



Ngurr (Side by Side), by Wayne Martin

#### ARTWORK EXPLANATION —

#### **NGURR (SIDE BY SIDE)**

The big blue circle in the center represents the QuIHN base/home. The 'U' shape symbols represent all the workers and their skills/knowledge that make up the QuIHN workforce.

The white circles represent the different communities that QulHN has worked with and made connections with and continues to do so.

The blue line that leads out from the center through the white circles with the blue and white 'U' shape symbols represents the pathway that QuIHN takes to help their clients in the way of health and wellbeing, family, drug use, and recovery, counselling, building relationship skills, and communication.

The circles on the edges of the painting represent the families of the clients and their communities, it shows the strength and resilience of the people involved to help clients to achieve good health and improve social and emotional well-being.

The emu footprints represent our ancestors traveling with us, helping us, and guiding us in the right direction in all areas of our life.

This painting is about everyone coming together side by side working together for a healthy positive future.

#### ARTIST, WAYNE MARTIN

### NURAMBANG CULTURAL EDUCATION AND ABORIGINAL ART

Wayne Martin is a proud Wiradjuri/Mardigan/Kooma man. Wayne's family originates from Cunnamulla in South West Queensland on Kunja country. His mother's country is Mardigan country, in Quilpie. He also has family connections in Lightning Ridge on Yuwaalaraay Country, his grandmother's country is along the Lachlan and Murrumbidgee Rivers on Wiradjuri country.

Wayne's family moved around a lot through Queensland and New South Wales when he was growing up. He has done a lot of travel throughout his life. As a teenager, Wayne's uncle, also named Wayne, started teaching him about Aboriginal Culture and Lore. Along his cultural journey, he met a lot of strong cultural men which is what inspired his art, showcasing Dreaming stories and connections to Mother Earth.

Wayne loves to share his culture with everyone, and painting has allowed him to do that. He wants to be able to give people a piece of his journey, his cultural knowledge, and his experiences.

Find more at: www.ngurambangaboriginalart.com

Search social media for Gatyin Aboriginal Art or contact Wayne via ngurambangaboriginalart@gmail.com

#### **ACKNOWLEDGMENT OF COUNTRY**

QuIHN acknowledges the Traditional Custodians of the lands we operate on and respects Elders past and present. We recognise the enduring knowledge, strength, and resilience of Aboriginal and Torres Strait Islander peoples and support truth-telling, cultural recognition, and lasting change.

Traditional Owners of the land on which QuIHN offices and staff are located:

- Turrbal and Jagera/Yuggera (Brisbane)
- Ugurapul and Jagera/Yuggera (Ipswich, West Moreton)
- Quandamooka (Redlands)
- Kombumerri and Bundjalung (Gold Coast)
- Yuibera (Mackay)
- Bindal and Wulgurukaba (Townsville)
- Yirrganydji, Djabugay, Gunggandji and Yidinji (Cairns region)
- Kalkadoon (Mount Isa)
- Gubbi Gubbi / Kabi Kabi and Jinibara (Sunshine Coast, Fraser Coast Region)
- Darumbal (Rockhampton)
- Butchulla/Badtjala (Hervey Bay)
- Gayiri (Kairi/Khararya) (Emerald)

#### STATEMENT OF INCLUSION

QuIHN affirms the strength, resilience, and expertise of people who use drugs. Grounded in harm reduction and social justice, we uphold every person's right to dignity, safety, support, and choice. We recognise lived-living experience as vital, and we centre these voices in shaping services.

QuIHN values respect, diversity and difference and we are committed to providing fully inclusive, professional, and non-judgmental services to people of all cultures, languages, capacities, sexual orientations, gender identities and/or expressions.

# ACKNOWLEDGMENT OF FRONT AND REAR COVER ART:

This year's cover artwork celebrates 20 years of community by bringing together every edition of Tracks Magazine published by QuIHN. Designed as a visual mosaic of our collective journey, the cover highlights the creativity, resilience and lived-living experience of the individuals who have shaped QuIHN over the past two decades.

Tracks is a magazine created by the community, for the community. It's a space where the voices of people who use drugs (PWUD) are heard, stories and art are shared and connections are built. This artwork pays tribute to the countless contributors, artists, writers, and readers who have built and continue to create an inclusive, accessible, and free harm reduction resource that meets communities where they are at, across Queensland.



'Courtney Barnett', by Kim Trainer (peer artist)



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# OUR VISION AND PURPOSE

#### **OUR VISION**

We envision a world where the rights, health, and happiness of people who use(d) substances, as well as significant others, are upheld and nurtured, allowing people to thrive and ensuring the best possible health and wellbeing outcomes for our communities.

#### **OUR PURPOSE**

To provide high-quality, innovative services that empower, include, and support individuals at every stage of their drug use journey.

Through our services we strive to contribute to the elimination of drug overdoses, Hepatitis C incidence, physical and mental health and well-being increased, quality of life improved, and individual potential realised. Regardless of where people are at in their journey, our services are provided with respect, non-judgement, and self-agency, and through this, we create a sense of belonging and safety.

#### **OUR SHARED VALUES**

Our shared values are what connects us as an organisation, and we strongly believe that:

- All people should have choices allowing for self-determination and self-reliance.
- That we all need to remain committed to being client focused through engagement and participation.
- That respect for oneself and others is essential; our approach must remain inclusive and accepting. We value all people with whom we work, and we respond with positive regard, dignity, and courtesy.
- We embrace difference and diversity as an asset and strength, accepting everyone regardless of culture, sexuality, disability, gender, age, and life circumstances.
- We value transparency and accountability in our work, and we commit to genuine authenticity and individual, organisational, and public accountability.



Harm Reduction Days Group





# PRESIDENT'S REPORT

RUTH TOOMEY | QUIHN PRESIDENT

In 2005, QuIHN was established by its founding member QuIVAA, alongside SCIVAA and DUNES (previously called GAIN), to provide a range of health and social services to support people who use drugs. Over the intervening 20 years, QuIHN has grown exponentially, reaching into new communities, building new partnerships, and expanding its service offerings.

The 2024-2025 financial year has been no exception. In a year shaped by continuing economic uncertainty, shifting government priorities, against the backdrop of global geopolitical pressures and culture wars, QuIHN has remained steadfast in its commitment to deliver high-quality, evidence-based services to support people at each stage of their journey.

We are proud to have operationalised Queensland's first fixed-site drug checking service, CheQpoint, in partnership with QuIVAA and The Loop Australia. Over the course of the 12-month service period it proved to be a vital tool in reducing harm, identifying dangerous substances, and connecting people to health services that they may not have otherwise accessed. Alarmingly, nitazenes were detected on 4 occasions, including on the final day of operations. Highly dangerous synthetic opioids such as these present an imminent risk to the community – there is no doubt that CheQpoint saved lives, and drug checking services are a critical part of an effective harm reduction response.

This year also saw the successful launch of QulHN's Peer Leadership Framework, a landmark achievement that underscores our commitment to embedding lived-living experience (LLE) at the heart of our organisation. The framework developed in partnership with QulVAA,

provides a roadmap for attracting, developing, and retaining a peer workforce that is integral to our identity as a peer-led organisation. The implementation of this framework, supported by funding from the Queensland Mental Health Commission (QMHC), will strengthen QuIHN's capacity to deliver services that are not only effective but also authentically supportive and community driven.

For several years, QuIHN's Board of directors has articulated a desire to support innovative ideas, to ensure that QuIHN is at the forefront of efforts to support Queensland's community of people who use drugs. In the latter part of this financial year an innovation fund was established, and a committee comprised of Board members and senior leaders from both QuIVAA and QuIHN were convened to progress the work. This initiative will be launched in late 2025, and we look forward to supporting successful applicants to implement their projects in 2026.

Another highlight of the year has been QuIHN's expansion into new regions across Queensland. Not only have we succeeded in obtaining funding to deliver services in the West Moreton region for the first time, but we have also now become embedded in the Central Queensland regions through the Better Connect consortium. This collaborative model has allowed us to extend our therapeutic services to communities that have long been underserved. The establishment of integrated service hubs in Emerald, Rockhampton, Hervey Bay, and Gympie is a testament to QuIHN's ability to adapt and innovate in response to community needs. We are deeply grateful to our consortium partners and funding bodies for their trust and collaboration in these endeavours.



During the year QuIHN's Innovate Reconciliation Action Plan (RAP) was formally endorsed by Reconciliation Australia, building on the foundations laid by our Reflect RAP. We take seriously our obligations as an organisation to respond to the ongoing harms that colonisation has on Aboriginal and Torres Strait Islander peoples, especially those who use drugs, and we recognise the critical role of Aboriginal and Torres Strait Islander people and services in leading appropriate health responses. Through the implementation of our Plan, we seek to become better partners, employees and allies, and to provide ever better services to those First Nations Queenslanders who need them.

Obviously, none of this would be possible without the extraordinary people who make up QuIHN. Our staff, volunteers, and leadership team are the lifeblood of this organisation. On behalf of the Board, I extend my heartfelt thanks to each and every one of you for the passion and professionalism you bring to your roles, and particularly Geoff Davey and Nicola Hayes, whose efforts are tireless.

I extend that thanks, too, to the remarkable people of QuIVAA, led by the indomitable Emma Kill – I am deeply inspired by all that you have achieved this year. You bring such hope and dignity to the community, and I am grateful to work alongside you - both employees and Directors.

To my colleagues on the QuIHN Board, thank you for your incredible commitment and expertise. We have navigated a year of challenges and opportunities, always with the

best interests of QuIHN and its communities at heart. My sincere gratitude to you for showing up every month, and for your additional contributions to the various subcommittees and other projects. A particular word of thanks to Vice President, Sarah Reed – your capacity to contribute amazes me, and I am so appreciative of all that you do.

My gratitude also goes to our funders for their support, but most importantly I want to acknowledge the strength, resilience and solidarity of people who use drugs and their loved ones and supporters and of course remember those we have lost.

QuIHN is part of something special, a collective effort to improve the health and wellbeing of people who use drugs, to challenge stigma and discrimination, and to advocate for even more compassionate and equitable society. I am honoured to be part of this journey and look forward to continuing to work alongside all of you to achieve our shared goals.

Sincerely,

Ruth Tooney

Ruth Toomey
President OulHN



# CEO REPORT

GEOFF DAVEY | CHIEF EXECUTIVE OFFICER

#### **OUR SERVICES**

This year, QuIHN has continued to deliver a comprehensive suite of harm reduction, therapeutic, and primary care medical services across Queensland to our clients and communities. Here is a snapshot of activity across the Harm Reduction, Therapeutic, and Primary Care services.

#### **NEEDLE & SYRINGE PROGRAMS (NSP)**

- Provided 29,770 occasions of service across five primary NSPs, an increase of over 1,200 occasions of service from the previous year.
- Townsville NSP saw a 23% increase in service occasions, reflecting growing community engagement.
- Methamphetamine remains the most reported injected drug, followed by performance- and imageenhancing drugs (PIEDs), heroin, and other opiates..
- Naloxone distribution increased by 44% from the previous year, with a total of 1,850 units provided, supporting overdose prevention efforts statewide.

#### CHEQPOINT DRUG CHECKING SERVICE

- Queensland's first fixed-site drug checking services operated in Brisbane and Burleigh Heads, with 693 people accessing the service and 1,200 samples tested.
- The service provided critical harm reduction information, with 10 public notifications issued for dangerous substances.
- Around 10% of samples tested contained an unexpected drug.
- Nearly one in two people visiting the service had never spoken to a health care professional about their drug use before. CheQpoint referred one in three people for further health and professional support around their drug use.
- Around 14% of people chose to discard their drugs after receiving the test result and having a conversation with staff about risks around their drug use and a further 21% said they would take a smaller amount.

#### TREATMENT & MANAGEMENT PROGRAM (TMP)

- Over 1,000 people were treated for Hepatitis C since 2016, maintaining a 96% cure rate.
- 1,326 point-of-care tests conducted for Hepatitis C, HIV, and STIs, with significant outreach to urban, regional, and remote communities.
- The Prison Transition Program supported 514 individual clients, with 42.6% identifying as Aboriginal and/or Torres Strait Islander and collaborated in 5 High-Intensity HCV Testing campaigns testing over 3,000 people across Capricornia, Arthur Gorrie, Palen Creek, Maryborough, and Woodford Correctional Centres.

#### THERAPEUTIC SERVICES

- Expanded through the Better Connect Consortium to new regions: Gympie, Hervey Bay, Rockhampton, and Emerald.
- Delivered 38,854 service contacts, with 4,288 individuals accessing programs and 3,003 engaging in ongoing support.
- Provided 16,699 counselling and case management appointments and 1,536 therapeutic group contacts across Queensland.
- Approximately 15% of ongoing clients identified as Aboriginal and/or Torres Strait Islander.
- The vast majority of our clients made improvements in both their level of psychological distress and substance dependence severity while engaged in our programs.
- Group programs in correctional centres reached 4,232 group attendance contacts, with over 95% positive participant feedback.
- Our Queensland Corrective Services (QCS) therapeutic psychosocial programs based within probation and parole settings in North Queensland provided 1,601 counselling appointments to 892 clients.

### BRISBANE OUTREACH SOCIAL AND NURSE SUPPORT PROGRAM

- Saw an increase of 46% from the previous year in individual clients supported with welfare and health issues.
- This team conducted 456 seasonal influenza vaccinations, 421 COVID vaccinations, 317 other vaccinations, 480 health checks, 250 brief interventions, 167 Nurse Practitioner sessions, and 558 other service contacts (e.g., referrals, follow ups, welfare checks etc).

#### BETTER ACCESS MEDICAL CLINIC

- Provided 3,834 patient appointments, with a mix of face-to-face and telehealth consultations.
- Engaged in advocacy for health equity in primary care for our communities through the Health Equity Coalition.

#### **CLIENT ENGAGEMENT**

- Client Advisory Group met regularly, contributing to service design, resource development, and staff recruitment.
- Client representatives participated in workshops, conferences, and ongoing feedback processes, ensuring services remain responsive and client centred.
- Client representatives are active in all regions, contributing to advisory groups, resource development, and service evaluation.
- Peer-led training, such as "Putting Together the Puzzle – Stigma and Discrimination," continues to be delivered internally and externally, supporting workforce development and anti-stigma efforts.



QuIHN Staff PN - IOAD

#### **OUR TEAMS**

QuIHN has continued to grow, expanding both the diversity of programs and services we offer, as well as the number of staff employed across the state. As we evolve, we remain steadfast in upholding our organisational culture and core values, ensuring a strong connection to the communities we serve. New therapeutic teams were established in Gympie, Hervey Bay, Rockhampton, and Emerald, strengthening our regional presence. Our Brisbane Outreach and Social and Nurse Support Program saw expanded support for people being supported in Redcliffe, Deception Bay, and Caboolture with the introduction of a Nurse Practitioner role enhancing clinical capacity and service integration. Our teams have navigated change and growth with professionalism and compassion. The expansion into new regions has been met with enthusiasm and a commitment to maintaining our high standards of care.

Throughout the year, our teams of staff and volunteers, have shown remarkable resilience, adaptability, and a deep commitment to our mission. Every individual at QuIHN is united by a shared purpose: to create meaningful change in the lives of those we serve. This collective drive is the heartbeat of our organisation and the foundation of our success. Every staff member and volunteer is motivated by a genuine passion for our mission. Their skills, empathy, and commitment to excellence have driven positive outcomes for clients and communities across Queensland. We continue to invest in professional development, reflective practice, and supportive supervision. Our goal is to cultivate a workforce that is not only highly qualified but also deeply aligned with QuIHN's values and mission.

A central focus this year has been further embedding our Peer Leadership Framework, which is designed to build a sustainable, diverse, and robust peer workforce. Our vision is to see peer work recognised and celebrated as a distinct, valued discipline within the alcohol and other drugs (AOD) sector. The Framework, co-created with people who use drugs, peer workers, and sector stakeholders, sets out clear principles of ethics, rights, and cultural safety. We are working hard on ensuring that we can develop and provide practical tools, training, and competency pathways, enabling peer workers to progress from entry-level roles to senior leadership positions. This year, we have continued to formalise peer roles, embed lived experience into planning, and allocate resources to support peer-led initiatives. We are seeking to expand on structured training, appropriate peer practice supervision, and clear career development pathways, ensuring peer workers are supported and empowered to lead.

As we move forward, our commitment is to nurture a workforce that is qualified, aligned, and supported, one that delivers exceptional outcomes for clients, communities, and funders. We will continue to invest in our people, celebrate their achievements, and foster a culture of excellence, inclusion, and innovation. By doing so, we will ensure QuIHN remains a thriving, values-driven organisation, distinguished within the AOD landscape for our impact, leadership, and dedication to those we serve.

#### OUR FINANCIALS

During the 2024 – 2025 financial year, QuIHN achieved a 13% increase in total revenue, largely attributable to expanded activity across federally funded programs and an increase in overall non-recurrent and recurrent grants managed. Over the year, we successfully managed 23 program contracts spanning state, federal, and private sources, with several new and renewed initiatives strengthening our service footprint. QuIHN continues to maintain a strong financial position, underpinned by minimal debt and a robust balance sheet. In line with our growth, expenses related to salaries, wages, and property occupancy increased, reflecting both the rise in grant revenue and the evolving operating environment.

While QuIHN is not immune to the broader economic and political challenges facing both the wider community and the AOD sector, our organisation has consistently demonstrated the ability to navigate uncertainty with agility and sound financial stewardship. We remain vigilant in managing the unpredictable macroeconomic landscape and continue to operate with fiscal discipline and prudence.

A significant challenge this year continues to be sustaining our primary care medical services, particularly in recruiting General Practitioners and addressing the diminishing economic viability of a fully bulk-billed model. These issues are widespread across the primary care sector but are especially acute for practices working at the deep end. Despite recent changes aimed at strengthening Medicare and bulk billing, current systems still fall short of meeting the unique needs of our clients. QuIHN remains steadfast in advocating for equitable health outcomes and continues to push for innovative funding models that support the complex, multidisciplinary, and integrated care required by our populations. Despite these ongoing challenges, our resilience as an organisation has been tested and proven, and we remain optimistic and unwavering in our commitment to those we serve.

#### OUR FUTURE

We are driven by a vision where every person who uses substances is empowered to reach their fullest potential, and where the health and wellbeing of our communities are truly maximised. Realising this vision means expanding our reach and deepening our impact for individuals affected by problematic drug use across Queensland. To achieve this, our focus remains clear and purposeful:

- Cultivating a passionate and mission-aligned workforce: We are committed to building teams that are deeply engaged with our purpose, supported by training, development, and career pathways.
- Integrating our services for aligned care:
   Our goal is to create a truly comprehensive
   system where every entry point leads to the
   right support, ensuring smooth transitions
   and holistic care for all who seek our help.
- Strengthening partnerships through genuine co-design: We continue to foster meaningful collaboration with the communities we serve, engaging clients and stakeholders in shaping responsive, effective programs.
- Demonstrating our impact: By harnessing robust evidence and compelling storytelling, we are elevating our ability to showcase the difference QuIHN makes to clients, partners, funders, and sponsors.

- Enhancing our infrastructure: We are investing in both physical and digital platforms to support sustainable growth, establish local connections, and extend our reach to those who need us most.
- Ensuring financial sustainability: Our financial strategies are designed to be resilient and forwardthinking, providing the resources necessary to fulfil our mission now and into the future.

It is a privilege to lead an organisation defined by such passion and purpose. I am continually inspired by the achievements of our clients, staff, volunteers, Directors, and the wider QuIHN community. Together, we are creating lasting change, and I am proud of the impact we are making every day.

Standing in Solidarity,

**Geoff Davey**Chief Executive Officer





# RECONCILIATION ACTION PLAN

PAULA JARDINE | RAP WORKING GROUP CHAIR

QuIHN is in the first year of implementing our second RAP. The RA-endorsed Innovate RAP will be implemented over two years and focuses on driving meaningful change. Our Innovate RAP outlines QuIHN's vision for reconciliation and provides a framework for understanding our sphere of influence and identifying effective strategies. We are committed to strengthening relationships with Aboriginal and Torres Strait Islander peoples and developing initiatives to empower communities through reconciliation.

#### RELATIONSHIPS

Our regions have actively engaged with over 50 Aboriginal and Torres Strait Islander stakeholders, expanding our partnerships across local and state levels. QuIHN continues to foster strong collaborations with Aboriginal Community Controlled Health Organisations (ACCOs) and other First Nations groups, including Wuchopperen Health Service, CQID, and ReFocus. We've also partnered with Probation and Parole in Townsville for NRW activities.

QuIHN continues to deliver successful group programs in Far North Queensland (FNQ) Correctional Facilities, receiving positive feedback from First Nations participants and achieving high completion rates, which ultimately supports incarcerated participants release into community. We've developed a position statement for inclusion in Queensland Corrective Services (QCS) manuals to acknowledge institutional harms and distinguish QuIHN staff from QCS staff and processes.

Staff engagement and commitment in reconciliation and truth-telling activities have significantly increased, with a growing resilience to maintaining relationships despite staff changes. QuIHN staff also participated in Invasion Day marches and worked with local planning groups to address issues like rising injecting drug use and limited access to Needle Syringe Programs (NSPs) in remote areas.

In Townsville, QuIHN developed strong relationships with community-controlled health organisations, resulting in a 10% increase in Aboriginal and Torres Strait Islander clients accessing services. Across NSPs, we've seen a rise in clients identifying as Aboriginal and Torres Strait Islander, with 1,400 instances recorded (12.53% of total clients). The breakdown by region includes:

- 31.7% in Townsville
- 17.8% in Brisbane
- 7% on the Sunshine Coast
- 37% on the Gold Coast

For our therapeutic programs, excluding QCS programs, 14.91% of participants identified as Aboriginal and/or Torres Strait Islander. Breakdown by region includes:

Hervey Bay: 28.7%

• Emerald: 24.9%

• Cairns: 23%

Rockhampton: 20.8%Bowen Hills: 17.8%Redlands: 15.1%

Sunshine Coast: 10%

• Gold Coast: 10.6%

• Gympie: 7.8%

#### RESPECT

This year, QuIHN launched two major initiatives to foster respect for Aboriginal and Torres Strait Islander peoples. The "Responding Effectively to Racially Motivated Abuse" project included approved scripting, staff training, and strategies to manage problematic client behaviours. We also developed signage and postincident support to help staff confidently respond to racially motivated abuse. The final phase, an induction module, is nearing completion.

The second initiative focuses on supporting staff to meaningfully Acknowledge Country. We've provided a framework for self-reflection, learning, and tips for incorporating this practice into group and client settings. Staff are encouraged to reflect on their own identities and how they shape their approach to work.

QuIHN has prioritised experiential learning to foster stronger connections to culture, such as storytelling sessions and yarning circles led by First Nations peoples. Brisbane and Redlands staff also attended Is That You Ruthie?, which addresses dispossession and cultural erosion. Since introducing a new approach to supervision, we've observed increased reflective practice and stronger culturally safe approaches in daily work.

QuIHN continues to share resources supporting truth-telling initiatives through QuIHNcy (our intranet system), social media, and the RAP Working Group (including our Whichway email newsletter). During National Reconciliation Week (NRW), we held themed group programs, supported local events, and participated in NAIDOC activities. Highlights include:

- Silver sponsorship of Townsville's NAIDOC Week, including a stall at the celebrations.
- A NAIDOC Week BBQ at Bowen Hills, where staff engaged in discussions and provided health checks.
- On the Sunshine Coast, staff managed the Elders' tent at the NAIDOC Family Fun Day.

QuIHN successfully secured funding from the NIAA to host NAIDOC events across Townsville, Sunshine Coast, Gold Coast, and Brisbane. These events featured food and activities from First Nations suppliers, bringing together clients and key stakeholders. Additionally, QuIHN was proud to be a silver sponsor for the NRL Indigenous Round at Central Queensland Emu Park stadium in May 2025.

Over the past year, we have implemented a system to track, monitor, and evaluate the outcomes of our Innovate RAP. We have also collaborated with Reconciliation Australia through the RAP Impact Survey to report on our progress. We are currently in the first quarter of implementing our Innovate RAP, and it's inspiring to see the continued growth of our organisation as we advance through this next phase of our RAP journey. The progress we are making at this stage reflects our ongoing commitment to reconciliation, and we are excited to continue building on the momentum we've established.

Yours Sincerely,



Paula Jardine RAP Working Group Chair

#### OPPORTUNITIES

Budgets have been established for reconciliation and education initiatives, with allocated funds to include Aboriginal and Torres Strait Islander client representatives in advisory groups. QuIHN is also expanding its relationships with First Nations-led organisations and increasing procurement from Aboriginal and Torres Strait Islander businesses.

QuIHN continues to evolve our recruitment, retention, and professional development strategies for Aboriginal and Torres Strait Islander employees to ensure ongoing support and growth.

#### GOVERNANCE

We greatly appreciate the dedication of our RAP Working Group (WG) members throughout the year. Their unwavering commitment to tracking and monitoring our progress has been crucial in advancing our RAP journey. Our RAP WG members play a key role in helping QuIHN explore innovative approaches to reconciliation and have been vital in fostering engagement across the entire workforce, cultivating a culture of genuine dedication.

We would like to express our sincere gratitude to our Aboriginal and Torres Strait Islander RAP WG members and client representatives, whose deep connections, expertise, and guidance have been invaluable. We also extend our thanks to our President and Board members for their continued support of our RAP journey.



Blackwater NAIDOC



# PROGRAMS REPORT 2024 - 2025

#### HARM IS REDUCED THEREBY SOCIAL OUTCOMES ARE IMPROVED

#### **OUTCOMES:**

Reduced harms associated with overdose, and communicable diseases, improved physical and mental health, and reduced risks associated with substance use.

#### HARM REDUCTION PROGRAM

#### **NEEDLE AND SYRINGE PROGRAM (NSP)**

QuIHN NSP provision continued via our 5 primary Needle and Syringe Programs (NSPs). During the year (01/07/2024 – 30 June 2025) we provided a total of 29,770 occasions of service (OoS) across the primary NSP network. This is an increase of over 1,200 OoS from the previous year.

#### QUIHN NSP JULY 2024 - JUNE 2025

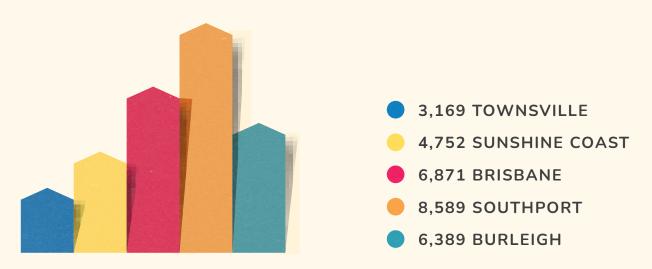


Figure 1: QuIHN NSP Occasions of Service (OoS) across all NSP sites 1st July 2024 – 30 June 2025. all NSP sites 1st July 2023 – 30th June 2024

QuIHN Southport facilitated most of the Occasions of Service (OoS) with 8,589 OoS, whilst the Brisbane NSP provided 6,871 OoS. QuIHN Burleigh was next with 6,389, followed by the Sunshine Coast NSP with 4,752. Finally, the Townsville NSP increased overall service occasions with 3,169 OoS. This data is consistent with the previous year, apart from Townsville, where they have been witnessing steady growth over the last 12 months with an increase of around 23% of OoS compared to the previous year.

#### NSP-TOP 5 DRUGS REPORTED JULY 2024 – JUNE 2025



Figure 2: Drug trends for the period 1st July 2024 - 30 June 2025 all regions combined, top 5 drugs reported for injection.

Crystal Methamphetamine remains the most prominent drug reported for injection (n=11,442), followed by Performance & Image Enhancing Drugs (PIEDs, all types) (n=10,681). Heroin was also among the top 5 with 3,325 occasions, and pharmaceutical opioids (n=1,497).

#### NSP - REGION 1 — DRUG TRENDS JULY 2024 - JUNE 2025

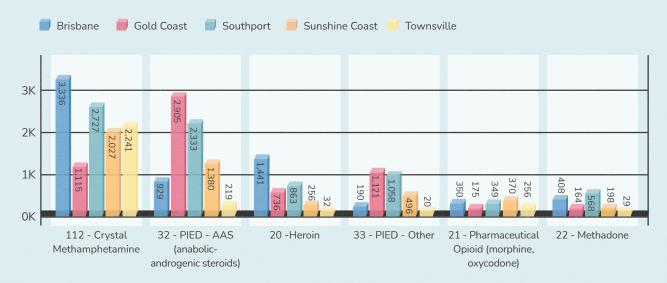


Figure 3: Drug pattern by region of client on each occasion

Methamphetamine injection remained high during this period among all QuIHN NSPs; however, the highest reported methamphetamine use is seen in Brisbane (n=3,336), followed by QuIHN Southport (n=2,727). Performance and Image Enhancing Drugs (PIEDs) continue to be reported in high numbers on the Gold Coast, particularly via our Burleigh Heads NSP (n=2,905). In addition, QuIHN Southport and Sunshine Coast also report relatively high numbers of PIEDs use (n=2,333 and 1,380 respectively), followed by a lesser extent in Brisbane (n=929) and Townsville (n=219). Heroin use remains highest via the Brisbane NSP (n=1,441), but is also commonly reported on the Gold Coast, including both Southport and Burleigh (n=863 and n=736 respectively), and less on the Sunshine Coast and Townsville.



#### **NALOXONE ACCESS & DISTRIBUTION**

Naloxone is a medicine that can rapidly reverse the effects of an opioid overdose. It works by blocking opioid drugs, such as heroin and oxycodone, from attaching to opioid receptors in the brain and lasts 30 to 90 minutes. It can be administered as an injection or as a nasal spray, with both forms available at QuIHN. After a person takes naloxone, they must get emergency medical treatment due to the ongoing risk of overdose. Naloxone is a safe medicine; it is not possible to misuse naloxone, and it won't cause an overdose or have any side effects. QuIHN has been providing Naloxone since 2021 and all QuIHN NSP sites are now Naloxone Approved Alternative Sites (AAS) as part of the National Take Home Naloxone (THN) Program.

#### NALOXONE DISTRIBUTION — JULY 2024 – JUNE 2025



Figure 4: Naloxone Distribution 1 July to 30 June 2025

Naloxone distribution continued over the reporting period (1 July 2024 – June 2025), via all QuIHN NSP locations. Naloxone access is also being broadened out across Therapeutic teams with Hervey Bay coming online over the year and across various outreach locations. During the year 1,850 individual units of Naloxone were distributed across Queensland, which is an increase of approximately 44% from the previous year. Of the 1,850 devices provided a total of 841 were re-supplies, representing a 41% resupply rate.

The Gold Coast region distributed the highest number of naloxone units via both Burleigh Heads and Southport NSP (840) sites. Brisbane provided access to 665 devices, followed by the Sunshine Coast (155), Townsville (137) and Hervey Bay (53).

During the year QuIHN also collaborated with QNADA, QuIVAA, and The Loop Australia to develop and launch the Queensland Overdose Prevention Plan. The Overdose Prevention Plan calls for a more comprehensive Queensland strategy and plan that seeks to work collaboratively across leading agencies and services in the sector to combat the rising threat of a synthetic opioid crisis. The plan calls for prioritising peer-led initiatives, scaling up drug-checking services, expanding access to opioid dependence treatment, and establishing overdose prevention centres where people can use drugs safely under supervision. It outlines a comprehensive and evidence-based approach that will save lives and protect communities.

#### CHEQPOINT DRUG CHECKING SERVICE

CheQpoint is a voluntary, free and confidential drug checking service that was funded by Queensland Health between April 2024 and April 2025 and operated in partnership between QuIHN, QuIVAA, and The Loop Australia. Queensland's first drug checking service opened in Bowen Hills in April 2024, and the second fixed site service opened in Burleigh Heads in July 2024. Both services operated once a week on a Friday between the hours of 2:00 pm and 6:00 pm. Both services closed in April 2025.

From April 2024 to April 2025, 693 people visited our service with 596 presentations for drug checking. A total of 1200 samples were tested. August 2024 was the busiest month with 76 clients and 140 samples.

#### Key results from the first 12 months of the fixed site drug checking services included:

- The average age of clients accessing the drug checking service was 37 years and 75% of clients were male while 1 in 3 were less than 30 years of age.
- 26% of clients identified as LGBTIQA+
- 4% of clients identified as Aboriginal, Torres Strait, and/or South Sea Islander.
- 78% of clients had never visited CheQpoint previously.
- 20% of clients had used one or more QuIHN services before.

- 47% of clients had never spoken to a health worker about their alcohol or drug use.
- When we asked people what drugs they were expecting, more than half of all samples tested were expected to be stimulant drugs like MDMA (33%), cocaine (17%), and methamphetamine (10%).
- Other common drugs people bought in for testing (expected drug) included ketamine (10%), LSD (4%), benzodiazepines (3%), heroin (3%), and psychedelics like 2C-B (2%).
- Unexpected drugs were found in 89 samples (10%) drugs people were not expecting or wanting to find.

## UNEXPECTED DRUGS FOUND IN SAMPLES

# 19 5

### EXPECTED DRUG NOT PRESENT IN SAMPLES



#### **FAKE 'BENZOS'**

Novel Benzodiazepines\*
E.G. Bromazolam, etizolam, and
Ethylbromazolam in 18 counterfeit
Alprazolam or Diazepam
Tablets (2-in-5 samples)\*



#### **TUSI SOLD AS 2C-B**

Ketamine and MDMA (and other ingredients) in pink powder expected to be 2C-B



### FAKE 'OXYCODONE NITAZENES'

Protonitazene in Oxycodone\* Tablets (no oxycodone) 4-7 oxycodone samples\*

\*1 additional oxycodone tablet contained dextromethorphan (a common ingredient found in cough medicine) (2-in-5 samples)



#### **OTHER SUBSTITUTES**

Methylphenidate in powder to be mescaline. Cocaine instead of MDMA. MDMA instead of methamphetamine. Dimethylpentylone instead of cocaine or 3-MMC



#### **KETAMINE SUBSTITUTES**

2F-NENDCK, Procaine (anaesthetic) caffeine, Lidocaine, and Tiletamine in ketamine samples.



#### **METH SUBSTITUTES**

Methamphetamine substitutes with caffeine, cocaine, MDMA and 2F-NENDCK



#### **MDMA SUBSTITUTES**

Stimulants like 4-CMC, dimethylpentylone, MDA in MDMA

Other substitutes included cocaine and methamphetamine 1 colourless liquid expected to be MDMA was 1,4-B



#### **COCAINE SUBSTITUTES**

Cocaine substituted with benzocaine + dimethylpentylone, phenacetin, lidocaine, taurine and methamphetamine.

Figure 5: Unexpected drugs detected at CheQpoint fixed sites between April 2024 and April 2025

Some of the drugs we detected caused enough concern for the team to circulate public notices to the community via social media to help keep others safe from harm. A total of 10 public notifications were issued across the 12-month period due to drugs detected that were concerning, in which 3 of those substances contained nitazenes.

513 (87%) people participated in health and harm reduction conversations, and 109 referrals were made.

Of those participating in health and harm reduction conversations 21% of clients said they would take a smaller amount and reduce their dose, and 14% said they would dispose of the substance. An even greater number (39%) said they would alert and inform others about the results.

30% of clients were referred to other support services, including primary and medical care, AOD treatment and harm reduction services, and other external referrals.

We also handed out 172 units of naloxone over the 12-month period.

The average wait time to service was 23 minutes after arriving (median time 15 minutes) and clients spent on average 21 minutes (median time 16 minutes) with CheQpoint staff.

4.95 STARS \*\*\*\*

SERVICE EXPERIENCE RATING

#### TREATMENT AND MANAGEMENT

#### PROGRAM (TMP)

TMP has had another successful year providing point of care testing services and nurse practitioner led clinics at QuIHN locations and outreach sites across Queensland. We have treated over 1,000 people since the Hepatitis C Direct Acting Antivirals were introduced on the PBS in 2016. We have maintained 96% cure rate amongst those people attending for post-treatment bloods.

#### POINT OF CARE TESTING SERVICES: HEPATITIS, HIV, STI'S

QuIHN's Harm Reduction team, Nurse Practitioners, and Better Access Medical Clinic teams offered comprehensive blood-borne virus (BBV) and sexual health testing. Between July 2024 – June 2025 973 screens were conducted on 885 people. Of those accessing PoCT services:

- 62% were male
- 71% were 36 years and older
- 32% were Aboriginal and/or Torres Strait Islander

Tests available at QuIHN sites include Hepatitis C Antibody, Hepatitis C RNA, HIV, and Syphilis Antibodies. Of the 973 Hepatitis C screens conducted, Hepatitis C Antibody PoCT accounted for 557 tests (57%), this represented significant growth from the previous year of 31%. A further 416 Hepatitis C RNA PoCT were conducted, there were 78 people diagnosed (or confirmed with an existing diagnosis) with Hepatitis C. The Hepatitis C positive rate from PoCT is 8.65%. The testing results for Hepatitis C PoCT are presented below.

#### **HCV POCT RESULTS**

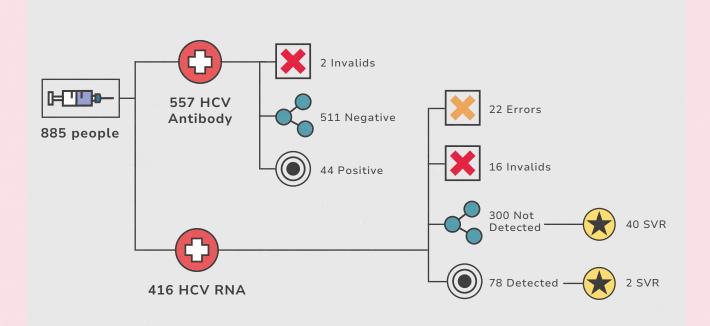


Figure 6: HCV PoCT Results 1 July 2024 to 30 June 2025.

HIV and Syphilis PoCT were available throughout the year with 175 Syphilis Antibody tests, and 178 HIV tests conducted. Of these tests conducted 8 people tested positive to Syphilis antibodies and 0 people tested positive for HIV. Most of the testing for Syphilis and HIV was done in the Townsville region. Testing numbers by region are presented below per PoCT type.

#### ANNUAL POINT OF CARE TESTING NUMBERS BY REGION

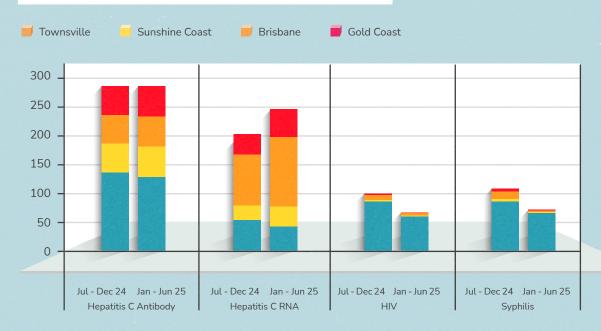


Figure 7: Annual PoCT numbers by QuIHN Region 1 July 2024 to 30 June 2025.

The Nurse Practitioners and harm reduction team conducted outreach to many areas of Queensland including urban, regional and remote communities.

COMMUNITY	CLINIC LOCATION	COMMUNITY	CLINIC LOCATION		
	Townsville QuIHN NSP	Kawana	Kawana Hub		
	Townsville Probation and Parole  Townsville Propagation  Townsville Probation  Town	Nambour	WHOS Najara (Nambour)		
Townsville	<ul><li>Townsville Recovery Services</li><li>Home Visits</li></ul>	Caboolture	Caboolture Community Health		
Townsvitte	<ul><li>Drop-In Centre</li><li>St Vincent de Paul Men's Shelter</li></ul>	Redcliffe	<ul><li>Sandbags</li><li>Redcliffe Breakfast Club</li></ul>		
	Altheas Community Hub		Brisbane QuIHN NSP		
Mt Isa	<ul> <li>Riverbed Action Group Outreach and Support Service</li> <li>Mt Isa Watchhouse</li> <li>Mt Isa AODS</li> </ul>	Brisbane	<ul> <li>Qld Progressive Health</li> <li>Medical Dosing Centre</li> <li>3rd Space</li> <li>Common Ground</li> </ul>		
Biloela	<ul><li>Drug Arm XA</li><li>St Vincent de Paul</li></ul>	Logan	Logan NSP     Logan AODS		
Wide Bay	<ul> <li>Better Connect Hervey Bay</li> <li>Gin Gin Neighbourhood Centre</li> <li>Bridges Bundaberg</li> <li>Angels Community Group</li> </ul>	Gold Coast	<ul> <li>Gold Coast Pharmaceutical Services</li> <li>Burleigh Heads QuIHN NSP</li> <li>AODS Southport &amp; QuIHN NSP</li> <li>St Johns Crisis Centre</li> <li>Nerang Neighbourhood Centre</li> <li>Phoenix Home</li> </ul>		
Maroochydore	Sunshine Coast QuIHN NSP				

Table 1: Outreach clinic locations between 1 July to 30 June 2025.

#### **HCV TREATMENT**

Both the QuIHN Nurse Practitioners and the Better Access Medical Clinic General Practice provide Hepatitis C treatment to QuIHN clients. Each regional Harm Reduction team also has Case Managers available to assist people from testing through to treatment, including giving results from PoCT, organising consultations, transporting people to work-up appointments, paying for and delivering medications and checking in with people while they are on treatment.

TMP provided case management and nursing services to 212 people across Queensland. This included:

- people with a positive PoCT
- people self-referring for HCV treatment
- an external service has referred to the service
- referred from another team from QuIHN such as the Prison Transitions and/or Therapeutic Program.

Of the total people accessing the TMP:

- 75% were male
- 22.5% of people accessing the TMP for HCV treatment were Aboriginal and/or Torres Strait Island people
- most commonly people accessing for HCV treatment were aged ≥ 36 years (65%), however we continued to see an increase in 26-35-year-olds
- 85 people were prescribed HCV treatment in the year via face-to-face and telehealth clinics across Queensland, with 98% of those starting treatment

#### TREATMENT INITIATION AND OUTCOMES PER REGION JULY 2024 - JUNE 2025

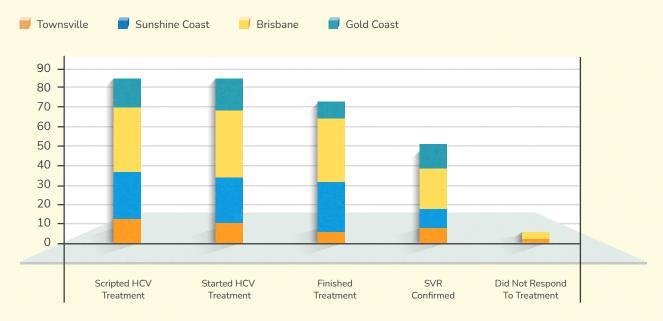


Figure 8: Annual PoCT numbers by QuIHN Region 1 July 2024 to 30 June 2025.

Since TMP began in 2015, our Hepatitis C screening shows a decline in people who are Hepatitis C positive, now sitting at 8.6% of people screened at QuIHN. Since the release of HCV direct acting antivirals (DAA) treatments and availability of these via the QuIHN TMP in January 2016 we have:

- 1,069 people started HCV treatment.
- 1,037 people have completed their HCV treatment and were eligible for 4-week Sustained Viral Response (SVR) testing.
- 703 people attended for their SVR confirmatory test.
- 676 were confirmed to have achieved SVR. Representing a 96% cure rate amongst those presenting for post-treatment results.

#### CASE STUDY

#### KEN'S JOURNEY TO HEPATITIS C RECOVERY THROUGH INTEGRATED CARE

Ken, a 65-year-old client, discovered he was living with chronic Hepatitis C during a Point of Care Test at one of our services in 2024. The diagnosis came after decades of unknowingly carrying the virus, over 30 years, during which time his liver had progressed to cirrhosis with early signs of portal hypertension.

Initially referred to QuIHN's Hepatitis C treatment program, Ken disengaged for a period. But in 2025, he reconnected with our team, scheduling a face-to-face review with our Nurse Practitioner. This marked a turning point in his health journey.

Recognising the complexity of Ken's condition, our Nurse Practitioner initiated treatment in close collaboration with the Hospital Hepatology Unit via remote consultation. Due to his advanced liver disease, Ken was also placed on a waitlist for ongoing care through the Hospital Gastroenterology outpatient service.

What followed was a powerful example of cross-sector collaboration. QuIHN's Nurse Practitioners worked hand-in-hand with hospital specialists to ensure Ken received high-intensity clinical support throughout his treatment. At the same time, Ken was supported through our harm reduction services, including engagement in Opioid Substitution Treatment—an essential part of his broader health and wellbeing.

Thanks to these strong relationships and coordinated care, Ken's primary and preventative health needs were addressed while he remained connected to tertiary services for ongoing liver monitoring. His story highlights the impact of integrated, compassionate care, and the importance of meeting clients where they are, every step of the way.

#### TMP PRISON TRANSITION PROGRAM

The Prison Transitions service based in South-East Queensland provided in-reach to multiple prisons in South-East Queensland. The service is staffed by 1 coordinator in Southeast Queensland and supported by the Harm Reduction program staff across regions for client follow-up. Most referrals into the service were from Brisbane Women's Correctional Centre and Woodford Correctional Centre as shown in the figure below.

#### PRISON TRANSITION SERVICE REFERRALS BY CORRECTION CENTRE



Figure 9: Prison Transition Program Incoming Referrals by Correctional Centre between 1 July 2024 and 30 June 2025.

The Prison Transition Service role collaborates closely with the Prison Health Services and clients to provide a centralised referral point from prison to community, linkage, and support to for those clients seeking and/or already having commenced on HCV treatments who are post-release from correctional services in South-East Queensland.

The role also assisted clients at risk of entering the correctional system, with a focus on access to HCV testing and treatment.

Key activities over the year included:

- 541 new cases referred to the Prison Transition Service for 514 individual clients.
- 42.6% of clients referred were Aboriginal and/or Torres Strait Islander people.
- 55% of people were female, with Brisbane Women's Correctional Centre being the highest referral centre across all custodial facilities.
- The most common age group accessing the Prison Transition Service was between 26 and 35 years of age representing 43% of people referred.

#### PRISON TRANSITION SERVICE INTAKE LOCATION



The success of the program is due to the high visibility of the Prison Transition Service inside the correctional centres. While intake to the service can be conducted while people are in the community after release, the bulk of intakes are conducted inside centres; this helps with engagement and successful referrals into community.

Figure 10: Prison Transition Service Intake Location ('In Community' or 'In Prison') between 1 July 2024 and 30 June 2025.

A vital role of the Prison Transition Services is the linkage of Hepatitis C medication with people once they are released from prison. This might occur through an earlier-than-expected release where a person has been worked up and scripted but has not commenced medications. The Prison Transition Service will secure the medication from the correctional centre pharmacy and provide them to the client – thereby reducing barriers, increasing efficiency, and ensuring clients remain linked into therapy thereby supporting the Hepatitis C elimination goals. Over the year 35 HCV medication deliveries were made to clients' post-release from custodial settings.

Over the past year QuIHN was again involved in the high intensity HCV testing campaigns within many Queensland Correctional Centre's. This initiative is in partnership with The Kombi Clinic, Hepatitis QLD, Queensland Health Prisoner Health Services, among others. High intensity HCV testing campaigns took place at the Capricornia Correctional Centre, Arthur Gorrie Correctional Centre, Palen Creek Correctional Centre, Maryborough Correctional Centre, and Woodford Correctional Centre. The number of tests facilitated at each center, including the HCV positive rate and prevalence are shown in the table below.

CORRECTIONAL CENTRE	MONTH AND YEAR	RESULTS
CAPRICORNIA	September 2024	457 men tested, 38% of the population with 114 HCV positive = 25% prevalence
ARTHUR GORRIE	November 2024	876 men tested, 60% of the population with 77 HCV positive = 9% prevalence
PALEN CREEK	December 2024	188 men tested, 90 % of the population with 14 positive = 7% prevalence
MARYBOROUGH	February 2025	564 men tested, 75% of the population with 71 positive = 13% prevalence
WOODFORD	May 2025	921 men tested, 58% of the population with 120 positive = 13 % prevalence

Table 2: HCV PoCTs facilitated and results during 'Prison-blitzes' 1 July 2024 – 30 June 2025

#### THERAPEUTIC SERVICES

#### COUNSELLING, CASE MANAGEMENT, AND AOD PEER SUPPORT PROGRAMS

QuIHN's Therapeutic Services Core Programs provide counselling, case management, and AOD peer support. These services offer flexible and person-centred support to people experiencing problematic substance use and any co-occurring mental health challenges.

Since October 2024, we have expanded service delivery through the Better Connect Consortium, establishing new sites in Gympie, Hervey Bay, Rockhampton, and Emerald, in addition to our existing services across the Gold Coast, Redlands, Brisbane, Sunshine Coast, and the Cairns regions. The QuIHN Therapeutic Services, making up these core programs, are supported by a range of funders across Queensland, including:

- Gold Coast PHN (GC PHN) funds our Northern Corridor Outreach and Afterhours Program on the Gold Coast.
- Brisbane South PHN (BS PHN) funds the Redlands Outreach Program.
- Brisbane North PHN (BN PHN) funds our Therapeutic Services delivered across Brisbane, Sunshine Coast, and Gold Coast.
- Country to Coast Queensland PHN (CCQ PHN) funds the Better Connect Consortium, which supports our AOD therapeutic teams in Gympie, Hervey Bay, Rockhampton, and Emerald.
- Northern Queensland PHN (NQ PHN) funds our AOD Therapeutic Program in the Cairns region.
- Queensland Health provides funding for our AOD Psychosocial Programs in Brisbane, Gold Coast, Cairns, and the Sunshine Coast.

While funding sources and program names may differ, all these services deliver the same core therapeutic approach adapted to meet local needs. Services are provided in-office, through outreach to homes, community hubs, regional and remote, and into island communities. We also provide in-reach to other health and social services.





#### OVER THE LAST YEAR THESE PROGRAMS:

- Delivered **38,854** service contacts related to counselling, peer support, case management, therapeutic groups, and general correspondence.
- Of these contacts 16,699 were appointments for individual sessions and 11,994 of these were attended. That's a 71.8% attendance rate!
- Delivered group programs across the state including Mud Maps, Treehouse, MAISE, Nuts and Bolts, Mindfulness, and Wiser Minds. All up there were 1,536 attended group contacts across these programs.
- Sent 50,097 messages via the client database for all sorts of reasons including appointment reminders, outcome and feedback measures, and general check-ins and support.
- Over the year, 2,882 clients made an enquiry with QuIHN Therapeutic Services. Of these, 1,838 completed an intake, initiating an episode of care.
- In total, 4,288 individuals accessed our programs, with 3,003 engaging in ongoing support throughout the year.
- 44.9% of clients accessing ongoing services were female and 54.3% were male, with some regional differences observed.
- The average age of clients was 41 years.

#### GENDER PERCENTAGE BY REGION



Figure 11: Gender of Therapeutic Clients across Regions 1 July 2024 – 30 June 2025.

Among ongoing clients accessing our core Therapeutic Services, **14.95% identified as Aboriginal and/or Torres Strait Islander**. This figure varies across regions, reflecting the diverse communities we serve.

#### FIRST NATIONS BY REGION

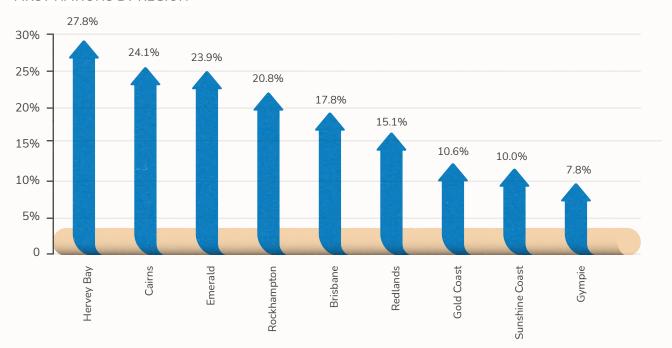


Figure 12: Proportion of First Nations Therapeutic Clients across Regions 1 July 2024 – 30 June 2025.

In addition to the Core Therapeutic Programs, QuIHN also provides Counselling in Northern Qld Regional Parole offices for **Qld Corrective Services** where we see people on parole in the Cairns, Townsville, Mackay and Mount Isa regions. **This program sees a combined total of at least 45.90% First Nations' clients** (#footnote: this figure is likely under reported due to this program not being included in the National Minimum Data Set (NMDS)).

Across all regions nearly half (48%) of all clients engaged in this program identified methamphetamines as their primary substance of concern. This was followed by alcohol (31.1%). Notable regional differences included:

- In Gympie, methamphetamine use was significantly higher, with 61% of clients identifying it as their main concern.
- Alcohol was more frequently reported in Emerald, Hervey Bay, and was equal with methamphetamines as the top concern in Rockhampton.

DRUG GROUP	Brisbane	Cairns	Emerald	Gold Coast	Gympie	Hervey Bay	Redlands	Rockhampton	Sunshine Coast	Total
Methamphetamines	49.9%	45.4%	30.4%	46.1%	61.0%	38.9%	46.9%	42.9%	50.3%	48.1%
Alcohol	22.8%	33.7%	54.3%	29.9%	28.4%	48.1%	33.3%	42.9%	32.7%	31.1%
Cannabis	9.6%	11.3%	10.9%	9.2%	6.4%	7.4%	8.6%	9.1%	7.5%	8.9%
Heroin	7.4%	1.7%	-	4.0%	0.7%	-	5.1%	-	1.2%	3.8%
Stimulants	1.8%	2.4%	-	2.4%	2.1%	-	1.5%	-	3.1%	2.0%
Prescription Opioids	2.1%	1.0%	4.3%	3.0%	0.7%	-	0.7%	2.6%	2.4%	1.8%
Sedatives	1.9%	1.7%	-	2.8%	-	1.9%	1.5%	-	1.5%	1.7%
Other	2.9%	0.7%	-	1.2%	-	-	1.3%	1.3%	0.9%	1.4%
Not Stated	1.4%	0.3%	-	1.2%	0.7%	1.9%	0.6%	1.3%	0.2%	0.8%
Inhalers	0.2%	1.4%	-	0.2%	-	1.9%	0.3%	-	-	0.3%
Hallucinogens	-	0.3%	-	-	-	-	0.1%	-	0.3%	0.1%

Table 3: Reported drug types across regional Therapeutic programs between 1 July 2024 – 30 June 2025.

Many individuals accessing our Therapeutic Services report co-occurring **mental health concerns**, with **77.7%** identifying at least one mental health issue. The most reported concerns are anxiety-related conditions, followed closely by depression and PTSD and related stressors.

In many cases, clients have received a formal mental health diagnosis, while others report significant symptoms without having previously accessed assessment or support. QuIHN's therapeutic approach focuses on supporting people with the symptoms they are experiencing, rather than relying on formal labels or diagnoses, which may not always reflect a person's current reality or needs.

MENTAL HEALTH GROUPING	Brisbane	Cairns	Emerald	Gold Coast	Gympie	Hervey Bay	Redlands	Rockhampton	Sunshine Coast	Total
Anxiety	27.2%	20.8%	8.3%	28.3%	21.2%	25.6%	26.8%	26.1%	24.8%	25.6%
Depression	20.1%	25.1%	61.1%	28.0%	18.6%	23.1%	27.4%	31.9%	25.6%	25.5%
PTSD & Related Conditions	20.9%	20.8%	13.9%	21.4%	33.1%	15.4%	16.8%	7.2%	16.0%	19.3%
ADD/ADHD	8.1%	12.6%	8.3%	8.3%	9.3%	7.7%	5.7%	15.9%	9.0%	8.5%
Schizophrenia Spectrum	7.7%	9.7%	5.6%	4.3%	5.1%	10.3%	7.4%	4.3%	9.3%	7.2%
Bipolar	5.1%	6.3%		4.0%	3.4%	7.7%	5.7%	8.7%	8.0%	5.6%
Personality Disorders	8.1%	2.9%	2.8%	3.3%	3.4%	5.1%	6.4%	2.9%	3.5%	5.0%
Drud-Induced Psychosis	0.8%	0.5%	-	1.0%	5.1%	5.1%	1.7%	2.9%	1.0%	1.4%
Neurodevelopmental	1.6%	1.0%	-	1.0%	0.8%		1.7%		1.3%	1.2%
Acquired Brain Injury	0.4%	0.5%	-	0.5%	-		0.2%	-	1.0%	0.4%
Eating Disorders	-	-	-	-	-	-		-	0.5%	0.1%

Table 4: Mental health concerns reported by clients accessing Therapeutic programs across regions 1 July 2024 – 30 June 2025

#### CLIENT OUTCOMES - PSYCHOLOGICAL DISTRESS AND DEPENDENCE SEVERITY

In 2024/25, client progress was assessed using the Kessler Psychological Distress Scale (K10) and the Severity of Dependence Scale (SDS). Results are based on valid matched pairs — a baseline score compared to the best follow-up score recorded within the reporting year.

**K10:** 71% of clients improved or maintained their level of psychological distress, with an average change of -5.0 points, a clinically meaningful reduction.

**SDS:** 72% of clients reduced or maintained their dependence severity, with an average change of -1.79 points.

While these figures clearly show positive change, it's important to recognise that maintaining stability is also a strong outcome in context. Many clients face complex, ongoing challenges, including housing insecurity, justice involvement, and co-occurring health issues which increase the risk of decline. For these clients, our analysis shows that stabilisation is a significant achievement and provides a solid foundation for longer-term progress.

#### CUSTODIAL AND COMMUNITY CORRECTIONS THERAPEUTIC GROUP PROGRAMS

Over the last year QuIHN Therapeutic staff have been delivering a suite of group programs in Lotus Glen (Mareeba), Townsville Men's and Women's, Borallon, and Palen Creek Correctional Centres. Additionally, therapeutic group programs have been provided in some district Parole offices in Cairns and Townsville.

In the 2024/2025-year **4,232** Group attendance contacts were made. The majority of these were for the 42-hour, 21 module moderate intensity group, Changing Habits.

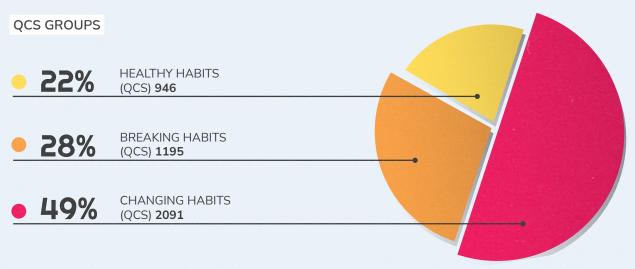


Figure 13: Custodial Therapeutic Group programs delivered 1 July 2024 – 30 June 2025

Across 2024–2025, participant feedback on QuIHN's QCS group programs remained overwhelmingly positive. Over 95% of participants rated the group content and facilitators as effective or excellent, with more than 93% indicating they would apply what they learned. Importantly, 96% reported they would recommend the groups to others, reflecting both the quality of facilitation and the relevance of the program content to participants' lives.

Some of the comments include:

"Learnt a lot, also recommend to anyone who needs help."

"Thank you for your support and knowledge, it was helpful to me."

"Would be good to have more courses like these with these awesome teaching ladies from QuIHN."

"The course helped me to believe I can quit drugs for the rest of my life. It taught me how to deal with triggers and coping mechanisms for stress. The facilitators were knowledgeable, patient, and gave me a great deal of confidence going forward."

"Thank you QuIHN."

QuIHN Therapeutic Services is also funded by Queensland Corrective Services (QCS) to provide individual counselling in probation and parole offices across:

- Cairns
- Mareeba
- Innisfail
- Yarrabah

- Townsville
- Mackay
- Mount Isa

Combined, over the course of the year **1,601 counselling appointments** were made through this program with **892 attended**, resulting in an attendance rate of **56%**. This is significantly lower than the attendance rate for our core PHN-funded programs and highlights the complex challenges of engaging people who may be mandated to attend counselling or who are navigating significant instability in their lives, such as housing, health, or legal issues. Despite these challenges, feedback from participants has been positive. Clients consistently value QuIHN's client-centred, non-judgemental approach, which fosters trust and encourages meaningful engagement even in difficult circumstances.

#### **OUTREACH SOCIAL AND NURSE SUPPORT PROGRAM**

QuIHN Therapeutic Services' Outreach Social and Nurse Support Program provides outreach social and nursing support to clients in the Redcliffe, Deception Bay, and Caboolture areas, addressing health and welfare needs for highly vulnerable populations. Services include health checks, brief interventions, vaccinations, and nursing support, alongside the distribution of food, clothing, and other essential resources. Over the last year, the team supported 795 people, an increase of 46% from the previous year. The team delivered:

#### VACCINATIONS ADMINISTERED: **SERVICE CONTACTS: 1,455 TOTAL BRIEF INTERVENTIONS** COVID-19 **HEALTH CHECK SESSIONS FLU NURSE PRACTITIONER** OTHER VACCINES **SESSIONS** (including Shingrix for (newly introduced this year) shingles, ADT for tetanus, **Boostrix for whooping** cough, Pneumovax, Hepatitis B, HPV, and others) OTHER SERVICE CONTACTS (referrals, follow-ups, welfare checks, etc.)

A key development during the year was the introduction of a **Nurse Practitioner**, significantly strengthening the team's clinical capacity.

#### BETTER ACCESS MEDICAL CLINIC

The Better Access Medical Clinic in Brisbane operated with one full-time GP, Dr Isabel, and a part-time Registered Nurse, Eve, this year for most of this year. Dr Melissa joined the clinic at the later part of this year, working one day a week. Recruitment for additional GPs is ongoing. Over the year, BAMC provided:

- A total of 3,834 patient appointments.
- 57% of appointments were delivered through face-to-face consultations, the remaining were facilitated via telehealth appointments.
- 44% of active patients identified as Male and 56% identified as Female.
- 2% identified as First Nations People.

During the year we were also engaged in the work of the Health Equity Coalition (HEC). HEC is a group of Not-For-Profit General Practices operating in South-East Queensland, all working in the 'deep end of General Practice'. Collectively the Health Equity Coalition are committed to fair and accessible healthcare for marginalised populations. The Coalition of General Practices works with populations of patients who are experiencing homelessness, people with problematic substance use and dependence issues, people from LGBTIQA+ communities, those of multi-cultural backgrounds with a history of trauma, and those from backgrounds of intergenerational poverty - all who often find access to healthcare a real challenge. Our communities and patients also experience some of the worst health outcomes and the greatest barriers to care. The Health Equity Coalition has been advocating for a more considered and comprehensive approach to funding of high-quality primary care for these groups. The HEC developed a Business Case and Policy Brief to talk to general practice funding that embeds health equity at its core and highlights that business-as-usual will not adequately support disadvantaged populations.

#### **CLIENT ENGAGEMENT ACTIVITIES**

The Client Engagement role has continued to coordinate client engagement activities across the organisation. QuIHN partners with clients and community in the planning, delivery, and evaluation of services. Client engagement practice coordinated over the year included:

- Coordination and facilitation of the Client Advisory Group (CAG) – meeting a minimum of 4 times per year and/or as needed.
- Regular support and supervision sessions, both group and individual. Informal meetings to allow client advisory members to share information, get to know each other and team building.
- Providing client feedback, guidance and support with policies and procedures e.g.: language, readability, suitability, design and feeling. Some examples include our Inclusion and Anti Racism posters, First Nations and Community Acknowledgements.
- Supporting client feedback in the development of resources – including posters and brochures for Therapeutic and Harm Reduction Services E.g. Modules for Wiser Minds DBT Group, and Shark Cage Group Manual.
- Attendance at TRACKS Magazine Editorial Committee – development and storyboarding for each edition, as well as Client Representative updates within the magazine, and written submissions about community and client issues.

- Client representatives also participate in a range of internal meetings and local regional meetings to inform local initiatives and client needs.
- Client representatives also participate in our RAP Working Group meetings
- Client representatives reviewed aspects of NSP Service Delivery (e.g., information collection, cost and availability of NSP supplies, and overdose and HCV specific services).
- Client representatives contribute to staff induction and training, especially as it is related to client engagement practice, but also general AOD training (e.g., neurodiversity and AOD, understanding DV and AOD).
- Client representatives continue to be a valued part
  of QuIHN staff recruitment and selection panels,
  with a client representative being present and having
  equal say at most interviews. Client representatives
  very much value being a part of this process and
  staff feedback has been incredibly positive.
- Client representatives continue to learn and develop by attending several workshops, conferences, and forums (e.g., AIVL Webinars, Hepatitis Awareness Day & Human Rights Day, QuIVAA's Crack the System events, QuIVAA Peer Rooms, Insight AOD Webinars, and a range of other QuIHN, QuIVAA and AOD peer and client events).
- Client representatives have specialty areas they are passionate about (e.g., domestic and family violence, First Nations communities, trauma and PTSD, chronic health, and neurodivergence and gender).
- Ongoing support to QuIHN's social media channels over the year, ensuring appropriate online communication regarding service delivery changes, drug warnings, promotion of QuIHN activities and events, relevant community events, and key dates.
- Client representatives provide guidance on communication strategies with the broader community via a variety of avenues

   posters, documents, policy, social media, signage and event planning etc.

#### ABILITY TO SELF-SUSTAIN.

#### **OUTCOMES:**

Diverse funding streams and organisational growth

Over the course of the year, the organisation managed 25 funding contracts across a variety of sources. Some of the newer activities and those that were renewed across the year are included below.

#### Gold Coast, Southport Needle and Syringe Program (NSP)

Dring the year we continued the activity under the Gold Coast Hospital Health Service (GC HHS) funding agreement to provide the Southport NSP remains QuIHN's busiest NSP, operating 10am-4pm, Monday-Friday. The service agreement expired on 30 April 2025 but was renewed and the new service agreement is now underway.

#### **Common Ground Brisbane**

QuIHN's Peer Harm Reduction Worker continues working out of Common Ground Queensland supported accommodation in South Brisbane. Our Peer worker has been working closely with the established MICAH team providing integrated AOD Peer Harm Reduction and support. This service agreement expired on 30 June 2025, and the project has now been extended for another year with funding now kindly being provided via MICAH.

#### **CheQpoint Drug Checking Service**

QuIHN, in partnership with The Loop Australia and QuIVAA have now finalised the CheQpoint Drug Checking Service with the last day of service delivery from both QuIHN Brisbane and Gold Coast held on Friday 4 April 2025. While Government funding is no longer available for drug checking services in Queensland it is hoped private sourcing of funding may become available in the future to assist in the re-establishment of CheQpoint.

#### Queensland Mental Health Commission (QMHC), Culturally and Linguistically Diverse (CALD) Alcohol and Other Drug (AOD) Prevention, Early Intervention, and Harm Reduction initiative

The CALD AOD Prevention, Early Intervention and Harm Reduction Initiative is a partnership with the Ethnic Communities Council of Queensland (ECCQ) aimed at reducing alcohol and drug-related harms in culturally and linguistically diverse communities. Through this collaborative partnership with ECCQ, the project aims to:

- Reduce barriers to CALD people engaging with and accessing AOD programs and services.
- Reduce stigma, discrimination and attitudes towards people who use AOD in CALD Communities.
- Improve culturally flexible and responsive approaches to deli very of harm reduction education and support.

#### Eliminate C Australia (ECA)

During this reporting period, QuIHN submitted three proposals to ECA aimed at enhancing our established HCV Treatment & Management Program. All three proposals were successful, and these fixed-term projects will commence in the next reporting period. The successful proposals include:

1. Improving health outcomes for Women who Inject Drugs.

- Community Led Responses to Improving Hepatitis C Care Across the Wide Bay Region.
- 3. Prison Transitions, Aboriginal Health Project.

#### **Better Connect Consortia**

October 2024 OulHN Therapeutic Services commenced operations as part of the Better Connect Consortium, a regional initiative funded through Country to Coast Queensland Primary Health Network (PHN). The Consortium operates four community hubs located in Hervey Bay, Gympie, Rockhampton, and Emerald, with outreach services extending to surrounding areas. Each hub provides a central point for integrated health and social support, connecting clients with a wide range of services under one collaborative model. QuIHN's role within Better Connect has been warmly received in all four regions. Communities have welcomed the expansion of therapeutic services. Our presence in the hubs ensures that clients who may not meet eligibility for other services still have access to inclusive, harm reduction, trauma informed support. What QuIHN brings to the Consortium is a specialist AOD and mental health therapeutic lens, strengthened by lived experience through our Peer AOD workers. This contribution complements the offerings of partner agencies, helping to create a more holistic and person-centred service system. Being part of Better Connect has embedded us more deeply within regional service networks and provided a platform to extend our reach and impact in those communities.

#### Better Connect Consortia The Gold Coast After Hours Program funded by Gold Coast Primary Health Network (GC PHN)

Our Gold Coast After Hours program has again been refunded for another year with the support of the GC PHN. Clients can continue to access our After-Hours Counselling between hours of 5:00 pm and 9:00 pm three days per week at the Burleigh Heads QuIHN location. The service is also open every second Saturday between the hours of 10:00 am and 3:00 pm.

#### Gold Coast PHN/Air Detox/QuIHN Home Detox Trial

Towards the end of the year, QuIHN was pleased to receive news that the Gold Coast PHN would allocate surplus funding to support a one-off Home Detox trial in partnership with AIR Detox. Under this arrangement, a dedicated place has been reserved for QuIHN clients, giving eight people the opportunity to access a home-based detox program with 12 months of follow-up support at no cost to them. This trial provides a valuable new treatment pathway for clients who may not otherwise have access to supported detox, strengthening the continuum of care available on the Gold Coast. A research project will be undertaken at the end of the trial to evaluate outcomes and highlight the benefits of integrating home detox into community-based AOD services.

#### Queensland Mental Health Commission (QMHC) QuIVAA-led partnership with QuIHN for the QuIHN Peer Leadership Framework

During the year QuIHN worked in partnership with QuIVAA through funding made possible by the QMHC to further the work of the QuIHN Peer Leadership Framework. Through this work we continue to leverage the work already taking place by strengthening, formalising, and advancing the integration of LLE (lived-living experience) workforces and peer work as a distinct discipline across our organisation.

#### **QuIHN and QuIVAA Innovation Fund**

During the year QuIHN and QuIVAA collaborated on the seeding and development of the Innovation Fund. The Innovation Fund is a joint fund that is intended to support small, creative, and innovative projects within QuIHN and QuIVAA that align with the strategic and operational objectives of both organisations. Over the year the Innovation Fund Sub-Committee was established as a joint committee under the governance of QuIHN and QuIVAA to be responsible for overseeing the administration of the joint Innovation Fund. The joint fund has been established under our shared Memorandum of Understanding (MOU) between the organisations. The Innovation Fund Sub-Committee will play a crucial role in fostering innovation and ensuring effective management of the joint fund. We expect that the inaugural grant round for the Innovation Fund will be announced on or before QuIHN Days 2025 in November 2025. A small number of selected key innovation projects will be funded to do one or a combination of the following:

- Strengthen existing services.
- Explore adjacent opportunities.
- Build toward future capabilities.
- Discover emerging trends.
- Prepare for future growth.

# EVIDENCE CREATED THROUGH RESEARCH AND EVALUATION INFORMS PRIORITIES & TRANSLATION INTO PRACTICE.

#### **OUTCOMES:**

Demonstrate sector leadership through the development and sharing of high-quality research and translating research into practice.

Over the year the organisation has been involved in a range of research partnerships and activities that have informed our priorities and practices. Below are several examples of these important partnerships.

### Queensland University of Technology (QUT research partnership for "Prick and Go"

The regional and remote TMP project "Prick & Go", the cure that comes to you" has now finished up. The project was in partnership with QUT, who are responsible for the evaluation component of the project. Outcomes from the evaluation will be shared once finalised.

#### ECA Burnet Institute 'Synergy' research partnership

QuIHN are the Queensland representatives for the Burnet Institute 'Synergy' project, the National project aims to translate research from HCV projects into practice. Burnet Institute have also launched an Eliminate C Australia 2 project in which QuIHN will again be strongly involved. In addition, during this reporting period, QuIHN submitted three proposals to ECA aimed at enhancing our established HCV Treatment & Management Program. All three proposals were successful, and these fixed-term projects will commence in the year ahead. The successful proposals include Improving health outcomes for Women who Inject Drugs; Community Led Responses to Improving Hepatitis C Care Across the Wide Bay Region; and Prison Transitions, Aboriginal Health Project.

### Kirby Institute, Flinders University and PoCT research partnership

QuIHN HCV Point of Care Testing (PoCT) continues to work under the National HCV POCT Project under the governance of the Kirby Institute and the Flinders University. QuIHN continues to represent Queensland on the National Committee relating to this project.

#### University of Queensland (UQ), QAIHC, Hep QLD, Youthlink

QuIHN worked in partnership with the University of Queensland (UQ), the Queensland Aboriginal & Islander Health Council (QAIHC), Hepatitis QLD, QLD Health, and Cairns Youthlink, continued their partnership in this research initiative entitled – "Enhancing harm reduction services (BBV and STI) for Aboriginal and Torres Strait Islander people who inject drugs through improved engagement". This period saw successful publication and conference presentations derived from this piece of work. This group of stakeholders and now including QuIVAA and Western Australian services, have submitted a MRFF research grant submission to extend the results of this important work.

# Illicit Drugs Reporting System (IDRS) and the Ecstasy and Related Drugs Reporting System (EDRS) and Illicit Drug Reporting System (IRDS)

Each year QuIHN consumers are invited to participate in the EDRS and IDRS. This year, we continued recruiting participants for this important research. The research is part of an ongoing national monitoring program. Each year people who regularly use and/or inject illicit drugs are interviewed in every state/territory capital city about their patterns of use, drug markets, and the health, social and justice issues they experience. Findings are published within remarkably short timeframes and thus feed quickly into national and international policies and program design. All participants are compensated for their time, and this research will be ongoing in the future.

### Australian Needle & Syringe Program Survey (ANSPS) (the "Finger Prick Survey")

In October 2024, the three QuIHN sites located in Burleigh Heads (Gold Coast), Sunshine Coast, and Brisbane conducted two weeks of the Australian Needle Syringe Program Survey (ANSPS). The ANSPS collects repeated point prevalence data on HIV and HCV antibody presence, as well as HCV RNA prevalence, and tracks sexual and injecting practices among people who inject drugs (PWID) in Australia. QuIHN has participated in this long running survey since 2005, with the next round planned for October 2025.

### QuIHN Treatment & Management Program (TMP) Expert Advisory Panel (EAP)

The EAP supports the QuIHN Treatment and Management Program by offering accurate, timely, and context-specific advice and recommendations. The panel comprises representatives from a range of sectors, including government agencies, non-government organisations (NGOs), consumer representation, and other relevant representation.

### Griffith University, QuIVAA, and QuIHN Overdose Research in Prisons partnership

Over the year QuIHN collaborated with Griffith University and QuIVAA to conduct a self-funded research study among people who injected drugs and who had experienced incarceration in Queensland and overdosed within the past three years. Participants were recruited via social media and supported by QuIHN and QuIVAA. Participants described how structural, economic, and social factors within Queensland prisons foster risky injecting practices and elevate Blood-Borne Viruses (BBV) and Injecting Related Bacterial Infection (IRBI) risks. The findings from this research were released in October 2025 and call for more consideration regarding policy changes to enhance the accessibility of harm reduction interventions, including needle and syringe programs in Queensland prisons.



#### QUIHN'S PEER LEADERSHIP FRAMEWORK

#### PWUDS ARE RESPECTED PARTNERS IN SERVICE DESIGN AND GOVERNANCE.

#### **OUTCOMES:**

Peer-led practice is embedded in all service design, planning, and evaluation aspects of our work

The Peer Leadership Framework marks QuIHN's ongoing commitment to people who use drugs and the value of lived-living experience (LLE) in delivery of services. Co-created by people who use drugs, peer workers, consumers, and sector stakeholders, the Framework reflects a deliberate investment in strengthening peer-led practice across Queensland's alcohol and other drugs (AOD) and harm reduction sectors. Rather than emerging in response to external demands, the Peer Leadership Framework represents a deepening of QuIHN's foundational belief in peer work as central to service excellence, health equity, and systems change. It provides a strategic and practical roadmap for embedding peer perspectives at all levels of service delivery, governance, research, and advocacy. Drawing on decades of peer expertise, community knowledge, and harm reduction best practice, the Peer Leadership Framework addresses entrenched systemic barriers such as stigma, discrimination, and criminalisation. It positions peer workers as central to change and recognises their leadership in shaping ethical, inclusive, and effective systems of care.

#### Core Principles: Ethics, Rights, and Cultural Safety

At its heart, the Peer Leadership Framework is grounded in respect, self-determination, and the inherent dignity of all people who use drugs. It champions peer values such as mutuality, solidarity, the dignity of risk, and empowerment, recognising lived-living experience as central to leadership and service design.

The Framework embraces a rights-based approach that prioritises client-focused, inclusive practices and actively rejects tokenism. Cultural safety is embedded throughout, with a strong commitment to Aboriginal and Torres Strait Islander knowledges, culturally diverse communities, LGBTQIA+ people, and all groups disproportionately impacted by stigma, discrimination, and criminalisation.

### Building Capacity: Tools, Training, and Competency Pathways

The Peer Leadership Framework offers practical tools and resources that support the development of confident and connected peer workers. A set of clearly defined competencies provides a scaffold for career progression, from early career roles to senior leadership.

Training and professional development opportunities have been co-designed with peers to reflect real-world needs.

The Framework also includes mentorship pathways and peer-led communities of practice, enabling continuous growth and shared learning across the workforce.

#### Addressing Systemic Barriers

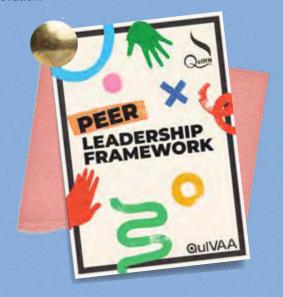
Systemic issues such as stigma, discrimination, and criminalisation continue to impact both the health of people who use drugs and the viability of peer work. The Peer Leadership Framework directly challenges these barriers by advocating for structural change and embedding peer perspectives within organisational and policy-level decision-making.

#### **Embedding Peer Leadership in Practice**

A key focus of the Peer Leadership Framework is ensuring that peer leadership moves beyond aspiration to become visible and tangible in everyday practice. This involves formalising peer roles, embedding lived-living experience into strategic planning and governance structures, and allocating resources to support peer-led initiatives.

QuIHN has undertaken a thorough review of internal policies, supervision models, and team structures to promote genuine inclusion. This work is grounded in a commitment to creating environments where peer workers are not only supported but actively empowered to lead.

In addition, QuIHN is committing to the development of its peer workforce by building capacity through structured training, tailored supervision, and clear career development pathways. This ensures that emerging peer workers have opportunities to grow into leadership roles, contributing meaningfully to service design, delivery, and innovation.



#### Partnership Between QuIHN and QuIVAA

QuIHN and QuIVAA continue to build on their partnership grounded in a long-standing commitment to peer-led harm reduction. This partnership reflects a shared belief in the importance of peer leadership, authentic collaboration and co-design, and community-driven solutions.

QuIVAA's partnership has ensured the Framework remains accountable to people who use drugs, while QuIHN has leveraged its organisational infrastructure to support wide-scale implementation across services. Together, both community organisations model what meaningful partnership with peer organisations can look like in practice.

#### **Looking Ahead: Priorities for the Next Phase**

The next phase will focus on extending the reach of the Peer Leadership Framework, with an emphasis on implementation support, organisational capability, sector education, and evaluation. Plans include expanding peer leadership training, embedding reflective practice models, and developing tools to support managers and non-peer colleagues working alongside peers.

Further work will also be undertaken to amplify Aboriginal and Torres Strait Islander peer leadership, with community-led processes guiding this development. A formal evaluation of the Framework's impact is scheduled, with findings to inform the next phase of sector-wide framework, reform and innovation.

## PUTTING TOGETHER THE PUZZLE – STIGMA AND DISCRIMINATION

Putting Together the Puzzle – Stigma Discrimination and Injecting Drug Use continues to be a regularly requested training workshop. It is currently delivered on an as needed basis to not-for-profit community organisations.

Putting Together the Puzzle enables people with a lived-living experience of substance use to develop their facilitation skills and story sharing, supported by peer leaders. As Putting Together the Puzzle is a core training course for all QuIHN staff, the workshop has been delivered internally for new employees, students and volunteers. The feedback continues to be positive, with participants enjoying the interactive activities and the lived-living experiences shared by facilitators. QuIHN is part of AIVL's Putting Together the Puzzle Working Group which is reviewing and updating the training content and adapting the format for all AIVL member organisations.

#### TRACKS MAGAZINE

Over the past year, QuIHN's Tracks Magazine Committee, comprised of QuIHN staff, service consumers, and consumer representatives worked extremely hard on the development of two new issues of TRACKS Magazine. Issue 36 "Straight Outta Corrections 2.0" and issue 37 "The Drug Issue". Both issues are well worth the read, full of important information, client stories and artwork, among other interesting articles. Both issues are available in print at your local QuIHN office, and online via the QuIHN website.

#### CLIENT FEEDBACK ON HARM REDUCTION SERVICES AND SERVICE IMPROVEMENTS

We held one-on-one client feedback sessions with people who had accessed POCT &/or TMP services. Clients were asked questions regarding current, future and expected service needs. This in conjunction with staff consultations held throughout the year will inform our service delivery for the 2025/2026 year.

Table 5: Client feedback on harm reduction services statewide 1 July 2024 to 30 June 2025

THEME	CLIENT FEEDBACK	ACTIONABLE OUTCOMES				
What clients said we did well	<ul> <li>So easy – I have really bad anxiety and it was friendly, reassuring and super quick.</li> <li>Friendly staff, easy to do, don't need to see a GP so that was good.</li> <li>I don't have hep C anymore – staff were friendly and kind during the process.</li> <li>For me the availability and access was easy.</li> <li>It eased my anxiety coz it was easy to access.</li> <li>I connected with QuIHN in jail and it was awesome.</li> <li>It was so easy coz I didn't have to have a proper test and the people were so nice.</li> <li>Staff were easy and comfortable to talk to.</li> <li>I was able to get tested straight away, I didn't have to wait long between requested the test and getting the test.</li> <li>I couldn't fault it.</li> </ul>	<ul> <li>Continue to provide a low-barrier, friendly, non-judgmental service.</li> <li>Continue to build strong rapport with people accessing our service.</li> <li>Arrange frequent high intensity testing campaigns in community locations.</li> </ul>				

THEME	CLIENT FEEDBACK	ACTIONABLE OUTCOMES
What clients said we could improve on.	<ul> <li>It would be good if testing was available more frequently on outreach, not just once a fortnight.</li> <li>It would be good if it was available after 3pm – coz sometimes I have come in all ready to go and have been told that it is too late.</li> <li>One time the machine wasn't working properly, and I had to come in another time, but the whole thing was handled really well.</li> <li>More prep time leading up to it would have been good – I was in jail when I got tested and we only got told on the day that hep C tests were being done, I think more people would have been open to getting tested if they had more lead in time and opportunity to properly prepare. If we were provided with some resources leading up to it, this would help bust some myths and challenge misinformation that exists amongst people in prison.</li> <li>Nope, youse are alright hey.</li> <li>Spend more days at a particular outreach location eg: OST clinic, as many people only pick up (come into the clinic) once a week so you could be missing lots of people who might want testing.</li> </ul>	<ul> <li>Ensure of all fixed site and outreach PoCT clinics are heavily promoted among service users.</li> <li>Increase PoCT access where possible.</li> <li>Ensure PoCT equipment is set up and available for testing during all opening hours.</li> <li>Continue prison-based outreach and expand where possible.</li> <li>Arrange frequent high intensity testing campaigns in community locations.</li> <li>Provide pre-testing education and resources, especially in custodial settings.</li> </ul>
What clients thought about incentives.	<ul> <li>I didn't even know QuIHN offered vouchers as incentives- so this wasn't a factor for me.</li> <li>Vouchers and incentives might help people get in to get a test.</li> <li>Vouchers encouraged me to do it, and maybe if you doubled it – coz of the cost of living. Coz \$20 doesn't go far. Incentives really work for me.</li> <li>This was an extra bonus – it wasn't really a factor for me.</li> <li>Maybe vouchers could be an incentive for some, but it was not a consideration for me.</li> <li>This was not a factor for me, but maybe it is for others.</li> <li>More money maybe would equal more people.</li> <li>Incentives were a factor for me and my partner. However, we only have a phone between us, so this was a barrier in us getting vouchers.</li> </ul>	Improve awareness of incentives.     Consider increasing voucher value or offering alternative incentives.
What clients thought we could do more of.	<ul> <li>Home testing might help get more people tested.</li> <li>Help with transport or transport costs would be really good.</li> <li>Attend a clinic more than once a week, as some people only pick up once a week.</li> </ul>	<ul> <li>Explore options for HCV home testing kits.</li> <li>Provide transport support or travel reimbursements where feasible.</li> <li>Ensure of all fixed site and outreach PoCT clinics are heavily promoted among service users.</li> </ul>

#### HEP C NOTIFICATIONS CONSULTATION

Legislative change is being proposed around the notification of Hepatitis C and which tests are sent to the Notifiable Conditions team within Queensland Health. QuIHN led community consultation processes in late June 2025 around the proposed changes, with a staff session in the morning and 11 fantastic community representatives attending the afternoon session. Lots of discussion, peer education happening in the room, and open and honest discussions around stigma, privacy concerns, internet security of notifications data, and people sharing their experiences of accessing testing and treatment in community and prison.

#### THERAPEUTIC SERVICES

#### **CLIENT SATISFACTION**

Therapeutic Services uses a client feedback system that makes it easier to collect and review feedback. There are several ways people can fill in feedback including QR Code, email, text, in session or on paper. For core therapeutic programs, like our counselling, peer work and case management the following client satisfaction outcomes were noted:

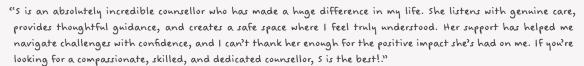
- Overall Satisfaction score was 4.8 (out of 5)
- Goals met 4.7
- Therapeutic Relationship 4.8

- Integration of skills 4.5
- Likely to Recommend 4.9

#### Some quotes fromç clients attending counselling:

"The service is fabulous it should be advertised so more people can access it."

"Haven't achieved goals yet but only early days."



"Thank you for providing a safe place for me to share and grow without judgment nor asking for a fee for the service provided. I deeply appreciate the opportunity and care given."

#### Group feedback was also strong for these programs:

- Content 4.7
- Facilitators 4.8
- Supportive Space 4.8

- Likely to apply in own life 4.7
- Likely to recommend 4.8



#### When asked what to share with people considering attending:

- "Hang in there things will improve if you use the information and tools taught in the group and do the work that's required."
- "Friendly..... Welcoming.... Safe place."
- "Snacks are great and facilitators are so very supportive and understanding."
- "It's about learning new ways and how to regulate your emotions. Learning how the brain works."
- "Great organisation, great harm min approach very useful skills and knowledge for parenting."

#### **CLIENT ENGAGEMENT**

Client representatives are based across all QuIHN regions, contributing through the Client Advisory Group (CAG) and other activities. The CAG provides a formal mechanism for client perspectives to be heard and contributes to responsive and appropriate programs and services. Client Representative roles are formal and remunerated roles. This year's activities have included but are not limited to:

- Participation in regional and staff meetings across QuIHN
- Client representation on the Reconciliation Action Plan (RAP) Working Group.
- The review and design of resources, posters and brochures across Therapeutic, Corporate and Harm Reduction programs.
- Contribution to design and review of QuIHN's website and social media.



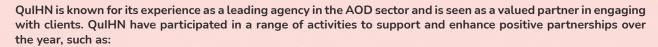
- Client representatives are a key part of the Tracks Magazine for Illicit Drug Users Editorial Committee, providing writing, storyboarding and editing duties, as well as adding submissions and reviewing QuIHN events and activities from a client perspective.
- Client Representatives have attended various online and in-person events both internal and external.
- QuIHN provides opportunities for staff, students and volunteers to meet the client representatives, and learn more about their role within the organisation.
- Contributing to the development and review of policy, client-facing documentation, language, wording, to ensure our written publications are accessible for our clients (e.g. the anti-racism processes and posters, QuIHN's Inclusion statement, and Therapeutic group guidelines).
- Our client representatives have co-developed resources for our group programs - such as our group manuals like "Shark Cage" - Domestic Violence Survivors Group, QCS Therapeutic group programs content, Wiser Minds DBT therapeutic group re-work, and promotional materials for therapeutic groups across QuIHN.
- Our client representatives continue to attend service design, implementation, and review focus groups providing key expertise. Examples over the year have included: Hepatitis C and PoCT improvement focus groups, NSP service delivery reviews, and therapeutic group programs review.
- Ongoing training is provided for client representatives. Some training throughout the year has included: understanding neurodiversity and AOD, PIEDs and harm reduction, gender and drug use, and a refresher of Putting Together the Puzzle Anti-Discrimination training.

The Client Engagement Officer continues to facilitate Mud Maps, where clients choose the themes and topics of the group, develop collective rules and values, and share responsibilities of activities and learnings. Over the course of the year, the Client Engagement role has also facilitated or participated in the following activities:

- Ongoing monthly facilitation of the Peer Workforce Group Supervision and Support Sessions for peer workers and employees using their lived-living experience in their role.
- Individual peer support, guidance and advice provided to peer workers and staff members using their lived-living experience.
- Connecting and supporting staff and client representatives with various engagement activities and ensuring good engagement practice is maintained.
- Collaborating with academics and organisations to promote, recruit and support engagement activities e.g.: focus groups with Burnet Institute around Its Your Right Campaign and HCV Surveillance and Data changes.
- Ongoing support to QuIHN's clients and peers liaison, advocacy, support to engage in activities, and information regarding engagement opportunities
- The coordination of all feedback received across regions. QuIHN has received 138 pieces of feedback, the majority coming through our Client & Stakeholder Feedback Forms. 97% of clients who completed feedback are very happy with QuIHN and 96% stated they would recommend QuIHN to their friends.

#### KNOWN FOR STRONG GOVERNANCE AND BEING A VALUED PARTNER

Outcomes: Collaborative and positive partnerships with members, supporters, funding bodies, and stakeholders that advance our goals.



- Membership of the Brisbane North PHN AOD Partnership Advisory Group
- Membership of the Gold Coast PHN AOD Partnership Advisory Group
- Far North Queensland Community of Practice
- Participated in the Qld Mental Health Commission Better Together Lived Experience Groups
- Membership of the Prompt Response Network run through NCCRED
- Membership in the Sunshine Coast Alliance

- Participation in the Health Equity Coalition
- Participation in the Brisbane North Lived Experience Expert Group
- Participation in the ASHM Prison Health and Wellbeing Forum and the Prison Forum Committee
- AIVL National Peer Network
- QMHC LLE Advisory Groups Stigma Campaign, Trauma Strategy, Peer Charter etc
- Peer QNect Steering Committee

- QuIVAA AOD LLE Representation Model Advisory Group
- Australian Research Centre in Sex, Health and Society – Strengthening Peer and Community Led Programs and Research
- AIVL National Research Strategy Working Group
- QNADA LLE Advisory Group
- AIVL Putting Together the Puzzle Update Working Group
- Communify IMPACT Network Meetings
   Peer Workforce Sector
- INPUD International Drug Users Day funding
- Darling Downs region Stigma Reduction Project
- Centre for Social Research in Health Stigma Indicators Monitoring Project
- Burnet Institute Hep C Surveillance Project
- QMHC & ADIS Family and Carers online platform collaboration

#### Treatment & Management Program, Expert Advisory Panel:

The Hepatitis C Treatment Management Program (TMP) Expert Advisory Panel (EAP) has continued its quarterly meetings. This expert panel includes consumer representation and other professionals from the sector. The panel guides QuIHN's TMP to ensure best practices in HCV testing and treatment.

#### Queensland University of Technology (QUT):

During this period, QuIHN and the QUT School of Nursing continued working in partnership to develop and evaluate an integrated, community-led inclusive HCV testing and treatment model for Mt Isa. The model has been codesigned with the community and supported by QuIHN. A series of workshops have been delivered by QUT, with funding sourced by QUT to deliver and evaluate these workshops and outcomes. An outcomes report will be generated by QUT and provided to QuIHN in the coming year.

#### Point of Care Testing (PoCT) Partnerships:

Through PoCT, we have established new and consolidated existing collaborative partnerships. We continue representation on the National Hepatitis C Point of Care Testing Project Committee. Some partnerships during this year have included:

- Caboolture Community Health: The partnership with Caboolture Community Health to deliver HCV PoCT and TMP clinic continued to work well during this period.
- AODS Southport: Continued HCV testing and treatment clinics on a fortnightly basis out of the Southport Health Precinct AODS service. These clinics take referrals from AODS and the QuIHN Southport NSP located on the ground floor. These clinics also provide an opportunity to discuss overdose with clients and provide naloxone to clients at risk, or those likely to witness an overdose.

- AODS Logan: QuIHNs Harm Reduction Worker along with our Nurse Practitioner attend AODS in Logan offering our TMP each month. HCV PoCT is promoted through the Logan Needle and Syringe Program (NSP). Interested clients can schedule appointments for HCV and STI testing, and treatment where required. Overdose education is also facilitated where appropriate, and naloxone provided to those at risk of overdose.
- AODS Mt Isa: QuIHNs Harm Reduction Services continued monthly attendance at Mt Isa AODS. These visits focus on HCV testing and treatment, however, often include other relevant work. During this period, our Nurse Practitioner, along with our Harm Reduction Worker provided education to the staff of ATODS on safer injecting, overdose, and naloxone, in addition to HCV testing and treatment.
- North-West Queensland Indigenous Catholic Social Services (NWQICSS), Mt Isa: NWQICSS Is a non-profit association established by Good Shepherd Parish, Mount Isa to provide direct relief and support to Indigenous people of the region. During this period, QuIHN established a partnership with NWQICSS, that enables the facilitation of BBV and STI screening that is facilitated by our Nurse Practitioner and Harm Reduction Worker.
- 3rd Space-Drop-in Centre, Brisbane: 3rd Space helps thousands of people every year through the dignity of a hot shower, café style meals, and access to medical, mental health, law, tenancy, employment, and other services. These services focus on breaking the cycle of homelessness. QuIHN attends 3rd Space monthly, offering access to HCV testing. During this period, QuIHN partnered with Micah and Inclusive Health, and the Kirby Institute to hold a HCV POCT blitz event testing all people requesting HCV testing who were accessing 3rd Space in the week-long event.
- Medical Dosing Centre (MDC, Fortitude Valley)
  monthly HCV/overdose and naloxone provision:
  MDC assists clients to achieve their goals while
  undergoing opioid replacement therapy. During
  the year QuIHN provided monthly attendance
  to the Fortitude Valley clinic with our Harm
  Reduction staff offering HCV PoCT, overdose
  education, and naloxone provision. Clients who
  have a diagnosis of HCV are offered appointments
  with our Nurse Practitioner, and are continued
  to be supported by our Harm Reduction staff
  through their journey through treatment.
- Progressive Health, Stones Corner, Brisbane:
   Progressive Health assists clients to achieve their
   goals while undergoing opioid replacement therapy.
   Their clinics are designed to deliver all services to
   meet the needs of their client group. Over the year
   QulHN continued to attend Progressive Health, based
   out of Stones Corner in Brisbane. Each month our
   Harm Reduction staff attend the clinic offering HCV
   PoCT, overdose education, and naloxone provision.
   Clients who have a diagnosis of HCV are offered
   appointments with our Nurse Practitioner, and are
   continued to be supported by our Harm Reduction
   staff through their journey through treatment.

- Drug Arm, Biloela: During the year QuIHN
   established a new partnership with Drug Arm,
   Biloela, to deliver HCV testing and treatment
   clinics on a two-monthly basis. Drug Arm
   provides referral of clients and local marketing
   of the clinics and hosts the clinics. The clinics
   are held in either Drug Arm facilities or facilities
   provided by the "Banana Shire Support Centre".
- Angels Community Service (Bundaberg): QuIHN
  commenced outreach clinics to Angels in Bundaberg
  on a two-monthly basis providing HCV and STI
  testing to people accessing the service. Angels
  assists people in the Bundaberg community who do
  not have housing to access local community services.
- Hervey Bay Neighborhood Centre: over the year QuIHN commenced HCV and STI testing clinics in collaboration with the Neighborhood Center, offering clinics on a two-monthly basis. Clinics target people accessing the Centre who are seeking emergency relief, including housing and food parcels and meals.
- Townsville QCS Probation and Parole, Aitkenvale: Throughout this period Harm Reduction staff attended the Townsville Probation and Parole office on a monthly basis offering HCV testing and treatment clinics.
- Blue Care, Townsville Stagpole Street DARU: Educational sessions occurred in January and February 2024 and will continue again during the next reporting period. QuIHN Staff from our Townsville region continue to support people with HCV testing, and where required, treatment.
- Salvation Army, Townsville Recovery Services:
   During this period Harm Reduction staff continued
   to deliver monthly harm reduction-based education
   to the residents of the rehabilitation unit, in addition
   to the provision of HCV testing and treatment.
- Common Ground Queensland, Brisbane: During this period, QulHN and Common Ground continued our working relationship, designed to enrich outcomes for the residents of Common Ground supported accommodation. This partnership enables QulHN to employ a Peer Harm Reduction Worker (PHRW), funded by Common Ground, to be based out of Common Ground Brisbane and work alongside the already established Micah team. This role was initially trialed for a 12-month period (July 2023-June 2024) and was renewed for a further 12-month period.
- Hepatitis C Prisons Transitions Service: QuIHN's
  Prison Transitions Worker (PTW) works closely
  with our Harm Reduction Treatment and
  Management Program (TMP) and Queensland
  Health Prison Health Services and includes
  managing centralised referrals, providing linkage
  and support to clients seeking or on Hepatitis C
  treatment who are post-release from all correctional
  centers in Queensland. This role also assists
  clients at risk of entering the correctional system,
  ensuring HCV treatment access availability.

- ASHM Prison Forum Committee: Two Harm Reduction staff members were once again invited to sit on the Prison Forum Committee. The forum aims to bring together health professionals working in Queensland prisons and those providing in-reach or telehealth services, to discuss progress in HCV treatment programs and opportunities to strengthen care during the transition to the community. In attendance at the Prison Forum was our Prison Transitions Worker, Harm Reduction Worker, and Senior Program Manager (Harm Reduction).
- Hepatitis C Prison Blitz Collaboration: QulHN's Prison Transition Worker continues to work in partnership with Hepatitis Qld, Kombi Clinic, and Prisoner Health Services to conduct multiple Hepatitis C PoCT Blitz events across Queensland prisons.
- National Naloxone Reference Group (NNRG):
   Participation continues with the NNRG with
   the Senior Program Manager (Harm Reduction)
   attending the meeting each quarter. Representatives
   from across Australia attend meetings to
   discuss the roll-out of the Take Home Naloxone
   (THN) program and how improvements can
   be made to the program moving forward;
   with the aim of removing any barriers for
   people to access this life-saving medicine.
- Brisbane Recovery Services Centre Moonyah (Salvation Army): Moonyah provides a residential rehabilitation services for males and females aged 18 years and over. Moonyah is an abstinencebased, drug-free environment and provides a holistic treatment service to help people achieve physical, mental, emotional, social, and spiritual well-being. During this reporting period, QuIHN staff provided 2 sessions on overdose prevention education for approximately 120 residents.
- We Help Ourselves (WHOS) Najara: The partnership with WHOS Najara has continued during this period. QuIHN staff deliver monthly education sessions around Blood Borne Viruses, STI's, and overdose. During this period, QuIHN also introduced monthly HCV PoCT for the residents of the WHOS Najara service.

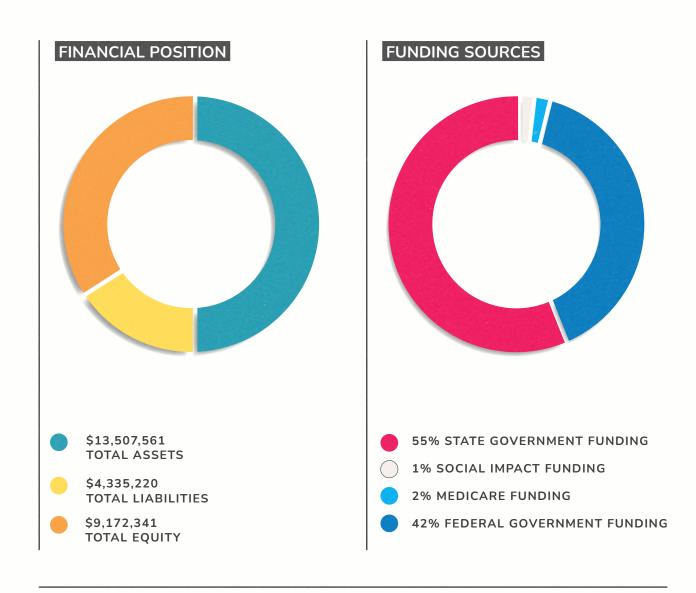


Prison Transition Program presentation at the Australaisian Viral Hepatitis Conference - 2025



QuIHN team at the 'Australasian Viral Hepatitis Conference - 2025'

# FINANCIAL REPORT



#### REVENUE ALLOCATION

