



ANNUAL REPORT

2018

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About AIVL

“the process of enabling people to increase control over, and to improve their health”

The Australian Injecting & Illicit Drug Users League (AIVL) is the national peak organisation for the state and territory drug user organisations and represents issues of national significance for illicit drug users.

The organisational philosophy of AIVL is user-centred and supports the right of people who use illicit drugs to self-organise and form peer-based structures and processes in order to reduce drug related harm. AIVL operates within a health promotion framework as articulated in the Ottawa Charter for Health Promotion (1986) which defines health promotion as “the process of enabling people to increase control over, and to improve their health”.

The Charter outlines five strategies for achieving the above process which are:

- Building healthy public policy;
- Creating supportive environments;
- Strengthening community action;
- Developing personal skills; and
- Reorienting health services.

With this overall framework in mind AIVL undertakes a broad range of health promotion and disease prevention activities and programs. One of the primary aims of the organisation is to prevent and reduce the transmission of blood borne viruses such as hepatitis B

and C, and HIV amongst people who inject illicit drugs and to ameliorate the negative impact of such conditions amongst those already infected.

Although AIVL represents and addresses issues affecting all illicit drug users, AIVL and its member organisations will maintain a priority focus on injecting drug users and injecting drug user issues due to the higher levels of harm and marginalisation routinely experienced by people who inject drugs.

AIVL takes a non-judgmental approach to drug use and recognises the fundamental role that drug use has played historically within society. AIVL believes that people who use illicit drugs have the right to be treated with dignity and respect and be able to live their lives free from discrimination, stigma and health and human rights violations.

As an organisation, AIVL is committed to achieving fundamental reform of the current drug laws and a re-orientation of the health system in relation to issues affecting people who use illicit drugs.

AIVL's Aims & Objectives

To address and represent the health needs of people who use illicit drugs at the national level through a health promotion and disease prevention approach.

The objectives for which AIVL is established are (in no particular order of priority):

1. To provide an avenue through which the interests of people who use illicit drugs can be represented at the national level.
2. To maintain an effective, efficient, well-funded organisation which is primarily accountable to its membership.
3. To address and represent the health needs of people who use illicit drugs at the national level through a health promotion and disease prevention approach.
4. To prevent the transmission of blood borne communicable diseases such as HIV/ AIDS, hepatitis C, hepatitis B, etc., among people who inject illicit drugs.
5. To promote and represent the health and support needs of people with hepatitis C and/or HIV/AIDS who inject drugs.
6. To promote the provision of high quality, accessible and relevant services to people who use illicit drugs throughout Australia.
7. To challenge social and legal barriers to the health and well-being of people who use illicit drugs in Australia including, ensuring that users have access to the resources and means to reduce drug related harm.
8. To promote and protect the health and human rights of people who use illicit drugs in Australia.
9. To offer developmental national activities designed to improve the capacity and effectiveness of the State and Territory Drug User Organisations throughout Australia.
10. To form strategic alliances and partnerships to address issues affecting people who use illicit drugs at the national level.
11. To maintain an active public voice on issues affecting people who use illicit drugs at the national level.
12. To operate as a genuine partner in research undertaken on issues affecting people who use illicit drugs in Australia.
13. To link and collaborate with like-minded organisations outside Australia to promote the principles and objectives of AIVL on an international level.
14. To support like-minded organisations, networks or projects in the Asia Pacific region to ensure users have access to the resources and means to reduce drug related harm and promote health.

AIVL Member Organisations

As of 30 June 2018

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 (QIHN)

QLD

Queensland Injectors Voice for Advocacy and Action (QIVAA)

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

Mary Ellen Harrod

Mary Ellen Harrod joined NUAA as CEO in January 2015 following a research career with a strong focus on community development and empowerment. She carried the lessons imparted to her by leaders in the Aboriginal Community Controlled Health movement such as James Ward, Mark Saunders and Dea Delaney-Thiele into user organisations and has a passionate belief in self-determination of communities, drug users leading the conversation on badly needed reform and the role of love in building a stronger community and harm reduction movement. While at NUAA she has raised the profile of the organisation through meeting and media participation and has developed and established programs of work such as the Consumer Academy, DanceWize NSW and expanding the network of peer support in NSW. In her spare time, she identifies as a yoga loving health freak (with the odd trip down memory lane with comrades such as Jude Byrne) and has two sons and two cats.

Vice President

Kerrie Jordan

Kerrie is currently the Executive Director of the Northern Territory AIDS and Hepatitis Council (NTAHC) and AIVL Vice President.

Kerrie joined the Board in November 2017. Her expertise stems from both personal and professional experience. After many years as a Senior Policy Analyst for the Tasmanian Government, Kerrie transitioned to a career in the BBV sector. She has worked in harm reduction, viral hepatitis and HIV in Tasmania, NSW and more recently the Northern Territory. She has lived experience of injecting drug use and has lived with and been treated for Hepatitis C. Kerrie is driven by an ambition to work closely with, and advocate for, marginalised communities.

Treasurer

Dan Burns

Dan was involved with Harm Reduction Victoria's DanceWize program in both volunteer and staff capacities from late 2010 to October 2015. As the youngest member of the current board, Dan especially represents people who use drugs within the festival and dance music communities. He comes from the Melbourne rave and doof scenes and is focused on making music events a safer place for his fellow party people. He joined the AIVL board in 2014 as Member Liaison Officer - and has enjoyed getting to know the various state organisations a bit more - before becoming Vice President of the board in 2015. In 2016 Dan became a member of the newly-formed Deakin University chapter of Students for Sensible Drug Policy and he is looking towards the possibility of more focused drug and alcohol policy work in the future. Dan was elected to the role of Treasurer at the 2017 AGM.

Secretary

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; a Specialist at-risk Youth Outreach Service; Overdose Prevention and Management (OPAM) Peer-education Project and WA Peer-administered Naloxone Program; Hepatitis C Treatment Case Management Service; and the Stirling Empowerment Project 'CaLD 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 18 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 & Other Drugs Council of Australia (ADCA) Australia Day Medal.

Member Liaison Officer

Yvonne Samuel

Yvonne has worked for the NSW Users and AIDS Association (NUAA) a not-for-profit NGO that provides peer-education, harm reduction, and representation for people who use illicit drugs for the past five years. With a broader sector experience, having worked across the community welfare sector over the past 25 years in a range of front line, education and training, and managerial positions.

General Member

Amanda Bresnan

From October 2008 to 2012 Amanda was an elected Member of the ACT Legislative Assembly (MLA) for the ACT Greens. Amanda was the ACT Greens spokesperson for health, disability, housing, ageing, multicultural affairs, transport and corrections. Prior to being elected as an MLA, Amanda was the Acting Director of Policy and Projects for the Mental Health Council of Australia (MHCA), and also worked as a Project Manager with the Consumer Health Forum of Australia. Amanda is President of the Asthma Foundation ACT, a Board Member of the National Asthma Board and a Board member of AIVL. She was Patron of ACT Mental Health Week in 2013 and 2014. Amanda has since worked as a consultant in mental health and disability, was Policy Manager at Palliative Care Australia and is currently the Executive Director for Community Mental Health Australia.

General Member

David MacDonald

David has been co-opted to the Board as a General Member. He is an interdisciplinary social scientist with research interests at the intersection of criminal justice and population health, and building evidence-informed public policy. David is the Director of the consultancy Social Research & Evaluation Pty Ltd, a Campus Visitor at the National Centre for Epidemiology and Population Health at The Australian National University, and a consultant to the Alcohol Tobacco and Other Drugs Association ACT.

He has wide experience in research and evaluation, policy analysis, and policy and program development in the alcohol and other drugs, criminal justice and related fields. In 2009 David was the recipient of the Outstanding Contributions Award in the ACT Alcohol and Other Drug Awards Program, and in 2011 he was inducted into the National Drug and Alcohol Honour Roll, and was made a Life Member of the Alcohol and other Drugs Council of Australia.

AIVL, CAHMA & Connection Staff

During 2017-2018 AIVL and CAHMA/The Connection said farewell to a number of staff and welcomed others.

Staff who departed during 2017-2018

Mim Ashfaque –
AIVL Finance Manager

James Dunne –
AIVL Director programs &
Communications]

Emily Yearsley –
AIVL Office Administrator/EA

Staff who joined us in 2017-2018:

Carolyn Murphy –
AIVL Finance Manager

AIVL Staff as at 30 June 2018:

Jude Byrne –
AIVL Co-ordinator – Peer based
Education Prevention Program

Jason Hargraves –
AIVL Database Administrator

Tiia Harrison –
AIVL Project Officer

Carolyn Murphy –
AIVL Finance Manager

Christian Vega –
AIVL Senior Policy Officer
(based in NUAA – Sydney, NSW)

Melanie Walker –
AIVL Chief Executive officer

CAHMA Staff as at 30th June 2018:

David Baxter –
Naloxone Training Co-ordinator

Chris Gough –
CAHMA Manager

Peter Parkes –
Peer Education Officer

Aimee Tregonning –
Aboriginal Peer Support Worker –
The Connection

Geoff Ward –
Policy & Advocacy Officer

Juda Weerheim –
CAHMA Project Officer

President's, Treasurer's and CEO's Reports

President's Report

AIVL has had a calm and productive year – a relative rarity since I joined the Board in November 2015. We've put funding uncertainty and staffing upheavals in the past. Melanie, our CEO, has excelled at representing the organisation and community, and has increased AIVL's participation in national forums and our integration into activities and committees that tie in with our funded program of work. AIVL has enhanced/and or developed relationships with organisations who provide services to our community including primary health networks, the Pharmacy Guild and research centres such as Burnett and Kirby. We took positive steps into the alcohol and other drug (AOD) space with achievements such as gaining a seat on the Board of the newly established AOD peak, Australian Alcohol and Other Drug Council (AADC), that has been set up by the Australian Network of State and Territory AOD peak bodies. Most significantly, we have gained a new funding source through the Aged Care project – a vital initiative for members of our community who are particularly disadvantaged as they enter old age. Melanie has also raised our profile through hugely successful events such as Hepatitis Awareness day and a strong media presence.

My role as President has given me a clear picture of the national peer based movement and I believe if AIVL continues to work with our member orgs developing products and programs that are forged in the community that we can all use to enhance activities and expand our reach it will consolidate our groups position as the 'go to' organisation for any illicit/injecting information or ideas. AIVL and our members have experienced considerable change through staff movements with two new state-based organisational leads – Geoff Davey and Sione Crawford – joining the tight-knit band of member org managers. So long as we support each other and first and foremost and remember who we serve – people who use drugs and most especially people who inject drugs - we will grow stronger.

There are new opportunities and challenges facing all our organisations – retaining our moral and intellectual rights to stigma and discrimination training, the national expansion of programs such as Harm Reduction Victoria's DanceWize, navigating our way through new conversations around opioid treatment, the development of a peer workforce, the closer working relationship in the BBV and AOD sectors forged through the focus on HCV elimination, the rapidly expanding discussion of overdose prevention – on all these points if we do not remain on the front foot we risk falling behind and losing our relevance in the national conversation.

Finally, after three years of service to AIVL which has been a very large time commitment on my part including acting as CEO for four months, I am resigning to focus on the rapidly expanding program of work at NUAA. I regret being unable to complete my commitment to AIVL but NUAA's role in NSW has expanded in such a way as to make that impossible. I will continue to maintain close ties to AIVL through my role in a member organisation. The experiences of the past three years have forged my belief in the importance of strong and impartial governance and maintaining honest and robust working relationships. Uncertain governance and a lack of due diligence on the part of Boards of Directors can and has seriously hampered our movement and we need to zealously guard against this in the future through supporting peers to adopt leadership positions on our boards and in our organisations. We can only do this through investing in training and support of our community.

I wish AIVL member organisations and staff all the best and am confident that we will build on our recent successes to move ahead as an organisation,

With love

Mary
AIVL President

Treasurer's Report

The past year has seen significant change in AIVL's financial management with the move from using an external accounting firm to the internal management of the finances by AIVL's new finance officer, Carolyn Murphy. This decision was made to improve timeliness and accountability around financial reporting. This has been a smooth transition and is working well.

The current auditor, Rosenfeld Kant, delivered a satisfactory report with no concerns raised with organisational management of finances. The current auditor is unable to complete a project-based audit, which means that this was completed by Bandle, McAnaney & Co. This is an area that should be addressed in the new financial year.

In the 2017 – 2018 financial year, AIVL Incorporated (including CAHMA) had a decrease in overall funding from 1.74 to 1.65 million dollars. This decrease comprises a decrease in AIVL's funding, and an increase in CAHMA funding. Funding is still awarded to AIVL annually with the Commonwealth Department of Health.

Staffing represented the single greatest expense at 65% of the budget, which represented an increase from the previous year – though much of this increase

can be accounted for through leave liabilities paid to departing staff. Other significant budget lines were occupancy expenses at 12% (\$204,588), travel at 3.8% (\$63,173), and workshop and conference expenses 3% (\$50,738) – all of which represent significant decreases from the previous year.

There was a surplus of \$125,635. This surplus reflects the considerable savings made against the significant budget lines listed above and was rolled into AIVL's equity as retained earnings.

AIVL's net assets were \$314,340 or approximately ten weeks of operating expenses for AIVL and CAHMA. There are sufficient funds to meet employee liabilities.

Cash on hand has increased from \$562,461 in 2016-2017 to \$578,110 in 2017-2018.

Some of the financial issues that the Board will need to be aware of and plan for in the next financial year are:

- Choosing an auditor who can manage the organisation audit, as well as the projects audit
- The imminent incorporation of CAHMA and the splitting of shared costs
- Continuing to increase reserves where possible

AIVL's new funding agreement with the Australian Government Department of Health for 2018-2019 was executed on 20 June 2018. Under the new funding agreement, AIVL will receive \$681,818 (GST exclusive) for the 2018-2019 financial year to undertake activities supporting National BBV and STI priorities.

AIVL has also secured new funding for 2018-19 from the Australian Government Department of Health to carry out a project called "Supporting healthy ageing for people who inject drugs and/or receive pharmacotherapies".

I'd like to recognise and thank both the staff and Board of AIVL for their persistence and hard work throughout this past year. I look forward to another year working with AIVL, in my role on the Board, to continue to strengthen and grow the organisation into the future.

D Burns
AIVL Treasurer

CEO's Report



The 2017-18 financial year has been a period of change and growth for AIVL as we have worked with our member organisations to develop new strategic directions and ensure that these are reflected in the development of the new National BBV/STI Strategies. This year has also seen the release of some wonderful new resources and a series of collaborative events that have enabled us to showcase not just the work of AIVL, but the collective value of the work of our network. We are striving to build AIVL's profile across a number of sectors, representing and advancing the interests of its member organisations at the national level.

I would like to take this opportunity to thank the AIVL and CAHMA staff and board members, along with our member organisations, for the incredible support that I have received throughout the year – I continue to feel privileged to be part of such a talented, dedicated and committed team of people. The following report provides a snapshot of some of the key outputs and outcomes achieved in 2017-18.

World Hepatitis Day

AIVL's inaugural World Hepatitis Day Oration was held at the ACT Legislative Assembly on Tuesday 24 July 2018 (ahead of World Hepatitis Day on 28 July 2018). The Oration was the culmination of a body of work undertaken throughout 2017-18.

The event was held in association with the Alcohol Tobacco and Other Drug Association ACT (ATODA) and the Canberra Alliance for Harm Minimisation and Advocacy (CAHMA) and was attended by around eighty people, including:

- the ACT Minister for Corrections;
- high level representatives from the Australian Government Department of Health and Ageing, ACT Health and the Capital Health Network (all of AIVL's funding bodies);
- CEOs of both national and ACT-based NGO partner organisations;
- Representatives of other key stakeholder organisations in both the alcohol and other drug (AOD) and BBV/STI sectors;
- Ngunnawal Elders (the Ngunnawal people are the traditional custodians of the ACT); as well as
- individual service users and community members.

Former ACT Health Minister and outgoing President of the World Federation of Public Health Associations, Michael Moore AM, used the Oration to renew calls for a Needle and Syringe Program (NSP) in the ACT's prison.

AIVL recently released a new report looking at the needs of people living with Hepatitis C

after leaving custodial settings in Australia. The report contained a series of recommendations aimed at addressing the spread of BBVs in the Australian community more broadly, including trialling of a NSP in prison and increased focus on transitional arrangements for people returning to the community. The contents and recommendations contained in the report featured prominently in the Oration.

With the development of new national BBV and STI strategies currently underway, it is important that people entering and exiting custodial contexts are not forgotten, particularly as they are returning to their families and communities. Ensuring access to the full suite of preventive, harm reduction measures – and ensuring that people are able to continue their engagement with AOD and viral hepatitis treatments post-release – are tangible ways that more Australians can be prevented from contracting BBVs. The Oration and related media engagement activities provided the opportunity to highlight these key messages in the context of the implementation of a NSP in the ACT's prison, while also reinforcing the importance of the inclusion of custodial priorities in the national strategy documents.

AIVL's World Hepatitis Day Oration was part of a series of activities held by AIVL and its member organisations around the country to coincide with World Hepatitis

Day. Representatives from member organisations participated in a series of World Hepatitis Day meetings to develop resources and promotional materials, including media release templates, posters and merchandise for use by AIVL and its member organisations. Activities conducted in jurisdictions included community BBQs and media engagement activities designed to raise awareness of viral hepatitis prevention, testing and treatment, in line with the 'Find the Missing Millions' theme.

A range of promotional resources were developed in consultation with - and distributed to – AIVL's member organisations in each jurisdiction ahead of World Hepatitis Day to help reinforce broader messaging. The range of promotional resources were developed in line with key harm reduction priorities for at-risk populations.

AIVL also took the opportunity to launch and promote its new NSP Directory and website at its World Hepatitis Day event. The revamped online NSP Directory provides an Australia wide listing of NSPs and other related services – with links to Google Maps – to enable people to locate services more easily. The website was upgraded to provide both users and the administrators of the system a better and simpler interface to interact with.

Media engagement has also been a feature in terms of other key theme days in 2017-18,

including International Overdose Day and International Drug Users Day activities. In leading and coordinating national action and resource development for key international theme days, AIVL has sought to reach both target populations and the broader community with multi-faceted campaign messages delivered:

- Directly to service users via promotional resources delivered by member organisations as part of broader harm reduction and prevention activities; and
- Through engagement with both mainstream and social media via the issuing of media releases.

These activities raise awareness and create new opportunities for engagement, thereby enhancing the ability for peer educators and other health professionals to support people who inject drugs to take control of their health.

A Normal Day Stigma and Discrimination Online Training Module

In January 2018 AIVL, in partnership with The ID Crowd and Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM), announced the release of a new online training module designed to enhance communication and understanding between people who use drugs and healthcare professionals.

The 'Normal Day' podcast series and resources - created in collaboration with boutique learning consultancy, the ID Crowd - features conversations between a range of healthcare professionals and people who use drugs on the challenges and misunderstandings that occur within the clinical relationship. The opportunity for learning is delivered through an innovative series of podcasts and accompanying practical resources that follow the patient through the process of renewing a prescription.

The six part series includes interviews with GPs, pharmacists, researchers, emergency room physicians and GP receptionists who provide unique insights and rarely heard perspectives on the clinical relationship. A short trailer for 'A Normal Day' is available at <https://vimeo.com/251587836>. The full module is available on the ASHM Learning Portal.

In August 2018, the 'A Normal Day' module won first place in the coveted, International Brandon Hall Awards in the 'Unique or Innovative Learning Program' category. This is a significant achievement and a reflection, in particular, of the vision, hard work and dedication of Jude Byrne and James Dunne at AIVL.

NSP Report

On 9 April 2018, AIVL released a new report on NSPs in Australia, with a view to enhancing access for priority populations and reducing the impact of BBVs. The report makes a series of recommendations in key areas that form the basis of a national best practice framework for NSPs. Given that consistency of equipment across different types of NSP outlets was identified in the report as a critical component of NSP best practice service provision, AIVL also developed an accompanying factsheet that outlines AIVL's recommended equipment for NSPs across Australia. The best practice framework outlined in the NSP report, along with the recommended equipment factsheet, will continue to provide the basis for AIVL's policy, program and workforce initiatives in this area moving forward.

Linking National BBV and AOD priorities

In recognition of AIVL's current leadership role and contribution to policy and program development across the BBV and AOD sectors, in 2017-18 I was appointed to the boards of the Australian Alcohol and other Drugs Council (AADC – the new national peak body for the AOD sector) and the new National Centre for Clinical Research on Emerging Drugs (NCCRED). The AIVL CEO's role on these AOD sector boards reflects

the importance of the intersection between the priorities of the National Drug Strategy and the new National BBV/STI Strategies currently being finalised.

Peer Best Practice

AIVL partnered with Dr Graham Brown at the Australian Research Centre in Sex, Health and Society to adapt the *What Works and Why (W3)* framework into an organisational best practice guide specific for the context of people who use drugs (*Peer Workforce Capacity Building Training Framework: Peer processes among injecting drug users – Indicators of best practice in peer based and mainstream organisations*). Critically, the guide was designed for both drug user organisations as well as mainstream health organisations that are seeking to employ people with lived experience of illicit drug use.

The guide aims to support organisations to improve their organisational practice and improve outcomes in peer-based programs. It provides a brief overview of the peer-based programs and their evolution in Australia and examines who is a peer in the drug using context. It also provides a practical, audit-style tool that enables organisations to reflect on organisational practice and work towards indicators of best practice that AIVL, our member organisations and Dr Brown have developed.

'Being Real' Project

Following on from Phase 1 of the *Being Real Project* in 2016-17, the broad intention of Phase 2 (conducted in 2017-18) was to support greater relationship building between Aboriginal Community Controlled Health Organisations and Peer Organisations of People Who Use Drugs. The development of the needs-based communication framework and accompanying introductory resource was guided by input from the Expert Advisory Group, reflecting on Phase 1 learnings and their particular expertise spanning research and service delivery across both mainstream and Aboriginal community controlled health sectors.

The elements that comprise the *Principles and best practice guide/framework for drug user organisations to work with Aboriginal people who use drugs and Aboriginal community controlled organisations* take the form of an explanatory document/training presentation for peer workers and accompanying resources to facilitate engagement with Aboriginal people who use drugs.

The Expert Advisory Group also recommended the development of an additional introductory resource to be distributed to organisations in the Aboriginal Community Controlled Health Sector, providing an introduction to AIVL and its member organisations in each

state and territory. The 2-page introductory resource provides a brief outline of AIVL and its member organisation's existing programs/engagement opportunities for Aboriginal and Torres Strait Islander people who use drugs.

People from Culturally and Linguistically Diverse backgrounds and low literacy resource

In 2017-18, AIVL also worked with culturally and linguistically diverse (CALD) stakeholder organisations - and its member organisations - to develop and implement a new resource that supports harm reduction among both CALD and low literacy priority populations. The resource is designed to build capacity among AIVL's member organisations to effectively engage with people from CALD and/or low literacy backgrounds who inject drugs.

The 'Injecting Involves Blood' resource has been reimaged using information from - and feedback received in relation to - an outdated resource that had the same purpose.

Strategic Planning

AIVL is in the process of developing a suite of policies on issues of national importance to its member organisations. In addition, AIVL's new Strategic Plan will be presented for endorsement at the Annual General Meeting in November 2018, following a lengthy consultation

process with members, staff and external stakeholders.

Consultation workshops with managers of AIVL's member organisations also enabled the development of consistent themes for input to the new National BBV/STI Strategy consultations across AIVL's membership.

In Conclusion

It has been a busy year with new strategic directions being developed, new intersectoral linkages being forged, exciting new projects being undertaken and collaborations across the network building our reach and influence at the national level.

Also of particular note this year has been the continuing body of work being undertaken to progress the incorporation of CAHMA and The Connection in the ACT. It has been an honour and a privilege to be part of this process working towards independence for our ACT member organisation... but I will let you read all about that in their member's report...

Onwards and upwards in 2018-19!

Melanie Walker

AIVL Chief Executive Officer



State & Territory Reports

CAHMA & The Connection

NUAA

NTAHC

QuIVAA

Hep SA

TUHSL

HRVic

Peer Based Harm Reduction WA

CAHMA & The Connection

State/Territory: Australian Capital Territory



CAHMA and The Connection Annual Report 2017-2018

The 2017-2018 year has seen CAHMA and The Connection settle in to its new home in central Belconnen and get to know the local community of people who use drugs. The community has honoured CAHMA this year by trusting and supporting us to strengthen as a stronger and more vibrant peer organisation, with over 200 people a month accessing our services from the CAHMA premises. We have also expanded our outreach efforts across Canberra to ensure that we are getting out and communicating with the community, with the naloxone program providing outreach to the Early Morning Drop-in Centre and Civic Primary NSP, CAHMA peer educators providing weekly outreach (including BBQ) to Oaks Estate and Ainslie Village in collaboration with Directions Health Services and The Connection providing outreach to the Early Morning Centre and peer treatment support services to Ainslie Village. In addition a fortnightly BBQ in the park outside CAHMA's premises in Belconnen has become a focal point for our community, where we can talk, share information and participate in stencil spray paint health promotion art.

CAHMA's funding base has continued to expand this year and this has allowed the staff of our service to grown from 6 to 9, with the additions of 3 strong proud Aboriginal Women to strengthen the service. Gaby Sledge has been recruited as Operations and Cultural Safety Coordinator for CAHMA and Monica Ruffly and Eva



Lee Williams have been recruited as Aboriginal Peer AOD Workers for The Connection. We welcome our new staffers and they join the strong team of peer workers that are CAHMA and The Connection.

As CAHMA and The Connection has grown over the past years community development and control has been prioritised by the organisation. CAHMA has developed 2 additional leadership positions for the organisation with Aimee Capper stepping up into The Connection Coordinator role and Gaby Sledge recruited to CAHMA Operations and Cultural Safety Coordinator. Together with the CAHMA Manager, Chris Gough, these three positions have steered CAHMA and The Connection through the year and have helped to develop both staff and community skills. In addition a thriving volunteer program has been developed to allow community members to develop skills and contribute their excellence and expertise to the organisation. The CAHMA advisory group has overseen

these developments and has progressed their agenda of making CAHMA a strong, independent drug user organisation. The Advisory Committee has overseen the development of a new suite of policies and procedures that describe CAHMA's approach to service delivery and operation, and are now finalising preparations for CAHMA to incorporate as an association – making CAHMA a truly community controlled organisation with a membership whom elect from their number a board of governance to oversee the operations of the organisation. Many thanks must also go to the AIVL Board and Melanie Walker CEO AIVL for their tireless support and input into the independence process.

Peer Treatment Support

Our work at CAHMA this year has been about strong support for our people by the provision of holistic peer treatment support. CAHMA and The Connection teams have been focusing on support for service users by expanding our treatment support work from crisis management to long term support – focusing on empowering community members by setting, supporting and achieving goals around health and wellbeing. Importantly CAHMA has added supported referral to our peer treatment support where we accompany people to appointments (particularly those that can be daunting and difficult for our community such as care and protection, family court, Legal Aid, pharmacotherapy and GP

doctors appointments). CAHMA is formalising this unique approach in a Peer Treatment Support Framework which will be launched early next year. The framework will describe the way that CAHMA supports and empowers people to achieve long term treatment goals. The program has been so successful that CAHMA has had to invest in an upgraded database to facilitate professional and secure document storage as our caseload increases and becomes more complex.

CAHMA is currently working with a large number of complex cases that involve a wide range of stakeholders; including the Child and Youth Protection System (CYPS), Corrective Services, Directions ACT, Aboriginal legal services, ACT legal services, both Indigenous and mainstream services, ACT Health Alcohol and Drug Services, Winnunga Aboriginal Medical Service, ACT housing, ACT Mental Health and working closely with the Aboriginal Liaison Officers (ALO) within these services. In particular CAHMA has been instrumental in the reunification of children to their families who are involved with the Child and Youth Protection System (CYPS) and in supporting families fighting to save their tenancies through ACT Housing services. This has been an extensive process involving many agencies, stakeholders and interagency meetings. CAHMA has worked tirelessly to ensure the rights and voices of our most marginalised and vulnerable clients have been heard and respected throughout

this process. CAHMA believes that by continuing this work agencies such as CYPS will utilise CAHMA's Peer Treatment Support as an alternative intervention to the removal of children from parents who have been identified as people who use drugs and by fostering trust, empowerment and understanding, support families to stay together and become stronger and healthier.

The Connection

Over the past 10 years The Connection service has been run by one single part-time employee and with CAHMA's National Minimal Data Set (NMDS) indicating that 43% of CAHMA's service users identifying as Aboriginal and/or Torres Strait Islander, the addition this year of 2 Aboriginal Peer AOD Workers and a Connection Coordinator position is a welcome addition for the community that relies on the service.

The new positions at The Connection are held by Monica Ruffy and Eva-Lee Williams. Both Monica and Eva-Lee have settled in nicely to the team and have already contributed immensely to the growth of the service. Both Monica and Eva-Lee are undertaking studies in the Minimal Qualification Strategy which is a compulsory undertaking to work within the Alcohol Tobacco and Other Drug (ATOD) Sector. Monica and Eva-Lee are due to complete their studies at the end of November 2018 and will receive a nationally recognised certificate IV in ATOD.

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In addition to their studies in ATOD both Monica and Eva-Lee have been making connections within the community through outreach, case management and representation at sector events. Monica has successfully commenced outreach services at Ainslie Village on a fortnightly basis. Ainslie Village is a unique social housing complex within Campbell ACT. The village consists of 23 properties which collectively house 172 individual tenants in shared accommodation. The tenant demographic may be characterised as people with high and complex needs. There are a group of related support services co-located on the Ainslie Village site. These include St Vincent De Pauls Blue Door program and Schizophrenia Fellowship NSW. Monica was able to develop an outreach service in collaboration with Argyle housing and St. Vincent De Pauls Blue Door as she had already established relationships with both the services and some of the tenants of Ainslie Village through her previous employment. Monica has already obtained a significant case load at Ainslie Village and has received lots of positive feedback from the residents and both Argyle Housing and St Vincent De Paul.

Eva-Lee has strong connection within Canberra's Aboriginal community as her father is was Ngunnawal man. Eva-Lee was also one of the original members of the AIVL project for young Aboriginal

people who use drugs which The Connection service was formed from. Eva-Lee's strong ties within the community have been an asset to The Connection, bringing a new generation of young Aboriginal Drug Users to the service. Eva-Lee is currently working on producing a communication strategy and proposal for The Connection. Earlier this year Eva-Lee was the poster person for Young Aboriginal Women Matter Poster and received a nomination for a NAIDOC award.

Aimee Capper transitioned into The Connections Co-ordinator position and is working towards building a strong governance structure for the service, with the aim of building a strategic framework to ensure that The Connection continues to grow, whilst continuing to achieve positive outcomes for Aboriginal people who use drugs and supporting a strong and effective team. As part of this Aimee is overseeing the formation of The Connection Advisory Committee. The committee is made up of 5 seats, 2 of which are for consumer representation and 3 for key Aboriginal and/or Torres Strait Islander workers within the Canberra community, AOD or related sectors. The aim of the committee is to ensure The Connection is a community controlled and focused service, by providing cultural support and oversee The Connections strategic framework. The Committee met 4 months ago for the first time and is set to meet on a quarterly basis.

Overdose Management and Naloxone Training

CAHMA is funded by the ACT Government to distribute take-home naloxone (THN) amongst Canberra's community of people who use drugs. This mostly occurs through the Overdose Management and Prevention Training Program. This program consists of a training workshop of roughly one hour's duration. CAHMA has delivered these peer-based training workshops on 23 occasions in the past year with a total of 224 trainees completing the program. 205 trainees were provided with THN.

62 clients of CAHMA's were provided with THN after attending a naloxone brief intervention. Brief interventions (10 minutes on the spot) are conducted when it is identified that waiting for or attending a training program is a barrier to the person receiving naloxone. CAHMA has developed a voucher system to allow naloxone brief intervention clients to obtain naloxone over-the-counter from participating AOD services through pharmacies without accruing any out-of-pocket expenses. We hope that this will help to address access barriers for THN for clients facing the greatest risk of experiencing opioid overdose. CAHMA have been providing THN through weekly outreach services at primary NSPs and through the UnitingCare Early Morning Centre as well as ad hoc outreach sessions at other services and locations in the ACT.

CAHMA continues to provide training in overdose management and first aid, including the administration of naloxone, to employees of other Alcohol and Other Drug (AOD) sector service providers in the ACT and Southeast New South Wales. In the past year, CAHMA have provided 7 training sessions for sector employees with a total of 48 trainees.

CAHMA continues to liaise with members of Canberra's illicit drug using community so that we can identify and respond to trends in the use and supply of illicit opioids in Canberra and to be proactive in addressing and mitigating the harms associated with opioid overdose and related health conditions.

Sector Engagement and Representation

Throughout the year CAHMA has fostered relationships with other organisations within the AOD and related sectors. This has been done through attendance of key guest speakers at staff meetings. This has included: the Aboriginal Liaison Officer (ALO) from the Human Rights Commission, who discussed the role in resolving complaints and promoting the rights of individuals in an independent, fair and accessible process; The Australian Red Cross support services for birth families who provide support and advice to assist birth families to self-advocate within the child and youth protection system; the Indigenous Social Worker from ACT Health's Alcohol and Other Drugs

Services spoke about accessing the withdrawal unit, rehabilitation, accessing pharmacotherapy and counselling services. The attendance of key guest speakers allows for improved service delivery and a comprehensive care plan and the building of healthy working professional relationships allowing for continuity and holistic care for our clients.

CAHMA has represented the community of people who use drugs at many occasions throughout the year including governance groups such as the Opiate Treatment Advisory Committee, ACT Drug Strategy Group, Mental Health, Justice, Alcohol and Other Drug Safety Committee. Through these governance groups CAHMA has progressed real policy change in the ACT AOD sector including: changing the legislation surrounding S8 medication prescription to allow people who are dependent on opioids to have access to appropriate pain medication when sick; changing OST treatment guidelines to nationally recognised standards while preserving local policy initiative outcomes which exceed these national best practice guidelines; creating posters which educate public OST service users on breathalisher policy within the public OST clinic.

CAHMA attended and held stalls at Mental Health Expo, Homelessness Connect and Interagency Day in 2018. This was a great success, allowing CAHMA to show case the services and programs that

we provide. This included the art work produced by clients who attend the regular fortnightly BBQ, which provides an opportunity for clients to engage with one another and staff, building social networks and connections, and self-agency. CAHMA also provided the community with free t-shirts, sunglasses, lip balms and other promotional items to help raise awareness of the valuable impact and the necessity of CAHMA in the local community. Feedback from these stalls has informed us that for future expos and community engagement events we should include community feedback surveys to provide data and information to support the ongoing need and funding for CAHMA in the community.



Drop-In Centre

CAHMA continues to operate a daily drop in centre for clients. This provides access to internet, computers, coffee, informal chats, brief intervention, leading to increased rapport and a therapeutic relationship. Most importantly this year the community has expressed a real pride in the space and has reported feeling trusted, safe and wanting to give back via the volunteer position which looks after the front of house space at CAHMA. The drop in services that CAHMA provides are allowing for the peer treatment support process to be started with people who want to improve their health and wellbeing further. Drop In services also allow clients to seek further information regarding the range of services that CAHMA provides, and ensures CAHMA is able to provide services that work in alignment with the needs of the local community, providing further information to build on CAHMA's quality improvement principles.



Health Promotion

CAHMA's monthly health promotion has exploded this year with stunning interactive visual displays providing information and education on the important dates and celebrations as well as AOD topics. Highlights included

NAIDOC week, Sorry Day and Close the Gap, Overdose Awareness Day, International Drug Users Day (celebrated with Halloween this year), World Hepatitis Day, cannabis information and education and mental health awareness (including stigma and discrimination).





NUAA Annual Report to AIVL 2017 – 2018



The past year has been a huge one for the staff at NUAA. The clearest marker of the change we've undergone this year has been the increase in funding – from \$1.66 million in 2016 – 2017 to \$2.15 million in 2017 – 2018 – an increase of 30% with a further increase to \$2.41 million this year or 45% over two years (see graph below). Our core grant from the NSW Ministry of Health (MoH) will in future include work with the Alcohol and Other Drugs Branch – a huge vote of confidence in our team – but also include other secure and growing funding sources.

us to do what we love most – support our peers and work with our community. The team at NUAA – staff, Board, volunteers – are all committed to advancing the health and human rights of people who use drugs and we work hard to deliver on this funding.



In 2017 – 2018, we were able to launch the wildly successful and well received DanceWize NSW program which to date has recruited about 100 volunteers and provided each of them with not only 22 hours of training but a connected, vibrant community; we've implemented a new Enterprise Agreement which took a long time to negotiate but was done in a spirit of mutual cooperation with an eye to what was best for the organisation and the staff, an agreement and negotiation process that has been hailed as best practice by the Australian Services Union; we've



But we know it's not about the numbers, the numbers are the smallest part of the story – what really matters is the relationships NUAA has built with organisations around the sector and what the additional funding has translated into community support and development. This money allows

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massively increased training and resources to our PPP volunteers in the needle and syringe program and provided new opportunities such as volunteering at external services and supporting a critically important naloxone research project in NSW that has been held up nationally as a model of how to finally get our community decent access to this lifesaving overdose prevention drug; we've successfully launched the Consumer Academy program and participated in a partnership with NADA to increase consumer engagement in treatment services putting NUAA on the front foot in this rapidly developing part of the alcohol and other drug sector; we've developed our innovative partnership with Justice Health and Corrective Services; our partnerships with Hunter New England and Nepean Blue Mountains LHDs have grown and strengthened; we are increasingly seen as the go-to organisation for effective and honest dialogue with people who use drugs and our role in statewide consultations has increased dramatically.

As with any growth and change there have been uncomfortable moments but right now, NUAA is on solid ground with a happy team and some key milestones for organizational growth having been achieved or well on track. We've said a fond farewell to Yvonne Samuel, Paul Giblin and Derek Nicholls and welcomed Charles Henderson, Stuart Munckton, Leon Fernandes, Thomas Capell-Hattam and Jacqueline Vickers to our growing team of peers. Each of our

new team members has brought a fresh skill set and perspective to the organisation which continues to grow from strength to strength and increase in diversity.

As always, we are profoundly grateful for the support of our funders, particularly the NSW Ministry of Health and the diverse community of drug users who inspire and support us each day.



Consumer Academy

Our Consumer Academy program was rolled out this year in two locations. Led by Melanie Joyce and funded by Western Sydney PHN and Central Eastern Sydney PHN. Consumer Academy workshops covered four key topics – Advocacy, Consumer Engagement, Working with a Clinical Team, and AOD Issues & Treatment Options. Through participating in these workshops, consumers gain skills in public speaking and communication, were introduced to therapeutic treatment models and frameworks, learnt how to navigate AOD services and the health system,

and were shown how to best participate in meetings and forums. Workshops were held on nine occasions in Blacktown, Mt Druitt, Parramatta, Auburn and Surry Hills with a total of 73 peers attending stage 1 with 40 returning for stage 2.

Feedback from Consumer Academy has been overwhelmingly positive, with 96% of respondents assessing the workshops as 'good' or 'excellent', and 100% of respondents saying that the program met their expectations. Participant feedback indicates that the topics of advocacy, the power of narrative and the value of lived experiences were found to be particularly helpful, as were the group discussions and gaining skills in public speaking.

In evaluating our programs, NUAA is keenly interested in the feedback from members of our community. Consumer Academy participants suggested increased numbers in the workshops, a quiz or assessment, and more resource handouts. This feedback will be taken into consideration for future iterations of Consumer Academy in the forthcoming year.

Peer Feedback:

- The Consumer Academy taught me that I can have a voice. I learnt that my history is important, that we all have a story, each and every one of us and that all of us, no matter our background, race or gender have experienced hardship and have learned how to overcome

Language matters

Language is powerful—especially when discussing alcohol and other drugs and the people who use them. Stigmatising language reinforces negative stereotypes. “Person-centred” language focuses on the person, not their substance use.

When working with people who use alcohol and other drugs...

try this	instead of this
substance use, non-prescribed use	abuse misuse problem use non-compliant use
person who uses/injects drugs	drug user/abuser
person with a dependence on...	addict junkie druggie alcoholic
person experiencing drug dependence	suffering from addiction has a drug habit
person who has stopped using drugs	clean sober drug-free
person with lived experience of drug dependence	ex-addict former addict used to be a...
person disagrees	lacks insight in denial resistant unmotivated
treatment has not been effective/chooses not to	not engaged non-compliant
person's needs are not being met	drug seeking manipulative splitting
currently using drugs	using again fallen off the wagon had a setback
no longer using drugs	stayed clean maintained recovery
positive/negative urine drug screen	dirty/clean urine
used/unused syringe	dirty/clean needle dities
pharmacotherapy is treatment	replacing one drug for another

Adapted from Language Matters from the National Council for Behavioural Health, United States (2015) and Mataro Raki, New Zealand (2016).



Stigma and Discrimination:

NUAA delivered Stigma & Discrimination throughout the year as part of our ongoing advocacy for people who use drugs. We've delivered training to peers and volunteers from Consumer Academy, PeerLink and DanceWize NSW training and service providers from ACON staff in Sydney and Newcastle, Stimulant Treatment Program staff at St Vincent's and as part in a forum organized by South Eastern Sydney LHD and via Went West PHN GP training.

We also started an exciting collaboration led by Annie Madden which will see a NUAU develop training and gain RACGP

accreditation by late 2018 – this project will result in GPs receiving accreditation for attending peer-designed and delivered training and we're hoping it will bring revenue into not only NUAU but also other DUOs around the country.

NUAA with Fiona Poeder in the lead also worked in partnership with NADA to release a language resource in April 2018. This resource has since been widely distributed and has been taken up widely by organisations including being used by the SA Government in their AOD Treatment Framework. A poster presentation of this work

has just won “Best Poster” at the 2018 Australasian Society of Alcohol and other Drugs.

Another exciting initiative that NUAU embarked on during the year was participating in the design and delivery of the Opioid Treatment Accreditation Course. Leah McLeod and Mary Harrod collaborated with a team led by Prof Paul Haber from Sydney LHD to re-work course materials and deliver training to doctors seeking to prescribe opioid substitution treatment. We have done three face-to-face sessions and supported the development of online training with great feedback received so far from participants.

Peer Participation Program

The NUAU Peer Participation (PP) Program reached new heights in 2017-2018. Lucy Pepolim coordinates this program, which is the linchpin of our NSP service delivery. Additional training and development for the PPP group was provided by a funding grant by Central Eastern Sydney PHN allowing us to expand the program and increase resources for training of the volunteers.

The PPP group also supported an innovative research collaboration with researchers from South Eastern Sydney LHD with our team doing peer interviews. The research team was ecstatic with the work of the PPP team with a very successful follow up rate of 76% of participants in the significant Take Home Naloxone Translational Research Grant Study. We have also embarked on an innovative project in partnership with Sydney LHD with NUAU volunteers supporting Redfern NSW staff in their NSP.

Highlights Peer Participation Project 16-17

- 31 peers engaged
- 11 new inductions
- 21 peers completing brief intervention training
- 12 peers taking part in volunteering outside of NSP (research, publications, office)
- Steering group established



NUAA Peer and Consumer Forum

NUAA's inaugural Peer and Consumer (PaC) forum was held at the Teachers Federation Building, Sydney, on the 5th and 6th September with Melanie Joyce leading the organisation of this event. Although these dates fall in the 2018-19 financial year, the decision was made to include it in this year's annual report to reflect the amount of work undertaken in 2017-18 in preparation for the event, as well as the significance of the event to our organisation.

About 120 people attended the forum with most participants identifying as being peers and many as peer workers. Other organisations in attendance were AIVL, MSIC, Hepatitis NSW, several local health districts, KRC, HALC, Headspace, St Vincents, Kirby Institute, Justice Health, Harm Reduction Victoria, SMART Recovery, three Primary Health Networks, WHOS, Odyssey, NADA, University of Sydney, SWOP, Langton Centre and La Trobe University. In bringing together our community – service providers, peers and consumers alike – we were able to foster an environment of reciprocal learning and exchange, and in doing so affirm the values of peer involvement and representation that NUAA continues to advocate for.

DanceWize NSW

In July 2017, NUAA was funded by the NSW Ministry of Health to launch the Harm Reduction Victoria DanceWize model in NSW.

The focus of DanceWize NSW is harm reduction within the festival space providing education, peer support, a care space, and roving services to festival communities.

The DanceWize NSW Team including Jessie Murray and Dan Burns works with festival organizers, promoters, on-site medical teams, police, government and event management and safety teams to provide best-practice peer education and support. DanceWize NSW was launched in November 2017 at Dragon Dreaming and has been powering on ever since.

Key DanceWize NSW key achievement have been:

- Attended ten festivals (9 NSW, 1 ACT), five more than KPI
 - 4,421 peer education sessions
 - 218 care sessions
- Thousands more roving interactions
- Completed consultation and scoping report for unregulated festivals*
- Completed process evaluation*
- Established DanceWize NSW website (<https://www.dancewizensw.org.au>)*
- Recruited and trained >80 key peer educator volunteers

- Completed 30 resources (based on HR Vic resources) - 15 brochures and 15 postcards*
- Established steering committee

"Volunteering with the DanceWize NSW team has been one of the most fulfilling, rewarding, and formative experiences of my life. Being given the opportunity to train as a Key Peer Educator has given me more than I ever anticipated, including my confidence to pursue an academic career in public health and harm reduction.

Every shift has been an invaluable learning experience and has allowed me to grow individually and with my fellow cohort of volunteers."

- Chris, 30

Community Events

In the leadup to *Overdose Awareness Day in August 2017*, NUAA produced a series of videos and posters for online distribution. The videos focused on the stories of members of our community, describing their experiences with overdoses and how they had saved a life. Two videos and two poster resources circulated on Facebook had a combined reach of over 17,000 people online and were engaged with a total of 754 times. Additionally, members of our online community shared these resources online 96 times. We also held a highly successful *Overdose Awareness Day Event* at 414 Elizabeth Street. Partner organisations including Students for Sensible Drug Support, Kirketon

Road Centre, Family Drug Support and the Noffs Foundation were there for an afternoon tea that approximately 60 people attended. Highlights were talks by Tony Trimmingham and Matt Noffs.

NAIDOC Week 2017 was celebrated at our NSP. Three NUAA workers who are Indigenous hosted a range of activities in the NSP that included a quiz, a morning tea, a painting project with 20 people participating across the day on the Friday of the week. NUAA also produced a special NAIDOC week t-shirt featuring art work by noted Aboriginal artist Peter Waples-Crowe and the slogan “We are all community” – a theme we all live by.

NUAA held events in Newcastle and Sydney for *International Drug Users Day in 2017*. In the lead up for these events, posters for International Drug Use Day and NUAA promotional posters were distributed to all NSP services in NSW. The Newcastle event was managed by two members of our team, Tony and Hope. We had approximately 20 members of our community attend, with strong engagement from attendees as they shared their stories and enjoyed each other’s company. The Sydney event was held by our Communications and Volunteer Coordinator Lucy in Price Alfred’s Park in Surry Hills, and similarly fostered an open and positive environment between attendees.

On January 26th 2017, NUAA partnered with the Kirketon Road Centre to attend *Yabun Festival*, the largest single-day gathering of Aboriginal and Torres Strait Islander cultures in Australia. NUAA and KRC distributed 40 dry blood spot test kits and trained 10 peers in naloxone administration, as well as providing information on AOD services that could be accessed by those in need.



Our first foray into the *Mardi Gras Parade* was a joyful celebration with staff and volunteers from the PPP and DanceWize NSW programs taking part. Although we were at the end of the Parade, we were thrilled to take part in this special community event and have friends from HALC and UNHARM marching with us. We plan to be back, bigger than before, in 2018.

Admin and Accreditation

NUAA is increasingly moving to online systems and now use Sharepoint for file management, Xero for accounting, Employment Hero for HR, NEO 360 for NSP data collection and QuickTap for surveys and Better Impact for volunteer and member management. It sounds like a lot of systems and it is but they are all relatively user friendly. Accreditation is the next step for NUAA in the coming year.

We also negotiated a new enterprise agreement, with negotiations were led by Leah McLeod and Mary Harrod. The new EA is a significant step forward for the organisation, giving us greater flexibility around working hours and pay scales and staff benefits such as robust Aboriginal employment clauses, strengthened support for team members experiencing health challenges, staff having the ability to self-define family to expand leave conditions and, of course, pay increases.

External Representation

2017-2018 was another incredibly busy year for our organisation, with NUAA representing people who use drugs across a broad variety of forums. Many NUAA team members contribute to our external representation with the largest portion done by the CEO,

Mary Harrod. The list below is not comprehensive but aims to give an overview of the range of representation we undertake as an organisation:

Mary Harrod: Ministerial Advisory Committee in BBVS and STIs, Drug and Alcohol Program Council, Quality in Treatment, HIV Strategy Implementation Committee, Hepatitis Strategies Implementation Committee, IDAC Leadership Group

Charles Henderson: ETHOS, STOP-C, TEMPO

Lucy Pepolim: NSP Workforce meetings, CDAT Surry Hills

Policy work and Forums:

- Opioid Treatment Guidelines (published in Oct 2018)
- NSW AOD Strategy (not released)
- Youth Drug and Alcohol Forum- The Australasian Professional Society on Alcohol & other Drugs (APSAD).
- AGM - Australasian Injecting and Illicit Drug Users League.
- Opioid Treatment Forum – Harm Reduction Australia (opening address by Mary Harrod with consumer representation)
- Annual Conference 2018 - Network of Alcohol and other Drugs Agencies (NADA). A team of our peer support workers presented at this event.

- World Hepatitis Day Panel Discussion – Kirby Institute (ME Harrod)
- Hepatitis Awareness Day Keynote – Charles Henderson (2018)
- Pharmacy Guild of Australia - Presentation on opioid treatment by CEO Mary Harrod.
- Nyxoid Advisory Board – Mundi Pharma

Research Projects

Take Home Naloxone Translational Research Grant – Mary Harrod and NUAA played a key role in the successful delivery of this project which developed a viable model for naloxone distribution in NSW. Mary was on the core project team and NUAA staff and volunteers did initial and follow up interview with 150 of the 500 participants who were trained and provided with naloxone for this project.

NUAA continued to contribute strongly to Kirby Institute research projects with Sara Adey supporting the Liver Life and ETHOS projects as a much valued member of the Kirby team.

Our CEO, Mary Harrod, published a number of opinion pieces throughout the year with one in early January attracting 200+ comments on the Sydney Morning Herald website:

- To save lives, we must rethink our approach to drugs, Green Left Weekly (cover story) ME Harrod, Sep 2018

- Those on methadone don't deserve stigma, Sydney Morning Herald, ME Harrod, January 2018
- Drug testing welfare recipients is about money not love, Green Left Weekly, ME Harrod
- ME Harrod, Sep 2017
- Drug testing could have catastrophic consequences for welfare recipients, Sydney Morning Herald, ME Harrod, May 2017
- Drug plan based on stigma not love, Green Left Weekly, ME Harrod, May 2017

As the result of a broad coalition working together to fight the highly punitive measure of drug testing of welfare recipients, drug testing was taken out of the welfare reform bill in 2018.

Academic papers

Bryant J, Brener L, Pepolim L, Harrod ME (In Press). Care, agency and criminality: Making sense of authorised peer distribution in the accounts of key stakeholders International Journal of Drug Policy

Bryant J, Cama E, Brener L, Pepolim L, Harrod ME, Patterns of Peer Distribution of Injecting Equipment at an Authorized Distribution Site in Sydney, Australia. Substance Use and Misuse 2018

Harrod ME, Couzos S, Ward J, Saunders M, Donovan B, Hammond B, Delaney-Thiele D, Blefrage M, Williams S, Watchirs Smith L,

Kaldor JM. Gonorrhoea Testing and Positivity in non-remote Aboriginal Community Controlled Health Services. Sexual Health 2017

Publications and Resources

2017 - 2018 was again strong for User's News (UN), with three editions published covering a broad range of subjects relevant to our community with our editor Leah McLeod, breaking new ground assisted by Jacqueline Vickers from the PPP team and new recruit Thomas Capell-Hattam. Editions produced were the Women's Edition (#89) focused on sharing inspirational stories from courageous women within our community. The Peers and Volunteers' edition (#90) celebrated the importance of peer work, including the immense contribution of those who volunteer their time towards harm reduction initiatives with NUAA and edition #91 was entirely dedicated to hepatitis C – we shared peers' prevention, testing and treatment stories, information about new testing options, gave tips on blood-borne virus prevention and busted myths about hep C. Our website www.usersnews.org.au continues to be popular.

We consolidated the success of Insider's News in 2017-18, its second year of publication. Insider's News is produced and distributed solely for NSW prisons. Issues 3 and 4 were published this year, with a distribution of 6,000 copies per issue - 40% of the NSW

inmate population. A thousand additional copies were also printed at the request of the NSW Justice & Forensic Mental Health Network (JFMHN) for use at their training events.

PeerLink

PeerLink partners with local health districts (LHDs), PeerLink provides information on blood-borne virus transmission and harm reduction to hard-to-reach clients, and in doing so is able to identify individuals who may need testing, treatment, and/or referral for Hep C. Workshops cover a range of topics; providing information on Hep C, Hep B, HIV and other infections associated with injecting drugs, HCV transmission risks, HCV testing and treatment, safer using, vein care, harm reduction, how to respond to different types of overdose, the importance of developing a sense of community, advocacy, and stigma and discrimination.

This year we expanded to two new regions – Nepean/Blue Mountains Local Health District, and Western Local Health District. 13 events were held with 140 participants in total across these two LHDs, with 38 peer educators being trained.

PeerLink program also provides Naloxone brief intervention training; empowering peers in opiate overdose prevention in NSW delivering training and naloxone to 22 individuals in Bathurst. PeerLink also began to use the ACCUVEIN av440 clinical tool for real-time

vasculature mapping and viewing. This outreach clinic was trialed successfully in Orange, with seven PWID peers accessing the "Vein-oscope Clinic"

NUAA also partnered with Justice Health in delivering their Hepatitis in Prison Elimination (HIPE program), through which we conducted peer support groups and PeerLink training in prisons across NSW. This project is part of the successful push by JH & FMHN to eliminate hepatitis C in prison settings across NSW and has been expanded in 2018 – 2019 – it's mentioned several times in this report as we are working with JH & FMHN in a number of ways – resources, training and peer support in an expanding and productive partnership that started with broad discussions in 2016. NUAA interacted with 254 inmates across three correctional centres in Regional NSW between November and May, with several more facilities to follow in 2018/2019.

Peer Support Workers

NUAA peers dispense injecting equipment, give advice on how to avoid, treat and get tested for Hepatitis C, and can refer people to other programs. Most importantly, they are able to bridge the gap between service providers and those who access such services within the healthcare sector. Our work is done via three core partnerships with Hunter New England and Nepean Blue Mountains LHDs and the Kirby Institute.

Jade Christian succeeded Brian Doyle in the Nepean Blue Mountains Deadly Liver Mob Aboriginal PSW role this year. After a settling in and establishment period, Jade has become an essential member of the team at the South Court NSP and is increasingly taking on an outreach role. Jade exceeded her targets, delivering 42 one-on-one education sessions, 33 screenings for HCV and successfully supporting a peer through treatment.

Hope Everingham has continued her outstanding work with Hunter New England Local Health District. Hope is the longest established hepatitis C peer support worker in NSW, possibly Australia, and works closely with the clinical team in the AOD treatment unit at John Hunter Hospital. Her role in 2018 – 2019 will be expanding to four days per week as she is taking on additional duties with the NSP service. To date, this role is proving essential with Hope taking on an increasing role with overdose prevention within the community.

Sara Adey has continued her outstanding work on the Liver Life and ETHOS 2 projects with the Kirby Institute. Sara works with a research team to increase peer engagement in fibroscans and engagement with treatment, and has travelled to multiple sites across NSW as part of this work. She also supports Rodd Hinton in delivering the Buddy Program for NUAA. The Buddy program operates primarily out of the NUAA NSP and supports peers to engage in treatment through an incentive-based system.

In August of 2017, NUAA launched our new Women's Wellbeing group. Sally Cushing joined our team at NUAA in a peer support worker position to facilitate the groups, which ran once a week in 2017 - 2018. These groups average around five participants per week and operate on an entirely peer-based model providing a safe and non-judgmental space of support and solidarity.

Needle and Syringe Program

This year we continued our work in the frontline prevention and treatment of blood-borne viruses through our NSP in Crown St, Surry Hills. Over the 2017-18 financial year, we dispensed a total of 398,116 pieces of equipment, and accepted returns of 138,240 pieces of used injecting equipment. In total there were 13,529 occasions of service throughout the year or about – about 250 per day. In November 2017, we also introduced an online data collection system – the NEO360. Lucy Pepolim, our NSP manager, worked with the software providers to build a system that met our requirement for anonymous, low threshold data collection.

Our results continue to be an outstanding example of best practice. The Australian Needle and Syringe Program Survey (ANSPS) found that the rate of receptive sharing at our NSP was 7.5% - considerably lower than the rest of the state. Furthermore, of survey participants who were

eligible for Hep C treatment, 40% had been treated in the previous year, double the Australian average. These fantastic results highlight NUAA's continuing dedication to frontline education, treatment and prevention of blood-borne viruses.

KRC Clinic

The NUAA NSP has hosted a clinical service delivered by the Kirketon Road Centre out of its NSP since 2015. In 2017 – 2018, 64 people started treatment at the NSP. This service is expanding in November 2018 to five days a week, four hours per day via a jointly-managed, peer supported clinical service once again placing NUAA at the forefront of this service model in NSW.





NTAHC - 2017-18

It's been my first full year as NTAHC's Executive Director and it's been a really exciting, challenging and rewarding one.

Last year I said that we needed to get the fundamentals right to create strong foundations on which to build moving forward. This includes sound and sustainable financial management, supported and motivated staff and strong partnerships with funding bodies and other stakeholders. We have delivered on this promise and I believe we are now positioned to better serve our communities into the coming year and beyond.

The loss of funding for our Aboriginal Sexual Health Program at the end of 2016-17 had a number of impacts for the organisation, the most critical being:

- loss of Aboriginal staff and resulting diminution of Aboriginal cultural capacity
- reduced funding placing strain on other Programs to meet costs of organisational overheads and stretching staff capacity.

Aboriginal people continue to bear a disproportionate burden of BBVs and STIs and are proportionally over-represented as users of our services. Despite the loss of dedicated funding and financial and cultural capacity we continue to provide services to a substantial

proportion of Aboriginal people. I call upon governments to address community funding issues to remedy this important health inequity.

In 2017-18 I led a review of NTAHC's financial position and systems. We have now made the necessary financial adjustments and streamlined systems to deliver medium term sustainability.

Despite a contraction in funding, we have looked at ways to enhance and expand our service offerings within a resource neutral context. Recognising what is known as best practice in the literature, we have looked at ways of offering the people that use our services a pathway into STI and BBV clinical testing and treatment – a “one stop shop” model of service delivery.

We have formed a partnership with Royal Darwin Hospital's Gastroenterology Clinic to trial a once per month nurse-led clinic at our Darwin offices. This will be a low threshold clinic providing a pathway into hepatitis C treatment alongside our Harm Reduction Program. We hope to demonstrate a strong demand for flexible, low threshold clinical services to establish an evidence base for advocacy to expand the range of services on offer and increase the frequency and location of the clinics.

A recent report showed that the NT has the highest prevalence of hepatitis C and second lowest treatment uptake of all Australian

Primary Health Networks. We have partnered with the Kirby Institute to seek NHMRC funding to trial dry blood spot hepatitis testing in the NSP setting to ascertain if this strategy will increase hepatitis C treatment uptake. We hope this bid will be successful and enhance pathways into treatment, in particular for people who are currently injecting.

We have also commenced a process to review our community education and workforce development offerings. In 2017-18 we plan to improve the quality and responsiveness of our education and training packages and be proactive in building broader workforce capacity to build capacity in mainstream organisations to effectively deliver services to some of the most stigmatised and marginalised people in our community.

This year also saw a substantial effort go into providing input into the Commonwealth's review of National BBV and STI strategies to ensure an effective response for small jurisdictions like the Northern Territory, which sometimes gets left behind. We expect to see the finalised National Strategies before the end of the year and call upon the Commonwealth Government to recognise and properly resource the organisations closest to affected communities to play a key role in service design and implementation.

Harm Reduction Program

NTAHC's Harm Reduction Program is peer managed and staffed. The primary aim of the program is to reduce:

- the incidence of BBVs in people who inject drugs (PWID)
- the harms associated with injecting drug use
- stigma and discrimination
- barriers to PWID accessing the services they need.

Our Harm Reduction Program delivers the Northern Territory's Needle & Syringe Program (NSP) primary outlets in Darwin, Palmerston and Alice Springs. It provides sterile injecting equipment, brief interventions and referrals, community education and workforce development on sharps handling and disposal, harm reduction and education on BBVs.

The majority of PWID in the NT are injecting either pharmaceutical opioids or amphetamines, with a growing population of steroid users accessing our services. In 2017-18 42.97% people who use our Program were injecting amphetamines and 31.94% injecting pharmaceutical opioids.

The twelve month trial of Afterhours Dispensing Units (ADU) concluded at the end of December 2017. The trial has been very successful with 5,072 packs dispensed from three units located outside the Darwin and Palmerston NSP sites and the Emergency

Department of Alice Springs Hospital. Showing its goodwill and commitment to enhanced NSP service delivery, we have signed an MOU with the Sexual Health & Blood Borne Virus Unit in the Department of Health to continue to service and maintain the units into the future from within existing resources.

NTAHC continues to advocate for an expansion of service delivery in rural and remote areas and maintains that ADUs are a cost effective mechanism for expanding the reach of NSP in the NT.

Our Free Naloxone Access Program continues to operate since it was first introduced on International Overdose Awareness Day in 2016. Our annual Snapshot Survey of NSP clients showed that 7 of the 15 respondents who have accessed free naloxone kits used them to reverse an accidental opioid overdose. Peer naloxone saves lives! The current scheduling of naloxone as a schedule 3 substance is still a barrier to some clients accessing this life saving drug and we take every opportunity to advocate for the elimination of remaining barriers to naloxone access.

Our annual Snapshot Survey of people who use our Harm Reduction Program once again showed that the majority rate NSP peer staff and services as good to excellent, which is a great result that shows that we consistently deliver a service that is accepted by our community.



International Overdose Awareness Day – Alice Springs

We also continue to participate in days of international and national significance for drug users.

NTAHC also delivers the following Programs, reaching sometimes intersecting communities:

- Sex Worker Outreach Project, Northern Territory (SWOPNT)
- Blood Borne Virus Care & Support
- Hepatitis B Roadshow
- Health Promotion and Communications.



World Hepatitis Day – Community herb garden launched in Darwin



International Drug Users Day



QuIHN Annual Report 2017 – 2018

At the beginning of the year we purposefully sought to focus on thinking about our business; that meant consolidating on our processes and systems. As reality unfolded it showed 2017-2018 year to be another period characterised by growth. Growth creates challenges: from the implementation of new projects and programs in new and existing regions, and with that; the development of new relationships with new clients and communities, new staff, new sponsors and new stakeholders. With these challenges we continue to adapt the way we work and to seek out creative ways to solve challenges and meet previously unmet needs for the communities with which we work. The year has also represented a year of change in our leadership, with the resignation of our long-serving and well-respected outgoing CEO, Mr Geoff Manu. It has also been a period where we have revisited and remained focused on our foundations; namely our founding members QuIVAA Inc and our connections to our beginnings. At the core of what we do each day, it is about connecting with people; with purpose in a meaningful way. We are proud of our achievements over the 2017-2018 year and some key snapshots from our core services are provided below.

Needle and Syringe Program (NSP) Network

QuIHN has continued to provide its network of primary NSP services from the following fixed sites:

- Sunshine Coast (Cotton Tree);
- Brisbane (Bowen Hills);
- Gold Coast (Southport);
- Gold Coast (Burleigh Heads); and,
- Townsville (Kirwan) (fixed site primary NSP opened 1 July 2018).

Our primary NSP sites core business hours are generally 9am -7pm. Our busiest sites over 2017-2018 were: Southport, Brisbane, Burleigh, Sunshine Coast, and Townsville; respectively. Male versus female occasions of service remained stable with approx. 75% identifying as male. Of the total occasions of NSP service over the 12-month period approximately 9% identified as either Aboriginal and/or Torres Strait Islander. The most common drugs reported for injection remained stable throughout the 12-month period across all sites and included: amphetamines, PIED's, heroin, and other opiates. QuIHN undertook to review and publish the Queensland Needle and Syringe Program (QNSP) NSP Guidelines which provide the framework for all primary and secondary NSP services across Queensland. This was undertaken in partnership with ASHM, Queensland Health, and Insight the drug and alcohol training body and we thank our partners sincerely in this good work.

Hepatitis C Treatment and Management Program (TMP)

The Hep C TMP is run by QulHN as a community-based program providing hepatitis C direct acting antiviral (DAA) treatment for people who inject drugs (PWID), focusing on participant engagement and therapeutic outcomes. The TMP utilises QulHN's unique and integrated service offering; comprising of harm reduction (including our NSP network), drug and alcohol counselling, and primary medical care. The TMP operates in Brisbane, Gold Coast, Sunshine Coast, and Townsville. The TMP uses a case management support framework. The TMP is supported by our on-site Better Access Medical Clinic teams, comprising General Practitioners, registered nurses and is also supported by a nurse practitioner specialising in hepatology and our Case Managers who work closely with specialist services in a shared care approach. Since Hepatitis C DAA's became widely available in Australia in March 2016 the TMP has achieved the following milestones: 676 people have completed initial screening for treatment and of these 399 went on to start hepatitis C treatment. We have also performed a total of 321 FibroScan's® as part of the TMP. Of those that started treatment 367 there are 263 cured (sustained virological response; 96 have not yet attended for final testing, and there have been 8 non-virological responses). QulHN's Nurse Practitioner also provides outreach hepatitis C

clinics in conjunction with our case managers and has undertaken a total of 83 outreach clinics seeing a total of 275 appointments. While the roll out and impact of DAA's in Australia has been extensive, there remains significant barriers and much work in reaching the shared goal of hepatitis C elimination. Reported ongoing barriers from our clients include: continued stigma and discrimination in health care settings; lack of knowledge of DAAs and myths around potential side-effects; transport issues (getting to and from medical appointments) and geographical location from care (i.e. regional, rural and more remote areas); continued follow up and ability to hold medical appointments; and, compromised venous access (causing anxiety when accessing serology). We have continued to try and overcome such barriers through activities such as: outreach clinics through the Nurse-Practitioner expanded prescribing supported by our case managers; making available on site serology and fibro scanning; peer workers focused on supporting recruitment, navigation and support; expanded promotion (to rehabilitation services, OST providers, external GPs, secondary NSPs, Aboriginal Medical Services & CALD services); continued case management of complex clients; and, investigating novel ways to increase final treatment blood testing and result attendance (i.e. Point Of Care Testing (POCT)).

Therapeutic Programs

Our Therapeutic Services continue to provide outpatient rehabilitation services through a model of care that is flexible in its approach and tailored towards our people and populations. Our Therapeutic Services have supported individuals and families to stabilise, reduce, or cease their substance use and improve physical, psycho-social and emotional wellbeing via the provision of: individual clinical counselling; case management; and therapeutic group programs. Our Therapeutic services work from a harm minimisation framework and provide services to people 18 years of age and upwards. We provide specialist case management and counselling with a focus on dual diagnosis (co-morbid substance use and mental health concerns) that is delivered through a range of programs from our offices and via outreach across a very wide geographic area(s). QulHN's therapeutic services are delivered in the following regions/ areas: Gold Coast and surrounding areas, Brisbane and surrounding areas, Redlands and Moreton Bay Islands, Sunshine Coast and surrounding areas, Townsville, Mackay, Mt Isa, and Cairns and surrounding areas. During the 2017-2018 year our Therapeutic Services across all programs and regions provided:

- 1,589 initial intakes screen;
- 2,308 brief interventions;
- 16,345 individual counselling contacts;

- 2,057 individual case management contacts;
- 17 closed group programs with 818 group contacts (our MAISE, Treehouse Parenting, and Significant Other Support Programs); and
- 494 attendees at our open group programs (including our MudMaps and Pathways to Resilience groups).

Around 15% of all clients accessing for support for substance use concerns through our therapeutic services identified as Aboriginal and/or Torres Strait Islander. It was also noteworthy that around 70% of clients accessing our therapeutic services identified as being parents; reinforcing the importance of the implementation of learnt knowledge, skills, systems and resources from our Parent Children and Families (PCF) Support Program as an ongoing integral part of core therapeutic business delivered by QuIHN. During the 2017-2018 year the therapeutic services formally expanded service offerings to clients of Department of Corrective Services, Probation and Parole offices in Townsville, Mt Isa, and Mackay through funding via Queensland Corrective Services (QCS).

Better Access Medical Clinic

The medical clinics have continued with steady activity over the year 2017-2018; with our clinics having seen over 1,500 patients. Among those patients we have also conducted over 1,225 STI screens, continued to manage our OST program, HCV treatment, and S100 HIV commitments and tested more than 400 patients for HCV.

Consumer Engagement

Over the course of the financial year QuIHN also engaged with QuIVAA Inc. to establish a consumer participation project, which resulted in several key achievements. There was the development of training modules focused on educating QuIHN staff on understanding and implementing best practice consumer engagement strategies and for consumers exploring consumer roles (e.g. responsibilities and rights, overview of the AOD sector, exploring disclosure and managing boundaries, self-care and overview of QuIHN policies and procedures). A suite of other documentation relating to engagement practice was also developed (e.g. remuneration procedures, role descriptions and other policy). A project steering committee commenced to guide the project, especially whilst in the early stages whilst still under development. Two consumers sat on this steering committee, alongside representatives from TAFE QLD, AIVL, Health Consumers QLD, Brisbane North PHN and

QuIHN and QuIVAA Inc. The project increased capacity of QuIHN service users to participate in consumer representation and consultation work within the organisation through the recruitment and training of a pool of consumer representatives. Overall 22 of our consumers were involved throughout the life of the project. Some of these consumers were also involved in various projects such as: INSIGHT's video resource for AOD workers called '*Coming to Terms*', which involved our consumers sharing their understandings of common terms used in the AOD workforce. Four consumers attended the Health Consumers QLD 2-day Annual Conference; with one of our consumers presenting on their experience of the project and being an AOD consumer representative, and staff presenting on best practice AOD engagement. Other opportunities have included being on steering committees for research projects and other sector programs and projects, including the Chronic Pain Management Forum. Overall 12 consumers have completed consumer engagement training and the regular mentoring and support sessions. We are now also working with the Qld Mental Health Commission around a first stage of roll out of the *Putting Together the Puzzle Project* (the AIVL anti-stigma and discrimination training package) to train health & allied health workers regarding anti-stigma & anti-discrimination among PWID across nine Qld locations which will be co-delivered by our staff and expert peer facilitators.



QuIVAA Annual Report 2017 – 2018

QuIVAA has had a busy year, developing and implementing 2 funded projects.

Firstly, funding from QuIHN has enabled QuIVAA to continue the successful social media engagement project. This year the social media engagement officer is now responsible for managing three social media pages, including QuIVAA, QuIHN and Better Access Medical (QuIHN's medical clinic), with each site having a different focus. Employing a Social Media Officer has increased our capacity to provide important service delivery information across the QuIHN regional offices, and engage our community in discussions around issues affecting people who use drugs.

QuIHN also provided funding to QuIVAA to commence a Consumer Engagement Program, allowing QuIVAA to employ a part time Engagement Officer, whose role is to embed engagement culture throughout QuIHN Brisbane. This project has recruited several people with a lived experience of substance use who are accessing our services to be involved in opportunities internal and external to our organisations. Some of these opportunities have included having one of our consumer representatives present at the

Health Consumers QLD Annual Forum on her experiences of being a consumer representative and on best practice AOD engagement. Another example involved our consumers working with Insight (specialist providers of alcohol and other drug training, education, clinical resources and practice advice for workers and services across QLD) to develop an online video resource addressing language and terminology in the AOD sector, entitled 'Coming To Terms Project'. Consumers attend training and receive support and mentoring through our consumer engagement officer.

QuIVAA's other activities this year have been representation and consultation, and advocating for people who use drugs across QLD in a range of different forums. QuIVAA has continued to be regularly sought after for its engagement and representation of its community through the following committees, reference groups and advisory functions across QLD, including work with the following organisations – QLD Mental Health Commission, QLD Network of Alcohol & Drug Agencies, Brisbane North PHN and more.

QuIVAA would like to thank QuIHN and of course the AIVL team and the national network for their continued support through the year.

Hepatitis SA

State/Territory: South Australia



Hepatitis SA Clean Needle Program Peer Projects

Hepatitis SA Clean Needle Program (CNP) Peer Projects employs people who have significant knowledge or experience of injecting drug use as peer educators who are placed at high volume CNP sites across metropolitan Adelaide to provide a range of harm reduction services to people who inject drugs. In addition to the 3 fixed sites (Anglicare, Salisbury; Noarlunga Health Precinct, Noarlunga; and Wonggangga Turtpandi Aboriginal Health Service, Port Adelaide) where peer educators are available full time, sessional peer educators are placed in other high volume CNPs on regular days to engage priority populations.

Although this year we saw the closure of a well established CNP (Mission Australia, Hindmarsh) we were able to establish 2 new collaborations and place peer educators at Uniting Communities Kurlana Tampawardli CNP, Hendon and DASSA Central Services CNP, Stepney. Both of these new placements are after hours so that people who inject drugs can continue to access peers outside of 9-5 weekdays. This year has been the first time that CNP peer workers have been available on the weekend, with peers working on Saturday providing injecting equipment, support and referrals.

There were 15,303 client contacts at the 3 CNP (fixed) sites staffed

full-time and 3,470 client contacts at sites staffed part-time on a sessional basis by Hepatitis SA CNP peer educators. Peer education and/or information was provided directly to 1,489 clients at fixed sites and 1,032 at sessional sites, with further intensive support provided for 174 clients at fixed sites and 46 clients at sessional sites. The range of issues included vein access, vein care, dirty hits, dependence, withdrawal, drug effects, overdose, drug dependence and drug treatment. Peer educators referred 1,337 clients to other services - mostly other CNP sites, medical practitioners, hepatitis services (Hepatitis SA and viral hepatitis nurses) and alcohol and other drug services.

In addition to the 1,248,353 syringes distributed, Hepatitis SA CNP Peer Educators distributed 2,488 wheel filters, 526 Sterifilts, 9,728 sterile water ampoules, 126 tourniquets and 72 tubes of Hirudoid cream to CNP clients throughout the year on a cost recovery basis.

The Coordinator and Project Officer provided 12 harm reduction workforce development activities to CNP workers, AOD workers, peer workers, mental health workers and sexual health workers.

These sessions covered a wide range of topics including harm reduction policy, equipment use, specialised equipment use, prevention of blood-borne viruses, values, stigma, discrimination, vein care, performance and image enhancing drugs,

methamphetamine, overdose awareness and response, common health issues experienced by PWID and ways to help reduce potential harms associated with injecting drug use.

In addition to formal workforce training, CNP peer workers at fixed and sessional CNP sites provided CNP training to paid staff, volunteers and placement students at host sites, including conducting CNP inductions to new casual Hepatitis SA CNP peer workers.

Safer Drug Use information sessions at the Adelaide Women's Prison – 3 sessions delivered to 54 female prisoners as part of the 'Keeping Safe' Program delivered collaboratively with the Hepatitis SA Education team, Legal Services Commission, Northern Domestic Violence Services, Housing SA and SIN.

Rural Distribution of Equipment

People living in country areas are able to access sterile injecting equipment by phoning us and placing an order which is then sent to their nearest bus depot via Coachfreight or posted to their address via AusPost. We distributed 2,520 syringes to people in rural areas including Kingscote, Kangaroo Island; Naracoorte; and Pt Lincoln.

CNP Client Feedback Survey

A client survey was conducted to provide an opportunity for CNP clients to give feedback on the peer service and to assess their satisfaction with the peer service. There were 88 clients who participated in the Client Satisfaction Survey (55 male; 33 female). Client feedback is important for evaluating the effectiveness of the service – feedback can show us where we are doing well and where we may need to improve. Overall the survey responses indicate that CNP Peer Projects is meeting clients' needs.

All respondents would recommend the CNP peer to others and all respondents were satisfied with peers' level of knowledge (72% were extremely satisfied).

52 participants (88%) reported that peer interaction has improved their injecting practices, with 60% reporting peer interaction has improved their injecting practices a great deal.

Survey Participant quotes:

"Excellent rapport and understanding."

"For people who are not using safe practices, CNP peer advice is most useful."

"The peers that I have met have been awesome and very friendly and helpful."

"Very helpful, can ask anything."

CNP Peer Projects Team

With the expansion into additional CNP services we have increased the size of the CNP Peer Projects team. In addition to the great service that the permanent peers provide to CNP clients, they have also been instrumental in mentoring and inducting new casual peer workers into the CNP sites.

I would like to thank all of the peer workers who have worked so hard throughout the past year.

Carol
CNPPP Acting Coordinator

State & Territory Reports

TUHSL

State/Territory: Tasmania

Hello to all, the year as it was for us here in Tasmania hasn't changed a whole lot. Yes, we are having victories and we are also taking some hard blows. I'll get into that in a little while down the page. Each year I put my fingers to the keyboard to try and put Tuhsl and its accomplishments forward to the AIVL community through our AGM handout. I have realised that this year has been a very difficult one. We, as a board and group of dedicated open drug user's, have been very busy doing what we do best, helping those who need help the best we can. Most of our work includes largely helping to sort out doctors for those seeking Hep C/B treatment and helping them by educating them on what tests they need to ask health professionals to carry out so they get the treatment as quickly as possible. We also go on our little missions with two or three of us visiting a dosing pharmacy and asking those there if they know much or anything about the new treatments available for Hep C and we actually seem to have success with this method

in helping connect people with good Doctors who know already what tests to do etc. During this same time, we also talk about other things that are a problem to them or what is going well for them. Unfortunately, in Tasmania it seems more bad than good, but this is the game we play.

Another point I would like to raise is we are noticing more people asking us on how to use steroids correctly which I must admit is not a subject I'm familiar with, so a little internet education has helped. The majority of questions have been e.g. if my syringe is used for injecting just under my skin and I don't see blood does that mean my mate can use the same one? We all know that answer, but it seems that there is a whole new younger generation of users that seem we have missed in educating. So we are going to do our best at working out the best way of connecting with these people who do not actually believe that they are drug users so think that the old rules of BBV don't actually apply to them.

As you are probably aware, we had a very tragic day later on in this year with the passing of our EO which left a few of us in a strange hole for a while. We had great hopes and plans but life is what it is and we just keep moving forward. It was a sad time and our hearts go out to all of those who knew her, far longer than I did.

We are still the only group that is run and managed by open users and that goes along way here in Tasmania are running some Hep C training sessions upon our return thanks to AIVL helping us through to get grant money to get this done. We have chosen to do the training with groups who are fresh out of prison and/or are IV drug users. We believe we will help make a difference through these participants. Thank you all again, it's always great to catch up with like- minded people. Take care.

All the best from the TUHSL team



This is the first Harm Reduction Victoria report in many years not written by Jenny Kelsall in her eloquent prose. As many of you will know, Jenny passed away in January this year but the legacy that she left at HRVic and in the AIVL network will continue to be felt for years to come. All of those who knew her – whether as a friend, peer or colleague has a memory of her soft voice delivering an acute observation or protestation that had the power to silence a room or stop a meeting as everyone paused to consider what she said.

Naturally enough Jen’s illness and passing cast a shadow across HRVic’s last year and our 30-year anniversary in 2017 was not celebrated like we might usually. What I can say, as the incoming CEO, is that throughout the year, even as they processed Jenny’s illness, HRVic staff continued to deliver on their commitment to people who use drugs in Victoria.

This commitment manifests in the grassroots community development and peer education programs; in service delivery and in strategic policy work. A few examples of our range of work include:

Victorian Parliamentary Inquiry into Drug Law Reform

The highly anticipated government response to this inquiry was tabled recently, and to say it was disappointing is an understatement. Coming as it did so close to a State election, it is perhaps predictable that it became a summary of current policy, rather than the radical change in direction for drug policy in Victoria we all may have liked.

One major initiative for people who inject drugs in North Richmond at least was pushed through and Melbourne became the second city in Australia to have a safe injecting centre, at last.

D.O.P.E. – Opioid Overdose Response



State & Territory Reports

Last year our President – Robyn Dwyer – along with Jane Dicka and many other peer naloxone trainers across DUOs published a paper that showed comprehensively just how effective peer-based Take Home Naloxone programs are. Over the course of a few years our one worker – Jane – trained 1072 peers and delivered naloxone kits to every one of them. In the same time around 600 trained service workers delivered around 600 trainings to people at risk of opioid overdose. The reach of the program and number of hurdles that have to be jumped – including the fact that HRVic and Jane are not legally able to personally hand out kits but must coordinate with GPs and services – are testament to the commitment and problem-solving peers can bring to our work.



DanceWize

With more than 20 years of peer engagement, community development and program development, DanceWize has grown to encompass over a hundred Key Peer Educators providing professional level care at 27 events. On top of this we have partnered with NUAA to support

their adoption of the program model in a two-year pilot under the name DanceWize NSW. All this with just 2.0 FTE workers. DanceWize was able to attend a record number of events thanks in part to Victorian government limited time expansion funding as well as considerable streamlining of service delivery. We are proud to know that at many events; the medical teams consider the presence of DanceWize a pre-requisite for their own attendance at the event. Steph, Linda and Nick, along with a grassroots Steering Committee and the scores of volunteer peer educators continue to go from strength to strength. In addition to their own work HRVic's Steph and SSDP's Penny Hill (who is also on our Board) were involved in the STA-SAFE Consortium, which successfully and safely delivered the first drug-checking service at an Australian music festival at Groovin' the Moo in the ACT in April 2018.



PAMS

Leora Robertson and Sarah Lord responded to over 1000 cases of pharmacotherapy mediation or advocacy in 2017-18. With a 1.6 FTE staff complement PAMS outcomes are extraordinary. We

all know that there are a range of structural issues with opioid pharmacotherapy treatment delivery both at a State and National level and PAMS continues to excel at ensuring as many people as possible are supported to continue to receive this most effective of drug treatments, should they wish to. The cost of pharmacotherapy continues to be one of the most commonly cited issues for PAMS cases, but the number of people dependent on prescription opioids and referred to pharmacotherapy programs – and having issues with these programs – are increasing.

Health Promotion Team

Between peer education workshops, staff education and the Peer Networker Program, the Health Promotion team works on BBV prevention, testing and treatment and peer distribution of sterile injecting equipment. Over 70,000 sterile syringes were distributed by HRVic volunteer Peer Networkers last year, with a return rate of 62%. The Health Promotion team has also partnered with the Burnet Institute's Eliminating Hep C (EC) initiative, which focuses on hepatitis C testing and treatment for people who inject drugs. For much of the year Hunter Morgan has carried out much of the work of this team, with Jane Dicka and Sam Jones ably supporting Peer Networkers as well.



Communications

We are lucky enough to have Sam Jones' design and layout skills to ensure our resources and publications have a distinctive HRVic flavour. Sam's to-do whiteboard is always full of health promotion resources and posters, banners and flags for DanceWize and of course drives WHACK! as well, not to mention keeping the website going. Meanwhile, the Golden Phaeton – Sam Sejavka – is supported by HRVic to produce an ongoing independent blog which is focused on hep C but has opinions on many matters of interest to people who inject. Sam S was also the driving force behind the Liver Tonic! event in 2017, wherein multiple ageing but

highly respected and celebrated Melbourne musicians came together to raise awareness of the DAA hep C treatments and of the disease ripping through their community.

Thank you...

In the last year we have also bid goodbye to Charles Henderson and Tamara Speed. We thank them for their work and wish them well. Charles stepped up to lead the organisation through much of Jen's illness and, once he left for NUAA, Jane Dicka in turn took on a leadership role. Through all of this our Board put in many hours of extra work to ensure stability, to reassure partners, stakeholders and members and to help out

with the operational side of the organisation. I wish to thank every Board member who served this year, on behalf of the organisation. I hope we can continue to finish our meetings on time!

DanceWize, PAMS, DOPE, the Health Promotion and Comms teams along with our amazing Peer Networkers all show us what we in the AIVL network already know – that communities of people who use drugs are capable of solving the problems that discrimination, stigmatisation and criminalisation pose for us, with innovation, hard work and of course, humour.

However, I will leave the last words to Jenny, our dearly missed and never to-be-forgotten friend and mentor:



'We need to keep doing what we do here – and do it with a vengeance. For all that we've achieved over this and previous years, we still need to do more...'



PEER BASED HARM REDUCTION WA



State/Territory: Western Australia

CEO REPORT

Peer Based Harm Reduction WA has once again had a busy and productive 12 months. We have continued to grow the way we provide services to people who inject drugs, and support the international goal of eliminating hepatitis C by 2030. Throughout this year, Peer Based Harm Reduction WA has continued to develop and enhance existing partnerships and has established new collaborations with a number of research and peak bodies. Throughout this period, we successfully tendered for our core funding from the Department of Health, gained a two-year extension on our contract with the Mental Health Commission, secured new funding for a number of projects through Neami National and received a number of small grants from the Australian Injecting and Illicit Drug Users League (AIVL).

The Board has ensured that Peer Based Harm Reduction WA continues to work within its Strategic Plan, meet its obligations, manage its finances and operate transparently, as well as maintaining its quality management system certification. This financial year Peer Based Harm Reduction WA has updated its Constitution to ensure full compliance with the Associations and Incorporations Act 2016.

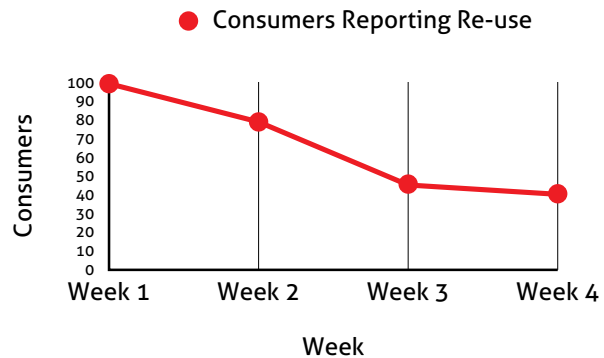
Highlight's of service key achievements over the past 12 months are summarised in this report. Peer Based Harm Reduction WA continues to increase its credibility and expertise as a peer led service and leader of harm reduction services in WA. We look forward to continued improvements to the services we provide to our community over the coming year.

Angela Corry
Chief Executive Officer

NSEP REPORT

From July 2017 to June 2018, Peer Based Harm Reduction WA distributed 1,940,000 pieces of sterile injecting equipment in over 18,000 consumer interactions.

Injection Infection Month



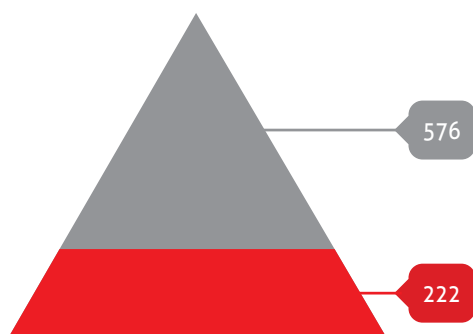
During this period, Peer Based Harm Reduction WA expanded Injection Infection week into a month long health promotion activity.

During injection infection month the number of consumers requesting extra free equipment and the reported re-use of equipment declined over the four week period as shown in the graph.

This year also saw the introduction of harm reduction packs to better meet the needs of local street based and Aboriginal consumers. 46% of harm reduction packs are distributed to Aboriginal consumers who receive one pack per occasion of service. As a result of the significant level of engagement with Aboriginal consumers through the introduction of harm reduction packs, Peer Based Harm Reduction WA were the recipients of a WA AOD Excellence Award in the Aboriginal category.

HEALTH CLINIC REPORT

Consumer Consultation



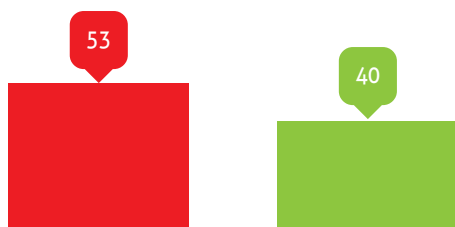
■ New Patients (27.82%) ■ Returning Patients (72.18%)

A keen focus of this reporting period was to consolidate providing an Outreach based clinic for consumers and their networks, in their own homes. This approach is thought to be the most effective way that we can increase BBV screening and treatment uptake in the community.

By this, Peer Based Harm Reduction WA acknowledges there are consumers who do not ordinarily engage with health providers, or who may have difficulty accessing services because of physical, emotional or social concerns.

With the introduction of the Hepatitis C (HCV) Case Management Worker, consumer support has intensified. The role of the HCV Case Manager is to provide support to consumers who commence HCV

HCV Treatment Program



■ Number Commenced Treatment
■ Number Completed Treatment

treatment. Consumers are engaged in an outreach capacity, routinely contacted and, if required, transported to and from our clinic.

A total of five abstracts have been submitted this year. Two were accepted as oral presentations locally, one was accepted nationally and the other two were accepted as an oral and poster presentation at the 2018 INHSU meeting.

The Nurse Practitioner received a scholarship from ASHM to attend the meeting in Portugal and was required as part of the scholarship acceptance to provide ASHM with a brief report on selected presentations.

OUTREACH REPORT

Our Outreach service home-delivers NSEP in the Perth Metro and SW region to people whose circumstances make access to services difficult, and also supplies Harm Reduction Packs to homeless and street-present people via foot-patrols in the inner city and Fremantle.

Outreach Youth works with younger consumers and partners with Passages, DAYS, and other youth services.

OVERDOSE PREVENTION & MANAGEMENT (OPAM)

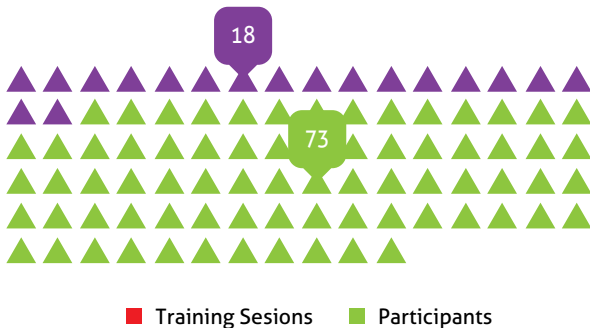
Education Sessions Provided	4140
Overdoses witnessed	193
Naloxone administered by peers	69
Males	420
Females	354
Other	1

OPAM recruits, trains, and supports our consumers to be volunteer peer-educators in the community.

The Peer-administered Naloxone project continues to teach our consumers how to recognise and respond to an overdose and to provide them with life-saving naloxone kits.

State & Territory Reports

Naloxone Training



The HCV Case-Management worker works closely with our Health Clinic nurse, and supports people in accessing testing, entering and completing treatment, and engaging with other health services.

This year Outreach has expanded further with the addition of the Stirling Empowerment Project, a team of three workers who engage with disadvantaged people and people from CALD backgrounds to increase access to mental health and AOD services in the Stirling region.

WORKFORCE DEVELOPMENT

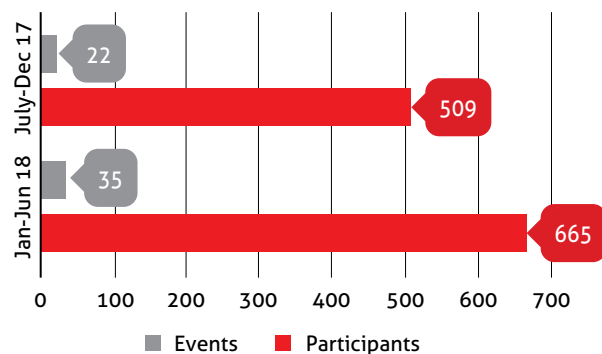
Peer Based Harm Reduction WA provides education, training, and consultancy to a wide range of organisations throughout the state as part of our workforce development activities.

During this year Peer Based Harm Reduction WA has provided education or training sessions on 57 occasions, to more than a thousand participants.

This has included sessions delivered to; doctors, nurses and Aboriginal health workers; pharmacists; staff of hospital emergency departments and mental health clinics; staff from Legal Aid and Community Legal Centre's; youth services; housing and emergency accommodation providers; and to community alcohol and other drug workers and staff of WANADA member organisations. Lectures were also provided at several universities to students in schools of medicine, pharmacy, law, addiction studies, psychology and occupational therapy.

During this year we also provided consultancy and support to many other organisations, including; other NSP and NSEP providers; local councils; the State Methamphetamine Action Plan Task Force; and the Aboriginal Health Council of WA. Peer Based Harm Reduction WA workers helped informational BBV and STI strategies; trialed new AIVL training modules on Harm Reduction and Peer-education to AOD workers in Perth Bunbury and Kalgoorlie; and (with funding from the International Drug Policy Consortium) contributed to an international forum on harm reduction strategies for methamphetamine.

Workforce Development



What did you like about this training session?

"It was about reducing harm, not more endless talk about a problem that has no solution".

"Practical, pragmatic information based on real experience".

"The wealth of knowledge and real world experience of the presenter".

"Very practical, informative session. Made so much sense and "cents". Simple solutions to a very big issue".

"Very informative session. Would like to hear more".

"Thank you so much. Very informative. Keep doing a good job!"

FINANCIAL STATEMENTS

For the Year Ended 30 June 2018

ABN: 20 467 449 392

Australian Injecting and Illicit Drug Users League Inc

A.B.N 20 467 449 392

Contents

For the Year Ended 30 June 2018

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Australian Injecting and Illicit Drug Users League Inc

A.B.N 20 467 449 392

Board's Report

30 June 2018

The directors present their report on Australian Injecting and Illicit Drug Users League Inc for the financial year ended 30 June 2018.

General information

Board members

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

Names	Position	Appointed/Resigned
Mary Ellen Harrod	President	Appointed to Treasurer position 20 November 2015 to 21 November 2017. Appointed President 21 November 2017
Niki Parry	President	Appointed to position 20 November 2015/ Retired 21 November 2017
Paul Dessauer	Secretary	Appointed to position 20 November 2015
Dan Burns	Treasurer	Appointed to Vice President position 20 November 2015 to 21 November 2017. Appointed Treasurer 21 November 2017
David McDonald	General Member	Appointment to position 20 November 2015
Amanda Bresnan	General Member	Appointment to position 20 November 2015
Yvonne Samuel	Member Liaison Officer	Appointed to position 11 November 2016
Kerrie Jordan	Vice President	Appointed to position 21 November 2017

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

Operating results and review of operations for the year

Operating result

The profit of the Association for the financial year after providing for income tax amounted to \$125,635 (2017: \$(20,551)).

Meetings of the Board

During the financial year, 5 meetings of directors (with 2 committees of members meetings) were held. Attendances by each director during the year were as follows:

Australian Injecting and Illicit Drug Users League Inc

A.B.N 20 467 449 392

Board's Report

30 June 2018

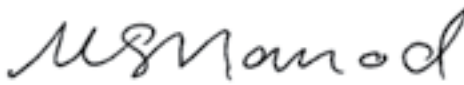
Meetings of the Board

	Board Meetings		Finance Committee	
	Number eligible to attend	Number attended	Number eligible to attend	Number attended
Mary Ellen Harrod	5	5	2	2
Niki Parry	2	2	-	-
Paul Dessauer	5	3	2	-
Dan Burns	5	5	2	2
David McDonald	5	4	-	-
Amanda Bresnan	5	4	-	-
Yvonne Samuel	5	5	-	-
Kerrie Jordan	3	2	2	2

Indemnification and insurance of officers and auditors

No indemnities have been given or insurance premiums paid, during or since the end of the financial year, for any person who is or has been an officer or auditor of Australian Injecting and Illicit Drug Users League Inc.

Signed in accordance with a resolution of the Board:

Board member: 

Dated this 11th day of October 2018

Australian Injecting and Illicit Drug Users League Inc

A.B.N 20 467 449 392

Statement of Profit or Loss

For the Year Ended 30 June 2018

	2018	2017
Note	\$	\$
Revenue		
Grant AusAID	-	-
Grant Other Australian	1,647,774	1,743,578
Investment income	2,793	2,629
Other income	4,050	34,525
Total Revenue	1,654,617	1,780,732
Domestic programs expenditure		
Hepatitis C & other BBVs program	(822,142)	(813,692)
Auspicing of Local Drug User Organisation CAHMA	(706,840)	(646,831)
Other expenditure	-	(108,265)
Hep C Awareness	-	(232,495)
Excess of revenue over expenditure before income taxes	125,635	(20,551)
Excess of revenue over expenditure after income tax	125,635	(20,551)

The accompanying notes form part of these financial statements.

Australian Injecting and Illicit Drug Users League Inc

A.B.N 20 467 449 392

For the Year Ended 30 June 2018

Detailed Profit or Loss Statement

	2018	2017
	\$	\$
Income		
Grant - other Australian	1,647,774	1,743,578
Investment Income	2,793	2,630
Other income	4,050	34,525
	1,654,617	1,780,733
Less: Direct expenses		
Employee expenses	(1,084,713)	(965,277)
Occupancy expenses	(204,588)	(301,299)
Travelling expenses	(63,173)	(102,066)
Consultancy expenses	(20,816)	(131,871)
Professional fees	(27,620)	(10,265)
Workshop and conference expenses	(50,738)	(116,740)
Depreciation of property, plant and equipment	(11,380)	-
Training	(7,730)	(55,092)
Postage	(2,548)	(4,132)
Subscriptions	(3,028)	(1,587)
Materials and resources	(39,405)	(107,787)
Other expenses	(13,243)	(5,168)
	(1,528,982)	(1,801,284)
Net profit / (loss)	125,635	(20,551)

Australian Injecting and Illicit Drug Users League Inc

A.B.N 20 467 449 392

Statement of Financial Position

30 June 2018

	Note	2018 \$	2017 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents		578,110	562,461
Trade and other receivables	5	60,453	14,723
Other financial assets	6	106,279	104,449
Other assets	7	26,252	13,697
TOTAL CURRENT ASSETS		<u>771,094</u>	<u>695,330</u>
NON-CURRENT ASSETS			
Property, plant and equipment	8	35,755	26,268
TOTAL NON-CURRENT ASSETS		<u>35,755</u>	<u>26,268</u>
TOTAL ASSETS		<u>806,849</u>	<u>721,598</u>
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	9	68,630	192,799
Employee benefits	11	74,374	60,584
Other financial liabilities	10	318,593	238,425
TOTAL CURRENT LIABILITIES		<u>461,597</u>	<u>491,808</u>
NON-CURRENT LIABILITIES			
Employee benefits		30,912	40,359
TOTAL NON-CURRENT LIABILITIES		<u>30,912</u>	<u>40,359</u>
TOTAL LIABILITIES		<u>492,509</u>	<u>532,167</u>
NET ASSETS		<u>314,340</u>	<u>189,431</u>
EQUITY			
Retained earnings		314,340	189,431
TOTAL EQUITY		<u>314,340</u>	<u>189,431</u>

The accompanying notes form part of these financial statements.

Statement of Changes in Equity

For the Year Ended 30 June 2018

2018

	Retained Earnings	Total
	\$	\$
Balance at 1 July 2017	189,431	189,431
Surplus to entity	125,635	125,635
Retrospective adjustment upon change in accounting policy	(726)	(726)
Balance at 30 June 2018	314,340	314,340

2017

	Retained Earnings	Total
	\$	\$
Balance at 1 July 2016	209,982	209,982
Shares issued during the year	(20,551)	(20,551)
Balance at 30 June 2017	189,431	189,431

The accompanying notes form part of these financial statements.

Australian Injecting and Illicit Drug Users League Inc

A.B.N 20 467 449 392

Statement of Cash Flows For the Year Ended 30 June 2018

	2018	2017
	\$	\$
CASH FLOWS FROM OPERATING ACTIVITIES:		
Receipts from customers	1,606,004	1,743,578
Payments to suppliers and employees	(1,572,281)	(2,032,027)
Donations received	-	20,021
Interest received	2,793	2,629
Net cash provided by/(used in) operating activities	<u>36,516</u>	<u>(265,799)</u>
CASH FLOWS FROM INVESTING ACTIVITIES:		
Purchase of property, plant and equipment	<u>(20,867)</u>	<u>(5,322)</u>
Net cash provided by/(used in) investing activities	<u>(20,867)</u>	<u>(5,322)</u>
CASH FLOWS FROM FINANCING ACTIVITIES:		
Net increase/(decrease) in cash and cash equivalents held	15,649	(271,121)
Cash and cash equivalents at beginning of year	<u>562,461</u>	<u>833,582</u>
Cash and cash equivalents at end of financial year	<u><u>578,110</u></u>	<u><u>562,461</u></u>

The accompanying notes form part of these financial statements.

Australian Injecting and Illicit Drug Users League Inc

A.B.N 20 467 449 392

Notes to the Financial Statements For the Year Ended 30 June 2018

The financial report covers Australian Injecting and Illicit Drug Users League Inc as an individual entity. Australian Injecting and Illicit Drug Users League Inc is a not-for-profit Association, registered and domiciled in Australia.

The functional and presentation currency of Australian Injecting and Illicit Drug Users League Inc is Australian dollars.

Comparatives are consistent with prior years, unless otherwise stated.

1 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*.

2 Summary of Significant Accounting Policies

(a) Income Tax

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

(b) Leases

Lease payments for operating leases, where substantially all of the risks and benefits remain with the lessor, are charged as expenses on a straight-line basis over the life of the lease term.

Lease incentives under operating leases are recognised as a liability and amortised on a straight-line basis over the life of the lease term.

(c) Revenue and other income

Revenue is recognised when the amount of the revenue can be measured reliably, it is probable that economic benefits associated with the transaction will flow to the Association and specific criteria relating to the type of revenue as noted below, has been satisfied.

Revenue is measured at the fair value of the consideration received or receivable and is presented net of returns, discounts and rebates.

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

Donations

Donations and bequests are recognised as revenue when received.

(d) 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.

Australian Injecting and Illicit Drug Users League Inc

A.B.N 20 467 449 392

Notes to the Financial Statements For the Year Ended 30 June 2018

2 Summary of Significant Accounting Policies

(d) Goods and services tax (GST)

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.

(e) Property, plant and equipment

Each class of property, plant and equipment is carried at cost or fair value less, where applicable, any accumulated depreciation and impairment.

Items of property, plant and equipment acquired for nil or nominal consideration have been recorded at the acquisition date fair value.

Plant and equipment

Plant and equipment are measured using the cost model.

Depreciation

Property, plant and equipment, excluding freehold land, is depreciated on a straight-line basis over the assets useful life to the Association, commencing when the asset is ready for use.

Leased assets and leasehold improvements are amortised over the shorter of either the unexpired period of the lease or their estimated useful life.

(f) Financial instruments

Financial instruments are recognised initially using trade date accounting, i.e. on the date that the Association becomes party to the contractual provisions of the instrument.

On initial recognition, all financial instruments are measured at fair value plus transaction costs (except for instruments measured at fair value through profit or loss where transaction costs are expensed as incurred).

Financial Assets

Financial assets are divided into the following categories which are described in detail below:

- loans and receivables;
- financial assets

Financial assets are assigned to the different categories on initial recognition, depending on the characteristics of the instrument and its purpose. A financial instrument's category is relevant to the way it is measured and whether any resulting income and expenses are recognised in profit or loss or in other comprehensive income.

All income and expenses relating to financial assets are recognised in the statement of profit or loss in the 'finance income' or 'finance costs' line item respectively.

Australian Injecting and Illicit Drug Users League Inc

A.B.N 20 467 449 392

Notes to the Financial Statements For the Year Ended 30 June 2018

2 Summary of Significant Accounting Policies

(f) Financial instruments

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 Association's trade and other receivables fall into this category of financial instruments.

Significant receivables are considered for impairment on an individual asset basis when they are past due at the reporting date or when objective evidence is received that a specific counterparty will default.

The amount of the impairment is the difference between the net carrying amount and the present value of the future expected cash flows associated with the impaired receivable.

In some circumstances, the Association renegotiates repayment terms with customers which may lead to changes in the timing of the payments, the Association does not necessarily consider the balance to be impaired, however assessment is made on a case-by-case basis.

Financial assets at fair value through profit or loss

Financial assets at fair value through profit or loss include financial assets:

- acquired principally for the purpose of selling in the near future
- designated by the entity to be carried at fair value through profit or loss upon initial recognition or
- which are derivatives not qualifying for hedge accounting.

The Association has some derivatives which are designated as financial assets at fair value through profit or loss.

Assets included within this category are carried in the statement of financial position at fair value with changes in fair value recognised in finance income or expenses in profit or loss.

Any gain or loss arising from derivative financial instruments is based on changes in fair value, which is determined by direct reference to active market transactions or using a valuation technique where no active market exists.

Held-to-maturity investments

Held-to-maturity investments are non-derivative financial assets with fixed or determinable payments and fixed maturity. Investments are classified as held-to-maturity if it is the intention of the Association's management to hold them until maturity.

Held-to-maturity investments are subsequently measured at amortised cost using the effective interest method, with revenue recognised on an effective yield basis. In addition, if there is objective evidence that the investment has been impaired, the financial asset is measured at the present value of estimated cash flows. Any changes to the carrying

Australian Injecting and Illicit Drug Users League Inc

A.B.N 20 467 449 392

Notes to the Financial Statements For the Year Ended 30 June 2018

2 Summary of Significant Accounting Policies

(f) Financial instruments

amount of the investment are recognised in profit or loss.

Impairment of financial assets

At the end of the reporting period the Association assesses whether there is any objective evidence that a financial asset or group of financial assets is impaired.

Financial assets at amortised cost

If there is objective evidence that an impairment loss on financial assets carried at amortised cost has been incurred, the amount of the loss is measured as the difference between the asset's carrying amount and the present value of the estimated future cash flows discounted at the financial assets original effective interest rate.

Impairment on loans and receivables is reduced through the use of an allowance accounts, all other impairment losses on financial assets at amortised cost are taken directly to the asset.

Subsequent recoveries of amounts previously written off are credited against other expenses in profit or loss.

(g) Adoption of new and revised accounting standards

The Association has adopted all standards which became effective for the first time at 30 June 2018, the adoption of these standards has not caused any material adjustments to the reported financial position, performance or cash flow of the Association.

3 Critical Accounting Estimates and Judgments

Those charged with governance 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.

4 Revenue and Other Income

Revenue from continuing operations

	2018	2017
	\$	\$
Income		
- A HepC Funding	881,818	1,013,587
- CAHMA Funding	765,956	643,731
- CAHMA Other Funding	-	1,000
- Other Funding Revenue	-	85,260
- Donation	-	34,000
Total interest income	(1,647,774)	(1,777,578)
Total Revenue	1,647,774	1,777,578

Australian Injecting and Illicit Drug Users League Inc

A.B.N 20 467 449 392

Notes to the Financial Statements For the Year Ended 30 June 2018

4 Revenue and Other Income

	Available cash at the beginning of the period			Available cash at end of period
	\$	Raised	Disbursed	\$
AIVL BBVs	200,000	681,818	881,818	-
AIVL Gilead Project	-	40,000	-	40,000
AIVL Dementia and Aged Care Project	-	55,000	-	55,000
CAHMA ACT Health (includes Naloxone)	-	355,540	347,361	8,179
CAHMA Connection Project	-	189,480	198,228	(8,748)
CAHMA NGOTGP	-	203,650	211,580	(7,930)
CAHMA AOD	-	238,940	17,290	221,650
Unallocated	-	-	-	-
	200,000	1,764,428	1,656,277	308,151

5 Trade and Other Receivables

	2018	2017
	\$	\$
CURRENT		
Trade receivables	3,600	799
Deposits Bond	1,041	1,041
GST receivable	5,072	12,883
Other receivables CAHMA	50,689	-
Other receivables	51	-
Total current trade and other receivables	60,453	14,723

6 Other Financial Assets

(a) Financial assets		
	2018	2017
	\$	\$
CURRENT		
Other financial assets	106,279	104,449
NON-CURRENT		
Total	106,279	104,449

7 Other Assets

	2018	2017
	\$	\$
CURRENT		
Prepayments	26,252	13,697

Australian Injecting and Illicit Drug Users League Inc

A.B.N 20 467 449 392

Notes to the Financial Statements

For the Year Ended 30 June 2018

8 Property, plant and equipment

PLANT AND EQUIPMENT

Office equipment

At cost

39,187 18,320

Accumulated depreciation

(17,697) (13,450)

Total office equipment

21,490 4,870

Leasehold Improvements

Improvements

34,046 34,046

Accum Depreciation

(19,781) (12,648)

Total leasehold improvements

14,265 21,398

Total plant and equipment

35,755 26,268

Total property, plant and equipment

35,755 26,268

9 Trade and Other Payables

	2018	2017
Note	\$	\$
Current		
Trade payables	8,928	129,153
Sundry payables and accrued expenses	43,109	37,938
Superannuation and PAYG	16,593	25,708
	68,630	192,799

Trade and other payables are unsecured, non-interest bearing and are normally settled within 30 days. The carrying amounts are considered to be a reasonable approximation of fair value.

10 Other Financial Liabilities

	2018	2017
	\$	\$
CURRENT		
Government grants	318,593	238,225
Deferred income	-	200
Total	318,593	238,425

11 Employee Benefits

	2018	2017
	\$	\$
Non-current assets		
Long service leave	30,912	40,359

Australian Injecting and Illicit Drug Users League Inc

A.B.N 20 467 449 392

Notes to the Financial Statements

For the Year Ended 30 June 2018

11 Employee Benefits

	2018	2017
	\$	\$
Current liabilities		
Long service leave	22,762	18,256
Provision for employee benefits	51,612	42,328
	<u>74,374</u>	<u>60,584</u>

12 Financial Risk Management

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.

The Association is exposed to a variety of financial risks through its use of financial instruments.

The Association's overall risk management plan seeks to minimise potential adverse effects due to the unpredictability of financial markets.

The Association does not speculate in financial assets.

The most significant financial risks to which the Association is exposed to are described below:

Specific risks

- Liquidity risk
- Credit risk

Financial instruments used

The principal categories of financial instrument used by the Association are:

- Trade receivables
- Cash at bank
- Bank overdraft
- Trade and other payables

Australian Injecting and Illicit Drug Users League Inc

A.B.N 20 467 449 392

Notes to the Financial Statements For the Year Ended 30 June 2018

12 Financial Risk Management

Objectives, policies and processes

Those charged with governance receives overall responsibility for the establishment of Australian Injecting and Illicit Drug Users League Inc's financial risk management framework. This includes the development of policies covering specific areas such as foreign exchange risk, interest rate risk, credit risk and the use of derivatives.

Risk management policies and systems are reviewed regularly to reflect changes in market conditions and Australian Injecting and Illicit Drug Users League Inc's activities.

The day-to-day risk management is carried out by Australian Injecting and Illicit Drug Users League Inc's finance function under policies and objectives which have been approved by those charged with governance. The Chief Financial 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.

Those charged with governance receives monthly reports which provide details of the effectiveness of the processes and policies in place.

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

Liquidity risk

Liquidity risk arises from the Association's management of working capital and the finance charges and principal repayments on its debt instruments. It is the risk that the Association will encounter difficulty in meeting its financial obligations as they fall due.

The Association's policy is to ensure that it will always have sufficient cash to allow it to meet its liabilities as and when they fall due. The Association maintains cash and marketable securities to meet its liquidity requirements for up to 30-day periods. Funding for long-term liquidity needs is additionally secured by an adequate amount of committed credit facilities and the ability to sell long-term financial assets.

The Association manages its liquidity needs by carefully monitoring scheduled debt servicing payments for long-term financial liabilities as well as cash-outflows due in day-to-day business.

Liquidity needs are monitored in various time bands, on a day-to-day and week-to-week basis, as well as on the basis of a rolling 30-day projection. Long-term liquidity needs for a 180-day and a 360-day period are identified monthly.

At the reporting date, these reports indicate that the Association expected to have sufficient liquid resources to meet its obligations under all reasonably expected circumstances and will not need to draw down any of the financing facilities.

Financial guarantee liabilities are treated as payable on demand since Australian Injecting and Illicit Drug Users League Inc 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.

Australian Injecting and Illicit Drug Users League Inc

A.B.N 20 467 449 392

Notes to the Financial Statements For the Year Ended 30 June 2018

12 Financial Risk Management

(i) Interest rate risk

The Association is exposed to interest rate risk as funds are borrowed at floating and fixed rates. Borrowings issued at fixed rates expose the Association to fair value interest rate risk.

The calculations are based on the financial instruments held at each reporting date. All other variables are held constant.

13 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:

	2018	2017
	\$	\$
Short-term employee benefits	<u>317,242</u>	<u>264,996</u>
	<u>317,242</u>	<u>264,996</u>

14 Fair Value Measurement

The Association measures the following assets and liabilities at fair value on a recurring basis:

- Property, plant and equipment

15 Contingencies

In the opinion of those charged with governance, the Association did not have any contingencies at 30 June 2018 (30 June 2017:None).

16 Related Parties

(a) The Association's main related parties are as follows:

No related party transactions occurred during the year.

17 Events after the end of the Reporting Period

The financial report was authorised for issue on 11 October 2018 by those charged with governance.

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

Australian Injecting and Illicit Drug Users League Inc

A.B.N 20 467 449 392

Notes to the Financial Statements For the Year Ended 30 June 2018

18 Statutory Information

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

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

Australian Injecting and Illicit Drug Users League Inc

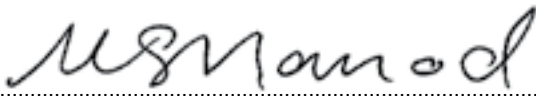
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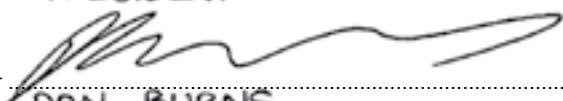
Responsible Persons' Declaration

The responsible persons declare that in the responsible persons' opinion:

- there are reasonable grounds to believe that the registered entity is able to pay all of its debts, as and when they become due and payable; and
- the financial statements and notes satisfy the requirements of the *Australian Charities and Not-for-profits Commission Act 2012*.

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

Board member 
MARY-ELLEN HARROD
PRESIDENT

Board member 
DAN BURNS
TREASURER

Dated this 11th day of October 2018

Australian Injecting and Illicit Drug Users League Inc

Independent Audit Report to the members of Australian Injecting and Illicit Drug Users League Inc

Report on the Audit of the Financial Report

Opinion

We have audited the financial report of Australian Injecting and Illicit Drug Users League Inc, which comprises the statement of financial position as at 30 June 2018, the statement of profit or loss, 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 responsible persons' declaration.

In our opinion the financial report of Australian Injecting and Illicit Drug Users League Inc has been prepared in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*, including:

- (i) giving a true and fair view of the Registered Entity's financial position as at 30 June 2018 and of its financial performance for the year ended; and
- (ii) complying with Australian Accounting Standards - Reduced Disclosure Requirements 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 Registered Entity in accordance with the auditor independence requirements of the *Australian Charities and Not-for-profits Commission Act 2012* (ACNC Act) 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 believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibilities of Responsible Entities for the Financial Report

The responsible entities of the Registered Entity are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards - Reduced Disclosure Requirements and the ACNC Act, and for such internal control as the responsible entities determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the responsible entities are responsible for assessing the Registered Entity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the responsible entities either intends to liquidate the Registered Entity or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Registered Entity's financial reporting process.

Australian Injecting and Illicit Drug Users League Inc

Independent Audit Report to the members of Australian Injecting and Illicit Drug Users League Inc

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 the financial report.



Gary Williams
Partner

Location Bondi Junction
Dated this 23 day of October 2018





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