



Hepatitis SA  
Annual Report  
2014-2015



*The Hepatitis SA Board*

The first task of the Board this year was to approve Hepatitis SA's Strategic Plan 2014–2019 at our meeting in July 14.

There followed a year which presented many opportunities for advocacy. In August 2014 Hepatitis SA EO Kerry Paterson, Board member Jeff Stewart and Helpline Coordinator Deborah Warneke-Arnold presented the *Australian Hepatitis Report Card* to SA politicians and their advisors at a breakfast co-hosted by Tammy Franks (Greens), Gerry Kandelaars (ALP) and Stephen Wade (Libs); and in June 2015 Kerry Paterson together with one of our positive speakers Hannah, travelled to Canberra to visit federal politicians for the Launch of the *Yes We Can See our Future* book, in which Hannah's story was featured, along with others with hepatitis C from all around Australia.

Also during the year, a Spitting and Viral Hepatitis Transmission Fact Check was emailed to all

SA Politicians to inform them of the correct information as they debated the Criminal Law (Forensic Procedures) (Blood Testing for Diseases) Amendment Bill 2014—often referred to as the 'Spitters Bill'.

Hepatitis SA made submissions to the Pharmaceutical Benefits Advisory Committee (PBAC) in support of the listing of new direct-acting antiviral treatments on the Pharmaceutical Benefits Scheme. Hepatitis SA also made a submission to the Australian Government Inquiry into Hepatitis C. Thank you to our members who responded to our survey during the year, which informed two of these submissions, and thank you to those who answered our call to make their own submissions directly to PBAC and the Inquiry.

Hepatitis SA also prepared a submission to support an application made to the Therapeutic Goods Administration for the rescheduling of Naloxone

from a Schedule 4 (prescription only) to a Schedule 3 (chemist only, over the counter) to the Advisory Committee on Medicines Scheduling; as well as providing feedback and a letter of support to the Hepatitis Australia submission for a Medical Benefits Scheme item number for the use of Fibroscan (Transient Elastography).

Hepatitis SA had mixed news in relation to hepatitis B early in this year. On the positive side, Hepatitis SA welcomed the release of the first *South Australian Hepatitis B Action Plan* and from 1 July 2014 Hepatitis SA was for the first time funded for both hepatitis B and hepatitis C in our main state grant.

However there was only a minimal increase in this funding to take on the additional work involved in responding to hepatitis B and we also lost funding for the Statewide Hepatitis B Coordination position

# Chairperson's Report

at this time, which was indeed disappointing. We remain hopeful that monies committed to hepatitis B by the Australian government will flow soon to boost the community response to hepatitis B across Australia.

SA Health re-structuring continued to impact on the implementation of our relatively new Clean Needle Program (CNP) Peer Education services this year, with the closure of *Shopfront* in Salisbury as well as the Parks, as both these sites hosted CNP peer educators. Anglicare Salisbury replaced *Shopfront* in the northern suburbs and Community Access Services South Australia is now providing services to most of the Parks clients.

By the end of the year though, the newer model of regular sessional CNP peers was well established at seven CNP sites, adding to the already established full-time CNP peer services operating out of three sites at Noarlunga, in the northern suburbs and Port Adelaide.

In mid June 2015, Hepatitis SA successfully undertook the 2 day assessment for re-accreditation with the *Australian Service Excellence Standards*, and we are now accredited until July 2018. Leading up to the assessment, all organisational policies and procedures were reviewed, and where needed, new policies and procedures were developed and others were updated.

Gillian Bridgen left the Board after two years and I would like to thank her for her contribution during that time. I would also like to welcome Kirsten Hicks and Ratan Gazmere who joined the Board this year and thank them and the other members of the Board for their support during the year.

Thankyou to all staff and volunteers for your hard work and I congratulate you all on your many achievements during the year.

I would particularly like to commend Hepatitis SA staff members Jenny and Shannon for the excellent *Quiz Night* they organised, which raised \$3,476 for World Hepatitis Day 2015 awareness raising events.

Hepatitis SA would like to thank all the individuals and businesses who made donations to this fundraiser, all who helped out on the night and all who came along to show their support.

I would like to finish by thanking all our partner organisations who supported our work this year and our main funding administrators, the staff at the STI & BBV Section at SA Department of Health and Ageing, the SA Branch of the Australian Government Department of Health, and Drug and Alcohol Services South Australia.

**Arieta Papadelos**  
Chairperson



# Executive Officer's Report

2014–2015 was another busy year for Hepatitis SA with incremental gains in some areas and large gains in others. The Hepatitis SA Helpline established a third support group at Port Adelaide this year, resource distribution increased by 3% with 98,700 items distributed across the state, our education and peer education services in prisons increased considerably, and towards the end of the year a workforce development session was presented to 16 staff members at the Department for Correctional Services Corporate Office as a pilot, to assess the usefulness of the training and to determine the feasibility of implementing viral hepatitis training for officers across DCS sites, where viable. The pilot was well received and as a result, viral hepatitis workforce development training will be delivered by Hepatitis SA at a range of DCS sites in the 2015–16 financial year.

Hepatitis SA continued to consolidate gains in the provision of hepatitis B community education, workforce development, information and resource distribution, and helpline and support services across the year as we maintained partnerships with a range of community groups providing services to those most affected by hepatitis B.

Similarly the Clean Needle Program (CNP) Peer Projects are now well established at Hepatitis SA and the sessional model continued to have success in providing additional expertise as well as equipment at an increased range of secondary sites,

compared to the previous year.

Hepatitis SA contributed feedback to over 30 consultations for SA Health and local sector organisations as well as for national consultations. SA Health consultations included the HBV s100 Community Prescriber Program; a HBV promotional video for GPs; as well as the *Transforming Health* consultation. Sector organisation consultations included the SA Alcohol and Other Drugs Non-Government Organisation Sector Forum re SA priorities facilitated by the SA Network of Drug and Alcohol Services, and on numerous occasions Hepatitis SA staff provided feedback to Relationships Australia SA re their Online Blood-borne Virus Training Package. At the national level, Hepatitis SA staff participated in the AIVL Needle and Syringe Program National Consultation, the National Opioid Substitution Therapy Arrangements Consultation, and provided feedback to Hepatitis Australia re their National Advocacy Priorities, amongst others.

Hepatitis SA also supported 3 national research projects, two hepatitis B research projects from the Australian Research Centre in Sex Health and Society, and *Enhancing provision of hepatitis C treatment in Australian prisons* research project by Professor Andrew Lloyd, University of New South Wales.

Hepatitis SA's media work during the year centred firstly on World Hepatitis Day, with Channel 10 and various radio interviews with Dean Harris, one of our positive

speakers, about his experience of living with hepatitis C; and secondly on the so-called 'Spitters Bill', with letters to the Editor in the Advertiser and a radio interview with Board member Jeff Stewart on 'Mornings with Ian Henschke' (ABC Radio 891).

Like other hepatitis organisations around Australia, we also had increased calls to the Hepatitis SA Helpline in response to the hep A frozen berries media stories. Our social media presence continued to develop during the year, beginning with a range of postings around World Hepatitis Day, and continuing with support for Hepatitis NSW's 'equal treatMEnt access' campaign as well as other treatment information updates.

There were a number of staff movements during the year at Hepatitis SA as we welcomed Michelle Spudic back from overseas travel in July 14 just as Nicole Taylor was taking off for an extended period of overseas travel, returning in January 15. We also welcomed Tess Opie back from maternity leave in September. Damian Creaser resigned in September and we were fortunate to have Darrien Bromley with us for a short-term contract of four months, finishing in February to take up the CEO role at Moorundi Aboriginal Community Controlled Health service in Murray Bridge. I would like to thank Damian and Darrien for their contributions to Hepatitis SA, as well as thank all our staff and volunteers for their great work during the year.

**Kerry Paterson**

# Education Program Report

## WORKFORCE

This year the education team provided 108 education sessions (an increase of more than 50% percent from 2013–14) to 1,570 people working in a broad range of sectors across the state including health care, Aboriginal health, alcohol and other drug services, multicultural services, youth services, general practitioners, sexual health services, mental health services, correctional services, dental services, residential youth services, tertiary education institutions and social services.

Education sessions to South Australian Police continued this year, with the education team providing education sessions to 577 Officers within the Local Service Areas of Sturt, South Coast and Eastern Adelaide. The Team has now provided viral hepatitis workforce development to all metropolitan-based Local Services Areas. These sessions were facilitated to increase Officers' understanding of the transmission

risks for viral hepatitis and to challenge existing stigma affecting people living with viral hepatitis.

## COMMUNITY

In addition to workforce development sessions, the education team facilitated 103 community sessions to 1,250 community members. This reflects an increase of approximately 300% in the number of sessions provided, and an increase of more than 1,000 community participants compared to the previous year.

Participants of the community education sessions included people affected by alcohol and other drug issues, people who inject drugs, young people (including those in the juvenile justice system), people of Aboriginal origin, people from culturally and linguistically diverse backgrounds, people affected by mental illness, people in custodial settings, people experiencing homelessness, and people affected by viral

hepatitis, as well as people from the broader community who do not necessarily identify with any particular 'priority population'.

Community project highlights in the 2014 – 2015 financial year included:

### • ***The Amazing Race***

Hepatitis SA Educators worked with the Metropolitan Aboriginal Family and Youth Service to coordinate a two day program with 23 young Aboriginal people in the school holidays. The two day program involved the young people  *racing*  around Adelaide to visit youth services to collect a prize and information, followed by a round of go-karts. The second day included an education session, complete with a quiz and prizes. The program ended with an excursion to the Adelaide Aquatic Centre.

### • ***Towards Independence Viral Hepatitis and Healthy Living***

Hepatitis SA facilitated three education sessions with participants from Towards



*Amazing Race participants*



*At the Love Your Liver Marketplace*

Independence, each including a cooking component. The aim of the project was to increase participants' knowledge of viral hepatitis while understanding the importance of healthy eating for good liver health.

**• Love Your Liver Marketplace**

For World Hepatitis Day 2014, PEACE Multicultural Services and Hepatitis SA worked collaboratively to deliver a community Hepatitis B Marketplace Event. Over 140 people from many different cultural backgrounds attended Relationships Australia SA (RASA) Hindmarsh to learn about hepatitis B, including testing, transmission, treatment, and living with the virus.

**• Keeping Safe Inside and Out**

Hepatitis SA organised a collaborative 5-week pilot program 'Keeping Safe Inside and Out', which was implemented for interested participants from the Living Skills Unit at the Adelaide Women's Prison. Organisations recruited to provide education as part of the program included SHineSA – Karparrinithi, Northern Domestic Violence Service, and Legal Services Commission. Hepatitis SA presented two of the five

sessions, on Viral Hepatitis and Drug Use & Harm Reduction. The success of the pilot has been proven by the overwhelmingly positive feedback from the prisoners, and the Manager of Offender Development at the

prison requesting the program be implemented three times per year (once per unit) with the inclusion of a sixth component from Housing SA.

**Jenny Grant & Tessa Opie**  
**Coordinators**

**HepatitisSA**

- **Hepatitis B and hepatitis C workforce and community education**
- **Flexible and interactive sessions tailored to your organisational need**
- **Educational resources provided**
- **Ebox self-directed learning package for those unable to attend training sessions**
- **Certificates provided**
- **All free of charge!**

**Contact the Education Team on 8362 8443**

# Outreach Hepatitis C Peer Education & Support Report

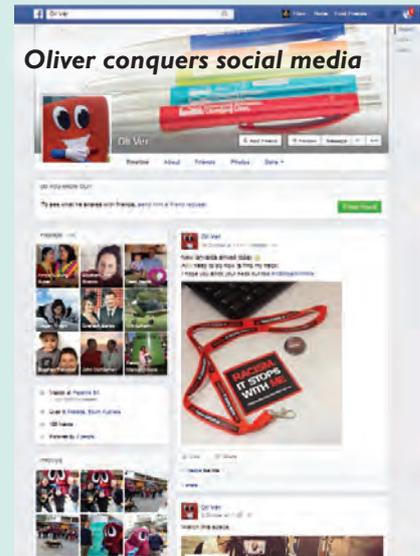
Our team of hepatitis C peer educators Dean, Karan, Fred, Mark, Penni and Will provided hepatitis C peer education and support for 1,451 people, either in individual sessions or in one of 99 group sessions facilitated by the peer educators. The 25 host sites regularly attended by the peer educators this year, included a range of non-government agencies, as well as government agencies such as in-patient alcohol and other drug rehabilitation settings and prisons.

There was a lot of work in prisons this year by the team. There were 55 sessions with individual prisoners and 26 group sessions provided for 358 prisoners, within 8 of the 9 adult custodial settings across South Australia. In addition to those prisoners engaged in individual and group sessions, the peer educators also engaged briefly, using a hepatitis C quiz, with a further 420 male prisoners at 2 prison health expos (120 at Pt Lincoln and 300 at Mobilong).

During the year, the team also attended a number of community events to raise awareness of hepatitis C amongst the various

priority population groups, and for World Hepatitis Day (WHD) 2014 the peer educators joined with other Hepatitis SA staff to raise awareness with members of the general community, with an event in Rundle Mall. This event was promoted through social media and was attended by the Lord Mayor of Adelaide who posted photos of himself and Oliver, along with information about WHD and the event on his own social media page. Our activities on the day were covered by a national commercial news network and our YouTube video of footage taken on the day was viewed over 400 times and shared via Twitter, receiving positive attention from other hepatitis organisations in the UK, US, Canada and Germany, as well as locally. We also celebrated World Hepatitis Day with 'Love Your Liver' lunches held at The Hutt Street Day Centre and the Vincentian Centre, and with other awareness raising activities at our host agencies.

During the year, the team took advantage of an exciting opportunity where production assistance and airtime for a television advertisement, at a



heavily reduced rate for not-for-profit organisations, was offered by a major TV Channel. In consultation with staff from other Hepatitis SA programs, it was agreed that a commercial addressing a common 'myth' would be the most effective. This was developed during the latter part of the year and is scheduled for screening around World Hepatitis Day 2015.

I would like to take this opportunity to thank all on the team for their dedication, and all at Hepatitis SA and our host agency partners for their successful collaborations with us during the year. All our team would particularly like to express our appreciation of all the viral hepatitis nurses who attended the same host agencies as us during the year, to assist our clients to access hepatitis C treatment options. I would also like to acknowledge two of our own team who commenced treatment during the year and demonstrated to the rest of us how to stand triumphant in beating hepatitis C, congratulations!

**Lisa Carter**  
Coordinator



# Information & Resources Program Report

## NO REST FOR THE WICKED...

Our Information and Resources program operates in all aspects of information management and resource development in Hepatitis SA. Our responsibilities include producing print resources, electronic publications, resource distribution, e-alerts, maintenance of a physical and online library, website development and maintenance, online services, database development and maintenance, as well as media and promotions. A decision was taken this year to embark on a trial to focus on our social media presence in a coordinated and concerted way. This will be reviewed to assess its results and impact on other services.

## GOOD OLD-FASHIONED WAYS...

Despite the buzz around SMP, development and distribution of print resources still account for a large chunk of our work. In 2014–15, we distributed over 98,700 resource items a three per cent increase over the previous year's distribution.

Resources going to services working with prisoners and people who inject drugs have increased with over 26,000 items going to drug and alcohol services – a phenomenal 170 per

cent jump. More than 8,800 went to correctional services, compared to 5,140 in 2013–14. The table below shows the top five ranking organisation types receiving resources from us in the last four years.

volunteer during the end of year holiday.

We would like to acknowledge our volunteers Abeera, Michelle, Sandy, Ram, Jo, Anju, Anjana, Krishna, Thali and Januka, for their great work and great company.



Ram and Sandy celebrate World Hepatitis Day in Rundle Mall

## VOLUNTEERS

Our distribution work would not be possible without the contribution of our enthusiastic volunteers. In 2013–14, our Resource Room was staffed by volunteers from the Migrant Resource Centre SA on a six month program, as well as other on-going volunteers. We also had extra help from four students who did a week's work experience with us earlier in the year and decided to return and

## WEBSITE

Our main website, [hepsa.asn.au](http://hepsa.asn.au), was re-developed to become fully responsive and accessible on all devices, including smart phones and tablets. The site now has a fresh new look and we will continue to look for ways to improve it.

## WORLD HEPATITIS DAY CAMPAIGN

Two major World Hepatitis Day 2014 events in South Australia were *Love Your Liver Day* on Rundle Mall and the *Love Your Liver Marketplace*, which was organised in partnership with Relationships Australia's PEACE multicultural services.

At Rundle Mall, we made hundreds of contacts with shoppers and had lots of conversations about viral hepatitis, and at the Marketplace

2014–15 Top 5	2013–14 Top 5	2012–13 Top 5	2011–12 Top 5
Drug and Alcohol Service	Drug and Alcohol Service	Hospitals & other general govt health services	Academic & Educational
Corrections & Justice System	Library	Drug and Alcohol Service	Community Health Service
Library	Community Service	Corrections & Justice System	Hospitals & other general govt health services
Liver Clinic	Community Health Service	Community Health Service	Liver Clinic
Community Service	Hospitals & other general govt health services	Academic & Educational	Drug and Alcohol Service

there was more in-depth engagement with participants through quizzes and other activities. The first South Australian Hepatitis B Action Plan was launched at the Love Your Liver Marketplace event.

### **Briefing for Parliamentarians:**

As part of the campaign, Hepatitis SA organised a forum for Parliamentarians co-hosted by Greens MLC Tammy Franks, ALP MLC Gerry Kanderlaars and Liberal MLC Stephen Wade. The forum included a briefing on the Australian Hepatitis Report commissioned by Hepatitis Australia, discussions around treatment and a speaker who shared her personal story of living with hepatitis C.

**Small grants:** Hepatitis SA offered small grants to community organisations which would otherwise not have budgets for hepatitis awareness activities. We were able to engage with communities including the homeless, sex workers, community workers and volunteers, as well as many recent arrivals groups including Afghanis, Bhutanese, Burmese, Chinese, Sudanese, Ugandan, Lebanese, Sudanese, Filipinos and Liberians. A total of **315** people participated in the 13 small grant activities.

**Down Your Street:** The 2014 Down Your Street campaign recruited 82 individual

participants who distributed over 24,000 bookmarks. Libraries also supported the campaign by distributing the “What About Me?” bookmarks to library users. This campaign offers Hepatitis SA supporters and members a simple, direct action through which they can help raise awareness about viral hepatitis.

### **MEDIA**

There was good media coverage in South Australia during the WHD2014 campaign including two radio interviews, one prime time news segment, five online items and two print stories. Outside of that, we organised an interview on ABC local radio to refute misleading information

from the Law Society around spitting and the proposed SA mandatory BBV disclosure legislation for offenders.

### **eBOX**

Our eBox was used as a platform for developing a viral hepatitis training package for nurses in regional hospitals. It was also deployed as an hepatitis information kiosk at LTW Frahn’s Farm where it was well received by staff, residents and visitors. Residents at the rehabilitation centre decorated the housing of the unit before it was assembled.

### **CONCLUSION**

The Information and Resources team would like to thank our community members, our colleagues at Hepatitis SA and our partner organisations for their support and co-operation throughout 2014–15.

**Cecilia Lim  
Coordinator**



*The newly decorated eBox at Frahn’s Farm, with Dwaine, one of the artists*

## **INFORMATION AND RESOURCES TEAM OCTOBER 2015**

**Cecilia Lim, Coordinator**  
**James Morrison, Publications Officer**  
**Joy Sims, Librarian**  
**Bryan Soh-Lim, IT Officer**  
**Rose Magdalene, Information and Resources Officer**

# Hepatitis SA Helpline & Support Services Report

In 2014–2015, the Hepatitis SA Helpline and Support Services Program operated Monday to Friday 9 am – 5pm. Services included the Helpline, a free call Prisonline and in-person information and support. Appropriate referrals and written information were provided to callers as required. Three support groups were also facilitated through the program.

Volunteers staffed the Helpline each afternoon and provided the opportunity for callers to speak to someone with a lived experience of viral hepatitis. The Helpline

Coordinator took calls in the morning and Helpline overflow calls with the assistance of other Hepatitis SA staff. Volunteers have built extensive knowledge over their time with us and we sincerely thank Will (10 years service), Debra (9 years service), Karan (5 years service) and Louise (5 years service) for their dedicated hard work and ongoing support.

## HEPATITIS SA HELPLINE

There were 505 contacts to the Hepatitis SA Helpline, including 40 emails (7% increase on last year and included 15 calls

regarding exposure to hepatitis A though frozen berries). Nearly half (49%) were new clients to the service. 80% resided in the metropolitan area, 16% were from rural South Australia, 2% were from interstate and four contacts resided overseas. Eight people (2%) identified as Aboriginal or Torres Strait Islander, and 33 (7%) identified as coming from a culturally and linguistically diverse background.

The increasing burden of advancing liver disease was also evident over the year with 16% of clients living with cirrhosis. Nine clients had a diagnosis of liver cancer, five had had a liver transplant, two were waiting to be assessed for transplant and one was already on the waiting list.

The majority of callers were satisfied or extremely satisfied with the information and support they received:

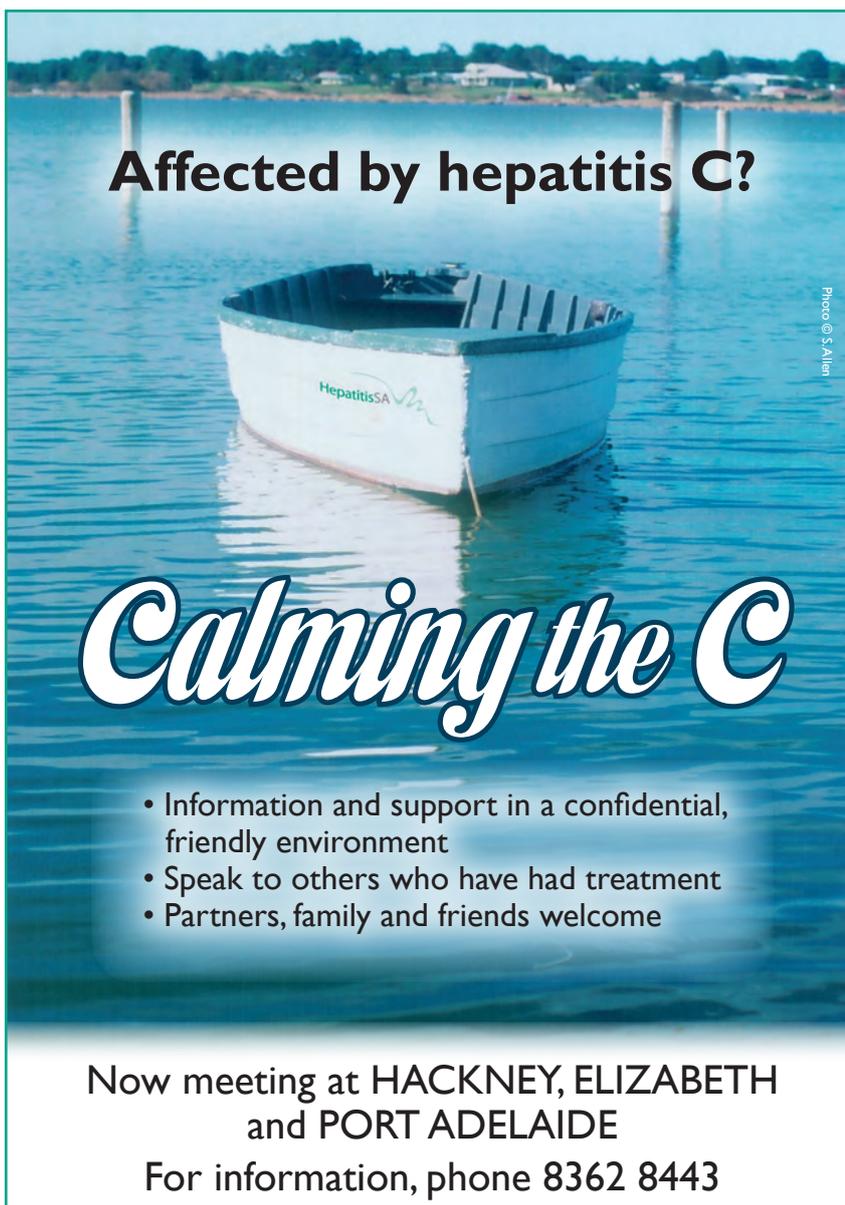
“I was very lucky you helped me as I was scared and confused. Thank you very much. I’m getting virus treatment at the start of this month”

“Very, very informative – knowledgeable – Every question answered”

“All information was useful and helpful and given in an understanding and easily understood way”

## PRISONLINE

There were 51 calls to the Prison Helpline from South Australian prisoners (45% increase on last year) with 16 people calling for the first time. All callers were males. Again this year, the



**Affected by hepatitis C?**

*Calming the C*

- Information and support in a confidential, friendly environment
- Speak to others who have had treatment
- Partners, family and friends welcome

Now meeting at HACKNEY, ELIZABETH and PORT ADELAIDE  
For information, phone 8362 8443

Photo © S. Allen

majority of calls (34) came from rural prisons (Port Augusta 25 and Mount Gambier 9). Thirteen were from Yatala and 4 from the Adelaide Remand Centre. There were 12 people, (24%) who identified as Aboriginal or Torres Strait Islanders. Cirrhosis had been diagnosed in four of the callers and one was currently on treatment for hepatitis C. Seven people were considering treatment and were referred to prison nurses for work up.

### IN-PERSON INFORMATION & SUPPORT

There were 51 people who preferred to come in to our offices to speak in-person about hepatitis. For 17 people, this was the first time they made contact with Hepatitis SA. The great majority lived in the metropolitan area and two came from country South Australia. Fifteen of the clients were living with cirrhosis and one had liver cancer. Although none of the clients identified as Aboriginal or Torres Strait Islanders, nine (18%) were from a culturally and linguistically diverse background, reflecting our increasing work in hepatitis B.

### SUPPORT GROUPS

Hepatitis SA continued to facilitate *Calming the C* support groups at our offices in Hackney and at the GP Plus clinic in Elizabeth, as well as starting a new group this financial year at Wonggangga Turtpandi Aboriginal Primary Health Care Service in Port Adelaide.

*Calming the C* provides a safe, supportive environment for people living with hepatitis and/or their

People from all walks of life  
have hepatitis.  
**You are not alone!**

# Hepatitis SA Helpline

**1800 HEP ABC**  
**or 1800 437 222**  
9AM-5PM, Mon-Fri

A service for people living with hepatitis,  
family and friends, and for doctors,  
health and community workers

HepatitisSA  [www.hepatitissa.asn.au](http://www.hepatitissa.asn.au)

Cartoons CC (R): www.flickr.com/photos/rtr

family and friends to share their experiences and increase their knowledge to better manage health and make informed health choices. The groups discuss issues arising out of diagnosis, disclosure, treatment and anything else that participants may confront. A healthy light lunch is provided. Confidentiality and respect for others is actively practised in the group and new participants are always welcome.

*Calming the C* in Hackney occurs fortnightly on Tuesdays from 12:30pm to 2:30pm, in Elizabeth every four weeks on Thursdays from 1pm to 3pm and in Port Adelaide every four weeks on Tuesdays from 12pm to 2pm.

Over the year there were 225 attendances at these three support groups. Nearly half were living with cirrhosis and a third were on treatment or in the follow up period.

Client comments about their experience of *Calming the C* included:

“It was wonderful to talk to other people about the treatment. It helped us so much, especially at the beginning”

“I’ve got support now from the group. Best thing I’ve been too. Run by proper people”

**Deborah Warneke-Arnold**  
Coordinator

# CNP Peer Projects Report

## NEW BEGINNINGS

After a temporary period of hosting the program in the previous financial year, Hepatitis SA was successful in the tender process through Drug and Alcohol Services SA (DASSA) and therefore the Clean Needle Program (CNP) Peer Projects team began on a formalised term from 1 July 2014. Therefore this year was dedicated to firmly establishing the program.

The project follows harm reduction principles as per the harm minimisation framework contained in Australia's National Drug Strategies. Peer educators provide an extended range of sterile injecting equipment, including items on a cost recovery basis, such as tourniquets, sterile water, specialised filters and other services to people who inject drugs. They deliver information and education on any issues relating to injecting drug use and health, making referrals to a range of health and social services.

Peers provide these services through CNP sites at agencies which provide general health services to priority population groups such as young people, people from culturally and linguistically diverse backgrounds, homeless, Aboriginal and Torres Strait Islanders. There are three fixed CNP sites which are staffed full time by peer educators at Port Adelaide (Watto Purrinna), Noarlunga (GP Plus) and Salisbury (Anglicare).

In addition peer educators also provide services at other high volume CNP sites in order to reach a broader cross section of

the community, working on a sessional basis, generally one full day per week. By the end of the year, the sites with sessional peer educators were Community Access and Services (CASSA), Streetlink Youth Services, Mission Australia Hindmarsh, Nunkuwarrin Yunti, Northern DASSA, and Drug ArmWarradale. During the reporting period client contacts were 11,512 at fixed sites and 3,026 at sessional sites, with referrals of 857 at fixed sites and 684 at sessional sites being made to services such as other CNP outlets, medical practitioners, mental health, legal, hepatitis, accommodation, HIV and alcohol and other drug services. The team also peer education in relation to harm reduction and more intensive support for individuals, than is generally available at CNP sites. In this reporting period occasions of peer education/information provided were 2,353 at fixed sites and 1,071 at sessional sites. Occasions of intensive support provided to clients were 315 at fixed sites and 58 at sessional sites. Intensive support mostly related to safer injecting, vein care, steroid use, mental health, domestic violence, BBV testing/transmission, withdrawal/dependence and drug treatment.

## THE TEAM

CNP Peer Projects is staffed completely by peers, the team consisting of a Coordinator, Project Officer and eleven Peer Educators, of whom four are casual. Also one volunteer placed at Noarlunga.

We commenced a formal volunteer recruitment process and will be engaging four new

volunteers in the coming year to work at fixed sites alongside a peer educator.

## EDUCATION

The CNP Peer Projects team provided over 46 formal harm reduction workforce development sessions to a broad range of groups. Sessions covered a wide range of topics including equipment use, specialised equipment/cost recovery, prevention of blood-borne viruses, stigma/discrimination, performance and image enhancing drugs, methamphetamines, overdose awareness and response, how to engage with people who inject drugs, common health issues experienced by people who inject drugs and ways to help reduce potential harms associated with injecting drug use.

Community engagement activities were also provided with five formal education sessions, participation at five community events, facilitation of the SA Lived Experience Network (SALEN) Peer Network, client satisfaction survey and focus groups.

## RESOURCES

In the past year the team have produced an *Overdose Awareness* response postcard to initially distribute during Overdose Awareness Day on 14 August, but is now also being distributed throughout the year to raise awareness of overdose risk. Show bags containing the Hepatitis SA Safer Injecting resource and some specialised stock including tourniquets, sterile water, sterifilt, spoon, wheel filters and 10 packs were distributed from the CNPs

throughout the months of July and August. This was to raise awareness of best practice/safer injecting technique.

### RURAL DISTRIBUTION

The team also provided a rural distribution service for people living in country areas to access CNP services by phone. Equipment is delivered by coach freight or Australia Post. There were 249 client contacts for this service in the past year. Based on anecdotal information from clients, they are mostly accessing equipment that is difficult to obtain in the areas where they reside e.g. barrels, needle tips, winged infusion kits, wheel filters and tourniquets.

This service helps increase the reach of CNP services not only due to lack of the variety of equipment needed, but also in relation to stigma/discrimination and perceived confidentiality issues they may experience accessing their local CNP services.

### CONCLUSION

CNP Peer Projects has become an established program of Hepatitis SA and has had a successful beginning. The peer educators are able to provide high quality unique services to clients. Awareness of this Project has grown over the year and we have been approached to provide information, feedback and consultation on a number of projects and committees.

#### CNP PEER PROJECTS TEAM 2015

Project Officer: Carol Holly

Peer Educators: Sue Brownbill, Kylie Hull, Margaret Randle, Mark Tiller, Penni Moore, Patrick Kavanagh, Justin France, Andrea Peterson, Bernadette Pope, Nicole Skelley, Mark Barbulovic

Volunteer: Mick

## Be Overdose Aware

Anyone who uses opiates such as heroin, methadone or morphine is at risk of overdose. There is an increased overdose risk when opiates are combined with other depressants such as alcohol or benzos; when using alone; and when tolerance is low (ie after a break from using).

Knowing how to respond to overdose may help save a life.

### What to do if someone overdoses:

- Check for breathing: look, listen and feel for chest movements.
- If breathing, put in recovery position.
- If NOT breathing, commence rescue breathing (PTO).

### Call an ambulance on 000:

- You don't need to say it is an overdose—just say it is an emergency and the person is not breathing.
- Police will not attend an overdose unless the ambos fear violence, call for help, or a death occurs.



# 31 August

# International Overdose Awareness Day

prevention and remembrance

In particular, the sessional program has been extremely successful in not only reaching a broader cross section of the community of people who are injecting, but to also in establishing and strengthening partnerships with the host agencies. Whilst engaging in this project, respect for peer educators in the CNP has grown and they

are seen as experts in the field to consult about best practice harm reduction practices.

The CNP Peer Projects team would like to acknowledge and thank the community accessing our services, our partner organisations that we have worked collaboratively with and the broader team at Hepatitis SA for your support and dedication over an eventful year. We look forward to a future of improved access and quality of service delivery for people who inject drugs in South Australia.

**Michelle Spudic**  
Coordinator

# Treasurer's Report

Total revenue for 2014–2015 was \$1,815,894 which was \$197,213 greater than the previous year. Revenue was largely made up from grant income, which was the net result of 12 months recurrent funding for the financial year for Hepatitis SA's 4 main grants consisting of \$801,259 for the *SA Viral Hepatitis Prevention and Health Promotion Program*; \$105,773 for the *Viral Hepatitis Workforce Development Project*; \$522,081 for the *Clean Needle Program Peer Education Projects* from SA Health; and \$261,811 for the *Outreach Hepatitis C Peer Education and Support Project* from the Non-Government Organisation Treatment Grants Program funded by the Australian Government Department of Health.

As well as the main grant income, other sources of revenue included \$11,287 Social and Community Services supplementation from the Australian Government

Department of Health and \$46,302 from SA Health as their contribution to costs for the Equal Remuneration Order; \$16,530 interest; \$11,045 in recoupments, being mainly cost recovery of information resources produced and cost recovery for Clean Needle program equipment distributed, \$8,857 in sundry income, which includes \$4,972 in donations and \$3,851 in fund raising distribution.

Total expenditure for the year was \$1,797,512 which was \$222,976 greater than the previous year. The major expense was the Employee Benefits expense of \$1,490,436 comprised of *Salaries and wages* of \$1,287,447 and *On-costs* of \$202,989.

Other large expenses were *Premises Rent and On-costs* of \$97,293; *Office expenses* of \$59,894, which included *Postage/freight/courier* of \$11,451, *Telephone/internet* of \$7,953,



*Printing and stationery* of \$6,306 as well as *Other expenses* of \$90,221, which were comprised of *Program costs* of \$81,821, and *Other staff costs* of \$8,400.

*Motor vehicle expenses* were \$16,498, *Travel and accommodation* \$29,711, and the *Depreciation and amortisation expense* was \$13,459.

For the 2014–2015 financial year, Hepatitis SA had a surplus of \$18,382 resulting in total equity of \$191,782 as at 30 June 2015.

Hepatitis SA would like to thank the STI and BBV Section at the SA Department of Health and Ageing, Drug and Alcohol Services South Australia and the SA State Office of the Australian Government Department of Health, for administering Hepatitis SA's major recurrent funding during the 2014–2015 financial year.



Howard Jillings

*Auditor's Opinion*

In our opinion, the financial report presents fairly, in all material respects, the financial position of the **Hepatitis SA Incorporated** as of 30 June 2015, and of its financial performance for the year then ended in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations).



**Peter Hall Chartered Accountant**

Dated 28<sup>th</sup> October 2015

## INDEPENDENT AUDITOR'S REPORT

### Hepatitis SA Incorporated

We have audited the accompanying financial report of the **Hepatitis SA Incorporated**, which comprises the Statement of Financial Position as at 30 June 2015, and the Statement of Income and Expenditure for the year then ended, a summary of significant accounting policies and other explanatory notes.

The **Hepatitis SA Incorporated** are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations). This responsibility includes designing, implementing and maintaining internal control relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

#### *Auditor's responsibility*

Our responsibility is to express an opinion on the financial report based on my audit. We conducted my audit in accordance with Australian Auditing Standards. These Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion of the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the **Hepatitis SA Incorporated**, as well as evaluating the overall presentation of the financial report.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for my audit opinion.

**Hepatitis SA Incorporated**  
**STATEMENT OF INCOME AND EXPENDITURE**  
**FOR THE YEAR ENDED 30 JUNE 2015**

	NOTE	2015 \$	2014 \$
<b>REVENUE</b>	2	1,815,894	1,618,681
<b>EXPENSES</b>			
Employee benefits expense		(1,490,436)	(1,291,388)
Depreciation and amortisation expense		(13,459)	(14,328)
Motor Vehicle Expenses		(16,498)	(17,566)
Office expenses		(59,894)	(77,812)
Premises Rent and On Costs		(97,293)	(84,781)
Travel and Accommodation		(29,711)	(24,421)
Other expenses		<u>(90,221)</u>	<u>(64,240)</u>
<b>TOTAL EXPENSES</b>		<u>(1,797,512)</u>	<u>(1,574,536)</u>
<b>SURPLUS FOR THE YEAR</b>	13	<u><u>18,382</u></u>	<u><u>44,145</u></u>

The above statement of Income and Expenditure should be read in conjunction with accompanying notes

**Hepatitis SA Incorporated**  
**STATEMENT OF FINANCIAL POSITION**  
AS AT 30 JUNE 2015

	NOTE	2015 \$	2014 \$
<b>ASSETS</b>			
<b>CURRENT ASSETS</b>			
Cash and cash equivalents	3	559,214	595,619
Trade and other receivables	4	8,994	6,073
Other	5	5,989	1,017
Total current assets		<u>574,197</u>	<u>602,709</u>
<b>NON-CURRENT ASSETS</b>			
Plant, Equipment and Motor Vehicles	6	52,180	58,118
Total non-current assets		<u>52,180</u>	<u>58,118</u>
<b>TOTAL ASSETS</b>		<u>626,377</u>	<u>660,827</u>
<b>LIABILITIES</b>			
<b>CURRENT LIABILITIES</b>			
Trade and other payables	7	10,797	17,255
Employee benefits	8	96,522	91,616
Grants in Advance		21,235	150,689
Other	9	36,003	11,338
Total current liabilities		<u>164,557</u>	<u>270,898</u>
<b>NON CURRENT LIABILITIES</b>			
Provision for Asset Replacement		10,000	10,000
Employee Benefits	10	260,038	206,529
Total non-current liabilities		<u>270,038</u>	<u>216,529</u>
<b>TOTAL LIABILITIES</b>		<u>434,595</u>	<u>487,427</u>
<b>NET ASSETS</b>		<u>191,782</u>	<u>173,400</u>
<b>EQUITY</b>			
Retained surpluses	11	191,782	173,400
<b>TOTAL MEMBERS EQUITY</b>		<u>191,782</u>	<u>173,400</u>

The above statement of financial position should be read in conjunction with the accompanying notes.

**Hepatitis SA Incorporated**  
**STATEMENT OF CHANGES IN EQUITY**  
**FOR THE YEAR ENDED 30 JUNE 2015**

	NOTE	Retained Surplus \$	Total Equity \$
BALANCE AT 1 JULY 2013		129,255	129,255
Surplus for the year		44,145	44,145
		<hr/>	<hr/>
BALANCE AT 30 JUNE 2014		<u>173,400</u>	<u>173,400</u>
		<hr/>	<hr/>
BALANCE AT 1 JULY 2014		173,400	173,400
Surplus for the year		18,382	18,382
		<hr/>	<hr/>
BALANCE AT 30 JUNE 2015		<u>191,782</u>	<u>191,782</u>

The above statement of changes should be read in conjunction with the accompanying notes.

## Hepatitis SA Incorporated

### Notes to the financial statements For the Year Ended 30 June 2015

#### Note 1. Significant accounting policies

The principal accounting policies adopted in the preparation of the financial statements are set out below. These policies have been consistently applied to all the years presented, unless otherwise stated.

#### New, revised or amending Accounting Standards and Interpretations adopted

The incorporated association has adopted all of the new, revised or amending Accounting Standards and Interpretations issued by the Australian Accounting Standards Board (AASB) that are mandatory for the current reporting period.

The incorporated association has early adopted AASB 1053 'Application of Tiers of Australian Accounting Standards', AASB 2010-2 'Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements and later amending Standards, as relevant. No other new, revised or amending Accounting Standards or Interpretations that are not yet mandatory have been early adopted.

Any significant impact on the accounting policies of the incorporated association from the adoption of these Accounting Standards and Interpretations are disclosed below. The adoption of these Accounting Standards and Interpretations did not have any significant impact on the financial performance or position of the incorporated association.

The following Accounting Standards and Interpretations are most relevant to the incorporated association:

##### *AASB 1053 Application of Tiers of Australian Accounting Standards*

The incorporated association has early adopted AASB 1053 from 1 July 2012. This standard establishes a differential financial reporting framework consisting of two Tiers of reporting requirements for preparing general purpose financial statements, being Tier 1 Australian Accounting Standards and Tier 2 Australian Accounting Standards- Reduction Disclosure Requirements. The incorporated association being classed as Tier 2 continues to apply the full recognition and measurements requirements of Australian Accounting Standards with substantially reduced disclosure in accordance with AASB 2010-2 and later amending Standards, as relevant.

##### *AASB 2010-2 Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements*

The incorporated association has early adopted AASB 2010-2 from 1 July 2012. These amendments make numerous modifications to a range of Australian Accounting Standards and Interpretations, to introduce reduced disclosure requirements to the pronouncements for application by certain types of entities in preparing general purpose financial statements. The adoption of these amendments has significantly reduced the incorporated association's disclosure requirements.

##### *AASB 2011-2 Amendments to Australian Accounting Standards arising from the Trans-Tasman Convergence Project- Reduced Disclosure Requirements*

*AASB 2012-7 Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements and AASB 2012-11 Amendments to Australian Accounting Standards- Reduced Disclosure Requirements and Other Amendments*  
The incorporated association has early adopted AASB 2011-2, AASB 2012-7 and 2012-11 amendments from 1 July 2012, to the extent that they related to other standards already adopted by the incorporated association. These amendments make numerous modifications to a range of Australian Accounting Standards and Interpretations to significantly reduce the incorporated association's disclosure requirements.

##### *AASB 2011-9 Amendments to Australian Accounting Standards- Presentation of Items of Other Comprehensive Income*

The incorporated association has applied AASB 2011-9 amendments from 1 July 2012. The amendments requires grouping together of items within other comprehensive income on the basis of whether they will eventually be 'recycled' to the profit or loss (reclassification adjustments). The change provides clarity about the nature of items presented as other comprehensive income and the related tax presentation. The amendments also introduced the term 'Statement of profit or loss and other comprehensive income' clarifying that there are two discrete sections, the profit or loss section (or separate statement of profit or loss) and other comprehensive income section.

#### Basis of preparation

These general purpose financial statements have been prepared in accordance with Australian Accounting Standards- Reduced Disclosure Requirements and Interpretations issued by the Australian Accounting Standards Board (AASB), legislation the Associations Incorporation Act 2009, the Charitable Fundraising Act 1991 and associated regulations, as appropriate for not-for-profit oriented entities.

#### Historical cost convention

The financial statements have been prepared under the historical cost convention.

## Hepatitis SA Incorporated

### Notes to the financial statements For the Year Ended 30 June 2015

#### Note 1. Significant accounting policies (continued)

##### Revenue recognition

Revenue is recognised when it is probable that the economic benefit will flow to the incorporated association and the revenue can be reliably measured. Revenue is measured at the fair value of the consideration received or receivable.

##### *Sales revenue*

Events, fundraising and raffles are recognised when received or receivable.

##### *Donations*

Donations are recognised at the time the pledge is received by the organisation.

##### *Grants*

Grants are recognised at their fair value where there is a reasonable assurance that the grant will be received and all attached conditions will be complied with.

##### *Other revenue*

Other revenue is recognised when it is received or when the right to receive payment is established.

##### Income tax

As the incorporated association is a charitable institution in terms of subsection 50-5 of the Income Tax Assessment Act 1997, as amended, it is exempt from paying income tax.

##### Plant and Equipment

Plant and equipment is stated at historical cost less accumulated depreciation and impairment. Historical cost includes expenditure that is directly attributable to the acquisition of the items.

##### Cash and cash equivalents

Cash and cash equivalents includes cash on hand, deposits held at call with financial institutions, other short-term, highly liquid investments with original maturities of three months or less that are readily convertible to known amounts of cash and which are subject to an insignificant risk of changes in value.

Depreciation is calculated on a straight-line basis to write off the net cost of each item of property, plant and AASB1180 equipment (excluding land) over their expected useful lives as follows:

The residual values, useful lives and depreciation methods are reviewed, and adjusted if appropriate, at each reporting date.

An item of plant and equipment is written off upon disposal or when there is no future economic benefit to the incorporated association. Gains and losses between the carrying amount and the disposal proceeds are taken to profit or loss.

Hepatitis SA Incorporated

Notes to the financial statements  
For the Year Ended 30 June 2015

**Note 1. Significant accounting policies (continued)**

**Trade and other payables**

These amounts represent liabilities for goods and services provided to the incorporated association prior to the end of the financial year and which are unpaid. Due to their short-term nature they are measured at cost.

**Employee Benefits**

*Wages and salaries and annual leave*

Liabilities for wages and salaries, including non-monetary benefits, and annual leave expected to be settled within 12 months of the reporting date are recognised in current liabilities in respect of employees' services up to the reporting date and are measured at the amounts expected to be paid when the liabilities are settled.

*Long service leave*

The liability for long service leave is recognised in current and non-current liabilities, depending on the unconditional right to defer settlement of the liability for at least 12 months after the reporting date. The liability is measured as the present value of expected future payments to be made in respect of services provided by employees up to the reporting date.

**Goods and Services Tax (GST) and other similar taxes**

Revenues, expenses and assets are recognised net of the amount of associated GST, unless the GST incurred is not recoverable from the tax authority. In this case it is recognised as part of the cost of the acquisition of the asset or as part of the expense.

Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the tax authority is included in other receivables or other payables in the statement of financial position.

**Note 2. Revenue**

	2015	2014
<i>Revenue</i>	\$	\$
Grants Received	1,779,462	1,579,294
Interest Income	16,530	19,351
Other Income	19,902	20,036
	<u>1,815,894</u>	<u>1,618,681</u>

**Note 3. Current assets - cash and cash equivalents**

	2015	2014
	\$	\$
Cash at Bank - Current Account	22,647	18,971
Online Saver	536,317	576,398
Petty Cash	250	250
	<u>559,214</u>	<u>595,619</u>

**Note 4. Current assets – trade and other receivables**

	2015	2014
	\$	\$
Deposits	120	-
Receivables	801	445
Prepayments	8,073	5,628
	<u>8,994</u>	<u>6,073</u>

**Hepatitis SA Incorporated**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2015**

**Note 5. Current assets- other**

	2015	2014
	\$	\$
Gift Fund Account	5,989	1,017
	<u>5,989</u>	<u>1,017</u>

**Note 6. Non-current assets- Plant, Equipment and Motor Vehicles**

	2015	2014
	\$	\$
Plant, Equipment and Motor Vehicles- at cost	183,782	185,112
Less: Accumulated depreciation	(131,602)	(126,994)
	<u>52,180</u>	<u>58,118</u>

**Note 7. Current liabilities- trade and other payables**

	2015	2014
	\$	\$
Creditors	8,654	13,404
Quiznight Fund Provision	-	3,851
Hep Fest Fund Provision	2,143	-
	<u>10,797</u>	<u>17,255</u>

**Note 8. Current Liabilities- Employee Benefits**

	2015	2014
	\$	\$
Provision for Annual Leave and Sick Leave	96,522	91,616
	<u>96,522</u>	<u>91,616</u>

**Note 9. Current liabilities- other**

	2015	2014
	\$	\$
PAYG Employee Tax	10,846	10,268
GST Payable	25,157	1,070
	<u>36,003</u>	<u>11,338</u>

**Note 10. Non-current liabilities- Employee Benefits**

	2015	2014
	\$	\$
Provision for Long Service Leave	121,667	101,605
Provision for Employee Redundancies	138,371	104,924
	<u>260,038</u>	<u>206,529</u>

**Note 11. Equity- retained surpluses**

	2015	2014
	\$	\$
Retained surpluses at the beginning of the financial year	173,400	129,255
Surplus after income tax expense for the year	18,382	44,145
Retained surpluses at the end of the financial year	<u>191,782</u>	<u>173,400</u>

## Hepatitis SA Incorporated

### Notes to the financial statements

30 June 2015

#### **Note 12. Key management personnel disclosures**

##### *Compensation*

There was no aggregate compensation made to officers and other members of key management personnel of the incorporated.

#### **Note 13. Contingent liabilities**

The incorporated association had no contingent liabilities as at 30 June 2015 nor 30 June 2014.

#### **Note 14. Commitments**

The incorporated association had no commitments for expenditure as at 30 June 2015 and 30 June 2014.

#### **Note 15. Related party transactions**

##### *Transactions with related parties*

There were no transactions with related parties during the current and previous financial year.

##### *Receivable from and payable to related parties*

There were no trade receivables from or trade payables to related parties at the current and previous reporting date.

##### *Loans to/from related parties*

There were no loans to or from related parties at the current and previous reporting date.

#### **Note 16. Events after the reporting period**

No matter or circumstance has arisen since 30 June 2015 that has significantly affected, or may significantly affect the incorporated association's operations, the results of those operations, or the incorporated association's state of affairs in future financial years.

## Hepatitis SA Incorporated

### Members Report For the Year Ended 30<sup>th</sup> June 2015

The board members present their report, together with the financial statements, on the Association for the year ended 30 June 2015.

#### Board Members

The following persons were board members of the incorporation during the whole of the financial year and up to the date of this report, unless otherwise stated:

Catherine Ferguson	
Bill Gaston	(Rejoined 7 July 2014)
Ratan Gazmere	(Elected 26 November 2014)
Kristen Hicks	(Elected 26 November 2014)
Howard Jillings	
Lindsay Krassnitzer	
Arieta Papadelos	
Nicola Parkin	(Elected 26 November 2014)
Kerry Paterson	
Dr Judith Peppard	
Jeffrey Stewart	

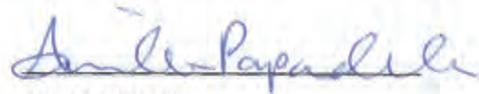
In accordance with Section 35(5) of the Associations Incorporations Act 1985, the Board of the Hepatitis SA Incorporated hereby states that during the financial year ended 30 June 2015:

- (a) (i) No officer of the association;
- (ii) No firm of which the officer is a member;
- (iii) No body corporate in which an officer has a substantial financial interest;
- Has received or become entitled to receive a benefit as a result of a contract between the officer, firm or body corporate and the association.
- (b) No officer of the association has received directly or indirectly from the association any payment or other benefit of a pecuniary value.

Signed On Behalf of the Board:



BOARD MEMBER



BOARD MEMBER

On the 27<sup>th</sup> day of October 2015

Adelaide



# QUIZ NIGHT

A fundraiser for Hepatitis SA's World Hepatitis Day events

Saturday, 23 May, 2015  
Unley Community Centre  
18 Arthur St, Unley

7PM-10PM  
Doors open at 6PM; quiz begins at 7PM sharp!  
\$15 per person, plus cold-hard cash (and loose change) for games, raffles and auction items  
8 or 10 people per table

RSVP and for more info  
email [jenny@hepatitissa.asn.au](mailto:jenny@hepatitissa.asn.au)  
or [shannon@hepatitissa.asn.au](mailto:shannon@hepatitissa.asn.au)  
or call Jenny or Shannon on 8362 8443  
Limited tables available, so be quick!  
BYO food and drinks.