

Annual Report 2010/11

Drug and Alcohol Office



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

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Corporate information

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

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

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Statement of compliance

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

In accordance with Section 61 of the *Financial Management Act 2006*, we hereby submit for your information and presentation to Parliament, the Annual Report of the Western Australian Alcohol and Drug Authority for the financial year ending 30 June 2011.

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



Professor Gary Geelhoed
Chairperson/Member of the Board
Western Australian Alcohol and Drug Authority

16 September 2011



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

16 September 2011



Executive Director's report

The past financial year has seen some significant developments within the community services sector, and the alcohol and other drug sector, which has meant considerable but worthwhile effort for all involved at the Drug and Alcohol Office (DAO).

Achievements include the release of the *Drug and Alcohol Interagency Strategic Framework for Western Australia 2011-2015* following public consultation. The *Framework* is aligned with the *National Drug Strategy 2010-2015*, which was also released during the year.

The *Framework* outlines the policy direction over the next five years in order to prevent and significantly reduce the adverse impacts of alcohol and other drug use, and acts as a guide for the combined efforts of Government, non-government organisations and the community.

The two core elements of the *Framework* are firstly a focus on preventing drug use, harmful alcohol consumption, drug supply, and harms to individuals, families and communities; and secondly providing assistance, treatment, and services to those who need support.

While the *Framework* is necessarily broad, we've given particular attention to those at higher risk of harm, including people with co-occurring mental health and alcohol and other drug problems, Aboriginal people, young people, families, the homeless and offenders. This is because evidence demonstrates that these population groups experience greater impacts from alcohol and other drug use and therefore require additional support.

Alcohol use in Western Australia continues to be a significant concern, with the 2010 National Drug Strategy Household Survey, the tenth since the series began in 1985, indicating that in the past year:

- one in five people aged 14 years or older had consumed alcohol at a level that put them at risk of harm from alcohol related disease over their lifetime; and
- four in 10 Western Australians aged 14 years or older had consumed alcohol at a level that put them at risk of alcohol related injury from a single occasion of drinking.

With these figures in mind, the development of strategies to reduce alcohol-related harm continues to be a key priority area for our work.

During the year, the DAO has continued to build on the *Alcohol.Think Again* 'Alcohol and Cancer' Campaign. Starting in April 2010, the Campaign promotes that men and women should have no more than two standard drinks on any one day to stay at low-risk of alcohol caused cancer and other diseases. Pleasingly, evaluation of the campaign to date has shown high levels of acceptance of the link between drinking alcohol and getting cancer.

In relation to activities targeting the prevention of illicit drug use, the *Drug Aware Ecstasy* Campaign incorporated new ways of reaching and communicating with young people through the use of social media. For this campaign we engaged a panel of experts experienced in dealing with drug related issues to offer their views and insights via video interviews which were then made available on the internet and promoted through social media sites.

The *Drug Aware* website continues to offer a place for young people to obtain credible and factual information on illicit drugs and I'm pleased to say the campaign had an excellent response and created important dialogue around the issues of ecstasy use.

In June 2011 DAO also launched a new website which sees a significant improvement on the previous version, and as well as improving our corporate presence online, enables us to interact with the community in a much more focused, user friendly manner.

In another significant change for the sector, the *Cannabis Law Reform Act 2010* was proclaimed on 1 August 2011 and repeals the *Cannabis Control Act 2003*. The first phase of our Cannabis Prevention Campaign was developed during 2010/11 and was launched to coincide with the introduction of the legislation. Implemented statewide, the campaign includes press, radio and



digital media initiatives that focus on the law changes and the health harms associated with cannabis use.

The DAO was at the forefront of a government response to the emerging issue of the presence and use of synthetic cannabinoids and other 'legal' drugs designed to mimic the effects of illegal substances. Western Australia was the first Australian jurisdiction to ban the sale of substances containing the chemicals found in synthetic cannabis, and DAO continues to coordinate the interagency response to the issue of 'legal' drugs.

In terms of the number of people accessing our services, this year saw 35,328 episodes of care provided to Western Australians receiving treatment and support for alcohol and other drug issues. The total number of participants accessing treatment through the WA Diversion Program also increased for the tenth consecutive year.

We welcomed the Hon Helen Morton MLC as the new Minister for Mental Health, who was sworn in on 14 December 2010. The Minister brings significant experience to her role and a passion to improve outcomes in the mental health and alcohol and other drug sectors. And in May we saw the 2011/12 State Government budget handed down, resulting in a significant funding boost for the alcohol and other drug sector, and the community services sector.

The budget included a commitment of an additional \$4.36 million recurrently to non-government agencies across the alcohol and other drug sector as part of the State Government procurement reforms. Considerable resources were also allocated to our sector to provide for 15 homes for people recovering from alcohol and other drug problems and for the expansion of prevention, treatment and support services across the Pilbara, Kimberley, Goldfields and Carnarvon regions.

Finally, I would like to extend my appreciation and gratitude to Professor Mike Daube who resigned as Chair of the Western Australian Alcohol and Drug Authority Board on 31 December 2010. Mike was a member of the Board for 14 years, and served as Chair of the Board since the inception of the DAO in January 2002. His experience was invaluable in enabling the DAO to work effectively as a state government agency while contributing meaningfully to the national agenda in the alcohol and other drug arena.

We wish Mike well in his new roles as Director of the McCusker Centre for Action on Alcohol and Youth, and Chair of the National Alliance for Action on Alcohol.

I was pleased to welcome Professor Gary Geelhoed as the new Western Australian Alcohol and Drug Authority Chair from 1 January 2011. Gary is a leading paediatrician and head of the Emergency Department at Princess Margaret Hospital. He is also a former Australian Medical Association State President and brings a wealth of experience to his new role.

Lastly, I'd like to thank the Board and the wider sector for their continued support throughout the year. We continue our role supporting the WA Network of Alcohol and other Drug Agencies and the Department of Health and Ageing on progressing the development of a culturally secure Accreditation Framework for implementation across the sector in WA, and in Aboriginal alcohol and other drug services nationwide.

And to the DAO staff, I'm grateful for the passion and dedication you bring to work each day in order to make a difference in the lives of people affected by alcohol and other drug problems.



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



Overview

Executive summary

Drug and Alcohol Office – who we are

The Drug and Alcohol Office (DAO) is a statutory authority - the Western Australian Alcohol and Drug Authority (WAADA) - 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 to prevent and reduce the adverse impacts of alcohol and other drugs in the Western Australian community.

DAO coordinates whole-of-government policies and strategies in conjunction with state and 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.

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 alcohol and other drug problems.

DAO supports a comprehensive range of outpatient counselling and residential rehabilitation services, including specialist youth, women's and family services provided by non-government



agencies. Most of these agencies 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, operated as a partnership between 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 alcohol and other drug problems. Callers have the option of talking to a professional counsellor, a volunteer parent or both.

Aboriginal programs

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

Workforce development

DAO works with the 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 alcohol and other drug 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 alcohol and other drug publications. Members of the public, tertiary students and staff from other government agencies are welcome to use the library for reference purposes.

Summary highlights 2010/11

Significant achievements of DAO for 2010/11 are summarised below. Detailed highlights are provided in the body of the annual report.

Focusing on prevention

- Implemented two phases of:
 - the *Alcohol.Think Again* 'Cancer' Campaign aiming to decrease long-term harmful drinking by raising awareness of the long-term health harms associated with alcohol use.
 - the *Alcohol.Think Again* 'Tolerance' Campaign aiming to decrease short-term harmful drinking by changing the community's tolerance towards drunkenness.
 - the *Drug Aware* Ecstasy Prevention Campaign and the *Drug Aware* Amphetamine Prevention Campaign aiming to prevent and delay the onset of use and increase access to treatment and support services.
- Developed a new four-year education campaign, to accompany the introduction of the cannabis laws in August 2011, aimed at parents and young people who use cannabis to highlight the serious community misconceptions of cannabis being a harmless drug.
- Commenced the *Strong Spirit Strong Future* state-wide Aboriginal Fetal Alcohol Spectrum Disorder (FASD) Prevention Program through funding of \$2.2 million over four years from the Council of Australian Governments (COAG), Closing the Gap Indigenous Early Childhood Development National Partnership.
- Through the Halls Creek and Fitzroy Crossing alcohol management committees, DAO led the development of two comprehensive reports into the impact of liquor restrictions in these communities.

Intervening before problems become entrenched

- Worked collaboratively with the WA Police, Department of Health Pharmaceutical Services and the ChemCentre to gather available evidence of harms relating to synthetic substances, including synthetic cannabinoids. This interagency collaboration will continue to deal with new substances as they arise.
- Established additional alcohol management plans and committees in Albany, Port Hedland, Collie, Kununurra and Wyndham, as well as maintaining the existing eight management committees in the Kimberley, Pilbara and Midwest regions.
- DAO contracted Community Services Sector Organisations to provide Cannabis Intervention Sessions (CIS), under the *Cannabis Law Reform Act 2010* in readiness for the scheme's commencement on 1 August 2011.

Effective law enforcement approaches

- Supported the introduction of the *Cannabis Law Reform Act 2010*.
- Continued to strengthen and consolidate the court diversion programs including Pre-Sentence Opportunity Program, and Young Persons Pre-Sentence Opportunity Program via improved and more robust partnerships with the Department of the Attorney General and the courts.
- The total number of participants accessing treatment through the Western Australian Diversion Program in the 2010 calendar year increased for the tenth consecutive year.

Effective treatment and support services

- In partnership with Western Australian Network of Alcohol and Other Drug Agencies (WANADA) and the Australian Government Department of Health and Ageing, DAO supported the development of the *WA Alcohol and Other Drug Sector Quality Framework* into



a draft accreditation framework for implementation across the Western Australian alcohol and other drug sector, and in Aboriginal alcohol and other drug services nationwide.

- Integrated services continued to expand and an integrated services case management model and integrated clinical reviews were introduced.
- Referral pathways continued to be improved between the Inpatient Withdrawal Unit, Emergency Departments, mental health services, GPs and the non-government alcohol and other drug sector to improve continuity of care.

Strategic coordination and capacity building

- Finalised the *Drug and Alcohol Interagency Strategic Framework for Western Australia 2011-2015*. The *Framework* provides a guide for government and other stakeholders, including non-government agencies and the community, with the goal of preventing and reducing the adverse impacts of alcohol and other drugs in the Western Australian community.
- Conducted 179 training events for 3,828 participants. This included partnerships with key mainstream organisations including the Department for Child Protection, Department of Corrective Services and Mental Health Division to enhance their capacity to respond to alcohol and other drug use issues.
- Completed the 2010/11 financial year with a balanced budget, including all State and Commonwealth sourced funds.
- Conducted and evaluated the seventeenth Western Australian Drug and Alcohol Symposium, “*Hope, Hype or Hard Evidence? Alcohol and Other Drugs Practice in the New Millennium*” from 30 August to 1 September 2010. This conference was attended by 300 delegates.
- Conducted two intakes of the *Aboriginal Alcohol and other Drug Worker Training Program, CHC30108 Certificate III in Community Services Work*. Twenty-one students (15 female and six male), enrolled in Intake 1 and are employed in a number of agencies throughout the AOD sector; ranging from community controlled, non-government and government services in the Kimberley, Goldfields, Gascoyne/Murchison, Wheatbelt and metropolitan regions. Eleven students (nine females and two males) enrolled in Intake 2 of the training which was specifically for workers from the Aboriginal Alcohol and Drug Service. Thirteen participants (eight female and five male) graduated in February 2011.



Significant issues and trends

Drug and Alcohol Trends

Current alcohol and other drug issues and trends are monitored continuously by DAO to ensure accurate and timely reporting on a range of indicators and enable appropriate and timely responses in the areas of supply disruption, treatment, and prevention initiatives.

One of the leading surveys of licit and illicit drug use in Australia is the National Drug Strategy Household Survey (NDSHS). The NDSHS is conducted under the auspices of the National Drug Strategy which provides a framework for a co-ordinated and integrated approach to drug issues in the Australian community. The mission of the *National Drug Strategy 2010-2015* is to build safe and healthy communities by minimising alcohol and other drug related health, social and economic harms among individuals, families and communities¹.

Implementation of the *National Drug Strategy 2010-2015* is now the responsibility of the Intergovernmental Committee on Drugs (IGCD). The IGCD is a Commonwealth, state and territory government forum of senior officers who represent health and law enforcement agencies in each Australian jurisdiction. The Committee is responsible for ensuring that Australia has a nationally coordinated and integrated approach to reducing the substantial harm associated with drug use.

The 2010 NDSHS is the tenth survey in the series. The NDSHS has been conducted nationally every three years for the last 26 years, with previous surveys in 1985, 1988, 1991, 1993, 1995, 1998, 2001, 2004 and 2007. In 2010, more than 26,000 Australians participated in the survey, of which 10.2% were from Western Australia.

This annual report outlines the latest 2010 NDSHS results available, together with other local and more recent indicators.

In brief

For people aged 14 years and older:

- The proportion of Western Australians and Australians who drank alcohol in the past year, the past week or daily decreased in 2010 compared to the 2007 survey. The decrease in daily drinking in Western Australia and Australia was significant.
- In 2010, more Western Australians drank alcohol at levels that place them at risk of harms across their lifetime and on single occasions compared to national figures.
- There was a significant increase in the past year use of cannabis in Western Australia and Australia in 2010 compared to the 2007 survey results; however use remained comparable to that in the 2004 survey.
- Meth/amphetamine and ecstasy use in Western Australia in the 12 months prior to the 2010 survey decreased compared to the 2007 survey.
- Recent cocaine use by Western Australians increased slightly in the 2010 survey compared to the 2007 survey, as did recent use by Australians.
- Painkiller and analgesic use reportedly increased in Western Australia and Australia in the 2010 survey compared to 2007.

¹ Ministerial Council on Drug Strategy. (2011). *National Drug Strategy 2010–2015*. Canberra: Department of Health and Ageing.

Prevalence

Alcohol

For people aged 14 years or older, the proportion of Western Australian recent drinkers (drank alcohol in the past year) continued to decrease in 2010 (83.0%) from the 2007 survey (86.3%). Western Australian trends were similar to those seen nationally, where the proportion of Australian recent drinkers in 2010 was 80.5% compared to 82.9% in 2007.

For Western Australians aged 14 years and over, 43.4% reported drinking weekly in 2010 compared to 46.9% in 2007. For Australia, there was a significant decrease from 41.3% in 2007 to 39.5% in 2010.

In 2010, a significant decrease was reported by Western Australians and Australians aged 14 years and over (7.5% and 7.2% respectively) who reported drinking daily compared to the 2007 survey (9.8% and 8.1% respectively).

In 2009, the NHMRC revised the national alcohol guidelines. As such, prevalence estimates from the NDSHS prior to the 2007 figures relating to lifetime and single occasion risk of harm are not directly comparable.

The 2009 NHMRC guidelines advise both men and women to drink no more than two standard drinks per day to reduce their health risks over a lifetime, and no more than four standard drinks per session to reduce their risk of injury in the short term. This recommended number of standard drinks per session/day means drinkers stay under a risk of harm of less than one death from alcohol-related disease/injury per 100 drinkers.

Based on the 2009 National Health and Medical Research Council (NHMRC) guidelines 22.7% of Western Australian recent drinkers aged 14 years and over were estimated to have consumed alcohol at a level that put them at a risk of harm from an alcohol-related disease over their lifetime in 2010 compared to 24.2% in the 2007 NDSHS (Table 1).

Also based on the 2009 NHMRC guidelines, in 2010, the proportion of Western Australian recent drinkers aged 14 years and over who reported consuming alcohol that placed them at risk of an alcohol-related injury was 43.3% compared to 44.4% in 2007.

Table 1. Estimated proportion of Western Australians aged 14 years and over reported risky drinking in the 2007 and 2010 NDSHS, comparison of 2001 and 2009 NHMRC alcohol guidelines

	2001 NHMRC guidelines		2009 NHMRC guidelines	
	2007 NDSHS	2010 NDSHS	2007 NDSHS	2010 NDSHS
Long term/lifetime risk				
<i>Males</i>	10.7	11.4	34.5	33.1
<i>Females</i>	12.3	10.7	13.9	12.0
<i>Persons</i>	11.5	11.1	24.2	22.7
Short term/single occasion risk				
<i>Males</i>	41.4	41.2	55.1	54.0
<i>Females</i>	33.0	31.5	33.6	32.4
<i>Persons</i>	37.1	36.4	44.4	43.3

Table 2 outlines the differences between the 2001 and 2009 NHMRC alcohol guidelines in relation to the number of standard drinks that define consuming alcohol at a level that place an individual at risk of short or long term harm.

Table 2. NHMRC guidelines for the number of standard drinks consumed by risk level

	2001 Levels			2009 Levels	
	Low Risk	Risky	High Risk		
Short term males	<6	7-10	>11	Single occasions males & females	4
Short term females	<4	5-6	7+		
Long term males	<4	5-6	7+	Lifetime risk males & females	2
Long term females	<2	3-4	5+		

The revision of the NHMRC alcohol guidelines creates a limitation when tracking risky drinking trends in the Western Australian and Australian population over time. Therefore, in the figure below, the 2001 NHMRC guidelines have been used to track changes in risky drinking levels of short and long term harm over the last decade (Figure 1).

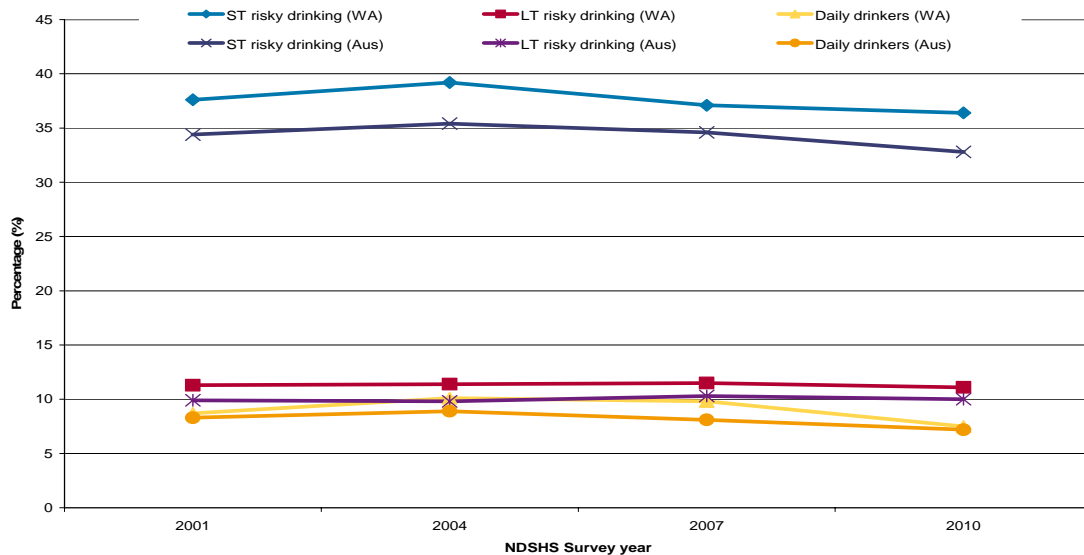


Figure 1. Estimated proportion of recent drinkers aged 14 years and over who consumed alcohol at levels that placed them at risk/high risk for harm in the short term², harm in the long term³, and daily drinkers, Western Australia and Australia, 2001–2010.

The estimated proportion of persons aged 14 years and over who consumed alcohol at risky/high risk levels of harm in the short term in 2010, as defined by the 2001 NHMRC guidelines, decreased slightly in Western Australia and Australia compared to the 2001 NDSHS.

In 2010, 36.4% of Western Australian recent drinkers aged 14 years and over were estimated to have consumed alcohol at levels that placed them at risk/high risk for short term harm, compared to 37.6% in 2001.

Western Australian and Australian population estimates for recent drinkers aged 14 years and over who consumed alcohol at levels that placed them at risky/high risk for harm in the long term have remained stable since 2001. In 2001, 11.3% of Western Australian recent drinkers and 9.8% of Australian recent drinkers consumed alcohol at levels that placed them at risk/high risk for long term harms compared to 11.1% and 10.0% in 2010 (respectively).

² as defined by 2001 NHMRC guidelines

³ as defined by 2001 NHMRC guidelines

Illicit drugs

The estimated proportion of the Western Australian and Australian population aged 14 years and over that reported using at least one illicit drug in the twelve months prior to the 2010 NDSHS has decreased since 2001, but increased compared to the 2007 NDSHS results (Figure 2). In 2010, the estimated proportion of Western Australians who had used an illicit drug in the last year was 18.6% compared to 22.1% in 2001 (Australia 14.7% and 16.9% respectively).

Between 2001 and 2007 recent cannabis use decreased in Western Australia and Australia, but reportedly increased in 2010. These increases remained lower compared to the 2001 estimated proportions. In 2001, 17.5% of Western Australians reported using cannabis recently compared to 13.4% in 2010 (Australia 12.9% and 10.3% respectively).

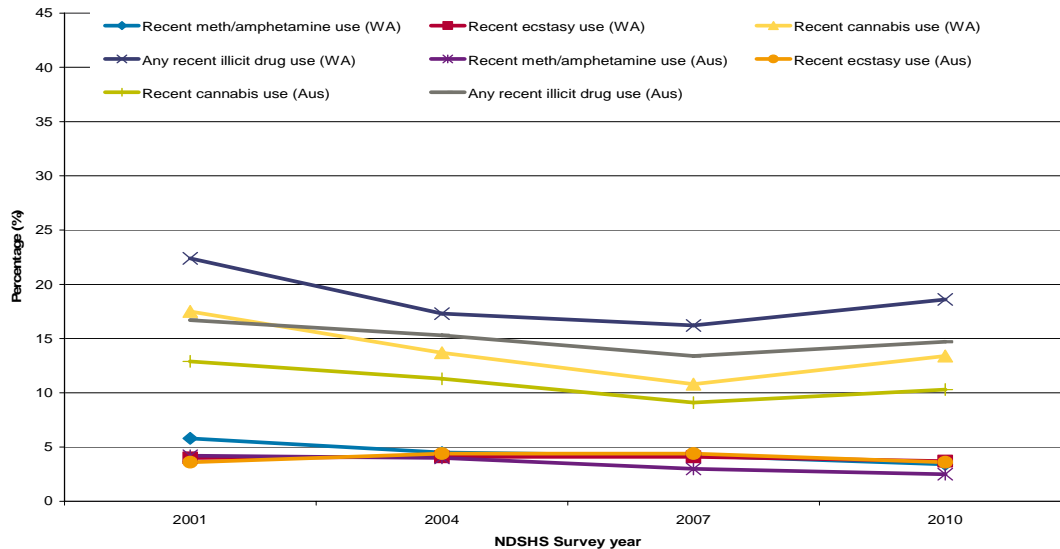


Figure 2. Estimated proportion of the population aged 14 years and over who recently used cannabis, meth/amphetamine, ecstasy, or any illicit drug, Western Australia, 2001–2010

Meth/amphetamine use in the 12 months preceding each NDSHS has decreased since 2001 for Western Australia and nationally. In 2010, 3.4% of Western Australians reported using meth/amphetamine in the last twelve months compared to 5.8% in 2001 (Australia 2.1% and 3.4% respectively).

Ecstasy use has reportedly remained stable across the survey years in Western Australia and Australia. In Western Australia, 3.7% reported using ecstasy in the twelve months prior the 2010 NDSHS compared to 4.0% in the 2001 survey. Nationally, around 3.0% reported using ecstasy in the 12 months prior to both the 2001 and 2010 NDSHS surveys.

The proportion of Australians aged 14 years and over who reportedly used heroin in the twelve months prior the 2010 survey (0.2%) remained stable compared to the 2007 survey (0.2%). In comparison, Western Australians aged 14 years and over who reported past year heroin use increased from 0.2% in 2007 to 0.3% in 2010. However, the Western Australian figures should be interpreted with caution as the estimated figure has a relative standard error of 25% to 50%.

Young people

In 2010, Western Australians aged 12–17 years were reportedly less likely to use cannabis or at least one illicit drug in the last year compared to Western Australians aged 18–19 years and 20–29 years (Figure 3). Western Australians aged 18–19 years were reportedly more likely to have used cannabis in the twelve months preceding the 2010 NDSHS compared to those aged 20–29 years. Western Australians aged 20–29 years were more likely to report using meth/amphetamines or ecstasy in the last year than those aged 18–19 years.

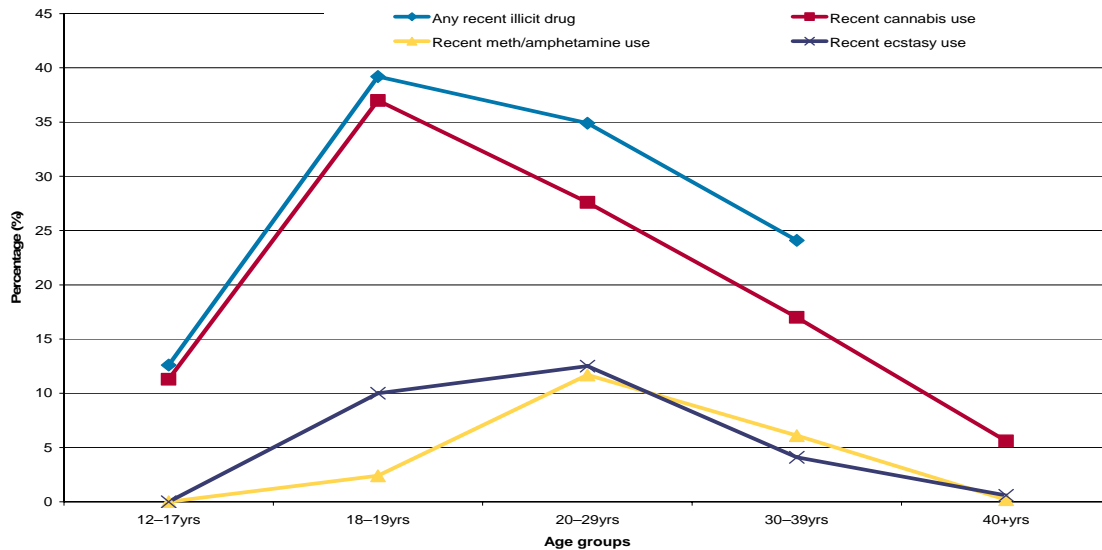


Figure 3. Estimated proportion of the population aged 12 years and over who recently used cannabis, meth/amphetamine, ecstasy and any illicit drug⁴, by age group, Western Australia, 2010⁵

Treatment and Hospitalisations

Alcohol

The number of clients starting treatment services for whom alcohol is the primary drug of concern has remained stable over the last four years (Figure 4). In 2007, the rate of clients commencing alcohol related treatment services was 29.1 per 10,000 persons compared to 30.3 per 10,000 persons in 2010.

The rate of hospital admissions for alcohol related cases increased in 2010 compared to 2007. In 2007, an estimated 57.9 per 10,000 persons were treated in a Western Australian hospital for an alcohol-related disease or injury compared to 69.4 per 10,000 persons in 2010.

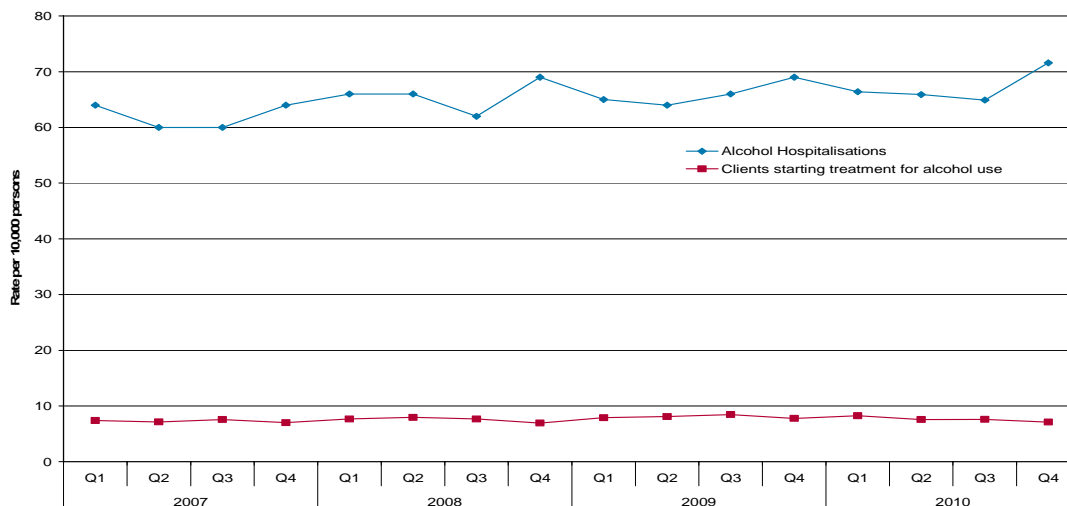


Figure 4. Alcohol hospitalisations⁶ and alcohol treatment services per 10,000 persons⁷, Western Australia, 2007-2010

⁴ Please note: any illicit drug use in the past year for the 40 years and over age group is not available at this time.

⁵ Please note: Western Australian risky drinking prevalence by age group for the 2010 NDSHS are unavailable at this time.

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

Illicit drugs

The rate of clients commencing alcohol and other drug treatment where an illicit drug is the primary drug of concern has decreased slightly since 2007 (Figure 5). In 2007, the rate of clients accessing treatment where an illicit drug was the primary drug of concern was 42.3 per 10,000 persons compared to 30.6 per 10,000 persons in 2010.

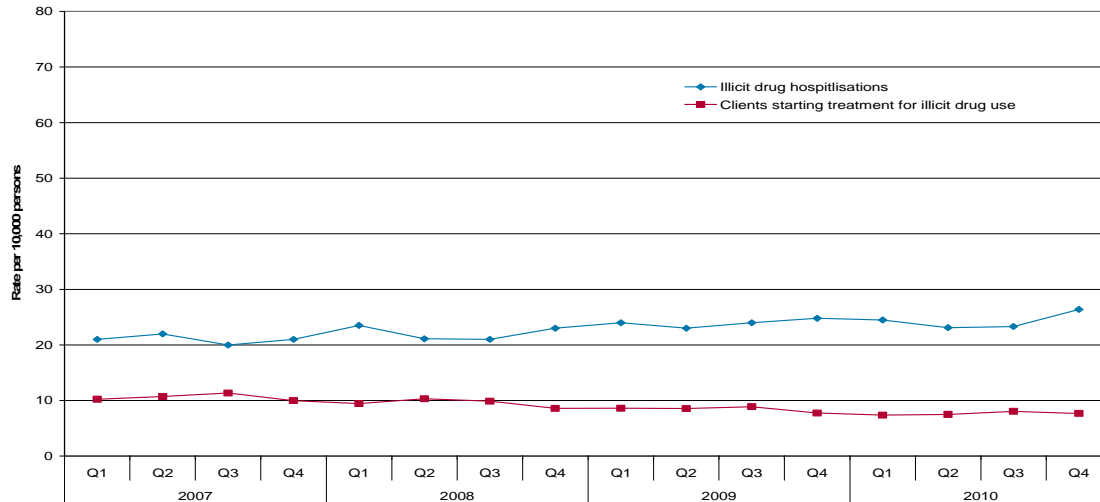


Figure 5. Illicit drug hospitalisations and illicit drug treatment per 10,000 persons, Western Australia, 2007–2010

The rate of illicit drug related hospitalisations has increased slightly since 2007, with 19.3 per 10,000 persons admitted in 2007 compared to 24.5 per 10,000 persons in 2010.

Other emerging trends

Other emerging issues include the increasing use of synthetic substances, research chemicals and analogues, and other psychotropic substances. Synthetic cannabinoids, commonly marketed as products such as kronic or herbal incense, have been available for purchase in Western Australia since at least 2006, and prohibitive legislation targeting these products has recently been implemented by state and federal governments.

Research chemicals/analogues such as mephedrone, methylenedioxypyrovalerone (or “bath salts”), and numerous others continue to be used by a small proportion of the Australian drug-using population. The use of other psychotropic substances such as khat and dimethyltryptamine, amongst others, is becoming increasingly popular.

Figures from the 2010 NDSHS (and WA police data relating to frequencies of arrests and drug seizures) indicate that the use of cocaine in Western Australia has increased gradually in recent years. Western Australians aged 14 years and over who reportedly used cocaine in the twelve months prior the 2010 survey increased slightly compared to the 2007 survey (2.2% and 1.8% respectively). The proportion of Australians aged 14 years and over who reported using cocaine in the past year significantly increased in 2010 (2.1%) compared to the 2007 survey (1.6%).

The misuse of licit pharmaceuticals is also an emerging issue, with survey data, law enforcement data, and treatment services data all pointing to increases in the abuse of prescription narcotic painkillers, stimulants, sedatives, and tranquillisers. In the 2010 NDSHS, 3.6% of Western Australians and 3.0% of Australians reportedly used painkillers/analgesics in the past year compared to 2.5% for both in 2007. Recent use of tranquilliser/sleeping pills also increased in the 2010 NDSHS for Western Australia and Australia (2.0% and 1.5% respectively) compared to the 2007 survey (1.6% and 1.4% respectively). Many prescription drugs can be purchased via online

⁷ Based on 2009 Western Australian population

pharmacies which dispense medications without a doctor's prescription or traded through social networks.

Summary

Alcohol and other drug 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 relationship breakdown.

The complexities of problems relating to alcohol and other drug use require suitably matched and comprehensive responses that are achieved through 'across sector' and 'across government' responses. This includes universal population based approaches, selected and targeted interventions for those deemed to be at-risk and targeted interventions for those with significant problems. It is important that a balance of different approaches is utilised, including evidence based prevention and early intervention, treatment and support, and law, justice and enforcement.

The combination of several indicators assists government departments in identifying at-risk or priority groups and issues. For example, current data suggests that a key area of concern is the proportion of the Western Australian population engaging in drinking at risky/high risky levels of short term harm. Identifying priority groups at an early stage creates the opportunity to implement a range of programs and services before problems become entrenched.

It is also important to identify re-emerging issues and implement actions in a timely manner. Through the use of several indicators, such as the NDSHS, hospitalisations and engagement in drug and alcohol treatment, the government is able to respond with a co-ordinated and balanced approach to provide a positive and sustained change.



Agency priorities 2011/12

In support of the *Drug and Alcohol Interagency Strategic Framework for Western Australia 2011-2015*, and to address a range of existing and emerging drug and alcohol issues, DAO has identified a number of priorities for 2011/12. These are summarised below in the respective key strategy areas of the *Framework* and 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, including the development of a five-year strategic stakeholder and communication plan.
- Develop a youth alcohol strategy which includes education initiatives.
- Conduct ongoing phases of the *Drug Aware Ecstasy* education campaign.
- Launch the new *Drug Aware Cannabis Law Campaign*, *Drug Aware Cannabis Health Campaign* in support of the *Cannabis Law Reform Act 2010*, and the *Drug Aware Amphetamines Campaign*.
- Continue to develop and maintain local and regional networks and to coordinate the implementation of alcohol and other drug management plans at a local and regional level. The priority regions for 2011/12 are the Kimberley, Pilbara, Midwest and Southwest. The Goldfields region will be examined as a possible priority area for 2012/13.
- Coordinate the implementation of the new Kimberley and Pilbara alcohol and other drug prevention workforce and programs.
- Continue to monitor liquor licence applications and assist the Executive Director of Public Health in liquor licensing matters to reduce harm or ill-health that may occur due to the use of alcohol, particularly those that relate to high risk communities.
- Develop a series of resources including an industry kit, retailer's kit, and community guide for regional volatile substance working groups.
- Implement the *Strong Spirit Strong Mind Project* to increase and improve accessibility to alcohol and other drug services that are culturally secure, across the metropolitan area.
- Implement the *Strong Spirit Strong Futures Healthy Women and Pregnancies* program to prevent alcohol use in pregnancy.

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.

- Investigate and develop options for technological enhancements to further improve the access to and reach of the Alcohol and Drug Information Service (ADIS) and Parent Drug Information Service (PDIS).
- Review and assist the pool of PDIS volunteers to ensure that all volunteers are being utilised at a sustainable level. Continue to develop the role of the volunteers in the area of peer facilitated support.
- Enhance the Aboriginal Quit Liaison project to increase access to Quit services by Aboriginal people and services.
- Continue the Night Venues and Entertainment Events annual observational audits of venues and events in metropolitan and regional areas with repeat audits of priority venues and events.

- Continue to provide the treatment component of the Early Intervention Pilot Program and support WA Police in further developing the program to increase referrals of young people to treatment services for alcohol related problems.
- Deliver the Cannabis Intervention Session individual treatment sessions for those who are issued with a Cannabis Intervention Requirement (CIR) by WA Police.
- Support WA Police to increase the number of CIR referrals that result in a Cannabis Intervention Session.
- Support WA Police in the 12-month review of the CIR scheme and in the development of the model for the 3-year evaluation.

Effective 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.

- Monitor and support the booking service components of the CIR scheme.
- Consolidate and strengthen existing court drug diversion programs including:
 - undertake evaluations of court programs
 - develop and implement strategies to increase Aboriginal participation rates
 - further develop relationships with the Department of the Attorney General and Courts.
- Provide advice to government in relation to expanding the WA Diversion Program to cover alcohol related offences.
- Continue to work closely with the Office of Road Safety to ensure that DAO can respond effectively to the 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.

- Complete the evaluation of the integrated community alcohol and drug services, including the integrated specialist youth service.
- Work with Next Step and Integrated Services agencies to develop a plan for the further development of integrated services to address current gaps in service and meet future demand for metropolitan Perth.
- Improve equity of access and continuity of the opiate pharmacotherapy program through more sustainable models of care across regional Western Australia.
- Maintain and, where possible, expand community clinical programs through the recruitment of GPs and community pharmacies to prescribe and dispense opiate pharmacotherapy.
- Review the *Western Australian clinical policies and procedures for the use of methadone and buprenorphine in the treatment of opioid dependence*.
- Develop and implement effective partnerships and clinical pathways with the Department of Health and pain management services to address prescription opioid dependence.
- Continue to implement initiatives that support and strengthen families and protect children through activities such as the implementation of local partnerships between local child protection and AOD services.
- Address the needs of families of those in treatment through improving family inclusive practice including the development of resources and information for family members.
- Work with the Department of Finance, WANADA and the AOD sector to implement procurement reform in the Western Australian sector, ensuring that whole of Government

objectives are met in a way that maximises opportunities and minimises risks for the AOD sector.

- Expand the treatment and support services for high needs groups including those living in the Kimberley, Pilbara, Goldfields and Carnarvon.
- Ensure effective project management of the 2011/12 budget Royalties for Regions funding to DAO including; the Carnarvon Dual Purpose facility, Prospect Lodge and the Transitional Housing and Support Program.
- Provide support as appropriate to the Department of Health and Ageing and Yaandina to develop the residential treatment service planned to be constructed outside South Hedland.
- Provide project oversight to ensure that the procurement for the Goldfields Community Drug Service Team is completed on time, and facilitate the support required to ensure the new service is running at full effectiveness and capacity as soon as possible.
- Oversee development of a comprehensive project proposal for the establishment of a Residential Treatment Service in the South West.
- Increase screening, immunisation, education and support services for clients seeking treatment for blood borne viruses and sexually transmitted diseases, and increase the accessibility and uptake of hepatitis B and hepatitis C treatment.
- Extend the 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 who work with Aboriginal people who inject drugs.
- Coordinate the *2012 Western Australian Aboriginal AOD Workers Forum* in conjunction with the WANADA.

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.

- Access relevant data through the Services Information Management System (SIMS), Department of Health Pharmaceutical Branch, and other sources to monitor and evaluate service treatment outcomes and drug trends in order to inform the development of new programs and policies and more effectively target existing services.
- Work with WANADA and the Department of Health and Ageing to continue to progress development of a culturally secure Accreditation Framework for implementation across the AOD sector in Western Australia.
- Review and enhance partnerships and clinical pathways with mental health services, Department for Child Protection, regional health services, hospitals and alcohol and other drug treatment services.
- Continue to provide comprehensive workforce development programs for Department for Child Protection workers and continue formal partnerships with the Department of Corrective Services and the Mental Health Commission to provide and evaluate a range of workforce development activities.
- Progress the development of a comprehensive range of partnerships to ensure that AOD training is included in relevant undergraduate and postgraduate courses and linked to student placements within Next Step.
- Develop plans to support the priority areas of the *Drug and Alcohol Interagency Strategic Framework for Western Australia 2011-2015*, including an alcohol support plan, illicit drug support plan, volatile substance use plan and capacity building, coordination and monitoring support plan.



- Play an active role on the IGCD, which is responsible for the implementation for the *National Drug Strategy 2010-2015*.
- Implement an interagency approach to enable an effective and timely approach to emerging analogue drugs.
- In partnership with the Western Australian Substance Users Association, implement and evaluate a peer education program to prevent both amphetamine and opioid-related harm.
- Conduct the annual Volunteer Alcohol and Drug Counsellors' Training Program in collaboration with the National Drug Research Institute and provide support for regions to develop volunteer programs.
- Develop and conduct annual regional and remote training including a video conference training calendar, to complement the Training@DAO calendar events.
- 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.



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*.

Responsible Minister

Hon Helen Morton MLC
Minister for Mental Health; Disability Services
14 December 2010 – present

Hon Dr Graham Jacobs, MBBS FRACGP MLA
Minister for Water; Mental Health
1 July 2010 – 13 December 2010

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.

Goal

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

Values

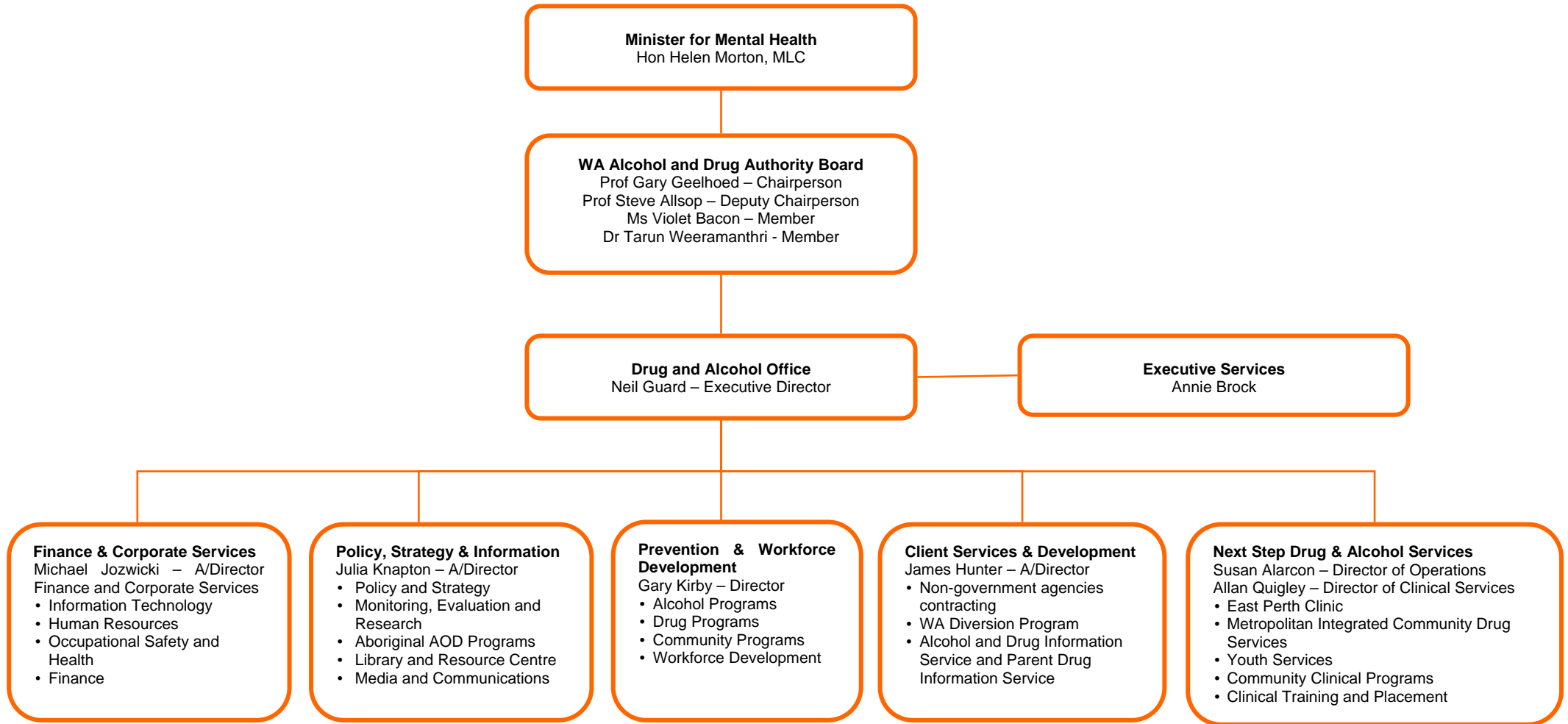
The values of DAO are:

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

Organisational structure

The chart on the following page outlines the corporate structure and reporting lines at DAO as at 30 June 2011.

Organisational Structure as at 30 June 2011



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 (to 31 December 2010)

Professor of Health Policy, Curtin University of Technology
Director of the Public Health Advocacy Institute of WA and the McCusker Centre for Action on Alcohol and Youth

Prof Daube has a long and distinguished history in the health industry and is known for his commitment to improving health. Prof Daube is Professor of Health Policy at Curtin University and Director of the Public Health Advocacy Institute of WA and the McCusker Centre for Action on Alcohol and Youth. He was previously Director General of Health for Western Australia and Chair of the National Public Health Partnership. He has been Deputy Chair of the National Preventative Health Taskforce and President of the Public Health Association of Australia, and is currently President of the Australian Council on Smoking and Health, Co-Chair of the National Alliance for Action on Alcohol, and chair or member of various other committees and editorial boards. He has been a consultant on public health issues for many international health agencies and governments.

Professor Gary Geelhoed – Chairperson (from 1 January 2011)

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

Prof Geelhoed is a Paediatric Emergency Physician. He has worked in the Emergency Department at Princess Margaret Hospital for over 20 years. In the past he has been State President of the Paediatric Chapter of the Royal Australasian College of Physicians; a member of the Women's & Children's Hospital Board and is the Immediate Past President of Australian Medical Association WA. He is currently a Federal Australian Medical Association Councillor and a Board Member of Healthway.

Professor Steve Allsop – Deputy Chairperson

Director, National Drug Research Institute

Prof Allsop has almost 30 years experience working in the 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.

Ms Violet Bacon - Member

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

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

Professor Tarun Weeramanthri - Member

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

After clinical training in Western Australia, Prof Weeramanthri worked in the Northern Territory from 1991-2007, first in Aboriginal health research, and then as an outreach and specialist physician. He helped develop the Northern Territory Preventable Chronic Disease Strategy, and

became Northern Territory Chief Health Officer in 2004. He returned to Western Australia in 2008 to establish a new Public Health Division. His interests are in the contribution public health can make to Aboriginal health improvement, health services research, use of new social networking technologies in public health, and the implementation of health policy.

The current Board membership as at 30 June 2011 is summarised in the table below:

Western Australian Alcohol and Drug Authority Board Membership 2010/11			
Member	Position	Start	End
Gary Geelhoed	Chairperson	January 2011	31 December 2013
Mike Daube	Chairperson	January 2002	31 December 2010
Steve Allsop	Deputy Chairperson	January 2008	31 December 2013
Violet Bacon	Member	January 2005	31 December 2013
Tarun Weeramanthri	Member	April 2008	31 December 2013

The Board convened on six occasions during 2010/11. A total of \$7,510 gross was paid in remuneration. In accordance with Government policy, Board members who are employees of the public sector or an academic institution are not paid additional remuneration for sitting on the Board.

Senior Officers

Senior Officers of DAO as at 30 June 2011:

Drug and Alcohol Office Senior Officers			
Area of responsibility	Title	Name	Basis of appointment
Drug and Alcohol Office	Executive Director	Neil Guard	Permanent
Client Services and Development	Director	James Hunter	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	Julia Knapton	Acting
Finance and Corporate Services	Director	Michael Jozwicki	Acting

Pecuniary Interests

Senior Officers declared no pecuniary interests during 2010/11.

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 alcohol and other drug (AOD) 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.

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

Policy and Strategy

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

Highlights for 2010/11

- Finalised the *Drug and Alcohol Interagency Strategic Framework for Western Australia 2011-2015*. The Framework provides a guide for government and other stakeholders, including non-government agencies and the community, with the goal of preventing and reducing the adverse impacts of AOD in the Western Australian community. The Framework is underpinned by two core elements: first, the primary focus on prevention; and second, providing support to those who need it.
- Coordination of 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 AOD policy and services in Western Australia.
- Assisted the Parliamentary Education and Health Standing Committee with the *Inquiry into the Adequacy and Appropriateness of Prevention and Treatment Services for Alcohol and Illicit Drug Problems in Western Australia*.
- Together with the Mental Health Commission, coordinated the Western Australian 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 AOD use and mental health problems.
- Supported the introduction of the *Cannabis Law Reform Act 2010* which establishes a new scheme for dealing with adult and juvenile minor cannabis offences via amendments to the *Misuse of Drugs Act 1981*, *Spent Convictions Act 1988*, *Working with Children (Criminal Record Checking) Act 2004*; and the *Young Offenders Act 1994*.
- Additional funding was secured in the 2011/2012 State budget for the AOD sector including funding for the expansion of prevention, treatment and support services. The State budget specifically targeted funds towards high needs groups including those living in the Kimberley, Pilbara, Goldfields and Carnarvon. Particular focus was also directed towards Aboriginal people and communities, including those located in the metropolitan area.

- Funding of \$1.5 million was committed over four years for the provision of accommodation services for individuals and their families completing residential AOD treatment. The service will provide a short term transitional housing option, engaging with clients before being discharged from the AOD residential service, supporting them while in the transitional housing and assisting them to achieve long term, stable housing arrangements.
- Provided policy advice, reporting and the review of activities and outcomes related to state and national strategies including the IGCD and the (former) Ministerial Council on Drug Strategy. DAO will continue to support the IGCD and Chair the Standing Committee on Alcohol. The Standing Committee on Alcohol will be responsible for coordinating the development of the new National Alcohol Strategy.

Monitoring, Evaluation and Research

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

Highlights for 2010/11

- Commenced coordination of the Western Australian component of the 2011 Australian School Student Alcohol and Drug survey. This survey is conducted in collaboration with the Cancer Council Victoria and the Tobacco Control Branch of the Department of Health.
- Provided useful and timely information on alcohol and other drug trends and activities relevant to Western Australia through brief publications such as *Pulsecheck* and other *Brief Communications*.
- Developed an evaluation tool and associated process for the Cannabis Intervention Requirement scheme of the *Cannabis Law Reform Act 2010*.
- In partnership with the PaRK Mental Health Service, commenced an evaluation of the ASSIST (Alcohol, Smoking and Substance Involvement Screening Test) tool for use in the Standardised Assessment Documentation.
- 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, in collaboration with the Australian Institute of Health and Welfare.
- Provided internal and external stakeholders with data and/or reports related to various indicators of AOD use in the community.
- Commenced development of a series of regular AOD indicator reports for annual, external release.
- Established formal agreements with other state and interstate governments for interagency collaboration to allow access to relevant data to monitor AOD indicators.
- Presented several papers at 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 *Strong Spirit Strong Mind – the Western Australian Aboriginal Alcohol and Other Drugs Plan*. Core activity includes the development of knowledge and skills within the alcohol and other drugs (AOD) 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 to the Aboriginal workforce.

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

Highlights for 2010/11

- Commenced the *Strong Spirit Strong Future* state-wide Aboriginal Fetal Alcohol Spectrum Disorder (FASD) Prevention Program through funding of \$2.2 million over four years from the Council of Australian Governments (COAG), Closing the Gap Indigenous Early Childhood Development National Partnership. Project activities include: consultation with key stakeholders; development of culturally secure resources; provision of workforce development strategies; and planning towards a regional television and radio campaign strategy to support individuals, families, professionals and communities to prevent alcohol use in pregnancy.
- Commenced the *Strong Spirit Strong Mind* Project which aims to increase and strengthen culturally secure AOD services across the Metropolitan Area Health regions. The project has both Prevention and Early Intervention and Treatment and Support Teams. As part of the Project, the Aboriginal Alcohol and Drugs Service (AADS) was contracted by DAO to provide a locally based outreach treatment and support service in the Perth metropolitan area concentrating on counselling and linkages to existing culturally secure AOD, health and social services.
- The *Strong Spirit Strong Mind, Ways of Working with Aboriginal People* training program continued to support and develop Aboriginal AOD services and staff, and promote and support culturally respectful and secure practice in mainstream AOD services. The 2010/11 training program included four calendar training events with a total of 66 participants attending from metropolitan and regional locations. In addition, there were a range of other calendar and agency specific programs delivered including *Blood Borne Viruses/ BBV Yarning* (74 participants), *Clinical Supervision/ A culturally secure approach* (33 participants) and *Strong Spirit Strong Future/ Promoting healthy women and pregnancies* (18 participants).
- Finalisation of the *Strong Spirit Strong Mind – Aboriginal Drug and Alcohol Framework for Western Australia 2011-2015*. This overarching *Framework* will provide guidance to key stakeholders in delivering culturally secure programs and Aboriginal ways of working across the key strategic priority areas identified in the *Drug and Alcohol Interagency Strategic Framework for Western Australia 2011-2015*.
- Conducted two intakes of the *Aboriginal Alcohol and other Drug Worker Training Program, CHC30108 Certificate III in Community Services Work*. Twenty-one students (15 female and six male), enrolled in Intake 1 and are employed in a number of agencies throughout the AOD sector; ranging from community controlled, non-government and government services in the Kimberley, Goldfields, Gascoyne/ Murchison, Wheatbelt and metropolitan regions. Eleven students (nine females and two males) enrolled in Intake 2 of the training, which was specifically for workers from the AADS. Thirteen participants (eight female and five male) graduated in February 2011.
- Continued the *Indigenous National Alcohol and other Drug Workforce Development Program*, which is in its third and final year of the funding commitment from the Commonwealth Department of Health and Ageing. 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 and Other Drugs), working with partner jurisdictions Northern Territory, Queensland and South Australia.

- Continued development of a nationally recognised *CHC41702 Certificate IV in Aboriginal Alcohol and Other Drug Worker* training package that will include skills development in the management of co-occurring AOD and mental health problems.
- Developed an eight module workforce development training program and a number of new *Strong Spirit Strong Mind* culturally secure resources to support health workers and the Aboriginal community as part of the *Aboriginal Blood-borne Virus (BBV) Prevention Capacity Building Project*. The training provides extra skills to workers to assist them in harm reduction strategies to reduce the transmission of BBV's as well as reducing harm to themselves, their family and the community, from injecting drug use.

Media and Communications

The Media and Communications Branch is responsible for implementation of the DAO communications strategic plan that aims to provide effective internal and external liaison and communication. The core functions of this area include: media liaison; public relations; developing and implementing media strategies; ensuring consistent corporate branding, and providing Ministerial support for all DAO related public relations activities.

Highlights for 2010/11

- Launched the new DAO website, which sees a significant improvement in the usability of the website, as well as the quality of information provided to staff and the public. Written in clear language, the website reflects the new DAO corporate design.
- Developed new corporate branding communications materials, in line with the website, to ensure consistency and a professional image. Available on the intranet for all staff to access, these include templates for presentations, reports, newsletters and other communication materials.
- Work is underway, in conjunction with the Prevention Branch, to develop social media networks and other unpaid media opportunities to promote and complement DAO messages, campaigns, and other initiatives. This includes the use of social media sites such as facebook and communication tools such as Twitter.
- Edited, published and distributed three editions of the *drugSpeak* newsletter in partnership with the WANADA. The full-colour newsletter includes the latest news relevant to the AOD sector.
- Managed proactive and reactive media issues, public relations and other communications activities. This included developing media strategy, managing media campaign launches and Ministerial media events, preparing media statements and providing on-call media liaison, in consultation with DAO senior management, the Minister's Office and other stakeholders.

Library and Resource Centre

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

Highlights for 2010/11

- Relocated to larger premises at 32 Moore Street, East Perth.
- 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.

Prevention and Workforce Development Directorate

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

Prevention Branch

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

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

Alcohol Program

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

Highlights for 2010/11

- 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 2010 and 30 June 2011, of the 230 liquor licence applications received, 147 (63.9%) were considered to possibly pose a risk of harm and warranted investigation. During this period, 44 interventions were lodged by the EDPH. Of the 44 interventions:
 - 8 fully opposed the application
 - 1 fully opposed the application and recommended imposing harm minimisation conditions, if the application was granted
 - 7 partly opposed the application and recommended harm minimisation conditions
 - 28 made representations and recommended conditions.
- During the same period there were 51 decisions received that related to interventions lodged by the EDPH. Of the decisions received, 26 of the outcomes were consistent with submissions made by the EDPH, 20 were partially consistent, and five determined that on balance, other factors outweighed harm or ill-health considerations. Decisions received do not always relate to activity in the current financial year. During this period there were also three withdrawals of applications in which the EDPH had intervened.
- Implemented two phases of the *Alcohol. Think Again* Cancer Campaign aiming to decrease long-term harmful drinking by raising awareness of the long-term health harms associated with alcohol use. The campaign was leveraged with major sponsorships supporting the *Alcohol. Think Again* message.
- Implemented two phases of the *Alcohol. Think Again* Tolerance Campaign aiming to decrease short-term harmful drinking by changing the community's tolerance towards drunkenness. The campaign was leveraged with major sponsorships supporting the *Alcohol. Think Again* message.

Drug Program

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

Highlights for 2010/11

- Developed and implemented the *Drug Aware Amphetamine Prevention Campaign*, *Drug Aware Drug Driving Campaign*, *Drug Aware Ecstasy Prevention Campaign*, and the *Night Venues and Entertainment Events Campaign*.
- Implemented two phases of the *Drug Aware Ecstasy Prevention Campaign* and the *Drug Aware Amphetamine Prevention Campaign* aiming to prevent and delay the onset of use and increase access to treatment and support services. The campaigns were leveraged with major sponsorships supporting the *Drug Aware* message.
- Implemented *Drug Aware* sponsorships to leverage various campaigns, including the Telstra *Drug Aware Pro* surfing event.
- Developed a new four-year campaign, to accompany the introduction of the cannabis laws in August 2011, aimed at parents and young people who use cannabis to highlight the serious community misconceptions of cannabis being a harmless drug.
- Worked collaboratively with the WA Police, Department of Health Pharmaceutical Services and the ChemCentre to gather available evidence of harms relating to synthetic substances, including synthetic cannabinoids. This interagency collaboration will continue to deal with new substances as they arise.
- Implemented the *Night Venues and Entertainment Events* observational assessments in regional areas including the Kimberley, Pilbara, Midwest, and Southwest.
- Continued the *Events Safety Group* which is comprised of the following agencies, DAO, WA Police, Environmental Health, Office of Youth, Department of Crime Prevention, WA Local Government, and the Department of Racing, Gaming and Liquor. The aim of the group is to develop an ongoing events safety strategy to prevent alcohol and other drug related harm at events, for implementation during the summer 2011/12 festival period.

Community Program

The Community Program aims to support communities at a local, regional and state level to identify and develop programs to address AOD related issues.

Highlights for 2010/11

- Established additional alcohol management plans and committees in Albany, Port Hedland, Collie, Kununurra and Wyndham, as well as maintaining the existing eight management committees in the Kimberley, Pilbara and Midwest regions.
- Through the Halls Creek and Fitzroy Crossing alcohol management committees, DAO led the development of two comprehensive reports into the impact of liquor restrictions in these communities.
- As part of the West Pilbara alcohol management committee, DAO led the development of an alcohol and boating campaign that has since been adopted in other regions for implementation in 2011/12.
- Conducted a successful AOD prevention workshop in partnership with WA Police. Approximately 140 public health, community drug service team staff and police from across the state attended the event in March 2011. Workshop evaluation forms indicated the event provided a valuable professional development opportunity for all in attendance.
- In partnership with the *Strong Spirit Strong Mind* Aboriginal Workforce Development team, Community Programs established the *Strong Spirit Strong Mind Metro Project* and the *Strong Spirit Strong Futures Healthy Women and Pregnancies* program. Both programs are now fully staffed and activity plans for 2011/12 have been completed.

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 alcohol and other drug and mainstream agency workers to respond effectively to alcohol and other drug-related harm.

Key strategies include the provision of and support for:

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

Highlights for 2010/11

- Conducted 179 training events for 3,828 participants. This included partnerships with key mainstream organisations including the Department for Child Protection (five events, 142 participants); Department of Corrective Services (14 events, 249 participants) and Mental Health Services (22 events, 279 participants) to enhance their capacity to respond to AOD issues.
- In consultation with the Workforce Development Reference group, conducted two Training@DAO calendars. This included a calendar on co-morbidity in partnership with the Mental Health Commission. Highlights of this calendar included two events presented by Dr Scott Miller, International Centre for Clinical Excellence, Chicago, with over 200 registrations.
- Conducted and evaluated the seventeenth Western Australian Drug and Alcohol Symposium, “*Hope, Hype or Hard Evidence? Alcohol and Other Drugs Practice in the New Millennium*” from 30 August to 1 September 2010. This conference was attended by 300 delegates.
- Produced a brochure on alcohol and other drugs in the workplace for mainstream agencies who may wish to develop policy, procedure and practices to engage their workforce in low-risk consumption of alcohol; decrease risk of harms from drugs, and manage employees who are affected by AOD in the workplace. The brochure is disseminated through the ADIS.
- In partnership with the Western Australian Substance Users Association, developed a peer education program to prevent both amphetamine and opioid-related harm.
- Launched a CD-ROM about AOD issues for Migrant and Refugee workers and Community Leaders in partnership with Women’s Health and Family Services.
- In collaboration with the Aboriginal Alcohol and Other Drug Programs, developed and disseminated a parent’s booklet on volatile substance use for Aboriginal communities.
- Conducted a train-the-trainer program on *Helping Change: The Volunteer Alcohol and Drug Counsellors’ Training Program* in collaboration with the National Drug Research Institute. The training program was attended by 16 participants from a number of regional centres in Western Australia and the Northern Territory.
- In collaboration with Next Step, produced and disseminated a Self Help Manual for clinicians to use with clients, or for clients to use as a self help resource.
- Produced a booklet, *Here’s to Your Health: A guide to reducing alcohol-related risks and harms*.
- Facilitated the formation of two regional volatile substance use working groups located in the Goldfields and East Pilbara.

Client Services and Development Directorate

The Client Services and Development Directorate is comprised of the Services and Development, Diversion, and the Alcohol and Drug Information Service Branches.

Services and Development

The Services and Development Branch is responsible for providing resources to agencies state-wide to ensure a comprehensive range of treatment and support services is available to the Western Australian community and to negotiate, manage, monitor, and resource contractual arrangements (primarily service agreements) with a range of non-government and government service providers. The other core function of this area is to project manage the development of new services and programs.

Highlights for 2010/11

- In partnership with WANADA and the Australian Government Department of Health and Ageing, DAO supported the development of the *WA Alcohol and Other Drug Sector Quality Framework* into a draft accreditation framework for implementation across the WA AOD sector, and in Aboriginal AOD services nationwide.
- DAO, in partnership with the Mental Health Commission, provided additional funding to enable the Prospect Lodge residential treatment service in Kalgoorlie to open and begin providing rehabilitation services to people in the Goldfields.
- Worked in partnership with WANADA to implement Leadership and Management, and workforce development programs for senior staff in the not-for-profit alcohol and other drug sector. A total of 58 participants from the sector participated in these programs in 2010/11.
- Established a new range of AOD services for Halls Creek and surrounding communities in response to changing priorities in the Halls Creek community following the introduction of alcohol restrictions.
- Implemented the new web-based version of the Services Information Management System (SIMS) in Community Drug Services and the Youth Drug and Alcohol Services in the metropolitan area.
- Worked with the Department of Treasury and Finance, WANADA and the AOD sector to implement procurement reform in the Western Australian sector as the result of recommendations made by the Economic Audit Committee.
- Continued to work proactively with the Australian Government to develop AOD services in Western Australia, including the planned residential treatment service for Aboriginal People in South Hedland, funded by the Australian Government Department of Health and Ageing.
- Strengthened DAO's relationship with the Fresh Start Recovery Programme, including significant progress on three separate reviews of the service and the provision of additional funding to address sustainability issues identified by these reviews.

Diversions

The Diversion Branch operates the DAO components of the WA Diversion Program (WADP) - the Western Australian component of the Council of Australian Governments (COAG) Illicit Drug Diversion Initiative (IDDI). The WADP aims to direct offenders with drug-related problems into treatment. The WADP is comprised of a range of police and court diversion programs operated in partnership with WA Police and the Department of the Attorney General. DAO's role is primarily to support and resource the assessment and treatment of diverted offenders.

Highlights for 2010/11

- The total number of participants accessing treatment through the WADP in the 2010 calendar year increased for the tenth consecutive year.
- DAO contracted Community Services Sector Organisations to provide Cannabis Intervention Sessions (CIS), under the *Cannabis Law Reform Act 2010* in readiness for the scheme's commencement on 1 August 2011. Supporting resources targeting Aboriginal offenders have been developed as part of the CIS initiative.
- Continued to strengthen and consolidate the court diversion programs including Pre-Sentence Opportunity Program, and Young Persons Pre-Sentence Opportunity Program via improved and more robust partnerships with the Department of the Attorney General and the courts.
- DAO contracted the Crime Research Centre to conduct an evaluation of the Pre-sentence Opportunity Program, the Supervised Treatment Intervention Scheme and the Indigenous Diversion Program.
- DAO worked with WA Police to implement the Early Intervention Pilot Program targeting young people with alcohol problems who come in contact with Police. DAO contracted a range of AOD treatment services to provide treatment to young people referred by Police under the program.

Alcohol and Drug Information Service

The Alcohol and Drug Information Service Branch operates a range of telephone and other technology based counselling, information and booking services. These include the:

- Alcohol and Drug Information Service (ADIS), which provides free, confidential support, information and counselling via a 24 hour telephone service. The service is available to anyone concerned about their own or another's alcohol and/or drug use or seeking information on alcohol and drug use and available resources.
- Parent Drug Information Service (PDIS), which 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. Callers to PDIS also have the option of speaking with a trained counsellor. Most parents are also offered the option of a call-back at a time suitable to them. Peer support is also offered by parent volunteers in some judicial courts.
- Commenced provision of the Cannabis Booking Service for the Cannabis Intervention Sessions (CIS) under the *Cannabis Law Reform Act 2010*. ADIS counsellors also provide the All Drug Diversion Booking service.
- QUIT tobacco service is operated by ADIS Services under contract from the WA Department of Health.

Highlights for 2010/11

- ADIS and PDIS call rates increased in the 2010/11 year, despite the growing trend for people to access information online. The number of incoming telephone calls increased from 20,185 calls in 2009/10 to 21,297 in 2010/11; an increase of about 100 calls per month. The

number of incoming emails has increased from an average of only 1 or 2 emails a week in 2009/10 to 1 or 2 emails a day in 2010/11.

- Developed the booking service for Cannabis Education Sessions under the *Cannabis Law Reform Act 2010*, in preparation for the commencement of Cannabis Intervention Sessions on 1 August 2011.
- Commenced operation of an online 'Live Chat' AOD information and counselling service. The start of this service was timed to coincide with the launch of the *Drug Aware Ecstasy* campaign.
- Commenced the Aboriginal Quitline Liaison Project designed to increase Aboriginal people's utilisation of the Quitline service. The project is funded by COAG, operated by DAO, under contract from the WA Department of Health.
- Commenced operation of the PDIS peer facilitated parent support groups. These groups operate once a fortnight and are facilitated by specially trained and supported parent volunteers.
- ADIS undertook over 100 promotional activities in 2010/11 to promote the services available.

Next Step Drug and Alcohol Services

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

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

Metropolitan Outpatient Services

In partnership with the non-government sector Next Step provides outpatient health services at centres located in Warwick, North Perth, Fremantle, Rockingham, Mandurah, Gosnells, Midland and East Perth. The health services provided through these eight metropolitan community drug services include:

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

Highlights for 2010/11

- In collaboration with the Workforce Development Branch, Next Step developed and published two resources: a brochure for families on opioid use and treatments and a self help guide for clients working with clinicians to reduce or stop their drinking and/or drug use. Both these resources have been distributed widely and are available on the DAO website for use by professionals and community members concerned about their own or someone else's drug and alcohol use.
- The Hepatitis clinic for clients with hepatitis B and hepatitis C continued to run successfully with over 80 referrals received. As an outcome of the clinics, five clients were successfully treated.
- Next Step developed an agency specific phlebotomy training package with Pathwest and training is delivered twice a year to all nurses.
- Integrated services continued to expand with medical cover increasing from three to four days in Rockingham. A clinical psychology service was offered one day a week in Mandurah and Gosnells. Furthermore, an integrated services case management model and integrated clinical reviews were introduced.
- Enhanced referral pathways between Emergency Departments, mental health services, and the Department of Child Protection, with MOUs being reviewed and updated to improve continuity of care.
- Improved linkages with tertiary institutions to prioritise student clinical placements for targeted professional disciplines and improve recruitment and retention in the sector.
- Next Step, in collaboration with Abbotsford Private Hospital, was successful in securing funding for three years through the Department of Health and Ageing Specialist Training Program for a psychiatry registrar position. The application was supported by the WA Branch Training Committee of the Royal Australian and New Zealand College of Psychiatrists (RANZCP). The program commenced in January 2011 and will enable two trainee psychiatrists a year to undertake formal addiction medicine training.

Inpatient Withdrawal Services

Next Step provides an inpatient service for clients requiring medical assistance with withdrawal from alcohol, licit and illicit drugs at Moore Street, East Perth. The facility has 13 standard beds and four beds for Aboriginal people.

Highlights for 2010/11

- The Inpatient Withdrawal Unit supported 585 clients in 2010/11.
- Stage 1 of capital works in the Inpatient Withdrawal Unit was completed. The focus of the work was on renovations of the bedrooms, bathrooms, relocating the laundry and store. A new secure outdoor undercover area has been created, allowing better visibility and improved facilities for clients. These renovations have provided patients with a safer environment for inpatient care.
- Referral pathways continued to be improved between the Unit, Emergency Departments, mental health services, GPs and the non-government AOD sector. The *Clinical Pathway for Referral of Clients to Next Step Inpatient Withdrawal Unit* was developed and disseminated to all key stakeholders. The Unit provides a daily bed status to the Emergency Departments in the metropolitan area which has streamlined the emergency admission process and resulted in an increase in referrals.
- The Unit group program now includes groups facilitated by psychology, neuropsychology, social work and the blood borne virus (BBV)/sexually transmitted infection (STI) nurse. These groups complement the existing program and improve the service offered to clients during their admission.
- Unit staff participated in the Nursing and Midwifery Emerging Leaders course run through the Department of Health Nursing and Midwifery Office. Participating health services were required to present the outcomes of projects completed and the Next Step inpatient team received the *Outstanding Lean Implementation* award.
- Quality improvement initiatives were implemented in the Unit including streamlining of the admission process for clients and staff. In addition, clinical indicators and withdrawal assessment tools for all substances are currently being reviewed to ensure that these meet best research practice.

Drug and Alcohol Youth Services

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

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

Highlights for 2010/11

DAYS continues to work closely with Youthlink and Youthreach South (the specialist Youth mental health services in Perth) to respond to clients with co-morbid AOD and mental health issues. Key activities included:

- 609 young people accessed DAYS services in 2010/11; an increase of 16% from 2009/10.
- Developed a *Pathways for Consultation and Integrated Care* plan which is currently being implemented.

- Participated in a self audit of its co-morbidity capabilities using Compass – Ez, a validated tool.
- Joint presentation with Youthlink at the statewide Mental Health Conference Growing Up Solid: Integrating emotional and mental health throughout infancy childhood and adolescence. The presentation was titled *Improving competencies in treatment settings for young people with co-occurring mental health problems and substance use disorders: A multi-systemic response*.
- DAYS staff presented a paper regarding the DAYS program and services at the Sixth International Conference on Drugs and Young People in Melbourne. The presentation was titled *Engaging Young People in Drug and Alcohol Treatment*.
- DAYS established a nurse led BBV and STI service available to all young people accessing DAYS. The service provides information and advice, free vaccinations, blood collection and screening, referral to a STI specialist service, and testing for STIs.
- Established a weekly clinic operated by Clinical Neuropsychology staff to screen for the presence of learning disabilities in youth admitted to the DAYS Residential Rehabilitation facility. Those identified on screening as having a language, learning or cognitive difficulty, are referred for a more fulsome neuropsychological assessment. Reports from the assessment are provided to clinical staff involved in the clients' care to assist with diagnosis, treatment and management.

Community Pharmacotherapy Program

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

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

Highlights for 2010/11

- The Community Pharmacotherapy Program hosted a series of seminars for community prescribers and pharmacists to improve the quality of care provided to pharmacotherapy clients. Seminars were conducted in both the Perth metropolitan area and in Bunbury.
- The annual CPOP conference was held on 18 June 2011. The conference was attended by over 100 general practitioners, community pharmacists, addiction medicine specialists, pain consultants and clinical nurses from across Western Australia. Speakers included: Dr Scott Miller, Co-founder of the International Centre for Clinical Excellence, and Dr Matthew Frei, Head of Clinical Services, Turning Point Drug and Alcohol Service, Victoria. Local conference speakers included: Professor Daniel Fatovich, Professor of Emergency Medicine, Centre for Clinical Research in Emergency Medicine and Next Step Drug and Alcohol Services' Dr Rose Neild, Addiction Medicine Consultant, and Dr Allan Quigley, Clinical Director.
- Efforts are continuing to establish improved partnerships with the Australian Divisions of General Practice by linking with education and training events. In this regard, the CPOP prescriber training has been re-accredited by the Royal Australian College of General Practitioners' quality improvement and continuous professional development program for 2011-2013.

- Thirteen doctors were trained to become authorised prescribers, and a further two attended refresher training. Of these, four were employed with Next Step, three with the Department of Corrective Services and six were community based medical practitioners.
- The CPOP Pharmacist Online Training Package, designed for community pharmacists delivering opioid pharmacotherapy treatment, was accessed by 169 pharmacists in the past year. Other training packages are currently in consideration as part of a broader online learning and education strategy.
- CPOP has successfully secured funding to subsidise CPOP pharmacies in purchasing a Department of Health approved software system to assist in clinical management and regulatory requirements. The Pharmacy Guild of Australia will administer the funds on behalf of the CPOP program.

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, risk management and contract coordination, and a range of other administrative functions.

Highlights for 2010/11

- Finalisation of the Service Level Agreement with Health Corporate Network.
- Awarded the Silver Certificate of Achievement for DAO's Safety Management System from Worksafe.
- Review of the Occupational Safety and Health Statement of Commitment.
- Continued delivery of occupational safety and health awareness training, with almost 80% 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.
- Completion of the new Library facilities in East Perth.

Information Technology Services

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

Highlights for 2010/11

- Development and delivery of the new DAO website.
- Successful deployment of the SIMS2 web based application to Integrated Services.
- Updating and continuous review of 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 2010/11

- Enhanced financial and budget reporting processes via the Health Corporate Network.

- Completed the 2010/11 financial year with a balanced budget, including all State and Commonwealth sourced funds.
- Improved quality assurance control framework for financial statements and reporting processes.
- Finalisation of DAO Accounting Manual.

Disclosure and legal compliance

Financial reports

DAO ended the year with a balanced budget and total expenditure of \$55,698,512.

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 2011

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 2011 and the financial position as at 30 June 2011.

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.



Michael Jozwicki
Chief Finance Officer
Western Australian Alcohol
and Drug Authority

16 September 2011



Professor Gary Geelhoed
Chairperson/Member of the Board
Western Australian Alcohol
and Drug Authority

16 September 2011



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

16 September 2011



Auditor General

INDEPENDENT AUDITOR'S REPORT

To the Parliament of Western Australia

WESTERN AUSTRALIAN ALCOHOL AND DRUG AUTHORITY

Report on the Financial Statements

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

The financial statements comprise the Statement of Financial Position as at 30 June 2011, the Statement of Comprehensive Income, Statement of Changes in Equity and Statement of Cash Flows for the year then ended, and Notes comprising a summary of significant accounting policies and other explanatory information.

Authority's Responsibility for the Financial Statements

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

Auditor's Responsibility

As required by the Auditor General Act 2006, my responsibility is to express an opinion on the financial statements based on my audit. The audit was conducted in accordance with Australian Auditing Standards. Those Standards require compliance with relevant ethical requirements relating to audit engagements and that the audit be planned and performed to obtain reasonable assurance about whether the financial statements are free from material misstatement.

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

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

Opinion

In my opinion, the financial statements are based on proper accounts and present fairly, in all material respects, the financial position of the Western Australian Alcohol and Drug Authority at 30 June 2011 and its financial performance and cash flows for the year then ended. They are in accordance with Australian Accounting Standards and the Treasurer's Instructions.

Western Australian Alcohol and Drug Authority

Report on Controls

I have audited the controls exercised by the Western Australian Alcohol and Drug Authority. The Authority is responsible for ensuring that adequate control is maintained over the receipt, expenditure and investment of money, the acquisition and disposal of public and other property, and the incurring of liabilities in accordance with the Financial Management Act 2006 and the Treasurer's Instructions, and other relevant written law.

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

Opinion

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

Report on the Key Performance Indicators

I have audited the key performance indicators of the Western Australian Alcohol and Drug Authority. The Authority is responsible for the preparation and fair presentation of the key performance indicators in accordance with the Financial Management Act 2006 and the Treasurer's Instructions.

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

Opinion

In my opinion, the key performance indicators of the Western Australian Alcohol and Drug Authority are relevant and appropriate to assist users to assess the Authority's performance and fairly represent indicated performance for the year ended 30 June 2011.

Independence

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



COLIN MURPHY
AUDITOR GENERAL
20 September 2011

Western Australian Alcohol and Drug Authority

Statement of Comprehensive Income

For the year ended 30 June 2011

	Note	2011 \$	2010 \$
COST OF SERVICES			
Expenses			
Employee benefits expense	7	19,766,268	19,139,232
Patient support costs	8	27,771,996	27,463,446
Depreciation expense	9	319,084	314,275
Loss on disposal of non-current assets	10	-	14,812
Repairs, maintenance and consumable equipment	11	406,667	501,660
Other expenses	12	7,434,497	5,079,931
Total cost of services		55,698,512	52,513,356
INCOME			
Revenue			
Commonwealth grants and contributions	13a	587,648	511,408
Other grants and contributions	13b	787,032	274,696
Other revenue	14	237,514	206,990
Total revenue		1,612,194	993,094
Total income other than income from State Government		1,612,194	993,094
NET COST OF SERVICES		54,086,318	51,520,262
INCOME FROM STATE GOVERNMENT			
Service appropriation	15	54,434,596	51,071,601
Total income from State Government		54,434,596	51,071,601
SURPLUS/(DEFICIT) FOR THE PERIOD		348,278	(448,661)
OTHER COMPREHENSIVE INCOME			
Changes in asset revaluation surplus/(loss)	25	2,872,875	(557,208)
TOTAL COMPREHENSIVE INCOME FOR THE PERIOD		3,221,153	(1,005,869)

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

Western Australian Alcohol and Drug Authority

Statement of Financial Position

As at 30 June 2011

	Note	2011 \$	2010 \$
ASSETS			
Current Assets			
Cash and cash equivalents	27	569,143	822,578
Receivables	16	1,423	40,484
Inventories	18	16,518	26,254
Other current assets	19	37,116	30,100
Total Current Assets		624,200	919,416
Non-Current Assets			
Amounts receivable for services	17	3,651,786	3,309,749
Property, plant and equipment	20	19,336,616	16,419,295
Total Non-Current Assets		22,988,402	19,729,044
TOTAL ASSETS		23,612,602	20,648,460
LIABILITIES			
Current liabilities			
Payables	22	800,073	1,368,892
Provisions	23	3,196,537	3,067,115
Total Current Liabilities		3,996,610	4,436,007
Non-Current Liabilities			
Provisions	23	615,116	613,859
Total Non-Current Liabilities		615,116	613,859
TOTAL LIABILITIES		4,611,726	5,049,866
NET ASSETS		19,000,876	15,598,594
EQUITY			
Contributed equity	24	4,845,068	4,663,939
Reserves	25	16,242,543	13,369,668
Accumulated surplus/(deficit)	26	(2,086,735)	(2,435,013)
TOTAL EQUITY		19,000,876	15,598,594

The Statement of Financial Position should be read in conjunction with the notes to the financial statements.

Western Australian Alcohol and Drug Authority

Statement of Changes in Equity

For the year ended 30 June 2011

	Note	2011 \$	2010 \$
CONTRIBUTED EQUITY			
Balance at start of period	24	4,663,939	4,663,939
Transactions with owners in their capacity as owners:		-	-
Capital appropriations		181,129	-
Balance at end of period		<u>4,845,068</u>	<u>4,663,939</u>
RESERVES			
Asset Revaluation Reserve			
Balance at start of period	25	13,369,668	13,926,876
Other comprehensive income/(loss) for the year		2,872,875	(557,208)
Balance at end of period		<u>16,242,543</u>	<u>13,369,668</u>
ACCUMULATED SURPLUS/(DEFICIT)			
Balance at start of period	26	(2,435,013)	(1,986,352)
Surplus/(deficit) for the period		348,278	(448,661)
Balance at end of period		<u>(2,086,735)</u>	<u>(2,435,013)</u>
TOTAL EQUITY			
Balance at start of period		15,598,594	16,604,463
Total comprehensive income/(loss) for the year		3,221,153	(1,005,869)
Transactions with owners in their capacity as owners		181,129	-
Balance at end of period		<u>19,000,876</u>	<u>15,598,594</u>

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 2011

	Note	2011 \$	2010 \$
CASH FLOWS FROM STATE GOVERNMENT			
Service appropriation		54,092,561	50,664,964
Net cash provided by State Government		54,092,561	50,664,964
Utilised as follows:			
CASH FLOWS FROM OPERATING ACTIVITIES			
Payments			
Employee benefits		(19,468,107)	(18,311,970)
Supplies and services		(36,346,741)	(32,823,428)
Receipts			
Commonwealth grants and contributions		587,648	511,408
Other grants and contributions		787,032	274,696
Other receipts		276,573	340,259
Net cash (used in) / provided by operating activities	27	(54,163,595)	(50,009,035)
CASH FLOWS FROM INVESTING ACTIVITIES			
Payments of non-current physical assets		(182,402)	(302,508)
Net cash (used in) / provided by investing activities		(182,402)	(302,508)
Net increase / (decrease) in cash and cash equivalents		(253,435)	353,420
Cash and cash equivalents at the beginning of period		822,578	469,158
CASH AND CASH EQUIVALENTS AT THE END OF PERIOD	27	569,143	822,578

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

Western Australian Alcohol and Drug Authority

Notes to the Financial Statement

For the year ended 30 June 2011

Note 1 Australian Accounting Standards

General

The Authority's financial statements for the year ended 30 June 2011 have been prepared in accordance with Australian Accounting Standards. The term 'Australian Accounting Standards' includes 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 2011.

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, except for land and buildings which have been measured at fair value.

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

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

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

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

(c) Reporting entity

The reporting entity comprises the Authority and entities listed at Note 33 'Related Bodies'.

(d) Contributed equity

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

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

See also Note 24 'Contributed equity'.

Western Australian Alcohol and Drug Authority

Notes to the Financial Statement

For the year ended 30 June 2011

(e) Income

Revenue recognition

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

Sale of goods

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

Provision of services

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

Service appropriations

Service Appropriations are recognised as revenue 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.

See also 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

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

(f) Property, plant and equipment

Capitalisation/Expensing of assets

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

Initial recognition and measurement

Property, plant and equipment are initially recognised at cost.

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

Subsequent measurement

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

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

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

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

Western Australian Alcohol and Drug Authority

Notes to the Financial Statement

For the year ended 30 June 2011

(f) Property, plant and equipment (continued)

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

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

See also Note 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 surplus

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

(g) Impairment of assets

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

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

For the year ended 30 June 2011

(h) Leases

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

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

(i) Financial instruments

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

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

These have been disaggregated into the following classes:

Financial assets

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

Financial liabilities

- Payables

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

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

(j) Cash and cash equivalents

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

(k) Accrued salaries

Accrued salaries (see Note 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.

(l) Amounts receivable for services (holding account)

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

See also Note 15 'Service appropriations' and Note 17 'Amounts receivable for services'.

(m) Inventories

Inventories are measured at the lower of cost or 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').

(n) Receivables

Receivables are recognised at original invoice amount less an allowance for any uncollectible amounts (i.e. impairment). The collectability of receivables is reviewed on an ongoing basis and any receivables identified as uncollectible are written-off against the allowance account. The allowance for uncollectible amounts (doubtful debts) is raised when there is objective evidence that the Authority will not be able to collect the debts. The carrying amount is equivalent to fair value as it is due for settlement within 30 days. See also Note 2(i) 'Financial Instruments' and Note 16 'Receivables'.

Western Australian Alcohol and Drug Authority

Notes to the Financial Statement

For the year ended 30 June 2011

(n) **Receivables (continued)**

Change to accounting procedure for Goods and Services Tax

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

(o) **Payables**

Payables are recognised when the Authority becomes obliged to make future payments as a result of a purchase of assets or services at fair value, as they are generally settled within 30 days. Refer to Note 2(i) 'Financial instruments' and Note 22 'Payables'.

(p) **Provisions**

Provisions are liabilities of uncertain timing or amount and are recognised where there is a present legal or constructive obligation as a result of a past event and when the outflow of resources embodying economic benefits is probable and a reliable estimate can be made of the amount of the obligation. Provisions are reviewed at the end of each reporting period. See also Note 23 'Provisions'.

Provisions - employee benefits

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

Annual Leave

The liability for annual leave 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 liability is settled.

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

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

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

Long service leave

The liability for 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 liability is settled.

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

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

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

Western Australian Alcohol and Drug Authority

Notes to the Financial Statement

For the year ended 30 June 2011

(p) **Provisions (continued)**

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) administers public sector superannuation arrangements in Western Australia in accordance with legislative requirements.

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

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

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

Employees commencing employment prior to 16 April 2007 who were not members of either the Pension Scheme or the GSS became non-contributory members of the West State Superannuation Scheme (WSS). Employees commencing employment on or after 16 April 2007 became members of the GESB Super Scheme (GESBS). 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 GESBS Schemes.

The GESB makes all benefit payments in respect of the Pension Scheme and GSS transfer benefits, and recoups from the Treasurer the employer's share. Refer to Note 2(q) 'Superannuation expense'.

Employment on-costs

Employment on-costs, including workers' compensation insurance, are not employee benefits and are recognised separately as liabilities and expenses when the employment to which they relate has occurred. Employment on-costs are included as part of 'Other expenses' and are not included as part of the Authority's 'Employee benefits expense'. Any related liability is included in 'Employment on-costs provision'. Refer to Note 12 'Other expenses' and Note 23 'Provisions'.

(q) **Superannuation expense**

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

(r) **Comparative figures**

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

Western Australian Alcohol and Drug Authority

Notes to the Financial Statement

For the year ended 30 June 2011

Note 3 Judgements made by management in applying accounting policies

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

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

Buildings

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

Note 4 Key sources of estimation uncertainty

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

Buildings

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

Employee benefits provision

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

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

Note 5 Disclosure of changes in accounting policy and estimates

Initial application of an Australian Accounting Standard

The Authority has not applied the following Australian Accounting Standards effective for annual reporting periods beginning on or after 1 July 2010 due to no impact on the Authority.

2009-5	Further Amendments to Australian Accounting Standards arising from the Annual Improvements Project [AASB5, 8, 101, 107, 117, 118, 136, & 139]
Interpretation 19	Extinguishing Financial Liabilities with Equity Instruments
AASB 2009-13	Amendments to Australian Accounting Standards arising from Interpretation 19 [AASB1]
AASB 2010-1	Amendments to Australian Accounting Standards - Limited Exemption from Comparative AASB 7 Disclosures for First-time Adopters [AASB 1 & AASB 7]
AASB 2010-3	Amendments to Australian Accounting Standards, arising from the Annual Improvements Project [AASB 3, AASB 7, AASB 121, AASB 128, AASB 131, AASB 132 & AASB 139]

Future impact of Australian Accounting Standards not yet operative

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

Western Australian Alcohol and Drug Authority

Notes to the Financial Statement

For the year ended 30 June 2011

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

Title	Operative for reporting periods beginning on/after
<p>AASB 2009-11 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].</p> <p>The amendment to AASB 7 Financial Instruments: Disclosures 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.</p>	1 Jan 2013
<p>AASB 1053 <i>Application of Tiers of Australian Accounting Standards</i></p> <p>This Standard establishes a differential financial reporting framework consisting of two tiers of reporting requirements for preparing general purpose financial statements.</p> <p>The Standard does not have any financial impact on the Authority. However it may affect disclosures in the financial statements of the Authority if the reduced disclosure requirements apply. DTF has not yet determined the application or the potential impact of the new Standard for agencies.</p>	1 July 2013
<p>AASB 2010-2 <i>Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements</i></p> <p>This Standard makes amendments to many Australian Accounting Standards, including Interpretations, to introduce reduced disclosure requirements into these pronouncements for application by certain types of entities.</p> <p>The Standard is not expected to have any financial impact on the Authority. However this Standard may reduce some note disclosures in the financial statements of the Authority. The Department of Treasury and Finance has not yet determined the application or the potential impact of the amendments to these Standards for agencies.</p>	1 July 2013
<p>AASB 2010-6 <i>Amendments to Australian Accounting Standards - Disclosures on Transfers of Financial Assets [AASB 1, AASB 7]</i></p> <p>This Standard makes amendments to Australian Accounting Standards, introducing additional presentation and disclosure requirements for Financial Assets.</p> <p>The Standard is not expected to have any financial impact on the Authority. DTF has not yet determined the application or the potential impact of the amendments to these Standards for agencies.</p>	1 July 2011
<p>AASB 9 <i>Financial Instruments</i></p> <p>This Standard supersedes AASB 139 Financial Instruments: Recognition and Measurement, introducing a number of changes to accounting treatments.</p> <p>The Standard was reissued on 6 Dec 2010 and the Department is currently determining the impact of the Standard. DTF has not yet determined the application or the potential impact of the Standard for agencies.</p>	1 Jan 2013

Western Australian Alcohol and Drug Authority

Notes to the Financial Statement

For the year ended 30 June 2011

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

Title	Operative for reporting periods beginning on/after
AASB 2010-7 Amendments to Australian Accounting Standards arising from AASB9 (December 2010) (AASB1, 3, 4, 5, 7, 101, 102, 108, 112, 118, 120, 121, 127, 128, 131, 132, 136, 137, 139, 1023 & 1038 and Interpretations 2, 5, 10, 12, 19 & 127)	1 Jan 2013
This Amending Standard makes consequential adjustments to other Standards as a result of issuing AASB9 Financial Instruments in December 2010. DTF has not yet determined the application or the potential impact of the Standard for agencies.	

Note 6 Services of the Authority

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

	2011 \$	2010 \$
Note 7 Employee benefits expense		
Salaries and wages (a)	18,098,324	17,534,602
Superannuation – defined contribution plans (b)	1,667,944	1,604,630
	<u>19,766,268</u>	<u>19,139,232</u>

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

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

Employment on-costs expense is included at Note 12 'Other expenses'.
Employment on-costs liability is included at Note 23 'Provisions'.

Note 8 Patient support costs

Medical supplies and services	139,052	119,586
Domestic charges	24,772	20,124
Fuel, light and power	148,710	134,759
Food supplies	84,625	82,846
Patient transport costs	1,779	3,757
Purchase of external services	27,373,058	27,102,374
	<u>27,771,996</u>	<u>27,463,446</u>

Note 9 Depreciation expense

<u>Depreciation</u>		
Buildings	268,404	274,777
Computer equipment	8,753	9,560
Furniture and fittings	732	2,362
Medical equipment	815	978
Other plant and equipment	40,380	26,598
	<u>319,084</u>	<u>314,275</u>

Western Australian Alcohol and Drug Authority

Notes to the Financial Statement

For the year ended 30 June 2011

	2011 \$	2010 \$
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)
Net gain/(loss)	-	(14,812)
See Note 20 'Property, plant and equipment'.		
Note 11		
Repairs, maintenance and consumable equipment		
Repairs and maintenance	292,134	361,838
Consumable equipment	114,533	139,822
	<u>406,667</u>	<u>501,660</u>
Note 12		
Other expenses		
Communications	162,566	164,913
Computer services	37,801	65,881
Employment on-costs (a)	474,105	253,412
Legal expenses	5,706	26,970
Motor vehicle expenses	15,840	9,391
Operating lease expenses	34,769	22,363
Printing and stationery	449,003	359,212
Rental of property (b)	80,083	(10,397)
Purchase of external services	4,114,501	2,502,277
Other	2,060,123	1,685,908
	<u>7,434,497</u>	<u>5,079,931</u>
(a) Includes workers' compensation insurance. 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 are 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.		
Note 13		
Grants and contributions		
(a) Commonwealth grants and contributions		
Department of Health and Ageing	587,648	511,408
	<u>587,648</u>	<u>511,408</u>
(b) Other grants and contributions		
WA Health Promotion Foundation	259,953	270,272
Gascoyne Development Commission	32,800	-
Mental Health Commission	100,000	-
Office of Road Safety	344,279	-
Royal Australian & New Zealand College of Psychiatrists	50,000	-
Other	-	4,424
	<u>787,032</u>	<u>274,696</u>
Note 14		
Other revenue		
Services to external organisations	200,592	178,834
Use of hospital facilities	80	1,107
Other	36,842	27,049
	<u>237,514</u>	<u>206,990</u>

Western Australian Alcohol and Drug Authority

Notes to the Financial Statement

For the year ended 30 June 2011

	2011 \$	2010 \$
Note 15		
Service appropriation		
Appropriation revenue received during the year:		
Service appropriation	54,434,596	51,071,601
<p>Service appropriation fund the net cost of services delivered. Appropriation revenue comprises a cash component and a receivable (asset). The receivable (holding account) comprises the depreciation expense for the year and any agreed increase in leave liability during the year.</p>		
Note 16		
Receivables		
Current		
Receivables	1,423	25,026
Accrued revenue	-	15,458
	1,423	40,484
<p>The Authority does not hold any collateral as security or other credit enhancements relating to receivables.</p> <p>See Note 2(n) 'Receivables' and Note 36 'Financial instruments'.</p>		
Note 17		
Amounts receivable for services		
Non-current	3,651,786	3,309,749
<p>Represents the non-cash component of service appropriations. It is restricted in that it can only be used for asset replacement or payment of leave liability. See Note 2(l) 'Amounts receivable for services'.</p>		
Note 18		
Inventories		
Current		
Pharmaceutical stores – at cost	16,518	26,254
<p>See Note 2(m) 'Inventories'.</p>		
Note 19		
Other current assets		
Prepayments	37,116	30,100
Note 20		
Property, plant and equipment		
Land		
<i>At fair value (a)</i>	8,140,200	7,329,100
	8,140,200	7,329,100
Buildings		
<i>Clinical:</i>		
<i>At fair value</i>	11,112,400	8,705,756
<i>Accumulated depreciation (b)</i>	-	-
	11,112,400	8,705,756
Computer equipment		
<i>At cost</i>	89,703	77,093
<i>Accumulated depreciation</i>	(72,469)	(60,876)
	17,234	16,217

Western Australian Alcohol and Drug Authority

Notes to the Financial Statement

For the year ended 30 June 2011

	2011 \$	2010 \$
Note 20 Property, plant and equipment (continued)		
Furniture and fittings		
At cost	20,863	26,793
Accumulated depreciation	(19,240)	(21,348)
	1,623	5,445
Medical equipment		
At cost	10,750	10,750
Accumulated depreciation	(10,750)	(9,935)
	-	815
Other plant and equipment		
At cost	315,403	308,697
Accumulated depreciation	(251,542)	(218,340)
	63,861	90,357
Works in progress		
Buildings under construction (at cost)	1,298	271,605
	1,298	271,605
Total of property, plant and equipment	19,336,616	16,419,295
(a) Land and buildings were revalued as at 1 July 2010 by the Western Australian Land Information Authority (Valuation Services). The valuations were performed during the year ended 30 June 2011 and recognised at 30 June 2011. In undertaking the revaluation, fair value was determined by reference to the market value for land: \$8,140,200 and buildings: \$11,112,400. For the remaining balance, fair value of land and buildings was determined on the basis of depreciated replacement cost. See also Note 2(f) 'Property, plant and equipment'.		
(b) The 2010 figure for clinical buildings have been adjusted to eliminate the accumulated depreciation against the gross carrying amounts.		
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	7,329,100	7,707,600
Revaluation increments / (decrements)	811,100	(378,500)
Carrying amount at end of year	8,140,200	7,329,100
Buildings		
Carrying amount at start of year	8,705,756	9,159,241
Transfers from work in progress	613,274	-
Revaluation increments / (decrements)	2,061,775	(178,708)
Depreciation	(268,404)	(274,777)
Carrying amount at end of year	11,112,400	8,705,756
Computer equipment		
Carrying amount at start of year	16,217	13,976
Additions	6,680	11,801
Depreciation	(8,753)	(9,560)
Transfer between asset classes	3,090	-
Carrying amount at end of year	17,234	16,217

Western Australian Alcohol and Drug Authority

Notes to the Financial Statement

For the year ended 30 June 2011

	2011 \$	2010 \$
Note 20		
Property, plant and equipment (continued)		
<i>Furniture and fittings</i>		
Carrying amount at start of year	5,445	16,950
Disposals	-	(9,142)
Depreciation	(732)	(2,362)
Transfer between asset classes	(3,090)	-
Carrying amount at end of year	<u>1,623</u>	<u>5,445</u>
<i>Medical equipment</i>		
Carrying amount at start of year	815	1,792
Depreciation	(815)	(978)
Carrying amount at end of year	<u>-</u>	<u>815</u>
<i>Other plant and equipment</i>		
Carrying amount at start of year	90,357	103,523
Additions	13,884	19,101
Disposals	-	(5,669)
Depreciation	(40,380)	(26,598)
Carrying amount at end of year	<u>63,861</u>	<u>90,357</u>
<i>Works in progress</i>		
Carrying amount at start of year	271,605	-
Additions	342,967	271,605
Capitalised to asset classes	(613,274)	-
Carrying amount at end of year	<u>1,298</u>	<u>271,605</u>
<i>Total property, plant and equipment</i>		
Carrying amount at start of year	16,419,295	17,003,082
Additions	363,531	302,508
Transfers from work in progress	613,274	-
Capitalised to asset classes	(613,274)	-
Disposals	-	(14,812)
Revaluation increments / (decrements)	2,872,875	(557,208)
Depreciation	(319,084)	(314,275)
Carrying amount at end of year	<u>19,336,616</u>	<u>16,419,295</u>
Note 21		
Impairment of Assets		
There were no indications of impairment to property, plant and equipment at 30 June 2011.		
The Authority held no goodwill or intangible assets with an indefinite useful life during the reporting period. At the end of the reporting period there were no intangible assets not yet available for use.		
All surplus assets at 30 June 2011 have either been classified as assets held for sale or written off.		
Note 22		
Payables		
Current		
Trade creditors	39,943	68,564
Other creditors	27,952	20,000
Accrued expenses	113,662	829,294
Accrued salaries	618,516	451,034
	<u>800,073</u>	<u>1,368,892</u>

See also Note 2(o) 'Payables' and Note 36 'Financial instruments'.

Western Australian Alcohol and Drug Authority

Notes to the Financial Statement

For the year ended 30 June 2011

	2011 \$	2010 \$
Note 23 Provisions		
Current		
<u>Employee benefits provision</u>		
Annual leave (a)	1,428,969	1,316,719
Time off in lieu leave (a)	127,068	119,674
Long service leave (b)	1,640,500	1,630,722
	3,196,537	3,067,115
Non-current		
<u>Employee benefits provision</u>		
Long service leave (b)	615,116	613,859
	3,811,653	3,680,974
<p>(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:</p>		
Within 12 months of the reporting date	1,106,168	1,015,791
More than 12 months after the reporting date	449,869	420,602
	1,556,037	1,436,393
<p>(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:</p>		
Within 12 months of the reporting date	421,410	414,993
More than 12 months after the reporting date	1,834,206	1,829,589
	2,255,616	2,244,581
Note 24 Contributed equity		
<p>The Government holds the equity interest in the Authority on behalf of the community. Equity represents the residual interest in the net assets of the Authority. The asset revaluation reserve represents that portion of equity resulting from the revaluation of non-current assets (Note 25).</p>		
Balance at start of the year	4,663,939	4,663,939
<u>Contributions by owners</u>		
Capital appropriation (a)	181,129	-
Balance at the end of year	4,845,068	4,663,939
<u>Capital appropriations</u>		
<p>(a) TI 955 Contributions by Owners made to Wholly Owned Public Sector Entities designates capital appropriations as contributions by owners in accordance with AASB Interpretation 1038 Contributions by Owners Made to Wholly-Owned Public Sector Entities.</p>		

Western Australian Alcohol and Drug Authority

Notes to the Financial Statement

For the year ended 30 June 2011

	2011 \$	2010 \$
Note 25 Reserves		
Asset revaluation surplus (a)		
Balance at start of year	13,369,668	13,926,876
Net revaluation increments/(decrements) (b):		
Land	811,100	(378,500)
Buildings	2,061,775	(178,708)
Balance at end of year	16,242,543	13,369,668
 (a) The asset revaluation reserve is used to record increments and decrements on the revaluation of non-current assets.		
 (b) Any increment is credited directly to the asset revaluation reserve, except to the extent that any increment reverses a revaluation decrement previously recognised as an expense.		
Note 26 Accumulated surplus/(deficit)		
Balance at start of year	(2,435,013)	(1,986,352)
Result for the period	348,278	(448,661)
Balance at end of year	(2,086,735)	(2,435,013)
Note 27 Notes to the Statement of Cash Flows		
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	569,143	822,578
Reconciliation of net cost of services to net cash flows provided by (used in) operating activities		
Net cost of services	(54,086,318)	(51,520,262)
<u>Non-cash items:</u>		
Depreciation expense (Note 9)	319,084	314,275
Net (gain) / loss from disposal of non-current assets (Note 10)	-	14,812
Adjustment for other non-cash items	(2)	3
<u>(Increase)/decrease in assets:</u>		
Other current receivables	39,061	133,269
Inventories	9,736	(5,982)
Prepayments	(7,016)	21,964
<u>Increase/(decrease) in liabilities:</u>		
Payables	(568,819)	407,802
Current provisions	129,422	613,457
Non-current provisions	1,257	11,627
Net cash provided by/(used in) operating activities	(54,163,595)	(50,009,035)

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.

Western Australian Alcohol and Drug Authority

Notes to the Financial Statement

For the year ended 30 June 2011

	2011	2010
Note 28		
Remuneration of members of the Accountable Authority and senior officers		
Remuneration of members of the Accountable Authority		
The number of members of the Accountable Authority, whose total of fees, salaries, superannuation, non-monetary benefits and other benefits for the financial year fall within the following bands are:		
\$0 - \$10,000	4	3
\$10,001 - \$20,000	-	1
Total:	4	4
	\$	\$
The total remuneration of members of the Accountable Authority is:	7,510	13,519
The total remuneration includes the superannuation expense incurred by the Authority in respect of members of the Accountable Authority.		
Remuneration of senior officers		
The number of senior officers other than senior officers reported as members of the Accountable Authority, whose total of fees, salaries, superannuation, non-monetary benefits and other benefits for the financial year, fall within the following bands are:		
\$30,001 - \$40,000	-	1
\$40,001 - \$50,000	1	-
\$60,001 - \$70,000	1	-
\$80,001 - \$90,000	1	-
\$110,001 - \$120,000	1	-
\$120,001 - \$130,000	-	2
\$130,001 - \$140,000	1	-
\$140,001 - \$150,000	1	2
\$150,001 - \$160,000	-	1
\$160,001 - \$170,000	1	1
\$190,001 - \$200,000	1	-
\$390,001 - \$400,000	-	1
\$410,001 - \$420,000	1	-
Total:	9	8
	\$	\$
The total remuneration of senior officers is:	1,383,833	1,295,509
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 29		
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	46,200	49,000

Western Australian Alcohol and Drug Authority

Notes to the Financial Statement

For the year ended 30 June 2011

	2011 \$	2010 \$
Note 30		
Commitments		
Capital expenditure commitments		
Capital expenditure commitments, being contracted capital expenditure additional to the amounts reported in the financial statements, are payable as follows:		
Within 1 year	-	125,095
	-	125,095
The capital commitments include amounts for buildings:	-	125,095
The capital expenditure commitments are inclusive of GST.		
Operating lease commitment		
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	56,505	63,625
Later than 1 year, and not later than 5 years	46,842	53,138
	103,347	116,763
The operating lease commitments are inclusive of GST.		
Other expenditure commitments:		
Other expenditure commitments contracted for at the reporting period but not recognised as liabilities, are payable as follows:		
Within 1 year	12,936	39,189
	12,936	39,189
The other expenditure commitments are inclusive of GST.		
Note 31		
Contingent liabilities and contingent assets		
At the reporting period, the Authority is not aware of any contingent liabilities or contingent assets.		
Note 32		
Events occurring after the end of the reporting period		
No matter or circumstance has arisen since the end of the reporting period that has significant effects on these financial statements.		
Note 33		
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 34		
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 Statement

For the year ended 30 June 2011

Note 35 Explanatory Statement

This statement provides details of any significant variations between estimates and actual results for 2011 and between the actual results for 2010 and 2011. Significant variations are considered to be those greater than 10% or \$1.5 million.

Significant variances between estimated and actual result for 2011

	Note	2011 Actual \$	2011 Estimates \$	Variance \$
Operating expenses				
Employee benefits expense		19,766,268	19,296,053	470,215
Other goods and services		35,932,243	35,324,043	608,200
Total expenses		55,698,511	54,620,096	1,078,415
Less: Revenue	(a)	(1,612,194)	(185,500)	(1,426,694)
Net cost of services		54,086,317	54,434,596	(348,279)

(a) Revenue

The variance is directly attributed to non-recurrent grant \$588k from the Department of Health and Ageing for the Aboriginal and Torres Strait Islander Health Program, Office of Road Safety \$344k and other non-recurrent grants totalling \$443k.

Significant variances between actual results for 2010 and 2011

	Note	2011 Actual \$	2010 Actual \$	Variance \$
Expenses				
Employee benefits expense		19,766,268	19,139,232	627,036
Patient support costs		27,771,996	27,463,446	308,550
Depreciation expense		319,084	314,275	4,809
Loss of disposal of non-current assets	(a)	-	14,812	(14,812)
Repairs, maintenance and consumable equipment	(b)	406,667	501,660	(94,993)
Other expenses	(c)	7,434,497	5,079,931	2,354,566
Income				
Commonwealth grants and contributions	(d)	587,648	511,408	76,240
Other grants and contributions	(e)	787,032	274,696	512,336
Other revenue	(f)	237,514	206,990	30,524
Service appropriation	(g)	54,434,596	51,071,601	3,362,995

(a) Loss on disposal of non-current assets

No disposal of non-current assets had taken place during the current fiscal year.

(b) Repairs, maintenance and consumable equipment

The variance is directly attributed to completion of major renovations work in the previous fiscal year.

(c) Other expenses

The variance is mainly due to increase in priority on prevention campaign activity \$400k, new initiatives SSSM project \$841k, Office of Road Safety \$304k, Election commitments \$350k, New Alcohol Campaign project \$300k, FASD project \$220k, New research project \$131k.

(d) Commonwealth grants and contributions

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

(e) Other grants and contributions

This variance is mainly related to new grants during the year from Office of Road Safety \$344k, Mental Health Commission \$100k, Royal Australian & New Zealand College of Psychiatrists \$50k and Gascoyne Development Commission \$33k.

(f) Other revenue

Due to additional training services provided during the year \$25k.

(g) Service appropriation

This increase is mainly related to indexation increase in service appropriation and new initiatives \$422k Indigenous Early Childhood Development Program and \$759k Closing the Gap in Indigenous Health Outcomes Program.

Western Australian Alcohol and Drug Authority

Notes to the Financial Statement

For the year ended 30 June 2011

Note 36 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 36(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 client credit ratings. For financial assets that are either past due or impaired, refer to Note 36(c) Financial Instruments Disclosures.

Liquidity risk

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

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

Market risk

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

Western Australian Alcohol and Drug Authority

Notes to the Financial Statement

For the year ended 30 June 2011

(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:

	2011	2010
	\$	\$
Financial Assets		
Cash and cash equivalents	569,143	822,578
Loans and receivables	3,653,209	3,350,233
Financial Liabilities		
Financial liabilities measured at amortised cost	800,073	1,368,892

(c) Financial instruments 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 Statement

For the year ended 30 June 2011

(c) Financial instrument disclosures (continued)

Interest rate exposure and ageing analysis of financial assets

	Interest rate exposure				Past due but not impaired					Impaired financial assets	
	Weighted average effective interest rate	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 Assets											
2011											
Cash and cash equivalents	-	569,143	-	-	569,143						
Receivables	-	1,423	-	-	1,423						
Amounts receivable for services	-	3,651,786	-	-	3,651,786						
		4,222,352			4,222,352	-	-	-	-	-	-
2010											
Cash and cash equivalents	-	822,578	-	-	822,578						
Receivables	-	40,484	-	-	40,484						
Amounts receivable for services	-	3,309,749	-	-	3,309,749						
		4,172,811			4,172,811	-	-	-	-	-	-

Western Australian Alcohol and Drug Authority

Notes to the Financial Statement

For the year ended 30 June 2011

(c) Financial instrument disclosures (continued)

Liquidity Risk

The following table details the contractual maturity analysis for financial liabilities. The amounts disclosed are the contractual undiscounted cash flows of each class of financial liabilities at the end of the reporting period.

Interest rate exposure and maturing analysis of financial liabilities (a)

	Interest rate exposure				Maturity dates					
	<u>Weighted average effective interest rate</u>	<u>Carrying amount</u>	<u>Fixed interest rate</u>	<u>Variable interest rate</u>	<u>Non- interest bearing</u>	<u>Up to 3 months</u>	<u>3-12 months</u>	<u>1-2 years</u>	<u>2-5 years</u>	<u>More than 5 years</u>
	%	\$	\$	\$	\$	\$	\$	\$	\$	\$
Financial Liabilities										
2011										
Payables	-	800,073	-	-	800,073	800,073				
		800,073	-	-	800,073	800,073	-	-	-	-
2010										
Payables	-	1,368,892	-	-	1,368,892	1,368,892				
		1,368,892	-	-	1,368,892	1,368,892	-	-	-	-

(a) The amount disclosed are the contractual undiscounted cash flows of each class of financial liabilities at the end of the reporting period.

Note 37 Schedule of income and expenses by service

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

Key performance indicators

Certificate of Key Performance Indicators

Western Australian Alcohol and Drug Authority
Certification of performance indicators
For the year ended 30 June 2011

We hereby certify that the key performance indicators are based on proper records, are relevant and appropriate for assisting users to assess the Western Australian Alcohol and Drug Authority's performance, and fairly represent the performance of the Authority for the financial year ending 30 June 2011.



Professor Gary Geelhoed
Chairperson/Member of the Board
Western Australian Alcohol
and Drug Authority

16 September 2011



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

16 September 2011

Performance management framework

Outcome, services and performance information

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

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 benefits of all Western Australians.

Agency Level Government Desired Outcomes

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

Key Effectiveness Indicators

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

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

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

Effectiveness Indicators 1.1 – 1.3

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

Indicator 1.1 presents information on the Western Australian prevalence rate for illicit drugs and alcohol, and reflects the impact of preventive initiatives of a range of government departments⁸. Prevalence rates are from the National Drug Strategy Household Survey which is conducted every three years. The prevalence of alcohol and drug use is determined by a range of complex social and structural determinants, therefore whole of government activities are required to effectively reduce rates of use.

Indicator 1.2 a major strategy to achieve the desired outcome is public education and social marketing campaigns. Indicator 1.2 is an indicator of effectiveness of the public education campaigns to reduce the social acceptability of risky alcohol use and drug use and increase the awareness of associated harm. It is included in the efficiency indicators as an additional annual indicator as the primary key performance (KPI 1.1) is based on data that is only collected every three years.

Indicator 1.3 reflects the impact of treatment and support services and is based on client episodes that are provided either directly by the Western Australian Alcohol and Drug Authority (WAADA) or by agencies funded by the WAADA. The indicator measures the effectiveness of treatment by presenting information on client episodes that are completed as planned or where the clients are still retained in treatment. The indicator presents the percentage of unplanned exits from treatment and the aim is to reduce, year on year, the percentage of client episodes that are not completed as planned.

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

⁸ Similar information was presented in previous annual reports for WAADA as part of the previous outcome based management structure. The previous indicators (3.1 and 3.2) were not benchmarked against the national rate.

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

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

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

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

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

Notes:

- In 2009, the NHMRC revised the alcohol guidelines in light of new evidence on the risks of alcohol-related harm, including a range of chronic diseases, accidents and injury⁹. The new guidelines take a different approach to the 2001 guidelines. This approach is the development of a population-health guide to estimate the overall risk of alcohol-related harm over a lifetime rather than looking at the immediate risk of injury and cumulative risk of chronic disease. The 2009 guidelines additionally provide advice to specific populations (e.g. children and young people), and on lowering the risk of alcohol-related harm, using the level of one death for every 100 persons as a guide to acceptable risk in the context of present-day Australian society. The 2009 guidelines reduced the number of standard drinks per session/week that is recommended to consume to stay under a risk of harm to less than one death from alcohol-related disease/injury per 100 drinkers. The 2009 NHMRC guidelines recommend on average, no more than two/four standard drinks on any occasion for lifetime/single occasion risk (regardless of sex). The 2004 and 2007 NDSHS calculated risky drinking using the

⁹ NHMRC (2009). *Australian Guidelines to reduce health risks from drinking alcohol*. Commonwealth of Australia: Canberra, Australia.

previous 2001 NHMRC guidelines. Short-term risk was calculated by the consumption of females/males consumption of five/seven or more standard drinks on an occasion. Long-term risk was calculated by the consumption of females/males consuming 15/29 or more standard drinks per week.

- Information is based on the National Drug Strategy Household Survey (NDSHS) which is conducted every three years and published by the Australian Institute of Health and Welfare.
- Data sources from:
 - Australian Institute of Health and Welfare 2011. 2010 National Drug Strategy Household Survey Report. Drug Statistics series number 25. Cat. No. PHE 145. Canberra and from: Australian Institute of Health and Welfare 2011.
 - Australian Institute of Health and Welfare 2008. 2007 National Drug Strategy Household Survey: First Results. Drug Statistics series number 20. Cat. No. PHE 98. Canberra and from: Australian Institute of Health and Welfare 2008.
 - Australian Institute of Health and Welfare 2008. 2007 National Drug Strategy Household Survey: State and territory supplement. Drug Statistics series no. 21. Cat. no. PHE 102. Canberra: AIHW.
 - 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 2010/11 data is based on the 2010 survey, which is the most recent survey and was released in 2011.
- 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 National Drug Strategy Household Survey.
- Reported use within Western Australia of any illicit drug in the last 12 months has remained consistent with national trends. Both Western Australia and Australia reported a decrease in recent illicit drug use 2007 compared to the 2004 survey; however, an increase in recent illicit drug use was reported in 2010 compared to the 2007 survey. The estimated increase of recent illicit drug use reported in the 2010 NDSHS was greater for Western Australia than the Australian estimates. This was mainly due to the slight upward trend for Western Australian males from 18.1% in 2007 to 22.8% in 2010 (see table below on gender differences). Caution is advised in interpreting data due to the relatively small numbers of reported illicit drug users.
- Defining long term risky drinking using either the 2001 or 2009 NHMRC guidelines, Western Australia did show a reduction in the difference between the state and national rates in relation to risky alcohol consumption. However in terms of the short term risk of consumption, there was an increase in the difference between the state and national rates. Based on the 2001 guidelines, short-term risky drinking fell slightly in Western Australia from 37.1% to 36.4% (2007 to 2010), mainly due to an improvement in short-term risky drinking for Western Australian females (from 33.0% in 2007 to 31.5% in 2010). Short-term risky drinking for Western Australian males is less than that of females, but remains at a relatively steady rate between the two latest surveys. The gap between the Western Australian rate and the national rate for short term risky drinking was 3.6% which is an increase of 1.1% (using 2001 NHMRC guidelines). Western Australian females who consumed alcohol at risky levels of long-term harms decreased in the 2010 survey (10.7%) compared to 12.3% in the 2007 survey. Targeting prevention messages to address short-term risky drinking continues to be an important prevention strategy to reduce short-term risky drinking. Western Australia is participating in the national prevention of binge drinking initiatives as well as continuing to address this problem through the *Alcohol.Think Again* alcohol awareness campaign and other approaches.
- The use of illicit drugs by Western Australians and alcohol consumption for single occasion risk of an alcohol-related injury is of concern and needs to be considered in terms of policy development, programs and access to services.

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

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

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

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

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

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

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

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

CAMPAIGN		Target	2010/11	Target	2009/10	Target	2008/09	Target	2007/08	Target	2006/07
ALCOHOL											
<i>Alcohol. Think Again</i>											
Campaign 1 'Tolerance'	Aware	78.6%	77.0%	74.0%	58.0%	-	-	-	-	-	-
	Correct	50.4%	51.2%	52.7%	42.7%	-	-	-	-	-	-
Campaign 2 'Cancer'	Aware	76.3%	74.0%	57.6%	47.0%	-	-	-	-	-	-
	Correct	73.6%	73.6%	40.1%	33.8%	-	-	-	-	-	-
<i>Rethink Drink*</i>	Aware	-	-	-	-	76%	75%	77.0%	69.0%	-	-
	Correct	-	-	-	-	38%	63%	38.0%	50.0%	-	-
<i>Enough is Enough**</i>	Aware	-	-	-	-	-	-	-	-	35.0%	13.0%
	Correct	-	-	-	-	-	-	-	-	17.0%	9.0%
DRUGS											
<i>Drug Aware programs</i>											
Amphetamine	Aware	47.7%	na	39.2%	52.0%	47%	48%	35.0%	60.0%	35.0%	36.0%
	Correct	75.2%	na	38.8%	48.9%	24%	48%	17.5%	58.0%	17.0%	22.0%
Ecstasy	Aware	20.3%	24%	-	-	-	-	-	-	-	-
	Correct	na	73.6%	-	-	-	-	-	-	-	-

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

** *Enough is Enough* campaign was rebranded as the *Rethink Drink* campaign.

Notes:

- *Alcohol. Think Again* Campaign 1, titled 'Tolerance' aimed to raise awareness about the problems related to the binge drinking culture, and to raise awareness about what causes these problems at a systems or community level.
- *Alcohol. Think Again* Campaign 2, titled 'Cancer', aimed to raise awareness about alcohol-caused health problems (such as alcohol-caused cancer) and how to stay at low-risk in accordance with the *Australian Guidelines to Reduce Health Risks from Drinking Alcohol*.
- *Drug Aware* Amphetamine campaign aimed to prevent and/or delay the uptake of amphetamine use and increase access to support services at an early stage of increasing awareness and knowledge of the potential health, social and legal consequences of amphetamine use and increasing the salience of the potential risks associated with amphetamine use.
- *Drug Aware* Ecstasy campaign aimed to prevent and/or delay the uptake of ecstasy use and increase access to support services at an early stage of increasing awareness and knowledge of the potential health, social and legal consequences of ecstasy use and increasing the salience of the potential risks associated with ecstasy use.

- “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 2010/11. If more than one medium was used in a campaign (e.g. TV and radio), “aware” refers to the overall awareness from any medium, where reported. If overall awareness has not been reported then the medium having the greatest awareness (e.g. radio) has been used.
- “Correct” refers to the proportion of the target population who correctly recalled at least one of the main campaign messages during the post-campaign evaluation. If more than one medium was used in a campaign, “correct” has been reported for the same medium as “aware” (i.e. overall where reported, or the medium having the greatest awareness). “Correct” is reported as a percentage of those who are “aware”.
- A target measure for “correct” message recall is multiplied by the percentage of the target measure for “aware” which is then multiplied by an adjustment factor recommended by TNS Social Research in order to adjust for expected population “correct” message recall.
- The adjustment factor applied to the “correct” message recall is 0.8 (or 80%) of what is achieved in the testing/evaluation setting and is applied to more accurately reflect what is actually achieved for “correct” message recall in the target population. This factor has been recommended by experts at TNS Social Research.
- The Amphetamine Campaign was not formally evaluated in 2010/11. Due to the previous positive evaluation results from the 2008/09 and 2009/10 indicating saturation of the message take-out, it was determined that additional expenditure on evaluation was not warranted.
- 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 78.6% of the target population being “aware” of the campaign message, with 50.4% “correct” message take out. The targets for *Alcohol. Think Again* Campaign 2 were estimated at 76.3% of the target population being “aware” of the campaign message, with 73.6% “correct” message take out. The targets for the *Drug Aware* Amphetamine campaign were estimated at 47.7% of the targeted population being “aware” of the campaign message, with 75.2% “correct” message takeout. The targets for the *Drug Aware* Ecstasy campaign were estimated at 20.3% (the proposed reach is low due to low radio scheduling, reach/awareness data is not available for street press and online, so these mediums of the campaign cannot be considered in the overall target setting). The correct message target could not be determined due the qualitative testing requirements used to direct the campaign.
- For both *Alcohol. Think Again* Campaigns 1 and 2, awareness rates amongst the target audiences were only slightly lower than the suggested targets. This may be due to the advertising media-buy underperforming due to a busy television advertising market. The final execution of both campaigns proved to be effective in achieving high levels of “correct” message recall, particularly for the key messages on alcohol increasing the risk of some cancers.
- The reach of the *Drug Aware* Ecstasy campaign outperformed expectations, leading to higher prompted “awareness” than anticipated. There was a high level of message recall among those young people who were aware of the campaign, indicating excellent understanding of the campaign messages. The *Drug Aware* Amphetamine campaign was not evaluated, as explained earlier.
- 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 1.3: Number of open and opened treatment episodes (including inpatient and outpatient in government and non-government agencies funded by WAADA) and the percentage not completed as planned (unplanned exits)

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

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

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

Notes:

- Information is based on the number of treatment episodes where the client left a service provided either by government or non-government agencies funded by WAADA and is extracted from the SIMS and PICASO databases.
- Open and opened refers to all treatment episodes that were open already at the beginning of the period and all episodes opened during that period. Due to the requirements of the Alcohol and Other Drug Treatment Services - National Minimum Data Set (AODTS-NMDS) for a 3 month period before closures of episodes where the client has exited without notice, the reporting period for this effectiveness indicator is 1 April 2010 – 31 March 2011.
- 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 2010/11 was 35,328 and Sobering-up Centre activity accounted for 14,526 of these episodes. 44 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 4,350 and those that completed as planned were 10,049. A further 6,359 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 2010/11, in order to standardise the outcomes for planned and unplanned treatment completion against the AODTS-NMDS categories, the category labelled “imprisoned, other than drug court sanctioned” has been moved into the “unplanned” completion category. This has resulted in a 0.8% increase in the effectiveness indicator value than would otherwise be observed using the previous placement of this category under “planned” completion.
- The target was set for a reduction to 26% of treatment episodes not completed as planned over the five years from 2008/09. For many clients with alcohol and drug problems, remaining in treatment is recognised as a challenge world-wide due to relapse back to alcohol and drug use. Many factors affect the ability to engage and remain in treatment. Time in treatment and completion of treatment as planned are associated with better treatment outcomes. The proportion of people leaving treatment successfully each year or still engaged in treatment is comparable with data from other countries such as the United Kingdom and the United States of America and indicates higher rates of successful completion.

Key Efficiency Indicators

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

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

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

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

Function Group 1: Prevention and Early Intervention

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

Efficiency Indicators 1.1 – 1.2

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

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

The costs associated with this indicator include direct costs associated with prevention programs and activities, staff salaries and corporate overheads. The targets for this indicator were calculated based on the budget estimate of Function Group 1 for 2010/11.

Table 2.1.1: Cost per capita of prevention initiatives

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

Notes:

- The cost per capita is based on estimates of the Western Australian population aged 14 years and over which are obtained from the Australian Bureau of Statistics, Time Series Workbook 3101.0 Population by Age and Sex, Australian States and Territories, Western Australia. Population figures for this report were accessed from the Time Series Spreadsheets and may differ over time from dates accessed.
- The cost per capita target of \$4.37 was calculated by dividing the 2010/11 budget estimate of \$8,224,873 by the ABS population estimate figure of 1,880,487 (June 2009, release December 2010).
- 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 2010/11, the actual costs for Function Group 1 were \$8,979,672 and the population aged 14 years and over was 1,877,810 (June 2010, released 23 June 2011).
- Actual cost per capita of prevention initiatives in 2010/11 was higher than the KPI target of \$4.37 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	2010/11	Target	2009/10	Target	2008/09	Target	2007/08	Target	2006/07
ALCOHOL											
<i>Alcohol. Think Again</i> Campaign 1 'Tolerance'	Aware	\$0.47	\$0.46	\$1.14	\$1.60	-	-	-	-	-	-
	Correct	\$0.93	\$0.91	\$1.60	\$2.17	-	-	-	-	-	-
Campaign 2 'Cancer'	Aware	\$0.34	\$0.30	\$1.54	\$2.02	-	-	-	-	-	-
	Correct	\$0.46	\$0.41	\$2.22	\$2.80	-	-	-	-	-	-
<i>Rethink Drink*</i>	Aware	-	-	-	-	\$0.30	\$0.47	\$0.55	\$0.55	-	-
	Correct	-	-	-	-	\$0.60	\$0.56	\$1.10	\$0.76	-	-
<i>Enough is Enough**</i>	Aware	-	-	-	-	-	-	-	-	\$0.50	\$0.85
	Correct	-	-	-	-	-	-	-	-	\$1.00	\$1.23
DRUGS											
<i>Drug Aware programs</i>											
Amphetamine education strategy	Aware	\$1.00	\$0.96	\$1.51	\$0.77	\$1.39	\$1.04	\$1.71	\$1.78	\$1.20	\$0.97
	Correct	\$1.34	\$1.28	\$1.52	\$0.82	\$2.78	\$1.06	\$3.41	\$1.85	\$2.40	\$1.58
Ecstasy	Aware	\$12.06	\$10.62	-	-	-	-	-	-	-	-
	Correct	na	\$14.42	-	-	-	-	-	-	-	-

* 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.

Notes:

- The costs per capita in the target groups are based on population figures which are obtained from the Australian Bureau of Statistics, Time Series Workbook 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 2010/11 includes direct media scheduling costs, production, evaluation and other campaign associated costs. This methodology differs from previous years' methodology that only included media scheduling costs. Costs in this table are also included in Indicator 1.1.
- Separate targets are set for each campaign undergoing evaluation. The target for campaign awareness can only be set on the expected media reach that can be achieved from one media phase of a campaign schedule. The expected reach is determined by the advertising agency from independent surveys that report what a particular media medium can achieve. This does not take into account the cumulative effect that running multiple phases of a campaign through the year may have on the overall awareness.

- The actual cost for the *Alcohol. Think Again* Campaigns 1 and 2 was \$1,141,324.00. For Campaign 1 the target cost per person in the target group was \$0.47 for “aware” and \$0.93 for “correct” recall of the main campaign messages. For Campaign 2 the target cost per person in the target group was \$0.34 for “aware” and \$0.46 for the target “correct” recall of the main campaign messages.
- The actual cost for the *Drug Aware Amphetamine* campaign was \$330,450.06 (\$165,225.03 for each phase) and the target cost per person in the target group was \$1.00 for “aware” and \$1.34 for the target “correct” recall of the main campaign messages.
- The actual cost for the *Drug Aware Ecstasy* campaign was \$473,413.25 (\$236,706.62 for each phase) and the cost per person in the target group was \$12.06 for “aware”. However, due to the qualitative testing requirements for the Ecstasy campaign, a correct message target could not be determined.
- 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

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

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

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

	Target	2010/11	Target	2009/10	Target	2008/09
Cost per treatment episode completed as planned or still engaged in treatment	\$1,514	\$1,512	\$1,233	\$1,427	\$1,259	\$1,262

Notes:

- The indicator is a measure of efficiency for treatment and support episodes of inpatient and outpatient services provided by government and non-government agencies funded by WAADA and also include Sobering-up Centres, which are funded services of WAADA.
- The indicator is based on all the open and opened treatment and support episodes. It measures the efficiency of treatment and support activity by calculating the cost per episode for all episodes that are completed as planned or clients who are still continuing in treatment.
- For 2010/11, in order to standardise the outcomes for planned and unplanned treatment completion against the AODTS-NMDS categories the category labelled “imprisoned, other than drug court sanctioned” has been moved into the “unplanned” completion category.
- The cost is based on an amount of \$46,718,840 which is the total costs for this function group (Function Group 2) for the 2010/11 financial year. The number of episodes completed as planned or clients still engaged in treatment was 30,934.
- “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 2010 – 31 March 2011.
- 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 14,526 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 \$1,510.
- The target for cost per treatment episode completed as planned or still engaged in treatment, as included in the 2010/11 Budget ,was \$1,514
- The target of \$1,514 for 2010/11 increased above the anticipated CPI as a direct result of the decrease of Sobering-up Centre admissions in the 2009/10 period.
- The increase in the 2010/11 cost per treatment episode of \$1,510 from the 2009/10 cost per episode of \$1,427 was primarily the result of an increase in the actual budget from 2009/10 to 2010/11 of approximately 2.8%.
- The 2010/11 cost of episodes completed as planned or clients still engaged in treatment, excluding the Sobering-up Centre episodes, was \$2,847. The direct cost for Sobering-up Centres in 2010/11 was \$3,818,248 and the number of episodes was 14,526 so the direct unit cost was \$263 per episode.

- The cost per treatment episode completed as planned or still engaged in treatment (excluding Sobering-up Centre episodes) increased between 2009/10 and 2010/11 from \$2,584 to \$2,847 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 \$236 in 2009/10 to \$263 in 2010/11.

Cost per treatment episode completed as planned or still engaged in treatment, excluding Sobering-up Centre episodes	\$2,847
Cost of Sobering-up Centre episodes	\$263

Other legal requirements

Advertising

In 2010/11 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	2010/11
Advertising agencies (<i>The Brand Agency</i>)	\$108,642.49 (excl GST)
Market Research Agencies (<i>TNS Social Research</i>)	\$349,740.00 (excl GST)
Media Agencies (<i>IKON/Maxus Perth</i>)	\$849,053.04 (excl GST)
Total expenditure	\$1,307,435.53 (excl GST)

Total Drug Aware Campaigns

Class of expenditure	2010/11
Advertising agencies (<i>The Brand Agency</i>)	\$673,523.67 (excl GST)
Market Research Agencies (<i>TNS Social Research</i>)	\$353,478.38 (excl GST)
Media Agencies (<i>IKON/Maxus Perth</i>)	\$220,500.00 (excl GST)
Other (<i>Surfing WA, ASP</i>)	\$20,000.00 (excl GST)
Total expenditure	\$1,267,502.05 (excl GST)

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

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 will be integrated into DAO policies as they are developed or reviewed.
- Disability access planning improvements have been included with the scope of works for the next stage of renovations at Next Step.
- The Prospect Lodge residential treatment facility was reopened in 2010/11 with support from DAO, the Mental Health Commission, Lotterywest and Royalties for Regions. In preparation for reopening, extensive capital renovations and improvements were made to the facility, including measures such as the installation of a wheelchair ramp, to provide better access for people with disabilities.”

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

- DAO endeavours to ensure that all buildings and facilities are physically accessible to people with disabilities by undertaking an annual audit to identify barriers and rectify issues.
- DAO Senior Management Group (SMG) 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.
- The DAO website was redeveloped and complies with public sector website accessibility standards.

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 updating Job Description Forms (JDFs), to include 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, 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.

- DAO ensures that people with disabilities are informed of planned major public forums and consultation events by: advertising opportunities; and informing relevant groups.
- DAO 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 is committed to achieving high standards of compliance with the public sector standards, the Western Australian Public Sector Code of Ethics and the DAO Code of Conduct.

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 Nil reports of breaches	<ul style="list-style-type: none"> Information about Public Sector Standards included on DAO intranet, Internet and within induction materials. Ongoing support provided to staff on recruitment panels to ensure compliance with relevant standards. Delivery of information sessions by the Public Sector Commission. All selection reports audited internally as a quality assurance process. Delivery of Recruitment and Selection training with a strong focus on Public Sector Standards.
WA Code of Ethics One report of non-compliance with the WA Code of Ethics	<ul style="list-style-type: none"> Information on the WA Code of Ethics forms a key part of DAO's induction process and resources are available on the DAO intranet. Ethics and integrity issues are regularly discussed at DAO Senior Management and team meetings.
Agency Code of Conduct One report of non-compliance with the DAO Code of Conduct	<ul style="list-style-type: none"> Information on DAO's Code of Conduct is a mandatory component of the induction process and is available on the intranet. Delivery of Code of Conduct co-presented with WA Health Corporate Governance. On-line training for Accountable and Ethical Decision Making offered to all employees and quarterly reporting is provided to Senior Management. Use of staff access to Information Technology resources is monitored on an ongoing basis.

In addition, DAO continually seeks opportunities for improving current practices through internal auditing, climate surveys, reviewing of policies and procedures and through performance management and feedback. Information sessions form an integral part of the ongoing learning and raising awareness of officers.

DAO also undertakes comprehensive management development 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.

Recordkeeping plans

The Drug and Alcohol Office has a Recordkeeping Plan in accordance with the provisions of the *State Records Act 2000*. The current Recordkeeping Plan was reviewed and approved by the State Records Commission in June 2010. The Retention and Disposal Authority Schedule (RD2004273) of DAO is currently being reviewed.

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 recordkeeping responsibilities and informed of recordkeeping resources as part of the DAO Induction Program. On-line Record Keeping Awareness Training (RAT) is available for all employees and Tower Records Management Information System (TRIM) training is offered on the intranet. Additionally, recordkeeping responsibilities are a key component of the Accountable and Ethical Decision Making training program. An evaluation of the efficiency and effectiveness of existing recordkeeping training programs within DAO is expected to be conducted by mid 2012.

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 Australian public sector.

A needs and impact assessment identified the Aboriginal Inpatient Withdrawal Unit as a key service that directly affected Aboriginal clients seeking withdrawal treatment services. At the finalisation of the substantive equality evaluation, a number of recommendations were made and implemented, including 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.

DAO is continuing to identify strategies that support the substantive equality framework within the public sector.

These include:

- Production of publications in languages other than English to promote the ADIS to those seeking help for their own drinking or drug use, or that of a family member or friend.
- 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
- Launching of a CD-ROM about alcohol and other drug issues for migrant and refugee workers and community leaders in partnership with Women's Health and Family Services.
- Development and dissemination of a booklet for parents on volatile substance use for Aboriginal communities.

Occupational safety and health

DAO is committed to providing a safe workplace to achieve high standards in safety and health for its employees, contractors and visitors. The Executive Director takes responsibility for Occupational Safety and Health within DAO and seeks to ensure that all reasonable and practicable steps are taken to eliminate hazards and risk within our workplaces.

The objective is that all areas of DAO will meet, or exceed OSH requirements and we will continue to develop and implement safe systems and work practices that reflect our commitment to safety and health.

To achieve this, DAO:

- Promotes a culture that emphasises safety as a core value in all aspects of work.
- Complies with the OSH Management System, which provides direction for reducing risks in our work activities.
- Continually monitors the OSH Management System as it evolves to support innovative, healthy and safe work practices.
- Takes practical measures to identify hazards, assess risks and implement controls to achieve our goal of reducing workplace accidents.
- Maintains KPIs to monitor safety performance.
- Thoroughly investigates all incidents/accidents to identify root cause and enable preventative action.
- Recognises that managers and supervisors are responsible for providing and maintaining safe systems of work so that employees are not exposed to hazards.

- Provides training for all employees so that they are aware that their duty of care is integral to their daily working routine. In effect, DAO will empower employees to take responsibility for their safety and health.
- Maintains a register of policies on the intranet covering occupational safety and health, injury management and risk management.
- Communicates, consults and cooperates with employees and OSH representatives with respect to improving OSH performance.
- Provides training, time, resources and financial support as required, to implement effective OSH policy and procedures.

The policy and procedures are kept under continuous review and are formally reviewed every two years by DAO and its employees.

Strong safety leadership is further evidenced by the active participation of senior management on the Safety and Health Committee. The Committee meets every six weeks where OSH issues are addressed with open and robust discussion. Our Safety and Health Representatives have all undertaken the 5 day training course which has qualified them to issue Provisional Improvement Notices.

DAO views consultation on occupational safety and health as an integral tool to ensure staff are actively involved in the management of safety and health issues at the workplace. The involvement of DAO's Safety and Health Representatives is critical in supporting effective consultative mechanisms. The Safety and Health Representatives interact daily with the staff they represent and are able to discuss OSH issues and gain feedback in a collaborative manner. This approach results in a strong level of cooperation from staff and a high level of feedback with benefits to all staff.

Policies relating to safety and health, injury and risk management are provided to staff via internal email. The policies are accessible through DAO's intranet. An electronic review system alerts staff when policies are due for updating.

Following an external review of DAO's safety management systems, DAO was successful in attaining the Silver Certificate of Achievement from Worksafe for our Safety Management System. The certification demonstrates compliance with "WorkSafe Plan", AS/NZ 4801. Receiving this Certificate has been a milestone for DAO and has had a positive impact on staff's involvement in maintaining a high level of safety awareness through safer work practices and greater reporting of potentially unsafe situations.

One method used to foster the culture of safety at DAO are the Monthly OSH Alerts which are sent to Managers as a tool for opening discussion on OSH at their team meetings. The OSH Alerts are now sent monthly to all staff via email. The OSH Alerts are designed to help staff become more safety-aware by raising issues which are relevant to both work and after-work hours. Anecdotal feedback indicates that broader safety awareness amongst staff has been achieved.

In complying with the *Workers' Compensation and Injury Management Act 1981*, 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 1981* 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.

To ensure DAO remains an employer of choice and to raise awareness of healthy lifestyle choices, our Wellness Program titled “Give It A Go”, continues to offer various activities and information for staff. DAO also promotes community activities such as the City To Surf Fun Run, Million Paws Walk and other campaigns that run throughout the year.

Workers' Compensation Performance Data	Total 2010/11
Number of fatalities	0
Lost time injury/diseases incidence rate	2
Lost time injury severity rate	0
% of injured workers returned to work within 28 weeks	100%
Percentage of Managers trained in OSH and injury management	84.8%

Appendices

Appendix One – Research projects

(Completed or in progress 2010/11)

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

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

Cognitive abilities and substance abuse treatment outcomes *(in progress)*

Gough, K.¹, Weinborn, M.¹ & Moyle, J.²

1. School of Psychology, University of Western Australia
2. Next Step Drug and Alcohol Service, Drug and Alcohol Office

Drug trends and crime tracking: relationships between indices of heroin, amphetamine and cannabis use and crime *(completed)*

Haynes, R., Griffiths, P., Butler, T., Allsop, S. & Gunnell, A.

1. Drug and Alcohol Office, Perth, Western Australia

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

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

1. Drug and Alcohol Office, Perth, Western Australia

Measures, Indicators and Tools (MIT) Pilot *(completed)*

Mission Australia

The National Illicit Drug Indicators Project (NIDIP), the Illicit Drug Reporting System (IDRS), and the Ecstasy and related Drugs Reporting System (EDRS) *(in progress)*

Burns L¹, Roxburg A.¹

1. National Drug and Alcohol Research Centre, University of New South Wales

Mental health and substance misuse needs assessment of Western Australian prisoners *(in progress)*

Davison S^{1,2}, Butler T³, Morgan V¹, Rock D¹, Mitchell M¹, Janca A.²

1. Centre for Clinical Research in Neuropsychiatry, Gascoyne House, Western Australia
2. School of Psychiatry and Neurosciences, University of Western Australia
3. National Drug Research Institute, Curtin University

Public health approaches to child abuse and neglects: Antecedents and outcomes (*in progress*)

O'Donnell M¹, Stanley F¹, Glauert R¹, Jacoby P¹, Leonard H.¹

1. Telethon Institute for Child Health Research, Western Australia

Efficacy of repetitive transcranial magnetic stimulation versus standard pharmacotherapy for alcohol dependence (*in progress*)

Goggin L¹, Martin-Iverson M², Lee J.³

1. Drug and Alcohol Office, Western Australia
2. School of Medicine and Pharmacology, University of Western Australia
3. Graylands Hospital, Western Australia

A comparison of outcomes between treatment of opioid maintenance therapy in individuals with a history of prescription opioid/over the counter codeine misuse using Suboxone or Methadone (*completed*)

Rentsch M¹, Mould J.²

1. Drug and Alcohol Office, Western Australia
2. School of Nursing, Midwifery and Postgraduate Medicine, Faculty of Computing Health and Science, Edith Cowan University

Attention Deficit Hyperactivity Disorder (ADHD) among dependent drug and alcohol users: Prevalence, correlates and implications for diagnosis and treatment (*in progress*)

Allsop S¹, Carruthers S¹, Kaye S.¹

1. National Drug Research Institute, Curtin University

Appendix Two – Publications, reports and monographs

Haynes, R., Kalic, R., Griffiths, P., McGregor, C. & Gunnell, AS. (2010). Australian School Student Alcohol and Drug Survey: Alcohol Report 2008 - Western Australian results. Drug and Alcohol Office Surveillance Report: Number 2. Perth: Drug and Alcohol Office.

Haynes, R., Kalic, R., Griffiths, P., McGregor, C. and Gunnell, A. (2010). Australian School Student Alcohol and Drug Survey: Illicit Drug Report 2008 – Western Australian results. Drug and Alcohol Office Surveillance Report: Number 3. Perth: Drug and Alcohol Office.

Haynes, R., Kalic, R., Griffiths, P., McGregor, C. & Gunnell, A. (2010). Australian School Student Alcohol and Drug Survey: Tobacco Report 2008 – Western Australian results. Drug and Alcohol Office Surveillance Report: Number 4. Perth: Drug and Alcohol Office.

Haynes, R., Griffiths, P., Butler, T., Allsop, S. & Gunnell, A. (2010). Drug trends and crime tracking: relationships between indices of heroin, amphetamine and cannabis use and crime. Drug and Alcohol Office Monograph No 6, Drug and Alcohol Office. Perth, Western Australia. November 2010.

Drug and Alcohol Office. (2010). Pulsecheck, 2010, Issue 2. Perth: Drug and Alcohol Office.

Drug and Alcohol Office. (2011). Pulsecheck, 2011, Issue 1. Perth: Drug and Alcohol Office.

Drug and Alcohol Office. (2010). NVEEP 2010 Results: WA State Bulletin. Perth: Drug and Alcohol Office.

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Drug and Alcohol Office. (2010). NVEEP 2010 Results: Central Metro Police District Bulletin. Perth: Drug and Alcohol Office.

Drug and Alcohol Office. (2010). NVEEP 2010 Results: Geraldton Police District Bulletin. Perth: Drug and Alcohol Office.

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Drug and Alcohol Office. (2010). NVEEP 2010 Results: Kununurra & Halls Creek Police District Bulletin. Perth: Drug and Alcohol Office.

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Drug and Alcohol Office. (2010). NVEEP 2010 Results: South Metro Police District Bulletin. Perth: Drug and Alcohol Office.

Drug and Alcohol Office. (2010). NVEEP 2010 Results: South West Police District Bulletin. Perth: Drug and Alcohol Office.

Drug and Alcohol Office. (2010). Inhalant use by WA School Students. Perth: Drug and Alcohol Office.

Bangor-Jones, R., Akesson, G., Armstrong, P., Bastian, L., Reeve, C., Xiao, J. & Weeramanthri, T. (2010). *An evaluation of the impact of alcohol restrictions in the Fitzroy Valley on obstetric and neonatal outcomes*. ANZJPH, 35:1.

Griffiths, P., Evans, L. & McGregor, C. (2010). Client satisfaction 2009: an evaluation of outpatient and inpatient withdrawal treatment services at DAO Next Step. DAO Monograph 05. Perth, Western Australia; Drug and Alcohol Office.

Loxley, W., Chikritzhs, T. & Pascal, R. (2011). National Alcohol Sales Data Project Stage One Report 2009. Perth. National Drug Research Institute, the Western Australian Drug and Alcohol Office and the Commonwealth of Australia Department of Health and Ageing.

Rentsch, M. (2010). A comparison of outcomes between treatment of opioid maintenance therapy in individuals with a history of prescription opioid/over the counter codeine misuse using Suboxone or Methadone. Unpublished Master's dissertation.

Appendix Three – Conference papers, seminars and other presentations

Akesson, G. (2010). Sustainable change – lessons learnt from Fitzroy Crossing and Halls Creek. 17th WA Drug and Alcohol Symposium, Fremantle, Western Australia: 30 August 2010.

Akesson, G. (2010). How alcohol management plans can reduce harms across the lifespan. ATDC 2010 Conference, Hobart, Tasmania: 18 October 2010.

Akesson, G. presented by Gray, M. (2010). Halls Creek: Impact of liquor restrictions. Public Health Association (WA Branch) State Conference. Fremantle, Western Australia: 18 November 2010.

Akesson, G. & Fleming, J. (2010). Sustainable change - when liquor restrictions are not enough. Public Health Association (WA Branch) State Conference, Fremantle, Western Australia: 18 November 2010.

Akesson, G. & Watts, G. (2011). Great Southern Alcohol Management. Albany Key Stakeholder Group. Albany, Western Australia: 5 May 2011.

Akesson, G. (2011). Sex, sutures and school assemblies: better or worse post liquor restrictions. NDRI Seminar, Perth, Western Australia: 19 May 2011.

Akesson, G. (2011). Extending Kimberley AOD Services. West Kimberley Tripartite Forum, Broome, Western Australia: 16 June 2011.

Casey, S. & Gray, M. (2011). Strong Spirit Strong Future, Promoting Healthy Women and Pregnancies. Aboriginal Health Council of WA – Annual State Sector Conference. Scarborough, Western Australia: 13 April 2011.

Casey, S. (2011). Strong Spirit Strong Mind Metro Project. Local Drug Action Groups Incorporated Board of Management Annual Planning Day. Perth, Western Australia: 17 June 2011.

Casey, S. (2011). Strong Spirit Strong Mind Metro Project and Strong Spirit Strong Future, Promoting Healthy Women and Pregnancies Update. Aboriginal Alcohol and Drug Service Incorporated Open Day, Drug Action Week. Perth, Western Australia: 24 June 2011.

Colthart, A. (2011). Engaging young people in drug and alcohol treatment. Sixth International Conference on Drugs and Young People. Melbourne, Victoria: 3 May 2011.

Colthart, A. & Follet, D. (2011). Improving competencies in treatment settings for young people with co-occurring mental health problems and substance use disorders: A multi-systemic response. Growing up solid: integrating emotional and mental health throughout infancy childhood and adolescence conference. Perth, Western Australia: 12 May 2011.

Gray, M. (2010). Challenging and changing the drinking culture. Local Drug Action Group State Conference. Perth, Western Australia: 30 July 2010.

Gray, M. (2010). Collie Alcohol Management Plan Presentation. Collie Interagency workshop. Collie, Western Australia: 19 October 2010.

Gray, M. & Watts, G. (2011). Community Alcohol Management Strategies in Theory & Practice. Injury Control Council of WA (ICCWA) Video conference. Perth, Western Australia: 8 June 2011.

Griffiths, P., Fredericks, T., McGregor, C., Wilkinson, C., Laing, E., Quigley, A. (2010). *Impact of Next Step's smoke-free policy on the drug and alcohol inpatient withdrawal unit: a quality*

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Gunnell, AS., Haynes, R., Griffiths, P., Butler, T., Allsop, S. (2010). *Drug Trends and Crime Tracking*. WA Alcohol and Other Drug Symposium, Esplanade Hotel, Fremantle, Western Australia: September 2010.

Gunnell, AS. (2011). *Kronic, Spice and all things nice?* Industry Briefing Session to The Chamber of Minerals and Energy of Western Australia. May 2011.

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Watts, G. (2011). Alcohol and Drugs in WA. Local Drug Action Group Midwest Forum. Geraldton, Western Australia: 21 February 2011.

Watts, G. & Payet, P. (2011). Collie Alcohol Management. Collie Alcohol Forum. Collie, Western Australia: 24 May 2011.

Watts, G. (2011). Schedule 2 Service Agreement 2011-2014. Local Drug Action Groups Incorporated Board of Management Annual Planning Day. Perth, Western Australia: 17 June 2011.

Watts, G. & Ismail, R. (2011). “Young people and alcohol”, “*Alcohol.Think Again* Campaign” and “Who or what will you pick up at the party” resources. Leavers WA Symposium. Burswood, Western Australia: 9 May 2011.

Watts, G. (2011). Drug and alcohol use in WA. WA Country Health Service Nursing Orientation Day. Perth, Western Australia: 7 February and 14 March, 2011.

Tapping, L. (2010). Can liquor licensing action change the drinking culture? Public Health Association of Australia (WA Branch) State Conference Global Issues, Local solutions – thinking outside the box. Fremantle Western Australia: 18-19 November 2010.

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