



# Drug and Alcohol Office Annual Report 2012-2013



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.

Responsible Minister:	Minister for Mental Health The Hon. Helen Morton MLC
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## Statement of compliance



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

In accordance with Section 63 of the *Financial Management Act 2006*, we hereby submit for your information and presentation to Parliament, the Annual Report of the Western Australian Alcohol and Drug Authority for the financial year ending 30 June 2013.

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

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

Professor Gary Geelhoed  
Chairperson  
Western Australian Alcohol and Drug Authority

16 September 2013

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

Professor Steve Allsop  
Deputy Chairperson  
Western Australian Alcohol and Drug Authority

16 September 2013

# 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 state-wide 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

#### Policy and information

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

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

#### Prevention and community action

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

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

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

- The *Alcohol.Think Again* campaign 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 state-wide 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 (CDST)
- support for a state-wide 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, state-wide, confidential telephone service providing information, advice, counselling and referral to anyone concerned about their own or another person's alcohol and 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 drugs 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.



## Directorates within DAO

### Policy Strategy and Information Directorate

The Policy, Strategy and Information Directorate provides a central point of coordination for state-wide 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.

The Policy, Strategy and Information Directorate works collaboratively in the delivery of these functions with other sections of DAO, other State and Commonwealth 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.

### 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.

### Aboriginal Alcohol and Other Drug Programs

The Aboriginal Alcohol and Other Drugs Branch works across DAO to support and implement the *Strong Spirit Strong Mind Aboriginal Drug and Alcohol Framework for Western Australia 2011-2015*. 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.

### 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 education, capacity building and action are key components of this approach.

### *Drug Program*

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

### *Community Program*

The Community Program 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 the *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.

### **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.

## **Client Services and Development Directorate**

The Client Services and Development Directorate is responsible for providing, developing and purchasing services state-wide, 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 Purchasing and Development, WA Diversion Programs, and Alcohol and Drug Information Services (ADIS).

### **Services Purchasing and Development**

The Services Purchasing 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 (CDST), residential treatment services, Sobering-up Centres, and a range of specialist treatment services for particular populations, including young people and families.

### **Diversion Programs**

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).

### **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.

## **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.

### **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.

### Drug and Alcohol Youth Services

The Drug and Alcohol Youth Service (DAYS) is a partnership between Mission Australia and Next Step Youth Service to provide young people and their families with improved access to 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.

### 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 state-wide 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) is 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.

### 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.

### 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.

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.

### **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; corporate communications, and providing Ministerial support for all DAO related public relations activities.

## Executive Director's Report

The not-for-profit alcohol and other drug sector will receive \$6.4 million in new recurrent funding from July 2013 under the recently announced outcome of the Western Australian Government's Component II process. This latest increase is in addition to the \$4.4 million recurrent funding received from the Component I process in 2011. Component II is part of the Government's Delivering Community Services in Partnership reforms to the purchasing of community services from the not-for-profit sector, and comprises a total commitment across Government of \$117 million over two years from 2013/14.

This outcome reflects the quality of work undertaken by the Drug and Alcohol Office (DAO), in partnership with the alcohol and other drug (AOD) sector, in response to the procurement reform agenda. DAO's allocation will be used to address sustainability issues in a number of not-for-profit services, particularly those in regional and remote areas, and those that have historically been under-funded.

In Western Australia, the number of people fatally overdosing from opioid use fluctuates and unfortunately we still see around 30-40 Western Australians die from opioids, including heroin, each year.

Monitoring this situation is the WA Overdose Strategy Group, which is convened and chaired by DAO, and includes health, paramedic, alcohol and other drug services, law enforcement, pharmacy and user groups. This group recommended Western Australia join a number of other Australian jurisdictions in training opioid users and potential overdose witnesses in overdose prevention and management, including naloxone administration.

The training commenced in February 2013 and by the end of June 2013, 48 users and potential witnesses had received training. Of these, 38 had been prescribed naloxone.

We have already received reports of a number of people who have avoided an overdose fatality as a direct result of this training. This is pleasing and I hope opioid users will also benefit from other harm reduction and health opportunities that can be offered as part of this project.

This year DAO began to work in partnership with the sector on developing a plan for addressing the stigma that surrounds alcohol and other drug issues. The impacts of stigma and discrimination relating to problematic alcohol and other drug use are wide ranging, with the World Health Organization acknowledging that illicit drug dependence is the most stigmatised health condition in the world, and dependence to alcohol is the fourth most stigmatised condition.

Stigma can discourage access to treatment, and impact on the effectiveness of early identification and screening. Stigma associated with alcohol and other drug use also affects people working in the sector, which we know can have an impact upon recruiting and retaining employees.

From DAO's perspective, stigma affects our business in all sorts of ways. These include difficulties encountered when trying to develop housing solutions to help people transition back into the community after treatment, community reaction to building new treatment facilities or moving existing ones, and even perceptions about the routine practice of consulting with consumers to seek their input and views. Hopefully our work with the sector can also lead to improvements in physical and mental health outcomes for people dealing with alcohol and other drug issues.

As part of a program to improve and expand alcohol and other drug services and programs in the north-west of Western Australia, construction is progressing on the Carnarvon Dual Purpose Centre which is the first of its kind in Western Australia to combine day time counselling and prevention services, and an overnight sobering up service.

The State Government's Royalties for Regions program has provided funding for construction and operation of the centre, along with \$0.5 million from DAO towards the construction costs. The construction is expected to take around twelve months and during the construction phase a sobering up centre service provider will be identified through a tender process. We are looking forward to seeing this service operational early in the next financial year.

In 2012/13, through a formal funding agreement with the Commonwealth Government, DAO was contracted as the lead service provider for the Breaking the Cycle initiative in Western Australia. This \$20 million Australian Government election commitment aims to address the harm caused by alcohol and other drug use through local, community-led solutions.

DAO will receive a total of \$3.7 million over three years (2011/12 to 2013/14), of which \$2 million will be available for the Goldfields (including Wiluna) and \$1.7 million for the Pilbara to enable government and non-government organisations to develop and implement alcohol and other drug management plans to tackle local alcohol and other drug issues.

The focus communities for this initiative are Laverton and Leonora, the Ngaanyatjarra Lands, Wiluna and the East Pilbara. Each of these communities has a lead local service provider and is already progressing the development of coordinated and comprehensive alcohol and other drug management plans in partnership with their communities. The plans are overseen by a steering committee in each region who work in partnership with local service providers to deliver activities identified in the plans, making this a unique approach to identifying and addressing local issues.

This program, coupled with the Royalties for Regions projects in the Kimberley, Pilbara and Carnarvon, provides a significant and welcome increase in resources to reduce alcohol and other drug-related harms in some of the higher risk regions and communities in the state.

Petrol sniffing and other volatile substance use (VSU) occurs in some communities in Western Australia and, although its use is largely limited to a small number of people, it is still a challenging, complex social issue.

In collaboration with the agencies represented on the Drug and Alcohol Strategic Senior Officers' Group, DAO has developed a VSU Plan 2012-15, which outlines a multi-faceted response, including demand, supply and harm reduction strategies, that will be pursued to prevent and respond to VSU. Over the past few years, DAO has worked collaboratively with the Australian Government to establish local VSU Working Groups in many areas of the state and the development of VSU plans has now been progressed in the Goldfields, East Kimberley, East Pilbara, Port Hedland and Meekatharra.

In 2013/14 DAO will continue to dedicate resources to respond to VSU, with further funding to support regional VSU action being made available through Royalties for Regions project funding, Breaking the Cycle and Community Drug Service Teams.

Evidence of the efficiency of our alcohol and other drug treatment services can be seen in this annual report by the fact that more treatment is being delivered, at a lower cost, which is a great outcome for the community.

The actual cost of alcohol and other drug treatment services, provided by Next Step and through non-government agencies funded by DAO, was \$1,964 per treatment episode in 2012/13, which was lower than the target of \$2,125. This lower than expected cost is due to services providing a greater number of treatment episodes; 32,808 episodes in 2012/13 compared to 28,196 episodes in 2011/12.

There were also more completed episodes at Sobering-up Centres, 15,095 episodes in 2012/13 compared to 11,818 episodes in 2011/12, due to increased demand for these services in some communities around the state.

In closing, I'd like to thank the Board and the wider alcohol and other drug sector for their continued support over the past year. I'd also like to thank the DAO staff. It's a real pleasure to be part of such a committed, energetic and professional team.



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



## Board Chairperson's Report

Alcohol-related harm continues to be an area of significant concern to the Western Australian Alcohol and Drug Authority (WAADA) Board.

DAO compiled the Western Australian results of 2010 National Drug Strategy Household Survey data, which is now publicly available on the DAO website. While this survey shows reductions in the frequency of alcohol consumption, and in the levels of risky drinking by Western Australians aged 14 and above from 2007 to 2010, across all indicators of risky drinking Western Australia is higher than the national average.

Other data shows that Western Australia has experienced an increase in alcohol-related hospitalisations, treatment episodes, and helpline calls over the past few years. From 2007 to 2011 the number of alcohol-related hospitalisations increased almost 40 per cent, which is a strong indicator of the need for robust prevention activity to address this cultural issue.

In November 2012 DAO released the latest 2011 Australian School Students Alcohol and Drug Survey, which shows just how much alcohol young people report they are drinking. While more students say they do not drink alcohol, and the overall rate of use has declined, those who are choosing to drink are doing so at increasingly concerning levels.

We know that a child's brain continues to develop until their early 20s, and there is growing evidence about the impact of alcohol on the developing brain. In direct response to this issue DAO commenced a state-wide prevention and public education campaign in November last year, telling parents about the impact of alcohol on the developing brain, and promoting national guidelines that for under 18s, no alcohol is the safest choice.

In response to growing concern about the incidence of Fetal Alcohol Spectrum Disorder (FASD), DAO launched a campaign in June 2012 promoting that no alcohol is the safest choice when pregnant or planning a pregnancy. The campaign, the first of its kind in Australia, was one of a number of strategies designed to reduce the incidence of FASD, and was directly aimed at women of child-bearing age who may consume low to moderate amounts of alcohol.

Accompanying this campaign, DAO has continued to deliver the culturally secure *Strong Spirit Strong Future* Project which incorporates a prevention campaign, resource development and workforce development training targeting FASD in the Aboriginal population and communities.

While these are significant developments, much more needs to be done to tackle the alcohol culture. DAO was one of a number of public sector agencies to provide a submission to the review of the *Liquor Control Act 1988*. Recommendations from the *Liquor Control Act* review have the potential to contribute to levels of alcohol-related harm or to minimise and prevent harm. With one in four Western Australians regularly drinking more than recommended limits to stay at low risk for harm and ill-health, it is clear that alcohol-related harm is an issue for the entire community, rather than just a minority of people.

With lead responsibility for the planning, development and implementation of alcohol and other drug strategies and services in the state, DAO's submission was based on national and international research findings, and the agency's significant experience supporting communities affected by alcohol-related harm. DAO made 44 recommendations aimed at strengthening the ability of the legislation to work effectively to minimise the high level of alcohol-related harm in Western Australia. There are many lessons to learn from other

international and Australian jurisdictions about the downsides of increasing alcohol availability, and we should be looking to them for what has failed and what has not.

It is the view of the Board that adopting a harm minimisation approach in the legislation can go hand-in-hand with developing a vibrant community where alcohol is available in a low risk way, and finding this balance is an objective well worth striving for.

Since 2000, there have been early intervention, court-based diversionary programs for offenders with illicit drug-related problems who appear in the WA Magistrates and Children's Courts. From 29 July 2013 the existing pre-sentence illicit drug diversion program offered at the Perth Magistrates Court will be expanded on a trial basis, to include offenders with alcohol-related problems.

The 18-month pilot expansion of the Presentence Opportunity Program in the metropolitan area will be aimed at people whose alcohol-related problems have contributed to their offending. Hopefully this will see more people taking the opportunity to access treatment for their alcohol use, and making positive changes to their lives.

Among other developments over the past year, DAO has continued to strengthen and improve overarching business processes to ensure effective governance processes are in place across the organisation. This included work on the financial operating environment and associated controls. Pleasingly, as a result of this dedicated work, DAO was listed by the Auditor General as one of the 2012 top 20 Best Practice agencies in the large agency category, in recognition of best practice in relation to financial reporting and financial controls.

On 10 April 2013 the State Government announced DAO and the Mental Health Commission would be joined. Minister for Mental Health Helen Morton stated that the change would ensure better integration of the state's network of mental health, and drug and alcohol prevention and treatment services. The Minister has also stated that the WAADA Board would operate and be supported until changes to the *Alcohol and Drug Authority Act 1974* were enacted as part of the amalgamation process.

So while it is business as usual for both DAO and the Board at this stage, it is expected these changes will have a significant impact on the future of DAO in its current form. Despite this uncertainty, the staff of DAO have continued to focus on their goal to *prevent and reduce the adverse effects of alcohol and other drugs in the Western Australian community*. The Board is grateful for the passion and dedication they bring to work each day.

I'd also like to thank my fellow Board members and the wider sector for their ongoing commitment to making a difference to people, families and communities affected by alcohol and other drug problems.



Professor Gary Geelhoed  
Chairperson  
Western Australian Alcohol and Drug Authority

# 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 General 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; Child Protection

## 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 state-wide 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

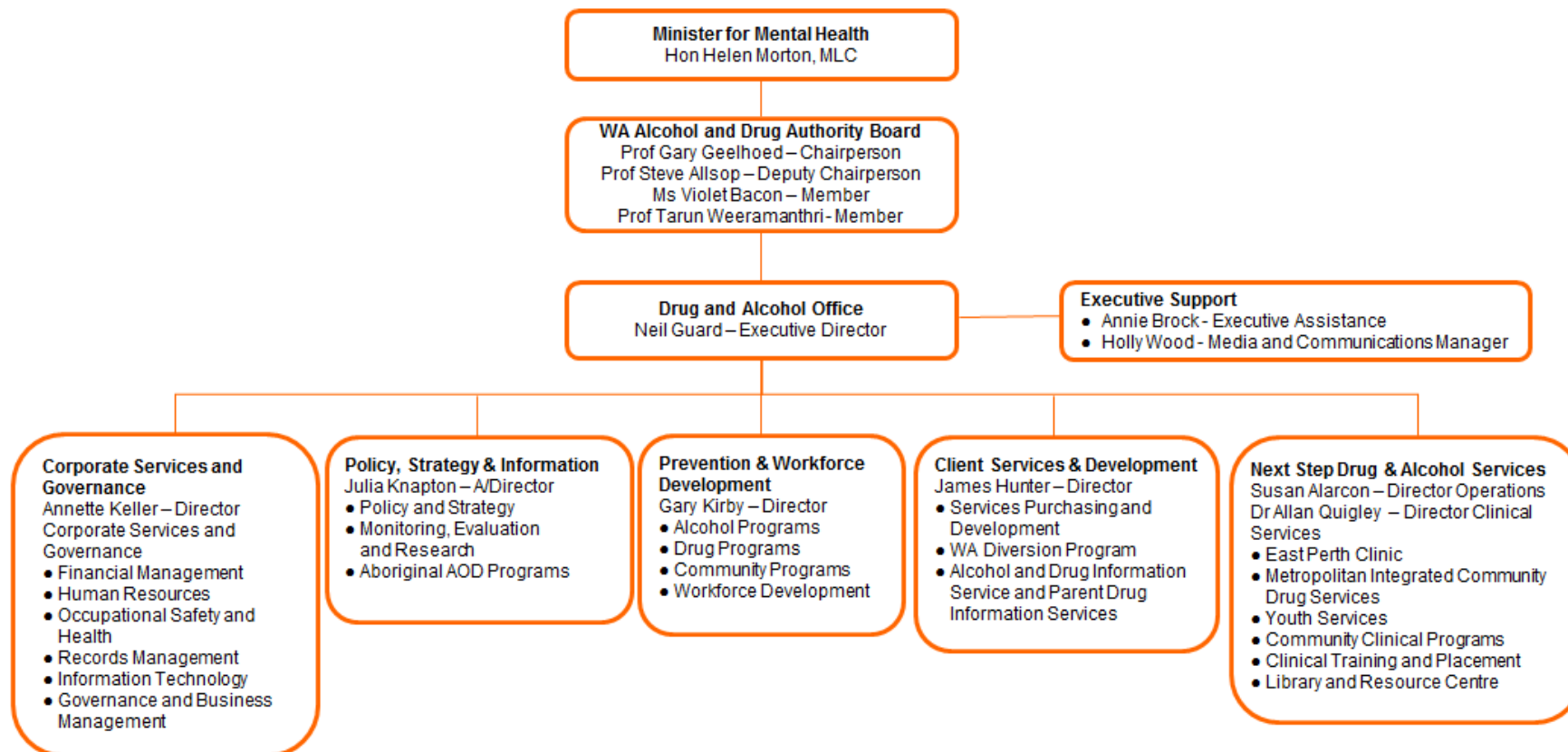
The values of DAO are:

- **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 2013.

# Organisational Structure



## 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**

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

Prior to his appointment as the Chief Medical Officer of the Department of Health, Prof Geelhoed worked in the Emergency Department at Princess Margaret Hospital as a Paediatric Emergency Physician for over 20 years. He has also been State President of the Paediatric Chapter of the Royal Australasian College of Physicians; a member of the Women's & Children's Hospital Board and President of the Australian Medical Association 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 (AOD) field. He is a Professor and Director of the National Drug Research Institute (NDRI) at Curtin University of Technology. Prof Allsop has previously worked as the Acting Executive Director of DAO.



**Ms Violet Bacon – Member**

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

Ms Bacon has been involved in a number of Aboriginal projects and represented the AOD field on a variety of boards including the Alcohol and Drug Council of Australia. Ms Bacon is a Life Member of the Aboriginal Drug and Alcohol Service Inc. Ms Bacon worked for a short time with NDRI, and after her return to the University of Western Australia, was appointed as an Adjunct Fellow by NDRI at Curtin University of Technology. 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 WA, Prof Weeramanthri worked in the Northern Territory from 1991-2007 and became Northern Territory Chief Health Officer in 2004. In 2008 he returned to WA to establish a new Public Health Division. His interests are in the contribution public health can make to Aboriginal health improvement, health services research, use of new social networking technologies in public health, and implementation of health policy.

The current Board membership as at 30 June 2013 is summarised in the table below:

Western Australian Alcohol and Drug Authority Board Membership 2012/13			
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 seven occasions during 2012/13. In accordance with Government policy, Board members who are employees of the public sector or an academic institution are not paid additional remuneration for sitting on the Board. One Board member, Ms Vi Bacon, was remunerated \$1,450 for the five meetings she attended.

#### *Senior Officers*

Senior Officers of DAO as at 30 June 2013:

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

#### *Pecuniary Interests*

Senior Officers declared no pecuniary interests during 2012/13.

## Corporate Executive



L-R:

- Susan Alarcon - Director, Operations, Next Step
- Annette Keller - Director, Corporate Services and Governance
- Julia Knaption - A/Director, Policy, Strategy and Information
- Neil Guard - Executive Director
- James Hunter - Director, Client Services and Development
- Gary Kirby - Director, Prevention and Workforce Development
- Dr Allan Quigley - Director, Clinical Services, Next Step
- Angela Hanslip - A/Manager, Aboriginal Alcohol and Other Drug Programs
- Billy Webb - A/Manager, Aboriginal Alcohol and Other Drug Programs



## Significant issues and trends

Problematic alcohol and other drug use impacts on all Western Australians. It contributes to significant health, social and economic costs to the community, including illness, injury, crime, violence, anti-social behaviour, and family and relationship breakdown. Resources have been allocated to the alcohol and other drug sector for the delivery of prevention, treatment and support services.

Drugs such as alcohol, cannabis, amphetamine and amphetamine type substances and heroin and other opioids do require particular attention as evidence demonstrates that they are associated with more harm and/or higher use. Evidence also demonstrates that some population groups experience greater impacts from alcohol and other drug use than others and therefore require additional support.

### Priority drugs

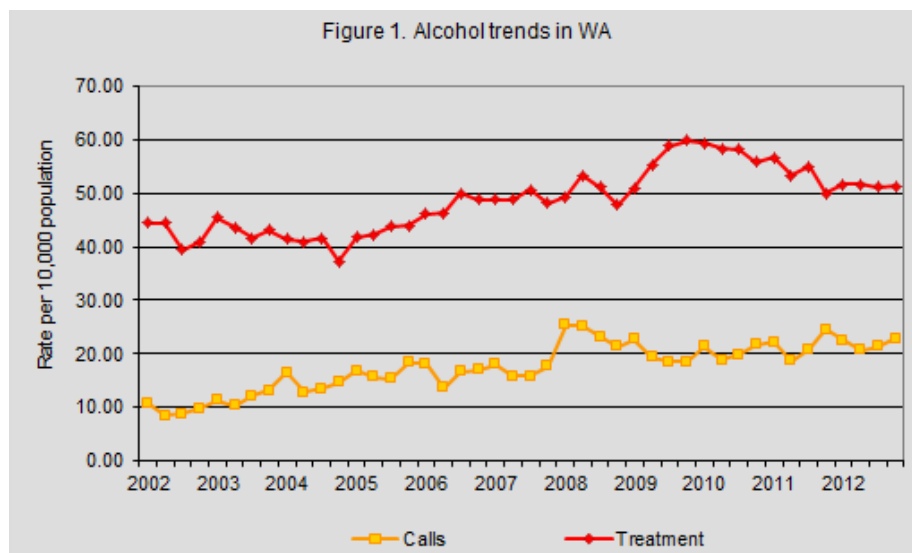
#### Alcohol

The 2010 National Drug Strategy Household Survey shows reductions in the frequency of alcohol consumption and in the levels of risky drinking by Western Australians aged 14 and above from 2007 to 2010. However, over all indicators, Western Australia is higher than the national average.

Western Australia has experienced a 40% increase in the number of alcohol-related hospitalisations from 2007 to 2012<sup>1</sup>.

The number of alcohol-related treatment episodes increased from 48 per 10,000 population in 2007 to 51 in 2012<sup>2</sup>, and over the same period there has been an increase in the number of people seeking information and phone counselling (see Figure 1).

Alcohol-related calls to the ADIS and PDIS hotline have been increasing over time<sup>3</sup>.



<sup>1</sup> Epidemiology Branch (2012). Quarterly number of drug and alcohol-related hospitalisations in Western Australian 2002-2012. Department of Health WA (computer file), 2013.

<sup>2</sup> Data was extracted on the 26 June 2013 from the de-identified treatment agency database held at DAO.

<sup>3</sup> Alcohol and Drug Information Service (ADIS). Drug and Alcohol Office, Perth, WA (accessed 6 May 2013).

### Illicit drugs

In 2010, the proportion of Western Australians aged 14 years and above that used an illicit drug in the past year was 18.6%. This was an increase from 2007 (16.2%), and remained higher than the national average in 2010 (14.7%).

In particular the data suggested an increase in the number of Western Australians using cannabis over the past three years (13.4% in 2010 compared to 10.8% in 2007), while decreases were reported for ecstasy and meth/amphetamine. A recent rise in the proportion of Western Australians using pharmaceuticals for non-medical purposes was also reported.

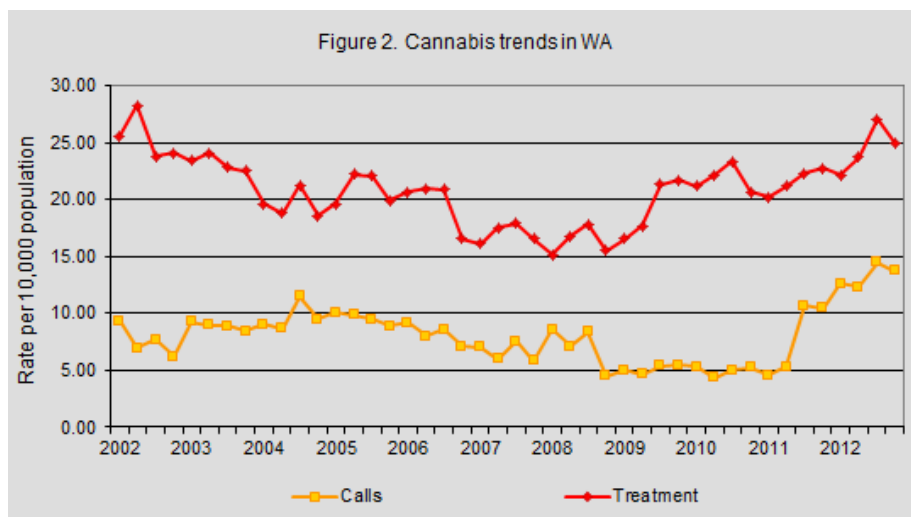
These data, combined with other data that show a significant (151%) increase in cannabis, amphetamine, and opioid-related hospitalisations from 2007 to 2011, continue to inform the priorities for prevention. In 2012 these included the launch of Western Australia's first cannabis quit campaign, which is believed to have contributed to increases experienced in helpline inquiries about cannabis and people presenting to treatment for cannabis use.

### Cannabis

Cannabis is the second most prevalent drug compared to alcohol<sup>4</sup>. While fewer people are hospitalised for the use of cannabis compared to alcohol, the rate has been slowly increasing over time<sup>5</sup>.

More people are seeking treatment, information and phone counselling for cannabis use. The number of treatment episodes for cannabis increased from 17 to 24 per 10,000 population from 2007 to 2012<sup>6</sup> (see Figure 2).

Calls relating to cannabis use more than doubled over the same period from 7 to 13 per 10,000 population<sup>7</sup>.



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

<sup>5</sup> Epidemiology Branch (2012). Quarterly number of drug and alcohol-related hospitalisations in Western Australian 2002-2012. Department of Health WA (computer file), 2013.

<sup>6</sup> Data was extracted on the 26 June 2013 from the de-identified treatment agency database held at DAO.

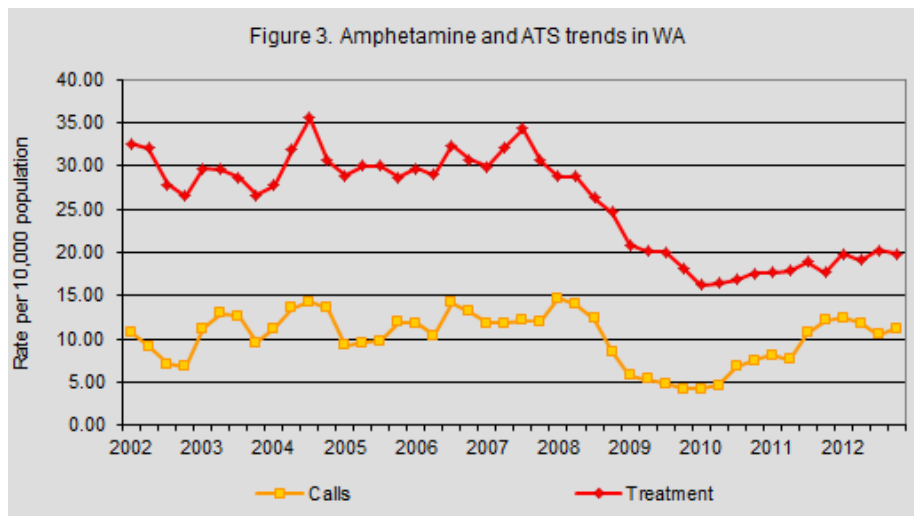
<sup>7</sup> Alcohol and Drug Information Service (ADIS). Drug and Alcohol Office, Perth, WA (accessed 6 May 2013).

### ***Amphetamine and amphetamine type substances (ATS)***

The rate of hospitalisations for amphetamines or amphetamine type substances is low compared to alcohol<sup>8</sup>.

Calls to the Alcohol and Drug Information Service (ADIS) have been fluctuating over time with decreases between 2008 and 2010. Calls have been increasing again since 2010 up from 6 calls per 10,000 population to 11 in 2012<sup>9</sup> (see Figure 3).

Reductions in people seeking treatment for amphetamine and ATS were reported in this period. The rate of treatment in 2012 was 20 episodes per 10,000 population compared to 31 in 2007<sup>10</sup>.



### ***Heroin and other opioids***

Hospitalisations for heroin and other opioids increased between 2007 and 2012<sup>11</sup>. This upward trend was not reflected in calls over the same period, where they remained stable with approximately 1 call per 10,000 population from 2007 to 2012<sup>12</sup>.

Treatment episodes where heroin was the primary drug of concern, decreased from 21 per 10,000 population in 2007 to 17 in 2012<sup>13</sup> (see Figure 4).

<sup>8</sup> Epidemiology Branch (2012). Quarterly number of drug and alcohol-related hospitalisations in Western Australian 2002-2012. Department of Health WA (computer file), 2013.

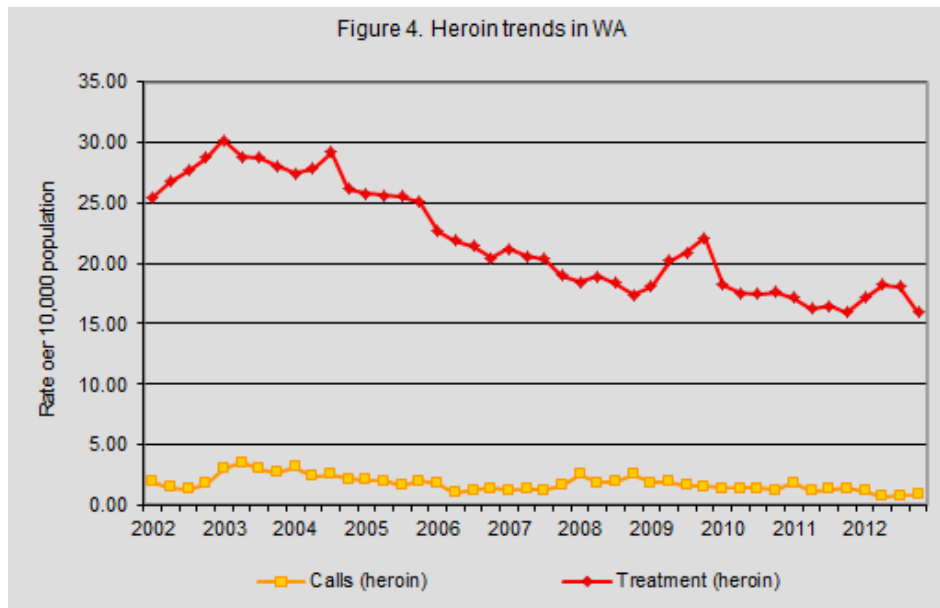
<sup>9</sup> Alcohol and Drug Information Service (ADIS). Drug and Alcohol Office, Perth, WA (accessed 6 May 2013).

<sup>10</sup> Data was extracted on the 26 June 2013 from the de-identified treatment agency database held at DAO.

<sup>11</sup> Epidemiology Branch (2012). Quarterly number of drug and alcohol-related hospitalisations in Western Australian 2002-2012. Department of Health WA (computer file), 2013.

<sup>12</sup> Alcohol and Drug Information Service (ADIS). Drug and Alcohol Office, Perth, WA (accessed 6 May 2013).

<sup>13</sup> Data was extracted on the 26 June 2013 from the de-identified treatment agency database held at DAO.



## Other drugs

### ***Emerging psychoactive substances***

In recent years, new drugs and chemicals have emerged that have pharmacological effects akin to existing controlled drugs. These drugs can be collectively called new or Emerging Psychoactive Substances (EPS). While the pharmacological effect of these substances is often reportedly similar to existing drugs, the harm and long-term toxicity caused by these substances is largely unknown.

In June 2013 the Australian Government announced that it would introduce legislation that would implement a 'reverse onus-of-proof' scheme. This means that new drugs coming onto the market will be presumed illegal until the authorities know what they are, and can clear them as safe and legal. Western Australia was the first state to ban synthetic cannabinoids in response to this serious health issue back in 2011, but the national response has always been the preferred option.

DAO continues to chair the Emerging Psychoactive Substances Review Group to coordinate the Western Australian response, and to monitor an ongoing issue which is a challenge to health and law enforcement agencies around the world.

### ***Volatile substances/inhalants***

The percentage of all treatment episodes where volatile solvents/inhalants is the primary drug of concern decreased between 2011 and 2012 from 0.5% in 2011 to 0.3% in 2012<sup>14</sup>.

### ***Pharmaceuticals***

Treatment episodes where pharmaceuticals<sup>15</sup> were identified as the primary drug of concern accounted for 10.8% of all episodes in 2012, slightly less than that reported in 2011 (11.6%)<sup>16</sup>.

<sup>14</sup> Data was extracted on the 26 June 2013 from the de-identified treatment agency database held at DAO.

<sup>15</sup> Pharmaceuticals includes benzodiazepines, buprenorphine, homebake, methadone, morphine, other opioids, other pharmaceuticals, other sedatives and hypnotics, steroids and related substances for non-medical purpose.

<sup>16</sup> Data was extracted on the 26 June 2013 from the de-identified treatment agency database held at DAO.

Annual data on the illicit use of pharmaceuticals is currently unavailable and highlights the need for improved monitoring of this emerging concern.

## Priority groups

### ***Aboriginal people and communities***

Aboriginal people are more likely to abstain from alcohol than non-Aboriginal people, however the harms for those who choose to drink alcohol are significantly higher for Aboriginal people<sup>17</sup>. The rate of alcohol-related and other drug-related hospitalisations for Aboriginal people is higher in comparison to non-Aboriginal people<sup>18</sup>.

Treatment episodes for Aboriginal people in DAO-provided and funded services represented almost 1 in 5 of total opened and open treatment episodes for 2012<sup>19</sup>. This figure demonstrates a disproportionate representation of Aboriginal people in treatment versus population representation (estimated in 2011 to be 3.1% of the Western Australian population<sup>20</sup>). Aboriginal people are more likely to seek treatment for alcohol (49.9% vs. 36.0%) and cannabis (25.9% vs. 19.2%) compared to non-Aboriginal people, but less likely to seek treatment for amphetamines (14.6% vs. 19.5%)<sup>21</sup>.

### ***Children and young people***

In November 2012 DAO released the latest *2011 Australian School Students Alcohol and Drug Survey* statistics which show how much alcohol young people report drinking. The results showed that while more students were saying they did not drink alcohol, and the rate of use had declined, those that were choosing to drink were doing so at increasingly concerning levels.

Individuals under 18 years old represented 8.4% of treatment episodes in 2012, an increase from 7.0% in 2008. Cannabis accounts for over three-fifths of treatment episodes (61.1%), followed by alcohol (26.7%) and methamphetamines (7.7%).

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

Since 2007, the total number of alcohol-related suicide hospitalisations has increased, and is higher amongst younger age groups. The total number of alcohol-related suicide deaths has increased slightly since 2006<sup>22</sup>.

Individuals aged 14 years and over who used illicit drugs in the last 12 months were almost twice as likely as those who did not, to report high or very high scores on the Kessler Psychological Distress Scale<sup>23</sup> (14.1% versus 7.5%)<sup>24</sup>. Similarly, those individuals who

<sup>17</sup> Australian Institute of Health and Welfare 2011. 2010 National Drug Strategy Household Survey report. Drug statistics series no. 25. Cat. no. PHE 145. Canberra: AIHW

<sup>18</sup> Department of Health Western Australia. (2012). HealthTracks Reporting. Epidemiology Branch, System Policy and Planning, Department of Health WA in collaboration with the CRC for Spatial Information. Report generated [10/06/2013].

<sup>19</sup> Data was extracted on the 26 June 2013 from the de-identified treatment agency database held at DAO.

<sup>20</sup> Australian Bureau of Statistics. (2013). National regional profile: Western Australian. Retrieved from <http://www.abs.gov.au>

<sup>21</sup> Data was extracted on the 26 June 2013 from the de-identified treatment agency database held at DAO.

<sup>22</sup> Department of Health Western Australia. (2012). HealthTracks Reporting. Epidemiology Branch, System Policy and Planning, Department of Health WA in collaboration with the CRC for Spatial Information. Report generated [10/06/2013].

<sup>23</sup> This is a validated 10-item questionnaire intended to yield a global measure of distress based on questions about anxiety and depressive symptoms that a person has experienced in the most recent 4 week period

<sup>24</sup> Australian Institute of Health and Welfare 2011. 2010 National Drug Strategy Household Survey report. Drug statistics series no. 25. Cat. no. PHE 145. Canberra: AIHW.

reported drinking at risk of single and/or lifetime harm were more likely to score high or very high on the Kessler scale than those who did not (single occasion harm 11.6% versus 8.2%; lifetime harm 11.4% versus 8.2%)<sup>25</sup>.

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

Reported illicit drug use was higher in remote or very remote areas in 2010 for those who report ever using (63.2%) and use in the last year (29.9%) when compared to other residential areas (including major city (ever use 46.7%; last year 18.7%)), inner regional (ever use 43.2%; last year 13.5%) and outer regional (ever use 46.2%; last year 16.0%). Results are similar for single occasion risky drinking (remote/very remote 28.8% versus major city 17.6%) and lifetime risky drinking harms (remote/very remote 33.9% versus major city 21.7%)<sup>26</sup>.

While data suggests that drug use is more prevalent in remote or very remote areas, these figures need to be interpreted with caution as numbers are small and may lead to overestimations.

In 2009/10 per capita alcohol consumption of pure alcohol in the regional areas of Midwest (18.7L), Pilbara (17.3L) and the Kimberley (16.2L) were significantly higher than the state-wide per capita alcohol consumption (12.4L)<sup>27</sup>.

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

For school students who drank in the last week, the source of their last alcoholic drink was most commonly their parents (28.2%), followed by their friends (26.4%) then someone else who bought it for them (23.1%). Younger students are more likely to get their last drink from their parents<sup>28</sup>.

For students who drank in the last week, a party was the most common place of last drink (33.2%) followed by their own home (31.0%) or a friend's home (21.6%)<sup>29</sup>.

For all those seeking treatment in 2012 for alcohol and other drug use, 17.7% report living with children (with a partner or as a sole parent)<sup>30</sup>.

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

<sup>26</sup> Australian Institute of Health and Welfare 2011. 2010 National Drug Strategy Household Survey report. Drug statistics series no. 25. Cat. no. PHE 145. Canberra: AIHW.

<sup>27</sup> WA Drug and Alcohol Office. The data from statistical subdivisions (SSD) has been aggregated to approximate health regions and these figures may be revised as ABS population estimates are revised. Per capita consumption is calculated using the Estimated Service Population.

<sup>28</sup> Bridle, R., Miller, J., King, T. & Christou, A. (2012). *Australian School Student Alcohol and Drug Survey: Alcohol Report 2011 – Western Australian results*. Drug and Alcohol Office Surveillance Report: Number 8. Perth: Drug and Alcohol Office.

<sup>29</sup> Bridle, R., Miller, J., King, T. & Christou, A. (2012). *Australian School Student Alcohol and Drug Survey: Alcohol Report 2011 – Western Australian results*. Drug and Alcohol Office Surveillance Report: Number 8. Perth: Drug and Alcohol Office.

<sup>30</sup> Bridle, R., Miller, J., King, T. & Christou, A. (2012). *Australian School Student Alcohol and Drug Survey: Alcohol Report 2011 – Western Australian results*. Drug and Alcohol Office Surveillance Report: Number 8. Perth: Drug and Alcohol Office.

# Agency Performance

## Major achievements for 2012/13

### Focussing on prevention

- In partnership with the contracted non-government organisation (NGO) partner, continued implementation of the *Alcohol.Think Again* campaign, including the development and scheduling of two phases of the *Parents, Young People and Alcohol* campaign and a repeat phase of the 'No Alcohol in Pregnancy is the Safest Choice' campaign.
- In partnership with the contracted NGO partner, continued implementation of the *Drug Aware* campaign, including the development and scheduling of two phases of the Ecstasy Prevention campaign, two phases of the Amphetamines Prevention campaign, and a repeat phase of the Drug Driving campaign.
- Completed the development of *Strong Spirit Strong Future: Promoting Healthy Women and Pregnancies* resources to support human service providers including; alcohol screening and brief intervention tool, breastfeeding and alcohol fact sheet and booklet for health workers, storytelling cards, and a brief intervention demonstration DVD for training.
- Delivered *Strong Spirit Strong Future: Promoting Healthy Women and Pregnancies* FASD prevention one-day workshop to over 250 human services providers throughout the state.
- Conducted two repeat phases of the *Strong Spirit Strong Mind Metro* Project campaign including cinema, radio and television. A post campaign consultation with the target group was conducted and a report will be finalised in 2013/14.
- Conducted a repeat phase of the *Strong Spirit Strong Future* Project *Mary G* campaign state-wide. A Community Grants project funded four grant applications for projects in Port Hedland, Karratha/Roebourne, Kununurra and the Midwest.
- Finalist in the Prevention category of the 2012 *Western Australian Alcohol and Other Drug Excellence Awards – Excellence in AOD prevention* for the *Strong Spirit Strong Future Promoting Healthy Women and Pregnancies* Project, Alcohol and Pregnancy campaign.
- In collaboration with the Telethon Institute for Child Health Research and Child and Youth Health Networks, Department of Health conducted *Focus on FASD Prevention in WA* forum, featuring Canadian FASD expert Nancy Poole.
- Supported the successful development of prevention plans and targets for each of the Kimberley and Pilbara Royalties for Regions alcohol and other drug hub sites.
- In partnership with the Australian Government and local Goldfields service providers, completed draft alcohol and other drug management plans in Laverton, Leonora and the Lands area using Breaking the Cycle funding.
- Managed the expansion of the Breaking the Cycle project to include Wiluna and the East Pilbara.
- Worked with four regional volatile substance use working groups located in the Goldfields, Port Hedland, East Pilbara and East Kimberley to implement local volatile substance use strategies.

- Established and delivered two, two-day *Introduction to Prevention* workshops for 35 prevention officers from across the state.
- Led the development and review of alcohol and other drug management plans in Kununurra/Wyndham, Warmun, Broome, Port Hedland, Geraldton, Meekatharra and Kalgoorlie.
- 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 2012 and 30 June 2013, of the 283 liquor licence applications received, 188 (66.4%) were considered to possibly pose a risk of harm and warranted investigation. During this period, 31 interventions were lodged by the EDPH. Of the 31 interventions: four had outright concerns; six had outright concerns and recommended harm minimisation conditions if granted; three made representations about alcohol-related harm or ill-health; and 18 made representations and recommended conditions.
- During the same period there were 42<sup>31</sup> decisions by the Director of Liquor Licensing related to EDPH interventions. Of the decisions received: 15 were consistent with the EDPH objectives; 16 were partially consistent with the EDPH objectives; and 11 determined that on the balance, other factors outweighed harm or ill-health considerations.
- During the same period there were six decisions received from the Liquor Commission that related to EDPH interventions. Of the decisions received: three were consistent with the EDPH objectives; one was partially consistent with the EDPH objectives; one determined that other factors outweighed harm or ill-health considerations; and one was referred back to the Director for determination.
- One decision was received from the Supreme Court where the delegate of the EDPH was a party to proceedings and had legal representation. The Supreme Court upheld the Liquor Commission decision to refuse the application, consistent with the submissions made by the EDPH.
- There was one Supreme Court decision where the delegate of the EDPH was not legally represented but had previously intervened in the application. The Supreme Court upheld the Liquor Commission's decision to refuse the application.
- Winner of the Prevention category of the 2012 *Western Australian Alcohol and Other Drug Excellence Awards – Excellence in AOD prevention* for the 'Alcohol and Cancer' campaign.
- As the statutory body with lead responsibility for the planning, development and implementation of the state's alcohol and other drug strategies and services, the WAADA provided a submission to the review of the *Liquor Control Act 1988* in March 2013. The submission outlined levels of alcohol consumption and related harms in Western Australia and responded to the specific terms of reference in the context of implications for harm and ill-health and growing community concern.

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<sup>31</sup> Decisions received do not always relate to intervention activity in the current financial year.



## Intervening before problems become entrenched

- Continued to provide the treatment component of the Early Intervention Pilot Program (EIPP) and supported WA Police in further developing the program, to increase both referrals of young people to treatment services for alcohol-related problems and program sustainability.
- As part of the EIPP program, engaged Curtin University to implement and evaluate a modified version of the Tertiary Health Research Intervention Via Email (THRIVE) online alcohol intervention tool amongst polytechnic students in Western Australia.
- Coordinated and supported the Emerging Psychoactive Substances Review Group comprised of the following agencies: DAO, WA Police, Department of Health Pharmaceutical Services, ChemCentre, Department of Commerce and Western Australian representatives from the Australian Customs and Border Protection Service. The Group monitors the emerging psychoactive substances, such as synthetic cannabinoids. It assesses the substances' potential for harm and recommends and coordinates intervention action where indicated.
- Funded and supported the implementation of the Peer Naloxone Education Project that provides education about overdose prevention and health-related information as well as basic life support and the use of naloxone to reverse an opioid overdose.
- Coordinated an Events Safety Group comprised of the following agencies, DAO, WA Police, Environmental Health, Office of Youth, Department of Crime Prevention, WA Local Government Association, and Department of Racing, Gaming and Liquor. The aim of the group was to develop an ongoing event safety strategy to prevent alcohol and drug-related harm at large scale events, such as summer festivals.
- Contacts with the ADIS increased by 3.1% from 2011/12 to 2012/13, with 24,367 contacts recorded. Contacts included calls received by the service and calls made by the service (scheduled call-backs).
- Incoming calls to the Quitline reached a new record of 1,206 in the third quarter of 2012/13. This was an increase of 36% on the same quarter for 2011/2012. This increase coincided with the introduction of plain packaging of cigarettes.
- Developed and implemented a pilot program of individualised funding to provide access to culturally secure treatment for young people on a case-by-case basis at the Bush Mob service in the Northern Territory, and DAYS in Perth. This included policy development, assessment and administrative case management of young people referred to DAO.
- Developed and distributed an instructional Cannabis Intervention Session (CIS) DVD for use by contracted Aboriginal CIS service providers to support effective CIS provision to Aboriginal people.

## Effective law enforcement approaches

- Finalised the health and wellbeing component of the evaluation of the court based Presentence Opportunity Program (POP), Supervised Treatment Intervention Regime (STIR) and the Indigenous Diversion Program (IDP).
- Commenced a trial of a STIR referral pathway from the metropolitan Family Violence Court. Trials were also commenced of a remodelled metropolitan STIR program and of a referral pathway to POP for young people attending Children's Court in some regional locations.

- Continued to support WA Police, the Booking Service, Cannabis Intervention Session (CIS) providers and the community to increase the number of Cannabis Intervention Requirements (CIRs) issued that result in CIS attendance. This has included targeted strategies to increase expiation amongst Aboriginal and Torres Strait Islander people issued with CIRs.
- Supported WA Police to undertake the 12-month review of the CIR Scheme, including the provision of data on bookings and CIS attendances.
- Continued to provide the booking service for CIS. 1,512 bookings were made for 1,341 participants in the 2012/13 year. Of participants who provided feedback on the CIRs, over 90% agreed or strongly agreed that the booking of a session was easy and straightforward.
- Developed referral pathways for Aboriginal people and their families assessed by the Diversion Officers at Perth Magistrates Court to access free assessment and treatment with the Ear Health Team at Derbarl Yerrigan and Australian Hearing.

## Effective treatment and support services

- Next Step received accreditation for a further three years after independent reviewers assessed the service's performance against the Quality Improvement Council (QIC) Health and Community Standards. Feedback from the reviewers was positive, highlighting Next Step's client centred approach, excellent clinical services and standards, excellent team values and collaborative approach across each area, integrated services partners and other key services. The reviewers also recognised that quality improvement is embedded in all Next Step's practices. Feedback from clients was very positive about the processes and the care and support from staff. These views were reflected in commendations received in three out of the possible five standards in the *Providing Quality Services and Programs* section. Next Step also received a commendation in the *Sustaining Quality External Relationships* section.
- Commenced new treatment and prevention services in the Kimberley and Pilbara funded under the Royalties for Regions *Northwest Alcohol and Other Drug Support Program*. New service hubs were established in Broome, Derby, Fitzroy Crossing, Halls Creek, Kununurra, Port Hedland and Newman. The remaining hubs in Tom Price and Karratha will commence in 2013/14.
- Developed the Royalties for Regions-funded Carnarvon Dual Purpose Centre. Construction will commence in early 2013/14. The Centre is the first of its kind in Western Australia and will combine daytime counselling and prevention services and an overnight sobering-up service.
- Continued working with the alcohol and other drug sector to implement procurement reform consistent with the *Delivering Community Services in Partnership (DCSP)* policy. DAO's final Agency Implementation Plan was submitted and resulted in an additional recurrent allocation of \$6.4 million from the State Government's Component II process.
- Completed procurement for six residential treatment services across Western Australia. Services were contracted for a five-year period at a new sustainable, fair and appropriate price in accordance with the DCSP policy. Procurement of the remaining two residential services will be completed in 2013/14.
- Procurement commenced for the nine Sobering-up Centres that operate in Western Australia. This process will be complete and contracts in place by December 2013.

- Completed the acquisition of 15 houses for the Transitional Housing and Support Program for people transitioning back into the community following residential treatment, and to support and sustain the recovery of people exiting treatment. The evaluation of this program also commenced in 2012/13.
- Effectively managed the state government's relationship with the Australian Medical Research Procedures Foundation (AMPRF) operated Fresh Start Recovery Program, which provides treatment using naltrexone implants.
- Worked with the Mental Health Commission to support implementation of a pilot initiative to provide volunteer peer support to families in the new Mental Health (START) Court. This involved recruitment and training of existing Parent Drug Information Service (PDIS) volunteers to provide a service in the START Court similar to that already provided by PDIS in the Drug Court. The training for the volunteers included Mental Health First Aid.
- Referral pathways between the Next Step Inpatient Withdrawal Unit, emergency departments, mental health services, GPs and the non-government alcohol and other drug sector were reviewed. As a result, admission rates remained high with 579 admissions in 2012/13, of which 74% of clients completed treatment as planned.
- To ensure that prescribers continuing in the Community Program for Opioid Pharmacotherapy (CPOP) program are aware of current policies, procedures and practice, CPOP prescriber reauthorisation occurs every three years and requires the successful completion of a continuing professional development activity. This process identifies prescribers who require further training and support and those that are no longer participating in the program. In 2012/2013, 42 prescribers were reauthorised.
- Commenced development of a business case proposal for the construction and operation of a residential treatment service in the southern region of Western Australia, to improve access to culturally secure alcohol and other drug treatment for Aboriginal people and their families. Included a community consultation forum in September 2012 to assist with the development of the service delivery model, potential site/location options, facility design and workforce structures. A total of 70 participants attended the forum and the information received was utilised in the proposal.
- Resourced and supported a project to develop a more appropriate facility for the Rockingham office of the South Metropolitan Integrated CDS.
- Partnered with the Western Australian Substance Users Association (WASUA) to implement a peer-based program to prevent drug-related harms, with a particular focus on amphetamine and opioid use. In partnership with the WASUA, developed and delivered a peer education program to prevent and respond to opioid overdose.
- Produced the *Counselling guidelines: Alcohol and other drug issues*, 3<sup>rd</sup> edition 2013.
- Resourced and supported both the Great Southern CDST and the Goldfields CDST to relocate to more appropriate accommodation in Albany and Kalgoorlie respectively. The move to better facilities will allow the services to better support the Community Program for Opiate Pharmacotherapy (CPOP).
- Procured an innovative new service through current homelessness service providers to address the issues associated with street present drinking.
- Produced the third edition of the *WA Clinical Policies and Procedures for the Use of Methadone and Buprenorphine in the Treatment of Opioid Dependence*. The review involved wide consultation and examination of the best practices in the delivery of opioid substitution therapy and is aligned with the new National Guidelines.

## Strategic coordination and capacity building

- Developed an agreed set of core outcomes and performance indicators for alcohol and other drug services purchased by DAO in collaboration with the alcohol and other drug sector. All service providers will be contracted to deliver services in accord with these outcomes and performance indicators in the future.
- The Quitline Aboriginal Liaison Project, funded from the Closing the Gap National Partnership Agreement, continued to operate in the metropolitan area and expanded to include a regional project. Many regional centres were visited and a number of new referral pathways developed for Aboriginal people in regional and remote Western Australia.
- Conducted four DAO Calendar training events of the *Strong Spirit Strong Mind, Ways of Working with Aboriginal People Part 1 & Part 2* training program with a total of 62 participants attending from metropolitan and regional locations.
- Supported and funded the Western Australian Network of Alcohol and other Drug Agencies (WANADA) to pilot the Standard for Culturally Secure Practice (Alcohol and Other Drug Sector) at a number of DAO purchased alcohol and other drug services across the state.
- Implemented a range of recommendations from the Parent Drug Information Program audit conducted in 2012 by the Office of the Auditor General. This included a revised policy framework for the service and enhancing the training and support provided to parent volunteers.
- Commenced a strategic planning process to identify priority areas for development and areas where alternative options for services offered by Next Step might be considered. It is envisaged the plan would cover a five to ten year period.
- Reviewed the online training program for CPOP pharmacists to coincide with the launch of the third edition of Western Australian policies and procedure manual.
- Trained 22 new CPOP prescribers including 10 community prescribers, 6 prescribers working with the Department of Corrections and 6 prescribers employed at Next Step. The annual CPOP conference was held in June 2013. Over 80 GPs, pharmacists and health professionals from across Western Australia attended this year's conference.
- The neuropsychology service and the Hepatitis C clinic of Next Step were finalists in the *Treatment* category of the 2012 Western Australian Alcohol and Other Drug Excellence Awards. DAYS, a partnership between Next Step and Mission Australia, was a finalist in the *Youth* category. The South Metropolitan CDS (a partnership between Next Step and Palmerston Association) and the South Metropolitan Mental Health Service were winners in the *Partnerships* category.
- Finalists in the *Improved Mental Health Outcomes delivered in Partnership with Drug and Alcohol Services* category at the 2012 Mental Health Good Outcomes Awards. These were DAYS, and a partnership between Next Step's Community Pharmacotherapy Program and the Department of Corrective Services Prison Addiction Services Team. DAYS was the overall winner for this category.
- The South Metropolitan CDS and the South Metropolitan Mental Health Service were finalists in *Excellence in Developing Partnerships* category at the WA Health Awards 2012.
- Continued provision of 24-hour access to library resources, including online journals, to all DAO and integrated services staff via the DAO website.

- Published a series of Western Australian 2011 Australian School Student Alcohol and Drug (ASSAD) bulletins. Published the Western Australian 2011 ASSAD Alcohol report and the Western Australian 2011 ASSAD Tobacco report.
- Published the 2010 National Drug Strategy Household Survey (NDSHS) Western Australian Supplementary tables report.
- Commenced data collection for the inaugural Young Adult Drug and Alcohol Survey (YADAS 2013) in collaboration with Edith Cowan University.
- Updated the alcohol-related hospitalisations and deaths in Western Australia reports with current epidemiological data for the state and health regions.
- Conducted, coordinated or commenced a number of program evaluations, including the 12 month review of participant feedback for the Cannabis Intervention Requirement scheme, the Inpatient Withdrawal Unit evaluation in collaboration with Next Step, the Transitional Housing and Support Program and Naloxone peer education project.
- Provided useful and timely information on alcohol and other drug trends and activities relevant to Western Australia, for use in areas including service planning, the evaluation of treatment outcomes and emerging psychoactive drugs.
- Continued to participate in the Alcohol and Other Drugs Treatment Services National Minimum Data Set working group to maintain and enhance national data collection.
- Coordinated the across government Drug and Alcohol Strategic Senior Officers' Group (DASSOG) and the release of the support plans to the *Drug and Alcohol Interagency Strategic Framework for Western Australia 2011-2015* that aim to prevent and reduce the adverse impacts of alcohol and other drugs in Western Australia.
- Coordinated the Western Australian Collaboration for Substance Use and Mental Health (WACSUMH) in conjunction with the Mental Health Commission. Achievements included the provision of a training program for GPs on managing and treating patients with co-occurring substance use and mental health problems, and commencement of the development of a guide to help services improve and respond to the needs of people with co-occurring alcohol and other drug and mental health problems.
- 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 (IGCD). DAO continues to coordinate the IGCD Sub-Committee on Alcohol.
- Commenced the process of developing a five-year strategic plan. *The Drug and Alcohol Office Strategic Plan 2013-2018* will outline DAO's organisational vision, mission, values, strategic goals and strategic initiatives for the period 2013-2018.
- Established the Social Inclusion Action Research Group in partnership with the WANADA to plan, implement and evaluate strategies to address the stigma impacting people affected by alcohol and other drug issues, including family members.
- Investigated best practice to understand how consumer involvement and engagement can be improved to lead to services and programs that better reflect the needs of those who use them and are affected by them.
- Commenced the development of a ten-year services plan framework for the provision and development of alcohol and other drug prevention and treatment programs and services in Western Australia for the period 2013 to 2023. The framework will also address treatment and support services for children and young people experiencing high-risk alcohol and other drug use who live in regional and remote areas of Western Australia.

- Conducted the *Aboriginal Alcohol and other Drug Worker Training Program, CHC30112, Certificate III in Community Services Work*, with 22 participants commencing Block 1 from across Western Australia including the Kimberley, Goldfields, South West, Mandurah, Perth Metro and Wheatbelt.
- Updated the *Certificate III Community Services Work CHC30108* to reflect national training package changes which involved an update of all learner and trainer resources as well as Registered Training Organisation administration documents and is now reflected as CHC30112.
- Approval granted from the Australian Skills Quality Authority (ASQA) for the addition of the Certificate IV (CHC40412) in Alcohol and Other Drugs to DAO's scope of registration.
- Conducted Blood-Borne Virus Yarning programs and Key Worker training for over 117 participants, funded by the WA Department of Health Communicable Diseases Control Branch, which delivers training to Aboriginal Health workers and other health professionals from metropolitan and regional areas that work with Aboriginal people who inject drugs.
- Conducted 168 workforce development training events with 3,385 participants. This included partnerships with key mainstream organisations including the Department for Child Protection (6 events with 89 participants), Department of Corrective Services (12 events with 228 participants), Mental Health Services (20 events with 292 participants) and WA Police (12 events with 318 participants) to enhance their capacity to respond to alcohol and other drug use issues.
- Provided training for undergraduate courses and linked to student placements within Next Step. Conducted five training events with 140 participants.
- Improved workforce development key performance indicators with 86% of participants indicating that the training they attended was 'a lot' to 'extremely' useful in relation to their work or study (compared to 85% in 2011/2012) and 79% of participants indicated that the training had increased their knowledge 'a lot' to 'extremely' (compared to 74% in 2011/2012).
- Conducted *Training@DAO* calendars for July to December 2012 and January to June 2013. Highlights included training about Family Inclusive Practice, Prevention training, and Comorbidity training.
- Conducted the annual *Volunteer Alcohol and Drug Counsellors' Training Program* in collaboration with the National Drug Research Institute and the alcohol and other drug sector and provided support to the North Metropolitan CDS to conduct their own volunteer program.
- Produced and disseminated a consumers' and carers' perspectives DVD for training purposes: *Alcohol and other drugs: Personal Perspectives*.
- Developed and delivered a *Mental Health and Substance Use* training program for general practitioners, mental health nurses and psychologists, in collaboration with Primary Care WA.
- In partnership with the Commonwealth Department of Families, Housing, Community Services and Indigenous Affairs, established a Western Australian Volatile Substance Use Coordination Group to provide coordinated and strategic support to local and regional Volatile Substance Use Working Groups to reduce VSU-related harm.
- Developed a volatile substance use plan in the context of the *Drug and Alcohol Interagency Strategic Framework for Western Australia 2011-2015*.

- Developed and disseminated volatile substance-related resources including: *Volatile Substance Use Incident Reporting and Response Kit*, *A Guide for Media Reporting on Volatile Substance Use* and *Strong Spirit Strong Mind: Dealing with sniffing in your community: a guide to making a community plan*.
- Finalised and launched a comprehensive website titled *Volatile substance use: a resource for professionals*.

## Corporate services and governance

DAO continued the implementation of the Corporate Governance Action Plan during 2012/13, which is the foundation of DAO's overarching Governance Framework.

The Framework encompasses all areas of DAO business ensuring an integrated approach to DAO's governance model. It is designed to assist the WAADA 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.

The Governance Framework was formally endorsed by the WAADA Board and launched in August 2012. Key achievements under the action plan were:

- Developed a new organisational strategic plan for the period 2013-2018. The plan outlines DAO's key strategic outcomes, vision, mission and values. It is a key strategic management tool that supports the development and implementation of DAO policy, programs and services over the coming years.
- Launched a new *Delegation of Authority Policy and Framework*, approved by the WAADA Board, in April 2013. The policy clearly sets out the principles and operation of delegations of authority from the WAADA Board and the Executive Director to staff within DAO, and is designed to ensure that DAO officers have the appropriate legal authority to exercise and carry out actions for which they are accountable.
- Revised DAO's Code of Conduct, in line with new Public Sector Commissioner's Instruction No. 8 - Codes of conduct and integrity training. The new DAO Code addresses the standard of conduct and integrity in the following areas:
  - personal behaviour
  - communication and official information
  - fraudulent or corrupt behaviour
  - use of public resources
  - recordkeeping and use of information
  - conflicts of interest and gifts and benefits
  - reporting suspected breaches of the code.
- Developed a Strategic Asset Plan, prepared in accordance with the Strategic Asset Management Framework established by the Department of Treasury, and submitted to the Department in November 2012. The Framework and Plan have assisted with asset investment planning and management for DAO and will facilitate the provision of quality advice and decision making for the future.
- Established the WAADA Audit and Risk Committee. The Committee functions in an oversight and review role and provides recommendations to the Board and Executive to assist in the discharge of the responsibilities set out in the *Financial Management Act 2006* and to promote effective corporate governance across DAO. The scope of the Committee includes: Internal Audit, Internal Control Framework, External Audit and Risk Management.

- Reviewed and updated DAO's financial management framework to ensure timely monitoring, evaluation and reporting of financial performance. This includes enhanced monitoring and reporting to DAO Corporate Executive and the WAADA Board on financial performance for all State, Commonwealth and other funded programs.
- Developed and launched a new Performance Development Framework. The Framework recognises the mutual obligations for managers/supervisors and employees to be responsible for their performance and sets out employees' roles and responsibilities and managers' roles and responsibilities. It enables employees to be kept informed about the relevance and value of their current and future work and represents and reflects an ethical and accountable way of working.
- Completed a restructure of the ADIS Branch to better align the structure with the functions of the Branch. This included the recruitment of a new ADIS Coordinator.
- Completed minor capital works on the ADIS call centre to address inadequate workspace and excessive noise issues. The refit included installation of additional workstations.
- Continued to implement the Accountable and Ethical Decision Making training program to all DAO staff. At 30 June 2013, 98% of staff had completed training.



## Priorities for 2013/14

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 2013/14. These are summarised below and will be addressed in addition to the core activities of DAO.

### Focussing on prevention

- Continue to deliver *Strong Spirit Strong Future: Promoting Healthy Women and Pregnancies* FASD prevention and workforce development project throughout the state.
- Establish an Alcohol and Other Drug Prevention Coordinator position for the Kimberley and Pilbara to support the development and implementation of prevention activity and community capacity building.
- Continue to develop and maintain community-based and regional networks that increase the number of alcohol and other drug management plans for communities and regions. The priority regions for 2013/14 are the Kimberley, Pilbara, Midwest, Southwest and Goldfields.
- Develop a suite of prevention training for regional stakeholders and deliver prevention workforce development in regional communities.
- Pilot the implementation of a prevention key stakeholder network. Ten prevention officers from across the state have agreed to work with Community Programs to identify the most appropriate means of conducting and maintaining the network.
- Establish an expert panel to inform an open tender for the school drug education component of the *Drug and Alcohol Interagency Strategic Framework for Western Australia 2011-2015*. The tender process will be completed in March 2014.
- Complete and launch a guide for developing and implementing alcohol and other drug management plans at a local community level.
- Continue to monitor liquor licence applications and assist the Executive Director of Public Health in liquor licensing matters to reduce harm or ill-health that may occur due to the use of alcohol, including those that relate to high risk communities.
- In partnership with the contracted NGO partner, continue implementation of the *Alcohol. Think Again* campaign, including the repeat scheduling of two phases of the 'Parents, Young People and Alcohol' campaign and one phase of both the 'Alcohol and Cancer' campaign and the 'No Alcohol in Pregnancy is the Safest Choice' campaign.
- In partnership with the contracted NGO partner, continue implementation of the *Drug Aware* campaign, including the repeat scheduling of the 'Cannabis Prevention' campaign and the 'Amphetamine Prevention' campaign, and develop the new *Drug Aware* 'Stimulants Prevention' campaign for launch in 2014/15.
- Further contribute to national and state-based action addressing emerging psychoactive substances. This includes continuation of the Emerging Psychoactive Substances Review Group that coordinates action and provides advice to Government about synthetic and other substances that may emerge.

## Intervening before problems become entrenched

- Continue a program of individualised funding to provide access to culturally secure treatment for young people on a case-by-case basis at the Bush Mob service in the Northern Territory. Examine the feasibility of adding additional treatment providers to the list of approved providers of this program.
- In partnership with Curtin University commence the pilot to implement and evaluate a modified version of the Tertiary Health Research Intervention Via Email (THRIVE) online alcohol intervention amongst polytechnic students in Western Australia.
- Negotiate a new agreement with the Department of Health for the ADIS Branch to continue the provision of the Quitline service, and the continuation of the Quitline Aboriginal Liaison Project.
- Continue to work with regional and local volatile substance use working groups throughout the state to implement incident reporting and response protocols and improve data collection.

## Effective law enforcement approaches

- Implement a pilot of court diversion for people with alcohol problems at the Perth Magistrates Court. This will include modifying the eligibility for the existing Pre-sentence Opportunity Program (POP), increasing the capacity of court-based assessment and referral, and purchasing additional treatment services for the expected additional client referrals.

## Effective treatment and support services

- Implement the amalgamation of DAO and the Mental Health Commission, as announced by the State Government on 10 April 2013, to better integrate mental health and alcohol and other drug services.
- Further progress will be made in the development of the Royalties for Regions-funded Carnarvon Dual Purpose Centre. The construction phase of the Centre is planned to be completed by July 2014, ready for the expected commencement of services from the facility early in 2014/15.
- Establish the remaining service hubs in Tom Price and Karratha under the Royalties for Regions *Northwest Alcohol and Other Drug Support Program*.
- Continue to work with the alcohol and other drug sector to implement procurement reform consistent with the Delivering Community Services in Partnership (DCSP) policy. During 2013/14 DAO will:
  - Implement Component II funding increases across the majority of purchased services to resolve remaining sustainability issues in the sector.
  - Complete the procurement of specialist alcohol and other drug services via a preferred provider request process. New contracts are expected to be in place by December 2013.
  - Commence an open request process for Community Alcohol and Other Drug Services (CAODS) across the state, and DAYS. The open request for the five metropolitan based services and seven regional services will be advertised in 2013/14, and all contracts are expected to be in place by December 2014. This

process also involves a change of name, from Community Drug Services to Community Alcohol and Other Drug Services.

- As part of a broader review of Information Technology and Communications at DAO, develop options for the further development of online and associated technology for improving the accessibility, effectiveness and efficiency of services provided by the ADIS Branch.
- Finalise the Next Step strategic plan to ensure that their services meet the future needs of the Western Australian community.
- Continue to explore opportunities to enhance and expand integrated treatment services in the Perth metropolitan area, in particular the expansion of the Rockingham site of the South Metropolitan CDS.
- Maintain and, where possible, expand community pharmacotherapy programs through the recruitment of GPs and community pharmacies to prescribe and dispense opiate pharmacotherapy across Western Australia.
- Finalise and disseminate the third edition of the *Western Australian clinical policies and procedures for the use of methadone and buprenorphine in the treatment of opioid dependence*.
- Continue to implement strategies to improve occupancy rates in the Next Step Inpatient Withdrawal Unit including reviewing referral pathways and links with key stakeholders, such as Aboriginal alcohol and other drug services and emergency departments.

## Strategic coordination and capacity building

- Work collaboratively with WANADA to implement a Fostering Partnerships Grant initiative to provide support to service providers preparing for procurement processes for existing or new services.
- Support and resource WANADA to complete the Standard for Culturally Secure Practice (Alcohol and Other Drug Sector) pilot program at a number of DAO-purchased alcohol and other drug services across the state. Commence the broader implementation of accreditation with remaining service providers.
- Together with Mental Health Services, develop and implement initiatives that support an integrated care framework to improve coordinated care for clients accessing alcohol and other drug and mental health services.
- Actively encourage involvement of consumers in the review, planning and design of services and involve consumers in all aspects of their care with the introduction of client care planning.
- Complete the *Alcohol and other Drug Services Plan 2013-2023* that will provide the strategic framework for the provision and development of prevention and treatment services and align to the *Mental Health Services Plan 2013-2023*.
- Analyse the Western Australian data from the 2013 National Drug Strategy Household Survey to report on trends relating to alcohol, tobacco and drug use and community attitudes.
- Coordinate the Western Australian component of the 2014 Australian School Student Alcohol and Drug (ASSAD) national data collection to monitor trends in alcohol and drug use of school students aged 12 to 17 years.

- Complete development and commence implementation of the CHC40412 Certificate IV in Alcohol and other Drugs training package for delivery to Aboriginal alcohol and other drug workers in the sector.
- Organise and conduct the 2014 Alcohol and Drugs Symposium in collaboration with WANADA, Edith Cowan University, Curtin University, National Drug Research Institute, University of Western Australia, Notre Dame University, Healthway and WA Police.
- Launch the E-learning@DAO website featuring three online learning packages to the alcohol and other drug sector, and other sectors.
- Develop online learning packages about volatile substance use and fetal alcohol spectrum disorder prevention.
- Continue to provide workforce development programs for Department for Child Protection workers and continue formal partnerships with the Department of Corrective Services and the Mental Health Commission to provide and evaluate a range of workforce development activities.
- Conduct the annual Volunteer Alcohol and Drug Counsellors' Training Program in collaboration with the National Drug Research Institute and provide support for regions to develop volunteer programs.
- Develop and conduct annual regional and remote training, including a video conference training calendar, to complement the Training@DAO calendar events.

# Disclosures and legal compliance

## Financial statements

### Western Australian Alcohol and Drug Authority Certification of Financial Statements For the year ended 30 June 2013

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 2013 and the financial position as at 30 June 2013.

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



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

12 September 2013



Professor Steve Allsop  
Deputy Chairperson  
Western Australian Alcohol and Drug Authority

12 September 2013



Professor Tarun Weeramanthri  
Board Member  
Western Australian Alcohol and Drug Authority

12 September 2013



# 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 2013, 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 2013 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 2013.

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 2013.

## **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 2013.

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 2013.

**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 2013 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  
16 September 2013



Western Australian Alcohol and Drug Authority

**Statement of Comprehensive Income**

For the year ended 30 June 2013

	Note	2013 \$	2012 \$
<b>COST OF SERVICES</b>			
<b>Expenses</b>			
Employee benefits expense	7	22,534,529	21,335,703
Patient support costs	8	50,070,910	42,614,671
Depreciation expense	9	334,621	356,895
Repairs, maintenance and consumable equipment	10	474,859	456,725
Other supplies and services	11a	532,894	798,168
Other expenses	11b	2,165,033	2,684,169
<b>Total cost of services</b>		<b>76,112,846</b>	<b>68,246,331</b>
<b>INCOME</b>			
<b>Revenue</b>			
Commonwealth grants and contributions	12a	2,476,679	9,088,590
Other grants and contributions	12b	4,385,124	2,332,969
Other revenues	13	459,511	764,880
<b>Total revenue</b>		<b>7,321,314</b>	<b>12,186,439</b>
<b>Total income other than income from State Government</b>		<b>7,321,314</b>	<b>12,186,439</b>
<b>NET COST OF SERVICES</b>		<b>68,791,532</b>	<b>56,059,892</b>
<b>INCOME FROM STATE GOVERNMENT</b>			
Service appropriation	14	65,834,000	62,707,843
Royalties for Regions Fund	15	3,071,000	1,420,000
<b>Total income from State Government</b>		<b>68,905,000</b>	<b>64,127,843</b>
<b>SURPLUS FOR THE PERIOD</b>		<b>113,468</b>	<b>8,067,951</b>
<b>OTHER COMPREHENSIVE INCOME</b>			
<b>Items not reclassified subsequently to profit or loss</b>			
Changes in asset revaluation surplus/(loss)	26	406,090	(90,528)
<b>TOTAL COMPREHENSIVE INCOME FOR THE PERIOD</b>		<b>519,558</b>	<b>7,977,423</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 2013

	Note	2013 \$	2012 \$
<b>ASSETS</b>			
<b>Current Assets</b>			
Cash and cash equivalents		2,882,919	2,280,062
Restricted cash and cash equivalents	16	9,023,763	7,460,591
Receivables	17	124,806	161,331
Inventories	19	13,803	17,115
Other current assets	20	29,522	36,244
<b>Total Current Assets</b>		<b>12,074,813</b>	<b>9,955,343</b>
<b>Non-Current Assets</b>			
Restricted cash and cash equivalents	16	687,213	601,312
Amounts receivable for services	18	4,303,123	3,980,123
Property, plant and equipment	21	20,916,813	18,910,928
<b>Total Non-Current Assets</b>		<b>25,907,149</b>	<b>23,492,363</b>
<b>TOTAL ASSETS</b>		<b>37,981,962</b>	<b>33,447,706</b>
<b>LIABILITIES</b>			
<b>Current Liabilities</b>			
Payables	23	1,745,750	1,047,080
Provisions	24	3,717,087	3,680,506
<b>Total Current Liabilities</b>		<b>5,462,837</b>	<b>4,727,586</b>
<b>Non-Current Liabilities</b>			
Provisions	24	1,018,757	695,310
<b>Total Non-Current Liabilities</b>		<b>1,018,757</b>	<b>695,310</b>
<b>TOTAL LIABILITIES</b>		<b>6,481,594</b>	<b>5,422,896</b>
<b>NET ASSETS</b>		<b>31,500,368</b>	<b>28,024,810</b>
<b>EQUITY</b>			
Contributed equity	25	8,847,579	5,891,579
Reserves	26	16,558,105	16,152,015
Accumulated surplus/(deficit)	27	6,094,684	5,981,216
<b>TOTAL EQUITY</b>		<b>31,500,368</b>	<b>28,024,810</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 2013

	Note	2013 \$	2012 \$
<b>CONTRIBUTED EQUITY</b>			
	25		
Balance at start of period		5,891,579	4,845,068
Transactions with owners in their capacity as owners:			
Capital appropriations		-	1,046,511
Other contributions by owners		2,956,000	-
<b>Balance at end of period</b>		<b>8,847,579</b>	<b>5,891,579</b>
<b>RESERVES</b>			
	26		
<b>Asset Revaluation Reserve</b>			
Balance at start of period		16,152,015	16,242,543
Other comprehensive income/(Loss) for the year		406,090	(90,528)
<b>Balance at end of period</b>		<b>16,558,105</b>	<b>16,152,015</b>
<b>ACCUMULATED SURPLUS/(DEFICIT)</b>			
	27		
Balance at start of period		5,981,216	(2,086,735)
Surplus/(deficit) for the period		113,468	8,067,951
<b>Balance at end of period</b>		<b>6,094,684</b>	<b>5,981,216</b>
<b>TOTAL EQUITY</b>			
Balance at start of period		28,024,810	19,000,876
Total comprehensive income/(loss) for the year		519,558	7,977,423
Transactions with owners in their capacity as owners		2,956,000	1,046,511
<b>Balance at end of period</b>		<b>31,500,368</b>	<b>28,024,810</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 2013

	Note	2013 \$	2012 \$
<b>CASH FLOWS FROM STATE GOVERNMENT</b>			
Service appropriation		65,511,000	62,379,506
Capital appropriation		-	1,046,511
Royalties for Regions Fund		6,027,000	1,420,000
<b>Net cash provided by State Government</b>		<b>71,538,000</b>	<b>64,846,017</b>
Utilised as follows:			
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
<b>Payments</b>			
Employee benefits		(22,084,021)	(20,721,570)
Supplies and services		(52,625,472)	(46,356,421)
<b>Receipts</b>			
Commonwealth grants and contributions		2,476,679	9,088,590
Other grants and contributions		4,385,124	2,332,969
Other receipts		496,036	604,972
<b>Net cash (used in) / provided by operating activities</b>	28	<b>(67,351,654)</b>	<b>(55,051,460)</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
Payments of non-current physical assets		(1,934,416)	(21,735)
<b>Net cash (used in) / provided by investing activities</b>		<b>(1,934,416)</b>	<b>(21,735)</b>
<b>Net increase / (decrease) in cash and cash equivalents</b>		2,251,930	9,772,822
Cash and cash equivalents at the beginning of period		10,341,965	569,143
<b>CASH AND CASH EQUIVALENTS AT THE END OF PERIOD</b>	28	<b>12,593,895</b>	<b>10,341,965</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 2013

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### Note 1 Australian Accounting Standards

#### General

The Authority's financial statements for the year ended 30 June 2013 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 2013.

### 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.

##### 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.

# Western Australian Alcohol and Drug Authority

## Notes to the Financial Statements

For the year ended 30 June 2013

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### (e) Income (continued)

#### *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.

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

## Western Australian Alcohol and Drug Authority

### Notes to the Financial Statements

For the year ended 30 June 2013

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#### (g) Impairment of assets

Property, plant and equipment are tested for any indication of impairment at the end of each reporting period. Where there is an indication of impairment, the recoverable amount is estimated. Where the recoverable amount is less than the carrying amount, the asset is considered impaired and is written down to the recoverable amount. Where an asset measured at cost is written down to recoverable amount, an impairment loss is recognised in profit or loss. Where a previously revalued asset is written down to recoverable amount, the loss is recognised as a revaluation decrement in other comprehensive income. As the Authority is a not-for-profit entity, unless 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'.

#### (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')

## Western Australian Alcohol and Drug Authority

### Notes to the Financial Statements

For the year ended 30 June 2013

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

GST receivables from and payables to ATO for the GST group are recorded in the accounts of the Department of Health. GST payables are recognised upon the receipt of tax invoices for purchases of goods and services. Accordingly, accrued expense amounts are generally exclusive of GST.

**(o) Payables**

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

Refer to note 2(i) 'Financial Instruments' and note 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.

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.



# Western Australian Alcohol and Drug Authority

## Notes to the Financial Statements

For the year ended 30 June 2013

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### (p) Provisions (continued)

#### *Superannuation*

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

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

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

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

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

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

Refer to note 2(q) Superannuation expense

#### Employment on-costs

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

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

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.

## Western Australian Alcohol and Drug Authority

### Notes to the Financial Statements

For the year ended 30 June 2013

#### 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 2012 that impacted on the Authority.

AASB 2011-9 *Amendments to Australian Accounting Standards – Presentation of Items of Other Comprehensive Income [AASB 1, 5, 7, 101, 112, 120, 121, 132, 133, 134, 1039 & 1049]*

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). 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
<p>AASB 9 <i>Financial Instruments</i></p> <p>This Standard supersedes AASB 139 'Financial Instruments: Recognition and Measurement', introducing a number of changes to accounting treatments.</p> <p>AASB 2012-6 Amendments to Australian Accounting Standards - Mandatory Effective Date of AASB 9 and Transition Disclosures amended the mandatory application date of this Standard to 1 January 2015. The Authority has not yet determined the application or the potential impact of the Standard.</p>	1 Jan 2015
<p>AASB 10 <i>Consolidated Financial Statements</i></p> <p>This Standard supersedes AASB 127 'Consolidated and Separate Financial Statements' and Int 112 'Consolidation – Special Purpose Entities', introducing a number of changes to accounting treatments.</p> <p>AASB 2012-10 Amendments to Australian Accounting Standards - Transition Guidance and Other Amendments amends the mandatory application date of this Standard to 1 January 2014 for not-for-profit entities. 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 'Interests in Joint Ventures', introducing a number of changes to accounting treatments.</p> <p>AASB 2012-10 amends the mandatory application date of this Standard to 1 January 2014 for not-for-profit entities. 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 'Consolidated and Separate Financial Statements' and AASB 131 'Interests in Joint Ventures'.</p> <p>AASB 2012-10 amends the mandatory application date of this Standard to 1 January 2014 for not-for-profit entities. 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. The Health Service has liaised with the Western Australian Land Information Authority (Valuation Services) to ensure that sufficient information will be provided to meet the disclosure requirements of this Standard. There is no financial impact.</p>	1 Jan 2013
<p>AASB 119 <i>Employee Benefits</i></p> <p>This Standard supersedes AASB 119 (October 2010), making changes to the recognition, presentation and disclosure requirements.</p> <p>The Authority does not have any defined benefit plans, and therefore the financial impact will be limited to the effect of discounting annual leave and long service leave liabilities that were previously measured at the undiscounted amounts.</p>	1 Jan 2013
<p>AASB 127 <i>Separate Financial Statements</i></p> <p>This Standard supersedes AASB 127 'Consolidated and Separate Financial Statements', introducing a number of changes to accounting treatments.</p> <p>AASB 2012-10 amends the mandatory application date of this Standard to 1 January 2014 for not-for-profit entities. The Authority has not yet determined the application or the potential impact of the Standard.</p>	1 Jan 2013

## Western Australian Alcohol and Drug Authority

### Notes to the Financial Statements

For the year ended 30 June 2013

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

Title	Operative for reporting periods beginning on/after
<p>AASB 128 <i>Investments in Associates and Joint Ventures</i></p> <p>This Standard supersedes AASB 128 'Investments in Associates', introducing a number of changes to accounting treatments.</p> <p>AASB 2012-10 amends the mandatory application date of this Standard to 1 January 2014 for not-for-profit entities. 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 1055 <i>Budgetary Reporting</i></p> <p>This Standard specifies the nature of budgetary disclosures, the circumstances in which they are to be included in the general purpose financial statements of not-for-profit entities within the GGS. The Authority will be required to disclose additional budgetary information and explanations of major variances between actual and budgeted amounts, though there is no financial impact.</p>	1 Jul 2014
<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
<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.</p> <p>AASB 2012-6 amended the mandatory application date of this Standard to 1 January 2015. The Authority has not yet determined the application or the potential impact of the Standard.</p>	1 Jan 2015
<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, 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'. For not-for-profit entities it applies to annual reporting periods beginning on or after 1 January 2014. 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, 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

## Western Australian Alcohol and Drug Authority

### Notes to the Financial Statements

For the year ended 30 June 2013

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

Title	Operative for reporting periods beginning on/after
<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. There is no financial impact.</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
<p>AASB 2012-2 <i>Amendments to Australian Accounting Standards - Disclosures - Offsetting Financial Assets and Financial Liabilities [AASB 7 &amp; 132]</i></p> <p>This Standard amends the required disclosures in AASB 7 to include information that will enable users of an entity's financial statements to evaluate the effect or potential effect of netting arrangements, including rights of set-off associated with the entity's recognised financial assets and recognised financial liabilities, on the entity's financial position. There is no financial impact.</p>	1 Jan 2013
<p>AASB 2012-3 <i>Amendments to Australian Accounting Standards - Offsetting Financial Assets and Financial Liabilities [AASB 132]</i></p> <p>This Standard adds application guidance to AASB 132 to address inconsistencies identified in applying some of the offsetting criteria, including clarifying the meaning of "currently has a legally enforceable right of set-off" and that some gross settlement systems may be considered equivalent to net settlement. There is no financial impact.</p>	1 Jan 2014
<p>AASB 2012-5 <i>Amendments to Australian Accounting Standards arising from Annual Improvements 2009-11 Cycle [AASB 1, 101, 116, 132 &amp; 134 and Int 2]</i></p> <p>This Standard makes amendments to the Australian Accounting Standards and Interpretations as a consequence of the annual improvements process. There is no financial impact.</p>	1 Jan 2013
<p>AASB 2012-6 <i>Amendments to Australian Accounting Standards - Mandatory Effective Date of AASB 9 and Transition Disclosures [AASB 9, 2009-11, 2010-7, 2011-7 &amp; 2011-8]</i></p> <p>This Standard amends the mandatory effective date of AASB 9 Financial Instruments to 1 January 2015. Further amendments are also made to consequential amendments arising from AASB 9 that will now apply from 1 January 2015 and to consequential amendments arising out of the Standards that will still apply from 1 January 2013. There is no financial impact.</p>	1 Jan 2013
<p>AASB 2012-7 <i>Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements [AASB 7, 12, 101 &amp; 127]</i></p> <p>This Standard adds to or amends the Australian Accounting Standards to provide further information regarding the differential reporting framework and the two tiers of reporting requirements for preparing general financial statement. There is no financial impact.</p>	1 Jul 2013
<p>AASB 2012-10 <i>Amendments to Australian Accounting Standards - Transition Guidance and Other Amendments [AASB 1, 5, 7, 8, 10, 11, 12, 13, 101, 102, 108, 112, 118, 119, 127, 128, 132, 133, 134, 137, 1023, 1038, 1039, 1049 &amp; 2011-7 and Int 12]</i></p> <p>This Standard makes amendments to AASB 10 and related Standards to revise the transition guidance relevant to the initial application of those Standards, and to clarify the circumstances in which adjustments to an entity's previous accounting for its involvement with other entities are required and the timing of such adjustments.</p> <p>The Standard was issued in December 2012. The Authority has not yet determined the application or the potential impact of the Standard.</p>	1 Jan 2013
<p>AASB 2012-11 <i>Amendments to Australian Accounting Standards - Reduced Disclosure Requirements and Other Amendments [AASB 1, 2, 8, 10, 107, 128, 133, 134 &amp; 2011-4]</i></p> <p>This Standard makes various editorial corrections to Australian Accounting Standards - Reduced Disclosure Requirements (Tier 2). These corrections ensure that the Standards reflect decisions of the AASB regarding the Tier 2 requirements.</p> <p>The Standard also extends the relief from consolidation and the equity method (in the new Consolidation and Joint Arrangement Standards) to entities complying with Australian Accounting Standards - Reduced Disclosure Requirements. 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 2013

### 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	2013 \$	2012 \$
Salaries and wages (a)	20,649,484	19,560,688
Superannuation - defined contribution plans (b)	1,885,045	1,775,015
	22,534,529	21,335,703

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

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

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

### Note 8 Patient support costs

Medical supplies and services	158,447	147,031
Domestic charges	42,585	47,186
Fuel, light and power	177,222	171,879
Food supplies	101,478	88,358
Patient transport costs	4,027	4,395
Purchase of external services	49,587,151	42,155,822
	50,070,910	42,614,671

### Note 9 Depreciation expense

<u>Depreciation</u>		
Buildings	310,590	333,372
Computer equipment	4,090	6,284
Furniture and fittings	526	526
Other plant and equipment	19,415	16,713
	334,621	356,895

### Note 10 Repairs, maintenance and consumable equipment

Repairs and maintenance	351,975	260,599
Consumable equipment	122,884	196,126
	474,859	456,725

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

Sanitisation and waste removal services	3,894	7,068
Administration and management services	68,251	123,334
Interpreter services	2,054	661
Security services	6,928	10,215
Other	451,767	656,890
	532,894	798,168

### Note 11 (b) Other expenses

Communications	225,102	206,946
Computer services	19,964	33,095
Employment on-costs (a)	601,787	531,170
Insurance	80,715	-
Legal expenses	493	211
Motor vehicle expenses	11,580	2,145
Operating lease expenses	54,428	189,115
Printing and stationery	344,337	306,373
Rental of property	68,604	1,477
Other	758,023	1,413,637
	2,165,033	2,684,169

(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

# Western Australian Alcohol and Drug Authority

## Notes to the Financial Statements

For the year ended 30 June 2013

	2013 \$	2012 \$
<b>Note 12 Grants and contributions</b>		
<b>(a) Commonwealth grants and contributions</b>		
Department of Health and Ageing	526,901	9,088,590
Department of Education, Employment and Workforce Relations	28,000	-
Department of Families, Housing, Community Services & Indigenous Affairs	1,921,778	-
	<u>2,476,679</u>	<u>9,088,590</u>
<b>(b) Other grants and contributions</b>		
WA Health Promotion Foundation	793,000	219,721
Mental Health Commission	174,070	143,000
Office of Road Safety	260,111	210,000
Royal Australian & New Zealand College of Psychiatrists	100,000	50,000
Department of Health	556,364	197,648
WA Country Health Service	2,410,670	68,014
Department of Finance	90,909	53,582
Other	-	1,391,004
	<u>4,385,124</u>	<u>2,332,969</u>
<b>Note 13 Other revenues</b>		
Services to external organisations	108,740	178,873
Interest Revenue	277,694	469,440
Other	73,077	116,567
	<u>459,511</u>	<u>764,880</u>
<b>Note 14 Service appropriation</b>		
Appropriation revenue received during the period:		
Service appropriation	<u>65,834,000</u>	<u>62,707,843</u>
Service appropriation fund the net cost of services delivered. Appropriation revenue comprises a cash component and a receivable (asset). The receivable (holding account) comprises the budgeted depreciation expense for the year and any agreed increase in leave liability during the year.		
<b>Note 15 Royalties for Regions Fund</b>		
Regional Community Services Account	<u>3,071,000</u>	<u>1,420,000</u>
	<u>3,071,000</u>	<u>1,420,000</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)	7,619,868	7,421,849
Royalties for Regions Fund (b)	1,403,895	38,742
	<u>9,023,763</u>	<u>7,460,591</u>
<b>Non-Current</b>		
Accrued Salaries Suspense Account (c)	<u>687,213</u>	<u>601,312</u>
	<u>687,213</u>	<u>601,312</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	50,452	55,294
Accrued revenue	74,354	106,037
	<u>124,806</u>	<u>161,331</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'.		
<b>Note 18 Amounts receivable for services</b>		
<b>Non-current</b>	<u>4,303,123</u>	<u>3,980,123</u>
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'.		

Western Australian Alcohol and Drug Authority

**Notes to the Financial Statements**

For the year ended 30 June 2013

	2013 \$	2012 \$
<b>Note 19 Inventories</b>		
<b>Current</b>		
Pharmaceutical stores - at cost	13,803	17,115
See note 2(m) 'Inventories'.		
<b>Note 20 Other current assets</b>		
Prepayments	29,522	36,244
<b>Note 21 Property, plant and equipment</b>		
<b>Land</b>		
At fair value (a)	8,847,200	8,475,700
	8,847,200	8,475,700
<b>Buildings</b>		
At fair value (a)	10,077,000	10,353,000
Accumulated depreciation	-	-
	10,077,000	10,353,000
<b>Computer equipment</b>		
At cost	67,355	67,355
Accumulated depreciation	(60,495)	(56,405)
	6,860	10,950
<b>Furniture and fittings</b>		
At cost	20,863	20,863
Accumulated depreciation	(20,292)	(19,766)
	571	1,097
<b>Medical equipment</b>		
At cost	10,750	10,750
Accumulated depreciation	(10,750)	(10,750)
	-	-
<b>Other plant and equipment</b>		
At cost	319,490	319,490
Accumulated depreciation	(270,022)	(250,607)
	49,468	68,883
<b>Works in progress</b>		
Buildings under construction (at cost)	1,935,714	1,298
<b>Total of property, plant and equipment</b>	20,916,813	18,910,928

(a) Land and buildings were revalued as at 1 July 2012 by the Western Australian Land Information Authority (Valuation Services). The valuations were performed during the year ended 30 June 2013 and recognised at 30 June 2013. In undertaking the revaluation, fair value was determined by reference to the market value for land \$8,847,200 and buildings \$10,077,000. 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'.

**Reconciliations**

Reconciliations of the carrying amounts of property, plant and equipment at the beginning and end of the reporting period are set out below.

**Land**

Carrying amount at start of period	8,475,700	8,140,200
Revaluation increments / (decrements)	371,500	335,500
Carrying amount at end of period	8,847,200	8,475,700

**Buildings**

Carrying amount at start of period	10,353,000	11,112,400
Revaluation increments / (decrements)	34,590	(426,028)
Depreciation	(310,590)	(333,372)
Carrying amount at end of period	10,077,000	10,353,000

Western Australian Alcohol and Drug Authority

**Notes to the Financial Statements**

For the year ended 30 June 2013

	2013 \$	2012 \$
<b>Note 21 Property, plant and equipment (continued)</b>		
<b>Computer equipment</b>		
Carrying amount at start of period	10,950	17,234
Depreciation	(4,090)	(6,284)
Carrying amount at end of period	<u>6,860</u>	<u>10,950</u>
<b>Furniture and fittings</b>		
Carrying amount at start of period	1,097	1,623
Depreciation	(526)	(526)
Carrying amount at end of period	<u>571</u>	<u>1,097</u>
<b>Other plant and equipment</b>		
Carrying amount at start of period	68,883	63,861
Additions	-	21,735
Depreciation	(19,415)	(16,713)
Carrying amount at end of period	<u>49,468</u>	<u>68,883</u>
<b>Works in progress</b>		
Carrying amount at start of period	1,298	1,298
Additions	1,935,714	-
Internal transfer	(1,298)	-
Carrying amount at end of period	<u>1,935,714</u>	<u>1,298</u>
<b>Total property, plant and equipment</b>		
Carrying amount at start of period	18,910,928	19,336,616
Additions	1,935,714	21,735
Revaluation increments / (decrements)	406,090	(90,528)
Depreciation	(334,621)	(356,895)
Internal transfer	(1,298)	-
Carrying amount at end of period	<u>20,916,813</u>	<u>18,910,928</u>

**Note 22 Impairment of Assets**

There were no indications of impairment to property, plant and equipment at 30 June 2013.

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 2013 have either been classified as assets held for sale or written off.

**Note 23 Payables**

**Current**

Trade creditors	304,839	129,552
Other creditors	33,305	32,681
Accrued expenses	648,640	216,361
Accrued salaries	758,966	668,486
	<u>1,745,750</u>	<u>1,047,080</u>

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

**Note 24 Provisions**

**Current**

Employee benefits provision

Annual leave (a)	1,641,581	1,626,317
Time off in lieu leave (a)	110,013	126,627
Long service leave (b)	1,965,493	1,927,562
	<u>3,717,087</u>	<u>3,680,506</u>

**Non-current**

Employee benefits provision

Long service leave (b)	1,008,886	695,310
Deferred salary scheme (c)	9,871	-
	<u>1,018,757</u>	<u>695,310</u>
	<u>4,735,844</u>	<u>4,375,816</u>

(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	1,235,145	1,234,975
More than 12 months after the end of the reporting date	516,448	517,970
	<u>1,751,593</u>	<u>1,752,945</u>



# Western Australian Alcohol and Drug Authority

## Notes to the Financial Statements

For the year ended 30 June 2013

	2013	2012
	\$	\$
<b>Note 24 Provisions (continued)</b>		
(b) Long service leave liabilities have been classified as current where there is no unconditional right to defer settlement for at least 12 months after the end of the reporting period. Assessments indicate that actual settlement of the liabilities is expected to occur as follows:		
Within 12 months of the end of the reporting period	395,328	486,998
More than 12 months after the end of the reporting period	2,579,052	2,135,874
	<u>2,974,380</u>	<u>2,622,872</u>
The settlement of annual and long service leave liabilities give rise to the payment of employment on-costs including workers compensation insurance. The provision is the present value of expected future payments. The associated expense, apart from the unwinding of the discount (finance cost), is included at note 11(b) 'Other expenses'.		
(c) Deferred salary scheme liabilities have been classified as non-current where there is a conditional right to defer settlement for at least 12 months after reporting period. Assessments indicate that actual settlement of the liabilities is expected to occur as follows:		
More than 12 months after the end of the reporting period	9,871	-
	<u>9,871</u>	<u>-</u>
<b>Note 25 Contributed equity</b>		
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	5,891,579	4,845,068
<u>Contributions by owners</u>		
Capital appropriation (a)	-	1,046,511
<u>Other contributions by owners:</u>		
Royalties for Regions Fund – Regional Community Services Fund	2,956,000	-
<b>Total contributions by owners</b>	<u>2,956,000</u>	<u>1,046,511</u>
Balance at end of period	<u>8,847,579</u>	<u>5,891,579</u>
(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'.		
<b>Note 26 Reserves</b>		
<b>Asset revaluation surplus (a)</b>		
Balance at start of period	16,152,015	16,242,543
Net revaluation increments / (decrements) (b) :		
Land	371,500	335,500
Buildings	34,590	(426,028)
Balance at end of period	<u>16,558,105</u>	<u>16,152,015</u>
(a) The asset revaluation reserve is used to record increments and decrements on the revaluation of non-current assets.		
(b) Any increment is credited directly to the asset revaluation reserve, except to the extent that any increment reverses a revaluation decrement previously recognised as an expense.		
<b>Note 27 Accumulated surplus/(deficit)</b>		
Balance at start of period	5,981,216	(2,086,735)
Result for the period	113,468	8,067,951
Balance at end of period	<u>6,094,684</u>	<u>5,981,216</u>

# Western Australian Alcohol and Drug Authority

## Notes to the Financial Statements

For the year ended 30 June 2013

	2013 \$	2012 \$
<b>Note 28 Notes to the Statement of Cash Flows</b>		
<b>Reconciliation of cash</b>		
Cash assets at the end of the financial year as shown in the Statement of Cash Flows is reconciled to the related items in the Statement of Financial Position as follows:		
Cash and cash equivalents	2,882,919	2,280,062
Restricted cash and cash equivalents	9,710,976	8,061,903
	12,593,895	10,341,965

### Reconciliation of net cost of services to net cash flows provided by (used in) operating activities

Net cost of services	(68,791,532)	(56,059,892)
<u>Non-cash items:</u>		
Depreciation expense (note 9)	334,621	356,895
<u>(Increase)/decrease in assets:</u>		
Other current receivables	36,525	(159,908)
Inventories	3,312	(597)
Prepayments	6,722	872
<u>Increase/(decrease) in liabilities:</u>		
Payables	698,670	247,007
Current provisions	36,581	483,969
Non-current provisions	323,447	80,194
Net cash provided by/(used in) operating activities	(67,351,654)	(55,051,460)

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

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

#### Remuneration of members of the Accountable Authority

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

\$0 - \$10,000	4	5
Total:	4	5
	\$	\$

The total remuneration of members of the Accountable Authority is:

-	-
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The total remuneration includes the superannuation expense incurred by the Authority in respect of members of the Accountable Authority.

#### 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:

\$50,001 - \$60,000	-	1
\$70,001 - \$80,000	-	1
\$80,001 - \$90,000	-	1
\$90,001 - \$100,000	-	1
\$120,001 - \$130,000	1	-
\$150,001 - \$160,000	2	1
\$160,001 - \$170,000	2	1
\$200,001 - \$210,000	-	1
\$250,001 - \$260,000	1	-
\$270,001 - \$280,000	-	1
\$440,001 - \$450,000	-	1
\$490,001 - \$500,000	1	-
Total:	7	9
	\$	\$

Cash remuneration received	1,511,690	1,429,630
Annual leave and long service leave accruals	(35,399)	106,456
Other benefits	32,412	25,418

The total remuneration of senior officers is:

1,508,703	1,561,504
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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

### 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	51,000	50,000
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# Western Australian Alcohol and Drug Authority

## Notes to the Financial Statements

For the year ended 30 June 2013

	2013	2012
	\$	\$
<b>Note 31 Commitments</b>		
<b>Capital expenditure commitments</b>		
Capital expenditure commitments, being contracted capital expenditure additional to the amounts reported in the financial statements, are payable as follows:		
Within 1 year	1,305,905	-
	<u>1,305,905</u>	<u>-</u>
The capital commitments include amounts for buildings:	1,305,905	-
The capital expenditure commitments are inclusive of GST.		
<b>Operating lease commitments:</b>		
Commitments in relation to non-cancellable leases contracted for at the end of the reporting period but not recognised in the financial statements, are payable as follows:		
Within 1 year	48,820	52,544
Later than 1 year, and not later than 5 years	31,180	26,801
	<u>80,000</u>	<u>79,345</u>
The operating lease commitments are inclusive of GST.		
<b>Other expenditure commitments:</b>		
Other expenditure commitments contracted for at the reporting period but not recognised as liabilities, are payable as follows:		
Within 1 year	45,405,932	37,911,772
Later than 1 year, and not later than 5 years	20,618,940	12,299,433
	<u>66,024,872</u>	<u>50,211,205</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**

The Government has announced the amalgamation of the Drug and Alcohol Office and the Mental Health Commission. No date has been set for the formal transition, but it is expected during 2013/14.

**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 2013****Note 36 Explanatory Statement**

This statement provides details of any significant variations between estimates and actual results for 2013 and between the actual results for 2012 and 2013. Significant variations are considered to be those greater than 10% or \$1.5million.

**Significant variances between estimated and actual results for 2013**

	Note	2013 Actual \$	2013 Estimates \$	Variance \$
<b>Operating expenses</b>				
Employee benefits expense		22,534,529	22,927,922	(393,393)
Other goods and services		53,578,317	52,652,396	925,921
<b>Total expenses</b>		<b>76,112,846</b>	<b>75,580,318</b>	<b>532,528</b>
Less: Revenues		(7,321,314)	(6,674,953)	(646,361)
<b>Net cost of services</b>		<b>68,791,532</b>	<b>68,905,365</b>	<b>(113,833)</b>

**Significant variances between actual results for 2012 and 2013**

	Note	2013 Actual \$	2012 Actual \$	Variance \$
<b>Expenses</b>				
Employee benefits expense		22,534,529	21,335,703	1,198,826
Patient support costs	(a)	50,070,910	42,614,671	7,456,239
Depreciation expense		334,621	356,895	(22,274)
Repairs, maintenance and consumable equipment		474,859	456,725	18,134
Other supplies and services	(b)	532,894	798,168	(265,274)
Other expenses	(c)	2,165,033	2,684,169	(519,136)
<b>Income</b>				
Commonwealth grants and contributions	(d)	2,476,679	9,088,590	(6,611,911)
Other grants and contributions	(e)	4,385,124	2,332,969	2,052,155
Other revenues	(f)	459,511	764,880	(305,369)
Service appropriation	(g)	65,834,000	62,707,843	3,126,157

(a) Patient support costs

Increase in Patient support costs is mainly attributed to new programs \$951k, existing programs RfR \$1.4M, ICAD 513k, other programs as per note 12(b) \$2.1M, 4.25% indexation increase \$1.8M and other new initiatives.

(b) Other supplies and services

Decrease in expenditure is partly due to completion of IT projects in the previous year as well as some expenditures recognised as patient support costs.

(c) Other expenses

The decrease in expenditure is mainly as a result of reduced advertising and promotional expenditures as well as fewer programs that involved consultancies work.

(d) Commonwealth grants and contributions

This decrease is directly attributed to transfer and control of administered special purpose account \$7M from DOH subsequent to disaggregation on 31 Dec, 2011 in the previous fiscal year.

(e) Other grants and contributions

This increase is from various sources itemised in note 12(b) expended for various programs accordingly.

(f) Other revenues

Decrease in Other revenues is mainly attributed to interest revenue as a consequent drop in interest rate.

(g) Service appropriation

This increase is mainly related to indexation increase in service appropriation as well as new programs funding.

# Western Australian Alcohol and Drug Authority

## Notes to the Financial Statements

For the year ended 30 June 2013

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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:

	2013	2012
	\$	\$
<b>Financial Assets</b>		
Cash and cash equivalents	2,882,919	2,280,062
Restricted cash and cash equivalents	9,710,976	8,061,903
Loans and receivables	4,427,929	4,141,454
<b>Financial Liabilities</b>		
Financial liabilities measured at amortised cost	1,745,750	1,047,080

## Western Australian Alcohol and Drug Authority

### Notes to the Financial Statements

For the year ended 30 June 2013

#### 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					Impaired Financial assets
			Up to 1 month	1-3 months	3 months to 1 year	1-5 years	More than 5 years	
	\$	\$	\$	\$	\$	\$	\$	\$
<b><u>Financial Assets</u></b>								
<b>2013</b>								
Cash and cash equivalents	2,882,919							
Restricted cash and cash equivalents	9,710,976	9,710,976						
Receivables	124,806	124,806						
Amounts receivable for services	4,303,123							
	<b>17,021,824</b>	<b>9,835,782</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							
	<b>14,483,419</b>	<b>106,331</b>	-	55,000	-	-	-	-

Western Australian Alcohol and Drug Authority

**Notes to the Financial Statements**

For the year ended 30 June 2013

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>2013</b>										
<b><u>Financial Assets</u></b>										
Cash and cash equivalents	-	2,882,919	-	-	2,882,919	2,882,919	2,882,919	-	-	-
Restricted cash and cash equivalents	3.06	9,710,976	-	7,619,868	2,091,108	9,710,976	9,710,976	-	-	-
Receivables	-	124,806	-	-	124,806	124,806	124,806	-	-	-
Amounts receivable for services	-	4,303,123	-	-	4,303,123	4,303,123	-	-	-	4,303,123
		17,021,824	-	7,619,868	9,401,956	17,021,824	12,718,701	-	-	4,303,123
<b><u>Financial Liabilities</u></b>										
Payables	-	1,745,750	-	-	1,745,750	1,745,750	1,745,750	-	-	-
		1,745,750	-	-	1,745,750	1,745,750	1,745,750	-	-	-

Western Australian Alcohol and Drug Authority

**Notes to the Financial Statements**

For the year ended 30 June 2013

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 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>- 3,980,123</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 2013

#### 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>2013</b>	\$	\$	\$	\$	\$
<b>Financial Assets</b>					
Restricted cash and cash equivalents	9,710,976	(97,110)	(97,110)	97,110	97,110
	<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>					
Restricted cash and cash equivalents	8,061,903	(80,619)	(80,619)	80,619	80,619

#### 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.

	2013	2012
	\$	\$
Balance at start of period	7,421,849	-
Receipts	2,773,128	8,355,639
Payments	(2,575,109)	(933,790)
<b>Balance at end of period</b>	<b>7,619,868</b>	<b>7,421,849</b>

## Key performance indicators

### Certificate of Key Performance Indicators

#### Western Australian Alcohol and Drug Authority Certification of key performance indicators For the year ended 30 June 2013

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 2013.



Professor Steve Allsop  
Deputy Chairperson  
Western Australian Alcohol and Drug Authority

12 September 2013



Professor Tarun Weeramanthri  
Board Member  
Western Australian Alcohol and Drug Authority

12 September 2013

## Performance management framework

### Outcome, services and performance information

Government Goal	Desired outcomes	Functions
<b>Outcomes-based Service Delivery:</b>  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.

## 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 outcomes 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>32</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 (Indicator 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>32</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>33</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

<sup>33</sup> NHMRC (2009). *Australian Guidelines to reduce health risks from drinking alcohol*. Commonwealth of Australia: Canberra, Australia.

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 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.
- The 2012/13 results are based on the 2010 NDSHS, which is the most recent survey and was released in 2011. The 2013 NDSHS survey will be released in-mid 2014.
- 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 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	54.0%	50.0%	55.1%	52.1%		
	2001	41.2%	36.9%	41.3%	38.7%	44.7%	40.3%
Short-term risk consumption by females	2009	32.4%	29.8%	33.6%	31.1%		
	2001	31.5%	28.8%	33.0%	30.5%	33.7%	30.7%
Long-term risk consumption by males	2009	33.1%	29.0%	34.5%	29.2%		
	2001	11.4%	10.2%	10.7%	10.2%	12.9%	10.1%
Long-term risk consumption by females	2009	12.0%	11.3%	13.9%	11.7%		
	2001	10.7%	9.8%	12.3%	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	2012/13	Target	2011/12	Target	2010/11	Target	2009/10	Target	2008/09
<b>ALCOHOL</b>											
<i>Alcohol. Think Again</i> 'Parents, young people and alcohol' campaign	Aware	67.7%	46%								
	Correct	60.8%	69.6%								
Campaign 1 'Tolerance'	Aware					78.6%	77.0%	74.0%	58.0%		
	Correct					50.4%	51.2%	52.7%	42.7%		
Campaign 2 'Cancer'	Aware			68.5%	75%	76.3%	74.0%	57.6%	47.0%		
	Correct			73.6%	72.8%	73.6%	73.6%	40.1%	33.8%		
<i>Rethink Drink*</i>	Aware									76%	75%
	Correct									38%	63%
<b>DRUGS</b>											
<i>Drug Aware</i> programs											
Amphetamine	Aware			46.2%	45%	47.7%	-	39.2%	52.0%	47%	48%
	Correct			75.2%	76.8%	75.2%	-	38.8%	48.9%	24%	48%
Ecstasy	Aware	26%	28%			20.3%	24%				
	Correct	76.8%	78.4%			-	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, titled 'Parents, young people and alcohol' aimed to raise awareness about the effect of alcohol on the developing brain.
- *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 or 2012/13.
- *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*. This campaign was not conducted in 2012/13.

- *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.
- “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.
- In 2012/13, the targets for *Alcohol. Think Again* Parents, young people and alcohol campaign were estimated at 67.7% of the target population being “aware” of the campaign message, with 76.0% “correct” message take out. When the 80% adjustment figure is applied, the target is 60.8% “correct” message take out. The campaign underperformed in regards to the target of 67.7% of the target population being “aware” of the campaign message. The predicted reach for the campaign advertisement was achieved. Therefore, it is believed that the lower recall rate of the advertisement by the target audience was attributable to the advertisement execution. A critical review of the campaign has recommended that the next new campaign advertisement is harder hitting and confronting to be more memorable.
- The targets for the *Drug Aware* Ecstasy campaign were estimated at 26% of the targeted population being “aware” of the campaign message, with 96% takeout. When the 80% adjustment figure is applied, the target is 76.8% “correct” message take out. The campaign marginally outperformed the target of 26% of the targeted population being “aware” of the campaign message. This outperformance is believed to be attributable to this phase being the second repeat of the campaign advertisement. Regular and repeat phase scheduling of effective advertisements usually result in stronger awareness and correct message take out measures among the target group. This campaign has been implemented over the last 3 years, with an average of two phases per year.
- 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	2012/13	2011/12	2010/11	2009/10	2008/09
% of client episodes not completed as planned (unplanned exits)	26% (over a 5 year period)	22%	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 de-identified treatment agency databases.
- Open and opened refers to all treatment episodes that were open already at the beginning of the period and all episodes opened during that period. Due to the requirements of the Alcohol and Other Drug Treatment Services - National Minimum Data Set (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 2012 – 31 March 2013.
- 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 2012/13.
- The total number of open and opened episodes for 2012/13 was 37,755 and Sobering-up Centre activity accounted for 15,095 (or 40%) of these episodes. Three 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 4,944 and those that completed as planned were 12,458. A further 5,255 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 2012/13	2012/13	Target 2011/12	2011/12	Target 2010/11	2010/11	Target 2009/10	2009/10	Target 2008/09	2008/09
Cost per capita	\$4.63	\$5.86	\$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 \$4.63 was calculated by dividing the 2012/13 budget estimate of \$9,249,633 by the ABS population estimate figure of 1,995,691 (3101.0 Australian Demographic Statistics. TABLE 55. Estimated Resident Population By Single Year Of Age, Western Australia June 2012 (release date 28 March, 2013). WA Population aged 14+ = 1,995,691.
- 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 2012/13, the actual costs for Function Group 1 were \$11,690,169 and the population aged 14 years and over was 1,995,691 (June 2012, released 28 March 2013).
- The increase in cost per capita spend on prevention activity is due to an increase in external prevention funding sources including projects funded through Healthway, Breaking the Cycle and Closing the Gap Commonwealth funding; and some re-prioritisation of DAO funds to support education initiatives.

**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	2012/13	Target	2011/12	Target	2010/11	Target	2009/10	Target	2008/09
<b>ALCOHOL</b>											
<i>Alcohol. Think Again</i> Parents, young people and Alcohol' campaign	Aware	\$0.81	\$1.29								
	Correct	\$1.34	\$1.85								
Campaign 1 'Tolerance'	Aware					\$0.47	\$0.46	\$1.14	\$1.60		
	Correct					\$0.93	\$0.91	\$1.60	\$2.17		
Campaign 2 'Cancer'	Aware			\$0.69	\$0.60	\$0.34	\$0.30	\$1.54	\$2.02		
	Correct			\$0.94	\$0.82	\$0.46	\$0.41	\$2.22	\$2.80		
<i>Rethink Drink*</i>	Aware									\$0.30	\$0.47
	Correct									\$0.60	\$0.56
<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
	Correct			\$1.47	\$1.46	\$1.34	\$1.28	\$1.52	\$0.82	\$2.78	\$1.06
Ecstasy	Aware	\$1.75	\$1.45			\$12.06	\$10.62				
	Correct	\$2.27	\$1.84			-	\$14.42				
Cannabis	Aware			\$1.13	\$1.08						
	Correct			\$1.51	\$1.41						

\* 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* 'Parent, young people and alcohol' campaign in the target group was \$0.81 for "aware" and \$1.34 for the target "correct" recall of the main campaign messages. . The campaign underperformed in regards to the target cost per person of the target population being "aware" of the campaign message. It is believed that the lower recall rate of the advertisement by the target audience was due to the execution of the advertisement. A critical review of the campaign has recommended that the next phase of the campaign use a new advertisement that is harder hitting and confronting to be more memorable.
- The target cost per person for the *Drug Aware* Ecstasy campaign in the target group was \$1.75 for "aware" and \$2.27 for the target "correct" recall of the main campaign messages. The campaign outperformed in regards to the target cost per person of the targeted population being "aware" of the campaign message. It is believed that this is attributable to the repeated (2<sup>nd</sup>) use of the effective campaign advertisement. Regular scheduling of repeated phases of media campaigns result in stronger awareness and correct message take out measures among the target group. This campaign has been implemented over the last 3 years, with an average of two phases per year.
- 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) 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	2012/13	Target	2011/12	Target	2010/11	Target	2009/10
Cost per treatment episode completed as planned or still engaged in treatment	\$2,125	\$1,964	\$1,703	\$2,125	\$1,514	\$1,510	\$1,233	\$1,427

#### 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 \$64,422,677 which is the total costs for this function group (Function Group 2) for the 2012/13 financial year. The number of episodes completed as planned or clients still engaged in treatment was 32,808.
- “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 2012 – 31 March 2013.
- 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 15,095 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 \$1,964.
- The target for cost per treatment episode completed as planned or still engaged in treatment, as included in the 2012/13 Budget, was \$2,125.
- Evidence of the efficiency of DAO’s alcohol and other drug treatment services is demonstrated by the fact that more treatment is being delivered at a lower cost.



- The actual cost of alcohol and other drug treatment services, provided by Next Step and services purchased by DAO, was \$1,964 per treatment episode in 2012/13, which was lower than the target of \$2,125.
- This lower than expected cost is due to services providing a greater number of treatment episodes, 32,808 episodes in 2012/13 compared to 28,196 episodes in 2011/12.
- The 2012/13 cost of episodes completed as planned or clients still engaged in treatment, excluding the Sobering-up Centre episodes, was \$2,661 ( $\$60,297,623 / 17,713 = \$3,404$ ). The direct cost for Sobering-up Centres in 2012/13 was \$4,125,054 and the number of episodes was 15,095 so the direct unit cost was \$273 per episode.

Cost per treatment episode completed as planned or still engaged in treatment, excluding Sobering-up Centre episodes	\$3,404
Cost of Sobering-up Centre episodes	\$273

## Other legal requirements

### Advertising

In 2012/13 advertising expenses were incurred by non-government organisations through service level agreements with DAO. The *Alcohol.Think Again* and *Drug Aware* campaigns are managed by Curtin University under a Partnership Service Agreement with DAO.

#### Total Alcohol Think Again Campaigns

Class of expenditure	2012/13
Advertising agencies ( <i>The Brand Agency</i> )	\$382,546.55 (excl GST)
Media Agencies ( <i>IKON Communications</i> )	\$1,031,150.42 (excl GST)
Market Research Agencies ( <i>TNS Social Research</i> )	\$104,135.00 (excl GST)
<b>Total expenditure</b>	<b>\$1,517,831.97 (excl GST)</b>

Note: Scheduling for the *Parents, Young People and Alcohol* campaign funded by Healthway via a Health Promotion grant.

#### Total Drug Aware Campaigns

Class of expenditure	2012/13
Advertising agencies ( <i>The Brand Agency</i> )	\$65,203.39 (excl GST)
Media Agencies ( <i>IKON Communications</i> )	\$696,707.42 (excl GST)
Market Research Agencies ( <i>TNS Social Research</i> )	\$77,500.00 (excl GST)
<b>Total expenditure</b>	<b>\$839,410.81 (excl GST)</b>

Note: *Drug Driving* Campaign is funded through the Road Trauma Trust Fund.

#### Total Strong Spirit Strong Future Campaign

Class of expenditure	2012/13
Advertising agencies ( <i>The Brand Agency</i> )	\$32,928.14 (excl GST)
Media Agencies ( <i>IKON Communications</i> )	\$325,794.60 (excl GST)
Market Research Agencies	\$0.00 (excl GST)
<b>Total expenditure</b>	<b>\$358,722.74 (excl GST)</b>

Note: *Strong Spirit Strong Future* Campaigns are funded through COAG Closing the Gap National Partnership Agreement.

#### Total Strong Spirit Strong Mind Metro Project Campaign

Class of expenditure	2012/13
Advertising agencies ( <i>The Brand Agency</i> )	\$36,190.46 (excl GST)
Media Agencies ( <i>IKON Communications</i> )	\$364,134.53 (excl GST)
Market Research Agencies	\$0.00 (excl GST)
<b>Total expenditure</b>	<b>\$400,324.99 (excl GST)</b>

Note: Funding for the *Strong Spirit Strong Mind Metro Project* was made available through the COAG Closing the Gap National Partnership Agreement.

## Ministerial directives

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

## Senior Officers

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

## Drug and Alcohol Office Staff

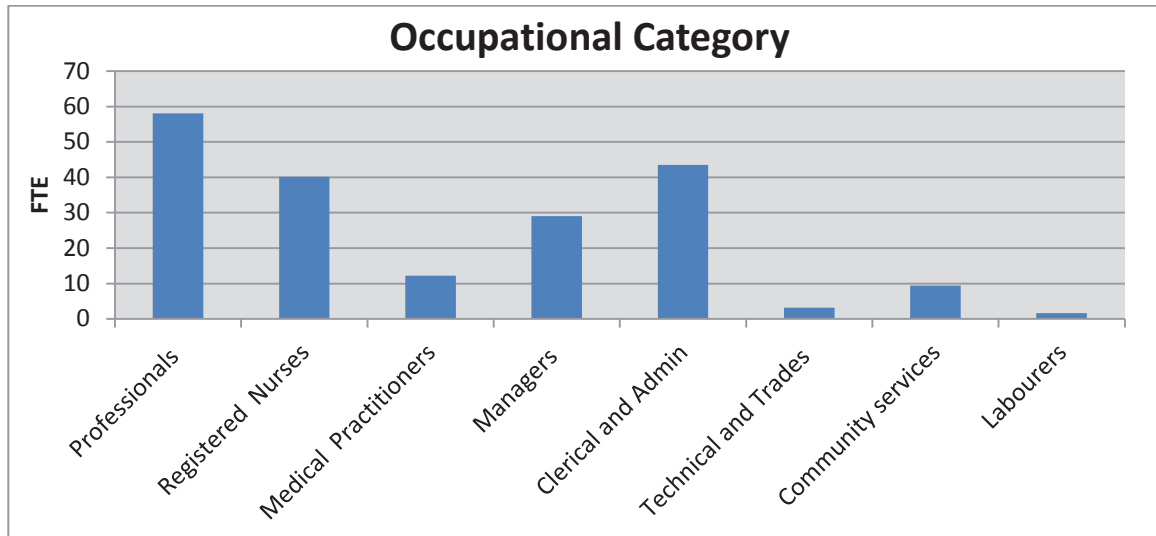
### Staff profile

DAO is a versatile organisation comprising a number of specialist and unique services and we need an equally diverse and high quality workforce. In support of this, our *Workforce and Diversity Plan 2012-15* provides strategies and actions to ensure we continue to have a capable, efficient and effective workforce to achieve our objectives and meet our current and future service obligations.

At 30 June 2013 we had 261 employees which equated to 197 fulltime equivalents (FTE). Our comparative staffing levels by employment category for the current and preceding years are presented below.

Employment Category	2013	2012	2011
Full-time permanent	107	97	97
Full-time contract	34	37	28
Part-time measured on a FTE basis	56	56	58
<b>Total FTE</b>	<b>197</b>	<b>190</b>	<b>183</b>

We have a range of occupational groups including medical practitioners, nurses, counsellors and other professionals. The chart on the following page provides an overview of our occupational categories by FTE.



**Equal Employment Opportunity and Diversity**

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

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

Equity Group	Per cent of WA Public Sector Workforce 2012	Per cent of DAO workforce 2012	Per cent of DAO workforce 2013
Women in Tier 2 and 3	35.0	69.2	79.0
People from culturally diverse backgrounds	11.5	8.5	12.6
Indigenous Australians	2.6	3.1	4.0
People with disabilities <sup>34</sup>	3.9	N/A	N/A
Youth	6.1	3.2	4.0

**Women in Management**

Our representation of Women in Tier 2 and 3 management roles is significantly higher than other public sector agencies, which is reflective of our effective workforce planning strategies in relation to women in management.

<sup>34</sup> Due to coding issues, accurate data for "People with Disabilities" was not available for 2012 and 2013.

### *People from culturally diverse backgrounds*

According to the Public Sector Commission<sup>35</sup>, WA public sector cultural diversity has increased over the last 5 years, with people from culturally diverse backgrounds well represented across all salary levels. Currently 12.6% of our employees have identified themselves as coming from culturally diverse backgrounds.

### *Indigenous Australians*

We are committed to ensuring sustainable development opportunities and career pathways for Indigenous Australians. Currently 4% of our employees are Indigenous Australians which exceeds the current public sector rate of 2.6% and the Council of Australian Governments' (COAG) target of 3.2% Indigenous Australian employment by 2015.

### *People with Disabilities*

Due to coding issues, accurate data for 'People with Disabilities' is not currently available. We are reviewing how our survey information is coded to ensure that accurate, reliable information is available for future reporting purposes.

### *Youth*

Although our representation of youth in the workforce is increasing, we have less representation than the general public sector in this area. We will target strategies for increasing employment opportunities for young people during 2013/14.

### *Planning and performance*

In 2012/13 we reviewed our individual performance development process and developed the new My-PDP Framework to promote constructive dialogue on development and performance. In addition to identifying training and development needs, the new framework encourages all of our staff to identify how they contribute to our values, demonstrate our leadership behaviours, and conduct tasks that support our operational and strategic goals. Eighty-seven per cent of our staff have completed a performance development process during this period.

## **Government policy requirements**

### **Safety, health and well-being**

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

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

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

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<sup>35</sup> PSC, How does your agency compare in 2012?

### Consultation mechanism

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

### Compliance with Injury Management requirements

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

### OSH Management system assessment

Our OSH management system was reviewed in 2010 and awarded the Silver Certificate of Achievement from WorkSafe. We are currently working towards the next level of achievement which requires assessment of the current safety management system and broadening of our compliance requirements to meet the upgraded requirements.

### Report on Performance

The following table details our performance against established targets:

Indicator	Actual 2012/13	Target 2012/13
Number of fatalities	0	0
Lost time injury/disease (LTI/D) incidence rate	1	0 or 10% improvement on previous 3 years
Lost time injury severity rate	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%	
Percentage of managers and supervisors trained in occupational safety, health and injury management responsibilities	100%	Greater than or equal to 80%

Note:

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

### *Achievements*

Some of our safety, health and well-being achievements over the past year include:

- regular Occupational Safety and Health Committee meetings
- structured workplace inspections
- continued training for managers and supervisors in occupational safety, health and injury management responsibilities, with achievement of 100% completion rate for all managers and supervisors
- engaged a new employee assistance program provider for the provision of confidential free of charge Employee Assistance programs for our staff and their families
- provided a free flu vaccination program to all of our staff
- through our Wellness Program, continued to provide information on healthy options by focussing on a monthly health topic such as Healthy Lifestyle, Reducing Stress, Healthy Eating, and Meditation.

### **Disability Access and Inclusion Plan Outcomes**

We are committed to ensuring that people with disabilities, their families and their carers are able to access the full range of our services and facilities. During 2012/13 we finalised our new Disability Access and Inclusion Plan (DAIP) covering the period 2013-2017. The plan identifies our strategies for each of the key DAIP outcomes, providing a comprehensive framework for improving access and inclusion for people with disabilities. It is supported by an annual implementation plan which sets out actions to be taken to implement the strategies, by whom and when.

Some of our key initiatives for addressing the DAIP outcome areas include:

- ensuring our events are held in areas or at venues that are accessible and that translators are available if required
- providing a copy of our DAIP and implementation plan to all of our staff, volunteers and contractors to help raise awareness of their responsibilities
- regularly reviewing our buildings and facilities to ensure they are physically accessible to people with disabilities
- providing training to our firewardens on evacuation procedures for people with disabilities
- ensuring that our key information (services, facilities, customer feedback, complaint procedures etc.) can be made available in alternative formats and that the language used is clear, concise and culturally secure
- including awareness sessions in our corporate induction process
- ensuring that our complaints mechanisms are accessible to people with disabilities.

In addition we endeavour to provide people with disabilities equal opportunity to work within DAO through the promotion of and adherence to appropriate policies in accordance with the *Equal Employment Opportunity Act 1993*.

## Compliance with Public Sector Standards and Ethical Codes

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

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

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

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

We also undertook a range of activities to promote awareness and compliance with public sector standards and ethical codes including:

- Providing training for staff on Accountable and Ethical Decision Making. As at 30 June 2013, 98% of our staff had completed this training.
- Creating a new *Delegation of Authority Policy and Framework*. The policy clearly sets out the principles and operation of delegations of authority from the WAADA Board and the Executive Director to staff within DAO. It is designed to ensure that our officers have the appropriate legal authority to exercise and carry out actions for which they are accountable.
- Developing a new Code of Conduct. Our new Code is consistent with the Public Sector Commissioner's Code of Ethics and addresses the standard of conduct and integrity as set out in the Public Sector Commissioner's Instruction "Codes of Conduct and Integrity Training".

## Recordkeeping Plans

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

Records awareness training remains a critical component of our new starters' induction process, addressing staff roles and responsibilities in regard to compliance with our Record



Keeping Plan. Recordkeeping responsibilities are also a key component of our Accountable and Ethical Decision Making training program which has a 98% completion rate for our staff.

During 2013/14 we will be reviewing the overall efficiency and effectiveness of our recordkeeping training program to ensure that the program continues to meet our needs and the requirements of the State Records Act.

## Public Interest Disclosure

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

In accordance with the Act, we have appointed Public Interest Disclosure Officers and we are currently reviewing our internal policies and procedures related to our obligations.

No public interest disclosures were received during 2012/13 period.

## Reconciliation Action Plan

During the year we reported on the achievement of our *2012 Reconciliation Action Plan* (RAP) and commenced development of our new plan for the period 2013–15. Our RAP helps us understand that what we are already doing is part of the reconciliation process with Aboriginal and Torres Strait Islander people, and that reconciliation, properly understood, is integral to our core business.

To guide the development and implementation of our RAP we established a Reconciliation Action Plan working group, with representatives of all our Directorates. This process is directed by the Aboriginal Alcohol and Other Drug Programs branch of our Policy, Strategy and Information Directorate in collaboration with Aboriginal and other non-Aboriginal staff.

The focus of our RAP is on our actions but also provides actions for the alcohol and other drugs sector in Western Australia through current contractual reporting requirements, participation in workforce development and partnership activities.

Some of our key RAP achievements for 2012 include:

- Established a RAP Working Group, with representatives from across the Directorates of DAO. This Working Group meets four times a year to develop and monitor the progress of implementing the RAP.
- Organised three events for all staff that provided opportunities for Aboriginal and non-Aboriginal people to build relationships and celebrate days of Aboriginal cultural significance. Events were held for National Sorry Day, NAIDOC Week and Reconciliation Week 2012.
- Enhanced staff cultural awareness by delivering two *Strong Spirit Strong Mind Ways of Working with Aboriginal people* training events, with a total of 35 participants attending this training.
- Recruited and employed two Aboriginal cadets and one school based trainee as part of our commitment to increasing our workforce with Aboriginal people.
- Achieved an employment statistic of 4% of the workforce self-identifying as Aboriginal.
- An increase of 8.8% in Alcohol and Drug Information Service (ADIS) contacts from Aboriginal people from 2010 to 2011.

# Appendices

## Appendix One - Research projects

*(Completed or in progress 2012/13)*

The impact of liquor restrictions in Kununurra and Wyndham: 12 month review *(completed)*  
*Akesson, G. & Smith, J.*

The impact of liquor restrictions in Kununurra and Wyndham: 24 month review *(in progress)*  
*Akesson, G. & McPhee, D.*

The Young Adult Drug and Alcohol Survey (YADAS) *(in progress)*  
*Goggin, L. & Bridle, R.*

Does methadone maintenance treatment increase the risk of significant health problems in an older cohort? *(in progress)*  
*Goggin, L & Evans, L.*

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

## Appendix Two - Publications and reports

Bridle, R., Christou, A. & Miller, J. (2012). Cannabis trends in Western Australia: ASSAD Survey 2011. Bulletin: No.5. Perth, WA: Drug and Alcohol Office.

Bridle, R., Goggin, L. & Christou, A. (2012). Alcohol trends in Western Australia: ASSAD Survey 2011. Bulletin: No.7. Perth: Drug and Alcohol Office.

Bridle, R., Miller, J., King, T. & Christou, A. (2012). Australian School Student Alcohol and Drug Survey: Alcohol Report 2011 – Western Australian results. Drug and Alcohol Office Surveillance Report: No. 8. Perth: Drug and Alcohol Office.

Drug and Alcohol Office & Tobacco Policy Chronic Disease Prevention (2012). Australian School Student Alcohol and Drug Survey 2012: Western Australian Results: Tobacco. Bulletin, No.6. Perth, WA: Drug and Alcohol Office.

Drug and Alcohol Office (2012). The impact of liquor restrictions in Kununurra and Wyndham: a 12 month review. Perth, WA: Drug and Alcohol Office.

Helfgott, S. & Wilkinson, C. (2012). What's in a word? Recovery: critical differences in views on recovery between the mental health and alcohol and other drug fields. *Drug and Alcohol Review*, 31, Supplement 1:18. Australasian Professional Society on Alcohol and other Drugs Conference 2012: Melbourne, Victoria.

Helfgott, S. & Wilkinson, C. (2012). What's in a word? Views on recovery in the AOD and mental health field. *Of Substance*, 10 (2), 14-17. Australian National Council on Drugs, Commonwealth of Australia.

Hood, R., Miller, J. & Christou, A. (2012). National Drug Strategy Household Survey 2010: Western Australian Supplementary Tables, DAO Surveillance Report: Number 06. Perth, WA: Drug and Alcohol Office.

Loxley, W, Catalano, P, Gilmore, W. & Chikritzhs, T. (2012). National Alcohol Sales Data Project Stage Three Report. Perth, WA: Drug and Alcohol Office.

Marsh, A., O'Toole, S., Dale, A., Willis, L. & Helfgott, S. (2013). *Counselling guidelines: alcohol and other drug issues*. (3<sup>rd</sup> ed). Perth, WA: Drug and Alcohol Office.

Miller, J., Bridle, R. & Christou, A. (2012). Illicit drug use in Western Australia: Australian School Students Alcohol and Drug Survey 2011. Brief communication: No.9. Perth, WA: Drug and Alcohol Office.

Miller, J., Christou, A. & Bridle, R. (2012). Amphetamine-type stimulants in Western Australia: ASSAD Survey 2011. Bulletin: No.8. Perth: Drug and Alcohol Office.

Rosenberg, M. & Andrews, Y. (2012). School Drug Education and Road Aware Evaluation. Perth, WA: Edith Cowan University.

Stone, J. (2103). Alcohol, other drugs and pregnancy (pp163-171). In Marsh, A., O'Toole, S., Dale, A., Willis, L. & Helfgott, S. (2013) *Counselling guidelines: Alcohol and other drug issues*. (3<sup>rd</sup> ed.). Perth, WA: Drug and Alcohol Office.

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

Akesson, G. & Swan, U. (2012). Engaging young Aboriginal people in alcohol and drug prevention: making their voices heard. *Making it Happen: Improving Services through Collaboration*. Burswood, Western Australia: 6-8 August 2012.

Akesson, G. (2012). What works in reducing harm? Kimberley and Northern Territory Cross Boarder Local Government Forum, Darwin, 21 November 2012.

Carmichael, C. (2012). Over the Counter: Attracting and supporting community-based pharmacists involved in the provision of opioid pharmacotherapy treatment. *Australasian Professional Society on Alcohol and Drugs Conference*, Melbourne, November 2012.

Davies, M., Edmunds, R., Oosthuizen, F., Sumner, N., Reynolds, D., Collins-Brown, L. & Goggin, L. (2012, September). The emergence and evolution of synthetic cannabinoids in Western Australia. *The Australian and New Zealand Forensic Science Society*. Hobart, Tasmania.

Gray, M., Spratt, J., Aitken, D. & Stone, J. (2013). Consultation, collaboration and innovation: Strong Spirit Strong Future - Healthy Women and Pregnancies Project. Poster presentation at *Secretariat of National Aboriginal and Islander Child Care (SNAICC) 5<sup>th</sup> National Conference*, Cairns, Queensland: 4-6 June 2013.

Green, S., Dickens, B., Smith, W., Shymko, G. & Harris T. (2012). South Metropolitan Community Drug Service and Fremantle, Peel and Rockingham Kwinana Mental Health Services Partnership. *Australasian Professional Society on Alcohol and Drugs Conference*, November 2012.

Helfgott, S. & Wilkinson, C. (2012). What's in a word? Recovery: critical differences in views on recovery between the mental health and alcohol and other drug fields. *Australasian Professional Society on Alcohol and Drugs Conference*: Melbourne, Victoria: 21 November 2012.

Henrickson, N. (2013). Managing alcohol – what does the evidence say? *Local Government Planners Association Breakfast*, 14 February 2013.

Jacobson, H., Kemp, K. & Miller, J. (2012). From the training room to the workplace. *Making it Happen: Improving Services through Collaboration*, Burswood Convention Centre, Perth. Western Australia: 6-8 August 2012,

Nelson, P. (2013). *High prevalence of smoking and respiratory symptoms of patients on opioid substitution treatment*. Royal Australian College of Physicians (RACP) Future Directions in Health Congress, May 2013.

Spratt, J. & Stone, J. (2012). Strong Spirit Strong Future: promoting healthy women and pregnancies to make partnerships happen. *Making it Happen: Improving Services through Collaboration*, Burswood Convention Centre, Perth, Western Australia: 6-8 August 2012.

Spratt, J., Aitken, D. & Stone, J. (2013). A comprehensive approach to preventing alcohol use in pregnancy: Strong Spirit Strong Future. *Secretariat of National Aboriginal and Islander Child Care (SNAICC) 5<sup>th</sup> National Conference*, Cairns, Queensland: 4-6 June 2013.





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