

# ANNUAL REPORT

HARM REDUCTION VICTORIA

2018-2019



128 PEEL STREET, NORTH MELBOURNE, VIC 3051

PO BOX 12720 A'BECKETT STREET 8006 VIC

## **FORMAL ACKNOWLEDGMENT OF TRADITIONAL OWNERS**

**Harm Reduction Victoria (HRVic)  
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 people of  
the Boon Wurrung,  
the 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 organisation that represents the needs and concerns of people who use or have used drugs- past & present- in 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.**

**1247**

**MEMBERSHIP**

# (Y)OUR ORGANISATION

Harm Reduction Victoria's Board of Directors and Staff are peers. The combined lived experience of all of our staff and board members

## BOARD OF DIRECTORS



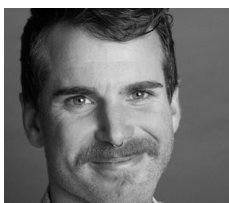
**CHAIR**

Robyn Dwyer



**VICE CHAIR**

Danny Jeffcote



**TREASURER**

Joel Murray



**SECRETARY**

Emily Lenton



**BOARD MEMBER**

Jarrod McMaugh



**BOARD MEMBER**

Penny Hill



**BOARD MEMBER**

Jarryd Bartle



**BOARD MEMBER**

Kaspian Fitzpatrick



**BOARD MEMBER**

Gabrielle Bennett



# HRVIC STAFF 2018-2019 FINANCIAL YEAR



CEO

Sione Crawford-  
sionec@hrvic.org.au



ADMIN

Lily Fraser-  
admin@hrvic.org.au



COMMUNICATIONS

Samantha Jones-  
samj@hrvic.org.au



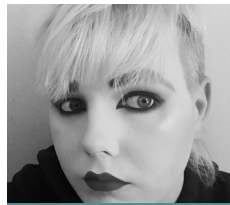
HEPALOGUE

Sam Sejavka-  
goldenphaeton@hrvic.org.au



HEALTH PROMOTION

Jane Dicka-  
janed@hrvic.org.au



HEALTH PROMOTION

Hunter Morgan-  
hunterm@hrvic.org.au



HEALTH PROMOTION

Rob Leitemann-  
robl@hrvic.org.au



PAMS

Sarah Lord -  
sarahl@hrvic.org.au



PAMS

Leora Robertson-  
leorar@hrvic.org.au



PAMS

Anastasia Dimitriou-



DANCEWIZE

Stephanie Tzanetis-  
steph@dancewize.org.au



DANCEWIZE

Nick Wallis-  
nickw@hrvic.org.au



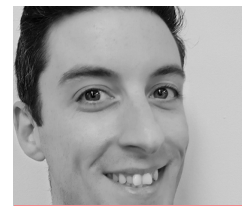
DANCEWIZE

Linda Cowan-  
lindaC@hrvic.org.au



DANCEWIZE

Ben Staggard-  
ben@dancewize.org.au



DANCEWIZE

Chris Lyons-  
chris@dancewize.org.au



ACCOUNTS

Sophie Miao-  
accounts@hrvic.org.au

## HRVIC VOLUNPEERS

HRVic would like to include every one of our volunteers for which we could not reach to educate, share with, work alongside and support even half of the Victorians that we are able to each year.



# PRESIDENT STATEMENT



## ROBYN DWYER

What a terrific year it has been for  
Harm Reduction Victoria (HRVic)

**Our outstanding Chief Executive Officer, Sione Crawford, has worked hard in his first 18 months, to establish himself in his role as head of HRVic, get to know HRVic's staff and peer volunteers and support and strengthen them in their important work, meet with our stakeholders and partners, and to strengthen and expand the organisation itself.**

**Since Sione commenced in his role, HRVic's programs have expanded and our staff has grown from 12 individuals to 20 individuals (though many of these people work on a part-time basis).**

Despite the obvious pressures on our office space, our expert and professional staff have continued to provide exceptional peer education and advocacy to promote the wellbeing and dignity of our constituents, Victorians who use drugs.

My fellow Board members also deserve acknowledgement and sincere thanks. With great generosity and good humour, they volunteer their time and effort, sharing their expertise and insights in support of HRVic,

our community and our essential work.

Working together, Sione, the staff and the Board have continued to consolidate and build on HRVic's strong performance, showcased in the pages of this Annual Report. Here you will read about the wide range of ground-breaking peer-based harm reduction activities designed and delivered by our talented and dedicated staff and peer volunteers.

As always, HRVic continued its 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 all our stakeholders and partners and look forward to continuing and expanding our valued productive relationships in the coming year.

We are especially grateful to our funders in the Department of Health and Human Services for their warm, generous and respectful support for HRVic's vital peer-based harm reduction activities, developed by and for Victorians who use drugs.

This year we say farewell to one of our longest serving Board members, Danny Jeffcote, as he steps away from formal Board membership to focus on other commitments and opportunities.

Danny first joined the Board in 2004, back when we were still called VIVAIDS. He had a two-year break from 2009 to 2011 and then agreed to re-join the Board to devote another eight years to support HRVic.

Danny has been a wise, knowledgeable, clear-headed, and always staunch, defender of the rights and dignity of people who use drugs. We are profoundly grateful for Danny's unwavering commitment. While he will be greatly missed, we wish him every happiness into the future. I also look forward to welcoming and working with new and continuing Board members in the coming year.

**It's been an honour and pleasure to serve as President of the Board of HRVic throughout the 2018-2019 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.**

On behalf of the Board, I wish you all a happy and successful year ahead.

**"OUR STAFF HAS  
GROWN FROM  
12 INDIVIDUALS TO  
20 INDIVIDUALS"**

# CEO STATEMENT



## SIONE CRAWFORD

It is my pleasure to report to Harm Reduction Victoria's members and stakeholders on the past 12 months.

**This has been a busy year both consolidating our work, finding new work to do and putting in place systems and processes to build our organisation on.**

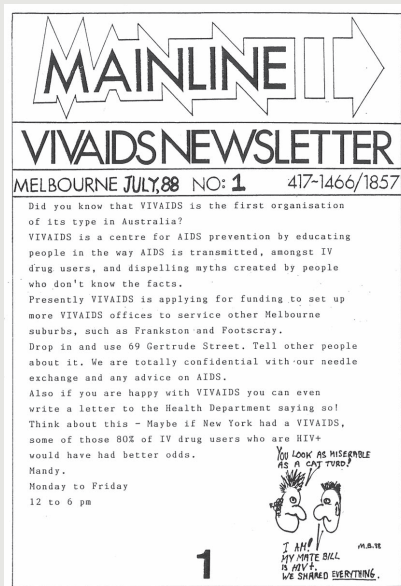
**This year, while cleaning out our meeting room (!) we took care to ensure older documents and publications were retained and looked after.**

While reading the first "Mainline" from VIVAIDS (as HRVic used to be known), it was obvious that the issues which were discussed by users then are very familiar to us now and could have come from the most recent issues of WHACK! Then, as now,

issues included inequities in health care for people who use and inject drugs, stigma and discrimination, peer education and funding.

However, it is important to also mark the achievements we have been a part of. When I started work in peer based user organisations there was almost no talk of stigma and discrimination related to people who use drugs, we could not access hepatitis C treatment if we were using; naloxone was not available; there were no "out" peer workers in mainstream organisations; alternatives to arrest and imprisonment were non-existent; pill-testing was not on any agenda; and there were no safe injecting facilities in Australia.

Last year Harm Reduction Victoria was involved in one way or another in advancing or changing each of these things, and often in partnership.





For example we partnered with the ADF, Penington Institute, the Association of Participating Service Users and were funded by the Department of Health & Human Services (DHHS) to produce a piece of work called the Power of Words. This is a guide to non-stigmatising language for health workers which we hope is just the first step on this journey. We have also been funded by the Burnet Institute to work on peer based hep C treatment models of care for people who inject and we have worked with the Medically Supervised Injecting Room to build a community advisory group made up of both people who use and people who do not use the injecting room.

**Along with these new pieces of work – amongst many others – we also continue to deliver on our core funded work programs. You will read in the following pages about how our programs – the Health Promotion and Peer Education team; DanceWize; PAMS; D.O.P.E and Communications have worked for our community over the past year.**

Harm Reduction Victoria's primary funding sources are from two sections of the Department of Health & Human Services (DHHS) – the Sexual Health and Viral Hepatitis team and the Drug Policy & Reform unit. All of HRVic's key contacts in the DHHS have been very supportive of both the organisation and of myself as I settled into my role here at HRVic and we would take this opportunity to offer our thanks to our funders and the people in those key roles.

In addition to this core funding we received funding last year for specific work from the Burnet Institute, Justice Health, the Pharmacy Guild, Primary Health Networks, LaTrobe University, the Australian Drug Foundation and more. We also

worked closely with services across Victoria, researchers and other community organisations.

We value all of these partnerships but I would like to extend a special thank you and send our best wishes to Dr Graham Brown, of LaTrobe University's Australian Research Centre in Sex, Health, & Society (ARCSHS). In his W3 work and beyond, Graham has demonstrated a genuine commitment to peer-led research and partnership and has generously offered his time to us for any number of projects and initiatives.

We also benefit even more from the generosity of networks of peers across our programs and in our organisation who provide sterile injecting equipment, hep C peer education, naloxone kits and OD reversal, festival harm reduction and peer ed and more. I want to thank all of these contributors to our organisation – without peers we would be nothing.

The team continues to grow to meet our obligations. Our staffing and volunteer complement sits at well over 150 at any one time. As I write we have 20 staff, 1 intern, 27 peer networkers, and 148 DanceWize Key Peer Educators

I also want to take this opportunity to thank our Board of Governance for the oversight they provide. They volunteer their time, and because they are all active in the community and sector this time is valuable indeed. In particular this year I would like to single out Danny Jeffcote, who is standing down from the Board this year after many years. Robyn has outlined his contributions in the President's Report, but I too wanted to thank him on behalf of myself and HRVic for his years of service.

I hope the coming year sees more positive change for our community and that you all continue to support and be involved in your organisation.

**"IT WAS  
OBVIOUS THAT  
THE ISSUES  
WHICH WERE  
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ARE VERY  
FAMILIAR TO  
US NOW.."**

# PAMS

## PHARMACOTHERAPY ADVOCACY MEDIATION SUPPORT

### **PAMS** IS A CONFIDENTIAL, STATE-WIDE, TELEPHONE SERVICE THAT DEALS WITH ANY PHARMACOTHERAPY RELATED CONCERNS OF MATOD RECIPIENTS THROUGHOUT VICTORIA

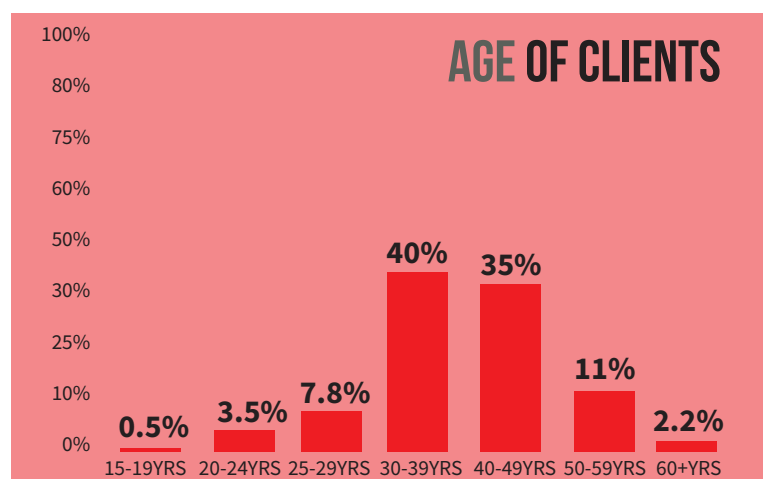
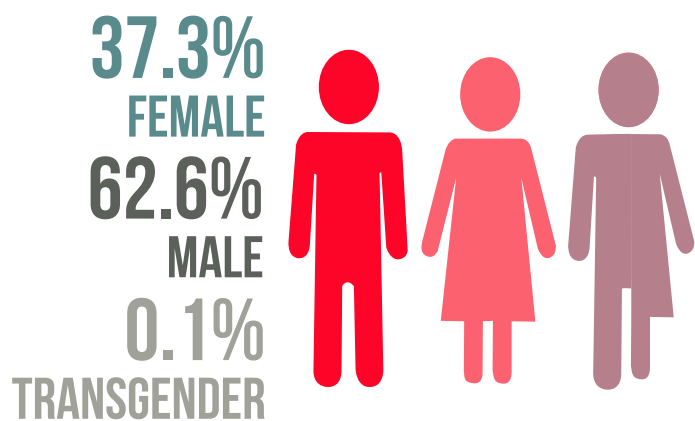
The Pharmacotherapy Advocacy Mediation and Support (PAMS) service is funded by the Victorian Department of Health and Human Services to work on any pharmacotherapy, consumer-related issue or concern in Victoria. Our goals are increasing access to medication assisted treatment for opioid dependence, (MATOD) and ensuring program continuity, (preventing people from missing doses or dropping out of treatment). Essentially, PAMS works in a crisis responsive problem-solving manner via our state-wide, free call, 1800 number.

PAMS continues to experience an ever-increasing demand for service delivery, whilst our human resources remain largely static. We have the wonderful Leora Robertson who works 3 days per week, and we have been blessed to have Anastasia Dimitriou one day per week for most of this year. Anastasia will be replaced by Jen Costello early in the 2019-2020 financial year as Anastasia is leaving us for a practice manager role at a new inner-city clinic. Both Anastasia and Jen have brought with them a wealth of experience and knowledge and have been huge assets to the PAMS service.

## ENGAGEMENT

In resolving the problems brought to us by the pharmacotherapy consumer group, it is essential that our service users feel valued, respected and heard. For example, we work hard to match consumers with service providers whenever possible and we take pride in travelling that extra mile to resolve a problem. This would not be possible without the support and collaboration of the prescribers, (general practitioners, addiction medicine specialists and nurse practitioners) and dispensing pharmacists.

## CLIENT DEMOGRAPHICS

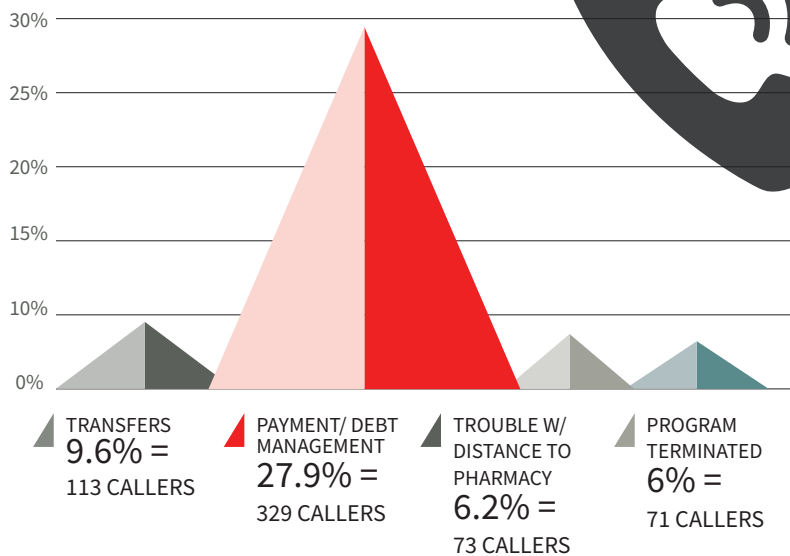


## LEARNING & ADAPTATION

Although not yet mandatory in Victoria until April 2020, 'Safe Script' Victoria's system of real time prescription monitoring, is starting to impact on pharmacotherapy consumers. We have had reports from some consumers that prescribers and/or pharmacies are refusing to prescribe or dispense benzodiazepines and, in some cases even MATOD as a result of information gathered through SafeScript. The PAMS Service is advocating on behalf of individual consumers and working closely with relevant stakeholders to continue to monitor and/or intervene when appropriate.

Preparation for the state-wide availability of the newly registered buprenorphine depot has continued throughout this year. Ensuring we have accurate and up to date knowledge of these new products is essential in our work with consumers. PAMS has met regularly with the drug companies who have produced the depots, we have assisted in the development of consumer resources and have represented the consumer perspective on the advisory group for one of the national trials.

## MAIN CONCERN OF CALLERS



Over 70% of consumers in contact with PAMS were retained on their current program as a result of intervention by PAMS with a further 15% re-starting and almost 4% starting for the first time. Close to 90% of all consumers were still on treatment at the point of last contact and 83% of cases were completely resolved with a further 12% partly resolved.

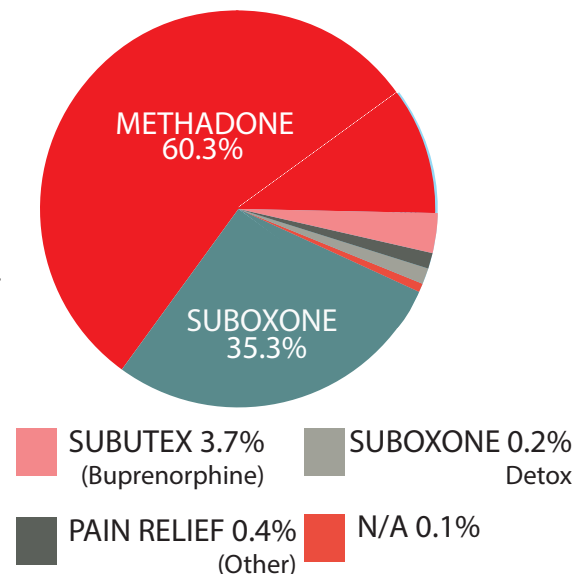
## INFLUENCE ON POLICY

Over the last 12 months, the PAMS program manager has been fortunate enough to be invited onto the expert advisory committee (EAC) for medical issues and drugs of dependence. This group is made up of representatives from the field of addiction medicine, pain, general practice, pharmacy, treatment, consumer and departmental representatives. Along with other committees and governance groups, the EAC is the perfect arena to raise pharmacotherapy consumer concerns amongst a wide range of relevant stakeholders. In addition, PAMS works in conjunction with the pharmacotherapy area based networks, (PABN's) and the Pharmaceutical Society of Australia, (PSA).our work with consumers.

**1181**  
TOTAL CASES  
FOR  
2018-2019

**53.9%**  
FIRST TIME  
CALLERS

## TREATMENT TYPE OF CALLERS



# CHANGING LANES VIDEO PROJECT

**Over the last few years, PAMS has been working on a series of four short films, entitled 'Changing Lanes', funded by the five PABN's and the PAMS Service.**

We facilitated five focus groups throughout Victoria, followed by 10 one on one interviews both of which generated a wealth of educational material which was used to develop four scripts.

We used the recordings from the consumer interviews to generate a voice over, selected the actors and enlisted the help of 'About Bob' a production company to do the filming.

The 'Changing Lanes' short film series will be available on the Harm Reduction Victoria website, HRVic's YouTube channel and HRVic's Vimeo and we hope to have them shown in pharmacotherapy prescriber clinics and dispensing pharmacies.

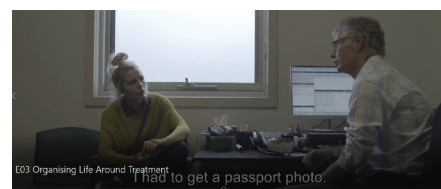
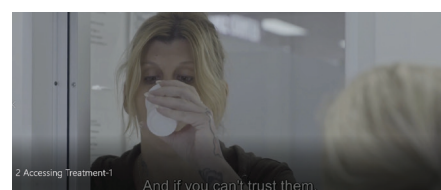
A very big thank-you must go out to Donald Baldie who brought this project from conception to completion.

Difficulties and workload aside, this last year at PAMS has continued to provide us with many exciting challenges and successes.

Over the next 12 months, we not only expect to continue this rewarding and vital work but find new ways to further develop and expand this essential service.

**PAMS and HRVic would also like to express their gratitude to the most important of all involved, the Victorian MATOD consumers.**

**We also would like to thank PAMS and HRVic staff, to DHHS for funding the service, to Dr. David Jacka for his generous support and expertise, to the PABN's and especially to the Victorian prescribers and pharmacists.**



[WWW.HRVIC.ORG.AU/CHANGING-LANES-VIDEO](http://WWW.HRVIC.ORG.AU/CHANGING-LANES-VIDEO)

CHANGING LANES  
HARM REDUCTION VICTORIA | THE PAMS SERVICE



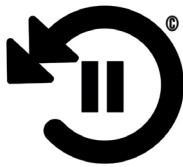
# DOPE

## DRUG OVERDOSE PREVENTION/PEER EDUCATION

### THE DOPE PROGRAM

DOPE has been funded by the Department of Health to deliver peer based overdose education to illicit drug users since 1999.

The primary aim of DOPE is to reduce the incidence of both fatal and non-fatal overdose among current heroin, ATS & poly drug users in Victoria.



When naloxone first became available to people who use drugs, there was still a bit of effort required if you wanted it. There were barriers in the form of the need for a prescription from a GP as well as people just trying to find out how they could get their hands on it. Often after several phone calls a person would end up being directed to call me at HRVic only to be told that they would still need to jump through some hoops before they would be able to have it. In the beginning there were very few places for someone to go if they wanted to learn how to use it, and even fewer places that would provide the naloxone. In fact, in Victoria there was only one place that PWUD could go to get hold of some and that was HRVic. Thankfully the number of agencies providing naloxone training for their clients increased dramatically in 2018-2019

### ALIGNMENT

**"IT IS LITERALLY TRUE THAT YOU CAN SUCCEED BEST AND QUICKEST BY HELPING OTHERS TO SUCCEED."**

— NAPOLEAN HILL

**The DOPE program delivers overdose workshops at various agencies and locations across the state and this simply wouldn't be possible without the continued support of agencies such as;**

- ACCESS HEALTH, ST KILDA
- BARWON HEALTH, GEELONG
- CoHEALTH, FOOTSCRAY, SUNSHINE
- FLAGSTAFF, NORTH MELBOURNE
- COMMONGROUND, MELBOURNE

### LEARNING & ADAPTATION

2019 saw the introduction of Nyxoid, a formulation of naloxone that is administered intranasally meaning a needle is no longer required for administration. This product is extremely attractive to people who aren't confident using a needle, usually family or friends with no history of drug use. The nasal formulation can be used easily and safely by any lay person and it's also the preferred formulation carried by law enforcement across the USA. I can't wait for the day that we have police officers in Australia carrying Nyxoid and responding to overdose emergencies.

We also have learnt that punters often prefer a brief intervention over a workshop and that's why we developed a brief intervention around naloxone administration.

## ENGAGEMENT

### IN 2018-2019, **DOPE** DELIVERED;

In 2018/2019 the DOPE program delivered 37 overdose workshops to 335 participants. The breakdown of those is;

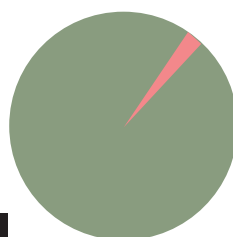
- 32 peer workshops to 277 participants.  
28 of those were dedicated to naloxone administration and the remaining 4 were on overdose prevention and response.
- 5 staff training sessions that taught 58 workers how and when to administer naloxone.



37  
OVERDOSE  
WORKSHOPS  
TO  
355  
PARTICIPANTS

**Additional to the workshops, there were 14 occasions for a brief intervention where another 25 PWUD were trained and supplied with naloxone.**

### WORKSHOP CONTENT:



- NALOXONE ADMINISTRATION
- OVERDOSE PREVENTION & RESPONSE

## INFLUENCE ON COMMUNITY

### "SLOWLY, I'M SEEING A CHANGE IN ATTITUDES TOWARDS NALOXONE FROM PWID..."

In the beginning there was a lot of negative stories and experiences with naloxone. The mention of the word would start people talking about their awful experiences being revived with naloxone (or Narcan as it was commonly known as) Some people's experiences resulted in them not wanting anything to do with naloxone so it took some effort to convince the local community just how beneficial this drug was.

In the past when someone had overdosed, the ambulance was called and paramedics would arrive and administer a large dose of naloxone causing the person to experience precipitated withdrawal (very uncomfortable side effect due to too much naloxone) This would cause the person to regain consciousness in various stages of withdrawal, feeling rather unwell and usually pretty confused. They would then be confronted by the paramedic and there would be that 'fight or flight' response, usually the 'fight' so they would often take a swing at the poor paramedic before running away.

For the person who has overdosed, being revived gently, by someone they know is very different to their experiences with professionals.

For the person responding, having access to naloxone removes nearly all of the stress associated with overdose response because instead of breathing for the person and waiting for the ambulance to arrive, they are one step ahead and able to administer naloxone before the paramedics get there.

And finally, for the paramedics who are responding to a call involving an unconscious casualty, it must be a pleasant surprise when they arrive to find the person sitting up and awake? Win, win, win in my eyes.

## INFLUENCE ON POLICY

HRVic is a part of the National Naloxone Reference Group (NNRG) for key stakeholders involved in jurisdictional naloxone programs to share information and strategise for expanding take home naloxone programs in Australia.

# HEALTH PROMOTION

BLOOD BORNE VIRUS - SAFER USING - VEIN CARE - STIGMA & DISCRIMINATION - PEER & STAFF EDUCATION

## LEARNING & ADAPTATION

At HRVic, Health Promotion is an umbrella term we use for our 'program' that covers ALL harm reduction that we do in the form of peer workshops and staff training for people who use drugs (PWUD) and for people who work with people who use drugs.

We tailor workshops to what is of interest to and is most useful and relevant for various client groups and for other organisation's needs.

Our training is unique in that all of the information presented is from a drug user perspective.

All of our facilitators have lived experience and deliver the training sessions in an open, honest, informative and non judgmental manner.

When asked what was most useful about training sessions, the most common responses include:

*'getting the drug user perspective'*

*'the honesty of the facilitator'*

*'the practical ways shared to deal with clients'*

We certainly don't claim to "know it all" but we do claim to provide insights that can't be offered by others who've not 'walked in our shoes'

## ENGAGEMENT

Workshops and Training and a large part of the Health Promotion team's activities over a year.

**TOTAL**  
PARTICIPANTS  
TRAINED IN  
2018-19 **591**

AVERAGE  
PARTICIPANTS  
PER SESSION

**11**

**49**  
TOTAL ANNUAL  
SESSIONS



HRVic offers multiple harm reduction workshops and training sessions including but not limited to:

General BBV (Blood Borne Virus) education, or we can focus on Hep B, C or HIV specifically, Vein Care and Safer Using, Overdose Prevention- either opioid or methamphetamine specific, NSP training, Stigma & Discrimination and Working with PWUD (People who Use Drugs).

## PEER:

### NOUN

Dictionary: 2. a person of the same age, status, or ability as another specified person.

HRVic: 1. a person with current or past, lived experience of drug use (in the case of our workshops- injecting drug use)

31  
PEER  
WORKSHOPS

AND

18  
STAFF  
TRAINING



## ALIGNMENT

The Health Promotion team partner with many more services, organisations and institutions than those we do workshops with over a year. As well as these, we also sit on advisory committees, work with various researchers and partner on resources, projects and collaborate on campaigns.

### Partner organisations and services for this financial year:

■ Access Health	■ CoHealth	■ Launch Housing	■ Taskforce
■ ASHM	- HealthWorks	- Southbank	■ Thorne Harbour Health
■ Ballarat Community Health	- Innerspace	■ North Richmond Community Health	■ VAADA
■ Burnet Institute/EC	■ Flagstaff	■ NWPHN	■ Windana
■ Common Ground Housing	■ Hepatitis Victoria	■ SAAPU	- St Kilda
■ Drug Court	■ Jesuit Social Services	■ SHARPS	■ WIRE
- Dandenong	■ Latrobe University	■ Sunshine Hospital	■ Youth AOD Conference
- Melbourne	- Department of Pharmacy & Biomedical Sciences	- Psychiatric Department	■ YSAS
	- ARCSHS (W3, Peer Insights, NDRI PIEDs research)		



# PEER NETWORK PROGRAM

The Peer Network Program (PNP) is a peer-to-peer needle & syringe program (NSP) run by HRVic in partnership with a number of local NSP services around Victoria. The main aim of the program is to complement existing NSP services by taking advantage of the ability of peers to reach PWID in the community who don't use 'mainstream' NSP services or are underrepresented in NSP contact data.



## 2018-2019

# 25

## PEER VOLUNTEERS

# DISTRIBUTED 84,323

## NEEDLES & SYRINGES TO

## AND COLLECTED

# 62,739

## NEEDLES & SYRINGES

# 2990

## CONTACTS

### ALIGNMENT

Partner organisations for the PNP this financial year were:

- North Richmond Community Health
- coHealth (HealthWorks)
- SHARPS (Frankston)
- Barwon Health
- Common Ground Housing

### ENGAGEMENT

Reports by the *Needle and Syringe Program National Minimum Data Collection* program run by the Kirby Institute<sup>1</sup> consistently show a profile of NSP clients that is overwhelmingly male (~75%) and over the age of 40 (~50%).

Taking our Richmond PNP group as a case study, the value of the program and its ability to engage with PWID usually deemed 'hard to reach' becomes very apparent.

The data on Victorian NSP contacts in the *Needle and Syringe Program National Minimum Data Collection Report 2018* shows only 13% of contacts were under 30 years old, and 1 in 4 were women.

The Richmond PNP group included 4 volunteers for most of this financial year; 2 women and 2 men, most over the age of 40 and all Anglo-Australian.

THE RICHMOND PNP GROUP MADE

## 406 CONTACTS



OVER THE 2018-2019 PERIOD.

# 28%

WERE UNDER 30 YEARS OF AGE

# 40%



# 14%

IDENTIFY AS ABORIGINAL OR TORRES STRAIT ISLANDER (ATSI)

# 10%

IDENTIFY AS CULTURALLY & LINGUISTICALLY DIVERSE (CALD)

Even without a deliberate attempt to recruit young, ATSI or CALD volunteers, our peer based program is better able to reach a diverse range of PWID.

## INFLUENCE ON COMMUNITY

To get a more complete picture of the program's value, this year our volunteers started asking their contacts where they would have obtained injecting equipment had they not been in contact with a PNP volunteer that day. Even including the contacts who didn't answer the question, 19% (nearly 1 in 5) said they would have had to share or reuse equipment.

# 19% OR 1 IN 5

**PUNTERS SAID THEY  
WOULD HAVE HAD  
TO SHARE OR REUSE  
EQUIPMENT IF THEY  
COULDN'T ACCESS  
THE PEER NETWORK**

## INFLUENCE ON POLICY

We lost a few volunteers this year, however a good number of them were lost to employment in the sector, including in the Reducing Harmful Drug use through Peer Led Networks (RHDPLN) program. We're quite proud of this fact and we think it highlights how successful peer programs influence the sector and promote the value and effectiveness of peer workers.

## LEARNING & ADAPTATION

### Changes across the Peer Network in 2019- 2020

Starting in 2019-2020, HRVic are moving to a new model for the PNP. Over the past few years, we have been focussed on expanding the program – adding new sites and more volunteers – and it has become too large for our small team to manage. At the moment, we are meeting with each group in their area once a month but this is no longer possible. Our goal is to have the volunteers send in their data electronically and meet with the entire program in a central location a few times a year.

## 2018-2019 HEALTH PROMOTION SIDE EVENTS

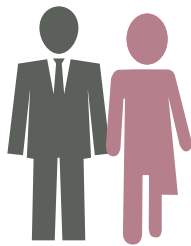
- **July 17-18:** AIVL hep C national peer workers mini-conference (EC Aus planning)
- **November 25-27:** AIVL AGM
- **February 3:** Midsumma Pride March
- **February 14-15:** VAADA Conference
- **May 24:** –Sorry Day BBQ @ NRCH
- **June 26:** Understandings of Addiction in Law and Legal Practice – research report back by Monash University/ Springvale Community Legal

# COMMUNICATIONS

RESOURCES - WHACK MAGAZINE - SOCIAL MEDIA - WEBSITE - EVENTS

## ALIGNMENT

RESOURCES ARE  
A BIG PART OF  
COMMUNICATIONS  
FOR HRVIC



The success of HRVic's hep C treatment posters, and the 'Recognise & Respond' overdose campaign and naloxone packs over the past couple of years have led to a some recent opportunities to collaborate on a couple of big projects this past year.

appointment  
clinic: \_\_\_\_\_  
worker: \_\_\_\_\_  
date: \_\_\_\_\_  
time: \_\_\_\_\_

EC Partnership

HARM REDUCTION

we look forward to seeing you again soon!

©Harm Reduction Victoria & EC Partnership 2019

treatment  
is not  
immunity.

you can still get  
hep c after you  
have had  
treatment.

prevention &  
regular testing  
is still important.

hep c treatment  
things have changed.

if you have  
cleared your hep c,  
you still need to  
protect yourself.



-not sharing  
-use your own kit  
-hand washing  
-responsible disposal

a tablet  
a day  
makes  
hep c  
go away.

hep c treatment  
involves taking 1-3  
tablets each day for  
8-12 weeks.

hep c treatment  
things have changed.

FRONT



keep your  
tablets in a  
daily pill  
dispenser.

easy to remember,  
hard to lose.

you can still  
clear  
while using  
gear.

treatment is available  
for everyone  
with hep c.

hep c treatment  
things have changed.

your hep c can  
be treated  
if you are  
currently using.



hep c  
repeat?  
shame free  
re-treat.

got hep c again?  
re-treatment is  
available.  
no questions asked.

hep c treatment  
things have changed.

BACK

EC EZY CARD -Hep C Treatment Info  
- Burnet Institute & EC Group

## PROTECT YOURSELF WITH PINK

USE BLEACH TO LOWER THE RISK OF HIV OR HEPATITIS.

YOU'LL NEED:  
• 3 clean cups or containers  
(2 for clean water & 1 for bleach mixture)  
• 1 packet of bleach

Fill 2 of the cups with clean water.  
Read the instructions to mix up the bleach  
mixture in the 3rd cup.

FLUSH  
the syringe  
x5

Draw up clean, COOL water from clean cup #1.  
Squirt out down sink.  
(Hot water will clot any blood left in the kit).  
Do this 5 times.  
THROW OUT water from cup #1 after flushing.  
(The cup is now contaminated)

BLEACH  
the syringe  
x2

Draw up the bleach mixture from the bleach cup.  
SHAKE the syringe for 30 seconds.  
Squirt out down the sink.  
Do this 2 times.  
THROW OUT the bleach cup after use.  
(The cup is now contaminated)

RINSE  
the syringe  
x5

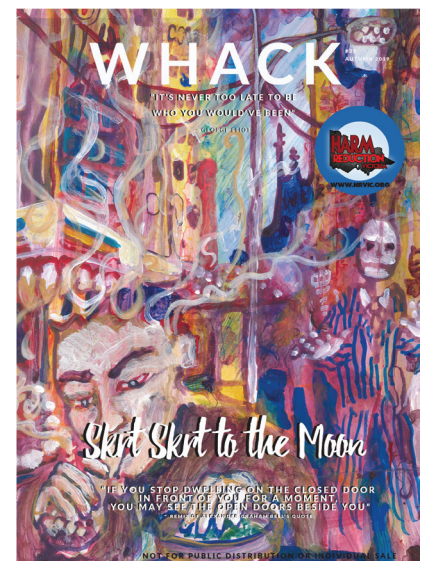
Draw up clean water from the 2nd  
clean water cup #2.  
Squirt out down the sink to rinse the  
bleach out.  
Do this 5 times.  
THROW OUT water in 2nd cup after rinsing.

IMPORTANT!  
Bleaching only LOWERS the risk of sharing HIV & hepatitis.  
It's important to SHAKE the bleach in the syringe for 30 seconds.  
RINSE it out PROPERLY. Leaving any bleach in equipment can cause a dirty shot.

## ENGAGEMENT

## WHACK MAGAZINE

WHACK® magazine has undergone some changes over the past few years. As resource production and HRVic's online presence increases, we have endeavored to change the set up of WHACK so it is run more like other print media, with a production team of peers taking the reigns-sourcing stories, articles and artwork for those stories but like everything else these things take time which we always seem to run out of.



Issue 39

BLEACH FLYER- Bleaching Info  
- Justice Health

## LEARNING & ADAPTATION

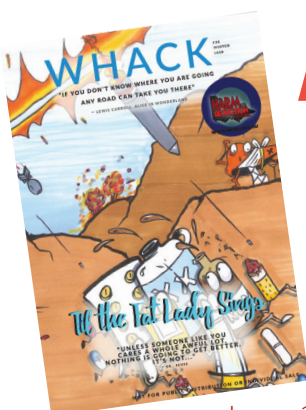
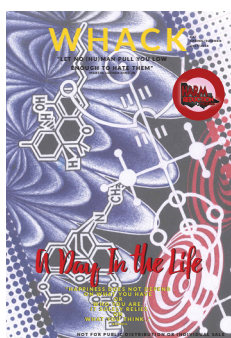
# 3.5K PRINTED COPIES

## DISTRIBUTED TO

# 62

Organisations and service providers to distribute to their clientele.

Issue 37



Issue 38

# 380

MEMBERS CHOOSE TO RECEIVE THEIR CORRESPONDENCE VIA EMAIL OR ELECTRONIC MEDIA

# 746

Members receive WHACK via Australia Post

# 9

Members collect their magazines in person.

## ONLINE PRESENCE

Increasingly, a lot if not MOST of our communications work is being done online. In fact a lot of ALL of our work is being done online more and more. From uploading data and records to 'the cloud' and changing the way we engage and interact with our membership and possible new members, keeping up technologically is a never ending learning curve.



Facebook is the fastest way for us to communicate with our members and keep them updated with whats going on.

**1851 FOLLOWERS**

**1885 LIKES**

**2322 REACH (PAID)**

On 31/08/18 we had the highest organic **REACH** of **3.1K**



Twitter is our main source of immediate news to and from other organisations and politicians.

**1794 FOLLOWERS**

**355 FOLLOWING**

**11K TWEET IMPRESSIONS**

**30 MENTIONS** in 2018-2019

After getting to know Twitter and improving our Tweet 'game'

since **July 31 2019**,

we have already amassed

**107 mentions**

for the 2019-2020

period so far.



We are brand new to Instagram but have loved changing the way we think about documenting events and happenings to include more photos. It is a great platform for engaging with our membership and other orgs the world over.

**463 FOLLOWERS**

TAGGED in **47** posts

POSTED **71** times

FOLLOWS **206** others



# DANCEWIZE

## PEER TO PEER EDUCATION AND EVENT CARE

### ALIGNMENT

Continuing with the trend experienced in recent years, demand for Harm Reduction Victoria's DanceWize (DW) program continued to grow in 2018-19.

Events outside the catchment were often done in partnership with other organisations (public, NGO, private, and grassroots), including:

- Thorn Harbour Health (delivering collaborated services at MSM sex on premise events)
- School leavers Week Inter-agency Steering Committee ('SWISC' includes 3 LGAs, YSAS, Red Frogs, Ambulance Victoria, Victoria Police, and other stakeholders that work to provide a response to school leaver celebrations in coastal areas in Victoria)
- Safe Mates (to deliver collaborated training sessions that address alcohol and other drug harm reduction, gender-based violence and bystander interventions)
- CASA West & CASA House (to deliver collaborated training sessions that address alcohol and other drug harm reduction, gender-based violence and bystander interventions)
- Ballarat CASA (to deliver collaborated community education and crisis response services on site at events in their catchment).
- Event Remedy (to train contractors and volunteers who routinely work in event settings and deliver collaborated services).

While the politicisation of harm reduction measures is an ongoing challenge, it is promising to see a genuine commitment to harm reduction in such settings. Interest in music events and festival harm reduction has gained significant traction for several reasons, including a number of deaths in NSW. In 2017 HRVic and NUAA (NSW Users and AIDS Association) entered a MOU allowing the DanceWize program model to be adopted in the NSW setting—2018-19 marked the first whole financial year that the DanceWize program model operated in NSW. HRVic has also provided support to QuIHN (Queensland Injectors Health Network), so that a similar offering may be made available in Queensland too. HRVic is approach from a range of individuals and organisations across Australia, and some international examples, who seek to network and information share so that harm reduction best practice standards are actualised and maintained in Victoria and beyond.

2018-2019

2 OUTSIDE THE CATCHMENT

45 EVENTS IN VICTORIA

2017-2018 HIGH

27 VICTORIA EVENTS 2 OUTSIDE CATCHMENT AREA



Some partnerships were with the event organisers, as it is increasingly more commonplace for festivals to consult with DanceWize to develop and tailor their own harm reduction initiatives. Through consultation, collaboration and delivering training and information sessions, the DanceWize program continues to evolve to empower others to develop their own harm reduction solutions and meet the needs of the community.



## ENGAGEMENT

In 2018-19, 38 team leads and 110 Key Peer Educators ('KPE') worked an average of 3.7 events each.

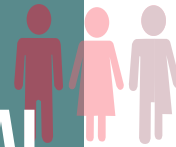
Working an event can involve doing several shifts at multi-day events. Team members support DanceWize operations in a range of other ways, rather than just peer support on site at an event. Team members also help with chill space set up/back down, identify gaps in educational material, advocate for harm reduction in their professional networks, information share and be positive role models among their personal peer networks.

IN 2018-2019

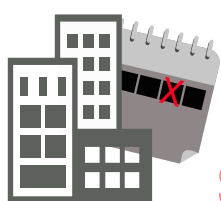
**148** TOTAL  
DW TEAM  
MEMBERS

**WORKED** AN AVERAGE

**3.7** EVENTS  
EACH



## EVENTS BREAKDOWN



**21**  
SINGLE DAY  
METRO



**2**  
SINGLE DAY  
REGIONAL



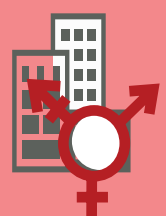
**13**  
MULTI DAY  
REGIONAL

## COLLABORATIVE EVENTS

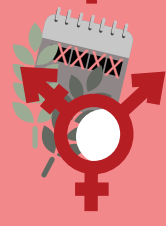
This event is on the NSW-Victorian border (this 1 event is owned by a Melbourne based company, DanceWize has worked in partnership with this group for about a decade. The event location changes annually- some years it's in NSW and some years it is located within Victoria, and ~70% of patrons are Victorian.

## INTERSTATE EVENTS

Our services were delivered purely on a voluntary basis, at this 1 event, as it was out of state.



**8**  
SINGLE DAY  
METRO



**1**  
MULTI DAY  
REGIONAL

Events specific to the MSM and LGBTQI+ community, often in collaboration with Thorne Harbour Health.

## INFLUENCE ON POLICY

DanceWize also delivered a collaborated peer support service on a purely voluntary basis at an ACT-based event as an auxiliary to Harm Reduction Australia's Pill Testing Australia service delivery. This offering was in addition to HRVic DanceWize's involvement in the planning and development of the PTA service model and DanceWize team members were also referred to HRA to work in the actual pill testing service to engage their peers and deliver harm reduction education or Brief Interventions.

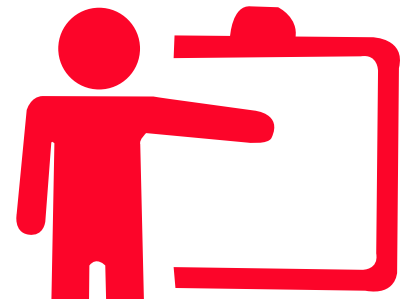


## LEARNING & ADAPTATION

HRVic's DanceWize has delivered **Drug-related 1st Aid training** at events since 2015.

With their permission, the package was translated and adapted for the Australian setting, from the Netherland's Trimbos Institute's training.

In 2018-19 the foundations were set for DW to develop an updated online harm reduction training in collaboration with the Australian Festival Association, Alcohol and Drug Foundation and Australian Red Cross Save-A-Mate to be made available for people who work at music events and festivals and patrons. This online training will be launched in 2019-20.



**1200**  
PEOPLE TRAINED  
IN PERSON OR  
ONLINE

## INFLUENCE ON COMMUNITY



CARE INTERVENTIONS

**1,478**

CARE INTERVENTION is peer support for intoxicated or otherwise distressed patrons at events. During such interventions, anonymous care records are kept to ensure a reasonable duty of care is performed. DW operates as part of an event's health emergency management plan (HEMP) and therefore follows the directives of the on-site Health Commander appointed by Ambulance Victoria and engaged health provider. People who come into DW care must be triaged or referred as a 'step-down' service by the health provider or, for self or other service referrals, people in care must remain of a consciousness state where they are able to respond to voice prompts (as noted in Ambulance Victoria's Clinical Guidelines CPG A0104, using the 'Alert, Voice, Pain, Unresponsive' assessment tool (equivalent to 10-14 GCS). Once in DW care, a coding system informs DW operations.

BRIEF INTERVENTIONS



**25,539**

BRIEF INTERVENTIONS are an interaction between a DW team member and a peer where there is an opportunity for an information and resource exchange, such as an educational resource on specific substances or more general health supplies like water electrolytes. MDMA remains the substance that DW peers are seeking harm reduction information on and a significant number of Brief Interventions regarding MDMA regard peers asking DW team members about pill testing or drug checking services.

DanceWize has a much broader reach than these care and brief interventions show, as we had contact with **more than 100,000 event and festival patrons in 2018-19.**

Our social media reach for 2018-19 is in the 10,000s and DW substance specific resources were downloaded ~3,000 during the year.

# FINANCIALS

**HARM REDUCTION VICTORIA INC.**  
(REGISTRATION A14792P)

FINANCIAL REPORT FOR THE YEAR ENDING 30 JUNE 2019

C.S. BEH  
CERTIFIED PRACTISING ACCOUNTANT  
MELBOURNE



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

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BALANCE SHEET

STATEMENT OF CHANGES IN EQUITY

CASH FLOW STATEMENT

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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 2019**

	Note	2019	2018
		\$	\$
<u>Revenue From Ordinary Activities:</u>			
Service grant-- DHHS	3	1,168,387	1,145,595
Activities income	3	187,567	161,219
Donations received		-	-
Miscellaneous income		168,930	131,120
Interest received		12,577	10,543
		<u>1,537,461</u>	<u>1,448,477</u>
<u>Expenditure</u>			
Depreciation and amortization		(17,813)	(14,892)
Education and awareness programs		(99,746)	(98,553)
Other expenses from ordinary activities	4	<u>(1,366,053)</u>	<u>(1,285,746)</u>
		(1,483,612)	(1,399,190)
Operating surplus from ordinary activities before income tax expense		53,849	49,287
Income tax expense	5	<u>-</u>	<u>-</u>
Surplus from ordinary activities after income tax expense		53,849	49,287
Accumulated funds at beginning of year		501,835	452,547
Accumulated funds at end of year		<u>555,684</u>	<u>501,835</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 2019**

	Note	2019	2018
		\$	\$
<b><u>EQUITY</u></b>			
Accumulated funds		555,684	501,835
General reserve	6	32,123	32,123
<b>TOTAL EQUITY</b>		<b>587,807</b>	<b>533,958</b>
<b><u>NON-CURRENT LIABILITIES</u></b>			
Motor vehicle finance liabilities	9	15,053	-
		<b>602,860</b>	<b>533,958</b>
Represented by:			
		\$	\$
<b><u>CURRENT ASSETS</u></b>			
Cash assets	7	667,220	744,099
Pledges receivable		39,905	29,111
Other accounts receivable		29,041	24,458
		<b>736,166</b>	<b>797,668</b>
<b><u>NON-CURRENT ASSETS</u></b>			
Plant and equipment	8	60,139	22,991
		<b>60,139</b>	<b>22,991</b>
<b>Total Assets</b>		<b>796,305</b>	<b>820,660</b>
<b><u>CURRENT LIABILITIES</u></b>			
Trade & Other accounts payable		61,926	166,088
Motor vehicle finance liabilities	9	8,956	627
GST payable		18,035	21,011
Provisions	10	104,528	98,976
		<b>193,445</b>	<b>286,702</b>
<b>NET ASSETS</b>		<b>602,860</b>	<b>533,958</b>

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 2019

	2019	2018
	\$	\$
Accumulated funds at the beginning of year	501,835	452,547
Surplus for the year	<u>53,849</u>	<u>49,287</u>
Accumulated funds at end of the year	555,684	501,835
General reserve	<u>32,123</u>	<u>32,123</u>
<b>TOTAL EQUITY</b>	<u><b>587,807</b></u>	<u><b>533,958</b></u>

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

CASH FLOW STATEMENT FOR THE YEAR ENDED 30 JUNE 2019

	Note	2019	2018
		\$	\$
<b><u>CASH FLOWS FROM OPERATING ACTIVITIES</u></b>			
Receipts from grants, members & other activities		1,479,023	1,438,456
Interest received		-	-
Payments to suppliers & employees		<u>(1,501,652)</u>	<u>(1,360,971)</u>
Net cash provided by operating activities		(22,629)	77,484
<b><u>CASH FLOWS FROM INVESTING ACTIVITIES</u></b>			
Proceed from disposal of plant & equipment		-	10,555
Payment for purchase of plant & equipment		<u>(45,464)</u>	<u>-</u>
Net cash provided by/ (used in) investing activities		(45,464)	10,555
<b><u>CASH FLOWS FROM FINANCING ACTIVITIES</u></b>			
Receipt from borrowing		-	-
Payment of finance borrowing		<u>(8,806)</u>	<u>(14,228)</u>
Net cash provided by/ (used in) financing activities		(8,806)	(14,228)
Cash held at the beginning of the year		<u>744,099</u>	<u>670,288</u>
Cash held at the end of the year	7	<u><b>667,200</b></u>	<u><b>744,099</b></u>

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30<sup>th</sup> JUNE 2019

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 \$1,355,954 (2018 - \$1,306,814). 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>2019</u>	<u>2018</u>
	\$	\$
Rent – premises and halls	43,636	43,733
Salaries and on-costs	795,776	733,669
Meeting expenses	2,469	3,064

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	2,388	329
Cash at bank and Credit Co-op	<u>664,832</u>	<u>743,770</u>
	<u>667,220</u>	<u>744,099</u>

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

	2019	2018
	\$	\$
Surplus/(deficit) from operating activities	53,849	49,288
Add/(Less) Non-cash Items:		
Depreciation and amortization	17,813	14,892
Write-offs	12,080	
Provision for employee benefits	13,168	(12,389)
	43,061	2,502
	96,910	51,790
Changes in Assets and Liabilities:		
Decrease/ (increase) in trade and other receivables	(15,377)	(10,021)
Increase/(decrease) in creditors and accrued expenses	(104,162)	35,715
NET CASH PROVIDED BY OPERATIONS	(22,629)	77,484

8. **PLANT AND EQUIPMENT**

	\$	\$
Building	<u>5,100</u>	-
Motor vehicles	86,844	80,365
Disposal/Written-off	-	(24,503)
Less: Accumulated depreciation	(54,290)	(59,877)
Accumulated depreciation for disposal	=	<u>16,438</u>
	<u>32,554</u>	<u>12,423</u>
Office Equipment	55,158	50,184
Addition	-	-
Less: Accumulated depreciation	(32,672)	(39,616)
	<u>22,486</u>	<u>10,568</u>
Net Book Value	<u>60,139</u>	<u>22,991</u>

9. **MOTOR VEHICLE FINANCE LIABILITIES**

	\$	\$
Amount due – not later than 1 year	8,956	627
– later than 1 year and not later than 5 years	<u>15,053</u>	=
	24,009	627

10. **PROVISIONS**

	\$	\$
Staff entitlements	104,528	98,976



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

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.

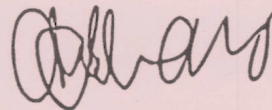
In the opinion of the Board of Harm Reduction Victoria Inc.:

- (a) the financial statements give a true and fair view of the financial position as at 30<sup>th</sup> June 2019 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:



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Robyn Dwyer  
President



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Joel Murray  
Treasurer

Dated at Melbourne: 20 November 2019



**INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF  
HARM REDUCTION VICTORIA INC.  
(Reg No. A147921P)**

Opinion

We have audited the financial report of Harm Reduction Victoria Inc. which comprises the statement of financial position as at 30<sup>th</sup> June 2019, 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 30<sup>th</sup> June 2019 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.



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

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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.

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: 21st Nov 2019

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Liability limited by a scheme approved under Professional Standards Legislation



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

DETAILED MANAGEMENT PROFIT & LOSS ACCOUNTS FOR THE YEAR ENDED 30 JUNE 2019

	2019	2018
	\$	\$
<u><b>INCOME</b></u>		
Service grant-- DHHS	1,168,387	1,145,595
Activities income	187,567	161,219
Miscellaneous income	168,930	131,120
Interest received	12,577	10,543
	<u>1,537,461</u>	<u>1,448,477</u>
<u><b>OPERATING EXPENSES</b></u>		
Accounting fee	22,167	23,402
Activities income expended	235,900	161,219
Audit fee	1,800	1,800
Bad debt	5,862	5,222
Bank charges	613	375
Cleaning and supplies	7,049	5,778
Computer expenses	26,702	28,255
Consultancy	38,524	32,395
Council rates	6,641	5,612
Depreciation and amortization	17,813	14,892
Education and awareness programs	99,746	98,553
Equipment hire and purchase	7,422	7,496
Human resources & governance	3,643	2,349
In house publications	8,683	12,937
Infringement	162	525
Insurance	4,105	3,570
Interest expense	1,987	442
Legal and consultancy fees	1,000	8,361
Loss on disposal of motor vehicle/write-off	-	656
Meeting expense	3,219	3,064
Motor vehicle expenses	22,976	22,842
Outreach support	7,558	7,792
Photocopier and material expenses	12,736	22,086
Postage and courier	4,543	5,205
Provision for staff entitlements	13,168	57,325
Public relations and entertainment	-	2,120
Rent	43,636	43,773
Repair and maintenance	4,098	5,457
Salary and on-costs	795,776	733,669
Security and inspection	674	644
Staff amenities	4,706	5,244
Stationery and office supplies	4,983	3,109
Storage hire	6,737	8,287
Subscriptions and membership	6,242	3,395
Telephone expenses	22,178	26,815
Travel expenses	31,158	23,647
Utilities expense	8,927	8,776
Website and branding	480	2,103
	<u>1,483,612</u>	<u>1,399,190</u>
Operating Surplus For The Year	<u>53,849</u>	<u>49,287</u>



**[WWW.HRVIC.ORG.AU](http://WWW.HRVIC.ORG.AU)**

**128 Peel Street  
North Melbourne  
3051 VICTORIA**

**PO Box 12720  
A'Beckett Street  
VICTORIA 8000**

**Phone: (03) 9329 1500  
Email: [admin@hrvic.org.au](mailto:admin@hrvic.org.au)**