

**“Peer based
harm
reduction
is our
community
taking care
of itself.”**



Formal Acknowledgment Of Traditional Custodians

The office of Harm Reduction Victoria is situated in North Melbourne on the boundaries of Woi Wurrung and Boon Wurrung language country.

From records of conversations between 1897 and 1901 with Wiliam Barak, Ngurungaeta (leader) of the Wurundjeri-willam clan, the traditional custodians of what is now northern Melbourne, Alfred William Howitt an anthropologist and Gippsland magistrate had recorded that a traditional name for North Melbourne is Yern da ville

Harm Reduction Victoria (HRVic) respectfully acknowledges the Traditional Custodians of the land on which we work- the Bunurong Boon Wurrung and Wurundjeri Woi Wurrung peoples of the Eastern Kulin Nation.

We pay our respects to all Elders past and present and to any Indigenous Australians reading this report.

Harm Reduction Victoria (HRVic) provides friendly, non-judgmental, peer based support, information, education, advocacy and harm reduction services for Victorians who use or have used drugs.

HRVic does not condemn nor condone the use of drugs. HRVic recognise that drug use is common in society and as such, aims to reduce any harms associated with that drug use.

HRVic is a health promotion organisation that is guided by the conviction that drug related harm should be treated as a health issue and not a criminal issue.

Our aim as an organisation is to advance the health and wellbeing of people who use drugs by creating

an environment in which individuals are empowered to realise their aspirations, meet their needs and participate fully in society.

Our membership, staff and supporters include current and former people who use drugs, their allies and their support networks and people who support the values and objectives of Harm Reduction Victoria.

As a 'peer based' organisation, we encourage our constituents to participate at all levels of the organisation.

HARM REDUCTION VICTORIA

The Authentic Voice
Of and For
Victorians Who Use Drugs

NOTHING ABOUT US WITHOUT US

HEALTH RIGHTS.
HUMAN RIGHTS.
HARM REDUCTION.

RECOGNISE OVERDOSE

IN AN OPIOID OVERDOSE:

- Looks** - Pale, clammy skin, blue lips & fingernails
- Teeth** - Teeth are loose, unable to bite down
- Clit** - Loss of reflexes, unresponsive to touch
- Sounds** - Breathing is shallow and slow

Signs of overdose to remember: There are obvious signs, such as someone not breathing and unresponsive to the world. The difference between life and death.

RESPOND TO OVERDOSE

IN AN OPIOID OVERDOSE:

- Call 000** - Immediately
- Naloxone** - Stop the opiate work, by being injected at a 45 degree angle
- Breathe** - Most reason for death
- Recovery** - Lay the person on their back, with their head tilted back
- Stay** - Stay with the person

When people overdose, it's because someone is giving them a dose that's too high. It's not their fault. You must be there to help them.

WE SUPPORT OUR COMMUNITY

MSIR

SAVES LIVES | SUPPORTS | SAVES MONEY

MENTALLY ILL PEOPLE | ALCOHOL | DRUGS

HAVING SEX WITHOUT CONDOMS IS THE ONLY WAY TO GIVE OR GET HIV

DON'T BLOODY SHARE.

WIN DONOR! WINNER!

cure rate.

0% SUCCESS vs 95-99% SUCCESS

hep c treatment things have changed.

side effects.

WASTEFUL vs MINIMAL

hep c treatment things have changed.

Informational table with various items:

- MSIR COMMUNITY poster: SAVES LIVES | SUPPORTS | SAVES MONEY
- duration. poster: 6-12 MONTHS vs 8-24 WEEKS
- hep c treatment things have changed. poster
- CHANGING LANES brochure
- WHACK brochure
- Power of Words calendar
- Various pamphlets and cards
- Tray of colorful markers
- Tray of small packets

Table of Contents



Harm Reduction Victoria acknowledges the support of the Victorian Government.



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HRVAust



HRV_Aust



harmreductionvictoria



@harmreductionvic

2	Acknowledgment Of Traditional Custodians
6	Who are Harm Reduction Victoria?
8	A Word from Our President
10	A Word from Our Chief Executive Officer
12	Our Staff, Board & Volunteers
15	About The Report
17	Engagement
22	Alignment
29	Learning & Adaptation
35	Influence- Community & Policy
41	Financials

Health Rights. Human Rights. Harm Reduction.

Who is Harm Reduction Victoria?

33 years ago, in the face of a growing HIV epidemic, a group of drug users, their friends, families and supporters established Harm Reduction Victoria as the authentic voice of and for Victorians who use drugs.

HRVic's interventions are individually and collectively targeted, in order to promote a culture of safer drug use aimed at reducing the transmission of Blood Borne Viruses and other harms associated with drug use amongst our community.

HRVic has often led the way in developing innovative approaches to peer education and community development, and has contributed to Australia having one of the lowest HIV rates among people who inject drugs in the world. We prioritise the issues and concerns of people who use drugs in all that we do within a community development framework. The philosophy of harm reduction and advancing the health and human rights of people who use drugs guides all of HRVic's work.

Our unique lived experience perspective shapes and drives all of our harm reduction initiatives as well as cements our partnerships with other organisations & services and informs our advice and advocacy to governments.

OUR GUIDING PRINCIPLES

Community Ownership and Accountability:

Harm Reduction Victoria is of and for our community. Through active engagement with our membership and constituent communities, Harm Reduction Victoria aims to identify and serve the needs of people who use drugs (PWUD) in Victoria. We encourage a broad-based sense of ownership and involvement in all aspects of HRVic's operations.

Inclusion:

HRVic respects and represents all people who use drugs in Victoria, regardless of gender, sexuality, age, disability or ethnic group. We prioritise those at greatest risk of drug related harm - in particular people who inject drugs, due to the ongoing risk of blood borne virus transmission.

"Nothing about us without us":

Harm Reduction Victoria asserts the right of people who use drugs to have a voice in decisions which directly affect our lives and to be involved in the response to drug use and associated harms in Victoria including drug related policies and programs.

Human Rights:

Harm Reduction Victoria rejects all forms of arbitrary discrimination against people who use drugs. We believe that the stigma associated with drug use undermines human dignity and self-efficacy, and creates barriers to participation in the social, cultural and economic life of the community. We work towards the elimination of these destructive attitudes.

Health Promotion:

Harm Reduction Victoria is a health promotion organisation. We are guided by a belief that drug related harm should be treated as a health issue and not a criminal issue. Our aim is to advance the health and wellbeing of people who use drugs by creating an environment in which individuals are empowered to realise their aspirations, meet their needs and participate fully in society.

Partnerships and Collaboration:

In order to respond more effectively to the needs of people who use drugs, Harm Reduction Victoria is committed to pursuing partnerships and strategic alliances with other community sector organisations built on shared goals and trust.

Excellence:

Harm Reduction Victoria strives to be a model employer, to be accountable to our members and constituent communities for all of our actions, and to achieve optimal outcomes at all times

Our Members:

938
Individual
60
Organisational

A Word From Our President

To our members, our community and our stakeholders,

In a year the like of which none of us could have imagined, HRVic has proved its essential value. It has demonstrated its strength, its capacity for adaptation and innovation and its responsiveness to the needs and priorities of the community it serves and from whom it comes.

As President of the Board of HRVic, I am immensely proud and humbled by the work performed by the HRVic staff in the course of this difficult year. I am deeply appreciative of and grateful for everything they have done and all that they have achieved.

The work of our CEO, Sione Crawford, and all HRVic staff throughout 2020 has highlighted their incredible dedication and commitment to our community. HRVic staff rose to the challenges of working remotely and maintaining hygiene and social distancing in the office, found new ways to stay in touch with community members and continued to provide them with innovative and meaningful peer education and health promotion. Through all their work, HRVic staff clearly advocate for and bring to life the vision, mission and culture of the organisation: our vision for a world where all people are treated equitably and have the same opportunities regardless of their drug consumption practices, our mission to advance the health and dignity of, and social justice for, people who use drugs in Victoria, and our cultural value of “Nothing about us without us”.

Nowhere was this more apparent than in the response from HRVic staff to the hard lockdown in July of the housing towers in North Melbourne and Flemington. HRVic staff were at the housing towers only hours after seeing the announcement of the lockdown on the news. As members of the community of people who use drugs in Victoria, HRVic staff immediately recognised the significant risk that the needs of people who use drugs who live in the housing towers could be forgotten or ignored – needs such as pharmacotherapy scripts or sterile injecting equipment, for example – and they moved rapidly and decisively to be there to advocate and provide for these needs. What they found, as also determined by the Victorian Ombudsman in her investigation of the hard lockdown, was a human rights crisis which impacted on all residents of the towers. Working alongside other community organisations, in particular Flat Out (the support and advocacy organisation for women who have had contact with the criminal justice system), HRVic staff remained at the towers throughout the entire lockdown period, providing front line outreach support and remote telephone support to deliver highly specialised health and welfare services.

As best they could, through this reporting year HRVic staff continued to work with a diverse range of stakeholders and partners – towards our shared goal of addressing the multiple issues that impact on the health and wellbeing of people who use drugs. On behalf of the Board and

HRVic, I thank our many stakeholders and partners and look forward to continuing and expanding our valued productive relationships in the coming year.

We have also been fortunate in the generous and respectful support we have continued to receive from our funders in the Department of Health and Human Services throughout the year, for which we extend our sincere thanks and gratitude.

Finally, I also acknowledge and sincerely thank my fellow Board members. We managed one in-person meeting at the HRVic office in February and since then conducted all our Board meetings via Zoom. The Board gracefully accommodated themselves to the trials of conducting business online, generously fulfilling all their responsibilities to continue to support HRVic, our community and our essential work.

This year we say farewell to two of our Board members – Kaspian Fitzpatrick and Simon Faulkner – as they step down to focus on other work and life commitments. We thank Kaspian and Simon for their contributions to the Board and we wish them well into the future. I also look forward to welcoming and working with the new and the continuing Board members in the coming year.

It's been a privilege to serve as President of the Board of HRVic throughout the 2019-2020 reporting year and, along with my fellow Board members, to support the work of this exceptional organisation, our excellent CEO, Sione Crawford, and

our highly skilled and committed staff and peer volunteers. Based on HRVic's outstanding performance throughout the COVID-19 pandemic and its associated restrictions, I have every confidence in telling you the organisation is in great shape to meet the challenges of the coming years.

On behalf of the Board, I wish you all a happy and successful year ahead (along with a sincere hope that the word "unprecedented" soon fades from our memories).

Robyn Dwyer
President, Harm Reduction Victoria



A Word From Our Chief Executive Officer

I am pleased to offer the 2019-2020 Annual Report for Harm Reduction Victoria to our members and community.

The past year or so has been challenging for everyone, but as always, people who use drugs were challenged in some very particular ways. It was upsetting to hear from our community that people felt targeted for fines in the early part of the COVID-19 lockdown in April.

It was maddening to know that research undertaken by the Burnet Institute showed, in a snapshot taken during the Melbourne lockdown that 10% of NSP clients surveyed were fined for breaching curfew, by being out of the house for a non-essential reason and being more than 5km from home. Some of these fines will go unpaid and lead to further action and reinforce the cycle of poverty, criminal justice and marginalisation that many in our community have been stuck in for so long. Being over-policed is nothing new but this was in a whole new way.

Having said all that, moments of adversity can be a time that we show our resilience and our capabilities. In interviews and consultations that we did with community this year it was clear that a large proportion of people were affected by the lockdown and COVID-19 but were coping well and falling back on the survival skills we all learn as people who use illicit drugs.

Harm Reduction Victoria and its amazing team and Board of Governance have supported a steady growth in program delivery and funding. We have recently developed a new Strategic Plan that has a shorter time frame than usual and reflects the priorities that we have reflected on and think we need for the next eighteen months as we continue to strengthen the foundations of this organisation.

A selection of the work that our program areas undertake is represented in the pages of this Report and every last workshop; occasion of care or service or publication are part of the mosaic that makes up our diverse and energetic organisation.

There are many examples of the adaptation that our programs make in response to learning from our community through high quality engagement. The Path project is a really important marker for the future of hepatitis C elimination in Victoria. With funding and research support from the Burnet Institute and partnership with Access Health in St Kilda we are showing the importance of peer engagement in testing and treatment as well as the prevention of hep C. Most crucially the Peer Specialists from HRVic understand that for many people who inject drugs, hep C treatment is not the number one priority. We are utilising our unique understanding of the community's priorities to engage with people in a holistic way. The peer workforce in the Harm Reduction and Blood Borne Virus Sector have been around a long time, but increasingly we are being utilised in non-

peer organisations and as part of our RHDUTPLN (Reducing Harmful Drug Use through Peer Led Networks) we have been running regular support meetings and setting up support processes for this Harm Reduction Peer Workforce. We firmly believe that a strategic framework is required to ensure that peer workers, who are often from a criminalised community, are able to work safely and with the support that they need. Progressing this support and supervision framework is a priority for us this upcoming year and we are working with our partners at APSU / SHARC to make this vision a reality.

Both of these projects are examples of the way HRVic and peer organisations have always worked – in response to our community expressed priorities we try to find a way to make them our priority – often with support from our partners in the sector.

Along with these projects I hope you read about the fantastic work being done by DanceWize, DOPE, the Health Promotion Team, PAMS and our Communications programs in this Annual Report.

This year our report reflects the What Works and Why (W3) approach to peer based work. We go over the scheme later in the report, but it helps us to understand how we learn from our community, adapt to those learnings as things change and how we can influence both the wider sector and feed back into the community. I am immensely proud to be part of this organisation.

We barely skipped a beat in moving what is traditionally a face to face and person to person range of work to working predominantly from home and remotely in new ways doing new things in the face of a worldwide pandemic and in our case, one of the strictest, longest lockdowns in the world. There are a world of challenges in that sentence and while we are not dwelling on COVID-19 in this report, I have to thank every one of our staff team for the work they have put in this year to ensure our service and program delivery carried on. Likewise this year the support we have received from our primary funders at the Department of Health & Human Services has been consistent and much appreciated.

Finally I would like to finish how my report began – by paying tribute to our community, where we all come from and for whom we exist.

Sione Crawford
CEO. Harm Reduction Victoria



Our Team

Sione Crawford	Chief Executive Officer
Lily Fraser	Administration Officer
Samantha Jones	Communications Officer
Jane Dicka	Health Promotion Team & DOPE Coordinator
Hunter Morgan	Health Promotion Officer
Rob Leitermann	Health Promotion Officer & PATH
Carolyn Weidner	Health Promotion Officer & PATH

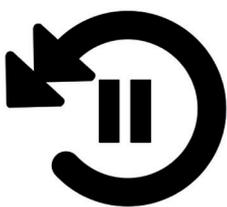
Sarah Lord	PAMS Coordinator
Leora Robertson	PAMS Officer

Stephanie Tzanetis	DanceWize Program Coordinator
Nick Wallis	DanceWize Project Worker
Bridget Hayes	DanceWize Project Worker
Jessie Murray	DanceWize Project Worker
Mae Vincent	DanceWize Project Worker
Ben Staggard	DanceWize Project Worker
Chris Lyons	DanceWize Project Worker
Sophie Miao	Finance & Accounts

Our Board

Robyn Dwyer	President
Emily Lenton	Vice President
Joel Murray	Treasurer
Kaspian Fitzpatrick	Secretary
Jarrold McMaugh	
Penny Hill	
Gabrielle Bennett	
Simon (Sly) Faulkner	
Katia Lallo	

Our Programs



Our Peers

We thank our peers in the wider community who share precious time, knowledge, skills, passion and connection to community with HRVic.

We hope that every DanceWize Key Peer Educator, WHACK Contributor and HRVic Peer Network Program member knows that they make us more effective, more diverse and even stronger. During the worst of Victoria's lockdown in 2020 essential peer work continued in the community, often carried out by our volunteers.

HRVic sends our heartfelt thanks to every one of our volunteers for without their hard work and passion, we would not have the reach into the Victorian community that we do.

Thank you





About The Report

“In peer led & community based health promotion, the one constant is that the environment is continually changing”

- W3 Framework In Practice

To better understand, capture and demonstrate the impact of our organisation and our programs, Harm Reduction Victoria (HRVic) partnered with the ‘What Works and Why (W3) Project. This collaborative study developed a framework which illustrates the role and influence of peer organisations in rapidly changing community and policy environments.

**In this 2019-2020 Annual Report we draw on the W3 framework to more readily represent how Harm Reduction Victoria is accomplishing the four key functions of successful peer-led organisations:
Engagement, Alignment, Learning & Adaptation and Influence on Community/Policy.**

THE 4 KEY FUNCTIONS

ENGAGEMENT

How we engage with the community to understand its diversity and dynamism.

This section will show how HRVic programs work with and engage with our community and allies

ALIGNMENT

How we pick up signals about the sector we work in and how both we and our allies align ourselves to be more effective.

Here we provide examples of how HRVic is collaborating with and supporting our partner organisations in health, justice, welfare, research, and policy to empower and enhance the lives of our priority communities—people who use drugs throughout Victoria.

LEARNING & ADAPTATION

How we adapt our approaches based on learning from our community engagement and from our sector

Here we provide examples of how HRVic is learning from our community engagement, the evaluation of our programs, and our partnerships with research and health services, to ensure our programs evolve in line with our community’s needs.

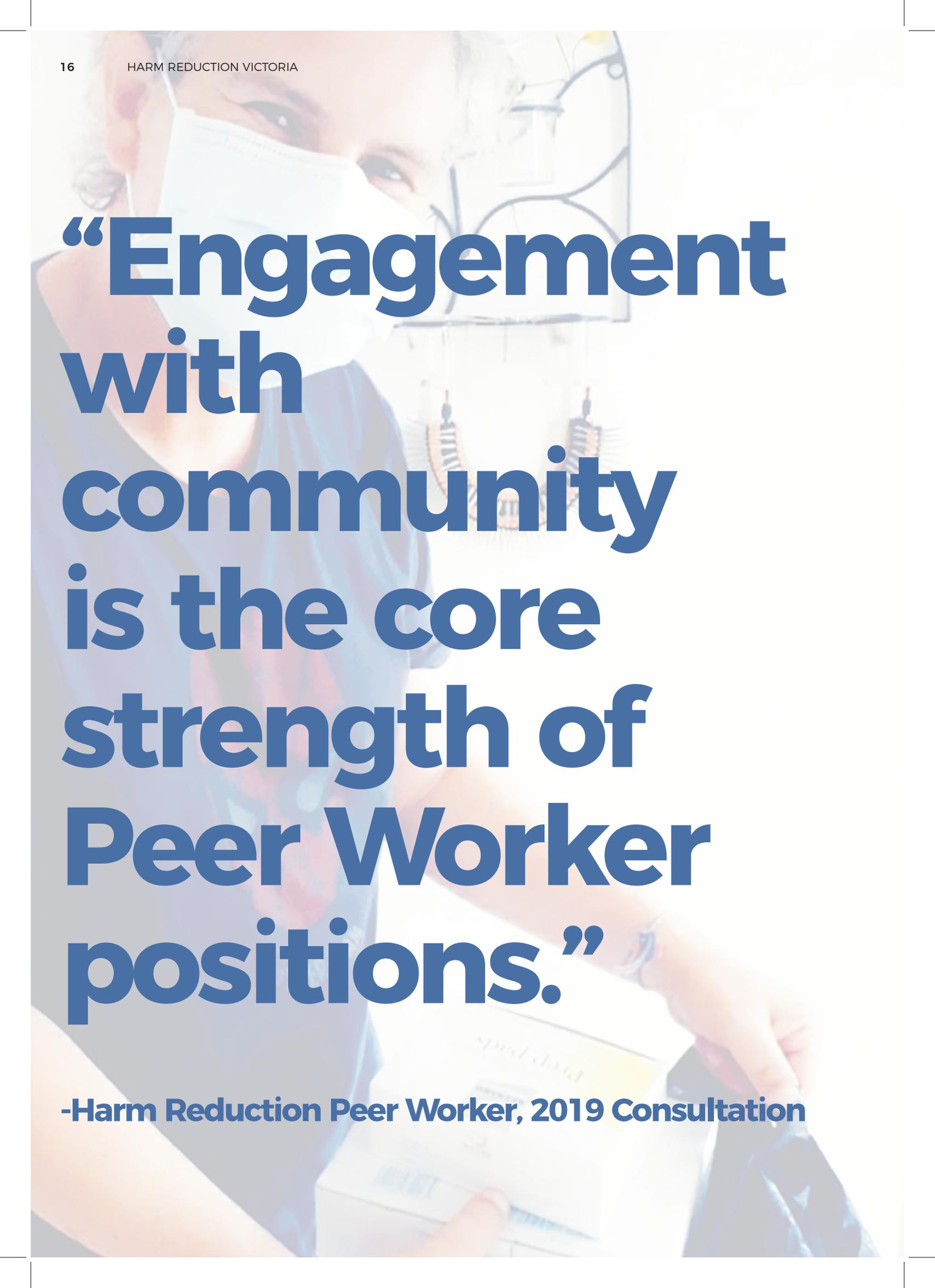
INFLUENCE

How HRVic uses existing social and political processes to influence and achieve improved outcomes in both the community and the policy/sector.

Here we provide examples of our organisation and program impacts on the drug using community, their actions, their lives, the services they access and the policies that affect them.

* The W3 Project is a collaboration between peer & community organisations and the Australian Research Centre in Sex, Health and Society (ARCSHS) to support community and peer-led programs to adapt, scale up and demonstrate their impact in rapidly changing community and policy environments.

For more information see www.w3project.org.au



**“Engagement
with
community
is the core
strength of
Peer Worker
positions.”**

-Harm Reduction Peer Worker, 2019 Consultation

Engagement

Community engagement is the core strength of Harm Reduction Victoria and peer to peer work.

Our programs are all built around meaningful engagement which should always be two-way. Peer educators often learn from the peers who engage with our programs.



Flemington residential towers
COVID lockdown outreach 2020

The Health Promotion Team has had a busy year which saw them all over town delivering training workshops to both peers and workers in the health and welfare sectors.

Before COVID-19 restrictions the **Health Promotion team** had regular training delivery to peers and workers in the AOD sector, youth services, women's services, and to pharmacy students.

As soon as COVID struck, face to face workshops ceased. We engaged our community to work through ways to stay connected and to learn from our peers how they were managing themselves .

Early on, HRVic employees played a vital role in an unprecedented lockdown situation providing outreach to the North Melbourne and Flemington residential towers alongside colleagues from community health and social service organisations such as cohealth and Flatout.

During the worst of the first Victorian lockdown,

we partnered with other organisations delivering peer outreach into hotels that were housing people formerly sleeping on the streets, referring and supporting people to access pharmacotherapy, sterile injecting equipment and naloxone.

The Peer Network Program volunteers have been key to this engagement and we consulted and discussed issues with them throughout this period.

While some workshops and peer education went online, we heard many of our community who told us that this was not the best way to run workshops for all people who inject.

We provided face masks, sanitiser and up to date COVID and legal information in easy to understand posters to our community through our NSP and to our Peer Networks to distribute throughout the state.

A Change of Pace

The **DanceWize** program's primary setting for service delivery has always been music events and festivals.

Traditionally our peak season runs from mid-November until Labour weekend in March. We had completed service delivery at **38 events and festivals** by 9 March 2020.

Following the implementation of COVID-19 restrictions on 17th of March 2020, the remaining 8 events that DanceWize were booked for were cancelled.

This included the DanceWize and Pill Testing Australia collaboration that was planned for April 2020 at Groovin the Moo in ACT.

Regardless of the event cancellations, our **267 volunteers worked an approximate 5,742 hours at 38 events**. 9 of those 38 events are known as 'large scale events' and have more than 20k attendees each.



BRIEF INTERVENTIONS
17,680



CARE INTERVENTIONS
1,336



CONTACTS WITH PEERS AT EVENTS
53,862



AOD INTERVENTIONS
1,599

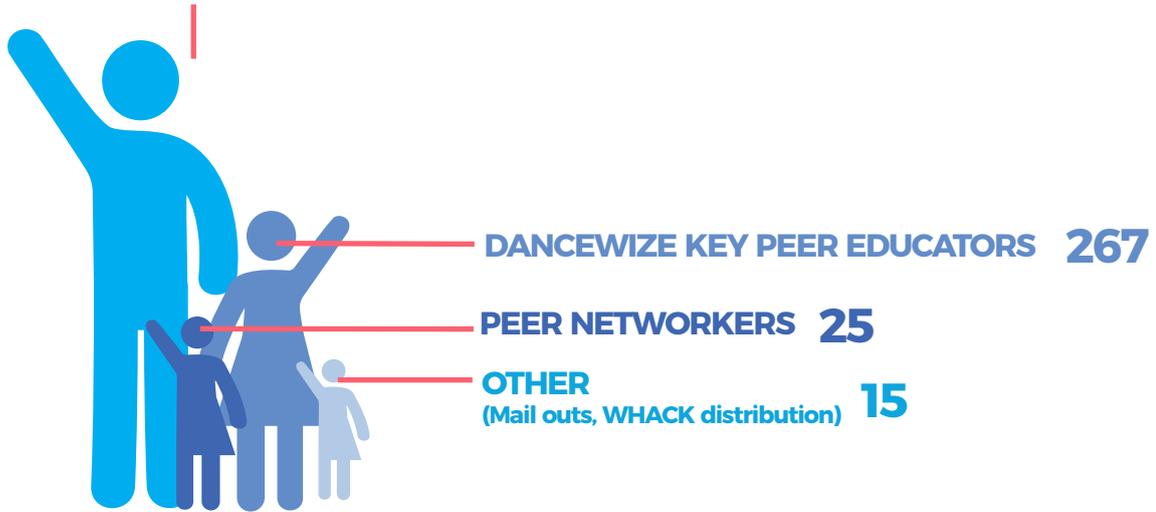
Reducing Harmful Drug Use Through Peer Led Networks (RHDUTPLN) Initiative Trial Review and Consultation

In September 2019, **Harm Reduction Peer Workers** in mainstream organisations supported by HRVic and our partner, APSU, were consulted on their role requirements, what they felt they had achieved during the first 2 years of the trial, and what support they needed from us.

While this was a turbulent time for the very small harm reduction peer workforce we achieved clarity of purpose through our engagement and we learned what needs to happen to help grow this workforce to make workplaces safe for peer workers. Engagement with community is the core strength of the Harm Reduction Peer Worker positions and from this flows many of the positive benefits of the program.

“As peer workers, our expertise & knowledge should be celebrated & sought-after in any service or organisation- we shouldn't feel like our careers are in jeopardy because we've been upfront about our lived experience.”

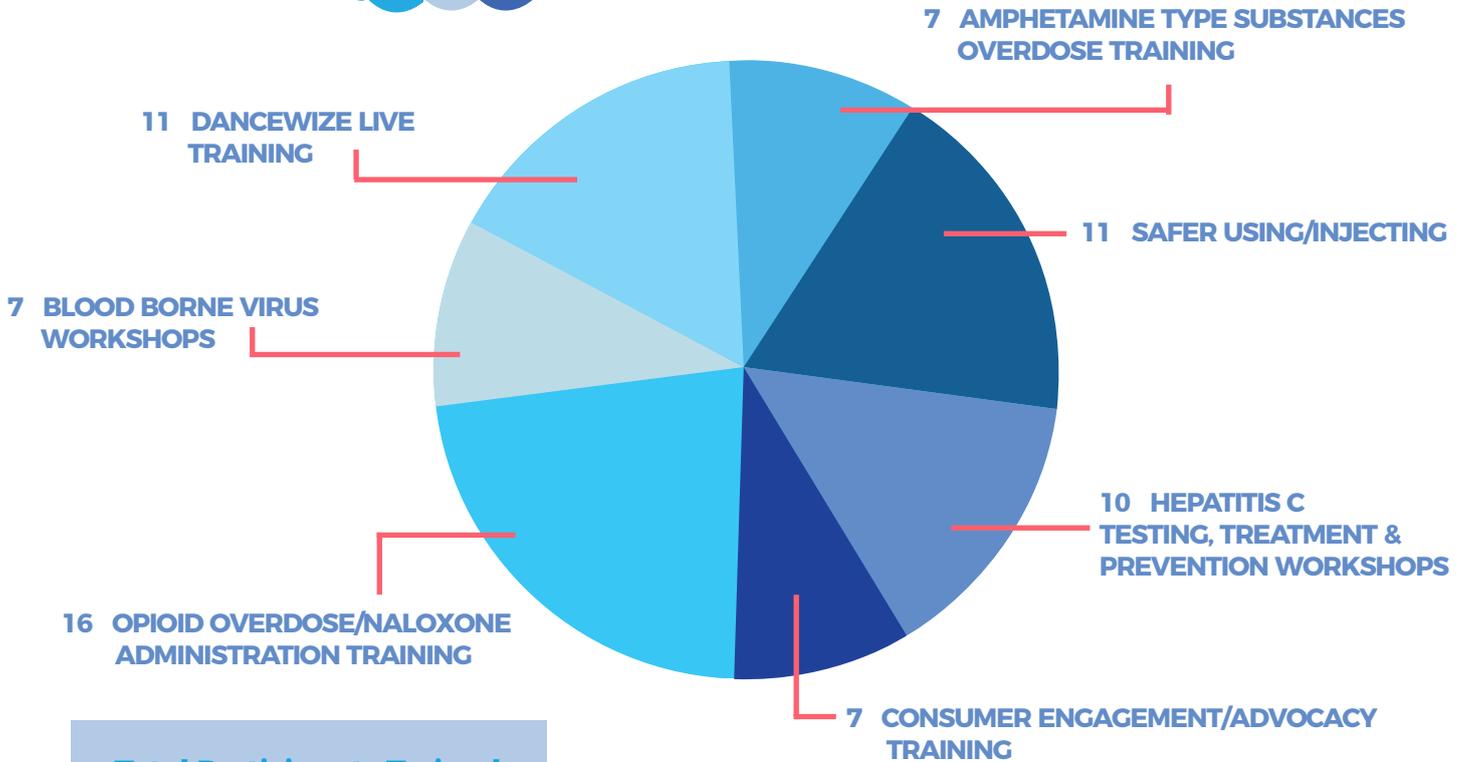
TOTAL HRVic VOLUNTEERS 315



Total New Volunteers Inducted 2019-2020 **72**



WORKSHOPS & TRAINING



Total Participants Trained

1066

engagement

Communication Through Technology

Technology has become an invaluable tool for resource and information sharing throughout our community.

The added benefit of perceived anonymity when responding to online posts and educational/informational resources, means that HRVic can potentially reach a greater number of PWUD who would be difficult to engage through the usual channels ie. primary health services or social support services.

Utilising **social media** as an educational platform and for information sharing between peers has proved far more popular with our community than first expected. Especially during the COVID lockdowns.

WHACK magazine continues to grow in content and in demand. Organic **community contributors are up by 73%** this year. HRVic distributes **5-120 magazines to 62 organisations** and **800 magazines to individual members** each issue.

This year with COVID's appearance and the inundation of misinformation around the virus in all media formats, it was essential that HRVic present factual COVID information, harm reduction advice and positive community articles to our readers.

Keeping our community informed of their rights with the ever changing restrictions and keeping safe while still being able to access services and information were paramount for HRVic's Communications.

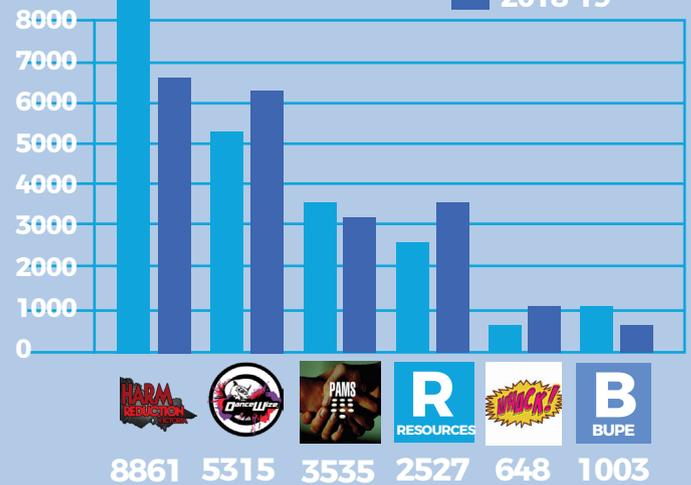


WEBSITE

18,258 UNIQUE VISITS
25,289 SITE SESSIONS

PAGE VISITS

2019-20
2018-19

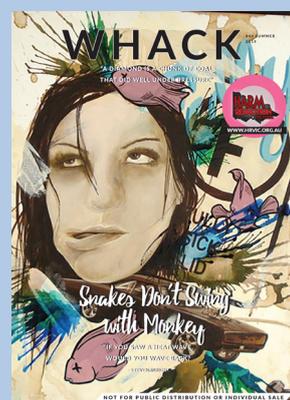


SOCIAL MEDIA

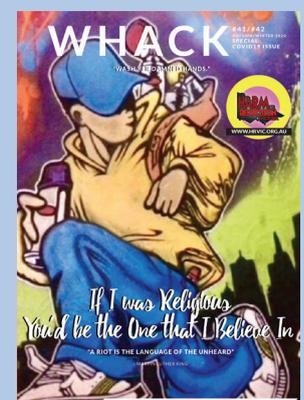
- 2245 PAGE FOLLOWS (+352 over 2019)
2215 PAGE LIKES (+330 over 2019)
- 2002 FOLLOWS (+176 over 2019)
9.8k IMPRESSIONS (Avg over Year)
- 1127 FOLLOWERS (+651 over 2019)
FOLLOWER DEMO- 72.5% WOMEN
27.5% MEN

WHACK MAGAZINE

3500 magazines printed per issue



Issue #40



Double Issue #41/42

engagement

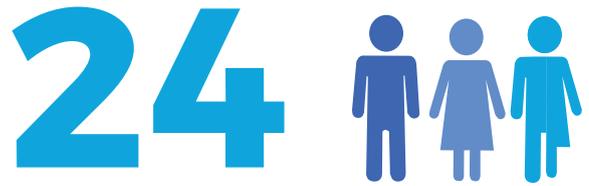
Reaching into Our Community

Volunteers in our **Peer Networker Program** continue to provide injecting equipment and education in their networks across the state.

They recorded almost 2000 individual contacts throughout the year and distributed more than 88,000 pieces of injecting equipment.

One out of every five Peer Networker contacts are still reporting that the program is their only source of sterile equipment, which demonstrates the importance of our volunteers' work.

During lockdown it became evident just how important the Peer Network Program is, as they were able to ensure a constant supply of clean equipment to their networks. We had expected a significant drop in activity but found that while the number of contacts decreased, the volume of equipment given out dramatically increased during both lockdowns.



24
PEER NETWORKERS
DISTRIBUTED

97,660

NEEDLES & SYRINGES

TO 1847 CONTACTS

WITH A

96%

RETURN RATE

NOTABLE DISTRIBUTION DEMOGRAPHICS



19%

Or 1 in 5 community members who utilise the Peer Network Program stated that they “would have to share or re use their syringes/needles if the PNP didn’t continue” peer distribution in their area.

Alignment

This section shows how HRVic, our partners in the sector and our community are strengthened through partnership.

As partner organisations strengthen relationships and learn from one another so too do we learn through our community engagement and we align ourselves and our partners to better serve the community.

Supporting peer workers and their workplaces

In 2017 the Department of Health & Human Services funded six healthcare services to employ harm reduction peer workers (HRPW) with lived and current living experience of overdose risk.

Overdose risk is the focus, with five projects being aimed at opioid overdose and one working on overdose risk in bars and clubs.

The Association of Participating Service Users (APSU) and Harm Reduction Victoria (HRVic) were funded in partnership to provide peer support to the HRPWs hired in these roles.

In September 2019 HRVic and APSU undertook a review of their model of support in order to ensure we were meeting the needs of the HRPWs, the healthcare services and their communities. We consulted the HRPWs and simplified our aims to be:

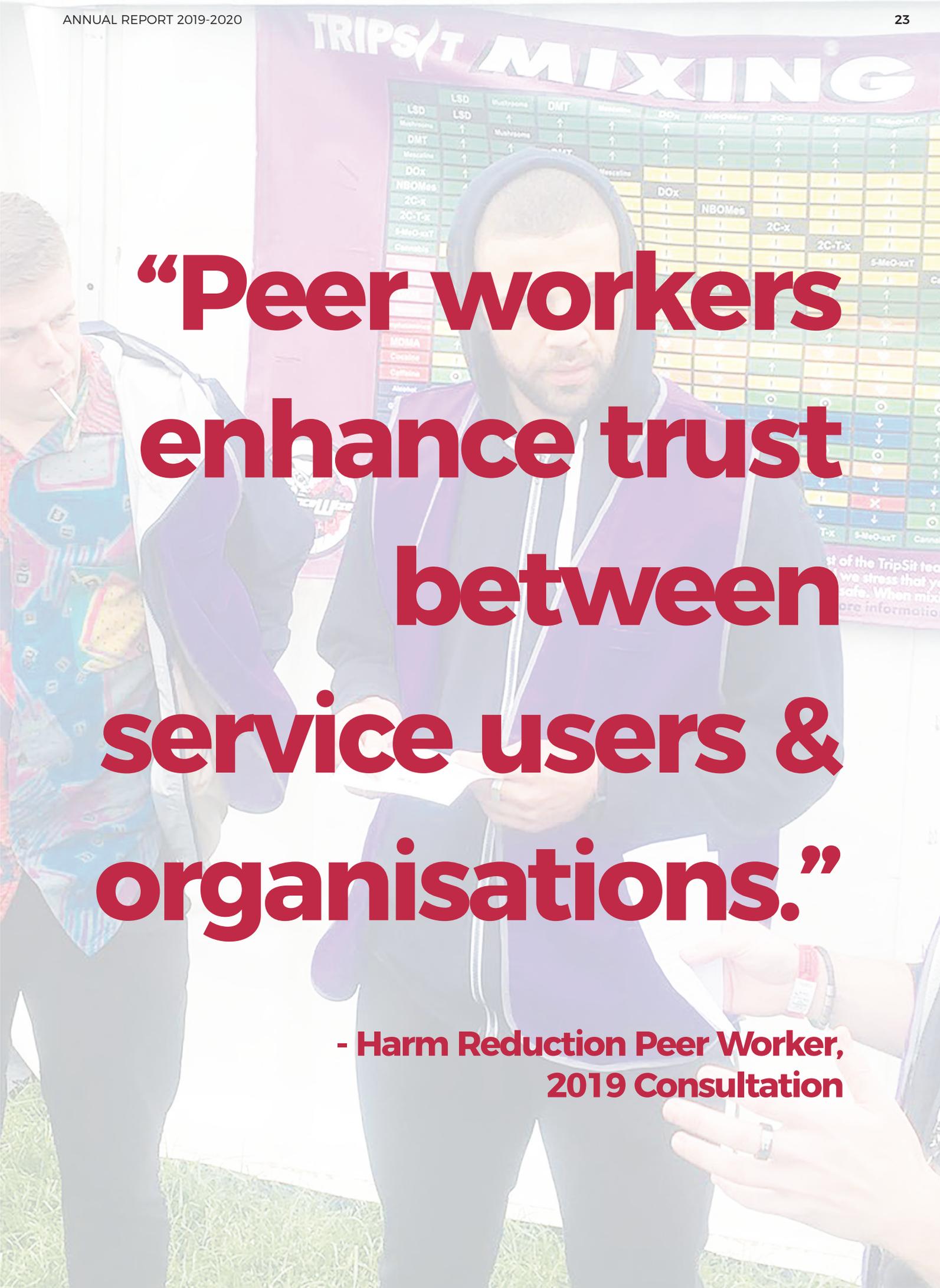
1. Provide a support function for peer workers recruited into services involved in the RHDUTPLN program.

2. Coordinate, convene and co-chair the Peer Led Network Steering Committee

The Steering Committee helps HRVIC and APSU engage with the funders, PLN stakeholders and HRPWs.

It is clear from this work that many services have aligned their organisational practice to support peer workers and community engagement but systemic level change is required to ensure safer spaces for people with lived and living experiences.

The peer worker consultations took place in the context of heightened and negative media and sector awareness of peer workers. Perhaps related to this, the issues of support and safety for HRPWs featured strongly in the consultations. An issue all too familiar for peer organisations played out across the media in 2019 and has had devastating effects for the people involved. However, peer workers are usually hired for their local knowledge of community and for their acceptance by that community. Various pieces of research have shown the value of this approach.”



**“Peer workers
enhance trust
between
service users &
organisations.”**

**- Harm Reduction Peer Worker,
2019 Consultation**

Solid Foundations

In 2018-19 the foundations were set for **DanceWize** to develop an updated online harm reduction training.

This online training that DanceWize developed in collaboration with the Australian Festival Association, Alcohol & Drug Foundation and the Australian Red Cross' Save-A-Mate program launched in 2019-2020.

The aim was for this online training to be made available for people who attend and work at music events and festivals. By March 2020, 3 months after its launch, more than **5391** people across Australia had completed the online Harm Reduction Quiz created as part of the collaboration.

The 2019-2020 period saw DanceWize facilitating **11 training sessions for 306 event personnel** including training volunteers and festival volunteer management groups and provided on-the-ground leadership at Earth Frequency Festival with Conscious Nest (QLD) and Dust Town Events & Event Remedy. We delivered collaborative services at sex-on-premises events including Trough X with Thorne Harbour Health and have an ongoing partnership with Students for Sensible Drug Policy that included training and campaign collaboration.

Our usual partnership with Pill Testing Australia delivering pill testing services for a 3rd year at Groovin the Moo ACT, was cancelled in April 2020 due to COVID.

Service Essentials

25 years ago the idea for what is now **PAMS**, (Pharmacotherapy Advocacy, Mediation and Support service) was born from a small group of methadone consumers who met regularly to discuss issues.

Today PAMS still consists of one full-time and one part time worker. Over the past few years, the demand for the telephone only service has reached unprecedented highs as the wider sector becomes more aware of what we do.

In 2019-2020 PAMS worked on a **total of 1036 individual client cases** or about 86 per month on average. Approximately 40% of all these cases were in regional and rural Victoria.

Working in close partnership with the Pharmacotherapy Area Based Networks (PABNs), prescribers and pharmacists is crucial to PAMS achieving outcomes for our community.

The PAMS Service has two overall goals:

- To address consumer-related concerns in a timely manner to preserve program continuity, (preventing missed doses and program drop-out)
- To increase access to 'medication assisted treatment for opioid dependence', (MATOD), especially for those who are struggling to start/re-start treatment.

World Hepatitis Day 28 July 2019

HRVic has been joining forces for years with services and organisations around the State to celebrate World Hepatitis Day.

Whether doing BBV workshops for community or speaking at forums to workers, we are usually invited to more events than we can physically attend.

In 2019, our Health Promotion Team accompanied HRVic's infamous handmade photo booth and a resource table packed with goods to engage and inform the clients at Access Health in St Kilda of hepatitis C treatment. It is just as important for the wider health sector as it is for people who inject, to know that hep C treatment is still available to you if you are currently using.

“You Can Clear While Using Gear”



“People often forget that to have got to this place of expertise as a peer, we’ve most likely seen the best & the worst that drug use offers but will still defend someone's right to dignity & respect.”

International Overdose Awareness Day (IOAD) mural 31 August 2019

Over the past few years the IOAD graffiti mural has become a regular event in Hosier Lane, Melbourne CBD.

Every year HRVic works alongside Youth Projects' Living Room to bring overdose awareness to the public by painting a mural in Hosier Lane, one of Melbourne's busiest legal graffiti lane ways.

In 2019, the mural coincided with an event in Federation Square organised by the Southern Metro Harm Reduction Coalition. Attendees included Access Health, Star Health, Thorne Harbour Health, Living Room -Youth Projects, HRVic and the Sacred Heart Mission. Fed Square was lit up in 'purple', the official Overdose Awareness Day colour, alongside other Melbourne landmarks such as the Flinders St. Station, the Arts Centre spire, the Bolte Bridge and the Melbourne Star. People who use drugs, their families, their friends and surrounding communities were invited to contribute messages of remembrance for loved ones who have passed or been affected by drug overdose. These messages were captured and displayed in a book put together by Access Health.



alignment

A Clear PATH to Hep C Elimination

Together with Access Health and The Burnet Institute we trialled a new project called PATH (Peer Assisted Treatment for Hepatitis C)

PATH aims to address barriers preventing people from prioritising hepatitis C treatment.

The lives of people who inject drugs (PWID) are often as busy- if not more so- than everyone else, which is why it's not surprising to learn that getting hepatitis C treatment is often not high on the list of priorities.

That's where PATH steps in.

HRVic employed two peer specialists - people with lived experience of hepatitis C - to be embedded at Access Health in St Kilda. They familiarised themselves with the locals and the local services and then set about engaging peers and working with them to address whatever barriers to treatment they had.

The peer specialists managed to get **2 peers into hep C treatment** and **referred 5 others into clinical services** at Access Health.

Just as PATH started to take off, COVID arrived bringing the project to a grinding halt. Rather than letting it get the better of them, the peer specialists have used their time to review the project and plan for PATH 2.0, which will begin in early 2021.

Free Shot - Hepatitis A Vaccination Campaign

In early 2020 - just as COVID-19 was really beginning to make its presence felt in Australia - Harm Reduction Victoria and Hepatitis Victoria were engaged by the Department of Health and Human Services to respond to an outbreak of hepatitis A in Victoria.

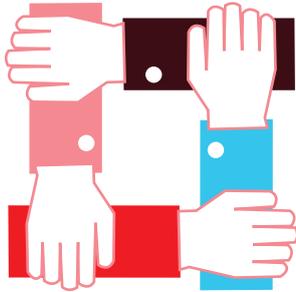
This affected people who were sleeping rough and people who inject drugs primarily. A resource aimed at raising awareness of free hepatitis A vaccinations was quickly produced, based upon a Thorne Harbour Health resource, with our own particular slant. This resource was put together so that services could raise awareness of a Mobile Immunisation Health and Harm Reduction Services, by The Salvation Army's Access Health service, St Vincent's and Burnet Institute. As always, we figured out an eye-catching way to gain attention and called the resource "Free Shot."

The mobile service dishing out free shots of hepatitis A and B vaccinations has continued throughout our lockdowns and provided care to hundreds of people



alignment

PARTNERS, COLLABORATORS & ALLIES



3CR Radio
 Salvation Army - Access Health
 AIVL
 Alcohol & Drug Foundation
 Association of Participating Service Users
 Australian Research Centre in Sex, Health & Society (ARCSHS)
 Australian Festival Association
 Barwon Health
 Burnet Institute
 CASA
 Bayside Peninsula Area Primary Care Partnership
 cohealth -Healthworks; Inner Space
 Conscious Nest (QLD)
 DanceWize NSW (NUAA)
 Dandenong Drug Court
 Victoria Department of Health & Human Services (DHHS)
 Dust Town Events
 Event Remedy
 Flagstaff Crisis Accommodation Centre
 Flatout
 Hepatitis Victoria / LiverWELL
 Launch Housing
 Melbourne Drug Court
 Mercy Health
 Monash Health
 Monash Addiction Research Centre

NRCH Medically Supervised Injecting Room
 National Drug and Alcohol Research Centre (NDARC)
 North Richmond Community Health
 North West Melbourne PHN
 South East Melbourne PHN
 NUAA, NSW
 Penington Institute
 Pharmacotherapy Area Based Networks across Victoria
 Pill Testing Australia,
 Psychedelic Research in Science & Medicine
 RMIT
 National Centre for Clinical Research into Emerging Drugs (NCCRED) & the Prompt Response Network
 Safe Mates
 SHARC
 Star Health
 Students for Sensible Drug Policy
 St Vincent's Hospital
 Thorne Harbour Health
 Centre for Social Research in Health (CSRH) - UNSW
 VAADA
 Wear Less Noise
 Yarra Drug and Health Forum
 Youth Projects- Living Room

CALENDAR EVENTS 9

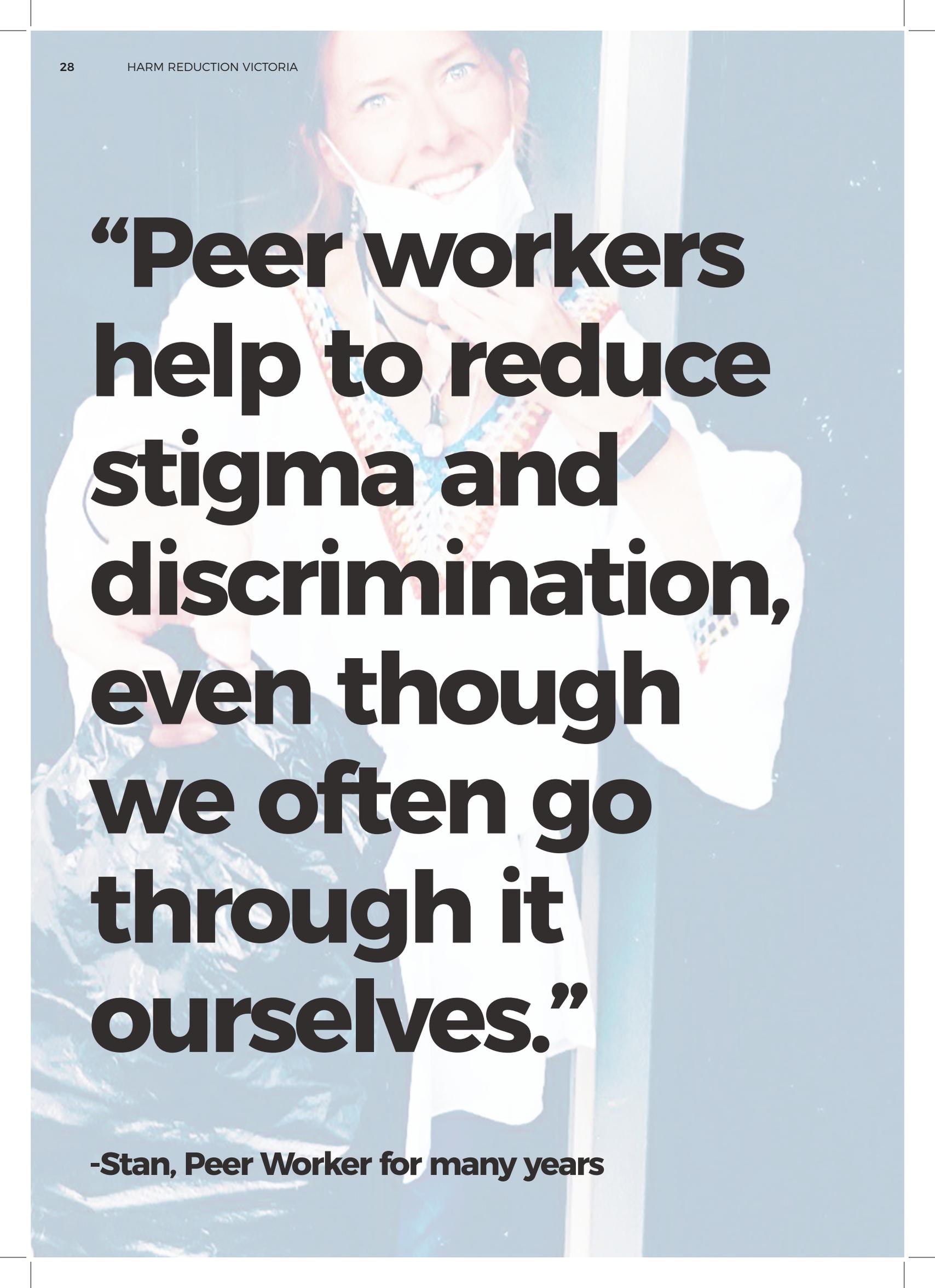
RESEARCH COLLABORATIONS

Harm Reduction Victoria collaborated on a range of research across the year. A number of studies are ongoing and some have published results in journals or at conferences. Here are some examples.



What Works & Why Study
 2016 - present
 ARCSHS, La Trobe Uni;
 Peer Insights - Hep C Treatment Uptake 3 Broadsheets;
 ARCSHS; LaTrobe;
 Rapid Drug Alerts for Victoria (RapidDAV)
 RMIT/NCCRED;

EC Australia
 Burnet Institute;
 Peers Accessing Treatment for Hepatitis (PATH)
 Burnet Institute, Access Health;
 Exploring the Reach of the DanceWize Program Model Beyond Formal Service Delivery
 HRVic; ARCSHS/LaTrobe;

A woman with long dark hair, wearing a white lab coat and a white face mask pulled down to her chin, is smiling. She is wearing a colorful patterned scarf and a watch on her left wrist. She is holding a blue plastic bag in front of her. The background is a plain, light-colored wall.

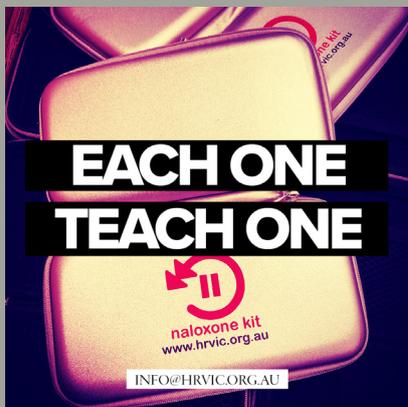
“Peer workers help to reduce stigma and discrimination, even though we often go through it ourselves.”

-Stan, Peer Worker for many years

Learning & Adaptation

Victoria's drug using community is neither a homogenous nor static group.

The continuous evaluation of the ever changing needs and expectations of our community is key to HRVic's role as an inclusive and representative organisation.



New DOPE naloxone kits for online training participants 2020

The demand for naloxone continues to rise as more of our community realise just how easy it is to learn how to save a life.

Access to naloxone has also increased as more and more agencies are able to provide it.

This year we saw the introduction of Nyxoid®, the nasal spray formulation of naloxone which has removed another barrier to administration. Not requiring a needle to administer naloxone has been a game changer when it comes to overdose response.

Administration is as simple as inserting the device into a nostril and squeezing. Of course there are other actions needed but the actual administration of naloxone couldn't be any easier. Taking the needle out of the equation has removed what was a pretty big barrier for a lot of people. Family members or friends with no experience of using a needle no longer

have any hesitation or concerns around whether or not they are doing it right.

Once someone has been trained, they are given the choice of formulation they would prefer.

Nasal or injectable. At this stage demand seems to be 50%/50%.

We continue to promote the Drug Overdose Peer Education (DOPE) project in lots of different ways. Social media, our website and through partner agencies. When asked how they heard about the project, the overwhelming response is that they heard about it via word of mouth from one of their peers. Peer networks are still the most effective way to spread the word.

This year there was also an increase in demand for amphetamine type substance (ATS) overdose workshops. It's surprising how many regular ATS users are unaware of the drug's adverse effects and don't believe that overdose is a risk.

A Model Of Endurance

As a peer led & based program, the **DanceWize** model for drug education & support has always been acutely adaptable to the evolving needs of our community & setting changes.

This strength has helped the program respond effectively and ensure service continuity despite the multiple disruptions caused by COVID.

Our fortnightly team meetings moved relatively seamlessly to zoom. The lockdown's timing fit with our usual seasonal downtime and provided the opportunity to focus more attention on the development of new resources.

Released in June 2020, **'Looking After our Mates'** is a series of infographics and accompanying videos covering 4 themes that explore what this rhetorical piece of harm reduction advice really means.

The themes are:

1. **How To Ground Yourself** (de-escalation, self-care, self-soothing);
2. **How To Coexist** (explaining drug experience/harm using the set, setting, and drug framework to reduce stigma);

3. **Just Say Know** (education and research—raising risk awareness on drugs from an illicit market and harm reduction 101)

4. **Party With Purpose** (responsibility to community and self, including self-care and intention setting)

More resources were dedicated to our social media platforms in 2019-20 and, following communications with DHHS, HRVic released a drug alert notice on 6 March 2020 informing our community that MDMA mixed with N-ethylpentylone was in circulation (NEP is a new stimulant cathinone). This post had a reach on Facebook of **17,782**, 2,430 engagements, and 118 shares and 136 likes on Instagram (these analytics were some of our most significant at the time, but have since been superseded by more than 3x in 2020-21 by subsequent drug alert posts).

We began the new educational campaign's staggered launch on 6 June 2020 and on Facebook alone **the campaign had a reach of 70,967, with 79,477 engagements, 527 likes and 2019 shares.**

“The best thing about peer education is that alot of the time, you don't even realise you're doing it- it's so natural & organic to talk to your mates about staying safe.”

DanceWize

HOW TO GROUND YOURSELF

✦ Tips to manage overwhelm ✦

GROUNDING -
5 S'S TO STAY PRESENT

SEE - WHAT DO YOU SEE?

HEAR - WHAT DO YOU HEAR?

FEEL - WHAT DO YOU FEEL?

SMELL - WHAT DO YOU SMELL?

TASTE - WHAT DO YOU TASTE?

LEAN IN, NO
OUT LET YOUR
FEELINGS PASS
THROUGH YOU

FIND A FRIEND
OPEN UP
ASK FOR

BE IN THE
- LOOK UP

FIND A
ADMIRE THE

BREATHING EXERCISES
- BREATHE IN THROUGH YOUR NOSE / HOLD / OUT FOR 5 SECS

dancewize.org.au

DanceWize

HOW TO COEXIST

✦ Birds of a feather flock together ✦

SHAME CAUSES HARM
WE DON'T PECK ON EACH OTHER,
WE TEACH EACH OTHER

PRACTICE NON-JUDGEMENT
SOME BIRDS LIKE FRUIT,
SOME BIRDS LIKE GRAIN

YOUR FEELINGS ARE VALID
BUT THEY AREN'T FACT
STICK TO THE EVIDENCE

WELCOME OTHERS
UNDER YOUR WINGS
SO COMMUNITY GROWS

SOFT FEATHERS DON'T MAKE A
CRUEL BIRD KIND - MUNIA KHAN

dancewize.org.au

DanceWize

HOW TO PARTY WITH PURPOSE

✦ (and last the distance) ✦

- Fresh socks
- Toothbrush
- Water
- Ear Plugs
- Veggies
- Electrolytes
- Sanitiser
- Eyemask
- Fruit
- Program/map
- Drug Testing kit
- Vitamin
- Sexual health supplies
- Drug Info

dancewize.org.au

DanceWize

JUST SAY KNOW

Illicit drug quality/purity & dose/strength are unknown. Yet ~40% have tried them and 18% have tried a floor score*. The only way to be completely safe is to discard them responsibly

1. FLOOR SCORE!
2. SHOW FRIENDS
3. GET CURIOUS
4. DO SOME RESEARCH
5. DO REAGENT TEST
Check out reagentkit.biz
6. SET, SETTING, START LOW, GO SLOW

For more insights, check out the Global Drug Survey, EDRS of UNSW and Aus Household Drug Survey

dancewize.org.au

learning & adaptation

Impact of COVID-19 on PAMS and MATOD Consumers

Being telephone based, PAMS did not miss a beat when COVID-19 hit Victoria in early 2020.

The advent of COVID-19 posed challenges for every Australian. People on pharmacotherapy initially worried about pharmacy closures and clinic delays but we had some “wins” as well.

PAMS staff encountered some complications when facilitating inter-state medication assisted treatment for opioid dependence (MATOD) transfers given the various border restrictions and the requirement for self-isolation upon arrival. The latter involved the negotiation of an additional 14 TADs and/or negotiating novel methods of dose supervision. Additionally, PAMS staff received an increase in reports of domestic violence, loss of employment and a deterioration their mental health.

However, the COVID-19 lockdown presented its own unique challenges for the MATOD consumer group including:

- Feelings of anxiety about potential fines if traveling more than 5kms to dose.
- Feeling internalised stigma & marginalisation (e.g some consumers reported being required to line up outside the chemist prior to dosing to

manage customer numbers in-store).

- Difficulty negotiating additional Take Away Doses (TADs), despite the revised interim guidance.

Other PAMS callers expressed anxiety about catching COVID- especially if immunocompromised, managing multiple chronic conditions and/or have elderly relatives in their care.

An additional change was the increased availability of Long Acting Injectable Buprenorphine (LAIB).

In 2019-2020 this became more available in Victoria and represents a big opportunity for change to our system.

NOTABLE CLIENT DEMOGRAPHICS



9.4% OF SERVICE USERS IDENTIFY AS ABORIGINAL OR TORRES STRAIT ISLANDER

PRIMARY ISSUES FOR PAMS CLIENTS

DOSING FEES	26.6%
TRANSFERS (Intra-state, Interstate & International)	10%
LACK OF PRESCRIBERS & DOSING PHARMACIES	-10%

50% OF CALLERS WERE NEW TO THE PAMS SERVICE

learning & adaptation

Harm Reduction Peer Worker Consultation Response

Our harm reduction peer worker consultation response established what is needed psycho-socially for our peer workers to thrive.

They asked that we:

- Provide ongoing support and mentoring for peer workers: one on one, group and email/social media groups.
- Develop structured debrief; individual and group support; face to face or zoom and meetings.
- Increase knowledge of peer workers through providing relevant training.

In order to further develop the harm reduction peer workforce in mainstream healthcare services the term ‘Peer’ should be defined and advocated for as a unique professional discipline. This came out loud and clear in our consultation work.

This year so we are working on ways to move this process forwards. This includes sitting on the Lived Experience Workforce Advisory Group convened in partnership with other lived experience sectors including Mental Health and Carers as well as with the DHHS. In addition we are working with HRPWs to identify professional development and ongoing training needs.

Online Communications

This year, we started to utilise our online networks for most of our communications.

Approx. 80% of our work is now being done online. As a result of COVID, Communications has been assisting programs who relied more on face to face education, to rely less on “real world” interactions and expand their reach to online peers and allies for workshops and information sharing. Changing the way we engage and interact with our membership and possible new members and keeping up technologically is a never ending learning curve. We continue to add our resources to our online store and despite not advertising, we are sending out posters and brochures steadily. Looking into 2021 and beyond, Communications will continue to work with programs to produce quality, informative materials, do some community consultations and reviews of existing online sharing of information and training and look into options for consumer participation in a “COVID world.”

Until then, we will continue to produce successful health promoting resources and share them with other services and organisations who work with our community.

OUTBOUND RESOURCES VIA HRVIC WEBSITE

PURCHASE ORDERS 16 (↑ 33% last year)
AVG. RESOURCES PER ORDER 3



Substance Specific Brochure SET x18	Recognise & Response Overdose Instruction Pack of 3	Eliminate Hep C (EC) Ezy Cards Pack 50	Naloxone Instruction (Mini Jet) Poster	New Hep C Treatment Set of 6 Posters
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90% 3% 3% 2% 1%



“Peer workers need autonomy- for services to believe in our connection to community & our ability to represent that for good program design.”

- Harm Reduction Peer Worker, 2019 Consultation

Influence

How we influence and contribute to achieving improved outcomes in the community and in the wider sectors and policy areas.

HRVic is frequently consulted by our partners in government and across the Harm Reduction, AOD and Blood Borne Virus Sectors. This may take the form of an ongoing Advisory Group, or it may be a rapid response to an unprecedented global pandemic.

As a result of intervention by PAMS, almost 70% of all consumers in contact with the service were retained on their current program.

Over 15% re-started treatment and a further 4.5% started a program for the first time. Importantly, 85% of all consumers were on MATOD at the point of last follow-up. Much of the work undertaken by PAMS takes a substantial amount of time, e.g just over 50% of all PAMS cases took 3 days or more to resolve during this reporting period

As it became clear that COVID-19 would require physical distancing and a minimising of contacts, it likewise became clear that our system for Medically Assisted Treatment of Opioid Dependence (MATOD) - with its daily dosing and frequent prescription requirements - had some real risks attached. How would a

patient receive their dose if they had to quarantine or self-isolate, for example?

PAMS was directly involved with the development and promotion of the interim Victorian COVID-19 MATOD policy. This interim guidance primarily allowed for an increased number of TADs for stable consumers, the availability of 3rd party dose collection and extended prescriptions (3-6 months in length). As a result of COVID-19, tele-health was offered by many MATOD prescribers and in most cases, was well received by the current MATOD consumer group especially those in rural and/or regional Victoria. However, many prescribers did not view it safe to initiate consumers onto MATOD without a face-to-face consult. Unfortunately, this resulted in reducing immediate access to treatment for some consumers wanting to start or resume treatment.

The DanceWize Key Peer Educator (KPE) & Carer Training Modules Now Number Sixteen.

The high-quality KPE training program ensures, through both induction and ongoing education, that there are hundreds of peers who not only operate our harm reduction spaces at events but who carry their knowledge and skills throughout the community and who apply that knowledge beyond formal DanceWize service delivery.

The run down of units learned is:

- **Level 2 First Aid**
- **Managing the Unconscious Patient/ Applying AVPU**
- **Overdose Prevention & Naloxone Administration**
- **Multidisciplinary Association of Psychedelic Studies (MAPS) Trip Sitter training/ Kosmicare Psychedelic Support training**
- **Neuropsychopharmacology**
- **Needle & Syringe Program (NSP) training and DHHS registration—Safe Disposal Practices**—All of HRVic’s volunteers are registered with DHHS as NSP outreach workers
- **DW’s Drug-related 1st Aid at Events training**—Translation of the Trimbos Institute’s package (NL) and adapted to the Australian setting.
- **Self-care & Vicarious Trauma training**
- **Substance Specific Health Promotion Workshops**
- **Blood Borne Virus - Testing, Treatment & Prevention**
- **Sexually Transmitted Infections Education**
- **Responding to Sexual Assault/Bystander Interventions**
- **Managing Aggression**

The Community Has Spoken

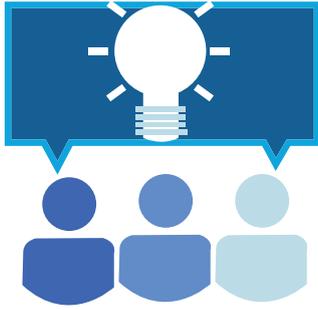
Through our DanceWize data, the community have quite clearly spoken - we see a clear need for drug checking that the community can access to improve their own health.

Requests for **drug checking was the most common and popular topic amongst the 1,599 drug-specific brief interventions in 2019-2020.**

We work to educate the community and the sector about drug-checking to dispel misconceptions and we work with allies such as Pill-Testing Australia to provide accurate information to politicians and the media about what this intervention can and cannot achieve.

We are also receiving pressure from the community to boycott events where sniffer dogs operations continue due to the ever-growing body of evidence that sniffer dog operations at events cause unintended harms, like panic swallowing and traumatisation due to the process of being strip searched.

A survey undertaken with 146 KPEs in 2019 showed that **105 KPEs delivered over 400 harm reduction interventions at multi-day events** over a number of years. (Exploring the Reach of the DanceWize Program Model.” APSAD 2019).

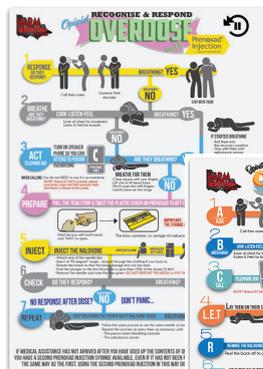


ADVISORY GROUPS, STEERING COMMITTEES & WORKING GROUPS

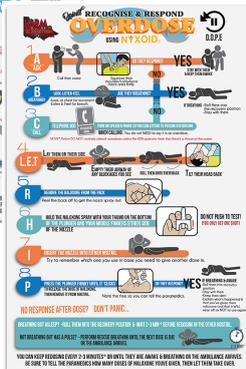
ADRIA Research Grant Advisory Group
 APSAD Conference Committee
 APSU Podcast
 APSU Advisory committee
 COVID-19 Pharmacotherapy Access - National Round table with AIVL
 Departmental (DHHS) Advisory Committee - BBV/STI
 DHHS Emergency Dept AOD / Mental Health Hubs - Peer Worker Model Sub-Committee
 DHHS Lived Experience Workforce Advisory Group
 EC Australia - Core Health Promotion Group EC Australia Executive Committee
 Harm Reduction Sector Coordination Meeting - Penington Institute
 IOAD working group with Royal Melb Hospital & Summit Health
 INPUD board Regional Representative of Pasifika PACPUD
 Office of Youth's School Leavers' Inter agency Steering Committee (SWISC)

Peer Led Network Steering Committee
 NWMPHN Mental Health Regional Plan
 NWMPHN AOD Expert Advisory Group
 PATH Project Steering Group and codesign
 MSIR Consumer Advisory Group Prompt
 MSIR Gateway Ref Group
 National Naloxone Ref Group
 National Prisons Hepatitis Education Project
 North Richmond Local Reference Group
 North Richmond Outreach Coordination Committee
 The Power of Words Anti Stigma Guidelines Advisory Group
 RapiDAV research advisory Group - RMIT; Response Network - NCCRED
 RHDUTPLN Project Steering Group
 Southern Metro Harm Reduction Coalition
 VHHITAL Expert Reference Panel
 Victoria NSP Operating Guidelines Advisory Group

RESOURCES



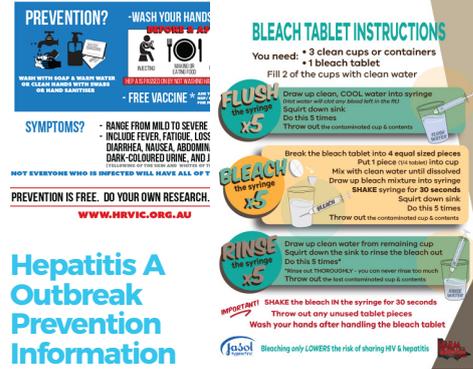
PRENOXAD Naloxone Instructions



NYXOID Naloxone Instructions



Hepatitis A Outbreak Prevention Information



Bleach Tablet Instructions Information



COVID-19 Planning Information



COVID-19 Pharmacotherapy Information

Communicating COVID-19 In a Way We All Understand

Resources are still the mainstay of the communications work at HRVic.

The arrival of COVID-19 emphasised the need for easily understandable health information more than ever,

With the continuous changes of restrictions and overload of information and “advice” throughout the media and internet, HRVic were quick to feel and fore see that our community could and would be hit hardest with restrictions and limits and the fines that accompanied them.

Straight out of the gate we created bright, image heavy, easy to understand COVID posters, fliers for fit packs and a social media campaign focusing on the 3 main areas that we thought would affect our community most- the rules (and repercussions), pharmacotherapy maintenance and planning for lockdown as people who rely on accessing substances. We still have COVID packs available in our NSP that include 10x disposable masks, 2 reusable masks, a bottle of hand sanitiser, a pair of gloves and some alcohol wipes. Feedback around our no nonsense information and practical advice and suggestions and reliability during these uncertain times has been as positive as it gets-without a test.



Power of Words: Having Conversations About Alcohol and Other Drugs

The Power of Words is a new suite of evidence-based resources which address stigma as a public health and social issue.

HRVic was a partner in the Alcohol and Drug Foundation (ADF) led collaboration ‘The Power of Words’ (POW). The POW is suite of resources designed for AOD and other health professionals to address how language can amplify the stigma and discrimination people who use drugs (PWUD) experience when accessing services.

The suite comprises of five elements:

- a background document
- project summary
- comprehensive practical guide
- short application guide
- condensed, at-a-glance desktop book with tips on how to use the language guidelines

These resources have been produced by the Alcohol and Drug Foundation, Association of Participating Service Users, Harm Reduction Victoria, Penington Institute and the Victorian Department of Health and Human Services.



The Power of Words

Having conversations about alcohol and other drugs
A quick guide

Peers Play a Critical Role in Health Education

Harm Reduction Peer Workers (HRPW) support and empower people who use drugs (PWUD) to take ownership over their own health and other related issues.

HRPW's can act as 'translators' or 'bridges' to facilitate access to healthcare services and to ensure healthcare needs are being met.

As HRPW's become more common in the sector it is crucial that they receive specialised support. The RHDUTPLN work that APSU and HRVic has been doing has aimed to provide this support to the HRPWs who work in these roles.

Peer workers are increasingly being understood by mainstream services as key to any consumer engagement strategy. Organisational readiness is a key factor in safety for peer workers. Developing tools and policies and a strategy to work from is the next step we hope will influence development in this sector.

APSU and HRVic know the next step for supporting and growing this workforce is to develop tools and strategies for both us and the sector to be better able to support peer workers to be safe in their work. Our partnership with SHARC and APSU means we can learn from their experiences in the AOD treatment sector.

“The combined experiences of Peer Workers are an under utilised & an invaluable resource”

HR21- The Next International Harm Reduction Conference, is coming to Melbourne in December 2021

We could not be more excited to show off our sector and our city and state to the world.

Harm Reduction Victoria partnered with our national peak, AIVL; with the Australasian Society for Sexual Health Medicine (ASHM) and the International Network on Health and Hepatitis in Substance Users (INHSU) bid for the conference. In late 2019 representatives from Harm Reduction International were hosted by ourselves and by the Victorian Government's Conference team. That we were eventually chosen as the site for the conference is a huge source of pride for us.

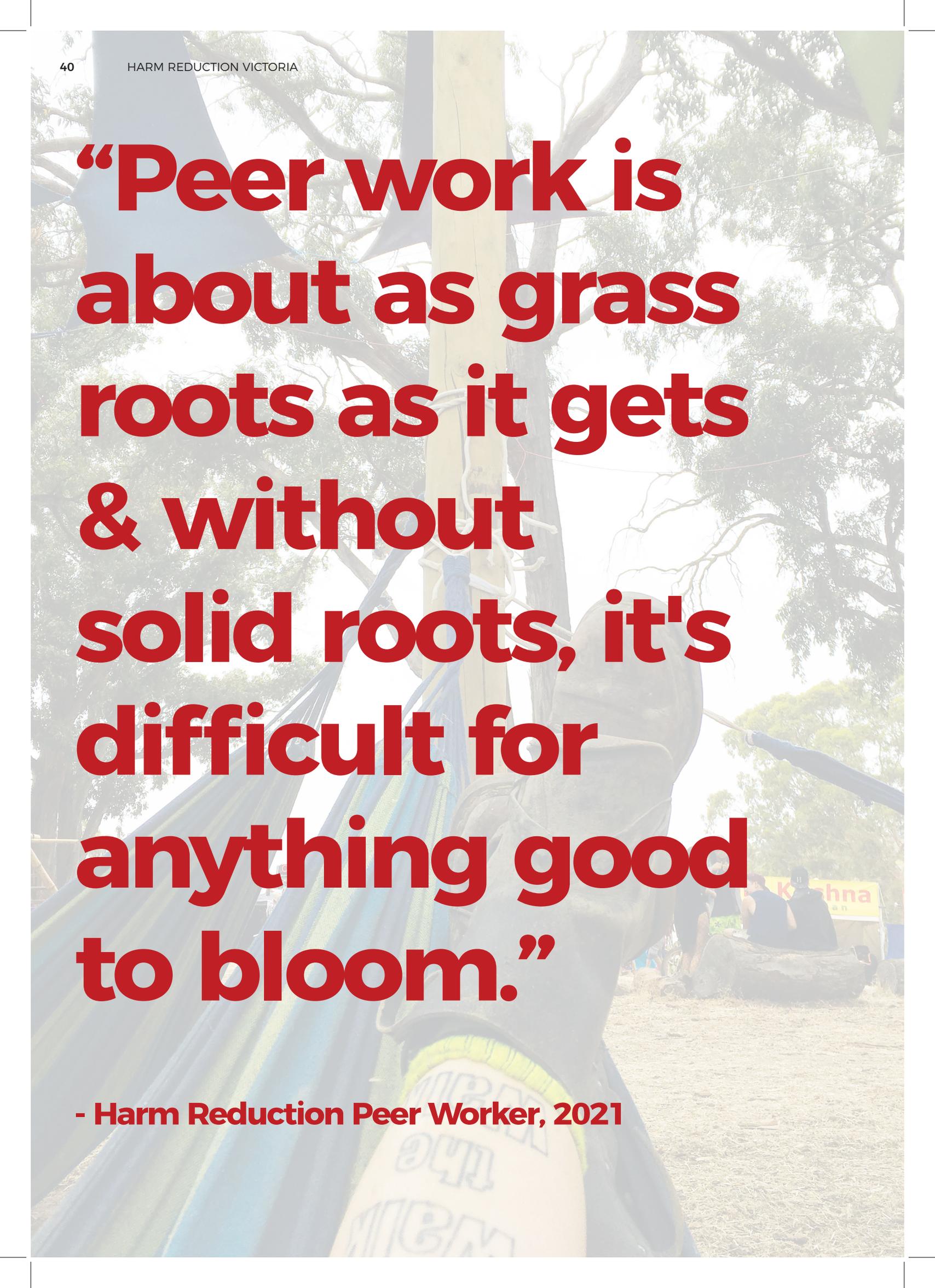
This conference is one that truly recognizes and platforms the voices of people who use drugs and of other key populations, such as sex workers.

Of course, like everything else in this awful year, the conference timeline was impacted by COVID-19 but we are optimistic and confident that we will have a fantastic time this December. We will do everything we can to ensure that interested community members have an opportunity to be involved or to attend so watch out for announcements.

This year the theme is **Strength in Solidarity**. **This year has shown us just how important it is to act together and to support each other.**

STRENGTH
IN SOLIDARITY

HR21

A person is lying in a blue and green striped hammock, suspended from a wooden post. They are wearing a dark jacket and a yellow and black patterned shirt. The background shows a large tree and a yellow banner with the word 'Kishna' visible. The scene is outdoors with trees and a clear sky.

“Peer work is about as grass roots as it gets & without solid roots, it's difficult for anything good to bloom.”

- Harm Reduction Peer Worker, 2021

Financials

Harm Reduction Victoria Inc.
(Reg. No: A14792P)

Financial Report
For The Year Ended
30 June 2020

C.S BEH
Certified Practicing Accountant
Melbourne

Contents

43 Income Statement

44 Balance Sheet

45 Statement of Changes in
Equity

Cash Flow Statement

46 Notes To The Financial
Statements

51 Statement By The Board

52 Independent Auditor's Report

54 Detailed Management Profit
& Loss Account

Harm Reduction Victoria Inc.

(Reg. No: A14792P)

Income Statement for the year ended 30 June 2020

	Note	2020	2019
		\$	\$
<u>Revenue From Ordinary Activities:</u>			
Service grant-- DHHS	3	1,249,147	1,168,387
Activities income	3	145,999	187,567
BBV STI one off		15,000	-
Covid-19 cash flow boost		50,000	-
Donations received		391	-
DW Gia income		85,000	-
Other project income		69,455	-
PABN 5 income PAMS		16,000	-
Miscellaneous income		74,989	168,930
Interest received		4,359	12,577
		<u>1,710,340</u>	<u>1,537,461</u>
<u>Expenditure</u>			
Depreciation and amortization		(32,441)	(17,813)
Education and awareness programs		(43,838)	(99,746)
Other expenses from ordinary activities	4	<u>(1,552,134)</u>	<u>(1,366,053)</u>
		(1,628,413)	(1,483,612)
Operating surplus from ordinary activities before income tax expense		81,927	53,849
Income tax expense	5	-	-
Surplus from ordinary activities after income tax expense		81,927	53,849
Accumulated funds at beginning of year		555,684	501,835
Accumulated funds at end of year		<u>637,611</u>	<u>555,684</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 2020

	Note	2020	2019
		\$	\$
<u>EQUITY</u>			
Accumulated funds		637,611	555,684
General reserve	6	32,123	32,123
TOTAL EQUITY		<u>669,734</u>	<u>587,807</u>
<u>NON-CURRENT LIABILITIES</u>			
Motor vehicle finance liabilities	10	7,050	15,053
		<u>676,784</u>	<u>602,860</u>
Represented by:			
		\$	\$
<u>CURRENT ASSETS</u>			
Cash assets	7	624,548	667,220
Pledges receivable		39,485	39,905
Other account receivables	8	290,970	29,041
		<u>955,003</u>	<u>736,166</u>
<u>NON-CURRENT ASSETS</u>			
Plant and equipment	9	48,048	60,139
		<u>48,048</u>	<u>60,139</u>
Total Assets		<u>1,003,051</u>	<u>796,305</u>
<u>CURRENT LIABILITIES</u>			
Trade and other payables		150,341	61,926
Motor vehicle finance liabilities	10	9,574	8,956
GST payable		35,352	18,035
Provisions	11	131,000	104,528
		<u>326,267</u>	<u>193,445</u>
NET ASSETS		<u>676,784</u>	<u>602,860</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 2020

Accumulated funds at the beginning of year	555,684	501,835
Surplus for the year	<u>81,927</u>	<u>53,849</u>
Accumulated funds at end of the year	637,611	555,684
General reserve	<u>32,123</u>	<u>32,123</u>
TOTAL EQUITY	<u><u>669,734</u></u>	<u><u>587,807</u></u>

Cash Flow Statement for the year ended 30 June 2020

	Note	2020	2019
		\$	\$
<u>CASH FLOW FROM OPERATING ACTIVITIES</u>			
Receipts from grants, members & other activities		1,431,632	1,479,023
Interest received		4,359	
Payments to suppliers & employees		<u>(1,450,928)</u>	<u>(1,501,652)</u>
Net cash flow from operating activities		(14,937)	(22,629)
<u>CASH FLOW FROM INVESTING ACTIVITIES</u>			
Proceed from disposal of plant & equipment			-
Payment for purchase of plant & equipment		<u>(20,350)</u>	<u>(45,444)</u>
Net cash flow from investing activities		(20,350)	(45,444)
<u>CASH FLOW FROM FINANCING ACTIVITIES</u>			
Receipt from borrowing			
Payment of finance borrowing		<u>(7,385)</u>	<u>(8,806)</u>
Net cash flow from financing activities		(7,385)	(8,806)
Cash held at the beginning of the year		<u>667,220</u>	<u>744,099</u>
Cash held at the end of the year		<u><u>624,548</u></u>	<u><u>667,220</u></u>

Harm Reduction Victoria Inc.

(Reg. No: A14792P)

Notes To The Financial Statements for the year ended 30 June 2020

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 assistance and grants totalling \$1,249,147 (2019 - \$1,168,387). The amounts are for specific purposes and are to be expended in accordance with the terms of the grants. 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>2020</u>	<u>2019</u>
	\$	\$
Rent – premises and halls	46,800	43,636
Salaries and on-costs	919,910	795,776
Meeting expenses	577	3,219

5. INCOME TAX RELATING TO ORDINARY ACTIVITIES

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

6. GENERAL RESERVES

The General Reserve was created to meet future contingency needs.

7. CASH

(a) Cash Assets:

	\$	\$
Petty cash	26,387	2,388
Cash at bank and Credit Co-op	<u>598,161</u>	<u>664,832</u>
	<u>624,548</u>	<u>667,220</u>

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

	<u>2020</u>	<u>2019</u>
	\$	\$
Surplus/(deficit) from operating activities	81,927	53,849
Add/(Less) Non-cash Items:		
Depreciation and amortization	32,441	17,813
Write-offs	12,840	12,080
Provision for staff entitlements	<u>28,272</u>	<u>13,168</u>
	<u>155,480</u>	<u>96,910</u>
Changes in Assets and Liabilities:		
Decrease/ (increase) in trade and other receivables	(29,901)	(15,377)
Increase/(decrease) in creditors and accrued expenses	<u>103,932</u>	<u>(104,162)</u>
NET CASH PROVIDED BY OPERATIONS	<u>229,511</u>	<u>(22,629)</u>

8. **OTHER ACCOUNT RECEIVABLES**

Other account receivables include the following item:

	\$	\$
Amount held by ASIC	244,448	-

9. **PLANT AND EQUIPMENT**

	\$	\$
Lease holding improvement	-	5,100
Motor vehicles	86,844	86,844
Disposal/Written-off	-	-
Less: Accumulated depreciation	(64,880)	(54,290)
Accumulated depreciation for disposal	<u>-</u>	<u>-</u>
	<u>21,964</u>	<u>32,554</u>
Office Equipment	55,158	55,158
Addition	25,451	-
Less: Accumulated depreciation	<u>(54,525)</u>	<u>(32,672)</u>
	<u>26,084</u>	<u>22,486</u>
Net Book Value	<u>48,048</u>	<u>60,139</u>

10. **MOTOR VEHICLE FINANCE LIABILITIES**

	<u>2020</u>	<u>2019</u>
	\$	\$
Amount due – not later than 1 year	9,574	8,956
– later than 1 year and not later than 5 years	<u>7,050</u>	<u>15,053</u>
	16,624	24,009

11. **PROVISIONS**

	\$	\$
Staff entitlements	28,272	13,168

12. **AUDITOR'S REMUNERATION**

Amounts received or due and receivable by the auditor for:

	\$	\$
Auditing of the accounts	2,000	1,800

13. **ECONOMIC DEPENDENCY**

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

14. **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.

15. **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)**

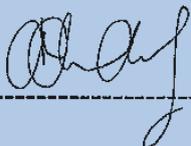
Statement By Board Members

The Board has determined that Harm Reduction Victoria Inc. is not a reporting entity. The Board Members have determined that this special 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 2020 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:



Joel Murray
Treasurer, Harm Reduction Victoria



Robyn Dwyer
President, Harm Reduction Victoria

Harm Reduction Victoria Inc.

(Reg. No: A14792P)

Independent Auditor's Report to the members of Harm Reduction Victoria Inc.

C.S. BEH Chartered Accountant
(Registered Tax Agent & Company Auditor)
ABN 26 267 448 627
Suite 1, 14-16 Prospect Street, Box Hill, Vic. 3128
Tel: (03) 9561 053/ 9131 5600

Opinion

We have audited the financial report of Harm Reduction Victoria Inc. which comprises the statement of financial position as at 30th June 2020, the statement of profit or loss and other comprehensive income for the year ended on that date, statement of changes in equity, cash flow statement and notes to the financial statements, including a summary of significant accounting policies and other explanatory notes, and the directors' declaration.

In our opinion, the accompanying financial report of Harm Reduction Victoria Inc. is in accordance with the *Associations Incorporation Reform Act (2012)*, including:

- (i) giving a true and fair view of company's financial position as at 30th June 2020 and of its financial performance for the year then ended; and
- (ii) complying with Australian Accounting Standards to the extent outlined in Note 1 of the Notes to the Financial Statements, and the Regulations.

Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Report section of our report. We are independent of the company in accordance with the auditor independence requirements of the Corporations Act 2001 and the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 Code of Ethics for Professional Accountants (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

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

Other Information

The Board members and management of Harm Reduction Victoria Inc. are responsible for the other information. The other information comprises the Statement By the Board Members, which we obtained prior to the date of this auditor's report.

Our opinion on the financial report does not cover the other information and we do not express any form of assurance conclusion thereon. In connection with our audit of the financial report, our responsibility is to read the other information identified above and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If, based on the work we have performed on the other information that we obtained prior to the date of this auditor's report, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have, however, nothing to report in this regard.

C.S. BEH Chartered Accountant
(Registered Tax Agent & Company Auditor)
ABN 26 267 448 627
Suite 1, 14-16 Prospect Street, Box Hill, Vic. 3128
Tel: (03) 9561 053/ 9131 5600

Responsibilities of the Board and Management for the Financial Report

The members of the Board and management are responsible for the preparation of the financial report that gives a true and fair view in accordance with the Australian Accounting Standards and the , and for such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the Board and management are responsible for assessing the ability of Harm Reduction Victoria Inc. 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 Harm Reduction Victoria Inc. or to cease operations, or has no realistic alternative but to do so.

Auditor's Responsibilities for the Audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with the 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 have exercised professional judgement and maintain professional scepticism throughout the audit.

C.S. Beh Chartered Accountant



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Dr Chooi S. Beh, CA

Dated at Melbourne: 2nd Feb 2021

Harm Reduction Victoria Inc.

(Reg. No: A14792P)

Detailed Management Profit & Loss Account for the year ended 30 June 2020

	2020	2019
	\$	\$
<u>INCOME</u>		
Service grant– DHHS	1,249,147	1,168,387
Activities income	145,999	187,587
BBV STI one off	15,000	-
Covid-19 cash flow boost	50,000	-
Donations received	391	-
DW Gia income	85,000	-
Other project income	69,455	-
PABN 5 income PAMS	16,000	-
Miscellaneous income	74,989	168,930
Interest received	4,359	12,577
	<u>1,710,340</u>	<u>1,537,481</u>
<u>OPERATING EXPENSES</u>		
Accounting fee	25,435	22,167
Activities income expended	145,999	235,900
Asset purchased	1,556	-
Audit fee	-	1,800
Bad debt	12,840	5,862
Bank charges	199	613
Cleaning and supplies	6,559	7,049
Compliance fee	231	-
Computer expenses	45,687	26,702
Consultancy	58,889	38,524
Council rates	7,419	6,641
Depreciation and amortization	32,441	17,813
Education and awareness programs	43,838	99,746
Equipment hire and purchase	-	7,422
Human resources & governance	6,494	3,643
Publications	27,907	8,683
Infringement	-	162
Insurance	4,246	4,105
Interest expense	1,661	1,987
Legal and consultancy fees	1,883	1,000
Loss on disposal of motor vehicle/write-off	-	-
Meeting expense	577	3,219
Motor vehicle expenses	21,681	22,976
Outreach support	6,845	7,558
PAMS video project expense	6,279	-
Photocopier and material expenses	-	12,736
Postage and courier	6,793	4,543
Provision for staff entitlements	28,272	13,168
Public relations and entertainment	-	-
Rent	46,800	43,636
Repair and maintenance	11,462	4,098
Salary and on-costs	919,910	795,776
Staff training	16,570	-
Security and inspection	2,528	674
Staff amenities	5,691	4,706
Stationery and office supplies	4,650	4,983
Storage hire	8,610	6,737
Subscriptions and membership	750	6,242
Telephone expenses	22,794	22,178
Travel expenses	27,890	31,158
Utilities expense	6,272	8,927
Volunteer cost	40,368	-
Volunteer reimbursements	5,771	-
Volunteer meeting cost	6,016	-
Workers' compensation	8,124	-
Website and branding	476	480
	<u>1,628,413</u>	<u>1,483,612</u>
Operating Surplus For The Year	<u>81,927</u>	<u>53,849</u>



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