



peer based  
harm reduction wa

# Annual Report 2023-24

*In memory of Monty, Travis, Grant, and John, our friends from the South West.  
Lives that matter.*

# Acknowledgement of Country

Peer Based Harm Reduction WA's Boorloo (Perth) office is located on Whadjuk Noongar Boodja, by the banks of the Derbarl Yerrigan, which is also known as the Swan River. Our Koombarnup (Bunbury) office sits on Wardandi Noongar Boodja.

Peer Based Harm Reduction WA acknowledges that we work on Yued, Whadjuk, Pindjarup, Wardandi, and Kaniyang lands. Sovereignty has never been ceded. This is, was, and always will be Noongar land.

We acknowledge the Traditional Owners and Custodians of this Country. We recognise and pay our respect to their culture and their continuing connection to the land and waters of these beautiful places. We thank them for protecting these places and their ecosystems since time immemorial.

We pay our respect to Elders past and present, and extend that respect to all First Nations people.

*Photograph by Muneer Al Shanti*



# Chairperson's & CEO's Address

Dear Member,

It is our privilege to present the Chairperson's and Chief Executive Officer's 2023-2024 report on behalf of Peer Based Harm Reduction WA's Committee of Management (COM), and on behalf of the Management Team and all staff and volunteers.

Peer Based Harm Reduction WA (PBHR WA) is the state's only peer-based Alcohol & Other Drug service-delivery organisation, providing a range of innovative and consumer-driven health and harm reduction services. The organisation was originally established by, and all of our programs are managed and run by, people who use or have used drugs. As such, we are uniquely positioned to provide a voice for people who use drugs, to represent their needs and concerns, and to support their rights as health consumers. We aim to bring the insights and perspectives arising from the lived and living experience of our peers into all of our work; to the design and delivery of our services, to our partnerships with other organisations, to the training and work force development we provide to other agencies, to our engagement with research bodies, and to the advice and advocacy that we provide to government and policy makers.

Guided by this consumer-informed perspective, throughout the 2023 - 2024 financial year our programs have continued to evolve, adapt, and expand to reduce the risk of drug-related harm in WA, to better support the health and human rights of people who use drugs, and to contribute to Australia's hepatitis C elimination goals.

Our core funding from Sexual Health and Blood Borne Virus Programs at the Health Department of WA has allowed us to continue providing the largest needle & syringe exchange program (NSEP) in the state and to deliver person-centred health services for people who inject drugs. During this year we received two additional grants for capital expenditure and to fund increased nursing and peer worker hours over the next three years, grants which have enabled significant expansion of our Mobile Health Clinic activities throughout the greater Perth metropolitan area and the South West region.

The Mental Health Commission continues to support our overdose prevention and take home naloxone program, with a new Community Take Home Naloxone Peer Delivery & Outreach Service contracted to further expand the accessibility of this life-saving intervention. This year PBHR WA began piloting peer distribution of naloxone via volunteer peer-educators, (a first for WA), and launched a state-wide Postal Take Home Naloxone Service, (the second of its kind in the country). In June of 2024, the MHC also provided PBHR WA with a one-off grant to purchase two portable Fibroscan Devices, enhancing our Health Team's unique model-of-care by further streamlining entry into treatment for people living with hepatitis C.

During the first half of 2024, the Healthy Blood Healthy Body peer education project commenced its active phase. This short pilot project, funded by SiREN, will run until the end of the year, and aims to train and support volunteer peer educators to increase the accessibility of harm reduction services and of hepatitis C testing and treatment for Aboriginal people residing in the greater Perth metro area.

We would like to acknowledge these funding bodies, which enable Peer Based Harm Reduction WA to continue providing a range of uniquely person-centred health and harm reduction services for our consumers and to continue improving what we do and how we do it.

During the last quarter of 2023, PBHR WA underwent a significant process of organisational review and restructuring which resulted in reforming team structures to direct a larger proportion of funding toward front-line service-delivery roles. This involved two Team Coordinator roles becoming redundant, and the establishment of two new positions; a Senior NSEP Worker and a Service Manager. In September, our long serving NSEP Coordinator, Kevin Winder, left the organisation. We would like to take this opportunity to thank Kevin for his years of service and acknowledge his many contributions. We would also like to welcome Neal Bodel, our new Service Manager, and recognise the wide range of skills and the decades of experience in community service that he brings to the team.

In December, the organisation was independently audited by IHCA against the AOD & Human Services Standard, maintaining our accreditation under the National Quality Framework. The CEO would like to acknowledge the considerable work undertaken by all staff members involved.

This year our long-serving Treasurer, Hamish Dobie, resigned from our Committee of Management. We would like to take this opportunity to recognise his years of dedicated service on the COM, and to wish him all the best in his retirement. We thank all our COM members for their support and for their diligent oversight of the organisation. They have ensured that Peer Based Harm Reduction WA continues to work within its Strategic Plan, meet its obligations, manage its finances responsibly, and operate transparently, while maintaining quality certification under The Standard.

The COM would like to acknowledge the professional oversight that Paul Dessauer has maintained as CEO. Paul's passion and his commitment to the values and purpose of the organisation are evident in the successes achieved in the short time that he has been in the role. He has undoubtedly also

contributed to the broader re-invigoration and recognition of the importance of the voice of peers informing relevant policy, planning, and sector development.

The CEO and Chair, on behalf of the COM and management team, sincerely thank Sai Thia, Finance & Corporate Services Manager, and Stevie Davies, Finance Officer, for their diligent commitment to ensuring the positive financial outcomes and systems improvements that have been achieved over the 2023 - 2024 financial year.

We wish to extend our appreciation to all staff members and volunteers for their commitment, and we thank them for their individual and collective contributions to the services that Peer Based Harm Reduction WA delivers throughout the state. The value of this work is seldom offered public recognition, but it is of vital importance. The services we deliver each day significantly reduce the incidence and severity of drug-related harm in the community, but they also help protect the inherent worth and dignity, improve the health equity, and promote the fundamental human rights of our peers, people who use drugs. It is a great privilege to work with such a unique and dedicated team of people, and whether they have been named in this report or not we wish to publicly acknowledge the good that they make in the world and offer our sincere gratitude and respect to each and every one.

This has been a year of significant change and growth for the organisation. We look forward to the opportunities and challenges that the next year will bring; enthused by the progress that has been made; secure in the sound governance provided by our COM; confident in the skills, knowledge, and passion of our team; buoyed by the trust that our consumers and peers place in us.

With deep respect and high regards,



Jill Rundle  
Chairperson  
Perth, Western Australia



Paul Dessauer  
Chief Executive Officer  
Perth, Western Australia

# Treasurer's Report

Peer Based Harm Reduction WA (PBHR WA) would like to express its thanks to the State Government departments (the Health Department Communicable Diseases Control Directorate and the Mental Health Commission) and the Curtin University for their support of PBHR WA through funding grants over the past financial year.

The grant funds received for 2023 - 2024 were \$1,983,158.

The audited financial statements are enclosed in the annual report. The financial statements outline the financial performance and position for the 2023-2024 financial year. As is reflected in the Statement of Comprehensive Income, PBHR WA completes the year with a surplus of \$83,599.

During the financial year there were no significant changes in the state of affairs of PBHR WA. It is therefore with pleasure that I present to the Members the 2023- 2024 audited accounts.

I would like to take this opportunity to thank the Finance team for their diligence and dedicated work throughout the year, and to Nexia Australia for their auditing services, support, and advice.

We look forward to another successful year ahead.



Razif Ismail  
Treasurer

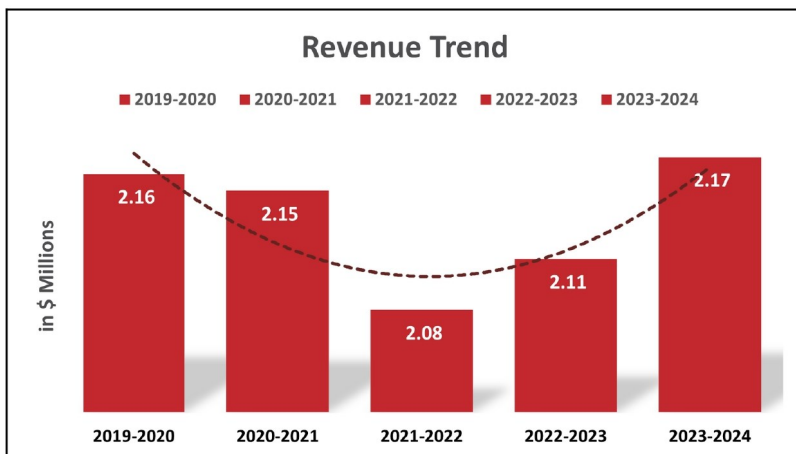


# Finance

## FINANCIAL SNAPSHOTS FOR THE 2024 FINANCIAL YEAR

### Operating Revenue

- There were no significant changes in the state of affairs of the Association during financial year 2023 - 24.
- Operating Revenue in 2024 was \$2.17M with minor movement against the prior year.
- Stable revenue stream with insignificant increase over 5 years.

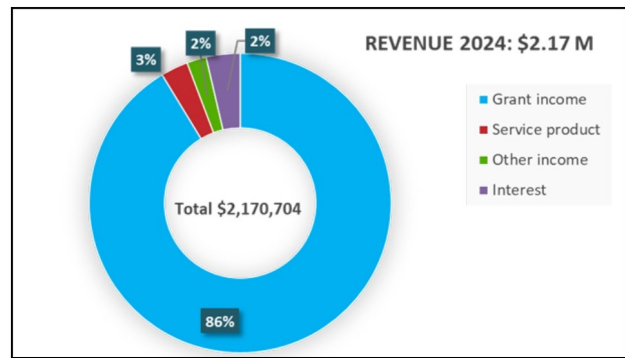




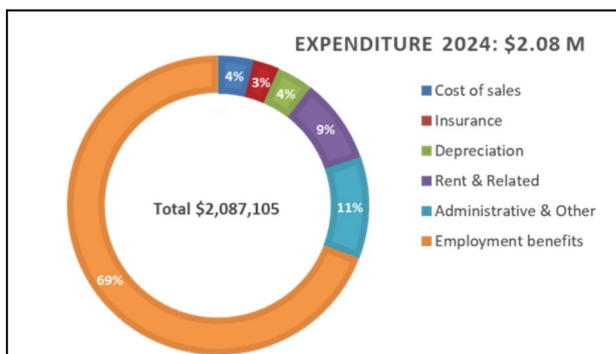
## Revenue Source

Grants remain the primary source of funding for Peer Based Harm Reduction WA services, representing 86% of the total revenue in FY2024.

The Department of Health WA provides 90% of the Association's service program funding, with the remaining 9% provided by the Mental Health Commission WA and 2% by the Curtin University in 2024.



Source	\$ AUD	
	2023-2024	2022-2023
Grant income	1,983,158	1,804,862
Service product	63,425	64,093
Other income	45,372	199,362
Interest	78,749	43,722
<b>Total Revenue</b>	<b>2,170,704</b>	<b>2,112,039</b>



Type	\$ AUD	
	2023-2024	2022-2023
Cost of sales	80,162	60,917
Insurance	57,918	53,410
Depreciation	81,446	68,757
Rent & Related	192,202	182,843
Administrative	230,319	214,860
Employment benefits	1,445,058	1,455,215
<b>Total Expenditure</b>	<b>2,087,105</b>	<b>2,036,002</b>

## Total Expenditure

Employment expense is the Association's largest expenditure item representing 69% (2023 71%) or \$1.44M against the total organisation overheads in 2024 with 22 employees.

Our annual audited Financial Report 2024 can be downloaded through the ACNC Charity Register listing at [www.acnc.gov.au](http://www.acnc.gov.au) and is also available on request.





# **NSEP & Outreach Report**



Peer Based Harm Reduction WA (PBHR WA) delivers the largest needle & syringe program in the state. Our Needle & Syringe Exchange Program (NSEP) consistently distributes more than 1/3 of all injecting equipment that is provided in WA each year, via our Perth & Bunbury Fixed-site NSEPs and our South West Mobile NSEP van, via Outreach NSEP (delivered throughout >30,000 km<sup>2</sup> of the greater Perth Metro Area and the South West Region), and by our Statewide Postal NSEP service (available to consumers anywhere in WA).

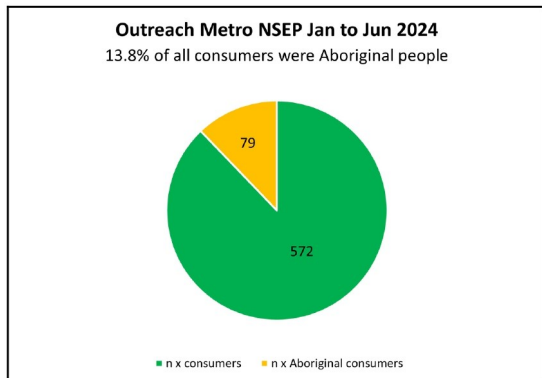
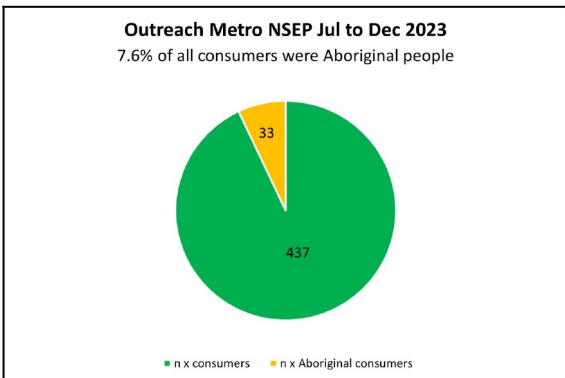
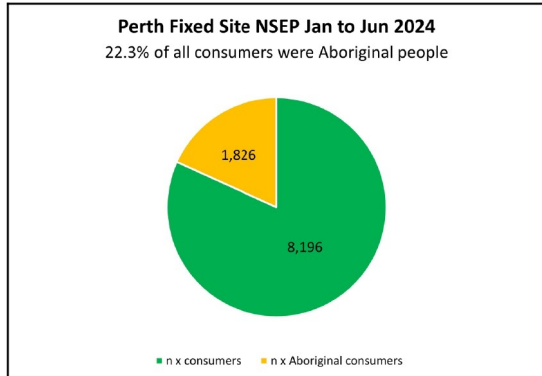
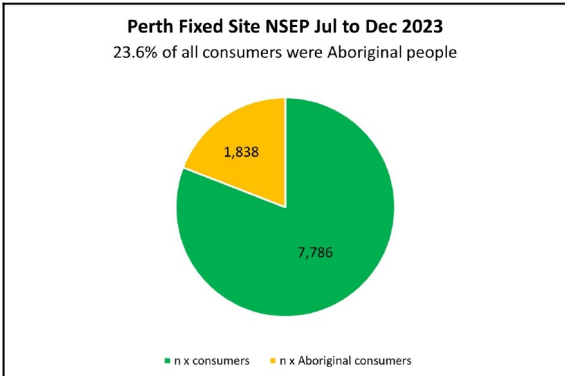
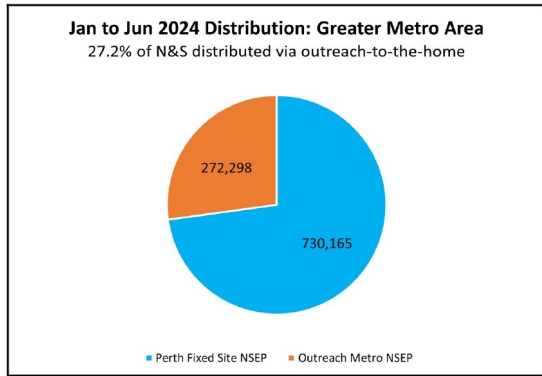
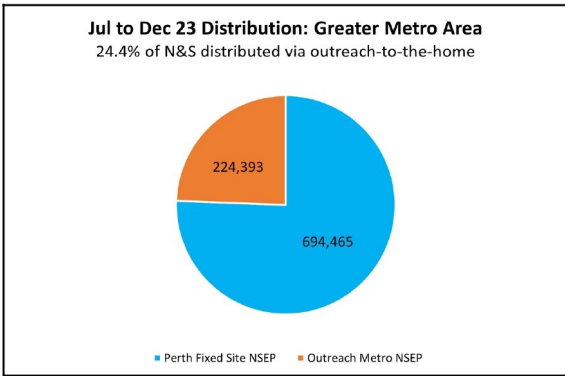
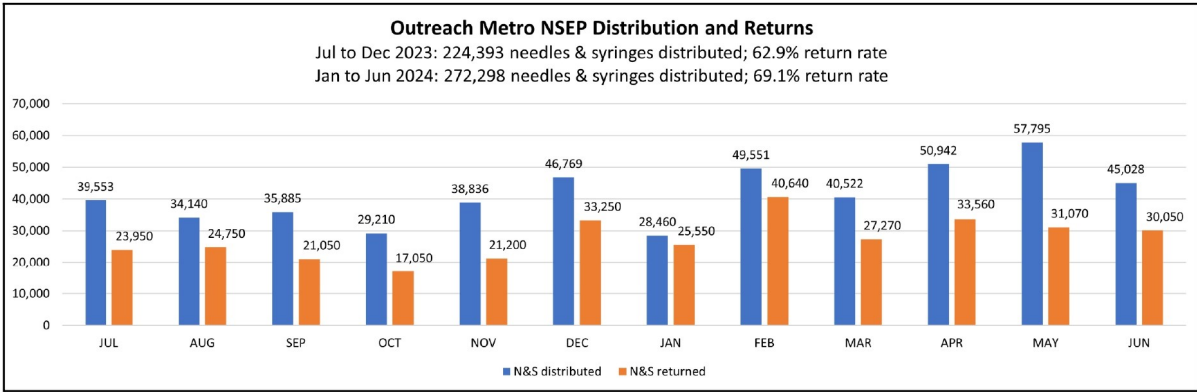
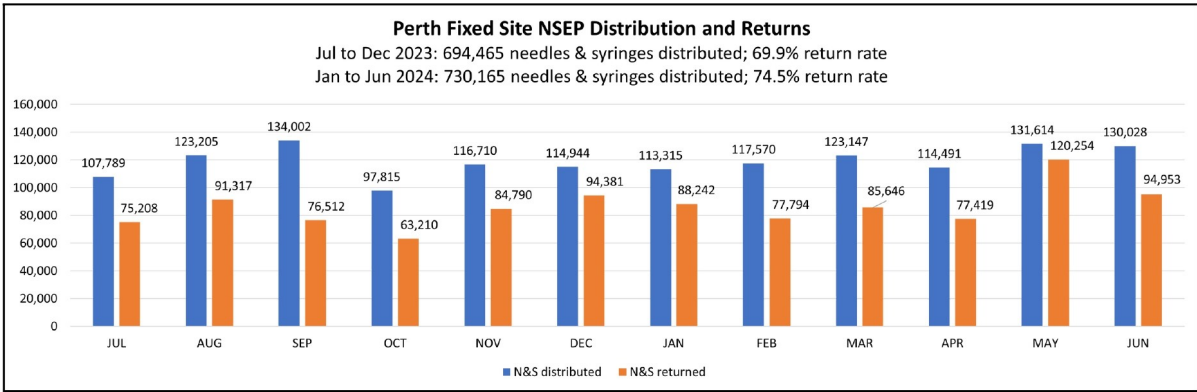
Our models of delivery are purposely designed to overcome barriers and to maximise accessibility for anyone who might need our services. Outreach NSEP has the ability to deliver to where the consumer is, instead of expecting them to come to us. Our programs are staffed by peer workers, which enhances engagement, greatly increasing our consumers' confidence and trust in the service. These two factors combine to make NSEP, and the harm reduction education that accompanies it, more accessible to our consumers.

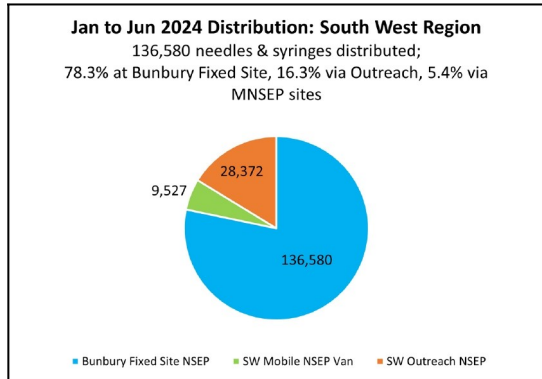
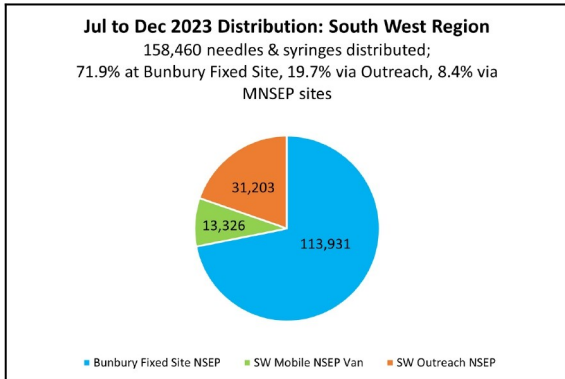
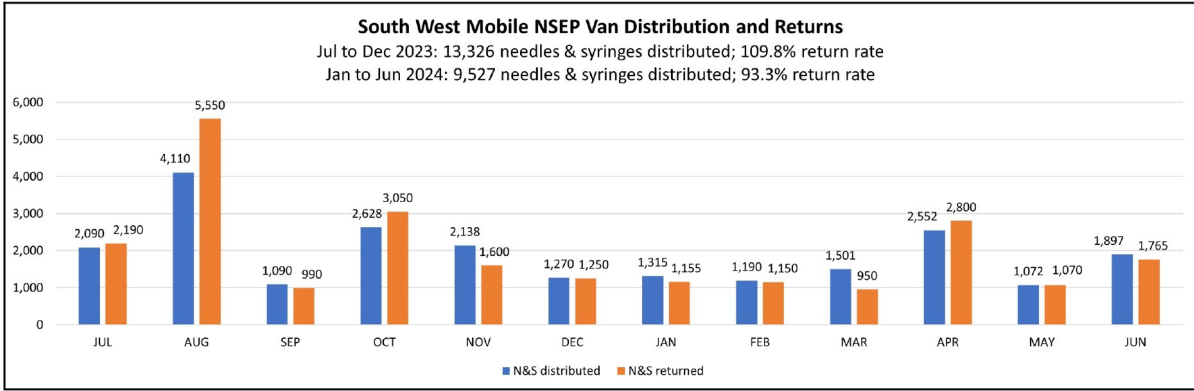
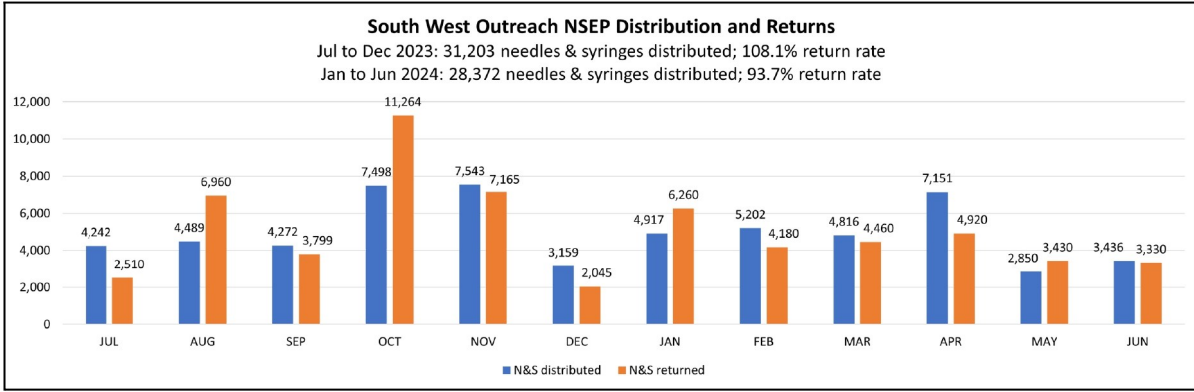
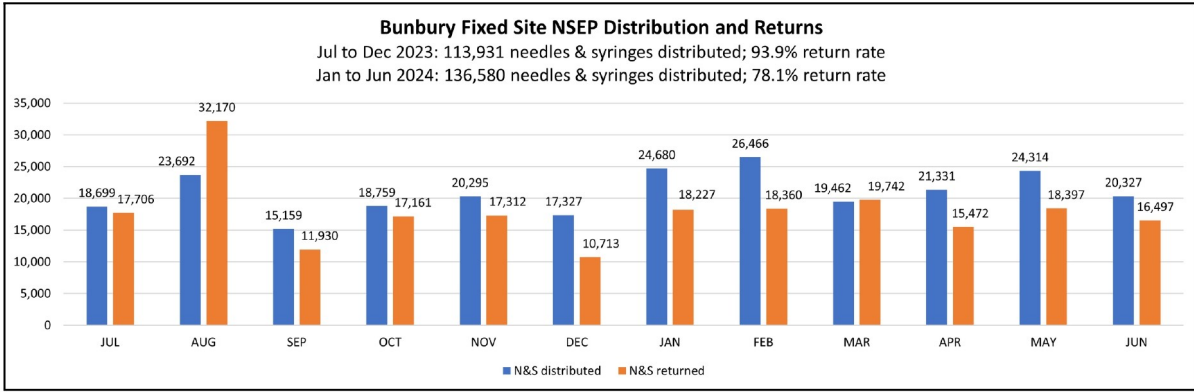
During the last year, PBHR WA provided more than 2,290,000 needles and syringes throughout WA. In both the greater metro area and the South West, more than 25% of these were provided via outreach or Mobile NSEP services. Across the state, PBHR WA provided NSEP on 20,000 occasions, 20% of which were with Aboriginal people.

We provide accessible, nonjudgmental NSEP services and consumer-informed, peer-based harm reduction education that meets people where they are. The engagement and confidence that we receive from our community, our peers, through our NSEP services is an essential component of the success of the other health and harm reduction services we deliver throughout WA.



*PBHR WA's South West MNSEP van meeting consumers where they are.*



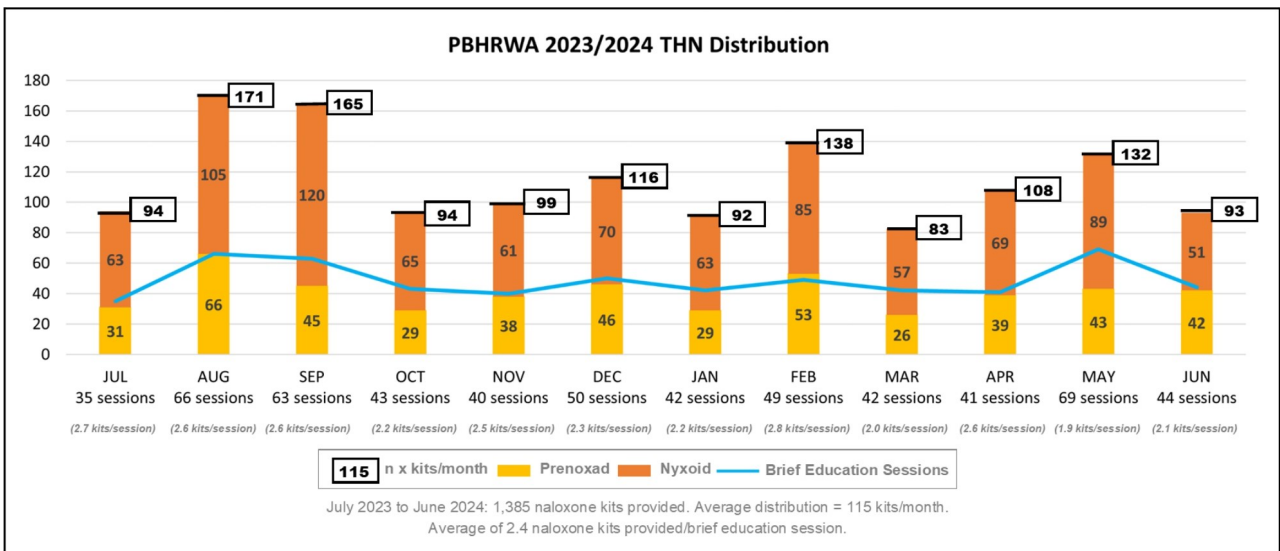




# Overdose Prevention & THN Report



PBHR WA was the first agency in WA to pilot take-home-naloxone (THN), with a peer-based project that commenced in January 2013. The program has adapted and evolved ever since, with PBHR WA remaining by far the largest THN provider in the state. During the last year PBHR WA provided a total of 1,385 naloxone kits (an average of 115 kits per month) in 584 brief education sessions to people who are at risk of suffering or witnessing an opioid overdose. THN is provided by peer workers and accompanied by a brief education session. 53% of people we provided naloxone kits to were female, and 18% were Aboriginal people.



The home postcodes of consumers who receive THN are collected, and this consistently shows that areas which record the highest number of sessions feature as “hot-spots” in St John Ambulance data for overdose incidents. Peak months for THN distribution typically coincide with months which record higher numbers of ambulance overdose callouts.

Postcode data also demonstrates that the project has established a very broad geographic reach; there is good coverage over the entire greater Metropolitan area, and the proportion of sessions delivered to people from regional and rural areas in the South West is roughly proportional to population distribution. During this year PBHR WA began trialing peer-to-peer distribution of THN via trained and authorised volunteer peer educators. We also launched a Statewide Postal THN Service. These initiatives were both designed to further increase the accessibility of this simple, life-saving intervention.





# Health Clinic Report

PBHR WA health services are delivered via our Health Clinics (co-located within our Perth and Bunbury fixed-site NSEPs) and are also delivered in community settings via Outreach Clinics (to consumers' homes, and at Mobile Health Clinic Van sites).

The PBHR WA Health Team is led by our Nurse Practitioner, who is based at the Perth Office, with a Registered Nurse operating the South West Clinic. Nursing staff are supported by HCV Case Management workers operating from our fixed-sites in Perth and Bunbury. These peer workers are trained to deliver pre- and post-test counselling and to perform phlebotomy and point-of-care-testing. As outreach workers, they can help people to access testing and treatment and provide ongoing assistance in the community; offering transport to and from appointments, delivering medication, and supporting people to remain in treatment until they clear the virus. This is an essential component of our Health Team's person-centered model-of-care and acts to make testing and treatment more accessible.

During this year, PBHR WA received two one-off grants from Health Department WA to purchase additional equipment for our Mobile Health Clinic work and to fund additional hours for our nursing staff and peer HCV Case Management Workers, allowing us to significantly expand delivery of Mobile Clinics throughout the greater Perth metro area and the South West over the next three years. See our Health Outreach special feature for more details.






# Conclusion

This has been a year of change and growth, commencing in the second half of 2023 with a review that led to a significant organisational restructuring. Efficiencies generated through this process have allowed increased staff-hours devoted to providing Fixed-site and Outreach NSEP, enhancing our capacity to deliver services “at the pointy end.”

During December of 2023, PBHRWA was audited by IHCA to maintain accreditation against The AOD (Alcohol and Other Drug) and Human Services Standard. In January of 2024 PBHRWA received a Certificate of Registration confirming that the organisation had maintained the requirements for certification against The Standard.

Grants from HDWA and from the MHC have allowed us to significantly expand our Mobile and Outreach Health Clinic activities, to increase the amount of training and workforce development we offer to other agencies, to trial peer-to-peer distribution of THN, and to launch a Statewide Postal THN service.

This has also been a year of collaboration, with increasing engagement with existing allies and new partnerships and relationships being formed as the geographic and social reach of all our services continues to expand.





# Special Feature: Health Outreach

A YEAR OF COLLABORATION.



It has truly been a year of collaboration at PBHR WA. In particular, the Health Outreach Team's dedication and hard work have been instrumental in reaching a significant number of consumers within our community, many of whom were not previously engaged with a health service.

Join us as we celebrate this achievement in our 2023-24 special feature.

PBHR WA's grant-funded Health Outreach activities commenced in March of 2024. Outcomes from the four months from then until the end of June are as follows:

Location of Clinics	Perth Metro Area	South West Region
Number of Clinics	19	15
Number of Patients: Total	132	37
Number of Patients: New	116	29
Number of Patients: ATSI	28%	5.5%

During the final months of this year, PBHR WA successfully tendered a proposal to the MHC and received a grant which has allowed the purchase of two portable Echosens FibroScan® devices and our peer HCV Case Management Workers are being trained to operate them. These will allow our Health Teams in Perth and the South West to assess liver fibrosis, further streamlining entry to treatment for people who are living with HCV.

In the South West, our team worked in collaboration with WA Country Health Service, service providers, local government, and private businesses to find suitable locations for Mobile Health Clinic Van sites. Our aim was to increase accessibility as much as possible while also protecting the confidentiality of our consumers. This is a challenging and sensitive issue within small communities and our approach was informed by the consumer-led focus groups we held throughout the South West in the first half of 2023 (see previous annual report for details). Support from and collaboration with local communities has been essential to our success.



*South West HCV Case Management Worker, Maxine, enrolling patients at the In Town Lunch Centre in Bunbury.*



# Maxine Kent

SOUTH WEST HCV CASE MANAGEMENT  
WORKER

A big part of my role on the South West Health Outreach Team involves networking with other organisations and stakeholders to plan where the Outreach Health Clinic will visit and then going through the process of setting that up.

Sometimes we may need council approval to park the Mobile Clinic Van at particular sites. I plan dates and times and coordinate with staff to make sure they will be available. We need posters and flyers in place ahead of time so that consumers know what we can help them with and when we will be there, but also ensuring that stakeholders understand who we are and what we do.

In the lead up to clinic days, it's my responsibility to make sure the van is fully stocked and prepared with everything the Team will need to function smoothly while they are in the field. NSEP equipment, tables, chairs, incentive payments, the GeneXpert instrument, clinic supplies, every little thing. My role on the day itself is to recruit consumers to see the Nurse, or to see me for point-of-care testing. I take them through the paperwork and talk to them about consent, but I'm also there to engage with people while they are waiting. I can provide information or even just a distraction. You've got to have that good rhythm or it doesn't work, especially in rural areas where there can be a lot of stigma. People need to feel comfortable or they won't participate.

My favourite moment with the Outreach Clinic this year was engaging with a priest from a church in one of the towns we visit. I'm a huge Star Wars fan and it was so unexpected to encounter him wearing a storm trooper t-shirt. He was so kind and very supportive of the work we do. He was very open to the idea of the Mobile Clinic Van parking at the church. The church council ultimately decided not to go ahead with it, but it makes me glad to know that he is there to educate and hopefully influence the people around him. The force is strong with him!



*Outreach Health Clinic at Nannup.*



*Outreach Health Clinic at  
100 Hampton Road, Fremantle.*



# Julie Byrne-King

SOUTH WEST & OUTREACH NURSE

My role is South West Nurse, and also as a Nurse on the Perth and South West Health Outreach Teams. I get to flit between the Perth and South West teams, so I get to enjoy the different way things are done in both Metro and Regional areas.

I think we are unique in not only our target demographic, but our team efforts to engage with people - meeting them where they are at and treating everyone with the dignity they deserve. In the South West we have different challenges to the Metro area; distances to seek healthcare are greater, there are fewer services for people experiencing homelessness, and the conservative nature of smaller towns can make it more difficult to engage. The ability to find places to set up regularly in the South West, and dealing with the concerns of people who do not understand our purpose or the need for our services, is the most challenging part of the role for me. I feel we spend over half of our time hosting education sessions rather than being able to reach our clients. Although, hopefully, with education there comes understanding...

I like that in my role I get to not only 'test and treat,' but address other health concerns raised by clients who avoid mainstream health services. I enjoy getting out and about... Not so much in winter, as I am a total lizard and cannot function in the cold. I feel I have built up trust within the South West community as I see more people returning to follow up with me for advice, treatment and/or just to check in. What I like most is getting to meet some really interesting people. I am incredibly lucky to work with the team that we have. I cannot possibly put into words how valuable the rest of the team is; from the booking of outreach sites, through to the monitoring of stock, packing and unpacking a billion times, engaging with people to get them to come and be tested, being so organised with their case management, and just being an amazing group of people. This whole thing is only able to function because the team function so well together and no one person or part is more important than another.



# Shae Roberts

PERTH HCV CASE MANAGEMENT WORKER

My HCV Case Management Worker role began with point-of-care testing at our Perth office and has grown from there. I handle most of the Perth paperwork and REDCap data entry relating to our participation with the National Australian HCV Point-of-Care Testing Program.

We are fortunate to have two GeneXpert instruments in Perth, but they require regular quality control and maintenance, and I am responsible for that. I also get to work closely with consumers who are accessing direct-acting antiviral treatment for hepatitis C through the PBHR WA Health Clinic. That could mean visiting them at home, delivering their treatment medication to them, or performing FibroScan imaging for them. I'm about to start phlebotomy training, so it won't be long before I can also provide venipuncture.

Outreach clinic days are what I look forward to the most. When we're out there in the field, it can be quite a fast pace and it's impossible not to feel positive about what the Team are achieving. I get to meet and provide testing to so many people and I love interacting with them. Sometimes, I meet people on the worst day of their lives. It affects me so deeply. It's so important to learn how to be a good listener, because that is what people need a lot of the time.

It's hard to witness the circumstances that some of the people I work with are facing because I see myself in them. It has been challenging to adjust to being exposed to that all the time but, in a weird way, it also helps me to know I am where I should be.

Today, someone I work with took their very last direct-acting antiviral treatment tablet. I was the person who originally tested them and they are the first person I had to tell that they have tested positive for hepatitis C. They were so shocked to find that out at the time. Today was a full-circle moment for both of us. I'll never forget what that feels like and it makes me love my work even more.





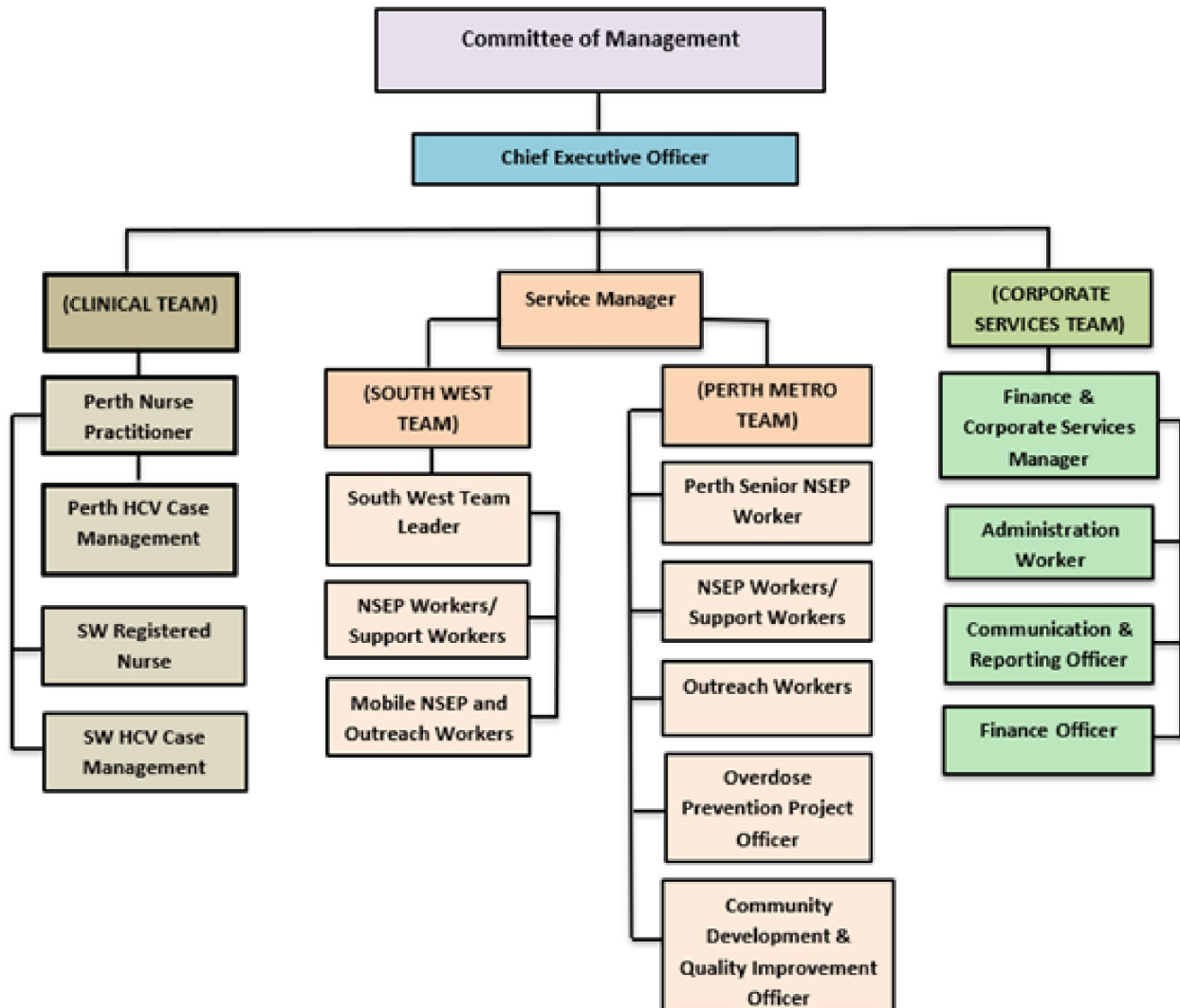
***Outreach Health Clinic at  
100 Hampton Road, Fremantle.***

# Our Staff

AN OVERVIEW OF OUR ORGANISATIONAL STRUCTURE



## Organisational Structure



- Chief Executive Officer
- Service Manager
- Nurse Practitioner
- South West Team Leader
- HCV Case Management Workers
- Perth Senior NSEP Worker
- NSEP Workers
- NSEP Support Workers
- Mobile NSEP Workers
- Registered Nurse
- Outreach Workers
- Community Development & Quality Improvement Officer
- Finance & Corporate Services Manager
- Administration Worker
- Finance Officer
- Overdose Prevention Project Officer
- Communication & Reporting Officer

# The PBHR WA Team

## PERTH TEAM

<b>Paul Dessauer</b>	Chief Executive Officer
<b>Neal Bodel</b>	Service Manager
<b>Sai Thia</b>	Finance & Corporate Services Manager
<b>Leanne Myers</b>	Nurse Practitioner
<b>Ella McCabe</b>	NSEP Support Worker
<b>Harper Galbraith</b>	Outreach Worker
<b>Jarrah Duckett</b>	Community Development Worker Quality Improvement Officer
<b>Nissa Masini</b>	NSEP Support Worker
<b>Patrina Nelson</b>	Senior NSEP Worker HBHB Project Worker
<b>Paul Jeffery</b>	HCV Case Management Worker
<b>Peta Gava</b>	Overdose Prevention & Peer Naloxone Project Officer Communication & Reporting Officer
<b>Shae Roberts</b>	NSEP Support Worker HCV Case Management Worker
<b>Sharon Zerafa</b>	NSEP Worker
<b>Srdjan Davidovic</b>	NSEP Support Worker Outreach Worker
<b>Stephanie Murray</b>	Admin Worker
<b>Stevie Davies</b>	Finance Officer

## SOUTH WEST TEAM

<b>Jodie Savage</b>	South West Team Leader
<b>Julie Byrne-King</b>	South West Nurse
<b>Maxine Kent</b>	HCV Case Management Worker
<b>Menzies Goyder</b>	NSEP Support Worker
<b>Rhianon Diplock</b>	NSEP Worker
<b>Ryan Begley</b>	NSEP Support Worker

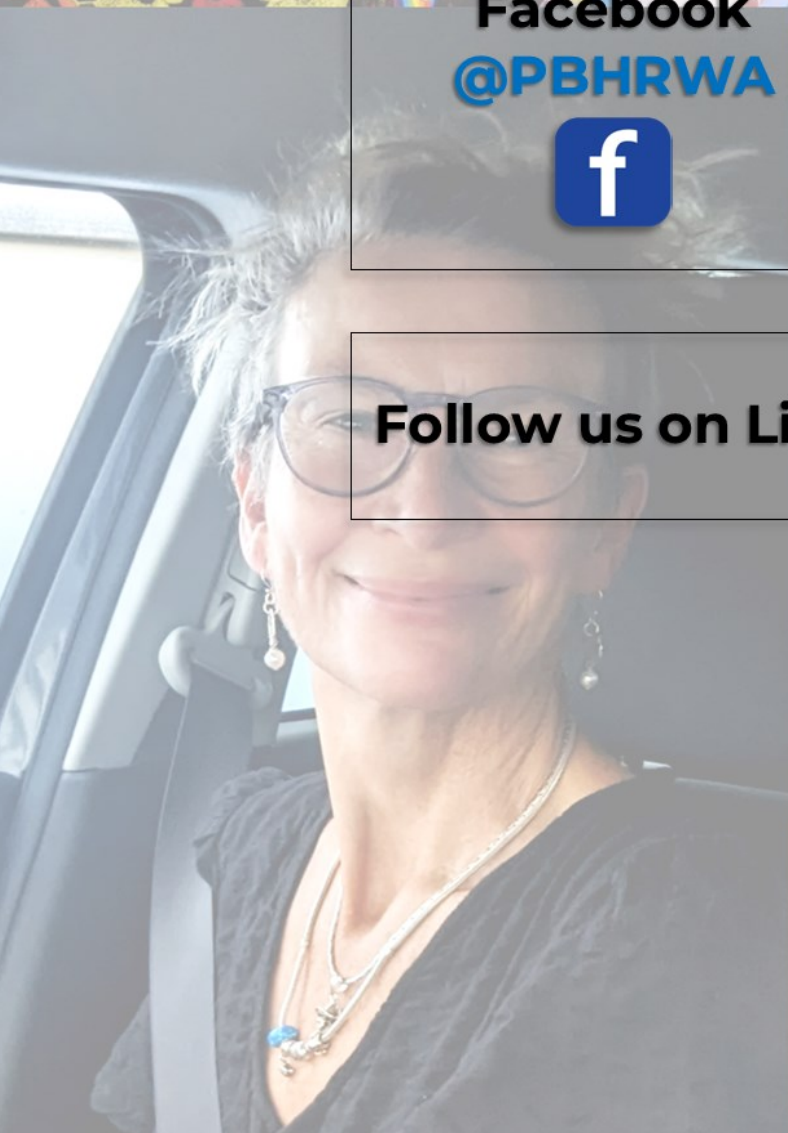


**Check out our website!**

[www.harmreductionwa.org](http://www.harmreductionwa.org)



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