

AIVL

Australian Injecting &
Illicit Drug Users League

■ **ANNUAL REPORT**

2021



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About AIVL

The Australian Injecting and Illicit Drug Users League (AIVL) is the Australian national peak organisation representing the state and territory peer-based drug user organisations and issues of national relevance for people with lived experience of drug use. AIVL's purpose is to advance the health and human rights of people who use/have used illicit drugs. This includes a primary focus on reducing the transmission and impact of blood borne viruses (BBVs) including HIV and hepatitis C – and those accessing drug treatment services – through the effective implementation of peer education, harm reduction, health promotion and policy and advocacy strategies at the national level.

AIVL's –

Vision

A world where the health and human rights of people who use drugs are equal to the rest of the community

Mission

To support our members to empower our communities/ people who use/have used drugs to achieve an optimal state of health and human rights.

Our defining principle

AIVL is led, staffed and governed by peers and members of the drug using community.

Values –

Inclusiveness

Increase diversity of representation within our community by acknowledging sub-populations and being inclusive.

Courage

To speak out and advocate for our member organisations to speak and advocate for themselves.

Empowerment

To support our communities and our member organisations to speak and advocate for themselves

Resilience

To maintain the fight against the war on drugs and the stigma aimed at people who use illicit drugs.

AIVL's Goals –

Our Membership

- To develop and support a membership to be broad and inclusive, recognising that we will only win the war against people who use drugs with allies.
- To support our membership to improve the health and human rights of people who use drugs by providing coordination and strategic leadership.

Our Community

- Advocate nationally for social justice and equity/ access and change.
- To represent all people who use drugs regardless of their age, gender, cultural background, sexual orientation and religion at all stages of their drug use journey.
- Support access and pathways that enable more employment opportunities for our community.

Our Organisation

- To support long-term security and growth of AIVL and its member organisations.

AIVL Member Organisations

As of 30 June 2021

ACT

Canberra Alliance for Harm Minimisation & Advocacy (CAHMA)

NSW

NSW Users & AIDS Association (NUAA)

NT

Northern Territory AIDS & Hepatitis Council (NTAHC)

QLD

Queensland Injectors Health Network (QuIHN)

QLD

Queensland Injectors Voice for Advocacy and Action (QuIVAA)

SA

Hepatitis SA Clean Needle Program Peer Projects (CNP)

TAS

Tasmanian Users Health & Support League (TUHSL)

VIC

Harm Reduction Victoria (HRVic)

WA

Peer Based Harm Reduction WA

AIVL Board

President

Angela Corry

I am currently the Chief Executive Office of Peer Based Harm Reduction WA and have held this position since February 2015. We are the only peer-based, not for profit, community-based harm reduction organisation in WA. As such we are in a unique position within the sectors to advocate for consumer focused harm reduction approaches and bring the perspective of people who choose to use drugs into sector planning; engagement with other sectors and advice and advocacy to the government.

I have worked in both the Government and non-Government (NGO) AOD and viral hepatitis sectors for more than 25 years in a variety of clinical, management and leadership roles. During this time, I have participated in a number of NGO Boards, undertaking executive positions including the Chairperson role. I believe I have a wealth of experience working with people who choose to use drugs and advocating for their rights and needs. I have a sound understanding of governance issues and the need for effective accountability mechanisms at an individual, organisational and sector level. I am committed to maintaining the highest possible ethical standards and seek to act professionally and strategically to support the ethos of AIVL and the member agencies that it represents.

Treasurer

Sione Crawford

I am Sione Crawford and I am currently the AIVL Treasurer and started the role in 2019.

I have worked at three AIVL member organisations over the past 16 years and am currently the CEO of Harm Reduction Victoria where I have been since May 2018. I have worked in various roles at user organisations over those years including policy & advocacy, community development and health promotion. As part of this community of people who inject drugs and

of people affected by hepatitis C I know that peer-based organisations have a crucial role to play both as advocates for our communities and as places our community can work and be who we are.

I've been attending AIVL's AGMs and member meetings for many years off and on and while it is disappointing that I won't get to see all the great delegates and members from around Australia in person, I am proud to be attending this AGM as an AIVL Board Member, and Treasurer.

Vice President

Paul Dessauer

Paul works for Peer Based Harm Reduction WA, a not-for-profit NGO that provides peer-education, harm reduction, and health treatment services for people who use illicit drugs.

Paul currently coordinates Peer Based Harm Reduction WA's Outreach Team, which delivers; mobile NSEP and other harm reduction services in the community; Overdose Prevention and Management (OPAM) Peer-education Project and WA Peer-administered Naloxone Program; Hep C PHRE (Peer Harm Reduction Education) Peer-education Project and Hepatitis C Treatment Case Management Service; and the Stirling Empowerment Project 'CaLD (Culturally and Linguistically Diverse) team'.

He also provides consultancy, training, and education to other agencies, and guest-lectures to several universities.

Paul has worked at Peer Based Harm Reduction WA for more than 20 years. Paul has also worked as a Drug and Alcohol Officer for the State-wide Specialist Aboriginal Mental Health Service; as an educator and consultant for the Transnational Institute (in China and Myanmar); and as a trainer for the Burnet Institute for Public Health.

In 2002 Paul was awarded an Alcohol & Drug Council of Australia (ADCA) Australia Day Medal.

Secretary

Chris Gough

Mr Chris Gough is Executive Director of the Canberra Alliance for Harm Minimisation and Advocacy (CAHMA) and The Connection health service. He holds a Bachelor of Science and Bachelor of Honours in entomology and developmental parasitology from the University of Queensland. He has over ten years of experience in the blood borne virus and alcohol, tobacco and other drug sectors, and has identified as a person who uses drugs for 20 years. Chris' expertise centres around peer and consumer driven programming including peer education, peer treatment support, community development, consumer representation and advocacy. He has worked at the Medically Supervised Injecting Centre (MSIC) and the NSW Users and AIDS Association (NUAA). Chris has served on the Boards of the Australian Federation of AIDS Organisations (AFAO), NUAA, the ACT Alcohol Tobacco and Other Drug Association (ATODA) and is currently the Secretary of the Australian Illicit and Injecting Drug Users League (AIVL).

Member Liaison Officer

Peter Sidaway

Peter came to the sector as a consumer working as an Audio Engineer before starting with NTAHC as a peer NSP Officer.

He now has the position of Harm Reduction Coordinator though still works in the NSP keeping close contact with our community, delivering peer NSP services in a manner that gives PWID a break from the daily judgmental, humiliating garbage they suffer from when accessing most other services.

Peter is working to expand NSP service delivery to remote and un-serviced areas of the Northern Territory, with limited resources countered by enthusiasm.

General Members

Amanda Bresnan

Amanda Bresnan is CEO of the Australasian Association of Nuclear Medicine Specialists. She was previously Manager Strategy at Djirra – an Aboriginal family violence prevention and legal service; and CEO of Community Mental Health Australia. Amanda has over 15 years of experience in working with the non-government and health and social services sectors. From October 2008 to 2012 Amanda was a Member of Parliament in the ACT Legislative Assembly (MLA) for the ACT Greens.

Amanda is a Director and Deputy Chair of the Women's Mental Health Network Victoria; a Director of WIRE; and a Director of AIVL – the Australian Injecting and Illicit Drug Users League. Amanda's previous Board experience includes ACOSS; President of the Asthma Foundation ACT; and the National Asthma Board. She was Patron of ACT Mental Health Week in 2013 and 2014, and was a member of the ACT Ministerial Mental Health Advisory Committee. Amanda is also a judge for the Hesta Community Sector Awards.

Alex Wodak

Dr Alex Wodak is a physician who was Director of the Alcohol and Drug Service, St. Vincent's Hospital, Sydney (1982-2012) but has now retired. Major interests include prevention of HIV among people who inject drugs, prevention of alcohol problems and drug policy reform. Dr. Wodak is President of the Australian Drug Law Reform Foundation and was President of the International Harm Reduction Association (1996-2004). He helped establish the first needle syringe programme and the first supervised injecting centre in Australia when both were pre-legal and often works in developing countries on HIV control among people who inject drugs. Dr Wodak helped establish the National Drug and Alcohol Research Centre, the Australian Society of HIV Medicine and the NSW Users AIDS Association.

AIVL Staff

AIVL Staff in the 2020/21 financial year

Melanie Walker – Chief Executive Officer

Jude Byrne – National Project Coordinator

Carolyn Murphy – Finance Manager

Lauren Bradley – Senior Project Coordinator

Harini Walthati – Administration and Communications Officer

Patrick Alvarez – Project Officer (joined the AIVL team in June 2020)

AIVL Staff at the time of publishing the Annual report

Jake Docker – Chief Executive Officer

Steph Tzanetis – Principal Project Officer

Adrian Gorringe – Project Officer

Charlie Lay – Project Officer

Sav Gollapally – Executive Assistant, Marketing & Communication

Rob Smith – Business & Finance Manager

President's, Treasurer's and Chief Executive Officer's Report

President's Report

The 2020/21 financial year has been a time of change for AIVL. While the organisation achieved some significant milestones, that will enable future growth, we also experienced some truly challenging times. I am glad to report that AIVL has a new CEO and a stable staff team again and will continue to produce AIVL's high quality work in service of our network and the community of people who inject and use illicit drugs in Australia.

I need to start by acknowledging the loss of Jude Byrne, who was not only involved in founding AIVL, and worked with the organisation for over two decades, but was also a 'giant' among the community of organisations that represent people who use drugs in this country and internationally. It is my sincere hope that AIVL and its network continue to draw on the wisdom that Jude left us with, and that we honour Jude in our ongoing work to fight against the war on drugs. Vale Jude Byrne.

In March 2021, Melanie Walker resigned from her position as AIVL's CEO to pursue a career working in the political arena. I take this as an opportunity to thank Melanie for her work with AIVL, and the 4+ years she dedicated to the CEO role.

Between March and July 2021, Lauren Bradley acted in the CEO role while the Board undertook recruitment. I take this opportunity to also thank Lauren for 'holding down the fort' during that time.

Despite AIVL experiencing many changes in the 2020/21 financial year, I am proud to say that there were some very significant achievements. In the second half of 2020, an external and independent evaluation of AIVL as an organisation was conducted by Siggins Miller. The focus of the evaluation was around assessing how the organisation had worked and is working with respect to the national response to BBVs and STIs. On balance, the outcome of that evaluation was very positive, indicating AIVL's strengths including its capacity for national collaboration among the network and its strong relationships with stakeholders across the sector.

Among the recommendations of the Siggins Miller report, was that AIVL move to being a company limited by guarantee (LTD) and amend its Constitution to ensure that it reflects the organisation as it stands, and its future needs. This was achieved in the first half of 2021, which has set the organisation up to grow. It also enables AIVL to represent the network more effectively in a broader range of areas on a national level moving into the future. This is

important because drug user organisations have always served their community on a wider remit of health issues than BBVs and STIs, which warrants greater funding and recognition in evidence-based research.

I would like to thank the National Peer Network (NPN) for continuing to 'show up' and speak up. I understand that Jude Byrne was the person who brought the network together, and I think that it is such a testament to the strength of our network and community to see that despite AIVL experiencing a period of challenge and change, our community of peers were able to keep the conversation going around national issues of relevance for people who use drugs. Of particular significance has been the NPN's co-design of the EC Australia (eliminating Hepatitis C) program with the Burnett Institute with funding from the Paul Ramsay Foundation. The dedication of the NPN has provided influence, at a national level, to make sure that people who inject drugs and live with Hepatitis C are educated by people they trust about the life-saving interventions that they have a right to access. We look forward to supporting this ongoing campaign in 2022.

At the end of the financial year, the AIVL Board was finalising recruitment for the CEO role, which resulted in the appointment of Jake Docker, who commenced in the CEO role in early August 2021. Jake comes to AIVL with over 15 years of experience working in the community sector, both in state government and NGOs.

As of October 2021, AIVL had a new team of staff, including Steph Tzanetis from Harm Reduction Victoria as AIVL's Principal Project Officer.

The AIVL Team and Board are currently working together to finalise the 2022-2024 Strategic Plan, which will have a great focus on areas like the wider range of health issues that impact people who use drugs, including stigma and discrimination and overdose, the meaningful involvement of peers in research that affects their lives, and diversifying AIVL's funding opportunities.

It is clear that when times get tough, our community and the AIVL network rallies together. With the strength of our community, AIVL's solid new team, the dedication of the NPN, a new Strategic Plan, Constitution and transition to a company LTD, AIVL is ready to strengthen and grow its presence at a national level and into the future.

Angela Corry, AIVL President

Treasurer's Report

This is my second year as Treasurer of AIVL, after being elected in November 2019 at the Annual General Meeting. During this year the company transitioned from an Incorporated Association to a Company Limited by Guarantee as approved at the 2019/20 Annual General Meeting. The new body corporate registration commenced 27/5/2021.

Mr Tony Bandle of Bandle McAneney & Co conducted the 2020/21 audit. He delivered a satisfactory report with no concerns raised regarding organisational management of finances. AIVL is able to pay all of its debts as and when they become due and payable.

AIVL has had a sound financial year showing a surplus of \$48,013. The most significant expenses were Employee expenses of \$607,661 and Consultancy expenses \$140,558.

Accrued employee expenses on the balance sheet have significantly reduced to \$20,813 (\$75,027) as key long term staff have departed the organisation. This will further decrease in 2021/22 with the departure of the Acting CEO in early 2021/22. These will be replaced by new staff commencing in October, 2021.

Cash on hand has increased significantly to \$1,237,237 in 2020/21 (2019/20 \$546,665). This is principally due to the term of the contract with Department of Health being extended by a year, with no change to the timing of milestone payments. Grant funds of \$629,755 are held on the balance sheet as unexpended as at 30 June

In summary, it has been another successful year for AIVL, and I would like to thank the AIVL staff and board for their support and assistance throughout the year.

**Sione Crawford, AIVL
Treasurer**

Chief Executive Officer's Report

I joined AIVL as the CEO in August 2021 and I am writing this report from a place of respect for the work of those who were here before me and optimism about the AIVL network's future. Coming into the CEO role with the external evaluation completed by Siggins Miller in 2020/21 has provided me with significant advantage with respect to being able to work alongside the AIVL Board to set the direction of the organisation moving forward. There is presently a process afoot to review AIVL's strategic plan. There are opportunities available to AIVL with its recent change to a company limited by guarantee, which will enable the AIVL network to strengthen and grow.

Given that I wasn't with AIVL during the 2020/21 financial year, I am writing on behalf of others. Nevertheless, it was clear to me that there are some great achievements made to report on. There was a notable continuation of the work Jude Byrne completed in 2019 in relation to the ageing population of PWUD. In early 2021, a sophisticated educational podcast series addressing the issues experienced by this cohort was completed, with much of the content featuring Jude Byrne. While I didn't know Jude, I understand her to have been an absolute 'giant' in the drug user movement,

and this piece of work is one of her many legacies. The podcast series will be made available on the AIVL website, and across AIVL's social media platforms in December 2022. In addition, AIVL and Siggins Miller conducted a round of grants where the ongoing aging population project work was effectively outsourced to the successful member organisation applicants to be conducted throughout 2021/22.

AIVL has focused on providing support to Culturally and Linguistically Diverse (CALD) PWUD. During the 2020/21 financial year, the resources featured in the 2019/20 Annual Report focusing on Hepatitis C and Prison, Methamphetamine use, Pregabalin and depot Buprenorphine products were translated and published in Spanish and Vietnamese.

AIVL has made advances in its work around supporting the Aboriginal and Torres Strait people who use drugs (PWUD), undertaking a mapping exercise to determine opportunities to collaborate on culturally-specific harm reduction resources. This work is ongoing in 2022.

In 2020/21, the project to rebuild and update AIVL's website was kicked-off. I am pleased to report that this project was completed in October 2021. The network can expect refreshed content to

be available on our website in the coming months, including the newly reformatted Substance Newsletter that will be published online in mid-December, and will be published monthly from that point. The Substance will have a clearer focus on issues of national relevance impacting upon people who use drugs and the broad range of work that organisations in the AIVL network do.

To that end, I am going to use this opportunity to announce that in early December 2021, AIVL will be initiating the 'Spotlight on Overdose' campaign, which will have an initial focus on raising public awareness about overdose from a consumer point of view. In coming months, this campaign will evolve into something that creates enough awareness for AIVL and the network to be having broader conversations with governments at all levels about overdose, and the need for more funding to be made available for peer-based drug user organisations to recognise the role of peers already working in this space. The 'Spotlight on Overdose' campaign logo is below.

During 2020/21, AIVL continued to see the benefits of strong, collaborative relationships in the research arena. Examples of this include, AIVL providing ongoing input into things like

the NDARC Drug Trends report. The AIVL network also had a key role in the EC Australia co-design process (mentioned in the President's report), providing invaluable input from design to delivery on this key national initiative focused on eliminating Hep C among our community.

We know that the work that AIVL aims to do moving forward needs the community behind it. With our grand plans to expand our work more broadly into the areas including addressing stigma, discrimination and overdose, having a heavier focus on supporting those from our community with significant barriers relating to health equity, and, broadening AIVL's footprint in the research arena, the support of the National Peer Network, is so important. The AIVL team and I look forward to ongoing meaningful work alongside the network moving forward.

**Jake Docker, AIVL Chief
Executive Officer**



State & Territory Reports

**Canberra Alliance for Harm Reduction and Advocacy
(CAHMA and The Connection)**

NSW Users & AIDS Association (NUAA)

Northern Territory AIDS & Hepatitis Council (NTAHC)

Queensland Injectors Health Network (QuiHN)

Queensland Injectors Voice for Advocacy and Action (QuiVAA)

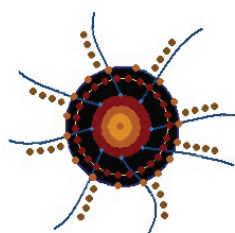
Hepatitis SA Clean Needle Program Peer Projects (CNP)

Tasmanian Users Health & Support League (TUHSL)

Harm Reduction Victoria (HRVic)

Peer Based Harm Reduction WA

Canberra Alliance for Harm Minimisation & Advocacy and The Connection



Introduction

As every drug user org and AIVL member organisation knows it has been a challenging year for everyone and CAHMA as an organisation has stepped forward to take n that challenge and turn it into an opportunity. With the continuation of Covid-19 restrictions, it has not been easy for anyone, especially people who use drugs (PWUD). In the ACT The Canberra Alliance for Harm Minimisation and Advocacy (CAHMA) and The Connection Indigenous Service has fought hard to minimise stigma and discrimination, maximise access to healthcare services and push hard for drug law reform this year. Our community is already highly marginalised because of the criminalisation of drug use and the social isolation that comes with being a PWUD and the ingrained racism against the traditional custodians of the Australian continent, the Aboriginal and Torres Strait Islander People. Despite the challenges of the Covid-19 pandemic, CAHMA and The Connection have come through this difficult time and have faced the adversity head on, managing to strive and grow in size and to prosper. During the Covid-19 lockdown and ongoing pandemic CAHMA staff continued to serve our

community ensuring that we were all able to obtain naloxone and peer treatment support when we needed help and The Connection workers kept working tirelessly to ensure our community was supported during this disturbing time. CAHMA staff went above & beyond working long hours 7 days a week to support members of our community & other residents through the lockdowns at Condamine Court & Ainslie Village. Another fantastic achievement was keeping all of CAHMA's programs running well even through the lockdown period. We do acknowledge however that the change from face to face service delivery to telehealth was difficult for many of our community members and it was with great relief that CAHMA was able to get back to face to face delivery post lockdown.

As always the year behind us has been an extremely busy one and has seen CAHMA grow and move from strength to strength. We have seen some changes in our staffing profile with a number of staff members joining CAHMA – Peggy Lysewycz, Mitch Lamb, Karen Gorst, Louise Hughes, Ian Shaw, David Bryce, Bryce Jarvis, Joseph Doran, Rhonda Sekoranjia and Robyn Davies. We have also seen some staff leave for greener pastures and

we thank Gaby Sledge, Skye Joyce, Jordan Olafson, Peggy Lysewycz, David Bryce, Joseph Doran, Rhonda Sekoranja and Carolyn Murphy. We thank all of the outgoing staff for their time and dedication to the CAHMA Community.

Through-out the year CAHMA has also managed to grow in size with an increasing volunteer team and pool of casual workers who have come out of our volunteer program as well as our part time and full time workforce. This community development from client, to volunteer, to worker is at the core of CAHMA's ethic about the importance of lived experience and peer based programming. CAHMA would like to show its sincere appreciation to all of CAHMA's volunteers and workers who have proven the enormous benefits of building capacity from within the community of PWUD. This process of community development shows just how resilient CAHMA and The Connection are as an organisation and as a community and it is only because of the hard work of our community that CAHMA had the capacity to step up and help our locked down and isolated community members during the 2021 Covid-19 lockdown.

CAHMA wants to pay our sincere thanks to our funding bodies, in particular the ACT Health Drug Policy Unit and the Capital Health Network who's unwavering support and clear strategic direction has enabled CAHMA to grow as a drug treatment service provider, as an ATOD consumer peak body and as a low threshold drop-in centre for marginalised communities in the ACT.

CAHMA Programs and Services

CAHMA's core programming has gone from strength to strength this year with our Peer Treatment Support, Community Development, The Connection, Naloxone and Drop-in Centre programs flourishing through the rather difficult and unpredictable environment that has been 2021. This report will try and briefly cover some of the most outstanding achievements of the CAHMA and The Connection Community in the 20-21 year.

Submission to Drugs of Dependence Bill

Throughout the year CAHMA has fought hard and advocated strongly for drug law reform. Building of the ACT's highly successful Cannabis law reform, Michael

Petersen's bill to decriminalise personal quantities of all illicit drugs was backed strongly by CAHMA and indeed the entire ATOD sector. Working via committee interested community members put together a submission to the Legislative Assembly Committee looking into the Drugs of Dependence Bill. This submission outlined the arguments for replicating the Cannabis decriminalisation bill as opposed to going down the route of a simple drug offence notice – which would mandate a fine for possession of personal quantities of illicit drugs. CAHMA's submissions strongly spoke to the disastrous consequences of prohibition and implored government to embrace the "support don't punish" mantra. CAHMA followed up with a deposition to the committee, re-enforcing and answering questions on the bill in question.

With the committee report submitted to the ACT Legislative Assembly last week CAHMA was pleased to see that many of our recommendations were taken up by the report including: passing the bill; altering the bill to reflect personal use limits that are evidence based for the ACT; finding alternatives to fining people for personal drug use (including non-mandatory referral to treatment services);

increased funding for the ATOD sector; increased training for police around drug use; increased funding for peer based services. CAHMA hopes that our community's efforts to bring drug use out of the stigmatised and discriminated realm of criminalisation is successful. More importantly we will continue to fight until drugs are decriminalised and until stigma and discrimination against people who use drugs is a thing of the past.

The Connection

CAHMA's Aboriginal service The Connection has been busy this year ensuring that Aboriginal people who use drugs and/or access drug treatment services in the ACT have a supportive and understanding service to advocate and support them. The Connection was pushed very hard over the Covid-19 shutdown period by having to do complex peer treatment support work without having a physical home base to operate from. Praise must go to The Connection staff for ensuring that the Aboriginal community who use drugs and drug treatment services in the ACT was supported and had their health and wellbeing needs catered for during such a difficult time.

As we near the end of the calendar year The Connection is looking forward to the resumption of its peer education group Mura Gadi, which has enjoyed such wonderful success in bringing together Indigenous people

to learn, talk and consult about what is needed for their community in this often hostile society. Additionally The Connection is looking forward to starting a new group in 2022 "The Jude Byrne Memorial group" which will focus on Indigenous Women, especially those who are caught up in the care and protection system. The group's name pays homage to Jude Byrne, who ran the first CAHMA program over 30 years ago which was a Women's support group that ran weekly providing education and respite relief for women struggling to care for their children.

Lastly of course I could not finish this section without congratulating Eva-Lee Williams for winning the ACT NAIDOC Community Services Aboriginal and Torres Strait Islander Worker of the Year Award for 2021. Congratulations Eva-Lee on your hard earned award! Keep up the good work going forwards.

Naloxone Program

During 2020 and 2021, CAHMA's naloxone program, went from strength to strength with naloxone training through NSP's seeing 608 naloxone kits given out to the community from July 2020-june 2021. Thanks must be given to Directions Health Services and Hepatitis ACT for partnering with CAHMA to provide this life saving service. Additionally CAHMA's long form training (hour long training involving detailed information

about rescue breathing, recovery position, overdose signs, etc) trained 165 people (171 kits distributed) in naloxone over the year while CAHMA's Naloxone Brief Intervention Program completed 172 brief interventions with 246 kits distributed. Additionally CAHMA Naloxone workers trained 44 ATOD staff and over 100 nurses at the University of Canberra Nursing Society. I would like to thank David Baxter and Damien Tarrant as well as the Directions and Hepatitis ACT NSP staff for allowing the distribution of 1025 naloxone kits in the 2020-2021 year.

This remarkable achievement is due to the hard work and dedication of CAHMA's Naloxone Staff combined with our partnership approach, which draws in other like minded organisations to ensure naloxone is trained and distributed as widely as possible in the ACT. Special thanks must be reserved for Directions who have worked tirelessly to see naloxone reach as many NSP clients as possible throughout the ACT.

Peer Treatment Support

It has now been almost 3 years since CAHMA started its PTS program. CAHMA PTS Program provides ongoing support for peers in the ACT to access ATOD services, interact with wider services under the social determinants of health model such as CYPs and the court system, and generally set and achieve life goals. The PTS

team are responsible for what most organisations call case management. However at CAHMA we believe that people are not “cases to be managed” but “peers who need to be supported”. Therefore our PTS team goes out of its way to ensure the individual person centred requirements of our community is met including: transporting; accompanying; advocating and translating for our people in primary health appointments including detox and rehabilitation assessment, OMT assessment and other GP appointments, mental health, CYPS, Legal Aid and Aboriginal Legal Service, Probation and Parole appointments to name a few. Additionally our PTS workers:

- Provide information and education about ATOD treatment pathways including suitability of residential treatment options (treatment matching); suitability of OMT options.
- Provide support letters and advocacy to get people public housing and housing transfers.
- Provide ongoing support to parents who have come to the attention of CYPS.
- Refer to legal advice and give ongoing support attending court and providing support letters.
- Support and advocate with mental health services especially where mandated treatment orders are being sought.

- Provide support to people with warrants to hand themselves in and pave the way for bail before court processes begin.

As you can imagine from the summary list above CAHMA PTS workers work at the heavy lifting end of our communities interactions with the law, health and society. CAHMA is proud to be able to provide strong, flexible support for our community and our community knows that they can count on us that no case is too complex for us to roll up our sleeves and help find a way through the BS to a better life for people who use drugs. When all other services fail, people know to come to CAHMA to be heard, and supported. Well done to the CAHMA PTS team for working through some of the most complex issues that our community faces hand in hand with our people and providing an open ear and heart as well as practical on-the-ground support to all our community members.

Covid-19 and 2021 Lockdown

Additional to our normal programming CAHMA and The Connection’s fantastic work through the Covid-19 lockdown stands out as one of the highlights of this year. The fast, flexible and compassionate approach that CAHMA staff took to supporting marginalised communities in the ACT, especially people who use drugs and access drug treatment services, has put

CAHMA and The Connection on a different level in terms of the way that our community, our funders and our co-workers and partners views the work we do at CAHMA. High praise must be given to the Covid Peer Support Team who worked 7 days throughout the lockdowns at Comdamine Court, Ainslie Village and then Ragusa and the broader community ensuring that our community members had access to essential services, ATOD treatment and support as well as groceries and care packages.

In particular I would like to thank the members of our casual team- who have all come up through our Community Development Project and who worked tirelessly to ensure our people were as safe as possible during the 2021 Covid lockdown. Well done team.

News From the Drug War Front – Live and Podcast

CAHMA’s weekly NFTDWF radio show ran throughout 2020-2021. Thanks is due to Nick and Louise who have made it possible for the NFTDWF show to be listened to as a podcast on Podbean. NFTDWF has gone from strength to strength this year especially through the pandemic lockdown. Geoff and Marion used the opportunity of a captive audience to interview CAHMA and The Connection staff about how their programs were changing over the lockdown

and how they were ensuring that people could still access CAHMA and The Connection. On top of this Geoff and Marion interviewed many other service providers about their Covid-19 strategy and what had changed for us punters. The NFTDWF team helped communicate knowledge throughout the 2021 lockdown to people in our community who were in isolation and unsure of what the changing health environment meant for them. Once again this year NFTDWF has proven itself to be a vital part of CAHMA and The Connection's ongoing push for drug law reform as well as communicating the latest news to our community.

Partnerships

CAHMA prides itself on its partnership work. After all peer based organisations are often only as good as our relationships we foster with our fellow service providers. Peer based partnerships allow people to experience safe and non-judgemental services throughout healthcare and not just at the peer organisation itself. Over the past year CAHMA is proud to have developed and/or continued partnerships with:

Directions Health – Naloxone provision through NSP, Fentanyl Strip testing through NSP, The CAHMA Clinic (primary health

clinic based at CAHMA every week including doctor and nurse service), Peer education and primary health outreach service (Oaks Estate, Ainslie Village, Illawarra Court and Veteran's Park). Vaccination outreach across Canberra, Covid-19 Community Hub multidisciplinary team, Covid-19 OMT Outreach, advocacy and support programming.

Hepatitis ACT – Naloxone provision through Hepatitis ACT's secondary NSP, Hepatitis C Reach, Teach, Treat program offering peer education and incentives to people seeking HCV treatment.

The Alcohol and Drug Service (ADS) – Helping ADS capture their consumers voices and expand into Northern Canberra in the new \$2.5 Million dollar North-side Opiate Treatment Service (NOTS).

The Canberra Hospital Foundation – partnering with CAHMA to provide art for the NOTS as well as producing a catalogue of art works displayed. The CHF also commissioned art work from peer artists as centrepieces for the NOTS showing the true artistic talent of our community. In particular thanks to Jenny McFarland who saw the potential in the CAHMA Art Project and believed in creators especially Joseph Doran and Sharon Williams who provided

beautiful centrepieces for the NOTS facility.

Women's Harm Reduction International Network (WHIRN)

– WIHRN has partnered with CAHMA on the Orange The World - 16 Days of Action Campaign for Elimination of Violence Against Women funded by the United Nations. Each day a different action was taken including: providing an "orange room" which is a safe space where women can come and do art; writing an open letter to the Minister responsible for Child and Youth Protection Services advocating for increased transparency and fairness for parents (especially mothers) who use drugs; ending with an Orange March to Margaret Timpson Park where a BBQ and orange yarn wrapping of trees raising awareness of the horrific violence that women who use drugs are subjected to was held.

Interchange Health Co-operative – CAHMA provides brokerage for membership at IHC which then allows OMT and other ATOD clients to be bulk billed for the year. IHC has the largest number of OMT clients in the ACT besides the public clinic.

YWCA – CAHMA worked closely with the YWCA as a team member of the Ragusa Quarantine Facility Community Hub providing wrap around multi-disciplinary integrated

care to people undertaking quarantine in the ACT.

Ted Noffs – CAHMA and Ted Noffs partnered to provide technology brokerage during Covid-19 for marginalised community members. Funding was sourced through ATODA Covid-19 stimulus from the ACT Government and the program has benefited dozens of CAHMA and Ted Noffs clients to ensure that they are able to engage with services during the Covid-19 pandemic.

ATODA – As the peak ATOD Organisation for the ACT ATODA has partnered with CAHMA through-out the year to ensure that consumers of ATOD services are truly represented at important forums throughout the ACT. ATODA's funding of CAHMA and Ted Noffs to provide technology brokerage shows ATODA's staunch support for PWUD and people who access drug treatment services in the ACT. ATODA's open ear and insight into drug law reform has also been exceptional over the 2020-2021 year and CAHMA would like to thank ATODA for it's evidence based and compassionate approach to this issue.

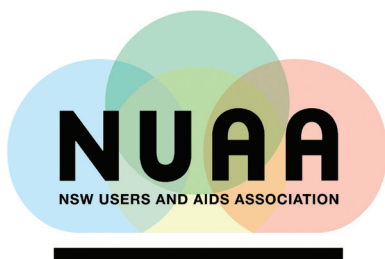
ACT Leisure – CAHMA partnered with ACT Leisure this year to provide frozen and hot meals to members of our community. A sincere thank you to Courtney from ACT Leisure for providing a freezer and fresh cooked meals – vegan, gluten free and regular which were then frozen and handed out to community members in isolation as well as heated up at the CAHMA Community Centre for drop-in clients who needed a feed!

Conclusion

It is impossible to describe just how much strength, effort and love the CAHMA community has put into the 2020-2021 year. All of the people who make up our community from community members, CAHMA volunteers, CAHMA staff, The Connection staff, CAHMA Board Members and supporters have struggled over this last 12 months to uphold the ethics and ideals that the CAHMA Community shares as central to this movement.

Chris Gough
Executive Director. CAHMA

NSW Users and Aids Association



NUAA has continued to expand its work despite the pandemic. While the office was closed, with most staff working from home, the Crown Street NSP remained open throughout the lockdowns. NUAA put out a number of resources during the pandemic to inform our community about how to keep safe from Covid-19 and dealing with the lockdown and its obvious implications for already over-policed communities. In partnership with other organisations, NUAA promoted access to, and information about, Covid-19 vaccinations for our community.

In FY 2020–21, the Crown Street NSP registered 7,508 Occasions of service, distributing 466,212 units (this is just 1ml fixed syringes, tips and barrels), 84 Fentanyl test strip kit units and 57 Take Home Naloxone units, after it became available in February. Our Hep C Virus specialist engaged with 1054 NSP service users. 298 people agreed to be tested for HCV and 42 people underwent HCV treatment with NUAA's support. Kirketon Road Centre (KRC) is an important partner with NUAA in HCV work, and also in running the Open Clinic on Crown at the NSP, which had 434 visits on 181 clinic days.

The pandemic underlined the importance of the NSP Postal Service, but this already was a crucial service for people not living near an NSP. 57%

of Postal Service users were from regional areas. As well as distributing safe injecting equipment the Postal Service sent out 270 naloxone kits (utilising Commonwealth provision) and 303 fentanyl test strip kit units. Harm reduction information is sent out with postal orders.

NUAA's Blood Borne Virus team runs the Peer Participation Program (PPP). The PPP is a community development program that offers people with lived experience the opportunity to develop and expand their skills and gain work experience through volunteer work and training at NUAA. PPP volunteers regularly go on to paid work within NUAA and other organisations in the health and community sector. The BBV team is responsible for running Peer Connect Training that all interested Peers can undertake. Over the last 12 months, face-to-face training has been difficult, but we ran 3 PCP sessions. If we put a dollar value on the hours donated to help the community, our volunteers donated over \$92,000.

Despite the pandemic, NUAA has continued regional outreach in supporting our existing Peer Distributors and recruiting new ones, and providing NSP equipment, peer support as well as naloxone, overdose awareness and HCV education a variety of towns in regional NSW including

Wagga Wagga, Queanbeyan, Orange, Dubbo, Wellington, Mudgee, Parkes, Forbes, Cowra, Blackheath, Blaxland, Leura/ Katoomba, Lithgow, Byron Bay, Broken Hill, Dareton, Wentworth, Newcastle, Cessnock, Maitland and Taree. Our agreement with Western NSW Local Health District (WNSWLHD) and Far West Local Health District (FWLHD) involved providing comprehensive service enhancement information about regional services to the HARP (HIV/AIDS Related Programs) units of WNSWLHD and FWLHD. 9 Peer Distributors in 3 regional LHDs distributed 18,334 pieces of injecting equipment and collected 22,397 returns.

NUAA also worked closely with Hepatitis NSW on Ministry of Health's statewide HCV campaigns, Clearing the Path and HepCured. NUAA peer workers travelled all over NSW, talking to over 1366 people about HCV testing and treatment, and dispelling myths and misconceptions.

The groundbreaking Prison Harm Reduction in the Yard (PHRY) project was piloted from September – December 2020 in partnership with Justice Health and Forensic Mental Health Network. NUAA provided peer education, information and consultation. 40 people attended PHRY overdose awareness event at Long Bay Correctional Centre and learnt

about overdose in custodial settings. At a peer-organised event, 50 people in custody at Long Bay Correctional Centre attended to engage in HCV education with 43 Dried Blood Spot (DBS) tests undertaken.

Resources produced by NUAA included a Fake Benzo Factsheet (and 3 social media memes to assist promotion), Mob Overdose Harm Reduction Posters, promoting naloxone, with artwork by First Nations artist Stephen Morgan, OTP child safety poster & card set: 'Where are your meds?' and 'Do you know the signs of overdose in a child?', a series of three overdose posters with Corrective Services and the Network to be put into wings of NSW Correctional Centres and a wide range of COVID-related resources.

NUAA distributed over 30,000 print copies of Users News in 3 issues and over 338,000 people visited the UN website. Nearly 10,000 copies of 2 issues of Insiders News were distributed to the 12,500 people in custody in NSW. The editions of IN had over 150 letters, poems, drawings and recipes received from people in custody.

NUAA websites (usersnews.com.au, nuaa.org.au and dancewizensw.org.au) had a combined total of 611,000 page views (up from 198,000 in the previous year).

Our social media presence continued to expand. Across our NUAA FB page, DW FB page and DW Instagram, we had a combined total of 11369 follows/likes, and 550 posts, with a combined reach of 314353.

In August 2020, NUAA launched PeerLine, a confidential peer-run telephone service providing support to people who use drugs, who are on the opioid treatment program or who are seeking treatment across NSW. Since the service's launch we have received over 506 support requests.

Our DanceWize NSW (DWNSW) team continued to find innovative ways to build its physical and online presence despite COVID lockdowns restricting the number of festivals that could run. One highlight was DWNSW being part of piloting a harm reduction service at a festival in the Northern Territory.

Northern Territory AIDS & Hepatitis Council



After the challenges of 2020 and adapting to restrictions, this year post Christmas was to be the year of recovery where we would rise from the Covid-19 ashes and get back to pursuing our goals of supporting, advocating for and reducing harms for our communities and priority populations in a business as normal environment which is familiar and well developed over time.

Most people believed we were nearing the end of the direct impacts on life and work from the pandemic. Sadly, that was not the case and although the Northern Territory managed to avoid the major outbreaks of community transmission suffered by some of the southern states, we still had to function with restrictions and considerations that affected business as normal, constantly developing contingency plans and implementing COVID Safe measures to varying degrees during and between lockdowns.

For a period, the pandemic disappeared from front of mind with a loss so personal for so many with such far reaching consequences that we don't feel we can do justice to in this report.

Despite the challenging environment, the NTAHC again had a very busy year of achievement with the expansion of some programs and the creation of new ones.

NTAHC launched its newest program, the LGBTI Living Well Program on July 1, 2020. This program, an NTAHC initiative, supports people in the Northern Territory who experience life as Lesbian, Gay, Bisexual, Transgender, and Intersex (LGBTI) through a range of varied and focused activities. The LGBTI Living Well Program was designed and developed as a digital information, training, and resource program to give NT LGBTI people improved social and emotional wellbeing outcomes throughout the lifespan.

A principal component of the program is to ensure that the wider community becomes more educated about LGBTI issues through training and social media.

Our aim is to improve acceptance and social inclusion through delivering timely and relevant educational information to clinicians and other





professionals in working with LGBTI people. It's significant in today's environment to ensure that people and organisations provide inclusive practice based on decades of social stigma and discrimination faced by LGBTI communities.

We also offer peer to peer support. Social and emotional wellbeing sometimes means having a chat with someone or becoming involved in peer support activities. We encourage people to pop into NTAHC anytime. We are always happy to have a chat and a coffee. People might need some advice on referral pathways, especially when it comes to healthcare, and we can provide that too.

Our advocacy work in helping to modernise policies and procedures at NT Government level also ensures life for NT LGBTI people improves. We are currently working on policies in NT Health, The Education Department and NT Corrections. This important work will continue across the government sector.

SWOP-NT, the NT Sex Worker Reference Group (SWRG) and the Scarlet Alliance lead in the NT on sex worker rights at all levels, in government and NGO sector, 2020-21 has seen our collective recommendations for further legislative reform being passed as we progress through the many stages required to implement all the "Objectives" of the NT Sex Industry Act 2019 for the full decriminalisation of sex work.

The NT Planning Act & Scheme amendments passed 2020., allowing for established businesses grandfathering for operation and for 2 sex workers to work together with up to 4 support staff, allowing for sex work from both residential and commercial areas.

We provided amendments in 2021 to drafted voluntary certification for sex service business. The final application process was translated into Chinese and Korean in May 2021.

We engage regularly with the Attorney General, Minister for Health and their policy and legal advisors from the Dept of the Justice, Business and Office of Chief Minister to ensure industrial protections, WHS regulations and NT Sex Work specific Covid-19 Safety Plans, Guidelines and lockdown periods are non-discriminatory, practical, and workable for sex workers who live or fly in to work in the NT.

NT WorkSafe, with Unions NT have worked with us on the Work Health & Safety Guidelines (WHS). **We have ensured within the drafting of the industry guides/standards that drug use has been omitted**, this is significant as the WHS Guidelines in NSW retain restrictions.

We have forged stronger links with Unions NT & Rainbow Territory to push hard for amendments to the NT Anti-

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Discrimination Act, recently, we have in principle secured for insertion into the Exposure draft both “Sex Work & Sex Worker” as main attributes, along with continued advocacy for a representative complaints model, protections for accommodation status, psychological factors, and against vilification and for individuals who are assumed to hold a protected attribute.

The Harm Reduction Program (HRP) which operates the three Primary Needle & Syringe Programs (NSP) across the Northern Territory implemented one of its largest expansions of service delivery for many years, to increase the reach of Afterhours Dispensing Units (ADU) to Humpty Doo, Katherine, Tennant Creek and Nhulunbuy after successfully applying for funding from the Primary Health Network (PHN) and working closely with NT Health Public Health Directorate and partnering with Clinic 34 to implement the project.

The project aims to deliver equitable access

to NSP services for remote communities by providing a twenty-four-hour anonymous modality of NSP service delivery and also reducing the afterhours load on hospital Emergency Department staff. The units will also help to fill a knowledge gap of how many PWID there are in remote communities. Currently the numbers of people who access secondary NSP face to face services are reported to the PHD, but there is no surveillance of those who will not access these services due to the possibility of being outed in a small town as a PWID. These units will also operate as sentinel devices providing that surveillance for the first time.

In a further expansion of services, the NTAHC Executive Director and the HRP coordinator also convinced the Palmerston Regional Hospital and the Royal Darwin Hospital Emergency Departments to operate as afterhours secondary NSPs, distributing Fitkits supplied by the NTAHC with training and support offered.

A meeting with the Attorney General and the Health Ministers secretaries gave an opportunity to lobby for the NTAHC NSPs to be able to supply Safe Smoking Kits with minor changes to the NT Misuse of Drugs Act, and to request a clarification of the regulations

**WORLD
HEPATITIS DAY**

INFO STALL - ALICE SPRINGS

28 July | Alice Plaza | 11am to 1pm

ntahc

Let's Talk Hep World Hepatitis Day 28 July
Join the conversation #LetsTalkHep hepatitis awareness

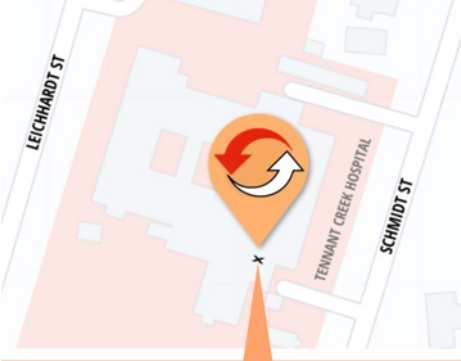
from the NT Medicines Poisons & Therapeutic Goods Act that may or may not allow the distribution of Naloxone directly from the NSP. Both ministers have emailed their support for our proposals and the Principal Policy Advisor for the NT Health Public Health Directorate has since been engaged to produce a ministerial brief on the need to supply smoking kits.

Unfortunately, the illogically named National Take Home Naloxone Trial has become an excuse for governments to kick the can down the road when it comes to getting lifesaving Naloxone into the hands of people most likely to witness and respond to an accidental opioid overdose, PWID. It was particularly galling to see this trial extended for another year in the three national states. The HRP coordinator was invited to a round table pre-evaluation of the trial by QLD University staff earlier this year and gave a frank assessment from our perspective - not happy.

A HRP staff member and coordinator have also been working with the Eliminate C Australia (ECA) Health Promotion reference group to codesign and implement an Australia wide advertising campaign in collaboration with major advertising agencies to encourage PWID into hepatitis C testing and treatment. The Reference group includes the members of the National Peer Network (NPN) as the campaign is focused on PWID and values the insights of peer NSP staff.

NSP 24HR DISPENSER



TENNANT CREEK




After-Hours Dispensing Unit

To access FREE Fitpacks

1. Pull lever up.
2. Pull silver drawer towards you. Retrieve Fitpack. Close drawer.



Slogans have been developed and focus tested with It's Your Right to be Hep C Free selected as the winner.

The campaign is scheduled to kick off in March 2022 and will feature advertising on buses, billboards, NTAHC vans, radio advertisements and filmed testimonials of people who have recently undertaken treatment posted on social media, as well as posters across the NT with the ability to be localised to BBV services. Advertisements in the greater Darwin area will


direct people to testing and treatment primarily in the NTAHC's non-judgemental clinic where an incentive of \$25.00 is paid for attendance. Payments will also be available for Hep C Ambassadors who have undertaken treatment, to recruit friends and acquaintances into testing.

The NTAHC coordinators and Executive met twice during this year to work on our Strategic Plan and future directions on the 1st of April 2021 and the 7th of May 2021. One of the outcomes of these meetings

was the conclusion that we simply don't have enough space at our current premises to continue expanding our service delivery programs.

The NTAHC Executive is negotiating with our building owner to move to the larger building behind us at 1 Gardiner St. The larger floor space and layout is more suitable for all of our programs, and we hope these negotiations result in a move soon.

It has been a matter of pride that the NTAHC gained QIP Accreditation in 2019 and we can now proudly announce that the NTAHC after much work has received a QIP Accreditation Rainbow Tick during this reporting period. QIP Assessors were on site at Top End NTAHC sites from the 31st



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| DARWIN | |
|---------------|--|
| 30 NOV | Red Ribbon Stall SMITH ST MALL - 1030AM TO 230PM |
| 1 DEC | World AIDS Day Brunch NTAHC DARWIN - 10AM TO 1130AM |
| 4 DEC | RED Faces 3 - Fundraiser RAILWAY CLUB - 7PM TO 930PM TICKETED EVENT - SEE WEBSITE |
| ALICE SPRINGS | |
| 27 NOV | Red Ribbon Dance Party EPICLOUSE LOUNGE - 5PM TILL LATE TICKETED EVENT - SEE WEBSITE |
| 1 DEC | Red Ribbon Stall TODD MALL - 11AM TO 1PM |

of May to the 4th of June doing inspections and interviewing staff and clients.

All staff were then informed of our provisional accreditation during a feedback session via a Zoom meeting soon after.

Final approval was granted on the 8th of July 2021.

As we head towards 2022 with optimism and renewed enthusiasm, there is also

a feeling of trepidation as the country opens up to a new way of dealing with the pandemic based on high levels of vaccination leading to scheduled opening of borders. The NT may see an increased level of restrictions above what has been normal previously.

Whatever happens, the NTAHC as always will adapt and overcome any difficulties.



Dancewize volunteers at Bass in the Grass

Queensland Injectors Health Network



The 2020/2021 financial year has been another year of continued focus and external challenges for our organisation, and we have risen to every opportunity.

Covid-19 Response

QuIHN has continued to respond to the challenges of the pandemic. Our shared goals in responding to the pandemic challenges continue to guide us through a focus on:

- maintaining the health of our workforce to continue to deliver services and keep our communities safe.
- assisting our communities to reduce risk of transmission of Covid-19 while maintaining our focus on preventing and reducing transmission risk and disease impacts of HIV, HCV, and STI's.
- assisting our communities with improvement of mental health outcomes and continuing to achieve their therapeutic goals.
- Supporting one other to support our clients and communities.
- Standing in solidarity with partners to support and respond to the pandemic challenges.

During the year we have maintained very high levels of service continuity of all programs and again demonstrated our ability to respond to the uncertainty and challenges brought about by the pandemic.

Our Teams

Our staff are intrinsically motivated by purpose, our shared values, and our commitment to the clients with whom we work. Our shared values are what connects us as an organisation and we strongly believe that:

- All people should have choices allowing for self-determination and self-reliance.
- That we all need to remain committed to being consumer focused through engagement and participation.
- That respect for oneself and for others is essential, our approach must remain inclusive and accepting. We value all people with whom we work, and we respond with positive regard, dignity, and courtesy.
- We embrace difference and diversity as an asset and strength, accepting everyone regardless of culture, sexuality, disability, gender, age, and life circumstances.
- We value transparency and accountability in our work, and we commit to genuine authenticity and individual, organisational, and public accountability.

Our Reconciliation Action Plan

This year marked the commencement of QuIHN's Reconciliation Action Plan (RAP). QuIHN's RAP provides a framework for our organisation to support the national reconciliation movement and it is a strategic document that will support and sit alongside our business plans. QuIHN are due to submit our Reflect RAP to Reconciliation Australia before the end of this calendar year. The commencement of our RAP marks the commencement of a longer journey on which we have already embarked to continue to improve the way in which we deliver services with Aboriginal and Torres Strait Islander peoples.

Our Services

Our specialised programs have continued to deliver much needed services to our clients and the Queensland community. Our services provide a continuum of high quality, innovative, and evidence-based specialist Alcohol and Other Drug (AOD) health services to reduce harms associated with the use of substances. It is through this care continuum that QuIHN can work with people at all stages of change. Through this we can assist individuals to achieve positive and lasting change while reducing harms, improving health, and enhancing the lives of the communities with which we work.

Over the year the organisation has continued its commitment to innovation and new programs, this has been exemplified through the response to COVID and in our implementation of new trials such as:

- Establishment of Point of Care Testing (PoCT) for hepatitis C and continued plans for implementation of PoCT for HIV and syphilis.
- Establishment of the Community Withdrawal Program providing comprehensive treatment and support for people experiencing AOD related problems who are unable to access or require inpatient withdrawal services.
- Psychiatry case conferencing among our Therapeutic teams and telehealth psychiatrists to support clients with AOD related problems and complex and persistent mental health.
- Establishment of the Take Home Naloxone Program across our NSP network, providing important lifesaving medications to reverse the effects of opioid overdoses in the community.
- Development of the Hi-Ground online community platform.
- Provision of several Needle and Syringe Vending machines at our sites.

- Outreach services providing a range of activities such as support to people experiencing homelessness and vaccination services.

A summary of key service activity is provided below for our Harm Reduction, Therapeutic, and our Better Access Medical Clinic General Practice (GP) services.

Harm Reduction Programs

QuIHN's primary Needle and Syringe Program (NSP) services provided a total of 28,242 occasions of NSP service across the year, of which just under 9% of client occasions identified as Aboriginal and/or Torres Strait Islander. Our NSP's have continued to be an important point of referral to our full range of programs as well as into external health and social services across the state. We also launched Hepatitis C Point of Care Testing (PoCT) services in our NSP settings, with 367 Hepatitis C PoCT's conducted in NSP and inreach settings during this year with an 18% positive test rate.

Our NSP's were also an important setting for our overdose prevention programs, our Take Home Naloxone (THN) program commenced in July 2020. Over the year QuIHN distributed over 700 units of Naloxone in combination with basic life support training and education. The THN program is proving to be an important life saver for people experiencing an opioid overdose, with over

100 re-supplies of Naloxone units over the year.

The Harm Reduction teams also continued to deliver the Hepatitis C Treatment and Management Program (TMP). Since the Direct Acting Antiviral (DAA) treatment was released in March 2016 the TMP have undertaken the following:

- 1,651 people screened for Hepatitis C (included PoCT) of which around 20% identified as Aboriginal and/or Torres Strait Islander.
- 119 FibroScans in this financial year across various sites.
- 775 people scripted for Hepatitis C treatment.
- 732 people have been treated for Hepatitis C.
- Of those, 712 people completed treatment, with 96% of those attending for their Sustained Virologic Response (SVR) PCR test at completion of treatment achieving a 'cure'.

The Hepatitis C TMP has continued to focus on its priorities to:

- Expand Hepatitis C treatment access through the Nurse Practitioner-led outreach and inreach programs.
- Support prison transitions to provide linkage and support to clients on or seeking HCV treatment post release in South-East Queensland. We supported 272 males and females post release and conducted 184 HCV screens.

- Implement PoCT for Hepatitis C. PoCT offers our clients value through convenience and speed (compared to traditional serology) and access via frontline NSP services and other settings. It may also offer clients reduced anxiety through having the procedure offered in less clinical settings by familiar staff and help reduce anxiety associated with poor venous access. HCV PoCT allows opportunity for enhanced diagnosis and care linkage as well as opportunity for engagement in routine testing for treatment response.

Therapeutic Programs

Our Therapeutic programs have continued to provide much needed non-residential alcohol and other drug (AOD) rehabilitation services. Through our non-residential community led AOD therapeutic services we believe we can have maximum reach and access. During the financial year our Therapeutic services provided:

- services to over 3,000 individual clients of which 14% identified as Aboriginal and/or Torres Strait Islander.
- 8,702 counselling sessions were provided.
- 1,911 case management sessions conducted.
- 1,441 group contacts were made.

- 240 clients were supported by our Case Manager and Nurse working in our Brisbane North Outreach Social Support Program.
- 782 clients accessing our counselling programs delivered in Cairns, Townsville, Mt Isa, and Mackay Probation and Parole offices.
- 9 AOD therapeutic group programs delivered in Northern Queensland Custodial Correctional Centres.

Analysis of treatment outcome measures demonstrates:

- Reduction in severity of drug dependence (high statistical significance).
- Reduction in levels of depression, anxiety, and stress (with the reduction in Depression, Anxiety and Stress scores all (high statistical significance).
- Improvement in levels of 'self-esteem' (high statistical significance) which is important as this is linked to the concept of 'self-agency' (i.e., people's belief in their capability to exercise some measure of control over their own functioning as well as belief and confidence in themselves). Change is considerably more difficult with low levels of self-esteem.
- Very High levels of satisfaction with the services provided by QuiHN.

Better Access Medical Clinic

It is our focus on our special interest areas combined with our unique approach to primary care that sets us aside from other General Practice clinics. Our doctors and practice staff are highly skilled, experienced, and passionate to make a positive difference in people's health. During the year our General Practice clinic provided:

- 9,338 appointments to patients.
- Despite significant challenges presented by Covid-19 we maintained 75% of patient appointments as face-to-face while delivering the remainder as telehealth appointments.
- 5% of patients identified as Aboriginal and/or Torres Strait Islander.
- The clinic supported 49 patients regularly accessing Opioid Substitution Therapy (OST).
- 293 patients attended for sexual health certificates.
- 916 HCV tests were conducted.
- 500 HIV tests were conducted.
- Over 700 tests conducted for Chlamydia and Gonorrhoea.
- 491 patients screened for Syphilis.

The Clinic also prepared for its AGPAL RACGP (5th Edition) Standards certification which was undertaken in September 2021 of the following financial year.

Our Future

We still have many opportunities to innovate, diversify our funding streams, and extend our reach and impact. Our passion is making long lasting positive impacts on peoples' lives. Our capabilities lay in our harm reduction, therapeutic, and clinical programs and our evidence exists in the outcomes we have for individuals. Regardless of where people are at in their journey our services are provided with respect, non-judgement, and self-agency. It is through this approach that we create a sense of belonging and safety. Through our services we strive to contribute to the elimination of drug overdoses, Hepatitis C incidence is eliminated, physical and mental health wellbeing is increased, quality of life improved, and individual potential realised. We believe in a world where all people who use substances can reach their full potential and the health and well-being outcomes of our communities is maximised.

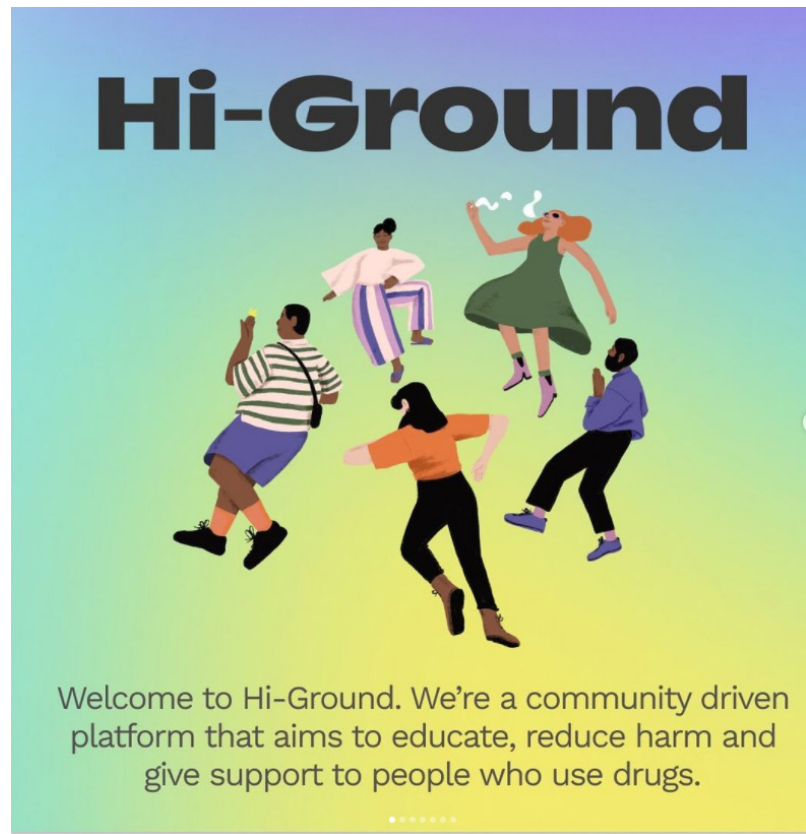
To achieve this, we must expand our services for more people affected by problematic drug use in Queensland and to do that successfully we must continue to:

- ensure our people are supported and trained, highly passionate, and strongly aligned.
- seek to integrate our programs to provide end-to-end cascade of care.

- remain committed to consumer engagement and co-design and strong partnership engagement.
- enhance our ability to undertake marketing and promotion to potential clients and the sector.
- enhance our physical and digital infrastructures to create local presence and digital touchpoints.
- ensure our finances and funding mix are adequate to achieve our goals.

We are founded by the communities with which we serve and our organisation continues this long and strong tradition in our connection to our founding member QuIVAA Inc. Over the year QuIHN has been working with our founding partner in strengthening our member engagement through such work as our Peer Leadership Working Group. Through this work we seek to further articulate and understand how our joint organisations can support the work of our peer workforce and ensure culturally safe and appropriate responses. As an organisation, we are proud of our history and excited about our future.

Queensland Injectors' Voice for Advocacy and Action



What QuIVAA has been doing this year

2021 for The Queensland Injectors Voice for Advocacy and Action (QuIVAA) has been busy.

Through systemic advocacy and representing issues affecting users in Queensland, QuIVAA is a voice for the diverse range of people who chose to use drugs. This year QuIVAA has been in the community and part of discussions and have noticed the negative impacts of Covid

-19 on its community. With the increase in homelessness, Unemployment, Domestic Violence and the closed borders people are struggling. QuIVAA has continued to have engagement and connection with our peers and community even with everything going on with Covid-19, lockdowns and without face to face connection.

In July 2021 QuIVAA took over managing the program Hi-Ground, first developed by QuIHN in 2020 to provide the harm reduction services online to clients throughout COVID19.



The aims of Hi-Ground is to provide non-judgmental and un-biased resources regarding drug use and also provide a 24hr peer moderated chatroom. The future goals for the Hi-Ground project is to become Queensland's first funded festival outreach service to engage with younger people about safer partying. Hi-Ground has also been busy since July developing harm reduction resources and online support for Queensland Women thanks to the Investing in Queensland Women's Grant. This project will wrap up by the end of December and will have a tailored booklet for women, along with 13 drug information cards and will have delivered

14 online sessions across the 6 months.

QuIVAA in partnership with QuiHN have been successful in obtaining a grant through AIVL for us to have a Peer Naloxone worker for 12months which commences on the 1st of December. This will enable us to get more naloxone out into our community.

Also,

- Advocating for drug law reform
- Leading new work in QuiHN in being a Peer led service
- QuIVAA now have a representative on the Queensland Lived

Experience Workforce Network Q-LEWN.

- QuIVAA have advocated for a primary NSP on the Fraser Coast
- QuIVAA have been instrumental in supporting a primary health care doctors surgery on the Fraser Coast, to collaborate with the Hospital NSP for greater provision of NSP equipment and harm reduction in the community and as an outreach service.
- QuIVAA have advocated for the inclusion of an AoD module in cert IV mental health peer work



QuIVAA membership is growing and have started to create a new website <https://quivaa.org.au/>

The QuIVAA Board would like to express its gratitude to AIVL and the drug user community for their support and solidarity throughout the year.

Hepatitis SA – Clean Needle Program (CNP) Peer Projects



CNP Interactions

CNP statistics are similar overall to the previous year, other than slightly fewer client interactions and syringes distributed as a result of COVID impacting on drug use. CNP users negotiated COVID restrictions/ social distancing by collecting more syringes per interaction, on average, for more people. There were a few less people coming through the doors, but those that did use the CNP were collecting enough equipment to distribute to their friends/ social networks.

COVID restrictions and protocols have affected the ability to conduct in-depth interactions, particularly equipment demonstrations that require close contact. CNP clients have also developed a more hurried manner of interaction within the CNP.

Throughout 2020–2021:

- 1.2 million new syringes distributed
- 15,560 client interactions (11,038 or 71% male; 4,522 or 29% female)

- An average of 79 syringes provided per interaction
- For every client accessing the CNP, an average of 2.6 other people indirectly accessed clean injecting equipment
- Clients identified as Aboriginal and/or Torres Strait Islander in 2,320 interactions (15%)
- CNP Peer Educators provided 1,433 referrals to hepatitis services, AOD services, health services and other support services.

Community Engagement

Two 'Safer Drug Use' information sessions were held at the Adelaide Women's Prison (AWP). The workshops were delivered to female prisoners as part of the 'Keeping Safe' Program delivered collaboratively with a range of services. The AWP session focused on providing education on opiate overdose and methamphetamine toxicity, safer GHB use, accessing naloxone (THN Pilot) and post-release risk reduction.

Two important days for engaging the community in health promotion and harm reduction are World Hepatitis Day (WHD) on July 28 and International Overdose

Awareness Day (IOAD) on August 31.

Overdose Awareness Day pins and face shields were distributed during the week prior to IOAD and peer workers reported many positive interactions discussing naloxone and overdose response with service users. A fortnight of promoting overdose awareness at UC Adelaide, with Streetlink and New Roads, was a very successful collaborative initiative. The UC event included a Remembrance Tree where people could place messages to loved ones who had fatally overdosed. There was also a raffle for people who had redeemed a voucher for naloxone.

A competition to raise awareness of HCV treatment was promoted at all CNP sites for World Hepatitis Day and AIVL promotional items (hand sanitiser, lip balm and other items) were given out to service users for WHD. Competitions, incentives and promotional items have proven to be an effective way to initiate conversations and engage clients in harm reduction education.

Workforce Training and Education

The CNP team provided training and education (online and face-to-face) to 147 paid staff, volunteers and students in the health and community sector. Workshop and presentation topics included CNP Training; Safer Injecting; Injecting Equipment Overview; Overdose/Take Home Naloxone; Vein Care; Introduction to CNP; Injecting Drug Use Harm Reduction; and Working with People who Inject Drugs.

Training Highlights

A face-to-face SALEN (SA Lived Experience Network) Forum was facilitated for peer/lived experience workers and volunteers, on the theme of grief, loss and vicarious trauma.

A Looking Good, Having Fun webinar for the 'Shattered!' webinar series that shattered popular myths about viral hepatitis and harm reduction. Education on safer drug use and drug laws was provided to Adelaide University International students attending the webinar.

Training for the rural workforce was provided during visits to Ceduna and Mt Gambier. Services participating in the training on CNP and Drug Use

were Panggala Mannamurna Aboriginal Health Service in Mt Gambier and Housing SA, Centacare, Aboriginal Family Violence Gateway and more in Ceduna.

Issues

There are still gaps in access to clean injecting equipment across the state. In many of the regional areas a basic range of injecting equipment (1ml 10 packs) can only be accessed from the local hospital. Access to equipment in the Fleurieu Peninsular region and Kangaroo Island is limited and people from these regions are travelling to our Noarlunga service for equipment. The closure of 2 metro CNPs in the last couple of years has impacted on the injecting community. We are hearing ongoing reports of reuse of syringes in the mid-northern suburbs since the closure of the Salisbury CNP, increasing injectors' risk of BBV transmission and other harms.

Client Satisfaction Survey

This year we conducted a survey at our primary CNP sites to get some feedback from clients on how well we are addressing their needs. The survey results were very

positive, with the majority of respondents reporting that accessing the peer worker had helped to improve their knowledge of BBVs and safer injecting.

Survey Results

- 49 respondents (78%) knew the CNP worker was a peer
- 53 respondents (84%) reported that their knowledge of safer injecting has increased as a result of interaction with the CNP peer
- 51 respondents (81%) believed that their HCV/BBV knowledge had increased as a result of interaction with the CNP peer
- 53 respondents (84%) reported that accessing the CNP peer had improved their injecting practices

Feedback about the CNP Peers:

Really cool, no judging

Informative & friendly

Always smiling and helpful beyond duty

I always walk out feeling more positive and a little happier

Tasmania Users Health and Support League (TUHSL)

TUHSL today is a lot different to it has been this year, there has been plenty happening in Australia over this year and in the year 2020. Lock Down's, isolation of individuals to their homes or Government facilities. There has been a lot of stresses placed on our board and members to the extent that it has been almost impossible keeping everyone focused on the job at hand. Even though this has been happening we have kept moving forward helping the people of our community that are in need.

At the moment our group consists of five board members, it has made the decisions of what we can actually do for people a more difficult thing to do. We have had to decide what is more of a priority to pursue.

One job that has become something new for us started after hearing from more and more people speaking with us about the difficulty obtaining fresh injecting equipment while either in a lockdown situation or because of the distance and location of where people are living now because of the high price of rental homes close to the city. We asked how we could help people during those situations and we thought of why not use the postal service and mail out equipment. Most people in these situations were happy to give us a mailing

address and give us a list of the equipment that they needed. This was done and we went to the closest NSP's in our area and obtained all the equipment necessary, then we sent the equipment off to the addresses collected. We helped around twenty people to have clean utensils during their time of confinement or while they live in a remote place. We still have four people living remotely who still are receiving this service. I know it doesn't sound many but it's a service we would like to work with NSP's to make it another way for people to obtain their fresh equipment in a safe and private way when they are in these situations again.

Our group has still been assisting those wishing to get themselves onto the Opiate maintenance program because of the ridiculous price increase of the illicit drug due to greed during the pandemic. Here in Hobart there is at a waiting list of 60-80 people which hasn't moved in about 12 months. Finding out the reason why the list never seems to move is the same excuse we hear for everything this day and age, Its because of Covid 19 and the lockdowns.... Not sure how that stops Alcohol and Drug Service doing their job, but that is the excuse we get. We have helped people navigate their way through the ADS system and have

advocated for many as well when they have had issues with ADS. Issues include take away doses for those who need to be placed in a lockdown and not having a nominated person to pick up their take away doses. This is a major issue for these people as a pharmacy doesn't have enough staff to deliver themselves to the clients home. We end up using one of our board members who isn't on the program at ADS to be the nominated person to pick up the dose and deliver personally to the client.

It is a great feeling though knowing that we have helped those who have no one else in their lives that will pass the over the top rules layed out in the ADS guidelines of who can or cant help you with collecting your daily dose.

TUHSL has also been a part of a couple of online groups that have regular meetings. These groups are EC Australia where we are a part of the peer process of finding new and effective advertisement to encourage those who haven't accessed the New Hep C treatment available now. We are also participating on the National Peer Network which is exciting being a part of. Also we try hard to be apart of the meetings of NDARC which is another great peer organisation we are grateful to be a part of.

TUHSL is grateful to the assistance we have been receiving from AIVL, We are happy that AIVL is giving us support and are looking forward to the coming year.

The coming year is going to be hard but it will also be a year in which TUHSL will be seeking to re establish itself as the only genuine Illicit drug using peer group in Tasmania. We are always open and look forward to working with the other user groups around Australia and always highlight the great services the other peer groups do across the country to our members.

Thank You from TUHSL

Harm Reduction Victoria



We have had to go through multiple rounds with this pandemic and we should acknowledge the impact on our community, on our health care and community sectors, and on our organisation. The challenge for a peer organisation that is restricted from having face-to-face and human contact with its community is very real. We spent 262 days in hard lockdown with a 5km travel limit and an 8pm curfew. Many of our programs are based around personal, close connection and long-term trust building. The reality is this has impacted on our usual outputs.

On the other hand, the whole staff team, our more than three-hundred volunteers and peer networkers have been able to continue engaging with community and adapting to the changes as well. As an essential service our NSP has remained open since the start of the pandemic through to today, with a small crew to keep the NSP going. The Peer Networkers and the DanceWize volunteers carried on throughout the pandemic to support our community in new and adaptive ways.

Our ongoing programs include our **Blood Borne Virus Health Promotion Team's** work focused on peer education with people who inject drugs. We were able to expand that work to incorporate an evaluation of peer support partnerships with hepatitis nurses and community health services thanks to the Burnet Institute and Gilead Life Sciences. The project, PATH-Ex, is designed to help us work out the long-term future of hepatitis C peer navigation. We were fortunate enough to have this vision supported by the Dept of Health, who have dedicated funds to HRVic to expand this work.

Our overdose and naloxone training project, **DOPE**, transitioned to regular trainings delivered online and continues its proud tradition of providing naloxone directly to people who inject drugs following each training. We are very pleased to have been able to coordinate naloxone provision to people in regional Victoria via these workshops.

PAMS – our client-focused pharmacotherapy support

service – continues to support people to remain on the program despite unprecedented demand and complexity of cases combined with an ever-shrinking pool of prescribers. Again, we have been supported by the Dept of Health to undertake a project that we hope will improve client outcomes and support the sector to better understand the impact of this shrinking pool of prescribers.

DanceWize was hit profoundly by the lockdowns and cancellation of music events but quickly pivoted to online training and harm reduction promotion via videos, social media and community engagement as well as well as volunteer support and training. DanceWize also undertook outreach into social hotspots over the summer as we enjoyed the small times out of lockdown in Victoria last year.

A new project based on an old project – **the Fuse Initiative** kicked off in June of this year. This program is based around support for living experience peer workers in harm reduction and has not only provided dozens of support interventions for this workforce but is developing strategic documents and training too. We are partnering with the Association of Participating Service Users (APSU) and SHARC on this program. This is an exciting and growing space.

The team here at Harm Reduction Victoria has ebbed and flowed as well across the last year. We bid farewell to

two team members whose length of service was notable. Steph Tzanetis, who was most recently our DanceWize Program Director and Leora Robertson who was PAMS Service Officer both left within a month of each other this year. Leora has deservedly gone into retirement and will have more time to spend with her family, while Steph has moved on to AIVL. Each were with us for the best part of a decade, and it is right to offer our thanks to them and to honour their time with us. Thank you Leora and Sass.

This year we also said goodbye to Jessie Murray who was with us and DanceWize from 2019 until March of 2021. We welcomed Jessie from NSW and their work was fundamental to the sustainability of the DanceWize program.

Lily Fraser, our Office Manager for many years decided to move to the country and so the regions gain was our loss! I worked particularly closely with Lil and want to thank her for helping me land softly at Harm Reduction Victoria in 2018 and also for all her support along the way.

Within the year a number of people worked on fixed-term projects and they too have contributed to the organisation – Dellie McKenzie worked with PAMS and Sammy Bamford and Stuart Armstrong worked on PATH-Ex with the Health Promotion Team. Thank you.

In particular we would like to acknowledge and thank the

following for partnering and providing significant funding:

- Victorian State Government – in particular the Department of Health branches: Public Health Division of the Prevention and Population Health Branch and the Mental Health and Wellbeing Division
- Burnet Institute

Thanks again to all our members, allies, volunteers, supporters, funders, staff team and most of all our resilient and awesome community.

Sione Crawford CEO Harm Reduction Victoria

Team 20 –21

Bee Hayes – DanceWize
Nick Wallis – DanceWize
Stephanie Tzanetis – DanceWize Coordinator
Mae Vincent – DanceWize
Jessie Murray – DanceWize
Lily Fraser – Organisational Services
Jess Holcombe – Organisational Services
Caro Weidener – Health Promotion Team
Hunter Morgan – Health Promotion Team
Stuart Armstrong – Health Promotion Team
Sammy Bamford – Health Promotion Team
Jane Dicka – Health Promotion Team and DOPE Coordinator
Leora Robertson – PAMS
Daniel Ward – PAMS
Dellie McKenzie – PAMS
Sarah Lord – PAMS Coordinator
Sam Jones – Communications and Design

Peer Based Harm Reduction WA



NSEP Report

Distribution

| Year | Distribution | % > compared to previous year | Occasions of service | % > compared to previous year |
|---------|--------------|-------------------------------|----------------------|-------------------------------|
| 2020/21 | 1,900,750 | -8.0% | 16,600 | -23.0% |
| 2019/20 | 2,070,400 | +4.5% | 21,500 | +7.5% |
| 2018/19 | 1,980,000 | +2.0% | 20,000 | +11.0% |
| 2017/18 | 1,940,000 | +2.0% | 18,000 | +24.0% |
| 2016/17 | 1,900,000 | 0.0% | 14,500 | +11.5% |

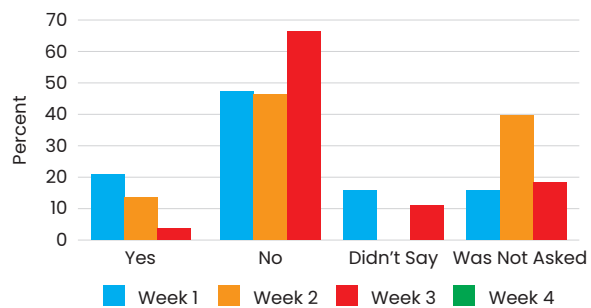
1,900,750 pieces of sterile injecting equipment in over 16,600 consumer interactions.

Injection Infection Month

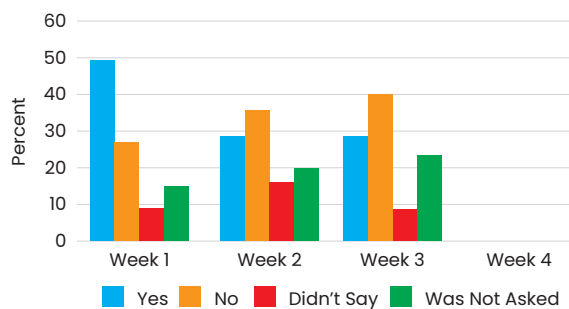
Injection Infection month continues to demonstrate the number of consumers requesting extra free equipment and the reported re-use of equipment declining over the four week period.

In March 2021 injection infection month was discontinued after three weeks due to WA Covid-19 lockdowns. As a result we focused on consumer education regarding changes in process and current advice in relation to the Covid-19. We promoted extra supplies of equipment to ensure consumers were prepared in-case of isolation, quarantine or interruptions to the service.

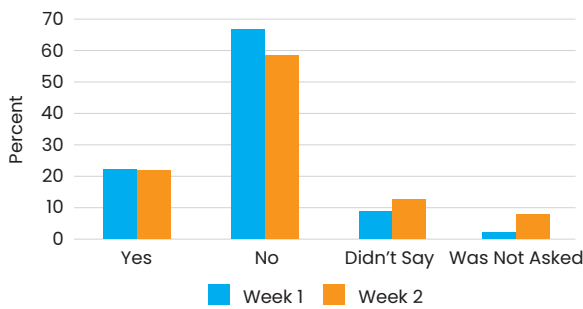
% of Consumers Stating Reuse of Equipment by Week – Outreach Metro April 2021.



% of Consumers Stating Reuse of Equipment by Week – PBHRWA Perth April 2021.



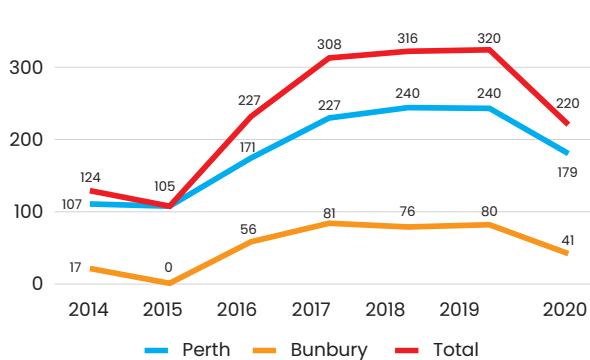
% of Consumers Stating Reuse of Equipment by Week – PBHRWA South West April 2021.



Finger Prick Survey

Peer Based Harm Reduction WA has continued to increase participation in the annual Australian NSP 'Finger Prick' Survey. In 2020, the impact of Covid-19 restrictions led to the first reduction in participation in the ANSPS by PBHRWA consumers since 2015.

PBHRWA NSP Survey Participation 2014 – 2020



Outreach Report

Outreach NSEP service

Our Outreach service 'home-delivers' NSEP in the Perth Metro and South West regions to help overcome some of the barriers to access. These services cover 2,500 km² in the metro area and 24,000 km² in the South West.

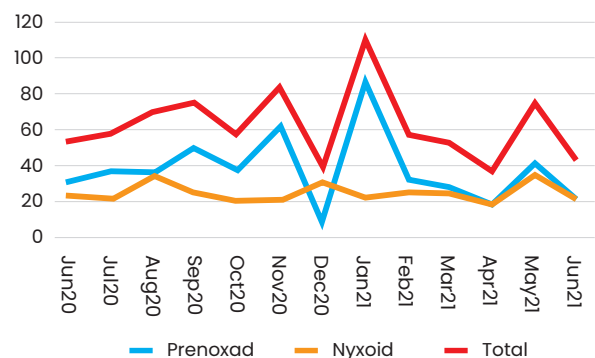
From July 2020 to June 2021, Outreach Metro and SW provided 391,213 needles & syringes directly to 1,323 people in their homes. This is a 7.5% increase in the amount of equipment distributed, and a 10.4% increase in the number of consumers we helped to access sterile equipment, compared with the previous year 183 new consumers engaged with the service during this time.

Overdose Prevention and Management Program (OPAM) & Peer Naloxone Project

During this year outreach NSEP has provided naloxone to 61 people in the outer metro area and South West region who might otherwise have been unable to access it. In total, from July 2020 to June 2021 we provided 758 naloxone devices to 372 people from our fixed sites, MNSEP and outreach. More of our staff members have been authorised to supply naloxone via brief education, further increasing access for our consumers.

Covid-19 restrictions and state and international border closures have impacted drug supply in Western Australia. Fluctuations in heroin availability and purity are reflected in our naloxone distribution figures. During the next six months OPAM will be recruiting new peer educators in the outer Perth metropolitan area and the South West.

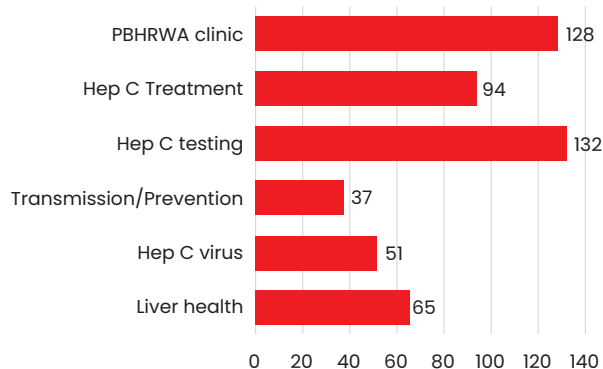
Naloxone distribution July 2020 to June 2021



Hepatitis C Peer Harm Reduction Education (Hep C PHRE)

During the latest reporting period peer educators have conducted 169 peer-to-peer education sessions. Of the 169 peers reached, 118 (70%) said that being approached about hepatitis C by a peer rather than a health professional made a positive difference. Of the 169 peers reached, 51 (30.2%) provided their contact details for referral, 33 were contactable. 18 peer referrals (54.5% of those contactable) resulted in appointments with us for hepatitis C testing and/or treatment.

Peer Educator to Peer Education Sessions



Hep C PHRE funding ends in December 2021, until then we continue to reach peers who would not have had access to information about hepatitis C transmission, prevention, testing and treatment from any other source.



Hepatitis C Case Management (HCV Case Management)

As services fully resume in the community with the easing of Covid-19 restrictions client numbers and individual health interventions have increased. Our new Perth metro mobile health clinic service will be launched over the next year. HCV case management and the health team will work closely to increase accessibility and support for consumers to engage in Hep C testing and treatment.

| INTERVENTION THEME | TOTAL |
|---|-------|
| HCV Case Management Weekly check in | 299 |
| Home visit attended | 167 |
| Home visit attempted | 67 |
| Consumer transport | 6 |
| Venepuncture conducted/support | 65 |
| Venepuncture attempted | 13 |
| Dx re HCV testing and HCV Case Management | 252 |
| HCV Clinic / Outreach clinic home visit reschedule/reminder | 610 |
| HCV Treatment education | 247 |
| Medication Delivery | 34 |

Health Clinic

A total of 910 new and returning clients were seen both in Perth and Bunbury (603 patients in Perth and 307 patients in Bunbury respectively). In Perth, approximately 67.5% of patients are returning patients. There was a significant increase in new patients in Perth and Bunbury (from 23.5% in July Dec 2020 to 38.5% in January – June 2021 for Bunbury and from 14% in July Dec 2020 to 41.5% in Jan – June 2021 for Bunbury). A total of 37 patients commenced treatment for hepatitis C in Perth and Bunbury (30 and 7 patients respectively).

A number of factors have contributed to the increase in new patients. Firstly, the new mobile health clinic and needle and syringe exchange van in the South West has been operational since November 2020. Secondly there has been an increase in nurse clinics on the mobile van in Busselton. Thirdly, a pharmaceutical company provided two GeneXpert machines for fingerprick HCV viral load testing which enabled patients to be tested for current HCV within an hour. Trained peer and outreach workers conduct fingerprick testing on the mobile van, at the fixed sites and in outreach. The availability of this quick testing method has significantly contributed to the increase in new patients and has made follow up for patients completing HCV treatment considerably easier.



AIVL

Australian Injecting & Illicit Drug Users League

AIVL Board Meeting Minutes

Friday, 19 November at 3:00pm (Canberra time) via Ring Central

Board Attendance

Chair – Angela Corry (Angela), Paul Dessauer (Paul), Peter Sidaway (Peter), Chris Gough (Chris), Sione Crawford (Sione), Amanda Bresnan (Amanda), Alex Wodek (Alex), Jake Docker (Jake) CEO, Rob Smith (Rob) Finance & Business Manager

Apologies None

AGENDA ITEM

1. Acknowledgement of country

Angela acknowledged the Whadjuk region of the Noongar people and all the traditional owners, their culture, and elders past, present, and emerging from around the country.

2. Attendance and apologies

As above.

3. Declaration of conflicts of interest

Nil.

4. Approval of 2021 Financial Statements for Annual General Meeting

Sione provided the Treasurers Report for the Year Ended 30 June 2021 and noted the audit report was unqualified, gave a true and fair view of the Company's financial position at 30.6.2021 and was in Australian Accounting Standards and the ANCN Regulation 2013.

Directors discussed the financial statements and questions were answered by Sione and Rob.

Resolution: That the AIVL Board recommend that the AIVL Annual Financial Statements to 30 June, 2021 be endorsed for the membership to approve at the AIVL AGM on November 23, 2021.

Moved by: Sione

Seconded by: Chris

Carried: Unanimously

5. Date of Next Meeting – Annual General Meeting Tuesday 23 November at 1.00 PM (AESDST)

6. Close of Meeting – 3:45pm Canberra Time.



FINANCIAL STATEMENTS

For the Year Ended 30 June 2021

ABN: 20 467 449 392

Australian Injecting and Illicit Drug Users League Ltd

ABN: 20 467 449 392

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For the Year Ended 30 June 2021

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Australian Injecting and Illicit Drug Users League Ltd

ABN: 20 467 449 392

Board Members' Report For the Year Ended 30 June 2021

The Board Members present their report on AIVL - Australian Injecting and Illicit Drug Users League Ltd for the financial year ended 30 June 2021.

Board members

The names of the board members in office at any time during, or since the end of, the year are:

| Names | Position | Appointed/Resigned |
|----------------|------------------------|--|
| Angela Corry | President | Appointed 27 November 2018 |
| Paul Dessauer | Vice President | Appointed 26 November 2019 |
| Chris Gough | Secretary | Appointed 26 November 2019 |
| Sione Crawford | Treasurer | Appointed 26 November 2019 |
| Peter Sidaway | Member Liaison Officer | Appointed 26 November 2019 |
| David McDonald | General Member | Appointed 20 November 2015 Resigned 24 November 2020 |
| Amanda Bresnan | General Member | Appointed 20 November 2015 |

Board members have been in office since the start of the financial year to the date of this report unless otherwise stated.

Principal activities

The principal activities of AIVL during the financial year were to develop and distribute educational resources and to undertake various policy and engagement activities in the field of illicit drug use, Hepatitis C and other blood borne viruses and sexually transmissible diseases in Australia.

No significant changes in the nature of the organisation's activity occurred during the financial year.

Meetings of board members

During the financial year, 6 board meetings (with 2 committees of members meetings) were held. Attendances by each board member during the year were as follows:

| | Board Members' Meetings | | Finance & Governance Committee Meetings | |
|----------------|-------------------------|---------------------------|---|---------------------------|
| | Number attended | Number eligible to attend | Number attended | Number eligible to attend |
| Angela Corry | 6 | 6 | 6 | 6 |
| Paul Dessauer | 5 | 6 | 4 | 6 |
| Chris Gough | 6 | 6 | 6 | 6 |
| Sione Crawford | 6 | 6 | 6 | 6 |
| Amanda Bresnan | 3 | 6 | - | - |
| Peter Sidaway | 3 | 6 | - | - |

Board Members' Report

For the Year Ended 30 June 2021

Operating results

The profit of the organisation amounted to \$47,477 (2020: profit of \$201,820).

Significant changes in state of affairs

There have been no significant changes in the state of affairs of the organisation during the year.

Events after the reporting date

The Board are not aware of any significant events since the end of the reporting period with the exception of the possible effect of the Novel Coronavirus (COVID-19) pandemic and the related impact on the organisation's future results of operations, cash flows and financial condition which cannot be reasonably estimated at this stage.

Environmental issues

The organisation's operations are not regulated by any significant environmental regulations under a law of the Commonwealth or of a state or territory of Australia.

Indemnification and insurance of officers and auditors

The organisation has paid premiums to insure each of the board members against liabilities for costs and expenses incurred by them in defending legal proceedings arising from their conduct while acting in the capacity of board members of the organisation, other than conduct involving a wilful breach of duty in relation to the organisation. The premiums for the insurance amounted to \$4,296

Proceedings on behalf of Association

No person has applied for leave of court to bring proceedings on behalf of the organisation or intervene in any proceedings to which the organisation is a party for the purpose of taking responsibility on behalf of the organisation for all or any part of those proceedings.

The organisation was not a party to any such proceedings during the year.

Australian Injecting and Illicit Drug Users League Ltd

ABN: 20 467 449 392

Board Members' Report For the Year Ended 30 June 2021

Auditor's independence declaration

The auditor's independence declaration for the year ended 30 June 2021 has been received and can be found on page 6 of the financial report.

Signed in accordance with a resolution of the Board Members:

President:

Angela Corry

Dated November 2021



Chartered Accountants

Suite 2d, 1st Floor
18 Napier Close
DEAKIN ACT 2600
PO Box 52, DEAKIN WEST ACT 2600
AUSTRALIA

Ph: (02) 6282 3341
Fax: (02) 6282 3342
Email: banmca@interline.com.au
ABN: 87 955 412 345

**AUSTRALIAN INJECTING AND ILLICIT DRUG USERS LEAGUE LTD.
ABN 20 467 449 392**

**AUDITOR'S INDEPENDENCE DECLARATION
UNDER SECTION 60-40 OF THE AUSTRALIAN CHARITIES AND NOT-FOR-PROFITS COMMISSION ACT 2012
TO THE DIRECTORS OF AUSTRALIAN INJECTING AND ILLICIT DRUG USERS LEAGUE LTD.**

I declare that, to the best of my knowledge and belief, during the financial year ended 30 June 2021 there have been:

- (i) no contraventions of the auditor independence requirements as set out in the *Australian Charities and Not-for-profits Commission Act 2012* in relation to the audit, and

- (ii) no contraventions of any applicable code of professional conduct in relation to the audit.

Bandle McAneney & Co.

**Anthony J Bandle FCA
Partner**

Place: Canberra

Dated:

Liability limited by a scheme approved under Professional Standards Legislation

Australian Injecting and Illicit Drug Users League Ltd

ABN: 20 467 449 392

Statement of Profit or Loss and Other Comprehensive Income

For the Year Ended 30 June 2021

| | Note | 2021 \$ | 2020 \$ |
|--|------|----------------|------------|
| REVENUE | | | |
| Grant - other Australian | 2 | 983,063 | 840,103 |
| Investment income | 2 | 629 | 2,028 |
| Australian Government Cash Flow Boost | 2 | - | 90,242 |
| Other income | 2 | 4,745 | 31,510 |
| TOTAL REVENUE | | 988,437 | 963,883 |
| Domestic programs expenditure | | | |
| Hepatitis C & other BBV's program | | (940,960) | (762,063) |
| Excess of revenue over expenditure | | 47,477 | 201,820 |
| Other Comprehensive Income | | - | - |
| Total comprehensive income for the year | | 47,477 | 201,820 |

The accompanying notes form part of these financial statements.

Australian Injecting and Illicit Drug Users League Ltd

ABN: 20 467 449 392

Detailed Profit or Loss Statement

For the Year Ended 30 June 2021

| | Note | 2021 \$ | 2020 \$ |
|---|------|------------------|------------------|
| Income | | | |
| Grant - other Australian | 2 | 983,063 | 840,103 |
| Investment income | 2 | 629 | 2,028 |
| Australian Government Cash Flow Boost | 2 | - | 90,242 |
| Other income | 2 | 4,745 | 31,510 |
| | | <u>988,437</u> | <u>963,883</u> |
| Less: Direct Expenses | | | |
| Employee benefits expense | 3 | (607,661) | (477,330) |
| Occupancy expenses | | (14,097) | (22,529) |
| Travelling expenses | | (7,281) | (30,830) |
| Consultancy expenses | | (140,558) | - |
| Professional fees | | (17,063) | (6,569) |
| IT Support | | (38,993) | (33,372) |
| Workshop and conference expenses | | (529) | (25,929) |
| Depreciation of property, plant and equipment | 3 | (5,294) | (12,193) |
| Depreciation of Right of Use Asset | | (20,379) | (21,420) |
| Interest Paid – Right of Use Asset | | (2,012) | (3,103) |
| Printing & Advertising | | (-) | (35,769) |
| Training | | (617) | (8,730) |
| Postage | | (1,382) | (2,663) |
| Subscriptions | | (8,368) | (7,958) |
| Materials and resources | | (36,731) | (7,200) |
| Other expenses | | (39,995) | (66,467) |
| | | <u>(940,960)</u> | <u>(762,063)</u> |
| Net profit/(loss) | | <u>47,477</u> | <u>201,820</u> |

The accompanying notes form part of these financial statements.

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Australian Injecting and Illicit Drug Users League Ltd

ABN: 20 467 449 392

Statement of Financial Position

As At 30 June 2021

| | Note | 2021 \$ | 2020 \$ |
|--------------------------------------|------|------------------|----------------|
| ASSETS | | | |
| CURRENT ASSETS | | | |
| Cash and cash equivalents | 4 | 1,237,239 | 546,665 |
| Trade and other receivables | 5 | 2,097 | 84,977 |
| Other financial assets | 6 | 110,113 | 109,636 |
| Other assets | 7 | 11,255 | 14,005 |
| TOTAL CURRENT ASSETS | | 1,360,704 | 755,283 |
| NON-CURRENT ASSETS | | | |
| Property, plant and equipment | 8(a) | 12,390 | 13,427 |
| Right of use asset | 8b) | 27,337 | 47,716 |
| TOTAL NON-CURRENT ASSETS | | 39,727 | 61,143 |
| TOTAL ASSETS | | 1,400,431 | 816,426 |
| LIABILITIES | | | |
| CURRENT LIABILITIES | | | |
| Lease Liability | | 18,349 | 20,625 |
| Trade and other payables | 9 | 73,817 | 36,204 |
| Employee benefits | 10 | 20,813 | 75,027 |
| Other financial liabilities | 11 | 629,755 | 56,000 |
| TOTAL CURRENT LIABILITIES | | 742,734 | 187,856 |
| NON-CURRENT LIABILITIES | | | |
| Lease liability | | 9,537 | 27,886 |
| TOTAL NON-CURRENT LIABILITIES | | 9,537 | 27,886 |
| TOTAL LIABILITIES | | 752,271 | 215,742 |
| NET ASSETS | | 648,160 | 600,684 |
| EQUITY | | | |
| Retained earnings | | 648,160 | 600,684 |
| TOTAL EQUITY | | 648,160 | 600,684 |

The accompanying notes form part of these financial statements.

Australian Injecting and Illicit Drug Users League Ltd

ABN: 20 467 449 392

Statement of Changes in Equity

For the Year Ended 30 June 2021

| | Note | Retained Earnings | Total |
|---|------|----------------------|----------------|
| 2020 | | \$ | \$ |
| Balance at 1 July 2020 | | 623,588 | 623,588 |
| Surplus to entity | | 201,820 | 201,820 |
| Reduction in Equity – CAHMA Incorporation | | (224,724) | (224,724) |
| Balance at 30 June 2020 | | 600,684 | 600,684 |
| | | | |
| 2021 | | Retained Earnings | Total |
| | | \$ | \$ |
| Balance at 1 July 2020 | | 600,684 | 600,684 |
| Surplus to entity | | 47,477 | 47,477 |
| Balance at 30 June 2021 | | 648,161 | 648,161 |

The accompanying notes form part of these financial statements.

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Australian Injecting and Illicit Drug Users League Ltd

ABN: 20 467 449 392

Statement of Cash Flows For the Year Ended 30 June 2021

CASH FLOWS FROM OPERATING ACTIVITIES:

| | 2021 | 2020 |
|---|-----------|-------------|
| Receipts from customers | 983,063 | 960,693 |
| Payments to suppliers and employees | (940,424) | (1,013,890) |
| Interest Received | 629 | 2,028 |
| Net cash provided by/(used in) operating activities | 43,268 | (51,169) |

CASH FLOWS FROM FINANCING ACTIVITIES:

| | | |
|---|-----------|----------|
| Net increase/(decrease) in cash and cash equivalents held | 690,574 | (51,169) |
| Cash and cash equivalents at beginning of year | 546,665 | 597,834 |
| Cash and cash equivalents at end of financial year | 1,237,239 | 546,665 |

The accompanying notes form part of these financial statements.

Notes to the Financial Statements

For the Year Ended 30 June 2021

The financial report covers AIVL - Australian Injecting and Illicit Drug Users League Ltd as an individual entity. AIVL - Australian Injecting and Illicit Drug Users League Ltd is a not-for-profit company limited by guaranteed registered and domiciled in Australia.

1 Summary of Significant Accounting Policies

(a) Revenue recognition

Revenue recognition –contracts with customers

AASB 15 requires revenue to be recognised when control of a promised good or service is passed to the customer at an amount which reflects the expected consideration.

The customer for these contracts is the fund provider.

Revenue is recognised by applying a five-step model as follows:

1. Identify the contract with the customer
2. Identify the performance obligations
3. Determine the transaction price
4. Allocate the transaction price
5. Recognise revenue

Generally the timing of the payment for sale of goods and rendering of services corresponds closely to the timing of satisfaction of the performance obligations, however where there is a difference, it will result in the recognition of a receivable, contract asset or contract liability.

None of the revenue streams of the organisation have any significant financing terms as there is less than 12 months between receipt of funds and satisfaction of performance obligations.

Contract assets arise when work has been performed on a particular program and goods or services have been transferred to the customer but the invoicing milestone has not been reached and the rights to the consideration are not unconditional. If the rights to the consideration are unconditional then a receivable is recognised. No impairment losses were recognised in relation to these assets during the year (2020: \$nil).

Contract liabilities generally represent the unspent grants or other fees received on the condition that specified services are delivered or conditions are fulfilled. The services are usually provided, or the conditions usually fulfilled within 12 months of receipt of the grant / fees. Where the amount received is in respect of services to be provided over a period that exceeds 12 months after the reporting date or the conditions will only be satisfied more than 12 months after the reporting date, the liability is presented as non-current. Where the monies are received for the organisation to acquire or construct an item of property, plant and equipment which will be controlled by the organisation then the funds are recognised as a contract liability and amortised to revenue as and when the obligation is satisfied.

Grant income

Assets arising from grants in the scope of AASB 1058 are recognised at their fair value when the asset is received. These assets are generally cash but maybe property which has been donated or sold to the organisation at significantly below its fair value.

Once the asset has been recognised, the organisation recognises any related liability amounts (e.g. provisions, financial liabilities).

Once the assets and liabilities have been recognised then income is recognised for any difference between the recorded asset and liability.

Interest

Interest revenue is recognised using the effective interest rate method, which, for floating rate financial assets is the rate inherent in the instrument.

All revenue is stated net of the amount of goods and services tax (GST).

Australian Injecting and Illicit Drug Users League Ltd

ABN: 20 467 449 392

Notes to the Financial Statements

For the Year Ended 30 June 2021

Summary of Significant Accounting Policies (cont'd)

(b) Basis of Preparation

The financial statements are general purpose financial statements that have been prepared in accordance with the Australian Accounting Standards – Reduced Disclosure Requirements and the *Australian Charities and Not-for-profits Commission Act 2012*.

(c) Going Concern

The organisation is reliant on the continued funding from various funding bodies.

(d) Plant and Equipment

Plant and equipment are measured on the cost basis and are therefore carried at cost less accumulated depreciation and any accumulated impairment.

The board members review the carrying amount of plant and equipment annually to ensure it is not in excess of the recoverable amount. The recoverable amount is assessed on the basis of expected net cash flows that will be received from the asset's employment and subsequent disposal. The expected net cash flows have been discounted to their present values in determining recoverable amounts.

Depreciation

The depreciable amount of all property, plant and equipment is depreciated on a straight-line method from the date that management determine that the asset is available for use. Leasehold improvements are depreciated over the shorter of the term of the lease and the assets useful life.

The depreciation rates used for each class of depreciable asset are shown below:

| Fixed asset class | Depreciation rate |
|--------------------------------|--------------------------|
| Office furniture and equipment | 20% - 33% |
| Leasehold improvements | 20% |

At the end of each annual reporting period, the depreciation method, useful life and residual value of each asset is reviewed. Any revisions are accounted for prospectively as a change in estimate.

When an asset is disposed, the gain or loss is calculated by comparing proceeds received with its carrying amount and is taken to the statement of profit or loss and other comprehensive income.

(e) Cash and Cash Equivalents

Cash and cash equivalents include cash on hand, deposits held at call with banks, other short-term highly liquid investments with original maturities of three months or less. Bank overdrafts also form part of cash equivalents for the purpose of the statement of cash flows and are presented within current liabilities on the statement of financial position.

Notes to the Financial Statements

For the Year Ended 30 June 2021

1 Summary of Significant Accounting Policies (cont'd)

(f) Trade Receivables

Trade receivables are initially recognised at fair value and subsequently measured at amortised cost using the effective interest method, less provision for impairment. Trade receivables are generally due for settlement within 60 days.

Collectability of trade receivables is reviewed on an ongoing basis. Debts which are known to be uncollectable are written off by reducing the carrying amount directly. An allowance account (provision for impairment of trade receivables) is used when there is objective evidence that the organisation will not be able to collect all amounts due according to the original terms of the receivables. Significant financial difficulties of the debtor, probability that the debtor will enter bankruptcy or financial reorganisation, and default or delinquency in payments (more than 60 days overdue) are considered indicators that the trade receivable is impaired.

The amount of the impairment loss is recognised in the statement of profit or loss and other comprehensive income within other expenses. When a trade receivable for which an impairment allowance has been recognised becomes uncollectable in a subsequent period, it is written off against the allowance account. Subsequent recoveries of amounts previously written off are credited against other expenses in the statement of profit or loss and other comprehensive income.

(g) Employee Benefits

Provision is made for the organisation's liability for employee benefits arising from services rendered by employees to the end of the reporting period. Employee benefits that are expected to be settled within one year have been measured at the amounts expected to be paid when the liability is settled.

Employee benefits payable later than one year have been measured at the present value of the estimated future cash outflows to be made for those benefits. In determining the liability consideration is given to employee wage increases and the probability that the employee may not satisfy vesting requirements. Those cash outflows are discounted using market yields on national government bonds with terms to maturity that match the expected timing of cashflows.

Contributions are made by the organisation to an employee superannuation fund and are charged as expenses when incurred.

Notes to the Financial Statements

For the Year Ended 30 June 2021

Summary of Significant Accounting Policies (cont'd)

(h) Trade Payables

Trade and other payables represent the liabilities for goods and services received by the organisation that remain unpaid at the end of the reporting period. The balance is recognised as a current liability with the amounts normally paid within 30 days of recognition of the liability.

(i) Unexpended Grant

Grants received that remain unspent at year end are recognized as unexpended grants only when such funds are expected to be spent in future years for the purpose of funded projects in accordance with relevant project agreements.

(j) Income Tax

The organisation is exempt from income tax under Division 50 of the *Income Tax Assessment Act 1997*.

(k) Goods and Services Tax (GST)

Revenue, expenses and assets are recognised net of the amount of goods and services tax (GST), except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO).

Receivables and payable are stated inclusive of GST.

The net amount of GST recoverable from, or payable to, the ATO is included as part of receivables or payables in the statement of financial position.

Cash flows in the statement of cash flows are included on a gross basis and the GST component of cash flows arising from investing and financing activities which is recoverable from, or payable to, the taxation authority is classified as operating cash flows.

(l) Financial instruments

Initial recognition and measurement

Financial assets and financial liabilities are recognised when the organisation becomes a party to the contractual provisions of the instrument. For financial assets, this is equivalent to the date that the organisation commits itself to either purchase or sell the asset (i.e. trade date accounting is adopted). Financial instruments are initially measured at fair value plus transactions costs except where the instrument is classified at fair value through profit or loss in which case transaction costs are expensed to profit or loss immediately.

Notes to the Financial Statements

For the Year Ended 30 June 2021

Summary of Significant Accounting Policies (cont'd)

Financial Assets

Classification and subsequent measurement

Financial assets with the implementation of AASB 9 Financial Instruments for the first time in 2020, the entity classifies its financial assets in the following categories:

- i) financial assets at fair value through profit or loss;
- ii) financial assets at fair value through other comprehensive income; and
- iii) financial assets measured at amortised cost.

The classification depends on both the entity's business model for managing the financial assets and contractual cash flow characteristics at the time of initial recognition. Financial assets are recognised when the entity becomes a party to the contract and, as a consequence, has a legal right to receive or a legal obligation to pay cash and derecognised when the contractual rights to the cash flows from the financial asset expire or are transferred upon trade date. Comparatives have not been restated on initial application.

Financial Assets at Fair Value Through Other Comprehensive Income (FVOCI)

Financial assets measured at fair value through other comprehensive income are held with the objective of both collecting contractual cash flows and selling the financial assets and the cash flows meet the SPPI test. Any gains or losses as a result of fair value measurement or the recognition of an impairment loss allowance is recognised in other comprehensive income.

Financial Assets at Amortised Cost

Financial assets included in this category need to meet two criteria: 1. the financial asset is held in order to collect the contractual cash flows; and 2. the cash flows are solely payments of principal and interest (SPPI) on the principal outstanding amount. Amortised cost is determined using the effective interest method.

Effective Interest Method

Income is recognised on an effective interest rate basis for financial assets that are recognised at amortised cost.

Financial liabilities are classified as either financial liabilities 'at fair value through profit or loss' or other financial liabilities. Financial liabilities are recognised and derecognised upon 'trade date'.

Financial Liabilities at Amortised Cost

Financial liabilities, including borrowings, are initially measured at fair value, net of transaction costs. These liabilities are subsequently measured at amortised cost using the effective interest method, with interest expense recognised on an effective interest basis.

Impairment of Financial Assets

Financial assets are assessed for impairment at the end of each reporting period based on Expected Credit Losses, using the general approach which measures the loss allowance based on an amount equal to lifetime expected credit losses where risk has significantly increased, or an amount equal to 12-month expected credit losses if risk has not increased.

The simplified approach for trade, contract and lease receivables is used. This approach always measures the loss allowance as the amount equal to the lifetime expected credit losses.

A write-off constitutes a derecognition event where the writeoff directly reduces the gross carrying amount of the financial asset.

Notes to the Financial Statements

For the Year Ended 30 June 2021

1 Summary of Significant Accounting Policies (cont'd)

Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market. They arise principally through the provision of goods and services to customers but also incorporate other types of contractual monetary assets.

After initial recognition these are measured at amortised cost using the effective interest method, less provision for impairment. Any change in their value is recognised in profit or loss.

The organisation's trade and most other receivables fall into this category of financial instruments.

(o) Comparative Amounts

Comparatives are consistent with prior years, unless otherwise stated.

Where a change in comparatives has also affected the opening retained earnings previously presented in a comparative period, an opening statement of financial position at the earliest date of the comparative period has been presented.

(p) Adoption of new and revised accounting standards

The organisation has adopted all standards which became effective for the first time at 30 June 2020, the adoption of these standards has not caused any material adjustments to the reported financial position, performance or cash flow of the organisation.

(q) Critical accounting estimates and judgments

The directors make estimates and judgements during the preparation of these financial statements regarding assumptions about current and future events affecting transactions and balances.

These estimates and judgements are based on the best information available at the time of preparing the financial statements, however as additional information is known then the actual results may differ from the estimates.

There were no significant estimates and judgements used in the preparation of these financial statements.

Australian Injecting and Illicit Drug Users League Ltd

ABN: 20 467 449 392

Notes to the Financial Statements

For the Year Ended 30 June 2021

2 Revenue and Other Income

| Revenue from continuing operations | 2021 | 2020 |
|---|----------------|----------------|
| | \$ | \$ |
| Income | | |
| - Hep C Funding | 983,063 | 840,103 |
| - CAHMA Funding | - | - |
| - Investment income | 629 | 2,028 |
| - Australian Government Cash Flow Boost | - | 90,242 |
| - Other income | 4,745 | 31,510 |
| Total Revenue | <u>988,437</u> | <u>963,883</u> |

3 Result for the Year

The result for the year includes the following specific expenses

| | | |
|---|------------------|------------------|
| Employee benefits expense | (607,661) | (477,330) |
| Depreciation of property, plant and equipment | (5,294) | (12,193) |
| | <u>(612,955)</u> | <u>(489,523)</u> |

4 Cash and cash equivalents

| | | |
|--------------|------------------|----------------|
| Cash at bank | <u>1,237,239</u> | 546,665 |
| | <u>1,237,239</u> | <u>546,665</u> |

Australian Injecting and Illicit Drug Users League Ltd

ABN: 20 467 449 392

Notes to the Financial Statements

For the Year Ended 30 June 2021

| | 2021 | 2020 |
|---|-----------------|----------|
| 5 Trade and other receivables | | |
| CURRENT | | |
| Australian Taxation Office Portal Balance | - | 31,511 |
| Australian Government COVID19 Cash Flow Boost | - | 52,425 |
| Other Receivables | 1056 | - |
| Deposits Bond | 1041 | 1,041 |
| | 2,097 | 84,977 |
| 6 Other Financial assets | | |
| CURRENT | | |
| Term deposits | 110,113 | 109,636 |
| 7 Other assets | | |
| CURRENT | | |
| Prepayments | 11,255 | 14,005 |
| 8(a) Property, plant and equipment | | |
| Office equipment at cost | 43,991 | 39,735 |
| Accumulated depreciation | (31,601) | (26,307) |
| Total office equipment | 12,390 | 13,427 |
| Leasehold improvements at cost | 34,046 | 34,045 |
| Accumulated depreciation | (34,046) | (34,045) |
| Total Leasehold improvements | | |
| Total property, plant and equipment | | |
| 8(b) Right of use asset | | |
| Right of use asset is the organisation's non-cancellable property lease of the AIVL office | | |
| . AASB16 related amounts recognised in the balance sheet: | | |
| Right of use asset lease premises | 69,136 | 69,136 |
| Accumulated depreciation | (41,799) | (21,420) |
| Total right of use asset | 27,337 | 47,716 |
| . AASB 16 related amounts recognized in the statement of profit and losses: | | |
| Depreciation charge relating to right of use asset | 20,379 | 21,420 |
| Interest expenses on lease liabilities | 2,012 | 3,103 |
| Total | 22,391 | 24,523 |

Australian Injecting and Illicit Drug Users League Ltd

ABN: 20 467 449 392

Notes to the Financial Statements

For the Year Ended 30 June 2021

| 9 Trade and other payables | 2021 | 2020 |
|---------------------------------------|----------------|---------------|
| | \$ | \$ |
| CURRENT | | |
| Trade payables | 52,150 | 4,793 |
| Sundry payables and accrued expenses | 3,587 | 1,571 |
| Superannuation and PAYG | 14,301 | 10,805 |
| GST | 3,779 | 19,035 |
| | <u>73,817</u> | <u>36,204</u> |
| | | |
| 10 Employee Benefits | | |
| Current liabilities | | |
| Long Service Leave | - | 28,356 |
| Provision for employee benefits | 20,813 | 46,671 |
| | <u>20,813</u> | <u>75,027</u> |
| | | |
| 11 Other Financial Liabilities | | |
| CURRENT | | |
| Government grants | 629,755 | 56,000 |
| Lease Liability | 18,349 | 20,625 |
| | <u>648,104</u> | <u>76,625</u> |
| | | |
| NON CURENT LIABILITIES | | |
| Lease Liability | 9,537 | 27,886 |
| | <u>9,537</u> | <u>27,886</u> |

Notes to the Financial Statements

For the Year Ended 30 June 2021

12 Financial Risk Management

The Board members have overall responsibility for the establishment of AIVL - Australian Injecting and Illicit Drug Users League Ltd's financial risk management framework. This includes the development of policies covering specific areas such as interest rate risk and credit risk. Risk management policies and systems are reviewed regularly to reflect changes in market conditions and AIVL - Australian Injecting and Illicit Drug Users League Ltd's activities.

The day - to - day risk management is carried out by AIVL - Australian Injecting and Illicit Drug Users League Ltd's finance function under policies and objectives which have been approved by Board members. The Chief Executive Officer has been delegated the authority for designing and implementing processes which follow the objectives and policies. This includes monitoring the levels of exposure to interest rate and foreign exchange rate risk and assessment of market forecasts for interest rate and foreign exchange movements.

The Board members receives bi-monthly reports which provide details of the effectiveness of the processes and policies in place.

AIVL - Australian Injecting and Illicit Drug Users League Ltd does not actively engage in the trading of financial assets for speculative purposes nor does it write options.

Mitigation strategies for specific risks faced are described below:

Specific financial risk exposures and management

The main risks AIVL - Australian Injecting and Illicit Drug Users League Ltd is exposed to through its financial instruments are credit risk, liquidity risk and market risk relating to interest rate risk.

Credit risk

Exposure to credit risk relating to financial assets arises from the potential non-performance by counterparties of contract obligations that could lead to a financial loss to AIVL - Australian Injecting and Illicit Drug Users League Ltd and arises principally from AIVL - Australian Injecting and Illicit Drug Users League Ltd's receivables.

AIVL - Australian Injecting and Illicit Drug Users League Ltd manages its credit risk by ensuring goods or services are not delivered until payments are received, or by receiving payments in advance for services provided under funding arrangements. Therefore the maximum exposure to credit risk is reduced to only a few transactions per year for minimal amounts. The credit risk associated with these transactions is assessed on a case by case basis by the Business Manager.

Notes to the Financial Statements

For the Year Ended 30 June 2021

12 Financial Risk Management (cont'd)

Liquidity risk

Liquidity risk arises from the possibility that AIVL - Australian Injecting and Illicit Drug Users League Ltd might encounter difficulty in settling its debts or otherwise meeting its obligations related to financial liabilities. The organisation manages this risk through the following mechanisms:

- preparing forward looking cash flow analysis in relation to its operational, investing and financial activities which are monitored on a monthly basis;
- preparing a 3 year operating budget and continuously monitoring performance against budgeted milestones;
- maintaining good relationships with funding providers and monitoring compliance with funding agreements;
- only investing surplus cash with major financial institutions; and
- comparing the maturity profile of financial liabilities with the realisation profile of financial assets.

Typically, AIVL - Australian Injecting and Illicit Drug Users League Ltd ensures that it has sufficient cash on demand to meet expected operational expenses for at least 3 months.

The tables below reflect an undiscounted contractual maturity analysis for financial liabilities.

Financial guarantee liabilities are treated as payable on demand since AIVL - Australian Injecting and Illicit Drug Users League Ltd has no control over the timing of any potential settlement of the liabilities.

The timing of cash flows presented in the table to settle financial liabilities reflects the earliest contractual settlement dates and does not reflect management's expectations that banking facilities will be rolled forward. The amounts disclosed in the table are the undiscounted contracted cash flows and therefore the balances in the table may not equal the balances in the statement of financial position due to the effect of discounting.

Key Management Personnel Remuneration

The totals of remuneration paid to the key management personnel of Australian Injecting and Illicit Drug Users League Inc. during the year are as follows:

| | 2021 | 2020 |
|------------------------------|----------------|----------------|
| | Q1 | \$ |
| Short-term employee benefits | 272,426 | 201,075 |
| | <u>272,426</u> | <u>201,075</u> |

Notes to the Financial Statements

For the Year Ended 30 June 2021

12 Financial Risk Management (cont'd)

Market risk

Market risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices.

(i) Interest rate risk

Exposure to interest rate risk arises on financial assets and financial liabilities recognised at the end of the reporting period, whereby a future change in interest rates will affect future cash flows or the fair value of fixed rate financial instruments. The organisation is not exposed to any significant interest rate risk.

13 Contingencies

In the opinion of the Directors, the organisation did not have any contingencies at 30 June 2021 (30 June 2020: None).

14. Events Occurring After the Reporting Date

The Board are not aware of any significant events since the end of the reporting period with the exception of the possible effect of the Novel Coronavirus (COVID-19) pandemic and the related impact on the organisation's future results of operations, cash flows and financial condition which cannot be reasonably estimated at this stage.

No other matters or circumstances have arisen since the end of the financial year which significantly affected or could significantly affect the operations of the organisation, the results of those operations or the state of affairs of the organisation in future financial years.

15. Leases

At inception of a contract, the organisation assesses whether a lease exists – i.e. does the contract convey the right to control the use of an identified asset for a period of time in exchange for consideration. This involves an assessment of whether:

- The contract involves the use of an identified asset – this may be explicitly or implicitly identified within the agreement. If the supplier has a substantive substitution right, then there is no identified asset.
- The organisation has the right to obtain substantially all of the economic benefits from the use of the asset throughout the period of use
- The organisation has the right to direct the use of the asset i.e. decision-making rights in relation to changing how and for what purpose the asset is used.
- The organisation has elected not to separate non-lease components from lease components and has accounted for all leases as a single component.

At the lease commencement, the organisation recognises a right-of-use asset and associated lease liability for the lease term. The lease term includes extension periods where the organisation believes it is reasonably certain that the option will be exercised.

The right-of-use asset is measured using the cost model where cost on initial recognition comprises of the lease liability, initial direct costs, prepaid lease payments, estimated cost of removal and restoration less any lease incentives.

The right-of-use asset is depreciated over the lease term on a straight-line basis and assessed for impairment in accordance with the impairment of assets accounting policy. The right-of-use asset is assessed for impairment indicators at each reporting date.

Australian Injecting and Illicit Drug Users League Ltd

ABN: 20 467 449 392

Notes to the Financial Statements

For the Year Ended 30 June 2021

The lease liability is initially measured at the present value of the remaining lease payments at the commencement of the lease. The discount rate is the rate implicit in the lease, however where this cannot be readily determined then the organisation's incremental borrowing rate is used.

Subsequent to initial recognition, the lease liability is measured at amortised cost using the effective interest rate method. The lease liability is remeasured whether there is a lease modification, change in estimate of the lease term or index upon which the lease payments are based (e.g. CPI) or a change in the organisation's assessment of lease term.

Where the lease liability is remeasured, the right-of-use asset is adjusted to reflect the remeasurement or is recorded in profit or loss if the carrying amount of the right-of-use asset has been reduced to zero.

The organisation has elected to apply the exceptions to lease accounting for leases of low-value assets. For these leases, the organisation recognises the payments associated with these leases as an expense on a straight-line basis over the lease term.

16 Company Details

The registered office of and principal place of business of the organisation is:

AIVL - Australian Injecting and Illicit Drug Users League Ltd Unit 26, 85 Northbourne Avenue
Havelock House, Turner
Canberra ACT 2612

Australian Injecting and Illicit Drug Users League Ltd

ABN: 20 467 449 392

Director's Declaration

In the opinion of the directors of Australian Injecting and Illicit Drug Users League Ltd. ('the company'):

- (a) The financial statements and notes, set out on pages 7 to 24 are in accordance with the *Australian Charities and Not-for-profits Commission Act 2012, including*
 - i. Giving a true and fair view of the financial position of the Company as at 30 June 2021 and of its performance as represented by the results of its operations and its cash flows for the year ended on that date; and
 - ii. Complying with Australian Accounting Standards – Reduced Disclosure Requirements and the Australian Charities and Not-For-Profits Commission Regulations 2013; and
- (b) There are reasonable grounds to believe that the Company is able to pay its debts, as and when they become due and payable.

Signed in accordance with subsection 60.15(2) of the *Australian Charities and Not-for-profit Commission Regulation 2013*.

Dated: November, 2021

Dated: November, 2021

.....
Director

.....
Director



Chartered Accountants

Suite 2d, 1st Floor
18 Napier Close
DEAKIN ACT 2600
PO Box 52, DEAKIN WEST ACT 2600
AUSTRALIA

Ph: (02) 6282 3341
Fax: (02) 6282 3342
Email: banmca@interline.com.au
ABN: 87 955 412 345

**INDEPENDENT AUDIT REPORT
TO THE MEMBERS OF
AUSTRALIAN INJECTING AND ILLICIT DRUG USERS LEAGUE LTD.
ABN 20 467 449 392**

Opinion

We have audited the financial report of Australian Injecting and Illicit Drug Users League Ltd. ("the Company") which comprises the statement of financial position as at 30 June 2021 the statement of profit or loss and other comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the directors' declaration.

In our opinion, the accompanying financial report of the Company is in accordance with Division 60 of the *Australian Charities and Not-for-profits Act 2012*, including:

- a) giving a true and fair view of the Company's financial position as at 30 June 2021 and of its financial performance for the year then ended; and
- b) complying with Australian Accounting Standards and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the Company in accordance with the auditor independence requirements of the *Australian Charities and Not-for-profits Act 2012* and the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* ("the Code") that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

We confirm that the independence declaration required by the *Australian Charities and Not-for-profits Act 2012*, which has been given to the directors of the Company, would be in the same terms if given to the directors as at the time of this auditor's Report.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

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**INDEPENDENT AUDIT REPORT
TO THE MEMBERS OF
AUSTRALIAN INJECTING AND ILLICIT DRUG USERS LEAGUE LTD.
ABN 20 467 449 392**

Responsibilities of the Directors for the Financial Report

The directors of the Company are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards and the *Australian Charities and Not-for-profits Act 2012* and for such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the directors are responsible for assessing the ability of the Company to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the Company or to cease operations, or have no realistic alternative but to do so.

Auditor's Responsibilities for the Audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

As part of an audit in accordance with the Australian Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit.

We identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

We obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control.

We evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the directors.

We conclude on the appropriateness of the directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Company to cease to continue as a going concern.

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We evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the directors regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

We also provide the directors with a statement that we have complied with relevant ethical requirements regarding independence, and to communicate with them all relationships and other matters that may reasonably be thought to bear on our independence, and where applicable, related safeguards.

Bandle McAnaney & Co.

**Anthony J Bandle FCA
Partner**

Place: Canberra

Dated:



AIVL

Australian Injecting &
Illicit Drug Users League