

# Drug and Alcohol Office Annual Report 2011/12



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



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## Corporate information

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

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

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## Statement of compliance

**To the Hon Helen Morton MLC  
Minister for Mental Health; Disability Services**

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 2012.

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



Professor Gary Geelhoed  
Chairperson  
Western Australian Alcohol and Drug Authority

14 September 2012



Professor Steve Allsop  
Deputy Chairperson  
Western Australian Alcohol and Drug Authority

14 September 2012

## Executive Director's report

2011/12 has seen the Drug and Alcohol Office (DAO) make significant progress in the key strategic areas of prevention and early intervention, treatment and support services, and coordination and capacity building. This aligns with the key strategic priorities of the *Drug and Alcohol Interagency Strategic Framework for Western Australia 2011-2015*, which was released during the previous year and outlines the government's policy direction over this period.

Substantial alcohol and other drug service expansion was facilitated through the 2010/11 State Government budget.

DAO received Royalties for Regions funding of \$16.4 million over four years for the expansion of alcohol and other drug services in the Kimberley and Pilbara regions. Following completion of a comprehensive tender process, additional services are now being established for people in Broome, Derby, Fitzroy Crossing, Halls Creek, Kununurra, Hedland, Karratha and Newman. A direct negotiation process is being progressed to identify a suitable service provider for additional services in Tom Price. A key component of this funding is the ability to also provide improved access to prevention programs in regional areas, which is a great outcome for these communities.

Workforce attraction and retention pose significant barriers for service delivery in regional and remote areas. DAO has taken a proactive role in assisting alcohol and other drug service providers with these challenges and is working with the Department of Housing and local housing providers to come up with innovative solutions in areas where there are housing shortages.

Royalties for Regions funding has also enabled work to progress on the establishment of a new Dual Purpose Alcohol and Other Drug Centre in Carnarvon, which was announced in April 2012. When completed, the new centre will provide an overnight sobering-up service of up to 10 beds for intoxicated people, and during the day will serve as the base of operation for the Midwest Community Drug Service Team. Services available on-site will be augmented by in-reach services from Carnarvon agencies, providing a 'one stop shop' for people with alcohol and other drug problems.

Finding suitable housing in regional areas has also been an issue for clients with alcohol and other drug problems, as well as staff, and \$8.5 million allocated in the 2011/12 Budget has enabled DAO to work with the Department of Housing and alcohol and other drug agencies across the State to develop the Transitional Housing and Support Program. Fifteen new homes will be established for people transitioning back into the community following their residential treatment. Thirteen of these houses were secured by 30 June 2012, and are now available in Broome, Kalgoorlie, Geraldton and the Perth metropolitan area. Work is continuing with the Department of Housing to source the final two houses, to assist people with their reintegration back into the community.

DAO has undertaken significant work with the Department of Finance, the Western Australian Network of Alcohol and other Drug Agencies and the alcohol and other drug sector, to implement procurement reform in WA, and has made good progress towards implementing the *Delivering Community Services in Partnership* policy which was developed in response to recommendations made by the Economic Audit Committee.

As part of the 2011/12 State Budget, additional funding of \$600 million over four years was allocated to support a sustainable not-for-profit non-government sector. From 1 July 2011 a 15 per cent price adjustment was applied to all eligible non-government not-for-profit community service contracts, with DAO providing \$4,359,161 to boost the alcohol and other drug sector.

DAO continues to work with the alcohol and other drug sector to address sustainability issues including development of a bid for further funding 'Component II' which will be considered by Government as part of the 2012/13 Mid Year Review process.

In 2010, DAO received Council of Australian Governments (COAG) funding from the Closing the Gap National Partnership Agreement, for a suite of alcohol and other drug strategies for Aboriginal young people in the Perth metropolitan area. An exciting component of the *Strong Spirit Strong Mind* Metro project was the development of the first prevention focused media campaign specifically for Aboriginal young people. The campaign includes cinema and radio advertisements which promote the message that alcohol and other drug use can result in young people doing things that they may regret, and advising where they can access support and more information. These advertisements were also made available on Youtube, with links from the *Alcohol.Think Again* website, and the popular new *Strong Spirit Strong Mind* Facebook page which was set up as part of this project.

DAO also received \$2.23 million in COAG funding, over four years, to develop and implement a suite of culturally secure Fetal Alcohol Spectrum Disorder prevention initiatives. The *Strong Spirit Strong Future – Promoting Healthy Women and Pregnancies* project commenced in 2010, and included an awareness campaign which was launched in September 2011. A television advertisement was developed to promote the message that for women who are pregnant, planning a pregnancy or breastfeeding, not drinking alcohol is the safest option. The campaign also aims to raise awareness of the role of family and community in supporting Aboriginal women not to drink, and a second phase has been scheduled for September 2012. Again, this advertisement was also promoted online to make it more widely available.

Prevention initiatives have been strengthened and expanded during this last year, with DAO increasing the number and content of *Drug Aware* and *Alcohol.Think Again* campaigns it is conducting. In July and August 2011, DAO delivered the first phase of a Cannabis Prevention Campaign to coincide with the repeal of the *Cannabis Control Act 2003*, which was proclaimed on 1 August 2011. Early indications are that this and the subsequent phase of the campaign achieved a good result in encouraging people to rethink their cannabis use, and importantly to quit cannabis use.

In partnership with the Cancer Council of Australia, DAO ran a second media campaign and advertisement in March 2012, to raise awareness of the link between alcohol and cancer. This campaign and the new television advertisement in particular, attracted a great deal of public and media interest, with the positive result of raising awareness amongst the community about this important public health issue.

In June 2012, in conjunction with the Telethon Institute for Child Health Research, DAO delivered a further new campaign, including a television advertisement, aimed at all Western Australian women of child-bearing age who may consume low to moderate amounts of alcohol, advising them that not drinking alcohol was the safest option when pregnant, planning a pregnancy or breastfeeding.

The issue of new and emerging drugs continues to develop on a national level, and in Western Australia it has led to the establishment of the Emerging Psychoactive Substances Review Group. This group, chaired by DAO monitors and coordinates action, and provides advice to Government about synthetic cannabinoids, 'legal highs' and any other substances that may emerge as potentially harmful. The Group continues to look at ways of streamlining how these substances are dealt with into the future, under existing national and state legislation.

As from 1 January 2012 the disaggregation of DAO from the Department of Health was completed (in terms of budget determinations) and DAO was transferred to the Mental Health budget portfolio. Although a separate legal Authority, DAO previously formed part of the overall Department of Health budget portfolio for government budget purposes. The disaggregation was a significant body of work for the DAO finance team, and involved extensive negotiations with key stakeholders over a six month period, with all processes successfully satisfying the necessary requirements of an internal audit review.

Finally I'd like to thank the Board and the wider alcohol and other drug sector for their ongoing support and dedication during the year. They, along with the entire team at DAO, are always impressive in their commitment to make a difference to people, families and communities affected by alcohol and other drug problems.



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



# Overview

## Executive summary

### Drug and Alcohol Office – who we are

The Drug and Alcohol Office (DAO) is a statutory authority - the Western Australian Alcohol and Drug Authority (WAADA) – 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.

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

### Drug and Alcohol Office – what we do

#### Prevention and community action

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

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

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

## Treatment services

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

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 (DAYS) 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. DAYS provides a comprehensive range of alcohol and other drug assessment and treatment services. The service provides comprehensive multidisciplinary assessment and treatment both on-site and on an outreach basis.

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

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

PDIS works in partnership with other programs within DAO and relevant agencies to provide support for parents and families in Western Australia who may be experiencing 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.

### **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.

DAO houses Western Australia's specialist library and information service for alcohol and other drug publications. Members of the public, tertiary students and staff from other government agencies are welcome to use the library for reference purposes.

## Summary highlights 2011/12

Significant achievements of DAO for 2011/12 are summarised below. Detailed highlights are provided in the body of the Annual Report.

### Focusing on prevention

- Developed and implemented *Drug Aware* campaigns for Amphetamine, Drug Driving, Ecstasy, the first Cannabis Campaign to target users to quit as well as the Night Venues and Entertainment Events Campaign.
- Implemented three phases of the *Alcohol.Think Again* Campaign, including a new phase of the *Alcohol and Cancer* campaign and the development of a new *Alcohol and Pregnancy* campaign.
- Developed and implemented public education media campaigns for the COAG funded *Strong Spirit Strong Mind* Metro Project (targeting and developed in consultation with Aboriginal young people in the metropolitan area) and the *Strong Spirit Strong Future - Promoting Healthy Women and Pregnancies* project (seeking to reduce alcohol consumption during pregnancy).
- Successfully sought COAG funding to expand the *Strong Spirit Strong Mind: Metro* and *Strong Spirit Strong Future - Promoting Healthy Women and Pregnancies* projects.
- Continued development of strategies to protect young people from alcohol exposure, including planning for a comprehensive parent and youth community engagement strategy.
- Provided assistance to the Executive Director, Public Health (EDPH) in matters regarding alcohol-related harm and ill-health. Between 1 July 2011 and 30 June 2012, 285 liquor licence applications were received, and following investigation, 44 interventions were lodged by the EDPH.
- Established additional alcohol and other drug management plans and groups in Collie, Manjimup and Kununurra/Wyndham.

### Intervening before problems become entrenched

- Call rates to the Alcohol Drug and Information Service (ADIS) increased and recorded their highest levels ever at 23,632, representing a 10.9% increase over the 2010/11 year.
- DAYS established three new group programs, one of which is led by an Aboriginal youth mentor.
- Continued to provide the treatment component of the Early Intervention Pilot Program and supported WA Police to further develop and expand the program.
- Produced and disseminated culturally and linguistically diverse (CALD) resources promoting the ADIS and PDIS services to these population groups. In 2011/12 more than 1,000 of these resources were distributed to health, welfare and alcohol and other drug services.
- Conducted workforce development training for Department for Child Protection workers.
- Provided increased access to services via the growth of the 'LIVECHAT' (real time counselling support via *Drug Aware*) service. Inbound emails increased by 195% from over the previous year.

## Effective law enforcement approaches

- Participants accessing treatment through WA Diversion Programs increased for the 11th consecutive year.
- Supported implementation of the Cannabis Intervention Requirement Scheme which came into effect from 1 August 2011, following the repeal of the *Cannabis Control Act 2003*. Over the year, DAO continued to support WA Police, the Booking Service, Cannabis Intervention Session (CIS) providers and the community to increase the number of Cannabis Intervention Requirement (CIR) referrals and CIS attendance.
- Provided operational support, including resource development and statewide training events, to Community Services Sector Organisations contracted to provide CISs, including a range of Aboriginal specific service providers.
- Developed and distributed resources targeting the Aboriginal community as part of the CIR Scheme initiative.

## Effective treatment and support services

- Finalised the procurement of new treatment and support services funded through the *Royalties for Regions, Northwest Alcohol and Other Drug Support Program*, worth \$15 million over four years in the Kimberley and Pilbara regions.
- Agreed on the location, secured the land, and appointed the project manager and architect for the establishment of the Royalties for Regions-funded Carnarvon Dual Purpose Centre.
- Provided an additional \$4.36 million to all eligible not-for-profit community service contracts in the alcohol and other drug sector as part of the 15% price adjustment by the State Government to support a sustainable not-for-profit sector.
- Further developed and expanded integrated treatment services in the metropolitan area. In particular the South East Metro Community Drug Service (CDS) commenced operation as a fully integrated service from a new site in Thornlie.
- Established the Transitional Housing and Support Program for people transitioning back into the community following their residential treatment. Under the program, 15 new homes will be established across the state, and 13 of which were secured by 30 June 2012 (in Broome, Kalgoorlie, Geraldton and the Perth metropolitan area).
- Provided 21,190 episodes of care (excluding sobering up centres), with 77% completed as planned (or client still engaged in treatment).
- The Chapter of Addiction Medicine site accreditation visit to Next Step in November 2011 was successful, with Next Step accredited to provide Addiction Medicine training for a further five years.
- Continued to successfully support clients with hepatitis C through the Hepatitis C Clinic at Next Step with over 100 referrals received and as an outcome of attendance at the Clinic, a total of 36 clients progressed on to treatment with 15 confirmed successful treatments. A further eight clients are still awaiting confirmation results.
- Occupancy at Next Step Inpatient Withdrawal Unit indicated 583 admissions in 2011/12 - 78% of clients completed treatment as planned.

## Strategic coordination and capacity building

- Coordinated the Drug and Alcohol Strategic Senior Officers' Group (DASSOG) and finalised the *Strong Spirit Strong Mind – Aboriginal Drug and Alcohol Framework for*

*Western Australia 2011-2015*, the Alcohol, Illicit Drugs, Volatile Substance Use, and Capacity Building, Coordination and Monitoring Support Plans.

- Coordinated the Western Australian Collaboration for Substance Use and Mental Health in conjunction with the Mental Health Commission.
- Coordinated the Standing Committee on Alcohol (national committee).
- Convened the Emerging Psychoactive Substances Review Group (EPSRG) to enhance the monitoring of the emergence of new psychoactive substances. The EPSRG established a risk-based regimen to identify emerging psychoactive substances, and continued to explore ways of streamlining how these substances are dealt with and availability is controlled into the future under existing legislation.
- Completed data collection for the Western Australian component of the 2011 Australian School Student Alcohol and Drug survey. The survey results will be available in October/November 2012.
- Conducted a review of the Cannabis Intervention Requirement scheme of the *Cannabis Law Reform Act 2010*.
- In partnership with the Western Australian Network of Alcohol and other Drug Agencies, held the Western Australian Aboriginal Alcohol and other Drug Workers Forum for 120 participants from across Western Australia.
- Completed the 2012 DAO Reconciliation Action Plan.
- Conducted 158 workforce development training events with 2,678 participants, including 674 workers from the Department for Child Protection, Department of Corrective Services, Mental Health and WA Police.

## Significant issues and trends

### Preventing harm related to alcohol use

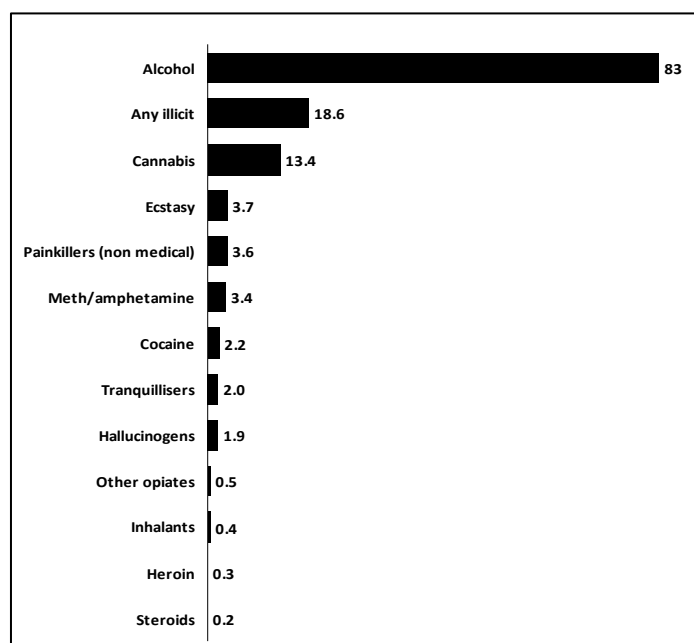
The problems related to alcohol use are largely preventable and account for significant social, physical, emotional and economic costs to the Western Australian community.

In Western Australia, there has been a notable increase in the level of community concern around alcohol-related harms, particularly alcohol fuelled violence. A recent survey of Australians revealed that 84% of people are concerned about the impact of alcohol on the community.<sup>1</sup>

Alcohol is the most commonly used drug in Western Australia, causing significant costs and harms. Alcohol-related problems are estimated to cost \$4 billion every year in Western Australia<sup>2</sup> and alcohol is second only to tobacco as the leading preventable cause of death and hospitalisation.

The proportion of Western Australians who drank alcohol in the past year, the past week or daily decreased in 2010 according to the results of the 2010 National Drug Strategy Household Survey. Notably, the results show a significant decrease reported for daily drinking by Western Australians with a reduction to 7.5% in 2010 from 9.8% reported in the 2007 survey.

However, in comparison to national consumption figures there are still more Western Australians drinking alcohol at levels that place them at risk of harm compared to the national rates. The 2010 National Drug Strategy Household Survey indicated that 43.4% of Western Australians aged 14 years and over reported drinking weekly (39.5% nationally) and 7.5% reported drinking daily (7.2% nationally).



Percentage of Western Australians using alcohol and other drugs in the past year in 2010<sup>3</sup> (%)

<sup>1</sup> Australian National Council on Drugs (2008). *Of substance: April 2008*. Canberra: Commonwealth of Australia.

<sup>2</sup> Based on a pro-rata population calculation using figures from Laslett, A-M., Catalano, P., Chikritzhs, Y., Dale, C., Doran, C., Ferris, J., Jainullabudeen, T., Livingston, M., Matthews, S., Mugavin, J., Room, R., Schlotterlein, M. and Wilkinson, C. (2010) *The Range and Magnitude of Alcohol's Harm to Others*. Fitzroy, Victoria: AER Centre for Alcohol Policy Research, Turning Point Alcohol and Drug Centre, Eastern Health.

<sup>3</sup> Australian Institute of Health and Welfare 2011. 2010 National Drug Strategy Household Survey (NDSHS) report. Drug statistics series no. 25. Cat. no. PHE 145. Canberra: AIHW.

Almost a quarter of Western Australians over 14 years old are also drinking at a level that could cause harm over their lifetime<sup>4</sup>. Long-term harmful use of alcohol is associated with a variety of adverse health effects such as liver disease, pancreatitis, diabetes and some types of cancer<sup>5</sup>.

These consumption patterns have impacted on service demand in Western Australia, not only for treatment of alcohol problems but also more generally in the health sector. There is a high hospitalisation rate for alcohol compared to other drugs, nationally and locally. In Western Australia, for every 100,000 persons there were 680 alcohol related hospitalisations compared to 245 for all other drugs (excluding tobacco) in 2010<sup>6</sup>. Alcohol is the primary drug of concern for those in treatment with around half of all treatment episodes being related to alcohol<sup>7</sup>. A third of injury admissions relate to alcohol<sup>8</sup> and a quarter of alcohol related deaths are due to cancer<sup>9</sup>.

DAO's *Alcohol.Think Again* campaigns and associated initiatives are part of a comprehensive response across government agencies to reduce the harms related to alcohol consumption by decreasing both long-term and short-term harmful drinking. Reducing alcohol availability does impact positively on harmful patterns of drinking and results in less health and social problems.

There is a growing concern in the community about the culture of excessive drinking in Australia and the influence this has on the choices young people make about their use of alcohol. There are some positive indications about the trends in alcohol use of young people with the recent Australian School Students Alcohol and Drug (ASSAD) survey 2011 (not yet released) showing that alcohol use in the year and week prior to the survey was significantly lower in Western Australia compared to the 2008 survey and also that there was a significant increase in abstainers. However, for those students drinking alcohol their levels of use do put them at risk of short-term and long-term harm. There is evidence that delaying the onset of alcohol use is a positive factor in reducing harms, and other contributing factors include more environments and leisure activities that are alcohol free, school drug education and parent education.

## Regional and remote areas

Levels of alcohol consumption and related harm are disproportionately high in the Kimberley, Pilbara and Goldfields regions. Alcohol consumption in Western Australia has ranged between 11-12 litres per capita per year since monitoring of alcohol sales volumes started in 2005<sup>10</sup>. The areas with the highest consumption levels are Fortescue (22 litres per capita), Kalgoorlie/Boulder (19 litres per capita) and Fitzroy/De Grey (18 litres per capita)<sup>11</sup>.

These trends in alcohol use and related problems result in an increasing demand for prevention and treatment services that significantly exceeds the current capacity. This is of particular concern, as people in remote areas are more likely to be hospitalised for alcohol related problems than those in major cities.

<sup>4</sup> Australian Institute of Health and Welfare 2011. 2010 National Drug Strategy Household Survey (NDSHS) report. Drug statistics series no. 25. Cat. no. PHE 145. Canberra: AIHW.

<sup>5</sup> Australian Institute of Health and Welfare (2010). *Australia's Health 2010*. AIHW; Canberra.

<sup>6</sup> Age standardised rate based on aetiological fractions. For further information please see Impact of alcohol on the population in Western Australia, Epidemiology Branch, Department of Health (2008).

<sup>7</sup> Service Information Management Service (SIMS). Drug and Alcohol Office, Perth, WA (accessed June 2012).

<sup>8</sup> Drug and Alcohol Office WA and Epidemiology Branch of Department of Health WA (2011). Alcohol-Related Hospitalisations and Deaths: State Profile.

<sup>9</sup> Ibid.

<sup>10</sup> Loxley, W., Chikritzhs, T.N. and Pascal, R. (2011). *National Alcohol Sales Data Project Final Report, 2009*. Drug and Alcohol Office, Western Australia, National Drug Research Institute, Curtin University, Perth, Western Australia.

<sup>11</sup> Ibid.



The mining and resources boom has also impacted on communities in a number of ways, including alcohol and drug-related problems. Problems do not only impact the workforce, especially those who fly-in and fly-out of regional areas, but also affect nearby communities and can cause problems for the workers' families.

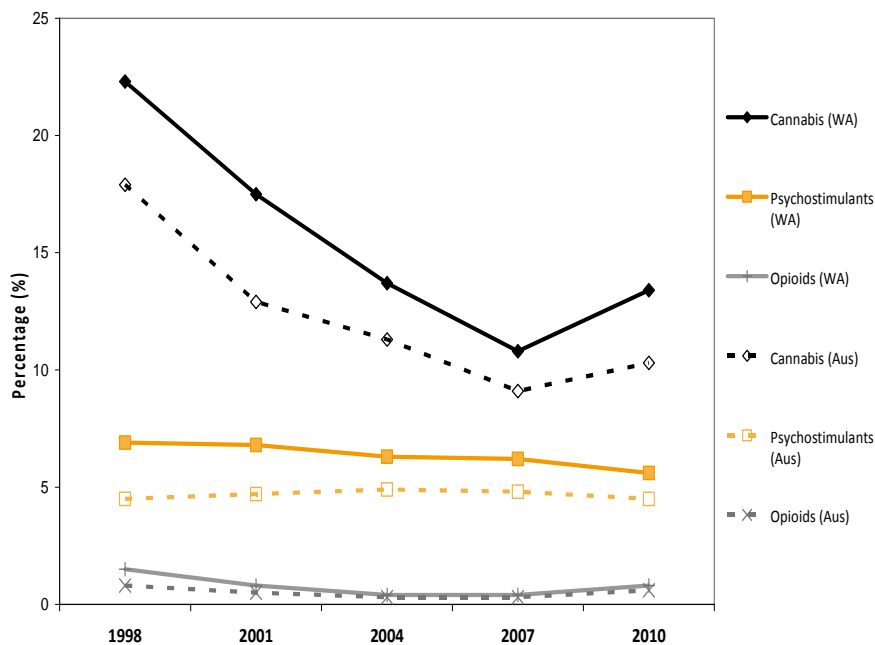
Alcohol and other drug services are continuing to be expanded to better meet the needs of communities through Royalties for Regions funding. The additional resources will build on prevention initiatives and allow for more comprehensive and sustained services, including improved access to treatment and support in remote locations.

For young people at high risk and their families living in regional and remote areas, access to appropriate services that are able to deal with the complexity of their problems is limited. Current services are concentrated in the Perth metropolitan area and those services that currently exist in regional and remote Western Australia are not adequately resourced to provide effective services to young people.

DAO continues to work with local communities and alcohol management groups, particularly in regional areas to minimise alcohol related harm. This includes supporting alcohol management plans and applications for liquor restrictions and dry communities where applicable.

### Illicit drug use

The percentage of Western Australians aged 14 years and over reporting recent use (in the last 12 months) of illicit drugs has declined over the past decade from 25.4% in 1998 to 18.6% in 2010<sup>12</sup>. In that time, although cannabis use has declined, Western Australians (13.4%) reported recent use of cannabis at higher levels than the rest of the nation (10.3%).



Percentage of people using drugs in past year for Western Australia<sup>13</sup>

<sup>12</sup> Drug and Alcohol Office (1998; 2001; 2004 and 2007). *National Drug Strategy Household Survey (NDSHS)* Western Australian results. Australian Institute of Health and Welfare 2011; and 2010 National Drug Strategy Household Survey (NDSHS) report. Drug statistics series no. 25. Cat. no. PHE 145. Canberra: AIHW.

<sup>13</sup> Australian Institute of Health and Welfare 2011. 2010 National Drug Strategy Household Survey (NDSHS) report. Drug statistics series no. 25. Cat. no. PHE 145. Canberra: AIHW.

Drug related harms such as hospitalisations and deaths are highest for opioids despite low usage. In 2010, there were 41 opioid related hospitalisations for every 100,000 people. This compared to 25 for psychostimulants and nine for cannabis<sup>14</sup>.

Priority has been given to reducing opioid related harms since the late 1990s, when the number of opioid related deaths peaked nationally. Opioid related deaths have dropped significantly over the past two decades as the number of opioid pharmacotherapy treatments has increased<sup>15</sup>.

Whilst the use of illicit drugs, such as methamphetamine, ecstasy and heroin, is stable or declining, other issues are emerging such as the use of synthetic substances and the misuse of licit pharmaceutical drugs.

DAO works with other relevant agencies to explore and implement legislative options to better regulate synthetic analogues, including cannabinoids and any other psychoactive substance that may emerge as potentially harmful to Western Australians.

Australia has experienced a significant increase in pharmaceutical opioid use in the past five to ten years and there are currently more Australians using pharmaceutical opioids than at any other time. Many of the opiate dependent people presenting to drug and alcohol services in Western Australia have a history of prescription opioid use. DAO's Next Step treatment service is treating an increasing number of patients with chronic pain who are dependent on prescription opioids. Western Australia was amongst the first of the Australian jurisdictions to try to address the issue of prescription opioids and to investigate opportunities to reduce the diversion of these drugs.

Strong prevention initiatives are essential to reduce drug use and associated problems impacting individuals, families and the community. The *Drug Aware* campaigns and associated initiatives continue to aim to prevent and delay the onset of use and encourage increased access to treatment and support services.

DAO also provides or contracts a range of treatment and support services for people affected by alcohol and other drug problems. DAO is working progressively to ensure better access to services locally and also through more extensive use of telephone and on line information, counselling and referral.

The population growth in Western Australia has also impacted on the outer metropolitan areas of Perth, as well as regional and remote areas and has highlighted the need for a greater spread of treatment and support services.

Accessible treatment services for alcohol and other drug problems is essential for the community and DAO works in close partnership with the not-for profit sector statewide. This partnership approach with the community sector is exemplary and has been strengthened by the State Government's procurement reform initiated in 2011/12. The *Delivering Community Services in Partnership* Policy was implemented from 1 July 2011 and was accompanied by an initial boost in funding of 15% to all service agreements between DAO and the not-for-profit service providers. DAO is working closely with WANADA, to build capacity and implement reform in the sector. Further reform will continue in 2012/13 to address sustainability issues.

<sup>14</sup> Age standardised rate based on aetiological fractions. For further information please see Impact of Alcohol on the Population in Western Australia, Epidemiology Branch, Department of Health (2008).

<sup>15</sup> Australian Institute of Health and Welfare 2012. National Opioid Pharmacotherapy Statistics Annual Data collection: 2011 report. Cat. no. PHE 161. Canberra: AIHW.

## Responding to the needs of Aboriginal communities

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

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

DAO continues to receive a large number of requests for support to develop local capacity to address alcohol and other drug issues and is supporting the development of an effective Aboriginal workforce as an ongoing priority. The significance of workforce development for Aboriginal workers is evident in the continued funding DAO receives from the Australian Government to support this work.

The *Strong Spirit Strong Mind* Project is continuing to increase and strengthen culturally secure alcohol and other drug services across the metropolitan health regions. This project is funded through Perth COAG funding and delivers outcomes to close the gap in health between Aboriginal and non-Aboriginal people in Australia. Aboriginal youth in Perth metropolitan areas are over-represented in treatment<sup>16</sup> and there is further need for prevention as well as access to culturally appropriate treatment for alcohol and other drug problems. DAO also provides another COAG funded project aimed at reducing the impact of alcohol in pregnancy and for newborns, the *Strong Spirit Strong Future – Promoting Healthy Women and Pregnancies* project.

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<sup>16</sup> Service Information Management Service (SIMS). Drug and Alcohol Office, Perth, WA (accessed June 2012).

## Agency priorities 2012/13

In support of the *Drug and Alcohol Interagency Strategic Framework for Western Australia 2011-2015*, and to address a range of existing and emerging alcohol and other drug issues, DAO has identified a number of priorities for 2012/13. These are summarised below and will be addressed in addition to the core activities of DAO.

- Continue to expand the *Alcohol.Think Again* Campaign, with a particular focus on development and implementation of strategies to protect young people from alcohol exposure. This will include planning for a comprehensive parent and youth community engagement strategy.
- Continue to enhance the effectiveness of the *Drug Aware* Campaign, with plans including: two repeat phases of the *Drug Aware Ecstasy* Campaign; two repeat phases of the *Drug Aware Amphetamine* Campaign; one repeat phase of the *Drug Aware Cannabis* Campaign and the development of a new *Drug Aware Ecstasy* Campaign for launch in 2013/14.
- Support the new alcohol and other drug service providers for the *Royalties for Regions, Northwest Alcohol and Other Drug Support Program* in the Kimberley and Pilbara regions to develop and implement evidence-based prevention strategies.
- Develop and maintain local and regional networks and coordinate the implementation of alcohol and other drug management plans at a local and regional level. The priority regions for 2012/13 are the Kimberley, Pilbara, Southwest and Goldfields.
- Progress construction of the Royalties for Regions-funded Carnarvon Dual Purpose Centre.
- Continue to work with the alcohol and other drug sector to implement procurement reform and the *Delivering Community Services in Partnership* policy in WA. Priorities in 2012/13 will include the development of a submission for further funding 'Component II' which will be considered by Government as part of the 2012/13 Mid Year Review process.
- Complete implementation of the Transitional Housing and Support Program for people transitioning back into the community following their residential treatment, and work with the alcohol and other drug sector to develop and expand programs to support the long term recovery outcomes of people exiting residential treatment programs (and their families).
- Develop a comprehensive report into the impact of section 175 liquor restrictions in four remote communities in the Kimberley and Pilbara.
- In partnership with the Australian Government, lead the development of alcohol and other drug management plans in the Eastern Goldfields (Laverton, Leonora and the Lands area) and East Pilbara regions using *Breaking the Cycle* funding.
- Develop resources to support communities to respond to volatile substance use including a reporting and response protocol and a community guide for regional volatile substance working groups.
- Develop a comprehensive business case proposal for the establishment of an Aboriginal family residential treatment service in the South West.
- Support WA Police to complete a 12 month review of the implementation of the Cannabis Intervention Requirement Scheme implemented from 1 August 2011.
- Continue to explore opportunities to enhance and expand integrated treatment services in the Perth metropolitan area.
- Conduct and evaluate the Alcohol and Other Drug 2012 conference Making it Happen: Improving Services through Collaboration with WANADA, Mental Health Commission,

Department of Corrective Services, Department of the Attorney General and Department for Child Protection.

- Hold the inaugural Western Australian Alcohol and other Drug Excellence Awards, to recognise and celebrate outstanding alcohol and other drug practice.
- Continue to provide comprehensive workforce development programs for Department for Child Protection workers and continue formal partnership with the Mental Health Commission and Department of Corrective Services to provide and evaluate a range of workforce development activities.
- Continue to conduct the *Aboriginal Alcohol and other Drug Worker Training Program, CHC30101 Certificate III in Community Services Work* and commence implementation of the new *CHC41702 Certificate IV in Aboriginal Alcohol and Other Drug Worker* training.
- In 2012/13, the Standard for Culturally Secure Practice (Alcohol and Other Drug Sector) will be piloted with a number of DAO funded alcohol and other drug services across the State.
- In partnership with the Western Australian Substance Users Association, implement and evaluate a peer education program to respond to opioid overdose including information about naloxone.
- Complete the analysis of the Western Australian component of the 2011 Australian School Student Alcohol and Drug survey and publish the results.
- Continue to participate in the Intergovernmental Committee on Drugs and the recently established Mental Health, Drugs and Alcohol Principal Committee (reporting to the Australian Health Minister's Advisory Committee), including supporting the development of the sub-strategies of the *National Drug Strategy 2010-2015*.

## Operational structure

### Enabling legislation

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

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

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

### Responsible Minister

Hon Helen Morton MLC  
Minister for Mental Health; Disability Services

### What we do

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

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

### Goal

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

## Values

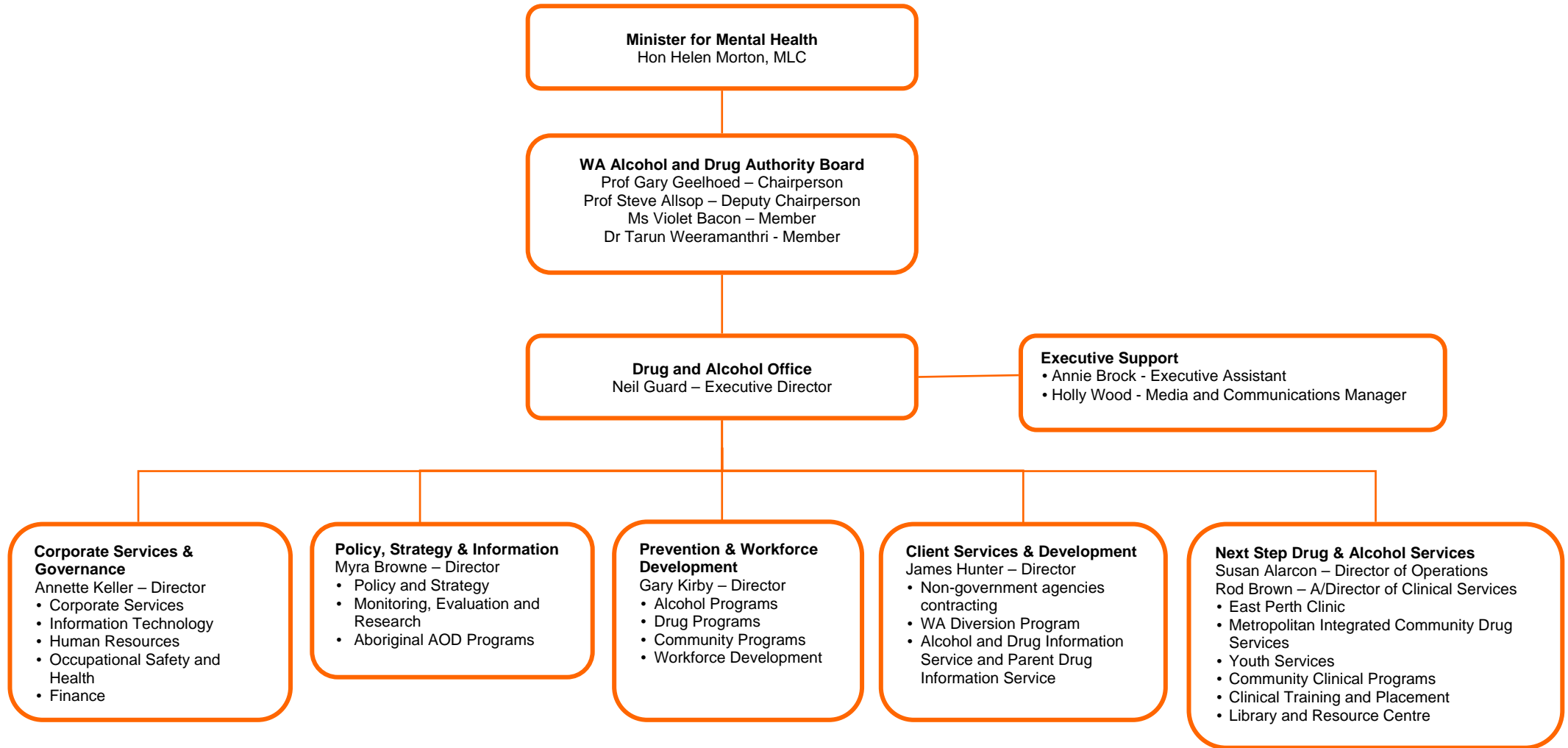
The values of DAO are:

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

## Organisational structure

The chart on the following page outlines the corporate structure and reporting lines at DAO as at 30 June 2012.

## Organisational Structure as at 30 June 2012





## Board of Authority

The Western Australian Alcohol and Drug Authority Board comprises 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**

Clinical Professor, University of Western Australia  
Director, Emergency Department, Princess Margaret Hospital for Children

Prof Geelhoed is a Paediatric Emergency Physician. He has worked in the Emergency Department at Princess Margaret Hospital for over 20 years. In the past he has 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 is a Past President of the Australian Medical Association WA. 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 of Technology. Prof Allsop has previously worked as the Acting Executive Director of DAO.

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

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

Ms Bacon has been involved in a number of Aboriginal projects and represented the alcohol and other drug field on a variety of boards. She worked with the National Drug Research Institute at Curtin University and, after her return to the University of Western Australia, was appointed as an Adjunct Fellow by the National Drug Research Institute at Curtin University of Technology. Ms Bacon is also a Board member of the Alcohol and Drug Council of Australia. Ms Bacon previously worked for the WAADA.

#### **Professor Tarun Weeramanthri - Member**

Executive Director, Public Health and Chief Health Officer, WA Department of Health

After clinical training in Western Australia, Prof Weeramanthri worked in the Northern Territory from 1991-2007, first in Aboriginal health research, and then as an outreach and specialist physician. He helped develop the Northern Territory Preventable Chronic Disease Strategy, and became Northern Territory Chief Health Officer in 2004. He returned to Western Australia in 2008 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 the implementation of health policy.

The current Board membership as at 30 June 2012 is summarised in the table below:

Western Australian Alcohol and Drug Authority Board Membership 2010/11			
Member	Position	Start	End
Gary Geelhoed	Chairperson	January 2011	31 December 2013
Steve Allsop	Deputy Chairperson	January 2008	31 December 2013
Violet Bacon	Member	January 2005	31 December 2013
Tarun Weeramanthri	Member	April 2008	31 December 2013

The Board convened on six occasions during 2011/12. The Board members were not remunerated. 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.

### *Senior Officers*

Senior Officers of DAO as at 30 June 2012:

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 Rod Brown	Acting
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 2011/12.

## Agency performance

Key achievements to meet the organisational priorities of DAO are outlined under the relevant Directorate.

### Policy, Strategy and Information Directorate

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

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

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

#### Policy and Strategy

The Policy and Strategy Branch incorporates policy development and coordination in addressing alcohol and other drug related issues to achieve aligned direction and integration of strategies across DAO, other government agencies and the community.

#### Highlights for 2011/12

- The Emerging Psychoactive Substances Review Group convened by DAO and including WA Police, Department of Health Pharmaceutical Services, ChemCentre and Australian Customs and Border Protection, continued to enhance the monitoring of the emergence of new psychoactive substances and to look at ways of streamlining how these substances are dealt with into the future under existing legislation. EPSRG has identified and established a risk-based regimen to identify emerging psychoactive substances; identify regulatory and administrative mechanisms for controlling availability, where indicated; and advise Government about recommended action.
- Coordinated the Drug and Alcohol Strategic Senior Officers' Group (DASSOG). DASSOG consists of senior representatives from the key human and social services State Government departments to coordinate and guide government sector strategy, development and implementation of alcohol and other drug policy and services in Western Australia. Key achievements of DASSOG included the development of the support plans to the *Drug and Alcohol Interagency Strategic Framework for Western Australia 2011-2015*. The Alcohol, Illicit Drugs, Volatile Substance Use, and Capacity Building, Coordination and Monitoring Support Plans highlight the main objectives and supporting initiatives that will be pursued across the sector over the next four years, to prevent and respond to problematic alcohol and other drug use.
- Provided and coordinated feedback and review on alcohol and other drug strategies and reports to other agencies nationally and within Western Australia. Briefings were prepared to inform the Executive Director and/or the Minister for Mental Health on new initiatives, reports and legislation as part of ongoing environmental scanning including the draft Mental Health Bill 2011 and the draft Medicines Poisons and Therapeutic Goods Bill 2011.
- Coordinated the Western Australian Collaboration for Substance Use and Mental Health (WACSUMH) in conjunction with the Mental Health Commission.

Achievements included a workshop in July 2011 for representatives from across the sectors that promoted issues around co-occurring alcohol and other drug and mental health problems; and a workshop by Dr Ken Minkoff and Dr Christie Cline on “Dealing with Hard Core Business” in May 2012 that attracted more than 100 stakeholders from a range of health and human services agencies.

- Undertook the provision of policy advice, reporting and the review of activities and outcomes related to state and national strategies through participation on the Intergovernmental Committee on Drugs. DAO continues to coordinate the Standing Committee on Alcohol which is responsible for coordinating the development of the new *National Alcohol Strategy*.

## Monitoring, Evaluation and Research

The Monitoring, Evaluation and Research (MER) Branch conducts high quality monitoring, evaluation and research activities to inform DAO policy and practice. The Branch coordinates research, monitoring and evaluation at a local and state level as well as analysing state, national and international research trends and projects. The Branch produces a wide range of publications.

### Highlights for 2011/12

- Completed data collection for the Western Australian component of the 2011 Australian School Student Alcohol and Drug survey. This survey is conducted in collaboration with the Cancer Council Victoria and the Tobacco Control Branch of the Department of Health.
- Commenced compilation of a Western Australian report on trends relating to alcohol, tobacco and drug use and community attitudes, using the 2011 National Drug Strategy and Household survey data collection.
- Provided and disseminated regional and statewide information on alcohol related harms through the *Alcohol-related hospitalisations and deaths in Western Australia 2011* reports (including reports for North Metropolitan area, South Metropolitan area, South West, Great Southern, Wheatbelt, Midwest, Goldfields, Kimberley and Pilbara). The reports are also available on the DAO website.
- Conducted or coordinated a number of program evaluations including a review of the Cannabis Intervention Requirement scheme of the *Cannabis Law Reform Act 2010*.
- Provided useful and timely information on alcohol and other drug trends and activities relevant to Western Australia through brief publications such as *Pulsecheck* and by presenting and contributing to several presentations at conferences.
- Completed a series of regular internal monitoring reports on alcohol and other drug trends and provided internal and external stakeholders with data as needed.
- Continued to participate in the Alcohol and Other Drugs Treatment Services National Minimum Data Set working group to maintain and enhance data collection.
- Established formal agreements with state government agencies for access to relevant data to monitor alcohol and other drug indicators.

## Aboriginal Alcohol and Other Drug Programs

The Aboriginal Alcohol and Other Drugs Program works across DAO to support and implement the *Strong Spirit Strong Mind – the Western Australian Aboriginal Alcohol and Other Drugs Plan*. Core activity includes the development of knowledge and skills within the alcohol and other drug sector and the broader human services area to work in culturally secure ways through workforce development initiatives. The Branch is responsible for managing DAO's Registered Training Organisation and delivers nationally recognised training programs to the Aboriginal workforce.

In addition, the Branch plays a key role contributing to policy advice and support to enhance responses to Aboriginal people and communities affected by alcohol and other drug use in Western Australia.

### Highlights for 2011/12

- Conducted two intakes of the *Aboriginal Alcohol and other Drug Worker Training Program, CHC30101 Certificate III in Community Services Work*. Twelve participants graduated from the 2011 Intake 1 in February 2012 with nine participants receiving their *Certificate III* qualification and three participants finalising competency requirements. Five students graduated in May 2012 from the *Certificate III* Intake 2, which was specifically for workers from the Aboriginal Alcohol and Drug Service (AADS).
- Provided workforce development training and support for Aboriginal workers in the Perth metropolitan area, including the above *Certificate III* Intake 2 (AADS), as part of the *Strong Spirit Strong Mind* Metro Project.
- Delivered the *Strong Spirit Strong Mind, Ways of Working with Aboriginal People Part 1 & Part 2* training program for the alcohol and other drug sector to increase culturally secure practice when working with Aboriginal people. During 2011/12, four training events were provided with 70 participants attending from metropolitan and regional locations.
- Produced two new DVD training resources demonstrating culturally secure approaches when working with Aboriginal clients and their families, as part of the learner resources for the planned *CHC41702 Certificate IV in Aboriginal Alcohol and Other Drug Worker* training. The DVDs were funded by the Department of Health and Ageing as part of the Indigenous National Workforce Development Program. They were launched at the National Indigenous Drug and Alcohol Conference (NIDAC) in June 2012 with overwhelming national interest in the resources.
- Over 109 participants attended training for Aboriginal Health Workers and other health professionals from metropolitan and regional areas who work with Aboriginal people who inject drugs. The training was provided through funding of the *Aboriginal Blood-borne Virus Prevention Capacity Building Project* by the Western Australian Department of Health Communicable Diseases Control Branch.
- Produced a new brochure on *Understanding Hepatitis B* which complements the suite of *Strong Spirit Strong Mind* Blood-borne Virus Yarning resources.
- Finalised the *Strong Spirit Strong Mind – Aboriginal Drug and Alcohol Framework for Western Australia 2011-2015* and distributed the Framework throughout the alcohol and other drug sector. The Framework will provide guidance to key stakeholders in delivering culturally secure programs and Aboriginal ways of working across the strategic priority areas of the *Drug and Alcohol Interagency Strategic Framework for Western Australia 2011-2015*.
- Completed the *2012 DAO Reconciliation Action Plan (RAP)* which was endorsed by Reconciliation Australia on 19 March 2012. The RAP is available on the DAO website.

- In partnership with WANADA held the Western Australian Aboriginal Alcohol and other Drug Workers Forum for 120 participants from across Western Australia. Evaluations highlighted that it was a great success in supporting the Aboriginal alcohol and other drug sector, as 95% found the Forum to be valuable in networking and 81% stated it was very useful in relation to their work. The recipients of the *Strong Spirit Strong Mind* Awards were presented at the Forum and this year's winners were:
  - Aboriginal Alcohol and Other Drug Worker of the Year: Julie Woods, Ngnowar Aerwah, Wyndham
  - Innovative and Culturally Secure Aboriginal alcohol and other drug program: ICARE Program, Midwest Community Drug Service Team; and the Improved Services Initiative Program, Ngnowar Aerwah Wyndham.

## Media and Communications

The Media and Communications Branch is responsible for managing DAO's strategic communications, along with supporting both internal and external communications for the organisation. The core functions of this area include: media liaison; public relations; developing and implementing media strategies; ensuring consistent corporate branding, and providing Ministerial support for all DAO related public relations activities.

### Highlights for 2011/12

- Edited, published and distributed three editions of the *drugspeak* newsletter in partnership with WANADA. The full-colour newsletter includes the latest news relevant to the alcohol and other drug sector.
- Managed proactive and reactive media issues, public relations and other communications activities. This included developing media strategy, managing media campaign launches and Ministerial media events, preparing media statements and providing on-call media liaison, in consultation with DAO senior management, the Minister's Office and other stakeholders.
- Progressed work, in conjunction with the Prevention Branch, on developing social media networks and other unpaid media opportunities to promote and complement DAO campaign messages and other initiatives. This includes the use of social media sites such as Facebook and communication tools such as Twitter.

## Prevention and Workforce Development Directorate

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

### Prevention Branch

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

- prevent or delay the onset of alcohol and other drug use
- support environments that discourage harmful use
- enhance community awareness, attitudes and skills to avoid harmful 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.

### Alcohol Program

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

#### Highlights for 2011/12

- Monitored liquor licence applications and provided assistance to the Executive Director, Public Health (EDPH) in matters regarding alcohol-related harm and ill-health. Between 1 July 2011 and 30 June 2012, of the 285 liquor licence applications received, 178 (62.4%) were considered to possibly pose a risk of harm and warranted investigation. During this period, 44 interventions were lodged by the EDPH. Of the 44 interventions: EDPH had outright concerns regarding seven of the applications; had outright concerns with five of the applications and recommended imposing harm minimisation conditions if the application was granted; intervened on one application in part; intervened on one application in part and recommended imposing harm minimisation conditions if the application was granted; made five representations about alcohol-related harm or ill-health; and made 25 representations and recommended conditions.
- During the same period there were 26 decisions<sup>17</sup> received that related to interventions lodged by the EDPH. Of the decisions received, 12 were consistent with the submissions made by the EDPH; 13 were partially consistent with the submissions made by the EDPH; and one decision determined that on the balance, other factors outweighed harm or ill-health considerations. In addition, during this period, one intervention did not progress due to withdrawal of the application.
- Between 1 July 2011 and 30 June 2012, nine Liquor Commission decisions were received relating to applications in which the delegate of the EDPH had intervened. In four of the decisions, the Liquor Commission's decision was consistent with the submissions made by the EDPH and the application was refused. In three of the decisions, the Liquor Commission determined that on the balance, other factors outweighed harm or ill-health considerations and the applications were granted; and in two of the applications the decision was partially consistent with the submissions made by the EDPH.

<sup>17</sup> Decisions received do not always relate to intervention activity in the current financial year.

- Implemented three phases of the *Alcohol.Think Again* Campaign, including a new phase of the *Alcohol and Cancer* campaign and the development of a new *Alcohol and Pregnancy* campaign.
- Further developed a comprehensive five-year strategic stakeholder and communication plan to reduce short-term and long-term harmful drinking.
- Continued development of strategies to protect young people from alcohol exposure, including detailed planning for a comprehensive three-year parent and youth community engagement strategy.
- In partnership with the Western Australian Local Government Association (WALGA), National Drug Research Institute and the City of Sydney, held two seminars for Local Government Planners and Public Health Officers as part of the Local Government Alcohol Program. The seminars explored the role of alcohol in the night-time economy and issues of amenity, harm and safety.

## Drug Program

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

### Highlights for 2011/12

- Developed and implemented the *Drug Aware Amphetamine Prevention Campaign*, *Drug Aware Drug Driving Campaign*, *Drug Aware Ecstasy Prevention Campaign*, *Drug Aware Cannabis Prevention Campaign* and the *Night Venues and Entertainment Events Campaign*.
- Developed and implemented the first Cannabis Campaign in Western Australia to target users to quit cannabis use.
- Implemented *Drug Aware* sponsorships to leverage various campaigns, including the Telstra *Drug Aware Pro* surfing event.
- Implemented the Night Venues and Entertainment Events observational assessments in regional areas including the Kimberley, Pilbara, Midwest and Southwest.
- Continued an Events Safety Group comprising of the following Agencies; DAO, WA Police, Environmental Health, Office for Youth, Office of Crime Prevention, WALGA, and Department of Racing Gaming and Liquor. The aim of the group is to develop an ongoing event safety strategy to prevent alcohol and other drug related harm at events for implementation during the summer festival period.

## Community Program

The Community Programs area aims to support communities at a local, regional and state level to identify and develop programs to address alcohol and other drug related issues. The area has a number of targeted programs including *Strong Spirit Strong Mind* Metro Program, *Strong Spirit Strong Future - Promoting Healthy Women and Pregnancies* project and an extensive regional travel program to support competency development and implementation.

### Highlights for 2011/12

- Established additional alcohol and other drug management plans and groups in Collie, Manjimup and Kununurra/Wyndham as well as maintained existing plans in the Kimberley, Pilbara, Great Southern and Midwest regions.



- Developed comprehensive six and 12-month reports into the effect of liquor restrictions in Kununurra/Wyndham and a 24-month report into the effect of the liquor restrictions in Halls Creek.
- Completed an extensive metropolitan consultation informing the further development of initiatives under the *Strong Spirit Strong Mind* Metro Project.
- Developed and implemented media campaigns for the *Strong Spirit Strong Mind* Metro Project and the *Strong Spirit Strong Future – Promoting Healthy Women and Pregnancies* projects.
- Successfully sought COAG funding to expand the *Strong Spirit Strong Mind: Metro* and *Strong Spirit Strong Future - Promoting Healthy Women and Pregnancies* projects.
- Finalised the DAO Healthway Community Alcohol Grant partnership. A total of \$473,888 was granted to 25 initiatives from across the State over the three years of the partnership.
- Awarded tenders for additional alcohol and other drug services in the Kimberley and Pilbara.

## Workforce Development Branch

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

Key strategies include the provision of and support for:

- Education and training programs, including courses, workshops, seminars, conferences.
- Workplace support strategies e.g. capacity building including mentoring, clinical supervision, peer support, partnerships and policy development.
- Resource development and dissemination e.g. clinical guidelines to ensure best practice, information, audio-visual materials and brochures.
- Consultancy to alcohol and other drug and mainstream organisations.

The core functions of the Workforce Development Branch are:

- Ensuring access to quality information about alcohol and other drug use, harms and prevention and treatment options through evidence-based practice.
- Building the capacity to implement effective prevention and treatment practice.
- Facilitating and sustaining developments in the alcohol and other drug workforce targeting systems, current workers and future workers.
- Contributing to strategies ensuring clear and effective pathways of care for people affected by alcohol and other drug use.

### Highlights for 2011/12

- The Workforce Development Branch conducted 158 training events with 2,678 participants. This included partnerships with key mainstream organisations including the Department for Child Protection (3 events; 47 participants), Department of Corrective Services (8 events; 117 participants), Mental Health (17 events; 238 participants) and WA Police (12 events; 272 participants) to enhance their capacity to respond to alcohol and other drug use issues.
- In consultation with the Workforce Development Reference group, conducted two *Training@DAO* calendars. Highlights included a Forum: Sharing our lived experience: Consumer and carer perspectives to increase participants' awareness of alcohol and other drug and mental health issues for consumers and carers and a two-day foundation training program about primary prevention.
- Organised the Western Australian Drug and Alcohol Conference *Making it Happen: Improving Services through Collaboration* scheduled for 6-8 August 2012. This is a collaboration with the Department of Corrective Services; Mental Health Commission; Department for Child Protection; Department of the Attorney General and WANADA.
- Produced a needle and syringe program (NSP) e-learning package in collaboration with the WA Department of Health's Communicable Disease Control Directorate, Sexual Health and Blood Borne Virus Program.
- Implemented reciprocal workforce development programs with the Department for Child Protection and continued formal partnerships with the Department of Corrective Services and Mental Health Commission to provide and evaluate a range of workforce development activities.
- Provided training for undergraduate courses and linked to student placements within DAO's Next Step Drug and Alcohol Services. Conducted six training events with over 167 participants.

- Partnered with the Western Australian Substance Users Association to implement a peer education program to respond to both amphetamine-type stimulants and opioid overdose.
- Launched and disseminated a CD-ROM about alcohol and other drug issues for Migrant and Refugee workers and Community Leaders in partnership with Women's Health and Family Services.
- Developed and conducted regional and remote training including a video conference training calendar, to complement the *Training@DAO* calendar of events.
- Produced and disseminated a Brief Guide to the Assessment and Treatment of Alcohol Dependence.
- Worked with three regional volatile substance use working groups located in the Goldfields and East Pilbara and East Kimberley to implement local volatile substance use strategies.
- Developed a volatile substance use plan in the context of the *Interagency Alcohol and Other Drug Strategic Framework*.
- Conducted a two-day train-the-trainer about co-occurring mental health and alcohol and other drug conditions for the Mental Health Sector to complement the three day Mental Health key worker program.
- Developed and commenced delivery of *Strong Spirit Strong Future - Promoting Healthy Women and Pregnancies* FASD prevention training for health workers.
- In collaboration with the Telethon Institute for Child Health Research, conducted the *Focus of FASD in WA* forum, which attracted 135 participants.

## Client Services and Development Directorate

The Client Services and Development Directorate is responsible for providing, developing and purchasing services statewide, to ensure a diverse range of alcohol and other drug treatment and support services are available for those that need it. The Directorate consists of three branches; Services and Development, WA Diversion Programs, and Alcohol and Drug Information Services (ADIS).

### Services and Development

The Services and Development Branch is responsible for purchasing services across the state from the not-for-profit and government sectors and the development of new services where necessary. The Branch procures a range of services including Community Drug Services and Teams, residential treatment services, Sobering-up Centres, and a range of specialist treatment services for particular populations, including young people and families.

#### Highlights for 2011/12

- Implemented the Government's procurement reform agenda in the alcohol and other drug sector. Key strategies included working with WANADA, the Department of Finance and service providers to inform the sector and develop their capacity to engage in the new procurement processes under the Government's *Delivering Community Services in Partnership Policy*.
- Selected a new service provider for the Goldfields Community Drug Service Team and established this service in partnership with Drug Arm WA Inc.
- Finalised the procurement of new services worth \$15 million over four years in the Kimberley and Pilbara, funded via the *Royalties for Regions, Northwest Alcohol and Other Drug Support Program*.
- Progressed with the establishment of the Royalties for Regions-funded Carnarvon Dual Purpose Centre. Milestones reached in 2011/12 include agreeing on the location, securing the land for the Centre, and appointing the project manager and architect.
- Supported WANADA to develop the *Culturally Secure Accreditation Framework (CSAF)*, the first culturally secure accreditation standard for the alcohol and other drug sector in Australia. The CSAF was registered by Joint Accreditation System of Australia and New Zealand during the year.
- Provided additional resources to WANADA to continue the leadership and management program to expand the capacity of people working in the alcohol and other drug sector.
- Worked with Next Step and Integrated Services agencies to develop a strategic plan for the further development of integrated services to address current gaps in service and meet future demand for metropolitan Perth.
- Established the Leaders' Forum to guide the strategic development of Integrated Services in the metropolitan area. This forum is made up of the chief executive officers of the partner not-for-profit providers and the DAO Executive Director.
- Worked with the Fresh Start Recovery Program to complete three independent reviews of the service, and provide the resources necessary to maintain existing service levels, while the service and its partners made preparations for a future application for Therapeutic Goods Administration registration of the naltrexone implants.
- Provided intensive support to several contracted services in order to maintain service delivery, while administrative and governance issues were addressed with the support and guidance of DAO.

## Diversions

The WA Diversion Programs (WADP) Branch is responsible for the program development and management of a variety of police and Court based diversion programs aimed at diverting people from the criminal justice system into alcohol and other drug treatment. Specific programs include the Cannabis Intervention Requirement (CIR) Scheme, All Drug Diversion, the Pre-sentence Opportunity Program (POP), and the Indigenous Diversion Program (IDP).

### Highlights for 2011/12

- The total number of participants accessing treatment through WA Diversion Programs in the 2011/12 year increased for the 11th consecutive year.
- The focus on consolidating and strengthening existing court drug diversion programs has continued through 2011/12. Supported by strong partnerships with the Department of the Attorney General and Courts, DAO has:
  - progressed the evaluation of the court based POP, Supervised Treatment Intervention Scheme and the IDP
  - convened an advisory group of Aboriginal and non-Aboriginal stakeholders to inform the development and implementation of strategies to increase Aboriginal participation in WADP programs
  - provided on site support to court based Diversion Officers in both metropolitan and regional locations
  - provided advice to government in relation to expanding the WADP to include offenders with alcohol related problems.
- Continued to support WA Police, the Booking Service, Cannabis Intervention Session (CIS) providers and the community to increase the number of CIR referrals that result in a CIS attendance.
- Provided operational support, including resource development and statewide training events, to Community Services Sector Organisations contracted to provide CISs including a range of Aboriginal specific service providers.
- Developed and distributed resources targeting the Aboriginal community as part of the CIR Scheme initiative.
- Continued to provide the treatment component of the Early Intervention Pilot Program and supported WA Police in further developing the program, to increase both referrals of young people to treatment services for alcohol related problems and sustainability of the program.

## Alcohol and Drug Information Services

The Alcohol and Drug Information Services (ADIS) Branch, provides telephone and online services including the Alcohol and Drug Information Service, the Parent Drug Information Service (PDIS), the Booking Service for the CIR Scheme, and provides the Quitline (tobacco service), and Aboriginal Quit Project under contract from the Department of Health.

### Highlights for 2011/12

- ADIS call rates increased and recorded their highest levels ever. ADIS call numbers for 2011/12 were 23,632 representing a 10.9% increase over the 2010/11 year. As a component of this increase, contacts with Aboriginal people increased by approximately 55% in the 2011/12 year.

- Provided increased access to services via the growth of the 'LIVECHAT' (real time counselling support via *Drug Aware*) service. Inbound emails increased by 195% from over the previous year.
- The audit of PDIS was generally favourable, with recommendations fully accepted by the Corporate Executive. PDIS responded to the audit by developing a new policy framework and establishing volunteer agreements with PDIS volunteers.
- Operated the Quitline Aboriginal Liaison Project, met all contracted KPIs, and extended the service to reach into regional areas through sharing of resources with other tobacco workers. One of the project's key workers was awarded for his efforts at the 2012 NIDAC Conference.
- Produced and disseminated culturally and linguistically diverse (CALD) resources promoting the ADIS and PDIS services to these population groups. In 2011/12 more than 1,000 of these resources were distributed to health, welfare and alcohol and other drug services.
- Provided 587 occasions of telephone support and counselling to clients on a waitlist for treatment at the metropolitan integrated services.
- Established a partnership between DAO Workforce Development and ADIS to provide the Worker Support Pilot project. Ten new alcohol and other drug workers (most from regional Western Australia) were supported and mentored by ADIS counsellors following their participation in the Workforce Development Induction Training course. This project continues in 2012.
- Established and commenced provision of the Booking Service for the CIR Scheme under the *Cannabis Law Reform Act 2010*. A total of 990 bookings for CISs were made by the Booking Service. ADIS counsellors also provide the All Drug Diversion Booking service.

## Next Step Drug and Alcohol Services

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

Services under Next Step include the inpatient withdrawal unit, outpatient treatment services and pharmacy, youth services and the community pharmacotherapy programs.

### Inpatient Withdrawal Services

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

#### Highlights for 2011/12

- Referral pathways continue to be improved between the Inpatient Withdrawal Unit, emergency departments, mental health services, GPs and the non-government alcohol and other drug sector. As a result, admission rates remain high with 583 admissions in 2011/12, of which 78% of clients completed treatment as planned.
- The Inpatient Withdrawal Unit group program now includes a group facilitated by the Women's Health and Family Services. This group complements the existing program and increases clients' knowledge of support services available.

### Metropolitan Outpatient Services

In partnership with the non-government sector, Next Step provides outpatient health services at centres located in Warwick, North Perth, Fremantle, Rockingham, Mandurah, Thornlie, Midland, and East Perth. The health services provided through these eight metropolitan Community Drug Services (CDSs) include:

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

#### Highlights for 2011/12

- In collaboration with the Workforce Development Branch, Next Step has developed and published '*A brief guide to the assessment and treatment of alcohol dependence*'. The guide is targeted at doctors and nurses who may be called upon to provide withdrawal treatment for an alcohol dependent person. This resource has been distributed widely and is available on the DAO website for use by health professionals.
- Integrated services continued to expand with South East CDS operating as a fully integrated site in Thornlie. Next Step will have a fulltime presence at this site. The North East CDS moved to a purpose built facility in Midland.
- The Chapter of Addiction Medicine site accreditation visit to Next Step in November 2011 was successful with Next Step accredited to provide Addiction Medicine training for a further five years. Next Step is the only centre in Western Australia able to provide this training. Currently there are three Addiction Medicine trainees at Next Step.

- The Neuropsychology service continued to collaborate with UWA through research, teaching and clinical supervision activities. This year has seen further evidence of this successful collaboration with the peer-reviewed publication of recent research findings, and the preparation of additional research results for presentation at a major international conference. In addition, ethics approval was granted in 2012 by both the Department of Health Human Research Ethics Committee (HREC) and the University of WA (UWA) HREC to conduct an additional research study examining how neuropsychological abilities affect medication management in a substance using population. This study is currently underway at Next Step, and involves collaboration with both UWA and the University of California, San Diego.
- The South Metro CDS and Fremantle and PaRK Mental Health services won the Partnership category in the 2011 Mental Health Good Outcomes Awards. As a result representatives have presented at a North Metropolitan Mental Health managers forum to determine how this partnership can be replicated across other health areas. This model was also the subject of a presentation titled '*Partnership model for Effective Collaboration for Mental Health and Alcohol and other Drug Comorbidity*' at the Asia Pacific Conference on Mental Health held in Perth in June 2012.
- The Hepatitis C clinic for clients continued to run successfully with over 100 referrals received. As an outcome of attendance at the clinic, a total of 36 clients progressed on to treatment with 15 confirmed successful treatments. A further eight clients are still awaiting confirmation results. A poster presentation '*A descriptive report of the establishment of a Hepatitis C treatment clinic within a drug and alcohol treatment centre, including preliminary treatment results*' was presented at the 2011 Australasian Professional Society on Alcohol and other Drugs (APSAD) conference held in Tasmania.
- An information leaflet on '*Dental care in opiate treatment*' was developed. Small disposable health promotion dental packs were provided to all opiate dependent clients assessed and commenced on an opioid pharmacotherapy program, in order to improve their dental care.
- A weekly psychotherapy group based on the Interactional Model as described by Yalom (2005) was established at the North Metro CDS. Data regarding group members' mental health and personal well-being are collected regularly using the Depression and Anxiety Stress Scale-21 (DASS-21) and the Personal Wellbeing Scale (PWBS). Feedback from clients has been positive and this group will be replicated at other sites in the new financial year.



## Drug and Alcohol Youth Services

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

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

### Highlights for 2011/12

- Developed and implemented a comprehensive evidence-based developmentally appropriate group program for the DAYS Youth Withdrawal and Respite Unit and the Residential Rehabilitation service. Groups were developed following the compilation of a literature review, feedback and input from staff and clients. Groups include:
  - PASH with a twist: a sexual health and wellbeing group.
  - Directions: a group incorporating the principles of Acceptance Commitment Therapy to support clients to cope with negative emotions and thoughts.
  - Anger management: a group aimed at increasing client's understanding of their anger and ability to control it.
  - Aboriginal cultural group: a group led by the Aboriginal youth mentor, aimed at increasing young people's knowledge and understanding of Aboriginal culture.
- DAYS reviewed the comorbidity capacity of the Service by using the Compass Ez audit tool developed by Ken Minkoff, renowned comorbidity expert. This was a joint project carried out in collaboration with Youthlink and Youthreach South. Quality improvement opportunities were identified and are being progressed to improve service delivery to young people accessing DAYS.
- DAYS was a finalist in the Partnership category of the 2011 Mental Health Good Outcomes Awards.
- DAYS staff continued to showcase their unique work at national and international conferences across Australia. Presentations include:
  - *Integrating Services Around Comorbid Young People* presented at the Asia Pacific Conference on Mental Health held in Perth in June 2012
  - *Providing Integrated Treatment and Support for Complex Young People* presented at the annual Drug and Alcohol Nurses Association of Australia conference held in Melbourne in June 2012.

## Community Pharmacotherapy Program

The Community Pharmacotherapy Program (CPP) is based at East Perth and provides a range of clinical support services that include:

- Management of the Community Program for Opioid Pharmacotherapy (CPOP), a statewide network of GPs and community pharmacies involved in the provision of opioid pharmacotherapy treatment to over 3,000 clients. This work is undertaken according to state regulations and clinical policies in partnership with the Department of Health.
- The Clinical Advisory Service (CAS), a 24 hour, seven day a week telephone service that provides advice and support to medical and other health professionals in matters relating to the management of alcohol and other drug problems. A significant component of the work undertaken by CAS involves liaison and the support of pharmacists and GPs involved with CPOP.

### Highlights for 2011/12

- The Therapeutic Goods Administration (TGA) approved the registration of Suboxone Sublingual Film for treatment of opiate dependence. The film was launched in July 2011 and became available for use as of September 2011. The implementation process was coordinated and managed, with all pharmacists, GPs, ancillary workers and clients well informed prior to its release to the Western Australian market. There has been a significant uptake by pharmacists and a substantial number of clients have transferred from the tablets to the film.
- Thirty five pharmacies applied and successfully received partial reimbursement for their purchase of WA Department of Health (Pharmaceutical Services Branch) approved computing software to record and report methadone and buprenorphine dispensing. The funds were allocated from monies provided by DAO to the Pharmacy Guild (WA Branch) under an administered Grant Agreement.
- Twenty five new CPOP prescribers were trained this financial year. These include fourteen community prescribers, six prescribers working with the Department of Corrections and five prescribers employed at Next Step.
- The process of CPOP prescriber reauthorisation which occurs every three years now requires the successful completion of a continuing professional development activity. To date 38 prescribers have been reauthorised. This process identifies prescribers who require further training and support and those that are no longer participating in the program. This ensures that prescribers continuing in the program are aware of current policies, procedures and practice.
- Progress in regional areas to secure the CPOP was made, with prescribers recruited both in the Port Hedland and Kalgoorlie regions. A partnership service delivery model with prescribers and local Community Drug Service Teams has been developed and implemented in the Pilbara. CPP continues its support into this area at the current time. Work is continuing to establish a similar model in the Goldfields region.
- Capacity building activities continue and the seminar series has been well attended by community pharmacists in particular. The annual CPOP conference was held in June 2012 and celebrated fifteen years since the program commenced. Doctors and pharmacists who had participated in CPOP since its inception were acknowledged at this event.

## Library and Resource Centre

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

### *Highlights for 2011/12*

- Continued provision of 24-hour access to library resources including online journals to all DAO staff via the DAO website and selective dissemination of information to staff in areas of strategic priority.
- Delivered a range of regular electronic alerts to staff such as journal contents pages; *web watch*; *have you seen that report?*; new resources; and upcoming conferences to staff.
- Implemented improved reporting to better determine library usage.
- Relocation of the library to the East Perth site.

## Corporate Services and Governance Directorate

The Corporate Services and Governance Directorate provides core services that support and enable the achievement of DAO's goals and objectives. The key functions of the Directorate are to provide quality, customer-focused, timely and cost-effective corporate support services in the areas of Financial Management, Human Resources, Occupational Health and Safety, Records Management, Information Technology, Governance and Business Management.

The Directorate also assists the Executive Director and the Board to fulfil their statutory accountability requirements under the *Alcohol and Drug Authority Act 1974* and other legislative, government policy and employer responsibilities.

### Corporate Services and Governance

The Directorate provides a range of services that include:

- governance and risk management
- human resource services including policy and advice, personnel and payroll, occupational health and safety and organisational development
- financial management and reporting including accounts payable and receivable, budgeting and accounting, statutory financial reporting and taxation management
- information technology services that support and coordinate DAO's technical infrastructure and application needs
- records and information management services
- business support services including fleet and facilities management and a range of other administrative functions.

### Highlights for 2011/12

- Significant work was undertaken in 2011/12 to develop the overarching Governance Framework for DAO. The framework incorporates clinical governance as well as corporate governance requirements encompassing all areas of DAO business to ensure an integrated approach to DAO's governance model. The framework is designed to assist the WA Alcohol and Drug Authority Board, DAO senior management and staff to meet the accountability requirements of government, improve agency transparency and accountability, identify and manage risks and improve organisational performance.
- Financial reporting was upgraded improved with the Finance team proactively engaged with all budget holders to improve financial projections to ensure early financial reporting. These enhanced budget, financial management and reporting processes facilitated improved decision making for DAO Senior Management Group enabling implementation of key strategic initiatives to address changing operational factors.
- As from 1 January 2012, DAO successfully disaggregated from the Department of Health (in terms of budget determinations) and transferred to the Mental Health budget portfolio. Although a separate legal authority, DAO previously formed part of the overall WA Health budget portfolio for Government Budget purposes. The disaggregation was a significant body of work for the DAO Finance team and involved extensive negotiations with key stakeholders over a six month period.
- The introduction of legislation for the CIR scheme required a major upgrade to DAO call centre applications to monitor and support the booking service components of the CIR scheme. The Information Technology team successfully developed and deployed the required booking service updates prior to the new legislation coming into force.
- Having previously completed a major revision and roll out of the DAO Client Management system to the Integrated Service sites, this year the Information

Technology team progressed the rollout of the upgraded system to DAO's other non-government service sites. This has ensured that each service is now utilising the same software version and has streamlined the support requirements of users. The Information Technology team also worked to establish requirements for the new integrated service site which opened in Thornlie in December 2011.

- The Human Resources team developed DAO's Workforce and Diversity Plan for 2012-2015. The plan is designed to assist DAO identify its current and future workforce needs. It provides strategies and actions that will be pursued, and the measures to gauge progress, to ensure DAO continues to have a capable, efficient and effective workforce to enable DAO to continue to support the successful delivery of services to the Western Australian community.
- DAO participated in the Public Sector Commission's School Based Traineeship program by employing a school student. Students commence the Program in Year 11 and complete the traineeship at the end of Year 12 after learning a range of public administrative and office skills through supervised on-the-job training across each of the Corporate Services areas. Students attend the workplace for two days per week and school the remaining three days. During the traineeship the students complete a nationally recognised qualification.
- The DAO Wellness Program was expanded with a greater range of lunch and learn programs and staff activities. These programs and activities included healthy heart checks, a range of lifestyle and nutrition information, healthy cooking demonstrations and a lunch time walking group. Feedback from a staff perception survey demonstrated a clear interest and appreciation with maintaining DAO's Wellness Program activities.
- Offices throughout DAO's Mt Lawley site were refurbished and rationalised during the year to optimise available space and to enable each branch to work in close proximity to their relevant sections. This included relocation of the library services to the East Perth site, upgrade of security across sites and improved fire safety equipment.

# Disclosure and legal compliance

## Financial statements

### Western Australian Alcohol and Drug Authority Certification of Financial Statements For the year ended 30 June 2012

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 2012 and the financial position as at 30 June 2012.

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  
Corporate Services and Governance  
Western Australian Alcohol and Drug Authority

14 September 2012



Professor Gary Geelhoed  
Chairperson  
Western Australian Alcohol and Drug Authority

14 September 2012



Professor Steve Allsop  
Deputy Chairperson  
Western Australian Alcohol and Drug Authority

14 September 2012



## 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 2012, 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 2012 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 2012.

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 2012.

### **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 2012.

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 2012.

**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 2012 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  
18 September 2012

Western Australian Alcohol and Drug Authority

**Statement of Comprehensive Income**

For the year ended 30 June 2012

	Note	2012 \$	2011 \$
<b>COST OF SERVICES</b>			
<b>Expenses</b>			
Employee benefits expense	7	21,335,703	19,766,268
Patient support costs	8	39,494,466	27,771,996
Depreciation expense	9	356,895	319,084
Repairs, maintenance and consumable equipment	10	456,725	406,667
Other supplies and services	11a	3,918,373	4,114,501
Other expenses	11b	2,684,169	3,319,996
<b>Total cost of services</b>		<b>68,246,331</b>	<b>55,698,512</b>
<b>INCOME</b>			
<b>Revenue</b>			
Commonwealth grants and contributions	12a	9,088,590	587,648
Other grants and contributions	12b	2,332,969	787,032
Other revenues	13	764,880	237,514
<b>Total revenue</b>		<b>12,186,439</b>	<b>1,612,194</b>
<b>Total income other than income from State Government</b>		<b>12,186,439</b>	<b>1,612,194</b>
<b>NET COST OF SERVICES</b>		<b>56,059,892</b>	<b>54,086,318</b>
<b>INCOME FROM STATE GOVERNMENT</b>			
Service appropriation	14	62,707,843	54,434,596
Royalties for Regions Fund	15	1,420,000	-
<b>Total income from State Government</b>		<b>64,127,843</b>	<b>54,434,596</b>
<b>SURPLUS FOR THE PERIOD</b>		<b>8,067,951</b>	<b>348,278</b>
<b>OTHER COMPREHENSIVE INCOME</b>			
Changes in asset revaluation surplus/(loss)	26	(90,528)	2,872,875
<b>TOTAL COMPREHENSIVE INCOME FOR THE PERIOD</b>		<b>7,977,423</b>	<b>3,221,153</b>

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

Western Australian Alcohol and Drug Authority

**Statement of Financial Position**

As at 30 June 2012

	Note	2012 \$	2011 \$
<b>ASSETS</b>			
<b>Current Assets</b>			
Cash and cash equivalents		2,280,062	569,143
Restricted cash and cash equivalents	16	7,460,591	-
Receivables	17	161,331	1,423
Inventories	19	17,115	16,518
Other current assets	20	36,244	37,116
<b>Total Current Assets</b>		<b>9,955,343</b>	<b>624,200</b>
<b>Non-Current Assets</b>			
Restricted cash and cash equivalents	16	601,312	-
Amounts receivable for services	18	3,980,123	3,651,786
Property, plant and equipment	21	18,910,928	19,336,616
<b>Total Non-Current Assets</b>		<b>23,492,363</b>	<b>22,988,402</b>
<b>TOTAL ASSETS</b>		<b>33,447,706</b>	<b>23,612,602</b>
<b>LIABILITIES</b>			
<b>Current Liabilities</b>			
Payables	23	1,047,080	800,073
Provisions	24	3,680,506	3,196,537
<b>Total Current Liabilities</b>		<b>4,727,586</b>	<b>3,996,610</b>
<b>Non-Current Liabilities</b>			
Provisions	24	695,310	615,116
<b>Total Non-Current Liabilities</b>		<b>695,310</b>	<b>615,116</b>
<b>TOTAL LIABILITIES</b>		<b>5,422,896</b>	<b>4,611,726</b>
<b>NET ASSETS</b>		<b>28,024,810</b>	<b>19,000,876</b>
<b>EQUITY</b>			
Contributed equity	25	5,891,579	4,845,068
Reserves	26	16,152,015	16,242,543
Accumulated surplus/(deficit)	27	5,981,216	(2,086,735)
<b>TOTAL EQUITY</b>		<b>28,024,810</b>	<b>19,000,876</b>

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

Western Australian Alcohol and Drug Authority

**Statement of Changes in Equity**

For the year ended 30 June 2012

	Note	2012 \$	2011 \$
<b>CONTRIBUTED EQUITY</b>			
	25		
Balance at start of period		4,845,068	4,663,939
Transactions with owners in their capacity as owners:			
Capital appropriations		1,046,511	181,129
<b>Balance at end of period</b>		<b>5,891,579</b>	<b>4,845,068</b>
<b>RESERVES</b>			
	26		
<b>Asset Revaluation Reserve</b>			
Balance at start of period		16,242,543	13,369,668
Other comprehensive income/(Loss) for the year		(90,528)	2,872,875
<b>Balance at end of period</b>		<b>16,152,015</b>	<b>16,242,543</b>
<b>ACCUMULATED SURPLUS/(DEFICIT)</b>			
	27		
Balance at start of period		(2,086,735)	(2,435,013)
Surplus/(deficit) for the period		8,067,951	348,278
<b>Balance at end of period</b>		<b>5,981,216</b>	<b>(2,086,735)</b>
<b>TOTAL EQUITY</b>			
Balance at start of period		19,000,876	15,598,594
Total comprehensive income/(loss) for the year		7,977,423	3,221,153
Transactions with owners in their capacity as owners		1,046,511	181,129
<b>Balance at end of period</b>		<b>28,024,810</b>	<b>19,000,876</b>

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

Western Australian Alcohol and Drug Authority

**Statement of Cash Flows**

For the year ended 30 June 2012

	Note	2012 \$	2011 \$
<b>CASH FLOWS FROM STATE GOVERNMENT</b>			
Service appropriation		62,379,506	54,092,561
Capital appropriation		1,046,511	-
Royalties for Regions Fund		1,420,000	-
<b>Net cash provided by State Government</b>		<b>64,846,017</b>	<b>54,092,561</b>
Utilised as follows:			
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
<b>Payments</b>			
Employee benefits		(20,721,570)	(19,468,107)
Supplies and services		(46,356,421)	(36,346,741)
<b>Receipts</b>			
Commonwealth grants and contributions		9,088,590	587,648
Other grants and contributions		2,332,969	787,032
Other receipts		604,972	276,573
<b>Net cash (used in) / provided by operating activities</b>	28	<b>(55,051,460)</b>	<b>(54,163,595)</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
Payments of non-current physical assets		(21,735)	(182,402)
<b>Net cash (used in) / provided by investing activities</b>		<b>(21,735)</b>	<b>(182,402)</b>
<b>Net increase / (decrease) in cash and cash equivalents</b>		9,772,822	(253,435)
Cash and cash equivalents at the beginning of period		569,143	822,578
<b>CASH AND CASH EQUIVALENTS AT THE END OF PERIOD</b>	28	<b>10,341,965</b>	<b>569,143</b>

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

# Western Australian Alcohol and Drug Authority

## Notes to the Financial Statements

For the year ended 30 June 2012

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### Note 1 Australian Accounting Standards

#### General

The Authority's financial statements for the year ended 30 June 2012 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 2012.

### 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.

#### (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 25 '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.

# Western Australian Alcohol and Drug Authority

## Notes to the Financial Statements

For the year ended 30 June 2012

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### (e) Income (continued)

#### 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.

### (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.

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

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'.

#### 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.

# Western Australian Alcohol and Drug Authority

## Notes to the Financial Statements

For the year ended 30 June 2012

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

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

The risk of impairment is generally limited to circumstances where an asset's depreciation is materially understated, where the replacement cost is falling or where there is a significant change in useful life. Each relevant class of assets is reviewed annually to verify that the accumulated depreciation/amortisation reflects the level of consumption or expiration of 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 22 '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.

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



# Western Australian Alcohol and Drug Authority

## Notes to the Financial Statements

For the year ended 30 June 2012

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### (m) Inventories

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

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

### (n) Receivables

Receivables are recognised 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.

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 and responsibilities to make payment for GST have been assigned to the 'Minister for Health in his Capacity as the Deemed Board of the Metropolitan Public Hospitals' (Metropolitan Authorities). This change in accounting procedure was a result of application of the grouping provisions of "A New Tax System (Goods and Service Tax) Act 1999" whereby the Minister for Health in his Capacity as the Deemed Board of the Metropolitan Public Hospitals became the representative member for Health entities as part of governments' shared services initiative.

### (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 23 'Payables'.

### (p) Provisions

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

See also note 24 '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*

The liability for annual leave that is expected to be settled within 12 months after the end of the reporting period is recognised and measured at the undiscounted amounts expected to be paid when the liability is settled.

Annual leave that is not expected to be settled 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.

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*

The liability for long service leave that is expected to be settled within 12 months after the end of the reporting period is recognised and measured at the undiscounted amounts expected to be paid when the liability is settled.

Long service leave not expected to be settled 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.

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.

# Western Australian Alcohol and Drug Authority

## Notes to the Financial Statements

For the year ended 30 June 2012

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### (p) Provisions (continued)

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

#### *Superannuation*

The Government Employees Superannuation Board (GESB) and other funds administer public sector superannuation arrangements in Western Australia in accordance with legislative requirements.

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.

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.

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.

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 became able to choose their preferred superannuation fund. The Authority makes concurrent contributions to GESB or other funds 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 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 24 '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.

#### *Employee benefits provision*

In estimating the non-current long service leave liabilities, employees are assumed to leave the Authority each year on account of resignation or retirement at 10.8%. 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.

# Western Australian Alcohol and Drug Authority

## Notes to the Financial Statements

For the year ended 30 June 2012

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

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 2011 that impacted on the Authority.

AASB 1054	<i>Australian Additional Disclosures</i> This Standard, in conjunction with AASB 2011-1 'Amendments to Australian Accounting Standards arising from the Trans-Tasman Convergence Project', removes disclosure requirements from other Standards and incorporates them in a single Standard to achieve convergence between Australian and New Zealand Accounting Standards. There is no financial impact.
AASB 2009-12	<i>Amendments to Australian Accounting Standards [AASB 5, 8, 108, 110, 112, 119, 133, 137, 139, 1023 &amp; 1031 and Int 2, 4, 16, 1039 &amp; 1052]</i> This Standard makes editorial amendments to a range of Australian Accounting Standards and Interpretations. There is no financial impact.
AASB 2010-4	<i>Further Amendments to Australian Accounting Standards arising from the Annual Improvements Project [AASB 1, 7, 101 &amp; 134 and Int 13]</i> The amendments to AASB 7 clarify financial instrument disclosures in relation to credit risk. The carrying amount of financial assets that would otherwise be past due or impaired whose terms have been renegotiated is no longer required to be disclosed. There is no financial impact. The amendments to AASB 101 clarify the presentation of the statement of changes in equity. The disaggregation of other comprehensive income reconciling the carrying amount at the beginning and the end of the period for each component of equity can be presented in either the statement of changes in Equity or the Notes. There is no financial impact.
AASB 2010-5	<i>Amendments to Australian Accounting Standards [AASB 1, 3, 4, 5, 101, 107, 112, 118, 119, 121, 132, 133, 134, 137, 139, 140, 1023 &amp; 1038 and Int 112, 115, 127, 132 &amp; 1042]</i> This Standard makes editorial amendments to a range of Australian Accounting Standards and Interpretations. There is no financial impact.
AASB 2010-6	<i>Amendments to Australian Accounting Standards – Disclosures on Transfers of Financial Assets [AASB 1 &amp; 7]</i> This Standard introduces additional disclosure relating to transfers of financial assets in AASB 7. An entity shall disclose all transferred financial assets that are not derecognised and any continuing involvement in a transferred asset, existing at the reporting date, irrespective of when the related transfer transaction occurred. There is no financial impact.
AASB 2011-1	<i>Amendments to Australian Accounting Standards arising from the Trans-Tasman Convergence Project [AASB 1, 5, 101, 107, 108, 121, 128, 132 &amp; 134 and Int 2, 112 &amp; 113]</i> This Standard, in conjunction with AASB 1054, removes disclosure requirements from other Standards and incorporates them in a single Standard to achieve convergence between Australian and New Zealand Accounting Standards. There is no financial impact.
AASB 2011-5	<i>Amendments to Australian Accounting Standards – Extending Relief from Consolidation, the Equity Method and Proportionate Consolidation [AASB 127, 128 &amp; 131]</i> This Standard extends the relief from consolidation, the equity method and proportionate consolidation by removing the requirement for the consolidated financial statements prepared by the ultimate or any intermediate parent entity to be IFRS compliant, provided that the parent entity, investor or venturer and the ultimate or intermediate parent entity are not-for-profit non-reporting entities that comply with Australian Accounting Standards. There is no financial impact.

#### 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
AASB 9 <i>Financial Instruments</i> This Standard supersedes AASB 139 'Financial Instruments: Recognition and Measurement', introducing a number of changes to accounting treatments. The Standard was reissued in December 2010. The Authority has not yet determined the application or the potential impact of the Standard.	1 Jan 2013

## Western Australian Alcohol and Drug Authority

### Notes to the Financial Statements

For the year ended 30 June 2012

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

Title	Operative for reporting periods beginning on/after
<p>AASB 10 <i>Consolidated Financial Statements</i></p> <p>This Standard supersedes requirements under AASB 127 '<i>Consolidated and Separate Financial Statements</i>' and Int 112 '<i>Consolidation – Special Purpose Entities</i>', introducing a number of changes to accounting treatments.</p> <p>The Standard was issued in August 2011. The Authority has not yet determined the application or the potential impact of the Standard.</p>	1 Jan 2013
<p>AASB 11 <i>Joint Arrangements</i></p> <p>This Standard supersedes AASB 131 '<i>Interests in Joint Ventures</i>', introducing a number of changes to accounting treatments.</p> <p>The Standard was issued in August 2011. The Authority has not yet determined the application or the potential impact of the Standard.</p>	1 Jan 2013
<p>AASB 12 <i>Disclosure of Interests in Other Entities</i></p> <p>This Standard supersedes disclosure requirements under AASB 127 '<i>Consolidated and Separate Financial Statements</i>' and AASB 131 '<i>Interests in Joint Ventures</i>'.</p> <p>The Standard was issued in August 2011. The Authority has not yet determined the application or the potential impact of the Standard.</p>	1 Jan 2013
<p>AASB 13 <i>Fair Value Measurement</i></p> <p>This Standard defines fair value, sets out a framework for measuring fair value and requires disclosures about fair value measurements. There is no financial impact.</p>	1 Jan 2013
<p>AASB 119 <i>Employee Benefits</i></p> <p>This Standard supersedes AASB 119 '<i>Employee Benefits</i>', introducing a number of changes to accounting treatments.</p> <p>The Standard was issued in September 2011. The Authority has not yet determined the application or the potential impact of the Standard.</p>	1 Jan 2013
<p>AASB 127 <i>Separate Financial Statements</i></p> <p>This Standard supersedes requirements under AASB 127 '<i>Consolidated and Separate Financial Statements</i>', introducing a number of changes to accounting treatments.</p> <p>The Standard was issued in August 2011. The Authority has not yet determined the application or the potential impact of the Standard.</p>	1 Jan 2013
<p>AASB 128 <i>Investments in Associates and Joint Ventures</i></p> <p>This Standard supersedes AASB 128 '<i>Investments in Associates</i>', introducing a number of changes to accounting treatments.</p> <p>The Standard was issued in August 2011. The Authority has not yet determined the application or the potential impact of the Standard.</p>	1 Jan 2013
<p>AASB 1053 <i>Application of Tiers of Australian Accounting Standards</i></p> <p>This Standard establishes a differential financial reporting framework consisting of two tiers of reporting requirements for preparing general purpose financial statements. There is no financial impact.</p>	1 Jul 2013
<p>AASB 2009-11 <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> <p>[Modified by AASB 2010-7]</p>	1 Jul 2013
<p>AASB 2010-2 <i>Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements [AASB 1, 2, 3, 5, 7, 8, 101, 102, 107, 108, 110, 111, 112, 116, 117, 119, 121, 123, 124, 127, 128, 131, 133, 134, 136, 137, 138, 140, 141, 1050 &amp; 1052 and Int 2, 4, 5, 15, 17, 127, 129 &amp; 1052]</i></p> <p>This Standard makes amendments to Australian Accounting Standards and Interpretations to introduce reduced disclosure requirements for certain types of entities. There is no financial impact.</p>	1 Jul 2013

## Western Australian Alcohol and Drug Authority

### Notes to the Financial Statements

For the year ended 30 June 2012

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

Title	Operative for reporting periods beginning on/after
<p>AASB 2010-7 <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 2013
<p>AASB 2011-2 <i>Amendments to Australian Accounting Standards arising from the Trans-Tasman Convergence Project – Reduced Disclosure Requirements [AASB 101 &amp; 1054]</i></p> <p>This Standard removes disclosure requirements from other Standards and incorporates them in a single Standard to achieve convergence between Australian and New Zealand Accounting Standards for reduced disclosure reporting. There is no financial impact.</p>	1 Jul 2013
<p>AASB 2011-6 <i>Amendments to Australian Accounting Standards – Extending Relief from Consolidation, the Equity Method and Proportionate Consolidation – Reduced Disclosure Requirements [AASB 127, 128 &amp; 131]</i></p> <p>This Standard extends the relief from consolidation, the equity method and proportionate consolidation by removing the requirement for the consolidated financial statements prepared by the ultimate or any intermediate parent entity to be IFRS compliant, provided that the parent entity, investor or venturer and the ultimate or intermediate parent entity comply with Australian Accounting Standards – Reduced Disclosure Requirements. There is no financial impact.</p>	1 Jul 2013
<p>AASB 2011-7 <i>Amendments to Australian Accounting Standards arising from the Consolidation and Joint Arrangements Standards [AASB 1, 2, 3, 5, 7, 9, 2009-11, 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 issuance of AASB 10, AASB 11, AASB 127 'Separate Financial Statements' and AASB 128 'Investments in Associates and Joint Ventures'. The Authority has not yet determined the application or the potential impact of the Standard.</p>	1 Jan 2013
<p>AASB 2011-8 <i>Amendments to Australian Accounting Standards 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]</i></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>	1 Jan 2013
<p>AASB 2011-9 <i>Amendments to Australian Accounting Standards – Presentation of Items of Other Comprehensive Income [AASB 1, 5, 7, 101, 112, 120, 121, 132, 133, 134, 1039 &amp; 1049]</i></p> <p>This Standard requires to group items presented in other comprehensive income on the basis of whether they are potentially reclassifiable to profit or loss subsequently (reclassification adjustments). The Authority has not yet determined the application or the potential impact of the Standard.</p>	1 Jul 2012
<p>AASB 2011-10 <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 'Employee Benefits' in September 2011. The Authority has not yet determined the application or the potential impact of the Standard.</p>	1 Jan 2013
<p>AASB 2011-11 <i>Amendments to AASB 119 (September 2011) arising from Reduced Disclosure Requirements</i></p> <p>This Standard gives effect to Australian Accounting Standards – Reduced Disclosure Requirements for AASB 119 (September 2011). There is no financial impact.</p>	1 Jul 2013
<p>AASB 2012-1 <i>Amendments to Australian Accounting Standards - Fair value Measurement - Reduced Disclosure Requirements [AASB 3, 7, 13, 140 &amp; 141]</i></p> <p>This Standard establishes and amends reduced disclosure requirements for additional and amended disclosures arising from AASB 13 and the consequential amendments implemented through AASB 2011-8. There is no financial impact.</p>	1 Jul 2013

# Western Australian Alcohol and Drug Authority

## Notes to the Financial Statements

For the year ended 30 June 2012

### 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.

Note 7 Employee benefits expense	2012 \$	2011 \$
Salaries and wages (a)	19,560,688	18,098,324
Superannuation - defined contribution plans (b)	1,775,015	1,667,944
	21,335,703	19,766,268

(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 Schemes (contributions paid).

Employment on-costs expense is included at note 11(b) 'Other expenses'. Employment on-costs liability is included at note 24 'Provisions'.

### Note 8 Patient support costs

Medical supplies and services	147,031	139,052
Domestic charges	47,186	24,772
Fuel, light and power	171,879	148,710
Food supplies	88,358	84,625
Patient transport costs	4,395	1,779
Purchase of external services	39,035,617	27,373,058
	39,494,466	27,771,996

### Note 9 Depreciation expense

<u>Depreciation</u>		
Buildings	333,372	268,404
Computer equipment	6,284	8,753
Furniture and fittings	526	732
Medical equipment	-	815
Other plant and equipment	16,713	40,380
	356,895	319,084

### Note 10 Repairs, maintenance and consumable equipment

Repairs and maintenance	260,599	292,134
Consumable equipment	196,126	114,533
	456,725	406,667

### Note 11 (a) Other supplies and services

Sanitisation and waste removal services	7,068	10,637
Administration and management services	123,334	117,494
Interpreter services	661	7,899
Security services	10,215	15,114
Other	3,777,095	3,963,357
	3,918,373	4,114,501

### Note 11 (b) Other expenses

Communications	206,946	162,566
Computer services	33,095	37,801
Employment on-costs (a)	531,170	474,105
Legal expenses	211	5,706
Motor vehicle expenses	2,145	15,840
Operating lease expenses	189,115	34,769
Printing and stationery	306,373	449,003
Rental of property	1,477	80,083
Other	1,413,637	2,060,123
	2,684,169	3,319,996

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

# Western Australian Alcohol and Drug Authority

## Notes to the Financial Statements

For the year ended 30 June 2012

	2012 \$	2011 \$
<b>Note 12 Grants and contributions</b>		
<b>(a) Commonwealth grants and contributions</b>		
Department of Health and Ageing	9,088,590	587,648
	<u>9,088,590</u>	<u>587,648</u>
<b>(b) Other grants and contributions</b>		
WA Health Promotion Foundation	219,721	259,953
Gascoyne Development Commission	-	32,800
Mental Health Commission	143,000	100,000
Office of Road Safety	210,000	344,279
Royal Australian & New Zealand College of Psychiatrists	50,000	50,000
Department of Health	197,648	-
WA Country Health Service	68,014	-
Department of Finance	53,582	-
Other	1,391,004	-
	<u>2,332,969</u>	<u>787,032</u>
<b>Note 13 Other revenues</b>		
Services to external organisations	178,873	200,592
Use of hospital facilities	-	80
Interest Revenue	469,440	-
Other	116,567	36,842
	<u>764,880</u>	<u>237,514</u>
<b>Note 14 Service appropriation</b>		
Appropriation revenue received during the period:		
Service appropriation	62,707,843	54,434,596
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 depreciation expense for the year and any agreed increase in leave liability during the year.		
<b>Note 15 Royalties for Regions Fund</b>		
Regional Community Services Account	1,420,000	-
	<u>1,420,000</u>	<u>-</u>
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.		
<b>Note 16 Restricted cash and cash equivalents</b>		
<b>Current</b>		
Special Purpose Account (a)	7,421,849	-
Royalties for Regions Fund (b)	38,742	-
	<u>7,460,591</u>	<u>-</u>
<b>Non-Current</b>		
Accrued Salaries Suspense Account (c)	601,312	-
	<u>601,312</u>	<u>-</u>
(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.		
<b>Note 17 Receivables</b>		
<b>Current</b>		
Receivables	55,294	1,423
Accrued revenue	106,037	-
	<u>161,331</u>	<u>1,423</u>
The Authority does not hold any collateral as security or other credit enhancements relating to receivables.		
See also note 2(n) 'Receivables' and note 37 'Financial instruments'.		

# Western Australian Alcohol and Drug Authority

## Notes to the Financial Statements

For the year ended 30 June 2012

	2012 \$	2011 \$
<b>Note 18 Amounts receivable for services</b>		
<b>Non-current</b>	3,980,123	3,651,786
<p>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'.</p>		
<b>Note 19 Inventories</b>		
<b>Current</b>		
Pharmaceutical stores - at cost	17,115	16,518
<p>See note 2(m) 'Inventories'.</p>		
<b>Note 20 Other current assets</b>		
Prepayments	36,244	37,116
<b>Note 21 Property, plant and equipment</b>		
<b>Land</b>		
<i>At fair value (a)</i>	8,475,700	8,140,200
	8,475,700	8,140,200
<b>Buildings</b>		
<i>At fair value (a)</i>	10,353,000	11,112,400
<i>Accumulated depreciation</i>	-	-
	10,353,000	11,112,400
<b>Computer equipment</b>		
<i>At cost</i>	67,355	89,703
<i>Accumulated depreciation</i>	(56,405)	(72,469)
	10,950	17,234
<b>Furniture and fittings</b>		
<i>At cost</i>	20,863	20,863
<i>Accumulated depreciation</i>	(19,766)	(19,240)
	1,097	1,623
<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>	319,490	315,403
<i>Accumulated depreciation</i>	(250,607)	(251,542)
	68,883	63,861
<b>Works in progress</b>		
<i>Buildings under construction (at cost)</i>	1,298	1,298
<b>Total of property, plant and equipment</b>	18,910,928	19,336,616

(a) Land and buildings were revalued as at 1 July 2011 by the Western Australian Land Information Authority (Valuation Services). The valuations were performed during the year ended 30 June 2012 and recognised at 30 June 2012. In undertaking the revaluation, fair value was determined by reference to the market value for land \$8,475,700 and buildings \$10,353,000. For the remaining balance, fair value of land and buildings was determined on the basis of depreciated replacement cost. See also note 2(f) 'Property, plant and equipment'.



Western Australian Alcohol and Drug Authority

**Notes to the Financial Statements**

**For the year ended 30 June 2012**

	2012 \$	2011 \$
<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	8,140,200	7,329,100
Revaluation increments / (decrements)	335,500	811,100
Carrying amount at end of period	<u>8,475,700</u>	<u>8,140,200</u>
<b>Buildings</b>		
Carrying amount at start of period	11,112,400	8,705,756
Transfers from Work in Progress	-	613,274
Revaluation increments / (decrements)	(426,028)	2,061,775
Depreciation	(333,372)	(268,405)
Carrying amount at end of period	<u>10,353,000</u>	<u>11,112,400</u>
<b>Computer equipment</b>		
Carrying amount at start of period	17,234	16,217
Additions	-	6,680
Depreciation	(6,284)	(8,753)
Transfer between asset classes	-	3,090
Carrying amount at end of period	<u>10,950</u>	<u>17,234</u>
<b>Furniture and fittings</b>		
Carrying amount at start of period	1,623	5,445
Depreciation	(526)	(732)
Transfer between asset classes	-	(3,090)
Carrying amount at end of period	<u>1,097</u>	<u>1,623</u>
<b>Medical equipment</b>		
Carrying amount at start of period	-	815
Depreciation	-	(815)
Carrying amount at end of period	<u>-</u>	<u>-</u>
<b>Other plant and equipment</b>		
Carrying amount at start of period	63,861	90,357
Additions	21,735	13,884
Depreciation	(16,713)	(40,380)
Carrying amount at end of period	<u>68,883</u>	<u>63,861</u>
<b>Works in progress</b>		
Carrying amount at start of period	1,298	271,605
Additions	-	342,967
Capitalised to asset classes	-	(613,274)
Carrying amount at end of period	<u>1,298</u>	<u>1,298</u>
<b>Total property, plant and equipment</b>		
Carrying amount at start of period	19,336,616	16,419,295
Additions	21,735	363,531
Transfers from Work in Progress	-	613,274
Capitalised to asset classes	-	(613,274)
Revaluation increments / (decrements)	(90,528)	2,872,875
Depreciation	(356,895)	(319,084)
Carrying amount at end of period	<u>18,910,928</u>	<u>19,336,616</u>

**Note 22 Impairment of Assets**

There were no indications of impairment to property, plant and equipment at 30 June 2012.

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 2012 have either been classified as assets held for sale or written off.

Western Australian Alcohol and Drug Authority

**Notes to the Financial Statements**

For the year ended 30 June 2012

	2012 \$	2011 \$
<b>Note 23 Payables</b>		
<b>Current</b>		
Trade creditors	129,552	39,943
Other creditors	32,681	27,952
Accrued expenses	216,361	113,662
Accrued salaries	668,486	618,516
	1,047,080	800,073

See also note 2(o) 'Payables' and note 37 'Financial instruments'.

**Note 24 Provisions**

**Current**

Employee benefits provision

Annual leave (a)	1,626,317	1,428,969
Time off in lieu leave (a)	126,627	127,068
Long service leave (b)	1,927,562	1,640,500
	3,680,506	3,196,537

**Non-current**

Employee benefits provision

Long service leave (b)	695,310	615,116
	4,375,816	3,811,653

(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	1,234,975	1,106,168
More than 12 months after the end of the reporting date	517,970	449,869
	1,752,945	1,556,037

(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

Within 12 months of the end of the reporting period	486,998	421,410
More than 12 months after the end of the reporting period	2,135,874	1,834,206
	2,622,872	2,255,616

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'.

**Note 25 Contributed equity**

The 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 26).

Balance at start of period	4,845,068	4,663,939
<u>Contributions by owners</u>		
Capital appropriation (a)	1,046,511	181,129
	5,891,579	4,845,068

(a) Treasurer's Instruction 955 'Contributions by Owners made to Wholly Owned Public Sector Entities' designates capital appropriations as contributions by owners in accordance with AASB Interpretation 1038 'Contributions by Owners Made to Wholly-Owned Public Sector Entities'.



# Western Australian Alcohol and Drug Authority

## Notes to the Financial Statements

For the year ended 30 June 2012

### Note 29 Remuneration of members of the Accountable Authority and senior officers (Continued)

#### Remuneration of senior officers

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

\$40,001 - \$50,000	-	1
\$50,001 - \$60,000	1	-
\$70,001 - \$80,000	1	-
\$80,001 - \$90,000	1	2
\$90,001 - \$100,000	1	-
\$110,001 - \$120,000	-	1
\$130,001 - \$140,000	-	1
\$150,001 - \$160,000	1	1
\$160,001 - \$170,000	1	-
\$170,001 - \$180,000	-	1
\$200,001 - \$210,000	1	1
\$270,001 - \$280,000	1	-
\$440,001 - \$450,000	1	1
Total:	9	9
	<b>\$</b>	<b>\$</b>

The total remuneration of senior officers is:

1,561,504	1,459,246
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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

	2012	2011
	\$	\$

### Note 30 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	49,000	49,980
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### Note 31 Commitments

#### Operating lease commitments:

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	52,544	56,505
Later than 1 year, and not later than 5 years	26,801	46,842
	<u>79,345</u>	<u>103,347</u>

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	37,911,772	12,936
Later than 1 year, and not later than 5 years	12,299,433	-
	<u>50,211,205</u>	<u>12,936</u>

The other expenditure commitments are inclusive of GST.

### Note 32 Contingent liabilities and contingent assets

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

### Note 33 Events occurring after the end of the reporting period

No matter or circumstance has arisen since the end of the reporting period, that has significant effects on these financial statements.

## Western Australian Alcohol and Drug Authority

### Notes to the Financial Statements

For the year ended 30 June 2012

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**Note 34 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 35 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.

**Notes to the Financial Statements****For the year ended 30 June 2012****Note 36 Explanatory Statement**

This statement provides details of any significant variations between estimates and actual results for 2012 and between the actual results for 2011 and 2012. Significant variations are considered to be those greater than 10% or \$1.5million.

**Significant variances between estimated and actual result for 2012**

	Note	2012 Actual \$	2012 Estimates \$	Variance \$
<b>Operating expenses</b>				
Employee benefits expense		21,335,703	22,000,371	(664,668)
Other goods and services		46,910,628	46,519,278	391,350
<b>Total expenses</b>		68,246,331	68,519,649	(273,318)
Less: Revenues	(a)	(12,186,439)	(1,653,905)	(10,532,534)
<b>Net cost of services</b>		56,059,892	66,865,744	(10,805,852)

(a) Revenues

The variance can be directly attributed to the transfer of Special Purpose Account \$7M as a result of disaggregation from DOH, the remainder is due to reclassification of actual commonwealth and other grants received.

**Significant variances between actual results for 2011 and 2012**

	Note	2012 Actual \$	2011 Actual \$	Variance \$
<b>Expenses</b>				
Employee benefits expense	(a)	21,335,703	19,766,268	1,569,435
Patient support costs	(b)	39,494,466	27,771,996	11,722,470
Depreciation expense	(c)	356,895	319,084	37,811
Repairs, maintenance and consumable equipment	(d)	456,725	406,667	50,058
Other supplies and services		3,918,373	4,114,501	(196,128)
Other expenses	(e)	2,684,169	3,319,996	(635,827)
<b>Income</b>				
Commonwealth grants and contributions	(f)	9,088,590	587,648	8,500,942
Other grants and contributions	(g)	2,332,969	787,032	1,545,937
Other revenues	(h)	764,880	237,514	527,366
Service appropriation	(i)	62,707,843	54,434,596	8,273,247

(a) Employee benefits expense

Employee benefits expense increase is a composition of awards increases averaging 4% as well as costs for delivery of new program initiatives.

(b) Patient support costs

This increase is mainly attributed to 15% sustainable funding increased payment to NGO's \$4.359M, payments to WACHS subsequent to disaggregation from DOH totalling \$2.228M, Royalties for Regions programs \$1.420M, indexation increase and other new initiatives.

(c) Depreciation expense

Increase in depreciation charges over the previous year is mainly attributed to asset revaluation increment in 2010/2011.

(d) Repairs, maintenance and consumable equipment

Increase is related to consumable equipment in particular computer upgrades.

(e) Other expenses

The decrease is caused by additional consultancy activities undertaken in 2011 \$533k, additional internal audit projects undertaken in 2011 \$93k and additional projects printing requirements in 2011 \$140k.

(f) Commonwealth grants and contributions

The increase is directly attributed to transfer and control of administered special purpose account \$7M from DOH subsequent to disaggregation and increase in grants from the Department of Health and Ageing.

(g) Other grants and contributions

The increase is due to grants being received as appropriation via DOH prior to disaggregation.

(h) Other revenues

This increase is due to additional funding received for Services and Interest Revenue generated from Commonwealth Grants and Contributions.

(i) Service appropriation

This increase is mainly related to indexation increase in service appropriation as well as sustainable funding increase for NGO's \$4.359M and amounts previously transferred to WACHS \$2.228M prior to disaggregation from DOH.

# Western Australian Alcohol and Drug Authority

## Notes to the Financial Statements

For the year ended 30 June 2012

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### Note 37 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 37(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 37(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.

##### 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:

	2012	2011
	\$	\$
<b>Financial Assets</b>		
Cash and cash equivalents	2,280,062	569,143
Restricted cash and cash equivalents	8,061,903	-
Loans and receivables	4,141,454	3,653,209
<b>Financial Liabilities</b>		
Financial liabilities measured at amortised cost	1,047,080	800,073

## Western Australian Alcohol and Drug Authority

### Notes to the Financial Statements

For the year ended 30 June 2012

#### 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.

##### **Aged analysis of financial assets**

	Carrying amount	Not past due and not impaired	Past due but not impaired					<u>Impaired Financial assets</u>
			<u>Up to 1 month</u>	<u>1-3 months</u>	<u>3 months to 1 year</u>	<u>1-5 years</u>	<u>More than 5 years</u>	
	\$	\$	\$	\$	\$	\$	\$	
<b><u>Financial Assets</u></b>								
<b>2012</b>								
Cash and cash equivalents	2,280,062							
Restricted cash and cash equivalents	8,061,903							
Receivables	161,331	106,331		55,000				
Amounts receivable for services	3,980,123							
	<u>14,483,419</u>	<u>106,331</u>	<u>-</u>	<u>55,000</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
<b>2011</b>								
Cash and cash equivalents	569,143	569,143						
Receivables	1,423	1,423						
Amounts receivable for services	3,651,786	3,651,786						
	<u>4,222,352</u>	<u>4,222,352</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>



Western Australian Alcohol and Drug Authority

**Notes to the Financial Statements**

For the year ended 30 June 2012

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					Maturity dates				
	<u>Weighted average effective interest rate</u>	<u>Carrying amount</u>	<u>Fixed interest rate</u>	<u>Variable interest rate</u>	<u>Non-interest bearing</u>	<u>Nominal Amount</u>	<u>Up to 1 month</u>	<u>3 months to 1 year</u>	<u>1-5 years</u>	<u>More than 5 years</u>
	%	\$	\$	\$	\$	\$	\$	\$	\$	\$
<b>2012</b>										
<b><u>Financial Assets</u></b>										
Cash and cash equivalents	-	2,280,062	-	-	2,280,062	2,280,062	2,280,062	-	-	-
Restricted cash and cash equivalents	4.27	8,061,903	-	7,421,849	640,054	8,061,903	8,061,903	-	-	-
Receivables	-	161,331	-	-	161,331	161,331	161,331	-	-	-
Amounts receivable for services	-	3,980,123	-	-	3,980,123	3,980,123	-	-	-	3,980,123
		<u>14,483,419</u>	<u>-</u>	<u>7,421,849</u>	<u>7,061,570</u>	<u>14,483,419</u>	<u>10,503,296</u>	<u>-</u>	<u>-</u>	<u>-</u>
<b><u>Financial Liabilities</u></b>										
Payables	-	1,047,080	-	-	1,047,080	1,047,080	1,047,080	-	-	-
		<u>1,047,080</u>	<u>-</u>	<u>-</u>	<u>1,047,080</u>	<u>1,047,080</u>	<u>1,047,080</u>	<u>-</u>	<u>-</u>	<u>-</u>

Western Australian Alcohol and Drug Authority

**Notes to the Financial Statements**

For the year ended 30 June 2012

c) **Financial Instrument disclosures (continued)**

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

	Interest rate exposure					Maturity dates					
	<u>Weighted average effective interest rate</u>	<u>Carrying amount</u>	<u>Fixed interest rate</u>	<u>Variable interest rate</u>	<u>Non-interest bearing</u>	<u>Nominal Amount</u>	<u>Up to 1 month</u>	<u>3 months to 1-3 months</u>	<u>1 year</u>	<u>1-5 years</u>	<u>More than 5 years</u>
	%	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
<b>2011</b>											
<b><u>Financial Assets</u></b>											
Cash and cash equivalents	-	569,143	-	-	569,143	569,143	569,143	-	-	-	-
Receivables	-	1,423	-	-	1,423	1,423	1,423	-	-	-	-
Amounts receivable for services	-	3,651,786	-	-	3,651,786	3,651,786	-	-	-	-	3,651,786
		<u>4,222,352</u>	-	-	<u>4,222,352</u>	<u>4,222,352</u>	<u>570,566</u>	-	-	-	<u>3,651,786</u>
<b><u>Financial Liabilities</u></b>											
Payables	-	800,073	-	-	800,073	800,073	800,073	-	-	-	-
		<u>800,073</u>	-	-	<u>800,073</u>	<u>800,073</u>	<u>800,073</u>	-	-	-	-

Western Australian Alcohol and Drug Authority

**Notes to the Financial Statements**

For the year ended 30 June 2012

c) **Financial Instrument disclosures (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.

	<u>Carrying Amount</u>	<u>-100 basis points</u>		<u>+100 basis points</u>	
		<u>Surplus</u>	<u>Equity</u>	<u>Surplus</u>	<u>Equity</u>
<b>2012</b>	\$	\$	\$	\$	\$
<b>Financial Assets</b>					
Cash and cash equivalents	2,280,062	(22,801)	(22,801)	22,801	22,801
Restricted cash and cash equivalents	8,061,903	(80,619)	(80,619)	80,619	80,619
Total Increase/(Decrease)		<u>(103,420)</u>	<u>(103,420)</u>	<u>103,420</u>	<u>103,420</u>
	<u>Carrying Amount</u>	<u>-100 basis points</u>		<u>+100 basis points</u>	
		<u>Surplus</u>	<u>Equity</u>	<u>Surplus</u>	<u>Equity</u>
<b>2011</b>	\$	\$	\$	\$	\$
<b>Financial Assets</b>					
Cash and cash equivalents	569,143	(5,691)	(5,691)	5,691	5,691
Total Increase/(Decrease)		<u>(5,691)</u>	<u>(5,691)</u>	<u>5,691</u>	<u>5,691</u>

**Note 38 Schedule of income and expenses by service**

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

**Note 39 Special Purpose Account**

The purpose of the account is to hold funds 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>2012</b>	<b>2011</b>
	\$	\$
Balance at start of period	-	-
Receipts	8,355,639	-
Payments	(933,790)	-
<b>Balance at end of period</b>	<b><u>7,421,849</u></b>	<b>-</b>

## Key performance indicators

### Certificate of Key Performance Indicators

Western Australian Alcohol and Drug Authority  
Certification of performance indicators  
For the year ended 30 June 2012

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 2012.



Professor Gary Geelhoed  
Chairperson  
Western Australian Alcohol  
and Drug Authority

14 September 2012



Steve Allsop  
Deputy Chairperson  
Western Australian Alcohol  
and Drug Authority

14 September 2012

# Performance management framework

## Outcome, services and performance information

Government Goal	Desired outcomes	Functions
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.	1. Prevention and Early Intervention.
		2. Treatment and Support.

The agreed effectiveness and efficiency indicators are:

### Key Effectiveness Indicators

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

### Key Efficiency Indicators

Function Group 1:

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

Function Group 2:

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

## Government Goal

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

## Agency Level Government Desired Outcomes

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

## Key Effectiveness Indicators

The Western Australian Alcohol and Drug Authority (WAADA) provides a continuum of treatment and support services either through direct service provision or through funded agencies to achieve this outcome. WAADA also conducts a range of prevention activities including public education campaigns, 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 drug use. Research, policy, workforce development and education are functions of the agency and are activities that contribute to the desired outcomes.

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

Prior to 2008/09 the WAADA reported on eighteen key performance indicators (11 effectiveness indicators and seven efficiency indicators). These key performance indicators have been reduced to six (three effectiveness indicators and three efficiency indicators). The data for previous years is only provided where there is retention of an indicator.

### Effectiveness Indicators 1.1 – 1.3

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

**Indicator 1.1** 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<sup>18</sup>. 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.

**Indicator 1.2** - a major strategy to achieve the desired outcome is public education and social marketing campaigns. Indicator 1.2 is an indicator of effectiveness of the public education campaigns to reduce the social acceptability of risky alcohol use and 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 (KPI 1.1) is based on data that is only collected every three years.

**Indicator 1.3** reflects the impact of treatment and support services and is based on client episodes that are provided either directly by the WAADA or by agencies funded by the WAADA. 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.

Treatment and support services include inpatient and outpatient services. Prior to 2008/09 there were separate indicators for government and non-government agencies.

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<sup>18</sup> Similar information was presented in previous annual reports for WAADA as part of the previous outcome based management structure. The previous indicators (3.1 and 3.2) were not benchmarked against the national rate.

### 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 conducts a range of programs that impact on drug and alcohol consumption by preventing or delaying the onset of drug use and risky alcohol use and reducing the harm that may result from risky use.

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

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

	Target % Difference	% Difference	WA 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%

#### Notes:

- In 2009, the NHMRC 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<sup>19</sup>. 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 additionally provide advice to specific populations (e.g. children and young people), and on lowering the risk of alcohol-related harm, using the level of one death for every 100 persons as a guide to acceptable risk in the context of present-day Australian society. 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 NHMRC guidelines

<sup>19</sup> NHMRC (2009). *Australian Guidelines to reduce health risks from drinking alcohol*. Commonwealth of Australia: Canberra, Australia.



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 NDSHS 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.

- Information is based on the National Drug Strategy Household Survey (NDSHS) which is conducted every three years and published by the Australian Institute of Health and Welfare.
- Data sources from:
  - Australian Institute of Health and Welfare 2011. 2010 National Drug Strategy Household Survey Report. Drug Statistics series number 25. Cat. No. PHE 145. Canberra and from: Australian Institute of Health and Welfare 2011.
  - Australian Institute of Health and Welfare 2008. 2007 National Drug Strategy Household Survey: First Results. Drug Statistics series number 20. Cat. No. PHE 98. Canberra and from: Australian Institute of Health and Welfare 2008.
  - Australian Institute of Health and Welfare 2008. 2007 National Drug Strategy Household Survey: State and territory supplement. Drug Statistics series no. 21. Cat. no. PHE 102. Canberra: AIHW.
  - Australian Institute of Health and Welfare 2005. 2004 National Drug Strategy Household Survey: State and territory supplement. AIHW Cat. no. PHE 61. Canberra: AIHW.
- The 2011/12 results are based on the 2010 NDSHS, which is the most recent survey and was released in 2011.
- The term 'illicit drugs', as reported in the National Drug Strategy Household Survey, 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 tranquillisers/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.
- 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 (see table below on gender differences). 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 NHMRC 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 NHMRC 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.
- The use of illicit drugs by Western Australians and alcohol consumption for single occasion risk of an alcohol-related injury is of concern and needs to be considered in terms of policy development, programs and access to services.

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

	WA 2010	Aust 2010	WA 2007	Aust 2007	WA 2004	Aust 2004
Prevalence of illicit drug use by males	22.8%	17.0%	18.1%	15.8%	21.1%	18.2%
Prevalence of illicit drug use by females	14.3%	12.3%	14.4%	11.0%	13.5%	12.5%

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

	NHMRC Guidelines	WA 2010	Aust 2010	WA 2007	Aust 2007	WA 2004	Aust 2004
Short-term risk consumption by males	2009 2001	54.0% 41.2%	50.0% 36.9%	55.1% 41.3%	52.1% 38.7%	44.7%	40.3%
Short-term risk consumption by females	2009 2001	32.4% 31.5%	29.8% 28.8%	33.6% 33.0%	31.1% 30.5%	33.7%	30.7%
Long-term risk consumption by males	2009 2001	33.1% 11.4%	29.0% 10.2%	34.5% 10.7%	29.2% 10.2%	12.9%	10.1%
Long-term risk consumption by females	2009 2001	12.0% 10.7%	11.3% 9.8%	13.9% 12.3%	11.7% 10.5%	9.9%	9.6%

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

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

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

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

CAMPAIGN		Target	2011/12	Target	2010/11	Target	2009/10	Target	2008/09	Target	2007/08
<b>ALCOHOL</b>											
<i>Alcohol.Think Again</i> 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%				
<i>Rethink Drink*</i>	Aware							76%	75%	77.0%	69.0%
	Correct							38%	63%	38.0%	50.0%
<b>DRUGS</b>											
<i>Drug Aware</i> programs											
Amphetamine	Aware	46.2%	45%	47.7%	-	39.2%	52.0%	47%	48%	35.0%	60.0%
	Correct	75.2%	76.8%	75.2%	-	38.8%	48.9%	24%	48%	17.5%	58.0%
Ecstasy	Aware			20.3%	24%						
	Correct			-	73.6%						
Cannabis	Aware	44.6%	41%								
	Correct	75.2%	76.8%								

\* *Rethink Drink* campaign was rebranded as the *Alcohol.Think Again* campaign.

### Notes:

- *Alcohol.Think Again* Campaign 1, titled 'Tolerance' aimed to raise awareness about the problems related to the binge drinking culture, and to raise awareness about what causes these problems at a systems or community level. This campaign was not conducted in 2011/12.
- *Alcohol.Think Again* Campaign 2, titled 'Cancer', aimed to raise awareness about alcohol-caused health problems (such as alcohol-caused cancer) and how to stay at low-risk in accordance with the *Australian Guidelines to Reduce Health Risks from Drinking Alcohol*.
- *Drug Aware* Amphetamine campaign aimed to prevent and/or delay the uptake of amphetamine use and increase access to support services at an early stage of increasing awareness and knowledge of the potential health, social and legal consequences of amphetamine use and increasing the salience of the potential risks associated with amphetamine use.
- *Drug Aware* Ecstasy campaign aimed to prevent and/or delay the uptake of ecstasy use and increase access to support services at an early stage of increasing awareness and knowledge of the potential health, social and legal consequences of ecstasy use and increasing the salience of the potential risks associated with ecstasy use.
- *Drug Aware Cannabis* campaign aimed to prevent and/or delay the uptake of cannabis use and increase access to support services at an early stage of increasing awareness and knowledge of the potential health, social and legal consequences of cannabis use and increasing the salience of the potential risks associated with cannabis use. Due to the spending allocated for this campaign, testing of the campaign materials could not be justified.

- “Aware” refers to the percentage of the target population for the campaign who report being aware (when prompted) of the campaign elements during the post campaign evaluation. Evaluation resources are allocated to different campaigns annually as required. If more than one medium was used in a campaign (e.g. TV and radio), “aware” refers to the overall awareness from any medium, where reported. If overall awareness has not been reported then the medium having the greatest awareness (e.g. radio) has been used.
- “Correct” refers to the proportion
- of the target population who correctly recalled at least one of the main campaign messages during the post-campaign evaluation. If more than one medium was used in a campaign, “correct” has been reported for the same medium as “aware” (i.e. overall where reported, or the medium having the greatest awareness). “Correct” is reported as a percentage of those who are “aware”.
- A target measure for “correct” message recall is multiplied by the percentage of the target measure for “aware” which is then multiplied by an adjustment factor recommended by TNS Social Research in order to adjust for expected population “correct” message recall.
- The adjustment factor applied to the “correct” message recall is 0.8 (or 80%) of what is achieved in the testing/evaluation setting and is applied to more accurately reflect what is actually achieved for “correct” message recall in the target population. This factor has been recommended by experts at TNS Social Research.
- Separate targets are set for each campaign undergoing evaluation e.g. *Drug Aware*, *Alcohol.Think Again*. 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.
- The targets for *Alcohol.Think Again* Campaign 2 were estimated at 68.5% of the target population being “aware” of the campaign message, with 73.6% “correct” message take out.
- The targets for the *Drug Aware* Amphetamine campaign were estimated at 46.2% of the targeted population being “aware” of the campaign message, with 75.2% takeout.
- The targets for the *Drug Aware* Cannabis Campaigns were estimated at 44.6% being “aware” of the campaign message, with 75.2% “correct” message take out.
- Campaign details:
  - *Drug Aware* provides information about the harms associated with illegal drug use
  - *Alcohol.Think Again* (*Rethink Drink* was rebranded as *Alcohol.Think Again* in 2008/09)
  - *Rethink Drink* was branded in 2007/08 and was previously named *Enough is Enough*. It is a Social Marketing Program aimed at raising awareness about public drunkenness, its related problems and what the community can do about the issue
- Post-campaign evaluations are not necessarily conducted with the whole target group, but a subset of this group. Where this has occurred, the results are taken to be representative of the whole target group.

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

Treatment outcomes for people with alcohol and 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 treatment objectives are likely to be achieved.

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

Treatment outcome	Target	2011/12	2010/11	2009/10	2008/09
% of client episodes not completed as planned (unplanned exits)	26% (over a 5 year period)	23%	21%	23%	29%

#### Notes:

- Information is based on the number of treatment episodes where the client left a service provided either by government or non-government agencies funded by WAADA and is extracted from the SIMS and PICASO databases.
- Open and opened refers to all treatment episodes that were open already at the beginning of the period and all episodes opened during that period. Due to the requirements of the Alcohol and Other Drug Treatment Services - National Minimum Data Set (AODTS-NMDS), 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 2011 – 31 March 2012.
- 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.
- The 5 year period for the target of 26% covers from 2008/09 to 2013/14.
- The total number of open and opened episodes for 2011/12 was 33,008 and Sobering-up Centre activity accounted for 11,818 of these episodes. 6 episodes were excluded from the analysis due to information not stated correctly (typically this is related to missing data).
- Sobering-up Centre data is not used for this indicator. The nature of the Sobering-up Centre service means that the episode is opened and closed within 24 hours and that the completion rate is 100%. This data is therefore not used to calculate the effectiveness indicator.
- The number of unplanned exits was 4,806 and those that completed as planned were 10,756. A further 5,622 treatment episodes were related to clients still engaged in treatment for the period. These episodes where clients are still in treatment are classified as a satisfactory outcome for the period along with those that completed treatment as planned. The indicator of percentage of unplanned exits shows the percentage that did not complete treatment satisfactorily.
- From 2010/11, in order to standardise the outcomes for planned and unplanned treatment completion against the AODTS-NMDS categories, the category labelled "imprisoned, other than drug court sanctioned" has been moved into the "unplanned" completion category.
- The target was set for a reduction to 26% of treatment episodes not completed as planned over the five years from 2008/09. For many clients with alcohol and drug problems, remaining in treatment is recognised as a challenge world-wide due to relapse back to alcohol and drug use. Many factors affect the ability to engage and remain in treatment. Time in treatment and completion of treatment as planned are associated with better treatment outcomes. The proportion of people leaving treatment successfully each year or still engaged in treatment is comparable with data from other countries such as the United Kingdom and the United States of America and indicates higher rates of successful completion.

## Key Efficiency Indicators

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

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

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

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

### Function Group 1: Prevention and Early Intervention

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

#### Efficiency Indicators 1.1 – 1.2

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

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

The costs associated with this indicator include direct costs associated with prevention programs and activities, staff salaries and corporate overheads. The targets for this indicator were calculated based on the budget estimate of Function Group 1 for 2011/12.

**Table 2.1.1: Cost per capita of prevention initiatives**

	Target 2011/12	2011/12	Target 2010/11	2010/11	Target 2009/10	2009/10	Target 2008/09	2008/09
Cost per capita	\$4.40	\$4.31	\$4.37	\$4.78	\$3.09	\$3.87	\$3.76	\$3.68

**Notes:**

- The cost per capita is based on estimates of the Western Australian population aged 14 years and over which are obtained from the Australian Bureau of Statistics, Time Series Workbook 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.
- The cost per capita target of \$4.40 was calculated by dividing the 2011/12 budget estimate of \$8,465,941 by the ABS population estimate figure of 1,922,981 (3101.0 Australian Demographic Statistics: Table 55. Estimated Resident Population by Single Year of Age, WA age 14+ released 19 December 2011).
- The costs are based on the total cost of prevention activity and a proportional allocation of overhead costs. The prevention costs are influenced by the number of campaigns conducted each year.
- In 2011/12, the actual costs for Function Group 1 were \$8,328,159 and the population aged 14 years and over was 1,931,268 (June 2011, released 25 June 2012).
- Actual cost per capita of prevention initiatives in 2011/12 was lower than the target of \$4.40. This is due advertising developmental costs expended in the previous financial year leading to savings in 2011/12.

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

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

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

CAMPAIGN		Target	2011/12	Target	2010/11	Target	2009/10	Target	2008/09	Target	2007/08
<b>ALCOHOL</b>											
<i>Alcohol.Think Again</i> 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				
<i>Rethink Drink*</i>	Aware							\$0.30	\$0.47	\$0.55	\$0.55
	Correct							\$0.60	\$0.56	\$1.10	\$0.76
<b>DRUGS</b>											
<i>Drug Aware</i> programs											
Amphetamine education strategy	Aware	\$1.11	\$1.12	\$1.00	\$0.96	\$1.51	\$0.77	\$1.39	\$1.04	\$1.71	\$1.78
	Correct	\$1.47	\$1.46	\$1.34	\$1.28	\$1.52	\$0.82	\$2.78	\$1.06	\$3.41	\$1.85
Ecstasy	Aware			\$12.06	\$10.62						
	Correct			-	\$14.42						
Cannabis	Aware	\$1.13	\$1.08								
	Correct	\$1.51	\$1.41								

\* The *Rethink Drink* campaign was rebranded as the *Alcohol.Think Again* campaign in 2008/09.

#### 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.
- "Awareness" refers to the cost per capita of the target population for the campaign who reported being aware of the campaign during the post-campaign evaluation: "Correct" refers to the cost per capita of the target population who correctly recalled the main campaign messages during the post-campaign evaluation.
- The methodology since 2010/11 includes direct media scheduling costs, production, evaluation and other campaign associated costs. This methodology differs from previous years' methodology that only included media scheduling costs. Costs in this table are also included in Indicator 1.1.
- Separate targets are set for each campaign undergoing evaluation. The target for campaign awareness can only be set on the expected media reach that can be achieved from one media phase of a campaign schedule. The expected reach is determined by the advertising agency from independent surveys that report what a particular media medium can achieve. This does not take into account the cumulative effect that running multiple phases of a campaign through the year may have on the overall awareness.
- The target cost per person for the *Alcohol.Think Again* Cancer campaign in the target group was \$0.69 for "aware" and \$0.94 for the target "correct" recall of the main campaign messages.



- The target cost per person for the *Drug Aware* Amphetamine campaign in the target group was \$1.11 for “aware” and \$1.47 for the target “correct” recall of the main campaign messages.
- The target cost per person for the *Drug Aware* Cannabis campaign in the target group was \$1.13 for “aware” and \$1.51 for the target “correct” recall of the main campaign messages.
- Campaign details
  - *Drug Aware* provides information about the harms associated with illegal drug use;
  - *Alcohol.Think Again* (*Rethink Drink* was rebranded in 2008/09 as the *Alcohol.Think Again* campaign) is a Social Marketing Program aimed at raising awareness about public drunkenness, its related problems and what the community can do about the issue.

## Function Group 2: Treatment and Support

### Efficiency Indicators

#### 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 (WAADA) services and through non-government agencies funded by WAADA. This indicator measures efficiency through the cost per treatment episode (open and opened episodes) and cost effectiveness through the cost per successfully completed treatment episode and those episodes in which the clients are still in treatment.

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

	Target	2011/12	Target	2010/11	Target	2009/10	Target	2008/09
Cost per treatment episode completed as planned or still engaged in treatment	\$1,703	\$2,125	\$1,514	\$1,510	\$1,233	\$1,427	\$1,259	\$1,262

#### Notes:

- The indicator is a measure of efficiency for treatment and support episodes of inpatient and outpatient services provided by government and non-government agencies funded by WAADA and also include Sobering-up Centres, which are funded services of WAADA.
- The indicator is based on all the open and opened treatment and support episodes. It measures the efficiency of treatment and support activity by calculating the cost per episode for all episodes that are completed as planned or clients who are still continuing in treatment.
- Since 2010/11, in order to standardise the outcomes for planned and unplanned treatment completion against the AODTS-NMDS categories the category labelled "imprisoned, other than drug court sanctioned" has been moved into the "unplanned" completion category.
- The cost is based on an amount of \$59,918,170 which is the total costs for this function group (Function Group 2) for the 2011/12 financial year. The number of episodes completed as planned or clients still engaged in treatment was 28,196.
- "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 2011 – 31 March 2012.
- 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 cost per treatment episodes completed as planned or still in treatment is for all episodes (including 11,818 Sobering-up Centre client episodes) and is calculated against the total cost for Function Group 2. The cost per completed as planned or clients still in treatment was \$2,125.
- The target for cost per treatment episode completed as planned or still engaged in treatment, as included in the 2011/12 Budget ,was \$1,703.
- The actual cost for 2011/12 is higher than the target due to increased expenditure that has affected the total cost of services. Two areas of increased expenditure are:
  - Employee benefits expense - Employee benefits expense increase is a composition of increases in awards averaging 4% as well as costs for delivery of new program initiatives. Total average FTE is increased by 2.68% for the year 2011/12.

- Patient support costs - This increase is mainly attributed to a 15% sustainable funding increase paid to the not-for-profit organisations in the alcohol and other drug sector (\$4.359M), payments to WA Country Health Service subsequent to disaggregation from the Department of Health totalling \$2.228M, Royalties for Regions programs \$1.420M, indexation increase and other new initiatives.
- The 2011/12 cost of episodes completed as planned or clients still engaged in treatment, excluding the Sobering-up Centre episodes, was \$3,413. The direct cost for Sobering-up Centres in 2011/12 was \$4,026,154 and the number of episodes was 11,818 so the direct unit cost was \$341 per episode.

Cost per treatment episode completed as planned or still engaged in treatment, excluding Sobering-up Centre episodes	\$3,413
Cost of Sobering-up Centre episodes	\$341

## Other legal requirements

### Advertising

In 2011/12 advertising expenses have been incurred by non-government organisations through service level agreements with DAO. In partnership with the Injury Control Council of WA, funds the *Alcohol.Think Again* campaign and in partnership with WANADA funds the *Drug Aware* campaign.

#### Total *Alcohol.Think Again* Campaigns

Class of expenditure	2011/12
Advertising agencies ( <i>The Brand Agency, Mary G Enterprises</i> )	\$409,618 (excl GST)
Market Research Agencies ( <i>TNS Social Research</i> )	\$204,010 (excl GST)
Media Agencies ( <i>IKON Perth/OMD</i> )	\$867,636 (excl GST)
<b>Total expenditure</b>	<b>\$1,481,264 (excl GST)</b>

#### Total *Drug Aware* Campaigns

Class of expenditure	2011/12
Advertising agencies ( <i>The Brand Agency</i> )	\$313,036 (excl GST)
Market Research Agencies ( <i>TNS Social Research</i> )	\$98,950 (excl GST)
Media Agencies ( <i>IKON Perth/OMD</i> )	\$1,234,909 (excl GST)
<b>Total expenditure</b>	<b>\$1,646,895 (excl GST)</b>

Note: *Drug Driving* Campaign is funded through the Road Trauma trust fund.

#### Total *Strong Spirit Strong Mind* Campaigns

Class of expenditure	2011/12
Advertising agencies ( <i>The Brand Agency/Murdoch</i> )	\$28,576 (excl GST)
Market Research Agencies	\$0 (excl GST)
Media Agencies	\$0 (excl GST)
<b>Total expenditure</b>	<b>\$28,576 (excl GST)</b>

Note: *Strong Spirit Strong Mind* Campaigns are funded through COAG.

## Ministerial Directives

Treasurer's Instruction 903 (12) requires DAO to disclose information on any Ministerial directives relevant to the setting of desired outcomes or operational objectives, the achievement of desired outcomes or operational objectives, investment activities and financing activities. No such directives were issued by the Minister with portfolio responsibility for DAO during 2011/12.

## Contracts with Senior Officers

To date, 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.

## Drug and Alcohol Office Staff

### *Workforce and Diversity Plan 2012-15*

A high quality workforce is central to DAO's ability to deliver services across Western Australia. In support of this, DAO's inaugural Workforce and Diversity Plan 2012-15 (Plan) was developed during the year. The Plan was designed to provide strategies and actions to assist DAO in identifying its current and future workforce needs. Contained in the Plan are the strategies and actions that will be pursued to ensure DAO continues to have a capable, efficient and effective workforce to achieve its objectives and meet its current and future service obligations. The Plan also builds on the achievements and experience of our previous *Equity and Diversity Management Plan 2010-2012*.

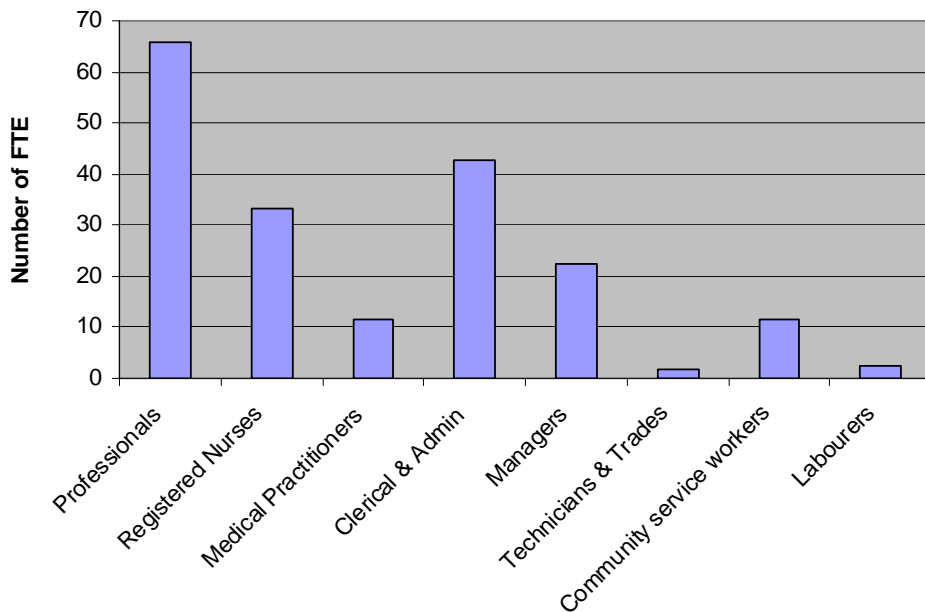
### *Staff Profile*

At 30 June 2012, DAO had an employment level of 190 fulltime equivalents (FTE). The majority of staff employed at DAO are permanent employees with relatively few staff employed on fixed-term arrangements. Comparative staffing levels by category for the current and preceding year are presented in the table below.

Employment Category	30 June 2012	30 June 2011
Full-time permanent	97	97
Full-time contract	37	28
Part-time measured on a FTE basis	56	58
<b>Total</b>	<b>190</b>	<b>183</b>

### Occupation Profile

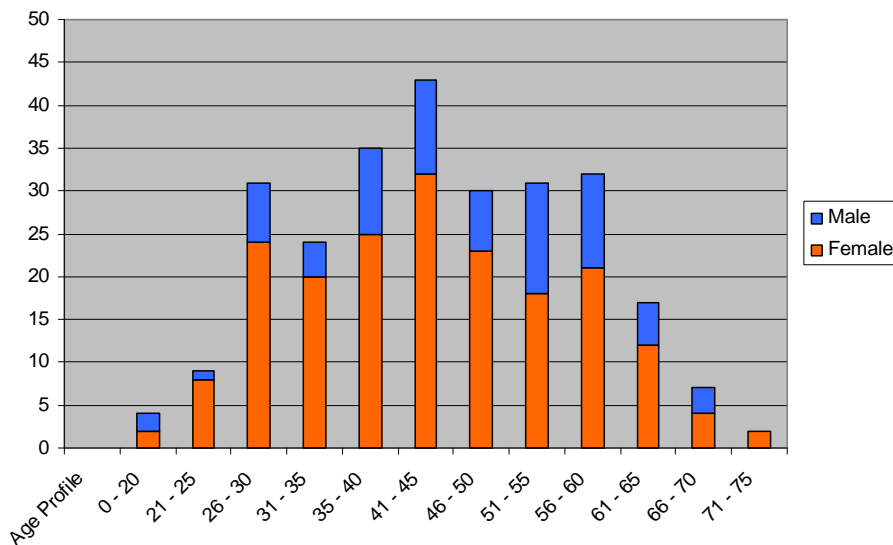
**Occupational Categories by FTE**



Professionals comprise 58% of DAO’s workforce. The category of Professionals in the HR MOIR data includes pharmacists, medical practitioners, nurses and counselling professionals, among others. In the table above, nursing staff and medical practitioners have been reported separately from the Professionals category to provide clarity to DAO’s clinical areas. DAO has 22% clerical and administrative workers and 12% managers.

### Age and Gender Profile

**DAO Age and Gender Profile**



The Age and Gender Profile shows the distribution of males and females by headcount across the age ranges. The majority of employees are female across all age ranges. The median age shows a slightly younger age profile for females than males (female median age: 45.23 years; male median age: 46.42 years).

## Equal Employment Opportunity and Diversity Outcomes

DAO's Workforce and Diversity Plan 2012-2015 is designed to ensure a discrimination and harassment-free workplace and to promote 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 and JDFs.

DAO's Workforce and Diversity Plan 2012-2015 details strategies to achieve key objectives and reach its equity and diversity targets.

Quarterly reporting on diversity measures, continuing review of policies and programs and gap analysis have been integrated into the Plan to support diversity. DAO's commitment to EEO outcomes in the past ensured success in this area. These measures will continue to be integrated into broader workforce strategies across the directorates and given priority into DAO's future.

	2007 %	2009 %	2011 %
Women in Tier 2 and 3	59.0	63.0	69.2
Diverse background	7.9	3.9	8.5
Indigenous Australians	4.2	2.8	3.1
People with disabilities	2.0	16.6	N/A <sup>20</sup>
Youth	8.2	3.9	3.2

The table above shows DAO's workforce composition in relation to the different equity groups.

## Disability Access and Inclusion Plan Outcomes

The *Disability Services Act 1993* was introduced to ensure that people with disabilities have the same opportunities as other Western Australians. DAO is committed to ensuring that people with disabilities, their families and their carers are able to access the full range of DAO's services and facilities both in-house and contracted. DAO's Disability Access and Inclusion Plan (DAIP) was developed in line with the Act and progress on implementation of the DAIP was reported to the Disability Services Commission in October 2011.

DAO's strategies against the six outcome areas of the DAIP are designed to improve access and inclusion to the full range of DAO's services, facilities and information. DAO recognises the importance of employment for people with a disability and has therefore added a voluntary outcome area relating to employment. Key initiatives are outlined below:

<sup>20</sup> Due to coding issues, accurate data for "People with Disabilities" is not currently available. DAO is reviewing how survey information is coded to ensure that accurate, reliable information is available for future reporting purposes.

Outcome Area	Key Initiatives
People with disabilities have the same opportunities as other people to access the services of, and any events organised by the Office.	<ul style="list-style-type: none"> <li>Evaluation activities are used to ensure that clients with disabilities have the opportunity to comment on service access.</li> <li>Disability and equal opportunity legislation and guidelines are integrated into DAO policies as they are developed and reviewed.</li> </ul>
People with disabilities have the same opportunities as other people to access the buildings and other facilities of the Office.	<ul style="list-style-type: none"> <li>DAO endeavours to ensure that all buildings and facilities are physically accessible to people with disabilities by undertaking an annual audit to identify barriers and rectify issues.</li> <li>Signage is reviewed annually to ensure any barriers are identified and rectified.</li> </ul>
People with disabilities receive information from the Office in a format that will enable them to access the information as readily as other people are able to access it.	<ul style="list-style-type: none"> <li>DAO ensures that key information (e.g. services, facilities, customer feedback, complaint procedures etc) is available in alternate formats and methods upon request, and that the language used is clear, concise and culturally secure.</li> </ul>
People with disabilities receive the same level and quality of service from the Office's staff.	<ul style="list-style-type: none"> <li>Awareness of the <i>Disability Services Act 1993</i> is promoted to all staff through the induction process, staff development programs, and the DAO intranet.</li> </ul>
People with disabilities have the same opportunities as other people to make complaints to the Office.	<ul style="list-style-type: none"> <li>The Office's complaints mechanisms are accessible to people with disabilities.</li> </ul>
People with disabilities have the same opportunities as other people to participate in any public consultation by the Office.	<ul style="list-style-type: none"> <li>DAO ensures that public forums and events are held in accessible venues and meet the communication requirements of participants.</li> </ul>
Employment programs and practices are in place to achieve equality of employment opportunity for people with disabilities.	<ul style="list-style-type: none"> <li>In accordance with the <i>Equal Employment Opportunity Act 1993</i>, DAO endeavours to provide people with disabilities equal opportunity to work within DAO through the promotion of, and adherence to appropriate policies.</li> </ul>

In addition, work is currently underway to develop a new DAIP for the period 2012 to 2016. The public will be invited to comment on the draft plan through the DAO website.

### Compliance with Public Sector Standards and Ethical Codes

DAO is committed to achieving high standards of compliance with the Public Sector Standards, the Western Australian Public Sector Code of Ethics and the Office's Code of Conduct.

Compliance Requirements	Instances of non-compliance/breaches
Public Sector Standards	Nil
WA Code of Ethics	2
DAO Code of Conduct	2



During the year DAO undertook a range of activities to promote awareness and compliance with public sector standards and ethical codes including:

- the ongoing provision of on-line training for all staff on Accountable and Ethical Decision Making
- incorporating information on the WA Code of Ethics, Public Sector Standards and DAO Code of Conduct in formal induction sessions
- completing reviews of recruitment, selection and appointment processes to ensure compliance with standards
- providing relevant information to staff via the DAO intranet.

In addition, work was progressed in consultation with the Public Sector Commission, on the development of an overarching Governance Framework for DAO. The Framework, based on the Public Sector Commission Good Governance Guide, assists staff in complying with the standards as well as general corporate and clinical governance, administration and management reporting requirements. It is designed to improve organisational performance, identify and manage risks, improve agency transparency and accountability, and assist in the prevention and detection of fraudulent and unethical behaviour.

The Framework is based on the following four key pillars which specifically address the public sector good governance principles, WA Clinical Governance Guidelines and the Australian Standards on Corporate Governance:

<b><i>Pillar 1: Clear Planning and Direction</i></b>
<ul style="list-style-type: none"> <li>• Management and oversight</li> <li>• Structural and operational management</li> </ul>
<b><i>Pillar 2: Sound Resource Management</i></b>
<ul style="list-style-type: none"> <li>• People management</li> <li>• Financial management</li> <li>• Asset management</li> <li>• Records management</li> </ul>
<b><i>Pillar 3: Adequate Control Environment</i></b>
<ul style="list-style-type: none"> <li>• Ethics and integrity</li> <li>• Audit and risk management</li> <li>• Internal controls</li> </ul>
<b><i>Pillar 4: Appropriate and Timely Information</i></b>
<ul style="list-style-type: none"> <li>• Communication and information</li> <li>• Reporting framework</li> </ul>

The Public Sector Commission has conducted an assessment of the Framework and associated action plan and has advised that “*DAO has adequately identified and is addressing the important principles and elements of the Good Governance Guide which covers better practice aspects of public sector corporate governance*”.

### Record Keeping Plans

The *State Records Act 2000* was established to mandate standardised statutory record keeping practices for every government agency including records-creation policy, record security and the responsibilities of all staff. DAO is committed to establishing and maintaining record keeping practices that meet its business needs and the requirements of the *State Records Act 2000*.

***Efficiency and effectiveness of the organisation’s record keeping system***

The efficiency and effectiveness of DAO’s record keeping system is evaluated not less than once every five years. The current Record Keeping Plan was reviewed and approved by the State Records Commission in June 2010.

***Record keeping training program***

DAO provides on-line Record Keeping Awareness Training (RAT) to all employees. The RAT system was specifically developed around the *State Records Act 2000* and has been endorsed by the State Records Office. Training is offered to all staff, giving them a standardised understanding of record keeping roles and responsibilities. Additionally, record keeping responsibilities are a key component of DAO’s Accountable and Ethical Decision Making training program.

***Record keeping training program reviewed***

The efficiency and effectiveness of the record keeping training program is reviewed periodically to ensure that the program continues to meet the needs of the organisation and the requirements of the *State Records Act 2000*.

***Record keeping responsibilities addressed through induction program***

DAO’s induction program addresses employee roles and responsibilities in regard to their compliance with DAO’s Record Keeping Plan. The on-line RAT is a key component of every new employee’s induction, providing a foundation for record keeping compliance in accordance with State Government requirements. This mandatory program provides a first step approach to record keeping responsibilities.

## Government policy requirements

### Occupational safety, health and injury management

DAO places strong emphasis on the safety and wellbeing of its employees and others who may be affected by its operations.

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

DAO acknowledges its responsibilities under the *Occupational Safety and Health Act 1984* and the *Code of Practice: Occupational Safety and Health in the Western Australian Public Sector*. DAO is committed to ensuring a safe and healthy workplace that is free from work related injuries and diseases. DAO maintains an Occupational Safety and Health (OSH) framework that includes:

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

#### **Consultation Mechanism**

The commitment of management to consultation with Safety and Health Representatives and other staff on OSH issues is exemplified by Executive representation on DAO's OSH 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.

DAO conducted an OSH Perception Survey in October 2011 to gauge the opinions of DAO staff on OSH issues. Fifty seven responses were received with 96% saying they agreed that there is a culture of safety at DAO. A further 98% of staff agreed that safety is valued at DAO and that DAO responds well to safety issues; 96% of staff reported that they feel able to raise an OSH issue with their Manager with 96% also reporting that they are given adequate training and time to undertake their duties safely.

#### **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 complex cases being managed by external rehabilitation providers.

#### **OSH Management System Assessment**

With the awarding of the Silver Certificate of Achievement from WorkSafe in 2010, DAO is working towards the next level of achievement. This 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 2011/12 performance against established targets:

Indicator	2011-12	2010-11	2009-10	Target 2011/12
Number of fatalities	0	0	0	0
Lost time injury/disease (LTI/D) incidence rate	2.6	1.1	1.6	0 or 10% improvement on previous three years
Lost time injury severity rate	20	0	0	0 or 10% improvement on the previous three years
Percentage of injured workers returned to work within				Greater than or equal to 80% return to work within 26 weeks
(i) 13 weeks	100%			
(ii) 26 weeks	100%	100%	100%	
Percentage of managers and supervisors trained in occupational safety, health and injury management responsibilities	87.5%	84.8%	93%	Greater than or equal to 80%

Note:

- **Fatalities:** Number of compensated work related fatalities.
- **Lost time injury/disease incidence rate:** The lost time injuries/diseases 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 for 2011/12

In addition, the following initiatives were also progressed within DAO during the year:

- regular OSH Committee meetings were held
- workplace inspections were conducted
- there was regular reporting on incidents, accidents in the workplace
- continued training for managers and supervisors in OSH, health and injury management responsibilities
- provided ergonomic assessments for employees on request
- continued to provide access to employee assistance program
- provided employees with annual flu injections
- through the DAO Wellness Program, DAO continued to provide information on healthy options for staff by focussing on a monthly health topic such as Healthy Lifestyle, Reducing Stress, Healthy Eating, Meditation and bimonthly "Lunch and Learn" sessions.

# Appendices

## Appendix One – Research projects

*(Completed or in progress 2011/12)*

**Evaluation of section 175 alcohol restrictions: a case study review of three remote Aboriginal communities in Western Australia** *(in progress)*

*Akesson, G. Smith, J. Watts, G. Casey, S. Scott, J.*

**The impact of liquor restrictions in Kununurra and Wyndham: six month review** *(completed)*

*Akesson, G. Smith, J.*

**The impact of liquor restrictions in Kununurra and Wyndham: 12 month review**

*(in progress)*

*Akesson, G. Smith, J.*

**Alcohol related attitudes and behaviours in sporting clubs: Lake Grace Case Study**

*(in progress)*

*Akesson, G. Gallagher, K.*

**Cannabis use in remote Aboriginal communities: exploring use and influencing factors** *(in progress)*

*Christou, A. Akesson, G. Miller, J. Collard, C. Evans, L.*

## Appendix Two – Publications and reports

Chikritzhs, T., Evans, M., Gardner, C., Liang, W., Pascal, R., Stockwell, T., Zeisser, C. (2011) Australian Alcohol Aetiologic Fractions for Injuries Treated in Emergency Departments. Perth, National Drug Research Institute, Curtin University.

Drug and Alcohol Office (2011). Strong Spirit Strong Mind Metro Project: consultation summary; working together to improve drug and alcohol services for Aboriginal people in the metropolitan area. Perth: Drug and Alcohol Office.

Drug and Alcohol Office (2011). The impact of liquor restrictions in Halls Creek: quantitative data - 24 month review. Perth: Drug and Alcohol Office.

Drug and Alcohol Office (2012). The impact of liquor restrictions in Kununurra and Wyndham: a six month review. Perth: Drug and Alcohol Office.

Drug and Alcohol Office WA (2011). *Night Venues and Entertainment Events Project: 2011 Results for the Western Australian North Metropolitan Health Region*. Perth: Australia.

Drug and Alcohol Office WA (2011). *Night Venues and Entertainment Events Project: 2011 Results for the Western Australian South Metropolitan Health Region*. Perth: Australia.

Drug and Alcohol Office WA (2011). *Night Venues and Entertainment Events Project: 2011 Results for the Western Australian Kimberley Health Region*. Perth: Australia.

Drug and Alcohol Office WA (2011). *Night Venues and Entertainment Events Project: 2011 Results for the Western Australian Pilbara Health Region*. Perth: Australia.

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Drug and Alcohol Office WA (2011). *Night Venues and Entertainment Events Project: 2011 Results for the Western Australian Metropolitan Area*. Perth: Australia.

Drug and Alcohol Office WA (2011). *Night Venues and Entertainment Events Project: 2011 Results for Western Australia*. Perth: Australia.

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

Akesson, G., & Swan, U. (2012, 6-8 June). *Engaging young Aboriginal people in alcohol and drug prevention: making their voices heard*. National Indigenous Drug and Alcohol Conference. Fremantle, Western Australia.

Casey, W. (2012, 27 February). *Strong Spirit Strong Future - promoting healthy women and pregnancies* (oral presentation). Focus on Fetal Alcohol Spectrum Disorders in WA Forum. Subiaco, Western Australia.

Colthart, A.G., & Dalziell, R. (2012, June). *Integrating services around comorbid young people*. Asia Pacific Conference on Mental Health. Perth, Western Australia.

Connelly, C. (2011, November). *A descriptive report of the establishment of a Hepatitis C treatment clinic within a drug & alcohol treatment centre, including preliminary treatment results*. 2011 Australasian Professional Society on Alcohol and other Drugs (APSAD). Tasmania, Australia.

Gray, M. Stone, J, Paki, D. & Spratt, J. (2012, 14-15 March). *Strong Spirit Strong Future: promoting healthy women and pregnancies*. Aboriginal Alcohol and Other Drug Forum. The Vines, Western Australia.

Gray, M., Stone, J. & Paki, D. (2012, 6-8 June). *Strong Spirit Strong Future: Promoting Healthy Women and Pregnancies – A Prevention Campaign* (poster presentation). National Indigenous Drug and Alcohol Committee Conference, Fremantle, Western Australia.

Gray, M., Stone, J., Paki, D., & Spratt, J., (2012, 14-15 March). *Strong Spirit Strong Future: promoting healthy women and pregnancies* (oral presentation). Aboriginal Alcohol and Other Drug Forum. The Vines, Western Australia.

Henrickson, N. (2011, 27 September). *Managing alcohol – what does the evidence say? A workshop with the City of Mandurah*. Mandurah, Western Australia.

Henrickson, N. (2011, 7 September). *A prevention approach to alcohol-related harm and problems – what is happening in WA?* Events Industry Association liquor licensing workshop. Perth, Western Australia.

Henrickson, N. (2012, 3 April). *Navigating the liquor licensing system*. Prevention Training DAO Calendar. Perth, Western Australia.

Henrickson, N. (2012, 8 March). *The drinking culture in WA – contributing factors and the role of alcohol environments*. Managing alcohol and the night time economy: a seminar for Public Health Professionals and Police working in the area of alcohol management. Perth, Western Australia.

Hood, R. (2011, November). *Alcohol-related harm in Western Australia*. PowerPoint presentation at the 2011 Western Australian Health Conference. Perth: Western Australia.

Hood, R. (2012, June). *Alcohol and other drug-related harm amongst Aboriginal people in Western Australia*. PowerPoint presentation at the 2012 National Indigenous Alcohol and Drug Conference. Perth: Western Australia.

Oosthuizen F, Hansson R, Reynolds D & Goggin L. (2012, June). *Western Australia's government response to the 'designer drug' phenomenon*. Presented at the International Toxicology Conference, Japan.

Paki, D. & Spratt, J. (2012, 9 March). *Developing culturally secure FASD prevention initiatives and resources for Aboriginal communities*. Womens and Newborns Health Network Innovation and Research Symposium. Subiaco, Western Australia.

Spratt, J. Paki, D. & Stone, J. (2012, 28-29 June). *Strong Spirit Strong Future: looking back to move forward*. Aboriginal Maternal and Child Health Conference. Perth, Western Australia.



- Spratt, J., Paki, D. & Stone, J. (2012, 28-29 June). *Strong Spirit Strong Future: looking back to move forward*. Aboriginal Maternal and Child Health Conference (oral presentation). Perth, Western Australia.
- Stone, J. & Casey, S. (2011, 2 July). *Strong Spirit Strong Future: Fetal Alcohol Spectrum Disorder (FASD) prevention in Aboriginal communities*. Rural Health West Aboriginal Health Conference. Perth, Western Australia.
- Stone, J. Paki, D. & Spratt, J. (2012, 31 May). *Alcohol and pregnancy: our children are our future*. Family and Professional Aboriginal Forum. Perth, Western Australia.
- Stone, J. Spratt, J. & Paki, D. (2012, 6-8 June). *Developing culturally secure Fetal Alcohol Spectrum Disorders initiatives and resources for Aboriginal communities*. National Indigenous Drug and Alcohol Conference. Fremantle, Western Australia.
- Stone, J. Spratt, J. & Paki, D. (2012, 6-8 June). *Development of Fetal Alcohol Spectrum Disorder prevention training – consultation matters*. National Indigenous Drug and Alcohol Conference. Fremantle, Western Australia.
- Stone, J., Gray, M., Spratt, J. & Paki, D. (2012, 9 March). *Developing culturally secure FASD prevention initiatives and resources for Aboriginal communities* (oral presentation). Women's and Newborns Health Network Innovation and Research Symposium. Subiaco, Western Australia.
- Stone, J., Gray, M., Spratt, J., & Paki, D. (2012, 6-8 June). *Developing culturally secure Fetal Alcohol Spectrum Disorders initiatives and resources for Aboriginal communities* (workshop). National Indigenous Drug and Alcohol Committee Conference. Fremantle, Western Australia.
- Stone, J., Paki, D. & Spratt, J. (2012, 31 May). *Alcohol and pregnancy: our children are our future* (workshop). Aboriginal Alcohol and Drug Service Family and Professional Forum. Perth, Western Australia.
- Stone, J., Spratt, J. & Paki, D. (2012, 6-8 June) Development of Fetal Alcohol Spectrum Disorder prevention training – consultation matters (oral presentation). *National Indigenous Drug and Alcohol Committee Conference*. Fremantle, Western Australia.
- Stone, J., Webb, B. & Casey, S. (2011, 2 July). *Strong Spirit Strong Future: Fetal Alcohol Spectrum Disorder (FASD) prevention in Aboriginal communities* (oral presentation). Rural Health West Aboriginal Health Conference. Perth, Western Australia.
- Tapping, L. (2011, 24 November). Drug and Alcohol Office Prevention Branch. A presentation for the Royal Flying Doctors Service. Perth, Western Australia.
- Verburg, J. & Mitchell, K. (2012, June) *Providing integrated treatment and support for complex young people* presented at the annual Drug and Alcohol Nurses Association of Australia. Melbourne, Victoria.
- Vitale, C (2011, 8 November). *The Impact of Liquor Restrictions in Halls Creek and Fitzroy Crossing on Road Safety*, Australasian Road Safety Research, Policing and Education Conference 2011. Perth, Western Australia.
- Vu, C., & Costello, E. (2011, 8 November). *Drug Aware Drug Driving Education Campaign - Innovative ways to reach the hard to reach*, Australasian Road Safety Research, Policing and Education Conference 2011. Perth, Western Australia.
- Watts, G. (2011, October). *Why manage alcohol?* South West Regional Local Drug Action Group Forum. Busselton, Western Australia.
- Watts, G. (2012, February). *Drug and Alcohol Office update*. School Drug Education and Road Aware Conference. South Perth, Western Australia.





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