
QuIHN
2024
2023 / 2024
ANNUAL REPORT

ACKNOWLEDGEMENT OF COUNTRY

QuIHN acknowledges the Traditional Owners of the land on which we work and pays respect to Elders, past and present. QuIHN also acknowledges and respects the continuation of Cultural, Spiritual, Educational and Health practices of Aboriginal and Torres Strait Islander peoples.

We acknowledge Aboriginal and Torres Strait Islander peoples' strength, resilience, and capacity in response to the impacts of colonisation. QuIHN is committed to contributing to a reconciled Australia.

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

- Turrbal and Jagera/Yuggera (Brisbane)
- 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)

STATEMENT OF INCLUSION

QuIHN recognises the strength, resilience, survival, and solidarity of people who use drugs and remembers those of the drug-using community who are no longer with us.

QuIHN values are underpinned by a social justice framework that respects 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.

FRONT COVER ART

Title: Wigglers

Artist: SPAWN

This artwork by SPAWN was published in QuIHN's Tracks Magazine, a magazine created by the community for the community. Our Tracks Committee's mission is to EDUCATE, SUPPORT and EMPOWER people who choose to use or inject currently illicit and prescription substances.

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OUR VISION AND PURPOSE

OUR VISION

QuIHN's vision is for a world where all people who use substances can reach their full potential and the health and well-being outcomes of our communities are maximised.

OUR PURPOSE

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, nonjudgement, 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.

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RUTH TOOMEY | QUIHN PRESIDENT

PRESIDENT'S REPORT

The 2023-2024 financial year has been as busy as a year for QuIHN as I can recall, with several exciting projects gaining momentum. Given the economic, social, and environmental pressures that continue to impact QuIHN and our clients, it has been critical that our organisation responds with agility to meet the needs of the community that we serve. To that end, QuIHN staff continue to go above and beyond to develop innovative offerings and remain at the forefront of contemporary harm reduction and therapeutic service delivery.

Under the leadership of Geoff Davey, CEO, and Nicola Hayes, Head of Services, QuIHN has progressed significant new partnerships, including working with QuIVAA and The Loop Australia to deliver Queensland's first fixed-site drug-checking services and event-based mobile services at festivals. This work is a critical component of any strategy to reduce overdose in the community and complements QuIHN's existing harm reduction programs. QuIHN continues to contribute its voice to advocacy for a full suite of evidence-based responses in the face of worrying statistics, both here and overseas. The emergence of new synthetic opioids in unregulated drug markets is an issue of national concern; we know what is needed to respond most effectively, however, we call on decision-makers to act decisively and leverage the evidence, so that we might avoid a national disaster and save lives. QuIHN has also entered a new hub and spoke model partnership with a range of services in Central Queensland (CQ) – including in regions where we haven't previously had a footprint, but where we know significant needs exist. We look forward to strengthening connections with our consortium partners and delivering excellent services to CQ communities. We thank our funding bodies for their continued support and willingness to partner in pioneering approaches.

Reaching regional communities was a focus in QuIHN's refreshed strategic plan, which was developed through a process of deep reflection on the past to inform our future aspirations. A working group comprised of QuIHN and QuIVAA directors and managers is working together to harmonise both entities' strategic visions and jointly plan to leverage one another's strengths, to be able to deliver the best possible outcomes for our communities. The QuIHN Board is humbled and deeply grateful for the persistence and hard work of the QuIVAA directors and operational team, under the leadership of Emma Kill, CEO, as they continue to build their profile and gain influence on behalf of people with a lived and living experience of drug use. We are delighted to have developed our Joint MoU to guide our relationship and are proud to work alongside our founding member, QuIVAA, in mutually affirming ways, including through the finalisation of the Peer Leadership Framework which will be fully implemented in the year ahead. This work will significantly strengthen QuIHN's ability to appropriately attract, develop, and retain employees with lived/living experience (LLE) and our peer workforce – a fundamental requirement for a peer-led, responsive, and innovative organisation.

Without a doubt, our most precious asset is our people. QuIHN's leadership group, staff, and volunteers are talented, passionate, and deeply committed. Around 50 people responded to our stakeholder survey this financial year and gave the organisation's performance and culture an average rating of 8.5 out of 10. Of the staff who responded, 100% of them said they felt connected to QuIHN's values – with 80% of them expressing a full and deep connection. This is a remarkable accomplishment given the complexity of the issues the staff is dealing with, and it bodes well for QuIHN's future. On behalf of the QuIHN board, we thank each of you for the contribution you make every single day.

My sincere thanks go to my colleagues on the Board of Directors for their immense commitment this year. The board has benefited from the injection of new energy and capability in the form of Brett Hodges and Andrew Laing (Treasurer) who have very capably stepped into their roles as directors. Sincere thanks and our very best wishes go to Jess Doumany, who stepped down from her Board role at the AGM 2023 to pursue her other work. To Lauren Trask, Bill Rutkin, Sarah Reed, and Glen Malthouse, as always, my deepest gratitude to you for your tireless enthusiasm for this work, and for continuing to inspire new and better ways of thinking, doing, and being. I am so privileged to be part of such a committed and experienced team in support of QuIHN and its work to improve the health and wellbeing of people who use drugs.

Sincerely,

Ruth Toomey

Ruth Toomey
President QuIHN

GEOFF DAVEY | QUIHN CHIEF EXECUTIVE OFFICER

CEO'S REPORT

OUR SERVICES

Throughout the year we have continued to deliver our important programs and services across Queensland to our clients and communities. Over the year:

- QuIHN facilitated 28,556 occasions of service across its primary NSP network.
- QuIHN's Harm Reduction team supplied over 1,000 units of the important life saving drug Naloxone to clients.
- We conducted 9,604 tests, including:
  - 1,673 HCV tests of which 71% were conducted by PoCT,
  - 776 HIV tests,
  - 750 Syphilis tests,
  - 565 HBV tests,
  - 420 Chlamydia screens, and
  - 420 Gonorrhea screens.
- Since January 2016 we have commenced 980 individuals on HCV treatment, with 959 people having now completed their HCV treatment, and achieved a 96% cure rate among those attending for their 4-week end of treatment sustained viral response testing.
- Our Hepatitis C Prison Transition Service worked with 486 client referrals (an increase of 65% from the 2023 year) and collaborated in 5 High-Intensity HCV Testing campaigns testing over 2,000 people across Palen Creek, Brisbane, Borallon, Woodford, and Wolston Correctional Centres.
- Our CheQpoint drug-checking service provided services to 230 client presentations and tested a total of 392 samples across the fixed sites and event-based service.
- Our Therapeutic Services worked with 2,831 individual clients providing 19,043 counselling and case management appointments and 2,740 therapeutic group contacts across our Queensland locations.
- Our Brisbane Outreach Social and Nurse Support Program saw 546 individual clients (an increase of 16% from the previous year) supporting them with welfare and health issues. This team conducted 554 seasonal influenza vaccinations, 536 COVID vaccinations, and 314 other vaccinations, 943 health checks, and 464 brief interventions.
- Our Queensland Corrective Services therapeutic psychosocial programs based in probation and parole settings (Cairns, Mareeba, Innisfail, Yarrabah, Townsville, Mackay, and Mt Isa) regions provided appointments to 1,015 individual clients, with 2,381 appointments made with 1,636 client occasions of service.
- Our Queensland Corrective Services therapeutic group programs expanded into two further Correctional Centres, including Borallon and Palen Creek over the 2024 year. These programs are across Townsville, Lotus Glen, Borallon, and Palen Creek Correctional Centres and facilitated 53 group programs to 1,175 individual clients, representing a 69% increase in individual clients and a 68% increase in group programs from the previous year.
- Our Better Access Medical Clinic providing General Practice primary care provided 4,838 patient appointments over the year, with 67% of appointments delivered face-to-face and the remainder as telehealth appointments.

December 2023 we conducted a stakeholder survey across our funders, sponsors, clients, staff, and service networks. Over 50 individual stakeholders responded to our survey request and told us the following:

- 98% said we had a positive impact in addressing the risk of overdose in the last few years (76% significantly positive and 22% moderately positive).
- 96% said we had a positive impact in working towards the targets for hepatitis C elimination by 2030 (84% significantly positive and 12% moderately positive).
- 98% said we had a positive impact in assisting to improve the health and wellbeing of the populations with which we work (69% significantly positive and 29% moderately positive).
- 96% agreed that QuIHN demonstrates sector leadership through its programs and services.
- 96% agreed that QuIHN demonstrates that people who use drugs are respected partners in service planning, design, delivery, and evaluation.

- 94% agreed that QuIHN is an innovative organisation that is not afraid to invest in and try new approaches to meet identified needs and gaps.
- 96% of stakeholders felt connected to QuIHN's values and approximately half saw QuIHN as a key catalyst in its role in the alcohol and other drug (AOD) sector.

OUR TEAMS

In our December 2023 stakeholder survey, respondents highlighted several factors that make QuIHN stand out:

- Our unwavering commitment to harm reduction.
- A strong organisational culture driven by shared values.
- The seamless integration of lived/living experience and peer workforces.
- Our focus on sustainability and innovation.

Stakeholders also shared that their experiences with QuIHN were defined by:

- Feeling safe, respected, and supported in a non-judgmental and caring environment.
- A strong emphasis on knowledge, advocacy, and making a meaningful social impact.
- Meeting clients where they are, with tailored engagement.
- Recognising solidarity and connection built through our educational initiatives.
- Seeing QuIHN as a change-maker, actively reducing stigma, discrimination, and barriers.
- Feeling empowered, valued, and supported, with the ability to share their experiences openly.

Throughout the year, 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. A major focus this year has been developing a blueprint for a sustainable, diverse, and robust peer workforce. Our vision is to become a thriving, values-driven organization, where every individual understands our mission and what distinguishes us within the AOD landscape.

QuIHN is dedicated to recognizing and celebrating the vital contributions of our peer workforce, whose expertise is essential to our high-quality service delivery.

Our staff and volunteers are the beating heart of QuIHN. Motivated by a shared sense of purpose and value, each team member is driven by a genuine passion to create meaningful change in the lives of those we serve. I am continually inspired by the dedication and skills of our workforce. Moving forward, we must continue to cultivate a qualified, aligned, and supported workforce that delivers exceptional outcomes for our clients, communities, and funders. By communicating our impact clearly, we aim to showcase the critical contributions we make to social and health outcomes and attract strategic partners to help expand the reach of our services.

OUR FINANCIALS

During the 2023-2024 financial year, QuIHN achieved a 10% increase in total revenue, primarily driven by an uptick in state grants secured through various contracts across multiple government departments. Throughout the year, we successfully managed 18 program contracts from state, federal, and private sources. Our strong financial position has been sustained, thanks to minimal debt and a robust balance sheet. Despite significant reinvestments in capital projects, such as the Sunshine Coast purpose-built facility, we closed the year with a surplus. Looking ahead, we anticipate stable operating conditions, with no major shifts in revenue sources or grant funding. However, we remain vigilant in navigating the unpredictable macroeconomic landscape and continue to operate with fiscal prudence.

While QuIHN has not been immune to the challenges posed by the current economic climate, we successfully overcame delays and obstacles in completing our Sunshine Coast facility, which now provides a long-term solution for our accommodation needs in the region. We are excited to fully transition into this new space in the coming year.

In our December 2023 stakeholder survey, our stakeholders expressed a clear desire to see an expansion of clinical services, including our General Practice and Nurse-Led programs. Unfortunately, we have faced significant setbacks in the clinical services offered through the Better Access Medical Clinic. Our General Practice clinic is currently grappling with two major challenges: the recruitment of General Practitioners and the shrinking economic viability of the fully bulk-billed model in primary care. These challenges are widespread across the sector but are felt most acutely in serving our priority populations. While there have been changes in the Medicare system brought about by the Federal Strengthening Medicare Initiative, it is not enough. The mainstream primary care and Medicare systems are not designed with the unique needs of our communities in mind. QuIHN remains unwavering in our advocacy for equitable health outcomes, pushing for new funding models that support the complex care required by the populations we serve. Despite these difficulties, our resilience as an organisation has been tested and proven time and time again and we remain optimistic and committed.

OUR FUTURE

We envision a world where every person who uses substances can realise their full potential, and where the health and well-being of our communities are fully optimized. To make this vision a reality, we must expand our services to reach more individuals affected by problematic drug use across Queensland. Achieving this requires a clear focus on key priorities:

- Building a workforce that is deeply passionate, highly aligned with our mission, and equipped with top-tier support, training, and career opportunities.
- Seamlessly integrating our programs to create a comprehensive, end-to-end care system where every door is the right door, offering multiple entry points and smooth transitions.
- Strengthening partnerships through co-design with the communities we serve, fostering deep engagement with clients and stakeholders alike.
- Elevating our ability to showcase the impact of our work to potential clients, sector partners, funders, and sponsors through solid evidence and storytelling.
- Enhancing both our physical and digital infrastructures to sustain our growth, establish local touchpoints, and broaden our reach.
- Ensuring our financial strategies are sustainable and robust, providing the resources necessary to achieve our mission.

It is a true privilege to lead an organization driven by such passion and purpose. I am continually inspired by the remarkable achievements of our clients, staff, volunteers, directors, and the entire QuIHN community. Together, we are making a meaningful difference, and I am proud of the impact we are creating.

Standing in Solidarity,

Geoff Davey
Chief Executive Officer

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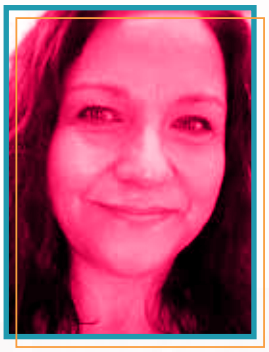
RECONCILIATION ACTION PLAN (RAP)

Sorry Day Artwork by TWCC HISI Program Participants



PAULA JARDINE | RAP CHAIR

CHAIR REPORT

RELATIONSHIPS

Our local regions have been engaged with various Aboriginal and Torres Strait Islander stakeholders and organisations, we have developed a stakeholder register that now consists of over 45 key organisations and individuals with which we work. We have worked hard to embed best practices and principles supporting partnerships with Aboriginal and Torres Strait Islander stakeholders and services. From building our supplier partnerships to local service relationships and sharing information and resources.

After the introduction of a new way of conducting supervision processes we are observing increased reflective practice learning and greater understanding of the important work we undertake with Aboriginal and Torres Strait Islander clients and communities.

QuIHN is establishing a Truth Telling library, we hope it will allow easy access to physical and electronic resources, such as books, publications, podcasts, music, movies, and documentaries that support staff understanding.

We continue to review our recruitment processes and are seeking to ensure we consider relevant channels and that our approaches value and seek the knowledge of Aboriginal and Torres Strait Islander peoples, and people with a lived/living experience of substance use. Our processes include focusing on how candidates can demonstrate empathy, sensitivity, cultural awareness, and knowledge of diverse cultures, including those of Aboriginal and/or Torres Strait Islander peoples. We continue to develop our business case for increasing opportunities for Aboriginal and Torres Strait Islander peoples employment and we are now developing our wider People Plan and Workforce Diversity Strategy. Ceremonial and cultural leave has been implemented for staff. Staff can also now move the Public Holiday dates around, for example, Australia Day for staff who would prefer not to recognise Australia Day. QuIHN actively supported the YES campaign and respectfully acknowledges the deep hurt felt in response to the outcome.

Over the year we have been exploring opportunities to help facilitate and better support service linkages and culturally safe and appropriate harm reduction education and practice. QuIHN was invited to speak at The Deadly Sex Congress, an annual forum for Aboriginal and Torres Strait Islander sexual health workers from across Queensland to update knowledge, build workforce capacity, share stories, and learn about emerging issues in BBVs and STIs.

Another key project in this respect to relationships has been a partnership project between the University of Queensland, QuIHN, Youth Link, and Queensland Aboriginal and Islander Health Commission (QAIHC) that was funded under the ASHM Queensland Sexual Health Research Grants Fund. Exploring cultural practices in the engagement of Aboriginal populations into Needle and Syringe Programs, with rapid point of care testing (PoCT) for BBV and STIs. The research has now published its final report.

During National Reconciliation Week (NRW) we undertook several activities, including:

- Themed therapeutic group programs to discuss the importance of the week with our clients.
- Supporting other local NRW events through donations, attendance, and local participation.
- A staff survey about what reconciliation means to them individually and collectively, which was used to help inform our reconciliation visioning process for our Impact Reconciliation Plan (RAP).
- All regions participated in the Happy Boxes Project, which provided Aboriginal and Torres Strait Islander women in remote communities access to essential hygiene products and basic toiletries. Across our regions, staff gathered to prepare the Happy Boxes, share truth-telling stories, and write a personalised note to the recipients of the Happy Boxes.

QuIHN expanded service into a Country to Coast Queensland (CCQ) Mental Health Alcohol and Other Drug Suicide Prevention (MHAODSP) consortium partnership across the CCQ region. The partnership model has a strong focus on building integrated First Nations perspectives into the model of services. This is being achieved through the creation of First Nations Cultural Capability roles and subcontract arrangements, requiring partner organisations to have in place and continually be working to embed First Nations lens and activity, including partners involved being required to integrate the principles of the Gayaa Dhuwi (Proud Spirit) Declaration.

We supported other events through the circulation of information materials about the significance of reconciliation to our staff and via social media and other channels, such as National Sorry Day, National Apology to the Stolen Generations, and Share Our Pride.

QuIHN also supported the Yes Campaign, as we strongly believed it would lead to better health and well-being outcomes for Aboriginal and Torres Strait Islander peoples.

We will continue to promote reconciliation through our sphere of influence. We share our internal communication newsletter, *Whichway*, with our external partners and data indicates the links are being opened and recipients are accessing follow-through content. Our social media channels have taken a strong focus on the promotion of appropriate Aboriginal and Torres Strait Islander content over the year, and we will continue to share important messages in our communications.

RESPECT

QuIHN has incorporated a focus into the organisational quality audit program assisting in ensuring service settings are culturally appropriate. Results from the audits also feed into the review and updating of various internal resources. QuIHN has also engaged in the process of developing existing practice frameworks to be more culturally responsive when working with Aboriginal and Torres Strait Islander peoples, particularly in our custodial setting programs. Our First Nations group programs, delivered in Townsville and Lotus Glen Correctional Centres, received amazing feedback from participants.

During the year QuIHN undertook two surveys to establish a better understanding of our workforce's cultural learning needs and identify appropriate requirements and opportunities for workforce training. This year's survey demonstrated increased knowledge and embedded practices across the workforce, which is encouraging and a testament to the impact of the RAP Working Group and the organisation's commitment to the RAP process.

QuIHN has undertaken to develop, increase, and promote understanding of the local Traditional Owners of the lands and waters within our operational areas. Several activities have supported this work, including; visible display of acknowledgements on all of our physical buildings, on our website, on our service brochures and stationery, through acknowledgments in our external and internal meetings, welcome to country in our major events, engagement with Local Council Aboriginal and Torres Strait Islander Liaisons, and through standing agenda on our internal meetings to encourage reflection and report back on our work and engagement at the local regional levels.

OPPORTUNITIES

The Business Case for Aboriginal and Torres Strait Islander employment within our organisation has provided us with the aims of our strategy, guiding principles to underpin our strategy, actions for consideration and key performance indicators that should be adopted, and a framework for strategy governance and reporting.

During our RAP Staff Survey (Reflect) the organisation sought to understand the number of Aboriginal and Torres Strait Islander staff employed. This sets a baseline to inform our future efforts to increase the employment participation of Aboriginal and Torres Strait Islander staff in our organisation.

QuIHN also developed a business case and standard operating process to assist in ensuring the growth in procurement of goods and services from Aboriginal and Torres Strait Islander-owned businesses. This process has been implemented and since implementation during the year has resulted in a 4% increase in the sourcing of goods and services from Aboriginal and Torres Strait Islander-owned businesses.

GOVERNANCE

We thank the commitment of our RAP Working Group (WG) members throughout the year for their consistent commitment to monitoring the progress of our efforts in implementing and progressing our RAP journey. Our RAP WG members are instrumental in assisting QuIHN to develop new ways to innovate in our reconciliation journey. They have also been instrumental in engagement across the whole organisations workforce and in creating a culture of meaningful commitment. We acknowledge and thank our Aboriginal and Torres Strait Islander RAP WG members and our client representatives who bring their extensive connections, expertise, and guidance. We also thank our President and Board members for their ongoing commitments to the progress of our RAP journey.

Throughout the year we have established a system to track, monitor, and evaluate our deliverables and activities conducted as part of our Reflect RAP and engaged with Reconciliation Australia through the Impact Survey to report back on our progress. The next stage of our RAP journey is the implementation of our Innovate RAP, which has been submitted to Reconciliation Australia for consideration. It is exciting to observe the growth of our organisation under the RAP program and processes.

Yours Sincerely,

Paula Jardine
RAP Chair

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PROGRAMS REPORT

HARM REDUCTION

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.

NEEDLE AND SYRINGE PROGRAM (NSP)

QuIHN continued the provision of its five primary Needle and Syringe Programs (NSPs) during this period (01/07/2023 – 30/06/2024). Throughout this time, QuIHN facilitated 28,556 occasions of service across its primary NSP network. This is an increase of 294 occasions of service from the previous year.

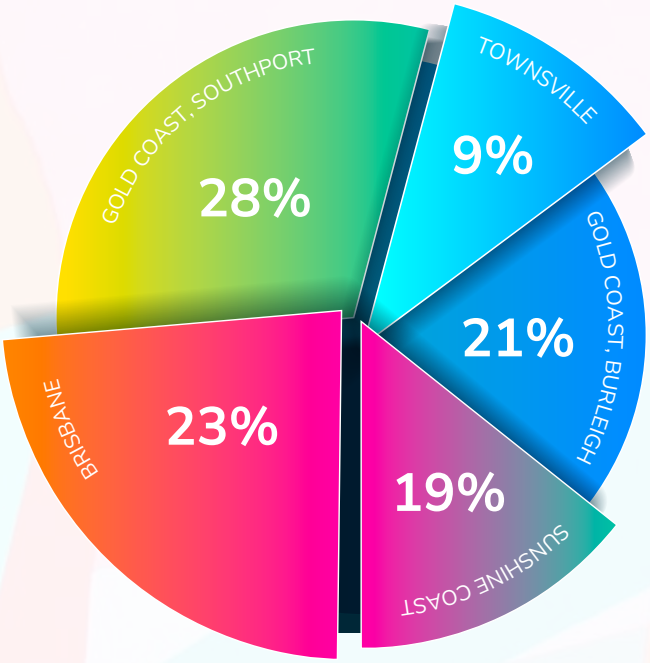
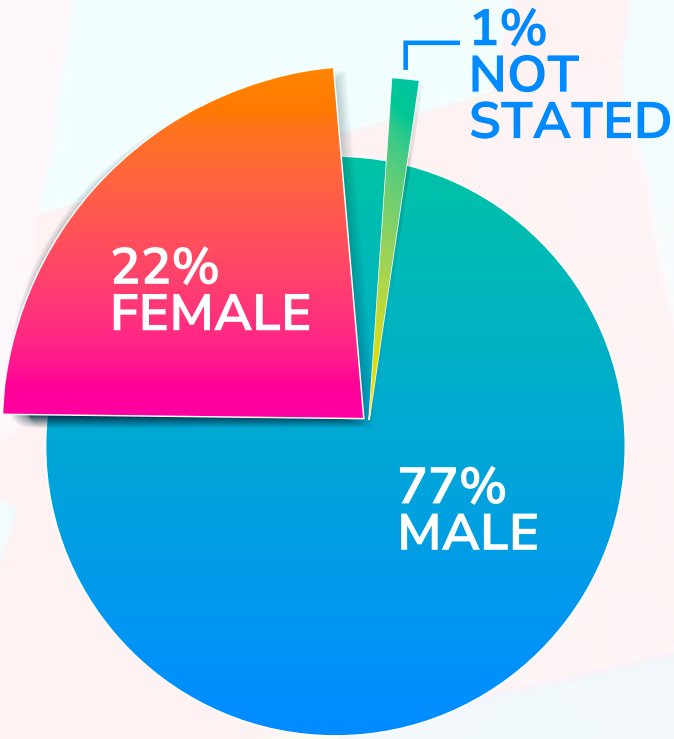


Figure 1: QuIHN NSP Occasions of Service (OoS) across all NSP sites 1st July 2023 – 30th June 2024



NSP DEMOGRAPHICS

During the reporting period, gender breakdown among NSP clients remained consistent with previous years

Figure 2: NSP Gender across OoS 1st July 2023 – 30th June 2024

A total of 22,074 clients identified as male during this reporting period representing around 77% of the total, while 22% identified as female (n=6,433). Six people identified as either intersex or indeterminate, and there were 43 occasions where gender was not stated.

11% overall identified as either Aboriginal and/or Torres Strait Islander. A higher proportion of individuals who identify as being either Aboriginal and/or Torres Strait Islander were seen in Townsville (21%) and Brisbane (18%) compared to the other sites. QuIHN Sunshine Coast saw approx. 9% while QuIHN Gold Coast Burleigh saw around 7%, and QuIHN Gold Coast Southport 6% via the QuIHN NSP.

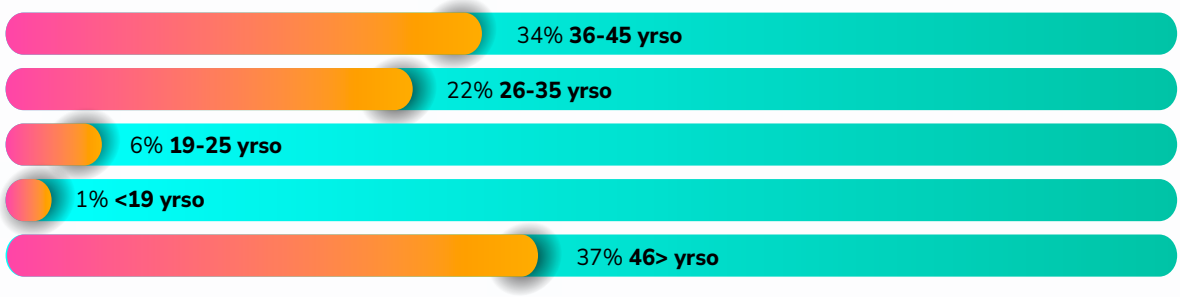


Figure 3: Breakdown of age groups via QuIHN NSP 1st July 2023 – 30th June

The largest proportion of NSP clients fall into the ≥ 46 years age bracket, followed by the ≥ 36-45 years of age bracket. The median age for male clients accessing the NSP during this reporting period was 41.9 years old, while females was 42.5 years of age. During the reporting period 6% (n=1,809) of client OoS identified as being ≤ 25 years old.

During the previous year (Jul 2023-Jun 2024), the most prominent drugs reported for injection via all QuIHN NSP combined included:

1. Methamphetamine (~37%)
2. Performance & Image Enhancing Drugs (PIEDS) (~29%)
3. Heroin (~11%)
4. Pharmaceutical Opioids (~7%)
5. Methadone (~5%)

These differ in each region, below is a breakdown of drug types reported for injection by QuIHN region.

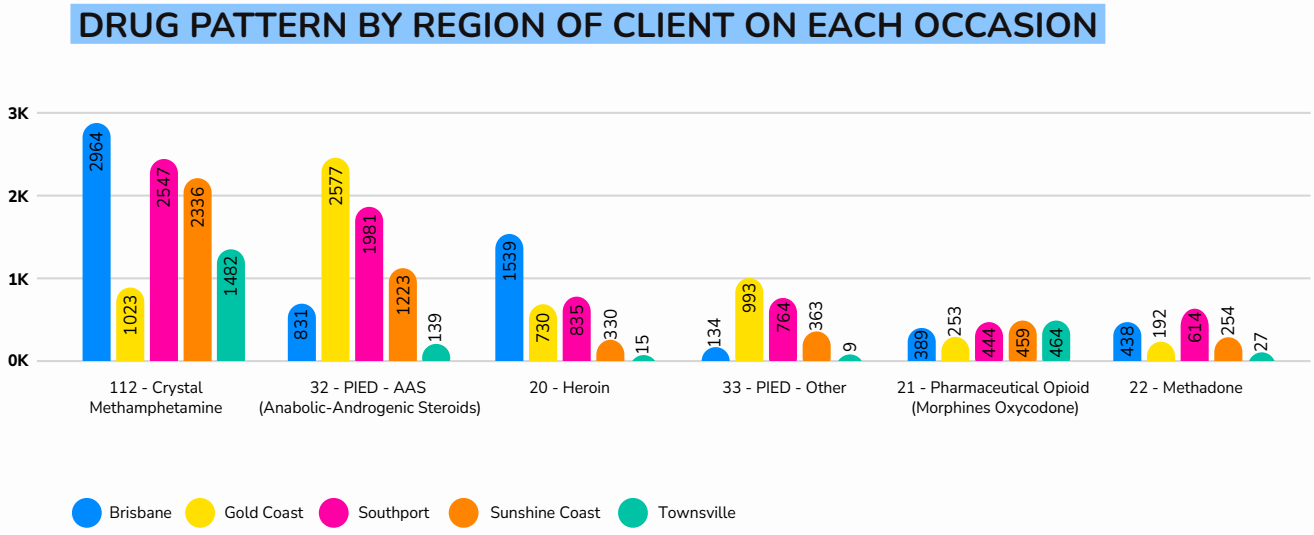


Figure 4: Primary drug types reported across QuIHN NSP's 1st July 2023 to 30th June 2024.

QuIHN Brisbane experiences the majority of methamphetamine and heroin use compared to other QuIHN sites. Performance and Image Enhancing Drugs (PIEDS) are commonly reported via QuIHN Gold Coast (Burleigh), this is followed by methamphetamine and heroin. In Townsville, methamphetamine use is the most prominent drug reported for injection, followed by pharmaceutical opioids. The Sunshine Coast NSP reports a large amount of methamphetamine use followed by PIEDs, this is followed by pharmaceutical opioids and heroin. These data are consistent with previous reporting periods.

A summary of all primary drug types reported across all Occasions of Service across all NSP sites is provided below.

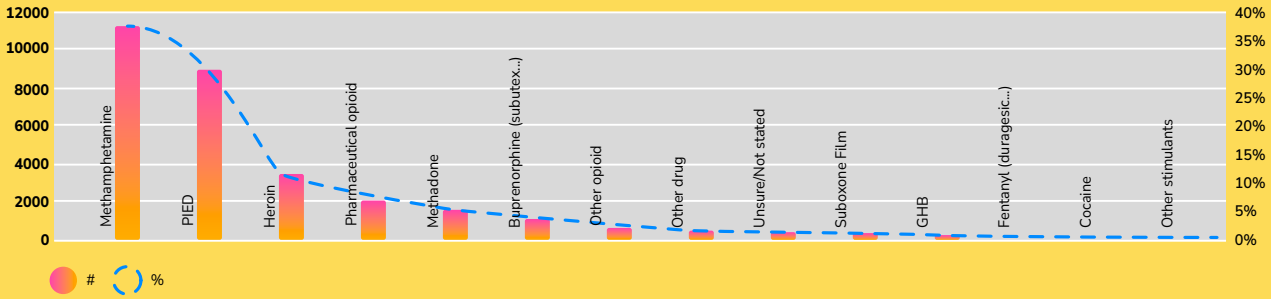


Figure 5: All primary drug types reported for all NSP sites 1st July 2023 to 30 June 2024

NALOXONE ACCESS

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.

During the reporting period (July 2023 - June 2024), QuIHN's Harm Reduction team supplied 1,029 units of Naloxone via each of their regional offices.

TREATMENT AND MANAGEMENT PROGRAM (TMP)

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. During the reporting period (July 2023 - June 2024), QuIHN's Harm Reduction team supplied 1,029 units of Naloxone via each of their regional offices.

CONDITION	TESTS CONDUCTED	POSITIVE RESULTS	POSITIVE RATE
Syphilis	750	11	1%
Chlamydia	420	14	3%
Gonorrhea	420	16	4%
Hepatitis C	1,673	144	9%
Hepatitis B	565	1	0%
HIV	776	0	0%

Table 1: Summary of Sexual Health and Blood Borne Virus Screening 2023/2024

1,673 people were screened for Hepatitis C (HCV). This figure is consistent with the previous year, however, the proportion of HCV screening conducted by Point of Care Testing (PoCT) has increased from 54% in 2022/2023 to 71% in 2023/2024 of all tests conducted. There were 144 people diagnosed (or confirmed with an existing diagnosis) with Hepatitis C, which is a rate of 8.6% HCV positive results of all HCV testing conducted. Hepatitis C PoCT accounted for 87.5% (n=126) of all HCV-positive diagnoses. This change in testing modality has largely been driven by:

- Increasing access to Harm Reduction Workers conducting PoCT services across regional Queensland. It is important to ensure we are reaching at-risk populations who are not accessing our NSPs.
- In January 2024 QuIHN introduced HCV Antibody PoCT which accounted for 31% of all HCV PoCT conducted. This new PoCT is a quick and effective mode of testing where people are provided a result within 1 minute of their sample being collected.

All NSP sites provided HIV and Syphilis PoCT, with Townsville and regional and remote outreach sites also providing Hepatitis B (HBV) PoCT testing under Research Use Only protocols until December 2023. Over the year the total PoCT's conducted in QuIHN NSP sites included:

- **374 HCV Antibody tests**, of which 30 were positive (8% positive rate)
- **875 HCV RNA tests** of which 126 were HCV Detected (14.4% positive rate)
- **392 HIV PoCT** all of which were negative results
- **374 Syphilis PoCT** of which 32 were positive and referred for further testing (8.5% positive rate)
- **165 HBV PoCT** with 1 positive referred for further testing (0.6% positive rate)

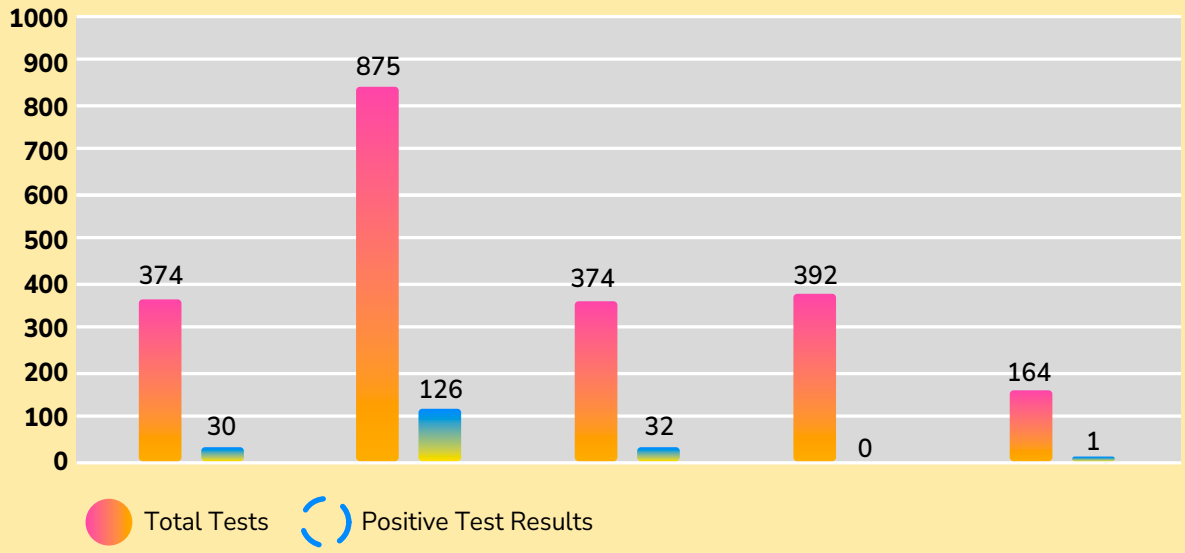


Figure 6: PoCT Conducted by Test Type 1 July 2023 to 30 June 2024

Interesting findings from our HCV PoCT program:

- When considering PoCT screening only, on average a higher positivity rate of 11% was found, demonstrating that opportunistic and on-the-spot testing is valuable in diagnosing Hepatitis C.
- 34% of people accessing PoCT services were Aboriginal and/or Torres Strait Island people, which was a 7% increase from the previous year.
- 65% of people accessing PoCT were male.
- The most common age group was ≥ 46 years of age and older, representing 35% of people accessing PoCT.

HCV TREATMENT

Both the Better Access Medical Clinic General Practitioners and QuIHN Nurse Practitioners provide Hepatitis C treatment to QuIHN clients. The Nurse Practitioners are available to treat clients at all sites while the Better Access Medical Clinic operates from Brisbane. The Nurse Practitioners provide the bulk of HCV treatment through the 2023/2024 year.

The Treatment Management Program (TMP) provided case management and clinical services to 286 people across Queensland. This includes people with a positive PoCT, people self-referring or externally referred directly to the service, and those who may have been diagnosed previously but have not yet commenced HCV treatment. Of those accessing our TMP:

- 70% of people accessing the TMP for HCV treatment were male.
- 21% of people accessing the TMP for HCV treatment were Aboriginal and or Torres Strait Island people.
- ≥ 46 years was the most common age group to access for HCV treatment, however, the 2023/2024 year did see an increase in 26-35-year-olds accessing for HCV treatment.
- 108 people were prescribed HCV treatment in the year, primarily by our Nurse Practitioners providing face-to-face and telehealth clinics across Queensland. This represents a 28% increase in HCV treatment initiation from the previous year.

QuIHN has been providing TMP services since January 2016 and since then:

- 980 have started HCV treatment.
- 959 people have completed their HCV treatment and were eligible for 4-week Sustained Viral Response (SVR) testing.
- 634 people attended for their SVR confirmatory test and
- 610 were confirmed to have achieved SVR (a 96% cure rate amongst those presenting for post-treatment results).

Nurse Practitioner clinics were routinely conducted throughout the year across Queensland at QuIHN sites and through in-reach to partner organisations and other service settings.

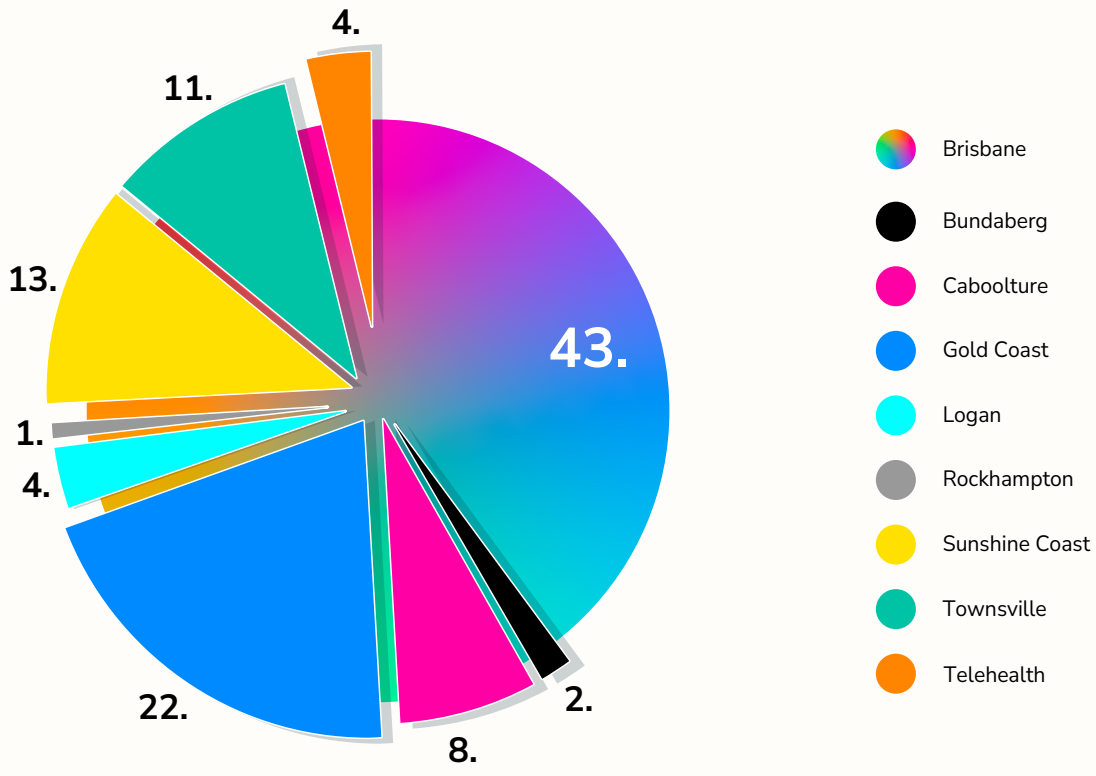


Figure 7: People commencing HCV Treatment by Outreach Location 1 July 2023 to 30 June 2024

The Treatment and Management Program (TMP) Nurse Practitioners and members of our harm reduction teams provided testing and treatment services to regional and remote communities in Queensland through an outreach and in-reach clinic model. The project has been funded by Eliminate C Australia (ECA) in 2023, and the Gilead Sciences All 4 Liver grant funding travel and accommodation in 2024. Over the year regional and remote clinics conducted included:

- 8 clinics servicing 150 clients in Mt Isa.
- 5 clinics to 71 clients in Rockhampton and Biloela communities.
- 8 clinics to 72 clients in the Wide Bay region including Bundaberg, Maryborough, and Hervey Bay.

MT ISA TMP SNAPSHOT

Nurse Practitioner, Mary Fenech, from Brisbane, and Harm Reduction Worker, Nikki May, from Townsville conducted 8 outreach clinics in the Mt Isa community through the 2023/2024 year. The dynamic duo tested 150 clients for Hepatitis C, Syphilis, HIV, and Hepatitis B. Together, they have conducted PoCT in novel and innovative ways, offering on-the-spot testing services to people in unique settings such as the Mt Isa Watch House and even the local riverbed, all in collaboration with support from local services.

In conjunction with a team from QUT School of Nursing, Mary and Nikki have led the gathering of Mt Isa health and related services running community workshops to design an integrated HCV testing and treatment model that will have longevity for the community. This invaluable work will leave a pathway for community members and services to access and support the Mt Isa community to reach and stretch on their Hepatitis C elimination goals.

TMP PRISON TRANSITION PROGRAM

The Prison Transitions service based in South-East Queensland provided in-reach to multiple prisons including Brisbane Women's Correctional Centre, Borallon Correctional Centre, Brisbane Correctional Centre, and Wolston Correctional Facility. With the addition of staff employed in the Epclusa Patient Support Service, funded by Gilead Sciences, the prison transition service was able to offer in-reach services to Woodford Correctional Centre, Maryborough Correctional Centre, Capricornia Correctional Centre, and Townsville Correctional Centre to February 2024.

The role collaborates closely with Prison Health Services and clients to provide a centralised referral point from prison to community, linkage, and support to clients seeking or 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:

- 86 clients referred to the Prison Transition Service.
- 40.5% of clients referred were Aboriginal and/or Torres Strait Islander people
- 63.5% of people were female, with Brisbane Women's' Correctional Centre being the highest referral Center across all custodial facilities.
- The most common age group accessing the prison transition service was between 26 and 35 years of age representing 36% of all referrals.

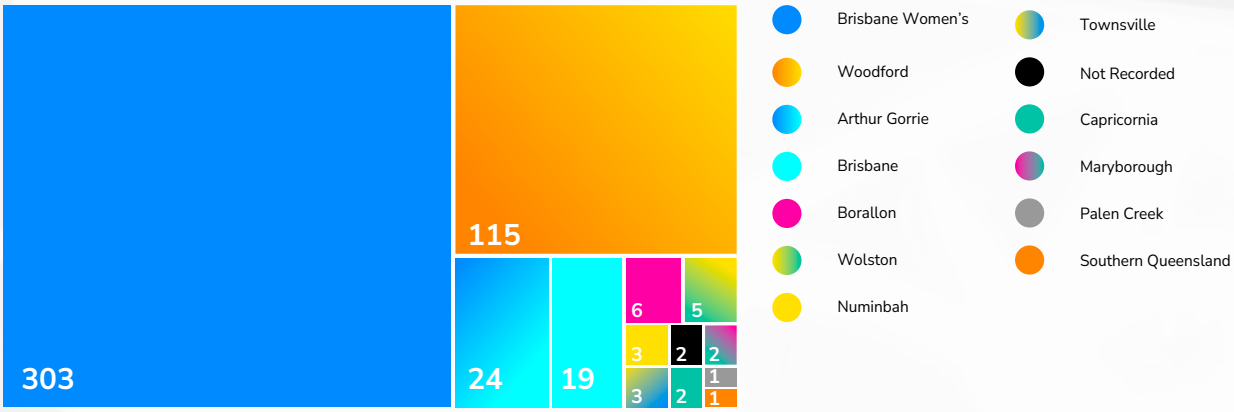


Figure 8: Prison Transition Services Referrals by Custodial Correctional Centre 1 July 2023 to 30 June 2024.

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 55 HCV medication deliveries were made to clients' post-release from custodial settings.

PTS CLIENT SNAPSHOT

When you said you would pick it up and deliver it to me on Gold Coast, I honestly couldn't believe it. After 3.5 years inside, I had felt and been treated like nothing. To have you bring me the hep c meds I needed to heal, and treatment honestly blew me away. It meant so much and showed me that compassion and care existed. Also, for the first time in 3.5 years I didn't feel like scum. And it felt like I might be worth something. Thank you...

The prison transition service partnered with the Kombi Clinic, Hepatitis Queensland, the National HCV POCT Project run by the Kirby Institute, and Prisoner Health Services in 5 High-Intensity HCV Testing campaigns (Hep C Prison Blitz's) across Queensland prisons over the year. The QuIHN team assisted with all aspects of the campaigns, including follow-up with people in prison who were scripted during the campaigns to ensure continuity of care and linkage to community service providers upon release. This reporting period saw blitz's undertaken at the following correctional facilities:

- **Palen Creek (Aug 2023) 150 tested – (3.3% positive rate)**
- **Brisbane CC (Oct 2023) 458 tested - (20% positive rate)**
- **Borallon CC (Feb 2024) 536 tested - (17% positive rate)**
- **Woodford CC (April 2024) 741 tested -**
  (15% positive rate, this is down from 22% the previous year)
- **Wolston CC (June 2024) - 309 tested - (14% positive rate)**

The majority of those that tested positive to HCV during these blitzes were put on treatment immediately.

CHEQPOINT DRUG CHECKING

CheQpoint is a voluntary, free, and confidential drug-checking service funded by Queensland Health, operated by QuIHN, QuIVAA and The Loop Australia. Drug checking (also known as pill testing) is a harm reduction service that allows anyone who uses drugs to submit samples for chemical analysis and get reliable information about the contents of products they are intending to use. CheQpoint offers optional health and harm reduction conversations with results to help people make more informed decisions about the drugs they are intending to use. We can analyse a small amount taken from pills, powders, crystals, liquids and blotters while people wait. We cannot analyse plants or fungus (e.g. cannabis or mushrooms), confectionery (e.g. gummies or cookies) or used drug paraphernalia (e.g. 'baggies' or injecting equipment). Steroids cannot be analysed onsite. People who use steroids and other performance or image-enhancing drugs can submit samples for testing as part of a research project conducted in partnership with Griffith University.

QuIHN, in partnership with The Loop Australia, and QuIVAA received funding to establish and implement a Drug Checking Service providing two fixed sites and one event-based festival service. CheQpoint commenced its first fixed site at QuIHN's Bowen Hills site on 19 April 2024 operating between 2:00 pm to 6.30 pm Fridays. The second fixed site commenced operation on 4 July 2024 from QuIHN's Burleigh Heads site operating between the same times every Thursday. Drug checking services were also facilitated at the 'Earth Frequency' Festival between 3 to 6 May 2024. Since the service began momentum continues to grow and monthly service data from 19 April 2024 to 30 June 2024 is outlined below.

Visit our website for current and up-to-data reports, notifications, and alerts via www.cheqpoint.org.au

DEMOGRAPHIC	**FIXED SITE** 19th April — 17th May	**FIXED SITE** 18th May — 30th June	**EARTH FREQUENCY FESTIVAL**
Number of clients	37	11	152
Average Age (years)	34.7	40.6	35.97
Main Gender Identity	Cisgender man 77% Cisgender woman 16% Non-binary 2%	Cisgender man 83% Cisgender woman 14%	Male 66% Female 29% Transgender (includes non-binary) 3% Unsure 2%
Aboriginal or Torres Strait Islander	3%	0%	4%
Main place of residence	Qld 71%	Qld 89%	Qld 42%
Spoken with health professional about AOD use	No 39% Yes 52%	No 32% Yes 65%	No 61% Yes 36%

Table 2: CheQpoint Service delivery data between 19 April 2024 to 30 June 2024

SERVICE DATA	FIXED SITE 19th April — 17th May	FIXED SITE 18th May — 30th June	EARTH FREQUENCY FESTIVAL
Average wait time	19 mins	16 mins	NA
Average consult time	28 mins	26 mins	NA
Total samples tested	80	82	230
Average number of samples per presentation	2	2	NA
Main drug tested	MDMA 23%	MDMA 29%	MDMA 46%
Expected drug detected	70%	86%	NA
Unexpected drug detected	10%	6%	NA
HEALTH CONVERSATIONS	**FIXED SITE** 19th April — 17th May	**FIXED SITE** 18th May — 30th June	**EARTH FREQUENCY FESTIVAL**
Average wait time	Dispose/discard 10%	Dispose/discard 24%	Dispose/return to supplier 9%
Average consult time	Alert/inform friends and acquaintances 55%	Alert/inform friends and acquaintances 55%	Alert/inform friends and acquaintances 47%
Total samples tested	Take a smaller dose (less than usual) 17%	Take a smaller dose (less than usual) 24%	Take a smaller dose (less than usual) 24%

Key results and outcomes from the first two months of the fixed site and the single event-based drug-checking service included:

- 230 client presentations accessed the CheQpoint fixed sites and event-based service.
- A total of 392 samples were processed via the fixed sites and event-based service, which is an average of 2 samples per presentation.
- On average, 75% of client presentations were male at fixed sites and the event-based service.
- On average the main drug tested was MDMA (33% of the time) at fixed sites and the event-based service.
- On average, across both the fixed sites and event-based service, 14% of people who received unexpected results said they would dispose/discard of the substance.
- On average, across both the fixed sites and event-based service, 52% of people who received unexpected results said they would alert/inform others.
- On average, across both the fixed sites and event-based service, 22% of people who received unexpected results said they would reduce their dose.
- On average, across both the fixed sites and event-based service, nearly 1 in 2 people said they had not spoken with a health professional about their substance use before accessing the service.
- Across fixed sites on average 8% of samples were unexpected and differed from the expected drug to be detected.
- The average wait time at fixed site services was 17.5 minutes.
- The average consult time at fixed site services was 27 minutes.

THERAPEUTIC SERVICES

COUNSELLING AND CASE MANAGEMENT PROGRAMS

QuIHN's Therapeutic Counselling and Case Management Programs are delivered across Gold Coast, Redlands, Brisbane, Sunshine Coast, and Cairn's regions.

During the year, these programs undertook the following combined activity:

- Services were provided to a total of 2,831 clients.
- 1,728 of these had an Intake completed for counseling or case management.
- A total 4,077 cases were active during the year.
- 2,640 client episodes were closed. Of these 1,650 people had an intake completed and 463 had 3 or more sessions.
- 48,102 counselling and case management-related service contacts were made. Of these contacts, 19,043 appointments were made, and 13,131 appointments were attended. This represents a 72% attendance rate and shows the importance clients place on the service.
- 46,256 text messages were generated by our QFiles database, many of which were appointment reminders. This is an 88% increase (approximately 30,000) more than last year.
- 4,104 group contacts were made. This represents a 50% increase more than last year.
- 56% of clients were Male and 44% Female, with less than .05% Non-binary.
- 13% of clients identified as Aboriginal and/or Torres Strait Islander.
- The average age of clients was 40.89 years.

Visit our website for current and up-to-data reports, notifications, and alerts via www.cheqpoint.org.au

PRINCIPAL SUBSTANCE OF CONCERN FOR INTAKES 2023/2024

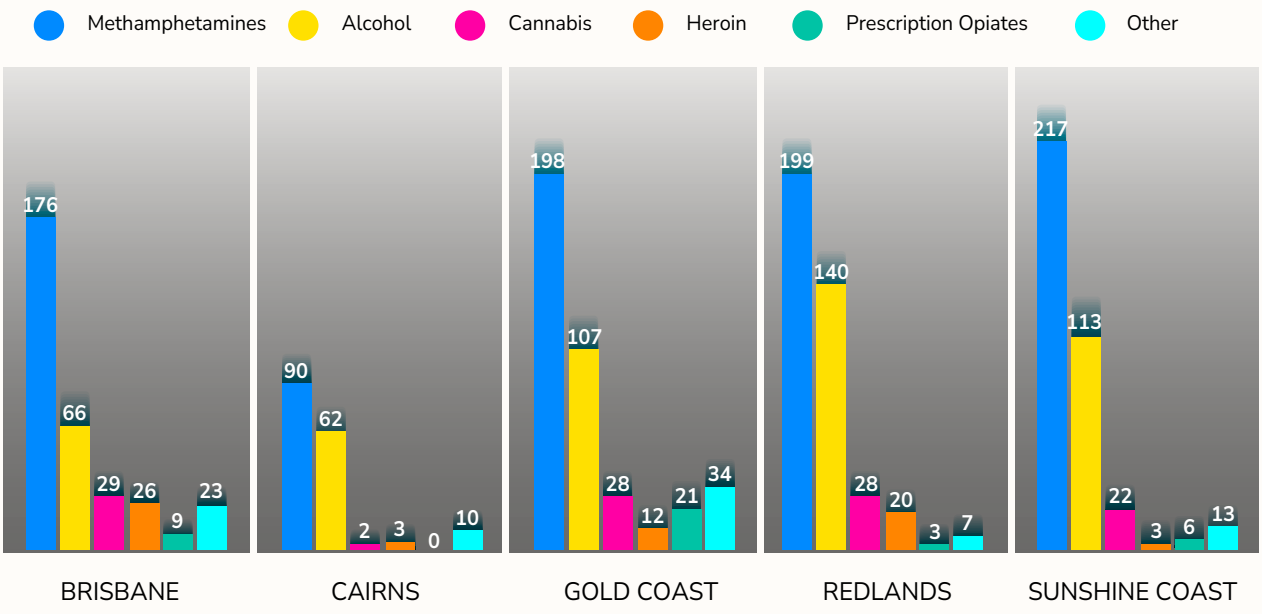


Figure 9: Principal substance of concern for clients completing an Intake 1st July 2023 to 30th June 2024.

Overall, Methamphetamines (51%) are the primary reported principal substance of concern for new client intakes during 2023/2024 across all regions. Alcohol was second (28%) and Cannabis third most reported (8%). Of note are some of the regional differences in the other drugs of choice. The Gold Coast has a higher rate of GHB use in people seeking support (3%). More Brisbane clients (2.4%) presented with Cocaine use.

Over the year we saw improvements in depression, anxiety, and stress (DASS-21) in 82% of all clients engaged with our therapeutic programs.

91% of all clients of the therapeutic programs also had improvements in the severity of dependence scale (SDS).

BRISBANE OUTREACH SOCIAL & NURSE SUPPORT PROGRAM

This program provides outreach social and nursing support to clients in the Redcliffe, Deception Bay, and Caboolture areas. Throughout the 2023/2024 year, the team saw 546 clients, supporting them with welfare and health issues. The team also sourced donations of food and clothing and continued to distribute this weekly to clients. The team wanted to thank the following organisations and individuals for their ongoing support with donations: St Peter Lutheran Community Hub, Clontarf Baptist Church, all of the amazing knitters, The Animal Welfare League, Kathleen Smith, Baby Give Back, Kendall, and Robyn.

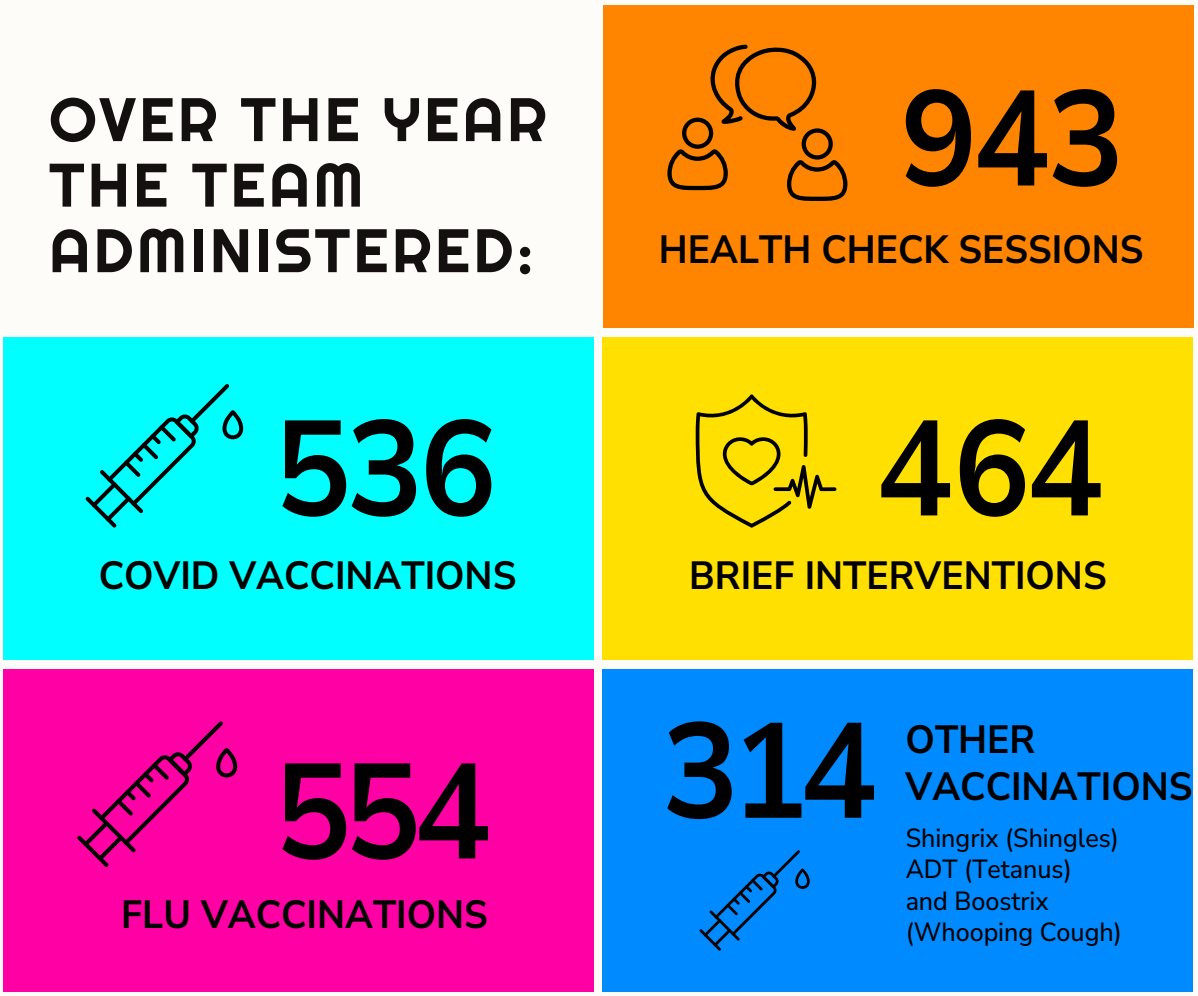


Figure 10: Brisbane Outreach Social & Nurse Support Program activity 1st July 2023 to 30th June 2024.

QUEENSLAND CORRECTIVE SERVICES (QCS) PROGRAM IN NORTH QUEENSLAND

QCS COUNSELLING

The Programs funded through Queensland Corrective Services include counselling and therapeutic group programs in Far North Qld Probation and Parole offices. QuIHN employs Part Time Counsellor's to provide services to people on parole in the following regions:

- Cairns,
- Mareeba,
- Innisfail,
- Yarrabah,
- Townsville,
- Mackay, and
- Mount Isa.

Combined, over the course of the 2022/2023 year:

- 1015 clients accessed counselling.
- 2,381 appointments were made with 1,636 attended.
- 71% of clients were male and 27% female.
- 43% identified as First Nations across all sites.

QCS GROUP PROGRAMS

The Group programs are facilitated in Townsville Men's, Townville Women's, Lotus Glen, Borallon, and Palen Creek Correctional Centres. Both Borallon and Palen Creek were new Centres commenced in the year. There are also some groups facilitated in Probation and Parole offices in Cairns, Townsville, and Mareeba. The three group programs facilitated are Changing Habits (a 42-hour structured therapeutic group program), Healthy Habits (a 16-hour structured therapeutic program), and Breaking Habits (a 12-hour structured therapeutic group program).

Over the year we provided services to:

- 1,175 unique clients accessed across 53 group programs. This represents a 69% increase in unique clients and a 68% increase in group programs from the previous year.
- There were 9,122 group session contacts made with 6,374 attended. This is a 54% increase in group session contacts from the previous year.

QCS GROUP ATTENDED CONTACTS

Figure 11: Number of clients who have attended QCS group programs between 1st July 2023 and 30th June 2024.

The feedback received was overwhelmingly positive, some comments included:

> **Group leaders were awesome. Really good group happy to do more. Will recommend to others.**

> **Both facilitators were new to group teaching and both proved to be excellent. Very accommodating.**

> **I enjoyed the program with the diversity of the facilitators, and their knowledge and lived experience. I think adding ABI education from synapse would have a huge effect on the program.**

> **The facilitators were very knowledgeable on the subject and I found them easy to approach and ask questions.**

> **This class was very useful and I will leave with a better mindset.**

QuIHN staff funded through QCS continued to conduct training sessions for Far North Qld Corrective Services Staff. This training was well received. There is still a lot of work to be done to improve the quality of the referrals coming through via parole officers. There is an extensive training addition planned for the coming year to improve this.

BETTER ACCESS MEDICAL CLINIC

During this year our long-term GP, Dr Merrilyn, retired. We thank the significant contribution of Dr Merrilyn and wish her well in her adventures. The Better Access Medical Clinic had just one full-time GP for a significant part of the year. Recruitment of new GPs continues. Over the course of the year the Better Access Medical Clinic (BAMC) provided:

4,838

PATIENT APPOINTMENTS

67%

Of appointments were delivered through face-to-face consults, the remaining were facilitated via telehealth appointments.

84

patients attended for quarterly sexual health certificates

Active patients identified as

48% MALE

52% FEMALE

CLIENT ENGAGEMENT ACTIVITIES

The Client Engagement role has continued to work to centrally coordinate and report back on client engagement activities across the organisation. This position works closely with the regional teams to inform service planning, delivery, and evaluation through client engagement practice. Activities conducted or coordinated over the year included:

- Coordination and facilitation of the Client Advisory Group.
- Providing guidance and support with client feedback on policies and procedures.
- Supporting client feedback in the development of resources – including posters and brochures for Therapeutic and Harm Reduction Services.
- Attendance at TRACKS magazine Editorial Committee – development and storyboarding for each edition, as well as Client Representative updates within the magazine, and written submissions on their work and learnings.
- Client Representative reviews of NSP Stock Review.
- Client Representatives partnered to develop staff induction training for QuIHN staff.
- Client Representatives continue to be a valued part of QuIHN staff recruitment and selection panels.
- Client Representatives attended several workshops, conferences, and forums (e.g., NUAA Peer and Consumer (PaC) Forum, Consumer Advocacy Training, Insight AOD Webinars, Australian Winter School Conference, AIVL webinars (e.g., Support Don't Punish and the International Overdose Awareness Day event).
- Ongoing support to QuIHN's social media channels over the year. Social media has continued to communicate with clients regarding service delivery changes, drug warnings, promotion of QuIHN activities and events, relevant community events, and key dates.
- Client representatives have continued to provide their expertise on how best to communicate with the QuIHN community via a variety of avenues – posters, documents, policy, social media, signage etc.

ABILITY TO SELF-SUSTAIN

OUTCOMES:
Diverse funding streams for organisational growth

Over the course of the year, the organisation managed 18 funding contracts across a variety of sources. An example of some of the newer activities across the year included those outlined below

Gilead Sciences: During this year QuIHN's Harm Reduction Program received funding from Gilead Sciences through its All 4 Liver grant. This funding has enabled the continuation of our HCV outreach clinics to regional areas such as Mt Isa, Rockhampton, and the Wider Bay Region. This has specifically funded the travel and accommodation component of the project.

Queensland Health, Drug Checking Services: QuIHN, in partnership with QuIVAA and The Loop Australia, received funding for CheQpoint drug-checking service. CheQpoint commenced its first fixed site at QuIHN's Bowen Hills in April 2024 and its second fixed site at Burleigh Heads in July 2024. It also delivered event-based drug-checking services at the Earth Frequency Festival in May 2024.

Sunshine Coast Purpose-Built Facility: During the previous 2023-year QuIHN had progressed plans to establish a purpose-built facility on the Sunshine Coast to house its operations, obtaining all design and development approvals to commence development on the site. Unfortunately, due to escalating costs in construction, the project was not fully realised. However, over this 2024 financial year, QuIHN fully exercised an alternative solution for the Sunshine Coast operations to be accommodated in an improved and purpose-fitted building directly adjacent to the originally planned site, allowing for significant increases in total gross floor area, car parking, and facilities. This also allows for the potential future amalgamation of both sites for the highest and best use and future expansion of services over the next 10 years. Relocation of the Sunshine Coast services from the previous site address (59 Sixth Avenue Maroochydore) has now occurred and our services have established at the new site (89 Aerodrome Rd Maroochydore).

The Gold Coast After Hours Program funded by Gold Coast PHN: Our Gold Coast After Hours program has continued funding for another year with slightly different hours. Clients can now access our After-Hours Counselling between hours of 5:00 pm and 9:00pm 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.

Skilling Queenslanders for Work Initiative: The Skilling Queenslanders for Work Initiative run via the Department of Employment, Small Business provided QuIHN funding over the year for our trainees to be based in Gold Coast, Cairns, Townsville, and Sunshine Coast. The trainees work several days each week while completing a Certificate in Business and Administration. This initiative provides an invaluable opportunity for individuals who access QuIHN services and may have previously faced barriers to workplace experience or vocational study. By participating in the program, these trainees gain practical experience, build essential skills, and receive qualifications and an entry pathway into the human services field.

Queensland Corrective Services (QCS): Through funding provided by Queensland Government through QCS extended the suite of programs to now deliver into Borallon and Palen Creek Correctional Centres. This expansion has greatly impacted the number of therapeutic group programs we can now facilitate with people and allowed a higher level of engagement with people while in the correctional system. Through these programs we are providing tailored interventions aimed at addressing substance use and mental health issues and supporting participants in their health and reintegration goals.

Therapeutic Service Delivery Model: Over the last few years QuIHN's Therapeutic Services has been grappling with growing demand for services. Waitlists for counselling have increased from weeks to months in many regions. Groups and brief interventions were offered to people while they waited for counselling. However, it became apparent that something else had to be done. Towards the end of the year, a slightly revised service model was created and began implementation. This will develop further into the coming year, but is already yielding results with the Brisbane waitlist dropping from 3 – 4 months down to 4 – 5 weeks, a vast improvement for our clients. The new model incorporates a structured review process for episodes of care, conducted after three months of continuous service. This approach is grounded in evidence suggesting that prolonged counseling without periodic reassessment may not always benefit clients and can sometimes lead to dependency on the therapeutic relationship rather than fostering independence and resilience. Through client review, counselors can ensure that the treatment remains effective, addressing any barriers and adjusting the service plan as needed. This review process is designed to prevent stagnation, encourage clients to apply the skills and strategies they have learned, and ensure that the support provided is truly aligned with their evolving needs. QuIHN's model emphasises a balanced approach to counselling, promoting sustained goal achievement while avoiding the pitfalls of unnecessarily extended therapy, ultimately enhancing client outcomes and well-being

QuIHN's Peer Leadership Framework: During the year QuIHN self-funded the development of its Peer Leadership Framework. The Framework aims to leverage the work already taking place by strengthening, formalising, and advancing the integration of LLE (living and living experience) workforces across our organisation. By doing so we will ensure maximum impact of our existing projects, programs, and services.

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 practice.

During this period, QuIHN and the Queensland University of Technology continued our partnership with funding made available through the Gilead, All 4 Liver Grant. The project is being facilitated by QuIHN and evaluated by QUT, School of Nursing. This initiative is a novel hybrid face-to-face and telehealth service model that allows QuIHN's Nurse Practitioners and Harm Reduction Workers to travel to regional areas in Queensland (such as Mt Isa and Rockhampton) to facilitate diagnosis, treatment, and management of chronic Hepatitis C for people living in regional and remote Queensland.

Illicit Drugs Reporting System (IDRS) and the Ecstasy and Related Drugs Reporting System (EDRS): QuIHN continues to be involved in the recruitment of participants supporting the Illicit Drugs Reporting System (IDRS) and the Ecstasy and Related Drugs Reporting System (EDRS). This research is part of an ongoing national monitoring program, comprising the Illicit Drugs Reporting System (IDRS) and the Ecstasy and Related Drugs Reporting System (EDRS). 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) ["Finger Prick Survey"]: In October of 2023 the 3 participating QuIHN sites based in Gold Coast (Burleigh Heads), Sunshine Coast, and Brisbane facilitated 2 weeks of the ANSPS. The ANSPS provides serial point prevalence estimates of HIV and HCV antibody prevalence, and HCV RNA prevalence and monitors sexual and injecting behavior among PWID in Australia. QuIHN has been involved with the survey since 2005, with the next round scheduled for October 2024.

QuIHN Treatment & Management Program (TMP) Expert Advisory Panel (EAP): The EAP serves as a mechanism to assist the QuIHN Treatment and Management Program by providing accurate, contextual, and timely advice and recommendations to the TMP. The TMP Expert Advisory Panel includes representatives from various industry and consumer groups such as Government departments, NGO's, peers and other relevant services.

Putting Together the Puzzle: Throughout the year QuIHN was funded by the Queensland Mental Health Commission (QMHC) to deliver the "Putting together the Puzzle" (PTTP) training package across Queensland. This funding was extended into the 2023 – 2024 financial year to complete a further 6 x Putting Together the Puzzle workshops. The additional workshops provided QuIHN with an opportunity to address the findings from the PTTP Evaluation (completed by the Centre for Social Impact). QuIHN provided additional in-depth training for peer workers around using lived/living experience and weaving this into training content, and further content familiarization, including the opportunity for mock workshops. Five workshops took place in the Brisbane Metro area, and one was held online for health workers in Far North Queensland. In total, 138 health and community workers attended the 6 PTTP workshops. Feedback from the participants indicated that they felt the workshops provided a deeper learning experience about stigma and concrete examples of how to change practice to provide better quality services to people who use substances.

CheQpoint drug checking service: The QuIHN, The Loop Australia and QuIVAA partnership, CheQpoint drug-checking service is being independently evaluated by the University of Queensland (UQ) Institute for Social Sciences Research (ISSR). We continue to support this important evaluation. During the year as part of this partnership and service establishment phase, QuIVAA undertook four co-design focus groups. The key findings from the co-design focus groups included feedback related to:

- Strong desires for high levels of transparency in the process.
- Requirements to build trust with new client cohorts.
- Consensus on the naming of the service, operating days, hours, locations, and implications for future locations and modalities in delivering services in locations.
- Barriers to the service (i.e., concerns relating to policing practices, confidentiality and privacy, waiting times, and unwanted media or public attention).
- Feedback on channels of communication for alerts and notifications.
- Language matters and the need for friendly and appropriate language around drug checking and interventions.
- Considerations for physical space planning.

Psychiatrist Case Conference Support Evaluation: The research article outlining the evaluation of the Psychiatrist Program that occurred during the pandemic experience across Therapeutic Services is due to be published in the Journal of Public Health with acceptance in March 2024. The article is titled "Psychiatrist support in case conferencing to improve outcomes for people with co-occurring substance use and mental health issues: A mixed methods evaluation".

THE COMMUNITY WITHDRAWAL PROGRAM EVALUATION AND RESEARCH: The evaluation for the Community Withdrawal Program was accepted for publication during the year in the Drug and Alcohol Review. The article is titled “Client and stakeholder perceptions of a novel, nurse practitioner-led alcohol and other drug ambulatory withdrawal service”. The results include a collection of quantitative and qualitative data evaluating the two-year trial of QuIHN’s Nurse Practitioner Led Community Withdrawal Program (CWP). This research also had a component that tracked the progress of 40 clients through the program collating their pre and post-reported psychometric scores and satisfaction measures.

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

QUIHN’S PEER LEADERSHIP FRAMEWORK

Over the year QuIHN progressed its Peer Leadership Framework to a final document and commenced the development of associated Action Plans to support the Framework implementation.

QuIHN’s Peer Leadership Framework is designed to provide guidance and structure for the development, implementation, and support of a robust peer leadership approach and workforce. This framework is specific to QuIHN’s unique needs and approach, one that fits a hybrid (part peer/part non-peer) AOD organisation operating from a harm reduction, it aligns strongly with our shared values and our social justice framework. The Framework is written by the people who know us best – QuIHN people. Ultimately, we hope the Framework provides QuIHN with the scaffolding to build a more robust, diverse, and sustainable peer workforce across our organisation. This work has been progressed by the Peer Leadership Working Group, consisting of QuIHN and QuIVAA leaders who met regularly throughout the year to discuss, progress, and provide a consultative and advisory mechanism for the staff developing the Framework. A practical analysis has been created to support an action plan that identifies what has already been implemented, current gaps, and opportunities for improvement and the future. We are launching the Framework internally across QuIHN over the remainder of the 2024 calendar year.

HARM REDUCTION SERVICES

QuIHN’s TRACKS Magazine: Over this past year, QuIHN’s Harm Reduction team, in conjunction with our clients, have developed two Tracks Magazines for Illicit Drug Users, Issue 34 and 35. Each year, our dedicated Tracks Editorial Committee puts together the magazine which aims to educate, support, and empower people who use drugs. Without input from our valued clients and readers, the magazine wouldn’t be possible, so we thank all our contributors over the years.

QuIHN NSP stock: QuIHN consumer representatives and clients of our NSP provided feedback on the NSP costed/sellable stock made available via QuIHN NSPs. The NSP teams requested feedback on currently available stock whether this is sufficient for client needs and whether any new items would be useful in being available in the future. The review of QuIHN NSP costed stock continues, with the aim of completion in late 2024.

THERAPEUTIC SERVICES

CLIENT SATISFACTION

During the year QuIHN's Therapeutic Services used a new client feedback system. This was implemented to make it easier to collect and review feedback for both clients and staff. There used to be many different feedback forms depending on region and context. Now there is just one digital version that has been standardised for use across all sites and contexts. There are also several ways people can fill in the feedback including QR Code, email, text, in session, or on paper. For counselling and case management programs the Overall Satisfaction score was 97% on average. Group feedback was also strong for these programs. For open groups such as Mudmaps, Nuts and Bolts, and the Mindfulness Group the average out of 5 for all questionnaire items was 4.70.

Clients continue to be placed front and center in QuIHN's Therapeutic Services programs.

Collaborative Treatment Plans drive the therapeutic process where clients decide on the content and approach taken in sessions. These are regularly reviewed, and adjustments are made. Client outcomes and satisfaction are collected with consent throughout their time with the service and are used to guide future sessions. Clients are made aware of the ease with which they can change therapists if they want to for any reason whatsoever.

Some quotes from clients attending counselling:

Very good service R from Capalaba has made me feel very comfortable and helped me understand myself and ways to help manage my behaviour better than any other service.

C is amazing. I would not be where I am today without her support. I look forward to my sessions with her. With her on going support I feel I can overcome any obstacle and rebuild my life. I am extremely grateful to her. There needs to be more Cs in this world. Her service and support is highly appreciated.

I want to thank all the staff at Quihn who have helped me navigate the last few years of my life. I am very grateful to have been given the opportunity to receive counselling at Quin, as well as be able to receive treatment from the doctors, nurses and HEP C treatment team.

I have grown a lot during my time at Quihn and while I am very appreciative of all the staff that I have received counselling and medical support from, I want to particularly thank R for the help that she has given me in the last year. She is an incredible counsellor, and I don't think I would have been able to make the progress that I have if it wasn't for the guidance, patience and understanding that she has shown me throughout my sessions. She always listened to me without judgment, treated me with respect, and made me feel seen and heard.

I am very proud of the progress that I have made and that I can conclude my counselling here, knowing that I have made the changes in my life that I needed to, to be able to get my life back on track and live a life that I am happy with and proud of. Thank you for helping provide me with the skills that I needed to start rebuilding my life.

Just want to have the most grateful and gracious service from A. 18mths we have been seeing one another. 10/10 she deserves so much praise!! And travels to see me which means a lot- or calls if needed. Thank you for this gift, I'll continue to call A if needed.

T was amazing. She was patient and helped me through so much. She was able to adapt to what I needed each time and gave me some invaluable information. I will remember T as a positive part of what was a very difficult journey for me

H has been amazing, very calming & has great ideas. Listens & tries to help so much. You guys are doing a great job. Well done.

Q FILES - CLIENT RECORDS MANAGEMENT DATABASE

The previous 2023 year was the first year using "QFiles", Client Database, to capture all the client demographic, outcome, and case note data. Reporting and dashboards continue to be improved over the 2024 year and the new reminder system has proved extremely popular and beneficial, reflected in the significant increase in engagement over the year.

CLIENT ENGAGEMENT

The Client Advisory Group (CAG) supports client engagement policy and practice, providing an avenue for service-related policy/procedures and process/ system development through client representatives based across all QuIHN regions. The CAG provides a formal mechanism for ensuring that client expertise is heard and addressed, ensuring QuIHN provides client-responsive programs and services. Our Client Representative roles are formalised roles and are remunerated for their participation in our organisation. This year's activities have included but are not limited to:

- Our client representative roles continue to participate actively in our regional and all staff meetings across QuIHN as well as participating on our Reconciliation Action Plan Working Group.
- Our CAG has participated in the review and design of resources, including posters and brochures across Therapeutic and Harm Reduction programs.
- Our CAG continues to participate in the redevelopment of QuIHN's website and digital asset branding.
- Our client representatives have been involved in the creation of resources for staff induction, such as our Introduction to Client Engagement at QuIHN induction resource.
- Client representatives continue their contribution to staff training (e.g.: neurodiversity training, language and terminology training).
- Client representatives continue to be an integral part of the TRACKS Magazine Editorial Committee, provide writing and editing duties, as well as contributing submissions.
- Client Advisory Group offered their experiences for our Quality Program Auditors Assessments.
- Client Representatives have attended various online and in-person QuIHN internally and externally facing events.
- QuIHN have actively held several 'Meet the Client Reps" an informal opportunity held online for all QuIHN staff to get to know our client representatives and their role within the organisation.
- ·The CAG continues to contribute to policy review, training resources, client-facing documentation, and terminology, language, and accessibility of written resources and publications. Our client representatives have co-developed client-facing resources, such as our group manuals like "Shark Cage" – Domestic Violence Survivors Group, and QCS Group programs content and group promotional materials.
- ·Client representatives contributed to the implementation of a hepatitis B testing outreach program.
- Our clients representatives continue to attend service design, implementation, and review focused focus groups providing key expertise. Examples over the year have included: therapeutic group development, NSP stock review, website design, CheQpoint drug checking establishment, Stakeholder Feedback sessions, and the Sunshine Coast purpose-fitted office design.
- Training Mud Maps group attendees to become peer co-facilitators
- Ongoing training is provided to client representatives. Some training throughout the year has included Drug Checking, Nitazenes, advocacy skills, using your lived experience in consumer roles, and access to generalist AOD online training.

The Client Engagement Officer continues to facilitate connection and support for Mud Maps clients and assists in gaining contributions to the themes and topics of the group, collective rules and values, and activities and learnings.

Over the course of the year, the Client Engagement role has facilitated or participated in the following activities:

- Ongoing facilitation of the Peer Workforce Group monthly and supports peer workers across the regions.
- Individual peer support/supervision provided to peer workers and staff members using their lived/living experience.
- Ongoing work with the AIVL national network around drug warnings/alerts and creating a better / faster process/system around identifying dangerous/risky batches of drugs and informing the community.
- Facilitating connection and support between client representatives and regional staff around engaging client representatives and seeking broader client expertise across the local regions.
- Ongoing support to QuIHN's existing client and peer representatives – liaison, advocacy, support to engage, and information regarding engagement opportunities.

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

QuIHN is known for its experience as a leading agency in the AOD sector and is seen as a valued partner in engaging with clients. QuIHN have participated in a range of activities to support and enhance positive partnerships over the year, such as:

- 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
- Participated in MHAOD Safety and Quality Improvement Framework Service Provider Meetings
- Membership in the Sunshine Coast Alliance
- 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
- Co-development of Insights LLE Peer Workforce Modules
- QuIVAA AOD LLE Representation Model Advisory Group
- Achieving Balance Collaborative Design Working Group
- Australian Research Centre in Sex, Health and Society – Strengthening Peer and Community Led Programs and Research

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 co-designed 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 QuIHN 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, QuIHN and Common Ground continued our working relationship, designed to enrich outcomes for the residents of Common Ground supported accommodation. This partnership enables QuIHN 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:** QuIHN'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 abstinence-based, 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.

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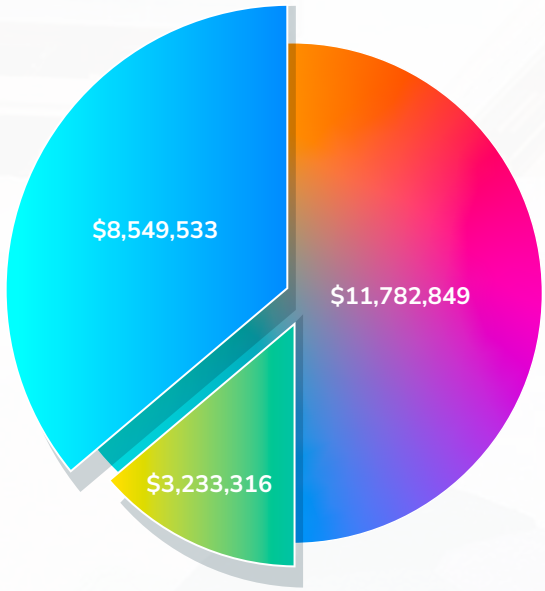
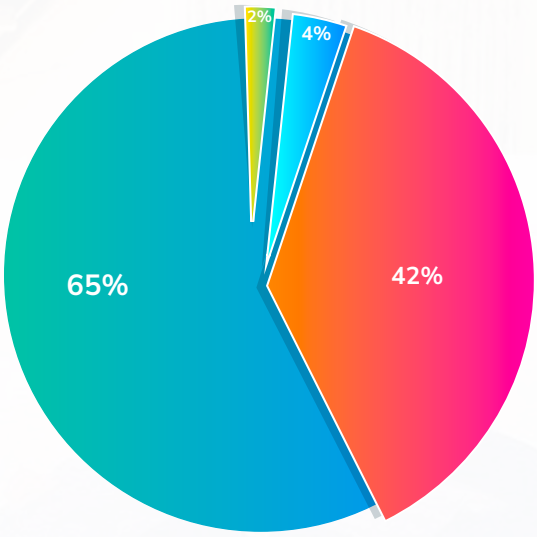
FINANCIAL REPORT

FINANCIAL POSITION



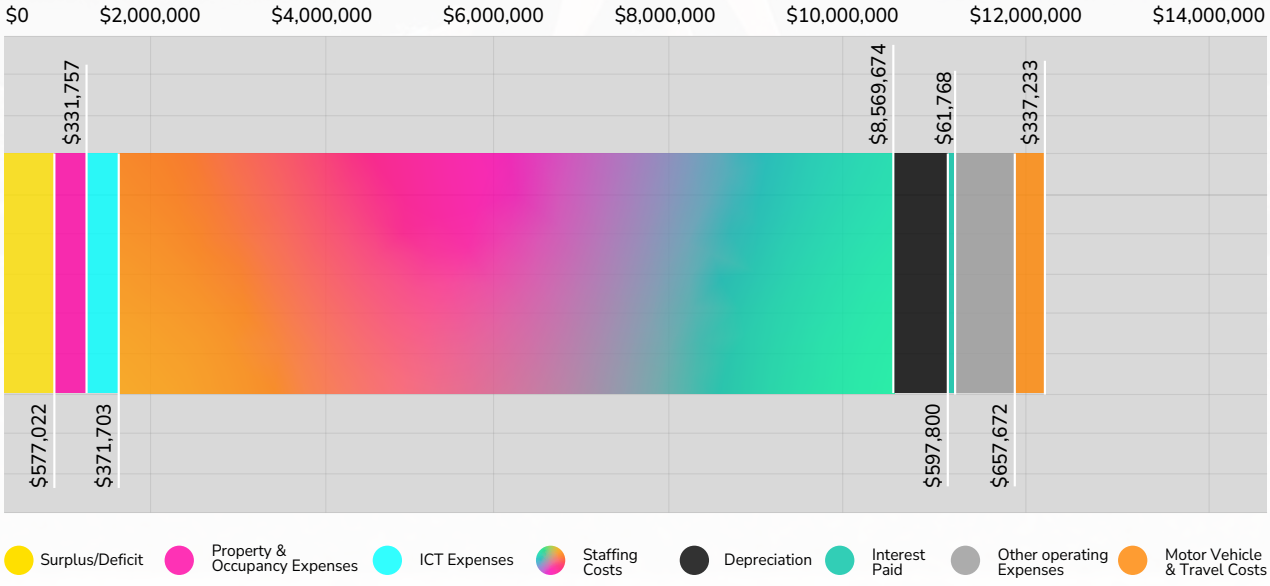
- Total Assets
- Total Equity
- Total Liabilities

FUNDING SOURCES



- State Government Funding
- Federal Government Funding
- Medicare Funding
- Social Impact Funding

REVENUE ALLOCATION

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