



Promoting safety and human dignity

Contents

Vision, Mission and Values	1
Message from the Chair and CEO	3
Board of Directors	4
Thank you to our supporters	5
2015 at a glance	6
Impacts for Key Outcome Area 1	8
– Encourage and empower people affected by drug use to make safe and healthy choices	
Impacts for Key Outcome Area 2	10
– Support professionals' capacity to deliver high quality interventions to address the harms associated with drug use	
Impacts for Key Outcome Area 3	12
– Achieve the right policy and legal framework	
Contact details	14

Patrons



**Emeritus Professor
Sir Gustav Nossal AC CBE**
Chief Patron



**Professor
Margaret Hamilton AO**



**Emeritus Professor
David Penington AC**



**The Hon
Michael Kirby AC CMG**

Welcome

OUR VISION >

Communities are safe, healthy and empowered to manage drug use.

OUR MISSION >

We actively support the adoption of approaches to drug use which promote safety and human dignity.

OUR UNDERSTANDING >

- The 'war on drugs' approach has failed. Innovative approaches connecting substance use research to practical action are required.
- The drug control system should emphasise public safety and public health.
- Substantive change is required. Change should be driven by evidence, transparency and cost-effectiveness – not fear and prejudice.
- Prioritising personal responsibility, family and community will empower people and yield better results than centralised government drug control.

OUR PRINCIPLES >

In pursuing our mission we are committed to the following principles:

Integrity > We support fair, transparent, evidence-based systems that improve the safety and wellbeing of individuals, families and communities.

Respect for Human Dignity > We focus on the health, safety, and welfare of individuals, families and communities in a way that is consistent with human rights principles. All people, regardless of background, are entitled to feasible and accessible options that nurture their capacity for positive change.

Persistence > We believe that responding to drug use requires innovation and evaluation of a combination of approaches. There is no simple solution but by persisting, we will make a positive difference.

Empowerment > Tackling drug problems is a shared responsibility. Governments must empower communities to manage drug use. Positive change requires individual responsibility tempered with government and community support.



▲ Suzanne Powell – Ballarat Community Health (BCH)
BCH has a busy needle and syringe program (NSP).
We provide regular advice and support to BCH frontline workers.

Message from the Chair and CEO



“We are now in a position to lead and influence greater change. If our strategy is ambitious, it is because drug problems are real and require action.”

Substance use issues are complex and controversial. Since the beginning of the ‘war on drugs’, which attempted to eradicate drug production and trafficking while criminalising consumption, drug use and its associated harms have increased. The war on drugs is often linked with inadequate government investment in health and safety approaches.

That is why Penington Institute is committed to taking a leadership role in promoting constructive debate about viable advances that can be achieved at the local, national and international levels that have public health and safety as the first priority in dealing with illicit substance use. To that end, Penington Institute welcomes the Australian Government’s commitment to implement those recommendations of the National Ice Taskforce Final Report that called for greater government support for better access to treatment services, improved education and training, and improvements in research and data collection.

By building strong and diverse relationships in all aspects of our work, we are well placed to be a change agent in the delivery of effective policy and service responses – especially among communities most affected. There are many potential contributors to better managing drug use – people who use drugs, family members, affected communities, law and policymakers, researchers and health professionals, educators, law enforcement officers and the judiciary. We must engage respectfully with all of them.

Penington Institute has a proud history of effective advocacy. Over recent years, we have helped to increase funding for, and access to, services that reduce drug harm such as the needle and syringe program, opioid substitution treatment, overdose prevention initiatives and the community response to ice use.

We are now in a position to lead and influence greater change. If our strategy is ambitious, it is because drug problems are real and require action. We intend to make a powerful impact and save lives.

We would like to take this opportunity to thank all our supporters, directors, volunteers, advisors, reference group members and, of course, Penington Institute staff.

Professor Steve Wesselingh
Chair

Mr John Ryan
Chief Executive Officer

Board of Directors

Professor Steve Wesselingh, Chair

Executive Director of the South Australian Health and Medical Research Institute (SAHMRI)
Member of the executive of the Council of the Australian Academy of Health and Medical Science

The Hon Robert Knowles AO

Former Victorian Minister for Health, Housing and Aged Care
Chair of Royal Children's Hospital, The Mental Illness Fellowship of Australia, and the Victorian Health Innovation and Reform Council

The Hon David White

Former Victorian Minister for Health

Professor David Castle (from December 2015)

Chair of Psychiatry at St Vincent's Health and The University of Melbourne

Mr Terry Scanlon (to August 2015)

Founder and Former Managing Director of Lifestyle and Rehab
Chair of Penington Institute's Finance, Risk and Audit Committee

Ms Kathryn Greiner AO

Former Councillor of the City of Sydney
Chair of NSW Ministerial Advisory Committee on Ageing, Bio Tech Capital and Loreto Kirribilli School Council

Dr Ingrid van Beek AM (to May 2015)

Director of the Kirketon Road Centre, Sydney
Conjoint Associate Professor, School of Public Health and Community Medicine at the University of NSW

Professor Ian Gust AO

Professorial Fellow at the University of Melbourne
Inaugural Director of the Macfarlane Burnet Centre for Medical Research (now the Burnet Institute)

Mr Scott Wilson

Director of the Aboriginal Drug and Alcohol Council (ADAC), South Australia
Former Deputy Chair of the National Indigenous Drug and Alcohol Committee

Thank you to our supporters

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Victorian Department of Health and Human Services

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UCB Australia

> INDIVIDUALS

Professor Glyn Davis AC

Mr Geoff McInnes

Emeritus Professor Sir Gustav Nossal AC CBE

Emeritus Professor David Penington AC

Mr John Ryan



2015

at a glance



ADVOCACY AND EDUCATION

Participated in approximately 153 high level advocacy meetings

– with executives within the health, corporate, government and other sectors.

NEEDLE AND SYRINGE PROGRAM (NSP) SECTOR SUPPORT:

86 site visits conducted in 2015

These visits were supplemented by ongoing telephone and email support.

More than 3000 people attended 14 community forums

– including over **800** Country Women's Association (CWA) delegates at CWA's annual state conference in Bendigo.

- **3** in metropolitan Melbourne
- **6** in regional Victoria
- **5** in New South Wales



CAPACITY-BUILDING FOR FRONTLINE WORKERS

12 service provider network meetings were held during 2015

- **6** NSP Network meetings
- **3** Pharmacotherapy Network meetings
- **3** Injecting Drug Issues Network (IDIN) meetings

884 NSP Forum members by end of 2015

The NSP Forum: a service run by Penington Institute to facilitate discussion and information sharing on NSP-related issues.

432 NSP Forum shared messages.

Approximately 347 participants attended training sessions for NSP Workers

200 organisations impacted.

27 training events held across Victoria.



SECTOR SUPPORT AND COMMUNITY AWARENESS

1 new guide launched about Syringe Dispensing Units

2 new videos and a mobile-enabled website launched about naloxone

Naloxone: the life-saving injection for opioid overdose.

3 new e-learning modules launched about drugs and the potential harms from their use

More than **230** people had registered to complete the training within two months of the launch.



TRAINING

2015 INTERNATIONAL OVERDOSE AWARENESS DAY (IOAD) CAMPAIGN:

151,627 visitors to the IOAD website, with 174 events registered in 11 countries

317 tributes were written and posted to the IOAD website to 31 August 2015.

7042 resources were downloaded including posters, factsheets and the event support kit.

30 workplace training events delivered in 2015

- **25** Introduction to ice sessions
- **3** Ice capacity-building workshops
- **1** Safe disposal session
- **1** Custom workshop

COMMUNITY OVERDOSE PREVENTION AND EDUCATION:

88 GP training sessions

Plus **26** pharmacy awareness sessions and **66** sessions for frontline workers.

Key Outcome Area 1 –

Encourage and empower people affected by drug use to make safe and healthy choices.

INTERNATIONAL OVERDOSE AWARENESS DAY (IOAD) 2015

IOAD is a global event held on 31 August each year. Penington Institute coordinates worldwide activities for the day. The campaign aims to raise awareness of overdose and reduce the stigma of a drug-related death. It also acknowledges the grief felt by families and friends remembering those who have met with death or permanent injury as a result of drug overdose. The 2015 IOAD was the fourth year Penington Institute managed the campaign.

Impact > A total of 174 events were registered in 11 countries. There were 151,627 visitors to the IOAD website over the period of the campaign.

OVERDOSE PREVENTION INITIATIVES

Penington Institute applied for and received funding to develop three products to supplement our overdose prevention initiatives.

We produced two short videos thanks to the support of the Stepping Up Consortium. The first showcases the experience and perspectives of frontline workers about the value of naloxone in overdose prevention. The second re-enacts an overdose situation involving heroin and demonstrates the steps involved in recognising and responding to opioid overdose including the use of naloxone. The videos can be accessed via: www.penington.org.au/overdose-prevention-resources/

In the second project we produced a mobile-optimised website for use on smartphones. This project was supported by an educational grant from UCB. The website gets lifesaving information about opioid overdose into people's hands, via their smartphone. Visit www.copeaustralia.com.au (from your smartphone).

ADVOCATING BETTER ACCESS TO NALOXONE

In 2015 naloxone was a Schedule 4 (prescription only) drug in Australia, meaning that it could be prescribed and was subsidised under the Pharmaceutical Benefits scheme (PBS).

Penington Institute recognised that access to naloxone would be enhanced if it were available through pharmacies without prescription. We consulted a clinical advisory group including representatives of the Australian Medical Association (AMA) and addiction medicine specialists to develop a position on moving the pre-filled syringe version of naloxone to Schedule 3 (pharmacist only).

We engaged legal firm Piper Alderman to assist pro bono in writing a submission to support this additional scheduling and we provided the submission to the scheduling committee. To mitigate the risk that rescheduling would result in the removal of naloxone from the PBS, we also made a submission to the Pharmaceutical Benefits Advisory Committee (PBAC).

Our thanks to Piper Alderman for their assistance and advice on the rescheduling.

Impact > Our advocacy contributed to the additional scheduling of naloxone. As of 1 February 2016 naloxone is on Schedule 3 (pharmacist only) as well as Schedule 4 (prescription only).



CONTEMPORARY INJECTING PRACTICES

In 2014 the Victorian DHHS commissioned Penington Institute to investigate current injecting practices to find out if NSPs are meeting the needs of people who inject drugs.

The final report was submitted in April 2015 and included recommendations to:

- Update the expired National NSP Strategic Framework 2010–2014;
- Audit NSP worker skills to identify training needs and make ongoing staff training a requirement for continued registration of a service;
- Better collect data;
- Review current equipment and offer items such as wheel filters to reflect changed injecting practices;
- Implement a framework of key performance measures for service providers; and
- Conduct further research into the prevalence of harms suffered by injecting drug users.

Next steps > This work will inform the improvement of NSPs to reduce the harms from drug use.

RAISING PUBLIC AWARENESS THROUGH MEDIA COVERAGE

Penington Institute actively manages an extensive media program. This includes responding to current issues and proactively raising the awareness of public health approaches to drug use.

Examples of media activities in 2015 include:

- An interview with Laura Tchilinguirian of ABC News Radio after the release of Penington Institute's paper on improving access to opioid maintenance treatment, 'Chronic Unfairness';
- An interview with ABC Radio National's Fran Kelly shortly after the Prime Minister Tony Abbott announced his National Ice Taskforce. We congratulated the Prime Minister while reminding the community that alcohol, tobacco, pharmaceutical drugs and heroin remain major issues.
- The *Herald Sun* published an opinion piece by John Ryan entitled 'Ice crisis needs a smart and varied solution';
- Penington Institute was quoted in *The Age* and other Fairfax papers in the article 'Zero tolerance drug adverts don't work on young: expert';
- Safety tips for dance parties were picked up by newspapers including *The West Australian*;
- Numerous community forums around Victoria and NSW received coverage in local papers.

COMMUNITY FORUMS

In regional, rural and metropolitan areas, there is ongoing discussion and dialogue about amphetamines in general and ice in particular, within the community across parents, schools, sporting clubs and others.

Penington Institute offers education and information about ice in the form of community forums. The forums educate those attending about what ice is, public health approaches to drug use, strategies that may be implemented to reduce harm to the community and the individual, and information about local services.

In May 2015, Penington Institute led a forum in Bendigo for over 800 Country Women's Association (CWA) delegates at CWA's annual state conference. A feature of this event was the large number of participants who mentioned a close connection to friends and family affected by ice. *The Bendigo Advertiser* featured a large article about the ice forum.

While most communities ask to run forums on ice, there are occasions where Penington Institute is able to cover a wider scope of issues.

Impact > Penington Institute educated more than 3000 participants at 14 community forums (3 in metropolitan Melbourne, 6 in regional Victoria and 5 in NSW).



Key Outcome Area 2 –

Support professionals' capacity to deliver high quality interventions to address the harms associated with drug use.



▲ Jennie Walker – Castlemaine District Community Health

INNOVATIVE OVERDOSE PREVENTION

Penington Institute's Community Overdose Prevention and Education (COPE) program was designed as a community-based opioid overdose prevention initiative. We provided training and support to primary health and community organisation staff who in turn provided education to individuals who may be opioid users or potential overdose witnesses, such as a family member or friend.

COPE worked with organisations who nominated to be an Early Adopter (EA) site. EA organisations were primary health care and community settings that had significant involvement with target population groups.

We wrote and produced a COPE guide and COPE Australia website (www.copeaustralia.com.au), delivered COPE training and engaged with peak bodies and others to raise awareness among general practitioners, pharmacists and emergency services.

We accessed expert advice about COPE by establishing a project reference group and a clinical sub-committee.

Impact > Penington Institute delivered 88 GP training sessions, 26 pharmacist awareness sessions and 66 sessions for frontline workers. We surveyed training attendees and 92 percent said they would recommend the training to a colleague. The COPE project is now completed.

IMPROVING ACCESS TO EVIDENCE-BASED INFORMATION

In 2015 Penington Institute launched an e-learning program to enhance access to high quality, evidence-based information about drugs and potential harms from their use.

The first three modules are:

- Introduction to drugs and young people
- Introduction to methamphetamine, and
- Introduction to brief interventions.

The modules have been launched to the NSP and alcohol and other drugs (AOD) sectors. The first modules are free of charge to complete. We intend to develop other modules to cover a wider range of topics. For statistics about the program see the '2015 at a glance' section.

RESPONDING TO EMERGING CONCERNS

This year there has been a significant increase in demand for workforce and workplace education around dealing with methamphetamine.

Penington Institute provided formal training for frontline workers who may come in contact with ice-affected clients on topics including:

- Forms of methamphetamine
- Signs of ice use (physical, psychological and social)
- Methods of administration and the associated risks
- Intoxication and overdose
- Amphetamine induced psychosis (risk/protective factors, symptoms and practical responses)
- Public health approaches, and
- An overview of treatment and support options.

Impact > Penington Institute delivered 25 workforce training events in 2015.

BUILDING CAPACITY TO RESPOND TO ICE

In June 2015 Penington Institute was funded by DHHS for projects to increase the capacity of secondary NSPs and Aboriginal and Torres Strait Islander (ATSI) agencies to respond to increasing concerns about ice. The projects commenced in mid-late 2015 with consultations with the target groups. The projects will run over two years.

SUPPORT FOR THE NEEDLE AND SYRINGE PROGRAM (NSP) WORKFORCE

Penington Institute provides a diverse range of programs that develop NSP workers' skills, knowledge and attitudes to help them provide high quality public health approaches to injecting drug use. This includes formal and informal education and training, mentoring, eNetworking, publications, resource development, network meetings and on site visits.

At the individual NSP worker level, we provide services that aim to improve a worker's professional operations. We provide consultation, mentoring and support to NSP services and workers through on-site visits and via telephone to enable ongoing support.

Impact > Penington Institute conducted 86 site visits across Melbourne and regional Victoria. These visits were supplemented with ongoing telephone and email support.

Formal Training

Retention of workers has been an issue this year for both primary and secondary NSPs and an increasing number of pharmacy NSPs. To respond to this issue Penington Institute initiated training for new NSP staff.

The training we deliver aims to increase knowledge and skills in the following areas:

- Providing NSP services;
- Injecting equipment and public health approaches;
- Drug trends – reducing harm;
- Providing support to others working with people who use drugs;
- The promotion of effective health promotion messaging;
- Prevention of blood borne viruses;
- Overdose prevention; and
- Vein care.

Impact > Penington Institute delivered NSP training events to 347 participants in 2015.

Informal education

Penington Institute provides informal education through a variety of methods, including:

- Hosting regular network meetings for service providers to discuss current issues, and exchange information, strategies and connections;
- Presenting seminars on targeted topics and public health approaches to drug use;
- eNetworking – a national NSP forum for NSP workers; and
- Providing materials and resources for NSP workers, and resources for clients.

Professional network meetings

The series of face-to-face meetings provide a forum for networking and collaboration where issues are discussed and collaborative responses identified.

An example of the benefits of professional network meetings was an NSP meeting held in early 2015 that focussed on secure dispensing units (SDUs). The agencies in Victoria that have successfully installed SDUs presented and the audience heard about how the agencies overcame the many barriers to installation. One supplier of SDUs also presented, with a focus on models to finance the installations.

An outcome of the meeting was for Penington Institute to undertake to produce a 'how to' guide for Victorian agencies that want to install an SDU.

We completed the guide this year, with consultation from the sector, and delivered it back to the network meeting. The guide was also distributed electronically to almost 600 NSPs in Victoria. We understand that a number of NSPs are now actively exploring SDUs.

Service provider network meetings

Penington Institute delivered a total of 12 meetings in 2015 across the NSP, pharmacotherapy and Injecting Drug Issues Network (IDIN) groups.

NSP Forum

Penington Institute hosts an email discussion forum (the NSP Forum) for frontline staff. We moderate and collate content for subscribers. At year's end, the NSP Forum had over 880 subscribers. It provides a platform for information exchange and collegiate support among frontline workers across geographic boundaries. The NSP Forum is actively used and in 2015 we sent out more than 400 messages.

Key Outcome Area 3 – Achieve the right policy and legal framework.



PREMIER OF VICTORIA'S ICE ACTION TASKFORCE

Penington Institute CEO John Ryan is a member of the Premier of Victoria's Ice Action Taskforce. Amongst other advice, he advocated to ensure funding for the NSP sector and for public health approaches to drug use.

Outcome > The Premier releases the Taskforce's Ice Action Plan in March 2015. The plan includes \$1.8 million additional funding that will enable improved access to NSPs for people who inject drugs.

POLICY INFLUENCE

In addition to the above, Penington Institute staff are members of a number of committees and advisory groups at local, state and national level including:

- Australian NSP Survey Advisory Group
- Centre for Research Excellence into Injecting Drug Use Steering Committee
- National Drug Strategy Focus Group (Department of Health and Human Services)
- Victorian Aboriginal Ice Steering Committee
- National Ice Taskforce Roundtable
- National Naloxone Reference Group
- Public Drug Use in Richmond Roundtable.

Impact > Through the work we do in this area, Penington Institute seeks to create and maintain an environment that supports improvements in approaches to drug use that promote safety and human dignity.

IMPROVING ACCESS TO PHARMACOTHERAPY TREATMENT

The pharmacotherapy drugs used to treat opioid dependence – such as methadone and buprenorphine (when used specifically for opioid maintenance therapy) – are provided free of charge to dispensing points under Section 100 of the Pharmaceutical Benefits Scheme (PBS). However, in Australia the delivery of pharmacotherapy is based on a supervised dosing model, which means pharmacies are able to charge privately for the service. Charges vary but are usually \$1,500–1,700 per year, per patient.

Unlike most drugs on the PBS, these private dosing fees are not reimbursed and are not included in the patient safety net. The fees represent a significant financial burden for a disadvantaged patient group. There is evidence that inability to afford the ongoing cost is the most common reason for ceasing treatment.

Penington Institute obtained private funding to write a publication called 'Chronic Unfairness: Equal treatment for addiction medicines?' The paper was published in April 2015. It highlights the unfairness in this situation and recommends that the PBS be changed to subsidise supervised dosing fees. A supporting briefing paper was written to establish how some level of fee support could be implemented for Aboriginal and Torres Strait Islander (ATSI) clients by accessing existing funding programs such as Medicare.

We distributed the publications widely to stakeholders including state and federal parliamentarians to inform ongoing discussions.

HEPATITIS C VIRUS ADVISORY WORK

In February 2015, Penington Institute made a submission to the House of Representatives Standing Committee on Health Inquiry into hepatitis C in Australia. Our submission made recommendations including that:

- The NSP Strategic Framework including National Standards (2010–2014) be revised and updated;
- Commonwealth funding for the NSP Bulletin be reinstated;
- Access to opioid maintenance therapy be improved to reduce the rates of injecting drug use;
- Needle exchange programs be implemented in Australian prisons; and
- Access to new hepatitis C treatment drugs be supported and information about their availability be made more widely available.

Penington Institute also made a submission to the Pharmaceutical Benefits Advisory Committee supporting the listing of two new hepatitis C treatment drugs, sofosbuvir and simeprevir, as pharmaceutical benefit items.

Outcome > In December 2015, the Australian Health Minister announced the listing of multiple drug combinations to ensure cures for all types of hepatitis C are made available to the entire patient population through the PBS from 1 March 2016.

GLOBAL OVERDOSE PREVENTION INITIATIVE

The Open Society Foundations have provided support for Penington Institute to auspice the development phase of a world-wide confederation of organisations working to prevent overdose. We have started developing the strategy for the network, materials and resources with the aim of engaging founding organisations in 2016.

NATIONAL DRUG STRATEGY

In October 2015 we participated in the Commonwealth Government's consultation process for the new National Drug Strategy 2016–2025. The submission supported Australia continuing its 'harm minimisation' model, but also called for more collaboration across demand, harm and supply reduction pillars. We also highlighted:

- The need for better digital approaches to engaging with people who use drugs;
- Opportunities for tackling underlying drivers of drug misuse in communities; and
- Opportunities to improve service engagement using existing networks, such as secondary NSPs in regional areas.





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