

ANNUAL REPORT 2014-15

 hepatitisACT

OUR MISSION

Provide quality services for people affected by viral hepatitis.

OUR VALUES

- We act with respect and integrity.
- We enable self-determination.
- We provide inclusive and confidential services.
- We work together to be leaders in our field.
- We value accountability and evidence based practice.

OUR VISION

Continuing reduction in the prevalence of viral hepatitis, and where people affected by hepatitis in our community can:

- make respected and meaningful contributions to decision making that affects their lives,
- have full access to relevant information, care, treatment and support, and
- enjoy a full range of rights in keeping with Human Rights legislation and the Ottawa Charter, irrespective of culture, age, religion, sexuality, so-cial or economic status and race.



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PRESIDENT'S MESSAGE

HEPATITIS ACT ACKNOWLEDGES THE TRADITIONAL OWNERS AND CONTINUING CUSTODIANS OF THE LANDS OF THE ACT. WE PAY OUR RESPECT TO THE ELDERS, THEIR FAMILIES AND ANCESTORS.

The last year has brought mixed blessings for people affected by viral hepatitis, and for the hepatitis sector more broadly. We have learned that hard work and achievement on one hand is sometimes balanced by challenge and frustration on the other. For example, good news stories such as the important medical advances in hepatitis C treatment are tempered by delayed access due to fiscal constraint. Likewise, a National Parliamentary Inquiry into Hepatitis C shone a light on a neglected public health crisis; however politics prevented the report from providing national

leadership on some difficult but critically important matters such as blood borne virus prevention in corrections settings. Similarly, a strong national focus was brought to bear on crystal methamphetamine (ice) at the same time that funding cuts within the Health portfolio were foreshadowed to significantly diminish the alcohol and other drugs sector's capacity to respond to ice use in the community.

As "World peace starts at home", we are reminded to play our part by re-doubling efforts in service delivery and concentrating advocacy and representation effort on realistic opportunities to influence meaningful change. This last year Hepatitis ACT has again delivered on its proud tradition of excellence in service delivery, providing outstanding value for our funding partners at ACT Health and maintaining an unwavering commitment to our members, stakeholders and various communities of interest.

In 2014-15 Hepatitis ACT added a hepatitis B project to its range of services. As with all our programs, the hepatitis B project is designed and delivered with a focus on specific populations for whom viral hepatitis is particularly prevalent and problematic. The needs of these priority populations (including people living with hepatitis B and C, people who inject drugs, people in custodial settings, and people from culturally and linguistically diverse backgrounds) guide our service delivery, inform our planning, and inspire our advocacy and representation.

Representation and advocacy continue to be high priorities for Hepatitis ACT. The Executive Officer ensures that the interests of people living with viral hepatitis are represented through membership of key groups such as the Ministerial Advisory Council on Sexual Health, HIV/AIDS, Viral Hepatitis and Related Diseases (SHAHRD), the Alexander Maconochie Centre Health Policies and Services

Advisory Group, and the ACT Alcohol Tobacco and Other Drug Strategy Evaluation Group. This year he has also taken-up membership of the ACT Needle and Syringe Program Advisory Group, the ACT Medicare Local's Community and Consumer Engagement and Empowerment Panel, the ACT Prison Health and Safety Alliance, and the Health Care Consumers Association of the ACT's Executive Committee. Nationally, Hepatitis ACT is represented on the Board of Hepatitis Australia and the National Complex Needs Alliance.

One of the key challenges for a small organisation in addressing such significant health issues and unmet need, is knowing where to invest limited resources. At one end of the continuum is the important and often privileged opportunity to work one-on-one with a vulnerable person. This could be a needle and syringe program transaction with a person in the critical moments before an injecting episode; responding to a prisoner's questions about

using bleach to reduce the risk of blood borne virus transmission; or helping a person navigate the often intimidating pathway to testing, diagnosis, assessment, treatment and care.

Whilst much can be achieved for people through working one-on-one or in small groups at the 'coal face', Hepatitis ACT recognises that representation and advocacy in the bigger picture can influence change and improvement in policy, service delivery, access and outcomes for the thousands of people living with viral hepatitis in Canberra and beyond. Through membership of key groups and responding to emerging opportunities, Hepatitis ACT pursues its advocacy priorities and the objectives articulated in our Strategic Plan 2013-2016:

- People in the ACT are aware of the transmission of viral hepatitis and take appropriate action.
- Priority populations including people living with viral hepatitis have ready access to testing, treatment and support.
- Discrimination is reduced, and quality of life is improved for those affected by viral hepatitis.

- Funding bodies and policy makers in the ACT recognise hepatitis C and hepatitis B as serious and ongoing health priorities.

At the end of the financial year 2013-14, ACT Health agreed that Hepatitis ACT would carry forward some unexpended funds in order to trial a hepatitis B education project targeting culturally and linguistically diverse communities from high prevalence regions. This project is outlined further in this year's annual report. Hepatitis ACT is grateful to ACT Health for its recognition of hepatitis B as a serious and ongoing health priority, and looks forward to working with key stakeholders to extend this project in the future.

Feedback from our funding body, members, communities of interest and partner organisations continues to be extremely positive. Hepatitis ACT appreciated letters of congratulations from ACT Health on our performance and accountability. Equally importantly, clients and others receiving services and support were overwhelmingly positive in evaluation feedback. I know that the organisation's staff are thrilled

that the Canberra Alliance for Harm Minimisation and Advocacy (CAHMA) appraised them of very positive feedback within CAHMA's evaluation of ACT drug-related programs and services.

High quality service delivery requires the right mix of skills and opportunities, but is not possible without a sustainable and well-governed organisation. On behalf of the members, staff and Hepatitis ACT's communities of interest, I acknowledge and thank my colleagues on the Board of Hepatitis ACT for their important, insightful and valued contributions.

I'd also like to extend the Board's thanks and congratulations to Executive Officer John Didlick and the entire Hepatitis ACT team for another year of outstanding achievement. The organisation's work reflects their ongoing dedication and commitment to meeting the needs of people affected by viral hepatitis and the ACT community more broadly.

Financial year 2015-16 will present many opportunities and challenges too. The low rates of hepatitis diagnosis, treatment,

and management are sobering; the liver cancer projections are alarming. New safe, effective hepatitis treatments are still not available to the people who need them, and the most effective prevention strategy (regulated access to sterile injecting equipment) is still not accessible for the most at-risk population (people in custodial settings).

With these challenges front of mind, the Board and staff of Hepatitis ACT look forward to another exciting and determined year of partnership, progress, evidence-based practice, representation and advocacy.



Melanie Walker
President Hepatitis ACT

EXECUTIVE OFFICER'S REPORT

Growth in service delivery, advocacy and representation, and community need have characterised 2014-15 for Hepatitis ACT. We have continued our record of quality service delivery, determined advocacy, accountability, strong governance, and partnerships. Once again we have:

- exceeded performance targets
- received excellent feedback from our members and communities of interest
- been congratulated for performance and accountability by our funding body, and
- achieved an unqualified audit statement.

In the President's Report, Melanie Walker noted a tension between achievement and frustration. Our members and other people affected by hepatitis speak of this too – in particular in relation to

treatment access. They read about amazing advances in medicine, of ninety per cent (plus!) cure rates for hepatitis C, and access to these new medicines already in developing countries. Yet in our own country, treatment rates for hepatitis C remain around one per cent. Alarming, people are looking to India and China for affordable sources of anti-viral drugs. Another frustration is blood borne virus prevention in prison. Four years ago the ACT Government was lauded for an evidence-based policy commitment to regulate the supply of injecting equipment in prison. Yet still the needles and syringes in our prison remain unregulated, assuring harmful outcomes by inevitable recirculation of unsterile equipment.

As a part of a national advocacy effort, Hepatitis ACT played its part to help ensure meaningful and measurable prevention and treatment targets were included in the National Hepatitis B and Hepatitis C Strategies. In an important step forward, all

Australian governments' Health Ministers committed to:

- reducing the incidence of hepatitis C by 50% over the life of the strategies
- increasing by 50% each year the number of people receiving treatment for hepatitis C, and
- increasing to 15% the number of people receiving treatment for hepatitis B.

The targets are important commitments pegged to specific levels of improvement which, if achieved, can contain the alarming rise in liver cancer and hepatitis-related mortality. The fastest growing cause of cancer mortality in Australia is liver cancer, and in 2013 over 1,000 Australians lost their lives to hepatitis B or hepatitis C.

These are preventable deaths, yet are projected to double by 2020. Locally, Hepatitis ACT has been working to ensure that the national targets are reflected in the ACT implementation plans. Of course we cannot measure success, progress and unmet need without

data, and Hepatitis ACT remains optimistic that hospital treatment data will eventually become available.

Our evaluation strategies and external feedback tell us that Hepatitis ACT's programs are successful and, importantly, highly valued by our communities of interest. By targeting priority population groups in settings providing the best access and engagement, we can invest our resources to maximise our success. Hepatitis ACT is committed to quality and improvement and we adjust our strategies and techniques according to opportunity, need and effect.

Through all of our programs we increase awareness of hepatitis in the community, including strategies for preventing infection and managing existing conditions. Needs-based and youth-based programs provide information and education to priority populations in settings that include specialist drug treatment services, corrections settings,

supported accommodation, community housing, and mental health services. Our secondary needle and syringe program outlet creates countless engagement opportunities with people as they securely dispose of used equipment or access sterile equipment. A new education project targeting hepatitis B in culturally and linguistically diverse communities has allowed us to focus on multicultural health with population groups whom we have not engaged with previously.

As expected, 2014-15 brought a heavy focus on new hepatitis C treatments. By “new”, read newly developed but sadly not newly available. This issue remains the subject of concerted advocacy and representation on behalf of community hepatitis organisations, with submissions to the Pharmaceutical Benefits Advisory Committee and to the Federal Parliamentary Inquiry into Hepatitis C in Australia. In the past, clinicians and people living with hepatitis C exclaimed “if only we had better medicines”. Better medicines have been developed, are available in other countries, and now people exclaim “if only

Australians had access to them too”. The delays in access are deplorable and unnecessarily cost lives. The delays would not be tolerated with any other patient group. We dearly hope the next annual report can celebrate the availability of these important new medicines in Australia.

We gratefully acknowledge the work of people living with hepatitis in our advocacy and representation activities. Also, skilled volunteers Win Yee Tan and Xin Zhang helped us to reach Chinese speaking Canberrans by recording, translating, broadcasting and publishing hepatitis B related health messages. Tri Sulanjari helped us to reach Indonesian speaking Canberrans by planning and co-delivering targeted hepatitis B education activities. Ben Grady helped us better understand our online presence and, using Google Analytics, the extent and success of website communication. Ben also helped Hepatitis ACT to secure and implement a digital marketing grant from Google worth \$10,000 per month.

We were especially thrilled when our Hepatitis ACT / Menslink joint nomination for ‘Skilled Volunteer of the Year’ led to a 2015 ACT Volunteer of the Year award for Ben Grady.

Another exciting development is the Memorandum of Understanding put in place with the Division of Medicine (ACT Health). This important agreement formalises our relationship and articulates the basis for future collaboration. We look forward to the outcomes, including information sharing and working together better for the benefit of people affected by viral hepatitis in the ACT.

In 2014-15, there was a lot of talk. A National Inquiry was held into hepatitis C in Australia, with recommendations forthcoming. The Therapeutic Goods Administration and the Pharmaceutical Benefits Advisory Committee cleared the way for the Federal Government to make life-saving new anti-viral medicines available for people living with hepatitis C. National Strategies

were developed and important targets were endorsed by all health ministers. Implementation planning commenced locally and priorities were drafted. Promises were made about access to hospital treatment data and surprisingly the responsibility for designing prison-based harm reduction programs was surrendered to the prison union.

In 2014-15 another thousand lives were lost to viral hepatitis, and another 17,256 cases were notified. In contrast, 2015-16 must be a year of action. Hepatitis ACT will play its part.



John Didlick
Executive Officer

EXECUTIVE TEAM

President

Melanie Walker
Deputy CEO
Public Health Association of Australia

Vice President

Heather McGowan
Pharmaceutical Project Officer
Dept. of Veterans' Affairs

Treasurer

Kirsty McIntyre-Smith
Registered Nurse
Community Health Nurse

Secretary

Kacey Boyd
Accreditation Manager
Winnunga Nimmityjah
Aboriginal Health Service

Board Member

Gerald Franks
Managing Director, Client Services
Canberra Men's Centre

Board Member

Simon Tatz
Public Health Manager
Australian Medical Association (AMA)

STAFF TEAM

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Business Support (& Public Officer)

Lesley Kesby

Corrections Education & Workforce Development

Thelma Johnson

Education & Health Promotion

Kerrie McKenzie

Hepatitis B Project

Taddele Berhe

OUR WORK WITH PRIORITY POPULATIONS

PEOPLE LIVING WITH HEPATITIS C

Hepatitis C is under-diagnosed, under-treated, under-prioritised and can be fatal. An estimated 233,000 people are living in Australia with chronic hepatitis C infection (around 4,000 Canberrans). Of these some 80,000 are living with moderate to severe liver disease – a 115% increase in ten years. Hepatitis C is Australia's leading viral killer with an estimated 630 deaths in 2013. Only 1% of the infected population is treated annually.

In 2014-15 we reached this client group with information, education, and health promotion through a range of activities delivered in community and custodial settings.

More than 70% of Australians with hepatitis C are 40 years or older - a point at which affected people are understood to have an increased risk of serious liver disease.

With an ageing population, more and more Australians will confront cirrhosis, liver cancer, and liver failure if significant improvements in monitoring, treatment and care are not forthcoming.

Successful antiviral therapy can reverse the trend of increasing hepatitis C related illness and death, but only if affected people have access to treatment.

YOUNG PEOPLE

Young people continue to be a priority population and national surveillance data reinforce the need for this urgent focus:

- Young people aged 0-19 years represent 4.7% of cases of newly acquired hepatitis C (i.e. infection confirmed to have occurred within the last two years) in 2014. Young people aged 0-24 years represent one in every three cases of newly acquired hepatitis C.
 - Young people are diagnosed with newly acquired hepatitis B (i.e. infection confirmed to have occurred within the last two years) in 2014 at a rate of 4.7% for those aged 0-19 years and 12.1% for those aged 0-24 years.
 - According to the Fifth National Survey of Secondary Students and Sexual Health (2013), hepatitis knowledge remains relatively poor amongst year 10, 11 and 12 students.
 - Approximately one third of students surveyed did not know that injecting drug use or tattooing/piercing was a risk factor for hepatitis C.
- Whilst young people aged 0-19 years represent just 2.5% of all new hepatitis C diagnoses nationally in 2014, the proportion increases alarmingly to 12.2% of all new hepatitis C diagnoses for those aged 0-24 years.

- Some 36% wrongly reported being vaccinated for hepatitis C (when no such vaccination exists) and a further 49% were not sure.
- Only 15% knew that they had not been vaccinated for hepatitis C.

In 2014-15 we worked in partnership with schools and colleges, the Ted Noffs Foundation, Healthy Schools Network ACT, and the Youth Coalition to deliver hepatitis awareness and prevention education for young people and/or workforce development for staff. Hepatitis ACT also assisted the Education and Training Directorate to review hepatitis-related policies and procedures.

A very popular standalone resource “Smarter Body Art” was developed in 2014 for young people to complement the “Be Smart About Body Art” project and has been distributed within various schools and youth centres in the ACT and surrounding areas.

PEOPLE IN CUSTODIAL SETTINGS

People in custodial settings are some of our most vulnerable clients. In often crowded environments, where BBVs such as hepatitis C are common-place, detainees have access to drugs, injecting equipment, and tattooing equipment. Many struggle to keep themselves safe, and urban myths and misinformation sometimes erode evidence-based health messaging. Detainees appear to have good access to general health care, but poor access to harm reduction strategies.

According to ACT Health, from the commissioning of the prison in March 2009 to September 2014 there were 51 notifications of hepatitis C made at the AMC. Of the cases where point of transmission is identifiable, around half were in-custody transmissions. Given current testing coverage, the number of notifications is likely

to significantly underestimate in-custody transmission.

Hepatitis ACT works within the AMC to provide regular blood borne virus awareness and prevention education. We use a range of approaches to achieve our goals including formal, informal, and opportunistic engagement. We utilise education materials and techniques that are accessible for people with varying literacy skills. Importantly, we strive to keep messages straight-forward so that they can be accurately disseminated further within the prison.

Detainees express a number of recurring concerns.

Access to bleach

Full-strength household bleach is proven to reduce the risk of transmission of hepatitis C, hepatitis B and HIV when used correctly. Challenges exist in ensuring consistent and discreet access, and Justice Health is stepping up to fill the gap with powdered bleach. This

is a welcomed development that will address a range of access barriers, and encourage use of this important harm reduction technique.

Access to sterile equipment

Bleaching recycled injecting equipment falls a long way short of the many potential benefits of regulated access. International evidence shows that prison-based needle exchange programs are safe and effective. The majority of detainees (and some prison staff) who have expressed an opinion to Hepatitis ACT educators support regulated access to sterile equipment.

Barbering

Electric clippers are often used without a protective comb, and present a transmission risk.

Hepatitis ACT relies on support and assistance from a range of people in order to gain access to detainees. We thank Corrective Services and Justice Health for the help we receive,

and in particular Arthur Huggins and team from the Education Unit, and Mark Bartlett and the Programs Team.

WORKFORCE DEVELOPMENT

Workforce Development sessions for workers in community services, health care, aged care and corrective services have expanded. Sessions included group work, informal and opportunistic, one on one education, and phone line inquiries.

Our partners in Workforce Development:

- Alcohol & Drug Service (ACT Health)
- Belconnen Community Services
- CIT – Bruce Campus – AOD Students
- CIT – Indigenous Unit – AOD Students
- Corrections – New Corrections Officers
- Corrections – Probation & Parole
- Corrections – Programs & Case Management
- Mental Health ACT (ACT Health)

- Mercy Homes
- Prisoners Aid
- Queanbeyan Agency Network Meeting
- QUEST Training Solutions – Mental Health & Aged Care Students
- Red Cross – Migration Support
- St Vincent de Paul (Samaritan House)
- TOORA Women – WIREDD
- Woden Community Services

ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES

Chronic hepatitis B and hepatitis C affect Aboriginal and Torres Strait Islander people at greater rates than the broader population. Notifications of newly diagnosed HBV and HCV infections are reported at disproportionately high rates among the Aboriginal and Torres Strait Islander population.

According to the Fourth National Aboriginal and Torres Strait Islander Blood-borne Viruses and Sexually Transmissible Infections

Strategy 2014-2017, approximately 28,000 Aboriginal and Torres Strait Islander people are living with chronic hepatitis B, another 11,000 with chronic hepatitis C, and 300 with HIV. Aboriginal and Torres Strait Islander people are also over-represented in custodial settings where rates of hepatitis C and risk behaviours remain high.

Hepatitis ACT engages mostly with Aboriginal and Torres Strait Islander people during the delivery of non-targeted hepatitis awareness and prevention education services (e.g. drug treatment and support services, supported accommodation services, custodial settings). Hepatitis ACT distributes specific hepatitis resources for Aboriginal and Torres Strait people and continues to benefit from the insights of a strong and community connected Aboriginal woman on our Board of Directors.

In 2014-15 we delivered services accessed by Aboriginal

and Torres Strait Islander peoples at our Turner premises, at the Canberra Institute of Technology's 'Welcome Week' events, Queanbeyan Aboriginal Disability Yarn Up Day, NAIDOC celebrations, at Ainslie Village, Samaritan House, Gowrie Court, Oakes Estate, Stuart Flats, Alexander Maconochie Centre and Canberra Institute of Technology.

PEOPLE WHO INJECT DRUGS

Hepatitis ACT prioritises access and service delivery for people who inject drugs because hepatitis C transmission in Australia is predominantly associated with unsterile injecting drug use. It is estimated that 80 per cent of existing hepatitis C infections and 90 per cent of new infections occur this way.

As the estimated annual number of injecting episodes in the ACT exceeds the supply of sterile injecting equipment, Hepatitis ACT continues to supply sterile injecting

equipment through a welcoming and non-judgemental needle and syringe program outlet. The NSP creates engagement opportunities for hepatitis awareness information, prevention education and other supports.

Hepatitis ACT provides liver health, hepatitis awareness and prevention education for people with a recent history of injecting drug use in a range of settings including the ACT's prison, drug treatment and support services, and supported accommodation providers.

PEOPLE WITH HEPATITIS C WITH CO-MORBIDITIES

People living with hepatitis C with co-morbidities can be at elevated risk of adverse health outcomes, including as a result of hepatitis C. This diverse

group includes people living with hepatitis B, HIV, bleeding disorders, mental health conditions, and problematic alcohol and other drug use.

In 2014-15, Hepatitis ACT engaged with people living with hepatitis C with co-morbidities through activities with the AIDS Action Council and in a range of settings including drug treatment and support services, supported accommodation services, mental health services and custodial facilities.

People living with hepatitis C and co-morbidities were central to Hepatitis ACT's advocacy and representation activities.

PEOPLE AT RISK OF HEPATITIS C

This group includes new or potential initiates to injecting drug use, people in corrections

settings, people who use performance and imaging enhancing drugs, men who have sex with men, and people at risk of household transmission. In recent years there has been an increasing prevalence of tattooing and body piercing including do-it-yourself and overseas procedures that broadens the population groups at particular risk of infection.

New or potential injectors are targeted through the NSP network, in the prison, and in collaboration with the Ted Noffs Foundation.

Health promotion events target the broader community. Other targeted initiatives include workforce development sessions and health promotion events (i.e. University of Canberra 'Harmony Day', Drug Action Week, Catholic Care

Interagency Day, Woden Valley Festival, ACT Testing Month, World AIDS Day, Youth Week Events, CIT Community Days).

THE ACT COMMUNITY

Hepatitis ACT works in the community to raise awareness about hepatitis and reduce stigma and discrimination experienced by people living with chronic infection. A number of World Hepatitis Day awareness and health promotion activities targeted the broader community. Other initiatives included:

- Health Promotion
- Workforce Development
- Advertising and Marketing

QUARTER OF A MILLION AUSTRALIANS ARE LIVING WITH HEPATITIS B

MANY PEOPLE BORN OVERSEAS WERE NOT VACCINATED AGAINST HEP B. TALK TO YOUR DOCTOR...

IF YOU'RE LIVING WITH HEPATITIS B OR C, REGULAR LIVER CHECK-UPS CAN SAVE YOUR LIFE



For information and support about hepatitis B and C

 **hepatitisACT**
(02) 6230 6344
hepatitisACT.com.au

 **LOVE YOUR LIVER**
loveyourliver.com.au

National Hepatitis Infoline
1800 437 222

CULTURALLY & LINGUISTICALLY DIVERSE COMMUNITIES

CHALLENGING THE SILENCE OF HEPATITIS B

Despite the availability of effective treatment, hepatitis B is a major health issue in Australia disproportionately affecting culturally and linguistically diverse (CALD) communities. Hepatitis B is a “silent epidemic” affecting 225,000 people in Australia around half of whom are undiagnosed. If left untreated, hepatitis B often leads to serious liver health complications such as liver cancer.

The prevalence and burden of hepatitis B and hepatitis C is increasing. To put some scale to these 458,000 chronically hepatitis-affected Australians (around 8,000 of whom are Canberrans), HIV affects around 26,000 people in Australia yet receives far more focus and priority. Driven by hepatitis B and C, rates of serious liver disease are escalating, and

liver cancer is now the fastest growing cause of cancer death in Australia. It is expected that rates of liver cancer will double by 2025.

Misconceptions about hepatitis B, as well as stigma and discrimination contribute to the low diagnosis rate. It is estimated that 50% of hepatitis B affected Australians remain undiagnosed. This is compounded by low health literacy and many in the CALD community prioritising economic self-sufficiency (working hard; securing long-term housing) over immediate health needs.

With support from ACT Health, Hepatitis ACT is helping to tackle this problem with a targeted community education strategy, increasing awareness and knowledge within communities of elevated prevalence and risk. In collaboration with key stakeholders, project personnel deliver information and education with local community groups, and

deliver workforce development for workers and within organisations who provide services for priority groups.

Project Aim

To reduce the incidence of hepatitis B and minimise its health and social impacts within identified priority populations in the ACT.

Project Objectives

1. Increase community awareness and knowledge about hepatitis B, transmission risks, prevention strategies, and the importance of clinical management.
2. Increase knowledge and uptake of testing, monitoring, and treatment and care for hepatitis B within CALD communities with elevated prevalence.
3. Reduce stigma and discrimination associated with hepatitis B.

Project Strategies

1. Create networks and partnerships with relevant agencies, service providers and individuals to support the implementation of the project.
2. Deliver hepatitis B awareness, information and education activities with identified priority populations in suitable settings (e.g. at community events, cultural gatherings and relevant venues).



3. Disseminate evidence-based information on hepatitis B prevention, testing, monitoring, and treatment and care within identified priority populations (including through the use of various written and spoken languages).
4. Disseminate information on the rights and responsibilities of people living with hepatitis B.

Project Reach and Participation

Phase 1 (mid-February to mid-April) necessarily consisted largely of identifying and consulting with CALD stakeholders. At that time of year, there were also opportunities to hold a number of information stalls in both public and student events and venues. While there was early engagement with both Chinese and Indonesian communities,

there were also some frustrations in accessing other CALD groups.

Phase 2 (mid-April to mid-June) reaped the fruits of that early work in accessing these target groups, with a dramatic increase in:

- the number of presentations to CALD community groups
- project briefings to a wide number of CALD stakeholders, and
- workforce development training to relevant community workers and student groups.

The number of participants reached in four months was an estimated total of 759 people. However, there was a marked increase in Phase 2 in both the number and percentage of target CALD groups reached: from 70 (19%) to 192

individuals (50%) of the total number.

Of particular note is the access gained to the Adult Migrant English Program run by Navitas in CIT, with six presentations to 139 of its students.

Also Phase 2 saw project briefings with a considerable number (49) of CALD stakeholders in the ACT and interstate. Workforce development training was conducted with 77 community and migration support workers who engage with relevant CALD groups, and with CIT students attaining Alcohol and Other Drugs qualifications.

Findings from the External Evaluation

The external evaluator says “The project staff are to be

congratulated. It is hard to see how the project could have done better than it has, in either the first or second phases:

- Between mid-February and mid-June 2015, the project reached over 750 people.
- In the second phase, 50% of those reached were from CALD communities.
- Over 2,700 resources in various languages were distributed in those four months.
- Feedback from participants in presentations on hepatitis B and project briefings were uniformly positive.
- Participants’ knowledge about hepatitis B increased from an average of ‘some knowledge’ or ‘not much knowledge’ before presentations, to an average of ‘quite a bit of knowledge’ after presentations

WORLD HEPATITIS DAY — 28 JULY 2014

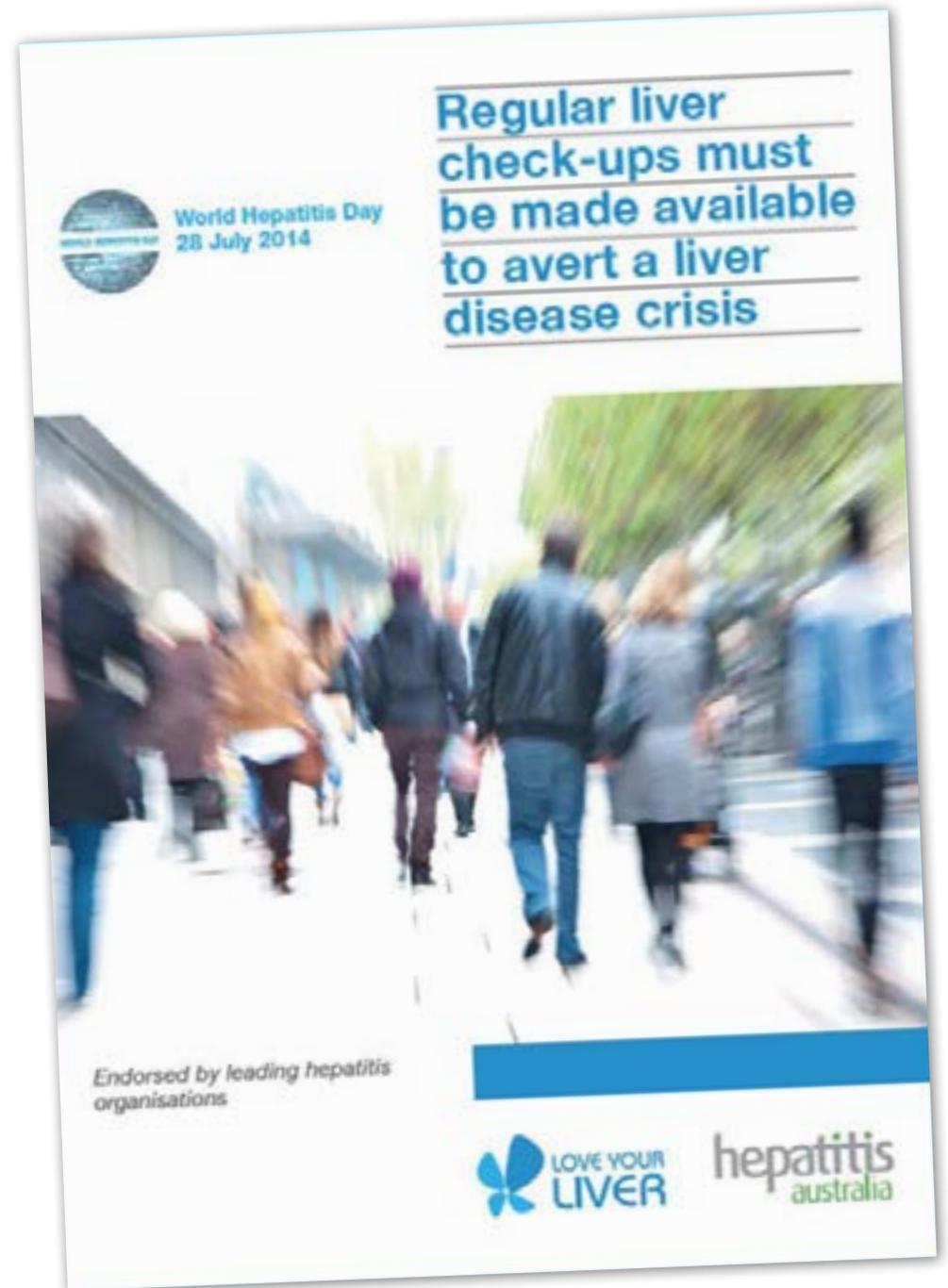
Hepatitis ACT hosted a World Hepatitis Day 2014 event ARE WE THERE YET? The key focus of the event was a Hepatitis Report Card – quantifying the burden of hepatitis and making the case for regular liver checks.

The 'Hepatitis Report Card' is a key advocacy and awareness report developed and promoted by Hepatitis Australia in collaboration with state and territory member organisations. The report urges work to ensure that all Australians with chronic hepatitis B and C are diagnosed and undergo regular liver health checks to track their liver health and prevent nearly 1,000 deaths occurring each year due to viral hepatitis.

Shane Rattenbury MLA (Minister for Corrections and Aboriginal & Torres Strait Islander Affairs) kindly launched the Hepatitis Report card. Other notaries attending included Nicole Lawder MLA, Michael Moore (CEO PHAA), Justice Terrence Higgins (President of Hepatitis Australia) and Fred Monaghan (Ngunnawal Elder).

More than fifty percent of Australians with hepatitis B or C (250,000) have reached the "Liver Danger Zone". Allowing them to progress silently to serious liver disease is unacceptable.

The Report Card highlights the need for immediate action to avert a 'liver disease crisis'.





Health Centre, and Directions Civic Needle and Syringe Primary Outlet held events throughout the week.

Raising community awareness importantly sets a foundation for health promoting messages and helps to address stigma and discrimination. Also, as different causes compete for restricted funds and government priority, increasing community awareness is an important component of successful advocacy. Hepatitis affected communities have a long way to go before viral hepatitis is afforded the same level of priority, investment and treatment access as other conditions.

- Half a million Australians are now living with chronic hepatitis B and C, fuelling rising rates of serious liver cancer (fastest cause of cancer death in Australia).
- The majority of Australians living with chronic hepatitis B and C are not receiving adequate management and treatment.
- It is critical that all Australians with chronic

hepatitis B and C are diagnosed and undergo regular liver health checks to enable treatment to start early enough to halt serious liver damage.

Information access points were identified for priority groups including placement of targeted campaign materials, strategic communications

with stakeholders including primary health practitioners, and advocacy strategies with policy and decision makers and local print media.

The World Hepatitis Day campaign also included a mass mail-out to stakeholders with access to other priority populations and an alert to media outlets to highlight the key messages.

Complementing the communication campaign, Hepatitis ACT offered small grants to community sector partner organisations to hold a 'Love Your Liver' awareness event for high priority populations. Inanna Crisis Service, Ainslie Village, Southside Community Services, ACT Health's Opioid Treatment Service, Canberra Sexual

The World Hepatitis Day campaign has begun to shift its focus from broader community awareness on to affected people. In doing so the objectives will shift from awareness raising and will begin to focus more specifically on engaging individuals and governments in order to avert a liver disease crisis.

OUR NEEDLE & SYRINGE PROGRAM OUTLET

Hepatitis ACT operates a secondary needle and syringe program (NSP) outlet. This service has gone from strength to strength thanks to sound planning, stakeholder support, and good practice.

Expanding access to sterile equipment and secure disposal has contributed to the achievements of the broader NSP network and Hepatitis ACT.

The outlet has also created countless engagement opportunities for Hepatitis ACT educators – sometimes in the moments before people inject. How timely, and what a privilege!

At a June 2015 CAHMA-facilitated focus group on consumer experience of service delivery in the ACT, feedback

was provided about Hepatitis ACT's NSP outlet.

'The ladies there were lovely. That was the first time I've ever had someone ask me what name I want to use. They made me feel like I wasn't a walking idiot. Like when we got some the other weekend and she said, "it's a long weekend you know, you'd better take another just in case...." You like to go in there because they are lovely and they treat you like a human being.'

Background

Hepatitis C and hepatitis B are blood borne viruses that can be transmitted through unsterile injecting practices. Increased access to sterile equipment is associated with lower rates of equipment sharing and reduced incidence of infection.

Between 2000 and 2009 the Australian NSP network prevented an estimated 96,667

cases of hepatitis C and 32,050 new HIV infections. Around \$1.28 billion dollars were saved in direct healthcare costs. All up, for every one dollar invested in NSPs to 2009, \$27 was returned in cost savings.

Substantial financial savings from NSPs in the community are being eroded by transmission of hepatitis C among identifiable populations experiencing barriers in accessing NSP services. The most obvious example of this is the nation's prison system, however the number of sterile needle syringes distributed in the ACT community is less than the estimated number of injecting episodes each year. It has been calculated recently that good work of the ACT NSP network has improved access, and opportunities exist for further improvements.

Why we got involved

Hepatitis ACT is ideally placed geographically and philosophically to provide secondary NSP services. Our mission is to prevent viral hepatitis and to reduce the personal and social impacts for people who are affected. Offering NSP services helps us achieve these goals.

Stigma and discrimination are daily experiences for people who inject drugs. Offering quality NSP services relies entirely on attitude – respect, reliability, compassion, confidentiality, and trust. It is not enough that staff believe the service is doing a good job. If consumers don't believe the service is welcoming and non-judgemental, then it isn't.

Our NSP experience

With fantastic support from Directions ACT and our regulars, 2014-15 has been another year of growth for our NSP outlet. To demonstrate our shared success, in humble

beginnings in August 2012 we distributed a total of 52 sterile needles syringes for the month. In August 2013 it was 1,108 needle syringes, and in 2014 a total of 2,244. In June 2015 our secondary NSP outlet

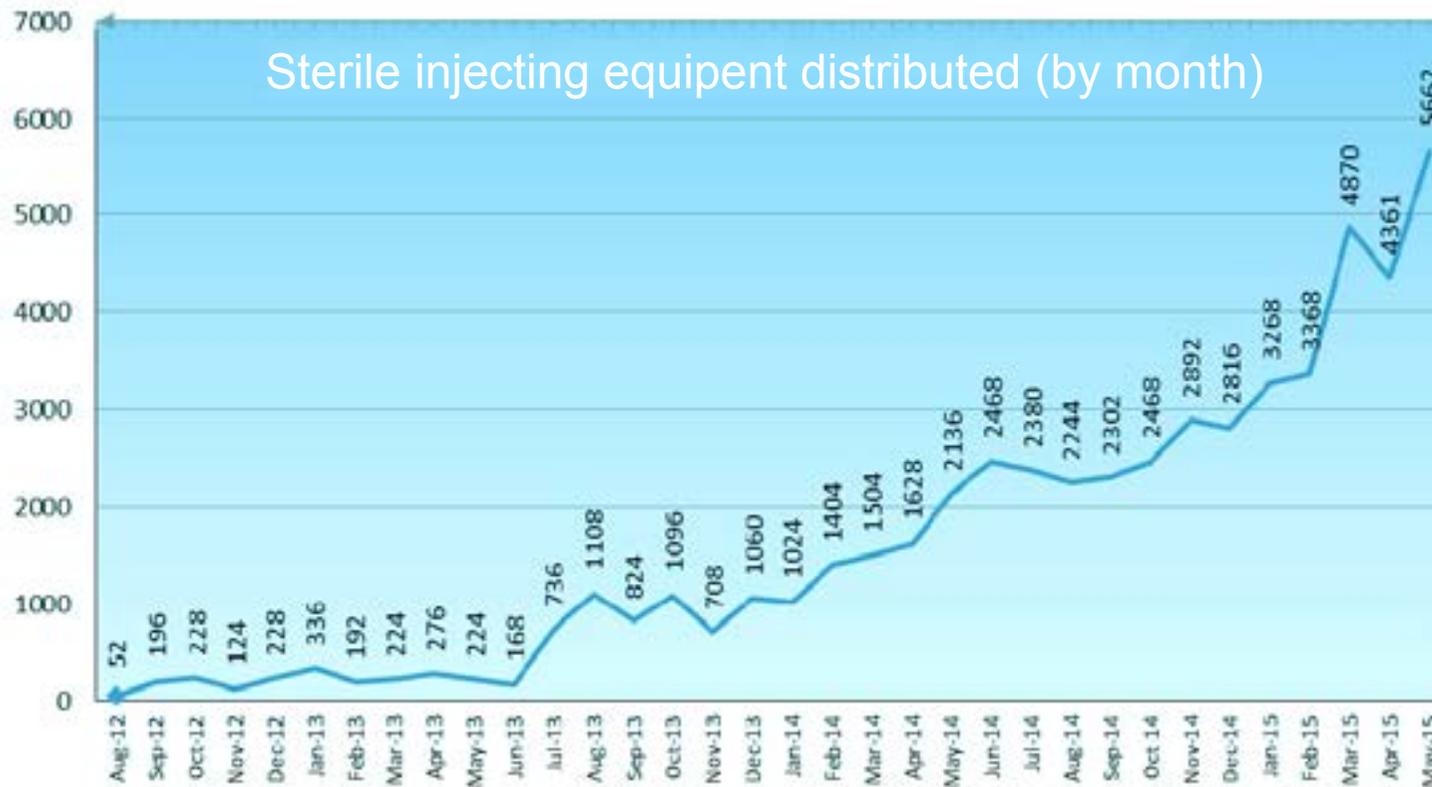
distributed a total of 5,041 sterile units for the month. The program's growth is illustrated in the line graph below.

This important service not only provides a supply of

sterile equipment to those at risk of blood borne virus transmission, but it facilitates a secure disposal service whereby people in possession of used injecting equipment have an appropriate and safe disposal option available to them. Hepatitis ACT promotes the secure disposal service to everyone who accesses our NSP, and we have great success in encouraging the return of used equipment.

Offering these important services creates additional engagement opportunities with people whom we might otherwise not have met. This means additional information, education, support, referral, advocacy, and new members.

Becoming part of the ACT NSP network is straight-forward and rewarding. We believe that more organisations should consider offering secondary NSP services.



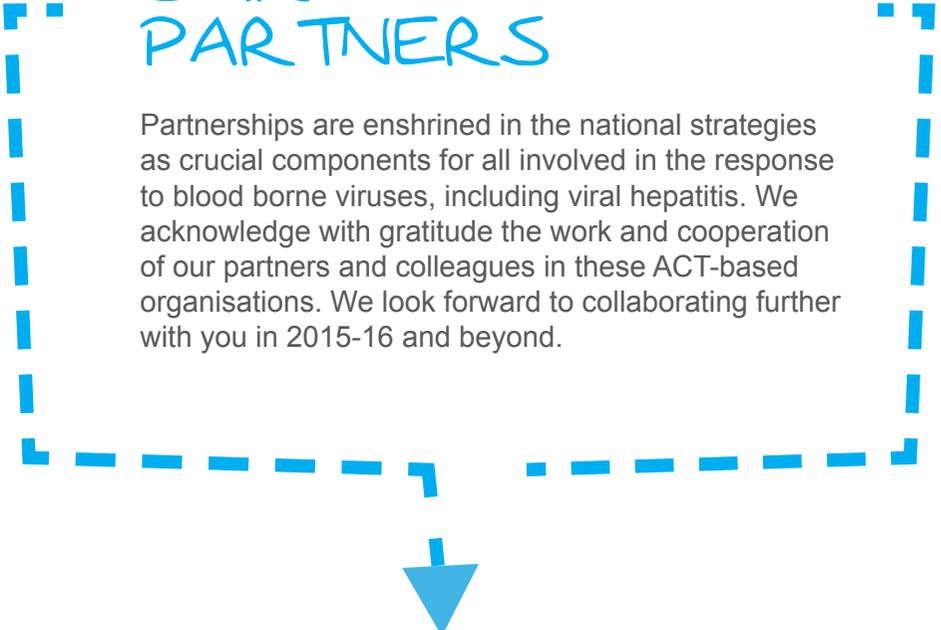
OUR PERFORMANCE

In 2014-15 Hepatitis ACT again exceeded its service delivery targets, including:

1. 225 community-based education, health promotion, workforce development and wellbeing sessions
 - with 2,587 individual participants
 - totalling 394.25 hours
 - with 11,905 written resources distributed
2. 85 hepatitis information, awareness and prevention education sessions in custodial settings
 - with 408 individual participants
 - totalling 97.25 hours
 - with 1,835 written resources distributed
3. 10 hepatitis information and education sessions delivered specifically for groups from non-English speaking backgrounds
 - with 485 individual participants
 - totalling 25 hours
 - with 1,423 non-English language written resources distributed
4. The Hepatitis ACT website received 47,732 visits with 36,136 unique contacts. Peak activity coincided with the "Frozen Berries" hepatitis A fiasco which saw
 - 1,107 visitors on Wednesday February 18th alone
 - 5,569 visitors during the week of 14th-20th February (greater than last year's total visitors to the website)
 - visitors spend an average of 2.5 minutes on the site and most did not return (suggesting that information needs were met)
5. 176 occasions of service totalling 108.50 hours were delivered to people who were referred, self-referred, 'walk-in' and phone line callers.

OUR PARTNERS

Partnerships are enshrined in the national strategies as crucial components for all involved in the response to blood borne viruses, including viral hepatitis. We acknowledge with gratitude the work and cooperation of our partners and colleagues in these ACT-based organisations. We look forward to collaborating further with you in 2015-16 and beyond.



ACT Corrective Services
ACT Council of Social Services
ACT Medicare Local
AIDS Action Council ACT
Alcohol & Drug Service (ACT Health)
Argyll Housing (Ainslie Village)
ATODA
CAHMA
Canberra Institute of Technology
Canberra Recovery Services
Canberra Sexual Health Centre (ACT Health)
Catholic Care ACT
Companion House
Directions ACT
Forensic Medicine (ACT Health)
Health Care Consumers Association ACT

Hepatitis Australia
Human Rights Commission ACT
Health Services Commission ACT
Justice Health (ACT Health)
Karralika Programs
NAVITAS
Policy & Government Relations (ACT Health)
Public Health Association of Australia
Quest Training Solutions
Sexual Health & Family Planning ACT
Southside Community Services
St Vincent de Paul
Ted Noffs Foundation
Toora Women
Winnunga Nimmityjah Aboriginal Health Service
Woden Community Services

OUR FINANCIAL PERFORMANCE

Income		2014-15
Funding		410,369
		529
		410,898
Expenditure		
Wages		320,469
Rent		28,395
Administration		34,018
Program Expenses		38,655
Total Expenditure		421,537
Deficit		10,639

Contact us to request a copy of the 2014-15 Audited Financial Report

THERE IS NO VACCINE FOR HEP C

AVOID BACKYARD TATTOOING & PIERCING, UNSAFE INJECTING, SHARING RAZORS & TOOTHBRUSHES

For information and support about hepatitis and prevention

 **hepatitis ACT**

(02) 6230 6344
www.hepatitisACT.com.au



National Hepatitis Infoline
1300 437 222



www.loveyourliver.com.au

