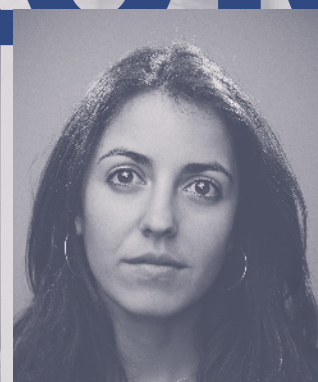
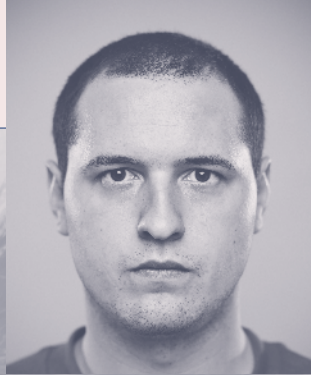


Annual Review 2016



PENINGTON
INSTITUTE

About Penington Institute

Penington Institute advances health and community safety by connecting substance use research to practical action.

Launched in 2014, Penington Institute, a not-for profit organisation, has grown out of the rich and vibrant work of its predecessor organisation – Anex – and almost 20 years' experience working with people on the frontline of drug problems.

Through our research, analysis, workforce education and public awareness activities, we promote approaches to problematic drug use based on knowledge and compassion. We help individuals and the wider community.

Penington Institute is inspired by and named in honour of Emeritus Professor David Penington AC, one of Australia's leading public intellectuals and health experts.

Penington Institute has a contract with the Victorian Department of Health and Human Services to support Victoria's needle and syringe programs (NSPs) and to advocate for public health and safety approaches to drug use. We have a national scope through our advocacy and training and our publication *Anex Bulletin*. Our international reach is expressed through our stewardship of International Overdose Awareness Day.

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 to government approaches and community capacity to better manage problematic drug use. 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. 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.

Our vision

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

Our mission

Penington Institute actively supports the adoption of approaches to drug use which promote safety and human dignity.

Our Patrons

Emeritus Professor Sir Gustav Nossal AO CBE
(Chief Patron)

Professor The Hon Dame Marie Bashir AD CVO

Professor Suzanne Cory AO

Emeritus Professor David de Kretser AO

Professor Peter Doherty AO

Professor Margaret Hamilton AO

Professor The Hon Barry Jones AO

The Hon Michael Kirby AO OMG

Emeritus Professor David Penington AO

Professor Fiona Stanley AO



International Overdose Awareness Day (IOAD) 2016 campaign posters. The campaign is Penington Institute's key international activity.

Message from the Chair & CEO

Governance

Board of Directors

Ms Kathryn Greiner AO
(Chair from December 2016)

Company director of corporate and non-corporate organisations in health, education and welfare

Professor Steve Wesselingh

(Chair to December 2016, Board Director to December 2016)

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

Professor David Castle (from March 2016)

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

Professor Ian Gust AO

Professorial Fellow at the University of Melbourne

Inaugural Director of the Macfarlane Burnet Centre for Medical Research (now Burnet Institute)

The Hon Robert Knowles AO

Former Victorian Minister for Health, Housing and Aged Care

Chair of the Royal Children's Hospital and the Victorian Health Innovation and Reform Council

Ms Lucinda Nolan PSM (from March 2016)

Former Deputy Commissioner, Victoria Police

Former CEO of the Country Fire Authority (Victoria)

The Hon David White (to March 2016)

Former Victorian Minister for Health

Mr Scott Wilson

Director of the Aboriginal Drug and Alcohol Council, South Australia

Former Deputy Chair of the National Indigenous Drug and Alcohol Committee

Finance, Audit and Risk Management Committee

Professor Ian Gust AO (Chair)

Ms Shobhana Chetty BSc, MAcc

National Credit Risk Manager, Sigma Pharmaceuticals

Mr Joe Flinn BAcc, CA

General Manager, First Samuel Limited

Chartered Accountant

Mr Bruce Lanyon BBus, MBA, FCA, SF Fin

First Vice President/Financial Adviser, Morgan Stanley Wealth Management Australia

Chartered Accountant



Ms Kathryn Greiner AO
Chair



Mr John Ryan
Chief Executive Officer



At Penington Institute, we work to reduce preventable harms and other negative outcomes from drug use – for the benefit of individuals, families and communities.

In 2016, we made significant progress in supporting responses to drug use that promote safety and human dignity.

The highlight was our campaign to recognise the growing problem of drug overdose. International Overdose Awareness Day 2016 was our biggest yet, with considerable grassroots engagement across the world and strong interest online and from Australian media. The day provides a focus of activity for people grieving a lost loved one and for community members advocating for increased access to prevention medications such as naloxone which can reverse an opioid overdose, saving lives (opioids include methadone and heroin and pharmaceutical opioid painkillers such as codeine, oxycodone, fentanyl and morphine). The campaign demonstrated one of Penington Institute's great traditions: to tell a story that needs to be heard and empower others to do the same – even without external funding.

With the Victorian Minister for Mental Health, The Hon Martin Foley MP, we hosted a special event to mark International Overdose Awareness Day. The Minister announced funding for six overdose 'hotspots' to reduce the overdose toll, alongside funding for Penington Institute to identify innovative models of overdose prevention to help inform future actions on overdose.

We also released *Australia's Annual Overdose Report 2016*, which analysed ABS data to highlight accidental overdose deaths. The report attracted widespread media coverage. Overdose deaths are a growing tragedy in Australia, with deaths highest among men and in regional areas, and most deaths a result of pharmaceutical medications.

The challenge for Australia is overcoming the stigma of overdose and managing it in a similar way as other public health issues such as smoking and the road toll.

The Australian community and government continued to focus on the growing harms of crystal methamphetamine (ice). The Federal Government's response to the National Ice Taskforce included a welcome emphasis on local, health-focused strategies.

Ice is causing extensive damage to individuals, families and communities across the nation, with increasing harms in rural and regional Australia. Ice, and helping to prevent its insidious and widespread harms, was the focus of much of our work in 2016 including:

- Creating the Understand Ice website (www.understandice.org.au) to help young people using or experimenting with ice, their friends and their family.
- Making significant steps towards developing a local community model in rural and regional areas to tackle ice.
- Building the capacity of regional and rural needle and syringe programs (NSPs) and Aboriginal and Torres Strait Islander agencies to respond to increasing concerns about ice.
- Running intensive training sessions for frontline workers including nurses on how to better manage illicit drug use, particularly ice.
- Holding community forums about ice.

Our innovative Community Overdose Prevention and Education (COPE) program was further developed to increase access and knowledge about the life-saving opioid overdose reversal medicine naloxone. Our advocacy in 2015 contributed to the additional scheduling of naloxone in 2016, which made naloxone more readily available to potential overdose witnesses.

We undertook research and developed education resources to ensure safer injecting practices at NSPs, and supported NSP and other health care staff by providing a range of formal training and informal support.

It is very pleasing to report that six distinguished Australians have accepted Chief Patron Sir Gustav Nossal's invitation to become patrons of Penington Institute. The new Patrons are Professor The Hon Dame Marie Bashir AD CVO, Professor Suzanne Cory AC, Emeritus Professor David de Kretser AC, Professor Peter Doherty AC, Professor The Hon Barry Jones AC and Professor Fiona Stanley AC. We are delighted that such highly accomplished Australians have agreed to support the Penington Institute and promote a more enlightened approach to drug issues.

We would like to take this opportunity to recognise the extensive contribution of Professor Steve Wesselingh, who retired as Chair and Board Director in December 2016. Steve served on the Board of Penington Institute and its predecessor Anex from 2007, and was Chair from February 2011. We sincerely thank him for his service.

Our thanks also go to our partner organisations, collaborators, advisors, volunteers, supporters and other stakeholders for their involvement with Penington Institute in 2016, and our staff for their dedication and outstanding contribution.

In 2017, we will continue to work with government and other partners on policy, advocacy, education, public awareness and training initiatives to deliver effective community-based programs to better manage problematic drug use.

Ms Kathryn Greiner AO
Chair

Mr John Ryan
Chief Executive Officer

Achieving the right policy and legal framework

Penington Institute works to:

- review evidence of and support for effective policy and interventions
- recommend further research to address gaps in the evidence base
- engage with policy makers in government and with communities to address the challenge of drug use in an integrated and comprehensive way, with a focus on public health and public safety
- partner and engage with communities and the public and private sectors to effect change.

Context

The global drug policy context steadily changed in 2016. In April, the United Nations General Assembly Special Session on Drugs saw progress on many levels, including an outcomes document that supported many health and safety approaches to drugs.

Some countries have seen positive developments, while others have brought in retrograde and draconian measures. In North and South America, several countries and states are at various stages of decriminalising or legalising cannabis. In the Philippines, President Duterte has led a crusade against people who use drugs, and encouraged vigilante death squads, resulting in the deaths of more than 3000 people.

In Australia, the National Drug Strategy (2016-2025) remains in draft form. In parallel, the National Ice Taskforce's report (the Lay Report), the Commonwealth Government's response and the National Ice Action Strategy were released in late 2015.

Penington Institute supports many aspects of Australia's ice response, which recognised that the harmful effects of ice are putting increasing strain on families, communities and frontline workers. It also solidified a growing recognition – by policymakers, law enforcement and the community – of the limitations of criminal justice responses to drugs. As former Chief Commissioner of Victoria Police Ken Lay said: "We can't just arrest our way out of the drug problem."

During the year in Australia, issues about the availability of the life-saving opioid overdose reversal medicine naloxone persisted (see below) and progress was made relating to the medicinal or medical use of cannabis with several states paving the way for clinical trials.

A major step forward was the introduction of revolutionary new medications to treat hepatitis C. These direct-acting antiviral treatments were listed on the Pharmaceutical Benefits Scheme early in the year and have already been taken up by thousands of Australians, curing them of hepatitis C. The new treatments are highly effective and have minimal side-effects.

Australia has led the world in making these medicines universally accessible, whether or not people being treated continue to use drugs. There are more than 200,000 people with hepatitis C in Australia, mostly as a result of sharing injecting equipment.

Despite some progress, drug initiatives in Australia still seem to be reactive to public opinion and focused on criminal justice rather than public health and safety.

Policy influence

Penington Institute is engaged with committees and advisory groups at local, state, national and international levels including:

- North Western Melbourne Primary Health Network's Hepatitis Advisory Group
- The Premier's Ice Action Taskforce (Victoria)
- The Ministerial Advisory Committee on Blood Borne Viruses and Sexually Transmissible Infections (Australian Government, Minister for Health)
- Harm Reduction International.

Through our work with these groups, Penington Institute provides expertise and advocates for our stakeholders. We also connect people on the frontline of drug problems to those in government, to exchange views and experiences.

Overdose research and policy

Representatives from Penington Institute attended a special event on International Overdose Awareness Day (IOAD) at Victoria's Parliament House that we hosted with the Victorian Minister for Mental Health, The Hon Martin Foley MP.

The Minister announced that Penington Institute had been funded by the Victorian DHHS to conduct research into emerging models to reduce fatal overdoses and other harms associated with drug use. The research focuses on peer-led models and will inform the 2017 implementation of DHHS projects to reduce drug harm in six 'hotspots': Melbourne, Port Phillip, Yarra, Maribyrnong/Brimbank, Dandenong and Greater Geelong.

The Australian Senate also recognised the growing issue of overdose, via a motion passed on 31 August. Along with recognition of IOAD, the motion called on the Government to "address the rising rates of harm associated with drug use by implementing and appropriately resourcing evidence-based harm reduction policies ...".

World overdose campaign

In 2015 and 2016 Penington Institute received a small grant from the Open Society Foundations to investigate the development of an international network of organisations and individuals working to prevent overdose. There is a need for more focused work to improve overdose prevention measures around the world. Founding organisational members of the network are:

- Asian Network of People who Use Drugs (ANPUD)
- Harm Reduction International
- International Doctors for Healthy Drug Policy
- International Drug Policy Consortium
- Scottish Drugs Forum
- Swedish Drug Users' Union
- Ugandan Harm Reduction Network.

Next steps In 2017 we will initiate a broad program to communicate directly with overdose prevention champions around the world. The aim is to generate local, national and international momentum to address the problem of overdose.



International Overdose Awareness Day event at Victoria's Parliament House. Left to right: Narelle Hassett, John Ryan, The Hon Martin Foley MP, Sally Finn.

The cover of the re-launched *Anex Bulletin*. See page 14.



Front page of the Herald Sun from 29 August 2016. The story showcased the findings of the Penington Institute publication *Australia's Annual Overdose Report 2016*.



Australia's overdose toll

In August 2016, Penington Institute launched the inaugural *Australia's Annual Overdose Report*, detailing key statistics about accidental overdose deaths in Australia from 2004 to 2014.

The report, based on data from the Australian Bureau of Statistics, exposed the growing toll of fatal overdose in Australia.

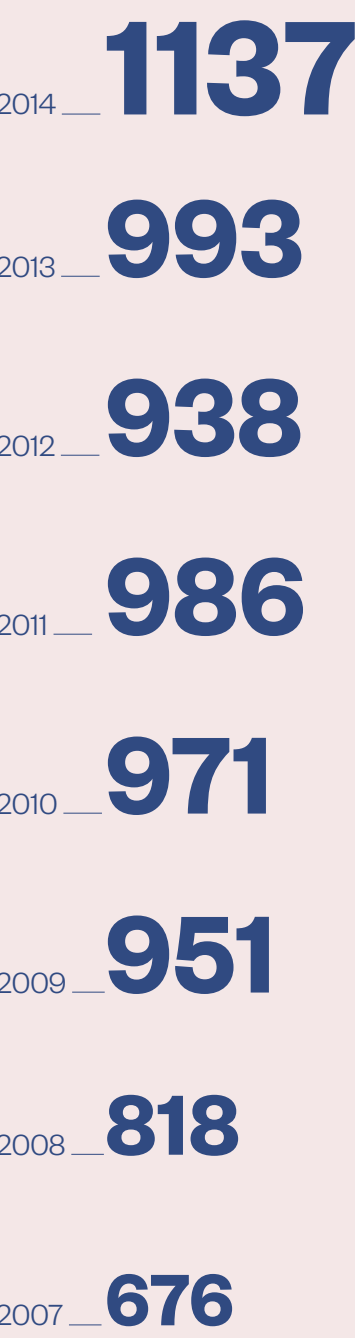
While we have one of the highest life expectancies in the world, Australia has an avoidable death toll from overdose that is little understood by the community. There is a pressing need for governments to address overdose systematically.

Australia's Annual Overdose Report 2016 prompted significant government and community interest. There was broad coverage of the report's findings across Australian newspapers, TV, radio and web news with a total of 155 items mentioning the report in late August 2016.

The report's principal findings were:

- Deaths due to accidental overdose grew substantially from 2004 to 2014, reaching 1,137 in 2014, a rapid rise from 705 in 2004 and a 61 per cent increase in a decade.
- Contrary to stereotypes about the age of people who die of accidental overdose:
 - Australians aged 40-49 are the most likely to die of a drug overdose.
 - In 2014, people aged 30-59 accounted for more than three-quarters (78 per cent) of all overdose deaths.

Australia's increasing overdose toll



- Overdose deaths in rural and regional areas are driving the overall increase: between 2008 and 2014, the number rose from 31 deaths per 100,000 to 5.7 per 100,000 – an 83 per cent increase. Meanwhile, the rate per capita in metropolitan areas has increased only slightly from 4.2 per 100,000 in 2008 to 4.4 per 100,000 in 2014.
- Despite common perceptions of accidental drug-related deaths being caused by illicit drugs, in 2014 prescription medications were responsible for more drug-related deaths (69 per cent) than illicit drugs (31 per cent).
NB: This statistic is for total drug-related deaths, not just overdose deaths.
- Accidental deaths due to drug overdose per capita for Aboriginal people between 2004 and 2014 increased 141 per cent – from 3.9 per 100,000 in 2004 to 9.4 per 100,000 in 2014 in the five jurisdictions with Aboriginal data.
- Western Australia has the highest rate of overdose deaths per capita with 5.8 per 100,000 in 2014 followed by NSW with 5.1 per 100,000.

The extensive media coverage of the report helped Australians learn about the problem and scale of the overdose issue. Drugs and drug use were being discussed through talkback radio and comments sections of online articles. Drug overdose became, if temporarily, a mainstream conversation.

The report was distributed within the drug policy and advocacy sector, governments of all levels in Australia and to interested individuals and organisations. Its messages were communicated to the general community, key decision makers and health professionals including doctors and pharmacists.

> Discussion after an NSP Network meeting. Left to right: Birgit Senior (LaTrobe Valley Community Health), Chios O'Mahony (Penington Institute), Dr Stephen McNally (Penington Institute) and Theresa Lewis Leevy (Monash Health).



< Lee McIntosh (Inner South Community Health) at an NSP Network meeting.

ICE

A local community approach to problematic ice use

In 2016, Penington Institute researched and developed a new model, in collaboration with Emeritus Professor David Penington AC, to describe a local community-controlled approach to problematic ice use. The model focuses on ice use in rural and regional Australia, areas heavily impacted by ice but lacking key support services, such as drug treatment, that are available in metropolitan areas.

Many small communities in Australia have some health care infrastructure but the tyranny of distance often leaves people isolated and without support. The local community model, with appropriate support and services, aims to minimise or prevent problematic drug use as early as possible.

The model shows how communities are realising that they need to better understand the role of drugs and intervene early to prevent drug use becoming a problem to be dealt with by the criminal justice system.

Next steps Penington Institute has identified a location to trial the model. In early 2017 we will work closely with this community to identify the way forward. The model will also be circulated to potential supporters and influencers in 2017.

> Leanne Van (Monash Health).



Naloxone scheduling and supply

Naloxone is the life-saving 'opioid overdose antidote' medication. An intra-muscular injection of naloxone temporarily reverses an opioid overdose. It prevents the shutdown of the central nervous and respiratory systems, allowing the person to breathe normally.

The administration of naloxone can save lives in overdose situations involving illicit opioid drugs such as heroin, as well as pharmaceutical opioids including methadone, codeine, oxycodone (sold as e.g. OxyContin®, Percocet®), fentanyl and pharmaceutical morphine (sold as e.g. IMS Contin®, Kapanol®). Naloxone is a very safe medication, with no risk of abuse or misuse, and has little to no impact on someone who has not consumed opioids.

Penington Institute's advocacy in 2015 contributed to the additional scheduling of naloxone, which has led to enhanced access for at-risk people in Australia. From 1 February 2016, naloxone was on Schedule 3 (pharmacist only) as well as Schedule 4 (prescription only), meaning that naloxone is now available directly from pharmacists. Previously naloxone was available only with a doctor's prescription.

Impact In 60 per cent of opioid overdose deaths, someone else was present at the time of the overdose. This indicates that better access, education and distribution of naloxone will have great potential to save lives in Australia.

In 2016 Penington Institute communicated closely and regularly with NSPs and other health services about naloxone and its availability. Easy-to-use naloxone minijets (pre-loaded syringes) were withdrawn from sale and supply of naloxone in this form ceased in mid-2016. This meant that only ampoules (small glass containers) of naloxone were available via prescription or from pharmacists. Ampoules are much more difficult to use than minijets. The Community Overdose Prevention and Education program website (www.copeaustralia.com.au), factsheets and posters were updated to reflect this change and to explain how to administer the ampoules. Penington Institute staff updated their training to cover the ampoules and managed feedback about the change.

When Penington Institute staff were warned of the naloxone supply issue, we communicated with the Federal Government to help safeguard continuity of supply.

Impact Subsequent to our advocacy, ampoules of naloxone became available via prescription and from pharmacists.

Next steps We expect that new naloxone products will become available in 2017. Penington Institute will communicate these changes to NSPs and other health services involved in overdose prevention.

ICE

Ice inquiry

In late 2016, Penington Institute made a submission to the Federal Parliament's Joint Committee on Law Enforcement's Inquiry into Crystal Methamphetamine (Ice). Our submission recognised the increased investment in treatment, and encouraged a planned approach to early intervention and the prevention of harms relating to the drug's use. We advocated for sophisticated investment in education that moves beyond scare campaigns.

Encouraging and empowering people affected by drug use to make safer and healthier choices

Penington Institute works to:

- increase individuals’ health literacy and capacity
- promote public discussion and understanding, contributing to a community rethink on how to tackle drug use, promoting hope and eliminating stigma
- raise awareness and educate people from diverse communities about the harms associated with drug use and ways to reduce them.

Context

Most illicit drug use does not result in significant or lasting harm, but some drug use is highly problematic and causes serious harm.

Illicit drug use is defined as:

- the use of illegal drugs such as cannabis, cocaine, heroin, ice and ecstasy
- the misuse of legally obtained pharmaceutical drugs, for example opioid-based pain medications, over-the-counter codeine and steroids
- the use of other psychoactive substances – licit, illicit or of ambiguous legal status – but potentially used in a harmful way such as novel synthetic substances or inhalants such as petrol, paint or glue.

Australia’s Draft National Drug Strategy 2016-2025 says: “Harms from drug use impact on Australian communities, families and individuals and include:

- health harms such as injury, lung and other cancers, cardiovascular disease, liver cirrhosis, mental health problems and road trauma
- social harms including violence and other crime
- economic harms from health care and law enforcement costs, decreased productivity, associated criminal activity, reinforcement of marginalisation and disadvantage, domestic and family violence and child protection issues.”

The document also says: “Harmful drug use is associated with [negative] social and health determinants such as discrimination, unemployment, homelessness, poverty and family breakdown.”

An estimated 100,000 accidental overdose deaths occur each year worldwide. Penington Institute’s publication *Australia’s Annual Overdose Report 2016* revealed that accidental overdose deaths in Australia reached 1137 in 2014. The US Centers for Disease Control and Prevention reported that in 2015 more than 52,000 people died from an overdose in the USA. Penington Institute helps raise awareness and knowledge about prevention by organising International Overdose Awareness Day (see below).

Unsafe injecting practices can also cause a range of harms, especially the transmission of blood-borne viruses such as hepatitis C and HIV.

ICE Understand Ice digital campaign

Ice, the crystalline form of methamphetamine, is a serious and growing problem across Australia. Problematic ice use has a dramatic negative impact on users, their families and friends, and communities. Parents and friends concerned about a young person often don’t know where to turn and can be frustrated by a lack of information and support. The information that is available is often technical, difficult to interpret and inaccurate.

In response, Penington Institute created the Understand Ice website – www.understandice.org.au – using easy-to-understand information to target young people aged 19-24 who are at risk of using ice or who are experimenting with ice, their family and their friends. The Lord Mayor’s Charitable Foundation provided funding to support the development of this evidence-based resource. The mobile-enhanced website, which took Penington Institute staff and Bliss Media 10 months to develop, went live in September 2016.

The site is designed to appear like an app, with clear advice and steps for the different audiences. The site first asks who you are there for – yourself, a family member or a friend. It then splits content into four options: just the facts, ice and health, ice and life and ‘what can I do?’

A promotional campaign for Understand Ice began in September 2016, focusing on regional Victoria via advertising on Facebook, Google AdWords and the Google Display Network. We are working with the University of Melbourne’s School of Population and Global Health to evaluate the project, and are grateful to the William Buckland Foundation for providing a grant to support the website’s promotion across Victoria over the two years to May 2018.

In the first three months of promotion in rural and regional Victoria, more than 11,000 people visited the site, highlighting the community demand for credible information on this difficult subject.

Special thanks to Pauline Neil for her advice and support of the Understand Ice project. Pauline was instrumental in organising focus groups of young people and families to provide feedback about the website. Thanks also to Dr Shaun Greene for his advice about the website and his participation in media activities.

Next steps The Understand Ice website will be promoted in metropolitan Melbourne and Victoria-wide in 2017 and early 2018, with ongoing evaluation until 2018.



Injecting equipment in Victoria

The supplier of injecting equipment to Victorian NSPs – Terumo – closed the plant that had previously supplied 1ml syringes to Australia, and the company was subsequently only able to offer equipment from an alternative plant. This equipment proved inferior to the previously available product in terms of functionality and safety.

This led to a range of issues for NSPs and their clients. There was evidence of increased sharing and re-use of old equipment, increasing the risks of spreading blood-borne viruses including hepatitis C and HIV. It also significantly affected the confidence of clients in the equipment being provided by NSPs.

Penington Institute worked with the Victorian Department of Health and Human Services (DHHS) to address concerns about the new injecting equipment. This included two consumer feedback surveys that canvassed more than 500 people who inject drugs on their views about alternative injecting equipment. Particular thanks to the sites involved in the surveys:

- cohealth, Footscray
- Harm Reduction Victoria
- Monash Health, Dandenong
- Peninsula Health, Frankston (SHARPS)
- The Salvation Army St Kilda Needle and Syringe Program.

We produced resources (a poster, postcard and factsheet) to support general safer injecting practices and safer use of the new Terumo equipment. We sought wide feedback in the development of these resources including focus groups with NSP clients and responses from services and workers. The resources were distributed across Victoria to people who inject drugs, NSPs and alcohol and other drug services.

Next steps In 2017 Penington Institute will work further with DHHS and NSPs to support the rollout of alternative injecting equipment. There are almost 11 million needles and syringes distributed in Victoria each year through NSPs.

Raising public awareness through media

Penington Institute engages with the media, responding to issues as they arise and raising awareness of public health and safety approaches to drug use. The media is a high impact, cost effective way to communicate to the general public, and to specific audiences and influencers.

Examples of media coverage in 2016:

- Additional scheduling of naloxone was included in the *Sunday Herald Sun*, *Sunday Mail* (Brisbane), Yahoo7 News, *Australian Doctor*, *MJA Insight*, the AMA Victoria’s publication *vicdoc* and *The Guardian Australia*. The main message was that the life-saving opioid overdose reversal medication, naloxone, was now available from pharmacists without a prescription.



International Overdose Awareness Day events. **Top left and right:** The event in Islamabad, Pakistan included a bike race and ‘Time to Remember. Time to Act’ t-shirts. **Bottom left:** IOAD display at the Fiona Stanley Hospital in Perth, Western Australia.

- Penington Institute commentary on the Global Drug Survey’s results for Australia was included in two articles in *The Guardian Australia* and in interviews with Radio 3AW Breakfast and other radio programs. Our commentary put Australian’s drug use into a global context.
- In an interview with *A Current Affair* about welfare recipients who use ice, Penington Institute CEO John Ryan made the case for treating people who use drugs with human dignity.
- *MJA Insight* included Penington Institute commentary about real-time prescription monitoring – information technology systems that track prescription of opioid medications by doctors to highlight patients who are attending multiple doctors due to dependence on the medications. We emphasised the need for an integrated national system and for the system’s combination with other proven measures such as drug treatment, access to naloxone, and early intervention.
- An interview with Radio 3AW covered safer partying tips for schoolies, particularly around ecstacy/MDMA.
- Our participation in a community forum in Castlemaine, Victoria about ice gained coverage in the *Castlemaine Mail*. Similarly our involvement in an ice forum in Young, NSW was covered in the *Young Witness*, and the *North Central Review* ran a story about Penington Institute presenting at a community ice forum in the Mitchell Shire, Victoria.

Community forums

Penington Institute staff are regularly asked to speak at community forums in metropolitan, regional and rural locations. In the past few years, these forums have focused on ice due to community concern about the drug. Our presentations provide credible, practical information about ice, in the context of public health and safety approaches.

In 2016, Penington Institute staff presented at six community forums to about 600 participants.

International Overdose Awareness Day (IOAD)

IOAD is a global event held on 31 August each year. Penington Institute coordinates worldwide activities for the day, which aims to raise awareness of overdose, improve prevention and reduce the stigma of drug-related deaths. It also acknowledges the grief felt by families and friends remembering those who have died or been permanently injured as a result of drug overdose. It was the fifth year that Penington Institute managed IOAD.

In that time, IOAD has developed into a collaboration linking people locally, nationally and internationally.

The 2016 IOAD campaign attracted widespread media coverage relating to accidental drug overdose rates in Australia, and extensive support through shared events, tributes, social media and badge sales. Shared events and badge sales almost doubled from 2015.

Globally for 2016, there were 340 events shared on the IOAD website with many other events held locally. Shared events were held in 16 countries: Australia, Canada, England, Ghana, Georgia, India, Indonesia, Ireland, Nepal,

New Zealand, Norway, Pakistan, Portugal, Scotland, Spain and the USA. Many of these events included remembrance services. Many also focused on prevention, such as safer using education and innovative models to prevent overdose.

The 2016 IOAD campaign featured new designs and imagery that drove awareness of the day across the world. The theme was ‘Time to Remember. Time to Act’. For the first time, posters available for download were translated into other languages – Arabic, French, Spanish and Vietnamese.

IOAD and the release of *Australia’s Annual Overdose Report* generated 170 media items in Australia alone. Local event organisers were also very active in securing local press; for example, there were more than 160 media articles/references in the USA.

Penington Institute staff presented at an IOAD colloquium on ‘Take-home naloxone: Scaling up in a time of uncertain supply’, which we co-hosted with the Centre for Research Excellence into Injecting Drug Use and Harm Reduction Victoria.

Special thanks to Narelle Hassett, Jason Grant, Chris Gough and Jack Nagle for sharing their overdose stories on the day and to Dr Shaun Greene, a clinical toxicologist and emergency physician, for his participation in media for IOAD.

Encouraging and empowering people affected by drug use to make safer and healthier choices

330+ published media items

1,040 moving tributes posted online

20,000+ likes on Facebook

- Sharing the love
- Shared events almost doubled from 174 in 2015 to 340 in 2016 – a 95 per cent increase. Shared events in the USA alone surpassed last year's global total, with 217 events held there in 2016.
 - Badge sales grew by 89 per cent to 26,931 (up from 14,225 in 2015).
 - Facebook engagement grew from fewer than 2000 likes to more than 20,000 likes.
 - Some 170 items were published in the Australian media as a result of the IOAD campaign and *Australia's Annual Overdose Report*.
 - In the 12 months since IOAD 2015, more than 1040 moving tributes were written by people who lost a loved one to overdose.
 - For the first time an IOAD twibbon (a banner for social media profile photos) was available. This was used by 5659 people to share the overdose awareness message through their social media accounts.

26,931 badges sold

Supporting professionals to help address the harms associated with drug use



Penington Institute works to:

- deliver professional development and support to various groups and workforces
- develop resources using all available media to support the delivery of interventions
- facilitate the sharing of ideas and connections between services, professional groups and workforces impacting local communities
- help individuals and organisations to overcome their uncertainties to working with people affected by drug use, promoting a civilised approach to improve health and wellbeing.

Context

Penington Institute works with and supports NSP workers, health professionals, law enforcement and other professional groups.

We also work across a range of workplace settings to increase staff knowledge and skills in recognising and managing drug-affected clients, customers and colleagues.

Emerging issues in drug use

In 2016, Penington Institute successfully sought funding through the Lord Mayor's Charitable Foundation's Youth in Philanthropy program to educate TAFE student advisors and counsellors about the latest developments in drug use.

Next steps We will run two training workshops in 2017, each for 30 to 50 TAFE staff.

Building capacity to respond to ice

Penington Institute was funded by the Victorian DHHS to increase the capacity of regional and rural NSPs and Aboriginal and Torres Strait Islander agencies to respond to increasing concerns about ice. The project has progressed substantially, with training materials and videos for the education campaign to be completed in the first half of 2017. A diverse steering group was established in 2016 and is providing oversight of the project.

Next steps The rollout across Victoria will begin in mid 2017.

Innovative overdose prevention

Penington Institute's Community Overdose Prevention and Education (COPE) program is designed to increase access and knowledge about naloxone. In 2016, we continued to provide training to primary health and community organisation staff who educated potential overdose witnesses in the community.

Penington Institute supported our COPE partners by:

- helping them establish, implement and promote the program
- emphasising the importance of their engagement with local health professionals, police and other stakeholders
- training workers, who in turn train potential overdose witnesses in as little as 10 minutes on how to save a life, and providing them with ongoing assistance and
- raising awareness of overdose.

The COPE Australia website is www.copeaustralia.com.au.

Output We delivered face-to-face COPE training to 195 health professionals and frontline workers from 27 agencies and major awareness-raising presentations at three sites to a total of 185 people in 2016.



Supporting the needle and syringe program (NSP) workforce

NSPs are a fundamental public health service in Australia, established to help prevent transmission of blood-borne viruses such as HIV and hepatitis C.

More than 3000 NSPs across Australia provide equipment, services and advice to people who inject drugs. We support workers in Australia's NSPs through our publication, the *Anex Bulletin*, and through the moderation of our email discussion group, NSP Forum.

Victorian NSPs distribute almost 11 million needles and syringes each year. Penington Institute directly helps workers in NSPs across the State, through face-to-face training, site visits and phone and email advice.

Of the 600 NSPs in Victoria, 20 are funded as primary NSPs – that is, their main function is to provide a full suite of NSP services, including public health and safety information, advice and referrals. Of the rest, about 60 per cent are located in pharmacies. The remainder are secondary NSPs in community health centres, hospitals, youth agencies and support services. Statewide, there are a small number of vending machine-style devices known as secure dispensing units (SDUs).

Penington Institute's NSP training and support programs aim to:

- promote evidence-based, quality services that meet the health and social needs of the community
- increase NSP access throughout the State
- improve understanding among NSP workers of the key issues around injecting drug use, the need and benefits of the service
- reduce any risks to the program such as injecting onsite and/or inappropriate disposal of injecting equipment.

Information and advice for NSPs

Penington Institute provides a point of contact for NSPs for information, advice and support about:

- NSP policy
- operations
- logistical issues (new NSPs, locations, ordering equipment)
- equipment disposal issues including syringe litter and/or external bin enclosures
- information on SDUs
- planning for and responding to incidents.

Output Penington Institute conducted 179 site visits throughout Melbourne and regional Victoria in 2016. These visits were supplemented with ongoing telephone and email support.

Vale: Belinda McNair

A key member of Penington Institute's small staff team, Project Lead Belinda McNair, passed away after a long illness in March 2016.

Belinda was respected across sectors from harm reduction to government, drug treatment to primary care and beyond. She had an extraordinary ability to bring people together to improve the lives of those affected by drug use. Bravely, terribly ill and days before her passing, she enjoyed a party in her honour, attended by more than 80 people from many organisations and sectors – a testament to the love and admiration so many people from so many fields had for her.

Belinda's working life included roles at the Department of Health, The Salvation Army, City of Melbourne and finally, Penington Institute. She made particularly valuable contributions to the accessibility of Opioid Replacement Therapy and promoting the use of naloxone to potential overdose witnesses.

Belinda was always quick to help and call out things she saw as unfair. She was a supportive colleague and a good friend, and is greatly missed.



Tailored formal training for NSPs

Penington Institute staff delivered tailored training for frontline and other NSP agency staff in 2016. Topics included:

- the benefits of NSPs and how to provide an effective NSP service
- drug trends
- injecting drug use and the equipment used
- prevention and treatment of injecting-related injury and disease including HIV and hepatitis C
- safer using advice and information
- responding to local drug-related issues including anti-social behaviours such as inappropriate disposal of injecting equipment.

Output Penington Institute delivered 105 NSP training events to 719 participants in 2016.

Secure Dispensing Units (SDUs) roundtable

People who inject drugs may share needles due to restricted opening hours of their local NSP service. Penington Institute led the fight for SDUs, a campaign that lasted a decade before governments agreed that SDUs expand access to equipment and reduce the public health risks of sharing needles. Victoria is now providing greater access through a small but growing number of SDUs.

In May 2016, we hosted a roundtable about SDUs to encourage their adoption among NSP services in Victoria.

Impact A total of 16 organisations attended the roundtable. Since then, several agencies have begun installing SDUs with ongoing support from Penington Institute.

Hosting professional networks

Penington Institute convenes three face-to-face professional networks to support and connect frontline workers across numerous organisations:

- NSP network
- Naloxone/COPE network
- Injecting Drug Issues Network, co-hosted with Burnet Institute.

Output A series of 12 face-to-face meetings provided a forum for networking and collaboration.

NSP Forum

Due to several factors including geography and placement within broader health services, workers on the frontline of NSP work often feel professionally isolated. Penington Institute hosts an electronic discussion forum (the NSP Forum) for people working in regional, rural, remote and metropolitan settings for information exchange and support.

The NSP Forum has more than 780 subscribers and circulated more than 400 messages during the year.

A new era for the *Anex Bulletin*

The *Anex Bulletin* is a specialty publication for workers in Australia's NSPs. It covers news and opinion about injecting drug use and the latest developments in the sector. The *Anex Bulletin* returned in September 2016 after a two-year hiatus.

Penington Institute was funded by the Australian Government's Department of Health to bring back the *Anex Bulletin*, with an initial four editions between September 2016 and September 2017.

Previously, the *Anex Bulletin* was funded by federal governments from the publication's launch in 2002 to August 2014. Over its history, the *Anex Bulletin* was the only regular publication researched and written specifically for people working in NSPs in Australia.

Output The September 2016 edition of the *Anex Bulletin* was distributed to more than 3000 NSPs in Australia. The edition focused on revolutionary new treatments for hepatitis C.

Building a dynamic, engaged and sustainable organisation

Penington Institute will:

- ensure a high standard of corporate governance
- generate financial resources to ensure effectiveness and sustainability.

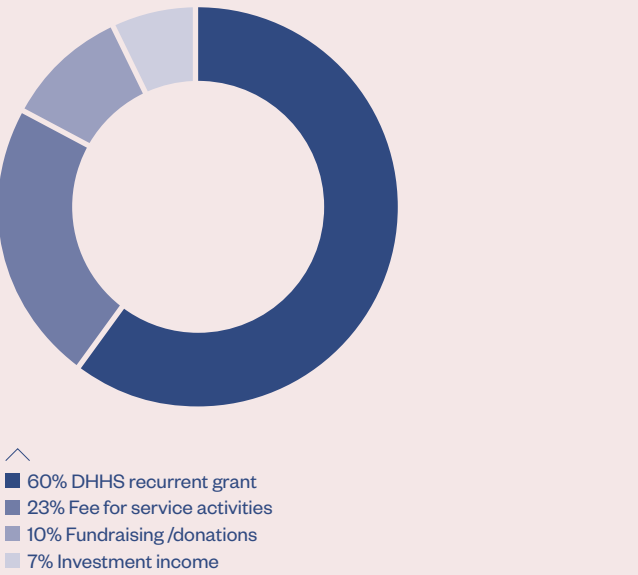
Finance and governance

Penington Institute's programs are conducted by our team of 12.5 equivalent full-time staff complemented by more than 80 volunteers and interns including our Board and advisory committees. We also have valued volunteers around the world who organised the 340 events shared on the ILOAD website.

In 2016 Penington Institute generated \$1.4 million of income from a variety of activities and a range of funders and donors, as summarised below.

Penington Institute has strong corporate governance leadership through our Board, and our Finance, Audit and Risk Management Committee, which meet regularly.

Annual financial statements for Penington Institute are externally audited by Haines Muir Hill.



Thank you to our supporters and funders

Government
Department of Health and Human Services,
State Government of Victoria
Department of Health, Australian Government

Trusts and foundations
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