

AADAC

ANNUAL REPORT *2006–2007*



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I. INTRODUCTION

The Alberta Alcohol and Drug Abuse Commission (AADAC) is a Crown agency of the Government of Alberta reporting to the minister of Health and Wellness. AADAC operates and funds programs and services that address problems related to alcohol, other drugs and gambling, and the commission undertakes related research.

The *AADAC Annual Report 2006/2007* provides a comprehensive accounting of AADAC's activities and achievements. The first section describes the organization and its operations. The second section discusses the commission's three core businesses, information, prevention and treatment, and results achieved relative to the *AADAC Corporate Business Plan 2006/2007–2008/2009*. The final section presents financial information for the 2006/2007 fiscal year. AADAC also presents a summary of its achievements in the *Alberta Health and Wellness Annual Report 2006/2007*.¹

¹ Alberta Ministry of Health and Wellness (2007). *Alberta Health and Wellness Annual Report 2006/2007*; Section 1. Edmonton, AB: Author.

II. MESSAGE FROM THE CHAIR

As chair of the Alberta Alcohol and Drug Abuse Commission (AADAC), I am pleased to present AADAC's annual report for 2006/2007. The past year has been both active and productive for the commission. AADAC staff continued to provide Albertans with high-quality and cost-effective information, prevention and treatment programs and services.

AADAC maintained access to the existing provincial system of addiction services while enhancing the service continuum, particularly for youth. In 2006/2007, AADAC increased the number of voluntary detoxification and residential treatment beds for youth in Calgary. AADAC also developed services for young Albertans and their families in support of the Protection of Children Abusing Drugs Act (PChAD) that was proclaimed July 1, 2006. The commission opened 20 detoxification and assessment beds in five protective safe houses across the province to support this legislation.

AADAC continued to implement the *Alberta Drug Strategy* in collaboration with government partners and community groups. The strategy sets a vision and an action framework for a co-ordinated, community-based approach to preventing and reducing harm related to alcohol and other drug use in Alberta. AADAC provided grant funding to local community coalitions and non-profit organizations and agencies to develop prevention projects addressing issues related to substance abuse and gambling.

As part of the enhanced Problem and Responsible Gambling Strategy, AADAC and the Alberta Gaming and Liquor Commission (AGLC) opened an additional Responsible Gambling Information Centre at the Deerfoot Casino in Calgary and initiated the "Responsible Gambling—Hold Your Own" campaign targeting Alberta casino and bingo venues. Joint training was developed and delivered to bingo retailers across the province to promote responsible gambling, and prevent and reduce harm associated with problem gambling.

AADAC continued to lead and co-ordinate the Alberta Tobacco Reduction Strategy (ATRS) in 2006/2007. As a part of the ATRS, AADAC provided grants to organizations, coalitions and provincial health regions to support tobacco reduction in the community and on post-secondary campuses. AADAC also developed two media campaigns: "No Cigarettes, No Regrets," targeting youth aged 12 to 17 and "Let's Clear the Air—Celebrating Smoke-Free Places," to increase awareness of the harm caused by second-hand smoke and to encourage homeowners and businesses to become smoke-free.

AADAC contributed to knowledge about substance use and gambling issues in Alberta by publishing The Alberta Youth Experiences Survey (TAYES) 2005, a provincewide survey of 4,000 junior and senior high students. AADAC also completed the seventh edition of the *Alberta Profile: Social and Health Indicators of Addiction*, which provides information on select indicators of alcohol, other drug use and gambling across Alberta by regional health authority (RHA) and AADAC service area.



Addressing the harm associated with substance use and problem gambling requires a comprehensive, integrated and balanced approach. Collaboration with government ministries, departments and other stakeholders is key to address the complexity of addiction issues.

Whether delivering programs at the community level or working with provincial, national and international partners, AADAC remains responsive to the needs of Albertans by providing information, prevention and treatment services. On-going staff dedication ensures that quality addiction programs and services remain relevant and effective today and in the future.

Harvey Cenaiko
MLA, Calgary-Buffalo
Chair, Alberta Alcohol and Drug Abuse Commission



III. OVERVIEW

AADAC ORGANIZATION

The Alberta Alcohol and Drug Abuse Commission (AADAC) is a Crown agency of the Government of Alberta and reports to the minister of Health and Wellness. The Alcohol and Drug Abuse Act² authorizes AADAC to operate and fund programs and services that address alcohol, other drug and gambling problems, and to undertake related research.

AADAC contributes to the health and well-being of Albertans. To succeed, AADAC focuses on the person and provides opportunities for people to develop their strengths and abilities. AADAC also focuses on family and community to help build their capacity to identify and meet challenges associated with substance use and gambling.

Vision

AADAC's vision is

"a healthy society that is free from the harmful effects of alcohol, other drugs and gambling."

Mission

AADAC's mission is

"making a difference in people's lives by assisting Albertans to achieve freedom from the harmful effects of alcohol, other drugs and gambling."

Values

- *We value people, treat them with respect and believe in their ability to succeed.*
- *We value individuals, families and communities as partners in addressing addiction problems.*
- *We value staff and their knowledge, skills, creativity, initiative and expertise.*
- *We value service delivery that is grounded in research and experience.*

² Alcohol and Drug Abuse Act, RSA 2000, c. A-38

Commission Board

The AADAC Commission Board provides policy direction and sets priorities for the organization. Up to 12 commissioners are appointed by the lieutenant-governor in council. The chair is a member of the Legislative Assembly. In 2006/2007, the commission reported to the Government of Alberta through the minister of Health and Wellness: from April 1 to December 14, 2006 through the Honourable Iris Evans and from December 15, 2006 to March 31, 2007 through the Honourable Dave Hancock.

In 2006/2007 the following people were members of the AADAC Commission Board:

Mr. Harvey Cenaiko, MLA, Chair (January 23, 2007 to March 31, 2007)	Calgary-Buffalo
Mr. Dave Rodney, MLA, Chair (April 1, 2006 to January 23, 2007)	Calgary-Lougheed
Mr. Allen Dietz, Vice Chair (April 1, 2006 to March 31, 2007)	Galahad
Ms. Jane Finlay (July 27, 2006 to March 31, 2007)	Bashaw
Ms. Eunice Gowanloc (April 1, 2006 to March 31, 2007)	Forestburg
Mr. Ed Johnston (April 1, 2006 to March 31, 2007)	Water Valley
Mr. Peter Kossowan (April 1, 2006 to August 22, 2006)	Edmonton
Mr. Jack Laveric (April 1, 2006 to March 31, 2007)	Red Deer
Mrs. Deborah Lloyd (April 1, 2006 to March 31, 2007)	Medicine Hat
Mr. John Netelenbos (April 1, 2006 to February 1, 2007)	Calgary
Ms. Paulette Patterson (April 1 to August 22, 2006)	Grande Prairie

Mr. Joe Rodgers (July 27, 2006 to March 31, 2007)	Edmonton
Ms. Judy Roschlaub (July 27, 2006 to March 31, 2007)	Debolt
Mr. Duncan Stewart (April 1, 2006 to March 31, 2007)	Edmonton

The commission board has two standing committees:

The **Audit Committee** is responsible for reviewing and making recommendations to the board on the business plan, audited financial statements, audit reports and systems of internal controls; approving the annual report of the commission; and managing the administration of the Memorial Trust Fund

The **Policy Review Committee** is responsible for developing and reviewing evidence-based policies and positions on alcohol, other drugs and gambling topics for approval by the Board

President and Chief Executive Officer of AADAC

The lieutenant-governor in council appoints the president and chief executive officer (CEO) of AADAC. The president and CEO provides leadership for the commission and advice to the minister, chair and commissioners.

President and Chief Executive Officer: Janet Skinner
Phone: 780-415-0370
Fax: 780-423-1419
E-mail: janet.skinner@aadac.gov.ab.ca

Community Services Division

Manages AADAC's province-wide network of prevention and outpatient treatment services for adults, and youth services operations including detoxification and residential treatment programs.

Prevention and Outpatient Services Branch provides a comprehensive range of information, prevention and treatment services through clinics based in Edmonton, Red Deer and Calgary, and through area offices and outreach services located in communities throughout the province. The branch also offers a province-wide opioid dependency treatment with clinics located in Edmonton and Calgary.

Youth Services Branch provides a comprehensive network of information, prevention and voluntary treatment services throughout the province. Youth centres in Edmonton and Calgary offer

intensive day treatment programs with residential support, youth detoxification, residential treatment programs and mobile outreach services to targeted sites across the province. Services are also provided across the province through guardian-initiated court orders that allow confinement of a child for up to five days for detoxification, assessment and referral.

Provincial Services Division

Manages AADAC's network of residential services for adults, as well as specialized provincial services.

Provincial Services Branch co-ordinates the implementation of the Alberta Tobacco Reduction Strategy and the Problem and Responsible Gambling Strategy, administers grants and contracts to community-based funded programs and services, and co-ordinates AADAC's involvement in cross-government and provincial strategies.

Adult Residential Services Branch provides medically supported detoxification and gambling stabilization (Edmonton, Grande Prairie and Calgary), and short-term residential treatment services (Edmonton, Grande Prairie and Claresholm). Includes the Business and Industry Clinic (Grande Prairie), which assists employers with specialized workplace substance use concerns and treatment for individuals with cocaine addiction.

Corporate Services Division

Co-ordinates the management of AADAC's support services.

Financial Services Branch provides financial management including budget and forecast services, revenues, contracts and risk management.

Human Resource and Learning Services Branch provides human resource services including recruitment, compensation, pay and benefit administration. Learning Services develops, manages and delivers training for staff and allied professionals.

Information Services Branch manages and provides information about alcohol, other drug and gambling addiction issues as well as AADAC's treatment and prevention services. Services offered include corporate communications, information management, marketing, policy and business planning, research services, and resource development.

Information Technology Services Branch manages and supports AADAC's network infrastructure and desktop services, information technology security, and systems development.

AADAC OPERATIONS

Core Businesses

AADAC fulfills its mission through three core businesses:

Information—AADAC provides Albertans with current and accurate information on alcohol, other drugs and gambling. Information management and dissemination create greater awareness of addiction issues and AADAC services, and are required to support the development and delivery of prevention and treatment programming. Information and resource materials are available through AADAC offices and clinics, and are accessible on the AADAC website at www.aadac.com.

Prevention—AADAC provides programs and services to prevent problems related to substance use and gambling, and reduce the harm associated with substance use and gambling. Prevention strategies are intended to increase protective factors and reduce risk factors for the population as a whole, and within specific groups.

Treatment—AADAC offers a broad continuum of treatment services that assist Albertans in improving or recovering from the harmful effects of substance use and gambling. Treatment is aimed at adults, youth and their families who display significant problems. Services include community-based outpatient counselling, day programs, crisis and detoxification services, short- and long-term residential treatment, and overnight shelter. Specialized programs are available for youth, women, Aboriginal Albertans, business and industry referrals, people with opioid dependency or cocaine addiction, and those affected by family violence.

AADAC and AADAC Funded Services

AADAC clinics, area offices, institutions and funded services are located in communities throughout the province. Service reach is extended by satellite offices and mobile teams, and through partnerships with community agencies. Albertans have access to basic services where they live and work, with more specialized services available on a regional and provincial basis.

The following chart gives the type and location of AADAC and AADAC funded services available throughout Alberta.





	Adult Outpatient	Detoxification	Day Treatment	Residential Intensive Treatment	Residential Treatment (long-term)	Problem Gambling Services	Shelter	Youth Outpatient	Youth Detoxification	Youth Residential Treatment	Transitional Residential Services	Prevention/Education	Notes
Airdrie													
AADAC Airdrie Office	■					■		■				■	
Athabasca													
AADAC Area Office	■					■		■				■	
Barrhead													
AADAC Area Office	■					■		■				■	
Bonnyville													
AADAC Area Office	■					■		■				■	
Bonnyville Indian Métis Rehabilitation Centre*				26 beds									Aboriginal-based**
Brooks													
AADAC Area Office	■					■		■				■	
Calgary													
AADAC Opioid Dependency Program	■												
AADAC Youth Detoxification and Residential Services									■ S	■			
AADAC Youth Services Centre			■			■		■				■	8 residential support beds
Adult Counselling & Prevention Services	■		■			■						■	
Aventa Addiction Treatment for Women*	■		■	26 beds	10 beds	■					10 beds	■	women, families, youth residential support beds
Calgary Alpha House*		20 beds AD					55 mats AD						adults
Distress Centre Calgary*	■					■		■				■	adults and youth
Fresh Start Recovery Centre*					28 beds								men 18+
Oxford House*					108 beds	■							adults
Recovery Acres (Calgary)*	■ AD		■ AD	12 beds AD	19 beds AD						10 beds		men
Renfrew Recovery Detoxification Centre		40 beds AD											24 hour, includes gambling stabilization
Salvation Army*	■		■		44 beds AD							■	adults
Sunrise Native Addictions Services*	■		■	29 beds	7 beds	■		■				■	Aboriginal-based**
Youville Women's Residence*					37 beds								women
Calling Lake													
Pee Kis Kwe Tan "Let's Talk" Society*	■							■				■ AD	Aboriginal-based**
Camrose													
AADAC Area Office	■					■		■				■	
Canmore													
AADAC Area Office	■					■		■				■	
Claresholm													
Lander Treatment Centre				48 beds AD									adults, includes family and follow-up program and Beyond Sobriety Workshop

AADAC is committed to providing Albertans with current information about its full range of services. Contact your nearest AADAC office or AADAC Funded Service for further information or visit our website at aadac.com

All AADAC offices and AADAC Funded Services provide alcohol, other drug and gambling services unless otherwise indicated.

- A** Alcohol services provided
- D** Drug services provided
- G** Gambling services provided

- *** A service funded by AADAC
- **** These funded services also take non-Aboriginal referrals
- S** Safe House



	Adult Outpatient	Detoxification	Day Treatment	Residential Intensive Treatment	Residential Treatment (long-term)	Problem Gambling Services	Shelter	Youth Outpatient	Youth Detoxification	Youth Residential Treatment	Transitional Residential Services	Prevention/Education	Notes
Cochrane													
AADAC Cochrane Office	■					■		■				■	
Cold Lake													
AADAC Area Office	■					■		■				■	
Crowsnest Pass													
AADAC Area Office, Blairmore	■					■		■				■	
Drayton Valley													
AADAC Area Office	■					■		■				■	
Drumheller													
AADAC Area Office	■					■		■				■	
Grace House - Drumheller Society for Recovery*					11 beds AD								men 18+
Edmonton													
AADAC Opioid Dependency Program	■												
AADAC Recovery Centre		42 beds AD											24 hour, includes gambling stabilization
AADAC Youth Detoxification and Residential Services									■ S	■			
AADAC Youth Services			■			■		■	■ S	■		■	8 residential beds, 2 crisis stabilization beds
Adult Counselling & Prevention Services	■		■			■						■	
ASSIST Community Services Centre*						■						■ G	youth
George Spady Centre*		20 beds AD					80 mats AD						adults, 24 hour
Henwood Treatment Centre				72 beds		■							adults, gender specific, 2 problem gambling stabilization beds
Jellinek House*				15 beds AD									men 18+
McDougall House*				14 beds		■							women 18+, 2 stabilization beds for pregnant women
Our House*				32 beds AD							10 beds		men 18+
Oxford House *				30 beds		■							adults
Problem Gambling Resources Network (Alberta)*						■						■ G	adults and youth
Recovery Acres Edmonton*				34 beds AD							15 beds		men 18+
Edson													
AADAC Area Office	■					■		■				■	
Fishing Lake													
Fishing Lake Métis Settlement*	■					■		■				■	Aboriginal-based**
Fort Macleod													
Foothills Detox Centre*		12 beds AD					10 mats AD				2 beds		adults
Fort McMurray													
AADAC Area Office	■					■		■				■	
Pastew Place Detox Centre*		10 beds AD									6 beds	■	adults
Grande Cache													
AADAC Area Office	■					■		■				■	



	Adult Outpatient	Detoxification	Day Treatment	Residential Intensive Treatment	Residential Treatment (long-term)	Problem Gambling Services	Shelter	Youth Outpatient	Youth Detoxification	Youth Residential Treatment	Transitional Residential Services	Prevention/Education	Notes
Grande Prairie													
AADAC Area Office	■					■		■				■	
AADAC Business & Industry Clinic				20 beds AD									adult core alcohol & drug program, cocaine program, non-res. family program
AADAC Northern Addictions Centre <i>Detox</i>		20 beds											adults, 24 hour, includes gambling stabilization
<i>Residential Treatment Services</i>				19 beds AD		4 beds G							adults, family program
Cool Aid Society*												■ AD	youth
High Level													
AADAC Area Office	■					■		■				■	
Action North Recovery Centre*				16 beds AD							4 beds		adults, Aboriginal-based**
High Prairie													
AADAC Area Office	■					■		■				■	
MITAA Centre*	■	12 beds AD			5 beds	■	10 mats AD						adults, Aboriginal-based**
High River													
AADAC High River Office	■					■		■				■	
Hinton													
AADAC Area Office	■					■		■				■	
Boys and Girls Club of Hinton*												■ AD	youth
Jasper													
Jasper Community Team*	■							■				■	prevention, outreach, co-ed, all ages
Lac La Biche													
AADAC Area Office	■					■		■				■	
Leduc													
AADAC Leduc Office	■					■		■				■	
Lethbridge													
AADAC Area Office	■					■		■				■	
AADAC Youth Residential Services									■	■			
South Country Treatment Centre*			■	21 beds		■							adults
Southern Alcare Manor*					26 beds AD						7 beds		adults
Lloydminster													
Thorpe Recovery Centre*	■	6 beds	■ AD	28 beds		■		■			16 beds	■	adults
Medicine Hat													
AADAC Area Office	■					■		■				■	
Medicine Hat Community Detox Service*		■ AD											home-based detox service
Peace River													
AADAC Area Office	■					■				■		■	
Peerless Lake													
Peerless Lake Healing Centre*	■ AD							■				■ AD	Aboriginal-based**



	Adult Outpatient	Detoxification	Day Treatment	Residential Intensive Treatment	Residential Treatment (long-term)	Problem Gambling Services	Shelter	Youth Outpatient	Youth Detoxification	Youth Residential Treatment	Transitional Residential Services	Prevention/Education	Notes
Red Deer													
AADAC Counselling and Prevention Services	■		■			■		■				■	
Safe Harbour*													
Detox and Shelter		20 beds					20 mats						
Aboriginal Counselling & Prevention Services	■					■		■				■	Aboriginal-based**
Rocky Mountain House													
Rocky Native Friendship Centre*	■					■		■				■	Aboriginal-based**
Sherwood Park													
AADAC Sherwood Park Office	■					■		■				■	
Slave Lake													
AADAC Area Office	■					■		■				■	
St. Albert													
AADAC St. Albert Office	■					■		■				■	
Nechi Training, Research & Health Promotions Institute*												■	counsellor & administrator training. Aboriginal-based**
Poundmaker's Lodge Treatment Centres*				47 beds	8 beds	■						■	Aboriginal-based** Long-term residential treatment
Stettler													
AADAC Area Office	■					■		■				■	
Stony Plain													
AADAC Stony Plain Office	■					■		■				■	
St. Paul													
AADAC Area Office	■					■		■				■	
Strathmore													
AADAC Strathmore Office	■					■		■				■	
Taber													
AADAC Area Office	■					■		■				■	
Valleyview													
MITAA Centre*	■					■						■	adults and youth Aboriginal-based**
Vegreville													
Veg Al-Drug Society*	■					■		■				■	adults and youth
Wabasca													
Pee Kis Kwe Tan "Let's Talk" Society*	■ AD							■				■ AD	Aboriginal-based**
Wainwright													
AADAC Area Office	■					■		■				■	
Wetaskiwin													
AADAC Area Office	■					■		■				■	
Whitcourt													
AADAC Area Office	■					■		■				■	

Provincial Services and Website

AADAC Website **aadac.com**
 AADAC Help Line **1-866-332-2322**
 Smokers' Help Line **1-866-332-2322**

All AADAC offices and AADAC Funded Services provide alcohol, other drug and gambling services unless otherwise indicated.

- A** Alcohol services provided
- D** Drug services provided
- G** Gambling services provided
- *** A service funded by AADAC
- **** These funded services also take non-Aboriginal referrals
- S** Safe House

It is a key AADAC resource that assists AADAC and stakeholders in their planning and is a source of public information that contributes to knowledge of substance abuse and gambling issues at the local level and across the province.

AADAC Learning Services developed several new courses in 2006/2007 including Counsellors in Court (for PChAD), Tobacco Cessation, Spirituality in the Context of Addictions, Family Violence, and Trauma-Informed Services. To support employee development, core training was enhanced and an introductory course converted to online delivery to improve access.

AADAC staff presented at regional and international conferences including the Conference on Family Violence Treatment (Calgary, 2006), the International Problem Gambling Conference (Banff, 2007), the National Conference American Association for the Treatment of Opioid Dependence (Atlanta, Georgia, 2006), and the 23rd World Conference World Federation of Therapeutic Communities (New York, 2006).

AADAC co-sponsored two conferences in Edmonton. Healing Our Spirit Worldwide provided an international forum for discussing alcohol and drug abuse issues in indigenous communities around the world, and celebrated the healing that these communities have achieved. Diverse Voices: Family Violence Conference provided professionals with recent information and current practices in the field of family violence.

Key Performance Measures and Results

Measure—Percentage of Albertans who are aware of AADAC services

Albertans who are aware of AADAC’s information, prevention and treatment services are more informed about where to get information on alcohol, other drugs and problem gambling as well as addiction services.

RESULTS

Measure	2002/2003	2003/2004	2004/2005	2005/2006	2006/2007	Target 2006/2007
Percentage of Albertans who are aware of AADAC services	89	89	88	88	88	90

Source: AADAC Public Opinion Survey (2003); Alberta Survey, Population Research Laboratory, University of Alberta (2004, 2005, 2006, 2007).

Measure—Percentage of women who are aware that alcohol use during pregnancy can lead to lifelong disabilities in a child

Alcohol consumption during pregnancy can have long-term effects on childhood development. Offering information on these effects can reduce the number of children born with fetal alcohol spectrum disorder (FASD).

RESULTS

Measure	1999/2000	2003/2004	2004/2005	2005/2006	2006/2007	Target
						2006/2007
Percentage of women who are aware that alcohol use during pregnancy can lead to lifelong disabilities in a child	89	99	99	98	98	99

Source: AADAC Public Opinion Survey (2003); Alberta Survey, Population Research Laboratory, University of Alberta (2004, 2005, 2006, 2007).

Discussion

In 2006/2007, 88% of Albertans surveyed were aware of AADAC and 98% of Alberta women surveyed were aware that alcohol use during pregnancy can lead to lifelong disabilities in a child. Results for these two measures were within 2% of target and indicate that Albertans are informed about the services offered by AADAC and the risk of alcohol consumption during pregnancy.

Core Business: Prevention

Goal

To prevent the development of, and reduce the harm associated with, alcohol, other drug and gambling problems

Achievements

In 2006/2007, the Alberta Tobacco Reduction Strategy grant funded a total of 25 community-based organizations, coalitions and provincial health regions. Grants included 14 community tobacco reduction projects, six programs that mobilized students on post-secondary campuses in support of the Young Adult Tobacco Reduction Strategy (YTRS), and five projects to support development of smoke-free by-laws.

As part of the enhanced Problem and Responsible Gambling Strategy, AADAC and the Alberta Gaming and Liquor Commission (AGLC) collaborated to open one additional Responsible Gambling Information Centre at the Deerfoot Casino (Calgary). An AADAC counsellor was located in the casino to provide information about gambling and to assist those concerned about their gambling.

AADAC and AGLC jointly initiated a marketing campaign called, “Responsible Gambling—Hold Your Own.” This campaign included the distribution and display of posters, brochures and other print materials in Alberta casino, bingo and VLT venues with the theme “The odds are—someone depends on you.” Joint training was also developed and delivered to bingo retailers across the province to promote responsible gambling, and prevent and reduce harm associated with problem gambling.

In support of the Alberta Drug Strategy, AADAC provided annual grant funding to 41 local community coalitions throughout the province. The commission further supported these groups by hosting the second annual Drug Coalition Showcase in Red Deer. The showcase brought together 57 coalitions to exchange ideas and experiences regarding successful and evidence-based substance abuse prevention strategies.

As part of the Alberta Drug Strategy, AADAC released the second edition of *Stronger Together: Co-ordinated Response to Methamphetamine*. This report outlines strategic priorities to reduce the harm resulting from the use and production of methamphetamine. AADAC also collaborated with Capital Health and other regional health authorities, Alberta Health and Wellness, the Alberta College of Pharmacists, the Alberta Mental Health Board and the Royal Canadian Mounted Police (RCMP) to host *Stronger Together: What You Need to Know About Crystal Meth*, a conference for physicians, nurses and other primary health care providers. In addition, AADAC continued to co-ordinate the national Health, Education, and Enforcement in Partnership (HEP) Program activities in Alberta.

In 2006/2007, AADAC awarded 104 grants to non-profit community organizations and agencies for the development of prevention projects that address local issues related to alcohol, other drugs and gambling.

The Better Together Schools project was expanded in 2006/2007 to include three additional school districts. In partnership with the Alberta School Boards Association, AADAC provided funding and staff support for schools and school districts to create substance abuse prevention and early intervention strategies that reflect local priorities and needs.

AADAC’s Prevention Showcase 2007 was held March 20 to 22 at Lily Lake, Alberta. Over 75 AADAC and Funded Services staff attended sessions on working with young adults, building comprehensive school strategies, and supporting mental health and prevention.

Key Performance Measures and Results

Measure—Prevalence of smoking among Alberta youth

Because most regular smokers start at an early age, prevention activities focusing on youth are key to reducing the number of smokers in Alberta. A decline in the prevalence of smoking by Alberta youth will have positive long-term effects on the health care system.

RESULTS

Measure (percentage)	2000/2001	2002/2003	2005/2006	2006/2007	Target 2006/2007
Prevalence of smoking among Alberta youth	18	14	11	-	13*

Source: Statistics Canada: *Canadian Community Health Survey (CCHS) (2000/2001, 2003, 2005)*. *The 2006/2007 target was based on results from CCHS 2003. The target for 2007/2008 has been adjusted based on results from CCHS 2005. Data for 2006/2007 is unavailable at this writing. Initial data dissemination for CCHS 2007 is planned for spring 2008.

Measure—Prevalence of regular, heavy drinking among young Albertans

A pattern of regular, heavy drinking is associated with a higher risk of experiencing alcohol-related harm. Prevention programs targeting young Albertans are intended to reduce acute and chronic problems associated with this pattern of alcohol consumption.

RESULTS

Measure (percentage)	2000/2001	2002/2003	2005/2006	2006/2007	Target 2006/2007
Prevalence of regular, heavy drinking among young Albertans	34	31	31	-	30*

Source: Health Surveillance, Alberta Health and Wellness, Statistics Canada: *Canadian Community Health Survey (CCHS) (2000/2001, 2003)*; Statistics Canada: CCHS (2005). Regular, heavy drinking is defined as the consumption of five or more alcoholic drinks on one occasion, 12 or more times a year for Albertans 15 to 29 years of age. *The 2006/2007 target was based on results from CCHS 2003. The target for 2007/2008 has been adjusted based on results from CCHS 2005. Data for 2006/2007 is unavailable at this writing. Initial data dissemination for CCHS 2007 is planned for spring 2008.

Discussion

Smoking and heavy drinking among young Albertans have declined since 2001. Data for 2006/2007 is unavailable at this writing. Initial data dissemination for CCHS 2007 is planned for spring 2008. However, of Albertans who participated in the 2005 Canadian Community Health Survey, 11% of those aged 12 to 19 years were current smokers (target 13%) and 31% aged 15 to 29 years were regular heavy drinkers (target 30%). Results to date suggest that prevention activities are having a positive influence on tobacco use and alcohol consumption by young Albertans.

Core Business: Treatment

Goal

To provide treatment programs and services that assist Albertans to improve or recover from the harmful effects of alcohol, other drug and gambling problems

Achievements

AADAC supported the implementation of the Protection of Children Abusing Drugs Act (PChAD) by expanding treatment services to include secure residential care. AADAC opened 20 detoxification and assessment beds in five protective safe houses located in Edmonton, Grande Prairie, Picture Butte, Red Deer and Calgary for youth confined under the act. AADAC counsellors work with youth and their families to plan for voluntary treatment following discharge from a protective safe house. From July 1, 2006, to March 31, 2007, AADAC received over 500 Notices of Application under PChAD, resulting in approximately 380 admissions to protective safe houses.

As part of the continuum of youth services, AADAC also increased the number of voluntary youth detoxification and residential treatment beds in Calgary.

AADAC opened three new area offices in the communities of Bonnyville, Grande Cache and Taber. These offices provide a full range of AADAC programs and services, including outpatient counselling for adults and youth.

AADAC grants helped to support two residential programs in Calgary: Fresh Start Recovery Centre for men and Youville Residential Society for women. AADAC provided operational funding for the Jasper Community Team Society, which offers early intervention, outreach and referral services to adults and youth, and new funding to Pee Kis Kwe Tan (Let's Talk Society) for outpatient services focusing on addictions and concurrent disorders in the communities of Wabasca and Calling Lake.

AADAC continued to participate in the Edmonton Drug Treatment and Community Restoration Court. The commission provides program consultation and specialized treatment services to offenders with substance abuse problems who are referred by the drug treatment court.

Partnerships with health authorities continued to grow with AADAC providing assessment, consultation and counselling services in 65 hospital and health centres.

Key Performance Measures and Results

Measure—Percentage of clients who are satisfied with AADAC treatment services

Clients are more likely to be successful when treatment programs meet their needs and expectations. AADAC surveys clients to assess their level of satisfaction with treatment services received.

RESULTS

Measure	2002/2003	2003/2004	2004/2005	2005/2006	2006/2007	Target 2006/2007
Percentage of clients who are satisfied with AADAC treatment services	95	96	95	96	95	95

Source: AADAC Treatment Follow-Up Survey database (2002/2003, 2004/2005); AADAC Service Tracking and Outcomes Reporting Treatment Follow-Up Survey (2005/06, 2006/2007) and Detox Feedback Survey (2005/06, 2006/2007).

Measure—Percentage of clients reporting they were improved following treatment

AADAC offers a continuum of treatment services to respond to the individual needs of clients. The intended outcome is client abstinence or an improved level of recovery. AADAC measures clients' improvement following treatment to ensure that programs are effective.

RESULTS

Measure	2002/2003	2003/2004	2004/2005	2005/2006	2006/2007	Target 2006/2007
Percentage of clients who are satisfied with AADAC treatment services	94	93	92	91	90	93

Source: AADAC Treatment Follow-Up Survey database (2002/2003, 2004/2005); AADAC Service Tracking and Outcomes Reporting Treatment Follow-Up Survey (2005/06, 2006/2007).

Improvement was indicated if clients were “abstinent” or “improved” three months after treatment.

Discussion

In 2006/2007, the target for client satisfaction with treatment services was met: 95% of clients reported they were “somewhat satisfied” or “very satisfied” with the treatment services received. The high level of satisfaction suggests treatment programs are meeting client expectations.

In 2006/2007, the result for clients reporting improvement following treatment was within 3% of target. Results indicate that most AADAC clients reported improvement three months after treatment and that the intended outcome of abstinence or improved level of recovery continues to be achieved by nine out of 10 AADAC clients.

Corporate Initiatives

Cross-Ministry Initiatives

In support of the Alberta Child and Youth Initiative, AADAC collaborated with Children's Services and other ministries to develop a 10-year strategic plan to reduce the impact of fetal alcohol spectrum disorder (FASD) through the delivery of prevention, diagnosis and assessment and support services to Albertans. AADAC continued to offer Enhanced Services for Women, providing immediate treatment access to women who have substance use problems and are pregnant; and providing information, prevention and outreach to women with substance use problems who are or may become pregnant.

In 2006/2007, AADAC continued to work with health regions, physicians and key stakeholders to implement the Building Capacity framework to address concerns for Albertans affected by addiction and mental health issues (concurrent disorders). In partnership with the Capital and David Thompson health regions, AADAC developed pilot project proposals focused on Albertans with both severe mental health and severe addictions issues.

AADAC continued to collaborate with the Alberta Mental Health Board and other ministries to deliver services for the Provincial Family Violence Treatment Program in communities with domestic violence courts (Lethbridge, Red Deer, Medicine Hat, Edmonton and Calgary). AADAC counsellors provide addiction assessment, treatment and follow-up referrals to court-mandated program participants. AADAC works closely with the Alberta Mental Health Board to co-ordinate research and evaluation of this program.

AADAC supported key government administrative initiatives in 2006/2007. For example, as part of the Information and Communication Technology Initiative, AADAC Information Technology Services expanded videoconferencing capacity. Current uses include corporate presentations, project collaboration, interviews and district meetings. AADAC contributed directly to Service Alberta by maintaining and updating information on addiction-related services.

Human Resource Development

AADAC continued to emphasize human resource development in 2006/2007. To address workplace wellness, AADAC offered learning and wellness accounts that support employees in their pursuit of lifelong learning and personal health and wellness.

AADAC acknowledged staff contributions to the organization through the annual CEO Awards of Excellence and the Recognition of Service Awards.

Several teams were recognized in 2006/2007: The Aboriginal Policy Initiative Target Project provided culturally relevant material and training to enhance service providers' work with Aboriginal women. The 100 Project Team commemorated Alberta's 100th anniversary by offering mentoring, skill development and counselling support to clients who are just maturing into young adulthood. The Parent Information Series Development Team created an information series for parents, guardians and other adults concerned about adolescent substance use.

AADAC participated in the 2006 Alberta Government Corporate Employee Survey. Results were positive and on key measures, AADAC exceeded the combined results for government employees. Eighty-four per cent of AADAC staff reported they were satisfied in their work as an employee of AADAC (compared to 78% across government) and 73% agreed that they felt valued as employees of AADAC (compared to 56% across government).

To enhance employee development, and ensure effective and current best practices, AADAC delivered 209 training events for employees of AADAC and its funded agencies and services. AADAC staff conducted 80% of the training using standardized, core training curriculum developed specifically for AADAC jobs and programs.

Training sessions on PChAD, Opioid Dependency Maintenance, Concurrent Disorders and ESW's "Help Kit" were provided across the province, highlighting AADAC's treatment approaches. Participants included health professionals, government ministries, community coalitions and other stakeholders.

Summary

Information—Results for information services performance measures were within 2% of target. In 2006/2007, 88% of Albertans surveyed were aware of AADAC, and 98% of women in Alberta were aware that alcohol use during pregnancy can lead to lifelong disabilities in a child.

Key activities that supported the information core business included offering public awareness programs to support the Protection of Children Abusing Drugs Act, and releasing TAYES results and the Alberta Profile.

Prevention—Prevalence of smoking and prevalence of regular heavy drinking among young Albertans has declined since 2001. These declines have met or exceeded prevention performance targets. Data for 2006/2007 is unavailable at this writing. However, in 2005, 11% of Albertans aged 12 to 19 years were current smokers and 31% of Albertans aged 15 to 29 were regular heavy drinkers.

Key activities that supported the prevention core business included enhancing problem gambling initiatives through the joint AADAC-AGLC Responsible and Problem Gambling Strategy, continuing to lead and co-ordinate the Alberta Drug Strategy and the Alberta Tobacco Reduction Strategy and airing public awareness campaigns.

Treatment—One performance target for treatment services was met and one was within 3% of target. Ninety-five per cent of clients reported they were “somewhat satisfied” or “very satisfied” with services received and 90% of clients reported they were “abstinent” or “improved” three months after treatment.

Key activities that supported the treatment core business included the opening of 20 detoxification and residential treatment beds to provide services under the Protection of Children Abusing Drugs Act (PChAD), expanding voluntary detoxification and residential treatment programs for youth, and opening three new area offices.

Corporate activities included AADAC’s cross-ministry work and human resource development, with contributions to the Alberta Children and Youth Initiative, and the Family Violence Initiative.

Conclusion

Substance use and gambling problems occur at all levels of society and within communities throughout Alberta. They are not contained by geography, social or economic status, ethnicity, gender or age. At some point in their lives, many Albertans will experience personal problems related to alcohol, other drugs or gambling. Others will face difficulties because of someone else’s addiction. The harm related to alcohol, other drugs and gambling can be considerable and long-lasting for individuals, families, and communities.

Alcohol, other drug and gambling problems do not occur in isolation. As Alberta’s population becomes larger and more diverse, so do the challenges presented by substance use and problem gambling. The economic boom brings cultural and social challenges associated with a young, mobile, and rapidly growing multicultural workforce. The current economic climate in Alberta creates not only opportunity but also scarcity, resulting in the need to attend to housing shortages, lack of family or social support, and isolation due to language barriers. Additionally, infrastructure pressures and workforce shortages affect employers’ efforts to recruit and retain quality staff, including addiction professionals.



The economic and social costs associated with substance abuse and problem gambling in Alberta are substantial. Mounting evidence of the need to reduce harm related to alcohol, other drugs and gambling in the province parallels greater demand for AADAC services. The commission will respond to this increased demand by continuing to focus on individuals and families, and their needs. The commission will ensure Albertans have access to a continuum of effective programs, and AADAC will strategically invest in the extension of services where impact is greatest (e.g., for youth). AADAC has a long history of working with others and will strengthen valued partnerships at the local, provincial and national levels to increase overall system co-ordination and capacity.



APPENDIX

Performance Measure Sources

Core Business: Information

Awareness of AADAC: AADAC Public Opinion Survey (2003); *Alberta Survey (2004, 2005, 2006, 2007)*.

For 2006/2007, AADAC contracted the Population Research Laboratory, University of Alberta to ask about awareness of AADAC. Data were collected through telephone interviews of 1,207 randomly selected Albertans aged 18 years and older (response rate = 22.9%). The margin of error for these results is $\pm 2.8\%$, 19 times out of 20.

Respondents were asked, "Prior to me phoning you today, were you aware of the Alberta Alcohol and Drug Abuse Commission, or AADAC?"

Percentage of women who are aware that alcohol use during pregnancy can lead to lifelong disabilities in a child: Environics Research Group, Health Canada (2000); *Alberta Survey (2004, 2005, 2006, 2007)*.

For 2006/2007, AADAC contracted the Population Research Laboratory, University of Alberta to ask about awareness of harm associated with alcohol consumption during pregnancy. Data were collected through telephone interviews of 1,207 randomly selected Albertans aged 18 years and older (response rate = 22.9%) that included 606 women. The margin of error for these results is $\pm 2.8\%$, 19 times out of 20.

Respondents were asked: "True or false—alcohol use during pregnancy can lead to life-long disabilities in a child?"

Core Business: Prevention

Prevalence of smoking: Statistics Canada: *Canadian Community Health Survey (CCHS) (2000/2001, 2003, 2005)*.

Daily and occasional smoking combined was reported for Albertans 12 to 19 years of age. For 2005, the CCHS included a sample of Albertans 12 years and older (n = 11,800) with a response rate of 81.5%. The 95% confidence interval for the sample of Albertans 12 to 19 years of age was 8.8 to 12.9 for the reported result.

* The 2006/2007 target for performance was based on results from CCHS 2003. The target for 2007/2008 has been adjusted based on results from CCHS 2005.

Data for 2006/2007 is currently unavailable. Initial data dissemination for CCHS 2007 is planned for spring 2008.

Excluded from CCHS sampling framework were persons living on Indian reserves or Crown lands, residents of institutions, full-time members of the Canadian Armed Forces and residents of certain remote regions.

Prevalence of regular, heavy drinking: Health Surveillance, Alberta Health and Wellness, Statistics Canada: *Canadian Community Health Survey (CCHS) (2000/2001, 2003)*; Statistics Canada: *CCHS (2005)*.

Regular, heavy drinking is defined as the consumption of five or more alcoholic drinks on one occasion, 12 or more times a year for Albertans 15 to 29 years of age. For 2005, the CCHS included a sample of Albertans 12 years and older (n = 11,800) with a response rate of 81.5%. The 95% confidence interval for the sample of Albertans 15 to 29 years of age was 28.3 to 32.9.

* The 2006/2007 target was based on results from CCHS 2003. The target for 2007/2008 has been adjusted based on results from CCHS 2005.

Data for 2006/2007 is currently unavailable. Initial data dissemination for CCHS 2007 is planned for spring 2008.

Excluded from CCHS sampling framework were persons living on Indian reserves or Crown lands, residents of institutions, full-time members of the Canadian Armed Forces and residents of certain remote regions.

Core Business: Treatment

Client satisfaction: AADAC Treatment Follow-Up Survey database (2001/2002, 2004/2005); *AADAC Service Tracking and Outcomes Reporting Treatment Follow-Up Survey (2005/2006, 2006/2007)* and *Detox Feedback Survey (2005/2006, 2006/2007)*.

Client satisfaction was assessed from two sources. Results from both sources were combined and weighted to provide total client satisfaction (n = 10,154).

Service Tracking and Outcomes Reporting Treatment Follow-Up Survey (May 2006 March 2007): An independent private research contractor conducted follow-up telephone interviews with treatment clients. Clients entering treatment services who gave consent for follow-up (excluding detoxification) were eligible for telephone interview selection. Based on annual client admissions, sample quotas were assigned to each treatment type. A random sample of 6,472 clients was telephoned three months after treatment completion. A total of 2,281 clients were interviewed and asked to rate their level of satisfaction with services received (response rate = 35.2%). The margin of error is $\pm 2.0\%$, 19 times out of 20.

Detox Feedback Survey: Client satisfaction with detoxification was measured by a self-administered feedback survey given to clients at the end of service. Of the 12,519 clients receiving detoxification services 8,032 surveys were returned (response rate = 64.2%).

Client improvement: Client improvement was assessed using the same process as in client satisfaction. Number of clients interviewed, response rate and margin of error are as above. Clients were interviewed and asked about their level of substance use and gambling. Improvement was indicated if clients were abstinent or improved three months after treatment.

MANAGEMENTS RESPONSIBILITY FOR FINANCIAL REPORTING

The preparation of these financial statements and management's discussion and analysis contained in this annual report is the responsibility of management. The financial statements have been prepared in conformity with Canadian generally accepted accounting principles, using methods appropriate for the industry in which the Commission operates and necessarily include some amounts that are based on informed judgments and best estimates of management.

Management is responsible for maintaining a system of internal controls designed to provided reasonable assurance as to the reliability of financial information and to ensure Commission assets are safeguarded and liabilities are recognized. These control systems are subject to periodic review.

The Alberta Auditor General is responsible to express a professional opinion on these financial statements.

The Commission Board's Audit Committee, comprised of non-management Board members, oversees management's responsibilities for financial reporting. The Audit Committee meets regularly with management and Auditor General representatives to discuss auditing and financial matters, gain assurance that management is carrying out its responsibilities, and to review the financial statements. The auditors have full and free access to the Audit Committee.

[original signed by R.M. Finnerty]

R.M. Finnerty
President and Chief Executive Officer

[original signed by Karen Graham]

Karen Graham, CA
Senior Director, Finance



Auditor's Report

To the Members of the Alberta Alcohol and Drug Abuse Commission

I have audited the statement of financial position of the Alberta Alcohol and Drug Abuse Commission as at March 31, 2007 and the statements of operations and cash flows for the year then ended. These financial statements are the responsibility of the Commission's management. My responsibility is to express an opinion on these financial statements based on my audit.

I conducted my audit in accordance with Canadian generally accepted auditing standards. Those standards require that I plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In my opinion, these financial statements present fairly, in all material respects, the financial position of the Commission as at March 31, 2007 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

[original signed by Fred J. Dunn]

Edmonton, Alberta
May 18, 2007

FCA
Auditor General

The official version of the Report of the Auditor General, and the information the Report covers, is in printed form.



ALBERTA ALCOHOL AND DRUG ABUSE COMMISSION STATEMENT OF FINANCIAL POSITION AS AT MARCH 31, 2007

(In thousands)

	<u>2007</u>	<u>2006</u>
ASSETS		
Current Assets:		
Cash (Note 3)	\$ 16,122	\$ 10,074
Accounts receivable	1,535	1,028
Inventory	446	329
Prepaid expenses	<u>20</u>	<u>26</u>
	18,123	11,457
Tangible Capital Assets (Note 4)	<u>899</u>	<u>476</u>
	<u>\$ 19,022</u>	<u>\$ 11,933</u>
LIABILITIES AND ACCUMULATED SURPLUS		
Current Liabilities:		
Accounts payable	\$ 7,369	\$ 4,651
Accrued vacation Pay	4,775	3,643
Deferred contributions (Note 7)	296	267
Unearned revenue	<u>15</u>	<u>34</u>
	<u>12,455</u>	<u>8,595</u>
Accumulated Surplus:		
At beginning of year	3,338	3,220
Net operating results	<u>3,229</u>	<u>118</u>
At end of year	<u>6,567</u>	<u>3,338</u>
	<u>\$ 19,022</u>	<u>\$ 11,933</u>

ALBERTA ALCOHOL AND DRUG ABUSE COMMISSION STATEMENT OF OPERATIONS FOR THE YEAR ENDED MARCH 31, 2007

	2007		2006
	<u>Budget</u> (Note 9)	<u>Actual</u>	<u>Actual</u>
(In thousands)			
Revenues (Schedule 1):			
Internal government transfers:			
Department of Health and Wellness	\$91,903	\$91,903	\$72,816
Fees	1,538	1,524	1,529
Investment income	388	1,019	544
Other	838	2,611	2,699
	<u>94,667</u>	<u>97,057</u>	<u>77,588</u>
Expenses — Directly Incurred: (Schedule 2 and 3, Note 2 (b))			
Programs:			
Adult Residential and Special Services	37,298	39,248	35,926
Outpatient, Prevention and Youth Services	39,508	35,502	26,838
Research, Information and monitoring	12,054	12,949	10,802
Administration	5,807	6,129	3,904
	<u>94,667</u>	<u>93,828</u>	<u>77,470</u>
Net operating results	<u>\$ -</u>	<u>\$ 3,229</u>	<u>\$ 118</u>

ALBERTA ALCOHOL AND DRUG ABUSE COMMISSION STATEMENT OF CASH FLOWS FOR THE YEAR ENDED MARCH 31, 2007

(In thousands)

	2007	2006
	<u>2007</u>	<u>2006</u>
Operating Activities:		
Net operating results	\$ 3,229	\$ 118
Add non-cash charges:		
Amortization of capital assets	226	192
	<u>3,455</u>	<u>310</u>
Increase/(Decrease) in non-cash working capital	3,241	(997)
Cash provided/(used) by operating activities	<u>6,696</u>	<u>(687)</u>
Investing activities:		
Acquisition of capital assets	<u>(648)</u>	<u>(119)</u>
Net cash provided/(used)	6,048	(806)
Cash at beginning of year	<u>10,074</u>	<u>10,880</u>
Cash at end of year	<u><u>\$16,122</u></u>	<u><u>\$10,074</u></u>

ALBERTA ALCOHOL AND DRUG ABUSE COMMISSION NOTES TO THE FINANCIAL STATEMENTS MARCH 31, 2007

Note 1 Authority and Purpose

The Alberta Alcohol and Drug Abuse Commission (Commission) is an agent of the Crown under the authority of the Alcohol and Drug Abuse Act, Chapter A-38, Revised Statutes of Alberta 2000. The Commission is dependent on grants from the Department of Health and Wellness for funding its programs and for meeting its obligations as they become due.

The Commission's purpose is to assist Albertans in achieving a life free from the harmful effects of alcohol, other drugs, tobacco and gambling problems. The Commission does this by providing community-based information, prevention and treatment services.

The Commission is a Government of Alberta agency and is not subject to Canadian taxes.

Note 2 Summaries of Significant Accounting Policies and Reporting Practices

The recommendations of the Public Sector Accounting Board of the Canadian Institute of Chartered Accountants are the primary source for the disclosed basis of accounting. These financial statements are prepared in accordance with the following accounting policies that have been established by government for all departments.

(a) Revenue Recognition

Operating grants from the Department are recognized as revenue when they are receivable.

Unrestricted donations are recognized as revenue when they are received. Donations of materials and services that would otherwise have been purchased are recorded at fair value when it can reasonably be determined.

Externally restricted donations are deferred and are recognized as revenue in the period in which the related expenses are incurred.

(b) Expenses

Directly Incurred

Directly incurred expenses are those costs the Commission has primary responsibility and accountability for, as reflected in the government's budget documents.

Directly incurred expenses are included on Schedules 2 and 3, as well as the Statement of Operations.

Incurred by Others

Services contributed by other entities in support of the Commission's operations are disclosed in Schedule 3.

Note 2 Summaries of Significant Accounting Policies and Reporting Practices (continued)

(c) Inventory

Inventory is valued at the lower of cost and replacement cost with cost being determined principally on a first-in, first-out basis.

(d) Tangible Capital Assets

Tangible capital assets are recorded at historical cost net of accumulated amortization. The threshold for capitalizing assets is \$5,000. Amortization is provided over the estimated useful lives of the assets as follows:

Furniture and equipment	-10 years straight-line
Computer equipment and software	-3 years straight-line

(e) Valuation of Financial Assets and Liabilities

Fair value is the amount of consideration agreed upon in an arm's length transaction between knowledgeable, willing parties who are under no compulsion to act.

The fair values of accounts receivable, accounts payable, and accrued liabilities are estimated to approximate their book values. Subsequent actual amounts, which may vary from estimates, will impact future financial results.

(f) Financial Instruments

The Commission's financial instruments consist of cash, accounts receivable, accounts payable, and amounts due to related parties. Unless otherwise noted, it is management's opinion that the Commission is not exposed to significant interest, currency or credit risks arising from these financial instruments.

Note 3 Cash

(In thousands)

Cash consists of deposits in the Consolidated Cash Investment Trust Fund (Fund) of the Province of Alberta. The Fund is managed with the objective of providing competitive interest income to depositors while maintaining appropriate security and liquidity of depositors' capital. The portfolio comprises high quality short-term and mid-term fixed income securities with a maximum term to maturity of three years. As at March 31, 2007, securities held by the Fund have an average effective market yield of 4.36% per annum (March 31, 2006: 3.96% per annum).

Interest is earned on the Commission's daily cash balance at the average rate of the Fund's earnings, which vary depending on prevailing market interest rates. The Commission retains the interest earned on all of its bank accounts, and reflects it as income. Interest income of \$1,019 (2006 \$544) was earned during the year on this account and is reflected in the financial statements.

Due to the short-term nature of these deposits, the carrying value approximates fair value.



Note 4 Tangible Capital Assets
(In thousands)

Capital assets consist of the following:

	2007		2006	
	Equipment	Computer Hardware and Software	Total	Total
Estimated Useful Life	10 Years	3 Years		
Historical Cost				
Beginning of Year	\$331	\$ 891	\$1,222	\$1,110
Additions	49	599	648	119
Disposals, including write-downs	(8)	-	(8)	(7)
	<u>\$372</u>	<u>\$1,490</u>	<u>\$1,862</u>	<u>\$1,222</u>
Accumulated Amortization				
Beginning of Year	\$157	\$589	\$746	\$561
Amortization Expense	32	194	226	192
Effect of disposals	(9)	-	(9)	(7)
	<u>180</u>	<u>783</u>	<u>963</u>	<u>\$746</u>
Net book value at March 31,2007	<u>\$192</u>	<u>\$707</u>	<u>\$899</u>	
Net book value at March 31,2006	<u>\$174</u>	<u>\$302</u>		<u>\$ 476</u>



Note 8 Defined Benefit Plans
(In thousands)

The Commission participates in the multi-employer pension plans, Management Employee Pension Plan and Public Service Pension Plan. The Commission also participates in the multi-employer Supplementary Retirement Plan for Public Service Managers. The expense for these pension plans is equivalent to the annual contributions of \$3,234 for the year ended March 31, 2007 (2006 – \$2,650) and is reflected in Employer Contributions on Schedule 2.

At December 31, 2006, the Management Employees Pension Plan reported a deficiency of \$6,765 (2005 – \$165,895) and the Public Service Pension Plan reported a surplus of \$153,024 (2005 – deficiency of \$187,704). At December 31, 2006, the Supplementary Retirement Plan for Public Service Managers had a surplus of \$3,698 (2005 – \$10,018).

Note 9 Approvals

(a) Budget

The budget amounts shown on the statement of operations agree with the 2006/07 Government Estimates. The budget amounts shown on Schedules 1 and 2 provide additional revenue information and present expenses by object. The Commission board members approved these budgets on April 19, 2006.

(b) Financial Statements

These financial statements and accompanying notes were approved on June 22nd, 2007 by the Commission board members.

Note 10 Related Party Transactions
(In thousands)

Related parties are those entities consolidated in the Province of Alberta's financial statements. Related parties also include management in the Commission.

For purposes of this schedule, the related parties are separated into "Entities in the Ministry" which includes only the Department of Health and Wellness, and "Other Entities."

The Commission and its employees paid and collected certain fees set by regulation for permits, licenses and other charges. These amounts were incurred in the normal course of business, reflect charges applicable to all users, and have been excluded from this schedule.

	Entities in the Ministry		Other Entities	
	2007	2006	2007	2006
Revenues:				
Grants	\$ 91,903	\$ 72,816	\$ -	\$ -
Fees & charges	814	825	587	853
	<u>\$92,717</u>	<u>\$ 73,641</u>	<u>\$ 587</u>	<u>\$ 853</u>
Expenses:				
Other services	\$ 1,190	\$ 319	\$ 774	\$ 1,248
Receivables from	\$ 186	\$ 197	\$ 380	\$ 110
Payables to	\$ 73	\$ 58	\$ 204	\$ 73

The Commission also had the following transactions with related parties for which no consideration was exchanged. The amounts for these related parties are estimated based on the costs incurred by the service provider to provide the services. These amounts are not recorded in the financial statements and are disclosed on Schedule 3.

	Entities in the Ministry		Other Entities	
	2007	2006	2007	2006
Expenses:				
Legal fees	\$ -	\$ -	\$ 176	\$ 47
Other			137	-
Accommodation	-	-	8,077	7,794
	<u>\$ -</u>	<u>\$ -</u>	<u>\$8,390</u>	<u>\$7,841</u>



Note 11 Federal/Provincial Cost Sharing Agreements
(In thousands)

The Province of Alberta recovers part of its contributions to the Commission from the Government of Canada under the Alcohol and Drug Treatment and Rehabilitation (ADTR) agreement and records this recovery in the financial statements of the Department of Health and Wellness. The ADTR claim relating to the Commission's activities for the year ended March 31, 2007 amounts to approximately \$1,415 (2006 \$1,415).



Note 12 Salaries, Wages, Benefits and Allowances
(In thousands)

	2007				2006
	Base Salary ^a	Other Cash Benefits ^b	Other Non-cash Benefits ^c	Total	Total
Chairman of the Board	\$ 18	\$ -	\$ -	\$18	\$18
Board Members ^d	56	-	-	56	38
President & Chief Executive Officer ^e	166	18	8	192	191
Vice President, AADAC ^f	28	-	5	33	208
Vice President, Corporate Services Division	147	22	34	203	183
Vice President, Community Services Division	145	22	32	199	175
Vice President, Provincial Services Division ^g	137	-	26	163	176

(a) Base Salary includes pensionable base pay.

(b) Other cash benefits include bonuses, vacation payments, overtime, lump sum payments and honoraria.

(c) Other non-cash benefits include the Commission's share of all employee benefits and contributions or payments made on behalf of employees including pension and supplementary retirement plan, health care, dental coverage, group life insurance, short and long-term disability plans, professional memberships, tuition and conference fees.

(d) There were ten Board members in both years.

(e) Automobile provided, no dollar amount included in other non-cash benefits figures.

(f) The Vice President, AADAC has retired and position eliminated in May 2006. Salaries disclosed are for members of the senior decision making group.

(g) The Vice President, Provincial Services has been terminated and subsequently replaced during the year. Salaries disclosed are for members of the senior decision making group.

ALBERTA ALCOHOL AND DRUG ABUSE COMMISSION SCHEDULE OF REVENUES FOR THE YEAR ENDED MARCH 31, 2007

	(In thousands)		
	2007		2006
	Budget	Actual	Actual
Internal government transfers:			
Department of Health and Wellness	\$91,903	\$91,903	\$72,816
Premiums, Fees and Licenses:			
Fees:			
Clients	1,538	1,524	1,529
Investment Income (Note 3)	388	1,019	544
Other:			
Donations	-	14	21
Publications	40	38	23
Miscellaneous — Contracted services	756	1,898	2,509
— Sundry & miscellaneous at residential sites	42	96	137
— Risk management recovery	-	565	-
— General	-	-	9
	<u>838</u>	<u>2,611</u>	<u>2,699</u>
Total revenues	<u>\$94,667</u>	<u>\$97,057</u>	<u>\$77,588</u>

**ALBERTA ALCOHOL AND DRUG ABUSE COMMISSION
SCHEDULE OF EXPENSES BY OBJECT AND CORE BUSINESS
FOR THE YEAR ENDED MARCH 31, 2007**

EXPENSES BY OBJECT	(In thousands)		
	Budget	2007 Actual	2006 Actual
Manpower:			
Salaries	\$39,779	\$38,386	\$32,770
Employer contributions	7,199	7,080	6,043
Wages	3,676	4,057	3,604
Allowances and benefits	1,724	1,303	617
	<u>52,378</u>	<u>50,826</u>	<u>43,034</u>
Grants:			
Direct financial assistance to agencies ^(a)	16,402	18,231	15,759
Other:			
Professional, technical, and labour service	16,649	14,576	9,046
Materials and supplies	3,812	4,032	3,289
Travel and relocation	1,879	1,649	1,610
Advertising	1,529	2,085	2,688
Purchased services — other	623	656	507
Telephones	492	509	415
Rentals	456	408	427
Amortization	138	226	192
Voluntary separation payments	-	214	50
Hosting	83	88	67
Freight and postage	98	79	65
Board members' fees	18	74	56
Repair and maintenance	60	70	250
Bad debts (recovery)	-	52	(37)
Insurance	50	51	50
Other operating expenses	-	2	2
	<u>25,887</u>	<u>24,771</u>	<u>18,677</u>
	<u>\$94,667</u>	<u>\$93,828</u>	<u>\$77,470</u>

Schedule 2 (continued)

**ALBERTA ALCOHOL AND DRUG ABUSE COMMISSION
SCHEDULE OF EXPENSES BY OBJECT AND CORE BUSINESS
FOR THE YEAR ENDED MARCH 31, 2007**

	(In thousands)		
		2007	2006
EXPENSES BY CORE BUSINESS	Budget	Actual	Actual
Core Business:			
Treatment	\$59,895	\$60,685	\$48,459
Information	18,972	19,223	15,656
Prevention	15,800	13,920	13,355
	<u>\$94,667</u>	<u>\$93,828</u>	<u>\$77,470</u>

(a) For the years ended March 31, 2007 and 2006, direct financial assistance was given to 38 not-for-profit organizations operating at arm's-length from the Commission.

**ALBERTA ALCOHOL AND DRUG ABUSE COMMISSION
SCHEDULE OF ALLOCATED COSTS
FOR THE YEAR ENDED MARCH 31, 2007**

	2007				(In thousands)	
	Expenses Incurred by Others				2006	
	Expenses ^a	Legal fees ^b	Others ^c	Accommodation costs ^d	Total Expenses	Total Expenses
Programs:						
Adult Residential & Special Services	\$39,248	\$-	-	\$3,379	\$42,627	\$39,539
Outpatient, Prevention and Youth Services	35,502	-	-	3,075	38,577	29,538
Research, Information & Mentoring	12,949	-	-	1,121	14,070	11,889
Administration	6,129	176	137	502	6,944	4,345
	<u>\$93,828</u>	<u>\$176</u>	<u>\$137</u>	<u>\$8,077</u>	<u>\$ 102,218</u>	<u>\$85,311</u>

- (a) Expenses – directly incurred as per Statement of Operations including accrued vacation pay adjustment.
- (b) Cost shown for Legal Services in Note 10, allocated by estimated cost incurred by each program.
- (c) Cost shown for others in Note 10 includes \$20 for Internal Audit Fee, allocated by estimated cost unbilled by Service Alberta.
- (d) Costs shown for Accommodation (includes grants in lieu of taxes) in Note 10, allocated by square footage.



For more information, contact your local AADAC office,
call 1-866-33AADAC or visit our website at aadac.com