



Annual Report 2024 - 25

POSTAL NALOXONE SERVICE

ANYWHERE IN WESTERN AUSTRALIA

CALL 0478 220 428

FREE NALOXONE POSTED TO YOU

#END OVERDOSE

peer based
harm reduction wo

We remember and celebrate the lives of two dear friends who have passed, Brett and Monty. We extend our respect to honour all those who our community has lost this year. They were not just names; they were our peers and comrades; they were our family and our friends; they were our loved ones. They are gone, yet they each remain as integral parts of the living heart that drives our work.

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.



CHAIRPERSON'S & CEO'S ADDRESS

Dear Members

It is our privilege to present the Chairperson's and Chief Executive Officer's 2024-2025 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 consumer-driven health and harm reduction services. The organisation was originally established by, and all 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 bring the insights arising from this wealth of lived and living experience 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 2024 - 2025 financial year our programs have continued to evolve, adapt, and expand to reduce the risk of drug-related harm in WA, to increase the accessibility of services, and to better support the health and human rights of our peers, people who use drugs.

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 in the state and to deliver accessible person-centred health services for people who inject drugs. During 2024 - 2025, PBHR WA services provided more than 2,677,000 pieces of injecting equipment to our consumers throughout the state. A one-off three-year grant that commenced in the first half of 2024 has

allowed our team to continue delivering enhanced 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 the Community Take Home Naloxone Peer Delivery & Outreach Service continuing to increase the accessibility of this life-saving intervention. This year, in addition to provision via brief education by our staff, PBHR WA has continued to expand distribution of naloxone via volunteer peer-educators and via our state-wide Postal Take Home Naloxone Service, and has also increased the number of training sessions provided to other front-line agencies. During 2024 - 2025 our services provided more than 1,700 naloxone kits to people at risk of witnessing or experiencing an opioid overdose.

During the first half of 2025, the SiREN-funded Healthy Blood Healthy Body peer education pilot wound down. We are currently recruiting for a new project based on the HBHB model. Deadly Peer Mob, funded by Burnet Institute, 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 are also currently recruiting for an Aboriginal Community Engagement Worker, to be based with PBHR WA South West Team. The ACE pilot is funded for 12 months by the WA Primary Health Alliance.

We wish to acknowledge these funding bodies, which enable PBHR WA to continue providing a range of uniquely person-centred health and harm reduction services for our consumers and to continue improving and expanding what we do, and where and how we do it.

The CEO and Chair, on behalf of the COM and management team, wish to sincerely thank Sai Thia, Finance & Corporate Services Manager, and Stevie Davies, Finance Officer, for their diligent attention to ensuring the positive financial outcomes and systems improvements that have been achieved over the 2024 - 2025 financial year.

This has been a year of consolidation and continuing growth for the organisation. We look forward to the opportunities and challenges that

the next year will bring. In closing, we would like to acknowledge the commitment of all staff members and volunteers, and to thank them for their contributions to the services that we deliver. The value of this work is seldom publicly recognised, yet 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 we offer our sincere gratitude and respect to each and every one.

With much respect and high regards,



Jill Rundle

Chairperson
Perth, Western Australia

25 September 2025

Paul Dessauer

Chief Executive Officer
Perth, Western Australia

25 September 2025



TREASURER'S REPORT

Peer Based Harm Reduction WA (PBHR WA) would like to express its sincere appreciation to the State Government — particularly the Department of Health (Communicable Disease Control Directorate), the Mental Health Commission — and to Curtin University for their continued support through funding grants during the 2024–2025 financial year.

The total grant funding received for the year amounted to \$2,397,652. The audited financial statements, enclosed within this Annual Report, present a detailed account of PBHR WA's financial performance and position for the 2024–2025 financial year. As reflected in the Statement of Comprehensive Income, PBHR WA concluded the year with a surplus of \$300,238, placing the organisation in a stable financial position to continue advancing its mission and strategic objectives.

I would like to extend my gratitude to the Finance Team for their diligence, professionalism, and commitment throughout the year, and to Armada Auditing and Assurance for their auditing services, guidance, and ongoing support.

PBHR WA remains in a strong financial position as we look forward to another successful year ahead, continuing to strengthen peer-led harm reduction initiatives and improve outcomes for the communities we serve.



Razif Ismail

Treasurer
Perth, Western Australia

24 October 2025

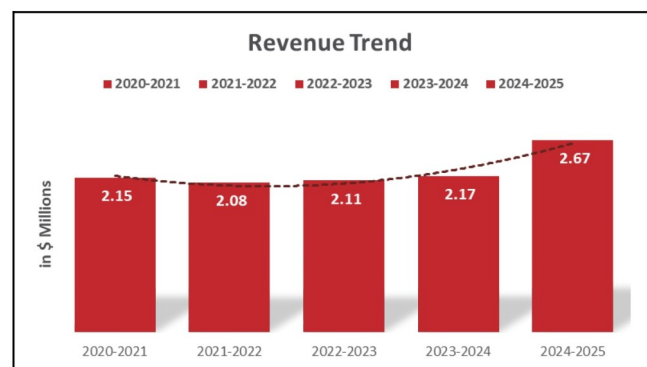
FINANCE

Financial Snapshots for the 2024 - 25 Financial Year.

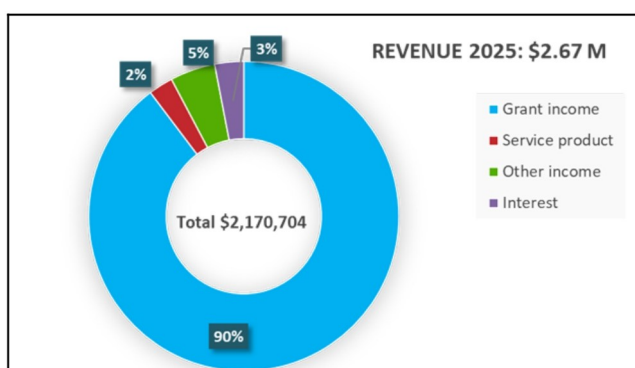
OPERATING REVENUE

There were no significant changes in PBHR WA's state of affairs during the 2024-25 financial year.

Operating Revenue in 2025 was significantly higher than the previous year at \$2.67M, mainly due to a one-off capital grant from the Mental Health Commission. The main revenue streams remain stable with insignificant increase over the last 5 years.



REVENUE SOURCE



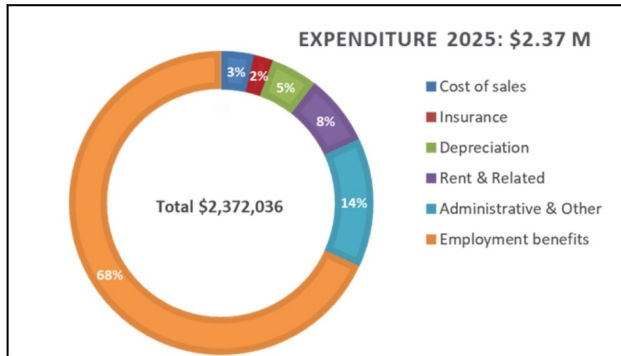
Source	\$ AUD	
	2024-2025	2023-2024
Grant income	2,397,652	1,983,158
Service product	68,376	63,425
Other income	125,685	45,372
Interest	80,561	78,749
Total Revenue	2,672,274	2,170,704

Grants remain the primary revenue source of funding for PBHR WA services, representing 90% of the total revenue during the 2024-25 financial year.

The Department of Health WA provided 78% of the total service program funding in 2025, with a further 21% provided by the Mental Health Commission WA and the remaining 1% by Curtin University.

TOTAL EXPENDITURE

With 21 employees, employment expenses remain PBHR WA's largest expenditure item, representing 68% (\$1.62M) against the total organisation overheads in 2025. This is comparable to the figure in the previous financial year of 69%.



Type	\$ AUD	
	2024-2025	2023-2024
Cost of sales	83,013	80,162
Insurance	48,630	57,918
Depreciation	117,890	81,446
Rent & Related	179,684	192,202
Administrative	325,459	230,319
Employment benefits	1,617,360	1,445,058
Total Expenditure	2,372,036	2,087,105

Our annual audited Financial Report 2024 can be downloaded through the ACNC Charity Register listing at www.acnc.gov.au and is also available on request.



NSEP & OUTREACH REPORT

Peer Based Harm Reduction WA (PBHR WA) is the largest provider of needle & syringe programs in the state. Our Needle & Syringe Exchange Programs (NSEP) consistently distribute more than one third of all injecting equipment that is provided in WA each year. We operate;

- fixed-site NSEPs at our Perth & Bunbury offices,
- a Mobile NSEP Van in communities in the South West Region,
- an Outreach NSEP service (delivering discreetly to consumers throughout >30,000 km² of the greater Perth Metropolitan Area and the South West Region), and
- a free Statewide Postal NSP service (available to consumers anywhere in WA).

Our flexible, mobile, consumer-directed ways of working are designed to eliminate barriers and to maximise the accessibility of our services. Outreach NSEP delivers to where our consumers are, instead of expecting them to come to us. Our programs are staffed by peer workers, which greatly increases our consumers' confidence and trust in our services and in the harm reduction education we deliver.

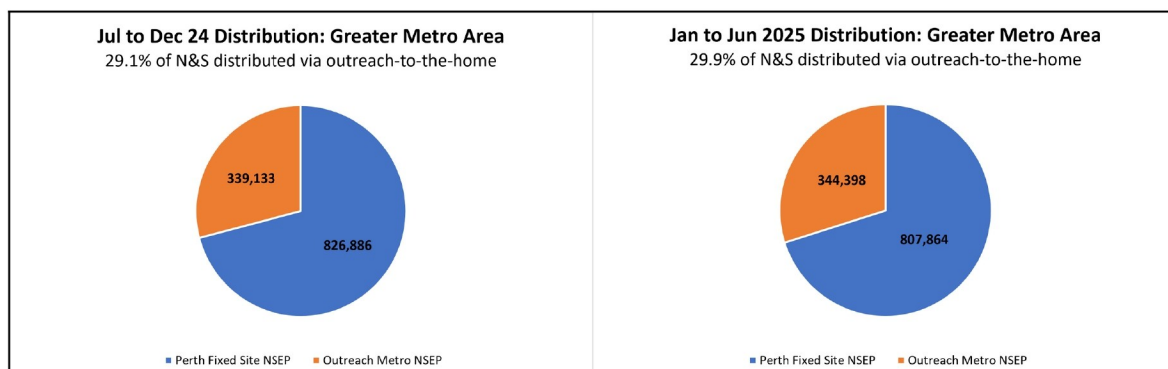
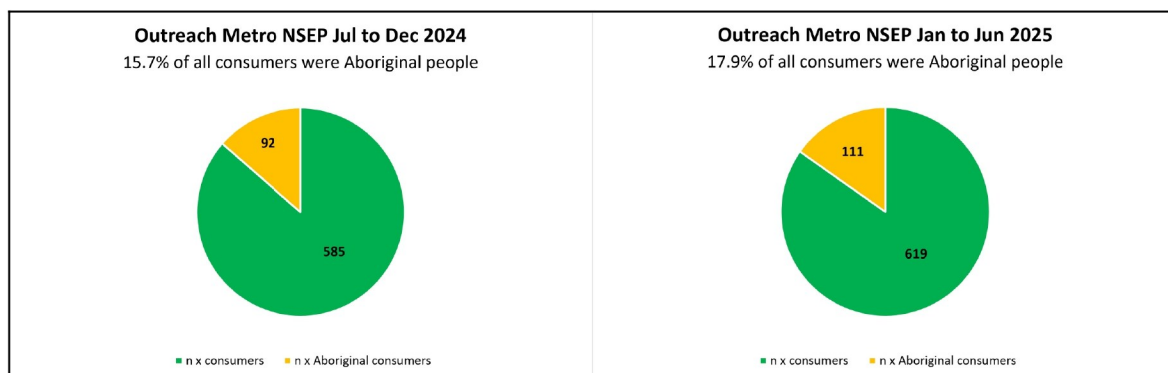
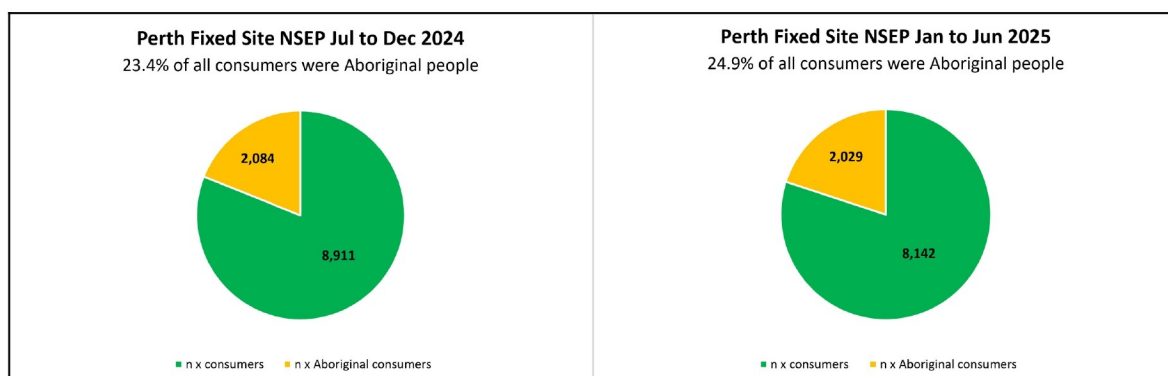
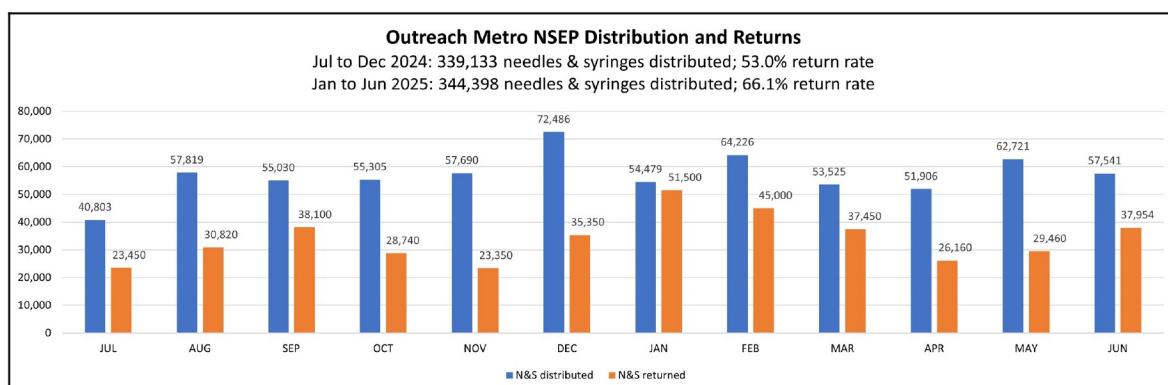
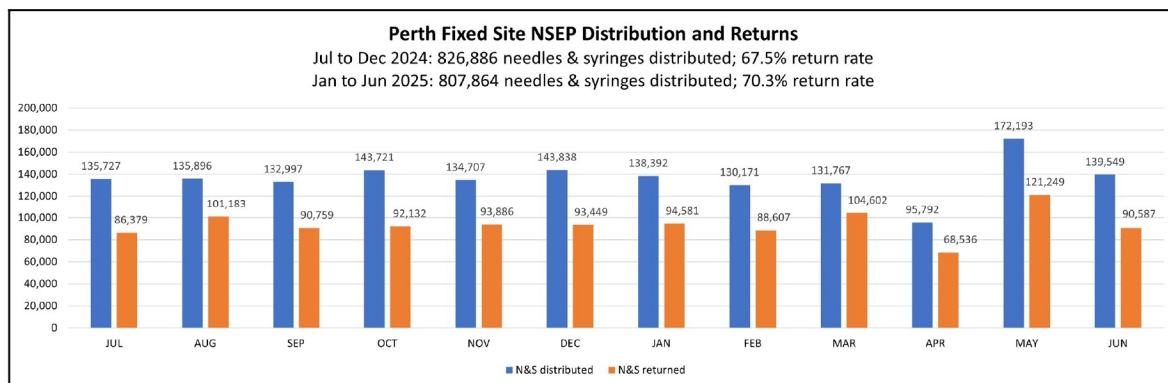


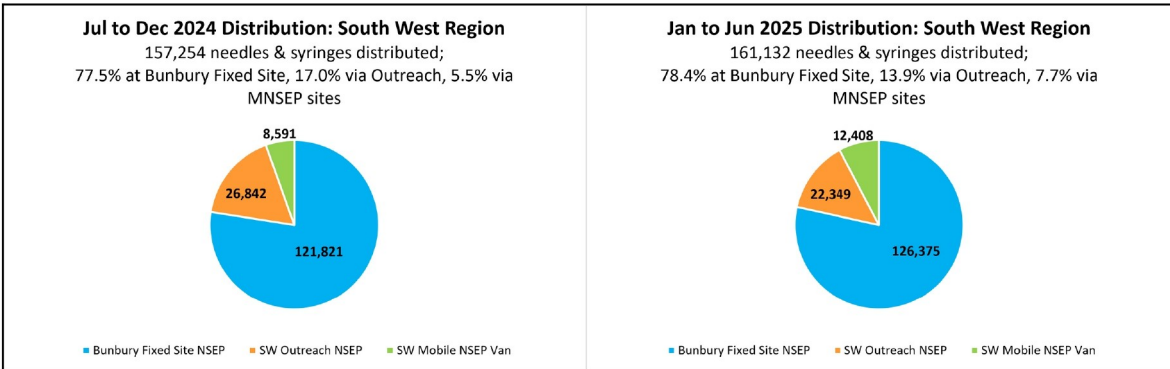
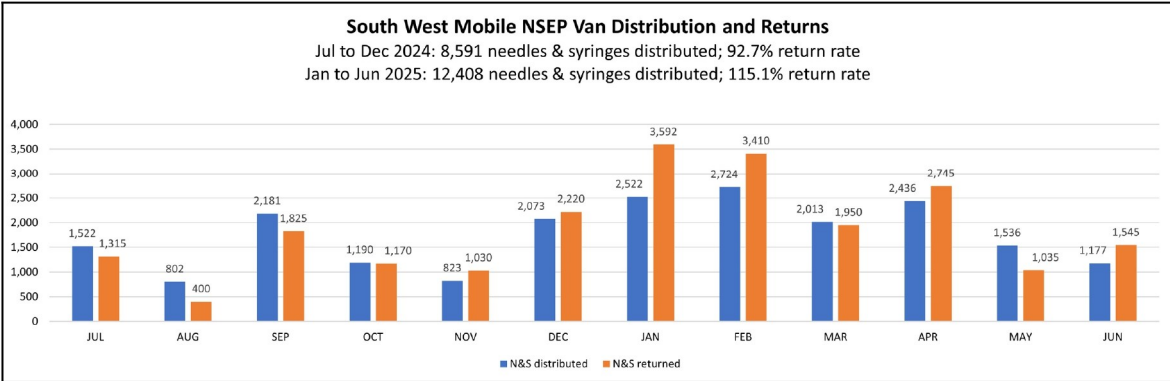
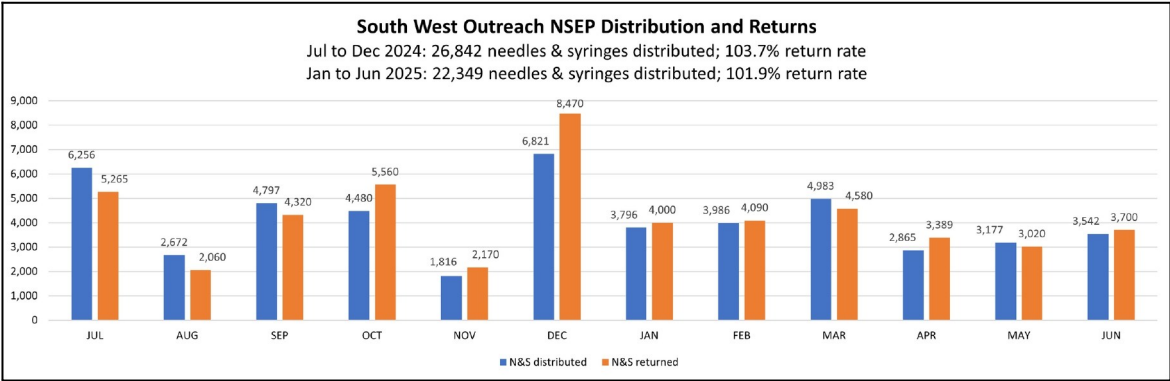
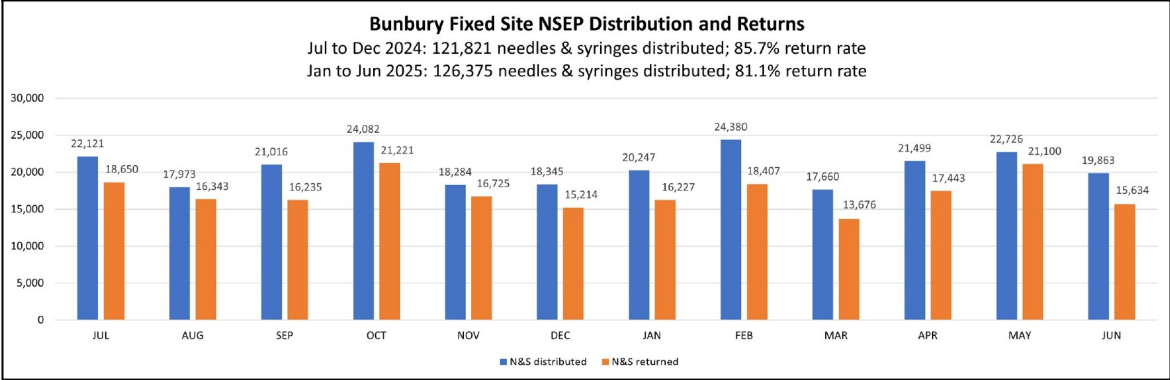


Senior NSEP Worker, Trina Nelson

During the last year, PBHR WA provided more than 2,677,000 needles & syringes throughout WA. In both the greater Metro Area and the South West, more than 27% of these were provided via outreach or Mobile NSEP services. Across the state, PBHR WA provided NSEP on more than 21,400 occasions, 21% of which were with Aboriginal people.

It's important to realise that the consumer-led model employed in our NSEP programs underpins all of the other work we do. We always aim to meet people where they are; delivering a range of peer-led health and harm reduction services that are accessible, nonjudgemental, responsive to emerging trends, and culturally appropriate. The engagement and confidence that we receive from our community, our peers, through our NSEP services are essential components of the success of the other health and harm reduction services we deliver throughout WA. In turn, our connections to community inform all of the advice and consultancy we provide to researchers and policy makers, and all of the education and training that we offer to other agencies.





OVERDOSE PREVENTION & TAKE-HOME-NALOXONE

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.

PBHR WA's THN distribution is steadily increasing and this due to an increasing trend in the number of brief education sessions delivered each month, driven by:

- High demand for instances of supply at *recognise and respond* naloxone training for workers at external agencies.
- Increasing distribution by volunteer Peer Naloxone Educators.
- High demand from NSEP consumers which has coincided with an increase in anecdotal reports of witnessing and responding to opioid overdoses and consistent reports of increased heroin potency.

Distribution

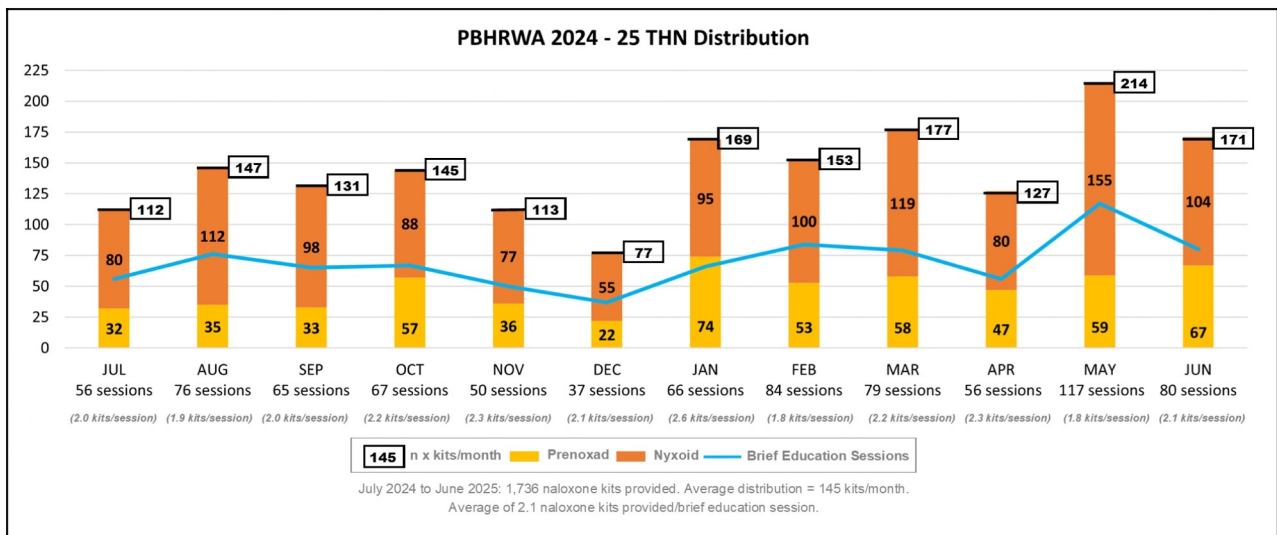
During the last year, PBHR WA provided a total of **1,736** naloxone kits (an average of 145 kits per month) in **833** brief education sessions (an average of 69 sessions per month) to people who are at risk of suffering or witnessing an opioid overdose.

Mode of Delivery

Perth Fixed Site: **44.0%**
Community Outreach Engagement: **26.2%**
Volunteer Peer Educators: **14.9%**
Perth & South West Outreach: **6.2%**
Bunbury Fixed Site: **4.4%**
Statewide Postal Naloxone Service: **2.7%**
External Agency Supply: **1.6%**

Demographics

53.9% of people we provided naloxone kits to were male and **11.8%** were Aboriginal people.



PBHR WA's Naloxone Peer Education Project has recruited 6 volunteer Peer Naloxone Educators this year.

Volunteer Peer Naloxone Educators are PBHR WA consumers who have been trained and authorised under WA's Medicines and Poisons regulations to supply THN via brief education sessions to their peers - many of whom would not obtain THN from any other source.



HEALTH TEAM REPORT

PBHR WA health services are delivered via our Health Clinics (co-located within our Perth and Bunbury NSEP fixed-sites) 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 our Nurse Practitioner Candidate operating the South West Clinic. Nursing staff are supported by Peer HCV Case Management Workers based at 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. This significantly increases our Health team's capacity to provide testing and treatment. Further, as outreach workers, our Peer HCV Case Management Workers can help people to access testing and treatment and provide ongoing assistance in the community; providing testing in the community or at the person's home, 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 significantly more accessible, especially for people who are not engaged with any mainstream health service providers.



Nurse Practitioner Candidate, Julie Byrne-King

During this year, we have continued to expand delivery of Outreach Health Clinics throughout the greater Perth Metro Area and the South West Region, thanks to a one-off 3-year grant from the Health Department which is funding additional hours for our nursing staff and Peer HCV Case Management Workers. Utilising our two Mobile Health Clinic Vans, the team has been able to provide dozens of additional Outreach clinics throughout the greater Metro Area and the South West, reaching many people who would be unlikely to access testing or treatment anywhere else.



PBHR WA'S COMMUNITY ADVISORY GROUP

A special feature: Embedding lived and living experience in decision making.

In 2024–2025, Peer Based Harm Reduction WA (PBHR WA) established its first Consumer Advisory Group (CAG).

Following significant changes to personnel and operating structures over the past 18 months, PBHR WA recognised an opportunity to strengthen its identity as a grassroots, community-led organisation. The creation of a CAG was a key step in ensuring that the lived experience of people who use drugs informs the organisation's priorities, governance, and advocacy.

The group was founded on the understanding that the most effective harm reduction strategies are shaped by those most affected by drug policy and service systems, but that criminalisation prevents people with a living experience from advocating openly. Accordingly, people who inject drugs remain under-represented in the decision-making processes that shape those systems.

The CAG was therefore established to provide a structured platform for consumer voices to safely contribute directly to organisational decision-making, service improvement, and system-level change.

Building the Foundation

In early 2024, PBHR WA staff began developing the framework for the Consumer Advisory Group. Between February and April, the project leads refined the group's purpose, structure, and guiding principles.

Practical work included creating recruitment materials, interview tools, induction training resources, privacy agreements, and evaluation forms. Promotional efforts launched across harm reduction networks in May 2024, with materials distributed through PBHR WA services including Outreach NSEP, Statewide Postal NSP and harm reduction packs, and via Hepatitis WA, WAAC, Luma, and Magenta.

Training and Orientation

Two induction training sessions were held in July and August 2024, introducing members to PBHR WA's history, the origins of harm reduction, and the radical drug-user organising that underpins the movement today.

Training also covered the structure of the AOD service system, the legal and policy environment, and how consultation processes align with policy cycles. Members gained an understanding of how lived experience expertise can drive reform and create opportunities for change within and beyond the organisation.

Co-Designing Governance

From September 2024 through February 2025, the group focused on developing its Terms of Reference. This process was entirely co-designed, allowing members to define their own priorities and the operating principles of the group.

Early discussions identified key issues facing the community and the outcomes members wanted to pursue. Over several months, the group worked collaboratively to set its goals, establish meeting protocols, and design systems for maintaining safety, privacy, and mutual respect.

In September and October 2025, the CAG turned its attention to sustainability and influence - focusing on how lived and living experience representation could be embedded more permanently within PBHR WA's operational and governance structures.

Discussions explored how consumers could be involved in policy development, quality improvement, and strategic decision-making, ensuring that the group's role extends beyond consultation to co-leadership.

Doing the Work

Despite still being in its development stage, the CAG has been in high demand and has wasted little time getting to work. Within its first month, members were invited to contribute a consumer perspective to WANADA's Lived and Living Experience Leadership report.

The group also participated in a research consultation for the establishment of the Australian Centre for Disease Control, providing valuable insights into consumer concerns regarding the use of public health data. Additional consultations included feedback to the Burnet Institute on messaging for the new It's Your Right 2 campaign promoting Hepatitis C testing and treatment, and a meeting with the AODCCC to discuss the AOD Stigma Reduction Toolkit being developed for emergency departments.

The biggest highlight to date was the group's participation in the 2025 WANADA conference, where Advisory Group Members, Tom and Bec, presented to a packed room. They highlighted the barriers people who inject drugs face in participating in decision-making processes, challenged the narrative that people who inject drugs are "hard to reach," and demonstrated how genuine engagement is possible when it centres community needs.



Another member also represented the group on a guest panel at the Pharmaceutical Society's WA Annual Therapeutic Update, providing a consumer perspective for pharmacists on designing and implementing opioid pharmacotherapy clinics.

Across all engagements, the CAG has received overwhelmingly positive feedback that is clear evidence of both the demand for and value of the lived/living-experience expertise within the community we serve.

Impact and Next Steps

The CAG's first year has been marked by strong participation, thoughtful collaboration, and tangible outcomes. The group has built a governance framework from the ground up, strengthened PBHR WA's accountability to its consumers, and begun shaping tools that will influence both internal practice and external advocacy.

Over the coming year, PBHR WA will continue integrating the CAG into decision-making processes, formalising reporting pathways between the group and the Committee of Management, and supporting members to contribute to sector consultations and system-level reform.

HAVE YOUR SAY **WE WANT YOU**

RUN BY USERS FOR USERS

PEER BASED DRUG USER GROUP
Do you use our service & want to help us improve it?

CONSUMER ADVISORY GROUP **APPLY NOW!**
We are seeking 13 people to establish an advisory group

ALL ARE WELCOME

USE YOUR VOICE & LIVED EXPERIENCE
To bring meaningful change to PBHR WA & beyond!
Application forms available at our NSEP's, online or email us at community.development@harmreductionwa.org

WHATS INVOLVED? **MAKE A DIFFERENCE**
Initial training & planning to set up the group, followed by meetings every 2 months to improve service!

GET REIMBURSED FOR YOUR TIME & EXPERTISE

  **peer based**
harm reduction wa

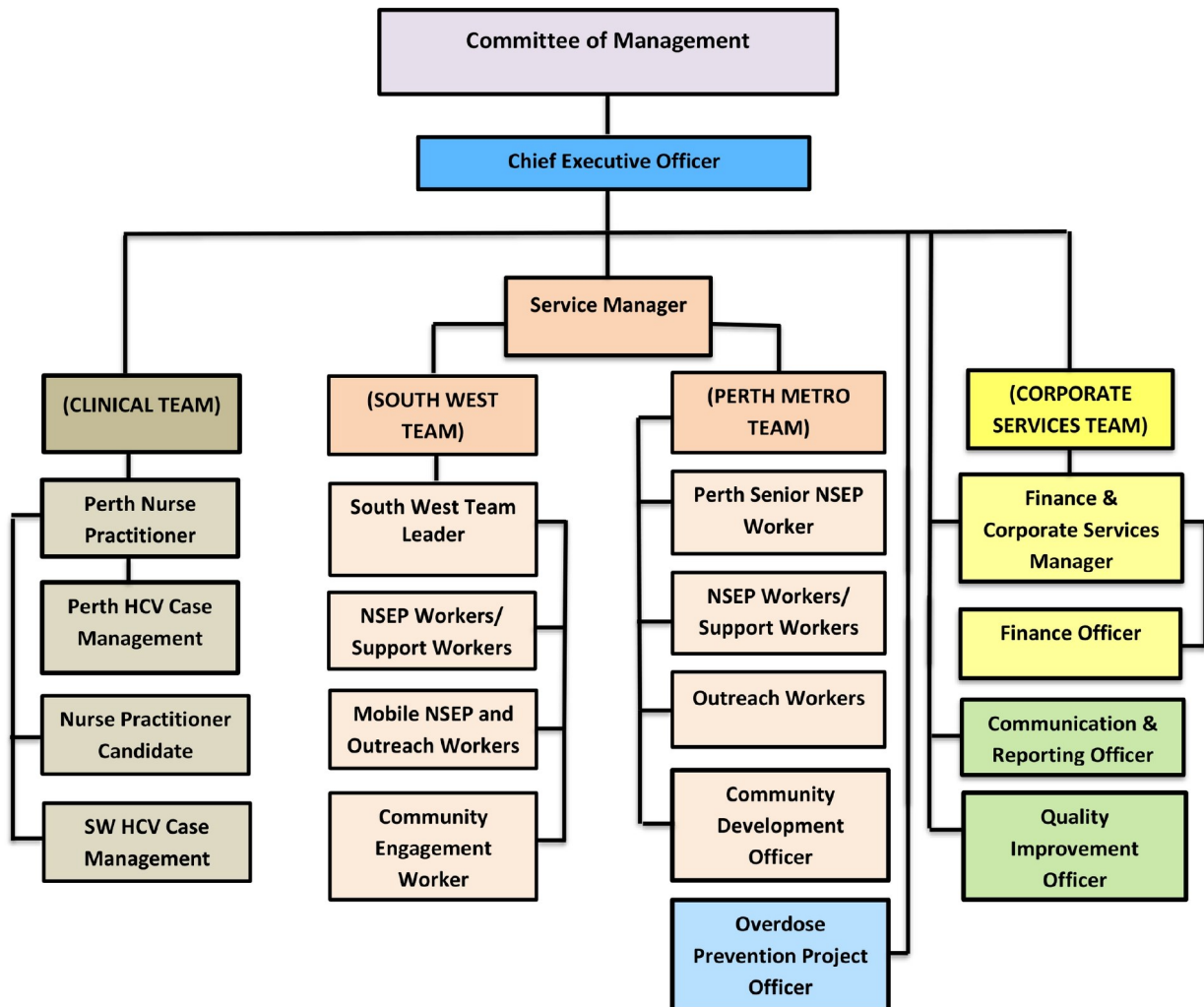
The establishment of the Consumer Advisory Group represents a significant step toward realising PBHR WA's vision of a consumer-led harm reduction organisation where lived and living experience is not only heard but drives the decisions that matter most.

OUR STAFF

AN OVERVIEW OF OUR ORGANISATIONAL STRUCTURE



Organisational Structure



- Chief Executive Officer
- Finance & Corporate Services Manager
- Nurse Practitioner
- Service Manager
- South West Team Leader
- Communication & Reporting Officer
- Community Development Officer
- Community Engagement Worker

- Finance Officer
- HCV Case Management Workers
- Mobile NSEP Workers
- NSEP Workers / Support Workers
- Nurse Practitioner Candidate
- Outreach Workers
- Overdose Prevention Project Officer
- Perth Senior NSEP Worker
- Quality Improvement Officer

THE PBHR WA TEAM

Paul Dessauer

Leanne Myers

Neal Bodel

Sai Thia

Bobbie Keller

Damian Smith

Daniel Wong

Ella McCabe

Jarrah Duckett

Nissa Masini

Patrina Nelson

Peta Gava

Shae Roberts

Sharon Zerafa

Srdjan Davidovic

Stevie Davies

Jodie Savage

Julie Byrne-King

Maxine Kent

Menzies Goyder

Rhianon Diplock

Ryan Begley

PERTH TEAM

Chief Executive Officer

Nurse Practitioner

Service Manager

Finance & Corporate Services Manager

NSEP Support Worker

NSEP Support Worker

NSEP Support Worker

NSEP Support Worker

Community Development Worker

Quality Improvement Officer

NSEP Support Worker

Senior NSEP Worker

HBHB Project Worker

Overdose Prevention Project Officer

Communication & Reporting Officer

HCV Case Management Worker

NSEP Worker

Outreach Worker

Finance Officer

SOUTH WEST TEAM

South West Team Leader

Nurse Practitioner Candidate

HCV Case Management Worker

NSEP Support Worker

Community Engagement Worker

NSEP Support Worker

NSEP Support Worker

www.harmreductionwa.org



**Follow us on
LinkedIn!**

**@Peer Based Harm
Reduction WA**



**Follow us on
Instagram!**

@pbhr.wa



**Follow us on
Facebook!**

@PBHRWA

