



ANNUAL REPORT

2020

What you need to know about...



New buprenorphine (bupe) depot products

Where are they available? What are they?

- New Opioid Maintenance Treatment (OMT) options are now available in Australia.
- These products provide a slow-release of buprenorphine - either weekly or monthly injections.

Why might you be interested?

- If you live in a rural, regional or remote area where OMT is difficult to access.
- If you find daily dosing or frequent clinic/pharmacy attendance difficult.
- If you travel a lot and this makes dosing or carrying prescription medications difficult.

What else might you want to know?

- The product info says you will not get any effects from opioids if you use on top of the monthly product option however, you may get some effect from opioids if you use on top of the lowest dose weekly product option.
- It's injected under the skin by a medical professional only (can't inject yourself).

If this sounds like something you might be interested in, talk to your doctor to get more info about how this may or may not be a good option for you.

What you need to know about...



Hepatitis C and Prison

Why might you be interested?

- Hepatitis C (Hep C) treatment is now available in most prisons across Australia.
- You can go on treatment even if you are still injecting.
- The Hep C treatments are now easy, short (tablets only for 8-12 weeks) and most people have few or no side effects.
- Treatment is now more than 95% effective at curing Hep C. It is low cost for people who have a Medicare Card. Get a prescription from your GP now.
- Risk of Hep C transmission (as well as other blood borne viruses and sexually transmissible infections) still exists if you are injecting in prison or sharing equipment.
- Access to bleach/Fincol (cleaning agents) to help clean injecting equipment in prison is patchy across the country.
- There are still no Needle and Syringe Programs in Australian prisons (even though the National Strategies say that there should be).
- It can be challenging to make sure Hep C treatment continues uninterrupted when you go in and come out of prison. Below are some tips that might help:

What do you need to do?

- If you are on Hep C treatment in the community and go inside before you finish treatment, it's important to tell the nurse on reception so they can make sure your treatment continues in prison. This may mean phoning someone from the outside and asking them to bring your medication to your prison.
- If you are on treatment in prison and released before finishing, make sure you tell the nurses so you can take the rest of your medication with you when you leave.
- If nothing has been done about organising your medication on the outside, you might need help to sort this when you get out (either phone your prison nurse or see a GP).

The drug user organisation in your State or Territory can also help you if you have questions about Hep C treatment going into prison or on release.

What you need to know about...



Lyrica (pregabalin) and mental health

What's the issue?

- 'Lyrica' is the brand name for a drug called pregabalin.
- Lyrica can be dangerous for people who have a history of depression and/or suicidal thoughts or behaviour that may lead to overdose.
- The rate of Lyrica-related ambulance attendances has increased tenfold since 2012.

Why might you be interested?

- Lyrica (and Lyrica CR) may cause suicidal thoughts or actions in about 1 in 500 people who take it.
- People using Lyrica (and their loved ones or carers) should call their doctor right away if they notice suicidal thoughts or actions, thoughts of self-harm, or any unusual changes in mood or behaviour.

What else might you want to know?

- Changes in mood or behaviour may include:
 - new or worsening depression
 - anxiety
 - restlessness
 - trouble sleeping
 - panic attacks
 - anger, irritability, agitation, aggression, dangerous impulses or violence
 - extreme increases in activity or talking
- If you have suicidal thoughts or actions, do not just stop taking Lyrica (or Lyrica CR) without first talking to your doctor (withdrawal can be dangerous too).
- Be careful when using Lyrica with other drugs, particularly sedatives such as opioids and benzodiazepines, and alcohol.

If you are worried that using Lyrica has made you depressed and/or suicidal talk to your doctor today!

What you need to know about...



Methamphetamine Use & Blood Borne Virus/Sexually Transmissible Infection (BBV/STI)

Why might you be interested?

- Methamphetamine (meth, crystal, ice, bling) use can increase your likelihood of engaging in risky sexual activities.
- This can increase your risk of catching blood borne viruses (BBVs) and sexually transmissible infections (STIs).
- The risk is not only about injecting drug use (although using sterile injecting equipment is still very important if you are injecting) but smoking and sex as well.
- Whether injecting or smoking meth, it may increase your willingness to take risks or engage in sexual activities that you usually wouldn't.
- People may get rougher when having sex on meth.
- It can also make sex last longer and/or make you take longer to cum.

What do you need to do?

- It is important to use new sterile equipment every time you inject.
- If smoking and you are sharing a pipe, be mindful of the risk of blood to blood contact from cracked or chafed lips.
- It's a good idea to use your own pipe for smoking, rather than sharing a pipe.
- When having sex, it is always important to use condoms to protect yourself from STIs and BBVs.
- If you are having long and/or rough sex it is important to use lubricant to protect yourself from tearing or sores that may bleed.

If you are worried, talk to your local drug user organisation, Aboriginal Community Controlled Health Organisation (ACCHO) and/or sexual health and alcohol and other drug services for testing, treatment, or advice.

Contents

About AIVL	3
AIVL's Goals	4
AIVL Member Organisations	5
AIVL Board	6
AIVL Staff	8
President's Report	10
Treasurer's Report	12
CEO's Report	13

State and Territory Reports

Canberra Alliance for Harm Reduction and Advocacy (CAHMA and The Connection)	18
NSW Users & AIDS Association (NUAA)	23
Northern Territory AIDS & Hepatitis Council (NTAHC)	29
Queensland Injectors Health Network (QuIHN)	33
Queensland Injectors Voice for Advocacy and Action (QuIVAA)	36
Hepatitis SA Clean Needle Program Peer Projects (CNP)	37
Tasmanian Users Health & Support League (TUHSL)	39
Harm Reduction Victoria (HRVic)	40
Peer Based Harm Reduction WA	44

Financial Statements	51
-----------------------------------	-----------

About AIVL

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

AIVL's -

Vision

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

Mission

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

Our defining principle

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

Values -

Inclusiveness

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

Courage

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

Empowerment

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

Resilience

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

AIVL's Goals -

Our Membership

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

Our Community

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

Our Organisation

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

AIVL Member Organisations

As of 30 June 2020

ACT

Canberra Alliance for Harm Minimisation & Advocacy (CAHMA)

NSW

NSW Users & AIDS Association (NUAA)

NT

Northern Territory AIDS & Hepatitis Council (NTAHC)

QLD

Queensland Injectors Health Network (QIHN)

QLD

Queensland Injectors Voice for Advocacy and Action (QIVAA)

SA

Hepatitis SA Clean Needle Program Peer Projects (CNP)

TAS

Tasmanian Users Health & Support League (TUHSL)

VIC

Harm Reduction Victoria (HRVic)

WA

Peer Based Harm Reduction WA

AIVL Board

President

Angela Corry

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

Sione Crawford

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

I have worked at three AIVL member organisations over the past 16 years and am currently the CEO of Harm Reduction Victoria where I have been since May 2018. I have worked in various roles at user organisation over those years including policy & advocacy, community development and health promotion. As part of this community of people who inject drugs and of people affected by hepatitis C I know that peer-based organisations have a crucial role to play both as advocates for our communities and as places our community can work and be who we are.

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

Vice President

Paul Dessauer

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

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

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

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

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

Secretary

Chris Gough

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

Member Liaison Officer

Peter Sidaway

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

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

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

General 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 former Alcohol and other Drugs Council of Australia.

General Member

Amanda Bresnan

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

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

AIVL Staff

AIVL Staff as at 30 June 2020

Melanie Walker – Chief Executive Officer

Jude Byrne – National Project Coordinator

Carolyn Murphy – Finance Manager

Lauren Bradley – Senior Project Coordinator

Harini Walthati – Administration and Communications Officer

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

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

President's Report

2019-20 has been quite an extraordinary year for AIVL and its member organisations around the country, as well as for the broader community. I would like to take this opportunity to thank the AIVL staff for their ongoing dedication in ensuring that AIVL's work has been maintained and built on in the context of a year characterised by significant upheaval and change in the external environment due to COVID-19. I would also like to thank the members of AIVL's Board and our member organisations for their invaluable commitment to AIVL and the communities we serve throughout the year.

Of particular note in this context, the growing role and status of AIVL's National Peer Network is assisting 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 was established over 2018-19 and in non-COVID-19 times, holds monthly teleconferences on workforce development, resources and other emerging national issues.

Since March 2020, these teleconferences have been held far more frequently (at least fortnightly and at some points weekly) to enable peer workers in AIVL's member organisations to discuss and respond to COVID-related changes in harm reduction and related service delivery

within and across jurisdictions. As member organisations have adapted their practice in response to COVID-19, AIVL's National Peer Network has met frequently to discuss implications for best practice service delivery and share information on organisational practices designed to maintain access to harm reduction services for people who use drugs across the nation.

This mechanism also continues to be used to ensure an ongoing review and continuous improvement process for AIVL resources. The National Peer Network is now conducting a rolling schedule of reviews of all AIVL resources, to ensure the entire suite of AIVL resources remains up-to-date and also to ensure continuing awareness of and training in the application of these resources across the member organisations and partner organisations in both the blood borne virus and sexually transmissible infection (BBV and STI) and alcohol and other drugs (AOD) sectors at the national and jurisdictional levels.

The development of the National Peer Network is also closely 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 hepatitis C peer-based prevention and enhancing access to treatment for priority populations under the new National BBV and STI Strategies. The National Peer

Network is also involved in the development and delivery of World Hepatitis Day activities by AIVL and its member organisations.

In 2020, due to the limited capacity of member organisations to hold community gatherings and events for World Hepatitis Day, AIVL – in consultation with the National Peer Network - developed a suite of health promotion resources and products promoting BBV/STI prevention and hepatitis C treatment in particular, for distribution to member organisation service users in the lead up to – and in the aftermath of – World Hepatitis Day.

The National Peer Network is also increasingly being called on to provide input to current research projects being undertaken by other funded organisations in both the BBV/STI and AOD sectors. These interactions are providing a platform to promote and facilitate greater awareness of and linkages between the National BBV and STI and Drug Strategy processes, priorities and their implementation moving forward. This is also reflected in the consultation workshops on emerging trends and issues conducted by the National Drug and Alcohol Research Centre (NDARC) and National Centre for Clinical Research on Emerging Drugs (NCCRED) at AIVL's National Meeting in November 2019. The National Peer Network is also currently being used as an ongoing research project consultation forum by The Kirby Institute at UNSW, NDARC and NCCRED, as well as

EC Australia. These organisations regularly attend meetings of AIVL's National Peer Network to seek advice and guidance on the development and implementation of research projects relating to people who use drugs and improving BBV/STI and AOD-related outcomes for priority populations under the National BBV/STI and Drug Strategies. As such, AIVL's National Peer Network has become an integral reference group for a number of key government-funded national research centres, and is working proactively and collaboratively to address discrimination and stigma issues within the broader health sector.

Complementing this work, AIVL – along with Australia's other leading drug and infectious disease organisations - joined forces to call for a re-engagement in elimination of hepatitis C in an online event on World Hepatitis Day (Tuesday 28 July 2020). In particular, the event was designed to enable discussion of COVID-19 impacts on hepatitis C elimination in Australia.

The full video of the event is now available online at: <https://vimeo.com/442565194/a93ad21325> (link provided on the AIVL website).

Australia has hitherto been on track to become one of the first countries to eliminate hepatitis C, which is part of the global goal from the World Health Organisation (WHO) to eliminate hepatitis C as a public health threat by 2030. However, the COVID-19 pandemic and related social isolation has impacted drug use, drug and hepatitis C treatment services, and the health of people who use drugs. This puts an increased risk on new hepatitis transmission, access to treatment,

and the elimination goals for 2030.

AIVL, Hepatitis Australia, the Australasian Professional Society on Alcohol & other Drugs (APSAD), the Kirby Institute and National Drug and Alcohol Research Centre (NDARC) at UNSW Sydney, partnered to deliver the event, to address what COVID-19 will mean for hepatitis C elimination in Australia.

Facilitated by health reporter Dr Norman Swan, the event brought together affected communities, doctors, scientists, health and community workers, researchers and the public to discuss the immense challenges COVID-19 brings to hepatitis C elimination and the health of people who use drugs, and to discuss strategies to ensure Australia stays on track to become one of the first countries in the world to eliminate hepatitis C.

Speakers at the event included:

- Jude Byrne, National Project Coordinator, AIVL
- Sione Crawford, Chief Executive Officer, Harm Reduction Victoria
- Greg Dore, Head, Viral Hepatitis Clinical Research Program, Kirby Institute, UNSW Sydney
- Carrie Fowle, Chief Executive Officer, Hepatitis Australia
- Jules Kim, Chief Executive Officer, Scarlet Alliance, Australian Sex Workers Association
- Andrew Lloyd, Head, Viral Immunology Systems Program, Kirby Institute, UNSW Sydney
- Stuart Manoj-Margison, Director, BBV, STI and Torres Strait Health Policy Section, Australian

Government Department of Health

- Amy Peacock, Senior Research Fellow, National Drug and Alcohol Research Centre, UNSW Sydney
- Melanie Walker, Chief Executive Officer, AIVL
- Michael Farrell, Director, The National Drug and Alcohol Research Centre (NDARC), UNSW Sydney

This event, along with the other work that AIVL is currently leading within the BBV/STI and AOD sectors, is testament to the esteem in which AIVL and its member organisations are held and a reflection of the effective collaborations that are driving our agenda forward into the new decade.

It gives me great pleasure to present AIVL's 2019-20 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

This is my first year as Treasurer of AIVL after being elected in November 2019 at the Annual General Meeting. It is also the first year in which AIVL did not auspice the Canberra Alliance for Harm Minimisation and Advocacy (CAHMA) who were incorporated on 11 December 2018. A formal transfer of business, overseen by both the AIVL and CAHMA Boards, occurred on 1 July 2019. This meant a reduction in AIVL's equity of \$224,724 which can be seen in the Statement of Changes in Equity report on page 10 of the Financial Statements. All financial responsibilities and contractual obligations relating to CAHMA have also now been transferred.

Mr Tony Bandle, of Bandle, McAnaney & Co, conducted the 2019-20 audit. He delivered a satisfactory report with no concerns raised regarding organisational management of finances. AIVL is able to pay all of its debts, as and when they become due and payable.

AIVL has had a very sound financial year showing a surplus of \$201,820. This surplus consists of the assistance received by AIVL through the Australian Government Cash Flow Boost of \$90,242. AIVL also received assistance through the quarantine period with reduced rent from the ACT Government which is reflected in the reduction of occupancy expenses. This equates to a saving of approximately \$15,000. AIVL is also carrying forward an amount of \$56,000 representing unspent funds from the additional grant received in February 2020 through the Department of Health of \$714,285 (GST excl) of which \$214,285 was paid in March 2020. These funds will now be utilised in the 2020/21 year.

Employee expenses represent the single greatest expense at 49.5% of the budget (\$963,883), which represented a decrease from the previous year due to the handover of CAHMA employee expenses and their liabilities. Other significant

expenses were Printing and Stationery (\$35,769), IT Support (\$33,372) and Travelling expenses (\$30,830).

AIVL's surplus and retained earnings equate to approximately 9 months of operating expenses. There are sufficient funds to meet employee liabilities.

Cash on hand has decreased from \$597,834 in 2018-2019 to \$546,665 in 2019-2020.

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

Sione Crawford, AIVL Treasurer

Chief Executive Officer's Report

The 2019-20 financial year has been exceptionally busy and productive for AIVL, as we have continued to build on AIVL's contribution to the implementation of the National Blood Borne Viruses (BBV) and Sexually Transmissible Infections (STI) Strategies and adapt and respond to an ever-changing external environment in the context of COVID-19. 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 further into the new financial year.

In addition to the activities highlighted in this year's President's Report, a number of key education materials/resources have been reviewed and updated during the 2019-20 financial year (and are now available on the AIVL website at: <http://aivl.org.au/resources/>), including:

- Hep C & You;
- Liver First; and
- AIVL Vein Care Guide.

AIVL's 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 *Missing*

Connections report is available on the AIVL website at <http://aivl.org.au/resource/missing-connections-service-user-experiences-of-people-living-with-hepatitis-c-exiting-custodial-settings/>

New, dedicated resources for service users and AIVL member and other key stakeholder organisations in line with the recommendations/best practice guidelines contained in the Missing Connections report have now been produced and are currently in the process of being distributed to AIVL member organisations and other external stakeholder organisations in both hard copy poster and brochure forms – for putting up in services (posters) and having available for people to take away/use as a prompt for further conversations with their peers/partners/family (brochure). These are now available on the AIVL website at: <http://aivl.org.au/resource/new-aivl-resource-hepatitis-c-prison/>

A specific and dedicated consultation process on the development of the resources was undertaken and was inclusive of AIVL's membership, representatives of the National Prisons Hepatitis C Education Project, Hepatitis Australia and focus groups with members of the relevant priority populations.

The *Hidden Harms: Methamphetamine use and routes of transmission of blood borne viruses and sexually transmissible*

infections report is designed to inform the development of new health promotion and prevention activities targeted to the specific needs of people who use methamphetamines. The Hidden Harms report is also available on the AIVL website at <http://aivl.org.au/resource/hidden-harms-methamphetamine-use-and-routes-of-transmission-of-blood-borne-viruses-and-sexually-transmissible-infections/>.

The *Hidden Harms* report has informed the development of new, dedicated resources for service users and AIVL member and other key stakeholder organisations in line with the recommendations/best practice guidelines contained in the report, to support the implementation of new health promotion and prevention activities targeted to the specific needs of people who use methamphetamine.

The new resources are now in the process of being distributed in hard copy to member organisations and other external stakeholder organisations in both poster and brochure forms – for putting up in services (posters) and having available for people to take away/use as a prompt for further conversations with their peers/partners/family (brochures). These are now available on the AIVL website at: <http://aivl.org.au/resource/new-aivl-resource-methamphetamine-use-blood-borne-virus-sexually-transmissible-infection-bbv-sti/>.

A specific and dedicated consultation process on the development of the resources has been undertaken and was inclusive of AIVL's membership, government and non-government sexual health organisations and focus groups with members of the relevant priority populations.

Further, AIVL has also developed an additional new set of resources reflecting the need for greater awareness of new opioid maintenance treatment options (specifically, depot buprenorphine products) in the context of COVID-19. The new resources have been produced and are now in the process of being distributed in hard copy to member organisations and other external stakeholder organisations in both poster and brochure forms – for putting up in services (posters) and having available for people to take away/use as a prompt for further conversations with their peers/partners/family (brochures). These are also now available on the AIVL website at: <http://aivl.org.au/resource/new-aivl-resource-new-buprenorphine-bupe-depot-products/>

A specific and dedicated consultation process on the development of the resources has been undertaken and was inclusive of AIVL's membership, the two relevant pharmaceutical companies that produce depot buprenorphine products and focus groups with members of the relevant priority populations.

Further, and in line with our Output in relation to ensuring that health promotion and prevention activities developed under the National BBV and STI Strategies are responsive to the latest drug use trends, AIVL

has developed an additional two new resources in response to rising rates of pregabalin use among people who use injecting and illicit drugs and resultant implications for mental health and risk-taking behaviours.

These new resources have also now been produced and are in the process of being distributed in hard copy to member organisations and other external stakeholder organisations in both poster and brochure forms – for putting up in services (posters) and having available for people to take away/use as a prompt for further conversations with their peers/partners/family (brochures). These are also now available on the AIVL website at: <http://aivl.org.au/resource/new-aivl-resource-lyrica-pregabalin-and-mental-health/>

A specific and dedicated consultation process on the development of the resources has been undertaken and was inclusive of AIVL's membership, the Penington Institute and National Drug and Alcohol Research Centre and focus groups with members of the relevant priority populations.

The new suite of AIVL resources are education campaign-style materials, providing basic information and are pitched at an awareness raising and conversation starter level, rather than being long and detailed. As such, the resources are also more readily accessible for low-literacy and culturally and linguistically diverse audiences.

Depending on how this first batch of new resources is received, AIVL may add to the topics covered over time, in response to feedback

from member organisations and in response to further emerging - and any newly identified - issues at the national level.

During the 2019-20 financial year AIVL has also been integrally involved in the development of two new national policy papers/guidelines/submissions, with a range of other national organisations, seeking to ensure ongoing access to opioid maintenance treatment, needle and syringe programs (NSP) and other harm reduction services in the face of COVID-19 related challenges. These activities have been focused on improving health outcomes for people who use drugs, aligned with relevant national strategy priorities and consistent with the Australian Government's Health Protection Program Objectives. These papers explore synergies between key national strategies and identify opportunities to promote and advance strategic priorities in relation to BBV/STI within broader primary health and related settings.

In particular, AIVL has worked closely in collaboration with a range of partner organisations on:

- *Interim guidance for the delivery of medication assisted treatment of opioid dependence in response to COVID-19: a national response* (see: https://www.racp.edu.au/docs/default-source/news-and-events/COVID-19/interim-guidance-delivery-of-medication-assisted-treatment-of-opioid-dependence-COVID-19.pdf?sfvrsn=e36eeb1a_4 and <https://www.smh.com.au/national/opioid-addiction-treatment-must-change-during-pandemic-experts-say-20200424-p54mw3.html>); and

- *Urgent Policy and Funding Needs in the Alcohol and other Drug Sector in Response to COVID-19: Submission from a coalition of Australian alcohol and other drug services* (see: https://www.aodneeds.org.au/pdf/Urgent_policy_funding_needs_alcohol_drug_sector_COVID-19.pdf and <https://www.svha.org.au/newsroom/media/australias-alcohol-and-other-drugs-sector-calls-for-certainty-and-a-national-plan-to-build-on-covid-changes>)

AIVL's new website and NSP database also 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.

In addition to the ongoing focus on electronic distribution during 2019-20, AIVL has also undertaken extensive, targeted mailouts of AIVL's resources launched at events in November 2019:

- *A Hidden Population: Supporting healthy ageing for people who inject drugs and/or receive pharmacotherapies* - launched at AIVL's National Meeting and AGM in Canberra on 25-26 November 2019; and

- *Hidden Harms: Methamphetamine use and routes of transmission of blood borne viruses and sexually transmissible infections* - launched at the Australasian Professional Society on Alcohol and other Drugs (APSAD) Scientific Alcohol and Drug Conference in Hobart on 10-13 November 2019

Hard copies of these two reports – along with the accompanying policy papers summarising key themes and policy implications - have been sent directly to:

- Federal Parliamentarians (all MPs and Senators)
- Health Ministers in all the State and Territory Governments
- CEOs of our member organisations
- CEOs of all the Primary Health Networks across the country
- CEOs of all of the State and Territory AOD peak bodies
- CEOs of all the State and Territory Hepatitis organisations
- CEOs of all the State and Territory AIDS Councils

And for the Healthy Ageing report, also:

- Service provider consultation participants
- Community member consultation participants
- Project Advisory Committee members

As previously outlined in the President's Report, AIVL's National Peer Network has been built on and strengthened during 2019-20, to provide a mechanism to support an ongoing review and continuous

improvement process for AIVL's online resources.

The National Peer Network is now undertaking a rolling schedule of AIVL resource reviews, with other key publications being reviewed and updated – and new resources currently being developed. This process is designed to ensure that all of AIVL's current and future resources increase knowledge and subject matter understanding among the target audience of peer and other workers, both within AIVL's member organisations and the broader BBV/STI, AOD and primary health sectors.

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 2019-20. AIVL representatives are currently represented – and actively participating - on key sector committees, boards and advisory groups including (but not limited to):

- Australian Federation of AIDS Organisations (AFAO) Board
- National Centre for Clinical Research on Emerging Drugs (NCCRED) Board
- Australian Alcohol and Other Drugs Council Ltd (AADC) Board (new national AOD sector peak)
- International Network on Hepatitis Care in Substance Users (INHSU) Board
- National Drug Strategy Committee (NDSC) National Treatment Framework Working Group
- AIVL Healthy Ageing Project Advisory Group

- Australasian Viral Hepatitis Elimination Conference (AVHEC) and Australasian Professional Society on Alcohol and other Drugs (APSAD) Conference Organising Committees
- EC Australia Executive Committee and Working Groups
- Blood Borne Viruses and Sexually Transmissible Infections Standing Committee (BBVSS)
- Mindframe Alcohol and other Drugs Project Advisory Group
- National Drug and Alcohol Research Centre Drug Trends Advisory Committee
- NSP in Prisons Working Group (national and jurisdictional partner organisations lead by Drug Policy Modelling Program at the National Drug and Alcohol Research Centre)
- Coordinated National Response to Pregabalin Working Group
- National Prisons Hepatitis C Education Project
- AIVL Partnership with ASHM and INHSU (and about 20 supporting organisations) for Harm Reduction International Conference 2021
- Kirby Institute HCV & HBV Cascade Reference Group
- Kirby Institute HIV & STI Cascade Reference Group
- Kirby Institute Annual Surveillance Report Advisory Committee
- ASHM Removing Barriers: Providing Care for People with BBV Project Advisory Group
- ETHOS II Resource and Education Sub-Committee
- ARC Linkages Project Advisory Group (UNSW)
- AOD Coalition Reference Committee
- Interim guidance for the delivery of medication assisted treatment of opioid dependence in response to COVID-19: Working Group
- ASHM COVID-19 Taskforce

AIVL's engagement with various other committees and inquiries of relevance to the BBV and STI sectors at a national level is also 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/>

2019-20 has therefore seen the consolidation and extension of some exciting new projects in areas of interest identified by our members. We look forward to building on these achievements as we move further into the new financial year.

Melanie Walker, AIVL Chief Executive Officer

State & Territory Reports

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

NSW Users & AIDS Association (NUAA)

Northern Territory AIDS & Hepatitis Council (NTAHC)

Queensland Injectors Health Network (QuiHN)

Queensland Injectors Voice for Advocacy and Action (QuiVAA)

Hepatitis SA Clean Needle Program Peer Projects (CNP)

Tasmanian Users Health & Support League (TUHSL)

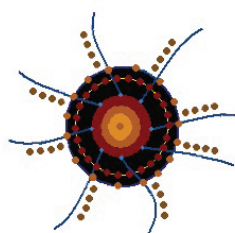
Harm Reduction Victoria (HRVic)

Peer Based Harm Reduction WA

Canberra Alliance for Harm Minimisation & Advocacy and The Connection



Canberra Alliance for Harm Minimisation & Advocacy



THE CONNECTION
THE CONNECTION

Like all organisations, CAHMA and The Connection has had a very busy and eventful 2019-2020 year. This time last year CAHMA was finalising moving into its new, custom built community centre in Belconnen. This year, we are well and truly moved in and have made our new community centre our very own. In fact, because we have spent the year growing and expanding our program offering and staffing compliment, our new drop-in centre is filling up fast! Over the last year CAHMA has grown significantly, with ACT Health increasing funding to CAHMA's naloxone program substantially. This is a major achievement for CAHMA and shows recognition of CAHMA's ground-breaking work in the area. On top of this CAHMA has also received smaller grants for its volunteer and consumer development projects including a very exciting project to educate community members about the

additional risks of COVID-19 in people who use drugs (PWUD). These increases in funding, carefully managed, have meant that CAHMA has been able to recruit a considerable number of new staff and volunteers into the CAHMA family. CAHMA's 2019-2020 year has been a time of growth and prosperity, despite the pressures put on us by COVID-19, bushfires, hailstorms, floods, and leaks. This is an excellent opportunity for the CAHMA community to look back on the year that was and recognise the amazing achievements that the community has made in the face of considerable adversity. Well done to everyone who make up CAHMA and The Connection!

Legal Change to Cannabis Law

One of the most exciting developments of the last 12 months has been the changes to the Cannabis laws in the ACT. As of January, this year it is legal for adults to possess up to 50 grams of dried Cannabis, as well as growing 2 Cannabis plants per person (maximum 4 per household). CAHMA has advocated for drug law reform since its inception and it is therefore highly gratifying that change is happening. Although far from perfect the new amendments to ACT's law make real progress in destroying the criminalisation, stigma and discrimination surrounding Cannabis use. CAHMA made

a submission to the Legislative Assembly Committee looking into the Cannabis law reform as well as giving evidence, on behalf of people who use Cannabis in the ACT, to the committee. CAHMA also continues to feedback evidence of the law's progress to ensure that the government is aware of the effects of the change in law on the people. In particular, there has been a 4-fold increase in the number of people coming into CAHMA for help to control or stop Cannabis use. People who use cannabis report that they are now able to "hold their head up high" as they walk down the street, instead of hiding and obfuscating their usage from their family and friends. People who use cannabis are now discussing the first growing season which has just started in Spring this year, with people now planting their allotted number of plants and looking forward to the first legal harvest ever in the ACT!

There has been some confusion over the crossover with federal Cannabis laws and the federal government's veto threats (which have thankfully not come to fruition). People in the ACT who use Cannabis could still be charged with the federal cannabis laws, but to date this has not been brought to our attention as a problem. CAHMA has advocated strongly to government to make a directive to the Australian Federal Police to not prosecute based on the intent of the legal change made to ACT law.

Unfortunately the federal government's threat to veto the law change may have a dampening effect on future drug law reform, with a rhetoric appearing within politicians in the ACT that drug law reform is not possible because the federal government has veto power. CAHMA hopes that as the benefits of the law changes become evident politicians will once again dare to push for the rights of people who use drugs in the ACT.

COVID-19

Of course, this would not be a 2019-2020 report without mentioning COVID-19 and the challenges that the pandemic has brought to peer-based organisations and peers across the world. The fundamental issue is that peer work is all about social connection, trust, community, and social cohesion. Whereas all the precautions taken to stop the spread of COVID-19 revolve around the opposite – quarantine and isolation, social distancing, not gathering in groups, not gathering for long periods of time. As you can see peer-based organisations “business model” is diametrically opposed to the COVID-19 response. Regardless, at CAHMA we have balanced these issues and have successfully pulled through this difficult time. Of course it has helped that the ACT was not hit hard by COVID-19 and our hearts go out to Victoria in particular, who saw the worst Australian outbreak of the disease and some seriously difficult situations in particular the lockdown on the public housing towers and associated chaos. For CAHMA, the pandemic meant a lockdown of several months, where our wonderful staff worked diligently from home, ensuring that

all our programs remained open and accessible to our community. CAHMA reopened our community centre as soon as was possible and resumed outreach soon after. The effect of the pandemic on people who use drugs cannot be understated. PWUD have struggled this year with increased social isolation, increased scrutiny on “where are you going and what are you doing”, increased discrimination (once again the Melbourne public housing towers spring to mind) and irregular, expensive and low purity drug supply all added on to the everyday person's feeling of uncertain and rapid change.

There have been some positives come out of the pandemic however and one of them has been CAHMA's focus on social media and internet-based communication. CAHMA did not have a Facebook page before COVID-19 and now has a lively and vibrant Facebook page, plus a number of WhatsApp forums for people who use drugs in the ACT. CAHMA took the opportunity to start a podcast version of our weekly radio program, News From The Drug War Front, as well as turning our webpage into a communication hub for all of the changes happening within the Alcohol, Tobacco and Other Drugs (ATOD) sector in the ACT. CAHMA also took the opportunity to start weekly in-service meetings with staff and volunteers. Other ATOD and associated services came along every week and gave an overview of their current service offering and what had changed due to COVID-19.

Probably the most positive outcome from the pandemic has been the ACT's Opioid

Maintenance Treatment (OMT) Guidelines. These guidelines, brought about because of consumer concern and spurred on by CAHMA's involvement on key OMT committee's in the ACT, have proven to be an excellent example of the community working with government and healthcare providers to solve critical problems in a timely manner.

COVID-19 OMT guidelines in the ACT include:

- Doctors are able to give 14 days takeaways for isolation/quarantine.
- People are allowed to assign “agents” to collect their OMT and deliver to them in isolation/quarantine.
- If you do not have a trusted agent Directions Healthcare (an ATOD NGO) will deliver your dose to you every day while you are isolating.
- For the majority of people in the ACT who do not have to isolate/quarantine but still want to take part in social distancing extra takeaways for this purpose have been made available – with most people able to access several more takeaways per week.

As the guidelines have been built as crisis or emergency guidelines, there is an upcoming time when the normal guidelines will come back into play. CAHMA hopes that many people will keep their altered OMT schedule as doctors and OMT clients have built trust over this period of time.

CAHMA Community Development Programs – Volunteering and the CAHMA Casual Pool

One of the main focuses this year for CAHMA has been on community development and building peer-based capacity, opportunities and leadership. CAHMA started this journey by formalising a 4-module volunteer training workbook as well as a formal volunteer position within the community centre with 2 shifts per day looking after the front of house at CAHMA. Thanks to our wonderful community and our volunteer co-ordinators Geoff and Natasa, CAHMA now has 8 volunteers working not only in the front of house role, but also in several different projects across CAHMA's programming. In addition to this volunteer program, CAHMA has been able to provide a pool of casual work for people who have completed the 4 volunteer modules. The casual work pool currently employs 8 workers who have all graduated from our volunteer program. Work conducted by the casual pool includes peer education and outreach BBQ events (3 per week), as well as naloxone brief interventions, consumer representation, audio visual work including podcasts and videos, COVID-19 education and much more. Community development is CAHMA's central ideology and there are big things planned for the future as the community of PWUD in the ACT grows and develops.

The Connection

CAHMA's Aboriginal service, The Connection has been busy this year ensuring that Aboriginal people who use drugs and/or access drug treatment services in the ACT have a supportive and understanding service to advocate and support them. The Connection was pushed very hard over the COVID-19 shutdown period by having to do complex peer treatment support work without having a physical home base to operate from. Praise must go to Gaby, Monica and Eva-Lee for ensuring that the Aboriginal community who use drugs and drug treatment services in the ACT was supported and had their health and wellbeing needs catered for during such a difficult time. They transported people to appointments, advocated and navigated in specialist appointments, followed up after appointments, ensured people had legal advice, accompanied people to court, provided letters of support to magistrates and judges, worked with probation and parole and Child Youth Protection Services to get the best results for Aboriginal PWUD in the ACT.

More recently, and after lockdown in the ACT, The Connection has once again begun the excellent peer education group work it is well known for. The Connection's Aboriginal peer workers have begun a peer group called Mura Gadi which is Ngunnawal for "searching for pathways" and met for the first time in October this year. The objective of this group is to feed back issues, barriers and problems that are occurring in the ATOD and Aboriginal and Torres Strait Islander (ATSI) health systems and to try and advocate

for these problems to be resolved in a way that increases consumer involvement and allows consumers to be placed front and centre in their own health outcomes. The Connection will continue the Mura Gadi group monthly for the foreseeable future ensuring that our Aboriginal and Torres Strait Islander community members lived expertise is collected and applied to the healthcare system to break down barriers to healthcare access for ATSI people. The group will also educate others on how to advocate for themselves within a very complicated and often seriously illogical system and empower group members to continue to strive for the health and wellbeing that they richly deserve.

Partnerships

CAHMA prides itself on its partnership work. After all peer-based organisations are often only as good as our relationship with our fellow service providers. Peer-based partnerships allow people to experience safe and non-judgemental services throughout healthcare and not just at the peer organisation itself.

Over the past year CAHMA is proud to have developed and/or continued partnerships with:

Directions Health – Naloxone provision through Needle and Syringe Programs (NSP), Fentanyl Strip testing through NSP, The CAHMA Clinic (primary health clinic based at CAHMA every week including doctor and nurse service), Peer education and primary health outreach service (Oaks Estate and Ainslie Village).

Hepatitis ACT – Naloxone provision through Hepatitis ACT's secondary NSP and coming soon, our *Reach, Teach, Treat Program* which will offer peer education and incentives to people seeking Hepatitis C Virus (HCV) treatment.

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

ACT Housing – Naloxone provision in collaboration with ACT Housing allows us to access people at higher risk of overdose across the ACT's many housing estates. CAHMA works with ACT Housing to provide BBQ lunches across Canberra. After lunch CAHMA provides naloxone brief interventions and peer education as well as fentanyl test strips and harm reduction advice.

Women's Harm Reduction International Network (WHIRN) – WHIRN has supported CAHMA through several grants to provide programming based around, *'Support Don't Punish Global Day of Action'* in June this year. CAHMA has supported women who use drugs to tell their stories and experiences about the healthcare system. Stories were read on CAHMA's radio show as well as made into a special podcast that showcase all the stories collected. CAHMA is now working with WHIRN on the upcoming, *'Orange the World - 16 Days of Action Campaign for Elimination of Violence Against Women'* funded by the United Nations. Each day will have a different action including: providing an "orange room" which is a safe space where women can

come and do art; writing an open letter to the Minister responsible for Child and Youth Protection Services advocating for increased transparency and fairness for parents (especially mothers) who use drugs; ending with an Orange March to Margaret Timpson Park where there will be a BBQ and orange yarn wrapping of trees to raise awareness of the horrific violence that women who use drugs are subjected to.

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

Naloxone Program

During 2019 and 2020, CAHMA's naloxone program, led by the irrepressible David Baxter, branched out into several new areas. In September 2019, CAHMA, Directions Health, Hepatitis ACT partnered (with funding provided to CAHMA by ACT Health) to provide take-home naloxone through Canberra's two primary NSPs and Hepatitis ACT's busy secondary NSP in North Canberra. Having take-home naloxone available through the NSPs proved fortuitous during the COVID-19 lockdown as program clients could still readily access naloxone on demand.

CAHMA's Naloxone Program has expanded this year with the appointment of a new part-time worker, Damien Tarrant, to the naloxone program. Damien was recruited through CAHMA's Community Development Programs

where he volunteered for several years before going on to casual work and finally being appointed as one of CAHMA's Naloxone Workers. Damien has worked very hard to achieve this and he has recently started running the full Overdose Management and Prevention training workshops that we hold periodically. CAHMA would like to congratulate Damien on his achievements in the last couple of years. Damien's journey is the true essence of community development and peer-based drug user organisations. Well done mate!

In early 2020, CAHMA was approached by ACT Housing to provide naloxone training and education in several ACT Housing complexes which were experiencing high rates of overdose. In response, CAHMA started providing regular outreach BBQs at complexes where there were demonstrably high levels of drug use. People attending the BBQs were offered take-home naloxone as well as other AOD services. ACT Housing staff were also trained in how to administer naloxone and respond to opioid overdose.

CAHMA are currently on track to distribute around 400-500 naloxone kits this financial year. At present nearly all take-home naloxone issued through CAHMA's program is intranasal Nyxoid™. We keep some intramuscular formulation in stock as a couple of clients still prefer it. However, the overwhelming majority of clients prefer the intranasal formulation as it is easy to manage in an emergency and does not draw the attention of the police.

News from the Drug War Front (NFTDWF) – Live and Podcast

As stated above CAHMA's weekly NFTDWF radio show is now able to be listened to as a podcast on Podbean. NFTDWF has gone from strength to strength this year especially through the pandemic lockdown. Geoff and Marion used the opportunity of a captive audience to interview CAHMA and The Connection staff about how their programs were changing over the lockdown and how they were ensuring that people could still access CAHMA and The Connection. On top of this Geoff and Marion interviewed many other service providers about their COVID-19 strategy and what had changed for us punters. CAHMA was also granted funding from WHIRN which enabled Natasha, Geoff, Marion and Nick to collect stories told by women who used drugs about their experiences with service providers and how they believed that these services could be improved. Women were paid a small cash amount for their stories and the initiative was so successful that it continues with the help of one particularly fabulous community member who donated \$500 to keep the women's stories rolling in and being told over the radio!

Peer Treatment Support (PTS)

It has now been almost 2 years since CAHMA started its PTS program. CAHMA PTS Program provides ongoing support for peers in the ACT to access services, interact with Child and Youth Protection Services (CYPS) and the court system, and generally set and achieve life goals. The PTS staff under the management of our superstar PTS Co-ordinator Gaby have done an impressive job at supporting our community members in all manners including:

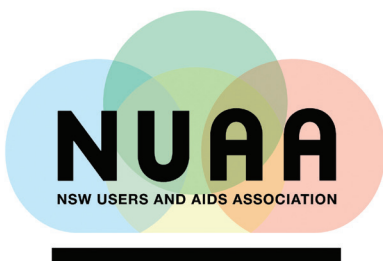
- Transporting, accompanying, advocating, and translating in primary health appointments including detox and rehabilitation assessment, OMT assessment and other GP appointments, mental health, CYPS, Legal Aid and Aboriginal Legal Service, Probation and Parole appointments to name a few.
- Providing support letters and advocacy to get people public housing and housing transfers.
- Providing ongoing support to parents who have come to the attention of CYPS.
- Referral to legal advice and ongoing support attending court, providing support letters.

- Support and advocacy with mental health especially where mandated treatment orders are being sought.
- Providing support to people with warrants to hand themselves in and pave the way for bail before court processes begin.

As you can imagine from the summary list above CAHMA PTS workers work at the heavy lifting end of our community's interactions with the law, health and society. CAHMA is proud to be able to provide strong and flexible support for our community and they know that they can count on us. No case is too complex for us, to roll up our sleeves and help find a way through the BS, to a better life for people who use drugs. When all other services fail, people know to come to CAHMA to be heard and supported. Well done to the CAHMA PTS team for working through some of the most complex issues that our community faces hand in hand with our people and providing an open ear and heart as well as practical on-the-ground support to all our community members. Whether it is the ordeal of coming to CYPS attention as a parent who uses drugs, the anxiety when the law becomes involved in your life or the day to day struggle of maintaining a stable life in a highly criminalised world CAHMA PTS is here for our community.



NSW Users and Aids Association



2019-2020 Operation team performance against funding contracts

NUAA holds the following funding agreements:

- Ministry of Health, Ministerially Approved Grant (work with Blood Borne Virus Branch \$1,421,300)
- Ministry of Health, Alcohol and Other Drugs Funding (\$185,000)
- Ministry of Health, DanceWize NSW Funding (\$296,577 + ~\$120,000 DW Funding enhancement)
- NBM PSW Contract (~\$62,000)
- CES PHN (~\$50,000)

We have completed our reporting on all agreements. The report below is a summary of activity against these agreements:

Ministry of Health MAG Grant:

Service Objective 1: Increase access to HCV testing and treatment in people who inject drugs

We exceeded our hep C testing and treatment targets in spite of COVID-19 restriction being in place:

- We engaged with over 1,500 people (KPI=700) around hep C treatment in 2019-2020 via our Crown Street NSP service and exceeded our testing target with 168 tests completed (KPI=150). Many of these tests were carried out via the Dried Blood Spot (DBS) program by Tony, our peer worker supporting the service. This clinic, the result of a very strong partnership with Kirketon Road Centre is an innovative model of service delivery that has proved incredibly successful at reaching our people. The clinic also delivered 109 naloxone interventions, 50 fibroscans and 35 vein care sessions. We supported 14 people onto hep C treatment, 80% completed treatment with peer support. All this work was achieved with clinic hours drastically reduced because of COVID-19 and restrictions in place on clinic access.

- Hep C outreach took place across a range of settings including Sydney Local Health District, South Western Sydney Local Health District, Murrumbidgee Local Health District with new peers coming through the PeerConnect Program and long-term staff and volunteers working in a variety of settings. We engaged with 1400 peers in Southern NSW (Queanbeyan and Eden), Wagga, Redfern, Canterbury, Liverpool and Wollongong.

Our peer workforce training was flexible and effective

- The PeerConnect Program was developed and delivered by Andy and Melanie in 2019 – 2020. PeerConnect is an accessible training program aimed at peers who want to contribute to harm reduction services as workers or volunteers. The training was delivered to 39 peers this past year by Andy and Melanie. Feedback from participants has been good with a number of trainees going into paid roles.
- PeerConnect and Consumer Academy training is now being translated to an online environment by Adam, Georgina and Jason.
- Andy has also been doing great work with-one and small group training across the state to skill up our peer distribution network.

Service Objective 2: Increase hepatitis C prevention to reduce re-infection, among people who inject drugs

Needle and Syringe Program Services

We kept the Crown Street NSP open at pre-COVID-19 levels and expanded our reach:

- NUAA distributed 463,219 pieces of injecting equipment in 11,801 occasions of service this year. In contrast to many other services, we continued with our normal hours and distribution throughout lockdown. This outstanding achievement was due to Charles, Lucy, Tony, Louise and Shawnee and a number of casual staff including Alain, Cheryl and Louisa who were supported by quite a few E street staff who undertook NSP staff to manage the risks posed by COVID-19 which thankfully did not eventuate.

We are making significant progress in expanding NSP services state-wide through innovative service models

- NUAA expanded our outreach service, mail order and peer distribution of NSP equipment during COVID. We now have formal agreements for the following outreach activities
 - Haymarket foundation weekly outreach (started during COVID-19 lockdown)

- Northcote housing estate sharps collection in partnership with the local community and South Eastern Sydney Local Health District
- Western New South Wales outreach to Bathurst and beyond
- Hunter New England outreach
- South Western Sydney Local Health District – peer supported NSP services delivering equipment, advice and hep C testing
- Peer distributors are now established in, South Eastern Sydney, Murrumbidgee and Nepean Blue Mountains distributing thousands of units in hundreds of occasions of service over the past six months.
- Postal services – we are awaiting Ministry of Health's confirmation of a postal service contract. This contract will support the expansion of the current postal service, which as finally greenlighted during COVID-19 restrictions. At the end of the year we had filled 82 postal orders with 70% of the deliveries to regional areas.

All of these projects are the result of painstaking work – sometimes over a number of years – advocating for service innovations, negotiating with external agencies to develop memorandums of understanding and at times funding to support the work and then actually setting up the projects.

Service Objective 3: Provide community leadership with HNSW for hepatitis C elimination in NSW and representation at AOD executive committee meetings

Our executive team is playing a leading role in hep C strategy state-wide

Although this service objective is framed around hep C, the workload encompasses hep C and Alcohol and other Drugs (AoD) work. Charles (CH) and Mary (MEH), working together, are playing a crucial role in several state-wide committees including the NSP Taskforce, the NSP Leadership Group, the Harm Reduction Reference Group. The workload is split by Mary (mostly AoD meetings) and Charles (hep C meetings) with some cross-over. Kylie (KF) is slowly taking on some of the AoD meeting workload. The table below is not comprehensive and does not include research meetings attended by NUAA.

Some of the policy relevant committees and meetings we attend are outlined in the table below:

AoD Meetings	BBV/Hep C meetings
Drug and Alcohol Program Council (MEH)	HIV-STI Implementation Committee (MEH/CH)
Quality in Treatment (KF/MEH)	Hepatitis Implementation Committee (MEH)
SPaToR (drug alerts) (MEH with Thomas C-H/CH)	Pharmacy Guild NSP Advisory Committee
Clinical Outcomes and Patient Experience Research (MEH)	HCV Comms Strategy and Advisory Group (CH)
MoH AOD COVID Community of Practice (MEH/CH)	NSP Taskforce (CH)
Strengthening Harm Reduction in Prisons Network (MEH)	NSP Leadership Group (CH)
Harm Reduction Reference Group (MEH)	HCV Comms Working Group (CH)
Consumer Reference Council (MJ/KF)	
AOD Stigma and Discrimination Working Group (MEH)	
Strategic Research and Evaluation Steering Group (MEH)	
ORTHN Statewide Advisory Group (MEH)	
NADA Board Advocacy Committee (MEH)	
Gender and Sexuality Diverse AOD Worker Network meeting (KF)	

Last year was also very active in advocacy. NUAA contributed to the following Inquiries and discussions:

Our communications reach has grown exponentially

Social Services Legislation amendment – drug testing trial (9/19 – MEH)

- Music Festival Regulation Committee (NSW Senate) – 8/19 submission AP & MEH, appearance MEH
- Coronial Inquiry into Music Festival Deaths statement, submission, appearance (EF, MEH)
- Greens LEPRA Draft Bill submission – MEH
- Special Commission into the Drug Ice – two submissions, two appearances, one roundtable, multiple support requests contacting consumers (MEH primary)
- National Treatment Standards (MEH)

We co-designed two hep C treatment campaigns in partnership with the Ministry and Hep NSW – the “Clearing the Path” campaign which is now displayed on banners across the city and the 2020 Hep C Campaign. NUAA’s work on both these campaigns was led by Charles and involved extensive groundwork including focus groups and testing that NUAA supported.



- NUAA websites (www.usersnews.com.au and www.nuaa.org.au) had a combined total of 180,000 page views
 - www.nuaa.org.au (from November 2019)
 - 16,600 unique visitors
16,600
 - 40,000 page Views
40,000
 - www.usersnews.org.au
 - 56,700 unique visitors
 - 81,200 page views
 - ~400% increase in traffic from previous year
- Our social media presence expanded considerably, particularly after we started partnering with the Ministry on drug alerts. We have two Facebook pages:
 - NUAA_NSW: 2,739 followers, total of 233 posts in 2019-2020 with a total reach of 166,816 and engaged audience of 19,677
 - DanceWize NSW: 5,689 followers, total of 205 posts in 2019-2020 with a total reach of 610,407 and 79,208 engagements

Drug alerts

In late 2019, NUAA started to partner with NSW Health on the SPaToR committee to produce drug alerts. The alerts are largely based on data from NSW Police and Emergency Departments. The Committee is a multi-disciplinary group made up primarily of clinicians with the input of NUAA. Feedback from community on the posts has largely been incredibly positive with a definite demand for this type of information. The statistics below are representative of the engagement on the DanceWize NSW page (posts were generally shared with both pages with lower engagement on the NUAA NSW Page). A fentanyl alert in Feb/March around Mardi Gras led to an intense amount of activity with NUAA facilitating communication with the AoD branch and other community organisations particularly Sex Workers Outreach Project (SWOP) but also Aids Council of NSW (ACON) and Positive Life. Mary, Charles and Thomas have been participating in the committee and Liaising with the Ministry with support on posts from a variety of staff members.

High dose MDMA – Dec 12 2019	Post reach: 100,866 Post impressions 102,033 Engaged users 25,511	
High dose MDMA – Dec 28 2019	Post reach: 45,670 Post impressions 54,683 Engaged users 10,424	
Fentanyl mixed in cocaine – Feb 26 2019	Post reach: 24,420 Post impressions 26,084 Engaged users 3,099	
Etizolam/ Alprazolam	Post reach: 4,684 Post impressions 4,719 Engaged users 595	

**Service Objective 4:
Demonstrate organisational
improvement and support
development of key AOD
consumer initiatives and
resources.**

***Our publications are being accessed
by thousands of people around the
world and are having an impact on
policy implementation***

- The UN Festivals edition was published in 2019 – 2020 – the UN festivals edition has been incredibly popular online. In general, 54% of visitors to the usersnews.com.au website come from Australia, 28% from the United States and 7% from Great Britain. The remaining traffic comes from 91 other countries across the world from every continent. Popular content includes:
 - Mobile drug testing - 8,923 views
 - What causes a comedown (coping with the post-party blues) - 8,239 views
 - Injecting your dose - 6,954 views
 - The shot that lasts a month - 5,969 views
 - Women’s drug and alcohol service directory - 5,866 views
 - Supplements guide - 4,514 views
 - Busted – what happens when you get caught with drugs at a festival in NSW? - 4,161 views

- Insiders News 6 & 7 (IN6/7)
 - Insider’s News continues to be well received by people in custodial settings. IN7 was a bumper “COVID” edition that went out broadly the people in prison via the buy-up with 12,000 copies distributed. The magazine is published in partnership with Justice Health and Corrective Services with this edition involving a lot of close collaboration between agencies. The feedback from people in custodial settings has been overwhelming with many people writing us with stories, artwork, and requests for assistance.
- Consumers Guide to Opioid Treatment Program (OTP)
 - The Consumers Guide to the OTP program was published in the 2019-2020 financial year. The publication has been well received by services. As the publication was quite a bit bigger than first anticipated, the printing was subsidised by three untied grants from pharmaceutical companies. One successful resource from this set was the one-page guide to depot buprenorphine and the longer buprenorphine guide. This information, which was also translated for Insiders News, supported the implementation of this treatment option across the state, particularly during COVID-19 restrictions and has assisted with the expansion of this treatment in custodial settings.

The DanceWize (DW) NSW team delivered:

- What a hard year for our festival community. We attended 11 festivals developed increasingly close partnerships with the Ministry, Police, The Australian Festivals Association and a myriad of other partners that work in this dynamic space. We did not meet our KPI of attending 20 festivals, with ten cancellations due to bushfires and at least a further 7 festivals that we attended the previous year not booked because of COVID-19 restrictions bringing all festival activity to a halt in early March. In spite of these challenges, many of our incredible DW volunteer team have remained engaged and brought their amazing skills to other aspects of our work. Some highlights are:
 - The Users News Festival edition was incredibly popular with one piece written by volunteer Liam F viewed more than 5,400 times
 - Georgina and Adam have done incredible work bringing NUAA training online
 - The communications team has been energised by new members who came to NUAA via the DanceWize NSW volunteer group including Thomas, Erica and Hela
 - We are now working with the Australian Festivals Association to bring harm reduction training to festival staff.

State & Territory Reports

Nepean Blue Mountains Peer Support Worker

- Hep C treatment support has been drastically cut back and Jade Christian has been taking on other work with the Aboriginal community around Penrith. She has written up a number of case studies and some of her achievements include getting members of the local community into hep C treatment, housing, treatment programs (detox, OST, smart recovery) and providing general emotional and structural support.

Corporate Services/Administration

Finance and corporate services has done an incredible job this year, particularly during COVID-19. Lisa transitioned to leading NUAAs finances after Tom Dickson retired with a very short handover. Lisa has worked hard on improving our reporting and systems, a very welcome development for the organisation. We have strengthened our relationship with Purpose Accounting who have increased their role in end of month and Board reporting. Charles has taken on supervision of this work area and increasing responsibility for budgeting and supporting the Admin team.

Other work being led by this team includes:

- The audit is scheduled for mid-August
- The policy committee has developed a range of new policies including our communications policy and procedural documents

Northern Territory AIDS & Hepatitis Council



The Northern Territory AIDS & Hepatitis Council (NTAHC) welcomed their new Executive Director with a morning tea on the 12th of August 2019.

Genevieve Dally is a Nurse with 15 years' experience in the sexual and reproductive health sector. A passion for advocacy, education and addressing gaps in services for vulnerable communities has led Genevieve to a career in sexual health and blood borne viruses.

The NTAHC wishes to thank Daniel Alderman, Paul Turner and Ben Wilcock from Australian Federation of AIDS Organisations (AFAO) for acting in the role of Executive Director while the recruiting processes were underway.

In its efforts to deliver services to the highest standards, the NTAHC staff and management embarked on an intensive program of updating and submitting all of its policies, procedures and related documents in application to achieve accreditation with the Quality Improvement Program (QIP). Inspectors interviewed key staff, inspected all premises, and interviewed a range of clients before finally conferring full accreditation on the 30th September 2019.

The NTAHC is currently engaged in applying for a Rainbow Tick to expand our Quality Innovation Performance (QIP) accreditation and if successful we will be the only organisation in the NT to achieve this.

The Harm Reduction Program (HRP) which operates the three NT NSP primary outlets has been very busy during this unusual year expanding NSP services across the Territory.

NSP IS OPEN

Darwin
Palmerston
Alice Springs

ntahc QIP ACCREDITED
VISIT WWW.NTAHC.ORG.AU

Darwin Office - 46 Woods Street
Ph: (08) 8944 7777
Monday - Friday 9 - 5:30pm

Palmerston NSP - 3 Gurd Street
Ph: (08) 8934 3676
Monday - Friday 9:30 - 5:30pm
Closed for lunch 1-1:30pm

Alice Springs Office - Reg Harris Lane
Ph: (08) 8953 3172
Monday - Friday 8:30-5pm
Closed for lunch 12 - 1pm

After establishing three Afterhours Dispensing Units (ADU) as a permanent modality of 24-hour service delivery in Darwin, Palmerston and Alice Springs, we have sought funding through the Primary Health Network (PHN) to install units in Nhulunbuy, Tennant Creek and Katherine in a partnership with the Menzies School of Health Research.

Funding has been approved for this ambitious project which shall provide anonymous 24-hour access to sterile injecting equipment in these remote locations. For context, the NT has a population of 245,000 people spread across a vast area of 1.421 million square kilometres, making it the 11th-largest country subdivision in the world.

The HRP continues to maintain our modest Free Take Home Naloxone Program with no specific funding from any level of government. We are currently making application to get a medical kit exemption from scheduling to allow Naloxone to be distributed directly from the NSP to overcome a real barrier to access

which requires clients to pick up free Naloxone from a participating Pharmacy after completing a brief intervention at NTAHC's NSPs.

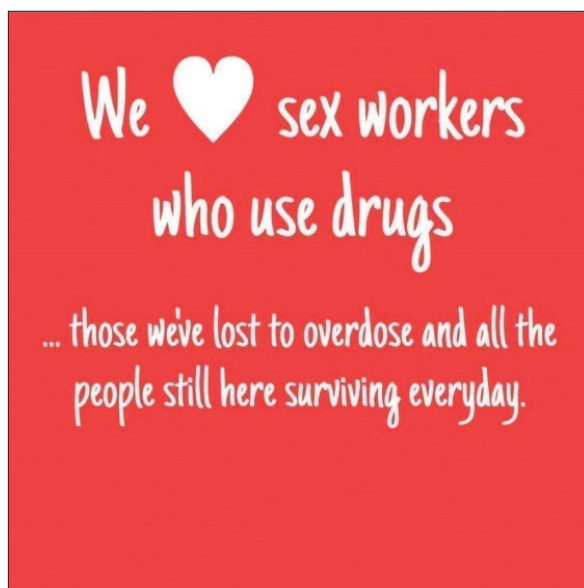
We are also lobbying the Health Minister for a regulatory change to the Medicines, Poisons & Therapeutic Goods Regulations 2014. The recent Territory election provided an excellent opportunity to pursue this with the Executive Director meeting with the Minister to present our wish list for our support. The government was re-elected, so time to collect.

The Sex Worker Outreach Program (SWOP-NT) at NTAHC in collaboration with Sex Workers has made some stellar achievements over the years showing that law reform is possible.

On the 26th of November 2019, the Sex Industry Bill 2019 was passed in NT Parliament. This achievement builds on decades of advocacy and NT stakeholder relationships with SWOP-NT, and the Sex Worker Reference Group as a part of NTAHC and prior with Sex Industry Advisory peer group for the NT sex workers (SAINT) and Prostitutes Association of the Northern Territory for Health, Education and Referral (PANTHER).

The Sex Industry Act 2019 fully decriminalizes sex work, aligning sex work to existing laws and regulations as well as enabling access to individual rights, protections, and responsibilities.

http://www.scarletalliance.org.au/media/News_Item.2019-11-26.4427



On the 23rd of March due to the increasing threat from COVID-19 the NTAHC Board and senior management decided that the risk to staff health through face to face service delivery was becoming too great and shut down the NTAHC main office in Woods Street Darwin. The three NSP sites remained open with infection control measures in place. All other programs staff worked from impromptu home offices set up with

some NTAHC furnishings and computers.

All NTAHC programs continued to operate mainly through phone contact to and from clients and face to face meeting when required with infection control measures in place such as meeting in outdoor settings across a barrier, usually a bench table, and keeping meetings as short as possible.

A bench was set up in the NSPs to separate clients from staff and the equipment section of the NSP with self-service options shut down. Hand sanitiser was supplied for clients and staff with signage encouraging use. NTAHC staff were instructed to treat every client engagement as a potential opportunity for infection transmission and to maintain social distancing, hand sanitising and regularly cleaning of common area surfaces and door handles. NSP staff were instructed to make a show of sanitising their hands in front of clients before serving them and letting them know it is to protect them from us in case we are infected. Most clients used the hand sanitiser as a normal action without being asked to.

HRP staff have complied with all infection control measures without complaint but installing a barrier between staff and clients does not sit well after many years of implementing recommendations of the ANEX 2011 review of the NT NSPs. Removal of barriers has had a very positive affect on client engagement with staff and we look forward to the day when they can be removed again.

OUT REACH - DELIVERY

Register your phone number and nickname (alias) with the NSP for deliveries of equipment if in response to the COVID-19 Pandemic, the NSP is unable to continue to offer face to face services

We don't expect this to happen

Strictest confidentiality assured

Speak to your NSP worker or phone

Palmerston NSP 08) 8931 3676
Darwin NSP 08) 8944 7710



It was not long after the whole country locked down that every peak body and their member organisations decided that Zoom and teleconference meetings were needed on a regular basis to discuss strategies to deal with all aspects of service delivery in a very unique environment.

Many productive discussions were had, and relationships maintained. The development of some national strategies to deal with the pandemic made it obvious that there are some major differences between jurisdictions and no one model is ideal for all states and territories.

As the lockdown continued, so did the meetings. People got meeting fatigue to the point that when I offered a teleconference or written report option to the AIVL Delegates for their report to the AIVL Board, everyone chose the more arduous option of writing a report.

COVID-19 threw a spanner into the works of many projects, including the HRPs Stigma & Discrimination training to NT Health Professionals with the theme of Stigma & Discrimination as a barrier to hep C testing & treatment. We were contracted to deliver two sessions in Darwin, Alice Springs and Katherine and one in Nhulunbuy and Tennant Creek. The PHN who funded the project cancelled all face to face training and renegotiated for five, two and a half hour webinars titled Working with People Who Use Drugs, instead.

Closed borders and lockdowns also saw the cancelling of face to face workshops for the Eliminate C Australia (ECA) co-design of a health promotion campaign to encourage people, with an emphasis on people who inject drugs (PWID), to undertake testing for the hepatitis C virus, and treatment as required.

The members of the ECA National Reference Group which includes the National Peer Network (NPN) members led by AIVL's Jude Byrne met in Melbourne on the 28th of February for a *setting up the process* workshop, held at the Burnet Institute in Prahran. The next three-day workshop was scheduled to start on the 23rd of March at the same location but was initially postponed then moved to Zoom meetings.

The NPN members were also recruited into the Core Reference Group for the Kirby Institutes ASCEND study – Advancing the health of people who use drugs: hepatitis C & drug dependence. Face to face meetings were scheduled in Sydney, then COVID cancelled.



State & Territory Reports

The NTAHC monthly clinic for marginalised people, focusing on hepatitis testing and treatment had to cancel services in March due to our lockdown. Services re-commenced on the 19th of August and will continue until November when incentives are introduced for various initiatives to recruit the high hanging fruit into testing.

Due to the fortunate position the NT found itself in with no community spread of the COVID 19 virus, on the 18th of May the NTAHC started a staggered return to the office with full return on the 8th of June. The NTAHC submitted a COVID 19 Safe plan to show our compliance with all infection control measures and has been operating almost normally since.

This pandemic has had a very deleterious effect on the lives of so many and caused the loss of many lives. It has also out of necessity caused governments to listen to and act on the advice of medical and other experts. It is difficult to accept that there are any positives associated with COVID 19, but if governments continue to listen to experts, that at least is something.



NTAHC Monthly CLINIC

Held at our new Darwin clinic room
Book your appointment today!

2020
CONFIRMED DATES

- 19 August
- 30 September
- 21 October

FREE & CONFIDENTIAL HEALTH CHECK UP

- BBV & STI testing
- Hep C treatment
- Liver health check, Fibroscan®
- Hep A & B vaccinations
- Harm reduction advice
- Referral

Call 8944 7777 or speak to our NSP staff
46 Wood St, Darwin City

QIC ACCREDITED
ntahc



Queensland Injectors Health Network



The 2019/2020 financial year has been a year of challenge and reinventing the way we think about how we operate, deliver, and provide services. During the COVID-19 pandemic we have maintained the continuity of all our services, including our clinical services. The organisation has risen to the challenge and rapidly deployed a range of local responses, such as:

- improved access to sterile injecting equipment;
- increased capacity for HCV Point of Care Testing (PoCT) services;
- enhanced telehealth services;
- nursing outreach seasonal influenza immunisation clinics;
- and a range of other responses continue.

QuIHN has continued time and time again to demonstrate that it is a strong and resilient organisation with a shared culture that puts our clients and the people with which we work always firmly in the centre of everything we do. We are an organisation that connects people with purpose, and I want to

sincerely thank and congratulate all our staff in ensuring a successful and continued response to the emergent situation.

QuIHN has built a strong governance position and we have continued to ensure our relationships with our members, sponsors and funding bodies are maintained and strengthened. The organisation has ensured its continued quality accreditation for ISO:9001 Quality Management Systems (QMS) and the Royal Australasian College of General Practice (RACGP) Quality Standards. The organisation continued a significant focus on cyber-security over the year, with significant investment made in Information Technology (IT) infrastructure security enhancements and the commissioning of several new cyber-security initiatives and activities.

Our Teams

Our staff are intrinsically motivated by purpose and there is a high level of commitment across our workforce. Our company values continue to define us and are visible and evidenced everyday through the work we do and the interactions we have with the people with which we work. At the close of the financial year QuIHN engaged a total of 108 staff members across our teams across our various Queensland locations. Over the year we launched our staff rewards and recognition program to celebrate the positive affect our staff have each day in living out our shared

values. It is pleasing to see the rewards and recognition program operating across the organisation and celebrating the achievements of individual staff and teams. During the year, the organisation re-contracted and enhanced our Employee Assistance Program (EAP) to ensure additional supports for staff during the pandemic. We again undertook our Employee Engagement Survey with extremely positive results, indicating a strong and positive culture and commitment to the organisation.

Our Services

QuIHN has a strong reputation through the delivery of quality services. Our specialised programs continue to deliver much needed services to our clients.

Harm Reduction Programs

QuIHN provide primary Needle and Syringe Programs (NSP) services, with a total of a total of 31,861 occasions of NSP service over the year across our network. The NSP network continues as an important point of referral into our Hepatitis C Treatment and Management Program (TMP). The Harm Reduction teams continued to deliver the TMP; a community-based program providing Hepatitis C direct acting antiviral treatment for people who inject drugs

(PWID) and other vulnerable populations. The TMP is a unique and integrated service offering,

comprising case management services, dedicated nursing staff and primary medical care and operates across Brisbane, Gold Coast, Sunshine Coast, and Townsville, as well as via a range of outreach clinics across South-East Queensland.

Throughout the financial year the TMP undertook the following:

- 271 people screened for Hepatitis C
- 167 FibroScans completed
- 118 starting Hepatitis C treatment
- 123 people completing treatment
- 655 people have been treated through the TMP since the DAA HCV medication was released in March 2016 and,
- Of those, 638 have completed treatment since DAAs were available, with 96% of those attending for their Sustained Virologic Response (SVR) PCR test at completion of treatment achieving a 'cure'.

This year has seen the TMP focus on a range of priorities, including:

- Expanding treatment access through outreach clinical services, marketing and promotion to broader networks, and recruitment strategies with a focus on peers and positively navigating treatment experiences.
- Enhanced case management for clients with complex needs and strengthening our partnerships to improve support for our clients during and post the treatment experience; and,

- Investigating novel ways to increase testing and treatment uptake, such as our soon to be launched Point of Care Testing (PoCT) capabilities.

Therapeutic Programs

QulHN Therapeutic Services provide 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. During the year Therapeutic Services saw:

- 2,633 clients accessing our services
- 1,644 client episodes of care began
- 1,951 client episodes of care were closed
- average client episode duration was 176 days while the median length was 113 days
- a total of 1,359 initial screens were completed
- 8,286 counselling sessions were provided to clients
- 610 case management sessions were conducted
- 1,167 group work contacts were made
- 61% of our clients were male and 39% female
- 15% of our clients identified as Aboriginal and/or Torres Strait Islander.

Nearly 80% of our clients (of the closed episodes of care) accessing our Therapeutic Services are also seeking support in better managing their co-occurring mental health

concern. Of this around 70% of these clients are living with more than one mental health diagnosis. Our Therapeutic Services have a well-earned reputation for working with clients who are sometimes considered too 'complex' or 'not ready' for other services. Our Counsellors and case managers are well equipped and experienced in working with complex presentations of dual diagnosis and clients respond positively to their approach.

Better Access 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 focus continues comprehensive patient health care delivered through improved chronic disease management, 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 health primary health care. Over the course of the year the clinic saw, among a variety of other consultations:

- A total of 2,899 active patients of which:
 - 60 patients regularly accessed Opioid Substitution Therapy (OST) via the clinic
 - 280 attended for sexual health certificates

- 540 active patients diagnosed with a chronic condition (including, diabetes, COPD, CVD, Asthma etc)
- 458 patients screened for HIV and actively managed 14 patients living with a HIV diagnosis
- 478 patients screened for Hep C and managed over 135 patients living with a Hep C diagnosis
- 640 patients screened for chlamydia and Gonorrhoea; and
- 432 patients screened for syphilis.

Over the year a range of quality improvement activities have been undertaken, for example:

- activities aimed at improved efficiency within the Nurse room
- updating policies and clinical guidelines
- targeted professional development
- improved induction program for GPs
- improved chronic disease management and cycles of care
- enhanced triage; reducing rates of do not attend appointments
- employment of a senior receptionist and quality training and development of reception staff.

It is our focus on our sub-specialty areas combined with our unique approach to primary care that sets us aside from other General Practice clinics. Our doctors and staff are highly passionate, highly skilled, and experienced and our GPs are eager for a challenge and the opportunity to make a real positive difference in people's lives.

Our future

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

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

- continue to ensure our people are supported and trained, highly passionate, and strongly aligned
- continue to seek to integrate our programs to provide end-to-end cascade of care
- ensure we remain committed to a 'Peer-led' approach and to consumer engagement and co-design
- enhance our ability to undertake marketing and promotion to potential clients and the sector
- continued strong partnership engagement
- enhance our physical and digital infrastructures to create local presence and digital touchpoints
- ensure our finances and funding mix is adequate to achieve our goals.

We are founded by the communities with which we serve and our organisation continues this long and strong tradition in our connection to our founding member QuIVAA Inc through our Constitution and governing processes. As an organisation, we are proud of our history and excited about our future. It is an honour and pleasure to lead a passionate organisation and group of people.

Yours sincerely,

Geoff Davey
Chief Executive Officer
QuIHN Ltd

Queensland Injectors' Voice for Advocacy and Action



Now in its 32nd year of operation the Queensland Injectors Voice for Advocacy and Action (QuIVAA) is an organisation that represents the diverse range of people who choose to use drugs in Qld providing systemic advocacy aimed at addressing issues affecting its community in QLD.

Like most of the AIVL member organisations, I am sure that we are not alone in dealing with the challenges that the Pandemic has presented. Finding new areas to work in, developing systems and processes to allow continued engagement with the communities

we work with and continue to be motivated without the face-to-face connections of our peers. We have managed to find ways to advocate, raise awareness and deliver training against stigma and discrimination for our communities and challenge for systemic reform around illicit drug use with specific submissions around the COVID-19 jail lockdowns.

One of these projects has been to work with QNADA (the peak organisation in Queensland for non-government alcohol and other drug treatment and harm reduction services in Queensland)

to highlight the important role that health service users can have on contributing to and informing the delivery of the services and systems that they access.

We have also continued to work closely with QuIHN to provide peer supervision to the peer workers and employed under the EC Australian funding to eliminate HCV and to ensure that its service remains peer led.

The QuIVAA Board wishes to thank AIVL and the drug user network for their support and solidarity over the year.

Hepatitis SA - Clean Needle Program (CNP) Peer Projects



Hepatitis SA Clean Needle Program (CNP) Peer Projects Annual Report

Hepatitis SA Clean Needle Program (CNP) Peer Projects consists of a Coordinator, a Project Officer, 6 permanent peer educators and 4 casual peer educators. Our peer educators work across 9 CNP sites in metropolitan Adelaide to provide a range of harm reduction services to people who inject drugs.

A new initiative commenced in October 2019 with a peer educator placed at West Coast Youth CNP, Port Lincoln, 2 afternoons per week. This is our first foray into having peers based in regional services and it would be great to expand on Port Lincoln and have peer workers available state-wide in the future.

CNP Client Interactions

Information is collected during CNP interactions to monitor trends and changes in drug use patterns to ensure we are responding to clients' needs. Throughout 2019-2020:

- 1.4 million new syringes distributed
- 18,925 client interactions (13,405 or 71% male; 5,520 or 29% female)
- An average of 67 syringes provided per interaction
- For every client accessing the CNP, an average of 2.4 other people indirectly accessed clean injecting equipment
- Most CNP clients (71%) reported using methamphetamine
- 12% of clients reported using heroin
- 8.5% of clients reported using pharmaceutical drugs
- 7% of clients reported using performance and image enhancing drugs (PIEDs)
- Information/peer education was provided during 3,803 client interactions
- Intensive support was provided on 577 occasions

Workforce Development for the Sector

In the last year we provided on-line and face-to-face training to 157 various workforce members, including AOD workers, peer workers, mental health workers, sexual health workers, nurses, students and volunteers. Topics included Vein Care; CNP Training; Safer Injecting Overview; CNP Peer Projects Overview and Injecting Equipment; Working with People Who Inject Drugs; and the Take Home Naloxone Pilot. We also organized 2 SALEN (SA Lived Experience Network) Forums, attended by 52 peer/lived experience workers and volunteers, and conducted 6 training sessions/ inductions to potential peer volunteers and new peer educators.

SA Post Release Prisoner (SAPRP) Project

The SA Post Release Prisoner Project aimed to reduce overdose and other risks that are higher within the first few weeks/ months of prison release. People who inject drugs and who have been released from prison in the previous 6 months can access, at no cost, specialised equipment that usually has a cost attached (sterile water, tourniquets,

hirudoid cream, wheel filters and sterifilts). The free equipment is only available from peers and acts as an incentive for post release prisoners to access peer education on overdose, naloxone and other harm reduction information. This year there were 128 male and 46 female post release prisoners who engaged with the project (112 first visits and 63 return visits) at Noarlunga, DASSA Northern, Port Adelaide and UC Adelaide CNP sites. This is more than three times as many as the previous year and almost all of them accessed free specialised equipment. Peer educators provided opiate/opioid overdose recognition and response education during 92 SAPRP Project interactions and ATS toxicity education during 44 interactions.

Take Home Naloxone (THN) Pilot

In December 2019, South Australia commenced a Take Home Naloxone Pilot where people could access the overdose reversal drug, naloxone, for free from participating pharmacies. All CNP sites participated in the THN Pilot, with peer educators providing brief interventions on overdose response and naloxone use before providing vouchers for CNP clients to take to pharmacies to redeem for free naloxone. Since the Pilot commenced peer educators have provided over 300 naloxone vouchers to clients. Feedback tells us that lives have already been saved through the administration of naloxone (accessed through the Pilot) in recent overdose situations.

Issues and Trends

- Vein care and vein access is an issue for many clients.
- Ongoing peer education needed to encourage swabbing to reduce bacterial infections.
- Overall decrease in sales of specialist equipment, especially wheel filters, even though the prevalence of pharmaceuticals remains unchanged.
- Anecdotal reports of increased Gamma-hydroxybutyrate (GHB) use. We are ensuring GHB information is available in the CNPs and will continue to monitor the trend.
- Increase in new/young clients who have moved from smoking to injecting methamphetamines. Often, they have already commenced injecting before accessing the peer and are in need of peer education to improve injecting technique.
- No CNP access in mid-south and mid-north metropolitan areas due to closure of 2 CNP services (Drug Arm, Warradale and Anglicare, Salisbury).
- No CNP access in far south (Goolwa, Kangaroo Island).
- Regular reports of Syringe Vending Machines breaking down, especially the SVM in the northern suburbs.
- High number of overdose discussions and providing naloxone vouchers/referrals for the Take Home Naloxone Pilot.
- PWIDs reporting going on OMT due to COVID related heroin market changes. Some people are changing the drug they use.

It has been an unusual year for us. COVID put a stop to face-to-face team meetings, workforce training and community events, and some projects have been put on hold indefinitely. Although prolonged engagement has been difficult due to physical distancing, our clients have been respectful and happy to accommodate any changes to service delivery.

We are looking forward to re-engaging more with the PWID community in the coming year as COVID restrictions ease.

Tasmania Users Health and Support League (TUHSL)

It's been an up and down year for us like everyone else in the country. We are still working towards getting dedicated funding to deal with the issues our peers say are important and to use these connections for community development and to diminish internalised stigma as much as one can.

Despite not being funded, it has been a busy year with the National Peer Network (NPN) meetings and the EC Australia project. The NPN has been a very helpful tool to keep Tasmania in touch with what's happening on the mainland. This was particularly important as COVID-19 and Opioid Substitution Treatment (OST) responses were being rolled out. Tasmania was given very little in terms of helping our community avoid unnecessary outings. In reality it took some months before they had even responded.

The research programs we have been asked to comment on have been the usual sort of questions on

issues that have little real impact on our community however the promise of being able to add a couple of our questions into the Illicit Drug Reporting System (IDRS) for next year seems worth pursuing. I think we are having a bit of an impact on NDARC, who are doing a lot of the depot bupe surveys and we have been able to have questions targeted more effectively which should mean better data.

The EC Australia Campaign is now finally starting to kick off, it has been a muddled process having to stop what we were doing when COVID-19 hit and needing to do all work over the phone, which isn't really the best way to have intense discussions. Things have been a bit slow and repetitious, but we are getting it moving now. I am hoping TUHSL gets some small amount of funding to help do the campaign.

In the midst of all this, I finally had my knee surgery done and I can get around like an adolescent, which is great. So, having this ability has

allowed me to throw myself back into being of assistance with my other colleagues in helping navigate those wishing to access the Alcohol & Drug Services for treatment with substance use issues and also able assisting those wishing to obtain Hep C testing and treatment places.

TUHSL has also been distributing the items sent over from AIVL including hand sanitiser, hand wipes and other assorted goodies around to several pharmacies which have a high turnover of fit packs, these pharmacies have been very helpful by adding these items to the packs so the message of Hep C treatment is spread to the right people.

Unfortunately, there is not more we can share for this year, but are fortunate having AIVL there helping us get through the difficult times.

Thank you all TUHSL helpers and AIVL,

TUHSL

Harm Reduction Victoria



We all know the past few months have been dominated by the way COVID-19 has fundamentally altered our lives. Although much of this impact occurred in the time after our formal period for this report, it is difficult to dissociate these reflections from the hard lockdown that occurred in Victoria from early July. The restrictions on movement in particular affected our communities. Recent snapshot surveys at busy NSPs show that service users are ten or more times as likely to have received fines for breaching public health directions. Some members of our community are not able to jump the digital divide, while others have done so incredibly well.

I don't want to dwell on COVID-19 – there will be time for that – but I do want to pay tribute to each and every Harm Reduction Victoria team member. That is staff, peer volunteers and our peer community, for doing what people who use drugs do so well – adapting and getting on with it! That is not to say that there have not been challenges and, in many ways, we will not know the full impact of this time for years. But we have done incredibly well to deal with what is in front of us as we move forward.



DanceWize

DanceWize celebrated 25 years in 2020. For a quarter century peers have been supporting people, trip-sitting, engaging with festivals and the sector and providing a service that only peers could. Over that time, DanceWize has become a fixture at some of the most beloved and biggest events in Victoria and are a respected part of the environment. A crucial connector between the community and health services. The DanceWize team have a dedication to continuous quality improvement, with ongoing training for Key Peer Educators, development of training for the sector and festival staff, video production and dedicated communications with the community.

COVID-19 drew down the curtain on the 19-20 festival season abruptly, and before some of the most anticipated events of the year. While eight events that we were booked for cancelled, we still attended thirty-eight events.

267 volunteer Key Peer Educators were supported with training and attended events. They delivered 5742 hours peer work across the 38 events.

1336 Care Interventions were logged. These are interactions that involve an assessment and a range of possible supports for anywhere from a short visit to a number of hours in care.

1599 AOD Brief Interventions were also logged by our amazing DanceWize crew.

As COVID began DanceWize was able to pivot quickly to engaging and interacting with the community and peer volunteers through regular remote video meetings and trainings as well as toward producing videos that discussed issues such as stigma.



BBV Health Promotion & the Peer Network Program

Our BBV peer education work was impacted greatly by the coronavirus lockdown since March 2020. Nevertheless, the team had delivered on its agreed goals for the year by March.

The team started the year with wide engagement for the 2019 World Hepatitis Day events across Victoria, including with our partners at North Richmond Community Health and the injecting room.

Across the year some 53 workshops were held about BBV or Safer Injecting, reaching 500 participants. We partner closely with a range of service providers to reach our community through them. These include Drug Courts, Housing Services, NSPs, and more.

Our **Peer Network Program** is our peer NSP Program. In five geographic areas across the state, 25 key peers supply their networks with safer injecting equipment, BBV prevention information, and overdose responses and information. In particular this program focuses on providing access to people who might not otherwise access service providers. Priority populations including women, CALD and Aboriginal people are engaged at a higher rate than NSPs are able to engage.

The PNP sections each have a coordination person who has a tablet which is used to send through data and reports. These are also used for training and communication.

In 2019-20, the 25 PNP volunteers distributed 88,741 sterile syringes to 1848 contacts. An amazing achievement, especially when we consider that 19% (353) of contacts reported that they would not have been able to access sterile syringes otherwise. In addition, an 82% return rate was achieved.

The PNP volunteers have been a critical link to our community throughout COVID-19. We were able to pass out information about masks, restrictions and access to healthcare services during lockdown through our amazing PNP crew.



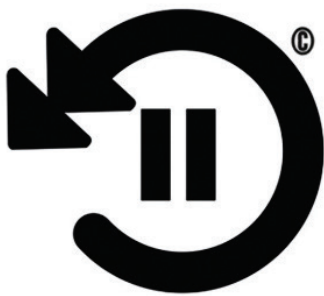
PATH – Peer Access To Hepatitis C treatment

In partnership with Burnet Institute and Access Health we developed an outposted peer navigation and support project model. Two peer navigators employed by HRVic were outposted remotely to engage with and assist PWID to navigate the cascade of care for hep C treatment.

This research project faced challenges immediately as the nurse with whom we were partnering left their position as the project began, and the nurse was not replaced before COVID closed any face to face work.

Nevertheless, the project report, which is due very soon, showed excellent engagement, rapport building and trust building by the peer navigators. As these were the key goals for the first few weeks and months of the project this was excellent news. The peers engaged a number of highly marginalised people into testing and treatment and momentum had built just as COVID hit.

A second project funded by research funds again is being developed now and will seek to re-start in early 2021.



D.O.P.E

DOPE, the first Victorian peer based naloxone program, continues to provide naloxone training and naloxone itself. 203 participants were trained and provided with Naloxone across the year through 23 peer workshops and 10 Brief Interventions.

We currently have access to all 3 types of naloxone and DOPE, along with HRVic Comms have developed a related but distinct resource for each type.

In addition, partly thanks to ongoing advocacy, the Victorian government have introduced legislation in November 2020 that will allow for direct supply of naloxone. This will allow us to legally directly supply naloxone.

RHDUPLN [Reducing Harmful Drug Use through Peer Led Networks]

This project supports people who are currently employed as harm reduction, lived experience peers in Victorian harm reduction settings. A regular support program was implemented, including a messenger based group for ongoing support and a quarterly meeting.

In addition to this HRVic undertook a consultation with the peer workers to understand how we could structure this support moving forward.

HRVic partners with the Association of Participating Service Users (APSU) on this support program and together we have a longer term goal of developing a peer worker strategy for harm reduction peers in Victoria.



PAMS

The Pharmacotherapy Advice and Mediation Service is focused on retaining people on opioid treatment programs, should they wish to. Working with both service users, pharmacists and prescribers, PAMS occupies a crucial part of Victoria's fragmented pharmacotherapy system, in maintaining treatment continuity for some of the most marginalized people in the system. PAMS is permanently at capacity and both our PAMS team do an incredible job under trying circumstances. As a phonenumber PAMS was already set up to respond effectively to changes due to COVID and they did not miss a beat.

In 2019 –20 PAMS dealt with **1036 cases, or 86 cases per month.**

86.3% of cases were completely resolved, with 89% of cases resulting in maintaining access to treatment. Issues that PAMS are commonly called upon to assist with include debt management, pharmacy and prescriber matching, mediation, and support.

PAMS collect a wealth of data and this is shared with partners through an anonymized reporting process that provides a key part of the systemic advocacy that we do.



Communications

We are very lucky to have excellent internal resource development and design capacity.

Our magazine WHACK! And health promotion resources have distinct design language. Our social media presence has grown over the years and is a core communication platform with our community.

We produced 2 issues of WHACK! including a double issue on COVID in June.

Last year we also developed the following resources and promotional events:

- Changing Lanes PAMS video promotions
- COVID 19 for community Resources- Self Care, Pharmacotherapy, drug use, updates
- COVID 19 HR Packs
- Hepatitis A Outbreak collaboration
- 1 New Substance Specific resources in 19-20
- Range of DanceWize collateral
- Nyxoid Naloxone overdose resource
- Prenoxad naloxone overdose resource
- Video ads for Peer navigation PATH project and World Hep Day
- Wild Butterfly film event

Number of promotional events were conducted online due to COVID:

- Support Don't Punish
- International Overdose Awareness Day – week of free online naloxone training and social media engagement and info sharing
- IOAD overdose tributes International social media event
- World Hepatitis Day talk at Burnet
- World Hepatitis Day video promotion

In addition, HRVic represented our community in these meetings (not exhaustive!):

- Viral Hepatitis Working Group
- DACBBVSTI COVID Pop-Up working group
- ARCSHS – HIV Intersections CoP
- EC Health Promotion Working Group
- EC Peer Workforce Working Group
- Hep A outbreak resource
- Dual diagnosis residential rehabilitation steering committee
- SHARC Community of Practice
- National Naloxone Reference Group
- MSIR Community reference Group
- NWPHN AOD Expert Advisory Group
- NWMPHN MH/AOD Strategy Advisory Group
- Harm Reduction Sector Update Group
- National Treatment Framework Consultations
- Emergency Dept AOD Mental Health Hubs Steering Committee
- Emergency Dept AOD Mental Health Hubs
- Peer Worker Working Group
- VAADA CEO Forum
- Victoria NSP operating Guidelines Advisory Group

- Harm Reduction International Conference Local Committee Chair
- Peer Led Networks Steering Committee
- ADRIA Research Fund Advisory Group
- DHHS AOD Workforce Reference Working Group
- DHHS Lived Experience Worker Advisory Group
- Pennington, APSU, HRVic partnership - PWUD communication campaign re COVID
- Alcohol & Drug Foundation – Changing Attitudes to PWUD Advisory Group
- DHHS Response to CBD Hotel Rough Sleeper Accommodation Coordination

Peer Based Harm Reduction WA



COVID-19

In response to operational changes related to the COVID-19 pandemic, Peer Based Harm Reduction WA (PBHRWA) conducted a survey to assess the impact of the pandemic among consumers. The survey was conducted at two points in time, the first between the 28th of April and the 15th of May 2020 and the second between the 22nd of June and the 10th of July.

The survey took less than five minutes to complete and was administered face to face by NSEP workers. Participants were consumers who accessed injecting equipment from the Perth and Bunbury fixed needle and syringe exchanges (NSEP), outreach consumers in Perth and the South West area and those who accessed the mobile NSEP operated by the Bunbury (NSEP).

One hundred and sixty questionnaires were completed in the first COVID-19 survey and 163 in the second.

MARCH
COVID PROTOCOLS INITIATED

- split shifts initiated
- 1.5m social distancing
- sanitization procedures
- consumer triage at reception
- Health Clinic cancelled
- Outreach/Peer Education/Transportation of consumers postponed
- MNSEP cancelled

APRIL
COVID-19 Resource Production

- 4 x new COVID-19 resources produced
- Perth NSEP hours reduced
- Perth to Bunbury stock transferred cancelled

MAY
1st COVID-19 Consumer Survey

- Consumer Covid-19 survey no. 1
- Staff online training 'Covid-19 Workplace Safety'

June
2nd COVID-19 Consumer Survey

- Consumer COVID-19 survey no. 2
- Health clinic service re-opens
- MNSEP resumes
- Peer Education resumes (with variations)

powered by
PIKTOCHART

Outreach Report

Our Outreach service 'home-delivers' NSEP in the Perth Metro and South West regions to people whose circumstances make access to services difficult. These services cover 2,500 km² in the metro area and 24,000 km² in the South West. From July 2019 to June 2020, Outreach Metro and SW provided 363,975 needles and syringes directly to 1,198 people in their homes.

Stirling Empowerment Project

The Stirling Empowerment Project aims to connect vulnerable and disadvantaged people, including Culturally and Linguistically Diverse (CaLD) people, with a range of community and health services to improve issues relating to alcohol and other drug use and mental health. Since its inception in 2018 the project has assisted over 50 consumers through advocacy, transport, brief interventions and assisted referrals. The project has seen successes in the form of

Developed a fever or cough?

HEALTH WARNING COVID - 19

We have plans in place to ensure the needle exchange continues to run. However, plan ahead as closing may become unavoidable. We have implemented social distancing to slow the spread of the virus. If you are experiencing flu like symptoms please ring us before you head to the exchange and we may be able to help you with a postal order or a home delivery. If you are experiencing any signs identified on the left, you may need to self isolate. Visit the Health Department website for further details: <https://hw2.health.wa.gov.au/>

What is social distancing?
Social distancing is one way to help slow the spread of viruses such as COVID-19. Social distancing includes:

- Ⓞ Avoid unnecessary travel
- Ⓞ Avoiding large public gatherings if they're not essential
- Ⓞ Keeping a distance of 1.5 metres between you and other people whenever possible
- Ⓞ Minimising physical contact such as shaking hands, hugging, and kissing
- Ⓞ Stay at home if you are experiencing symptoms

Planning Ahead !!!

- Ⓞ Got enough equipment for a month? Ask staff
- Ⓞ We are planning for the 'WHAT IF' GET EXTRA EQUIPMENT TODAY
- Ⓞ Take prescription drugs? Get a second script filled
- Ⓞ On an Opioid treatment program? Talk to your clinic, doctor and pharmacy as soon as possible

Remember - good hygiene can prevent infection!

peer based harm reduction wa

consumers experiencing improved access to primary health services, improved mental health and social support, increased involvement in their community, improved access to housing, increased knowledge on harm reduction strategies and the effects of alcohol and other drug use. The team aims to breakdown some barriers for vulnerable and disadvantaged people accessing health services. Since March, COVID-19 social distancing restrictions have impacted our ability to transport or meet consumers face-to-face. If appropriate, wellbeing checks and advocacy has been provided via phone.

Overdose Prevention & Management (OPAM) & Naloxone

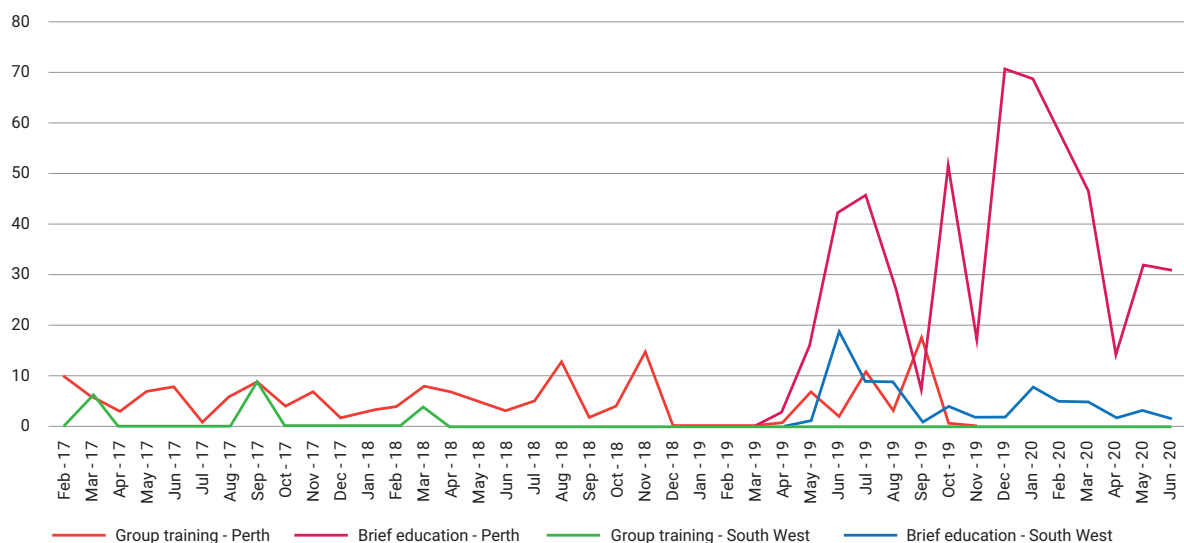
OPAM and the Naloxone project continue to teach consumers how to recognise and respond to an overdose. This year more of our staff members have been authorised to supply naloxone via brief education, either at our NSEP or by home & community outreach, making access to Naloxone significantly easier. From July 2019 to June 2020, PBHRWA provided 809 naloxone devices to 602 people, either from our fixed sites in Perth and Bunbury, from MNSEP sites in the South West, or via home outreach. This was despite national interruptions to the supply of naloxone in September and November 2019, and despite the impact of COVID-19 restrictions. The adjacent graph shows the number of people who have been trained to recognise and respond to overdose with naloxone from 2017 to 2019.

Hep C Peer Harm Reduction Education (PHRE)

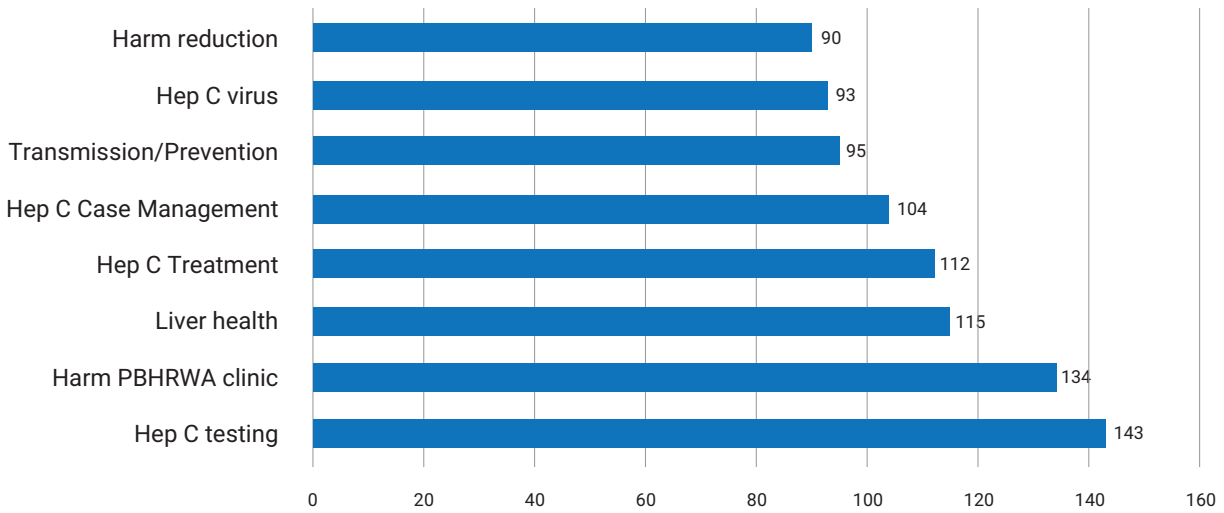
The Hep C Peer Harm Reduction Education project is a peer education project based on our OPAM model. We recruit, train, and support a team of volunteer peer educators who have completed treatment with DAAs. Peer educators speak from their experience to dispel myths about side-effects, promoting the benefits of clearing the virus, and “normalising” treatment within their social networks. The project supports people to access a non-judgmental health service. Achievements over the past year include: An article published in the Health Department’s ‘NSP News’, Hep C PHRE project overview and findings presented at the Health Department’s quarterly forum “Diverse Contexts... Diverse Responses”, co-design team member on national hepatitis C health promotion project with AIVL’s National Peer Network, EC Australia, and Paul Ramsay Foundation, partnership with WANADA to develop a workshop based on the Hep C PHRE peer educator training model which is now being delivered to external AOD service providers.

The project’s goals over the next twelve months include the introduction of a more portable training package that will enable project officers in the southwest to deliver training to peer educators in an outreach setting. We will also be looking at ways to further increase the number of appointments for testing and/or treatment that result from peer referrals.

Number of participants in the Peer Naloxone Training program February 2017 to October 2019



Peer educator to peer education sessions provided



Between November 2019 and August 2020 Hep C PHRE peer educators conducted 242 peer to peer interactions. Forty-seven of the 242 peers reached (19%) provided their contact details for referral. Eleven out of the forty-seven peer referrals (23.4%) resulted in

an appointment with Peer Based Harm Reduction WA's health clinic for hepatitis C testing and/or treatment.

Two new hepatitis C peer resources have been produced.



*"Hep C: Why Should I Care?"
Addresses the positive benefits
of testing and treatment.*



*"Hep C: What Should I Do?"
Addresses the most common
barriers to testing and treatment
reported in peer diaries.*

HCV Case Management

INTERVENTION THEME	Jul to Dec 2019	Jan to Jun 2020	Total
HCV Case Management Weekly check in	173	92	264
Home visit attended	86	52	138
Home visit attempted	27	18	45
Consumer transport	14	6	20
Venipuncture conducted/support	29	15	44
Venipuncture attempted	5	3	8
Dx re HCV testing and HCV Case Management	114	150	264
HCV Clinic / Outreach clinic home visit reschedule/reminder	426	236	662
Hepatitis general information	29	2	31
HCV Treatment education	147	199	346
Medication Delivery	29	13	42

The HCV Case Management project has continued to grow and develop in many ways this year. Client numbers and individual health interventions have increased, and several improvements have been made to the structure and processes of the role. There was difficulty getting a full comparison to last year's report data due to Covid19 related service disruptions. All face to face clinical consults and visits were put on hold and the Nurse Practitioner worked offsite for the last three months of the 19/20 financial year due to social distancing recommendations. Like all PBHRWA staff, the HCV Case Manager was redeployed over this period to maintain essential NSEP service delivery thus impacting on potential overall client contacts. There was however an increase in telephone support and engagement.

An improved database, created and in use from July 2019, allows PBHRWA staff and management to capture more accurate data representing specific tasks of the HCV Case Manager role. A table outlining new data captured is included below. Other highlights of the year have been the continued and increased snowballing recruitment of new HCV testing and treatment consumers from previous or current HCV Case Management clients, a 100% success clearance rate for all PBHRWA clients that completed HCV treatment and an increased collaboration with the SWMNEP HCV Case Management worker to consolidate processes and share experiences

NSEP Report

Distribution

2,070,400 pieces of sterile injecting equipment in over 21,500 consumer interactions.

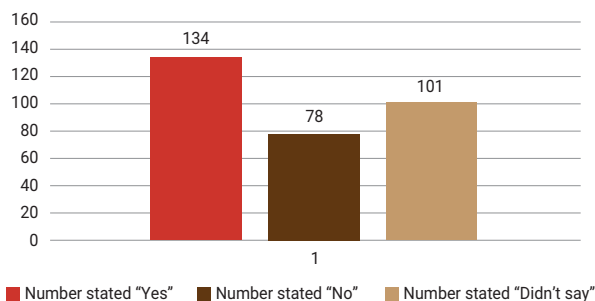
Year	Distribution	% Increase compared to previous year	Occasions of service	% Increase compared to previous year
2019/20	2,070,400	4.5%	21,500	7.5%
2018/19	1,980,000	2%	20,000	11%
2017/18	1,940,000	2%	18,000	24%
2016/17	1,900,000	0%	14,500	11.5%
2015/16	1,900,000	26.5%	13,000	35.5%

Injection Infection Month

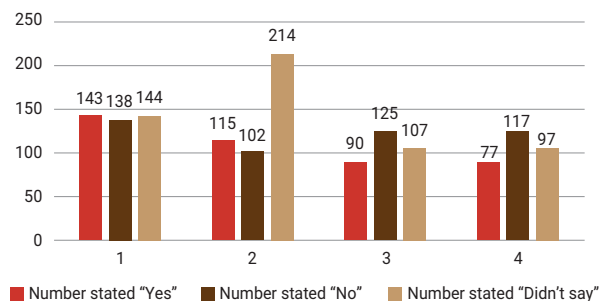
Injection Infection month continues to demonstrate the number of consumers requesting extra free equipment and the reported re-use of equipment declining over the four-week period. In March 2020, injection infection month was discontinued after two weeks due to need to focus consumer education on changes in process and current advice in relation to COVID-19, promoting extra supplies in case of isolation, quarantine or interruptions to the service.



Number of consumers stating their reuse of equipment by week, all PBHRWA sites, March 2020



Number of consumers stating their reuse of equipment by week, all PBHRWA sites, Sept 2019



Health Clinic Report

Perth and Bunbury

A total of 938 new and returning clients were seen both in Perth and Bunbury (520 patients in Perth and 408 patients in Bunbury respectively). In Perth, approximately 73% of clients are returning patients. There was a significant increase in returning clients in Bunbury from 45% in July Dec 2019 to 82% in Jan – June 2020. A total of 28 patients commenced treatment for hepatitis C in Perth and Bunbury (16 and 12 patients respectively).

Both sites are actively engaging in outreach services which form an integral component of our model of care. There has been a significant increase in testing in the SW due to the following: employment of a Register Nurse part-time, the HCV Case Management worker completing a phlebotomy course and incentivisation of testing.

It is expected that numbers in Perth and Bunbury will continue to grow due to the expansion of the service including the new Mobile Needle and Syringe Mobile Health Clinic van and continuation of the incentivisation program in Bunbury, Point of Care testing at both sites, referrals from the Peer Education Program and involvement in several national studies.

Workforce Development Report

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 28 occasions, to 630 participants. This has included sessions delivered to doctors, nurses and health workers, pharmacists, staff of hospital emergency departments and mental health clinics, pain and addiction specialists, Aboriginal health workers, rural health workers, youth services, staff and volunteers for Leavers events in the SW, housing and emergency accommodation providers, drop-in-centre staff, and community alcohol and other drug workers. Lectures were provided at several universities to students in schools of medicine, paramedical sciences, pharmacy, addiction studies, psychology, and occupational therapy. We also provided information, consultancy and support to other organisations, including; other NSP and NSEP providers; local councils; pharmacists and doctors from several public hospitals and in private practice; staff of community alcohol and other drug treatment services; and staff from community mental health clinics and the State Forensic Mental Health service. Highlights included two workshops at the APSAD 2019 conference and being invited to present to the Scottish Drug Services conference online.

Restrictions implemented in response to COVID-19 led to less opportunities for delivering training and education in person during the second quarter of 2020, however during these months several education sessions and guest lectures were delivered online, and we presented two sessions at the Rural Health West “virtual” annual conference. All this work could not have been achieved without the passion, commitment, and dedication of all our staff and volunteers.

FINANCIAL STATEMENTS

For the Year Ended 30 June 2020

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 2020

	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	25
Independent Audit Report	26

Australian Injecting and Illicit Drug Users League Incorporated

ABN: 20 467 449 392

Board Members' Report For the Year Ended 30 June 2020

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 2020.

Board members

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

Names	Position	Appointed/Resigned
Angela Corry	President	Appointed 27 November 2018
Kerrie Jordan	Vice President	Appointed 21 November 2017 Resigned 26 November 2019
Paul Dessauer	Secretary	Appointed 20 November 2015 Resigned 26 November 2019
	Vice President	Appointed 26 November 2019
Dan Burns	Treasurer	Appointed 21 November 2017 Resigned 26 November 2019
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 Resigned 26 November 2019
Sione Crawford	Treasurer	Appointed 26 November 2019
Chris Gough	Secretary	Appointed 26 November 2019
Peter Sidaway	Member Liaison Officer	Appointed 26 November 2019

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

Principal activities

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

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

Meetings of board members

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

	Board Members' Meetings		Finance & Governance Committee Meetings	
	Number attended	Number eligible to attend	Number attended	Number eligible to attend
Angela Corry	5	6	2	2
Paul Dessauer	6	6	2	2
Dan Burns	1	2		
David McDonald	6	6	2	2
Amanda Bresnan	4	6		
Yvonne Samuel	1	2		
Kerrie Jordan	0	2		
Sione Crawford	3	4	2	2
Chris Gough	2	4	2	2
Peter Sidaway	4	4		

Australian Injecting and Illicit Drug Users League Incorporated

ABN: 20 467 449 392

Board Members' Report For the Year Ended 30 June 2020

Operating results

The profit of the Association amounted to \$201,820 (2019: profit of \$316,084).

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 in grant funding of \$1,091,916 due to the incorporation of CAHMA as it's own entity.

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

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

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 \$3,979.80.

Proceedings on behalf of Association

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 2020

Auditor's independence declaration

The auditor's independence declaration for the year ended 30 June 2020 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 15 September 2020



Chartered Accountants

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

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

**AUSTRALIAN INJECTING AND ILLICIT DRUG USERS LEAGUE INC
YEAR ENDED 30 June 2020**

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 2020, 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

**Anthony J Bandle FCA
Partner**

Canberra:

Dated this 15 day of SEPTEMBER, 2020

Liability limited by a scheme approved under Professional Standards Legislation

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 2020

	Note	2020 \$	2019 \$
REVENUE			
Grant - other Australian	2	840,103	1,932,019
Investment income	2	2,028	3,189
Australian Government Cash Flow Boost	2	90,242	-
Other income	2	31,510	56,592
TOTAL REVENUE		963,883	1,991,800
Domestic programs expenditure			
Hepatitis C & other BBV's program		(762,063)	(746,497)
Auspicings of Local Drug User Organisation CAHMA		-	(929,219)
Excess of revenue over expenditure		201,820	316,084
Other Comprehensive Income		-	-
Total comprehensive income for the year		201,820	316,084

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 2020

	Note	2020 \$	2019 \$
Income			
Grant - other Australian	2	840,103	1,932,019
Investment income	2	2,028	3,189
Australian Government Cash Flow Boost	2	90,242	
Other income	2	31,510	56,592
		<u>963,883</u>	<u>1,991,800</u>
Less: Direct Expenses			
Employee benefits expense	3	(477,330)	(1,145,780)
Occupancy expenses		(22,529)	(206,503)
Travelling expenses		(30,830)	(28,287)
Consultancy expenses		-	(25,805)
Professional fees		(6,569)	(15,798)
IT Support		(33,372)	
Workshop and conference expenses		(25,929)	(113,401)
Depreciation of property, plant and equipment	3	(12,193)	(12,278)
Depreciation of Right of Use Asset		(21,420)	-
Interest Paid – Right of Use Asset		(3,103)	-
Printing & Advertising		(35,769)	
Training		(8,730)	(63,604)
Postage		(2,663)	(4,258)
Subscriptions		(7,958)	(11,759)
Materials and resources		(7,200)	(43,343)
Other expenses		(66,467)	(4,900)
		<u>(762,063)</u>	<u>(1,675,716)</u>
Net profit/(loss)		<u>201,820</u>	<u>316,084</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 2020**

	Note	2020 \$	2019 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	4	546,665	597,834
Trade and other receivables	5	84,977	27,815
Other financial assets	6	109,636	110,511
Other assets	7	14,005	23,720
TOTAL CURRENT ASSETS		755,283	759,880
NON-CURRENT ASSETS			
Property, plant and equipment	8(a)	13,427	31,232
Right of use asset	8b)	47,716	-
TOTAL NON-CURRENT ASSETS		61,143	31,232
TOTAL ASSETS		816,426	31,232
		816,426	791,112
LIABILITIES			
CURRENT LIABILITIES			
Lease Liability		20,625	-
Trade and other payables	9	36,204	42,462
Employee benefits	10	75,027	84,622
Other financial liabilities	11	56,000	-
TOTAL CURRENT LIABILITIES		187,856	127,084
NON-CURRENT LIABILITIES			
Lease liability		27,886	-
Employee Benefits	10	-	40,440
TOTAL NON-CURRENT LIABILITIES		27,886	40,440
TOTAL LIABILITIES		215,742	167,524
NET ASSETS		600,684	623,588
EQUITY			
Retained earnings		600,684	623,588
TOTAL EQUITY		600,684	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 Changes in Equity

For the Year Ended 30 June 2020

	Note	Retained Earnings	Total
2019			
		\$	\$
Balance at 1 July 2018		314,340	314,340
Surplus to entity		316,084	316,084
Retrospective adjustment upon change in accounting policy		(6,836)	(6,836)
Balance at 30 June 2019		<u>623,588</u>	<u>623,588</u>
2020			
		Retained Earnings	Total
		\$	\$
Balance at 1 July 2019		623,588	623,588
Surplus to entity		201,820	201,820
Reduction in equity - CAHMA Incorporation	15	(224,724)	(224,724)
Balance at 30 June 2020		<u>600,684</u>	<u>600,684</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 Cash Flows
For the Year Ended 30 June 2020

	2020	2019
CASH FLOWS FROM OPERATING ACTIVITIES:		
Receipts from customers	960,693	1,646,844
Payments to suppliers and employees	(1,013,890)	(1,622,554)
Interest Received	2,028	3,189
Net cash provided by/(used in) operating activities	(51,169)	27,479
CASH FLOWS FROM INVESTING ACTIVITIES:		
Purchase of property, plant and equipment	-	(7,755)
Net cash provided by/(used in) investing activities	-	(7,755)
CASH FLOWS FROM FINANCING ACTIVITIES:		
Net increase/(decrease) in cash and cash equivalents held	(51,169)	19,724
Cash and cash equivalents at beginning of year	597,834	578,110
Cash and cash equivalents at end of financial year	546,665	597,834

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 2020

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) Revenue recognition

Revenue recognition –contracts with customers

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

The customer for these contracts is the fund provider.

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

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

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

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

Contract assets arise when work has been performed on a particular program and goods or services have been transferred to the customer but the invoicing milestone has not been reached and the rights to the consideration are not unconditional. If the rights to the consideration are unconditional then a receivable is recognised. No impairment losses were recognised in relation to these assets during the year (2019: \$nil).

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

Grant income

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

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

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

Interest

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

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

Australian Injecting and Illicit Drug Users League Incorporated

ABN: 20 467 449 392

(b) Basis of Preparation

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

(c) Going Concern

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

(d) Plant and Equipment

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

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

Depreciation

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

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

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

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

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

(e) Cash and Cash Equivalents

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

Notes to the Financial Statements

For the Year Ended 30 June 2020

1 Summary of Significant Accounting Policies (cont'd)

(f) Trade Receivables

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

Collectability of trade receivables is reviewed on an ongoing basis. Debts which are known to be uncollectable are written off by reducing the carrying amount directly. An allowance account (provision for impairment of trade receivables) is used when there is objective evidence that the 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.

(g) 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 2020

1 Summary of Significant Accounting Policies (cont'd)

(h) 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.

(i) Unexpended Grant

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

(j) Income Tax

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

(k) Goods and Services Tax (GST)

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

Receivables and payable are stated inclusive of GST.

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

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

(l) Financial instruments

Initial recognition and measurement

Financial assets and financial liabilities are recognised when the 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.

Notes to the Financial Statements

For the Year Ended 30 June 2020

1 Summary of Significant Accounting Policies (cont'd)

Financial Assets

Classification and subsequent measurement

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

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

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

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

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

Financial Assets at Amortised Cost

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

Effective Interest Method

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

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

Financial Liabilities at Amortised Cost

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

Impairment of Financial Assets

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

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

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

Notes to the Financial Statements

For the Year Ended 30 June 2020

1 Summary of Significant Accounting Policies (cont'd)

Loans and receivables

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

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

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

(o) Comparative Amounts

Comparatives are consistent with prior years, unless otherwise stated.

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

(p) Adoption of new and revised accounting standards

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

(q) Critical accounting estimates and judgments

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

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

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

Australian Injecting and Illicit Drug Users League Incorporated

ABN: 20 467 449 392

Notes to the Financial Statements

For the Year Ended 30 June 2020

2 Revenue and Other Income

Revenue from continuing operations	2020	2019
	\$	\$
Income		
- Hep C Funding	840,103	831,818
- CAHMA Funding	-	1,100,201
- Investment income	2,028	3,189
- Australian Government Cash Flow Boost	90,242	-
- Other income	31,510	56,592
Total Revenue	<u>963,883</u>	<u>1,991,800</u>

3 Result for the Year

The result for the year includes the following specific expenses

Employee benefits expense	(477,330)	(1,145,780)
Depreciation of property, plant and equipment	<u>(12,193)</u>	<u>(12,278)</u>
	<u>(489,523)</u>	<u>(1,158,058)</u>

4 Cash and cash equivalents

Cash at bank	<u>546,665</u>	<u>597,834</u>
	<u>546,665</u>	<u>597,834</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 2020

	2020	2019
5 Trade and other receivables		
CURRENT		
Australian Taxation Office Portal Balance	31,511	-
Australian Government COVID19 Cash Flow Boost	52,425	-
Trade Receivables	-	26,774
Deposits Bond	1,041	1,041
	<u>84,977</u>	<u>27,815</u>
6 Other Financial assets		
CURRENT		
Term deposits	<u>109,636</u>	<u>110,511</u>
7 Other assets		
CURRENT		
Prepayments	<u>14,005</u>	<u>23,720</u>
8(a) Property, plant and equipment		
Office equipment at cost	34,045	34,045
Accumulated depreciation	<u>(34,045)</u>	<u>(26,913)</u>
Total office equipment	<u>0</u>	<u>7,132</u>
Leasehold improvements at cost	39,735	46,942
Accumulated depreciation	<u>(26,307)</u>	<u>(22,842)</u>
Total Leasehold improvements	<u>13,427</u>	<u>24,100</u>
Total property, plant and equipment	<u>13,427</u>	<u>31,232</u>
8(b) Right of use asset		
Right of use asset is the Association's non-cancellable property lease of the AIVL office		
. AASB16 related amounts recognised in the balance sheet:		
Right of use asset lease premises	69,136	-
Accumulated depreciation	<u>(21,420)</u>	<u>-</u>
Total right of use asset	<u>47,716</u>	<u>-</u>
. AASB 16 related amounts recognized in the statement of profit and losses:		
Depreciation charge relating to right of use asset	21,420	-
Interest expenses on lease liabilities	<u>3,103</u>	<u>-</u>
Total	<u>24,523</u>	<u>-</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 2020

9 Trade and other payables	2020	2019
	\$	\$
CURRENT		
Trade payables	4,793	28,256
Sundry payables and accrued expenses	1,571	7,912
Superannuation and PAYG	10,805	6,926
GST	19,035	(632)
	<u>36,204</u>	<u>42,462</u>
10 Employee Benefits		
Current liabilities		
Long Service Leave	28,356	15,369
Provision for employee benefits	46,671	69,253
	<u>75,027</u>	<u>84,622</u>
Non-current liabilities		
Long Service Leave	-	40,440
	<u>-</u>	<u>40,440</u>
11 Other Financial Liabilities		
CURRENT		
Government grants	56,000	-
	<u>56,000</u>	<u>-</u>

Notes to the Financial Statements

For the Year Ended 30 June 2020

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 Chief Executive Officer has been delegated the authority for designing and implementing processes which follow the objectives and policies. This includes monitoring the levels of exposure to interest rate and foreign exchange rate risk and assessment of market forecasts for interest rate and foreign exchange movements.

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

AIVL - Australian Injecting and Illicit Drug Users League 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.

Australian Injecting and Illicit Drug Users League Incorporated

ABN: 20 467 449 392

Notes to the Financial Statements

For the Year Ended 30 June 2020

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 3 year operating budget and continuously monitoring performance against budgeted milestones;
- maintaining good relationships with funding providers and monitoring compliance with funding agreements;
- only investing surplus cash with major financial institutions; and
- comparing the maturity profile of financial liabilities with the realisation profile of financial assets.

Typically, AIVL - Australian Injecting and Illicit Drug Users League 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:

	2020	2019
	\$	\$
Short-term employee benefits	201,075	317,737
	<u>201,075</u>	<u>317,737</u>

Notes to the Financial Statements

For the Year Ended 30 June 2020

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 2020 (30 June 2018: None).

14. Events Occurring After the Reporting Date

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

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

15. CAHMA (Canberra Alliance for Harm Minimisation) Incorporation

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 been completed. Consequently, from 1 July 2019 AIVL no longer auspiced CAHMA and all financial responsibilities relating to CAHMA's project funding and contractual obligations was transferred to CAHMA. The incorporation of CAHMA and its subsequent financial independence has therefore had an impact on the total equity for the 30 June 2020 financial year.

16. Leases

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

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

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

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

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

Australian Injecting and Illicit Drug Users League Incorporated

ABN: 20 467 449 392

Notes to the Financial Statements

For the Year Ended 30 June 2020

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

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

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

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

16 Association 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 2020 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

Sione Crawford

Dated 15 September 2020



Chartered Accountants

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

Ph: (02) 8282 3341
Fax: (02) 6282 3342
Email: banmca@interline.com.au
ABN: 87 955 412 345

Independent Audit Report to the members of Australian Injecting and Illicit Drug Users League 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 2020, 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 2020 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 2020 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.

Liability limited by a scheme approved under Professional Standards Legislation

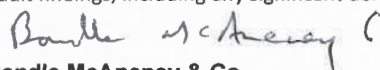
Auditor's Responsibilities for the Audit of the Financial Report

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



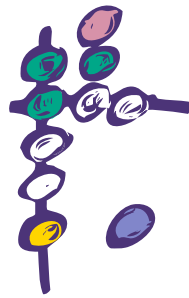
Anthony J Bandle FCA

Partner

Canberra:

Dated this 15 day of SEPTEMBER 2020

Liability limited by a scheme approved under Professional Standards Legislation



AIVL

Australian Injecting
& Illicit Drug Users League

www.aivl.org.au



@AIVLInc



@aivl

