73.6%	73.6%	40.1%	33.8%
<b>DRUGS</b>											
<i>Drug Aware</i> programs											
Amphetamine	Aware	51.3%	51.0%			46.2%	45%	47.7%	–	39.2%	52.0%
	Correct	76.8%	79.2%			75.2%	76.8%	75.2%	–	38.8%	48.9%
Ecstasy	Aware			26%	28%			20.3%	24%		
	Correct			76.8%	78.4%			–	73.6%		
Cannabis	Aware					44.6%	41%				
	Correct					75.2%	76.8%				



The targets for the *Drug Aware* Amphetamine campaign were estimated at 51.3% of the targeted population being “aware” of the campaign message, and 76.8% for “correct” message take out. The results for this campaign were 51.0% “aware” and 79.2% “correct” message take out.

The campaign outperformed in regards to the target “correct” message take out. It is believed that this is attributable to the repeated (6<sup>th</sup>) use of the effective campaign advertisement. Regular scheduling of repeated phases of media campaigns result in stronger awareness and correct message take out measures among the target group. This campaign has been implemented over the last 3 years, with an average of two phases per year.

The target for the 2013/14 *Alcohol Think Again* Alcohol campaign was estimated at 53% of the targeted population being “aware” of the campaign message. The actual measures for this KPI are not able to be reported as the campaign was postponed due to the State Government's freeze on advertising from April 2014 – 30 June 2014.

- N/A\* – Due to the State Government's freeze on government agency advertising, the Drug and Alcohol Office postponed the scheduled May 2014 run of the *Alcohol. Think Again* campaign and therefore cannot fully report against this key performance indicator in the 2013/14 reporting period.
- Separate targets are set for each campaign undergoing evaluation. Targets are established for the current financial year on the basis of the media spend allocated and the media mix to reach the target group of the campaign, therefore targets may change by year and by campaign.

### Indicator 1.3: Number of open and opened treatment episodes (including inpatient and outpatient in government and non-government agencies funded by the Western Australian Alcohol and Drug Authority) and the percentage not completed as planned (unplanned exits)

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

Table 3: The percentage of episodes (including inpatient and outpatient in government and non-government agencies funded by the Western Australian Alcohol and Drug Authority) not completed as planned (unplanned exits)

Treatment outcome	Target	2013/14	2012/13	2011/12	2010/11	2009/10
% of client episodes not completed as planned (unplanned exits)	26% (over a 5 year period)	20%	22%	23%	21%	23%

The target was set for a reduction to 26% of treatment episodes not completed as planned over the five years from 2008/09. The results have been within the established target over the preceding five years with an actual result for 2013/14 of 20% of client episodes not completed as planned.

For many clients with alcohol and other drug problems, remaining in treatment is recognised as a challenge world-wide due to relapse back to alcohol and other drug use. Many factors affect people's ability to engage and remain in treatment. Time in treatment and completion of treatment as planned are associated with better treatment outcomes. The proportion of people leaving treatment successfully each year or still engaged in treatment is comparable with data from other countries such as the United Kingdom and the United States of America and indicates higher rates of successful completion.

#### Notes:

- Information is based on the number of treatment episodes where the client left a service provided either by government or non-government agencies funded by the Western Australian Alcohol and Drug Authority and is extracted from de-identified treatment agency databases.
- Open and opened refers to all treatment episodes that were open already at the beginning of the period and all episodes opened during that period. Due to the requirements of the Alcohol and Other Drug Treatment Services – National Minimum Data Set, for a 3 month period before closures of episodes where the client has exited without notice, the reporting period for this effectiveness indicator is 1 April 2013 – 31 March 2014.
- Treatment episodes were considered to have unplanned exits if the client had left a service for one of the following reasons: left against advice of the service, did not comply with the conditions of the program, left without notice, died or was imprisoned.

## Key Efficiency Indicators

### Function Group 1

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

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

### Function Group 2

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

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

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

The costs associated with this indicator include direct costs associated with prevention programs and activities, staff salaries and corporate overheads. The targets for this indicator were calculated based on the budget estimate for 2012/13.

*Table 4: Cost per capita of prevention initiatives*

	Target 2013/14	2013/14	Target 2012/13	2012/13	Target 2011/12	2011/12	Target 2010/11	2010/11	Target 2009/10	2009/10
Cost per capita	\$4.78	\$5.70	\$4.63	\$5.86	\$4.40	\$4.31	\$4.37	\$4.78	\$3.09	\$3.87

The increase in cost per capita spend on prevention activity was due to an increase in external funding sources for prevention initiatives, including projects through Breaking the Cycle and Closing the Gap Commonwealth funding and some reprioritisation of funds to support education initiatives.

The Western Australian Alcohol and Drug Authority has a strategic commitment to increasing the percentage of funding expended on prevention activities and this trend in investment above the target is a positive outcome.

**Notes:**

- The cost per capita is based on estimates of the Western Australian population aged 14 years and over which are obtained from the Australian Bureau of Statistics, Time Series Workbook 3101.0 Population by Age and Sex, Australian States and Territories, Western Australia. Population figures for this report were accessed from the Time Series Spreadsheets and may differ over time from dates accessed.

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

This measure is reported annually as an additional KPI to the prevalence rates, as the source for the prevalence data, the National Drug Strategy Household Survey, is conducted only every three years. Successful public education and social marketing campaigns aim to reduce the social acceptability of risky alcohol and other drug use and increase the awareness of associated harm.

Table 5: Cost per person in target group for prevention campaigns

CAMPAIGN		Target	2013/14	Target	2012/13	Target	2011/12	Target	2010/11	Target	2009/10
<b>ALCOHOL</b>											
<i>Alcohol.Think Again</i> 'Alcohol and Health' campaign.	Aware	\$0.77	N/A*								
	Correct	N/A*	N/A*								
<i>Alcohol. Think Again</i> Parents, young people and Alcohol' campaign	Aware			\$0.81	\$1.29						
	Correct			\$1.34	\$1.85						
Campaign 1 'Tolerance'	Aware							\$0.47	\$0.46	\$1.14	\$1.60
	Correct							\$0.93	\$0.91	\$1.60	\$2.17
Campaign 2 'Cancer'	Aware					\$0.69	\$0.60	\$0.34	\$0.30	\$1.54	\$2.02
	Correct					\$0.94	\$0.82	\$0.46	\$0.41	\$2.22	\$2.80
<b>DRUGS</b>											
<i>Drug Aware</i> programs											
Amphetamine education strategy	Aware	\$0.79	\$0.76			\$1.11	\$1.12	\$1.00	\$0.96	\$1.51	\$0.77
	Correct	\$1.03	\$0.96			\$1.47	\$1.46	\$1.34	\$1.28	\$1.52	\$0.82
Ecstasy	Aware			\$1.75	\$1.45			\$12.06	\$10.62		
	Correct			\$2.27	\$1.84			–	\$14.42		
Cannabis	Aware					\$1.13	\$1.08				
	Correct					\$1.51	\$1.41				

N/A\* – due to the State Government's freeze on government agency advertising, the Drug and Alcohol Office postponed the scheduled May 2014 run of the *Alcohol. Think Again* campaign and therefore cannot fully report against this key performance indicator in the 2013/14 reporting period.

The target cost per person for the *Drug Aware* amphetamine campaign in the target group was \$0.79 for “aware” and \$1.03 for the target “correct” recall of the main campaign messages. The campaign outperformed in regards to the target cost per person of the targeted population being “aware” of the campaign message. It is believed that this is attributable to the repeated (6<sup>th</sup>) use of the effective campaign advertisement. Regular scheduling of repeated phases of media campaigns result in stronger awareness and correct message take out measures among the target group. This campaign has been implemented over the last 3 years, with an average of two phases per year.

The target cost per person for the *Alcohol.Think Again* campaign in the target group was \$0.77 for ‘aware’. The *Alcohol.Think Again* target and actual “correct” recall measures for this KPI are not able to be reported as the campaign was postponed due to the State Governments freeze on advertising from April 2014 – 30 June 2014.

**Notes:**

- The costs per capita in the target groups are based on population figures which are obtained from the Australian Bureau of Statistics, Time Series Workbook 3101.0 Population by Age and Sex, Australian States and Territories, Western Australia.
- Separate targets are set for each campaign undergoing evaluation. The target for campaign awareness can only be set on the expected media reach that can be achieved from one media phase of a campaign schedule. The expected reach is determined by the advertising agency from independent surveys that report what a particular media medium can achieve. This does not take into account the cumulative effect that running multiple phases of a campaign through the year may have on the overall awareness.

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

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

Table 6: Cost per treatment episode completed as planned or clients still in treatment (including inpatient and outpatient in government and non-government agencies and Sobering-up Centres)

	Target	2013/14	Target	2012/13	Target	2011/12	Target	2010/11
Cost per treatment episode completed as planned or still engaged in treatment	\$2,315	\$1,951	\$2,125	\$1,964	\$1,703	\$2,125	\$1,514	\$1,510

The 2013/14 cost per treatment episode completed as planned or still engaged in treatment was \$1,951 (38,026 treatment episodes), below the target of \$2,315 (32,643 treatment episodes). Evidence of the efficiency of the Western Australian Alcohol and Drug Authority's alcohol and other drug treatment services is demonstrated by the fact that more treatment is being delivered at a lower cost.

### Notes:

- "Open" and "opened" refers to all treatment episodes that were open at the beginning of the period and all episodes opened during that period. Due to the requirements of the National Minimum Data Set for a 3 month period before closures of episodes where the client has exited without notice, the reporting period for the activity data is 1 April 2013 – 31 March 2014.
- Completing treatment is based on the number of episodes in which clients who left treatment at completion or for other reasons positively related to treatment, for instance to continue treatment in another service. Episodes were considered to have unplanned exits if the client had left a service for one of the following reasons: left against advice of the service, did not comply with the conditions of the program, left without notice, died or was imprisoned.
- The target for cost per treatment episode completed as planned or still engaged in treatment, is based on the 2013/14 Budget and an estimated 32,643 treatment episodes.
- The 2013/14 cost of episodes completed as planned or clients still engaged in treatment, excluding the Sobering-up Centre episodes, was \$3,598. The direct unit cost for Sobering-up Centres in 2013/14 was \$269 per episode.

## Other legal requirements

### Advertising

In 2013/14 advertising expenses were incurred by non-government organisations through service level agreements with DAO. The *Alcohol Think Again* and *Drug Aware* campaigns are managed by Curtin University under a Partnership Service Agreement with DAO.

#### Total Alcohol Think Again Campaigns (excludes GST)

Class of expenditure	2013/14
Advertising Agencies (The Brand Agency)	\$89,507.58
Media Agencies (IKON Communications)	\$794,250.28
Market Research Agencies (TNS Social Research)	\$84,600.00
<b>Total expenditure</b>	<b>\$968,357.86</b>

#### Total Drug Aware Campaigns (excludes GST)

Class of expenditure	2013/14
Advertising Agencies (The Brand Agency)	\$45,023.09
Media Agencies (IKON Communications/The Brand Agency)	\$461,204.40
Market Research Agencies (TNS Social Research)	\$129,800.00
<b>Total expenditure</b>	<b>\$636,027.49</b>

#### Total Strong Spirit Strong Future Campaign (excludes GST)

Class of expenditure	2013/14
Advertising Agencies (The Brand Agency)	\$3,760.82
Media Agencies Scheduling (The Brand Agency)	\$601,602.90
Market Research Agencies (TNS Social Research)	\$35,950.00
<b>Total expenditure</b>	<b>\$641,313.72</b>

Note: *Strong Spirit Strong Future* Campaigns are funded through the Council of Australian Governments' Closing the Gap National Partnership Agreement.

#### Total Strong Spirit Strong Mind Metro Project Campaign (excludes GST)

Class of expenditure	2013/14
Advertising Agencies (The Brand Agency/Murdoch)	\$6,000.00
Media Agencies Scheduling (The Brand Agency)	0.00
Market Research Agencies (TNS Social Research)	0.00
<b>Total expenditure</b>	<b>\$6,000.00</b>

Note: Funding for the *Strong Spirit Strong Mind Metro Project* was made available through the Council of Australian Governments' Closing the Gap National Partnership Agreement.



## Ministerial Directives

Treasurers Instruction 903 (12) requires the disclosure of any Ministerial directives relevant to the setting of desired outcomes or operational objectives, the achievement of desired outcomes or operational objectives, investment activities or financing activities. No such directives were received during the financial year.

## Senior Officers

Other than normal contracts of employment of service, no senior officers or entities in which senior officers have any substantial interests, had any interests in existing or proposed contracts with DAO.

## Compliance with Public Sector Standards and Ethical Codes

In accordance with section 31(1) of the *Public Sector Management Act 1994*, DAO provides the following statements regarding compliance with the Public Sector Standards, the Western Australian Public Sector Code of Ethics and the DAO Code of Conduct.

Compliance Category	Result
Public Sector Standards in Human Resource Management	No breaches were lodged
WA Code of Ethics	No reports of non-compliance
DAO Code of Conduct	One breach of DAO Code of Conduct

During the year DAO continued implementing the DAO *Corporate Governance Action Plan* which is the foundation of DAO's overarching Governance Framework. The Framework encompasses all areas of business ensuring an integrated approach to the governance model.

The framework assists DAO and staff in complying with the standards as well as general corporate and clinical governance, administration and management reporting requirements. It is designed to improve the agency's transparency and accountability, identify and manage risks, improve organisational performance and assist in the prevention and detection of fraudulent and unethical behaviour.

In addition DAO continued to provide training for staff on Accountable and Ethical Decision Making in line with the Public Sector Commission Instruction "Codes of Conduct and Integrity Training". As at June 30, 2014 90% of staff had successfully completed the required Accountable and Ethical Decision Making training.

## Safety, Health and Wellbeing

### **Commitment to Occupational Safety, Health and Injury Management**

DAO and its Executive are committed to providing and maintaining a safe and healthy workplace, and meeting its responsibilities under the *Occupational Safety and Health Act 1984* and the *Workers' Compensation and Injury Management Act 1981*. Policies and procedures relating to occupational safety and health and injury management are easily accessible on the DAO intranet. The Occupational Safety and Health framework includes:

- managing and reporting workplace hazards, incidents and injuries
- promoting safe work practices
- injury management, including Return to Work programs
- general wellbeing programs, including our Employee Assistance Program.

### **Consultation Mechanism**

The commitment of management to consultation with DAO's Safety and Health Representatives and other staff on occupational safety and health issues is exemplified by Executive representation on the Occupational Safety and Health Committee. DAO's robust consultation process incorporates Safety and Health Representatives taking safety issues from the Committee to the staff they represent to gain feedback. This enables a strong representation of views to be included in safety decisions.

### **Compliance with Injury Management Requirements**

DAO complies with the injury management requirements of the *Workers' Compensation and Injury Management Act 1981* and is committed to providing injury management support to all workers who sustain a work related injury or illness with a focus on a safe and early return to their pre-injury/illness position. DAO's Workers' Compensation and Injury Management commitment is exemplified by the speedy return to work of injured staff. Injury management and return to work plans are often organised in-house, with more complex cases being managed by external rehabilitation providers.

### **OSH Management System Assessment**

DAO's occupational safety and health management system was reviewed in 2010 and awarded the Silver Certificate of Achievement from WorkSafe. DAO is currently working towards the next level of achievement which requires assessment of the current safety management system and broadening of compliance requirements to meet the upgraded requirements.

## Report on Performance

The following table details DAO's performance against established government targets:

Measure	2013/14	2012/13	2011/12	Government Target	Comment on Result
Number of fatalities	0	0	0	0	Target Achieved
Lost time injury/disease incidence rate	1.0	0.5	2.6	0 or 10% improvement on previous 3 years	Target Achieved
Lost time injury severity rate	50	0	40	0 or 10% improvement on the previous three years	DAO had one severe category claim during 2013/14 out of a total of two Lost Time Injury claims
Percentage of injured workers returned to work within				Greater than or equal to 80% return to work within 26 weeks	DAO had a total of two Lost Time Injury claims that exceeded the 26 week return to work target.
(i) 13 weeks	0	100	100		
(ii) 26 weeks	0	100	100		
Percentage of managers and supervisors trained in occupational safety, health and injury management responsibilities	100	100	100	Greater than or equal to 80%	Target Achieved

Note:

- **Fatalities:** number of compensated work related fatalities.
- **Lost time injury/disease incidence rate:** The lost time injury/disease incidence rate is the number of lost time injury/disease claims lodged, divided by the number of employees (FTE) and multiplied by 100.
- **Lost time injury severity rate:** The lost time injury severity rate is the number of severe injuries (over 60 days lost from work) divided by the number of lost time injury/disease claims multiplied by 100.

## Achievements

The following safety, health and well-being initiatives were also progressed during the year:

- Regular Occupational Safety and Health Committee Meetings.
- Workplace inspections were regularly conducted.
- Ergonomic assessments were provided to staff on request.
- Training was provided for managers and supervisors in occupational safety, health and injury management responsibilities. DAO has achieved a 100% completion rate for all managers and supervisors.
- A confidential, free of charge Employee Assistance Program was continued for staff and their families.
- Provided spinal checks and a free flu vaccination program to all of staff.
- Through the Wellness Program provided information on healthy options by focussing on a monthly health topic such as Healthy Lifestyle, Reducing Stress, Healthy Eating, and Meditation.

## Disability Access and Inclusion Plan Outcomes

Through DAO's *Disability Access and Inclusion Plan 2013-2017* a commitment to implement a range of strategies that aim to improve access and inclusion for people with disabilities to our services, facilities and information was demonstrated. The Plan is supported by an annual implementation plan which sets out actions to be taken to implement the strategies.

Some of the key initiatives for addressing the *Disability Access and Inclusion Plan 2013-2017* outcome areas include:

- Ensuring that DAO host events in areas and venues that are accessible to people with disabilities.
- Raising awareness of responsibilities with employees, contractors and services providers by providing a copy of the Plan to all staff, volunteers and contractors, including a copy of the Plan to all new staff at induction and ensuring the Plan is available on the DAO website.
- Regularly reviewing DAO buildings and facilities to ensure they are physically accessible to people with disabilities.
- Providing training to firewardens on evacuation procedures for people with disabilities.
- Ensuring that DAO's key information (services, facilities, customer feedback, complaint procedures etc) can be made available in alternate formats and that the language used is clear, concise and culturally secure.
- Including awareness sessions in DAO's corporate induction process.
- Ensuring that DAO's complaints mechanisms are accessible to people with disabilities.
- Ensuring people with disabilities have an equal opportunity to work within DAO through the promotion and adherence of appropriate policies in accordance with *Equal Employment Opportunity Act 1993*.

## Public Interest Disclosure

The *Public Interest Disclosure Act 2003* facilitates the disclosure of public interest information by providing protection for those who make disclosures and those who are subject of disclosure.

In accordance with the Act, DAO has appointed Public Interest Disclosure Officers and have reviewed internal policies and procedures related to obligations under the Act.

No public interest disclosures were received during the 2013/14 period.

## Record Keeping Plans

Under the *State Records Act 2000* all government agencies are required to have a record keeping plan. DAO's recordkeeping plan was reviewed and approved by the State Records Commission in June 2010 and outlines DAO's commitment to establishing and maintaining recordkeeping practices that meet business needs and the requirements of the Act.

Records awareness training remains a critical component of DAO's induction process, addressing staff roles and responsibilities in regard to compliance with the Record Keeping Plan. Recordkeeping responsibilities are also a key component of our Accountable and Ethical Decision Making training program which has a 90% completion rate for our staff.

During 2014/15 DAO will be reviewing and updating the record keeping plan in alignment with the *State Records Act 2000*. DAO will also be reviewing the overall efficiency and effectiveness of the recordkeeping training program to ensure that the program continues to meet staff needs and the requirements under the Act.

## Reconciliation Action Plan

Significant work was undertaken during the year in the development of DAO's new *Reconciliation Action Plan 2014 – 2016*. The Plan helps staff understand that what we are already doing is part of the reconciliation process with Aboriginal and Torres Strait Islander people, and that reconciliation, properly understood, is integral to DAO's core business.

To guide the development and implementation of the Plan, a Reconciliation Action Plan working group was established, with representatives of all of Directorates. This process is directed by the Aboriginal Alcohol and Other Drug Programs branch in collaboration with Aboriginal and other non-Aboriginal staff. The Plan is DAO focussed but also provides actions for the Alcohol and Other Drug sector in Western Australia through current contractual reporting requirements, participation in workforce development and partnership activities.

Some of DAO's key Reconciliation Action Plan achievements for the year include:

- Re-establishing the Aboriginal Advisory Group for DAO.
- Successful delivery of the Certificate III Aboriginal Alcohol and Other Drug Worker training program and provided Strong Spirit Strong Mind Cultural Awareness training for both the government and non-government alcohol and other drug sector.
- Events for staff that provided opportunities for Aboriginal and non-Aboriginal people to build relationships and celebrate days of Aboriginal cultural significance. These events were held for National Reconciliation Week and National Sorry Day. DAO also hosted a cultural event for in-patients and staff during NAIDOC Week at our Next Step Drug and Alcohol Services.
- DAO have achieved an employment statistic of 6.6% of workforce self-identifying as Aboriginal.

# APPENDICES

# 5

## Appendix One – Research projects

*(Completed or in progress 2013/14)*

The 2013 Young Adult Drug and Alcohol Survey (YADAS) *(completed)*

Goggin, L. & Bridle, R.

Does methadone maintenance treatment increase the risk of significant health problems in an older cohort? *(in progress)*

Goggin, L., Evans, L. & Bridle, R.

A retrospective observational study of two types of pharmacotherapy treatment for opiate dependence in Western Australia *(in progress)*

Goggin, L. & Evans, L.

The retention of alcohol and other drug sector workers post induction training *(completed)*

Evans, L. Rea, R. & Hicks, C.

DAYS Non-smoking evaluation *(in progress)*

Dyer, K., Christou, A., Mills, L. & Davis, J.

Australian School Students Alcohol and Drug Survey 2014: A Western Australian perspective *(in progress)*

Dyer, K., Christou, A. & Cancer Council Victoria.

Naloxone program evaluation *(in progress)*

Miller, J. & Christou, A.

Next Step Inpatient Withdrawal Unit Evaluation Proposal *(in progress)*

Miller, J., Dyer, K., & Christou, A.

Next Step Treatment Outcomes Evaluation *(in progress)*

Dyer, K., & Christou, A.

Community profiles – various *(in progress)*

Dyer, K., Bridle, R., Lembo, T. & Christou, A.

## Appendix Two – Publications and reports

- Drug and Alcohol Office (2013). *Alcohol and Other Drug Indicators Report – North Metro Region 2006-2010*. Vol 1, No 1. Perth: Drug and Alcohol Office.
- Drug and Alcohol Office (2013). *Alcohol and Other Drug Indicators Report – South Metro Region 2006-2010*. Vol 1, No 2. Perth: Drug and Alcohol Office.
- Drug and Alcohol Office (2013). *Alcohol and Other Drug Indicators Report – Kimberley Region 2006-2010*. Vol 1, No 3. Perth: Drug and Alcohol Office.
- Drug and Alcohol Office (2013). *Alcohol and Other Drug Indicators Report – Pilbara Region 2006-2010*. Vol 1, No 4. Perth: Drug and Alcohol Office.
- Drug and Alcohol Office (2013). *Alcohol and Other Drug Indicators Report – Midwest Region 2006-2010*. Vol 1, No 5. Perth: Drug and Alcohol Office.
- Drug and Alcohol Office (2013). *Alcohol and Other Drug Indicators Report – Goldfields Region 2006-2010*. Vol 1, No 6. Perth: Drug and Alcohol Office.
- Drug and Alcohol Office (2013). *Alcohol and Other Drug Indicators Report – Wheatbelt Region 2006-2010*. Vol 1, No 7. Perth: Drug and Alcohol Office.
- Drug and Alcohol Office (2013). *Alcohol and Other Drug Indicators Report – Great Southern Region 2006-2010*. Vol 1, No 8. Perth: Drug and Alcohol Office.
- Drug and Alcohol Office (2013). *Alcohol and Other Drug Indicators Report – South West Region 2006-2010*. Vol 1, No 9. Perth: Drug and Alcohol Office.
- Drug and Alcohol Office (2013). *Community perceptions of alcohol survey – Beagle Bay results*. Perth: Drug and Alcohol Office.
- Drug and Alcohol Office (2013). *Community perceptions of alcohol survey – Broome results*. Perth: Drug and Alcohol Office.
- Drug and Alcohol Office (2013). *Community perceptions of alcohol survey – Coolgardie results*. Perth: Drug and Alcohol Office.
- Drug and Alcohol Office (2013). *Community perceptions of alcohol survey – Derby results*. Perth: Drug and Alcohol Office.
- Drug and Alcohol Office (2013). *Community perceptions of alcohol survey – Esperance results*. Perth: Drug and Alcohol Office.
- Drug and Alcohol Office (2013). *Community perceptions of alcohol survey – Geraldton results*. Perth: Drug and Alcohol Office.
- Drug and Alcohol Office (2013). *Community perceptions of alcohol survey – Kalgoorlie results*. Perth: Drug and Alcohol Office.
- Drug and Alcohol Office (2013). *Community perceptions of alcohol survey – Karratha/Dampier results*. Perth: Drug and Alcohol Office.
- Drug and Alcohol Office (2013). *Community perceptions of alcohol survey – Katanning results*. Perth: Drug and Alcohol Office.
- Drug and Alcohol Office (2013). *Community perceptions of alcohol survey – Kununurra results*. Perth: Drug and Alcohol Office.
- Drug and Alcohol Office (2013). *Community perceptions of alcohol survey – Laverton results*. Perth: Drug and Alcohol Office.
- Drug and Alcohol Office (2013). *Community perceptions of alcohol survey – Leonora results*. Perth: Drug and Alcohol Office.
- Drug and Alcohol Office (2013). *Community perceptions of alcohol survey – Port Hedland results*. Perth: Drug and Alcohol Office.



Drug and Alcohol Office (2013). *Community perceptions of alcohol survey – Tom Price/Panawonica results*. Perth: Drug and Alcohol Office.

Drug and Alcohol Office (2013). *Community perceptions of alcohol survey – Warmun results*. Perth: Drug and Alcohol Office.

Drug and Alcohol Office (2013). *Community perceptions of alcohol survey – Wickham/Roebourne results*. Perth: Drug and Alcohol Office.

Drug and Alcohol Office (2013). *Transitional housing and support program (THASP) evaluation*. Perth: Drug and Alcohol Office.

Drug and Alcohol Office (2013). *Pulsecheck. Alcohol and other drug research news*. Issue 8, August 2013. Perth: Drug and Alcohol Office.

Drug and Alcohol Office (2014). *Pulsecheck. Alcohol and other drug research news*. Issue 9, January 2014. Perth: Drug and Alcohol Office.

Drug and Alcohol Office (2014). *Western Australian Community Program for Opioid Pharmacotherapy (CPOP) Clinical policies and procedures for the use of methadone and buprenorphine in the treatment of opioid dependence*. Perth: Drug and Alcohol Office.

Helfgott, S. & Allsop, S. (2013) *Volunteer Drug and Alcohol Counsellors' Training Program*. Perth: Drug and Alcohol Office.

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

- Akesson, G. (2014). Breaking the cycle in Western Australia (oral presentation). National Indigenous Drug and Alcohol Council Conference: *What works, doing it our way*. Grand Hyatt, Melbourne, 4-6 June 2014.
- Akesson, G. (2014). Breaking the cycle in Western Australia (oral presentation). Western Australian Alcohol and Other Drugs Symposium: *The road ahead: challenge, change and consolidation*. Fremantle, Western Australia: 24-25 June, 2014.
- Akesson, G. Gallagher, K. (2014). Building an alcohol and other drug prevention workforce (oral presentation). Western Australian Alcohol and Other Drugs Symposium: *The road ahead: challenge, change and consolidation*. Fremantle, Western Australia: 24-25 June, 2014.
- Aitken, D., Stone, J., Clarkson, K., Gray, M., & Spratt, J (2014). 'How did we do?' Getting the Strong Spirit Strong Future training and resources right (poster presentation). Western Australian Alcohol and Other Drugs Symposium: *The road ahead: challenge, change and consolidation*. Fremantle, Western Australia: 24-25 June, 2014.
- Christou, A. (2013). Treatment outcomes. *Alcohol and Other Drug Community Service Specific Outcomes Workshop*. Western Australia: 26 July 2013.
- Christou, A. & Rentsch, M. (2014). Inpatient Withdrawal Unit Evaluation. *Western Australian Alcohol and Other Drugs Symposium 2014*. Fremantle, Western Australia: 23-25 June 2014.
- Clarkson, K., Stone, J., Gray, M. & Aitken, D. (2013). How collaboration, consultation and innovation creates strong futures (oral presentation). *Australasian Fetal Alcohol Spectrum Disorders Conference: A time to learn, a time to act*. Education Centre, Royal Brisbane and Women's Hospital, Brisbane: 19-20 November, 2013.
- Clarkson, K. Stone, J., Gray, M & Aitken, D. (2014). Did we get it right? Culturally secure FASD prevention strategies in WA (oral presentation). National Indigenous Drug and Alcohol Committee (NIDAC) Conference: *What works: doing it our way*. Grand Hyatt Hotel, Melbourne: 3-5 June, 2014.
- Goggin, L. (2013). Emerging psychoactive substances. *State Diversion Forum*. Northbridge, Western Australia: 7 October 2013.
- Goggin, L. & Kirby, G. (2013). Emerging psychoactive substances. *DAO Workforce Development Forum*. Northbridge, Western Australia: 29 November 2013.
- Goggin, L. (2014). Emerging psychoactive substances. *DAO Workforce Development Forum*. Northbridge, Western Australia: 15 April 2014.
- Goggin, L. (2014). An update: emerging psychoactive substances. *DAO Workforce Development Videoconference*. Mount Lawley, Western Australia: 29 April 2014.
- Goggin, L. (2014). Emerging psychoactive substances. *State Diversion Forum*. Perth, Western Australia: 6 May 2014.
- Goggin, L. & Kirby, G. (2014). Emerging psychoactive substances. *Safe City Working Group and Community Integration*. Northbridge, Western Australia: 17 June 2014.

- Gray, M. (2013) The Western Australian FASD Model of Care (oral presentation). *Australasian Fetal Alcohol Spectrum Disorders Conference: A time to learn, a time to act*. Education Centre, Royal Brisbane and Women's Hospital, Brisbane: 19-20 November, 2013.
- Gray, M. (2013). No alcohol in pregnancy is the safest choice campaign (oral presentation). *Australasian Fetal Alcohol Spectrum Disorders Conference: A time to learn, a time to act*. Education Centre, Royal Brisbane and Women's Hospital, Brisbane: 19-20 November, 2013.
- Gray, M., Clarkson, K., Spratt, J., Reibel, T., & Bruce, K. (2014). Elements for success: Evaluation of an Aboriginal Fetal Alcohol Spectrum Disorder Health Promotion Program. National Indigenous Drug and Alcohol Committee (NIDAC) Conference: *What works: Doing it our way*. Grand Hyatt Hotel, Melbourne: 3-5 June, 2014.
- Henrickson, N. (2013). A population-based prevention approach to reducing alcohol-related harm. *Notre Dame Medical Students*. Notre Dame University, Fremantle: 9 October 2013.
- Hutchinson, K. (2014). Navigating the WA Liquor Licensing System. *Drug and Alcohol Office Training: ST275 An introduction to AOD prevention within communities*. Mount Lawley, Western Australia: 14 May 2014.
- Lowery, M., Oh, G., Hunt, V., & Thompson, F. (2014). Building capacity: needle and syringe program training – *the way forward* (poster presentation). Western Australian Alcohol and Other Drugs Symposium: *The Road Ahead: Challenge, change and consolidation*. Fremantle, Western Australia: 24-25 June, 2014.
- Rachael, R., Hicks, C., & Evans, L. (2014). The retention of sector workers post induction training (poster presentation). Western Australian Alcohol and Other Drugs Symposium: *The Road Ahead: Challenge, change and consolidation*. Esplanade Hotel, Fremantle, Western Australia: 24-25 June, 2014.
- Spratt, J., Aitken, D. Stone, J., & Gray, M. (2013). Strong Spirit Strong Future: Preventing FASD in Aboriginal Communities (oral presentation). *Australasian Fetal Alcohol Spectrum Disorders Conference: A time to learn, a time to act*. Education Centre, Royal Brisbane and Women's Hospital, Brisbane: 19-20 November, 2013.
- Whittaker, L. (2014). Culturally secure initiatives to manage the supply and control of alcohol in communities. *Aboriginal Alcohol and Other Drug Worker Training Program: CHC30112 Certificate III in Community Services Work*. Mount Lawley, Western Australia: 10 February 2014.

## Endnotes

- 1 Data was extracted on the 9 June 2014 from the de-identified treatment agency database held at DAO.
- 2 Alcohol and Drug Information Service (ADIS). Drug and Alcohol Office, Perth, WA (accessed 9 June 2014).
- 3 Department of Health Western Australia (2014). HealthTracks Reporting. Epidemiology Branch, Public Health and Clinical Services Division, Department of Health WA in collaboration with the CRC for Spatial Information. Report generated 24/06/2014.
- 4 Data was extracted on the 9 June 2014 from the de-identified treatment agency database held at DAO.
- 5 Alcohol and Drug Information Service (ADIS). Drug and Alcohol Office, Perth, WA (accessed 9 June 2014).
- 6 Epidemiology Branch (2014). Quarterly number of drug and alcohol-related hospitalisations in Western Australian 2002-2013. Department of Health WA (computer file), 2014
- 7 Data was extracted on the 9 June 2014 from the de-identified treatment agency database held at DAO.
- 8 Epidemiology Branch (2014). Quarterly number of drug and alcohol-related hospitalisations in Western Australian 2002-2013. Department of Health WA (computer file), 2014.
- 9 Alcohol and Drug Information Service (ADIS). Drug and Alcohol Office, Perth, WA (accessed 9 June 2014).
- 10 Alcohol and Drug Information Service (ADIS). Drug and Alcohol Office, Perth, WA (accessed 9 June 2014).
- 11 Epidemiology Branch (2014). Quarterly number of drug and alcohol-related hospitalisations in Western Australian 2002-2013. Department of Health WA (computer file), 2014.
- 12 Data was extracted on the 9 June 2014 from the de-identified treatment agency database held at DAO.
- 13 Pharmaceuticals includes benzodiazepines, buprenorphine, homebake, methadone, morphine, other opioids, other pharmaceuticals, other sedatives and hypnotics, steroids and related substances for non-medical purpose.
- 14 Data was extracted on the 9 June 2014 from the de-identified treatment agency database held at DAO.
- 15 Goggin, L. & Bridle, R. (2013). Young Adult Drug and Alcohol Survey (YADAS): Results for Western Australia, 2013. Drug and Alcohol Office Surveillance Report (Unpublished): Drug and Alcohol Office, Perth.
- 16 Australian Institute of Health and Welfare (2011). 2010 National Drug Strategy Household Survey report. Drug statistics series no. 25. Cat. No. PHE 145. Canberra: AIHW.
- 17 Department of Health Western Australia (2014). HealthTracks Reporting. Epidemiology Branch, Public Health and Clinical Services Division, Department of Health WA in collaboration with the CRC for Spatial Information. Report generated 24/06/2014.
- 18 Data was extracted on the 9 June 2014 from the de-identified treatment agency database held at DAO.
- 19 Data was extracted on the 9 June 2014 from the de-identified treatment agency database held at DAO.
- 20 Department of Health Western Australia (2014). HealthTracks Reporting. Epidemiology Branch, Public Health and Clinical Services Division, Department of Health WA in collaboration with the CRC for Spatial Information. Report generated 24/06/2014.
- 21 Department of Health Western Australia (2014). HealthTracks Reporting. Epidemiology Branch, Public Health and Clinical Services Division, Department of Health WA in collaboration with the CRC for Spatial Information. Report generated 23/06/2014.
- 22 Department of Health Western Australia (2014). HealthTracks Reporting. Epidemiology Branch, Public Health and Clinical Services Division, Department of Health WA in collaboration with the CRC for Spatial Information. Report generated 23/06/2014.
- 23 Lowley W, Catalano P, Gilmore W & Chikritzhs T (2012). National Alcohol Sales Data Project. Stage 3, Final Report. Drug and Alcohol Office WA and National Drug Research Institute, Curtin University.
- 24 Department of Health Western Australia (2014). HealthTracks Reporting. Epidemiology Branch, Public Health and Clinical Services Division, Department of Health WA in collaboration with the CRC for Spatial Information. Report generated 23/06/2014.
- 25 Data was extracted on the 9 June 2014 from the de-identified treatment agency database held at DAO.
- 26 Data was extracted on the 9 June 2014 from the de-identified treatment agency database held at DAO.
- 27 Alcohol and Drug Information Service (ADIS). Drug and Alcohol Office, Perth, WA (accessed 9 June 2014). Family includes: family, other relative, father, mother, partner or sibling.



