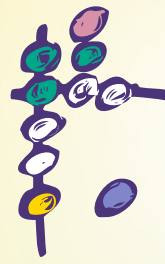




**ANNUAL
REPORT**

2019

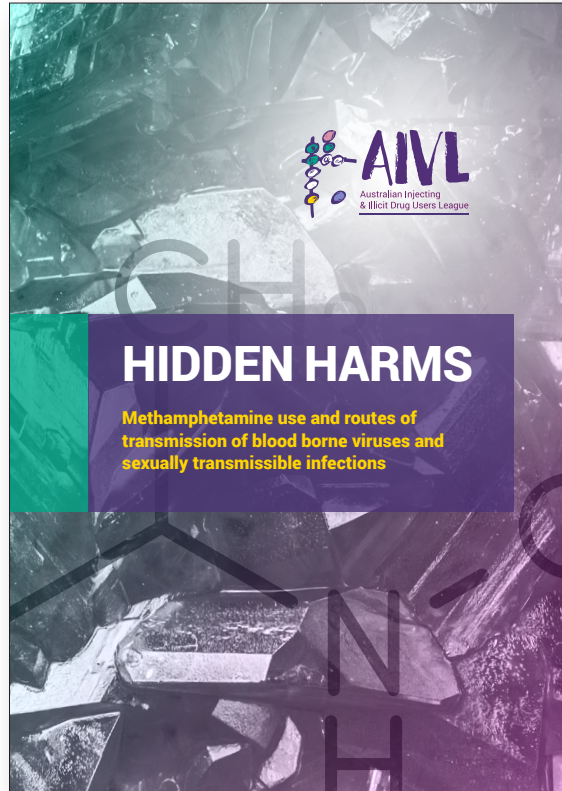


AIML

Australian Injecting
& Illicit Drug Users League

**ANNUAL
REPORT**

2019



Contents

About AIVL	3
AIVL's Goals	4
AIVL Member Organisations	5
AIVL Board	6
AIVL, CAHMA & Connection Staff	8
President's Report	10
Treasurer's Report	11
CEO's Report	12

State and Territory Reports

CAHMA and The Connection	18
NUAA	21
NTAHC	27
QUIHN	29
QuIVAA	33
Hepatitis SA Clean Needle Program Peer Projects (CNP)	34
TUHSL	37
HRVic	38
Peer Based Harm Reduction WA	42

Financial Statements	45
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About AIVL

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

AIVL's:

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

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

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

Values

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

Courage – To speak out and advocate for our communities when often this is challenging and comes at a personal cost.

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

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

AIVL's Goals

Our Membership

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

Our Community

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

Our Organisation

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

AIVL Member Organisations

As of 30 June 2019

ACT

Canberra Alliance for Harm Minimisation & Advocacy (CAHMA)

NSW

NSW Users & AIDS Association (NUAA)

NT

Northern Territory AIDS & Hepatitis Council (NTAHC)

QLD

Queensland Injectors Health Network (QuIHN)

QLD

Queensland Injectors Voice for Advocacy and Action (QuIVAA)

SA

Hepatitis SA Clean Needle Program Peer Projects (CNP)

TAS

Tasmanian Users Health & Support League (TUHSL)

VIC

Harm Reduction Victoria (HRVic)

WA

Peer Based Harm Reduction WA

AIVL BOARD

President

Angela Corry

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

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

Treasurer

Dan Burns

A dedicated member of the drug user movement since 2010, Dan was the founding coordinator of DanceWize NSW with NUAA from 2017 to 2019. Dan is passionate about the rave, doof, and music festival communities that he has been a part of since he was a teenager and he has contributed to these communities in a variety of ways over the past 17 years. He began volunteering for DanceWize in Victoria in 2010, before working for the program at Harm Reduction Victoria as Assistant Coordinator, then as a Coordinator, between 2011 and 2015. He became a member of the board of the AIVL in 2014.

Dan is currently studying secondary teaching at Deakin University in Melbourne and hopes to deliver accurate and relevant alcohol and other drug education to secondary students in the future.

Vice President

Kerrie Jordan

Kerrie has been 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.

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 'Culturally and Linguistically Diverse (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 & Drug Council of Australia (ADCA) Australia Day Medal.

Member Liaison Officer

Yvonne Samuel

Yvonne 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 five years. Currently employed at the Needle and Syringe Program at South Court and Medical Supervised Injecting Centre in Sydney she has been stretching her skills and knowledge across the harm reduction sector for people injecting drugs. During her career she has gained significant experience working across community welfare sector in a range of front line, education and training, and managerial positions.

General Member

David McDonald

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.

General Member

Amanda Bresnan

Amanda Bresnan is Manager Strategy at Djirra – an Aboriginal family violence prevention and legal service. Amanda was previously the CEO of Community Mental Health Australia. Amanda has worked as a consultant in mental health and disability, was Policy Manager at Palliative Care Australia and Manager of Policy and Stakeholder Engagement with the College of Mental Health Nurses.

Amanda is a director of the ACOSS Board. Amanda's previous Board experience includes President of the Asthma Foundation ACT and a Board Member of the National Asthma Board. She was Patron of ACT Mental Health Week in 2013 and 2014, and was a member of the ACT Ministerial Mental Health Advisory Committee. From October 2008 to 2012 Amanda was an elected Member of the ACT Legislative Assembly (MLA) for the ACT Greens.

AIVL, CAHMA & Connection Staff

During 2018-2019 AIVL and CAHMA/The Connection said farewell to a number of staff and welcomed others.

Staff who departed during 2018-2019

Aimee Tregonning –
The Connection, Aboriginal Peer Support Worker

Jason Hargrave –
AIVL, Database Administrator

Juda Weerheim –
CAHMA, Project Officer

Staff who joined us in 2018-2019

Harini Walthati –
AIVL, Administration and Communications Officer

Lauren Bradley –
AIVL, Senior Project Coordinator

Gabrielle Sledge –
CAHMA, Operations and Cultural Safety Manager

Larissa Noble –
CAHMA, Naloxone Training Officer

Skye Joyce –
CAHMA, Project Officer

Damien Tarrant –
CAHMA, Project Officer

Pam Ayers –
CAHMA, Project Officer

Brett De Brueys –
CAHMA, Project Officer

AIVL Staff as at 30 June 2019

Melanie Walker –
Chief Executive Officer

Jude Byrne –
National Project Coordinator

Carolyn Murphy –
Finance Manager

Tiia Harrison –
Project Officer

Lauren Bradley –
Senior Project Coordinator

Harini Walthati –
Administration and Communications Officer

CAHMA Staff as at 30 June 2019

Chris Gough –
Executive Director

Gabrielle Sledge –
Operations and Cultural Safety Manager

David Baxter –
Naloxone Training Co-ordinator

Peter Parkes –
Peer Education Officer

Geoff Ward –
Policy & Advocacy Officer

Monica Ruffy –
The Connection -
Peer Support Officer

Eva-lee Williams –
The Connection -
Peer Support Officer

Carolyn Murphy –
Finance Manager

Larissa Noble –
Naloxone Training Officer

Skye Joyce –
Project Officer

Damien Tarrant –
Project Officer

Pam Ayers –
Project Officer

Brett De Brueys –
Project Officer

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

President's Report

2018-19 has been a big year for AIVL. I would like to take this opportunity to thank the AIVL staff, Mel, Jude, Lauren, Carolyn, Tiia and Harini for the enormous amount and quality of work they have produced this year. I would also like to thank the members of AIVL's Board and our member organisations for their invaluable contribution to AIVL throughout the year.

In particular, I note the establishment of the Canberra Alliance for Harm Minimisation and Advocacy (CAHMA) as an independent organisation, which represents the culmination of several years' work by both AIVL and CAHMA. This is a significant achievement for both organisations and we look forward to continuing to work closely with CAHMA as AIVL's member organisation in the ACT.

Also of particular note in 2018-19 is the growing role and status of AIVL's National Peer Network, which will assist AIVL and the member organisations to consolidate and enhance the peer information exchange component in their organisations. The development of the National Peer Network is also providing a new mechanism for external organisations to seek peer input on a range of key projects of relevance to our sector.

AIVL's World Hepatitis Day Oration was a particular highlight this year, with the opening address by Australian Government Health Minister, the Hon Greg Hunt MP, signalling strong support for our organisation and its work moving forwards. The event also generated extensive media coverage both locally and nationally. AIVL's new report, *Missing Connections: Service user experiences of people living with hepatitis C exiting custodial settings*, which was launched at the event, is informed by the experiences of people who use drugs and who have been in custody and highlights areas that require further attention in order to achieve enhanced health outcomes.

AIVL has also undertaken direct consultations with its member organisations in 2018-19 to identify new and emerging trends in Blood Borne Viruses (BBV) and Sexually Transmissible Infections (STI) transmission risk-taking behaviour associated with methamphetamine use among service users across the country. The consultation report that has subsequently been produced will inform the development of new health promotion and prevention initiatives targeted to the specific needs of people who use methamphetamines.

In addition, national consultations were undertaken across three jurisdictions with both peers and

aged care providers to gauge understanding of issues that affect older people who inject drugs and understand how healthy ageing can be supported amongst this cohort. The project produced a comprehensive needs analysis report that identifies the practitioner and system needs for supporting healthy ageing amongst older people who inject drugs and makes recommendations for systemic change.

The impact of AIVL's extensive engagement and advocacy efforts has been reflected in a range of key outcomes this financial year, including in the five new National BBV and STI Strategies for 2018-2022, which all specifically acknowledge the critical role that AIVL plays in the success of Australia's national response.

It gives me great pleasure to present AIVL's 2018-19 Annual Report, showcasing both the work of AIVL as the national peak and its member organisations that are achieving some outstanding outcomes in key areas of activity and service delivery across the nation. I look forward to continuing to work closely with AIVL's members, allies and partner organisations as we move further into the new financial year.

Angela Corry
AIVL President

Treasurer's Report

AIVL has once again had a sound financial year. At the Annual General Meeting, 26 November 2019 the members endorsed the motion to change auditors from Rosenfeld Kant to Bandle, McAneney & Co, a local Canberra firm. Mr Tony Bandle, of Bandle, McAneney & Co conducted the 2018-19 audit.

Mr Bandle delivered a satisfactory report with no concerns raised regarding organisational management of finances. He also completed individual project audits for the AIVL Blood Borne Virus Awareness and Education Program through the Commonwealth Department of Health; CAHMA's ACT Health Program and CAHMA's Capital Health Network Peer Treatment Support, The Connection and Indigenous Specific AOD Programs.

On 11 December 2018 CAHMA became an incorporated association in the Australian Capital Territory under the Associations Incorporation Act 1991. A formal transfer of business process, overseen by both the AIVL and CAHMA Boards, has subsequently been completed with an amount of \$232,635 transferred as CAHMA's retained earnings. Consequently, from 1 July 2019 AIVL will no longer auspice CAHMA and all financial responsibilities relating to CAHMA's project funding and contractual obligations have been transferred to CAHMA. The incorporation of CAHMA and its subsequent financial independence

will therefore have an impact on the total equity for the 2019-20 financial year.

In the 2018-19 financial year, AIVL (including CAHMA) had an increase in overall funding from 1.65 to 1.93 million dollars. This increase comprises an additional Indigenous specific alcohol and other drug program for CAHMA through the Capital Health Network. Funding is still awarded to AIVL annually by the Commonwealth Department of Health.

Staffing represented the single greatest expense at 68.5% of the budget (\$1,145,780), an increase from the previous year – though much of this can be accounted for through annual and long service leave liabilities paid to departing staff. Other significant budget lines were occupancy expenses at 12% (\$206,503), workshop and conference expenses at 6.75% (\$113,401) and training at 3.8% (\$63,604).

There was a surplus of \$316,084. This surplus reflects auspice fees paid to AIVL by CAHMA and a surplus in AIVL's new aged care project.

AIVL's surplus and retained earnings equate to approximately 5 months of operating expenses. There are sufficient funds to meet employee liabilities.

Cash on hand (listed as 'cash at bank' the audit) has increased from \$578,110 in 2017-18 to \$597,834 in 2018-19.

Some financial matters that AIVL and the Board should keep in mind in the coming financial year are:

- AIVL's funding agreement with the Australian Government Department of Health expires on 30 June 2020
- Continue to increase reserves where possible
- Seek to diversify funding streams.

I'd like to recognise and thank the staff and Boards of both AIVL and CAHMA for their persistence and hard work throughout a year of significant change within the organisation.

Finally, as I come to the end of my third elected term with the AIVL Board, I am stepping away to focus on finalising my studies. The past five years with the AIVL Board have been at times very challenging, but always rewarding. I am proud of the impact I have made through my work in my various Board positions and I am grateful to the teams at AIVL and CAHMA who have been a pleasure to work with. I wish the staff, Board, and member organisations all the best moving forward. I believe we are truly at a significant time in the drug user movement and I look forward with great enthusiasm to the movement's continued growth and evolution across Australia.

D Burns
AIVL Treasurer

CEO's Report



Introduction

The 2018-19 financial year has been exceptionally busy and productive for AIVL.

I would like to thank AIVL staff, board members and our member organisations for their dedication and support – I remain privileged to be part of such a talented and committed team of people as we move into the new financial year.

Of particular note at the conclusion of the 2018-19 financial year is the Canberra Alliance for Harm Minimisation and Advocacy (CAHMA) becoming an independent organisation. For the last decade, AIVL and CAHMA have had a shared vision – to establish CAHMA as an independent member organisation of AIVL, with its own board of governance and membership structure.

An important part of this process was completed at the end of last calendar year with CAHMA's incorporation and the establishment of its independent board. However, transfer of business processes were still ongoing until the end of the

2018-19 financial year. With the commencement of 2019-20, CAHMA and The Connection are now completely independent of AIVL.

It has been a real privilege for AIVL to have been able to walk with CAHMA and The Connection on its journey towards independence. The AIVL Board and staff have been honoured to be associated with the work of CAHMA and The Connection and we are confident that the organisation will continue to go from strength to strength, reflecting its ongoing commitment to achieving better health and social outcomes for people who use drugs in the ACT and region.

AIVL looks forward to working with CAHMA as our newest independent member organisation in 2019-20.

The following summarises some other key activities during 2018-19:

Enhance NSP service outcomes through the ongoing development and delivery of a peer driven, nationally consistent NSP training framework aimed at people who work in services that provide access to NSPs, based on best practice guidelines.

In 2017-18, AIVL released a report on Needle and Syringe Programs (NSPs) in Australia: Peer-led Best Practice, with a view to enhancing access for priority populations and reducing the impact of blood borne viruses (BBVs) in Australia.

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. It provides an overview of equipment that AIVL recommends NSPs stock as well as providing guidance to NSP staff on providing the right equipment for the right injection.

In July 2018, AIVL held a national workshop in Canberra that was attended by peer workers from all of AIVL's member organisations around the country to present and deliver training consistent with the best practice framework outlined in the NSP report and accompanying NSP recommended equipment list.

It was subsequently determined that the network of peers established for the initial national workshop could be built on and strengthened to provide a mechanism to support an ongoing review and continuous improvement process for both the best practice guide and accompanying equipment fact sheet.

The growing role and status of AIVL's National Peer Network will assist AIVL and the member organisations to consolidate and enhance the peer information exchange component in their organisations. This mechanism forms a key part of AIVL's ongoing

work in the peer capacity building and knowledge sharing space. AIVL's new National Peer Network has been established over 2018-19 and now holds monthly teleconferences on workforce development resources and issues.

The development of the National Peer Network is also aligned to the collaborative work currently being undertaken as part of the EC Australia Partnership initiative. The EC Australia Partnership is developing a wide-ranging suite of activities, including a focus on best practice in HCV peer based prevention and enhancing access to treatment for priority populations under the new National BBV and STI Strategies.

The National Peer Network was also involved in the development and delivery of World Hepatitis Day activities by AIVL and its member organisations, and is increasingly being called on to provide input to current research projects being undertaken by other funded organisations in the BBV/STI sector.

Continue to build capacity amongst peer educators and other health professionals through a regularly reviewed, nationally consistent training program to allow them to provide education and support to people who inject drugs to reduce barriers to the health system by addressing stigma and discrimination and building resilience so that they can take control of their own health.

AIVL partnered with Dr Graham Brown from the Australian Research Centre in Sex, Health and Society in 2017-18 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.

In July 2018, AIVL held a national workshop in Canberra that was attended by peer workers from all of AIVL's member organisations around the country to present and deliver training on the content of the guide and the application of the accompanying tool.

It was subsequently determined that the network of peers established for the initial national workshop could be built on and strengthened to provide an ongoing review process for the peer workforce capacity building training framework, and related activities designed to support enhanced workforce participation and inclusion of peers across different settings.

As previously stated, the growing role and status of AIVL's National Peer Network will assist AIVL and the member organisations to consolidate and enhance the peer information exchange component in their organisations. This mechanism forms a key part of AIVL's ongoing work in the peer capacity building and knowledge sharing space. The National Peer Network has also been focussing on upskilling peer workers in terms of engaging with local stakeholders in service delivery in promoting and supporting the uptake of the elements of best practice. In addition, the participation of AIVL representatives on a broad range of committees, boards and advisory groups within the health sector has been maintained and built on throughout the current reporting period.

AIVL's engagement with various other committees and inquiries of relevance to the BBV and STI sectors at a national level is demonstrated through the provision of formal submissions on key priority issues. These are available on the AIVL website at: <http://aivl.org.au/policy-submission/>

Develop and deliver programs to improve BBV health outcomes for priority populations.

National consultation workshops were held in Canberra in late November 2018, with at least two delegates from all of AIVL's member organisations attending each workshop.

Task 1: Improve hepatitis C health outcomes for people exiting custodial settings to improve transition to primary care.

In early 2018, AIVL released *A needs analysis for people living with HCV after leaving custodial settings in Australia*.

This project was commissioned by AIVL to provide a jurisdiction-based needs-assessment report for the Australian Government Department of Health on the needs of People Living with Hepatitis C (PLWHCV) as they are discharged from custody to improve the completion rate and success rate of their hepatitis C (HCV) treatment.

As part of the 2018-19 AIVL workplan, AIVL undertook direct consultations with member organisations to ascertain whether the content of the report and its recommendations reflects the experience of member organisations and service users in different jurisdictions as new policies and practices in relation to HCV treatment and continuums of care are being implemented across the country.

The consultations sought specifically to capture service user experiences of engaging with HCV treatment from people who have recently left custody in each jurisdiction, along with commentary from staff working at the front line of service delivery within our member organisations. We are looking to inform further systemic changes that support

post-release HCV treatment transitions.

In order to further progress and advance the stated outputs of the project, a media and public launch of the finalised consultation report was held in conjunction with AIVL's 2019 World Hepatitis Day Oration on Monday 22 July 2019.

AIVL's World Hepatitis Day Oration opened with an address by Australian Government Health Minister, the Hon Greg Hunt MP, outlining priorities in the new National Hepatitis Strategies.

Around 100 people attended the event in Canberra, including federal, state and territory politicians, heads of key non-government organisations and health and corrections policy experts from around the country.

The event also featured a panel session with Carrie Fowlie (CEO of the Alcohol, Tobacco and Other Drug Association of the ACT), Sarah-Jane Olsen (Executive Officer of Hepatitis ACT) and Chris Gough (Manager of the Canberra Alliance for Harm Minimisation and Advocacy) talking about the implications of the new National Strategies in the ACT context.

AIVL's new report, *Missing Connections: Service user experiences of people living with hepatitis C exiting custodial settings*, is informed by the experiences of people who use drugs and who have been in custody and highlights areas of harm reduction

and continuity of care that require improvement in order to achieve enhanced public health outcomes.

The event generated extensive media coverage both locally and nationally. All the related documentation – including the new report and video of the event – is available on the AIVL website at: <http://aivl.org.au/project/aivl-world-hepatitis-day-oration-2019/>.

Task 2: Reduce BBV/STI transmission risk among people who use methamphetamine

There is a wealth of international research - and anecdotal evidence emerging in Australia – exploring the particular BBV/STI risks applicable to methamphetamine users. A particular emerging issue is recognising the specific BBV/STI transmission risks that are applicable for different routes of administration (smoking as well as injecting).

As part of the 2018-19 AIVL workplan, AIVL undertook direct consultations with its member organisations to identify new and emerging trends in BBV/STI transmission risk-taking behaviour associated with methamphetamine use among service users across the country. The consultation report that we have produced is designed to inform the development of new health promotion and prevention activities targeted to the specific needs of people who use methamphetamines.

The final version of the consultation report, with accompanying best practice guide, will inform the development of new health promotion and prevention activities targeted to the specific needs of people who use methamphetamine, both within the AIVL membership network and by other key stakeholders within the BBV/STI and AOD sectors more broadly.

The timely provision of the Hidden Harms report to BBVSS will also ensure that health promotion and prevention activities developed under the new National BBV and STI Strategies are responsive to the latest drug use trends.

Task 3: Continue development of a suite of national policy papers focused on improving health outcomes for people who use drugs, which are aligned with relevant national strategies to allow for a nationally consistent response by AIVL's member organisations.

Following on from our 2018-19 consultation projects, AIVL has produced three additional policy papers, aligned to the recommendations and best practice guides arising from each of the consultation reports.

These three new policy papers are a significant addition to AIVL's policy suite, which provides evidence-based summaries of key BBV/STI issues and also identifies opportunities to promote and advance strategic priorities

in relation to BBV/STI within broader primary health and related settings.

Maintenance and ongoing development of organisational website as a central platform to provide nationally consistent BBV harm reduction and other resources that support the health and wellbeing of people who use drugs.

The new website and NSP database remain live and publicly available following their completion as part of the 2017-18 workplan.

Maintenance and further development of both the website and NSP database are ongoing, and communication activities following on from the successful launch in 2017-18 have driven further input from stakeholders with more NSP locations listed than ever before.

Website traffic has increased significantly post-launch, and a new analytics framework has been developed and implemented to enable more detailed tracking of the different components of the website.

Supporting healthy ageing for people who inject drugs and/or receive pharmacotherapies

This project, funded under the Dementia and Aged Care Services (DACs) Fund, aims to build capacity within aged care providers to respond to the unique needs of older people

who inject drugs, older people on pharmacotherapies and older people living with hepatitis C or hepatitis C-related complications. Six national consultations across three sites (two metropolitan, one regional) were undertaken with aged care providers across the spectrum of aged care service delivery to gauge understanding of issues that affect older people who inject drugs and understand how healthy ageing can be supported amongst this cohort. The activity produced a comprehensive needs analysis report that identifies the practitioner and system needs for supporting healthy ageing amongst older people who inject drugs, and makes recommendations for systemic change.

A series of meetings and discussions were undertaken with representatives of key stakeholder groups to introduce the project and identify appropriate representatives for the Project Steering (Advisory) Group. These key stakeholder groups included:

- AIVL member organisations
- Australian Federation of AIDS Organisations (AFAO)
- Calvary Public Hospital, Bruce
- Capital Health Network (ACT's Primary Health Network)
- Council on the Ageing, Australia (COTA)
- Hepatitis Australia
- MSD - Medical Affairs
- National Association of People With HIV Australia (NAPWHA)

- National LGBTI Health Alliance
- Nous Group
- Pain Australia
- Palliative Care Australia
- Scarlet Alliance, Australian Sex Workers Association (Scarlet)

Invitations were subsequently sent to identified nominees and the Project Advisory Group established. The members of the Inter-sectoral Project Advisory Group established to oversee project implementation are:

- Angela Corry, CEO, Peer Based Harm Reduction WA
- Robert Griew, Principal, Nous Group (and now also President of AFAO)
- Samantha Edmonds, Silver Rainbow National Project Manager, National LGBTI Health Alliance
- Kate Reed, Nurse Practitioner Clinical Advisor, Palliative Care Australia
- Nikki Johnston, Palliative Care Nurse Practitioner, Calvary Public Hospital, Bruce
- Tracey Jones, Medical Educator- Hepatitis C, Nurse Practitioner in Hepatology, MSD - Medical Affairs (changed roles during the project period, now with the Corrections Health Service in NSW)

The Inter-sectoral Project Advisory Group established included representatives from the public, private and community sectors from several different jurisdictions, with a view to drawing on diverse networks to engage a broad cross-section of participants for the project consultations.

It is also worth noting that the Project Advisory Group seconded an additional member to assist with planning and implementation of Phase 3 consultation activities – Dr Peter Higgs, Burnet Senior Fellow, The Burnet Institute, joined the Project Advisory Group as an additional member in early 2019.

Members of the Project Advisory Group took part in all of the consultations with aged care sector stakeholders.

The project undertook national consultations (workshops and interviews) across three sites (Canberra, ACT; Bunbury and Busselton, WA; and Newcastle, NSW) with aged care providers across the spectrum of aged care service delivery to gauge understanding of issues that affect older people who inject drugs and understand how healthy ageing can be supported amongst this cohort. All aged care sector service providers located in each of the sites were invited to take part in the consultations.

25 organisations were represented in the consultations with aged care sector service providers. This does not include the additional organisations represented on the Project Advisory Group.

As previously outlined, older people who inject drugs were also consulted through workshops and interviews conducted at each of the sites to identify key ageing issues and specific barriers that may prevent them accessing aged care or general health services. 40 drug users with an age range of 40 to 72 years were captured in these consultations.

The Project Report provides a comprehensive needs analysis report that identifies the practitioner and system needs for supporting healthy ageing amongst older people who inject drugs, and makes recommendations for systemic change.

Conclusion

2018-19 has therefore seen the beginning of some exciting new projects in areas of interest identified by our members. Onwards and upwards in 2019-20!

Melanie Walker

AIVL, Chief Executive Officer

State & Territory Reports

CAHMA and The Connection

NUAA

NTAHC

QIiHN

QuIVAA

Hepatitis SA Clean Needle Program Peer Projects (CNP)

TUHSL

HRVic

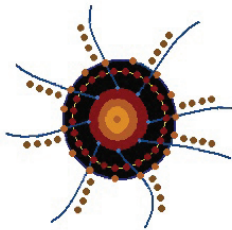
Peer Based Harm Reduction WA

CAHMA & The Connection

State/Territory: Australian Capital Territory



Canberra Alliance for Harm Minimisation & Advocacy



THE CONNECTION

Canberra Alliance for Harm Minimisation & Advocacy (CAHMA) and The Connection

CAHMA and The Connection's 2018-2019 year has been very successful as the organisation gained its independence from AIVL and moved into a new, custom built premises designed with the community's needs front and centre. After a 3 year process CAHMA has incorporated and become a true community controlled organisation with all the benefits that a peer-led, peer staffed and peer controlled organisation provides. Many thanks must be given to Melanie Walker, the AIVL Board and staff team for supporting CAHMA's independence and the AIVL National Network's key goal of strong independent drug user organisations.



Over the past year CAHMA has built a strong volunteer program and set up processes which allow volunteers to transition to work. CAHMA would like to thank all our volunteers over the last year and those who have gone on to become members of our staff team. CAHMA could not operate without your dedication, passion and commitment to fight for the rights of people who use drugs in the ACT. Well done!

CAHMA and The Connection Board and staff have excelled this year in a changing environment and CAHMA would like to thank the community for its continued support. The Connection's Co-ordinator Aimee Capper moved on to new opportunities this year and CAHMA and the Connection thanks Aimee for her many years of service working with and empowering Aboriginal people who use drugs in the ACT. Juda Weerheim also moved on to greener pastures this year and we thank him for his excellent community engagement and

consumer representation work. This year we welcome Larissa Noble to CAHMA's Naloxone Program to head up CAHMA's push to distribute Nyxoid nasal spray through the community and Damien Tarrant to our peer education program.

CAHMA and The Connection's programs have continued to grow and become more and more successful. CAHMA's naloxone program, coordinated by David Baxter, continues to lead the way in educating and informing our community and we have partnered with the ACT's biggest ATOD organisation Directions Health Services to deliver nasal naloxone brief interventions at 3 NSP sites across the ACT. The decision by government to place Nyxoid on the PBS has also opened up options for increasing uptake of naloxone and the response from the community has been excellent.

CAHMA's Treatment Support Program, headed up by Gaby Sledge, has been delivering peer



treatment support this year with a huge need identified and CAHMA's capacity stretched by requests for help in navigating the healthcare system. The response from the community has been so strong that CAHMA has upgraded its database system and formalised a framework for peer treatment support to ensure that peers are receiving best practice treatment support to enable more positive outcomes for people's health – in particular around the social determinants of health especially Child Care and Protection and the Judicial system.

CAHMA and the Connection has initiated an art program, 'Art from the Heart of Canberra' this year to showcase the talent of people who use drugs in the ACT. An art space was set up at CAHMA

for people who want to come and paint during opening hours. CAHMA's art program, led by Natasha Nikolic, held 5 formal acrylic pouring workshops at CAHMA and partner organisations. This creativity culminated in an exhibition sponsored by Women Harm Reduction International Network (WHIRN) called "Wear Orange Paint it Orange" which was put on to celebrate Support Don't Punish, Global Day of Action – Women fighting back against the war on people who use drugs – 25th June. Over 50 community members, professionals and sector workers attended and bid for artwork created and over \$1200 of artwork was sold with proceeds going to the artists. The artwork project has been so successful CAHMA has set up a website to showcase ACT PWUD art and

provide an opportunity for people to bid silently for the art to support our community.

Check out the website www.artfromtheheartofcanberra.com and place your bids! All proceeds go to the artist.

The Connection Aboriginal AOD Peer Workers Eva-Lee Williams and Monica Ruffy continue to support the Aboriginal community and in particular have concentrated on building relationships with other culturally secure services throughout the ACT including the Magistrates Court Galambany Circle Sentencing process, Winnunga, ACT Bush Healing Farm, Gugan Gulwan and Interchange General Practice Cooperative. The Connection's peer treatment support model of accompanying

State & Territory Reports

people to appointments to ensure cultural appropriateness, health literacy and treatment matching has been very popular and has led to excellent health outcomes and empowerment within the Aboriginal Community.

CAHMA's peer education programs led by Peter Parkes and supported by Damien Tarrant have partnered with Directions doctors and nurses to bring peer education and primary health support to Ainslie Village and Oaks Estate community housing sites. CAHMA peer educators engage with the community over a meal and build trust, discuss health issues and refer people to Directions doctor and nurse onsite for follow-up. A third site is planned for 2020 at Illawarra Court and CAHMA is already pioneering and building trust with marginalised residents by putting on a weekly BBQ and getting people out from behind closed doors and engaging with their fellow residents.

CAHMA continues to advocate systemically for increased service provision and better policy decisions in the ACT ATOD sector. Geoff Ward and Chris Gough have led this program identifying service barriers and issues around transport and OMT access on the Opioid Treatment Advisory Committee. This year the government announced the \$2.5 million dollar North Side Public Dosing Clinic. This clinic will be a much needed addition to ATOD infrastructure in the ACT as previously people were travelling

many hours daily from north to south Canberra every day to dose. Additionally the ACT Government has announced \$1.2 million to expand naloxone availability in Canberra over the next 3 years proving that CAHMA's work in this area has been prioritised.

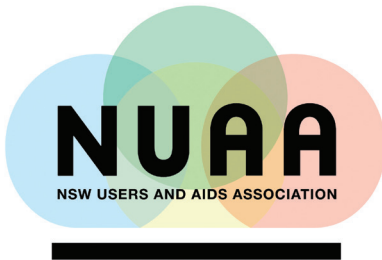
Major trends and issues over the last year which CAHMA has identified and which may be of interest to AIVL member organisations are:

- Lack of pathways, access and meaningful engagement of mental health services with people who have problematic drug and alcohol use. Swift exit from mental health services once drug use is identified under the blanket "drug induced psychosis" diagnosis.
- Healthcare professionals alerting Child, Youth Care and Protection (CYPS) when drug use or overdose is found.
- Child, Youth Care and Protection seeing abstinence as the only way parents can maintain care of their children. Parents being misinformed about processes and given incorrect and misleading information about systems and processes.
- Lack of crisis and emergency housing for people who are homeless.
- Long waiting lists for residential rehabilitation.
- Punitive practices by public pharmacotherapy clinic.

- Lack of pharmacotherapy prescribers outside the public clinic.
- Lack of bulk billing places for people who use drugs.

In particular this year CAHMA has identified what can only be described as a stolen generation of children whose parents use drugs who have been taken away from their parents by services who are conflating drug use with parental neglect and abuse. CAHMA has documented many cases of doctors and other service delivery professionals mistaking signs of drug use (such as track marks and overdose) for signs of parental neglect and/or abuse and breaching people's confidentiality and privacy by alerting Child and Youth Protective Services under the misinformed guise of mandatory reporting. CAHMA will continue to work on the front line with parents who use drugs, however there is a broader conversation that needs to happen between AIVL national network members and AIVL about what we can do to ensure the human rights of parents who use drugs.

Congratulations to all the volunteers, board, staff and community of CAHMA on an excellent year of enhancing the human rights and treatment of people who use drugs in the ACT and please join us in congratulating AIVL on another successful year as our national network peak.



NSW Users and Aids Association (NUAA)

Message from the NUAA CEO:

The past 12 months have been a period of intense activity. Alcohol and Other Drug issues have been in the spotlight in NSW largely due to six tragic deaths at music festivals in 2018-2019 but also from the Special Commission of Inquiry into the Drug 'Ice'. The activity and scrutiny has brought an environment of enormous possibility with NUAA having considerable input into a number of high-level inquiries. We participated in the Expert Panel Report into Music Festival Safety, the Ice Inquiry, the Coronial Inquiry into Festival Deaths and the Parliamentary Inquiry into Festival Legislation with several appearances and support at both the Coronial and Ice Inquiries. This year we have seen peer-led harm reduction become a major part of the public discourse around drug use and music festival safety. The NSW policy environment around alcohol and other drug use is notable for a lack of a cohesive strategy with the official policy of "just say no" - in sharp contrast to

the evidence-based national policy of harm minimisation.

The NUAA Operations team and the Board of Governance have been working incredibly hard to position NUAA to take advantage of this environment with the successful delivery of our contracted work and laying the groundwork to deliver on our new Strategic Plan. A key achievement has been attaining accreditation, a long-term organisational goal years in the making that will allow us to seek a greater range of funding opportunities. We held a second highly successful Peers and Consumers (PaC) Forum with increased buy in from service stakeholders. The PaC forum is truly a unique opportunity for peers to discuss the issues that are important to them. We have also developed a comprehensive peer training program and a nine-part "Consumer Guide to the OTP".

The DanceWize NSW team of staff and volunteers demonstrated grace and commitment under pressure to deliver harm reduction at 25 festivals – 2 ½ times more than contracted. We have strong partnerships with Local Health Districts and our peers in Nepean, Hunter New England, Sydney and South West Sydney are doing their bit to eliminate hepatitis C in NSW. *Insiders News* – a publication targeted at people in custodial settings in NSW that is produced in partnership with Corrective Services and Justice Health – won a national hepatitis C health promotion prize at the recent AHVEC Conference.

It's impossible to single out any one team member but I'd like to make special mention of Dan Burns who returned to Melbourne after two years at NUAA as part of the DanceWize NSW start up. He truly went above and beyond as the sole program coordinator for six months delivering an essential and life-saving service.

The team is incredibly excited to work within our new Strategic Plan with programs and initiatives under way with more to come. Our task – improving the health and human rights of people who use drugs illicitly in NSW – is a huge one but we are united in our belief that we are bringing about positive change.

Program work:

The NUAA NSP

The NUAA Needle and Syringe Program continues to be the gold standard for service delivery in NSW. The NSP now has an integrated clinical service that is seeing about 3-4 people per day. Extended hours have been a major benefit to our community with these set to continue in 2019-2020 with some changes that will hopefully expand our reach.

The NUAA NSP operates 52 weeks of the year and in 2018-2019 was open Monday - Friday, 8am – 10pm. This year we:

- Distributed 402,438 pieces of sterile equipment including 1mls, barrels and tips

State & Territory Reports

- Collected 198,977 returns
- Dispensed to 10,850 people
- Provided 1989 brief interventions and peer education sessions.
- Referred 60 people to the Open Clinic on Crown
- Held 380 peer education sessions
- Placed two peer volunteers worked out of the Redfern NSP where they distributed equipment to 1103 people

Team: Lucy Pepolim, Louise Aquilina, Shawnee Rose, Tony McNaughton, Charles Henderson+ PPP Volunteers

Open Clinic on Crown

The Open Clinic on Crown (OCOC) is a primary care clinic managed by NUAA and Kirketon Road Centre opened in November 2018. The OCOC operates five days a week for four hours a day and aims to provide health care for all sections

of the community. In the 2018-2019 FY, the OCOC team provided:

- 130 clinics
- 407 visits
- 161 clients
- 107 hep C tests (DBS and blood)
- 9 hep C treatment initiations
- 16 hep B vaccinations
- 33 wound care episodes
- 55 people trained in overdose prevention

The community members served were diverse and communities accessing the service included Aboriginal, LGBTQI, sex workers, HIV+, HCV+, young people and homeless people. 84% of clinic clients were people who inject drugs and 37% had never been to Kirketon Road Centre.

Team: Tony McNaughton, Lucy Pepolim, Charles Henderson, Shawnee Rose

Peers and Consumers Forum

NUAA's second 2019 Peers and Consumers Forum, held on September 3-4 at the Teachers Federation Conference Centre, built on the success of the inaugural PaC Forum in 2018. The PaC forum is a unique event in Australia as a space where peers can come together to network and discuss topics that matter to us.

The Forum was larger this year, with 163 registrations. There were 17 feature sessions and workshops featuring diverse topics including psychedelics as medicine, the benefits and pitfalls of identifying as a peer, the unique role of peers, hepatitis C peer support – if you'd like to look at the full program check out the website nuaapeerforum.org.au

A survey of attendees found 67% thought the Forum was better than expected or outstanding. The forum was well targeted to the intended audience with over half of the attendees either community members or peer workers with a great turn up of researchers and health service staff. Feedback included several people finding it difficult to choose between sessions, suggestions that two days is too short and livestreaming the Forum was also suggested.

Its success two years in a row has established the PaC Forums as an annual event of importance for the community of PWUD in NSW.

Quote: 'The whole event was miraculous and uplifting' - conference participant





Team: Melanie Joyce leading entire NUAA staff team

Peer Engagement and Training

The training team has been working for some time to develop core modules for peer workforce development including brief interventions and boundaries as well as core skills around hepatitis C prevention and treatment. We are rolling this program of work out across 2019 – 2020 and will be offering training and support for peer workers in clinical settings starting in late 2019. We also have peers in four clinical settings – Newcastle, Penrith, Redfern and Liverpool with more peers doing outreach to come.

In the past financial year, we have held peer training workshops in:

- Surry Hills (Northcott) with South Eastern Sydney Local Health District (SESLHD - new site), with 23 people attending

- Katoomba with Nepean Blue Mountains Local Health District (NBMLHD - new site), with 19 people attending
- Orange with Western NSW Local Health District (WNSWLHD), with 23 people attending.

All up, 1455 meaningful engagements were carried out with peers, consumers, services, GPs, Pharmacists and community members.

As well as PeerLink workshops and forums, we have been involved in a range of outreach programs and events such as:

- Refresher training
- Hepatitis in Prison Elimination Project expos
- Communication strategy focus groups
- Community consultations
- Naloxone workforce development
- Overdose training
- Hepatitis C brief interventions.

Places visited for this outreach work include:

- Bathurst, Kariang, Penrith, Lidcombe, Cooma, Berrima, Wollongong, Dubbo, Wellington, Liverpool, Blacktown, Parramatta, Surry Hills, Wagga Wagga, Campbelltown, Miller, Darlinghurst.

“I’m going to change the way I inject to be safer” -- PeerLink attendee.

Team: Andy Heslop, Melanie Joyce, Charles Henderson

Northcote sharps clean up

The Northcott Sharps Cleanup program was set up earlier this year in conjunction with the SESLHD and Family and Community Services. It has featured:

- 3 peers recruited from the housing estate to pick up community paraphernalia on the grounds, also delivering harm reduction, BBV prevention and testing and treatment messages to residents.
- Over 400 pieces of discarded paraphernalia and community sharps collected between May and June 2019.



Hunter New England Outreach

Hope Everingham has been the NUAA's peer support worker in Hunter New England Local Health District for a number of years and has strongly contributed to this Local Health District, having one of the strongest track records for hepatitis C treatment in NSW. The program operates across two OTP clinics, Cessnock and Newcastle with equipment outreach and equipment distribution weekly.

NSP equipment is provided to 6-9 people weekly, covering a distance of 100-200 kms. Over the past financial year, the program distributed:

- 102,600 100 packs given out
- 323,700 returns
- 4200 10 packs
- 4000 5mls
- 7000 waters
- 28 x boxes of blue filters
- 280 filters

Through the OTP Clinic and Cessnock clinic, the program also engages with people regarding hepatitis C, which involves seeing 5 people a week and carrying out 220 engagements over the year.

Team: Hope Everingham (Peer Support Worker), Melanie Joyce



Aboriginal Peer Worker at NBM

Jade Christian, NUAA's Aboriginal Peer Worker works out of Nepean Blue Mountains Local Health District South Court. As part of the Deadly Liver Mob project to promote hep C education and treatment, over the past financial year, the project has:

- Carried out interactions with 65 Aboriginal people
- 51 out of the 65 have had a blood test, with several of those with positive results beginning treatment
- Provided ongoing support to 13 people to assist with engaging with services and treatment.
- Supported community members with issues such as treatment for mental health, homelessness and housing.

As a sign of its success and how valued it is, the Deadly Liver Mob collaboration was awarded the "Golden Fit" award for the "Best NSP Partnership" at the 2019 (HIV/AIDS and Related Programs Unit) HARP Forum.

Team: Jade Christian, Melanie Joyce, Charles Henderson, Mary Ellen Harrod



Royal Australian College of General Practitioners (RACGP) - accredited GP training

In the past financial year, NUAA initiated RACGP-accredited training sessions for GPs around improving access to health care for people who use drugs. To date, two sessions have been held.

Team: Annie Madden, Charles Henderson

Publications

Our stalwart publications team have delivered on a significant series of resources – The Consumer Guide to OTP. The consumer guide consists of one main document covering the whole program and a series of 8 shorter standalone guides (pregnancy and parenting, exiting treatment, depot buprenorphine, etc). They are available on the NUAA website (www.nuaa.org.au).

In the past year, NUAA has published:

- Users News #92 on OTP and User's News #91 on Hep C, with print runs of around 10,000
- Insider's News #5 was released and is being sent into more jails.



The User's News website received 17,000 page views and about 10,000 unique visitors.

Insider's News also received great recognition when it won the Centre for Social Research in Health's 2019 prize for excellence in Hepatitis C Health Promotion for *IN #5*.

Advocacy

Over the past year, NUAA staff have:

- Made submissions to 4 inquiries
- Appeared before 3 inquiries
- Submitted four academic papers on issues relevant to PWUD
- Took part in 3 research projects
- Gave five forum presentations
- Gave 11 conference presentations
- Addressed six protests
- Supported three other organisations by participating in Boards
- Took part in 16 committees.

We had a particularly strong input into the Special Commission of Inquiry into the Drug 'Ice' with multiple appearances and requests

from the Commission for support identifying consumers. The findings are not due until January 2020 but at the time of writing, the recommendations of Counsel Assisting the Inquiry have been released with NUAA evidence mentioned a number of times and some of the recommendations we have lobbied strongly to be included in there.

DanceWize NSW

Over the past financial year, the DanceWize NSW volunteer's team has:

- Grown to 220 active volunteers
- Attended 23 regulated events, at which
 - Our rovers interacted with over 102,577 party goers
 - Our front-of-house education space had over 15,835 unique education interactions
 - Our back-of-house care space had interactions with 1,016 people and provided 1,299 hours of care.

- Attended 4 unregulated events, at which
 - Our rovers interacted with over 1,695 party goers
 - Our front-of-house education space has had over 1,025 unique education interactions
 - Our back-of-house care space cared for 79 people.

DanceWize NSW has also had wide-ranging interactions with the broader community to advance our harm reduction activities and principles. This includes:

- Speaking to several media outlets
- Participating in several protests around issues such as pill testing, sniffer dogs, welfare quarantining and climate change
- In conjunction with Students for Sensible Drug Policy, launching the #BeHeardNotHarmed campaign (February 2019)



- Providing evidence to the Coronial Inquest into Death at Music Festivals
- Participated in events important to our community such as International Drug Users Remembrance Day, International Overdose Awareness Day and Mardi Gras.
- Participated in several conferences to advance harm reduction principles, including as far as way as Europe.

“I am so grateful for the Dancewize team. One of your guys helped me get through a hectic experience at Rabbits Eat Lettuce. I feel like I wouldn't have survived without the support. Every festival and doof needs Dancewise. You really do save lives.” – Rabbits Eat Lettuce festival patron.

External Events

Events that NUAA took part in over the past financial year, including:

- Yabun stall, with 230 engagements
- Fair Day 2019 stall, with 180 engagements
- Mardi Gras 2019 “War on Drugs” float, involving about 80 volunteers from NUAA, DanceWize NSW, Students for a Sensible Drug Policy and Pill Testing Australia
- Remembrance Day 2018, with 80 engagements.

Administration

A key achievement was attaining organisational accreditation in the Australian Services Excellence Standards system. Accreditation has been an organisational goal for years and required quite a bit in the work in advance of the

accreditation process including the development of new systems and processes (for example transferring to SharePoint). While accreditation was a requirement of our recent funding grant from the Alcohol and Other Drug branch of the Ministry of Health, it will also allow us to diversify our funding base and consider tendering for additional Primary Health Network (PHN) funding.

- Passed its Australian Services Excellence Standards accreditation without requiring any major corrective actions, a big achievement for a first attempt
- Held 8 Board meetings during the past financial year
- Carried out board training in February
- Created or significantly updated 5 policies across major policy areas





Northern Territory AIDS & Hepatitis Council (NTAHC)

The Northern Territory AIDS & Hepatitis Council (NTAHC) can once again report a very busy twelve months. NTAHC has delivered beyond capacity with the expansion of Needle & Syringe Program (NSP) service delivery modalities, staffing changes in the Care & Support Program (C&SP) and Upper Management, and the addition of new programs.

The end of the 2018-19 financial year signalled the end of the current funding cycles from our two major government-funding streams. Intensive engagement with our funding bodies resulted in securing a new three-year agreement from one, and a five-year agreement from the major funder.

This process also meant NTAHC was successful in retaining an efficiency dividend (underspend) from the end of the 2017-18 financial year, on the basis that it is used for significant new projects. For many years, the Harm Reduction Program (HRP) has been working on ways to start up a Mobile NSP Outreach service. This opportunity was seized with the quick production of a Preliminary Mobile Outreach Service Proposal, which was presented to the funder during negotiations to retain the dividend.

Recommendations to establish a mobile NSP outreach come from a 2011 review of the NT NSPs by the Association of Needle Exchanges (Anex) and from resolutions at the 2016 NSP Planning Day.

The first major step in the process was making changes to the instrument, *Authorisation of Classes of Persons to Supply Hypodermic Syringes and Needles* under section 12(2) of the Misuse of Drugs Act. Representations from the Harm Reduction Steering Committee and the Sexual Health & Blood Borne Virus Unit of the Centre for Disease Control resulted in the Attorney General amending the authorisation on 2 June 2016 to allow the NTAHC NSPs to distribute injecting equipment off site.

A Hyundai I Load van was purchased just before the end of the financial year and has been fitted out for outreach services. A detailed Outreach Proposal has been completed with input from scoping questions in the 2019 NSP Snapshot Survey, and new funding sources are now being sought for operation of the service.

The commitment to the outreach service is absolute and operations shall begin in the near future even without new funding, with strong volunteer involvement.

In late 2018, the HRP that operates the three primary NSPs across NT was approved for funding under the *Building Stronger Communities* grants to fit out the NSP office as a clinic to focus on hepatitis testing

and treatment for marginalised people who inject drugs (PWID). The clinic operates once a month with appointments booked in through the NSP, and is staffed by the Hepatitis Clinical Nurse Consultant from the Royal Darwin Hospital Viral Hepatitis Clinic.

Although the clinic is only operating once a month at the moment, new partnerships with the Burnette Institute, the Menzies School of Health Research, NT Department of Health and the Kirby Institute will see the clinic in full use with new initiatives to increase the rate of hepatitis testing and treatment amongst NSP clients.

Two Peer Harm Reduction Support staff and Nurses through these partnerships to liaise with the HRP, C&SP and closely work with clients undertaking treatment had been recruited. The introduction of Rapid Point of Care hepatitis C (HCV) testing in the NSP, with compensation paid to clients for submitting to testing, will be a major advance towards the goal of elimination of the HCV.

With the departure of the NTAHC's Executive Director at the end of 2018, the newly appointed Deputy Director took up the role as acting Executive Director and increased the ambition of the organisation, starting up the LGBTIQ Indigenous Aged Care Program funded by Silver Rainbow. The NTAHC's Indigenous Liaison Officer took on the extra role as Aged Care Navigator. Funding was also applied from the Primary Health Network to develop training sessions for Health Professionals on the barriers to treatment for PWID created from stigma and discrimination. It is planned to have two sessions in Darwin, Alice Springs and Katherine, and a session in Nhulunbuy and Tennant Creek.

In mid-June, the recruitment process for a new Executive Director was finalised with the selection of Genevieve Dally. Genevieve brings to the job more than 15 years' experience in sexual health and blood borne viruses and five years in the Northern Territory. She joined NTAHC from the Sexual

Assault Referral Centre and as a registered nurse, Genevieve also holds masters level qualifications in business administration and public health.

Despite the challenges, NTAHC is looking forward to a bright future. A stable funding environment means that new projects such as the Mobile NSP Outreach, prison education programs and expanding harm reduction services to be more inclusive of people living with disability can be prioritised. NTAHC appreciates the opportunity to continue to learn from other state and territory peak organisations and values its ongoing role as an AIVL member organisation.



Queensland Injectors Health Network (QuiHN)

The 2018/2019 financial year has been another year of growth for QuiHN. Total annual revenue increased by more than 12 percent from the previous year and our total number of funded contracts has grown from eight in 2016/2017, to thirteen in 2017/2018, to eighteen in 2018/2019 financial years. The Better Access Medical Clinic has also seen unprecedented growth with an increase in clinic revenue to over 6% of total revenue throughout the financial year.

The organisation has ensured its continued accreditation in respect of its ISO:9001 Quality Management Systems (QMS) and the Royal Australian College of General Practice (RACGP) Quality Standards.

The organisation also took a significant focus on cybersecurity over the preceding twelve months, with significant investment made in Information Technology (IT) infrastructure security enhancements and the commissioning and completion of an external audit and assessment; including penetration testing of our operating environment.

As the organisation continues to grow, we have not lost sight of the importance of organisational culture and this year has been a remarkable year of reflection and strengthening of our collective culture. Our organisational culture puts our clients and the people

with which we work always firmly in the centre of our business. At QuiHN we believe in: valuing difference and diversity; self-determination; respect for self and others; transparency and accountability; and, ensuring we remain consumer focused.



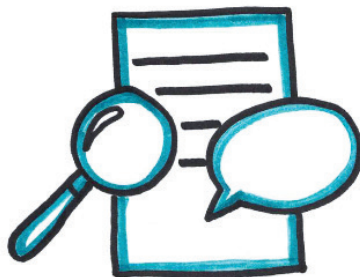
Our Teams

Our teams are passionate, well supported, cohesive and engaged. Our staff have clear-shared values and demonstrate respect. At the close of the financial year QuiHN employed a total of 111 staff members across our Queensland locations. Our annual staff turnover rate remains extremely low, the last 12-months was below 7%. In April 2019, we held our bi-annual 'QuiHN Day', which provided a fantastic opportunity to share the exciting work and projects across the organisation and to reflect on our culture and shared values. Over the year, we have taken stock of our staffing structures with consideration of our future requirements and as a result, several new roles have been implemented, including:

- Human Resources (HR) role with a focus on developing our HR systems and people management capability.

State & Territory Reports

- Head of Services position with a focus on combining management of all client service delivery areas to achieve greater strategic linkage to ensure we are able to achieve smooth transitions between our services for our clients, regardless of their entry points to the organisation.
- Client Engagement role with the primary purpose of coordinating and supporting sustainable client engagement across QuHNN.
- Program Support position to support the operations of the support and program teams in data and reporting as well as assisting the Quality Manager in implementation of quality and risk actions.
- Peer Harm Reduction Worker who provides brief interventions, education and assists and supports clients to navigate the Hepatitis C treatment process.
- Hepatitis C Prison Transition Worker role which worked with people in prison, or recently released from prison; who are seeking, or on Hepatitis C treatment in providing a vital community transition linkage to care to minimise disruption to on-going treatment, or the starting of treatment.



Our Services

We believe the organisation has built a great reputation through the delivery of quality services. Our programs have continued to deliver much needed services to our clients over the course of the financial year and this is evidenced by the following data:

Harm Reduction Programs

QuHNN continued to provide its network of five primary NSP services. A total of 31,948 occasions of NSP service occurred over the year across this network. Of these occasions around 12% identified as either Aboriginal, Torres Strait Islander or both Aboriginal & Torres Strait Islander indicating the network remains well utilised by this important population. The NSP network has continued to be an important point of referral into our Hepatitis C Treatment and Management Program (TMP). The TMP is a community-based program providing hepatitis C direct acting antiviral (DAA) treatment for people who inject drugs (PWID) and other vulnerable populations. The TMP utilised a unique and integrated service offering; comprising of

harm reduction case management services, dedicated nursing staff and primary medical care and operated across Brisbane, Gold Coast, Sunshine Coast, and Townsville, as well as via outreach clinics across South-East Queensland. Throughout the financial year the TMP undertook the following:

- a total of 265 people screened;
- 158 FibroScans completed;
- 113 nurse-led outreach clinics held;
- 107 individuals started on Hepatitis C treatment; and,
- 96 individuals completing Hepatitis C treatment.

Overall the TMP has screened in excess of 1,000 people seeking Hepatitis C treatment and over 500 individuals have now completed treatment. The retention rate through the cascade of care is demonstrated by those who have completed treatment and attended for final treatment blood tests; with over 96% having achieved a Sustained Virological Response (SVR) at least 4 weeks post-treatment, which is comparable to expected treatment outcomes for the general population. Future priorities of the TMP include:

- Expanded access through a focus on outreach clinical services, marketing and promotion to broader networks, recruitment strategies with a focus on peers and positive treatment experiences;

- Enhanced case management for complex clients and strengthening partnerships to improve and support clients during and post the treatment experience; and,
- Investigating novel ways to increase testing and treatment uptake, such as point of care testing.

Therapeutic Programs

QulHN Therapeutic Services provided non-residential alcohol and other drug (AOD) rehabilitation services in a model of care that is flexible in its approach and tailored towards our target populations. QulHN's therapeutic services are delivered across the following areas: Gold Coast and surrounds, Brisbane and surrounds, Sunshine Coast and surrounds, Townsville (QCS – Probation and Parole), Mackay (QCS – Probation and Parole), Mt Isa (QCS – Probation and Parole), and Cairns and surrounds. During the year the therapeutic services conducted:

- 1,871 initial intakes for therapeutic services;
- 2,900 brief interventions (one off information and education and crisis support);
- 20,919 individual counselling contacts to individuals and families experiencing problematic AOD use;
- 3,396 individual case management contacts to individuals and families experiencing problematic AOD use; and

- 16 closed group programs (i.e. MAISE, Treehouse and SOS group programs) facilitated with 1,125 group contacts provided and a total of 697 attendees participated in our open group (MudMaps) programs.

Of these contacts, approximately 16% of all clients accessing for support for substance use concerns through our therapeutic services identified as Aboriginal and Torres Strait Islander origin. Additionally, during the year it was estimated that around 70% of clients accessing for therapeutic services identified as parents. The experiences and knowledge developed through working with these important populations has helped ensure that our therapeutic services are able to deliver holistic approaches in response to complex and multiple needs.

Medical Clinic

Better Access Medical Clinic has sought to undertake and embed major changes in its clinical operations over the past 12 months. A key area of focus has included comprehensive patient health care delivered through improved chronic disease management, the introduction of health assessments, enhanced cycles of care, improved triage, and reducing rates of do not attend appointments. Overall these efforts should assist the clinic in more effective patient engagement while maximising the provision of quality primary health care. During this financial year the clinic also

saw the introduction of private psychology services on a fully bulk billed basis. Over the course of the year the clinic saw, among a variety of other consultations:

- an active patient population of 2,442 patients, up from 1,532 in the previous period;
- serviced over 55 regular patients for regular scripting for their Opiate Substitution Therapy (OST);
- managed over 550 active patients diagnosed with chronic conditions (including, diabetes, COPD, CVD, Asthma etc);
- screened over 800 patients for HIV and managed 24 patients who have a positive HIV diagnosis;
- screened over 500 patients for Hep C and managed over 350 patients with a positive Hep C diagnosis;
- screened over 800 patients for chlamydia;
- screened over 700 patients for gonorrhoea; and,
- screened over 750 patients for syphilis.

State & Territory Reports



Our Engagement Activities

QulHN also worked in partnership with the Queensland Network of Alcohol and Drug Agencies (QNADA), the Queensland Mental Health Commission (QMHC) and several other AOD and mental health services on the “Stretch 2 Engage” project. The project incorporated a set of best practice principles to guide the engagement of people using services and their friends and families in service design, re-design and evaluation with a focus on Queensland’s AOD and mental health sectors. Involvement in the “Stretch2Engage” project and its framework required the organisation to think and act differently in respect to how we go about client engagement and put emphasis on building our capability. The project allowed QulHN to really assess how engagement is viewed, funded, assessed and evaluated, across the organisation. Our Therapeutic services also delivered a short-term project that supported the development of an AOD specific

lived experience workforce. The “Experts by Experience Training Package” developed by QulVAA and QulHN, was targeted towards people interested in consumer representative roles.



Our Future

While our programs and services have experienced great success over the previous year, there remain many opportunities to innovate, diversify our funding streams and extend our reach both geographically, demographically and technologically. Our 12-month Business Plans have been reset over the course of the year, with a key focus on the following four operational priorities:

- focusing on our staff workforce to ensure sustainability and stability;
- focusing on our clients to extend our accessibility;
- focusing on our core to enhance our capacity; and,
- focusing on our growth and seeking out opportunities to evolve our services.



The Board, over the latter part of the financial year, have begun engagement in the process of resetting the organisations Strategic Plan for the coming years. A renewed vision and strategic objectives ensure our approaches will continue to seek to include and connect our diverse community to evolve services, enhance capacity, ensure sustainability and stability, and extend accessibility.



Queensland Injectors' Voice for Advocacy and Action (QuIVAA)

Following on from the successes of the social media and consumer engagement projects of last year, QuIVAA is going through an exciting period of change and transformation, and have taken part in two strategic planning days with QuIHN to strengthen and grow our working organisational relationship.

QuIVAA has been working with QuIHN in the development of "Experts by Experience" peer training. This has been rolled out over the last few months with over 36 people attending 3 training sessions in the South Brisbane area. The training focused on building the capacity of people who use/have used drugs to engage in peer and consumer roles within AOD organisations.

QuIVAA has also had the opportunity to do some volunteering with the wonderful ConsciousNest at Rabbits Eat Lettuce Festival and the upcoming Elements festival on the Sunshine Coast, providing peer-led support and harm reduction.

QuIVAA is a grass-roots organisation, run by people who use drugs for people who use drugs. We're proud to say we've been representing people who inject drugs in Queensland for 31 years! In recent years, QuIVAA has noticed that the substances people use, and the way they use them seem to be changing rapidly.

QuIVAA recognises the need to be flexible and innovative in meeting the needs of the increasingly diverse drug using community in Queensland, and we're looking forward to embracing this

challenge in 2020. Our aims in this phase of transition are:

- To continue to advocate for people who inject drugs in Queensland
- Increase our engagement with people who use prescription medications
- Advocate for drug law reform with a focus on evidence and human rights
- Support initiatives that keep people safer at music festivals and parties

Keep your eyes peeled for our new website coming soon, and a range of projects that we hope will make for an engaged, connected and inspired drug using community in Queensland!

Jack, Bec & Julie from QuIVAA



Hepatitis SA

State/Territory: South Australia



Hepatitis SA - Clean Needle Program (CNP) Peer Projects

The CNP Peer Projects commenced the year with Peer Educators placed full-time at CNPs in the northern suburbs (Anglicare, Salisbury); the southern region (Noarlunga Health Precinct, Noarlunga); and in the western suburbs (Wonggangga Turtpandi Aboriginal Health Service, Port Adelaide). In late September, Anglicare closed its Salisbury service due to unforeseeable circumstances. The Salisbury service, including the peer CNP service, relocated to Anglicare Elizabeth Mission in November 2018. Despite intensive promotion of the service, it was evident that former Salisbury clients were not accessing the Elizabeth Mission CNP, and client numbers remained low. Throughout this period the Northern DASSA CNP service, already a busy site had an increase in client numbers and a decision was made to transition the Anglicare peer CNP service to Northern DASSA.

Sessional (part time) Peer Educators provided CNP services at Nunkuwarn Yunti (Adelaide); Drug Arm (Warradale); Kurlana Tampawardli (Hendon); DASSA Services (Stepney and Elizabeth) and Streetlink Youth services

(Adelaide). Having peer workers based at CNPs, not only improves service delivery for people who inject drugs but also provides peer expertise for non-peer workers to enhance the services.

Throughout the year, Peer Educators distributed 1.2 million new syringes during 18,198 client interactions (13,114 male; 5,084 female). About 15% of clients identified as Aboriginal and/or Torres Strait Islander with Streetlink reporting the highest proportion of ATSI client interactions (33%). Overall, for every client accessing the CNP, 2.5% of other people who inject drugs indirectly accessed clean injecting equipment. Most (62%) CNP clients reported using methamphetamines and 18% reported using heroin. The proportion of clients using performance and image enhancing drugs (PIEDs) was about 9% although this varied at different CNP sites, for example at Anglicare Elizabeth Mission 33% of client interactions were for equipment for PIEDs use.

Peer Educators provided information and peer education during 3,417 client interactions and provided more intensive support on 591 occasions. Information and support was provided for a range of issues, primarily vein care and vein access, swabbing to reduce bacterial infections, and filtering.

After Hours CNP Services

This year CNP Peer Projects continued the after-hours placement of CNP peer educators to ensure peer CNP service was available outside of business hours. The after-hours peer CNP services were provided at DASSA Central (initially Thursdays 5pm-9pm and later Saturdays 9am-12.30pm); Uniting Communities Hendon (Wednesdays and Thursdays 5pm-9pm and Saturdays 11am-4pm); and DASSA Northern (Mondays 5pm-9pm).

Peer Educators providing after hours CNP services distributed 60,066 clean syringes during 722 client interactions (485 male; 327 female), an average of 86 syringes per interaction. More than half (60%) of after-hours CNP clients reported using methamphetamine while about 24% reported using heroin.

Workforce Development for the Sector

Peer workers provided workforce development activities to 179 CNP workers, AOD workers, peer workers, mental health workers, students, nurses and Aboriginal health workers. Topics included Vein Care; CNP Training; Safer Injecting Overview; CNP Peer Projects Overview and Injecting Equipment.

Peer workers also facilitated 3 SALEN (SA Lived Experience Network) Forums, attended by 31 peer/lived experience workers and volunteers. Feedback from participants has been very positive with participants stating that this is the only forum of its kind where peer workers can get an opportunity to debrief, network and share experiences.

Community Engagement

Safer Drug Use information sessions were held at the Adelaide Women's Prison – 2 sessions were delivered to 20 female prisoners as part of the 'Keeping Safe' Program delivered collaboratively with the Hepatitis SA Education team, Legal Services Commission, Northern Domestic Violence Services and Housing SA. There was engagement with 143 male remand prisoners at 2 Adelaide Remand Centre Men's Health Expos. At both prisons there was a focus on providing education on the SA Post Release Prisoner Project, opiate overdose, methamphetamine toxicity and accessing naloxone.

Fibroscan clinics were held at 5 metropolitan CNPs. Fibroscan clinics provided 69 CNP clients with improved access to HCV treatment and peer support. With the support of AIVL, 2 Liver Health and Hepatitis C information sessions were held for new peer workers and for people who inject drugs who live in the northern

suburbs. The participants in the community workshop were very engaged and for many of them the information was new, while for the peer workers the information session was refreshing or expanding on existing knowledge.

Feedback from service users shows that the CNP peers are trusted as a reliable source of information. The CNP peer workers are able to include personal experience into client discussions where appropriate which gives credibility to the information that they are providing.

Many people who inject drugs access the CNPs on a regular basis and know the peer educators by name and vice versa. This rapport can only be developed when the service is non-judgemental and when the service user is seen as an equal to the service provider.

Increased requests for volunteering opportunities from community members show that the CNP Peer Program is a service that that people who inject drugs see as valuable. Participation in the CNP Peer Program is viewed as a way to gain skills, contribute to the community and have lived experience of injecting drug use acknowledged.

Issues

- A high number of Southern rural clients are accessing the Noarlunga CNP and are collecting large amounts and a wide variety of equipment. There continues to be a need for a CNP service for the southern region from Aldinga to Goolwa.
- Vein care and vein access is an issue for many clients
- There is a need for ongoing peer education to encourage swabbing to reduce bacterial infections
- A high number of intensive support interactions were for IV related infections, with the CNP peers highlighting the need to swab (and swab correctly) prior to injecting
- Peers are having frequent discussions on filtering, but the cost of filters remains a barrier for many clients
- Peers are increasingly providing support around trauma - physical, mental and sexual
- Family violence related interactions covered intergenerational (child/parent/grandparent) violence and partner violence
- High number of overdose discussions due to raising awareness of OTC naloxone
- The issues that were raised most often were vein care and vein access

Trends

Anecdotal reports of increased strength of heroin in the southern suburbs. This is consistent with service users reporting a more consistent, above average quality of heroin being available in other areas.

There has been client interest in the LIMA (Lizdexamphetamine) Study and an increased need for support in general related to Amphetamine-type stimulant (ATS) dependence.

- Participation in consultations and surveys
- National AOD Treatment Framework Consultation (AIHW)
- AIVL Stigma Survey
- AIVL Barriers to HCV Treatment Consultation
- State and Territory AOD Peaks Network National ATOD Research and Evaluation Priorities Survey
- Community Responses to HIV Survey (INPUD)

Thank you to all of our peer workers - you go over and above to support people who inject drugs and you always ensure that you are providing relevant and accurate information.

Thank you AIVL for all of the support you provided throughout the year in the form of one-on-one support, submissions, consultations, best practice frameworks, information resources and promotional materials.

Tasmania Users Health and Support League (TUHSL)

It never feels as though twelve months have already passed. This year has been a bit of a bumpy ride, our group is still functioning with no funding, but we always keep a positive outlook on things.

TUHSL has had to streamline itself this year, as there have been a couple of developments here in Tasmania, in particular Southern Tasmania and Hobart. One of these changes has been the lack of new spots at the Drug and Alcohol Pharmacotherapy unit, due to the absence of available funding.

This has led us to being contacted for assistance in finding alternatives, the problem that we face is that private prescribers here in Hobart are not currently taking on anyone new. This has been the case with private prescribers for two years now, thus the only help we can provide is giving people advice on other options such as detox facilities and/or connecting people with a doctor who will help where possible with home detoxing.

It is a terrible state of affairs that our government pharmacotherapy program cannot take on new people unless you are incarcerated or become pregnant. The obvious course of action for most people is to continue to use and/or use and deal drugs to pay for their addiction. One positive aspect of people contacting us is that

they are seeking assistance and therefore we get to have the conversation about being tested for hepatitis and educate peers on the new treatment.

We also have warned people of a couple of cases where people have died in hospital from complications with their lungs becoming infected causing bleeding and leading to death. This has only happened recently and we have been told that it only occurs to those who use methamphetamine, it seems that it doesn't make any difference whether it was smoked or injected.

We have also maintained our relationship with AIVL and where appropriate worked in quite close collaboration. The Eliminate Hepatitis C (EC) Australia Network of which TUHSL's president is the Tasmanian representative has meant that we have had at least monthly contact, which has been good for both organisations. Jude often telephones me to pass ideas through or discuss issues. I am hoping the EC Australia funds will provide some seed funding for our organisation. The AIVL groups have been told that the work we undertake for EC Australia will be reimbursed.

TUHSL has distributed AIVL's merchandise at the appropriate events and AIVL media releases helped with the image of drug users. AIVL's work on Lyrica and the drug testing legislation have been instrumental on keeping those issues on the agenda.

This year may have seemed like a quiet year for us but in reality, we have been the quiet achiever. Late this year, I had spent around five weeks in hospital which had a profound effect on me. During my stay in hospital my treatment was less than satisfactory, I faced daily discrimination from some of the nursing staff and even a surgeon. There was a lot of stigma directed at me and the terrible thing that earned me this attention was that I am on the pharmacotherapy program.

In 2019 this treatment is still very common. I have spoken to many others that have also had this type of treatment during their stay in hospital, which is going to be a topic that TuhsL will take up and combat. We are also getting those who have been wondering what is going to happen as they get older and are unable to pick up a daily dose of medication if they become incapacitated in some way. There seems to be no flexibility with the current Tasmanian Opioid Pharmacotherapy Program Policy and we are keen to follow this up as well.

I would like to thank everyone who has been a part of TUHSL and has helped us throughout the year, I would also like to thank AIVL for their ongoing support and their patience with us, we can be a little late sometimes with things.

Thank you again

Kind regards

TUHSL

State & Territory Reports

HRVic

State/Territory: Victoria



The past 12 months at Harm Reduction Victoria have been busy!

It is my pleasure to report to the AIVL network on the past 12 months activity here at Harm Reduction Victoria. Like most of the AIVL network members, I'm sure, this has been a busy year both consolidating our work, finding new work to do and putting in place systems and processes to build our organisation on.

This year, while cleaning out our meeting room (!) we took care to ensure older documents and publications were retained and looked after. I was struck though while reading the first "Mainline" from VIVAIDS (as HRVic used to be known), that the issues which were discussed by users then are very familiar and in fact could have come from the most recent issues of WHACK! Then, as now, inequities in health care for people who use and inject drugs, stigma and discrimination, peer education and funding applications and so on were uppermost in our minds.

We subsequently used copies of this to show to visitors from Harm Reduction International the strength and long history of funded user organisations in Australia. That word "funded" is so magical for so many other organisations of people who use drugs around the world because most places do not have the support that we do from funders. Harm Reduction Victoria's primary funding sources are from two sections of the Department of Health & Human Services (DHHS) – the Sexual Health and Viral Hepatitis section and the Drug Policy & Reform section.

All of HRVic's key contacts in the DHHS have been very supportive of both the organisation and of myself as I settled into my role here at HRVic and

MAINLINE →

VIVAIDS NEWSLETTER

MELBOURNE JULY, 88 NO: **1** 417-1466/1857

Did you know that VIVAIDS is the first organisation of its type in Australia?
VIVAIDS is a centre for AIDS prevention by educating people in the way AIDS is transmitted, amongst IV drug users, and dispelling myths created by people who don't know the facts.
Presently VIVAIDS is applying for funding to set up more VIVAIDS offices to service other Melbourne suburbs, such as Frankston and Footscray.
Drop in and use 69 Gertrude Street. Tell other people about it. We are totally confidential with our needle exchange and any advice on AIDS.
Also if you are happy with VIVAIDS you can even write a letter to the Health Department saying so! Think about this - Maybe if New York had a VIVAIDS, some of those 80% of IV drug users who are HIV+ would have had better odds.

Mandy.
Monday to Friday
12 to 6 pm

1

YOU LOOK AS MISERABLE AS A CAT TURD!

I AM!
MY MATE BILL IS HIV+.
WE SHARED EVERYTHING.

M.B. 98

we would take this opportunity to offer our thanks to our funders and the people in those key roles. In addition to this core funding, we received funding last year for specific work from the Burnet Institute, Justice Health, and the Pharmacy Guild, Primary Health Networks, LaTrobe University, the Australian Drug Foundation and more. In addition to this, we worked closely with services across Victoria, researchers and other community organisations. Not least of all this generosity is that of networks of peers across our programs and in our organisation who provide sterile injecting equipment, hep C peer education, naloxone kits and OD reversal, festival harm reduction and peer education and more.

Our staffing and volunteer complement sits at well over 150 at any one time. As I write we have 19 staff, an intern, 27 peer networkers, 148 DanceWize Key Peer Educators and one much loved researcher in residence.

These people are just the core of our organisation of course. We are membership based, with 1134 members and in addition, we consider every person in Victoria who uses illicit drugs a constituent. They may not all know about us but we take our responsibilities to all who use illicit drugs very seriously.

The programs we run for our community and with their input include:



PAMS -Pharmacotherapy Advocacy Mediation Support

Sarah, Leora, and Anastasia (who ended regular work with us in 2019) and Jenn (who began as Anastasia left this year) worked with callers, pharmacists and prescribers to keep people in pharmacotherapy and, hopefully, enjoying the positive benefits of this drug treatment. Year on year PAMS caller numbers increase and so far all our solutions for meeting this demand have had to be internal, as funding has not increased in real terms for many years. At some point soon this growth will not be sustainable.



DANCEWIZE

Permanent staff, casual contractors, steering committee members, Team Leads and Key Peer Educators & Carers delivered the DanceWize program at a record number of festivals across Victoria, and trained volunteers, workers, security and other stakeholders at many more which we could not attend.



DOPE- Drug Overdose Prevention/Peer Education

Jane Dicka has been central to the peer overdose response in Victoria across the last few years, personally training hundreds of peers each year and ensuring every person leaves with a naloxone kit. Jane also helped coordinate the peer support meetings for the peer workers employed under a pilot DHHS program called Reducing Harm from Drugs Utilising Peer Led Networks (bit of a mouthful!). This takes on greater significance all the time.



BBV Health Promotion

Jane also coordinates this program and together with D.O.P.E. they make up HRVic's Health Promotion Program. This program delivers peer education at dozens of services to hundreds of people who inject drugs each year. Hunter

State & Territory Reports

has both delivered these sessions and takes responsibility for much of the Peer Networker Program – which is our peer distribution project in which groups of peers across Victoria are formally trained by HRVic and then endorsed by the Victorian government to distribute sterile injecting equipment within their networks. Hunter’s work on the data collection aspect – along with Graham Brown and his W3 work – shows that our peer networkers are particularly effective at ensuring people from communities who do not access NSPs as much as others obtain equipment. In particular, this includes women and Aboriginal people and people with culturally diverse backgrounds.

Last year we were also pleased to hire Rob Leitermann, who had been volunteering and engaged at HRVic for some time before applying to be part of the Health Promotion Team. Rob has moved across to work our new peer navigation program called “PATH” - which is funded initially by Burnet Institute with in-kind contributions from Access Health in St Kilda. This program was co-designed by the partners across a few months and looking forwards, has recently received funding under Gilead’s COMMIT funding program. Last year, with funding from the Burnet’s Elimination Hep C (EC) program we put together a resource aimed at reminding people who inject drugs that we are eligible for hep C treatment. As always the design from Sam Jones was great as well as the content put together by the health promotion team.



COMMUNICATIONS & CORPORATE SERVICES

Two of the leaders I referred to earlier include the amazingly talented Samantha Jones who does our design work, edits WHACK! and much much more and the equally talented Lily Fraser who as the Corporate Services and Office Manager organises me to a large extent and is also responsible for transitioning the organisation to new systems that will better enable us to grow beyond our office and do more work in the community. She also provides continuity and stability through the office as we have more and more people working at different times for different lengths.

SUPPORT DON'T PUNISH

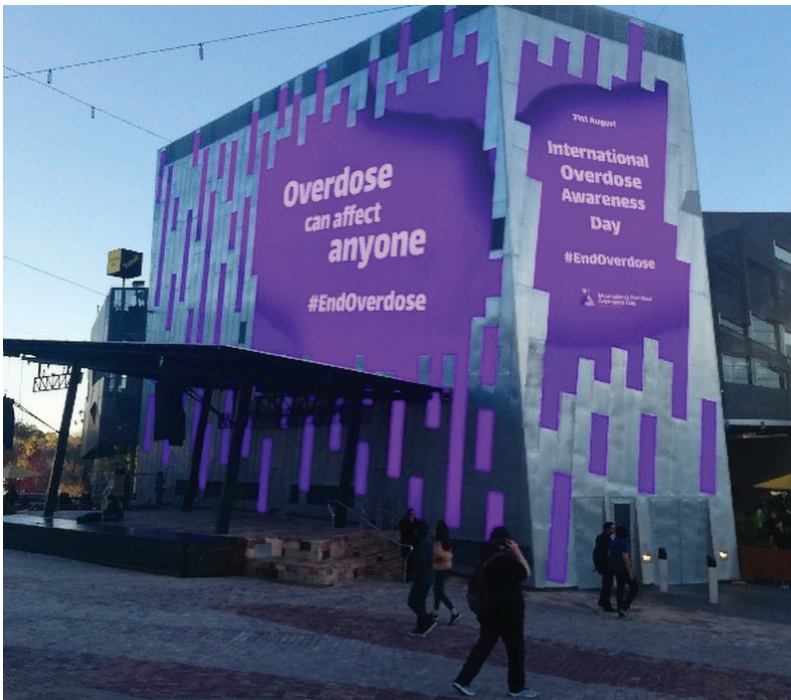


EC EZY CARD

PILL TESTING KITS



INTERNATIONAL OVERDOSE DAY



Some of the events, resources, promotions and projects we've been part of or run this year.

Related to this, last year we transitioned our formal team structure so that we could build our team size and our work capacity over time. Our formal leadership group consists of myself, Jane Dicka, Sarah Lord and Stephanie Tzanetis who are our Program Coordinators. This is a group who can quickly give me advice or help with organisational tasks. However, I consider every person at HRVic to be a leader in some way and at

some point. Usually we end up at peer organisations because we have been active in our community as an educator, organiser or in some other leadership capacity – whether we recognise this in ourselves or not! One of the great pleasures of working at HRVic is learning more about every person's capacities and strengths and working with the organisation to make the most of them.

State & Territory Reports

PEER BASED HARM REDUCTION WA

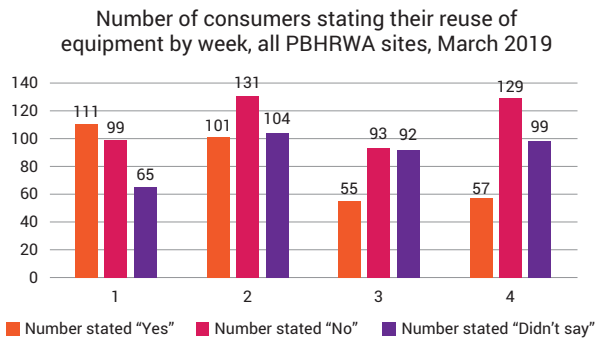


State/Territory: Western Australia

NSEP REPORT

From July 2017 to June 2018, Peer Based Harm Reduction WA distributed 1,980,000 pieces of sterile injecting equipment in over 20,000 consumer interactions.

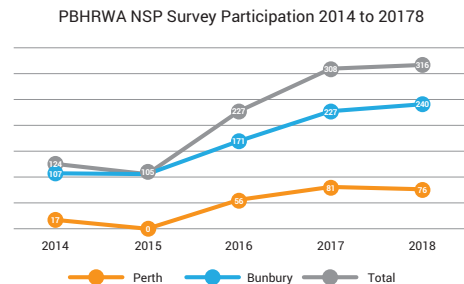
During this period, Peer Based Harm Reduction WA continued to run Injection Infection month, which continues to demonstrate the number of consumers requesting extra free equipment and the reported re-use of equipment decline over the four-week period as shown in the graph.



In June 2019 Peer Based Harm Reduction WA received a small grant from Support Don't Punish to promote the global day of action. A showbag of merchandise including stickers and badges in addition to snacks and water were distributed to consumers with information relating to the Global Day of Action. Staff and volunteers also received showbags and merchandise to support the activities.

Peer Based Harm Reduction WA has continued to increase participation in the annual Australian NSP 'Finger Prick' Survey. In October 2018 316 consumers participated in the survey. The level of participation from 2014 to 2018 is shown in the graph.

Location	2014 Surveys	2015 Surveys	2016 Survey	2017 Surveys	2018 Surveys
Perth	107	105	171	227	240
Southwest	17	0	56	81	76
Total	124	105	227	308	316





Volunteer retention has been exceptional in 2018/19. In October 2018 we recruited 8 new volunteers which brought the volunteer team to 10 volunteers. 9 of those volunteers are still volunteering with us up to June 2019 and as such we have been at capacity and skipped our typical volunteer recruitment in March 2019.



Health Clinic Report

Over the course of this year, our Health Clinic has expanded its operation to include provision of a clinic in the Southwest. The clinic operates at our fixed site in Bunbury and via our mobile NSEP van at various towns across the Southwest region.

Our Nurse Practitioner undertook approximately 700 consumer consultations in our Perth clinic throughout the year. Nearly 70% of these consultations were with consumers returning to the service, which is encouraging and is indicative that consumers are returning to the service for ongoing testing and care. Overall, a slightly higher percentage of females attended the clinic and more than forty percent were aged between 26-40 years.

Our Nurse Practitioner has also presented on our hepatitis C model of care at international and national conferences throughout this year, including Portugal and Amsterdam.

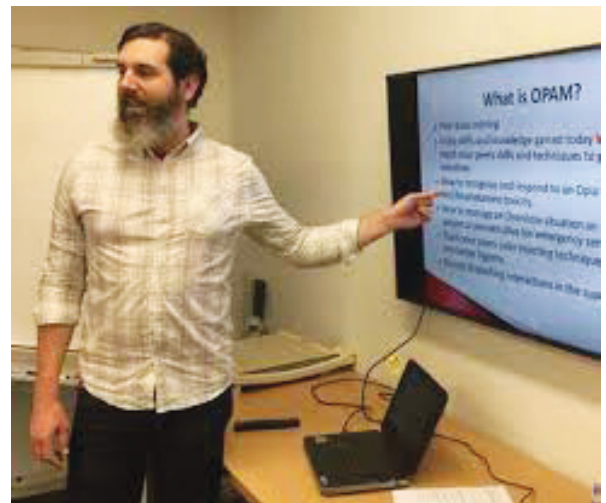
We have also participated in the Australian research Centre on Sex, Health and Society (ARCSHS) research “Peer insights on barriers and motivators to DAA treatment uptake”.

Outreach Report

Our Outreach service ‘home-delivers’ NSEP in the Perth Metro and South West 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. From July 2018 to June 2019, Outreach provided 314,234 needles and syringes directly to consumers in the community.

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

The Overdose Prevention and Management project recruits, trains, and supports our consumers to be volunteer peer-educators in the community.



State & Territory Reports



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. During this year several staff members have been authorised to supply naloxone via brief education, either at our NSEPs or in outreach-to-the-home and community settings, greatly increasing the number of education sessions provided and the number of naloxone kits distributed.

The HCV Case Management worker works closely with our Health Clinic nurse practitioner, supporting people to access testing, enter and complete treatment, and engage with other health services. During this year the case management service has further increased the accessibility of testing and treatment by partnering with our nurse to deliver outreach clinics at consumers' homes throughout the Perth Metro area.

Our new Hep C PHRE (Hepatitis C Peer Harm Reduction Education) project recruits, trains, and supports volunteers to educate their peers, dispel myths, and encourage access to testing and treatment, including referring people to our Health Clinic and Case Management worker.

The Stirling Empowerment Project engages with disadvantaged people and people from culturally and linguistically diverse (CaLD) backgrounds to increase access to mental health and AOD services in the Stirling region. The majority of consumers supported by this project have complex histories often involving considerable trauma and disadvantage, and most are recent migrants or refugees who may have difficulty communicating in English and who typically encounter significant systemic barriers to accessing health services.

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 more than 40 occasions, to more than 700 participants.

This has included sessions delivered to; doctors, nurses and Aboriginal health workers; pharmacists; staff of hospital emergency departments and community mental health clinics; staff from Legal Aid and Community Legal Centres, youth services, housing and drop-in-centres; and to needle and syringe program staff and community alcohol and other drug workers. Lectures were also provided at several universities to students in schools of medicine, paramedicine, 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; pharmacists, community G.P.s, Emergency Department doctors and nurses, pharmacotherapy prescribers, emergency relief services, crisis and supported accommodation providers, and AOD treatment agencies.

FINANCIAL STATEMENTS

For the Year Ended 30 June 2019

ABN: 20 467 449 392

Australian Injecting and Illicit Drug Users League Incorporated

ABN: 20 467 449 392

Contents

For the Year Ended 30 June 2019

	Page
Financial Statements	
Board Members' Report	3
Auditors Independence Declaration	6
Statement of Profit or Loss and Other Comprehensive Income	7
Detailed Profit or Loss Statement	8
Statement of Financial Position	9
Statement of Changes in Equity	10
Statement of Cash Flows	11
Notes to the Financial Statements	12
Responsible Persons' Declaration	24
Independent Audit Report	25

Australian Injecting and Illicit Drug Users League Incorporated

ABN: 20 467 449 392

Board Members' Report For the Year Ended 30 June 2019

The Board Members present their report on AIVL - Australian Injecting and Illicit Drug Users League Incorporated ("the Association") for the financial year ended 30 June 2019.

Board members

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

Names	Position	Appointed/Resigned
Mary Ellen Harrod	President	Appointed as Treasurer 20 November 2015 to 21 November 2017. Appointed as President 21 November 2017 to 27 November 2018
Angela Corry	President	Appointed 27 November 2018
Kerrie Jordan	Vice President	Appointed 21 November 2017
Paul Dessauer	Secretary	Appointed 20 November 2015
Dan Burns	Treasurer	Appointed as Vice President 20 November 2015 to 21 November 2017. Appointed as Treasurer 21 November 2017
David McDonald	General Member	Appointed 20 November 2015
Amanda Bresnan	General Member	Appointed 20 November 2015
Yvonne Samuel	Member Liaison Officer	Appointed 11 November 2016

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

Principal activities

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

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

Meetings of board members

During the financial year, 5 board meetings (with 1 committees of members meetings) were held. Attendances by each board member during the year were as follows:

	Board Members' Meetings		Finance & Governance Committee Meetings	
	Number attended	Number eligible to attend	Number attended	Number eligible to attend
Mary Ellen Harrod	1	1	1	1
Angela Corry	4	4		
Paul Dessauer	3	5	1	1
Dan Burns	2	5	1	1
David McDonald	4	5		
Amanda Bresnan	3	4		
Yvonne Samuel	4	5		
Kerrie Jordan	3	5	1	1

Board Members' Report

For the Year Ended 30 June 2019

Operating results

The profit of the Association amounted to \$316,084 (2018: profit of \$125,635).

A review of the operations of the Association during the financial year and the results of those operations found that changes in the number and value of grants have seen a (decrease) / increase in grant funding of \$284,245.

Significant changes in state of affairs

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

Events after the reporting date

On 11 December 2018 the Canberra Alliance for Harm Minimisation and Advocacy (CAHMA) became an incorporated association in the Australian Capital Territory under the Associations Incorporation Act 1991. A formal transfer of business process, overseen by both the AIVL and CAHMA Boards, has subsequently been completed. Consequently, from 1 July 2019 AIVL will no longer auspice CAHMA and all financial responsibilities relating to CAHMA's project funding and contractual obligations have been transferred to CAHMA. The incorporation of CAHMA and its subsequent financial independence will therefore have an impact on the total equity for the 30 June 2020 financial year.

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

Environmental issues

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

Indemnification and insurance of officers and auditors

The Association has paid premiums to insure each of the board members against liabilities for costs and expenses incurred by them in defending legal proceedings arising from their conduct while acting in the capacity of board members of the Association, other than conduct involving a wilful breach of duty in relation to the Association. The premiums for the insurance amounted to \$3,013.

Proceedings on behalf of company

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

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

Australian Injecting and Illicit Drug Users League Incorporated
ABN: 20 467 449 392

Board Members' Report

For the Year Ended 30 June 2019

Auditor's independence declaration

The auditor's independence declaration for the year ended 30 June 2019 has been received and can be found on page 6 of the financial report.

Signed in accordance with a resolution of the Board Members:



President:

Angela Corry

Dated 8 October 2019



Chartered Accountants

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

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AUSTRALIAN INJECTING AND ILLICIT DRUG USERS LEAGUE INC

YEAR ENDED 30 June 2019

AUDITOR'S INDEPENDENCE DECLARATION

As auditor of the financial report of Australian Injecting and Illicit Drug Users League Inc for the year ended 30 June 2019, I declare that, to the best of my knowledge and belief that have been no contraventions of:

- I. The auditor independence requirements of the *Australian Charities and Not-for-profits Commission act 2012* in relation to the audit; and
- II. Any applicable code of professional conduct in relation to the audit.

Bandle McAneney & Co

Bandle McAneney & Co

Anthony J Bandle FCA
Partner
Canberra:

Dated this 8 day of OCTOBER 2019

Australian Injecting and Illicit Drug Users League Incorporated

ABN: 20 467 449 392

Statement of Profit or Loss and Other Comprehensive Income

For the Year Ended 30 June 2019

	Note	2019 \$	2018 \$
REVENUE			
Grant - other Australian	2	1,932,019	1,647,774
Investment income	2	3,189	2,793
Other income	2	56,592	4,050
TOTAL REVENUE		1,991,800	1,654,617
Domestic programs expenditure			
Hepatitis C & other BBV's program		(746,497)	(822,142)
Auspicing of Local Drug User Organisation CAHMA		(929,219)	(706,840)
Excess of revenue over expenditure		316,084	125,635
Other Comprehensive Income		-	-
Total comprehensive income for the year		316,084	125,635

The accompanying notes form part of these financial statements.

Australian Injecting and Illicit Drug Users League Incorporated

ABN: 20 467 449 392

Detailed Profit or Loss Statement

For the Year Ended 30 June 2019

	Note	2019 \$	2018 \$
Income			
Grant - other Australian	2	1,932,019	1,647,774
Investment income	2	3,189	2,793
Other income	2	56,592	4,050
		<u>1,991,800</u>	<u>1,654,617</u>
Less: Direct Expenses			
Employee benefits expense	3	(1,145,780)	(1,084,713)
Occupancy expenses		(206,503)	(204,588)
Travelling expenses		(28,287)	(63,173)
Consultancy expenses		(25,805)	(20,816)
Professional fees		(15,798)	(27,620)
Workshop and conference expenses		(113,401)	(50,738)
Depreciation of property, plant and equipment	3	(12,278)	(11,380)
Training		(63,604)	(7,730)
Postage		(4,258)	(2,548)
Subscriptions		(11,759)	(3,028)
Materials and resources		(43,343)	(39,405)
Other expenses		(4,900)	(13,243)
		<u>(1,675,716)</u>	<u>(1,528,982)</u>
Net profit/(loss)		<u>316,084</u>	<u>125,635</u>

The accompanying notes form part of these financial statements.

Australian Injecting and Illicit Drug Users League Incorporated

ABN: 20 467 449 392

Statement of Financial Position

As At 30 June 2019

	Note	2019 \$	2018 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	4	597,834	578,110
Trade and other receivables	5	27,815	60,453
Other financial assets	6	110,511	106,279
Other assets	7	23,720	26,252
TOTAL CURRENT ASSETS		759,880	771,094
NON-CURRENT ASSETS			
Property, plant and equipment	8	31,232	35,755
TOTAL NON-CURRENT ASSETS		31,232	35,755
TOTAL ASSETS		791,112	806,849
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	9	42,462	68,630
Employee benefits	10	84,622	74,374
Other financial liabilities	11	-	318,593
TOTAL CURRENT LIABILITIES		127,084	461,597
NON-CURRENT LIABILITIES			
Employee Benefits	10	40,440	30,912
TOTAL NON-CURRENT LIABILITIES		40,440	30,912
TOTAL LIABILITIES		167,524	492,509
NET ASSETS		623,588	314,340
EQUITY			
Retained earnings		623,588	314,340
TOTAL EQUITY		623,588	314,340

The accompanying notes form part of these financial statements.

Australian Injecting and Illicit Drug Users League Incorporated

ABN: 20 467 449 392

Statement of Changes in Equity

For the Year Ended 30 June 2019

2018	Retained	Total
	Earnings	
	\$	\$
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

2019	Retained	Total
	Earnings	
	\$	\$
Balance at 1 July 2018	314,340	314,340
Surplus to entity	316,084	316,084
Prior period adjustment to equity	(6,836)	(6,836)
Balance at 30 June 2019	623,588	623,588

The accompanying notes form part of these financial statements.

Australian Injecting and Illicit Drug Users League Incorporated

ABN: 20 467 449 392

Statement of Cash Flows

For the Year Ended 30 June 2019

CASH FLOWS FROM OPERATING ACTIVITIES:

	2019	2018
Receipts from customers	1,646,844	1,606,004
Payments to suppliers and employees	(1,622,554)	(1,572,281)
Interest Received	3,189	2,793
Net cash provided by/(used in) operating activities	<u>27,479</u>	<u>36,516</u>

CASH FLOWS FROM INVESTING ACTIVITIES:

Purchase of property, plant and equipment	(7,755)	(20,867)
Net cash provided by/(used in) investing activities	<u>(7,755)</u>	<u>(20,867)</u>

CASH FLOWS FROM FINANCING ACTIVITIES:

Net increase/(decrease) in cash and cash equivalents held	19,724	15,649
Cash and cash equivalents at beginning of year	578,110	562,461
Cash and cash equivalents at end of financial year	<u>597,834</u>	<u>578,110</u>

The accompanying notes form part of these financial statements.

Australian Injecting and Illicit Drug Users League Incorporated

ABN: 20 467 449 392

Notes to the Financial Statements

For the Year Ended 30 June 2019

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

1 Summary of Significant Accounting Policies

(a) 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*.

(b) Going concern

The Association is reliant on the continued funding from various funding bodies. The funding contracts have been received and signed.

(c) Plant and Equipment

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

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

Depreciation

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

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

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

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

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

Notes to the Financial Statements

For the Year Ended 30 June 2019

1 Summary of Significant Accounting Policies (cont'd)

(d) Cash and Cash Equivalents

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

(e) Trade Receivables

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

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

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

(f) Employee Benefits

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

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

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

Notes to the Financial Statements

For the Year Ended 30 June 2019

(g) Summary of Significant Accounting Policies (cont'd)

(g) Trade Payables

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

(h) Unexpended Grant

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

(i) Income Tax

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

(j) Revenue and Other Income

Grant Funding

Grant funds and fundraising income are recognised as revenue when the Association gains control of the funds or the right to receive the contribution, it is probable that the economic benefit will flow to the Association and the amount of funding can be reliably measured.

AIVL Publications

Receipts from sales of publications are accounted for on a cost recovery basis. Publications on hand at year end are only valued for accounting purposes where they have been produced solely for the purpose of resale.

Interest

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

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

Notes to the Financial Statements

For the Year Ended 30 June 2019

1 Summary of Significant Accounting Policies (cont'd)

(l) Goods and Services Tax (GST)

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

Receivables and payable are stated inclusive of GST.

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

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

(m) Financial instruments

Initial recognition and measurement

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

Financial Assets

Classification and subsequent measurement

Financial assets with the implementation of AASB 9 Financial Instruments for the first time in 2019, the entity classifies its financial assets in the following categories:

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

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

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

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

Financial Assets at Amortised Cost

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

Notes to the Financial Statements

For the Year Ended 30 June 2019

1 Summary of Significant Accounting Policies (cont'd)

Effective Interest Method

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

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

Financial Liabilities at Amortised Cost

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

Impairment of Financial Assets

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

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

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

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 most other receivables fall into this category of financial instruments.

Notes to the Financial Statements

For the Year Ended 30 June 2019

1 Summary of Significant Accounting Policies (cont'd)

(n) Comparative Amounts

Comparatives are consistent with prior years, unless otherwise stated.

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

(o) Adoption of new and revised accounting standards

The Association has adopted all standards which became effective for the first time at 30 June 2019, the adoption of these standards has not caused any material adjustments to the reported financial position, performance or cash flow of the Association.

(p) Critical accounting estimates and judgments

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

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

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

Australian Injecting and Illicit Drug Users League Incorporated

ABN: 20 467 449 392

Notes to the Financial Statements

For the Year Ended 30 June 2019

2 Revenue and Other Income

Revenue from continuing operations	2019	2018
	\$	\$
Income		
- Hep C Funding	831,818	881,818
- CAHMA Funding	1,100,201	765,956
- Investment income	3,189	2,793
- Other income	56,592	4,050
Total Revenue	<u>1,991,800</u>	<u>1,654,617</u>

3 Result for the Year

The result for the year includes the following specific expenses

Employee benefits expense	(1,145,780)	(1,084,713)
Depreciation of property, plant and equipment	(12,278)	(11,380)
	<u>(1,158,058)</u>	<u>(1,096,093)</u>

4 Cash and cash equivalents

Cash on hand	-	250
Cash at bank	597,834	577,860
	<u>597,834</u>	<u>578,110</u>

Australian Injecting and Illicit Drug Users League Incorporated

ABN: 20 467 449 392

Notes to the Financial Statements

For the Year Ended 30 June 2019

	2019	2018
5 Trade and other receivables		
CURRENT		
Trade receivables	26,774	3,600
Deposits Bond	1,041	1,041
GST Receivable	-	5,072
Other receivables CAHMA	-	50,689
Other receivables	-	51
	<u>27,815</u>	<u>60,453</u>
6 Financial assets		
CURRENT		
Term deposits	<u>110,511</u>	<u>106,279</u>
7 Other assets		
CURRENT		
Prepayments	<u>23,720</u>	<u>26,252</u>
8 Property, plant and equipment		
Office equipment at cost	34,045	39,187
Accumulated depreciation	<u>(26,913)</u>	<u>(17,697)</u>
Total office equipment	<u>7,132</u>	<u>21,490</u>
Leasehold improvements at cost	46,942	34,046
Accumulated depreciation	<u>(22,842)</u>	<u>(19,781)</u>
Total Leasehold improvements	<u>24,100</u>	<u>14,265</u>
Total property, plant and equipment	<u>31,232</u>	<u>35,755</u>

Australian Injecting and Illicit Drug Users League Incorporated

ABN: 20 467 449 392

Notes to the Financial Statements

For the Year Ended 30 June 2019

9 Trade and other payables	2019	2018
	\$	\$
CURRENT		
Trade payables	28,256	8,928
Sundry payables and accrued expenses	7,912	43,109
Superannuation and PAYG	6,926	16,593
GST	(632)	
	<u>42,462</u>	<u>68,630</u>
10 Employee Benefits		
Non-current assets		
Long Service Leave	40,440	30,912
	<u>40,440</u>	<u>30,912</u>
Employee Benefits		
Current liabilities		
Long Service Leave	15,369	22,762
Provision for employee benefits	69,253	51,612
	<u>84,622</u>	<u>74,374</u>
11 Other Financial Liabilities		
CURRENT		
Government grants	-	318,593
	<u>-</u>	<u>318,593</u>

Notes to the Financial Statements

For the Year Ended 30 June 2019

12 Financial Risk Management

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

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

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

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

Mitigation strategies for specific risks faced are described below:

Specific financial risk exposures and management

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

Credit risk

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

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

Notes to the Financial Statements

For the Year Ended 30 June 2019

12 Financial Risk Management (cont'd)

Liquidity risk

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

- preparing forward looking cash flow analysis in relation to its operational, investing and financial activities which are monitored on a monthly basis;
- preparing a 1 year operating budget and continuously monitoring performance against budgeted milestones;
- maintaining good relationships with funding providers and monitoring compliance with funding agreements;
- only investing surplus cash with major financial institutions; and
- comparing the maturity profile of financial liabilities with the realisation profile of financial assets.

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

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

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

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

Key Management Personnel Remuneration

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

	2019	2018
	\$	\$
Short-term employee benefits	317,737	317,242
	317,737	317,242

Australian Injecting and Illicit Drug Users League Incorporated

ABN: 20 467 449 392

Notes to the Financial Statements For the Year Ended 30 June 2019

12 Financial Risk Management (cont'd)

Market risk

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

(i) Interest rate risk

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

13 Contingencies

In the opinion of the Directors, the Association did not have any contingencies at 30 June 2019 (30 June 2018: None).

14 Events Occurring After the Reporting Date

On 11 December 2018 the Canberra Alliance for Harm Minimisation and Advocacy (CAHMA) became an incorporated association in the Australian Capital Territory under the Associations Incorporation Act 1991. A formal transfer of business process, overseen by both the AIVL and CAHMA Boards, has subsequently been completed. Consequently, from 1 July 2019 AIVL will no longer auspice CAHMA and all financial responsibilities relating to CAHMA's project funding and contractual obligations have been transferred to CAHMA. The incorporation of CAHMA and its subsequent financial independence will therefore have an impact on the total equity for the 30 June 2020 financial year.

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

15 Company Details

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

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

Australian Injecting and Illicit Drug Users League Incorporated

ABN: 20 467 449 392

Responsible Persons' Declaration

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

Presents a true and fair view of the financial position of Australian Injecting and Illicit Drug Users League Incorporated as at 30 June 2019 and its performance ended on that date.

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*.



President

Angela Corry



Treasurer

Dan Burns

Dated 8 October 2019



Chartered Accountants

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

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

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

Opinion

We have audited the financial report of Australian Injecting and Illicit Drug Users League Inc ("the Entity") which comprises the Statement of Financial Position as at 30 June 2019, the Statement of Profit or Loss and Other Comprehensive Income, the Statement of Changes in Equity and the Statement of Cash Flows for the year ended 30 June 2019 and notes to the financial statements, including a summary of significant accounting policies and other explanatory notes and the responsible persons' declaration.

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

- a) giving a true and fair view of the Association's financial position as at 30 June 2019 and of its financial performance for the year then ended; and
- b) 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 Entity in accordance with the auditor independence 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.

Board's Responsibilities for the Financial Report.

The Board is responsible for the preparation and fair presentation of the special purpose financial report in accordance with the accounting policies described in Note 1 of the financial statements and for such internal control as the Board determines 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 special purpose financial report, the Board is responsible for assessing the 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 Board either intend to liquidate the Entity or to cease operations, or have no realistic alternative but to do so.

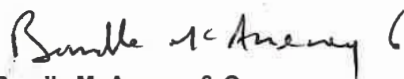
Auditor's Responsibilities for the Audit of the Financial Report

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

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

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Entity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the management.
- Conclude on the appropriateness of the management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Entity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Entity to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

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



Bandle McAneney & Co



**Anthony J Bandle FCA
Partner
Canberra:**

Dated this 8 day of OCTOBER 2019



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