



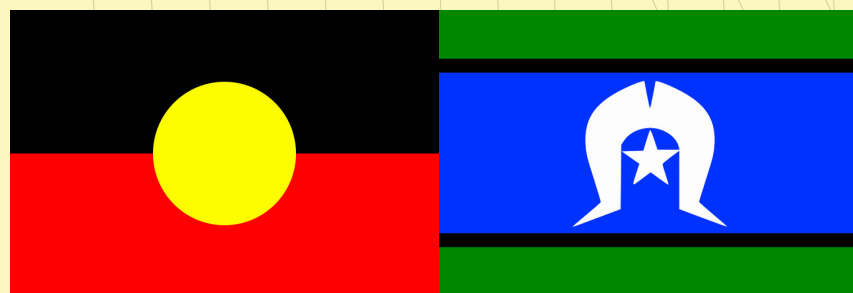
2015 ANNUAL REPORT 2016

FORMAL ACKNOWLEDGMENT OF TRADITIONAL OWNERSHIP

*Harm Reduction Victoria acknowledges Aboriginal & Torres Strait
Islander peoples as the first peoples of Australia.*

*We pay our respects to and acknowledge the traditional custodians of
the land on which we work -the peoples of the Boon Wurrung,Woi
Wurrung and the Kulin Nation as a whole.*

*We pay our respects to them, their culture and their Elders both past
and present.*



NOTHING ABOUT US WITHOUT US



Harm Reduction Victoria (HRVic) is a peer based, not for profit, community -based organisation that represents the needs and concerns of people who use or have used drugs- past & present- in and from Victoria.

Harm Reduction Victoria is the authentic voice of and for Victorians who use drugs. We bring drug users' perspectives and the reality of what drug users actually experience into all of our harm reduction initiatives as well as our partnerships with other organisations & services and our advice and advocacy to governments.

As a 'peer based' organisation, Harm Reduction Victoria is run by and for people who use or have used drugs and we encourage our constituents to participate at all levels of the organisation.

Harm Reduction Victoria neither condemns nor condones the use of drugs. Put simply, we work to ensure people who choose to, can use drugs as safely as possible - with minimal harm to themselves and others. We strive to improve access to quality health information and services and to reduce the stigma and discrimination regularly encountered by people who use drugs.

Harm Reduction Victoria operates within a health promotion framework as articulated in the Ottawa Charter for Health Promotion (1986) which defines health promotion as 'the process of enabling people to increase control over and improve their health'.

With this framework in mind, HRVic provides a

range of health promotion programs and peer driven interventions, including peer education, peer support and peer advocacy for people who use drugs across the state of Victoria.

One of Harm Reduction Victoria's primary aims is to reduce the transmission of blood borne viruses such as hepatitis B & C and HIV among people who inject drugs and to address their negative impact among those already infected.

Whilst we represent all people who use drugs in Victoria, HRVic maintains a priority focus on injecting drug users due to the higher levels of harm and marginalisation routinely experienced by drug injectors.

Harm Reduction Victoria has a non-judgemental approach to drug use and acknowledges the fundamental role that drug use has played throughout history.

Harm Reduction Victoria believes that people who use drugs have the right to be treated with dignity and respect and to live their lives free from stigma and discrimination.

As an organisation, Harm Reduction Victoria is committed to fundamental reform of current drug policy and drug laws.

CONTENTS

**PRESIDENT'S REPORT, BOARD AND STAFF
EXECUTIVE OFFICER'S REPORT**

**6-7
8-9**



21-35

FINANCE
HRVIC FINANCIAL REPORTS



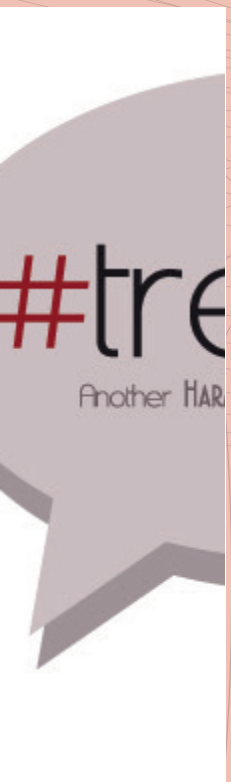
18-20

COMMUNICATIONS
WHACK MAGAZINE, HRVIC SOCIAL MEDIA & WEBSITE



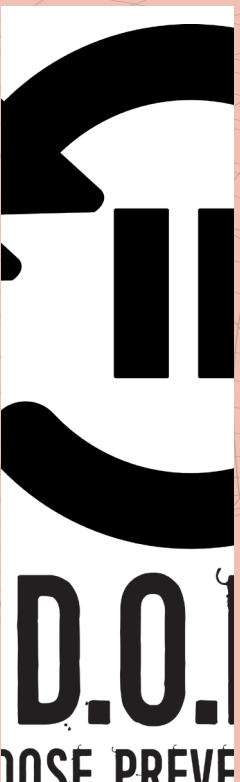
16-17

DANCEWIZE



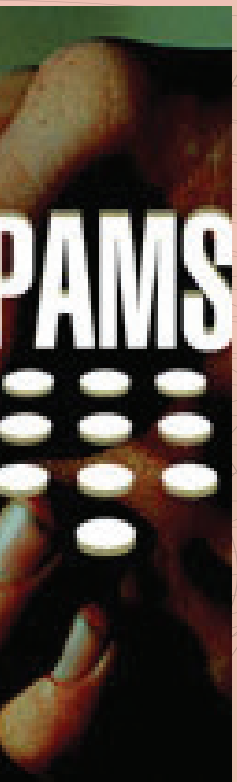
14-15

HEALTH PROMOTION
BBV, SAFER USING & VEIN CARE EDUCATION AND
PEER NETWORK PROGRAM AND YOUNG USERS PROJECT



12-13

D.O.P.E. PROJECT
DRUG OVERDOSE PREVENTION EDUCATION



10-11

P.A.M.S
PHARMACOTHERAPY ADVOCACY MEDIATION & SUPPORT SERVICE



PRESIDENT'S REPORT

It's been a busy year for HRVic as staff continue their vital work providing peer education and advocacy to promote the health and wellbeing of our constituents – Victorians who use drugs.

The organisation continues to grow. DanceWize has over 85 volunteers and this year the team attended an impressive number of dance parties and festivals to provide essential peer education and support to people attending these events.

Last year saw DanceWize's first foray into providing peer education at Victorian Schoolies events and the team will continue this highly successful engagement this year. HRVic's Health Promotion team provided peer-based education on a range of issues affecting our community – blood borne virus prevention, safer drug use, overdose prevention, the new treatments for hepatitis C and challenging stigma and discrimination.

The Health Promotion team have also guided HRVic's unique and innovative Peer Network Program, which continues to expand. Here, trained peer networkers provide sterile injecting equipment and share health information to hard-to-reach groups of people who inject drugs.

Our Overdose Education project has been significantly enhanced by the addition of naloxone

training and distribution. Since commencing in 2013, HRVic's overdose educator has distributed this life-saving medication to over 900 people – an extraordinary effort.

Our PAMS workers have also worked tirelessly throughout the year, negotiating and advocating on behalf of people on pharmacotherapy (methadone and suboxone) programs to support and assist them to remain on treatment.

All these activities are complemented and supported by the work of our Communications team who continue to provide relevant and accessible peer-based information to our constituents across a range of media.

This year we also welcomed new staff members who bring with them an impressive range of skills and experience. Throughout it all, the Board has also worked hard to fulfil its responsibilities of oversight and governance in order to ensure the integrity and sustainability of the organisation into the future.

We thank our diverse and multiple partners and stakeholders with whom we have worked throughout the year on the issues that continue to impact on the health and wellbeing of people who use drugs.

We look forward to continuing and expanding these valuable and productive relationships in the coming year. We also express our deep gratitude to our funders in the Department of Health and

BOARD

ROBYN DWYER
PRESIDENT

JADE WALLACE
TREASURER

SHELLEY COGGER
SECRETARY

DANNY JEFFCOTE
FARSHID ZAMAN
KASEY ELMORE
NICK WALLIS
PENNY HILLS

STAFF

JENNY KELSALL
EXECUTIVE OFFICER

CHARLES HENDERSON
PROGRAM MANAGER

TAMARA SPEED
POLICY MANAGER

P.A.M.S
SARAH LORD
LEORA ROBERTSON

HEALTH PROMOTION

JANE DICKA
SAMANTHA JONES
HUNTER MORGAN

DANCEWIZE

STEPHANIE TZANETIS
JOEL HEFEREN
MALA VAN REEMST

**SPECIAL THANKS TO OUR 80+
DANCEWIZE & PEER NETWORKERS
VOLUNTEERS FOR THEIR
TIRELESS EFFORTS.**

Human Services for their continuing support with our projects.

On a sad note, this year saw the departure of Board President, Bill O'Loughlin. Bill has worked tirelessly for HRVic since first joining the Board in 2012. I take this opportunity, on behalf of the Board, HRVic staff and members, to offer our sincere thanks for his dedication, commitment, wisdom and good humour. HRVic achieved great things during Bill's incumbency. The Board is committed to continuing his exemplary work.

This year we also say a sad farewell to several of our serving Board members as they step down to focus on other work, family and life commitments and opportunities. We are deeply grateful for all their hard work and wish them well into the future. I look forward to welcoming and working with the new Board members in the coming year.

I end by acknowledging the tremendous work done by our Executive Officer, Jenny Kelsall, and the highly skilled and dedicated HRVic staff and volunteers. On behalf of the Board, I wish you a prosperous and successful year ahead.

Robyn Dwyer
President



EXECUTIVE OFFICER'S REPORT

It is always hard to know where to start – and where to stop! – in these brief snapshots of the work HRVic does in the course of the year.

As one of our students on placement recently commented 'It's amazing how much HRVic manages to do with so little'.

It was an astute observation and one that I share after all my years with HRVic. I still have a sense of amazement at the sheer volume of our activities, the diversity of our networks and the powerful nature of our outcomes. I am immensely proud of the quality of the work we do and the impact it has on the lives of people who use and inject drugs. I am also very mindful of the ongoing dialogue between HRVic and our constituents and our commitment to being truly responsive to their stated needs and concerns. And that is the life-blood of the organisation – our relationship with our community and their trust in us to provide a voice for people who use drugs and to advocate on their behalf.

How is it possible?

The answer lies in one word - our 'staff'.

HRVic has a truly skilled and astute staff team who go way above and beyond the call of duty on a regular basis. As Executive Officer, it is often my job to manage their over-performance (rather than under-performance) and to make sure they go home at the appropriate time and maintain some sort of work/life balance as well as remembering to prioritize self-care along with caring for their clients. The desire to serve our community and to improve the lives of people who use drugs (PWUD) is a powerful motivation for all our staff and one of the unique strengths of peer-based organisations like HRVic.

There have been a number of key events which have overshadowed and overwhelmed other areas of HRVic's Health Promotion Plan during the year. The advent of the direct acting anti-virals (DAAs) and the new treatments for hepatitis C in conjunction with the government's announcement early in 2016 about their decision to subsidise these costly medications have literally turned hep C treatment on its head. Not only are the new DAA treatments less toxic and more easily tolerated than the previous interferon-based treatment, the length of each

treatment is shorter (i.e. 8-24weeks) and the chances of success (i.e. of clearing the virus), are also much higher. Now that the new treatments have been made available to any adult with a Medicare card who wants them, HRVic is committed to spreading the good news to all our members and constituents and encouraging as many people living with the virus as possible to access treatment. HRVic is also eager to promote the need for different models of care, particularly peer based models of care and to provide peer-based support to people who inject drugs (PWID). In this new era of DAA treatments, patients are considered unequivocally 'cured' and we have gone a step further with serious discussion about 'elimination' of hepatitis C and an 'end to hep C related stigma and discrimination by 2030'.

These ambitious targets will not be possible without the involvement of HRVic given our unique access to groups and cohorts of PWID who are not engaged with other health related services or organisations including Needle Syringe Programs. Unless we can involve current PWID and thereby prevent further transmission and new infections, any talk of reducing overall prevalence and 'eliminating' hep C altogether is meaningless.

HRVic's Peer Networker Program (PNP) – where individual peer networkers, who are the heart and soul of the initiative, distribute sterile injecting equipment to many hard-to-reach cohorts of PWID in Victoria – continues to constitute a major part of our health promotion plan. Many of our sister/brother organisations within the AIVL national network have expressed interest in replicating the model.

The PNP is currently operating across 5 sites and we are about to add a further 2 sites in Sunshine and St Albans to the network with the support of Cohealth and ISIS.





HRVic was excited by the announcement of a Parliamentary Inquiry into drug policy in Victoria early in 2016 which was due to report to parliament by March 2017. Unfortunately, there have been few developments since the initial announcement and we learnt very recently that the committee will be ready to receive submissions in early 2017 and the reporting date has been put back to March 2018.

HRVic hosted a successful forum in October to promote the Parliamentary Inquiry with an impressive line-up of speakers including Greens MP Colleen Hartland, esteemed psychologist Helen Barnacle, Dr. Kate Seear, Fiona Patten MP, a member of the Parliamentary Inquiry committee, Dr. David Caldicott, who spoke in support of drug checking and Professor Alison Ritter, Director of the Drug Policy Modelling Program (DPMP) at NDARC, who mc'd the forum. HRVic thanks all for their participation.

One of the more difficult challenges in 2015-16 has been the change in the manufacture of Terumo 1 ml needles / syringes, which have been the staple item of injecting equipment for many years in Victoria. Terumo has recently moved its manufacturing plant from USA to Korea and unfortunately the change of location has brought with it a negative change in the quality of the equipment. There has been a massive response from consumers since the first batch of Korean made needles/syringes were distributed in Victoria. HRVic and other NSPs received a steady flow of complaints about the inferior nature of the equipment and many graphic reports and photographs of and about the harms associated with the use of this equipment.

Due to pressure from our constituents, HRVic decided to cease distribution of the Korean made equipment and to source a number of alternatives to provide consumers with

some sort of choice. Despite the best efforts of the Department of Health and Human Services (DHHS), it has proved a difficult problem to solve. To date, 2 client surveys have been conducted in an effort to identify consumers' preferences regarding alternative brands of injecting equipment. Unfortunately, no clear 'favourite' emerged from the most recent survey and consequently DHHS has decided to provide 4 different brands of needles/syringes.

As a longer term strategy, DHHS is negotiating with a British Company, Exchange Supplies, to provide a fit for purpose needle/syringe to replace the insulin needles/syringes which have long been the staple for PWID in Australia. Although it will take some time to secure TGA approval and for Exchange Supplies to be able to provide the volume of equipment required in Australia, this distressing situation could ultimately result in a positive outcome which will undoubtedly benefit all PWID in Victoria.

There is so much more to say about the past year. However, I will hand over to the staff to give you a better understanding of the work they are doing and the outcomes they are reporting in their respective program areas. I trust the pages of HRVic's Annual Report 2015-16 will provide you with a greater insight into the overall activities of the organisation and the ways in which we contribute to improving the health and human rights of people who use/ inject drugs in Victoria.

Jenny Kelsall

Jenny Kelsall
Executive Officer

PHARMACOTHERAPY MEDICATION & ADVOCACY & SUPPORT

PAMS

FREE CALL 1800 443 844

PAMS is a state-wide service which works on any opioid replacement treatment (ORT) and client-related problem.

PAMS continues to work with some of the more complex and challenging clients who rely on our support to remain on ORT.

The main goals of PAMS are:

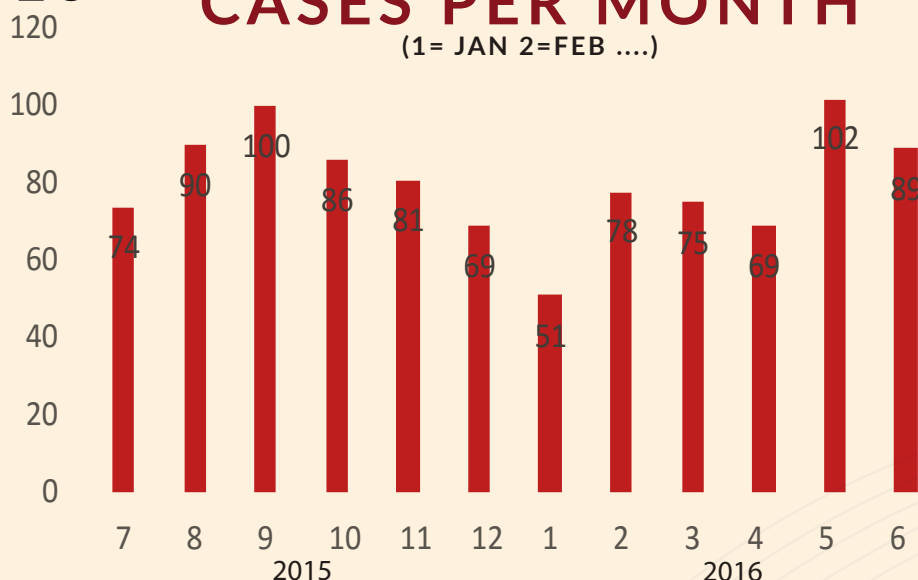
- *ORT program continuity and*
- *Increasing client access to ORT for those who are experiencing difficulty*

TOTAL ANNUAL CASES

964

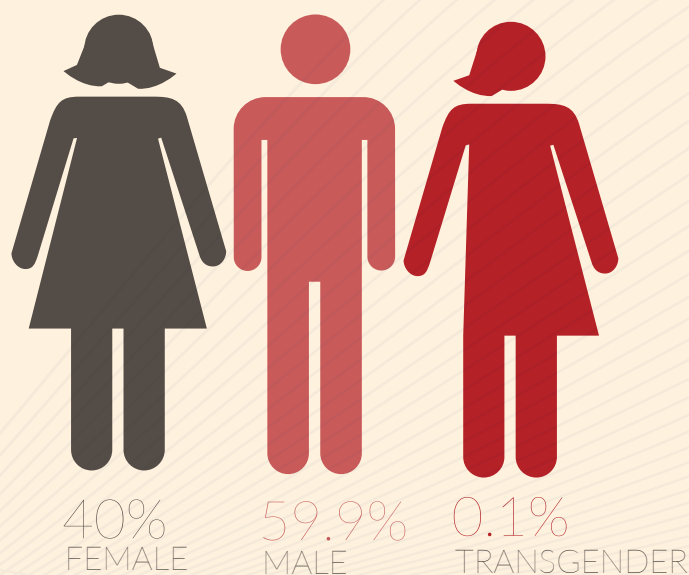
CASES PER MONTH

(1= JAN 2=FEB)



CLIENT DEMOGRAPHICS

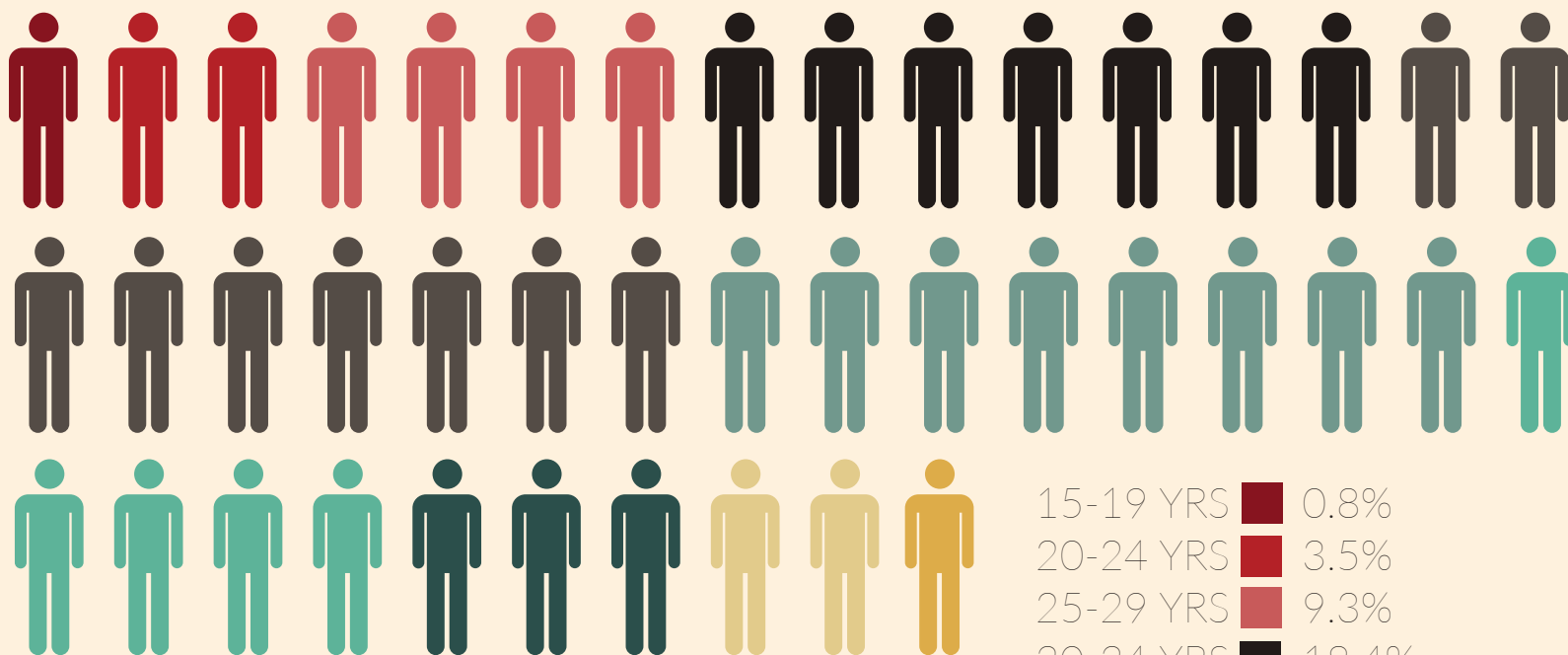
- 74.4% CONSUMER
- 10.6% SERVICE PROVIDER
- 8.6% OTHER
- 5.4% SIGNIFICANT OTHER
- 1% HOSPITAL



5.7% ATSI CASES



**9.9%
HOMELESS**
**4.6%
AT RISK OF HOMELESSNESS**



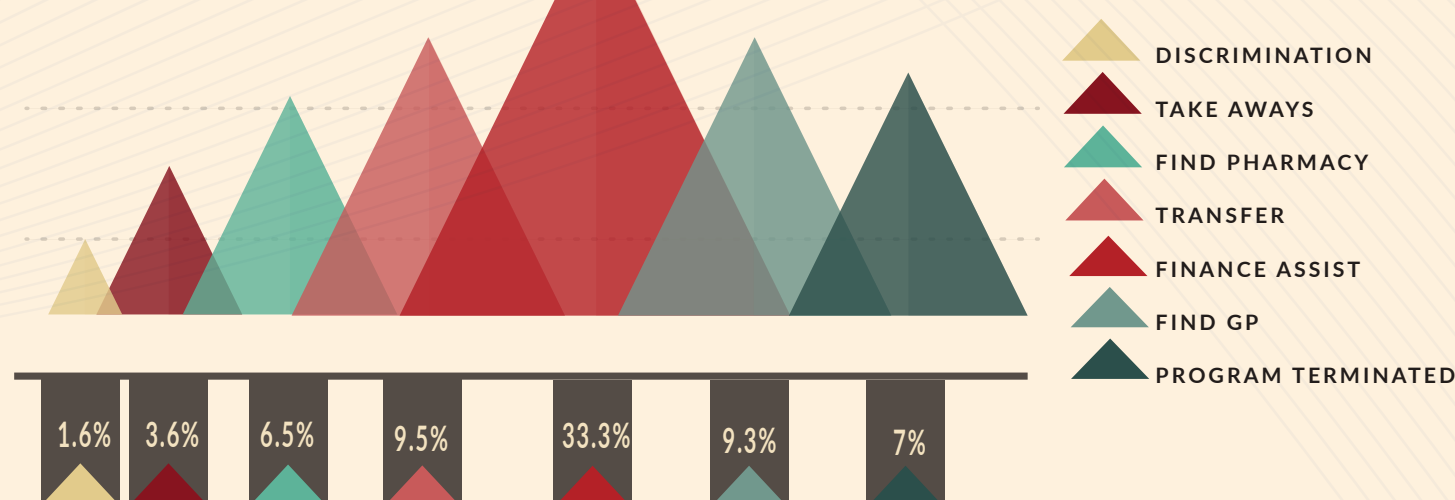
CONSUMER AGE



78.7%
CLIENTS RETAINED ON
ORT PROGRAM
AS RESULT OF
PAMS INTERVENTION



MAIN REASON FOR CALLING



PHARMACOTHERAPY MEDIATION & ADVOCACY & SUPPORT

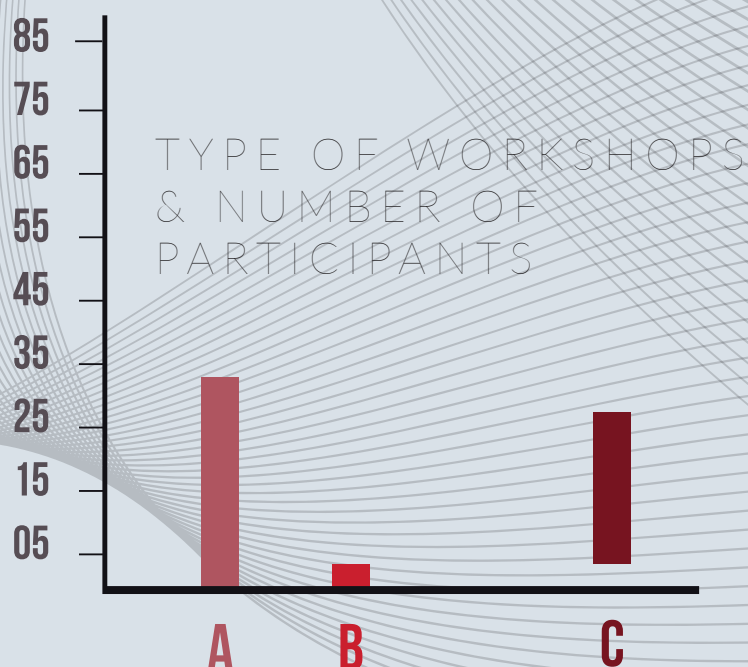
DRUG OVERDOSE PREVENTION EDUCATION D.O.P.E PROGRAM

The Drug Overdose Peer Education project (DOPE) has been working with drug users for over 10 years. Overdose is one of the more well known harms associated with using drugs yet it is totally avoidable. It's usually other drug users who are present in the event of an overdose so it makes good sense to give those people the necessary knowledge and skills to be able to intervene and save a life. Learning basic life support is possibly one of the nicest things that you can do for a mate because you never know when it might be needed.

The introduction of naloxone into our overdose education has reinvigorated the project and sparked renewed interest from participants. It doesn't take a rocket scientist to work out that saving someone's life is a good thing and as a result people are reporting feeling "really good" about themselves after having saved a mate's life.

PEER OVERDOSE WORKSHOPS

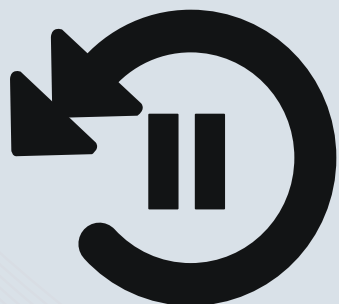
2015-2016 TOTALS



- A** 34 PEER WORKSHOPS 2015-16
- B** 2 STAFF TRAINING 2015-16
- C** 24 ONE ON ONES 2015-16

60
TOTAL
WORKSHOP /
TRAINING
SESSIONS

301
PEERS
TRAINED



D.O.P.E

DRUG OVERDOSE PREVENTION EDUCATION
HARM REDUCTION VICTORIA

KEY PERFORMANCE INDICATORS (KPIs)
25 PEER EDUCATION WORKSHOPS WITH
250 CURRENT OPIOID, ATS and POLY DRUG USERS
in Victoria on 'Drug Overdose Prevention, recognition and response'

5 TRAINING SESSIONS FOR STAFF
who work closely with current opioid, ATS and Poly drug users in Victoria on
'Drug Overdose Prevention, recognition and response'

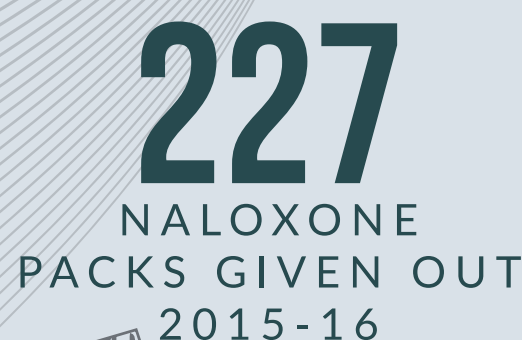
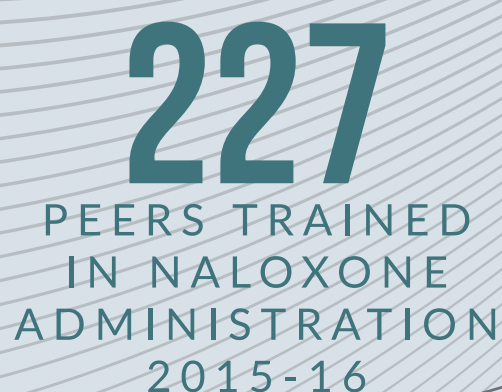
PARTICIPATING AGENCIES

- ★Needle and Syringe Programs (NSPs)
- ★Primary Health Care Units
- ★Mobile Overdose/ Drug Safety Workers
- ★A&D Treatment Agencies
- ★Community Health Centres with secondary NSPs
- ★Welfare and Support Organisations
- ★Housing/Homelessness Services
- ★Burnet PATH Study
- ★One On One via Agencies, at events and via word of mouth

Despite changing patterns of drug use, it is clear that the most likely person to be present at an incident of overdose is another drug user. As a result, the rationale for providing ongoing peer education about overdose recognition and response to drug users remains compelling.

SPECIAL THANKS TO:

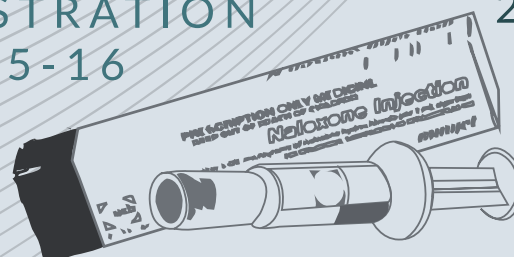
ACCESS HEALTH, DR JO SAMUEL KING, DR DAVID JACKA, AND DR TREVOR KERR



THE DOPE PROJECT
IS FUNDED BY DHHS.

SINCE ADDING NALOXONE TO THE PROJECT IN 2013, HRVIC HAS RECEIVED NO EXTRA FUNDING TO COVER THE EXTRA COST OF PROVIDING PWID* WITH NALOXONE. AT PRESENT HRVIC AND OUR PARTNER AGENCIES GENEROUSLY COVER THE COST OF PROVIDING NALOXONE TO PEERS AT THE COMPLETION OF TRAINING SESSIONS.

IF HRVIC HAD THE EXTRA FUNDS, IT WOULD MAKE ACCESSING AND PROVIDING PWID IN RURAL/ REGIONAL AREAS WHERE AMBULANCE RESPONSE TIMES CAN BE EXTENSIVE WITH OVERDOSE EDUCATION AND NALOXONE TRAINING MUCH MORE VIABLE.



HRVic is confident that our peer education workshops continue to play an important part in reducing the number of fatal and non-fatal overdoses in Victoria. The introduction of 'end of training' distribution of naloxone to trained peer participants has added another if not the most important & powerful tool to the overdose response toolkit and has the potential to prevent further unnecessary deaths and save more lives.

DRUG OVERDOSE
PREVENTION EDUCATION D.O.P.E
PROGRAM

2015/2016 ANNUAL REPORT

HEALTH PROMOTION PEER NETWORK PROGRAM

WORKSHOPS & TRAINING

SAFER USING :: VEIN CARE :: BLOOD BORNE VIRUSES

Safer Using, Vein Care & Blood Borne Virus workshops are HRVic's Health Promotion team's core business. We run 1-3 hour workshops at a variety of service providers & agencies that people who inject drugs (PWID) access. Services/agencies are asked to help recruit current PWID from their client base to participate. Workshops are interactive and combine both theoretical and practical exercises to achieve increased knowledge around safer injecting practices, BBV transmission, testing and treatment. Being able to reach out to and respond to the needs of our priority communities as laid out in HRVic's Strategic Plan, is key to the HP team's goals. Over the past few years, we have been granted access to and have engaged with people in therapeutic community settings and incarceration. This has been beneficial for all parties involved- PWUD, HRVic & partner organisations/institutions.

184

PEER PARTICIPANTS IN 2015-2016

48

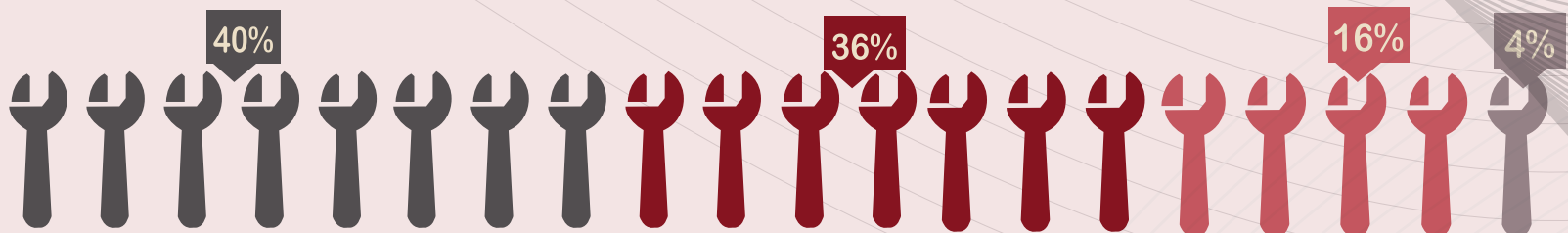
PEER WORKSHOPS

9

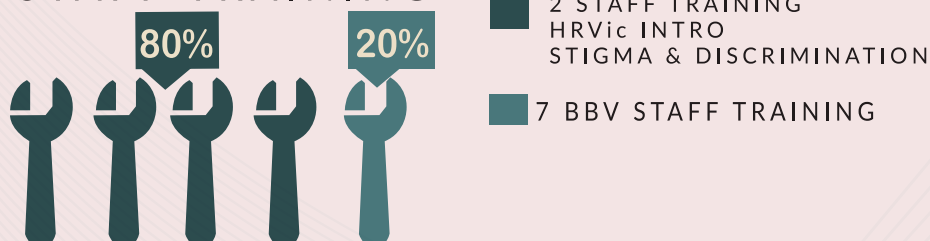
STAFF TRAINING

HP WORKSHOPS IN 2015-2016

PEER WORKSHOPS



STAFF TRAINING



- 13 BBV+HEP C TREATMENT WORKSHOPS
- 23 PEER NETWORK MIXED WORKSHOPS
- 10 SAFER USING & VEIN CARE
- 2 CONSUMER TRAINING

HARM REDUCTION VICTORIA

“ The Peer Network Program opened my eyes. It taught me alot about safer using & new treatments available. It’s good to be able to get out & meet up and talk with other drug users with out the pressure of having to take drugs.”

- Sarah, Peer Networker, Frankston

“The Peer Network Program raises my self esteem from ‘here’ to ‘here’- like I’m doing something good for the community.”

- Pita, Peer Networker, Frankston



peer network program

FRANKSTON

AREA 4: OUTER NTH EAST

NORTH RICHMOND

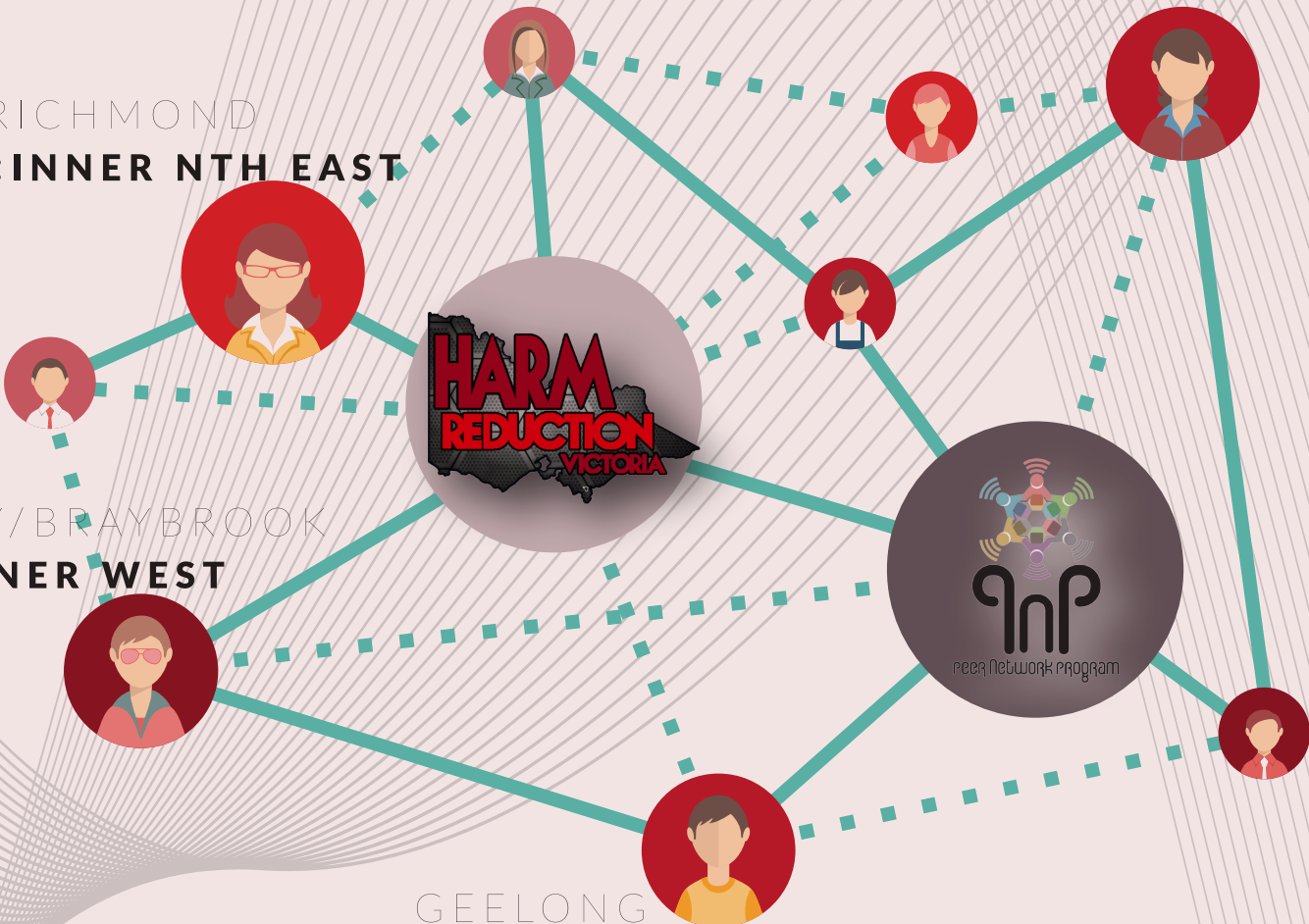
AREA 1: INNER NTH EAST

FOOTSCRAY/BRAYBROOK

AREA 2: INNER WEST

GEELONG

AREA 3: OUTER STH WEST



	1ml	3ml	RETURNS	CONTACTS
AREA 1	11019	136	8266	316
AREA 2	12681	715	8578	298
AREA 3	11362	972	5511	448
AREA 4	23792	3563	52599	215
TOTALS	58845	5386	74954	1277

“I was quite agoraphobic before attending the PN meetings, now I’ve found a good group of people that are also drug users that don’t pressure me to use or not use when you are around eachother. You just feel the love- no judgement.”- Leah, Peer Networker, Frankston

On the Training:


“It feels like the first steps to a career. I am acheiving things and gaining certificates like my Advanced First Aid and learning things that I wouldn’t otherwise be able to do.” - Leah, Peer Networker, Frankston

DANCEWIZE



HRVic's Dancewize Program is a peer education outreach program that provides welfare and crowd care services at dance party events and festivals throughout Victoria. Over the past 2.5 years, Dancewize has been an integral part of the Emergency Management Teams at all events & festivals that we are booked to attend. With an emphasis on health & safety, EMT's are made up of all major stakeholders and exhibitors of events and/or festivals.

TOTAL INDOOR EVENTS

7 

TOTAL OUTDOOR EVENTS

20 

AVERAGE EVENTS PER MONTH

3

TOTAL EVENTS **27**

*DANCEWIZE EVENT KPIs ARE 12-15 EVENTS PER YEAR

OTHER ACHIEVEMENTS

The DANCEWIZE team was awarded the Minister for Health's 'Outstanding Achievement By A Volunteer(s)' in the 'Supporting Diversity' category in 2015/16.

EVENT ATTENDANCE

AVERAGE ATTENDANCE PER INDOOR EVENT

500 ATTENDEES

AVERAGE ATTENDANCE PER OUTDOOR EVENT

From 500 ATTENDEES TO

18,000 ATTENDEES

65+
VOLUNTEER
KEY PEER
EDUCATORS

BRIEF INTERVENTIONS TOP 5 B.I. REASONS:

- 5 POLICE POWERS & RIGHTS*
- 4 DRUG DRIVING- TESTING & INFO
- 3 SUBSTANCE SPECIFIC INFO
- 2 SUBSTANCE SPECIFIC HR** STRATEGIES
- 1 PILL TESTING SERVICES



*Police powers Incl. use of Sniffer Dogs and Legal Rights re. searches including strip searches

** Harm Reduction

Problematic drinking complicates most of the DanceWize intense intervention presentations; ketamine is quite possibly the most popular substance in Victoria at present; The use of Nitrous Oxide (NOS or AKA 'Nangs') is increasingly prolific- for some it's a substitute for more high risk substances like benzodiazepines (Valium™ or Xanax™) as many peers report using NOS to reduce their level of stimulation before sleep.

INTENSE INTERVENTIONS

566

INTENSE INTERVENTIONS
IN 2015/2016

AVERAGE INTENSE INTERVENTIONS PER EVENT

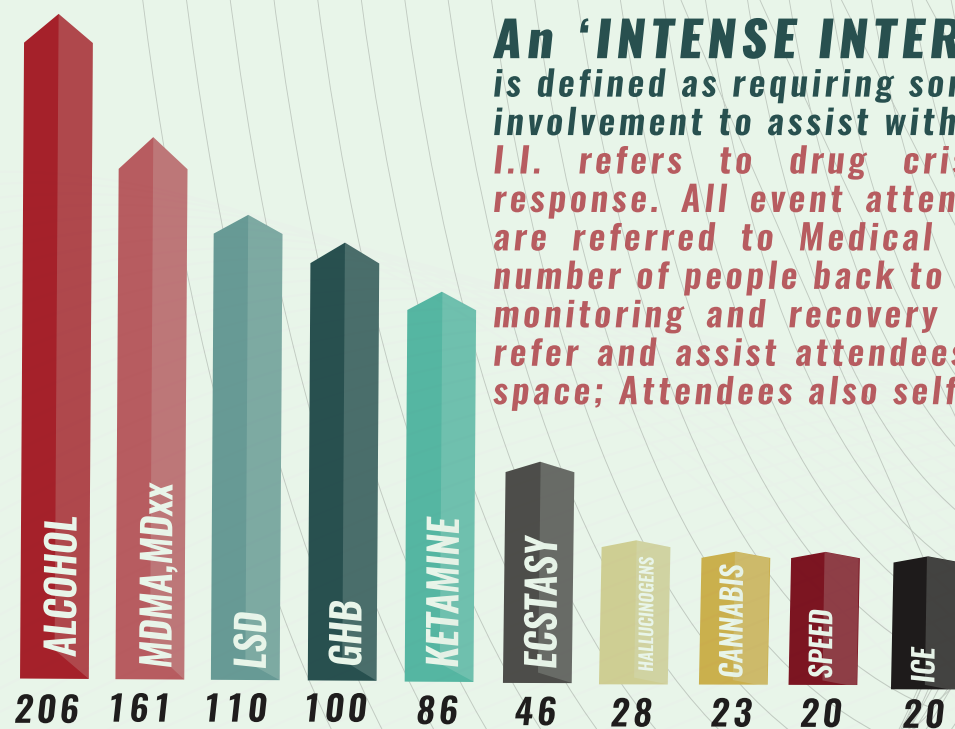
(AVERAGE OVER 27 EVENTS PER ANNUM)

21

An 'INTENSE INTERVENTION'(I.I.)

is defined as requiring some form of DanceWize KPE involvement to assist with their recovery.

I.I. refers to drug crisis interventions and/or overdose response. All event attendees who require medical attention are referred to Medical immediately (Medical often refer a number of people back to the DanceWize team for further monitoring and recovery assistance and support); DW rovers refer and assist attendees experiencing difficulty to our chill space; Attendees also self-refer to DanceWize.



SUBSTANCES INVOLVED IN I.I.

OTHER NOTABLES INCLUDE:
PSILOCYBIN-11
BENZOS-10
COCAINE-10
NITROUS-8
PRESCRIPTION DRUGS- 7
MENTAL HEALTH- 2

DANCE WIZE

2015/2016 ANNUAL REPORT

SOCIAL MEDIA WHACK MAGAZINE WEBSITE COMMUNICATIONS



WWW.HRVIC.ORG.AU
WEBSITE

37989
ALL TIME VIEWS
382
BEST EVER VIEWS
IN 1 DAY

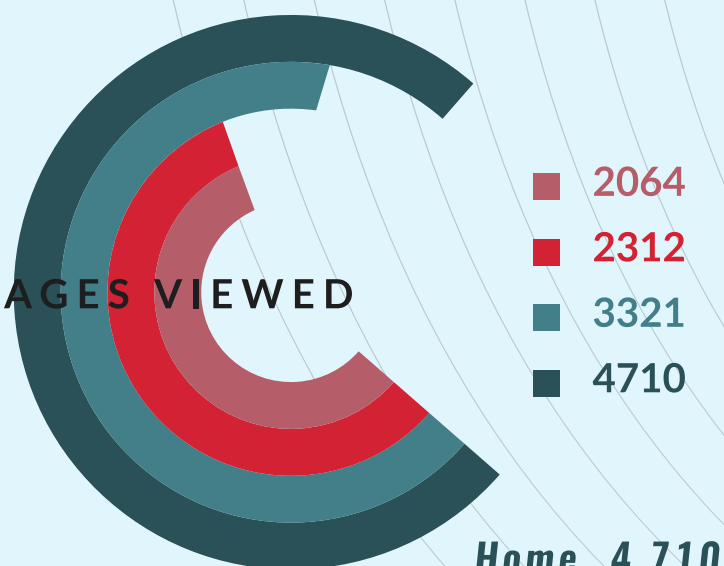
AVERAGE POSTS PER MONTH
JULY 2015-FEB 2016

2

AVERAGE POSTS PER MONTH
MARCH 2016- JUNE 2016

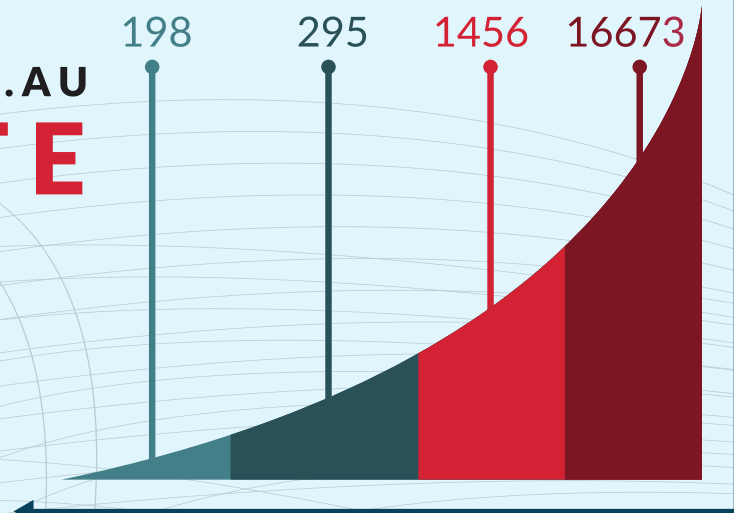
5

TOP PAGES VIEWED



Home 4,710
Harm Reduction 3,321
What is Pharmacotherapy? 2,312
Buprenorphine Naloxone (Suboxone) 2,064

TRAFFIC REFERRALS



SEARCH ENGINES **16,673**
FACEBOOK **1,456**
DRUGINFO@ADF.ORG.AU **295**
ANDROID-APP **198**
STRAWBERRY-FIELDS.COM.AU **127**
TWITTER **109**



A CHRONICLE OF THE FINAL DAYS
OF HEP C IN AUSTRALIA

Since the launch of The Hepalogue in March 2016, when the introduction of the Direct Acting Antivirals changed Hep C Treatment forever, public interaction on the website has gone from less than 1 person per post to an average of 2.5 people per post.

SOCIAL MEDIA



HRVAUST

HIGHEST
RANKING
POST REACH

FILMING POLICE

7.1K Feb 2016

4CORNERS- RAINBOW

2.1K FEB 2016

ICE DECRIMINALIZATION CALL

4.5K FEB 2016

NOLOXONE SOLD OVER COUNTER

2.9K FEB 2016



peer Network Program

34

PAGE LIKES

139

TOTAL PAGE LIKES
SINCE MARCH 2016

HRVIC SOCIAL MEDIA HAS GAINED MOMENTUM IN THE PAST YEAR WITH 2 MORE PAGES BEING ADDED TO OUR COLLECTION. SOCIAL MEDIA HAS PROVEN A MUCH MORE USEFUL TOOL TO KEEP MEMBERS UP TO DATE WITH THE 'DAY TO DAY' WORKINGS OF HRVIC AND HER PROGRAMS.



2015-2016 Saw the Hep C Specific Edition of WHACK shipped to our readership.



SOCIAL MEDIA
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COMMUNICATIONS

2015/2016 ANNUAL REPORT

RESOURCES AND EVENTS

Harm Reduction Victoria proudly presents the first of our 2015 Substance Specific Seminar Series

novel

psychoactive

substances

speakers:
Dr David Caldicott - Emergency Medical Consultant
Fiona Patten, MLC - Leader, Australian Sex Party
Stephanie Tzanetis - Coordinator, Concaville
Dr Stephen Bright - Ethnopharmacologist, Psychologist

master of ceremonies:
Bl O Loughlin - President, Harm Reduction Victoria

TUESDAY 28 JULY 2015
2pm-6pm

LOCATION:
The Sapper Room, 3rd Floor
Melbourne Town Hall
90-120 Swanston Street
Melbourne VIC 3000

Members:
Individuals: \$100
Organisations: \$150
Non-Members:
Individuals: \$150
Organisations: \$200

For more information and to BOOK TICKETS NOW - visit www.hrvic.org.au or www.hrvic.org.au

Bookings Essential!
*If illness, organisational matters would only be a single ticket person call the office 03-9321-1500 for more details.
**Sign up for members at www.hrvic.org.au before 15th June

StickyTickets & CITY OF MELBOURNE

The financial year started with a BANG with HRVic holding our first Substance Specific Series Forum- The NPS or Novel Psychoactive Substance forum to a full house of approx. 120 members and supporters. We were graced by the professionals in all things NPS with Dr Stephen Bright, Dr David Caldicott, Fiona Patten MP, and our very own DanceWize coordinator Stephanie Tzanetis taking the floor on the day. 2015-2016 was a year for new and improved resources. With many new happenings, HRVic stayed on top of it all by creating new resources to keep our community up to date with the latest information and best harm reduction education. Whether it be the new Hep C DAAs or the change in manufacturer of Terumo syringes, HRVic was there to answer the call for information and advice.

REST Campaign stickers by Geelong PNs

REHYDRATE. EAT. SLEEP. TIME-OUT. STAY NICE ON ICE. **R.E.S.T.**

REHYDRATE!
DRINK WATER AND TRY TO ALTERNATE WATER WITH SPORTS DRINKS TO REPLENISH LOST ELECTROLYTES

WWW.HRVIC.ORG.AU
ANOTHER HARM REDUCTION VICTORIA INITIATIVE

REHYDRATE. EAT. SLEEP. TIME-OUT. STAY NICE ON ICE. **R.E.S.T.**

EAT SOMETHING!
MAKE SURE YOU EAT REGULARLY - EVEN WHEN YOU DON'T FEEL LIKE IT

WWW.HRVIC.ORG.AU
ANOTHER HARM REDUCTION VICTORIA INITIATIVE

REHYDRATE. EAT. SLEEP. TIME-OUT. STAY NICE ON ICE. **R.E.S.T.**

SLEEP!
MANY OF THE NEGATIVE PSYCHOLOGICAL EFFECTS OF ICE ARE SIMPLY DUE TO SLEEP DEPRIVATION

WWW.HRVIC.ORG.AU
ANOTHER HARM REDUCTION VICTORIA INITIATIVE

REHYDRATE. EAT. SLEEP. TIME-OUT. STAY NICE ON ICE. **R.E.S.T.**

TIME OUT!
DON'T FORGET TO TAKE TIME OUT TO LOOK AFTER YOURSELF! EVEN SUPERMAN HAS GREENS!

WWW.HRVIC.ORG.AU
ANOTHER HARM REDUCTION VICTORIA INITIATIVE

One of 6 Hep C Treatment Info Posters

SAFER USING TIPS

WHAT DOES IT MEAN?
DICTIONARY DEFINITION
SHARE:
VERB
HYPH: 3rd PERSON PRESENT SINGULAR; THAT THEY; SHARED; THAT PARTICLES; SHARED; GIVING OR RECEIVING; PASSIVE; SHARING
1. HAVE A PORTION OF (SOMETHING) WITH ANOTHER OR OTHERS; GIVE A PORTION OF (SOMETHING) TO ANOTHER OR OTHERS
NOUN
HYPH: SHARED; A PART OF
1. A PART OR PORTION OF A LARGER AMOUNT WHICH IS DIVIDED AMONG A NUMBER OF PEOPLE, OR TO WHICH A NUMBER OF PEOPLE CONTRIBUTE

DO NOT SHARE
* SYRINGES * SPOONS * SWABS * BARRELS *
* Tourniquets * Filters * Needles *

SHARING INCLUDES
BORROWING, LENDING, PASSING ON, REUSING, BUYING, SELLING, TAKING, OR RECEIVING OF ANY EQUIPMENT USED BY SOMEONE ELSE

3 OUT OF 5 PUNTERS SAID THAT LAZINESS IS ONE OF THE MAIN REASONS FOR SHARING

9700 NEW HEP C INFECTIONS PER YEAR

SHARING OR REUSING EQUIPMENT WITH A CLOSE SEXUAL PARTNER (LIKE A BOYFRIEND OR GIRLFRIEND) IS NOT SEEN AS RISKY BY SOME PEOPLE. RISK EXISTS EVERYWHERE - WITH EVERYONE. SHARING IS NOT CARING.

Safer Using Tips for PWHCV

side effects.
#treatme

OLD

DEBILITATING

new hep c treatment things have changed.
Ask your doctor about starting hep c treatment now.

FOR MORE INFORMATION WWW.FACEBOOK.COM/HRVIC.TREATME
a page by hep c+ people for hep c+ people

NEW

MINIMAL

Living with the NEW Terumo 1.0ml fits

The general consensus is that the new 1ml Terumo fits, suck. For all sorts of reasons. At present, however, they are all that's available and whether we like it or not, we don't really have a choice but to use them. Here are 9 tips - that are more reliable than the ones on the syringes - for using the new Terumos:

- Re-using fits will blunt the needles. This can damage your veins.**
There are reports of the needle breaking off in a person's arm. If you are having trouble getting a vein and bending the needle in different directions to find one, the needle will become weaker and is more likely to snap off with each try. Again, HRVic advises you to transfer your gear into a new fit before trying again.
- Blunt and bendy is how the new fits are being described.**
There are reports that the ends of the plungers are having some sort of reaction when used to mix up the ice. For this reason, we suggest that you "dry crush" the (dry) sharps as finely as possible before you put the water with it and start to mix up.
- Special warning for ice injectors.**
There are reports that the ends of the plungers are having some sort of reaction when used to mix up the ice. For this reason, we suggest that you "dry crush" the (dry) sharps as finely as possible before you put the water with it and start to mix up.
- The paper side of the packaging tears easily, especially when wet.**
Keep this in mind if you are carrying fits around in your bag or on your person. (Especially in your socks, pockets or pockets). Once it has been opened or becomes wet the needles/syringes inside are no longer sterile.
- Most needle stick accidents/injuries happen when re-capping your fit.**
There are many reports of the needle piercing the cap on the new fits. Best practice is always to put the uncapped, used fit straight into a disposal container. If you do find you need to re-cap, be extra careful not to prick yourself.
- You would need to inject between 5-10ml of air for it to do any harm.**
If you are finding it hard to get rid of the last bit of air in the fit, remember it's not harmful to inject small air bubbles. In fact, you would need to inject between 5-10ml of air for it to do any harm.
- The end of the new plunger and barrel are slightly smaller than the old ones which can make things tricky.**
The smaller sized shoulders or "wings" and plungers are especially fiddly if you have big fingers/hands. There's no real solution to this problem and it's simply a matter of getting used to using a different needle/syringe.
- The plunger, although more flexible has a stiffer action.**
We suggest sliding the plunger up/down the barrel a few times before using. Others claim that the plunger easily "drops out" of the barrel which can result in losing some or in some cases ALL of your shot - be aware of this possibility. Pulling less solution in the fit will reduce the chance of this happening (because you won't need to pull the plunger so far back).
- If you plan on saving some for 'now', you should take care!**
For those who make up shots to have later on, we have had multiple reports of the solution leaking out of the end of the barrel. For this reason, HRVic strongly advises against making up shots in advance. Better safe than sorry.

Some people are already reporting that they have reluctantly made the transition and they are slowly getting used to using the new equipment.

Hang in there and help each other: If you find a fix or figure out a trick to make them easier- SHARE them on our facebook page or website! If we don't look after us- who will?

The good news is that the Dept of Health and Human Services has been listening to our concern! To keep them listening we must keep telling them how that new Terumo fits suck. Email your complaints to sam@hrvic.org.au Until we are offered another option, we need to at least try to stay safe while using with the new Terumos. Alternatively, we suggest trying to find the old 20g ultra fine (green pack) or using a 20ml barrel with a 27g 1" needle (the grey ones) - apart from the larger barrel, the needle is the same size.

HARM REDUCTION VICTORIA
WWW.HRVIC.ORG.AU
The Authentic Voice Of and For Victorian Drug Users
NOTHING ABOUT US - WITHOUT US!

Safer Using Tips for new Terumos

SOCIAL MEDIA WHACK MAGAZINE WEB SITE COMMUNICATIONS

**HARM REDUCTION VICTORIA INC.
(REG. NO: A14792P)**

FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2016

**C.S.Beb
Certified Practising Accountant
Melbourne**

**HARM REDUCTION VICTORIA INC.
(REG. NO: A14792P)**

CONTENTS

INCOME STATEMENT

BALANCE SHEET

STATEMENT OF CHANGES IN EQUITY

CASH FLOW STATEMENT

NOTES TO THE FINANCIAL STATEMENTS

STATEMENT BY THE BOARD MEMBERS

INDEPENDENT AUDITOR'S REPORT

DETAILED MANAGEMENT PROFIT AND LOSS ACCOUNT

HARM REDUCTION VICTORIA INC.
(REG. NO: A14792P)

INCOME STATEMENT FOR THE YEAR ENDED 30 JUNE 2016

	Note	<u>2016</u>	<u>2015</u>
		\$	\$
<u>Revenue From Ordinary Activities:</u>			
Service grant- OHHS	3	928,087	839,213
Activities income	3	215,616	187,155
Donations received		365	500
Miscellaneous income		150,868	141,010
Interest received		12,958	12,958
		<u>1,307,884</u>	<u>1,180,836</u>
<u>Expenditure</u>			
Depreciation and amortization		(21,427)	(18,858)
Education and awareness programs		(64,107)	(47,997)
Other expenses from ordinary activities	4	<u>(1,174,833)</u>	<u>(1,011,947)</u>
		(1,260,367)	(1,078,802)
Operating surplus from ordinary activities			
before income tax expense		47,517	102,034
Income tax expense	5	<u>-</u>	<u>-</u>
Surplus from ordinary activities after			
income tax expense		47,517	102,034
Accumulated funds at beginning of year		399,681	297,647
Accumulated funds at end of year		<u>447,198</u>	<u>399,681</u>

The Income Statement is to be read in conjunction with the notes to and forming part of the financial report.

HARM REDUCTION VICTORIA INC.
(REG. NO: A14792P)

BALANCE SHEET AS AT 30 JUNE 2016

	Note	2016 \$	2015 \$
<u>EQUITY</u>			
Accumulated funds		447,198	399,681
General reserve	6	32,123	32,123
TOTAL EQUITY		<u>479,321</u>	<u>431,804</u>
<u>NON CURRENT LIABILITIES</u>			
Motor vehicle finance liabilities	9	14,856	27,592
		<u>494,177</u>	<u>459,396</u>
Represented by:			
		\$	\$
<u>CURRENT ASSETS</u>			
Cash assets	7	665,663	615,983
Pledges receivable		39,348	36,385
Other accounts receivable		28,986	29,316
		<u>733,997</u>	<u>681,684</u>
<u>NON-CURRENT ASSETS</u>			
Plant and equipment	8	75,483	55,302
		<u>75,483</u>	<u>55,302</u>
Total Assets		<u>809,480</u>	<u>736,986</u>
<u>CURRENT LIABILITIES</u>			
Other accounts payable		197,529	133,673
Motor vehicle finance liabilities	9	12,736	11,862
GST payable		15,999	26,227
Provisions	10	89,039	105,828
		<u>315,303</u>	<u>277,590</u>
NET ASSETS		<u>494,177</u>	<u>459,396</u>

The Balance Sheet is to be read in conjunction with the notes to and forming part of the financial report.

HARM REDUCTION VICTORIA INC.
(REG. NO: A14792P)

STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2016

	<u>2016</u>	<u>2015</u>
	<u>\$</u>	<u>\$</u>
Accumulated funds at the beginning of year	399,681	297,647
Surplus for the year	<u>47,517</u>	<u>102,034</u>
Accumulated funds at end of the year	447,198	399,681
General reserve	<u>32,123</u>	<u>32,123</u>
TOTAL EQUITY	<u><u>479,321</u></u>	<u><u>431,804</u></u>

HARM REDUCTION VICTORIA INC.
(REG. NO: A14792P)

CASH FLOW STATEMENT FOR THE YEAR ENDED 30 JUNE 2016

	Note	<u>2016</u>	<u>2015</u>
		\$	\$
<u>CASH FLOWS FROM OPERATING ACTIVITIES</u>			
Receipts from grants, members & other activities		1,292,293	1,139,864
Interest received		12,958	12,958
Payments to suppliers & employees		<u>(1,202,101)</u>	<u>(1,017,902)</u>
Net cash provided by operating activities		103,150	134,920
<u>CASH FLOWS FROM INVESTING ACTIVITIES</u>			
Payment for purchase of plant & equipment		<u>(41,608)</u>	<u>(42,465)</u>
Net cash provided by/ (used in) investing activities		(41,608)	(42,465)
<u>CASH FLOWS FROM FINANCING ACTIVITIES</u>			
Receipt from borrowing		-	49,426
Payment of finance borrowing		<u>(11,862)</u>	<u>(9,972)</u>
Net cash provided by/ (used in) financing activities		(11,862)	39,454
Cash held at the beginning of the year		<u>615,983</u>	<u>484,074</u>
Cash held at the end of the year	7	<u><u>665,663</u></u>	<u><u>615,983</u></u>

HARM REDUCTION VICTORIA INC.
(REG. NO: A14792P)

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30th JUNE 2016

1. STATEMENT OF ACCOUNTING POLICIES

a) Basis of Accounting:

These financial statements are a general purpose financial report prepared in accordance with *Australian Accounting Standards* for the members of Harm Reduction Victoria Inc. using the accrual basis of accounting, except for the cash flow information, and to enable compliance with the requirements of the *Associations Incorporation Reform Act* (2012).

The accounts have been prepared using historical costs and do not take into account changing money values.

The significant accounting policies are presented below and have been consistently applied unless otherwise stated.

b) Plant and Equipment

The plant and equipment are stated at cost less accumulated depreciation. Depreciation is calculated to write off the asset over its useful life using the diminishing method and the straight-line method. The rates used for the year were 25% - 66.6% p.a.

c) Impairment of Assets

At each reporting date, reviews are undertaken by management on the carrying values of its tangible and intangible assets to determine whether there is any indication that those assets have been impaired. If such an indication exists, the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and value in use, is compared to the asset's carrying value. Any excess of the asset's carrying value over its recoverable amount is expensed to the income statement.

d) Income Tax

The economic entity, Harm Reduction Victoria Inc., is registered as an Income Tax Exempt organisation under Subdivision 50-5 of the Income Tax Assessment Act.

e) **Payables**

The payables represent liabilities for goods and services provided prior to the financial year end, and which are unpaid. The amounts are unsecured and are paid in accordance with existing trading terms.

f) **Employee Provisions**

Provision is made for the employee entitlements. Employee entitlements are benefits (other than termination benefits) that are expected to be settled wholly for which the employees have rendered their services, including wages, salaries and sick leave. Provision is also made for the employees' long service leave and annual leave entitlements.

g) **Cash Assets**

For the purposes of the statement of cash flows, cash assets include cash on hand and at call deposits with banks or financial institutions, and investments in money market instruments maturing within two months, net of bank overdrafts.

h) **Revenue Recognition**

Revenue is recognised in accordance with AASB118. In general, revenue is recognised where it can be reliably measured, in the period to which it relates.

i) **Rounding**

In this report, all the amounts have been rounded to the nearest dollar, unless otherwise stated.

j) **Comparative Figures**

Where necessary, the previous year's figures have been re-classified to facilitate comparison.

k) **GST**

Revenues, expenses and assets are recognised net of GST except where the amount of GST is not recoverable, in which case it is recognised as part of the cost of acquisition of an asset or part of an item of expense or revenue. GST receivable from and payable to the Australian Taxation Office (ATO) is included in the Balance Sheet. The GST component of a receipt or payment is recognised on a gross basis in the statement of cash flows in accordance with Accounting Standard AASB107.

2. **PRINCIPAL ACTIVITIES**

Harm Reduction Victoria Inc., which is a prescribed body and classified as Tier 3 under the *Associations Incorporation Reform Act* (2012), is principally engaged in the provision of health education and awareness services relating to intravenous drug use and AIDS to the community.

The economic entity, Harm Reduction Victoria Inc., is registered with the Charities and Not-for-profits Commission (ACNC).

3. **GOVERNMENT GRANTS**

During the year the economic entity received government grants totalling \$1,143,703 (2015 - \$1,026,368). The amounts are for specific purposes and are to be expended in accordance with the terms of the grants. The balance of the amounts that are committed but have not been expended at balance sheet date are treated and recorded as a liability.

4. **OTHER EXPENSES FROM ORDINARY ACTIVITIES**

The other expenses from ordinary activities include the following items:

	<u>2016</u>	<u>2015</u>
	\$	\$
Rent – premises and halls	46,727	39,141
Salaries and on-costs	589,380	612,238
Meeting expenses	3,743	2,088

5. **INCOME TAX RELATING TO ORDINARY ACTIVITIES**

No income tax is provided as the economic entity is tax exempt.

6. **GENERAL RESERVES**

The General Reserve was created to meet future needs.

7. **CASH**

(a) Cash Assets:

	\$	\$
Petty cash	649	921
Cash at bank and Credit Co-op	<u>665,014</u>	<u>615,062</u>
	<u>665,663</u>	<u>615,983</u>

(b) Reconciliation of Net Cash Provided By Operating Activities:

	<u>2016</u>	<u>2015</u>
	\$	\$
Surplus/(deficit) from operating activities	47,517	102,034
Add/(Less) Non-cash Items:		
Depreciation and amortization	21,427	18,858
Provision for employee benefits and audit fee	<u>(16,789)</u>	<u>5,043</u>
	<u>4,638</u>	<u>23,901</u>
	52,155	125,935
Changes in Assets and Liabilities:		
Decrease/ (increase) in trade and other receivables	(2,633)	(28,014)
Increase/(decrease) in creditors and accrued expenses	<u>53,628</u>	<u>36,999</u>
NET CASH PROVIDED BY OPERATIONS	<u>103,150</u>	<u>134,920</u>

8. **PLANT AND EQUIPMENT**

	\$	\$
Motor vehicles	80,365	84,077
Addition	-	49,006
Disposal	-	(52,718)
Less: Accumulated depreciation	(43,941)	(71,689)
Accumulated depreciation for disposal	<u>-</u>	<u>39,887</u>
	<u>36,424</u>	<u>48,563</u>
Office Equipment	6,291	9,588
Addition	41,608	6,290
Less: Accumulated depreciation	<u>(8,840)</u>	<u>(10,230)</u>
	<u>39,059</u>	<u>5,648</u>
Telephone System	5,891	5,891
Less: Accumulated depreciation	<u>(5,891)</u>	<u>(4,800)</u>
	<u>-</u>	<u>1,091</u>
Net Book Value	<u>75,483</u>	<u>55,302</u>

9. **MOTOR VEHICLE FINANCE LIABILITIES**

	\$	\$
Amount due – not later than 1 year	12,736	11,862
– later than 1 year and not later than 5 years	<u>14,856</u>	<u>27,592</u>
	27,592	39,454

10. **PROVISIONS**

	\$	\$
Staff entitlements	89,039	105,828

11. **AUDITOR'S REMUNERATION**

Amounts received or due and receivable by the auditor for:

	\$	\$
Auditing of the accounts	1,800	1,800

12. **ECONOMIC DEPENDENCY**

The economic entity receives grants from the State government. The grants are generally made for specific purposes and are to be expended within the terms.

During the year, the economic entity signed the Variation to the Service Agreement covering the period 1st July 2015 to 30th June 2019 with additional funds to be received.

13. **CONTINGENT ASSET/LIABILITY**

At the date of this report, management is not aware of any contingent liability or claim that is likely to become enforceable within the period of twelve months after the end of the financial year.

14. **FINANCIAL INSTRUMENTS**

(a) Interest Rate Risk

The economic entity has no material exposure to interest rate risk on its financial instruments.

(b) Credit Risk Exposure

The economic entity's maximum exposure to credit risk at balance date in relation to each class of financial assets is the carrying amount of those assets as indicated in the Balance Sheet.

HARM REDUCTION VICTORIA INC.
(REG. NO: A14792P)

STATEMENT BY BOARD MEMBERS

The Board has determined that Harm Reduction Victoria Inc. is not a reporting entity. The Board Members have determined that this general purpose financial report should be prepared in accordance with the *Australian Accounting Standards* and the accounting policies outlined in Note 1 to the Financial Statements.

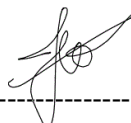
In the opinion of the Board of Harm Reduction Victoria Inc.:

- (a) the financial statements give a true and fair view of the financial position as at 30th June 2016 and of the performance as represented by the results of its operations, and the cash flows for the financial year ended on that date.
- (b) there are reasonable grounds to believe that the Association will be able to pay its debts as and when they fall due.

This statement is made in accordance with a resolution of the Board and is signed for and on behalf of the Board by:



Robyn Dwyer (President)



Jade Wallace (Treasurer)

Dated at Melbourne: 2nd December 2016

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF HARM REDUCTION VICTORIA INC.

I have audited the attached general purpose financial report of Harm Reduction Victoria Inc. for the year ended 30th June 2016, comprising the income statement, balance sheet, statement of changes in equity, cash flow statement, the Notes to the Financial Statements and the Statement by Board Members.

Board Members' Responsibility for the Financial Report

The Board Members are responsible for the preparation and presentation of the financial report that gives a true and fair view in accordance with *Australian Accounting Standards* and have determined that the basis of preparation described in Note 1 is appropriate to meet the requirements of members and the *Associations Incorporation Reform Act (2012)*. The responsibility also includes such internal control as is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

My responsibility is to express an opinion on the financial report based on my audit. I have conducted our audit in accordance with Australian Audit Standards. Those standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform that audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgment, including the assessment of the risks of the material misstatement of the financial report, whether due to fraud or error. In making those risk assessment, the auditor considers internal control relevant to the association's preparation and fair presentation of the financial report, 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 association's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the committee, as well as evaluating the overall presentation of the financial report.

The financial report has been prepared for distribution to the members and for fulfilling the economic entity's financial reporting requirements. I disclaim any assumption of responsibility for any reliance on the financial report to any person to which it relates other than the members or for any other purpose other than for which it was prepared.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Independence

In conducting our audit, I have followed applicable independence requirements of the Australian professional ethical pronouncements.

Opinion

In my opinion, the financial report of Harm Reduction Victoria Inc.

- i) gives a true and fair view of the financial position as at 30th June 2016 and of its performance and cash flows for the year ended on that date; and
- ii) complies with applicable Accounting Standards and other mandatory professional reporting requirements to the extent described in Note 1 to the Accounts.

C.S. Beh Chartered Accountant



.....
Dr Chooi S. Beh, CA

Dated at Melbourne: 3rd December 2016

HARM REDUCTION VICTORIA INC.
(REG. NO: A14792P)

DETAILED MANAGEMENT PROFIT & LOSS ACCOUNTS FOR THE YEAR ENDED 30 JUNE 2016

	2016	2015
	\$	\$
<u>INCOME</u>		
Service grant-- DHHS	928,087	839,213
Activities income	215,616	187,155
Donations received	355	500
Miscellaneous income	150,868	141,010
Interest received	12,958	12,958
	<u>1,307,884</u>	<u>1,180,836</u>
<u>OPERATING EXPENSES</u>		
Accounting fee	19,803	12,343
Activities income expended	215,616	185,185
Audit fee	1,800	1,800
Bad debt	16,007	-
Bank charges	257	401
Cleaning and supplies	6,250	6,062
Compliance fee	-	211
Consultancy	39,612	1,437
Computer expenses	20,007	18,538
Council rates	4,183	3,932
Depreciation and amortization	21,427	18,858
Education and awareness programs	64,107	47,997
Equipment hire and purchase	7	771
Human resources & governance	2,500	2,447
In house publications	20,462	16,516
Interest expense	2,428	2,647
Insurance	3,334	3,406
Loss on disposal of motor vehicle	-	3,829
Meeting expense	3,743	2,088
Motor vehicle expenses	41,096	28,724
Outreach support	6,713	13,752
Photocopier and material expenses	8,555	5,592
Postage and courier	3,965	4,906
Provision for staff entitlements	56,278	49,174
Public relations and entertainment	-	164
Rent	46,727	39,141
Repair and maintenance	4,722	3,100
Salary and on-costs	589,380	563,064
Security and inspection	710	671
Staff amenities	6,527	3,996
Stationery and office supplies	2,437	2,671
Storage hire	3,434	2,276
Subscriptions and membership	2,748	832
Telephone expenses	25,367	23,953
Utilities expense	8,120	7,078
Website and branding	12,045	1,240
	<u>1,260,367</u>	<u>1,078,802</u>
Operating Surplus For The Year	<u>47,517</u>	<u>102,034</u>

A SPECIAL THANK YOU
TO VICTORIA'S DRUG USING COMMUNITY
- OUR COMMUNITY -
FOR YOUR TIRELESS SUPPORT,
INSPIRATION, STRENGTH, MOTIVATION,
INSIGHT, HUMILITY & COURAGE.
AND A BIG THANK YOU TO OUR FUNDERS:



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