

Annual Report 2009/10

Drug and Alcohol Office



Delivering a **Healthy WA**



Government of Western Australia
Drug and Alcohol Office

Contents

Statement of Compliance.....	1
Executive Director's Report	2
Overview	4
Executive Summary	4
Summary Highlights 2009/10.....	6
Significant Issues and Trends.....	8
Agency Priorities 2010/11	13
Operational Structure.....	17
Agency Performance	21
Policy, Strategy and Information Directorate	21
Prevention and Workforce Development Directorate.....	25
Client Services and Development Directorate	28
Next Step Drug and Alcohol Services.....	31
Finance and Corporate Services Directorate.....	33
Disclosure and Legal Compliance.....	35
Financial Statements	36
Key Performance Indicators.....	66
Performance Management Framework	67
Other Legal Requirements.....	80
Government Policy Requirements	85
Appendices	88
Appendix One – Research projects	88
Appendix Two – Publications, reports and monographs.....	89
Appendix Three – Conference papers, seminars and other presentations.....	90

Corporate information

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

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

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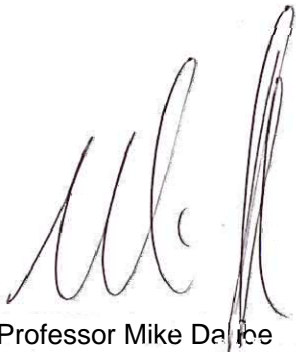
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Statement of Compliance

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

In accordance with Section 63 of the *Financial Management Act 2006*, we hereby submit for your information and presentation to Parliament the Report of the Western Australian Alcohol and Drug Authority for the financial year ending 30 June 2010.

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 'Mike Dalice', with a long vertical stroke extending downwards from the end of the signature.

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

A handwritten signature in purple ink, appearing to read 'Steve Allsop', with a long vertical stroke extending downwards from the end of the signature.

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

Executive Director's Report

It has been another challenging and highly rewarding year for the Drug and Alcohol Office (DAO) in 2009/10.

This year we have seen the release of the 2008 Australian School Students Alcohol and Drug survey results, on alcohol and illicit drugs, and on tobacco use. Broadly this data tells us that amongst school students in years 7 to 12, use of illicit drugs has decreased.

The amount of alcohol students are reporting they are consuming has remained stable, although the higher rates of risky drinking among 14 to 17 year old females are still a concern. This largely reflect findings from the 2007 National Drug Strategy Household Survey, and while alcohol remains our biggest challenge amongst all age groups, these results provide reassurance that our current prevention and treatment efforts are appropriately targeted.

We are continuing our support for regional and remote communities, such as Halls Creek and Fitzroy Crossing, that have implemented liquor restrictions and are seeing significant health benefits as a result. Later in 2010 will see the release of the Halls Creek 12 month evaluation report, and the Fitzroy Crossing 24 month report, which will provide a clearer picture of the outcomes of these measures.

There has been increasing interest from communities in declaring themselves restricted areas under section 175 of the *Liquor Control Act 1988*, to make it an offence to sell/supply, possess or bring liquor into the community. Along with this option is a growing awareness of the efficacy of voluntary alcohol restrictions and alcohol management plans as an alternative to legislative means.

Norseman is an example of a community that has been successful in reducing its alcohol related harm through voluntary restrictions introduced there in 2008, and like other places where less alcohol is available, the health benefits and reduction in harm, has been significant. We are hoping to see more community action like this, and will continue to provide support and advice about what can be done to reduce the impact alcohol is having on the lives of so many Western Australians.

DAO's campaign work continues to focus on the prevention of illicit drug and harmful alcohol use. The *Rethink Drink* alcohol campaign has been rebranded to *Alcohol.Think Again*, and the recent focus has been on addressing risky drinking and health concerns among women in particular.

In March 2010, in association with The Cancer Council WA, DAO delivered an Australian first campaign, to raise awareness about the mounting evidence telling us that there is a link between alcohol consumption and cancer. These TV advertisements will be re-run later in the year to raise further awareness amongst the community, and reaffirm the original campaign message.

A new amphetamines media campaign is planned for later in the year also, which sees DAO considering new ways to communicate with the target group. We are also seeing how social media might offer opportunities to connect with young people to get the *Drug Aware* message out.

As always we continue to build our relationships with other government agencies, and with the broader alcohol and drug sector, as a way of achieving much more than we ever could in isolation. We recognise the value of these partnerships with agencies like the Department of Racing Gaming and Liquor, the Department of Corrective Services and the new Mental Health Commission. DAO continues to build connections with other agencies that have mutual interests, such as the Department of Child Protection, and our integrated services model also continues to develop and strengthen.

During the year, as part of the National Partnership on Closing the Gap for Aboriginal people, DAO was successful in obtaining funding to progress a range of statewide Fetal Alcohol Spectrum Disorder prevention initiatives. We have also received funding to strengthen the range of alcohol and drug service responses for Aboriginal people, their families and their communities.

Implementation of both these significant projects is now underway and will be a priority for 2010/11.

A further significant achievement early this year, was the re-accreditation of our Next Step Drug and Alcohol Services for another three years, on meeting the performance requirements against Quality Improvement Council Health and Community Core Standards.

In relation to workforce development, DAO and the WA Network of Alcohol and other Drug Agencies have collaborated closely during the year to deliver leadership and management training for the sector. Work is also continuing to develop accreditation standards for the sector.

In addition, the issue of co-occurring drug and alcohol, and mental health issues, or co-morbidity, has seen a number of developments including the establishment of the WA Collaboration for Substance Use and Mental Health. The aim of this strategic collaboration is to improve responses for people with co-occurring mental health and alcohol and other drug issues, including the development of integrated treatment for clients. The collaboration will see treatment providers sharing knowledge and working together for improved outcomes.

The Government's Cannabis Law Reform Bill will see cannabis treatment interventions for young people introduced under the new legislation. And young people will also be the focus of a collaboration with Police on an alcohol early intervention pilot.

Finally, an agreement has been reached on DAO's Strategic Framework, and this is expected to be finalised by the end of 2010.

In closing, I would like to extend a personal thank you to the Board, and the sector, for all the support they have given me, and the rest of the DAO team throughout this year. To DAO employees I would like to express my gratitude and admiration for your work ethic, dedication and passion to making a difference in the lives of Western Australian's affected by drug and alcohol issues.



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

Overview

Executive Summary

The Drug and Alcohol Office – Who we are

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

DAO coordinates whole-of-government policies and strategies in conjunction with state and Commonwealth agencies. 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)
- Finance and Corporate Services.

The Drug and Alcohol Office – What we do

Prevention and Community Action

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

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

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

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

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

Treatment Services

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

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

Next Step Drug and Alcohol Services comprise:

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

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

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

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

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

Aboriginal Programs

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

Workforce Development

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

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

Policy and Information

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

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

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

Summary Highlights 2009/10

Significant achievements of DAO for 2009/10 are summarised below. Detailed highlights are provided in the body of the annual report.

Policy initiatives

- Developed the *Drug and Alcohol Interagency Strategic Framework for Western Australia 2010-2015*. The Framework provides a guide for government and other stakeholders, including non-government agencies and the community, to counter drug use and harmful alcohol consumption and recognises the need to respond in a coordinated way to existing problems.
- Developed the *Strong Spirit Strong Mind – Western Australian Aboriginal Alcohol and Other Drugs Framework*. The overarching Framework will provide guidance to key stakeholders in delivering culturally secure programs and Aboriginal ways of working across the key strategic priority areas of the *Drug and Alcohol Interagency Strategic Framework*.
- Received funding of \$2.2 million over five years to develop statewide Aboriginal Foetal Alcohol Spectrum Disorder (FASD) prevention initiatives through the Council of Australian Governments (COAG) Closing the Gap Indigenous Early Childhood Development National Partnership.
- Approval for funding of \$2.8 million over four years through the COAG Closing the Gap process to strengthen the range of drug and alcohol service responses for Aboriginal people, their families and communities in both the North and South Metropolitan Area Health regions. The project will increase access to culturally secure drug and alcohol services by establishing up to seven Aboriginal FTE positions in treatment and support services, prevention, early intervention and workforce development.

Prevention and early intervention

- Launched the new phase of the *Alcohol. Think Again* campaign aimed at raising awareness of the consequences of long-term harmful drinking, including alcohol caused cancer and other diseases.
- Development of 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 is to develop an ongoing event safety strategy to prevent drug and alcohol related harm at events for implementation during the summer 2011/12 festival period.
- Establishment and ongoing coordination of local alcohol management committees, and implementation of regional alcohol management strategies and other prevention initiatives in Fitzroy Crossing, Halls Creek, West Pilbara (area covering towns in the Shire of Roebourne and the Shire of Ashburton), Carnarvon, Mullewa, Dongara and Morawa as part of a comprehensive approach to tackling drug and alcohol problems.

Treatment and support

- Continued to implement initiatives that support and strengthen families and protect children through implementation of local partnerships between local child protection and drug and alcohol services; collaboration with the Department for Child Protection to provide comprehensive workforce development programs for workers; and the implementation of a Family Inclusive Workforce Development training calendar to develop skills to work more effectively with families.
- Continued partnerships and clinical pathways with mental health services, regional health services, hospitals and drug and alcohol treatment services to provide coordinated care for clients.
- In collaboration with the Aboriginal Programs Branch, continued to support and develop Aboriginal drug and alcohol services and staff, and promote and support culturally respectful and secure practice in mainstream drug and alcohol services.

- Next Step has been accredited for a further three years after meeting performance requirements against Quality Improvement Council Health.
- Developed and implemented the Services Information Management System (SIMS) in drug and alcohol treatment services funded or provided by DAO.
- Celebrated the Parent Volunteer Network's 10th Year of service by holding an awards dinner at Government House in November 2009. Seventy people attended including 45 past and present PDIS volunteers, the Minister for Mental Health, A/Executive Director of DAO, DAO Board member, Magistrates of the Adult and Children's Drug Courts and drug and alcohol sector representatives.

Workforce development

- Conducted three intakes of the Aboriginal Alcohol and other Drug Worker Training Program, *CHC30108 Certificate III in Community Services Work*. Ten participants (7 males and 3 females) graduated in April 2010. The training participants were employed in a number of agencies from across the drug and alcohol sector ranging from community controlled, non-government and government services in the Kimberley, Goldfields, Gascoyne/Murchison, Wheatbelt and metropolitan regions.
- The *Strong Spirit Strong Mind, Ways of Working with Aboriginal People* training program continues to be in great demand and additional programs were provided to accommodate the high number of registrations. A total of 186 participants attended from metropolitan, regional and remote locations. In addition, there were a range of other programs delivered including "Working with Aboriginal amphetamine-using clients and blood-borne viruses" and "Foetal alcohol spectrum disorder and its impact on Aboriginal communities".
- Conducted 119 training events for 2,179 participants. This included partnerships with key mainstream organisations including the Department for Child Protection (4 events, 42 participants); Department of Corrective Services (19 events, 342 participants) and Mental Health Division (24 events, 348 participants) to enhance their capacity to respond to drug and alcohol issues.

Law enforcement

- Supported the repeal of the *Cannabis Control Act 2003* and the introduction of the *Cannabis Law Reform Bill 2009* to Parliament to criminalise cannabis possession and cultivation and provide a mandatory treatment intervention session for both adult and juvenile minor cannabis offenders.
- The number of participants accessing treatment through the Western Australian Diversion Program increased for the ninth consecutive year.
- An agreement was signed with the Commonwealth to provide treatment to young people as part of an early intervention pilot project targeting underage drinkers and their families.

Specific illicit drug interventions

- Development and implementation of 2009/10 *Drug Aware* Amphetamine Prevention Campaign, *Drug Aware* Drug Driving Campaign and the Night Venues and Entertainment Events Campaign. The campaigns utilised visual and informative mediums such as television, viral video, print, convenience advertising and targeted unpaid media strategies to communicate prevention and education messages to young people, and people attending events and licensed premises to engage the target group in high-risk environments, when they are more predisposed to the message.
- Implemented initiatives to target illicit drug related harm, including development and dissemination of new resources for health, welfare and peer support groups on responding to amphetamine and heroin intoxication and overdose.

Significant Issues and Trends

Drug and alcohol trends

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

Three important national indicators used to monitor trends of drug and alcohol use in Western Australia and nationally are: the National Drug Strategy Household Survey (NDSHS), the Australian School Students Alcohol and Drug (ASSAD) survey, and the Alcohol and Other Drug Treatment Services - National Minimum Data Set (AODTS-NMDS). The following highlights the trends in drug and alcohol use in Western Australia from the most recent surveys (NDSHS 2007, ASSAD 2008 and AODTS-NMDS 2007/08).

Alcohol

Daily alcohol consumption has remained stable in Western Australia since 2004 (10.1% and 9.8% in 2007). However, there were differences in daily alcohol consumption between genders. Males aged 14 years and over who consumed alcohol daily decreased in 2007 (12.8%) compared to 2004 (14.8%). In contrast, the proportion of females aged 14 years and over who consumed alcohol daily increased in 2007 (6.9%) compared to 2004 (5.6%).

Females' (aged 14 years and over) consumption of alcohol increased their risk of harm in the long-term in 2007 (12.3%) compared to 2004 (9.9%); whilst males aged 14 years and over decreased their risk of harm in the long-term in 2007 (10.7%) compared to 2004 (13.0%). Western Australians aged 20–29 years were more likely to consume alcohol at risk of long-term harms compared to any other age groups (19.9%).

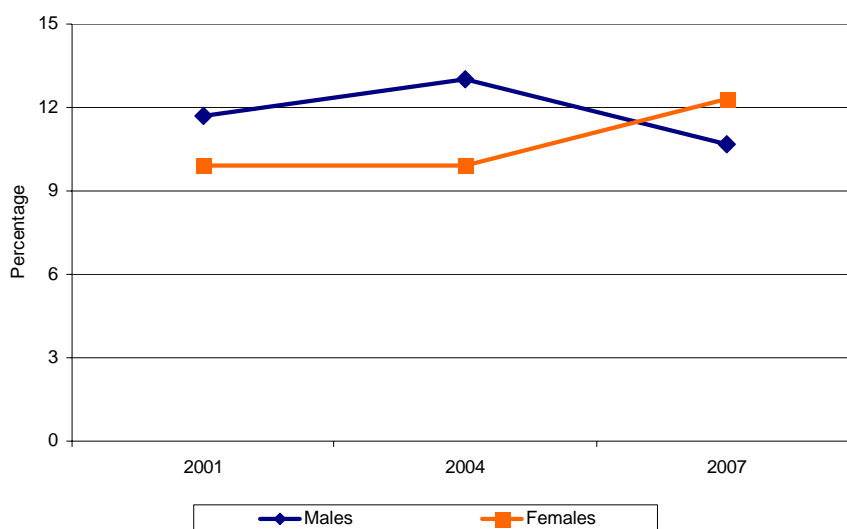


Figure 1. Percentage of Western Australia population aged 14 years and over engaging in long-term risky drinking behaviour, by gender, 2001–2007

Males aged 14 years and over who consumed alcohol at risk of harm in the short-term also decreased in the 2007 survey (41.3%) compared to the 2004 survey (44.7%); whilst females aged 14 years and over who consumed alcohol at risk of harm in the short-term remained stable between the survey years (33.0% in 2007 and 33.7% in 2004).

The 2008 ASSAD survey reported a significant decrease in the number of school students aged 12–17 years who consumed alcohol in the week prior to the survey (23.6%) compared to the 2005 survey (28.9%). Of those who drank in the week prior to the survey, the number of school

students aged 12–17 years who drank at risky levels of harm decreased in 2008 (24.3%) compared to the 2005 survey (26.9%). This decrease was seen for both males and females.

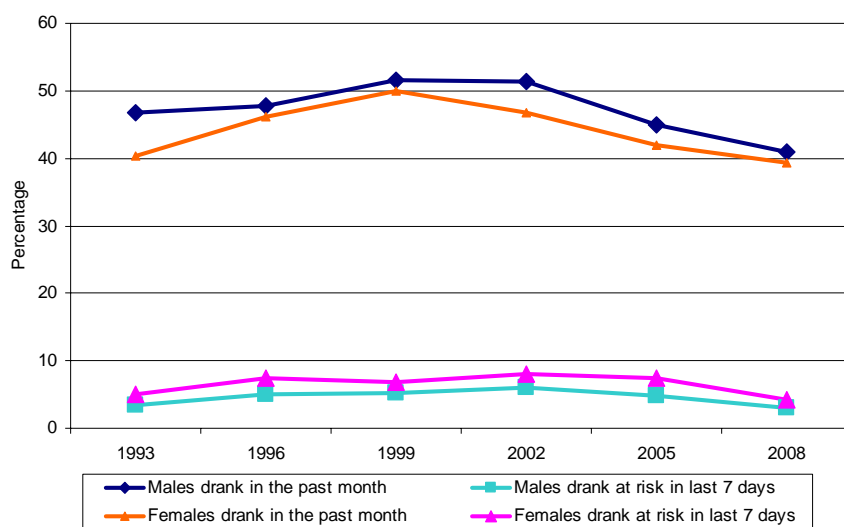


Figure 2. Percentage of Western Australia school students aged 12–17 years who consumed alcohol in the month prior to the survey and those who drank 'at-risk' levels, by gender, 1993–2008

In 2007-08, alcohol was the most common principal drug of concern for closed treatment episodes in Western Australia (41%; Australia 46%). When all other drugs of concern were considered, 57% of closed treatment episodes included alcohol. Forty-one per cent of alcohol closed treatment episodes included at least one other drug of concern; 36% for cannabis, 21% for nicotine, and 20% for amphetamines. The median age of a client seeking treatment for alcohol as a principal drug of concern was 34 years of age.

These surveys show a decrease in alcohol consumption by Western Australian males, while Western Australian females either continue to drink at similar or increased levels. DAO runs the *Alcohol. Think Again* education campaign which aims to reduce the level of alcohol-related harm by changing the drinking culture in Western Australia. Empirical research has demonstrated that it can be difficult to engage in responsible drinking if alcohol intoxication is a social norm. Changing the community's acceptance of drunkenness, related harms, and the normalisation of alcohol use as a part of everyday life are important factors in creating a less harmful drinking culture. One of the strategies of the *Alcohol. Think Again* campaign, launched in May 2010, was to highlight the long-term consequences of harmful drinking and, in particular, the increased risk of a range of alcohol-caused cancers.

Amphetamines and ecstasy

In 2007, the Western Australian prevalence of 'past year' amphetamine use was almost twice as high as the national figure (4.2% and 2.3% respectively). Recent ecstasy use in Western Australia was higher (4.1%) than the national level (3.5%). Western Australian males aged 14 years and over were more likely to use amphetamines (4.5%) than females aged 14 years and over (4.0%), whereas females were more likely to use ecstasy (4.2%) than males (3.9%). Western Australians aged 20–29 years were most likely to use amphetamines (13.6%) or ecstasy (13.5%) in the last year compared to other age groups.

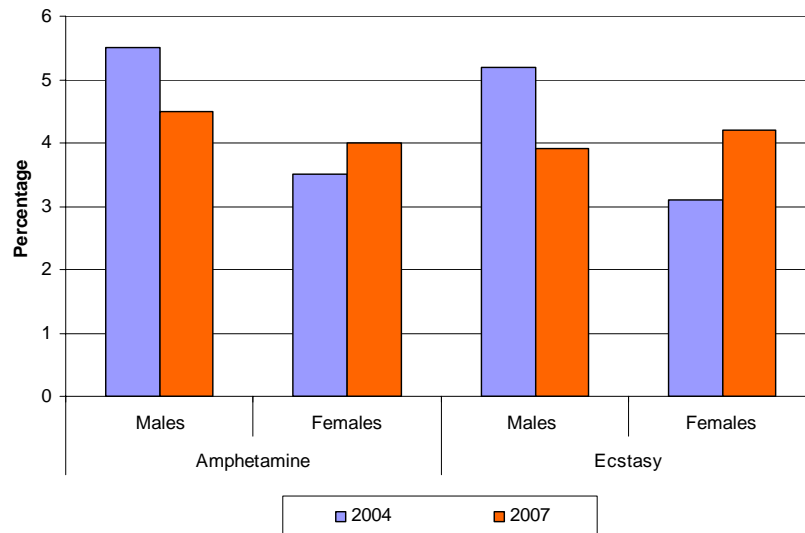


Figure 3. Percentage of Western Australia population aged 14 years and over who reported using either amphetamines or ecstasy in the twelve months prior to the NDSHS, by gender, 2007

In 2008, 2.9% of Western Australian school students aged 12–17 years reported using amphetamines for non-medical purposes in the last month. Males were more likely to use amphetamines than females (3.3% and 2.4% respectively). Nearly 15% of school students expected to have a “good” or “really good” experience from using amphetamines whilst 78.0% thought it was “a little” or “very dangerous” to smoke amphetamines once or twice. The use of amphetamines has been decreasing since 1999 from 6.1% to 2.9% in 2008. However, the use of ecstasy has been stable during the same period.

In the 2008 ASSAD survey, 2.4% of school students reported using ecstasy in the last month. Males were more likely to use ecstasy in the month prior to the 2008 survey compared to females (2.8% and 2.1% respectively). Four out of five school students (81.0%) thought it was a little or very dangerous to use ecstasy once or twice; however, 16.2% thought that ecstasy could provide a good or really good experience when taken.

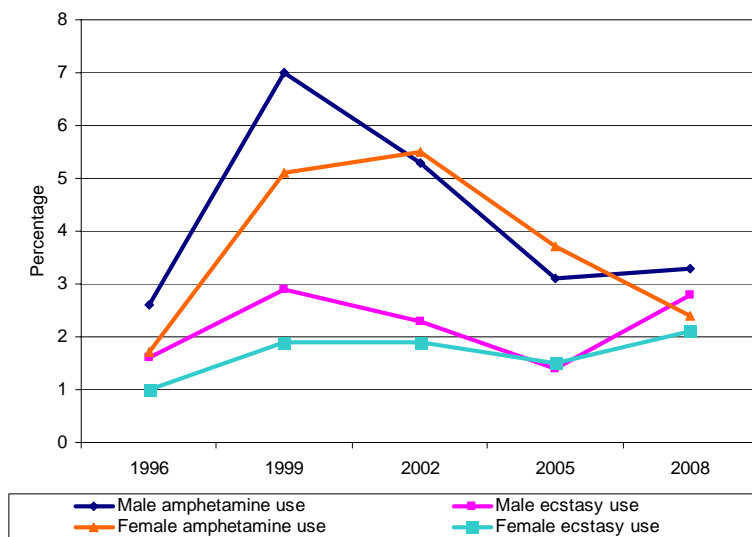


Figure 4. Percentage of Western Australian school students aged 12–17 years who reported using either amphetamines or ecstasy in the month prior to the ASSAD survey, by gender, 2008

Amphetamines were the second most common principal drug of concern for which treatment was sought in Western Australia. Amphetamine closed treatment episodes were higher in Western Australia (26%) compared to the national figure of 11%. Amphetamines were reported in 39% of all episodes (as either the 'principal' or 'other' drug of concern. The majority of clients seeking treatment for amphetamine use were male (66%) and the median age was 28 years. Injecting was the most common standard method of use (71%), followed by smoking (20%) and ingestion (6%) in Western Australia.

In 2007-08, 0.6% of closed treatment episodes were for ecstasy as the principal drug of concern compared to 0.9% nationally.

The decrease in amphetamine use in Western Australia was an improvement but the prevalence is still higher than national figures. DAO continues its initiatives to work towards decreasing supply and demand. A new *Drug Aware* campaign is being developed in 2010 to reduce the uptake and frequency of ecstasy and amphetamine use by young people aged 12–24 years. The proportion of ecstasy users accessing treatment is low. The new *Drug Aware* campaign aims to increase the awareness of ecstasy-related harms and encourage users to access support within the community.

Cannabis

Cannabis is the most common illicit drug used in Australia. Nearly one in ten Australians (9.1%) and 10.8% of Western Australians reported using cannabis in the twelve months prior to the 2007 NDSHS. Western Australian males were more likely to have recently used cannabis (13.3%) compared to females (8.4%). Cannabis use in the last year has been decreasing in Western Australia since 2001 (17.5%) with those aged 20–29 years reportedly using more (26.5%) than other age groups. One in three males (32.7%) and one in five females (19.9%) aged 20–29 years have used cannabis in the last year compared to nearly one in ten males and females aged 14 years and over.

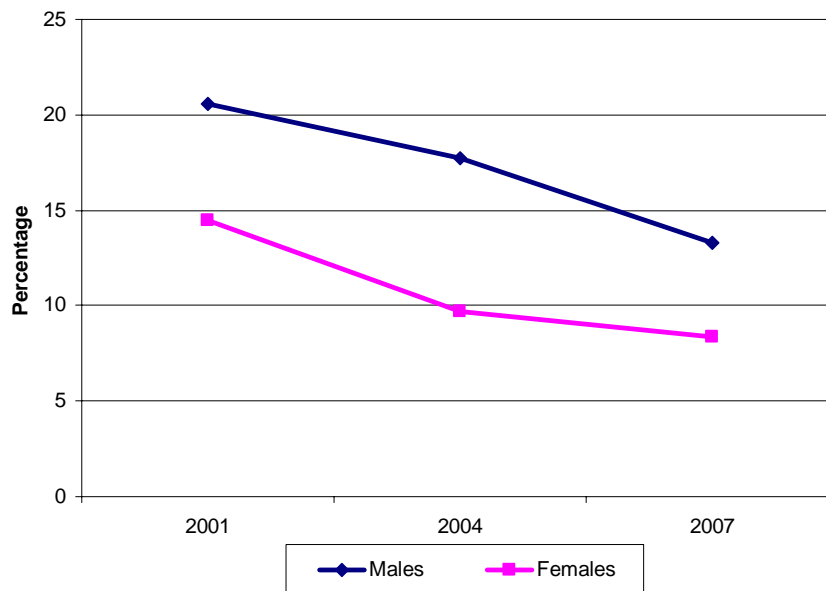


Figure 5. Percentage of Western Australia population aged 14 years and over who reported using cannabis in the twelve months prior to the NDSHS, by gender, 2007

Nearly 8% of Western Australian school students aged 12–17 years used cannabis in the month prior to the 2008 ASSAD survey. Males were more likely to use (8.4%) compared to females (7.2%). In 1996, nearly one in four (23.6%) school students aged 12–17 years used cannabis in the last month. This has significantly decreased over the years to less than one in ten (7.8%) in 2008. One in three (31.8%) school students aged 12–17 years believed they would have a “good” or “really good” experience from using cannabis; whilst three out of four (76.5%) school students

thought it was “a little” or “very dangerous” to smoke cannabis once or twice. 80.7% of school students reported being concerned if their friends used cannabis.

In Western Australia, cannabis was the third most common principal drug of concern for which treatment was sought, accounting for 14% of closed treatment episodes in 2007–08. This prevalence was lower than the national figure of 22%. When all drugs of concern were considered (principal and other drugs of concern nominated by the client), 39% of episodes included cannabis. Fifty-seven percent of closed treatment episodes for cannabis included at least one other drug of concern; 39% for alcohol, 24% for amphetamines, and 16% for nicotine. The majority of clients were male (72%) and the median age was 24 years old.

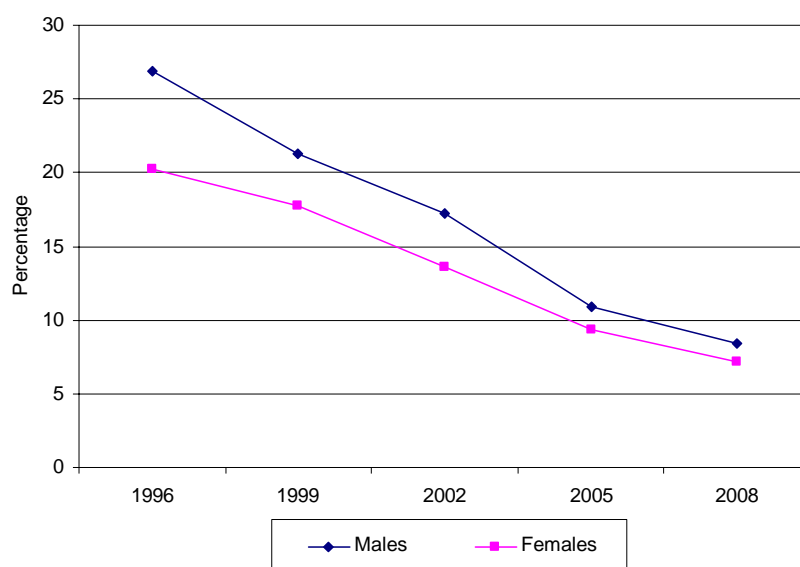


Figure 6. Percentage of Western Australian school students aged 12–17 years who reported using cannabis in the month prior to the ASSAD survey, by gender, 2008

Although cannabis use has declined over the past ten years, it remains the most widely used illicit drug in Western Australia. There is increasing evidence related to the negative health effects of cannabis and a range of strategies are being implemented to support a continued reduction in cannabis use.

The Government intends to repeal the *Cannabis Control Act 2003* and introduce more stringent measures to address cannabis use through the amendment of the *Misuse of Drugs Act 1981* and *Young Offenders Act 1994*. Areas of focus need to include:

- targeting young people to prevent and delay cannabis use
- strengthening legislation so it is more effective as a deterrent and in ensuring formal consequences
- undertaking public education campaigns on the harms associated with use and the changes resulting from the repeal of the *Cannabis Control Act 2003*
- expanding treatment services to support amendments to the *Misuse of Drugs Act 1981* and *Young Offenders Act 1994* with an emphasis on regional areas
- developing culturally secure cannabis interventions and resources to promote increased access to services for Aboriginal people.

Agency Priorities 2010/11

In support of the *Drug and Alcohol Interagency Strategic Framework for Western Australia 2010-2015*, and to address a range of existing and emerging drug and alcohol issues, DAO has identified a number of priorities for 2010/11. These are summarised below in the respective key strategy areas of the Framework. These will be addressed in addition to the core activities of DAO.

Focusing on prevention

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

- Continue implementation of the *Alcohol. Think Again* Campaign with particular emphasis on alcohol-caused cancer and reducing the community's tolerance of alcohol related issues.
- Encourage supportive environments that discourage drug use and harmful use of alcohol in partnership with relevant agencies/groups.
- Provide targeted support for local alcohol and drug issues in the Kimberley, Pilbara, Midwest and Southwest to continue reducing alcohol related harm in regional areas.
- Continue to focus on volatile substances through implementation of relevant recommendations of the Butane Taskforce and other actions such as the dissemination of a parents' booklet on volatile substance use for both the general community and the Aboriginal community.
- Commence the Statewide Aboriginal Fetal Alcohol Spectrum Disorder Prevention Program which includes development of culturally secure resources, regional awareness campaigns and workforce development to support individuals, families, professionals and communities.

Intervening before problems become entrenched

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

- Implement the new cannabis intervention sessions statewide following the proposed repeal of the *Cannabis Control Act 2003* and proposed amendments to the *Misuse of Drugs Act 1981* and the *Young Offenders Act 1984*.
- Expand the *Drug Aware* program to include community education campaigns and intervention programs, such as the Night Venues and Entertainment Events Project, and to also focus prevention efforts, in relation to early intervention on amphetamine use, to reduce the use of ecstasy.
- Promote the Alcohol and Drug Information Service (ADIS) as a key point of information and referral for GPs, health services and alcohol and drug services and how the service can support clients through call-back services.
- Further develop and consolidate the WA Diversion Program to engage juvenile and adult offenders at all stages of the criminal justice system.
- Ensure treatment is available to people who are subject to the proposed early intervention pilot project that will target underage drinkers and their families.
- Conduct workforce development training programs to prevent and reduce amphetamine-related harm; disseminate the manual and DROPPED DVD resource to respond to amphetamine intoxication and heroin overdose (from a peer perspective) and disseminate a new DVD demonstrating national clinical guidelines in responding to psycho stimulant toxicity and psychosis from a Police, Ambulance and Emergency Department perspective.

- Commence a new outreach program to increase culturally secure services in the Metropolitan Area Health regions for prevention and treatment (a part of Closing the Gap in Aboriginal Health Outcomes).

Strong law enforcement approaches

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

- Continue monitoring liquor licence applications and assist the Executive Director of Public Health in liquor licensing matters to reduce harm or ill-health that may occur due to the use of alcohol.
- Support the *Cannabis Law Reform Bill 2009* to criminalise cannabis possession and cultivation and provide a mandatory intervention session for both adult and juvenile minor cannabis offenders.
- Ensure availability of treatment programs for clients who are subject to the Government's proposed Repeat Drink Driving Legislation.

Effective treatment and support services

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

- Improve access to drug and alcohol treatment services and implement best practice admission, assessment and client management processes and coordinated care.
- Continue to review and enhance partnerships and clinical pathways with mental health services, Department for Child Protection, regional health services, hospitals and alcohol and drug treatment services.
- Support and develop Aboriginal drug and alcohol services and staff, and promote and support culturally respectful and secure practice in mainstream drug and alcohol services.
- Implement initiatives to target illicit drug related harm, including development and dissemination of new resources for health, welfare and peer support groups on responding to amphetamine and heroin intoxication and overdose.
- Develop and implement effective partnerships and clinical pathways with the Department of Health and pain management services to address prescription opioid use.
- Promote the Parent Drug Information Service (PDIS) as a key point of information and referral into the drug and alcohol sector for parents concerned about their children's substance use.
- In collaboration with the Department of Health's Pharmaceutical Branch, implement and evaluate the Clinical Program for Opioid Pharmacotherapy (CPOP) Pharmacist Online Training Package designed for community pharmacists delivering opioid pharmacotherapy treatment.
- Work in partnership with the Australian Government and the Office of Aboriginal and Torres Strait Islander Health (OATSIH) to ensure optimal and coordinated resourcing and service delivery. Initiatives in the year ahead will include:
 - further development of the Ngnowar Aerwah Residential Rehabilitation service
 - support of the development of a residential rehabilitation service in South Hedland
 - support of initiatives related to the Council of Australian Governments (COAG) Indigenous Reform program.

- Consolidate and further develop integrated drug and alcohol services including the specialist integrated youth service.
- Conduct reviews and develop service delivery guidelines and benchmarks to improve drug and alcohol treatment service provision and maximise the effective use of existing resources to meet changing community needs.

Strategic coordination and capacity building

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

- Launch of the *Drug and Alcohol Interagency Strategic Framework for Western Australia 2010-2015* and supporting plans that will guide the across-government strategic direction in addressing drug and alcohol related problems in Western Australia for the coming years.
- Improve the drug and alcohol sector's ability to evaluate and target its services through the implementation of the Services Information Management System (SIMS) in treatment services funded or provided by DAO.
- For Aboriginal workers, customise and develop the nationally recognised Certificate IV in drugs and alcohol to be culturally secure and include skill development in the management of co-occurring drug and alcohol and mental health problems and continue to provide the Certificate III course.
- Provide input into the Inquiry by the Education and Health Standing Committee into Prevention and Treatment Services for Alcohol and Illicit Drug Problems in Western Australia.
- Coordinate and contribute activity and information across government through the Inter-governmental Committee on Drugs and Ministerial Council on Drug Strategy.
- Contribute to national agendas relating to drugs and alcohol and the broader national health reform processes.
- Progression of the development of youth-specific working groups, within DAO and the agencies represented on the Senior Officer Group, to support a more coordinated response to young people and alcohol and drug use in Western Australia.
- Release a number of reports on prevalence of drug use, trends over time and linkages with other relevant data such as crime, including the results of the Australian Secondary Schools Alcohol and Drug (ASSAD) survey and a comprehensive report on the National Drug Strategy Household Survey trends.
- Commence the 2011 ASSAD Survey as part of the national survey.
- Participate in the Inter-governmental Committee on Drug Strategy Drug and Alcohol Clinical Care and Prevention project to develop a national population-based model for drug and alcohol service planning.
- Progress on-line learning for drug specialist and mainstream sectors and launch and disseminate a CD on drug issues for culturally and linguistically diverse agencies.
- Continue collaborative work and formal partnership with the Department of Corrective Services to provide a range of education and training programs for entry level prison officers; community based corrective service officers; juvenile justice officers based in the metropolitan and regional areas of Western Australia.
- Collaborate with the Mental Health Commission and mental health services to provide and evaluate a range of workforce development activities to respond to the needs of people with co-occurring mental health and drug and alcohol problems in the alcohol and other drug and the mental health sectors.

- Develop and conduct the *17th Alcohol and Other Drug Symposium* in collaboration with Curtin University of Technology; Edith Cowan University; Murdoch University, Notre Dame, WANADA and Healthway.
- Extend the Aboriginal blood-borne virus project to various regional areas, as well as the Perth metropolitan area, to deliver training to Aboriginal Health workers and other health professionals that work with Aboriginal people who inject drugs. The training will provide extra skills to these workers to assist them in harm reduction strategies to reduce the transmission of blood-borne viruses as well as reducing harm to themselves, their family and the community, from injecting drug use.
- Conduct a preliminary costing study into alcohol-related costs to local government.
- Assist WANADA to identify and implement strategies to develop and enhance leadership and management skills of the drug and alcohol sector.

Operational Structure

Enabling Legislation

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

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

Responsible Minister

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

What we do

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

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

Vision

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

Values

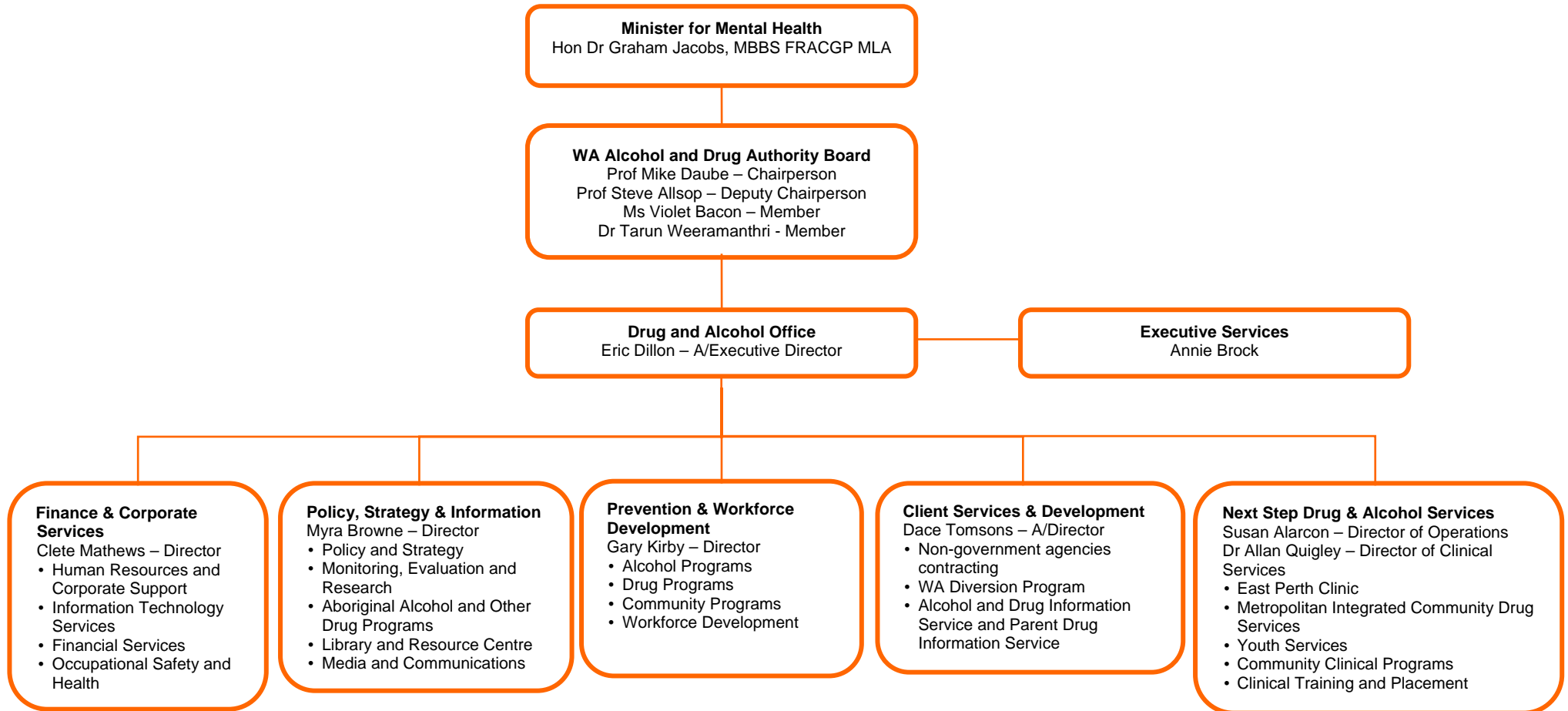
The values of DAO are:

- **Respect**
Respectful in our behaviour towards our clients, communities and our colleagues.
- **Integrity**
Honest and genuine in our actions and words.
- **Open and accountable**
Inclusive 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 2010.

Organisational Structure as at 30 June 2010



Board of Authority

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

Members of the Board

Professor Mike Daube - Chairperson

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

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

Professor Steve Allsop – Deputy Chairperson

Director, National Drug Research Institute

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

Ms Violet Bacon - Member

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

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

Dr Tarun Weeramanthri - Member

Executive Director, Public Health Division, Department of Health

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

The current Board membership as at 30 June 2010 is summarised in the table below:

Western Australian Alcohol and Drug Authority Board Membership 2009/10			
Member	Position	Start	End
Mike Daube	Chairperson	January 2002	31 December 2010
Steve Allsop	Deputy Chairperson	January 2008	31 December 2010
Violet Bacon	Member	January 2005	31 December 2010
Tarun Weeramanthri	Member	April 2008	31 December 2010

The Board convened on six occasions during 2009/10. A total of \$13,519 gross was paid in remuneration. In accordance with Government policy, Board members who are public sector employees are not paid additional remuneration for sitting on the Board.

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

Senior Officers

Senior Officers of DAO as at 30 June 2010.

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

Pecuniary Interests

Senior Officers declared no pecuniary interests during 2009/10.

Agency Performance

Key achievements to meet the organisational priorities of the Drug and Alcohol Office (DAO) are outlined under the relevant Directorate.

Policy, Strategy and Information Directorate

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

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

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

Policy and Strategy

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

Highlights for 2009/10

- Developed the *Drug and Alcohol Interagency Strategic Framework for Western Australia 2010-2015*. The Framework provides a guide for government and other stakeholders, including non-government agencies and the community, to counter drug use and harmful alcohol consumption and recognises the need to respond in a coordinated way to existing problems. The Framework is underpinned by two core elements: first, the primary focus of prevention: preventing drug use and harmful alcohol consumption; preventing supply; and preventing harms to individuals, families and communities; and second, providing support to those who need it.
- Coordinated the Western Australian Drug and Alcohol Strategic Senior Officers' Group. The Group consists of senior representatives from the key human and social services State Government departments to coordinate and guide government sector strategy, development and implementation of drug and alcohol policy and services in Western Australia.
- Assisted the Parliamentary Education and Health Standing Committee with the *Inquiry into treatment and prevention services for drug and alcohol problems in Western Australia*. Prepared comprehensive submissions, discussion papers and presentations to inform the Inquiry.
- Together with the Mental Health Commission, coordinated the WA Collaboration for Substance Use and Mental Health to plan, progress and evaluate initiatives aimed at providing an accessible, integrated, comprehensive and continuous system of care to people who experience both substance use and mental health problems.
- Supported the repeal of the *Cannabis Control Act 2003* and the introduction of the *Cannabis Law Reform Bill 2009* to Parliament to criminalise cannabis possession and cultivation and provide a mandatory treatment intervention session for both adult and juvenile minor cannabis offenders.

- Successfully applied for funding of \$2.2 million over four years to develop statewide Aboriginal Foetal Alcohol Spectrum Disorder prevention initiatives through the Council of Australian Governments (COAG) Closing the Gap Indigenous Early Childhood Development National Partnership. The Promoting Healthy Women and Pregnancies project will commence in July 2010.
- Approval for funding of \$2.8 million over four years through the COAG Closing the Gap process to strengthen the range of drug and alcohol service responses for Aboriginal people, their families and communities in both the North and South Metropolitan Area Health regions. The project will increase access to culturally secure drug and alcohol services by establishing up to seven Aboriginal FTE positions in treatment and support services, prevention, early intervention and workforce development.
- Provided policy advice, reporting and the review of activities and outcomes related to state and national strategies including the Inter-governmental Committee on Drug Strategy and the Ministerial Council on Drug Strategy.
- Published the quarterly drug and alcohol sector newsletter *Drugspeak* in partnership with the WA Network of Alcohol and Drug Agencies (WANADA).
- Continued to support communication, media and public relations activities.
- Implemented workplace initiatives such as the *Working@DAO* intranet site to assist staff and the *Green Team* to make DAO an environmentally friendly workplace.

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 conducts research at a local and state level as well as monitoring international, national and state research projects.

The Branch also produces a wide range of publications in both hard copy and electronic format.

Highlights for 2009/10

- In collaboration with the Cancer Council Victoria and the Tobacco Control Branch of the Department of Health, MER analysed the Western Australian component of the 2008 Australian School Student Alcohol and Drug (ASSAD) survey and produced publications. Planning for the 2011 ASSAD survey has commenced.
- Provided useful and timely information on drug and alcohol trends and activities relevant to Western Australia through brief publications such as *Pulsecheck* and *FastFacts*.
- Received external funding to design a comprehensive drugs and crime indicator resource to collate major data sources for secondary analysis. This project investigated the strength of associations between drug-related indicators and their relationship to the prevalence of reported crime.
- Continued to participate in the Alcohol and Other Drugs Treatment Services National Minimum Data Set (AODTS-NMDS) Working Group to maintain and enhance data collection. This project is in collaboration with the Australian Institute of Health and Welfare.
- Conducted and completed the Substantive Equality Project. This project evaluated the East Perth Aboriginal Withdrawal Unit under the new State Government's *Policy for Substantive Equality Framework*. The project assessed client, staff and stakeholder opinions of accessibility for Aboriginal people seeking drug and alcohol withdrawal services; as well as assessing the withdrawal service's policy and procedures for any systematic discrimination.
- Established formal agreements with other state and interstate governments for interagency collaboration to allow access to relevant data to monitor drug and alcohol indicators.
- Presented several papers at state, national, and international conferences (see Appendices One, Two and Three).

Aboriginal Alcohol and Other Drug Programs

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

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

Highlights for 2009/10

- Developed the *Strong Spirit Strong Mind – Western Australian Aboriginal Alcohol and Other Drugs Framework*. The overarching Framework will provide guidance to key stakeholders in delivering culturally secure programs and Aboriginal ways of working across the key strategic priority areas of the *Drug and Alcohol Interagency Strategic Framework*.
- Conducted three intakes of the Aboriginal Alcohol and other Drug Worker Training Program, *CHC30108 Certificate III in Community Services Work*. Ten participants (7 males and 3 females) graduated in April 2010. The training participants were employed in a number of agencies from across the drug and alcohol sector ranging from community controlled, non-government and government services in the Kimberley, Goldfields, Gascoyne/Murchison, Wheatbelt and metropolitan regions.
- Received new three-year funding from the Commonwealth Department of Health and Ageing in 2009/10 to extend the Indigenous National Alcohol and other Drug Workforce Development Program into its third phase. DAO continues to be responsible for national coordination of the program and for the delivery of the *CHC30108 Certificate III in Community Services Work (Alcohol & Other Drugs)*, working with partner jurisdictions Northern Territory, Queensland and South Australia.
- The *Strong Spirit Strong Mind, Ways of Working with Aboriginal People* training program continues to be in great demand and additional programs were provided to accommodate the high number of registrations. A total of 186 participants attended from metropolitan, regional and remote locations. In addition, there were a range of other programs delivered including "Working with Aboriginal amphetamine-using clients and blood-borne viruses" and "Foetal alcohol spectrum disorder and its impact on Aboriginal communities".
- Over 100 delegates attended the *2010 WA Aboriginal Alcohol and other Drug Worker Forum* in May 2010, representing community controlled, non-government and government services from remote, regional and metropolitan regions. The aim of the forum was for Aboriginal drug and alcohol workers to network, up-skill their professional knowledge and contribute to consultative processes and workshops.
- Commenced a three-year project in July 2009 to create enabling environments for blood-borne virus prevention strategies for Aboriginal people who inject drugs. The *Aboriginal Blood-Borne Virus Prevention Capacity Building Project*, funded by the Department of Health Sexual Health and BBV Program, aims to improve the knowledge, understanding and capacity of the Aboriginal Community Controlled Health Organisations sector and other drug and alcohol Aboriginal and mainstream health service providers to respond to BBV issues.
- Developed new *Strong Spirit Strong Mind* resources for the program, including booklets, a training DVD and flipcharts about hepatitis C to support health workers and the Aboriginal community.

Library and Resource Centre

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

Highlights for 2009/10

- Continued provision of 24-hour access to library resources including online journals to all DAO staff via the DAO website and selective dissemination of information to staff in areas of strategic priority.
- Delivered a range of regular electronic alerts to staff such as journal contents pages; Web-Watch; *Have you seen that report?*; new resources; and upcoming conferences to staff.
- Continued provision of information to tertiary students.

Prevention and Workforce Development Directorate

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

Prevention Branch

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

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

Alcohol Program

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

Highlights for 2009/10

- Launched the new phase of the *Alcohol. Think Again* campaign aimed at raising awareness of the consequences of long-term harmful drinking, including alcohol-caused cancer and other diseases. The campaign also aimed to raise awareness of how to stay at low risk of alcohol caused disease by increasing awareness of the *Australian Guidelines to Reduce Health Risks from Drinking Alcohol*. The campaign used television, print, convenience and targeted unpaid media strategies.
- Managed a total of 18 *Alcohol. Think Again* sponsorships including a major multi-year sponsorship deal with the state's key basketball team, the Perth Wildcats. The Wildcats follow on from West Coast Fever as a major sports team promoting the *Alcohol. Think Again* message. This sponsorship has provided many positive outcomes including implementing Healthway's new co-sponsorship policy; in line with Healthway's new strategic direction.
- 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 2009 and 30 June 2010, of the 308 liquor licence applications received, 216 (70.1%) were considered to possibly pose a risk of harm and warranted investigation. During this period 74 interventions were lodged by the EDPH. Of the 74 interventions:
 - 11 fully opposed the application
 - 12 fully opposed the application and recommended imposing harm minimisation conditions, if the application was granted
 - 2 partly opposed the application
 - 3 partly opposed the application and recommended harm minimisation conditions
 - 8 made representations
 - 38 made representations and recommended conditions.

During the same period there were 43 decisions received that related to interventions lodged by the EDPH. Of the decisions received 24 were successful interventions, seven were partially successful, 11 were considered to be a loss, and one was neither successful or a loss due to withdrawal of the application.

Drug Program

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

Highlights for 2009/10

- Developed and implemented the 2009/10 *Drug Aware* Amphetamine Prevention Campaign, *Drug Aware* Drug Driving Campaign and the Night Venues and Entertainment Events Campaign. The campaigns utilised visual and informative mediums such as television, viral video, print, convenience advertising and targeted unpaid media strategies to communicate prevention and education messages to young people, and people attending events and licensed premises to engage the target group in high-risk environments, when they are more predisposed to the message.
- A total of 21 sponsorships complemented the *Drug Aware* Campaign schedule in 2009/10, the highlight being the *Drug Aware* Pro surfing event in Margaret River. A range of promotions leading up to the event strengthened the *Drug Aware* campaign message, with a focus on the Amphetamines Campaign.
- Implementation of the Night Venues and Entertainment Events observational assessments in regional areas including the Kimberley, Pilbara, Midwest and Southwest.
- Established 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 is to develop an ongoing events safety strategy to prevent drug and alcohol related harm at events, for implementation during the summer 2011/12 festival period.

Community Program

The Community Program area supports communities to identify and address drug and alcohol related harms at a state, regional and local level. This is achieved through:

- targeted capacity building for community and agencies
- establishing and maintaining state, regional and local networks
- leading the development of alcohol management plans across the state
- advocating for targeted funding opportunities
- supporting the development of localised initiatives to address localised problems.

Highlights for 2009/10

- Establishment and ongoing coordination of local alcohol management committees, and implementation of regional alcohol management strategies and other prevention initiatives in Fitzroy Crossing, Halls Creek, West Pilbara (area covering towns in the Shire of Roebourne and the Shire of Ashburton), Carnarvon, Mullewa, Dongara and Morawa as part of a comprehensive approach to tackling drug and alcohol problems.
- A quantitative report on the impact of liquor restrictions after 24 months in the Fitzroy Valley is being prepared. A formal evaluation of the impact of liquor restrictions after 12 months in Halls Creek is underway.
- Initiated the development of the South West regional alcohol management planning process by conducting the South West Regional Alcohol Management Forum.
- Continued support and assistance was provided to other Western Australian communities acting to reduce alcohol-related problems through capacity building opportunities, resource development and regular liaison with key stakeholders and service providers.

Workforce Development Branch

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

Key strategies include the provision of and support for:

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

The core functions of Workforce Development Branch are:

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

Highlights for 2009/10

- Conducted 119 training events for 2,179 participants. This included partnerships with key mainstream organisations including the Department for Child Protection (4 events, 42 participants); Department of Corrective Services (19 events, 342 participants) and Mental Health Division (24 events, 348 participants) to enhance their capacity to respond to drug and alcohol issues.
- In consultation with the Workforce Development Reference Group, conducted two Training@DAO calendars. This included a calendar of training events on co-morbidity, in partnership with the Mental Health Commission, and a training calendar on working with families.
- Disseminated the DROPPED DVD and training manual, a resource for health, welfare and peer support groups on responding to amphetamine intoxication and heroin overdose.
- In collaboration with the Western Australian Country Health Service (WACHS), designed, developed, and implemented e-learning courses on alcohol brief interventions.
- In consultation with WANADA and the Workforce Development Reference Group, conducted a drug and alcohol workforce survey which captured demographics, workforce development needs and use of technology related to professional development.
- Developed and disseminated a parents' resource about solvent use.
- Developed and conducted a range of training programs for the drug and alcohol sector including induction, co-morbidity and working with families and young people.
- Conducted the annual Volunteer Alcohol and Drug Counsellors' training program, in partnership with the National Drug Research Institute. Eighteen volunteers from this program were awarded a *Certificate IV in Alcohol and Other Drugs* work from the Central Institute of Technology.
- Organised the 17th Western Australian Drug and Alcohol Symposium, "Hope, Hype or Hard Evidence? Alcohol and Other Drugs Practice in the New Millennium". This was in collaboration with WANADA, Curtin University of Technology, Edith Cowan University, Murdoch University, the University of Notre Dame Australia and Healthway.

Client Services and Development Directorate

The Client Services and Development Directorate is responsible for providing resources to agencies statewide to ensure a diverse range of treatment and support services are available in order to improve community access to drug and alcohol treatment, support and prevention services. The core function of this area is to assist in the development of new services and to negotiate, manage, monitor, and resource contractual arrangements (primarily service agreements) with a range of external non-government and government service providers. In 2009/10 the focus for the branch was:

- expansion of the partnerships and collaborative arrangements that have enhanced coordinated service delivery and access to services for clients
- roll out of the initiatives to ensure continuous quality improvement of service delivery and that services reflect changing community needs and priorities.

Highlights for 2009/10

- Supported DAO's Prevention Branch in the rollout of Alcohol Management Plans, primarily in the Kimberley.
- Worked with the Department of Corrective Services and the drug and alcohol sector to identify service needs and optimise current service delivery for corrective services clients.
- Continued to implement initiatives that support and strengthen families and protect children through implementation of local partnerships between local child protection and drug and alcohol services; collaboration with the Department for Child Protection to provide comprehensive workforce development programs for workers; and the implementation of a Family Inclusive Workforce Development training calendar to develop skills to work more effectively with families.
- Continued partnerships and clinical pathways with mental health services, regional health services, hospitals and drug and alcohol treatment services to provide coordinated care for clients.
- In collaboration with the Aboriginal Programs Branch, continued to support and develop Aboriginal drug and alcohol services and staff, and promote and support culturally respectful and secure practice in mainstream drug and alcohol services.
- Worked in partnership with the Australian Government and the Office of Aboriginal and Torres Strait Islander Health to ensure optimal and coordinated resourcing and service delivery. Initiatives included:
 - Completion of capital works to redevelop the Ngnowar Aerwah Residential Rehabilitation service.
 - Supported activities to develop a residential rehabilitation service in South Hedland.
 - Supported the COAG Indigenous Reform program.
- In conjunction with WANADA and the drug and alcohol sector:
 - Developed and implemented a leadership and management program to enhance the capacity of drug and alcohol workers.
 - Commenced development of culturally secure accreditation standards and a supporting implementation mechanism for the Indigenous specific and mainstream Western Australian drug and alcohol sector.
 - Initiated development of service level guidelines for the drug and alcohol sector to ensure existing resources are optimally employed to deliver value for money and excellent outcomes.
- Developed and implemented the Services Information Management System (SIMS) in drug and alcohol treatment services funded or provided by DAO.
- Provided input into the Inquiry by the Education and Health Standing Committee into the *Adequacy and Appropriateness of Prevention and Treatment Services for Alcohol and Illicit Drug Problems in Western Australia*.

WA Diversion Program

The WA Diversion Program (WADP) is a Commonwealth funded program that aims to divert offenders with drug use problems into treatment. The initiative consists of a number of police and court diversion programs ranging from brief early intervention through to more intensive treatment regimes.

Highlights for 2009/10

- The number of participants accessing treatment through the WADP increased for the ninth consecutive year.
- An agreement was signed with the Commonwealth to provide treatment to young people as part of an early intervention pilot project targeting underage drinkers and their families.
- Implementation plans continued for the new cannabis intervention statewide regime following the proposed repeal of the *Cannabis Control Act 2003* and proposed amendments to the *Misuse of Drugs Act 1981* and the *Young Offenders Act 1984*.

Alcohol and Drug Information Service

The Alcohol and Drug Information Service (ADIS) provides statewide confidential, anonymous telephone counselling, information and referral services 24 hours a day, 7 days a week. The service is available to anybody concerned about their own or another's alcohol and/or drug use or wanting information on drug and alcohol use and available resources. ADIS operates three helplines: ADIS, PDIS and the Quitline. All staff are professionally trained and qualified to manage calls across all helplines.

Highlights for 2009/10

- Implemented initiatives to target illicit drug related harm, including development and dissemination of new resources for health, welfare and peer support groups on responding to amphetamine and heroin intoxication and overdose.
- Employed a Promotions Project Officer to assist with the promotion of the ADIS and PDIS services to health care professionals statewide.
- Continued growth of the Quitline counselling component with the average monthly tobacco call rate peaking at 300 calls.
- Continued to build partnerships with hospital services to provide call-backs to recently discharged patients. These include Royal Perth Hospital, Sir Charles Gairdner Hospital, Peel Campus and some regional hospitals.
- Provided mentoring to WACHS nurses who have undertaken a Brief Intervention course to use with their patients.

Parent Drug Information Service

The Parent Drug Information Service (PDIS) provides a direct telephone link to trained volunteer parents for parents and carers concerned about their children's drug/alcohol use who specifically want to talk to another parent in a peer capacity. All parents are also offered the option of a callback at a time suitable to them. Peer support is also offered by parent volunteers in adult and children's courts.

Highlights for 2009/10

- Promoted PDIS as a key point of information and referral into the drug and alcohol sector for parents concerned about their children's substance use.
- Celebrated the Parent Volunteer Network's 10th Year of service by holding an awards dinner at Government House in November 2009. Seventy people attended including 45 past and

present PDIS volunteers, the Minister for Mental Health, A/Executive Director of DAO, DAO Board member, Magistrates of the Adult and Children's Drug Courts and drug and alcohol sector representatives.

- Six new volunteers were trained and recruited to the existing pool of 30 volunteers.
- Ongoing training and supervision was provided to the parent volunteers.
- A Project Officer was recruited to support the Coordinator of Clinical and Support Services with the development of parent peer support groups in the community.
- Undertook a strategic review of PDIS services to ensure service is responsive to consumer needs and emerging issues in the drug and alcohol sector.
- Compiled a consumer questionnaire to evaluate the current PDIS provision and surveying drug and alcohol workers for their feedback.
- Continued to support parents involved in the Drug Court .
- Continued involvement in various consumer groups including the Improved Services Reference Group; Integrated Services Reference Group and Next Step Opiate Use and the Family Resource Development Group.

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 services for people experiencing problems associated with their drug and alcohol use, as well as support for families. Clinical placements and research support these activities.

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

Highlights for 2009/10

- Next Step has been re-accredited for a further three years after meeting performance requirements against Quality Improvement Council Health and Community Core Standards and the Alcohol, Tobacco and other Drugs Service Module.

Metropolitan Outpatient Treatment Services

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

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

Highlights for 2009/10

- A hepatitis treatment clinic was established at Next Step East Perth in April 2010. The clinic provides an outpatient assessment and treatment service for Next Step and integrated service clients with hepatitis B and hepatitis C. The clinic operates half day per week and is staffed by a Next Step clinical nurse and doctor and a visiting consultant gastroenterologist from SCGH.
- Integrated sites continue to develop networks with community partners. In the southern corridor this has included Rockingham Hospital, local Mental Health Services and Department for Child Protection. A Memorandum of Understanding was entered into with Ruah south further supporting those clients with high and complex needs. In the northern corridor this has included Department for Child Protection and Mental Health Services.

Inpatient Withdrawal Services

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

Highlights for 2009/10

- Referral pathways continue to be improved between the Unit, emergency departments, mental health services, GPs and the non-government drug and alcohol sector. As a result admission rates remain high and 73% of clients have completed treatment as planned.
- Secured approval for stage 1 of capital works in the Next Step Inpatient Withdrawal Unit. The focus of the work was on upgrading bathrooms, relocating the laundry and store. These renovations will reduce risk and provide patients with a safer environment for inpatient care. In addition a new secure outdoor undercover area has been created, allowing better visibility and improved facilities for clients. The renovations were completed in July 2010.
- The Unit was represented at the Inaugural National Indigenous Drug and Alcohol Conference in Adelaide held 16–18 June 2010. The attendees presented a paper titled “Breaking down the barriers: East Perth Aboriginal Withdrawal Unit”. This presentation outlined the pragmatics of the withdrawal service and how it addresses substantive equality.

- The Unit has commenced a specific ward-based quality improvement group to evaluate and improve processes and practice.

Drug and Alcohol Youth Services

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

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

Highlights for 2009/10

- The Drug and Alcohol Youth Service celebrated 18 months of integration in January. A planning day was held to acknowledge the developments to date and to determine development targets for the next 12 months.
- Ongoing promotion of the DAYS service continued with significant developments including:
 - Involvement in the Youth Dual Diagnosis Working Group with Youth Mental Health Services; Youthlink and Youthreach South. This has resulted in shared case presentations and the development of a joint screening and consultation protocol.
 - Meetings with Bentley Adolescent Unit to develop a Memorandum of Understanding.
 - Quarterly meetings with other youth alcohol and drug services. Achievements include a Youth Drug and Alcohol Services Directory.
 - Referrals from the Aboriginal Alcohol Drug Service and Halo have increased through regular meetings held with these agencies. The service has achieved and continues to experience significant increases in Aboriginal clients accessing the service.

Community Clinical Programs

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

- Clinical Advisory Service (CAS), a 24-hour, seven days a week service that provides advice and support to medical and other health professionals
- management of Community Program for Opioid Pharmacotherapy (CPOP) a statewide network of general practitioners and community pharmacies involved in the provision of opioid pharmacotherapy treatment to over 3,000 clients.

Highlights for 2009/10

- The CPOP Pharmacist Online Training Package, designed for community pharmacists delivering opioid pharmacotherapy treatment, was accessed by over 560 pharmacists. The recently developed online training program is being used as a model for developing an online training program for pharmacists in other states.
- The annual CPOP conference was held on 19 June 2010 and over 100 general practitioners, community pharmacists along with other health professionals including Addiction Medicine Specialists and Pain Consultants attended from across Western Australia. The interstate and local conference speakers included Dr Deborah Zador Clinical Director, Drug and Alcohol NSW Justice Health, Dr Mark Montebello Specialist and Medical Team Coordinator from the Langton Centre, Professor Stephan Shug, Director of Pain Medicine, RPH and A/Professor Gary Jeffrey, Hepatologist from SCGH.
- Links with Department of Corrections Prison Health continue to be improved and this year training was provided to prison nurses involved in the provision of pharmacotherapy treatment to prisoners across the State.

Finance and Corporate Services Directorate

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

Human Resources and Corporate Support

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

Highlights for 2009/10

- Successfully implemented Phase 2 of the Alesco and MyHR human resource management systems.
- Recommended for safety accreditation with Worksafe.
- Continued delivery of occupational safety and health awareness training, with 93% of managers now trained in occupational safety and health hazard identification, risk assessment and injury management in accordance with the Occupational Safety and Health in the Public Sector Code of Practice.
- Updated and continuously reviewed human resources and occupational safety and health policies.
- Finalised and implemented the Risk Management Framework.
- Reviewed and implemented the Equity and Diversity Management Plan.

Information Technology Services

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

Highlights for 2009/10

- Successfully deployed a web-based application to 16 partner Integrated Services agencies.
- Updated and continuously reviewed Information Technology policies.

Financial Services

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

Highlights for 2009/10

- Reviewed new and revised accounting and auditing standards for implementation during the fiscal year.
- Improved quality of monthly financial reporting segments to management identifying budget risks for prompt action in management decision making process.

- Completed the 2009/10 financial year with a balanced budget, including all State and Commonwealth sourced funds.

Disclosure and Legal Compliance

Financial reports

DAO ended the year with a balanced budget and total expenditure of \$52,513,356.

Key performance indicators

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

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

Other requirements

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

Financial Statements

Western Australian Alcohol and Drug Authority Certification of Financial Statements For the year ended 30 June 2010

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 2010 and the financial position as at 30 June 2010.

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.



Joyce Naidoo CA, CPA
Acting Director, Finance and Corporate Services
Drug and Alcohol Office
Western Australian Alcohol
and Drug Authority

10 September 2010



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

10 September 2010



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

10 September 2010



Auditor General

INDEPENDENT AUDIT OPINION

To the Parliament of Western Australia

WESTERN AUSTRALIAN ALCOHOL AND DRUG AUTHORITY FINANCIAL STATEMENTS AND KEY PERFORMANCE INDICATORS FOR THE YEAR ENDED 30 JUNE 2010

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

The financial statements comprise the Statement of Financial Position as at 30 June 2010, and the Statement of Comprehensive Income, Statement of Changes in Equity and Statement of Cash Flows for the year then ended, a summary of significant accounting policies and other explanatory Notes.

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

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

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

Summary of my Role

As required by the Auditor General Act 2006, my responsibility is to express an opinion on the financial statements, controls and key performance indicators based on my audit. This was done by testing selected samples of the audit evidence. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion. Further information on my audit approach is provided in my audit practice statement. This document is available on the OAG website under "How We Audit".

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

**Western Australian Alcohol and Drug Authority
Financial Statements and Key Performance Indicators for the year ended 30 June 2010**

Audit Opinion

In my opinion,

- (i) the financial statements are based on proper accounts and present fairly the financial position of the Western Australian Alcohol and Drug Authority at 30 June 2010 and its financial performance and cash flows for the year ended on that date. They are in accordance with Australian Accounting Standards and the Treasurer's Instructions;
- (ii) the controls exercised by the Authority provide reasonable assurance that the receipt, expenditure and investment of money, the acquisition and disposal of property, and the incurring of liabilities have been in accordance with legislative provisions; and
- (iii) the key performance indicators of the Authority are relevant and appropriate to help users assess the Authority's performance and fairly represent the indicated performance for the year ended 30 June 2010.



COLIN MURPHY
AUDITOR GENERAL
16 September 2010

Western Australian Alcohol and Drug Authority

Statement of Comprehensive Income

For the year ended 30 June 2010

	Note	2010 \$	2009 \$
COST OF SERVICES			
Expenses			
Employee benefits expense	7	18,999,469	17,385,507
Patient support costs	8	27,463,446	29,489,288
Depreciation and amortisation expense	9	314,275	402,173
Loss on disposal of non-current assets	10	14,812	19,237
Repairs, maintenance and consumable equipment	11	501,660	424,650
Other expenses	12	5,219,694	3,362,811
Total cost of services		52,513,356	51,083,666
INCOME			
Revenue			
Commonwealth grants and contributions	13a	511,408	278,146
Other grants and contributions	13b	274,696	457,983
Other revenues	14	206,990	1,969,885
Total revenue		993,094	2,706,014
Total income other than income from State Government		993,094	2,706,014
NET COST OF SERVICES		51,520,262	48,377,652
INCOME FROM STATE GOVERNMENT			
Service appropriations	15	51,071,601	47,838,441
Total income from State Government		51,071,601	47,838,441
SURPLUS/(DEFICIT) FOR THE PERIOD		(448,661)	(539,211)
OTHER COMPREHENSIVE INCOME			
Changes in asset revaluation surplus	25	(557,208)	(1,575,826)
Total other comprehensive income		(557,208)	(1,575,826)
TOTAL COMPREHENSIVE INCOME FOR THE PERIOD		(1,005,869)	(2,115,037)

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

Western Australian Alcohol and Drug Authority

Statement of Financial Position

For the year ended 30 June 2010

	Note	2010 \$	2009 \$
ASSETS			
Current Assets			
Cash and cash equivalents		822,578	469,158
Receivables	16	40,484	173,753
Inventories	18	26,254	20,272
Other current assets	19	30,100	52,064
Total Current Assets		919,416	715,247
Non-Current Assets			
Amounts receivable for services	17	3,309,749	2,903,114
Property, plant and equipment	20	16,419,295	17,003,082
Total Non-Current Assets		19,729,044	19,906,196
Total Assets		20,648,460	20,621,443
LIABILITIES			
Current Liabilities			
Payables	22	1,368,892	961,090
Provisions	23	3,067,115	2,453,658
Total Current Liabilities		4,436,007	3,414,748
Non-Current Liabilities			
Provisions	23	613,859	602,232
Total Non-Current Liabilities		613,859	602,232
Total Liabilities		5,049,866	4,016,980
NET ASSETS		15,598,594	16,604,463
EQUITY			
Contributed equity	24	4,663,939	4,663,939
Reserves	25	13,369,668	13,926,876
Accumulated surplus / (deficit)	26	(2,435,013)	(1,986,352)
TOTAL EQUITY		15,598,594	16,604,463

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

Western Australian Alcohol and Drug Authority

Statement of Change in Equity

For the year ended 30 June 2010

	Note	2010 \$	2009 \$
Balance of equity at start of period		16,604,463	18,719,500
CONTRIBUTED EQUITY			
Balance at start of period	24	4,663,939	4,663,939
Balance at end of period		4,663,939	4,663,939
RESERVES			
Asset Revaluation Reserve	25		
Balance at start of period		13,926,876	15,502,702
Other comprehensive income for the year		(557,208)	(1,575,826)
Balance at end of period		13,369,668	13,926,876
ACCUMULATED SURPLUS / (DEFICIT)			
Balance at start of period	26	(1,986,352)	(1,447,141)
Surplus / (deficit) for the period		(448,661)	(539,211)
Balance at end of period		(2,435,013)	(1,986,352)
Balance of equity at end of period		15,598,594	16,604,463

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 2010

	Note	2010 \$ Inflows (Outflows)	2009 \$ Inflows (Outflows)
CASH FLOWS FROM STATE GOVERNMENT			
Service appropriation		50,664,964	47,369,000
Net cash provided by State Government	27c	<u>50,664,964</u>	<u>47,369,000</u>
Utilised as follows:			
CASH FLOWS FROM OPERATING ACTIVITIES			
Payments			
Employee benefits		(18,311,970)	(17,560,653)
Supplies and services		(32,823,428)	(33,373,444)
Receipts			
Commonwealth grants and contributions		511,408	278,146
Other grants and subsidies		274,696	457,983
Other receipts		340,259	2,356,317
Net cash (used in) / provided by operating activities	27b	<u>(50,009,035)</u>	<u>(47,841,652)</u>
CASH FLOWS FROM INVESTING ACTIVITIES			
Payments for purchase of non-current physical assets		(302,508)	(76,857)
Net cash (used in) / provided by investing activities		<u>(302,508)</u>	<u>(76,857)</u>
Net increase / (decrease) in cash and cash equivalents		353,420	(549,509)
Cash and cash equivalents at the beginning of period		469,158	1,018,667
CASH AND CASH EQUIVALENTS AT THE END OF PERIOD	27a	<u>822,578</u>	<u>469,158</u>

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 2010

Note 1 Australian Accounting Standards

General

The Authority's financial statements for the year ended 30 June 2010 have been prepared in accordance with Australian Accounting Standards. The term 'Australian Accounting Standards' refers to Standards and Interpretations issued by the Australian Accounting Standard 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'. No Australian Accounting Standards that have been issued or amended but not operative have been early adopted by the Authority for the annual reporting period ended 30 June 2010.

Note 2 Summary of significant accounting policies

(a) General Statement

The financial statements constitute general purpose financial statements that have been prepared 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 are legislative provisions governing 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, modified by the revaluation of land and buildings which have been measured at fair value.

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

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

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

The key assumptions made concerning the future, and other key sources of estimation uncertainty at the 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 are disclosed at note 4 'Key sources of estimation uncertainty'.

(c) 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. Refer to note 24 – 'Contributed Equity'.

Western Australian Alcohol and Drug Authority

Notes to the Financial Statements

For the year ended 30 June 2010

- (d) **Income**
Revenue recognition
Revenue is measured at the fair value of consideration received or receivable. Revenue is recognised as follows:
- Sale of goods*
Revenue is recognised from the sale of goods and disposal of other assets when the significant risks and rewards of ownership are transferred to the purchaser and can be measured reliably.
- Provision of services*
Revenue is recognised on delivery of the service to the client.
- Service Appropriations*
Service Appropriations are recognised as revenues at nominal value in the period in which the Authority gains control of the appropriated funds. The Authority gains control of appropriated funds at the time those funds are deposited to the bank account or credited to the 'Amounts receivable for services' (holding account) held at Treasury. Refer to note 15 'Service appropriations' for further information.
- Grants, donations, gifts and other non-reciprocal contributions*
Revenue is recognised at fair value when the Authority obtains control over the assets comprising the contributions, usually when cash is received.
- Other non-reciprocal contributions that are not contributions by owners are recognised at their fair value. Contributions of services are only recognised when a fair value can be reliably determined and the services would be purchased if not donated.
- Gains**
Gains may be realised or unrealised and are usually recognised on a net basis. These include gains arising on the disposal of non-current assets and some revaluations of non-current assets.
- (e) **Property, Plant and Equipment**
Capitalisation/Expensing of assets
Items of property, plant and equipment costing \$5,000 or more are recognised as assets and the cost of utilising assets is expensed (depreciated) over their useful lives. Items of property, plant and equipment costing less than \$5,000 are immediately expensed direct to the 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*
All items of property, plant and equipment are initially recognised at cost.
- For items of property, plant and equipment acquired at no cost or for nominal cost, the cost is their fair value at the date of acquisition.
- Subsequent measurement*
Subsequent to initial recognition as an asset, the revaluation model is used for the measurement of land and buildings and the cost model for all other property, plant and equipment. Land and buildings are carried at fair value less accumulated depreciation (buildings) and accumulated impairment losses. All other items of property, plant and equipment are stated at historical cost less accumulated depreciation and accumulated impairment losses.
- Where market-based evidence is available, the fair value of land and buildings (non-clinical sites) is determined on the basis of current market buying values determined by reference to recent market transactions.
- Where market-based evidence is not available, the fair value of land and buildings (clinical sites) is determined on the basis of existing use. This normally applies where buildings are specialised or where land use is restricted. Fair value for existing use assets is determined by reference to the cost of replacing the remaining future economic benefits embodied in the asset, i.e. the depreciated replacement cost.
- When buildings are revalued, the accumulated depreciation is eliminated against the gross carrying amount of the asset and the net amount restated to the revalued amount.

Western Australian Alcohol and Drug Authority

Notes to the Financial Statements

For the year ended 30 June 2010

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

Independent valuations of land and buildings are provided 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.

Refer to note 20 '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 reserve

The asset revaluation reserve is used to record increments and decrements on the revaluation of non-current assets as described in note 20 '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

(f) **Impairment of Assets**

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

The risk of impairment is generally limited to circumstances where an asset's depreciation is materially understated, where the replacement cost is falling or where there is a significant change in useful life. Each relevant class of assets is reviewed annually to verify that the accumulated depreciation/amortisation reflects the level of consumption or expiration of 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 21 'Impairment of assets' for the outcome of impairment reviews and testing.

Western Australian Alcohol and Drug Authority

Notes to the Financial Statements

For the year ended 30 June 2010

- (g) **Leases**
Leases of property, plant and equipment, where the Authority has substantially all of the risks and rewards of ownership, are classified as finance leases.
- Leases in which the lessor retains significantly all of the risks and rewards of ownership are classified as operating leases. Operating lease payments are expensed on a straight line basis over the lease term as this represents the pattern of benefits derived from the leased items.
- (h) **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
- Receivables
- Amounts receivable for services
- Financial Liabilities
- Payables
- Initial recognition and measurement of financial statements 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.
- (i) **Cash and Cash Equivalents**
For the purpose of the Statement of Cash Flows, 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.
- (j) **Accrued Salaries**
Accrued salaries (see note 22 'Payables') represent the amount due to employees but unpaid at the end of the financial year, as the pay date for the last pay period for that financial year does not coincide with the end of the financial year. Accrued salaries are settled within a fortnight of the financial year end. The Authority considers the carrying amount of accrued salaries to be equivalent to its net fair value.
- (k) **Amounts Receivable for Services (holding account)**
The Authority receives funding on an accrual basis that recognises the full annual cash and non-cash cost of services. The appropriations are paid partly in cash and partly as an asset (holding account receivable) that is accessible on the emergency of the cash funding requirement to cover leave entitlements and asset replacement. Refer to note 15 'Service appropriations' and note 17 'Amounts receivable for services'.
- (l) **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 18 'Inventories').
- (m) **Receivables**
Receivables are recognised and carried at original invoice amount less an allowance for any uncollectible amounts (i.e. impairment). The collectability of receivables is reviewed on an ongoing basis and any receivables identified as uncollectible are written-off 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. Refer to note 2(h) 'Financial Instruments' and note 16 'Receivables'.

Western Australian Alcohol and Drug Authority

Notes to the Financial Statements

For the year ended 30 June 2010

Change to accounting procedure for Goods and Services Tax

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

(n) Payables

Payables are recognised at the amounts payable when the Authority becomes obliged to make future payments as a result of a purchase of assets or services. The carrying amount is equivalent to fair value as they are generally settled within 30 days.

Refer to note 2(h) 'Financial Instruments' and note 22 'Payables'.

(o) 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.

Refer to note 23 'Provisions'.

Annual Leave and Long Service Leave

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

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

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

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

Sick Leave

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

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

Superannuation

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

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

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

Western Australian Alcohol and Drug Authority

Notes to the Financial Statements

For the year ended 30 June 2010

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

The GESB makes all benefit payments in respect of the Pension and GSS Schemes, and is recouped by the Treasurer for the employer's share.

Refer to note 2(p) '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 12 'Other expenses' and note 23 'Provisions'.

- (p) **Superannuation Expense**
The superannuation expense in the Statement of Comprehensive Income comprises employer contributions paid to the GSS (concurrent contributions), the West State Superannuation Scheme (WSS), and the GESB Super Scheme (GESBS).

The GSS Scheme 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 agency to GESB extinguishes the agency's obligations to the related superannuation liability.

- (q) **Comparative Figures**
Comparative figures are, where appropriate, reclassified to be comparable with the figures presented in the current financial year.

Note 3 Judgements made by management in applying accounting policies

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

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

Buildings

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

Note 4 Key sources of estimation uncertainty

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

Buildings

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

Employee benefits provision

In estimating the non-current long service leave liabilities, employees are assumed to leave the Authority each year on account of resignation or retirement at 10.8%. This assumption was based on an analysis of the turnover rates exhibited by employees over a five-year period. Employees with leave benefits to which they are fully entitled are assumed to take all available leave uniformly over the following five years or to age 65 if earlier.

Western Australian Alcohol and Drug Authority

Notes to the Financial Statements

For the year ended 30 June 2010

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 2009 that impacted on the Authority:

AASB 101	<i>Presentation of Financial Statements (September 2007)</i> This Standard has been revised and introduces a number of terminology changes as well as changes to the structure of the Statement of Changes in Equity and the Statement of Comprehensive Income. It is now a requirement that owner changes in equity be presented separately from non-owner changes in equity. There is no financial impact resulting from the application of this revised Standard.
AASB 2007-10	<i>Further Amendments to Australian Accounting Standards arising from AASB101</i> This Standard changes the term 'general purpose financial report' to 'general purpose financial statements', where appropriate in Australian Accounting Standards and the Framework to better align with IFRS terminology. There is no financial impact resulting from the application of this Standard.
AASB 2008-13	<i>Amendments to Australian Accounting Standards arising from AASB Interpretation 17 – Distributions of Non-cash Assets to Owners [AASB 5 & AASB 110].</i> This Standard amends AASB 5 'Non-current Assets Held for Sale and Discontinued Operations' in respect of the classification, presentation and measurement of non-current assets held for distribution to owners in their capacity as owners. This may impact on the presentation and classification of Crown land held by the Authority where the Crown land is to be sold by the Department of Regional Development and Lands (formerly Department for Planning and Infrastructure). The Authority does not expect any financial impact when the Standard is first applied prospectively.
AASB 2009-2	<i>Amendments to Australian Accounting Standards – Improving Disclosures about Financial Instruments AASB 4, AASB 7, AASB 1023 & AASB 1038.</i> This Standard amends AASB 7 and will require enhanced disclosures about fair value measurements and liquidity risk with respect to financial instruments. There is no financial impact resulting from the application of this Standard.

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

AASB 1	<i>First-time Adoption of Australian Accounting Standards</i>
AASB 3	<i>Business Combinations</i>
AASB 8	<i>Operating Segments</i>
AASB 123	<i>Borrowing Costs</i> This Standard has been revised to mandate the capitalisation of all borrowing costs attributable to the acquisition, construction or production of qualifying assets. However, AASB 2009-1 'Amendments to Australian Accounting Standards – Borrowing Costs of Not-for-Profit Public Sector Entities [AASB 1, AASB 111 & AASB 123]' issued in April 2009 and applicable to annual reporting periods beginning on or after 1 January 2009, amends revised AASB 123, which will allow not-for-profit public sector entities to continue to choose whether to expense or capitalise borrowing costs relating to qualifying assets.
AASB 127	<i>Consolidated and Separate Financial Statements</i>
AASB 1039	<i>Concise Financial Reports</i>
AASB 1049	<i>Whole of Government and General Government Sector Financial Reporting (revised – October 2007)</i>

Western Australian Alcohol and Drug Authority

Notes to the Financial Statements

For the year ended 30 June 2010

Note 5	Disclosure of changes in accounting policy and estimates (continued)
AASB 2007-3	<i>Amendments to Australian Accounting Standards arising from AASB 8 [AASB 5, AASB 6, AASB 102, AASB 107, AASB 119, AASB 127, AASB 134, AASB 136, AASB 1023 & AASB 1038]</i>
AASB 2007-6	<i>Amendments to Australian Accounting Standards arising from AASB 123 [AASB 1, AASB 101, AASB 107, AASB 111, AASB 116 & AASB 138 and Interpretations 1 & 12]</i>
AASB 2007-8	<i>Amendments to Australian Accounting Standards arising from AASB 101</i>
AASB 2008-1	<i>Amendments to Australian Accounting Standard - Share-based Payments: Vesting Conditions and Cancellations [AASB 2]</i>
AASB 2008-2	<i>Amendments to Australian Accounting Standards – Puttable Financial Instruments and Obligations arising on Liquidation [AASB 7, AASB 101, AASB 132, AASB 139 & Interpretation 2]</i>
AASB 2008-3	<i>Amendments to Australian Accounting Standards arising from AASB 3 and AASB 127 [AASBs 1, 2, 4, 5, 7, 101, 107, 112, 114, 116, 121, 128, 131, 132, 133, 134, 136, 137, 138, 139 and Interpretations 9 & 107]</i>
AASB 2008-5	<i>Amendments to Australian Accounting Standards arising from the Annual Improvements Project [AASB 5, 7, 101, 102, 107, 108, 110, 116, 118, 119, 120, 123, 127, 128, 129, 131, 132, 134, 136, 138, 139, 140, 141, 1023 & 1038]</i>
AASB 2008-6	<i>Further Amendments to Australian Accounting Standards arising from the Annual Improvements Project [AASB 1 & AASB 5]</i>
AASB 2008-7	<i>Amendments to Australian Accounting Standards – Cost of an Investment in a Subsidiary, Jointly Controlled Entity or Associate [AASB 1, AASB 118, AASB 121, AASB 127 & AASB 136]</i>
AASB 2008-8	<i>Amendments to Australian Accounting Standards – Eligible Hedged Items [AASB 139]</i>
AASB 2008-9	<i>Amendments to AASB 1049 for Consistency with AASB 101</i>
AASB 2008-11	<i>Amendments to Australian Accounting Standard – Business Combinations Among Not-for-Profit Entities [AASB 3]</i>
AASB 2009-1	<i>Amendments to Australian Accounting Standards – Borrowing Costs of Not-for-Profit Public Sector Entities [AASB 1, AASB 111 & AASB 123]</i>
AASB 2009-4	<i>Amendments to Australian Accounting Standards arising from the Annual Improvements Project [AASB 2 and AASB 138 and AASB Interpretations 9 & 16]</i>
AASB 2009-6	<i>Amendments to Australian Accounting Standards</i>
AASB 2009-7	<i>Amendments to Australian Accounting Standards [AASB 5, 7, 107, 112, 136 & 139 and Interpretation 17]</i>
Interpretation 13	<i>Customer Loyalty Programmes</i>
Interpretation 15	<i>Agreements for the Construction of Real Estate</i>
Interpretation 16	<i>Hedges of a Net Investment in a Foreign Operation</i>
Interpretation 17	<i>Distributions of Non-cash Assets to Owners</i>
Interpretation 18	<i>Transfers of Assets from Customers</i>

Western Australian Alcohol and Drug Authority

Notes to the Financial Statements

For the year ended 30 June 2010

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

Future impact of Australian Accounting Standards not yet operative

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

Title	Operative for reporting periods beginning on/after
AASB 2009-11 <i>Amendments to Australian Accounting Standards arising from AASB 9 [AASB 1, 3, 4, 5, 7, 101, 102, 108, 112, 118, 121, 127, 128, 131, 132, 136, 139, 1023 & 1038 and Interpretations 10 & 12].</i>	01 January 2013

The amendment to AASB 7 requires modification to the disclosure of categories of financial assets. The Authority does not expect any financial impact when the Standard is first applied. The disclosure of categories of financial assets in the notes will change.

Note 6 Services of the Authority

The key service of the Authority is:

Drug and Alcohol

The Drug and Alcohol Office is responsible for drug and alcohol strategies and services in Western Australia. The agency provides and contracts a 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.

	2010 \$	2009 \$
Note 7 Employee benefits expense		
Salaries and wages (a)	14,971,775	14,166,361
Superannuation - defined contribution plans (b)	1,604,630	1,491,804
Annual leave and time off in lieu leave (c)	1,534,725	1,460,056
Long service leave (c)	888,339	267,286
	18,999,469	17,385,507

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

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

(c) Includes a superannuation contribution component.

Employment on-costs expenses is included at note 12 'Other expenses'. The employment on-costs liability included at note 23 'Provisions'.

Western Australian Alcohol and Drug Authority

Notes to the Financial Statements

For the year ended 30 June 2010

	2010 \$	2009 \$
Note 8		
Patient support costs		
Medical supplies and services	119,586	126,414
Domestic charges	20,124	25,132
Fuel, light and power	134,759	102,971
Food supplies	82,846	90,016
Patient transport costs	3,757	1,171
Purchase of external services	27,102,374	29,143,584
	27,463,446	29,489,288
Note 9		
Depreciation expense		
<u>Depreciation</u>		
Buildings	274,777	337,790
Computer equipment	9,560	13,144
Furniture and fittings	2,362	3,026
Medical equipment	978	978
Other plant and equipment	26,598	47,235
	314,275	402,173
Note 10		
Net gain/(loss) on disposal of non-current assets		
<u>Cost of disposal of non-current assets</u>		
Property, plant and equipment	(14,812)	(19,237)
	(14,812)	(19,237)
See note 20 'Property, plant and equipment'.		
Note 11		
Repairs, maintenance and consumable equipment		
Repairs and maintenance	361,838	40,874
Consumable equipment	139,822	383,776
	501,660	424,650
Note 12		
Other expenses		
Communications	164,913	208,209
Computer services	65,881	52,186
Employment on-costs (a)	302,954	166,224
Legal expenses	26,970	1,560
Motor vehicle expenses	46,473	41,565
Operating lease expenses	75,503	101,179
Printing and stationery	359,212	531,984
Rental of property (b)	(10,397)	133,076
Purchase of external services	2,502,277	496,251
Other	1,685,908	1,630,577
	5,219,694	3,362,811

(a) Includes workers' compensation insurance, fringe benefit tax and staff development costs. The on-costs liability associated with the recognition of annual and long service leave liability is included at note 23 'Provisions'. Superannuation contributions accrued as part of the provision for leave for employee benefits and are not included in employment on-costs.

(b) Rental of property has a negative balance in 2010 due to receipt of rental refund from lessor.

Western Australian Alcohol and Drug Authority

Notes to the Financial Statements

For the year ended 30 June 2010

	2010 \$	2009 \$
Note 13		
Grants and contributions		
(a) Commonwealth grants and contributions		
Department of Health and Ageing	511,408	278,146
	511,408	278,146
(b) Other grants and contributions		
WA Health Promotion Foundation	270,272	243,150
Office of Road Safety	-	185,073
Other	4,424	29,760
	274,696	457,983
Note 14		
Other revenues		
Services to external organisations	178,834	168,652
Use of hospital facilities	1,107	20
Department of Indigenous Affairs	-	1,745,158
Other	27,049	56,055
	206,990	1,969,885
Note 15		
Service appropriations		
Appropriation revenue received during the year:		
Service appropriations	51,071,601	47,838,441
	51,071,601	47,838,441
Service appropriations are accrual amounts reflecting the net cost of services delivered. The appropriation revenue comprises a cash component and a receivable (asset). The receivable (holding account) comprises the depreciation expense for the year and any agreed increase in leave liability during the year.		
Note 16		
Receivables		
Current		
Other receivables	25,026	168,254
Accrued revenue	15,458	5,499
	40,484	173,753
The Authority does not hold any collateral as security or other credit enhancements relating to receivables.		
See also note 2(m) 'Receivables' and note 37 'Financial instruments'.		
Note 17		
Amounts receivable for services		
Non-current	3,309,749	2,903,114
	3,309,749	2,903,114
This asset represents the non-cash component of service appropriations which is held in a holding account at the Department of Treasury and Finance. It is restricted in that it can only be used for asset replacement or payment of leave liability. See note 2(k) 'Amounts receivable for services'.		

Western Australian Alcohol and Drug Authority

Notes to the Financial Statements

For the year ended 30 June 2010

	2010 \$	2009 \$
Note 18 Inventories		
Current		
Pharmaceutical stores – at cost	26,254	20,272
See note 2(l) 'Inventories'.		
Note 19 Other current assets		
Prepayments	30,100	52,064
Note 20 Property, plant and equipment		
Land		
<i>At fair value (a)</i>	7,329,100	7,707,600
	7,329,100	7,707,600
Buildings		
<i>Clinical</i>		
<i>At fair value (a)</i>	8,731,157	9,183,657
<i>Accumulated depreciation</i>	(25,401)	(24,416)
	8,705,756	9,159,241
Computer equipment		
<i>At cost</i>	77,093	70,810
<i>Accumulated depreciation</i>	(60,876)	(56,834)
	16,217	13,976
Furniture and fittings		
<i>At cost</i>	26,793	76,275
<i>Accumulated depreciation</i>	(21,348)	(59,325)
	5,445	16,950
Medical equipment		
<i>At cost</i>	10,750	10,750
<i>Accumulated depreciation</i>	(9,935)	(8,958)
	815	1,792
Other plant and equipment		
<i>At cost</i>	308,697	311,669
<i>Accumulated depreciation</i>	(218,340)	(208,146)
	90,357	103,523
Works in progress		
<i>Buildings under construction (at cost)</i>	271,605	-
Total property, plant and equipment	16,419,295	17,003,082

(a) Land and buildings were revalued as at 1 July 2009 by the Western Australian Land Information Authority (Valuation Services). The valuations were performed during the year ended 30 June 2010 and recognised at 30 June 2010. In undertaking the revaluation, fair value was determined by reference to market values for land: \$7,329,100 and buildings: \$8,705,756.

Western Australian Alcohol and Drug Authority

Notes to the Financial Statements

For the year ended 30 June 2010

	2010 \$	2009 \$
Note 20		
Property, plant and equipment (continued)		
Reconciliations		
Reconciliations of the carrying amounts of property, plant and equipment at the beginning and end of the current financial year are set out below.		
Land		
Carrying amount at start of year	7,707,600	7,520,800
Revaluation increments/(decrements)	(378,500)	186,800
Carrying amount at end of year	<u>7,329,100</u>	<u>7,707,600</u>
Buildings		
Carrying amount at start of year	9,159,241	11,259,657
Revaluation increments/(decrements)	(178,708)	(1,762,626)
Depreciation	(274,777)	(337,790)
Carrying amount at end of year	<u>8,705,756</u>	<u>9,159,241</u>
Computer equipment		
Carrying amount at start of year	13,976	29,412
Additions	11,801	-
Depreciation	(9,560)	(13,144)
Transfer between asset classes	-	(2,291)
Carrying amount at end of year	<u>16,217</u>	<u>13,976</u>
Furniture and fittings		
Carrying amount at start of year	16,950	19,975
Disposals	(9,142)	-
Depreciation	(2,362)	(3,026)
Carrying amount at end of year	<u>5,445</u>	<u>16,950</u>
Medical equipment		
Carrying amount at start of year	1,792	2,769
Depreciation	(978)	(978)
Carrying amount at end of year	<u>815</u>	<u>1,792</u>
Other plant and equipment		
Carrying amount at start of year	103,523	93,139
Additions	19,101	76,856
Disposals	(5,669)	(19,237)
Depreciation	(26,598)	(47,235)
Carrying amount at end of year	<u>90,357</u>	<u>103,523</u>
Works in progress		
Carrying amount at start of year	-	-
Additions	271,605	-
Carrying amount at end of year	<u>271,605</u>	<u>-</u>
Total property, plant and equipment		
Carrying amount at start of year	17,003,082	18,925,752
Additions	302,508	76,858
Disposals	(14,812)	(19,237)
Revaluation increments/(decrements)	(557,208)	(1,575,826)
Depreciation	(314,275)	(402,173)
Transfer between asset classes	-	(2,291)
Carrying amount at end of year	<u>16,419,295</u>	<u>17,003,082</u>

Western Australian Alcohol and Drug Authority

Notes to the Financial Statements

For the year ended 30 June 2010

	2010 \$	2009 \$
Note 21 Impairment of Assets		
There were no indications of impairment to property, plant and equipment, and intangible assets at 30 June 2010.		
The Authority held no goodwill or intangible assets with an indefinite useful life during the reporting period and at the end of the reporting period there were no intangible assets not yet available for use.		
All surplus assets at 30 June 2010 have either been classified as assets held for sale or written off.		
Note 22 Payables		
Current		
Trade creditors	68,564	296,044
Other creditors	20,000	15,000
Accrued expenses	829,294	261,427
Accrued salaries	451,034	388,619
	1,368,892	961,090
See also note 2(n) 'Payables' and note 37 'Financial instruments'.		
Note 23 Provisions		
Current		
<u>Employee benefits provision</u>		
Annual leave (a)	1,316,719	1,251,009
Time off in lieu leave (a)	119,674	111,528
Long service leave (b)	1,630,722	1,091,121
	3,067,115	2,453,658
Non-current		
<u>Employee benefits provision</u>		
Long service leave (b)	613,859	602,232
Total provisions	3,680,974	3,055,890
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 reporting date. Assessments indicate that actual settlement of the liabilities will occur as follows:		
Within 12 months of the reporting date	1,015,791	967,179
More than 12 months after the reporting date	420,602	395,358
	1,436,393	1,362,537
(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 reporting period. Assessments indicate that actual settlement of the liabilities will occur as follows:		
Within 12 months of the reporting period	414,993	281,520
More than 12 months after the reporting period	1,829,589	1,411,833
	2,244,581	1,693,353

Western Australian Alcohol and Drug Authority

Notes to the Financial Statements

For the year ended 30 June 2010

	2010 \$	2009 \$
Note 24		
Contributed Equity		
Equity represents the residual interest in the net assets of the Authority. The Government holds the equity interest in the Authority on behalf of the community. The asset revaluation reserve represents that portion of equity resulting from the revaluation of non-current assets. See note 25 'Reserves'.		
Balance at start of the year	4,663,939	4,663,939
Balance at end of year	<u>4,663,939</u>	<u>4,663,939</u>
Note 25		
Reserves		
Asset revaluation reserve (a)		
Balance at start of year	13,926,876	15,502,702
Net revaluation increments/(decrements) (b) :		
Land	(378,500)	186,800
Buildings	(178,708)	(1,762,626)
Balance at end of year	<u>13,369,668</u>	<u>13,926,876</u>
(a) The asset revaluation surplus is used to record increments and decrements on the revaluation of non-current assets.		
(b) Any increment is credited directly to the asset revaluation surplus, except to the extent that any increment reverses a revaluation decrement previously recognised as an expense.		
Note 26		
Accumulated surplus/(deficit)		
Balance at start of year	(1,986,352)	(1,447,141)
Result for the period	(448,661)	(539,211)
Balance at end of year	<u>(2,435,013)</u>	<u>(1,986,352)</u>
Note 27		
Notes to the Statement of Cash Flows		
(a) Reconciliation of cash		
Cash assets at the end of the financial year as shown in the Statement of Cash Flows is reconciled to the related items in the Statement of Financial Position as follows:		
Cash and cash equivalents	<u>822,578</u>	<u>469,158</u>

Western Australian Alcohol and Drug Authority

Notes to the Financial Statements

For the year ended 30 June 2010

	2010 \$	2009 \$
Note 27		
Notes to the Statement of Cash Flows (continued)		
(b) Reconciliation of net cost of services to net cash flows used in operating activities		
Net cash used in operating activities (Statement of Cash Flows)	(50,009,035)	(47,841,652)
Increase / (decrease) in assets:		
GST receivable		1
Other current receivables	(133,269)	(386,432)
Inventories	5,982	(7,658)
Prepayments	(21,964)	48,185
Decrease / (increase) in liabilities:		
Payables	(407,802)	336,480
Current provisions	(613,457)	(252,125)
Non-current provisions	(11,627)	149,250
Non-cash items:		
Depreciation expense (note 9)	(314,275)	(402,173)
Net gain / (loss) from disposal of non-current assets (note 10)	(14,812)	(19,237)
Write down of property, plant and equipment (note 20)	-	(2,291)
Adjustment for other non-cash items	(3)	-
Net cost of services (Statement of Comprehensive Income)	<u>(51,520,262)</u>	<u>(48,377,652)</u>
(c) Notional cash flows		
Service appropriations as per Statement of Comprehensive Income	<u>51,071,601</u>	<u>47,838,441</u>
Less notional cash flows:	51,071,601	47,838,441
Items are not included in the Statement of Cash Flows:		
Accrual appropriations	(406,637)	(469,441)
Cash Flows from State Government as per Statement of Cash Flows	<u>50,664,964</u>	<u>47,369,000</u>
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 28		
Supplementary financial information		
Losses of public moneys and public and other property through theft or default	-	32,332
Less amount recovered	-	(35,225)
Net losses	<u>-</u>	<u>(2,893)</u>

Western Australian Alcohol and Drug Authority

Notes to the Financial Statements

For the year ended 30 June 2010

		2010	2009
		\$	\$
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 and other benefits for the financial year fall within the following bands are:		
	\$0 - \$10,000	3	3
	\$10,001 - \$20,000	1	1
	Total	4	4
	The total remuneration of members of the Accountable Authority is:	13,519	16,533
	The total remuneration includes the superannuation expense incurred by the Authority in respect of members of the 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:		
	\$30,001 - \$40,000	1	-
	\$120,001 - \$130,000	2	1
	\$130,001 - \$140,000	-	2
	\$140,001 - \$150,000	2	1
	\$150,001 - \$160,000	1	1
	\$160,001 - \$170,000	1	-
	\$170,001 - \$180,000	-	1
	\$380,001 - \$390,000	-	1
	\$390,001 - \$400,000	1	-
	Total	8	7
	The total remuneration of senior officers is:	1,295,509	1,273,817
	The total remuneration includes the superannuation expense incurred by the Authority in respect of senior officers other than senior officers reported as members of the Accountable Authority.		
Note 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 performance indicators	49,000	49,000

Western Australian Alcohol and Drug Authority

Notes to the Financial Statements

For the year ended 30 June 2010

	2010 \$	2009 \$
Note 31		
Commitments		
(a) Capital expenditure commitments		
Capital expenditure commitments, being contracted capital expenditure additional to the amounts reported in the financial statements, are payable as follows:		
Within 1 year	125,095	-
	<u>125,095</u>	<u>-</u>
The capital commitments include amounts for:		
- Buildings	125,095	-
	<u>125,095</u>	<u>-</u>
The capital expenditure commitments are all inclusive of GST.		
(b) Operating lease commitments:		
Commitments in relation to non-cancellable leases contracted for at the end of the reporting period but not recognised in the financial statements, are payable as follows:		
Within 1 year	63,625	68,787
Later than 1 year, and not later than 5 years	53,138	63,413
	<u>116,763</u>	<u>132,200</u>
The operating lease commitments are all inclusive of GST.		
© Other expenditure commitments:		
Other expenditure commitments contracted for at the reporting period but not recognised as liabilities, are payable as follows:		
Within 1 year	39,189	-
	<u>39,189</u>	<u>-</u>
The other expenditure commitments are all inclusive of GST.		
Note 32		
Contingent liabilities and contingent assets		
At the reporting date, the Authority is not aware of any contingent liabilities and contingent assets.		
Note 33		
Events occurring after the reporting period		
There were no events occurring after the reporting period which had significant financial effects on these financial statements.		
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.		

Western Australian Alcohol and Drug Authority

Notes to the Financial Statements

For the year ended 30 June 2010

Note 36 Explanatory Statement

(a) Significant variances between actual and prior year actual results

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

	Note	2010 Actual \$	2009 Actual \$	Variance \$
Expenses				
Employee benefits expense		18,999,469	17,385,507	1,613,962
Patient support costs		27,463,446	29,489,288	(2,025,842)
Depreciation and amortisation expense	(a)	314,275	402,173	(87,898)
Loss on disposal of non-current assets	(b)	14,812	19,237	(4,425)
Repairs, maintenance and consumable equipment	©	501,660	424,650	77,010
Other expenses	(d)	5,219,694	3,362,811	1,856,883
Income				
Commonwealth grants and contributions	(e)	511,408	278,146	233,262
Other grants and contributions	(f)	274,696	457,983	(183,287)
Other revenues	(g)	206,990	1,969,885	(1,762,895)
Service appropriations	(h)	51,071,601	47,838,441	3,233,160

(a) Depreciation and amortisation expense

The variance is mainly due to revaluation decrement of buildings.

(b) Loss on disposal of non-current assets

The variance is principally attributable to a review and write down of assets in 2009-10 that have exceeded their useful life.

(c) Repairs, maintenance and consumable equipment

Mainly due to completion of renovation work undertaken during 2009-10.

(d) Other expenses

Variance is mainly due to increase in priority on prevention campaign activity \$433k, one-off Healthway related project \$220k and \$342k paid to ICCWA for other specific funding projects.

(e) Commonwealth grants and contributions

Relating to increase in grants from the Department of Health and Ageing.

(f) Other grants and contributions

The reduction is as a result of non-recurrent grants received in 2008-09 from Office of Road Safety.

(g) Other revenues

The reduction is directly attributed to non-recurrent grant from Department of Indigenous Affairs in 2008-09 for \$1.7M

(h) Service appropriations

This increase is mainly due to new initiatives \$500k for new Fresh Start program and NGO backpays \$1.8m due to revised CPI by DoH.

(b) Significant variances between estimates and actual results for the financial year

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

	Note	2010 Actual \$	2010 Estimates \$	Variance \$
Operating expenses				
Employee benefits expense		18,999,469	19,256,959	(257,490)
Other goods and services		33,513,887	32,244,642	1,269,245
Total expenses		52,513,356	51,501,601	1,011,755
Less: Revenues	(a)	(993,094)	(430,000)	(563,094)
Net cost of services		51,520,262	51,071,601	448,661

(a) Revenues

The variance is directly attributed to non-recurrent grant \$500k from the Department of Health and Ageing for the Aboriginal and Torres Strait Islander Health Program.

Western Australian Alcohol and Drug Authority

Notes to the Financial Statements

For the year ended 30 June 2010

Note 37 Financial instruments

(a) Financial risk management objectives and policies

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

Credit risk

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

The maximum exposure to credit risk at 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'.

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 changes in 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 trading in the normal course of business.

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

Market risk

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

Western Australian Alcohol and Drug Authority

Notes to the Financial Statements

For the year ended 30 June 2010

Note 37 Financial instruments (continued)

(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 as follows :

	2010	2009
	\$	\$
Financial Assets		
Cash and cash equivalents	822,578	469,158
Loans and receivables (a)	3,350,233	3,076,867
Financial Liabilities		
Financial liabilities measured at amortised costs	1,368,892	961,090

(a) The amount of loans and receivables excludes GST recoverable from the ATO (statutory receivable).

(c) Financial Instrument disclosures

Credit Risk and Interest Rate Risk Exposures

The following tables disclose the Authority's maximum exposure to credit risk, interest rate exposures and the ageing analysis of financial assets. The Authority's maximum exposure to credit risk at the end of the financial 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.

Western Australian Alcohol and Drug Authority

Notes to the Financial Statements

For the year ended 30 June 2010

(c) Financial Instrument disclosures (continued)

Interest rate exposures and ageing analysis of financial assets

	Weighted average effective interest rate %	Interest rate exposure				Past due not impaired				Impaired financial assets \$
		Carrying amount \$	Fixed interest rate \$	Variable interest rate \$	Non-interest bearing \$	Up to 3 months \$	3-12 months \$	2-5 years \$	More than 5 years \$	
Financial Assets										
2010										
Cash and cash equivalents	0.0%	822,578	-	-	822,578	822,578				
Receivables (a)		40,484	-	-	40,484	40,484				
Amounts receivable for services		3,309,749	-	-	3,309,749		3,309,749			
		4,172,811	-	-	4,172,811	863,062	3,309,749	-	-	-
2009										
Cash and cash equivalents	0.0%	469,158	-	-	469,158	469,158				
Receivables (a)		173,753	-	-	173,753	173,753				
Amounts receivable for services		2,903,114	-	-	2,903,114		2,903,114			
		3,546,025	-	-	3,546,025	642,911	2,903,114	-	-	-

(a) The amount of receivables excludes GST recoverable from the ATO (statutory receivable).

Western Australian Alcohol and Drug Authority

Notes to the Financial Statements

For the year ended 30 June 2010

(c) Financial instruments (continued)

Liquidity Risk

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

Interest rate exposures and maturity analysis of financial liabilities

	Weighted average effective interest rate %	Interest rate exposure				Past due not impaired				
		Carrying amount \$	Fixed interest rate \$	Variable interest rate \$	Non-interest bearing \$	Up to 3 months \$	3-12 months \$	1-2 years \$	2-5 years \$	More than 5 years \$
Financial Liabilities										
2010										
Payables		1,368,892			1,368,892	1,368,892				
		1,368,892	-	-	1,368,892	1,368,892	-	-	-	-
2009										
Payables		961,090			961,090	961,090				
		961,090	-	-	961,090	961,090	-	-	-	-

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

Note 38 Schedule of income and expenses by service


Effective 2010 fiscal year Western Australian Alcohol and Drug Authority has only one service known as Drug and Alcohol.

Key Performance Indicators

Certificate of Key Performance Indicators

**Western Australian Alcohol and Drug Authority
Certification of Performance Indicators
For the year ended 30 June 2010**

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 and Authority's performance, and fairly represent the performance of the Authority for the financial year ending 30 June 2010.



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

10 September 2010



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

10 September 2010

Performance Management Framework

Outcome, Services and Performance Information

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

The agreed effectiveness and efficiency indicators are:

Key Effectiveness Indicators

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

Key Efficiency Indicators

Function Group 1:

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

Function Group 2:

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

Government Goal

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

Agency Level Government Desired Outcomes

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

Effectiveness Indicators

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

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

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

Effectiveness Indicators 1.1 – 1.3

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

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

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

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

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

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

Notes:

- Information is based on the National Drug Strategy Household Survey (NDSHS) which is conducted every three years and published by the Australian Institute of Health and Welfare. Whilst the next NDSHS will be conducted in 2010, results are unlikely to be made available by the Australian Institute of Health and Welfare until mid or late 2011. This is a necessary lag due to time taken in entry, cleaning and validation of data, followed by report construction.
- Data source from:
 - Australian Institute of Health and Welfare 2008. 2007 National Drug Strategy Household Survey: First Results. Drug Statistics series number 20. Cat. No. PHE 98. Canberra and from: Australian Institute of Health and Welfare 2008.
 - Australian Institute of Health and Welfare 2008. 2007 National Drug Strategy Household Survey: State and territory supplement. Drug Statistics series no. 21. Cat. no. PHE 102. Canberra: AIHW.
 - Drug and Alcohol Office (2009). National Drug Strategy Household Survey 2007: Summary tables, Western Australians Households. DAO Surveillance report: No. 1. Drug and Alcohol Office, Perth, Western Australia.
- The 2008/09 data is based on the 2007 survey, which was the latest survey was released in 2008.
- The term 'illicit drugs,' as reported in the National Household Drug Survey, covers a wide range of drugs that includes illegal drugs (such as cannabis, ecstasy, heroin and cocaine), prescription or over-the-counter pharmaceuticals (such as tranquilisers/sleeping pills) used for illicit purposes, and other substances used inappropriately (such as naturally occurring hallucinogens and inhalants). The term 'recent use' refers to the use of drugs or alcohol within 12 months prior to being surveyed for the 2007 National Drug Strategy Household Survey.

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

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

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

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

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

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

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

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

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

CAMPAIGN		Target	2009/10	Target	2008/09	Target	2007/08	Target	2006/07
ALCOHOL									
<i>Alcohol. Think Again</i> Campaign 1	Aware	74.0%	58.0%	-	-	-	-	-	-
	Correct	52.7%	42.7%	-	-	-	-	-	-
Campaign 2	Aware	57.6%	47.0%						
	Correct	40.1%	33.8%						
<i>Rethink Drink*</i>	Aware	-	-	76%	75%	77.0%	69.0%	-	-
	Correct	-	-	38%	63%	38.0%	50.0%	-	-
<i>Enough is Enough**</i>	Aware	-	-	-	-	-	-	35.0%	13.0%
	Correct	-	-	-	-	-	-	17.0%	9.0%
DRUGS									
<i>Drug Aware</i> programs									
Amphetamine education strategy	Aware	39.2%	52.0%	47%	48%	35.0%	60.0%	35.0%	36.0%
	Correct	38.8%	48.9%	24%	48%	17.5%	58.0%	17.0%	22.0%

Notes:

- * *Rethink Drink* campaign was rebranded as the *Alcohol. Think Again* campaign.
- ** *Enough is Enough* campaign was rebranded as the *Rethink Drink* campaign.
- *** This campaign is no longer conducted or evaluated.
- Alcohol. Think Again* Campaign 1 focussed on the television commercial titled 'Spread'. It aimed to raise awareness about the range of alcohol caused cancers including mouth, throat, pancreas, liver, bowel and breast (in females); and in order stay at low risk of alcohol-caused cancer and other disease, the National Health and Medical Research Council recommends that men and women have no more than two standard drinks on any day.
- Alcohol. Think Again* Campaign 2, titled 'Stain', focussed on a television commercial and outdoor advertising. It aimed to raise awareness about alcohol being carcinogenic and that every drink increases your risk of developing alcohol caused cancer; and in order to stay at low risk of alcohol caused cancer and other disease, the National Health and Medical Research Council recommends that men and women have no more than two standard drinks on any day.
- "Aware" refers to the percentage of the target population for the campaign who report being aware (when prompted) of the campaign elements during the post campaign evaluation. Evaluation resources are allocated to different campaigns annually as required. Only the *Alcohol. Think Again* and *Drug Aware* campaigns were evaluated in 2009/10. If more than one medium was used in a campaign (e.g. TV and radio), "Aware" refers to the overall awareness from any medium, where reported. If overall awareness has not been reported then the medium having the greatest awareness (e.g. radio) has been used.
- "Correct" refers to the proportion of the target population who correctly recalled at least one of the main campaign messages during the post-campaign evaluation. If more than one medium was used in a campaign, "Correct" has been reported for the same medium as "Aware" (i.e. overall where reported, or the medium having the greatest

awareness). “Correct” is usually reported in campaign reports as a percentage of those who are “Aware”. In this indicator it is expressed as a percentage of the total sample representing the target population.

- A target measure for ‘Correct’ message recall is multiplied by the percentage of the target measure for ‘Aware’ which is then multiplied by a factor recommended by TNS Social Research in order to adjust for expected population ‘Correct’ message recall.
- An ‘actual’ measure for ‘Correct’ message recall is multiplied by the percentage of the ‘actual’ measure for ‘Aware’ which is then multiplied by a factor recommended by TNS Social Research in order to adjust for expected population ‘Correct’ message recall.
- *Note – As the Drug Aware Amphetamine Campaign has been running three times a year for three years, and is achieving ‘awareness’ and ‘correct message’ recall saturation, the measure recommended by TNS Social Research to adjust for actual population correct message recall is not being applied to this target or actual measure. This would be a misrepresentation of what is currently being achieved by the campaign.*
- 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. Prior to 2007/08 targets have been set only using media-related costs. The targets for *Alcohol. Think Again* Campaign 1 were estimated at 74% of the target population being “aware” of the campaign message, with 52.7% “correct” message take out. The targets for *Alcohol. Think Again* Campaign 2 were estimated at 57.6% of the target population being “aware” of the campaign message, with 40.1% “correct” message take out. The targets for the *Drug Aware* campaign were estimated at 39.2% of the targeted population being “aware” of the campaign message, with 48.9% “correct” message takeout.
- For both *Alcohol. Think Again* campaigns, awareness rates were significantly lower than the suggested targets. The advertising media buy is underperforming due to a busy television advertising market. The final execution of the campaign has proved to be effective in achieving the correct message.
- The reach of the *Drug Aware* Amphetamine campaign outperformed expectations leading to a higher than prompted awareness than anticipated. A cumulative effect is being experienced, with materials having been run three times a year over the past three years. Three phases of the *Drug Aware* campaign were conducted during this financial year and media outperformed the anticipated reach.
- 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 (Enough is Enough* was rebranded as *Rethink Drink* in 2007/08): Social Marketing Program aimed at raising awareness about public drunkenness, its related problems and what the community can do about the issue
- Post-campaign evaluations are not necessarily conducted with the whole target group, but a subset of this group. Where this has occurred, the results are taken to be representative of the whole target group.
- In this table, cells where information is not available are designated by a “dash”.

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

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

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

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

Notes:

- Information is based on the number of treatment episodes where the client left a service provided either by government or non-government agencies funded by WAADA and is extracted from the SIMS and PICASO databases.
- Open and opened refers to all treatment episodes that were open already at the beginning of the period and all episodes opened during that period. Due to the requirements of the National Minimum Data Set for a 3 month period before closures of episodes where the client has exited without notice, the reporting period for this effectiveness indicator is 1 April 2009 – 31 March 2010.
- Treatment episodes were considered to have unplanned exits if the client had left a service for one of the following reasons: left against advice of the service, did not comply with the conditions of the program, left without notice, died or was imprisoned.
- The 5 year period for the target of 26% covers from 2008/09 to 2013/14.
- The total number of open and opened episodes for 2009/10 was 36,904 and Sobering-up Centre activity accounted for 15,690 of these episodes. 184 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 4,879 and those that completed as planned were 9,970. A further 6,181 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.
- For many clients with alcohol and drug problems, remaining in treatment is recognised as a challenge world-wide due to relapse back to alcohol and drug use. Many factors affect the ability to engage and remain in treatment. Time in treatment and completion of treatment as planned are associated with better treatment outcomes. The target is set for a reduction to 26% of treatment episodes not completed as planned over the next five years. The proportion of people leaving treatment successfully each year or still engaged in treatment is comparable with data from other countries such as the United Kingdom and the United States of America and indicates higher rates of successful completion.

Key Efficiency Indicators

The efficiency indicators and the 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 based on the 2008/09 costs for prevention activity that were recast based on the Function Group 1 for 2009/10 under the new outcome based management structure for the Western Australian Alcohol and Drug Authority.

Table 2.1.1: Cost per capita of prevention initiatives

	Target 2009/10	2009/10	Target 2008/09	2008/09
Cost per capita	\$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 3201.0 Population by Age and Sex, Australian States and Territories, Western Australia. Population figures for this report were accessed from the Time Series Spreadsheets and may differ over time from dates accessed.
- The cost per capita target of \$3.09 was calculated by dividing the 2009/10 budget estimate of \$5,432,261 by the ABS population estimate figure of 1,756,332.
- 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 2009/10, costs for Function Group 1 were \$7,082,054 and the population aged 14 years and over was 1,828,695 (June 2009 released 9 December 2009).
- Actual cost per capita of prevention initiatives in 2009/10 were larger than the KPI target of \$3.09 and can be explained by the increased funding allocated to prevention initiatives. This is in line with the Western Australian Alcohol and Drug Authority's strategic direction of increasing the level of prevention 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	2009/10	Target	2008/09	Target	2007/08	Target	2006/07
ALCOHOL									
<i>Alcohol. Think Again</i> Campaign 1	Aware	\$1.14	\$1.60	-	-	-	-	-	-
	Correct	\$1.60	\$2.17	-	-	-	-	-	-
Campaign 2	Aware	\$1.54	\$2.02						
	Correct	\$2.22	\$2.80						
<i>Rethink Drink*</i>	Aware	-	-	\$0.30	\$0.47	\$0.55	\$0.55	-	-
	Correct	-	-	\$0.60	\$0.56	\$1.10	\$0.76	-	-
<i>Enough is Enough**</i>	Aware	-	-	-	-	-	-	\$0.50	\$0.85
	Correct	-	-	-	-	-	-	\$1.00	\$1.23
DRUGS									
<i>Drug Aware</i> programs									
Amphetamine education strategy	Aware	\$1.51	\$0.77	\$1.39	\$1.04	\$1.71	\$1.78	\$1.20	\$0.97
	Correct	\$1.52	\$0.82	\$2.78	\$1.06	\$3.41	\$1.85	\$2.40	\$1.58

Notes:

- * The *Rethink Drink* campaign was rebranded as the *Alcohol. Think Again* campaign in 2008/09.
- **The *Enough is Enough* campaign was rebranded as the *Rethink Drink* campaign in 2007/08.
- *** This campaign is no longer conducted or evaluated.
- 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 3201.0 Population by Age and Sex, Australian States and Territories, Western Australia.
- “Awareness” refers to the cost per capita of the target population for the campaign who reported being aware of the campaign during the post-campaign evaluation: “Correct” refers to the cost per capita of the target population who correctly recalled the main campaign messages during the post-campaign evaluation.
- The methodology for 2009/10 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 actual cost for the *Alcohol. Think Again* campaigns 1 and 2 was \$1,194,900. For Campaign 1 the cost per person in the target group was \$1.60 for “Aware” and \$2.17 for “Correct” recall of the main campaign messages. For campaign 2 the cost per person in the target group was \$2.02 for “Aware” and \$2.80 for “Correct” recall of the main campaign messages.

- The actual cost for the *Drug Aware Amphetamine* campaign was \$420,907 (\$140,302 for each phase) and the cost per person in the target group was \$0.77 for “Aware” and \$0.82 for “Correct” recall of the main campaign messages.
- The budget for the *Drug Aware Amphetamine* campaign was significantly less than planned, as new advertising concepts were not tested or developed. Previous concepts were revised for the campaign as they have proven to be effective, which has led to the campaign becoming more cost efficient.
- 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);
 - *Rethink Drink* (*Enough is Enough* was rebranded in 2007/08 as the *Rethink Drink* campaign.): Social Marketing Program aimed at raising awareness about public drunkenness, its related problems and what the community can do about the issue; and
- In this table, cells where information is not available are designated by a “dash”.

Function Group 2: Treatment and Support

Efficiency Indicators

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

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

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

	Target	2009/10	Target	2008/09
Cost per treatment episode completed as planned or still engaged in treatment	\$1,233	\$1,427	\$1,259	\$1,262

Notes:

- The indicator is a measure of efficiency for treatment and support episodes inpatient and outpatient services provided by government and non-government agencies funded by WAADA and also include Sobering-up Centres, which are funded services of WAADA.
- The indicator is based on all the open and opened treatment and support episodes and measures the efficiency of treatment and support activity by calculating the cost per episode for all episodes that are completed as planned or clients are still continuing in treatment. The cost is based on an amount of \$45,431,302 which is the total costs for this function group (Function Group 2) for the financial year. The number of episodes completed as planned or clients still engaged in treatment was 31,841.
- “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 2009 – 31 March 2010.
- 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 15,690 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 \$1,427.
- The target for cost per treatment episode completed as planned or still engaged in treatment (\$1,233) was calculated by dividing the budget estimate for 2009/10 (\$47,315,295) by the 2007/08 actual number of treatment episodes completed as planned or still engaged in treatment (n=38,361 episodes).
- A variance was observed between the target of \$1,233 and the actual spend per episode of \$1,427. This was the result of a decrease in the number of treatment episodes observed in 2009/10 compared to 2007/08 (a 6,520 episode decrease in 2009/10). This decrease is mainly due to a reduction in Sobering-up Centre episodes (from 21,585 episodes in 2007/08 to 15,690 episodes in 2009/10), of which a significant proportion may be attributed to localised alcohol management activities and prevention initiatives.
- The 2009/10 cost of episodes completed as planned or clients still engaged in treatment, excluding the Sobering-up Centre episodes, was \$41,727,859. The direct cost for Sobering-up Centres in 2009/10 was \$3,703,443 and the number of episodes was 15,690 so the direct unit cost was \$236 per episode.
- The cost per treatment episode completed as planned or still engaged in treatment (excluding Sobering-up Centre episodes) decreased between 2008/09 and 2009/10 from \$2,632 to \$2,584 respectively. This was the direct result of a decrease in the number of Sobering-up Centre admissions, which is reflected also in the increased costs per Sobering-up Centre episode from \$188 in 2008/09 to \$236 in 2009/10.

Cost per treatment episode completed as planned or still engaged in treatment, excluding Sobering-up Centre episodes	\$2,584
Cost of Sobering-up Centre episodes	\$236

Other Legal Requirements

Advertising

In 2009/10 advertising expenses have been incurred by non-government organisations through service level agreements with the Drug and Alcohol Office. The Drug and Alcohol Office, in partnership with the Injury Control Council of WA, funds the *Alcohol. Think Again* campaign and in partnership with the Western Australian Network for Alcohol and other Drug Agencies funds the *Drug Aware* campaign.

Total *Alcohol.Think Again* Campaigns

Class of expenditure	2009/10
Advertising agencies (<i>The Brand Agency</i>)	\$520,851.21 (excl GST)
Market Research Agencies (<i>TNS Social Research</i>)	\$192,650.00 (excl GST)
Media Agencies (<i>Maxus Perth</i>)	\$480,027.17 (excl GST)
Total expenditure	\$1,193,528.38 (excl GST)

Total *Drug Aware* Campaigns

Class of expenditure	2009/10
Advertising agencies (<i>The Brand Agency</i>)	\$171,465.68 (excl GST)
Market Research Agencies (<i>TNS Social Research</i>)	\$149,937.50 (excl GST)
Media Agencies (<i>Maxus Perth</i>)	\$382,023.13 (excl GST)
(<i>Out in Perth</i>)	\$1,549.10 (excl GST)
(<i>X Press</i>)	\$12,375.00 (excl GST)
Total expenditure	\$717,350.41 (excl GST)

Disability Access and Inclusion Plan Outcomes

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

The plan has been implemented at DAO and is available on the DAO website. A Disability Services Planning Committee has been convened to ensure implementation of the plan throughout DAO.

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

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

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

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

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

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

- DAO ensures that key information (e.g. services, facilities, customer feedback, complaint procedures etc) is available in alternate formats (e.g. large font) and methods (e.g. website) upon request, and that the language used is clear, concise and culturally secure.
- DAO is currently redeveloping its website and priority has been directed towards improving the accessibility and clarity of information presented.

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

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

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

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

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

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

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

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

Compliance with Public Sector Standards and Ethical Codes

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

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

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

Compliance issues	Significant action taken to monitor and ensure compliance
Public Sector Standards 3 breaches claims lodges	<ul style="list-style-type: none"> Information about standards included on DAO intranet, internet and within induction materials. Ongoing support provided to staff on recruitment panels to ensure compliance with relevant standards. Transactions audited internally as a quality assurance process. Delivery of Recruitment and Selection training.
WA Code of Ethics Nil reports of non-compliance with WA Code of Ethics	<ul style="list-style-type: none"> WA Code of Ethics is part of DAO's induction process and materials on the DAO intranet. Ethics and integrity issues are discussed at DAO Senior Management and team meetings on an as-needs basis.
Agency Code of Conduct One report of non-compliance with DAO Code of Conduct	<ul style="list-style-type: none"> Information about updated Code of Conduct delivered to all staff. Code of Conduct included as part of DAO's induction materials and is available on the DAO intranet. eLearning product developed for Accountable and Ethical Decision Making. Use of staff access to computer technology is monitored on an ongoing basis in line with the DAO Information Technology policy.

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

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

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

Recordkeeping plans

The Drug and Alcohol Office has a Recordkeeping Plan in accordance with the provisions of the *State Records Act 2000*. The Recordkeeping Plan has been recently reviewed and an updated plan was approved by the State Record Commission at its meeting on 18 June 2010.

Ongoing retention and disposal of DAO records is carried out as part of normal business planning. Archival and non-archival collections are held in offsite storage. This includes the medical records at Next Step East Perth and Metropolitan Integrated Services.

All new employees are reminded of their obligations in managing recordkeeping as part of the TRIM Program (Towers Records Information Management System) which is incorporated into the DAO Induction Program. On-line Record Keeping Awareness Training (RAT) is available to all staff and TRIM training is available on the intranet. Additionally, recordkeeping forms a key component of the Accountable and Ethical Decision Making training program.

Government Policy Requirements

Substantive Equality

In late 2009, the Drug and Alcohol Office volunteered to participate in the implementation of the *Policy for Substantive Equality Framework* in the Western Australia public sector. This involved assessing a key service that affected Aboriginal people and/or ethnic minority groups. A Needs and Impact Assessment identified the Aboriginal Withdrawal Unit as a service that was developed to resolve a service area that was adversely affecting Aboriginal clients.

The need for the development of a specific withdrawal service for Aboriginal people stems from barriers faced by this population when trying to access 'mainstream' treatment services. These barriers can include a lack of understanding about the way Aboriginal people construct reality, their knowledge and values; difficulties in accessing services due to lack of transport and telephones; and information and resources being provided in a culturally inappropriate way.

The substantive equality project aimed to determine the suitability of the Unit in meeting the needs of Aboriginal clients seeking withdrawal services. A secondary aim was to explore what barriers remained for Aboriginal clients accessing these services. Additionally, policies and procedures related to the Unit were reviewed to determine the level of systemic discrimination against Aboriginal people.

Overall, the results were positive about the systemic framework of the Unit. The policy and procedure review demonstrated a policy pathway that included protocols in accordance with the *Western Australian Health Aboriginal Cultural Respect Framework* and the *Western Australian Health Aboriginal Impact Statement and Guidelines*. This overall process ensures that appropriate consultation or negotiation actions have taken place, and the health needs and interests of Aboriginal people have been properly considered in every proposed policy.

Admission rates for Aboriginal clients accessing withdrawal services had significantly increased since the Unit opened compared to prior its' existence. Equally, the percentage of bed occupancy and length of stay additionally increased after the Unit opened compared to before. The stakeholder and client surveys were supportive and optimistic overall about the service and its' ability to provide Aboriginal clients with a holistic service and a choice.

There were several limitations within this evaluation; the number of Aboriginal clients available during the data collection period and a lack of knowledge about substantive equality by some staff members. Recommendations from this evaluation have been outlined in a report to be submitted to the Substantive Equality Unit at the Equal Opportunity Commission by mid-2010. Examples of these recommendations include cultural awareness training to be core education for all staff, and to employ a full-time female Aboriginal Health/Drug and Alcohol Worker for the Unit.

Occupational Safety and Health

Statement of Commitment

DAO is committed to providing a safe working environment which enables us to achieve high standards in safety and health for all staff, contractors and visitors.

All areas of DAO meet or exceed occupational safety and health (OSH) requirements and DAO will continue to develop and implement systems and work practices to reflect our pledge to safety and health. Our commitment to injury management and successful rehabilitation of injured employees is evidenced by our structured injury management system and workplace assessments which are undertaken throughout DAO. Consultation with Safety and Health representatives and staff is considered an essential part of the successful OSH outcomes we enjoy.

To achieve our high standards DAO continues to:

- promote a culture that emphasises safety as a core value in all aspects of work
- inform all employees of their duty of care and empowers them to take responsibility for the safety and health of themselves and others
- communicate, consult and cooperate with employees and OSH representatives with respect to improving OSH performance
- take practical measures to identify hazards, assess risks and implement controls
- encourage the robust hazard identification system which empowers staff to report hazards as soon as they are recognised
- rectify identified hazards as soon as practicable
- investigate all incidents/accidents to prevent reoccurrence
- provide dedicated injury management care to our staff via internal rehabilitation or external rehabilitation providers. Consultation with treating medical practitioners and other parties ensures a satisfactory outcome for our injured staff. On-site monitoring of all injured staff is provided by the OSH and Risk Management Coordinator and the employee's manager
- maintain and improve the OSH Management System with measureable objectives and targets to support continuous improvement in safety and health
- provide training, time, resources and financial support as required, to implement effective culture of safety
- ensure policies and procedures are relevant, up to date and implemented throughout the organisation.

The policy and procedures are kept under continuous review by the OSH Committee and Senior Management Group and are formally reviewed every two years by these groups and our employees.

In complying with the *Workers' Compensation and Injury Management Act*, DAO provides written return-to-work programs in consultation with the injured employee, their manager, their treating medical practitioner and other parties as required. Staff who have suffered injury either within the work environment or externally are provided with written return to work programs and rehabilitation facilities. Staff at DAO are made aware of the *Workers' Compensation and Injury Management Act* via induction, OSH Awareness training and information on our intranet. OSH Awareness training is compulsory for all staff in order to ensure they are trained in correct working procedures and to support our goal of reducing workplace injuries.

Consultation

DAO is committed to ensuring that staff are included in matters affecting their safety and health at work. The OSH Committee is the formal avenue for such consultation through our Safety and Health Representatives.

In April 2010 a survey was conducted to gauge the perception of inclusion concerning consultation amongst staff. The survey was sent to 182 staff and 85 completed the survey, resulting in a response rate of 46.7%. The results from the survey revealed:

- 97.6% felt if they had an OSH problem or issue, they could raise it with their manager, Safety Representative or a senior staff member
- 100% indicated if they were to raise an OSH problem or issue with their manager, Safety Representative or senior staff member, they were prepared to listen to them
- 97.6% said their manager, Safety Representative or senior staff member were prepared to discuss and consult with them on OSH problems or issues they had
- 94.1% were happy with the way their manager and the organisation consulted with them on any OSH problems or issues they may have.

These results reflect that staff are satisfied with the level and type of OSH consultation at DAO and that our commitment to achieving high standards in OSH through employee participation is realised.

Consultation between Managers and staff is strongly encouraged at DAO. Managers are provided with monthly "OSH Team Meeting Topics" which are designed to encourage informed discussion on various topics at their team meetings. Staff report that having a topic to discuss each month facilitates genuine dialogue and raises other topics concerning OSH and ways to achieve and maintain a safe working environment.

Compliance

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

- *Occupational Safety and Health Act 1984*
- *Occupational Safety and Health Regulations 1996*
- *Workers' Compensation and Injury Management Act 1981*
- *Treasurer's Instruction 825*
- Australian Standards AS/NZS 4360:3004; WorkSafe Plan and 4801:2001
- Disability Services Commission's legislation, regulations, standards and codes.

DAO is continuously reviewing its Safety Management System. An external review was undertaken in April 2010 using the WorkSafe Plan. This review has enabled DAO to upgrade OSH systems and provide a workplace which exceeds standard safety criteria. This review has resulted in the application to WorkSafe for a Silver Certificate of Achievement. The granting of this Certificate demonstrates that DAO is committed to ensuring our staff enjoy a safe working environment through our Safety Management System and which reduces the risk of work-related injury and disease in our workplaces.

Annual Performance for 2009/10	Total 2007/08	Total 2008/09	Total 2009/10	Target	Comment on Result
Number of fatalities	0	0	0	0	Result achieved
Number of severe claims	0	0	0	0	Result achieved
Number of lost time injury/diseases	2	1	3	0% or 10% reduction	Training and systems enhanced to reduce total
Lost time injury severity rate	0	0	0	0	Result achieved
Percentage of Managers trained in OSH	0	81	93	100	On target to meet 100%

Appendices

Appendix One – Research projects

(Completed or in progress 2009/10)

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

Musk AW¹, Bartu, A^{2,3}, Nelson P⁴, deKlerk N⁵

- 1 Department of Respiratory Medicine, Sir Charles Gairdner Hospital
- 2 School of Nursing and Midwifery, Curtin University of Technology
- 3 Drug and Alcohol Office
- 4 Drug and Alcohol Office, Next Step Drug and Alcohol Services
- 5 Telethon Institute of Child Health Services

Use of the audio-recorded cognitive screen (ARCS) in an acute-stay inpatient drug and alcohol treatment facility *(in progress)*

Moyle J¹, Quigley A¹, Schofield P^{2,3}

- 1 Drug and Alcohol Office, Next Step Drug and Alcohol Services
- 2 Neuropsychiatry Service, Hunter Area Health, New South Wales
- 3 Department of Psychiatry, University of Newcastle, New South Wales

Prospective memory impairment in substance abuse and its relationship to treatment outcome *(in progress)*

Weinborn M¹, Fox A¹, Dyer K²

- 1 School of Psychology, University of Western Australia
- 2 School of Medicine and Pharmacology, University of Western Australia

Appendix Two – Publications, reports and monographs

Griffiths, P., Kalic, R. & Gunnell, A. (2009). Australian School Student Survey: Western Australian Tobacco Results, Brief Communication no.1. Perth: Drug and Alcohol Office.

Griffiths, P., Kalic, R. & Gunnell, A. (2009). Australian School Student Survey: Western Australian Results (excluding tobacco), Brief Communication no. 2. Perth: Drug and Alcohol Office.

Drug and Alcohol Office. (2009). Pulsecheck, 2009, Issue 1. Perth: Drug and Alcohol Office.

Drug and Alcohol Office. (2010). Pulsecheck, 2010, Issue 1. Perth: Drug and Alcohol Office.

Keen, J. (2010). Aboriginal alcohol and other drug worker perspectives of cross-cultural supervision. Unpublished Master's dissertation.

Weinborn, M., Woods, S.P., Fox, A., Dyer, K. & Moyle, J. (2010). Prospective memory deficits among polysubstance dependent individuals in treatment. *Journal of International Neuropsychological Society*, 16 (Suppl 1):35.

Appendix Three – Conference papers, seminars and other presentations

- Akesson, G. (2009). Drug and Alcohol Strategic Plan Discussion. WA Country Health Service Population Health Forum. Perth, Western Australia: 13 August 2009.
- Akesson, G. (2010). *Alcohol. Think Again*. School Drug Education and Road Aware Forum. The Aquarium of Western Australia (AQWA). Hillarys, Western Australia: 18 February 2010.
- Akesson, G. (2010). How can you change a community? Fogarty Youth Leadership. Perth, Western Australia: 21 March 2010.
- Akesson, G. (2010). Liquor restrictions in Halls Creek and Fitzroy Crossing – Impacts after 12 to 24 months. The Inaugural National Indigenous Drug & Alcohol Conference. Adelaide, South Australia: 16-18 June 2010.
- Akesson, G. & Fleming, J. (2010). Sustainable change – when liquor restrictions are not enough. The Inaugural National Indigenous Drug & Alcohol Conference. Adelaide, South Australia: 16-18 June 2010.
- Casey, W. & Keen, J. (2010). Strong Spirit Strong Mind resources – working with visual resources to enhance therapeutic outcomes. National Indigenous Drug and Alcohol Conference. Adelaide, South Australia: 16-18 June 2010.
- Gray, M. (2010). Secondary supply of alcohol. Office of Crime Prevention Leavers Planning Symposium. Perth, Western Australia: 24-25 March 2010.
- Gray, M. (2010). Fitzroy Valley liquor restrictions. The WA Aboriginal Drug and Alcohol Worker Forum 2010. Perth, Western Australia: 5-6 May 2010.
- Gray, M. (2010). Alcohol related harm in the South West - emerging issues. The South West Alcohol Management Forum. Bunbury, Western Australia: 27 May 2010.
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