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A journey of a thousand miles must begin with a single step.
Lao Tse 550 BC

Statement of Compliance

Statement of Compliance

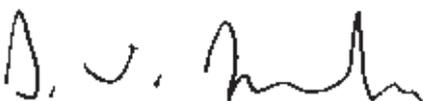
The Hon. Bob Kucera APM MLA
Minister for Health

In accordance with Section 66 of the Financial Administration and Audit Act 1985, we submit for your information and presentation to Parliament the Report of the Western Australian Alcohol and Drug Authority (trading as Next Step Specialist Drug and Alcohol Services) for the year ending 30 June 2001.

The Report has been prepared in accordance with the provisions of the Financial Administration and Audit Act 1985.



CHAIRPERSON



BOARD MEMBER

23 August 2001

About Next Step Specialist Drug and Alcohol Services

Next Step Specialist Drug and Alcohol Services, the trading name of the Western Australian Alcohol and Drug Authority (WAADA), is an independent statutory authority established in November 1974. Its functions are set out in the Alcohol and Drug Authority Act 1974. The Authority is responsible to the Minister for Health and through the Minister to the Government.

Vision

Next Step's vision is to create the best clinical practice, to develop successful partnerships and to provide innovative and responsive alcohol and other drug services for the community.

Mission

Next Step's mission is to provide leadership in treatment, education and research to reduce drug related harm.

Leadership in Service

Next Step demonstrates leadership by:

- providing specialist evidence-based clinical services;
- achieving excellence in professional education and training;
- undertaking clinical research and informing policy; and
- providing consultancy and support to health and other professionals.

Principles

Equity and Access

Next Step respects the interests and views of clients and professional groups and adheres to the principles of social justice in response to customer needs and expectations.

Quality Care

Next Step is committed to quality outcomes through professional education and training and the development of evidence-based clinical programs.

Continuity of Care

Next Step supports coordination and integration of service delivery by working in partnership with others.

Accountability

Next Step uses resources efficiently through quality management practices and ensures that services are monitored and evaluated.

Compliance with Legislation

The Statement of Compliance with Relevant Written Law is shown in Appendix Four.

Board Members

Next Step's Board comprises four members nominated by the Minister for Health. The Board has delegated to the Executive Director, with certain exceptions, powers vested in it by the Alcohol and Drug Authority Act 1974. During the year ending 30 June 2001, the Board met five times. Members of the Corporate Executive attend Board meetings.



Professor George Lipton (Chairman)

Professor Lipton is General Manager and Chief Psychiatrist, Mental Health Division, Health Department of Western Australia. He joined Next Step's Board in 1998. A past president of the Royal Australian

and New Zealand College of Psychiatrists, Professor Lipton has held academic positions at Melbourne and Monash Universities and was the Director of Training of Child Psychiatry in Victoria. Previously he was Director of Mental Health Services in Victoria and was the first psychiatrist to serve on the National Health and Medical Research Council.

Professor Lipton attended all five Board meetings held this financial year and received no remuneration for his Board membership.



Professor David Hawks AM

Professor Hawks is Emeritus Professor of Addiction Studies at Curtin University of Technology and is also Honorary Professorial Fellow at the National Drug Research Institute. He has been twice

President of the Australian Medical and Professional Society on Alcohol and Other Drugs and is a member of the World Health Organisation Expert Panel on Alcohol and Drug Dependence.

Professor Hawks attended all five Board meetings held this financial year and received \$5,300 in remuneration.

Ms Marian Kickett

Marian Kickett resigned from the Board on 8 December 2000 after 13 years as a Board member. Ms Kickett attended two Board meetings during the year and received no remuneration for her attendance.

Mr Russell McKenney

Mr McKenney resigned from the Board on 27 October 2000 after two years as a Board member. He attended two Board meetings and received no remuneration for his attendance.

Board Members

Corporate Executive



Mr Carlo Calogero (Executive Director)

Carlo Calogero has worked at Next Step for 13 years in several senior management positions including managing the Aboriginal Advancement Program, Manager of Planning and Policy and as the

Director of Clinical Education and Training. He has acted as the Executive Director since August 1994.



Associate Professor Steve Allsop (Director Clinical Education and Research)

As well as his post at Next Step, Steve Allsop is Associate Professor, Centre for International Health, Division of Health Sciences, Curtin

University of Technology and adjunct Associate Professor, Department of Psychiatry and Behavioural Science at UWA. He joined Next Step in April 2000 and was previously the Director, National Centre for Education and Training on Addiction, based in the School of Medicine, Flinders University of South Australia. He has worked for 20 years in the drug field, largely engaged in clinical research and professional education.



Dr Allan Quigley (Director Clinical Services)

Dr Quigley has worked at Next Step for 11 years and is Vice President of the Australian Professional Society of Alcohol and Drugs. He has worked in the alcohol and other drug

field for 20 years as a clinician, consultant, researcher and administrator.



Ms Shân Howard (Manager Business Services)

Shân Howard has more than 20 years experience in both the private and public sector. After completing a business degree and qualifying as an accountant, she worked for eight years in

a large accounting firm in Europe, specialising in audit and tax. Since returning to Australia, Shân has worked in a number of different management positions and has been with Next Step for 11 years.

Executive Director's Review

During this International Year of the Volunteer, it is particularly relevant to acknowledge the enormous contribution made by volunteers working in the alcohol and drug field.

In Western Australia, the work of volunteers has enabled services to be enhanced and expanded. Over the last few years, there has been a dramatically increasing demand for specialist services by people with opiate drug dependency problems. However, the work of volunteers has ensured that services remain responsive.

Through the Volunteer Addiction Counsellors' training program, Next Step has helped train and supervise over 300 volunteer counsellors who have tirelessly worked to help the community. These volunteer counsellors have worked in 18 non-government and government agencies since the program was established in 1989. The numbers are impressive enough but the impact of the volunteer counsellors has been exceptional. Their work was recognised in 2001, when Next Step won a national award for this program – the annual Ted Noffs award for organisational excellence in the field of drug and alcohol work.

Similarly, the volunteers with the Parent Drug Information Service and the Opiate Overdose Prevention Service have contributed greatly to improving our response to alcohol and drug problems in WA.

We are very proud of these volunteer services and on behalf of everyone at Next Step I pay a special tribute to our volunteers this year.

Illicit drug use trends can alter comparatively quickly. During the year, there was a national shortage of heroin but an increased use of amphetamines. Such radical swings in trends have a dramatic effect on the type of information and treatment services provided. As a consequence, Next Step has worked hard to redirect and refocus resources to respond to these new trends and emerging needs. My thanks are extended to all of the Next Step team for their dedication and flexibility to respond so promptly to these changes.

At the end of the last financial year the extensions to the East Perth Clinic enabled Next Step, for the first time in its 25-year history, to provide a fully integrated, comprehensive service in a purpose-built

treatment centre. Over the past year, the clinic's management and staff have worked hard to build an effective clinical team that provides the desired integrated services. The management of this process has been highly successful in enabling our clients to receive the best possible standard of care.

During the later part of the financial year, the newly elected State Government's plans were put in place to hold a Community Drug Summit in August 2001. Several of Next Step's senior staff will contribute to the process and prepare issues papers and submissions on specialist clinical services. However, the focus of the summit will be to involve the community in setting new directions. It is timely that the community has the opportunity to consider the important issues raised by drug and alcohol dependency and we look forward to the outcomes of the summit and the reforms it will recommend.

The Youth Service commenced operation in April 2001 to provide a specialist outpatient service for young people between the ages of 12-18 years with drug use problems. It also supports the family of the young person being treated. Even at this early stage, it is apparent the service is effective in treating a wide range of young people with problems. However, the service is still breaking new ground and we recognise the need to work more closely with clients, parents and other key stakeholders to grasp the opportunity to improve its efficiency and responsiveness.

I would also like to thank our Chairman, Professor George Lipton, who has continued to be very generous in so many ways. The developments in youth services, co-morbidity responses and new pharmacotherapies have all benefited from his support. Professor David Hawks, Next Step's second Board member, has provided invaluable counsel to senior management on a wide range of drug related issues. His thorough but fair approach continues to help lift the standards and performance of the senior management team.

I would also like to pay tribute to the work of the two Board members who retired this year, Marian Kickett and Russell McKenney. Marian served for 13 years in roles that encompassed being a Board member and Deputy Chairman. Marian's vast experience with Aboriginal health and community issues ensured that Next Step's response to Aboriginal drug and alcohol problems has been culturally sensitive and effective.

Executive Director's Review



Holding the national Ted Noffs Award for excellence in drug and alcohol work is Executive Director Carlo Calogero pictured with Suzanne Helfgott and volunteer Francis Italiano.

Russell's considerable health management experience and expertise enabled Next Step to greatly improve financial reporting and management policies and activities. The Executive Managers value the wisdom, experience, guidance and support provided so willingly by all Board members.

This year Next Step focused much more on quality improvement initiatives and to this end appointed a Quality Improvement Coordinator. Several noteworthy

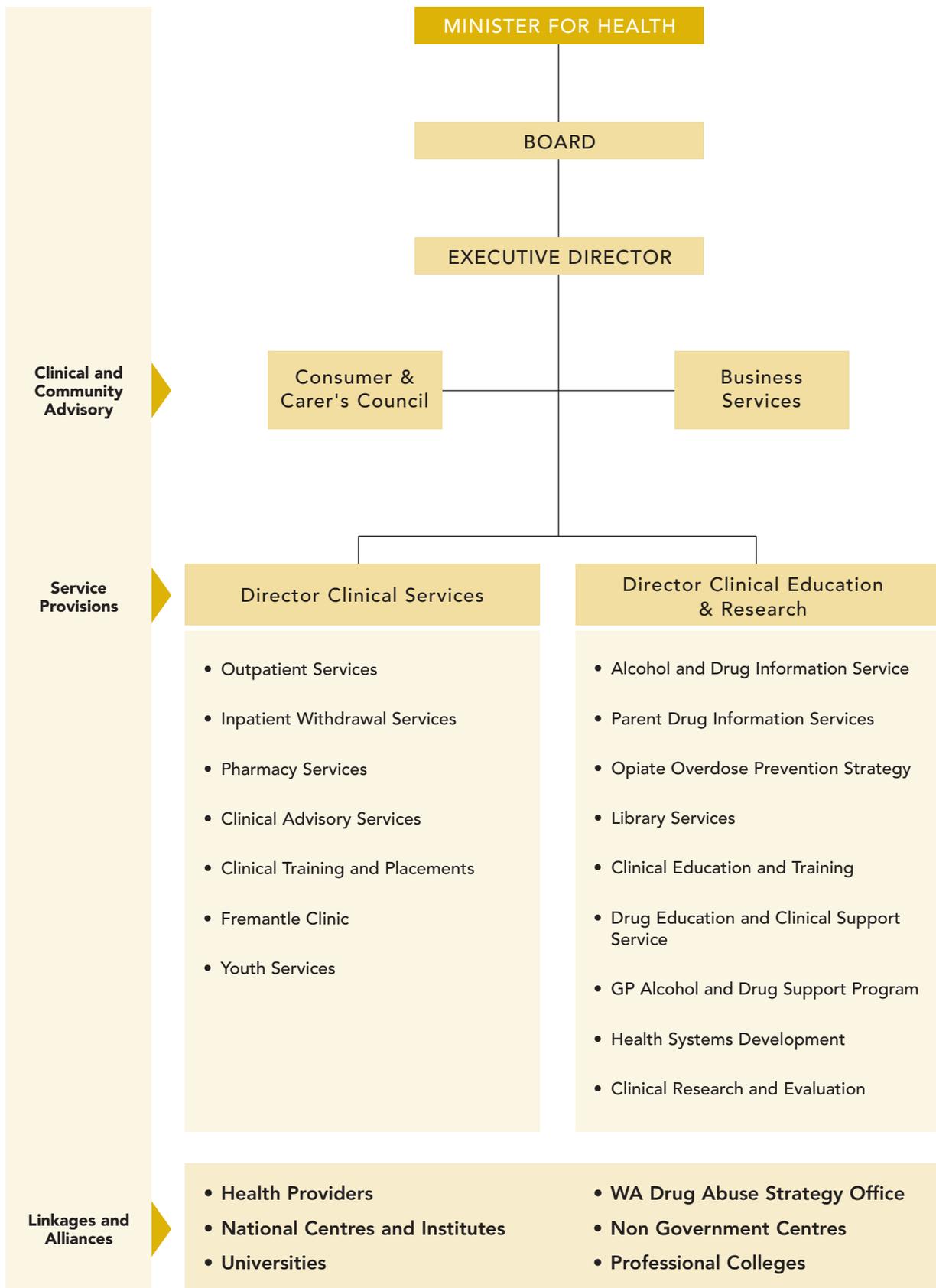
quality improvements have been introduced, including the establishment of a Consumer and Carer's Council, the introduction of a clinical governance process and advances in many policy and work practice documents. Next Step recognises that there is excellent scope to improve the efficacy of the services provided through these quality improvement developments. Further work will progress in this sphere over the next few years.

This has been a challenging but successful year and I acknowledge that such achievements are only possible with the diligence and commitment of Next Step's staff, to whom I offer my gratitude and thanks.

Over the next year, Next Step will continue to provide a comprehensive range of clinical services combined with research and clinical education. This means Next Step is well positioned to provide services that are grounded on evidence-based practice. No doubt the Community Drug Summit will recommend new directions and we look forward to being involved in the process of implementation.

Carlo Calogero
Executive Director

Next Step Structure



Clinical Services

Next Step's clinical services provide specialist assessment and treatment for people with drug and alcohol related problems. These specialist services are located in clinics at Moore Street in East Perth and at Quarry Street in Fremantle. In order to provide continuity of care and appropriate follow up, formal referrals from other health, welfare and drug and alcohol services are encouraged.



Services at Next Step's East Perth clinic were further integrated and consolidated following major extensions last year.

Following completion of major extensions to the East Perth clinic last year, services were integrated and consolidated in 2000-01. Next Step's multidisciplinary teams now include medical, nursing, psychology, social work and welfare staff. Currently there is no other clinic in Australia that provides such a comprehensive range of inpatient and outpatient services to people with alcohol and drug problems.

In the second half of the year, the waiting time for client assessment appointments reduced to an all-time low of one to two days. This reduction in waiting time was part of a national trend reflecting a reduction in the availability of heroin and problems resulting from its use.

Co-morbidity (when a person has both a psychiatric and drug or alcohol problem) is increasingly recognised as an important issue for drug and alcohol services, and Next Step is developing its capacity to assess and manage this group of clients. In addition,

links have been established with the Inner City Mental Health Services, the Joint Services Development Unit at Graylands Hospital and the Child and Adolescent Mental Health Services.

As a centre of excellence, Next Step gives a high priority to its professional development activities. In line with this, a seminar program has been established at East Perth with guest speakers from interstate and overseas.

During the year, there have been several initiatives focusing on quality improvement. These include the appointment of a Quality Improvement Coordinator, a clinical review by the Chief Psychiatrist's Statewide Quality Assurance Program and the introduction of clinical governance principles.

OUTPATIENT SERVICES

Next Step provides outpatient services from its purpose-built East Perth clinic, which was officially opened in May 2000. This year the outpatient service has strengthened its assessment and treatment capacity. This has been achieved by the creation of two multidisciplinary clinical teams, the adoption of best practice clinical guidelines, enhanced clinical supervision and training and improved liaison with referral agencies. During the year, priority was given to developing clinical guidelines and training programs to support the introduction of buprenorphine.

The majority of patients presenting to the outpatients clinic have a history of heroin use and the range of treatments provided now include detoxification followed by naltrexone, buprenorphine, methadone, counselling and group work.

Highlights 2000-2001

- The introduction of buprenorphine as a new detoxification or maintenance treatment for people dependent on heroin.
- The commencement of a regular evening clinic for people unable to attend the outpatients clinic during normal hours.
- The development of counselling services for the families and friends of people with drug and alcohol problems, including a weekly group.

Clinical Services

Planned achievements 2001-2002

- The introduction of a welfare advocacy service for clients, dealing with issues such as homelessness, legal problems and social security issues.
- Further emphasis will be given to developing links with community drug and alcohol agencies, mental health services and other health service providers.
- In collaboration with the Sexual Assault Resource Centre, the establishment of a specialist counselling service for clients with a history of childhood sexual abuse.
- Enhanced counselling and testing for blood borne viruses and the introduction of a hepatitis B vaccination program.

WORKLOAD INDICATORS

Number of new admissions	1,487
Number of re-admissions	1,642
Population in treatment (June 2001)	1,147

Performance Indicators

The effectiveness indicators are reported as group data across the East Perth clinic, Fremantle clinic and the Youth service.

EFFECTIVENESS INDICATORS

Improvement in	2000-01	1999-00	1998-99
Health	46.8%	na	na
Psychological	45.6%	na	na
Social relationships	43.4%	na	na
Primary drug use	44.4%	na	na
Other drug use	33.6%	na	na

Derivation: Exit data were obtained from the computerised Client Management System on the above ratings.

Sample n=882 (75.3%) Standard error +/- 1.64% at the 95% confidence level.

Explanatory note

On completion of each outpatient program medical officers provide ratings on clients' health, psychological and social status, primary drug use and other drug use. The ratings include "worse", "same", "improved" and "unknown". As preventing any deterioration in clients' conditions is an important component of treatment, the rating of "same" and "improved" were collapsed to obtain the above measures of effectiveness.

Satisfaction with services 2000-01 1999-00 1998-99

Mostly or very satisfied	93.8%	84.8%	82.1%
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Derivation: Client survey conducted from 1 March to 31 May 2001 inclusive.

Sample: Of the 903 clients in outpatient services during the data collection period, 242 completed a questionnaire, resulting in a response rate of 26.8%. Standard error +/- 5.39% at 95% confidence level.

Explanatory note

The questionnaire used was similar to that used for inpatient services. The questionnaires were distributed to clients in the waiting room. While the response rate was low, the sample is representative of the clients treated in the unit. Alternative means of sampling will be piloted to increase the response rate in future surveys.

EFFECTIVENESS INDICATORS

Specialist Outpatient Services (includes Specialist Assessment, Outpatient Withdrawal & Methadone)

2000-01 1999-00 1998-99

Cost per client	\$540.13	na	na
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Cost of service divided by the number of individual clients treated.

Explanatory note

Previously the cost of Specialist Assessment, Specialist Outpatient Services and Methadone were reported separately. The cost per client was calculated by dividing the cost of the programs by the number of clients treated (n=2483). Due to a realignment of cost centres it is not possible to make direct comparisons with previous years.

Naltrexone Treatment

2000-01 1999-00 1998-99

Cost per client	\$1090.15	\$1005.72	na
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Explanatory note

Naltrexone is one of the pharmacotherapies approved for treating alcohol and opioid dependent people. Since it became available, the number of clients in treatment has continued to increase from 640 in the previous year to 1050 this year.

Cost of service divided by the number of clients (n=1050, 136 alcohol dependent and 914 opioid dependent clients).

Clinical Services

FREMANTLE CLINIC

The Fremantle Clinic provides a specialist drug and alcohol assessment and treatment service for the local community. The clinic accepts referrals from alcohol and drug agencies, general practitioners and other health care providers. Services are provided by a multidisciplinary team of medical, nursing, psychology and social work staff. In addition, the clinic provides education and training and clinical consultancy to other service providers. It also seeks to demonstrate evidence-based practice and undertakes clinical research.

Highlights 2000-01

- Research demonstrating improved client outcomes for clients being treated with naltrexone at the Fremantle clinic.
- An enhancement of the clinic's counselling and group work program.

Planned Achievements 2001-02

- Remodelling of the clinic to improve the client waiting room, counselling and group work offices.

WORKLOAD INDICATORS

Number of new admissions	206
Number of re-admissions	173
Population in treatment (June 2001)	365

Performance Indicators

	2000-01	1999-00	1998-99
Cost per client	\$1371.70	\$2,056	na

Cost of service divided by the number of clients (n=605) treated. The decrease in cost per client is due to the increase in the number treated in this financial year. The number treated in 1999-00 was 386.

YOUTH SERVICE

The Youth Service located at East Perth provides a specialist outpatient service for young people aged 12-18 years with alcohol and drug use problems and also for their families. The service provides a comprehensive multi-disciplinary assessment and treatment program. Treatment services include outpatient drug withdrawal, pharmacotherapies, counselling, mentoring and parent support. A shared-care model of service delivery is being developed in conjunction with other health and welfare services.

The Youth Service's multi-disciplinary team has a broad range of professions with skills in the assessment and treatment of young people with drug and alcohol and mental health problems. A comprehensive in-house staff supervision and training program has been developed to enhance the effectiveness of the clinical team.

Highlights 2000-01

- The attendance of 90 youth drug and alcohol and the mental health workers at a one-day seminar 'Young and the Rest of Us'.
- The development and distribution of information resources including posters, pamphlets and wallet cards.

Planned Achievements 2001-02

- The service has outgrown the current facility and plans have been approved to extend the existing clinic and include a seminar room.
- Developing education and training programs to enhance the capacity of youth workers to better respond to young people with co-morbid alcohol and drug issues.
- Establish closer links with Child and Adolescent Mental Health Services (CAMHS) and conduct a pilot program in conjunction with Swan Valley CAMHS for young people with co-morbid substance abuse and mental health problems.
- Pilot a mobile outreach capacity to the existing youth service to provide an assertive follow-up for those young people whose life circumstances make it difficult to access a clinic-based service.
- Develop an in-house family therapy training program.

Clinical Services

WORKLOAD INDICATORS

Number of new admissions	124
Number of re-admissions	21
Population in treatment (June 2001)	70

Performance Indicators

	2000-01	1999-00	1998-99
Cost per client	\$3,223.01	na	na

Cost of service divided by the number of clients (n=164) treated.

This is a relatively new service. Hence no information is available on previous years.

PHARMACY SERVICES

The pharmacy services located at East Perth provide a seven-day a week dispensing service to clients of Next Step. These clients may be receiving treatment with naltrexone, methadone or buprenorphine or may be receiving medication for an outpatient or home withdrawal. In addition, the service provides community pharmacies with support and advice for the management of people with drug and alcohol problems.

Clients attending Next Step's pharmacy have more complex needs, often involving concurrent medical, psychological and behavioural problems that cannot be managed in a community setting. Pharmacy staff closely supervise clients on a daily basis, providing an opportunity to review clients' progress and stability and liaise with Next Step clinicians as necessary.

Enhanced links with universities have enabled the pharmacy to increase its participation in clinical trials for methadone, buprenorphine and naltrexone treatment. Negotiations with Curtin University Department of Pharmacy have been successful and placements for final year pharmacy students will commence at the start of the next financial year.

At the end of the financial year, 160 clients were attending for supervised methadone treatment, 302 were being dispensed naltrexone and 12 clients had received buprenorphine treatment since it was introduced in April. Another 108 clients had received medications such as Campral, Antabuse and Biodone Forte.

Highlights 2000-01

- Provision of a specialist dispensing service for patients participating in Next Step's pharmacotherapy research program.
- Commencement of buprenorphine treatment.

Planned Achievement 2001-02

- The establishment of a formal link with the School of Pharmacy at Curtin University through the joint appointment of a Chief Pharmacist/Lecturer.

Performance Indicators

	2000-01	1999-00
Cost of clients dispensed at East Perth	\$2268.24	\$2,173.85
Cost of clients dispensed at community pharmacies	\$871.79	\$737.32

Explanatory note

The number of clients dispensed at East Perth on a daily basis was 266. The number of clients dispensed at community pharmacists on a daily basis was 546. The needs of clients attending the East Perth pharmacy are complex and require more supervision and support than those attending community pharmacies. The needs of clients attending the community pharmacies are less complex but require a considerable amount of support through clinical reviews, prescription updates and transfers. The main drugs dispensed are methadone and naltrexone.

Clinical Services

INPATIENT WITHDRAWAL SERVICES

The East Perth inpatient withdrawal service provides a 16-bed facility for clients requiring medical and nursing care during withdrawal from alcohol, licit and illicit drugs. The facility includes an acute care area that is available for clients requiring more intensive medical observation. Attached to the withdrawal unit is a 4-bed suite for clients with special needs.

Assessment for admission to the unit is by clinician to clinician or self-referral. Priority for admission is given to clients in active withdrawal and to those clients who are likely to experience moderate to severe withdrawal problems. Clients withdrawing from alcohol made up 57 per cent of the year's admissions. Opiate detoxification accounted for 24 per cent of all admissions followed by amphetamine, benzodiazepine and cannabis.

A case manager is allocated to each client to coordinate care and ensure the client receives a comprehensive assessment and an individualised treatment plan. Individual counselling, group work, an activities program and alternative therapies are available and encouraged for all clients. A multi-disciplinary team of health professionals works with clients to help them achieve their treatment goals. Discharge planning and ongoing referral is integral to each client's treatment.

Staff have developed stronger links with the community and have strengthened partnerships with the metropolitan hospital emergency departments, psychiatric services and other referral agencies. This has resulted in a more effective and streamlined client referral process.

Highlights 2000-01

- The introduction of buprenorphine as an inpatient withdrawal treatment for opiate dependent people.
- Development of the service's counselling, activities and group program.
- Liaison with the teaching hospitals, mental health services and the non-government drug and alcohol services to improve referral and follow up procedures.
- The establishment of an inpatient pharmacology research laboratory.

WORKLOAD INDICATORS

Number of admissions	654
Average length of stay	5 days

Performance Indicators

EFFECTIVENESS INDICATORS

Improvement in	2000-01	1999-00	1998-99
Health	52.8%	69.6%	41.4%
Psychological	48.6%	59.4%	51.4%
Social relationships	37.0%	31.2%	81.4%

Derivation: Exit data were obtained from the computerised Client Management System on the above ratings.

Sample n=611 (94.9%). Standard error +/- 0.92% at the 95% confidence level.

Explanatory note

On completion of each inpatient episode, medical officers rate clients' health, psychological and social status. The ratings range from "much worse" to "much improved" on a scale of one to five. These ratings were collapsed to "worse", "same" "improved", and "unknown/missing". The indicator above was calculated on "improved". Previously data for this indicator were obtained manually from a 20% sample of client records. This year, because of the introduction of the computerised Client Management System, data capture was considerably enhanced and a much larger sample could be analysed.

Satisfaction with services	2000-01	1999-00	1998-99
Mostly or very satisfied	91.4%	91.7%	92.5%

Derivation: Client survey conducted from 1 March to 31 May 2001 inclusive.

Sample: Of the 158 clients in inpatient withdrawal services during the data collection period, 58 completed a questionnaire, resulting in a response rate of 36.9%. Standard error +/- 10.24% at 95% confidence level.

Explanatory note

Clients' rating of satisfaction with clinical services gives an indication of the perceived quality of service provision. Clients who are satisfied with the services they receive are more likely to be retained longer in treatment and achieve better outcomes than those who are dissatisfied with treatment. All clients who completed the inpatient program were asked to

Clinical Services

complete a questionnaire before they left the unit. The questionnaire elicits information on the clients' perception of aspects of the services they received e.g. quality, needs met, recommendation of the service to a friend, courtesy and respect, help with problems and overall satisfaction. While the response rate was low, the sample is representative of the clients treated in the unit. Alternative means of sampling will be piloted to increase the response rate in future surveys.



Dr Richard O'Regan briefs general practitioners on buprenorphine treatment as part of the community-based, withdrawal-treatment training program conducted by Next Step's East Perth clinic.

EFFECTIVENESS INDICATORS

	2000-01	1999-00	1998-99
Cost per occupied bed day	\$403.68	\$621.10	\$243.35

Explanatory note

The cost per occupied bed day was calculated by dividing the total cost of inpatient services by the number of occupied bed days. The increase in cost between 1998-99 and 1999-00 was due to the fact that for the first time the on-costs were included in the budget for the unit. The decrease in cost between 1999-00 and 2000-01 was due to further restructuring of services and an increase in the number of occupied bed days in that period.

Planned Achievements 2001-02

- The development of the withdrawal unit's capacity to admit youth.
- Further development of links with the hospitals' graduate registered nurse programs.

CLINICAL ADVISORY AND SUPPORT SERVICES

This service provides specialist clinical advice and support to clients and providers of community based drug and alcohol services. This service includes the Clinical Advisory Service (CAS) and the Community Based Methadone Program.

The Clinical Advisory Service is a 24-hour, 7-day a week telephone advisory service for general practitioners, pharmacists and other health service providers, which is staffed by Next Step's medical officers.

The Community Based Methadone Program has a coordinating role with the general practitioners and pharmacists involved in providing methadone treatment. The program provides support to these providers through training, clinical consultancy, monitoring and clinical audits. The program also facilitates client access to treatment and investigates complaints.

WORKLOAD INDICATORS

	30 June 2001
Number of clients on the Community Based Methadone Program	1,493
Number of GPs prescribing methadone	73
Number of community pharmacies dispensing	280

Highlights 2000-01

- The development of a Patient Advisory and Support Service (PASS).
- The expansion of the Community Based Methadone Program to include buprenorphine treatment.

Clinical Services

Planned Achievements 2001-02

- The establishment of the Community Program for Opiate Pharmacotherapy by incorporating buprenorphine treatment into the Community Based Methadone Program.
- An expansion in the number of community based prescribers and dispensers of buprenorphine treatment.

CLINICAL TRAINING AND ADVISORY SERVICE

(Community Based Methadone Program)

Performance Indicators

	2001-00	1999-00	1998-99
Cost per client	\$192.78	\$182.06	na

Explanatory note

Cost of service divided by the number of clients (n=1495) treated in the community.

This service provides clinical support and training for general practitioners and pharmacists involved in treating opioid dependent clients in the community.

CLINICAL TRAINING AND PLACEMENTS

Clinical placements and agency visits are offered to health professionals to improve their knowledge and skills in responding to alcohol and drug problems. Undergraduate medical, nursing, social work, pharmacy and psychology placements are arranged through links with the Western Australian universities. Postgraduate placements are available for clinical psychology, psychiatric and general practice registrars.

A program coordinator facilitates on site clinical placements and training and is responsible for co-ordinating the staff development programs.

Highlights 2000-01

- The establishment of a lunchtime seminar program for clinical staff.

WORKLOAD INDICATORS

Nursing students	71
Medical students	130
GP Registrars	13
Psychiatric Registrars	11
Social work students/graduates	13
Psychology Registrars/students	16
Masters students (counselling)	1

Planned Achievements 2001-02

- Development of a training program to support the introduction of a specialist Chapter of Addictions Medicine within the Royal Australian College of Physicians.

Performance Indicators

	2001-00	1999-00	1998-99
Cost per clinical placement	\$872.22	na	na

Explanatory note

Next Step accepts clinical placements from a range of health disciplines, including general practice registrars, psychiatric registrars, medical students, nursing students, graduate nurses, mental health nurses, clinical psychology registrars and students, and social work graduates. During the year, 255 students and graduates had placements.

Cost of each placement is calculated by dividing the cost of the service by the number of placements.

Clinical Education and Research

ALCOHOL AND DRUG INFORMATION SERVICE

Established in 1986, the Alcohol and Drug Information Service (ADIS) provides professional counselling, information, referral and consultancy on drug related matters. This is a Statewide service, accessible 24 hours per day for the cost of a local call.

Since its inception, ADIS has received over 200,000 calls with about 10 per cent of calls coming from outside the Perth metropolitan area.

Evaluations indicate that the service is credible with users, their families and friends, the alcohol and other drug sector, students, health professionals and the general community.

ADIS also responds to a wide variety of calls seeking information about treatment initiatives, legal issues, drug actions, agencies, transmissible diseases, needle and syringe disposal, drug testing in the workplace, peer-to-peer support programs and school projects.

ADIS provides the main service response to many State and Commonwealth drug-related media campaigns, prevention and early intervention initiatives.

Highlights 2000-01

- A range of specialist training initiatives was developed. The current focus is on managing the proportionate increase in parent calls through the increased provision of professional follow-up counselling and/or referral for support from trained volunteers.
- Completion and distribution of the WA Directory of Alcohol and other Drug Services 2001.
- Participation in a national workshop relating to the launch of the Alcohol and Drug Information Network online.

WORKLOAD INDICATORS

	Actual
Number of mailouts to clients	4,257
Number of telephone calls	23,955



ADIS Counsellor, Sally Lambe, responds to a caller seeking counselling on a drug-related problem.

Performance Indicators

	2000-01	1999-00	1998-99
Cost per call to ADIS	\$23.56	\$29.74	na
Cost per parent volunteer	\$1200.00	na	na

Explanatory Note

The cost/call is calculated by dividing total cost (\$540,003) by the number of ADIS calls answered (n=22,916). Approximately 90% of ADIS time is spent in direct service provision. Other service activities include mail-outs, responding to voicemails and maintaining information systems.

The Parent Drug Information Service spent \$36,000 on the training, supervision and support of 30 volunteers (i.e. \$1200 per volunteer per year).

Planned Achievements 2001-02

Planned achievements for the next financial year include the:

- development of manualised assessment protocols;
- provision of a telephone screening service for Next Step Clinical Services; and
- development and implementation of a regular process evaluation.

Clinical Education and Research

PARENT DRUG INFORMATION SERVICE

Available 24 hours per day, the Parent Drug Information Service provides professional telephone counselling, information and referral to parents concerned about their children's drug use.

Parents can also be linked to one of 32 trained parent volunteers for peer support, information and guidance through the Parent Telephone Support Network. This Network links parents to trained parent volunteers who work from their own homes and who have had experience with a child using drugs.

Highlights 2000-01

Highlights for the financial year include the:

- support of parent volunteers to attend the Voices to be Heard conference;
- commencement of negotiations with the Department of Justice to develop a parent support service at the Drug Court (Adult); and
- implementation of an informal support network for parents through a community based 'Coffee and Chat' initiative.

WORKLOAD INDICATORS

Number of calls through PDIS	1877
Number of parent calls through ADIS	3310
Number of parent calls receiving professional PDIS follow-up calls	93
Number of parent volunteers trained/graduated	17
Number of calls transferred to Parent Telephone Support Network (PTSN)	598

Planned Achievements 2001-02

Planned achievements for the next financial year include:

- increasing the volunteer pool to respond to growing community initiatives;
- an involvement in the WA Community Drug Summit;
- piloting a parent volunteer support service to the Drug Courts (Adult);
- coordinating a strategy to better respond to parents and their teenagers through the wide distribution of the book *Drugs and Your Teenager*; and

- production and distribution of resources in the PDIS Parent Pack.

OPIATE OVERDOSE PREVENTION STRATEGY

The Opiate Overdose Prevention Strategy (OOPS) was established in 1997 to encourage and support opiate users to become involved in developing strategies to prevent and manage accidental opiate overdoses.

The service combines the use of professional staff and carefully selected and trained volunteers.



As part of Next Step's community-based 'Coffee and Chat' initiative, concerned parents meet to share information on dealing with youth drug problems.

The OOPS Emergency Department Project provides a full service to Royal Perth Hospital, Sir Charles Gairdner Hospital and Fremantle Hospital and continues to be one of the key areas involving OOPS volunteers. Hospital staff can call out a volunteer or staff member to support patients who are brought into the hospital as a result of an accidental overdose. This reduces demand on emergency services, provides support to patients and provides an opportunity to reduce the risk of future overdose.

OOPS provides training workshops covering overdose prevention and management, safe injecting practices and brief intervention resuscitation. The target populations for this project are agency staff.

Experience suggests that:

- people who have had contact with an OOPS worker are less likely to overdose again;

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An OOPS trained volunteer and a staff member from Sir Charles Gairdner Hospital provide support to a patient suffering from an accidental drug overdose.

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- when an OOPS presence is guaranteed at a hospital emergency department, people at the scene of an accidental heroin overdose are much more likely (75 per cent) to call an ambulance than otherwise; and
- OOPS training is valued by external agencies.

Highlights 2000-01

Highlights for the financial year include:

- pilot funding for a project (Breathe project) to enhance teaching resuscitation skills to staff employed in key agencies who might reduce the risk of fatal overdose;
- service proficiency to enable frontline support services at Sir Charles Gairdner Hospital to commence bereavement initiatives;
- completion of the seventh intake of volunteers;
- Fremantle Hospital established as a full-time service; and
- production and targeted distribution of overdose prevention postcards.

WORKLOAD INDICATORS

Training programs completed (eight weeks)	2
Volunteers trained	34
Volunteers graduated	41
Emergency department brief interventions	87
Number of completed peer and professional education events	71
Number of participants	793
Number of completed training hours	233

Performance Indicators

	2000-01	1999-00	1998-99
Cost per participant, per hour of training	\$61.30	\$48.69	na

Explanatory Note

Refers to the total cost per participant (per event hour), including staff salaries, materials, resources and overheads of providing clinical education and training events for persons working or studying in the health and welfare field. The Breathe Training Program (1 year pilot program) is included in this indicator and therefore the proportion of the budget allocated to training has increased from the previous year (from 40% to 50%).

	2000-01	1999-00	1998-99
Cost per brief intervention delivered by OOPS	\$2013.74	\$1026.36	na

Explanatory Note

The costs are for the Opiate Overdose Prevention Strategy (OOPS) (\$175,195) and the Breathe Project (developing expertise in resuscitation) (\$56,746).

The first efficiency indicator, relating to the OOPS, is calculated by dividing the total cost (\$175,195) by the number of brief interventions delivered (n=87). This includes recruitment, training and support for volunteers, peer education and development of a range of resources for key stakeholders.

	2000-01	1999-00	1998-99
Cost per overdose case attended in ED	\$842.00	\$342.12	na

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Explanatory Note

The cost per overdose case attended indicates the actual direct cost of attending each intervention. There has clearly been an increase in cost per attendance between 1999/2000 and 2000/2001. This is largely due to the publicly acknowledged reduction in the supply of heroin resulting in a reduction in use, overdoses and consequently, a 50% reduction in the number of brief interventions attended.

During the year, OOPS has spent time preparing for increases in overdoses that are likely to occur when there is an increase in the availability of heroin. OOPS has also negotiated trialling an extension of the program to cover drug overdoses other than those caused by opioids (e.g. amphetamines).

	2000-01	1999-00	1998-99
Cost per person trained in Breathe	\$240.45	na	na

Explanatory Note

The Breathe Program trained a total of 236 agency staff in resuscitation techniques. The efficiency indicator is calculated as the total budget (\$56,746) divided by the number staff trained (n=236).

Planned Achievements 2001-02

- Develop a proposal for the extension provision of a support service for intravenous drug users (other than opiate) who are admitted to hospital wards via emergency departments.
- Establish a Web site www.overdose.org.au
- Provide a service response to Swan District Hospital.
- Develop training streams for volunteers to enhance recruitment retention and development of new service initiatives.

LIBRARY SERVICES

Highlights 2000-01

Access to and use of information services through the library have been enhanced. This has included strategies to enhance information-seeking skills of Next Step staff, promotion of the library services to external services and active promotion of library services during key events.

Planned Achievements 2001-02

- Training for specific professional groups and key providers in electronic information searches.

PROFESSIONAL AND ORGANISATIONAL DEVELOPMENT

The Professional and Organisational Development section aims to enhance the capacity of staff to respond effectively to alcohol and other drug related harm through evidence-based practice. The key strategies involve the translation of evidence into practical responses for health and other staff and the adoption of new and supportive practices within service provider systems or organisations.

Programs of Professional and Organisational Development are:

- Clinical Education & Training;
- the General Practitioner Alcohol and Drug Support Program; and
- Drug Education & Clinical Support Service.

Effective strategies go beyond education and training and include using champions, peer leaders, development and dissemination of clinical guidelines, use of clinical audits, policy development, educational outreach and support and supervision.

CLINICAL EDUCATION AND TRAINING

The Clinical Education and Training section is a Registered Training Organisation and facilitates the development of the workforce to respond to alcohol and other drug related problems. The main target groups are paid and volunteer staff who have a clinical or helping role with people affected by drug use.

There have been a number of workshops, seminars, courses and symposia held to meet the needs of health workers, including mental health nurses, community health nurses and rural and remote health practitioners. Learning opportunities are also provided using flexible delivery methods such as telepsychiatry, which involves psychiatric counselling delivered through video links. The section also supports pre-service training through tertiary institutions and the vocational education and training sector.

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WORKLOAD INDICATORS

	Target	Actual
Number of completed events	102	112
Number of participants	1990	2529
Number of completed training hours	850	700

Clinical Education and Training is involved in a number of capacity-building projects that structurally support workforce development initiatives including training, accreditation, mentorship, key worker programs and action learning strategies. These projects include work with the mental health sector, prison services and needle and syringe programs.

Volunteer Addiction Counsellors' Training Program

Since inception in 1989, the Volunteer Addiction Counsellors' Training Program has trained more than 300 volunteers and placed them in 18 WA government and non-government agencies.

Through this program, organisations have been able to increase or enhance the alcohol and drug related responses being offered to clients and their families. Also, general health and welfare agencies have been able to set up new alcohol and other drug services, using the skills of volunteer workers under supervision. In 2001, Next Step won a national award for this program – the annual Ted Noffs award for organisational excellence in the field of drug and alcohol work.

In 2000, the program attracted 200 applications and resulted in 21 people being accepted to train as counsellors at several agencies.

Volunteer Addiction Counsellors' Training Program: enhancing responses for clients with co-existing mental health and drug problems

In 2001, funding was received to pilot and adapt the volunteer program to suit clients with co-existing mental health and drug problems. This initiative aims to provide better quality of care. More than 130 applications were received for the program and 12 participants were chosen. Next Step is implementing this program in collaboration with the Joint Development Services Unit.

Highlights 2000-01

- A buprenorphine clinical education and training program was implemented.
- A number of projects were implemented to support workforce development in relation to alcohol and other drug problems within the mental health sector. Projects included working with Graylands Hospital, the Inner City Mental Health Service and Alma Street Clinic. Reciprocal training commenced between Next Step and the Inner City Mental Health Service. Contributions to several Statewide programs included the "In Touch: School Drug Education Program".
- The section was involved in three national projects. These were:
 - development of training programs for those who respond to the needs of young people with drug problems;
 - development of learning objectives and assessment procedures for medical staff who seek to engage in pharmacotherapy treatments for opioid dependent patients; and
 - the development of drug harm reduction competencies for police.
- A regular program of workshops commenced in conjunction with the WA Network for Alcohol and Drug Agencies and the WA Substance Users Association.
- A practice development project on alcohol and other drugs commenced in Nyandi women's prison.
- A partnership was developed with the Department of Justice Health Services resulting in Next Step receiving national accreditation as a Registered Training Organisation for the Department's cognitive-behavioural program, 'Changing Addictive Behaviours'. This program supports offenders who are on a naltrexone program.
- A project was delivered by Next Step for the Sexual Health Program and funded by the Council of Australian Governments (COAG).
- EventNet, an online event registration and management system, was developed in collaboration with Contract and Management Services (CAMS).

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GENERAL PRACTITIONERS ALCOHOL AND DRUG SUPPORT PROGRAM

The GP Alcohol and Drug Support Program is a collaborative project providing GPs with education, information and support to assist them to treat clients with alcohol and other drug problems. An expert group, with members from relevant GP organisations and Government agencies, provides advice. The program mainly works with Divisions of General Practice to link activities, disseminate information and provide education training and consultancy.

WORKLOAD INDICATORS

	Target	Actual
Number of completed events	20	45
Number of participants		929
Number of completed training hours		100

A multi-level education curriculum has been developed for GPs to become more competent in the assessment and management of clients with alcohol and other drug problems. A curriculum of three core events corresponding to three levels has been designed to incrementally develop confidence and competence in managing drug use.

Highlights 2000-01

- A total of 45 activities were hosted, of which 21 were held in conjunction with Divisions of General Practice, and 14 for rural GPs.
- An evaluation of the GP Program, conducted by a doctoral candidate, incorporated a mail survey, several personal interviews with GPs and a review of the information strategies.
- Two clinical audits have been developed and were approved for Clinical Audit Points by the Royal College of General Practitioners.
- The GP Program, the South West CDST and GPs from the Greater Bunbury Division have established a service-delivery model where people are able to access a GP and counselling services.
- A number of training resources have been developed, including four training videotapes; a train-the-trainer kit on *Managing Resistant, Reluctant and Resentful Patients* and concise clinical guidelines for GPs to manage patients with alcohol and drug issues.

Planned Achievements 2001-02

The GPADSP will:

- facilitate a number of health system development initiatives that increase the support available to GPs who manage patients with alcohol and drug problems, particularly in rural and remote areas;
- disseminate key information on the clinical management of alcohol and other drug use issues;
- contribute to the development and dissemination of clinical guidelines and clinical pathways to enhance service delivery in health agencies;
- continue the contract management and support for the regional withdrawal trial project on home-based, inpatient and outpatient withdrawal management in the Lower Great Southern; and
- establish and support projects in metropolitan health services to further enhance clinical management of withdrawal.

DRUG EDUCATION AND CLINICAL SUPPORT SERVICE (DECSS)

This service provides training and support to health services across Western Australia to enhance the clinical management of people affected by drug use, particularly in withdrawal management. A multidisciplinary team provides support for organisational development of health services to enhance responses to alcohol and other drug-related problems. The service has also funded and supported a number of pilot withdrawal projects in rural areas.

DECSS is working with metropolitan health services to facilitate the development and implementation of projects to increase their capacity to respond to hazardous and harmful alcohol and other drug use. The aim is to ensure that these projects are connected with a Statewide strategic plan, that they utilise evidence based practice methods to produce systemic change, and that they attain sustainable outcomes.

The program will continue to develop and distribute resources such as a resource manual for the use of GPs and hospital staff to provide guidance on the assessment, management and treatment of people seeking withdrawal from alcohol and other drugs.

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WORKLOAD INDICATORS

	Actual
Number of completed events	14
Number of participants	249
Number of completed training hours	94

Highlights 2000-01

- A second edition of the manual *Alcohol and Drug Withdrawal: A Practical Approach* by Dr Brett Palmer was updated and published.
- A skills demonstration videotape, “*Thinking of Change: Brief Motivational Interviewing in a Health Service Setting*” was produced and distributed to 40 Health Services and Community Drug Service teams.
- A regional withdrawal trial project was completed. The project had a positive impact on client outcomes and the attitudes and awareness of GPs and health service staff towards responding to alcohol and other drug issues.
- The Lower Great Southern Inpatient, Outpatient and Home based detoxification project, which commenced in May 2001, is a collaborative initiative of key agencies and has a focus on systemic health service change.
- Assistance was provided to seven regional hospitals (Collie, Albany, Geraldton, Carnarvon, Newman, Meekatharra and Bunbury) in their development of policies and procedures for admission, assessment and withdrawal management.
- Following an audit of potential health service sites in the metropolitan area, work commenced with four health services to develop better responses to alcohol and drug-related harm. These were Armadale Hospital, Swan District Hospital, Kalamunda District Hospital and Bentley Hospital.
- The telepsychiatry network was used to deliver training to 75 regional health workers.

Planned Achievements 2001-02

- The Postgraduate Diploma in Clinical Nursing – Substance Misuse will be redeveloped into a more generic Diploma for Health Services.
- The Alcohol and Other Drug Work units of competency, which are marketed as the *Meeting the*

Challenge program, will become available. These units are nationally accredited and will be offered on the Training News calendar of events and are available to organisations on request.

- In collaboration with Edith Cowan University, a range of innovative programs to support workforce development will be implemented.
- A key-worker model has been developed in collaboration with Graylands Hospital and will be implemented next year.
- The production of a resource and training manual to complement the *In Touch* manual so that it is customised and relevant for use with indigenous workers and those working with indigenous school students. This is a collaborative initiative with the School Drug Education Project and the Kimberley Community Drug Services Team.
- The alcohol and other drug practice development project will be expanded in the prison system as part of collaborative work with the Department of Justice.

Performance Indicators

Outcome: The provision of information to increase the knowledge, competence and confidence of health and human service professionals when working with people experiencing alcohol and other drug problems.

EFFECTIVENESS INDICATORS

	2000-01	1999-00	1998-99
Average rating for completed events on:			
● Usefulness of training courses to participant's work or study	79.8%	76.3%	79.3%
● Increase in knowledge	65.4%	63.0%	68.7%
● Increase in level of confidence in working in this area	57.6%	54.0%	59.5%
● Increase in level of competence in working in this area	50.1%	59.0%	54%

1074 of the 1171 participants of training events that were evaluated using the standardised course evaluation questionnaires completed evaluation questionnaires.

The performance indicators refer to the percentage of participants who reported that the event was

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very/extremely useful to their work or study, that they had a high increase in knowledge of the area covered and a high increase in their level of confidence and competence after the event.

These were the top categories in a five point rating scale. There is a body of research that demonstrates that increasing knowledge, confidence and competence is associated with an increased probability that a clinician will successfully engage and respond to the needs of clients with alcohol and other drug problems. A higher proportion of short courses (<4 hours) were conducted this year and this accounts for the decrease in proportion of participants reporting an increased level of competence in working in this area.

This does not include General Practitioner Alcohol and Drug Support Program, as the same performance indicators were not used for the participants' evaluations of this program's events. A further 1609 participants undertook short courses and these were not formally evaluated using written questionnaires. The Professional and Organisational Development section is looking at a strategy to evaluate these types of events in the coming year and anticipates reporting on these shorter courses in further years.

EFFICIENCY INDICATORS

	2000-01	1999-00	1998-99
Cost per participant, per hour of training	\$87.26	\$81.42	\$27.06

Explanatory Note

Refers to the total cost per participant (per event hour), including staff salaries, materials, resources and overheads of providing clinical education and training events for persons working or studying in the health and welfare field.

Costs in 1998-99 did not include business overheads and only included cost associated with presenter's time. Costs in 1999-00 and 2000-01 include business overheads and the total cost of delivering training.

(Standard error: (2.34% at the 95% confidence level)

Health Systems Development

Health Systems Development involves strategies to ensure that mainstream health services embrace responses to alcohol and other drug problems. This involves building the capacity of these services

through the provision of consultancy services, policy and staff development and utilising a range of clinical and other strategies that can be implemented and sustained in hospitals, community health services, general practices and other similar organisations.

CLINICAL RESEARCH AND EVALUATION

The main functions of the Clinical Research section are evidence-based clinical practice, applied clinical research, monitoring and evaluation and, health systems development.

The Directorate aims to support clinicians across the health sector, in the provision of drug and alcohol services, by demonstrating best practice and developing evidence-based treatment guidelines.

Research Projects

Evaluating the health outcomes and service utilisation of illicit drug users using linked data

Associate Professor A. Bartu, Professor D. Holman, Dr J. Codde and Ms L. Unwin

This is a NHMRC funded collaborative project of Next Step, the Department of Public Health, the University of Western Australia and the Department of Health. The study, the first of its kind in Australia, links more than 20 years and 1.3 million records of Next Step clinical data to the WA Health Services Research Linked Database. The aim is to assess the impact of illicit drug use on the WA health care system.

A preventative intervention for illicit drug using mothers and their infants

Associate Professor A. Bartu, Ms J. Sharp, Professor S. McDonald and Dr S. Evans

This Healthway-funded, three-year randomised controlled trial will test the impact of a specifically designed home visitation program aimed at increasing breast feeding and immunisation rates, family resilience and minimising the harms associated with drug use in the postnatal period. This multi-site study is unique in Australia and is a collaborative project of Next Step, the School of Nursing (Curtin University of Technology) and the Department of Obstetrics and Gynaecology (University of WA).

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Community Based Methadone Program: client survey

L. Marinovich, A. Popescu, and Associate Professor A. Bartu

One of the objectives of this study was to obtain information on the perceptions of opioid dependent clients treated in the Community Based Methadone Program (CBMP). Other objectives were to examine the extent to which the CBMP was fulfilling the potential benefits for clients identified at inception, and to contribute to the sparse body of literature relating to clients perceptions of community based methadone services.

The results indicate that the majority of clients who were surveyed, reported high levels of satisfaction with the services provided by the CBMP in terms of the prescribing doctors, pharmacists, and the program as a whole.

Characteristics and retention of opioid dependent clients treated with naltrexone

Associate Professor A. Bartu, N. Freeman and Dr A. Quigley

Naltrexone is an opiate agonist that has been used for the treatment of opiate-dependent clients for the past 20 years. It has been well received by patients and has few side effects, most of which usually occur early in treatment. Despite some of the advantages that naltrexone treatment programs seem to have for opioid dependent clients, overall acceptance and retention has been poor. The study aims to examine the retention and outcomes of clients presenting for naltrexone treatment at Next Step's East Perth and Fremantle clinics. It will examine age and gender differences, and will look at the factors influencing retention rates of clients.

Fourth COTSA census

Associate Professor A. Bartu and Ms L. Ernst

This is a cooperative project between NDARC, the National Drug Strategy Unit and government and non-government services around Australia. The survey is undertaken to provide a trend analysis of the characteristics of clients of alcohol and other drug treatment services. The results are made available to the relevant stakeholders and the general public. The survey was conducted in May 2001 in all clinical areas.

Clinical Pharmacotherapies Research

Next Step aims to build the capacity of clinical research in the drug field. This strategy has included joint academic appointments of research staff at Curtin University and UWA, joint university and Next Step research projects and the recruitment and supervision of honours, masters and doctoral students. The strategy has also included the provision of funds to appoint a Senior Research Fellow based within the Department of Pharmacology at the University of Western Australia. This position has joint status in Next Step with responsibility for clinical pharmacotherapies research group of academics, Next Step research officers, research students from the University of Western Australia and Murdoch University and Next Step support staff.

The five main research areas are:

- clinical pharmacology of methadone and other opioids;
- co-morbidity, particularly the assessment and clinical management of affective disorders among opioid users;
- psychological approaches to drug dependence and therapy (including behavioural, cognitive-behavioural and social psychological approaches);
- community interventions; and
- workforce development.

The current research projects are as follows:

The effect of a divided methadone dose upon opioid withdrawal

A pilot study has demonstrated that opioid withdrawal severity and mood disturbance can be reduced by a divided dosage regimen. An honours student from the Department of Pharmacology, University of Western Australia, is assessing the effectiveness of a divided dosage regimen in reducing withdrawal severity among patients who are not responding well to methadone. The project commenced in March 2001 and is due to be completed in November 2001.

The relationship between plasma methadone concentration-time profile and state and trait measures of mood

A collaborative between Next Step, the Department of Pharmacology, University of WA and the Department of Psychology, Murdoch University. Analyses are examining the relationship between plasma methadone

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concentration and state and trait measures of depression and other mood disturbances. A research laboratory has been established at the inpatient unit, East Perth. Data collection and analyses have commenced, with the project due to be completed November 2001.

The effectiveness of methadone maintenance for the treatment of opioid dependence in young people

A joint project between Next Step, the Department of Pharmacology, University of WA and the School of Medicine, University of WA. This project is designed to evaluate the pharmacodynamic response to methadone, and describe the effectiveness of methadone maintenance upon the health and social functioning of youth service clients. Data are currently being analysed, and the project is due for completion during October 2001.

Naltrexone pharmacology and sustained-release preparations

A project of Next Step, the Department of Pharmacology, University of WA and Kalamazoo College, Michigan, USA. This project is designed to produce a comprehensive review of the pharmacology of sustained release preparations of naltrexone, and to identify the potential advantages and disadvantages of such preparations. A monograph is due to be presented to Next Step clinical staff during September 2001, and a condensed version of the review will be submitted for publication.

Predictors of successful completion from an inpatient detoxification unit

Next Step is working with the Department of Pharmacology, University of WA to identify individual and treatment factors associated with inpatient treatment retention and outcome (i.e. successful completion of detoxification vs. discharge against medical advice or disciplinary discharge). The project is due to be completed early 2002.

The Role of Depression and Anxiety in the Treatment Outcome of Naltrexone Maintenance Patients

The Department of Pharmacology, University of WA and Next Step have combined to examine the association between depression, anxiety and treatment outcome in treatment planning for naltrexone maintenance patients. Data are being compiled from

Next Step databases, and the literature review and initial analyses have commenced.

Monitoring and Evaluation

Next Step's clinical services are subject to ongoing monitoring and evaluation to ensure that they meet objectives. Activities over the past year include:

- a client satisfaction survey of methadone clients;
- a client satisfaction survey of clients in residential services;
- a telephone follow-up survey of clients following discharge from residential services;
- chart audits of methadone and detoxification clients to determine outcomes; and
- a survey of prescribers of the Community Based Methadone Program.

Clinical Research

Explanatory note

The above clinical efficiency indicators do not include \$864,000 expended on a number of research projects in progress. However the Directorate of Clinical Education and Research is currently developing indicators to capture this, and it will be reported on next year.

Planned achievements 2001-02

Planned achievements for the next year include:

- reporting on methadone related deaths in WA 1993-99;
- completing a study on the characteristics and retention of opioid dependent clients treated with naltrexone at Next Step;
- continuing a randomised controlled trial of an intervention for illicit drug using mothers and their infants;
- progressing a record linkage study on the long term outcomes of clients treated at Next Step;
- producing a report on rapid access to mortality data using record linkage;
- recruiting and supervising masters and post-graduate students;
- achieving externally funded research projects; and
- publication of research outcomes in peak international peer-reviewed journals.

Business Services

INFORMATION TECHNOLOGY

The Information Technology (IT) branch provides support and maintenance of Next Step's information technology infrastructure.

During the year, the branch's main achievements were the:

- development and implementation of an appointments sub-system within the Client Management Information System (CMIS);
- development of specifications for the enhancements to the CMIS;
- significant progress in developing an enhanced internet web site (www.nextstep.health.wa.gov.au);
- enhancements to the intranet for the dissemination of information to staff; and
- upgrade of the network connection for the Fremantle office.

HUMAN RESOURCES

The Human Resources Branch is responsible for all Next Step's human resources and industrial relations matters.

Achievements during the year included:

- further training in implementation of a new performance management system;
- development of policies for performance management and the management of sub-standard performance;
- a review of the structure of the Clinical Services Directorate, resulting in the appointment of two new managers;
- development of a Human Resources intranet site, giving staff access to all Human Resources management policies and a range of other Human Resources related documents;
- the development and negotiation of a new enterprise agreement for support staff; and
- a review of the policies and procedures associated with the Public Sector Standards in Human Resources Management, prior to implementation of the revised Standards on 1 July 2001.

Equal Employment Opportunity

There were no reported cases of harassment or concerns raised regarding equal employment opportunity during the year.

Grievance Officers

During the year two grievances were dealt with by an internal informal process.

Disability Services

The Disability Services Plan has been implemented and is subject to ongoing review. Next Step's Disabilities Committee meets on a quarterly basis and provides input into issues that affect people with disabilities.

Public Sector Standards and Ethical Codes

Next Step's staff have complied with the Western Australian Public Sector Code of Ethics, the Next Step Code of Conduct and all Public Sector Standards in Human Resources Management except the Performance Management Standard.

With respect to the Performance Management Standard, a performance management system is being progressively implemented across the agency.

Directors and Managers are responsible for compliance with public sector standards and ethical codes. A monitoring and advisory role is played by the Human Resources Branch to ensure that all processes and transactions comply with the standards.

A revised Code of Conduct has been drafted and circulated to all staff for comment. The new document is expected to be implemented by September 2001.

BREACH OF STANDARD APPLICATIONS

	Total
Number lodged	Nil
Breaches Found	Nil
Multiple breaches	Nil
Applications under review	Nil
Material breaches	Nil
Non-material breaches	Nil

Business Services

CONTRACTING AND PURCHASING

The contract management function seeks to improve contracting and purchasing to ensure compliance with Government policies and procedures.

INFORMATION SERVICES

A review of Next Step's corporate records was undertaken by an external consultant with recommendations to be implemented in the coming financial year.

PLANNING AND POLICY

During the year the main achievements were:

- assistance with the completion of the East Perth Youth Clinic;
- alterations to Fremantle Clinic; and
- introduction of staff photo identification badges.

ENERGY SAVINGS

Next Step is committed to saving energy costs. Continued monitoring of housekeeping practices among staff has ensured that these costs are minimised.

FREEDOM OF INFORMATION

There were no requests lodged during the year.

RECYCLING

Mindful of conservation principles, staff at all Next Step locations continued with paper recycling. Collection of waste paper for recycling is in accordance with government instructions and recycled paper products are purchased where possible.

OCCUPATIONAL HEALTH AND SAFETY

The Occupational Health and Safety Committee continually monitors issues within the organisation to ensure that high standards are maintained for the benefit of all employees.

During the year, meetings were held in accordance with legislative requirements and continued to provide a forum for the discussion and resolution of health and safety issues.

INTERNAL AUDIT

Internal Audit continues to focus on working with all levels of management to improve both the effectiveness and efficiency of Next Step's services in accordance with sound business practices and legal requirements. It also reviews Next Step's compliance with relevant requirements of the Financial Administration and Audit Act 1985 and the related Treasurer's Instructions.

Internal Audit reviews were conducted for Information Technology security, Human Resources salaries and Finance – Creditors.

RISK MANAGEMENT

Next Step has undertaken risk analyses and monitoring through the internal audit function.

In response to the Treasurer's Instruction 903 and the Human Resources Minimum Obligatory Information Requirements for the Public Sector Management Division of the Ministry of Premier and Cabinet, the following information has been provided by Riskcover in relation to Workers' Compensation Performance Information for 2000-01.

COMPENSATION PERFORMANCE INFORMATION

	Total
Frequency rate:	8.64
Estimated Cost of Claims Incurred per \$100 wageroll:	1.4661
Contribution (Premium) rate:	1.22
Rehabilitation success rate*	0

** In calculating the Rehabilitation Success Rate, it is recommended the rehabilitation outcome is considered a success in the year in which it is successfully concluded and not the year in which the program commences. This is because the actual outcome of the rehabilitation cannot be accurately reported until completed.*

Business Services

CUSTOMER FOCUS

Next Step is committed to ensure the highest standards of service for its customers at all its facilities and workplaces. It develops services in partnership with its customers and responds to their changing needs.

FINANCIAL SERVICES

Financial Services is responsible for budgeting, financial reporting functions and continues to focus on working with all levels of management to improve both effectiveness and efficiency of Next Step's services.

The key achievements were:

- A management reporting capacity was built and implemented, providing management with a clear view of outputs produced from the inputs purchased.
- A flexible Chart of Accounts was generated to provide a wide range of management information.
- Management and staff were provided with ongoing financial advice in relation to HCARE Financial Modules with in-built functionality to report on cash and accrual transactions, budgets and commitments.

Planned Achievements 2001-02

The planned achievements for the next financial year are:

- enhanced data management;
- addressing the behavioural implications of financial systems;
- increasing the understanding of the implications of the GST and accrual accounting methods in the organisation; and
- further developing management accountability and reporting structures.

Section 42 Estimates for 2001-02

Statement of Financial Performance for the year ended 30 June 2002

	Estimates 2001-02 \$'000	Actual (unaudited) 2000-01 \$'000
COST OF SERVICES		
Expenses from Ordinary Activities		
Salaries and wages	8,057	7,767
Superannuation	806	816
Direct patient support cost	690	821
Indirect patient support cost	0	7
Repairs, maintenance and consumable equipment	342	214
Depreciation and amortisation	197	208
Net loss from disposal of non-current assets	0	26
Other expenses from ordinary activities	1,219	1,389
Total cost of services	11,311	11,247
Revenues from Ordinary Activities		
Commonwealth grants and contributions	314	498
Recoveries	51	45
Use of facilities	0	0
Other revenues	74	70
Total revenues from ordinary activities	439	613
NET COST OF SERVICES	10,872	10,634
REVENUES FROM GOVERNMENT		
Hospital Fund – recurrent appropriations	10,575	10,180
Resources received free of charge	21	18
Total revenues from government	10,596	10,198
Change in net assets before extraordinary items	(275)	(436)
Extraordinary expense / (revenue)	0	0
CHANGE IN NET ASSETS	(275)	(436)
Net increase / (decrease) in asset revaluation reserve	0	0
Total revenues, expenses and valuation adjustments recognised directly in equity	0	0
TOTAL CHANGES IN EQUITY OTHER THAN THOSE RESULTING FROM TRANSACTIONS WITH OWNERS AS OWNERS	(275)	(436)

Supporting document for Section 42 Submission

APPENDIX A

Reconciliation of Statement of Financial Performance to Net Cash Flows for the year ended 30 June 2002

	Estimates 2001-02 \$'000	Actual (unaudited) 2000-01 \$'000
TOTAL CHANGES IN EQUITY OTHER THAN THOSE RESULTING FROM TRANSACTIONS WITH OWNERS AS OWNERS	(275)	(436)
MOVEMENTS IN BALANCE SHEET ITEMS		
Less INCREASES / (DECREASES) ASSETS		
Receivables	9	36
Inventories	(3)	6
Prepayments	(7)	16
Land and building	165	(52)
Plant, equipment and vehicles	19	29
Leased assets	0	0
Other non current assets	0	0
	183	35
Add INCREASES / (DECREASES) LIABILITIES		
Payables	(29)	49
Borrowings	0	0
Lease liabilities	0	0
Accrued salaries	(15)	40
Employee entitlements	(190)	250
Income received in advance	0	0
Contributed equity	0	0
	(234)	340
	(692)	(131)
Increases/ (Decreases) in cash at bank balances		

Supporting document for Section 42 Submission

APPENDIX B

Statement of Financial Position

	Estimates 2001-02 \$'000	Actual (unaudited) 2000-01 \$'000
CURRENT ASSETS		
Cash assets	235	927
Receivables	53	44
Inventories	12	16
Prepayments	30	37
Total current assets	331	1024
NON-CURRENT ASSETS		
Land and building	4,909	4,744
Plant, equipment and vehicles	713	694
Other non-current assets	0	0
Total non-current assets	5,622	5,438
Total assets	5,952	6,462
CURRENT LIABILITIES		
Payables	109	138
Accrued salaries	199	214
Employee entitlements	886	948
Income received in advance	0	0
Total current liabilities	1,194	1,300
NON-CURRENT LIABILITIES		
Employee entitlements	1,933	2,061
Total non-current liabilities	1,933	2,061
Total liabilities	3,127	3,361
Net assets	2,826	3,101
EQUITY		
Contributed equity	0	0
Asset revaluation reserve	2,943	2,943
Accumulated surplus / (deficiency)	(117)	158
Total equity	2,826	3,101



K O O'NEIL
ACTING AUDITOR GENERAL
November 23, 2001



AUDITOR GENERAL

To the Parliament of Western Australia

WESTERN AUSTRALIAN ALCOHOL AND DRUG AUTHORITY
4th Floor Dumas House, 2 Davelock Street, West Perth 6005, Western Australia. Tel: 08 9222 7500 Fax: 08 9322 5664
PERFORMANCE INDICATORS FOR THE YEAR ENDED JUNE 30, 2001

Scope

I have audited the key effectiveness and efficiency performance indicators of the Western Australian Alcohol and Drug Authority for the year ended June 30, 2001 under the provisions of the Financial Administration and Audit Act 1985.

The Authority is responsible for developing and maintaining proper records and systems for preparing and presenting performance indicators. I have conducted an audit of the key performance indicators in order to express an opinion on them to the Parliament as required by the Act. No opinion is expressed on the output measures of quantity, quality, timeliness and cost.

My audit was performed in accordance with section 79 of the Act to form an opinion based on a reasonable level of assurance. The audit procedures included examining, on a test basis, evidence supporting the amounts and other disclosures in the performance indicators, and assessing the relevance and appropriateness of the performance indicators in assisting users to assess the Authority's performance. These procedures have been undertaken to form an opinion as to whether, in all material respects, the performance indicators are relevant and appropriate having regard to their purpose and fairly represent the indicated performance.

The audit opinion expressed below has been formed on the above basis.

Audit Opinion

In my opinion, the key effectiveness and efficiency performance indicators of the Western Australian Alcohol and Drug Authority are relevant and appropriate for assisting users to assess the Authority's performance and fairly represent the indicated performance for the year ended June 30, 2001.

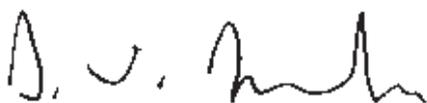
Performance Indicators

Performance Indicators

In our opinion the Performance Indicators described in this section are based on proper records, and fairly represent the performance of the authority for the financial year ending 30 June 2001.



Professor George Lipton
CHAIRPERSON



Professor David Hawks
BOARD MEMBER

23 August 2001

statements are based on proper accounts and present fairly in accordance with applicable Accounting Standards, other mandatory professional reporting requirements and the Treasurer's Instructions, the financial position of the Authority at June 30, 2001 and the results of its operations and its cash flows for the year then ended.



To the Parliament of Western Australia

**WESTERN AUSTRALIAN ALCOHOL AND DRUG AUTHORITY
FINANCIAL STATEMENTS FOR THE YEAR ENDED JUNE 30, 2001**

K O O'NEIL

SENIOR AUDITOR GENERAL

November 23, 2001
I have audited the accounts and financial statements of the Western Australian Alcohol and Drug Authority for the year ended June 30, 2001 under the provisions of the Financial Administration and Audit Act 1985.

The Authority is responsible for keeping proper accounts and maintaining adequate systems of internal control, preparing and presenting the financial statements, and complying with the Act and other relevant written law. The primary responsibility for the detection, investigation and prevention of irregularities rests with the Authority.

My audit was performed in accordance with section 79 of the Act to form an opinion based on a reasonable level of assurance. The audit procedures included examining, on a test basis, the controls exercised by the Authority to ensure financial regularity in accordance with legislative provisions, evidence to provide reasonable assurance that the amounts and other disclosures in the financial statements are free of material misstatement and the evaluation of accounting policies and significant accounting estimates. These procedures have been undertaken to form an opinion as to whether, in all material respects, the financial statements are presented fairly in accordance with Accounting Standards, other mandatory professional reporting requirements and the Treasurer's Instructions so as to present a view which is consistent with my understanding of the Authority's financial position, the results of its operations and its cash flows.

The audit opinion expressed below has been formed on the above basis.

Audit Opinion

In my opinion,

- (i) the controls exercised by the Western Australian Alcohol and Drug Authority provide reasonable assurance that the receipt, expenditure and investment of moneys and the acquisition and disposal of property and the incurring of liabilities have been in accordance with legislative provisions; and
- (ii) the Statement of Financial Performance, Statement of Financial Position and Statement of Cash Flows and the Notes to and forming part of the financial

Financial Statements

To the Parliament of Western Australia

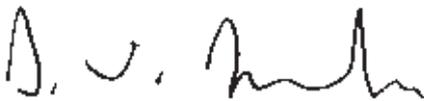
Financial Statements

The accompanying Financial Statements of the Western Australian Alcohol and Drug Authority have been prepared in compliance with the provisions of the Financial Administration and Audit Act 1985, from proper accounts and records, to present fairly the financial transactions for the twelve months ending 30 June 2001 and the financial position as at 30 June 2001.

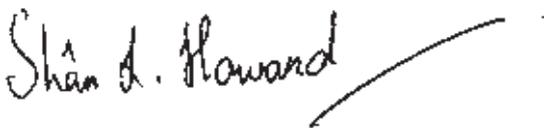
At the date of signing, we are not aware of any circumstances which would render the particulars included in the financial statements misleading or inaccurate.



Professor George Lipton
CHAIRPERSON



Professor David Hawks
BOARD MEMBER



Shân Howard
PRINCIPAL ACCOUNTING OFFICER

23 August 2001

Financial Statements

Statement of Financial Position as at 30 June 2001

	Note Number	2000-01 \$	1999-00 \$
CURRENT ASSETS			
Cash assets	10	927,368	1,058,298
Receivables	11	43,745	7,590
Inventories	12	15,694	9,642
Prepayments		37,260	21,290
Total current assets		1,024,067	1,096,820
NON-CURRENT ASSETS			
Property, plant and equipment	13	5,437,730	5,461,249
Total non-current assets		5,437,730	5,461,249
Total assets		6,461,797	6,558,069
CURRENT LIABILITIES			
Payables		137,601	88,696
Accrued salaries	14	213,897	173,419
Provisions	15	948,338	754,220
Total current liabilities		1,299,836	1,016,335
NON-CURRENT LIABILITIES			
Provisions	15	2,060,672	2,004,387
Total non-current liabilities		2,060,672	2,004,387
Total liabilities		3,360,508	3,020,722
Net Assets		3,101,289	3,537,347
EQUITY			
Asset revaluation reserve	16	2,943,305	2,943,305
Accumulated surplus / (deficiency)	17	157,984	594,042
Total Equity		3,101,289	3,537,347

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

Financial Statements

Statement of Financial Performance for the year ended 30 June 2001

	Note Number	2000-01 \$	1999-00 \$
COST OF SERVICES			
Expenses from Ordinary Activities			
Salaries and wages		7,766,508	6,822,575
Visiting medical practitioners		0	48
Superannuation		815,900	554,663
Patient support costs	2	826,258	712,237
Patient transport		1,160	439
Repairs, maintenance and consumable equipment		214,452	443,877
Depreciation and amortisation	3	208,228	183,526
Net loss from disposal of non-current assets	4	26,266	74,555
Asset revaluation decrement	16	0	698,180
Other expenses from ordinary activities	5	1,388,591	1,377,228
Total cost of services		11,247,363	10,867,328
Revenues from Ordinary Activities			
Commonwealth grants and contributions	6	497,628	45,872
Net profit from disposal of non-current assets	4	0	50,000
Other revenues from ordinary activities	7	115,317	202,920
Total revenues from ordinary activities		612,945	298,792
NET COST OF SERVICES		10,634,418	10,568,536
REVENUES FROM GOVERNMENT			
Hospital Fund – recurrent appropriations	8	10,180,360	9,716,920
Consolidated Fund – capital appropriations	8	0	908,237
Grant – other State Government	8	0	67,000
Resources received free of charge	9	18,000	18,000
Total revenues from government		10,198,360	10,710,157
Change in net assets before extraordinary items		(436,058)	141,621
CHANGE IN NET ASSETS		(436,058)	141,621
TOTAL CHANGES IN EQUITY OTHER THAN THOSE RESULTING FROM TRANSACTIONS WITH OWNERS AS OWNERS		(436,058)	141,621

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

Financial Statements

Statement of Cash Flows for the year ended 30 June 2001

	Note Number	2000-01 \$ (Inflows Outflows)	1999-00 \$ (Inflows Outflows)
CASH FLOWS FROM GOVERNMENT			
Recurrent appropriations	8	10,180,360	9,716,920
Capital appropriations	8	0	908,237
Net cash provided by Government		10,180,360	10,625,157
Utilised as follows:			
CASH FLOWS FROM OPERATING ACTIVITIES			
Payments			
Payments to suppliers		(3,102,302)	(3,782,111)
Payments to employees		(7,594,123)	(6,590,234)
GST payments on purchases		(253,756)	(4,884)
Receipts			
Commonwealth grants and contributions		497,628	112,873
GST receipts on sales		54,684	8
GST receipts from taxation authority		180,285	0
Other receipts		103,064	202,638
Net cash (used in) / provided by operating activities	18	(10,114,520)	(10,061,710)
CASH FLOWS FROM INVESTING ACTIVITIES			
Payments for purchase of non-current assets	13	(196,770)	(668,785)
Proceeds from sale of non-current assets	4	0	650,010
Net cash (used in) / provided by investing activities		(196,770)	(18,775)
Net increase / (decrease) in cash held		(130,930)	544,672
Cash assets at the beginning of the reporting period		1,058,298	513,626
Cash assets at the end of the reporting period	10	927,368	1,058,298

The Statement of Cash Flows should be read in conjunction with the notes to the financial statements.

Financial Statements

Notes to the Financial Statements for the year ended 30 June 2001

NOTE 1 SIGNIFICANT ACCOUNTING POLICIES

The following accounting policies have been adopted in the preparation of the financial statements. Unless otherwise stated these policies are consistent with those adopted in the previous year.

(a) General Statement

The financial statements constitute a general purpose financial report which has been prepared in accordance with Australian Accounting Standards and Urgent Issues Group (UIG) Consensus Views 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 Administration and Audit Act and the Treasurer's Instructions are legislative provisions governing the preparation of financial statements and take precedence over Australian Accounting Standards and UIG Consensus Views. The modifications are intended to fulfil the requirements of general application to the public sector, together with the need for greater disclosure and also to satisfy accountability requirements.

If any such modification has a material or significant financial effect upon the reported results, details of that modification and where practicable, the resulting financial effects, are disclosed in individual notes to these financial statements.

The financial statements have been prepared on the accrual basis of accounting using the historical cost convention, with the exception of certain non-current assets which subsequent to initial recognition, have been measured on the fair value basis in accordance with the option under AAS 38(5.1) (see note 1(b)).

(b) Valuation of Non-Current Assets

i) Land and Buildings at Fair Value

Land and buildings are measured at fair value, the amount for which an asset could be exchanged, or a liability settled, between knowledgeable, willing parties in an arm's length transaction. Fair value has been determined by the Valuer General's Office in Western Australia.

(c) Acquisition of Non-Current Assets

Items have been included as property, plant and equipment if the cost of acquisition is \$1,000 or more and the useful life is expected to be two years or more.

(d) Leases

The Accountable Authority has entered into a number of operating lease arrangements for the rent of buildings and office equipment where the lessors effectively retain all of the risks and benefits incidental to ownership of the items. Equal instalments of the lease payments are charged to the Statement of Financial Performance over the lease term as this is representative of the pattern of benefits to be derived from the leased items.

The Accountable Authority has no contractual obligations under finance leases.

(e) Depreciation of Non-current Assets

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

Depreciation is provided for on the reducing balance basis, using rates which are reviewed annually. Useful lives for each class of depreciable assets are:

Buildings	33 years
Computer equipment	3 to 5 years
Furniture and fittings	7 to 26 years
Motor vehicles	4 to 10 years
Other mobile plant	10 to 20 years
Other plant and equipment	3 to 30 years

Financial Statements

Notes to the Financial Statements for the year ended 30 June 2001

(f) Receivables

Receivables are recognised at the amounts receivable as they are due for settlement no more than 30 days from the date of recognition.

Collectability of receivables is reviewed on an ongoing basis. Debts which are known to be uncollectable are written off. A provision for doubtful debts is raised where some doubts as to collection exists.

(g) Inventories

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

(h) Payables

Payables, including accruals not yet billed, are recognised when the Accountable Authority becomes obliged to make future payments as a result of a purchase of assets or services. Payables are generally settled within 30 days.

(i) Accrued Salaries

Accrued salaries represent the amount due to staff but unpaid at the end of the financial year, as the end of the last pay period for that financial year does not coincide with the end of the financial year.

(j) Interest-bearing liabilities

Interest-bearing liabilities are recognised at an amount equal to the net proceeds received. Borrowing costs expense is recognised on a time proportionate basis.

(k) Provisions

i) Annual and Long Service Leave

The liability for annual leave represents the amount which the Accountable Authority has a present obligation to pay resulting from employees' services up to the reporting date. The liability has been calculated on current remuneration rates and includes related on-costs.

The liability for long service leave represents the present value of expected future payments to be made in respect of services provided by employees up to the reporting date. Consideration is given, when assessing expected future payments, to expected future wage and salary levels including related on-costs, experience of employee departures and periods of service. Expected future payments are discounted using interest rates attaching to national government securities to obtain the estimated future cash flows.

The methods of measurement of the liabilities are consistent with the requirements of Australian Accounting Standard AAS 30 "Accounting for Employee Entitlements".

ii) Superannuation

Staff may contribute to the Superannuation and Family Benefits Act Scheme, a defined benefits pension scheme now closed to new members, or to the Gold State Superannuation Scheme, a defined benefit lump sum scheme now also closed to new members. All staff who do not contribute to either of these schemes become non-contributory members of the West State Superannuation Scheme, an accumulation fund complying with the Commonwealth Government's Superannuation Guarantee (Administration) Act 1992.

The liability for superannuation charges incurred under the Superannuation and Family Benefits Act pension scheme are provided for at reporting date.

The liabilities for superannuation charges under the Gold State Superannuation Scheme and West State Superannuation Scheme are assumed by the Treasurer.

The note disclosure required by paragraph 51(e) of AAS30 (being the employer's share of the difference between employees' accrued superannuation benefits and the attributable net market value of plan assets) has not been provided. State Scheme deficiencies are recognised by the State in its whole of government reporting. The Government Employees Superannuation Board's records are not structured to provide the information for the Accountable Authority. Accordingly, deriving the information for the Accountable Authority is impractical under current arrangements, and thus any benefits thereof would be exceeded by the cost of obtaining the information.

Financial Statements

(l) Recognition of Revenue

Revenue from the sale of goods, disposal of other assets and the rendering of services, is recognised when the Accountable Authority has passed control of the goods or other assets or has delivered the services to the customer. Interest revenue is recognised on a time proportionate basis.

Grants, donations, gifts and other non-reciprocal contributions are recognised as revenue when the Accountable Authority obtains control over the assets comprising the contributions. Control is normally obtained upon their receipt. Contributions are recognised at their fair value.

(m) Appropriations

Appropriations in the nature of revenue, whether recurrent or capital, are recognised as revenues in the reporting period in which the Accountable Authority gains control of the appropriated funds. Appropriations which are repayable by the Accountable Authority to the Treasurer are recognised as liabilities.

(n) Resources Received Free of Charge or For Nominal Value

Resources received free of charge or for nominal value which can be reliably measured are recognised as revenues and as assets or expenses as appropriate at fair value.

(o) Comparative Figures

Comparative figures are, where appropriate, reclassified so as to be comparable with the figures presented in the current reporting period.

(p) Foreign Currency Transactions

Transactions denominated in a foreign currency are translated at the rates in existence at the dates of the transactions. Foreign currency receivables and payables at reporting date are translated at exchange rates current at reporting date. Exchange gains and losses are brought to account in determining the result for the year.

(q) Integration of Accountable Authorities

Where control of an Accountable Authority or parts thereto is obtained during a reporting period, its results are included in the consolidated operating statement from the date that control commences. Where control of a Accountable Authority or parts thereto ceases during a reporting period, its results are included for that part of the reporting period during which control exists.

	2000-01 \$	1999-00 \$
NOTE 2 PATIENT SUPPORT COSTS		
Medical supplies and services	490,202	491,700
Domestic charges	20,404	17,457
Fuel, light and power	118,797	97,374
Food supplies	59,289	57,547
Purchase of external services	137,566	48,159
	826,258	712,237
NOTE 3 DEPRECIATION AND AMORTISATION		
Buildings	52,077	46,175
Computer equipment and software	104,233	96,950
Furniture and fittings	18,033	16,106
Other plant and equipment	33,885	24,295
	208,228	183,526

Financial Statements

Notes to the Financial Statements for the year ended 30 June 2001

	2000-01 \$	1999-00 \$
NOTE 4 NET PROFIT / (LOSS) FROM DISPOSAL OF NON-CURRENT ASSETS		
a) Proceeds from sale of non-current assets		
Proceeds were received for the sale of non-current assets during the reporting period as follows		
Received as cash by the Accountable Authority	0	650,010
Received directly into the Consolidated Fund	0	0
Gross proceeds from sale of non-current assets	0	650,010
b) Loss from disposal of non-current assets		
Buildings	(9)	1,196,977
Computer equipment and software	12,061	13,490
Furniture and fittings	72	16,089
Other plant and equipment	14,142	1,163
	26,266	74,555
c) Profit from disposal of non-current assets		
Land	0	50,000
	0	50,000
NOTE 5 OTHER EXPENSES FROM ORDINARY ACTIVITIES		
Workers compensation insurance	82,596	76,574
Other employee expenses	124,446	130,433
Motor vehicle expenses	103,211	22,688
Insurance	62,153	58,335
Communications	163,546	172,923
Printing and stationery	194,442	188,048
Rental of property	35,957	37,721
Audit fees – external	28,612	24,127
External consulting fees	331,598	315,211
Other	262,030	351,168
	1,388,591	1,377,228
NOTE 6 COMMONWEALTH GRANTS AND CONTRIBUTIONS		
Grant for National Illicit Drugs & Research	295,656	0
Other grants	201,972	45,872
	497,628	45,872
NOTE 7 OTHER REVENUES FROM ORDINARY ACTIVITIES		
Recoveries	45,411	98,475
Other	69,906	104,444
	115,317	202,919

Financial Statements

2000-01
\$

1999-00
\$

NOTE 8 GOVERNMENT APPROPRIATIONS

The Accountable Authority is funded through the Hospital Fund on a recurrent basis.

Funding for specific capital expenditure is obtained through the Consolidated Fund.

Hospital Fund – recurrent appropriations	10,180,360	9,716,920
Consolidated Fund – capital appropriations	0	908,237
Total appropriation revenue (Statement of Financial Performance):	10,180,360	10,625,157
Capital subsidy	0	(908,237)
	0	(908,237)
Grant – other State Government	0	67,000
Total appropriations received as cash (Statement of Cash Flows):	10,180,360	10,692,157

Funding Arrangements:

Government funding for the operational costs of the Accountable Authority is based on an annual level of funding for a specified level of activity. This funding is then advanced on a monthly basis as per an agreed cash payment schedule calculated on seasonal trends and scheduled activity. Adjustments to funding are made during the year based upon actual activity levels. Receipts (other than donations) are offset against recurrent funding.

Major capital and other special purpose funding is determined annually. Capital items are mainly funded on a recoup basis as per the operational funding methodology above, or purchased directly by the Health Department on behalf of the Accountable Authority.

NOTE 9 RESOURCES RECEIVED FREE OF CHARGE

Resources received free of charge has been determined on the basis of the following estimates provided by agencies.

Office of the Auditor General		
Audit services	18,000	18,000

NOTE 10 CASH ASSETS

Cash on hand	1,860	1,859
Cash at bank – general	925,508	1,056,439
	927,368	1,058,298

For the purpose of the Statement of Cash Flows, cash assets includes cash assets on hand, cash assets advances and cash assets at bank. Cash assets at the end of the reporting period as shown in the Statement of Cash Flows is reconciled to the related items in the Statement of Financial Position as above.

NOTE 11 RECEIVABLES

GST receivable	23,516	4,722
Other receivables	20,229	2,868
Total receivables for goods and services supplied	43,745	7,590
Less: provision for doubtful debts	0	0
	43,745	7,590

Financial Statements

Notes to the Financial Statements for the year ended 30 June 2001

	2000-01 \$	1999-00 \$
NOTE 12 INVENTORIES		
Supply stores	4,460	0
Pharmaceutical stores	11,234	9,642
	15,694	9,642
NOTE 13 PROPERTY, PLANT AND EQUIPMENT		
Land		
At valuation 1999/2000	0	3,060,000
At valuation 2001	3,060,000	0
	3,060,000	3,060,000
Buildings		
At valuation 1999/2000	0	1,762,036
Less accumulated depreciation	0	(26,403)
At fair value 2001	1,748,145	0
Less accumulated depreciation	(64,581)	0
	1,683,564	1,735,633
Computer equipment and software		
At cost	744,932	723,583
Less accumulated depreciation	(453,440)	(399,920)
	291,492	323,663
Furniture and fittings		
At cost	234,385	215,769
Less accumulated depreciation	(87,223)	(72,249)
	147,162	143,520
Other plant and equipment		
At cost	462,378	421,454
Less accumulated depreciation	(206,866)	(223,021)
	255,512	198,433
Total of property, plant and equipment	5,437,730	5,461,249
Payments for non-current assets		
Payments were made for purchases of non-current assets during the reporting period as follows:		
Payments for purchases of non-current assets	219,719	1,445,825
Paid by Health Department of WA	0	(777,040)
Gross payments for purchases of non-current assets	219,719	668,785

Land and buildings

- (i) Land and buildings have been revalued and are carried at their fair value in accordance with the policy set out in note 1(b)(i).

Financial Statements

	2000-01 \$	1999-00 \$
NOTE 14 ACCRUED SALARIES		
Amounts owing for:	213,897	173,419
Nursing staff		
9 days from 22 June to 30 June 2001 (2000: 8 days from 23 June to 30 June 2000)		
Non-nursing staff		
9 days from 22 June to 30 June 2001 (2000: 8 days from 23 June to 30 June 2000)		
NOTE 15 PROVISIONS		
Current liabilities:		
Liability for annual leave	486,852	436,968
Liability for long service leave	461,486	317,252
	948,338	754,220
Non-current liabilities:		
Liability for long service leave	341,163	405,173
Liability for superannuation	1,719,509	1,599,214
	2,060,672	2,004,387
Total employee entitlements	3,009,010	2,758,607

The superannuation liability has been established from data supplied by the Government Employees Superannuation Board.

The Accountable Authority considers the carrying amount of employee entitlements approximates the net fair value.

NOTE 16 ASSET REVALUATION

Asset Revaluation Reserve		
Balance at beginning of the year	2,943,305	2,994,488
Net revaluation increments / (decrements):		(51,183)
Balance at end of the year	2,943,305	2,943,305
Asset revaluation decrements recognised as an expense (iii):		
Buildings	0	698,180
	0	698,180

- (i) Revaluation increments and decrements are offset against one another within the same class of non-current assets.
- (ii) Any net 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.
- (iii) Any net decrement is recognised as an expense in the statement of financial performance, except to the extent that any decrement reverses a revaluation increment previously credited to the asset revaluation reserve.

Financial Statements

Notes to the Financial Statements for the year ended 30 June 2001

	2000-01 \$	1999-00 \$
NOTE 17 ACCUMULATED SURPLUS / (DEFICIENCY)		
Balance at beginning of year	594,042	452,421
Change in net assets	(436,058)	141,621
Balance at end of the year	157,984	594,042

NOTE 18 NOTES TO THE STATEMENT OF CASH FLOWS

a) Reconciliation of net cash flows used in operating activities to net cost of services

Net cash used in operating activities (Cash Flow Statement)	(10,114,520)	(10,061,710)
Increase / (decrease) in GST receivable	18,794	0
Increase / (decrease) in other receivables	17,361	6,268
Increase / (decrease) in inventories	6,052	(10,123)
Increase / (decrease) in prepayments	15,970	(3,410)
Decrease / (increase) in payables	(48,905)	(14,770)
Decrease / (increase) in accrued salaries	(40,478)	(69,774)
Decrease / (increase) in provisions	(250,403)	(139,753)
Non-cash items:		
Depreciation and amortisation	(208,228)	(183,526)
Profit / (loss) from disposal of non-current assets	(26,266)	(24,555)
Other expenses paid by Health Department of WA	0	86,197
Asset revaluation decrements	0	(698,180)
Resources received free of charge	(18,000)	(18,000)
Other	(14,205)	629,800
Net cost of services (Statement of Financial Performance)	(10,634,418)	(10,501,536)

b) At the reporting date, the Accountable Authority had fully drawn on all financing facilities, details of which are disclosed in the financial statements.

NOTE 19 LOSSES OF PUBLIC MONEYS AND PUBLIC OR OTHER PROPERTY

Losses of public moneys and public or other property through theft or default	0	5,247
Less recoveries of losses	0	5,247
Net losses	0	0

Financial Statements

2000-01 1999-00
\$ \$

NOTE 20 REMUNERATION OF 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 and other benefits received, or due and receivable, for the reporting period, falls within the following bands:

\$0 - \$10,000	1	1
Total	1	1

The total remuneration of the members of the Accountable Authority is: 3,975 2,650

Remuneration of Senior Officers

The number of Senior Officers (other than members of the Accountable Authority), whose total of fees, salaries and other benefits received, or due and receivable, for the reporting period, falls within the following bands:

\$10,001 - \$20,000	0	1
\$40,001 - \$50,000	1	0
\$60,001 - \$70,000	1	0
\$70,001 - \$80,000	2	1
\$80,001 - \$90,000	0	1
\$90,001 - \$100,000	2	1
\$100,001 - \$110,000	1	1
\$130,001 - \$140,000	0	1
\$150,001 - \$160,000	1	0
Total	8	6

The total remuneration of Senior Officers is: 699,508 502,435

Numbers of Senior Officers presently employed who are members of the Superannuation and Family Benefits Act Scheme:

Members of the Accountable Authority	318	0
Senior Officers other than members of the Accountable Authority	78,433	44,819
	78,751	44,819

Financial Statements

Notes to the Financial Statements for the year ended 30 June 2001

NOTE 21 EXPLANATORY STATEMENT

- a) Significant variations between actual revenues and expenditures for the financial year and revenues and expenditures for the immediately preceding financial year.

Details and reasons for significant variations between actual results and the corresponding items of the preceding year are detailed below. Significant variations are considered to be those greater than 10% or \$50,000.

	2000-01 \$	1999-00 \$	Variation \$
1. Salaries	7,766,508	6,822,575	943,933
Payments to visiting medical officers and staff numbers in Clinical Services and Clinical Research, Policy & Development increased as a result of increases in both activity levels and contract rates.			
2. Superannuation	815,900	554,663	261,237
The increase is due mainly to the provision at 30 June 2001 being greater than anticipated.			
3. Patient Support Costs	826,258	712,237	114,021
Increased as a result of the introduction of naltrexone drugs.			
4. Repairs, maintenance and consumable equipment	214,452	443,877	(229,425)
The increased costs in 1999-00 associated with the refurbishment of the East Perth site.			
5. Asset Revaluation Decrement	0	689,180	(689,180)
Due to the revaluation of buildings in 1999-00.			
6. Hospital Fund – Recurrent	10,180,360	9,717,920	462,440
This is the total contract adjustments received from the Health Department during the year of which \$1.2 million was for naltrexone project			
7. Consolidated Fund – Capital	0	908,237	(908,237)
Capital costs rose significantly in 1999-00 due to alterations and improvements done at Central Treatment Services, due to increased outpatient-based services.			
8. Commonwealth grants and contributions	497,628	45,872	451,756
This is due mainly to increased grant monies received in 2000/2001.			
9. Other revenues from ordinary activities	115,317	202,920	(87,603)
This is due to receipts for other recoveries and other revenue being less than anticipated.			

Financial Statements

b) Section 42 of the Financial Administration and Audit Act requires the Accountable Authority to prepare annual budget estimates.

Details and reasons for significant variations between these estimates and actual results are detailed below. Significant variations are considered to be those greater than 10% of budget or \$50,000

	2000-01 Estimates \$	1999-00 Actual \$	Variation \$
1. Salaries	7715.1	7766.6	(51)
Decrease as the result of cost saving measures implemented during the year.			
2. Superannuation	575.5	815.9	(240)
The increase is due to more staff being on contributory superannuation, which is 12% and the increase in non contributory superannuation from 7% to 8%.			
3. Patient Support Costs	712.5	826.3	(114)
This is due mainly to the increase in client numbers using the naltrexone drug.			
4. Repairs, maintenance and consumable equipment	265.7	214.4	51
Decrease as the result of cost saving measures implemented during the year.			
5. Other Administration Expenses	1250.2	1388.6	(138)
There was an increased cost of printing for Education & Training due to printing of brochures and flyers to market events and increased production of resources to support events i.e. booklets and training packages.			
6. Hospital Fund – Recurrent	10575	10,180.3	395
This is the total contract adjustments received from the Health Department during the year.			
8. Commonwealth grants and contributions	122	497.6	(376)
Grants were received late for research projects and therefore were not included in estimates.			

Financial Statements

Notes to the Financial Statements for the year ended 30 June 2001

NOTE 22 CONTINGENT LIABILITIES

There were no contingent liabilities.

NOTE 23 EVENTS OCCURRING AFTER REPORTING DATE

There were no significant events occurring after the reporting date, which have a material effect on the financial statements.

NOTE 24 RELATED BODIES

A related body is a body which receives more than half its funding and resources from the Accountable Authority and is subject to operational control by the Accountable Authority. Related bodies are generally government agencies which have no financial administration responsibilities.

The Accountable Authority had no related bodies during the reporting period.

NOTE 25 AFFILIATED BODIES

An affiliated body is a body which receives more than half its funding and resources from the Accountable Authority and is not subject to operational control by the Accountable Authority. Affiliated bodies are generally non-government agencies, such as charitable, welfare and community interest groups which receive financial support from government.

The Accountable Authority had no affiliated bodies during the reporting period.

NOTE 26 CAPITAL COMMITMENTS

There were no capital commitments.

2000-01	1999-00
\$	\$

NOTE 27 EXPENDITURE COMMITMENTS

Operating lease commitments:

Commitments in relation to non-cancellable operating leases are payable as follows:

Not later than one year	51,868	23,373
Later than one year, and not later than five years	7,564	13,999
Later than five years	0	0
	59,432	37,372

Financial Statements

NOTE 28 FINANCIAL INSTRUMENTS

a) Interest rate risk exposure

The following table details the Authority's exposure to interest rate risk as at the reporting date:

	Weighted average effective Interest rate %	Floating Interest rate \$'000	Fixed interest rate maturities		Total \$'000
			1 year or less \$'000	1 to 5 years \$'000	
As at 30 June 2001					
Financial Assets					
Cash assets	0.00%	0			927
Receivables					44
		0	0	0	971
Financial Liabilities					
Payables					138
Accrued salaries					214
Net financial assets (liabilities)		0	0	0	620
Due to rounding, net figure is out by 1.					
As at 30 June 2000					
Financial Assets					
Cash assets	0.00%	0			1,058
Receivables					8
		0	0	0	1,066
Financial Liabilities					
Payables					89
Accrued salaries					173
		0	0	0	262
Net financial assets (liabilities)		0	0	0	803

Due to rounding, net figure is out by 1.

b) Credit risk exposure

All financial assets are unsecured. Amounts owing by other government agencies are guaranteed and therefore no credit risk exists in respect of those amounts. In respect of other financial assets the carrying amounts represent the Accountable Authority's maximum exposure to credit risk in relation to those assets.

There were no amounts owing by other government agencies.

Financial Statements

Notes to the Financial Statements for the year ended 30 June 2001

NOTE 29 OUTPUT INFORMATION

	Prevention & Promotion		Diagnosis & Treatment		Total	
	2000-01 \$'000	1999-00 \$'000	2000-01 \$'000	1999-00 \$'000	2000-01 \$'000	1999-00 \$'000
Expenses from Ordinary Activities						
Salaries and wages	1,647	1,507	6,120	5,315	7,767	6,822
Visiting medical practitioners	0	0	0	0	0	0
Superannuation	171	114	645	440	816	554
Patient support costs	24	3	802	709	826	712
Patient transport	0	0	1	0	1	0
Bad and doubtful debts	0	0	0	0	0	0
Borrowing costs expense	0	0	0	0	0	0
Repairs, maintenance & consumable equipment	23	38	191	406	214	444
Depreciation and amortisation	42	46	166	137	208	183
Net loss from disposal of non-current assets	5	3	21	72	26	75
Asset revaluation decrement	0	0	0	0	0	0
Other expenses from ordinary activities	718	549	671	1,529	1,389	2,078
Total cost of services	2,630	2,260	8,617	8,608	11,247	10,868
Revenues from Ordinary Activities						
Patient charges	0	67	0	0	0	67
Commonwealth grants and contributions	202	0	296	46	498	46
Donations revenue	0	0	0	0	0	0
Interest revenue	0	0	0	0	0	0
Net profit from disposal of non-current assets	0	0	0	50	0	50
Other revenues from ordinary activities	99	80	16	123	115	203
Total revenue of ordinary activities	301	147	312	219	613	366
NET COST OF SERVICES	2,329	2,113	8,305	8,389	10,634	10,502
REVENUES FROM GOVERNMENT						
Hospital Fund – recurrent appropriations	2,090	2,255	8,090	7,462	10,180	9,717
Consolidated Fund – capital appropriations	0	0	0	908	0	908
Assets assumed / (transferred)	0	0	0	0	0	0
Liabilities assumed by the Treasurer	0	0	0	0	0	0
Resources received free of charge	6	7	12	12	18	19
Total revenues from government	2,096	2,262	8,102	8,382	10,198	10,644
Change in net assets before extraordinary items	(233)	149	(203)	(7)	(436)	142
Extraordinary expense / (revenue)	0	0	0	0	0	0
CHANGE IN NET ASSETS	(233)	149	(203)	(7)	(436)	142

Financial Statements

NOTE 29 OUTPUT INFORMATION (continued)

Outputs constitute industry segments for the purpose of Australian Accounting Standard AAS16 Financial Reporting by Segments. Outputs as defined in the budget papers are as follows:

Prevention and Promotion

This output provides services that aim to prevent disease and improve the health of the population through prevention and promotion programs. The objective of prevention and promotion services is to improve the health of Western Australians by reducing the incidence of preventable disease, injury, disability and premature death. Within the prevention and promotion services, different health conditions lend themselves to greater emphasis on some intervention strategies than others. For example, where the causes of a disease are known and the risks of developing the disease can be reduced in a cost-effective way, there will be an emphasis on prevention strategies eg. smoking reduction campaigns. The activities from this output include:

- the service provides a confidential 24 hour telephone counselling, information, consultancy and advisory service.
- this service provides leadership in the development and delivery of professional education, training and resources relating to alcohol and other drug issues for workers and volunteers.
- the emergency department service provides peer support, brief intervention, education and referral for people who have been discharged from an emergency department following an accidental opiate overdose.

Diagnosis and Treatment

This output provides services in the acute care diagnosis and treatment of patients, including emergency services, ambulatory or outpatient services and those people who are admitted to hospitals as inpatients. The objective for the acute care diagnosis and treatment activities is to improve the health of Western Australians by restoring the health of people with acute illness. Treatments are provided through a network of hospital and clinical services. The activities from this output include:

- A Statewide specialist medical withdrawal service providing clinical detoxification options based on clinical assessment. A 21 bed residential unit within the central treatment facility.
- The service provides a comprehensive assessment of clients who present with alcohol and other drug problems and have significant physical, mental health and social issues that may require the intervention of a specialist service.
- Complex case management provides a comprehensive range of specialist services that target clients whose alcohol and other drug problems are complex in their presentation and are unable to be managed by primary service providers. The services provided offer an expanded range of options for the ongoing management of these complex cases within an integrated service with the eventual goal of referral back to a primary health care setting.

NOTE 30 PROPERTY, PLANT AND EQUIPMENT

Reconciliations of the carrying amounts of property, plant and equipment at the beginning and end of the current and previous financial year are set out below:

	Land \$	Buildings \$	Leased Assets \$	Computer equipment and software \$	Furniture & fittings \$	Other plant and equipment \$	Total \$
Carrying amount at start of year	3,060,000	1,735,633	0	323,663	143,520	198,433	5,461,249
Additions	0	0	0	84,123	26,970	108,626	219,719
Disposal/adjustments	0	8	0	(12,061)	(72)	(14,142)	(26,267)
Revaluation increments/(decrements)	0	0	0	0	0	0	0
Depreciation	0	(52,077)	0	(104,233)	(18,033)	(33,885)	(208,228)
Adjustments	0	0	0	0	(5,223)	(3,520)	(8,743)
Carrying amount at end of year	3,060,000	1,683,564	0	291,492	147,162	255,512	5,437,730

Appendices

APPENDIX ONE

Contact Information

Alcohol and Drug Information Service

Telephone: (08) 9442 5000

Freecall: 1800 198 024

TIS: 131 450

Parent Drug Information Service

Telephone: (08) 9442 5050

Freecall: 1800 653 203

TIS: 131 450

Opiate Overdose Prevention Strategy

Telephone: (08) 9370 0363

Fax: (08) 9272 6605

Methadone Treatment

32 Moore Street, East Perth WA 6004

Telephone: (08) 9219 1919

Fax: (08) 9221 3089

Specialist Outpatient Services

32 Moore Street, East Perth WA 6004

Telephone: (08) 9219 1919

Fax: (08) 9221 3089

Detoxification Services

32 Moore Street, East Perth WA 6004

Telephone: (08) 9219 1919

Fax: (08) 9221 3089

Fremantle Clinic

33 Quarry Street, Fremantle WA 6160

Telephone: (08) 9430 5966

Fax: (08) 9335 3071

For the following services:

- Clinical Education and Training
- Library Services
- General Office and Business Services,

contact

Next Step Drug and Alcohol Services

7 Field Street, Mt Lawley WA 6050

Telephone: (08) 9370 0333

Fax: (08) 9272 6605

E-Mail: nextstep@health.wa.gov.au

Appendices

APPENDIX TWO

Abbreviations and Glossary

ADIS	Alcohol and Drug Information Service	NCETA	National Centre for Education and Training on Addiction
AIDS	Acquired Immune Deficiency Syndrome	NHMRC	National Health & Medical Research Council
AOD	Alcohol and Other Drugs	OOPS	Opiate Overdose Prevention Strategy
BBV	Blood Borne Viruses	PDIS	Parent Drug Information Service
BIOS	Basic Input/Output System	PTSN	Parent Telephone Support Network
CAS	Clinical Advisory Service	RCV	Replacement Capital Value
CBMP	Community Based Methadone Program	TIS	Telephone Interpreter Service
CMIS	Client Management Information System	UWA	University of Western Australia
CSA	Civil Service Association	WAN	Wide Area Network
CEIDA	Centre for Education & Information on Drugs and Alcohol		
DEET	Department of Employment, Education and Training		
EBPU	Evidence-Based Practice Unit		
EEO	Equal Employment Opportunity		
FOI	Freedom of Information		
FTE	Full Time Equivalent		
GPs	General Practitioners		
GST	Goods and Services Tax		
HCARe	Health Care and Related Information Technology		
HDWA	Health Department of Western Australia		
HIV	Human Immunodeficiency Virus		
HRIS	Human Resources Information System		
IT	Information Technology		
LAN	Local Area Network		
Next Step	Next Step Specialist Drug and Alcohol Services		

Appendices

APPENDIX THREE

Conference Papers/ Posters/ Seminars

Bartu, A., Fatovich, D., Daly, F. & Quigley, A. Non-fatal heroin-related overdose presentations to an emergency department: Characteristics, management and disposition. Paper presented at the combined APSAD and National Methadone Conference "Innovation, Integration, Interaction", 20-22 November 2000.

Bartu, A. A randomised controlled trial of an intervention for illicit drug-using mothers and their infants. A seminar for Next Step Specialist Drug and Alcohol Services staff at Moore St., East Perth, 4 July 2000.

Bartu, A. & Sharp, J. Pregnancy, drug use and breast feeding. Seminar for medical staff at King Edward Memorial Hospital, 11 August 2000.

Daly, FFS., Fatovich, DM., Bartu, A. & Quigley, A. (2000). A prospective study of opioid overdose (Abstract). *Annals of Emergency Medicine*, 35:S31.

Dyer, K.R. (2000). "The methadone doesn't hold": Opioid effects and withdrawal among methadone maintenance patients. Seminar presented at 'Done Dun Well': Meeting the needs of methadone users. Next Step Training Workshop, 5 December 2000.

Dyer K.R. (2001). Current research into illicit drug dependence and treatment. Seminar presented to Psychology Department, University of WA, 9 March 2001.

Dyer, K.R. (2001). "The methadone doesn't hold": Opioid effects and withdrawal among methadone maintenance patients. Seminar presented at 'Done Dun Well': Meeting the needs of methadone users. Next Step Training Workshop, 21 March 2001.

Dyer, K.R. (2001). Methadone and mood state. *Training News*, Clinical Education & Training Newsletter, March-June 2001, Next Step Specialist Drug & Alcohol Services, 10-12.

Dyer, K.R. (2001). Adult Learning Principles. Seminar presented at Centre for Staff Development, University of Western Australia, 15 May 2001.

Dyer, K.R. (2001). New Directions in Research at Next Step. Lunchtime seminar, Next Step East Perth, 21 June 2001.

Ernst, L., Popescu, A., Bartu, A., Bulsara, M., Illett, K. & Plumley, N. "Identifying Risk Factors Associated with Methadone-related Deaths in WA (1992-1999): Preliminary Results". Poster presented at the 32nd Public Health Association of Australia Annual Conference, Public Health Futures, 26-29 November 2000, National Convention Centre, Canberra.

Hancock, L., Poller, M. and Corry, A. (2000). "Development of a brief intervention for adult cannabis users: A pilot study". Paper presented at the combined APSAD and National Methadone Conference "Innovation, Integration, Interaction", 20-22 November 2000.

Hancock, L. & Poller, M. (2000). "Brief Measures to Greener Pastures: a brief intervention for adult cannabis users". Paper presented at Next Step Education and Training lunchtime seminar. Perth, August 2000.

LaVincente, S., Dyer, K.R., Peay, E. (2000). "The utility of the Beck Depression Inventory in distinguishing depression from withdrawal among methadone maintenance clients". Paper presented at the Combined APSAD and National Methadone Conference, 20-22 November, Melbourne 2000.

Mahoney, L.A., Bartu, A. & Sharp, J. (2000). "A preventative intervention for illicit drug-using mothers and their infants (a randomized controlled trial)". Poster presented at Childbirth in Isolation rural conference in midwifery, Mercure Hotel, 2-4 November, Kalgoorlie.

Quigley, A. "Influencing the epidemiology of overdose". Paper presented at the Combined APSAD and National Methadone Conference, 20-22 November, Melbourne 2000.

Publications

Allsop, S., Ali, R., Edmonds, C. (2000). A training, authorisation and review process for methadone prescribers. *Journal of Maintenance in the Addictions*. 1, (4), 15-26.

Ask, A., Allsop, S., de Crespigny, C., de Luca, J. and Watkinson, J. (2000). The Health Promotion Project in the Flinders Medical Centre, South Australia. *Health Promotion Journal of Australia*, 10, (2) 127-134.

Dyer, K.R., White, J.M., Foster, D., Bochner, F., & Menelaou, A. (2001). The relationship between mood state and plasma methadone concentration in maintenance patients. *Journal of Clinical Psychopharmacology*, 21 (1), 78-84.

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Dyer, K.R. (2001). Methadone and mood state. *Training News, Clinical Education & Training Newsletter*, March-June 2001, Next Step Specialist Drug & Alcohol Services: Perth WA. 10-12.

Foster, D., Dyer, K.R., Somogyi, A., White, J., & Bochner, F. (2000). Steady-state pharmacokinetics of (R)- and (S)- methadone in methadone maintenance patients. *British Journal of Clinical Pharmacology*, 50(5), 427-440

Fowler, G., Allsop, S., Melville, D. and Wilkinson, C. Drug harm minimisation education for police in Australia. Monograph Series No. 41, *National Drug Strategy*, Commonwealth Department of Health and Aged Care, Canberra.

O'Regan, R. & Hancock, L. (2000). Cannabis. *In Drink, Drugs & Doctors: Newsletter of the Alcohol and Drug Support Program.*

Reports/Unpublished Papers

Allsop S. (2000). Brief Interventions: Does More Intensive Intervention Improve Outcome? Unpublished paper. Next Step Specialist Drug and Alcohol Services.

Allsop, S. and Phillips M. (2000). What harms harm reduction in the workplace: responding to drug problems in the workplace. Minerals and Energy, Human Resources National Conference. Gold Coast, Queensland.

Bartu, A., Fatovich, D., Daly, F. & Quigley, A. (2001). Non-fatal heroin overdose presentations at an emergency department: Characteristics, therapeutic interventions and disposition. Next Step Specialist Drug and Alcohol Services, Perth.

Hancock, L., Poller, M., Corry, A. & Quigley, A. (in prep). A pilot study of a brief cognitive behavioural intervention with adult cannabis users. (Journal article).

Marinovich, L., Bartu, A. & Popescu, A. (2001). Community Based Methadone Program: Client survey. Next Step Specialist Drug and Alcohol Services, Perth.

Midford, R., Lenton, S., & Hancock, L. (2000). School based cannabis and other illicit drug education programs: A critical review and analysis. Report prepared for the NSW Department of Education and Training by the National Drug Research Institute, Perth.

Popescu, A., & Bartu, A. (2000). Client perceptions of residential and methadone services: Satisfaction surveys. Next Step Specialist Drug and Alcohol Services, Perth.

Popescu, A., & Bartu, A. (2000). Follow-up study of residential clients. Next Step Specialist Drug and Alcohol Services, Perth.

Dyer, K.R., White, J.M., Foster, D., Bochner, F. & Menelaou, A. (2001). The relationship between mood state and plasma methadone concentration in maintenance patients. *Journal of Clinical Psychopharmacology*, 21 (1), 78-84.

Foster, D., Dyer, K.R., Somogyi, A., White, J. & Bochner, F. (2000). Steady-state pharmacokinetics of (R)- and (S)- methadone in methadone maintenance patients. *British Journal of Clinical Pharmacology*, 50(5), 427-440.

Dyer, K.R. (2001). Methadone and mood state. *Training News, Clinical Education & Training Newsletter*, March-June 2001, Next Step Specialist Drug & Alcohol Services, Perth. 10 -12.

Seminars

Dyer, K.R. (2000). "The methadone doesn't hold": Opioid effects and withdrawal among methadone maintenance patients. Seminar presented at 'Done Dun Well': Meeting the needs of methadone users. Next Step Training Workshop, 5 December 2000.

LaVincente, S., Dyer, K.R. & Peay, E. (2000). "The utility of the Beck Depression Inventory in distinguishing depression from withdrawal among methadone maintenance clients". Paper presented at the Combined APSAD and National Methadone Conference, 20-22 November, Melbourne 2000.

Dyer, K.R. (2000). "The methadone doesn't hold": Opioid effects and withdrawal among methadone maintenance patients. Seminar presented at 'Done Dun Well': Meeting the needs of methadone users. Next Step Training Workshop, 21 March 2001.

Dyer, K. (2001). Adult Learning Principles. Seminar presented at Centre for Staff Development, University of Western Australia 15 May 2001.

Dyer, K. (2001). New directions in research at Next Step. Seminar presented at Next Step Clinical Services, 21 June 2001.

Appendices

APPENDIX FOUR

Compliance with Legislation

Enabling Legislation

The administration of Next Step Specialist Drug and Alcohol Services is established as set out in the Alcohol and Drug Authority Act 1974.

Legislation Administered

Next Step Specialist Drug and Alcohol Services does not administer legislation.

Legislation Impacting on Office Activities

KEY LEGISLATION:

- Alcohol and Drug Authority Act 1974
- Mental Health Act 1996
- Poisons Act 1964
- Health Act 1911

Financial Legislation

- Financial Administration and Audit Act 1985
- Corporation (Western Australia) Act 1990 (Corporations Law)
- State Supply Commission Act 1991
- A New Tax System Act 1999

Administration/Human Resources Legislation

- Public Sector Management Act 1994
- Workplace Agreements Act 1993
- Minimum Conditions of Employment Act 1993
- Salaries and Wages Act 1975
- Public and Bank Holidays Act 1972
- Equal Opportunity Act 1984
- Government Superannuation Act 1987
- Superannuation and Family Benefits Act 1938
- Occupational Health and Safety Act 1984
- Workers' Compensation and (Rehabilitation) Assistance Act 1981
- Industrial Relations Act 1979 (Employment Acts)
- Workplace Relations Act 1996 (Commonwealth)

Other Legislation

- Library Board of Western Australia Act 1951
- Official Corruption Commission Act 1988
- Disability Services Act 1993
- Freedom of Information Act 1992
- Health Services (Quality Improvement) Act 1994
- Health Services (Quality Improvement) Regulations 1995

The following written laws also impact on Next Step's activities:

- Constitution Act 1889 and Constitution Acts Amendments Act 1889
- Treasurer's Advance Authorisation
- Supply, Loan and Appropriation Acts
- Financial Agreement Act 1928
- Interpretation Act 1984