

ANNUAL REPORT 19/20

Chairperson's and CEO's Report

Dear Member

It is our privilege to present the combined Chairperson and Chief Executive Officer's report on behalf of Peer Based Harm Reduction WA's Committee of Management ("the COM") and the volunteers, staff, and management of the organisation.

Peer Based Harm Reduction WA is the only peer-based, not-for-profit harm reduction organisation that represents the needs and concerns and provide a range of consumer driven harm reduction services for people who use or have used drugs in Western Australia. As such, Peer Based Harm Reduction WA continues to be in a unique position to provide a strong voice in advocating for people who choose to use drugs and their rights as health consumers.

We aim to bring drug users' perspectives into all our harm reduction initiatives, to our partnerships with other organisations, and to the advice and advocacy that we provide to governments. 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 partnerships with key state and national organisations, including key peak bodies, and enhance collaborations with key research bodies.

The 2019-20 financial year has been busy and productive, and during COVID-19, quite challenging for Peer Based Harm Reduction WA. In addition to our core funding from the Health Department of WA through the Sexual Health and Blood Borne Virus Program, we have continued to deliver on the two additional grants from the Health Department of WA for the hepatitis C Peer Education project (finalised November 2019) and the expansion of the Nurse Practitioner led model of care for hepatitis C testing and treatment in the South West (SW). We have maintained our funding through the Western Australian Primary Health Alliance (WAPHA) for a project under their Integrated Systems of Care funding pool. We maintain our contract with the Mental Health Commission (MHC) to provide the Peer Naloxone Project and the Overdose Prevention and Management (OPAM) project. In addition, we secured funding through the Burnett Institute in October 2019 to continue the hepatitis C Peer Education project for a further two years. We would like to acknowledge these funding bodies for enabling Peer Based Harm Reduction WA to provide a range of unique services for our community.

The COM 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. We would like to take this opportunity to thank the COM members for their support and diligent oversight of the organisation. On behalf of the COM, the management and staff we would like to sincerely thank the Finance Manager, Sai Thia and our Finance Officer, Stevie Davies for their diligent commitment and tireless efforts, particularly through the challenging periods as a result of COVID-19 restrictions, to ensure the positive financial outcomes and systems improvements achieved over the 2019 - 2020 financial year.



REVENUE 2020: \$2.15 M

Grant income Service product Other income Interest

Revenue Source 2020

1%

Total \$2,155,915

92%

Revenue Trend

■ 2015-2016 ■ 2016-2017 ■ 2017-2018 ■ 2018-2019 ■ 2019-2020

Operating Revenue

2019-2020 was the 4th successful year of operation in Aberdeen Street.

Operating Revenue in 2020 was \$2.15M an increase of \$214K or 11% against the year before.

More than \$550K increase over 5 years or 6.9% per annum.

	\$ AUD		
Source	2019-2020	2018-2019	
Grant income	1,982,282	1,784,737	
Service product	51,655	44,740	
Other income	94,881	80,549	
Interest	27,097	32,208	
Total Revenue	2,155,915	1,942,234	

Grants funding remain as the primary revenue source of Peer Based Harm Reduction WA services and represented 92% of the total revenue in FY2020. The Association service programs funding stakeholder by size – the Department of Health WA contributed to 79%, the WA Primary Health Alliance 11%, the Mental Health Commission WA 7% and other 3%. Our total revenue increased by 11% from \$1.94 million in FY2019 to \$2.15 million in FY2020.

Total Expenditure 2020



	\$ AUD	
Туре	2019-2020	2018-2019
Cost of sales	67,135	53,326
Insurance	58,851	58,887
Depreciation	79,958	65,695
Rent & related	169,833	148,972
Administrative	180,726	194,099
Employment benefits	1,436,593	1,365,050
Total Expenditure	1,993,096	1,886,028

Employment expense is the Association's largest expenditure item representing 72% (2019 72%) or \$1.43 million against the total organisation overheads in 2020 with twenty-seven employees.

Treasurers Report

We would like to express our thanks to the State Government departments (the Health Department Communicable Diseases Control Directorate and the Mental Health Commission), Burnet Institute and the Western Australian Primary Health Alliance for their support of Peer Based Harm Reduction WA through funding grants over the past financial year. The grant funds received for 2019 - 2020 were \$2,019,903.

The audited financial statements are enclosed in the annual report. The financial statements outline the financial performance and position for the 2019-2020 financial year. As is reflected in the Statement of Financial Performance PBHRWA completes the year with a surplus of \$162,819. It is therefore with pleasure that I present to the Members the 2019-2020 audited accounts.

I would like to take this opportunity to thank the Finance team for the diligence and dedicated work throughout what has been a difficult year, caused by the Covid-19 pandemic and subsequent disruptions, and Nexia Australia for their auditing services, support and advice.

We look forward to another successful year ahead.

Hamish Dobie Treasurer

MARCH COVID PROTOCOLS INITIATED

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

APRIL COVID-19 Resource Production

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

ΜΔΥ

1st COVID-19 Consumer Survey

- Consumer Covid-19 survey no. 1

- Staff online training 'Covid-19 Workplace Safety'

June

2nd COVID-19 Consumer Survey

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

COVID-19

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

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

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

Developed a fever or cough? FFVFR SORE THROAT **OF BREATH**

KNOW THE SIGNS

HEALTH WARNING COVID - 19

We have plans in place to ensure the needle exchange continues to run However, plan ahead as closing may become unavoidable We have implemented social distancing to slow the spread of the virus

If you are experiencing flu like symptoms please ring us before you head to the exchange and we may be able to help you with a postal order or a home delivery

If you are experiencing any signs identified on the left, you may need to self isolate Visit the Health Department website for further details: https://ww2.health.wa.gov.au/

What is social distancing?

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

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

Planning Ahead III

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

neer based harm reduction wa Remember - good hygiene can prevent infection!

Outreach Report

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

Stirling Empowerment Project

The Stirling Empowerment Project aims to connect vulnerable and disadvantaged people, including Culturally and Linguistically Diverse (CaLD) people, with a range of community and health services to improve issues relating to alcohol and other drug use and mental health. Since its inception in 2018 the project has assisted over 50 consumers through advocacy, transport, brief interventions and assisted referrals. The project has seen successes in the form of consumers experiencing improved access to primary health services, improved mental health and social support, increased involvement in their community, improved access to housing, increased knowledge on harm reduction strategies and the effects of alcohol and other drug use. The team aims to breakdown some barriers for vulnerable and disadvantaged people accessing health services. Since March, COVID-19 social distancing restrictions have impacted our ability to transport or meet consumers face-to-face. If appropriate, wellbeing checks and advocacy has been provided via phone.

Overdose Prevention & Management (OPAM) & Naloxone

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



Hep C PHRE

The Hep C Peer Harm Reduction Education project is a peer education project based on our OPAM model. We recruit, train, and support a team of volunteer peer educators who have completed treatment with DAAs. Peer educators speak from their experience to dispel myths about side-effects, promoting the benefits of clearing the virus, and "normalising" treatment within their social networks. The project supports people to access a non-judgmental health service. Achievements over the past year include: An article published

in the Health Department's 'NSP News', Hep C PHRE project overview and findings presented at the Health Department's quarterly forum "Diverse Contexts... Diverse Responses", co-design team member on national hepatitis C health promotion project with AIVL's National Peer Network, EC Australia, and Paul Ramsay Foundation, partnership with WANADA to develop a workshop based on the Hep C PHRE peer educator training model which is now being delivered to external AOD service providers.



Two new hepatitis C peer resources have been produced.

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

Between November 2019 and August 2020 Hep C PHRE peer educators conducted 242 peer to peer interactions. Forty-seven of the 242 peers reached (19%) provided their contact details for referral. Eleven out of the forty-seven peer referrals (23.4%) resulted in an appointment with Peer Based Harm Reduction WA's health clinic for hepatitis C testing and/or treatment.

"Hep C: Why Should I Care?"

Addresses the positive benefits of testing and treatment.



"Hep C: What Should I Do?"

Addresses the most common barriers to testing and treatment reported in peer diaries.



HCV Case Management

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

An improved database, created and in use from July 2019, allows PBHRWA staff and management to capture more accurate data representing specific tasks of the HCV Case Manager role. A table outlining new data captured is included below. Other highlights of the year have been the continued and increased snowballing recruitment of new

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

HCV testing and treatment consumers from previous or current HCV Case Management clients, a 100% success clearance rate for all PBHRWA clients that completed HCV treatment and an increased collaboration with the SWMNEP HCV Case Management worker to consolidate processes and share experiences

NSEP Report

Distribution

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

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

Protection against Injection Infection infections such as abscesses, cellulitis and endocarditis by using th Hand washing on actions. Know the signs and symptoms of infecti Protect yourself against infection seek medical care as soon as possible making sure you wash your hands every tin isit our free, confidential and anonymous Health Clini before injecting. to discuss any health concerns Wash your hands for about a minute with so and warm water. Make sure you get the back of your hands and in between your fingers. If you cannot wash your hand use terial hand ael or extra s Swabbing abbing is an invisible ford field against infection Swab every time you inject Use at least two swabs every time Swab any equipment before use like your spoon or the table. Filters Ask for a swabbing demo We have a range of filters to suit your substance and your budget. at reception Know how to use the filter correctly We can help trouble shoot any issues Sterile equipment that might arise Using a new syringe or needle and barrel for every injection will help keep Learn about the filtering hierarchy you are informed about the best you safer and healthier ring options Ask for extra equipment to prevent you from reusing your own equipment or sharing with others. nd out what services are available for ye to keep you protected in the future

Injection Infection Month

Injection Infection month continues to demonstrate the number of consumers requesting extra free equipment and the reported re-use of equipment declining over the four-week period. In March 2020, injection infection month was

discontinued after two weeks due to need to focus consumer education on changes in process and current advice in relation to COVID-19, promoting extra supplies in case of isolation, quarantine or interruptions to the service.



Finger Prick Survey

Peer Based Harm Reduction WA has continued to increase participation in the annual Australian NSP 'Finger Prick Survey.

Location	2017 Surveys	2018 Surveys	2019 Surveys
Perth	227	240	240
Southwest	81	76	80
Total	308	316	320



Health Clinic Report

Perth and Bunbury

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

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

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

Workforce Development Report

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

During this year Peer Based Harm Reduction WA has provided education or training sessions on 28 occasions, to 630 participants. This has included sessions delivered to doctors, nurses and health workers, pharmacists, staff of hospital emergency departments and mental health clinics, pain and addiction specialists, Aboriginal health workers, rural health workers, youth services, staff and volunteers for Leavers events in the SW, housing and emergency accommodation providers, drop-in-center staff, and community alcohol and other drug workers.

Lectures were provided at several universities to students in schools of medicine, paramedical sciences, pharmacy, addiction studies, psychology, and occupational therapy. We also provided information, consultancy and support to other organisation's, including; other NSP and NSEP providers; local councils; pharmacists and doctors from several public hospitals and in private practice; staff of community alcohol and other drug treatment services; and staff from community mental health clinics and the State Forensic Mental Health service. Highlights included two workshops at the APSAD 2019 conference and being invited to present to the Scottish Drug Services conference online.

Restrictions implemented in response to COVID-19 led to less opportunities for delivering training and education in person during the second guarter of 2020, however during these months several education sessions and guest lectures were delivered online, and we presented two sessions at the Rural Health West "virtual" annual conference.

In Memory of

This year we remember three of our South West consumers who have sadly passed. Rest in peace Sam, Glenn, and Mick.

Thank you to our funders for their support during 2019/2020





Government of Western Australia



Government of Western Australia Mental Health Commission

