

OUTREACH REPORT

Our Outreach service 'home-delivers' NSEP in the Perth Metro and SW region to people whose circumstances make access to services difficult, and also supplies Harm Reduction Packs to homeless and street-present people via foot-patrols in the inner city and Fremantle.

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

OPAM recruits, trains, and supports our consumers to be volunteer peer-educators in the community.

OVERDOSE PREVENTION MANAGEMENT (OPAM)	
Education Sessions Provided	4,140
Drugs used by peers	4,464
Overdoses witnessed	193
Naloxone administered by peers	69
Males	420
Females	354
Other	1

The Peer-administered Naloxone project continues to teach our consumers how to recognise and respond to an overdose and to provide them with life-saving naloxone kits.



The HCV Case-Management worker works closely with our Health Clinic nurse, and supports people in accessing testing, entering and completing treatment, and engaging with other health services.

This year Outreach has expanded further with the addition of the Stirling Empowerment Project, a team of three workers who engage with disadvantaged people and people from CALD backgrounds to increase access to mental health and AOD services in the Stirling region.

WORKFORCE DEVELOPMENT

Peer Based Harm Reduction WA provides education, training, and consultancy to a wide range of organisation's throughout the state as part of our workforce development activities.

During this year Peer Based Harm Reduction WA has provided education or training sessions on 57 occasions, to more than a thousand participants.

This has included sessions delivered to doctors, nurses and health workers, pharmacists, staff of hospital emergency departments and mental health clinics, staff from Legal Aid and Community Legal Centre's, youth services, housing and emergency accommodation providers, community alcohol and other drug workers and staff of WANADA member organisations and lectures were provided at several universities to students in schools of medicine, pharmacy, law, addiction studies, psychology and occupational therapy.

During this year we also provided consultancy and support to many other organisations, including; other NSP and NSEP providers; local councils; the State Methamphetamine

Action Plan Task Force; and the Aboriginal Health Council of WA. Peer Based Harm Reduction WA workers helped inform national BBV and STI strategies, trialed new AIVL training modules on Harm Reduction and Peer-education to AOD workers in Perth Bunbury and Kalgoorlie, and was funded by the International Drug Policy Consortium to contribute to an international forum on harm reduction strategies for methamphetamine.



What did you like about this training session?

"It was about reducing harm, not more endless talk about a problem that has no solution".

"Practical, pragmatic information based on real experience".

"The wealth of knowledge and real world experience of the presenter".

"Very practical, informative session. Made so much sense and 'cents'. Simple solutions to a very big issue".

"Very informative session. Would like to hear more".

"Thank you so much. Very informative. Keep doing a good job!"

CHAIRPERSONS REPORT

It is my privilege to present the Chairperson's report on behalf of Peer Based Harm Reduction WA's Board of Management.

We have continued to grow the way we provide services to people who inject drugs, and support the international goal of eliminating hepatitis C by 2030. Throughout this year, Peer Based Harm Reduction WA has continued to develop and enhance existing partnerships and has established new collaborations with a number of research and peak bodies, for example the Aboriginal Health Council of WA and the Burnett Institute.

The 2017/18 financial year has continued to be a very busy and productive time for Peer Based Harm Reduction WA. We secured our core funding from the Health Department of WA through an open tender process for a further 3 years. Our contract with the Mental Health Commission has been extended until 2020. In addition, we have secured additional funding through Neami National, by way of the Western Australian Primary Health Alliance, for projects under their Integrated Systems of Care funding pool. I would like to acknowledge these funding bodies, enabling Peer Based Harm Reduction WA to provide unique services.

The Board has ensured that Peer Based Harm Reduction WA continues to work within its Strategic Plan, meet its obligations, manage its finances and operate transparently, as well as maintaining its quality management system certification. This financial year Peer Based Harm Reduction WA has updated its Constitution to ensure full compliance with the Associations and Incorporations Act 2016.

I would like to take this opportunity to thank Board members for their support and diligent oversight of the organisation.

On behalf of the Board of Management, I would like to sincerely thank the CEO, Angela Corry, for her evident passion and commitment to sound processes and quality service delivery. There have been numerous notable systems improvements

implemented at the organisation in this report period – no mean feat of achievement. The Board's appreciation is extended to the Peer Based Harm Reduction WA staff and volunteers for their professional and dedicated work providing unique and vital services to the Western Australian community.

Jill Rundle
Chairperson

CHIEF EXECUTIVE OFFICER REPORT

Peer Based Harm Reduction WA has once again had a busy and productive 12 months. Throughout this period, we successfully tendered for our core funding from the Department of Health, gained a two-year extension on our contract with the Mental Health Commission, secured new funding for a number of projects through Neami National and received a number of small grants from the Australian Injecting and Illicit Drug Users League (AIVL). We have increased our involvement with national research bodies and have continued to support consumer participation in key research studies, including a recent study looking at stigma indicators for people who inject drugs conducted by the Centre for Social Research in Health.

Highlight's of service key achievements over the past 12 months are summarised in this report. Without the commitment and dedication of Peer Based Harm Reduction staff and volunteers, these achievements would not be possible. I would like to take this opportunity express my genuine thanks to all the Peer Based Harm Reduction staff, volunteers, and students, the Board of Management, the agencies we work with and most importantly, the consumers we provide a service to, for a rewarding and successful 2017-2018 year. Peer Based Harm Reduction WA continues to increase its credibility and expertise as a peer led service and leader of harm reduction services in WA. We look forward to continued improvements to the services we provide to our community over the coming year.

Angela Corry
Chief Executive Officer

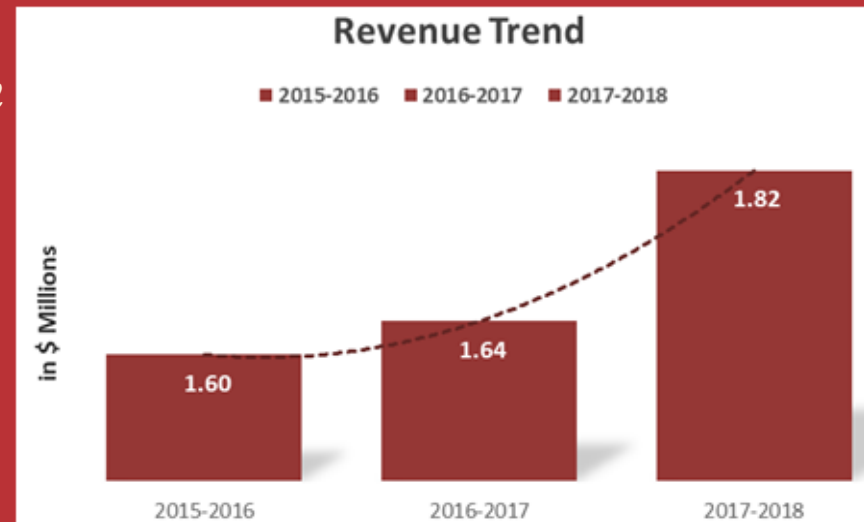
Thank you to the following government bodies for their funding support during 2017/2018:



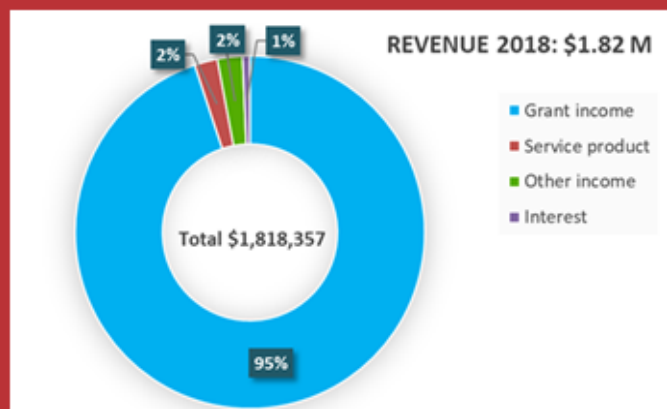
Financial Snapshots for FY 2018

2017-18 was the second year of Aberdeen Street operations after relocation.

Operating Revenue in 2018 was \$1.82M, an increase of \$174K or 10.5% against the year before.

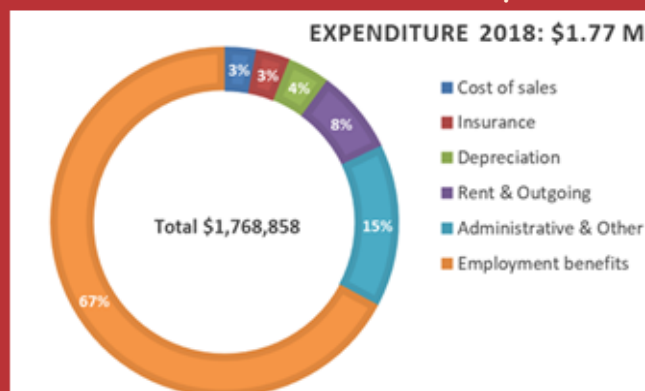


More than \$200K increase over 3 years or 4.5% per annum.



Source	\$ AUD	
	2017-2018	2016-2017
Grant income	1,725,232	1,553,673
Service product	38,625	38,314
Other income	42,223	42,992
Interest	12,277	9,626
Total Revenue	1,818,357	1,644,606

Grant funding accounted for 95% of 2018 total income and is the primary revenue source of Peer Based Harm Reduction WA services. Our revenue increase by 10.5% from 2017 \$1.64 million to 2018 \$1.82 million.



Type	\$ AUD	
	2017-2018	2016-2017
Cost of sales	52,396	48,101
Insurance	55,191	41,427
Depreciation	70,247	57,975
Rent & Outgoing	137,727	137,734
Admin & Other	265,609	245,420
Employment benefits	1,187,688	1,064,151
Total Expenditure	1,768,858	1,594,808

Employment expense remains the largest expenditure for Peer Based Harm Reduction WA representing 67% in 2018 (2017 66%) or \$1.18 million against the total organisation overheads.

Note: The full Peer Based Harm Reduction WA audited Financial Report 2018 is available at www.harmreductionwa.org and enclosed in the annual report.

NSEP REPORT

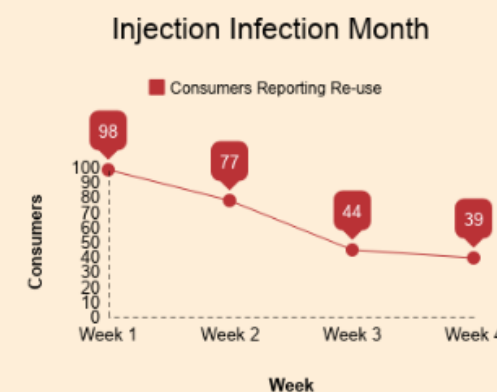
Needle & Syringe Distribution		
Perth NSEP	1306622	67.44%
Mail Order	4540	.23%
Perth Outreach	22189	11.42%
Bunbury NSEP	263139	13.58%
Southwest Outreach	42287	2.18%
Southwest Mobile NSEP	99742	5.15%
	1937519	Total

From July 2017 to June 2018, Peer Based Harm Reduction WA distributed 1,940,000 pieces of sterile injecting equipment to over 18,000 consumer interactions.



During this period, Peer Based Harm Reduction WA expanded Injection Infection week into a month long health promotion activity.

During injection infection month the number of consumers requesting extra free equipment and the reported re-use of equipment declined over the four week period as shown in the graph.



This year also saw the introduction of harm reduction packs to better meet the needs of local street based and Aboriginal consumers. 46% of harm reduction packs are distributed to Aboriginal consumers who receive one pack per occasion of service. As a result of the significant level of engagement with aboriginal consumers through the introduction of harm reduction packs, Peer Based Harm Reduction WA were the recipients of a WA AOD Excellence Award in the Aboriginal category.

Harm Reduction Packs

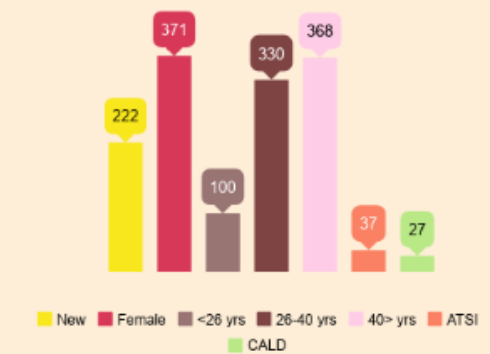


HEALTH CLINIC REPORT

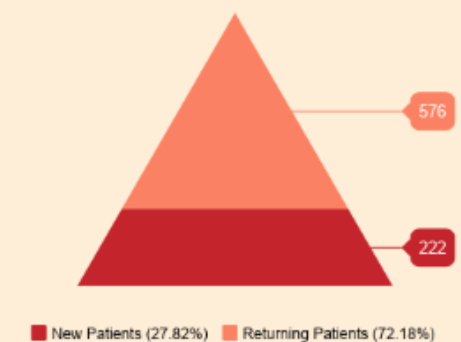
A keen focus of this reporting period was to consolidate providing an Outreach based clinic for consumers and their networks, in their own homes. This approach has been thought to be the most effective way that PBHRWA could increase BBV screening and treatment uptake and puts into action the recognition of PBHRWA's need to "reach the unreachable".

By this, PBHRWA acknowledges there may be consumers who do not ordinarily engage with health providers, and those who may have difficulty accessing services in order to engage because of physical, emotional or social concerns.

Health Clinic Consumer Demographics

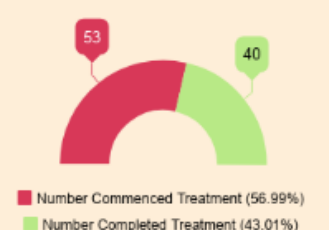


Consumer Contacts



With the introduction of the Hepatitis C (HCV) Case Management Worker, consumer support has intensified. The role of the HCV Case Manager is to provide support to consumers who commence HCV treatment. Consumers are routinely contacted and, if required, transport to and from PBHRWA is organised.

HCV Treatment Program



A total of five abstracts have been submitted this year. Two were accepted as oral presentations locally, one was accepted nationally and the other two were accepted as an oral and poster presentation at the 2018 INHSU meeting. The Nurse Practitioner received a scholarship from ASHM to attend the meeting in Portugal and was required as part of the scholarship acceptance to provide ASHM with a brief report of selected presentations.