

Achieving balance

Annual progress update

2023–2024



Queensland
**Mental Health
Commission**

© Queensland Mental Health Commission 2025

Published by the Queensland Mental Health
Commission November 2025

Queensland Mental Health Commission
PO Box 13027, George Street QLD 4003

Phone: **1300 855 945**

Email: info@qmhc.qld.gov.au

An electronic copy of this document is available
at www.qmhc.qld.gov.au.

Feedback

We value the views of our readers and invite
your feedback on this report.

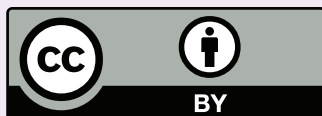
Please contact the Queensland Mental Health
Commission on **1300 855 945** or via email at
info@qmhc.qld.gov.au.

Translation



The Queensland Government is
committed to providing accessible
services to Queenslanders from all
culturally and linguistically diverse
backgrounds. If you require an

interpreter, please contact us on **1300 855 945**
and we will arrange one for you.



Document licence

This report is licensed by the State of Queensland
(Queensland Mental Health Commission) under
a Creative Commons Attribution 4.0 International
(CC BY 4.0) licence.

To view a copy of this licence, visit

<https://creativecommons.org/licenses/by/4.0/>.

In essence, you are free to copy, communicate and
adapt this report as long as you attribute the work
to the Queensland Mental Health Commission.

Acknowledgements

Recognition of First Nations people

We respectfully acknowledge First Nations people in
Queensland as the Traditional Owners and Custodians
of the lands, waters and seas. We acknowledge those of
the past, who have imparted their wisdom and whose
strength has nurtured this land. We acknowledge
Elders for their leadership and ongoing efforts to
protect and promote First Nations people and cultures.

We recognise that it is our collective effort and
responsibility as individuals, communities and
governments to ensure equity, recognition and
advancement of First Nations Queenslanders across
all aspects of society and everyday life. We walk
together in our shared journey of Reconciliation.

Recognition of lived-living experience

We recognise the individual and collective contribution
of Queenslanders with lived-living experience of
mental health challenges, alcohol and other drug use,
and people, groups and communities impacted by
suicidal distress or suicide. We recognise families,
kin, unpaid carers and other unpaid supporters
who play a fundamental role in supporting people
with lived-living experience. We also recognise the
lived experience of people bereaved by suicide.

Each person's journey is unique and collectively
provides a valuable contribution to reforming
the mental health, alcohol and other drugs and
suicide prevention and related systems in Queensland.
Your voices and experiences are the core of our work.
We recognise and value your expertise.

Contents

Introduction	2
Reform context	3
Governance, monitoring and evaluation	3
Overall implementation progress	4
Highlighted achievements	5
Prevention and early intervention	5
FASD Tracking Cube	5
Revised AOD program for schools	6
<i>Keep an eye on your drinking</i> campaign	7
Reducing AOD harm in culturally and linguistically diverse communities	7
Community prevention guide	8
Enhance treatment	9
AOD residential treatment services	9
Growing the lived-living experience workforce	10
Expand diversion	11
Expansion of the Police Drug Diversion Program	11
Tailored First Nations programs delivered in correctional centres	12
Community Youth Response and Diversion	13
Reduce stigma and discrimination	14
Queensland Police Service (QPS) training module	14
Reduce harm	15
Overdose monitoring system	15
Understanding overdose experiences	16
Drug checking	16
Peer-led harm reduction initiative	17
Next steps	18

Introduction

The Queensland Mental Health Commission (the Commission) is responsible for the development and implementation oversight of *Achieving balance: The Queensland Alcohol and Other Drugs Plan 2022–2027 (Achieving balance)*.

Achieving balance is Queensland's whole-of-government and whole-of-community plan to prevent and reduce the harms related to alcohol and other drugs (AOD), through the identification of a shared strategic direction and priorities and collective leadership. It aims to improve coordination across systems of care and strengthen evidence-based approaches to improve outcomes for individuals, families, communities and the economy.

The *Achieving balance annual progress report 2023–2024* is the first in a series of annual progress updates that highlight the contributions being made across government departments to drive AOD reform in Queensland.

For many Queenslanders, AOD use is a part of life and occurs along a continuum—from occasional use through to dependence. According to the latest National Drug Strategy Household Survey data,¹ approximately 18.4 per cent of Queenslanders used illicit drugs in the last 12 months and 78.6 per cent consumed alcohol.² These figures are consistent with national trends.

Globally, the World Health Organization estimates that between 11 and 12 per cent of people who consume alcohol develop an alcohol use disorder.³ Similarly, according to the United Nations Office on Drugs and Crime, around 13 per cent of people who use illicit drugs develop a drug use disorder, though this varies depending on the type of drug used.⁴ While people in higher socioeconomic groups are more likely to initiate drug use than those in lower socioeconomic groups, people in lower socioeconomic groups are more likely to experience drug use disorders as a result of marginalisation and social disadvantage.⁵

These figures underscore the importance of a whole-of-system approach to reducing AOD harm and improving community safety. This approach should be grounded in a shared understanding of how AOD-related issues impact Queenslanders across the broad social, structural, historical and cultural determinants of health.

While many people who use AOD don't experience significant short or long-term harm, every Queenslanders should have access to evidence-based information, education, advice and support when they need it. This ensures people are equipped to reduce their risk of harm, regardless of where they sit along the continuum of use.⁶

1 <https://www.aihw.gov.au/reports/illicit-use-of-drugs/national-drug-strategy-household-survey/data>

2 <https://www.aihw.gov.au/reports/illicit-use-of-drugs/state-alcohol-drug-use>

3 <https://www.who.int/publications/i/item/9789241565639>

4 <https://www.unodc.org/unodc/en/data-and-analysis/world-drug-report-2023.html>

5 https://www.unodc.org/res/WDR-2023/WDR23_B3_CH5_substance_use.pdf

6 <https://www.health.gov.au/sites/default/files/documents/2020/08/national-framework-for-alcohol-tobacco-and-other-drug-treatment-2019-29.pdf>; <https://insight.qld.edu.au/shop/queensland-aod-treatment-services-delivery-framework-2022>



Reform context

Achieving balance is underpinned by 5 strategic priority areas. These are:

- Prevention and early intervention
- Enhance treatment and support systems
- Expand diversion
- Reduce stigma and discrimination
- Reduce harm.

Implementation of *Achieving balance* encompasses new and existing initiatives funded through a range of budget measures, including a portion of the Queensland Mental Health Levy, as well as investment sourced from a range of aligned state government strategies and plans.

This includes initiatives and priorities under *Better Care Together: a plan for Queensland's state-funded mental health, alcohol and other drug services to 2027* (*Better Care Together*) and the former Queensland Government's response to the *Inquiry into the opportunities to improve mental health outcomes for Queenslanders* in 2022.

Governance, monitoring and evaluation

Implementation of *Achieving balance* is guided by the whole-of-government Strategic Leadership Group and supported by the *Achieving balance* Strategic Implementation Group (SIG). The SIG is a cross-agency and cross-sector group with representation from government agencies, peak bodies and other non-government partners, and people with a lived-living experience of AOD use.

In 2023–24, the SIG met on 6 occasions and supported the implementation of *Achieving balance* through identifying gaps and priorities, coordination and information sharing, and monitoring progress.

The Commission is leading the monitoring, reporting and evaluation of *Achieving balance* on behalf of

government agencies. An independent evaluation of *Achieving balance* will be conducted over the life of the plan to assess its impact and effectiveness in progressing AOD reform.

This will be supported by the *Achieving balance* monitoring and evaluation framework, which has been developed to guide evaluation scope and the indicators by which progress can be measured. The monitoring and evaluation framework was developed in collaboration with the SIG, other government agencies, people with lived-living experience and peak body representatives.

Further work to commence the independent evaluation will progress during 2025.

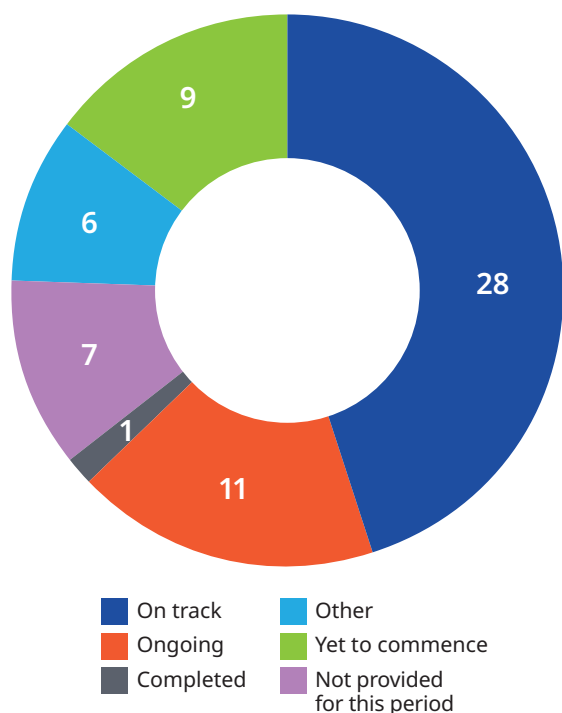
Overall implementation progress

Under *Achieving balance*, government agencies have progressed a wide range of activities. A total of 62 activities are being implemented across the 5 strategic priority areas. The status of these activities is shown below.

Over 60 per cent of all actions being implemented by government agencies are 'on track' or 'ongoing'. Most activities (22) are occurring in prevention and early intervention, and enhancing treatment (17 activities).

Activities are being led by 12 government agencies.

Progress status of all activities in *Achieving balance*
(as at 30 June 2024)



In addition to supporting the implementation of *Achieving balance* across government agencies, the Commission is delivering on a number of key initiatives.

This included:

- new initiatives that develop resources and programs to address AOD harm in culturally and linguistically diverse communities
- an initiative supporting greater access to fetal alcohol spectrum disorder (FASD) screening and assessment
- *Keep an eye on your drinking*, a social marketing campaign that aims to reduce alcohol-related harm
- new AOD early intervention programs for First Nations communities
- peer-led programs supporting people with lived-living experience of AOD use to lead the prevention of AOD harm in their community
- new community-based AOD prevention programs
- development of online resources and tools for families and loved ones of people who use AOD
- addressing stigma and discrimination towards people who experience AOD harms across a range of contexts and settings
- initiatives aimed at preventing overdose in Queensland, including research to understand lived-living experience of overdose and scoping an overdose monitoring system for Queensland.

Highlighted achievements

Prevention and early intervention

Actions in this priority area encompass evidence-based early intervention and prevention programs across a range of sectors, increasing community awareness and health literacy, and initiatives aimed at supporting young people as early as possible.

FASD Tracking Cube

Contributing to priority actions:

Action 1.1.5 – Increase risk-awareness and support options for fetal alcohol spectrum disorder across communities and within workforces.

Action 1.3 – Improve prevention and early intervention through earlier identification and provision of appropriate child, youth and family services for children and young people experiencing vulnerabilities, such as trauma, fetal alcohol spectrum disorder, disability, developmental delay, and risky or challenging behaviours.

In 2023–24, the Commission commenced work with Griffith University to investigate a pilot initiative ‘Expanding the Tracking Cube across sectors’. This pilot aims to equip communities with the necessary tools to navigate their children’s neurodevelopmental health locally, enabling earlier identification and support for children with FASD.

In Queensland, FASD is a significantly underdiagnosed condition. The Tracking Cube model is designed to assist non-specialist workers in community organisations and other agencies (e.g. early learning, education, child safety, and youth justice settings)

to identify, screen and support children living with FASD sooner. The comprehensive neurodevelopmental assessment is broken down into 6 manageable parts (or tiers)—informed consent, history taking, rapid assessment, collaborative information, feedback and support, and comprehensive assessment. This model also aims to reduce waitlists and burden on specialist practitioners, who have traditionally been responsible for all tiers.

In 2024–25, the pilot will commence roll out to 3 regions (North West Queensland, Townsville and Gold Coast).

Revised AOD program for schools

Contributing to priority actions:

Action 1.2.2 – *Continuously improve school-based alcohol and other drug education, focusing on informed decision-making for young people and demonstrated evidence of program effectiveness.*

The Department of Education's AOD program, which is available to all state and non-state schools for years 7–12, was reviewed in 2023 by The University of Queensland's National Centre for Youth Substance Use Research (NCYSUR). Fourteen recommendations were identified by NCYSUR to strengthen the program. The department has accepted all recommendations and commenced work to:

- improve logic of guiding principles across documents and program content
- progress skill development over time and consistently and sequentially build on concepts
- adjust content delivery to ensure material is communicated to meet the current needs and contexts of young people in Australia
- adopt a co-design approach involving stakeholders
- introduce substance types in the program to reflect typical age of onset and increase focus on multiple drug use (polysubstance use)
- adjust content to better include and celebrate the diverse cultural, gender and identity experiences of students
- include media and social media to reflect contemporary patterns of use and influence
- integrate harm minimisation concepts more holistically
- integrate more socialcultural perspectives when examining factors influencing substance use
- expand content on correcting normative expectations
- expand substance resistance skills
- strengthen emphasis on developing help-seeking skills
- integrate student self-assessments to evaluate effectiveness of developing AOD knowledge and skills.

The department has been updating all content and as a result, a strengthened program is being developed to address the identified recommendations. The new program will be made available to schools in 2025.

In parallel with the review, the department has arranged approval to provide all high schools with access to an externally developed program, Blurred Minds Academy. The ready-to-use online resources are in line with the department's *Equity and Excellence: Realising the potential of every student* strategy, with system initiatives to maximise learning in schools by fostering student wellbeing and engagement.

The revised and updated program will provide schools with an evidence-based, curriculum-aligned program that has flexibility to address the diverse health and wellbeing issues identified within schools. The program features include a holistic and comprehensive approach covering a broad range of substances, interactive and engaging teaching methods, and program design grounded in evidence and theory.

Keep an eye on your drinking campaign

Contributing to priority actions:

Action 1.2.3 – Strengthen alcohol and other drug literacy through sustained and integrated communication campaigns to improve community awareness, attitudes, and behaviours.

Action 5.4 – Develop alcohol awareness campaigns based on harm minimisation principles, involving a strong and clear focus on outcomes and a rigorous approach to evaluation.

The Commission continues to support the *Keep an eye on your drinking* campaign. The social marketing campaign is designed to encourage positive behaviour change and is part of Queensland Health's strategy to improve healthy behaviours to reduce harms from risky alcohol consumption.

The *Keep an eye on your drinking* campaign aims to increase Queenslanders' knowledge and understanding of the harms of risky alcohol consumption, the benefits of reducing alcohol consumption, and awareness of the Australian recommended alcohol consumption guidelines. It targets Queenslanders who are typically consuming 3 or more drinks on a single occasion and drinking more than twice a week.

Phase 3 of the campaign began in mid-April 2024 and concluded in June 2024. In phase 3, the campaign website incorporated the drinking guidelines in a more engaging manner through a drink calculator. Messaging was tailored to emphasise the benefits of reducing alcohol consumption, provide more information on both short- and long-term harms, and offer initial strategies to help reduce intake.

An evaluation of previous phases of the campaign found it successfully achieved campaign message recall, encouraged self-reflection about alcohol consumption and improved understanding of the recommended alcohol consumption guidelines. It is also anticipated that long-term outcomes would include a cultural shift towards positive perceptions of low risk drinking and promote healthier behaviours to change attitudes towards drinking.

Reducing AOD harm in culturally and linguistically diverse communities

Contributing to priority actions:

Action 1.3.4 – Provide resources and community-based programs tailored to culturally and linguistically diverse communities.

Action 4.1 – Build capacity of health services, law enforcement and other systems to provide strengths-based, culturally safe, and person-centred responses to people with problematic alcohol and drug use and encourage help-seeking and acceptance of support.

The Commission funded 2 organisations to deliver an initiative aimed at reducing and preventing AOD-related harms within culturally and linguistically diverse communities. The 2 successful applicants—World Wellness Group, and QuIHN and Ethnic Communities Council of Queensland in a strategic partnership—will contribute to building understanding of, and improving

access to, culturally safe AOD resources, programs and services across Queensland.

This work will also contribute to meeting the needs of culturally and linguistically diverse individuals and communities being supported through AOD services.

Community prevention guide

Contributing to priority actions:

Action 1.2.1 – *Improve shared understanding of alcohol and other drug-related harm and protective factors from the early years through to older people.*

Action 1.2.3 – *Strengthen alcohol and other drug literacy through sustained and integrated communication campaigns to improve community awareness, attitudes, and behaviours.*

Action 4.4 – *Promote language guidelines to encourage objective and non-judgmental conversations about substance use and people who use drugs.*

The Commission engaged the Alcohol and Drug Foundation to develop a guide to support communities to develop evidence-based AOD primary prevention initiatives. The guide includes a range of tools and resources to help identify and prioritise local needs, engage communities and evaluate the impact of initiatives.

The resources include:

- [Bringing communities together: A guide on how to prevent alcohol and other drug harm in the community](https://6232990.fs1.hubspotusercontent-na1.net/hubfs/6232990/Bringing%20communities%20together%20-%20AOD%20prevention%20guide.pdf)⁷
- [Overview of prevention response activities and evaluation](https://6232990.fs1.hubspotusercontent-na1.net/hubfs/6232990/Appendix%20-%20Overview%20of%20Prevention%20activities%20and%20evaluation.pdf)⁸

In 2024–25, the Commission will progress further work to support community-based and community-led AOD prevention initiatives.

⁷ <https://6232990.fs1.hubspotusercontent-na1.net/hubfs/6232990/Bringing%20communities%20together%20-%20AOD%20prevention%20guide.pdf>

⁸ <https://6232990.fs1.hubspotusercontent-na1.net/hubfs/6232990/Appendix%20-%20Overview%20of%20Prevention%20activities%20and%20evaluation.pdf>

Highlighted achievements

Enhance treatment

Through *Better Care Together*, actions in this priority area encompass expanding AOD treatment services to better meet demand, with targeted investments in workforce development, particularly in regional and remote areas.

AOD residential treatment services

Contributing to priority actions:

Action 2.4 – *Ensure individuals with complex and high-level needs have access to responsive, timely and intensive mental health and alcohol and other drug services—the right treatment at the right place and the right time.*

Priority actions under *Better Care Together*, which also deliver on *Achieving balance* include:

- investing in existing state-funded AOD residential treatment services to enhance the quality of treatment and care
- supporting refurbishments to existing state-funded AOD residential treatment services to strengthen the delivery of safe and contemporary care
- delivering 2 new, purpose-built adult residential rehabilitation and withdrawal services at Ipswich and Bundaberg and a youth residential rehabilitation service in Cairns.

In 2023–24, additional funding was allocated under service agreements to 8 non-government organisation providers, enabling service enhancements such as the expansion of multi-disciplinary teams, higher-qualified staff, extended service hours, additional treatment programs, and improvements in cultural safety, governance and coordination.

Operational funding was also allocated under service agreements to support additional Family Recovery Units at Logan House.

An infrastructure grants program was established to support state-funded residential treatment services to improve the quality, safety and amenity of their existing facilities.

Significant progress was also made in the development of new residential treatment centres. Contracts were awarded for the final design and construction of purpose-built centres in Bundaberg, Cairns and Ipswich. Construction commenced on-site in Bundaberg in March 2024 and community information sessions were held in Ipswich to share information about the project. Tender processes to procure specialist AOD service providers to deliver the 3 new services were developed in 2023–24 and released to the market for the Bundaberg and Cairns services.

Growing the lived-living experience workforce

Contributing to priority actions:

Action 2.1 – Provide appropriate training and support to the AOD specialist workforce and supporting workforces in other sectors to enable them to effectively respond to problematic AOD use, including managing complexity.

Action 2.7 – Build workforce capacity to recognise and respond to underlying vulnerabilities that could contribute to problematic AOD use by clients.

Action 4.2 – Implement lived-experience-led training initiatives to improve workforce understanding of the effects of stigma, such as Putting Together the Puzzle training.

Action 4.3 – Establish pathways into the specialist AOD workforce through identified peer roles.

Action 4.5 – Improve the cultural capability of the AOD and supporting workforces to strengthen understanding of healing and how experiences of stigma, discrimination and racism can affect recovery.

The development of a skilled and culturally capable workforce is a key enabler underpinning *Achieving balance*, and growing the AOD workforce is identified as critical to a well-functioning service system. This includes growing the AOD Lived-Living Experience or peer workforce.

Queensland Health has established 2 identified Lived-Living Experience roles within the Mental Health Alcohol and Other Drugs Strategy and Planning Branch, to strategically align lived-living experience leadership with a focus on growing and supporting the lived-living experience/peer workforce within Hospital and Health Services and across the system.

An action under priority 4 of *Achieving balance* is to implement lived-living experience training initiatives to improve the understanding across the workforce of the impact of stigma. Queensland Health is supporting the implementation of this priority by adding a further 2

permanent AOD Lived-Living Experience educator roles at the Insight: Centre for AOD Training and Workforce Development (Insight). These roles contribute lived-living experience expertise into workforce training and lead the development of specific AOD lived-living experience resources for peer workers and organisations.

Insight has also been funded to develop a training package on trauma-informed care for the mental health AOD workforce, which includes developing e-learning modules and a range of tools and resources.

Queensland Health has also provided funding to the Queensland Injectors Voice for Advocacy and Action (QuIVVA) and Queensland Network of Alcohol and other Drug Agencies (QNADA) to support effective representation and participation of people with a lived experience of AOD in programs, planning and policy development.

Highlighted achievements

Expand diversion

Actions under this priority area focus on increasing the availability of health responses for people in contact with the criminal justice system.

Expansion of the Police Drug Diversion Program

Contributing to priority actions:

Action 3.1 – Broaden options for police diversion to health responses to encompass people facing minor charges for substance use and possession.

Action 3.2 – Ensure police are supported and equipped to implement diversionary options.

The *Police Powers and Responsibilities and Other Legislation Amendment Act (No.2) 2023* (Qld) received assent on 2 May 2023, with the Queensland Police Service's Drug and Alcohol Coordination Unit leading whole-of-government implementation of the expanded Police Drug Diversion Program (PDDP), in partnership with Queensland Health. These changes commenced operation within the Queensland Police Service on 3 May 2024.

The implementation of the expanded PDDP has been a significant body of work with touchpoints across multiple agencies. Implementation has involved cross-agency coordination, peak body consultation, internal systems development, training package development and organisational change management. Statewide

training has been developed and undertaken by police to support the expanded PDDP, which includes process changes for the police, benefits of the legislative changes, the evidence base supporting the expansion, unconscious bias and stigma awareness, as well as information to assist police navigate information technology system upgrades.

Some components of the training products and information for diverted persons have been developed in consultation with Queensland Health, peak bodies and lived experience representatives to ensure information, messaging and language is balanced and appropriate. The expanded program is being evaluated independently over a two-year period.

Tailored First Nations programs delivered in correctional centres

Contributing to priority actions:

Action 2.5 – *Improve AOD treatment options for people involved in the criminal justice system.*

Action 3.5 – *Introduce arrangements to encourage effective health-led support options for people who come into contact with the criminal justice system with holistic and coordinated intervention commencing at the point of contact with the system.*

Action 4.1 – *Build capacity of health services, law enforcement and other systems to provide strengths-based, culturally safe, and person-centred responses to people with problematic AOD use and encourage help-seeking and acceptance of support.*

Queensland Corrective Services (QCS) is working to build cultural understanding, cultural safety and culturally responsive support for First Nations peoples who are incarcerated. First Nations peoples in custody can access various programs that are developed and delivered by First Nations staff and/or service providers.

These include:

- **Offending Behaviour and Desistance Programs**—delivered by QCS and funded service providers to provide culturally appropriate programs to correctional centres and community corrections jurisdictions, including arts, AOD programs, behavioural programs addressing reoffending, domestic violence and sexual offender treatment programs.
- **Positive Futures Program**—a culturally sensitive strengths-based program available to First Nations men on remand or sentenced. This program targets AOD use concerns and family violence with a focus on anger and violence, power and control, jealousy, trust and fear, family and community, and parenting. This program is available in most male correctional centres.
- **Strong Solid Spirit Program**—provides a co-designed, trauma-informed, culturally specific sexual offending program for First Nations men.

Community Youth Response and Diversion

Contributing to priority actions:

Action 1.1.4 – *Improve early identification of vulnerability and provide targeted programs for children and young people, including Aboriginal and Torres Strait Islander people-specific initiatives, and initiatives for people involved with youth justice and out-of-home care systems.*

Action 1.3.3 – *Prioritise programs incorporating connection to Country and culture with Aboriginal and Torres Strait Islander peoples and services co-designed in partnership with local communities.*

Action 3.1 – *Broaden options for police diversion to health responses to encompass people facing minor charges for substance use and possession.*

The former Department of Youth Justice (now Department of Youth Justice and Victim Support) delivered the Community Youth Response and Diversion program for young people aged 10 to 15 years. The program is tailored to young people who are at high risk of offending or reoffending but generally not involved in statutory youth justice interventions.

It consists of 4 complementary components that community-based organisations deliver. The components engage young people across various touchpoints to reduce the likelihood of offending behaviour. The program delivers a range of services in Cairns, Townsville, Brisbane CBD and Brisbane South, Logan, Ipswich and the Gold Coast. Services are locally driven and coordinated to deliver the best response for each location, including:

- **Diversion services** (including after hours) to help police divert young people toward support, rather than charging or remanding them in custody.
- **Intensive case management** for young people and their families, to improve behaviour and reduce offending.
- **Bridging support and alternative education** options for young people who have disengaged or are at high risk of disengaging from education and are not yet suitable to return to or engage with alternative or mainstream schooling (Bridging to Flexischool).
- **Aboriginal and Torres Strait Islander cultural mentoring support** with a trusted adult mentor who helps the young person to develop a better understanding of their history, kinship and cultural identity.

An outcome evaluation found that the Community Youth Response and Diversion program enhanced protective factors and positively influenced life trajectory. Key outcomes include:

- Increased access to prosocial activities and other services, including health, education and employment-related services and programs, with appropriate supports provided to young people who may not otherwise engage with them.
- 85 per cent of program participants either improved or maintained their assessed rating against youth justice outcomes.
- On average there was a 14 per cent reduction in offences such as arson of building, dangerous driving, and non-aggravated sexual assault compared to an average of 2 per cent reduction for these offences for young people who did not participate in the program.
- The program has also found systemic benefits such as enhancing coordination between services, establishing strong links with other community organisations and government agencies, enabling integrated service responses, enhanced information sharing, and encouraging new partnerships and service models. Key factors associated with successful implementation of the program included consideration of local demand and need, place-based procurement processes and consultation with First Nations groups.

Highlighted achievements

Reduce stigma and discrimination

Actions under this priority seek to build the capacity of all systems to provide strength-based, culturally safe and person-centred responses to people experiencing problems related to AOD use.

Queensland Police Service (QPS) training module

Contributing to priority actions:

Action 3.2 – *Ensure police are supported and equipped to implement diversionary options.*

Action 4.1 – *Build capacity of health services, law enforcement and other systems to provide strengths-based, culturally safe, and person-centred responses to people with problematic alcohol and drug use and encourage help-seeking and acceptance of support.*

As part of the expansion of the Queensland Police Drug Diversion Program, the Commission supported the development of the stigma awareness and anti-bias component of training for officers. The training was rolled out in 2024 and is now a core training component completed by police officers across Queensland. This work supports broader initiatives to reduce stigma in relation to health issues in Queensland.

Highlighted achievements

Reduce harm

Actions under this priority focus on reducing the likelihood of people experiencing harm associated with AOD use, including the impact of systemic harms. It emphasises lived-living experience involvement, especially young people, and involves building on existing harm reduction services and programs, and exploring additional interventions, policy and regulatory changes.

Overdose monitoring system

Contributing to priority actions:

Action 5.1 – Increase effort in the harm reduction pillar by building on existing harm reduction services, and consider additional interventions such as early warning systems and drug-checking services in entertainment settings.

Queensland does not have a system that readily captures, connects and responds to data about fatal and non-fatal overdoses. In response to this identified need, the Commission has initiated a project that scopes an overdose monitoring system for Queensland.

In 2023–24, the Commission engaged QNADA to investigate options and approaches to overdose monitoring systems, nationally and internationally. The paper provided a brief overview of the background, evidence and opportunities for establishing an

overdose monitoring system in Queensland and identified key issues for consideration in establishing a system.

In 2024–25, the Commission will continue scoping for an overdose monitoring and response system in Queensland. This work will include engagement of key stakeholders and establishment of a formal governance group to provide advice regarding the design of the model for Queensland and to support planning, design and implementation.

Understanding overdose experiences

Contributing to priority actions:

Action 4.1 – *Build capacity of health services, law enforcement and other systems to provide strengths-based, culturally safe, and person-centred responses to people with problematic AOD use and encourage help-seeking and acceptance of support.*

Action 5.1 – *Increase effort in the harm reduction pillar by building on existing harm reduction services, and consider additional interventions such as early warning systems and drug-checking services in entertainment settings.*

Overdoses pose a significant public health concern and contribute to a high number of drug-related deaths, both in Australia and globally. Despite this, there is currently a lack of peer-reviewed evidence representing the voices of lived-living experience of overdose.

The Commission funded QuIVAA to undertake qualitative research exploring firsthand accounts of people who have experienced overdose, including experiences of overdose prevention measures and interactions with the healthcare system. Many individuals reported this project was their first opportunity to openly discuss and, at times, emotionally confront their experiences of overdose, offering a therapeutic outlet for the often-challenging process of revisiting trauma.

The research findings show that various factors, including the unknown potency of substances, availability and accessibility of harm reduction services, and the need to manage acute withdrawal symptoms can increase the risk of overdoses. Stigma, especially in the context of law and health settings, can also prevent people from seeking timely medical assistance. A range of system reform options from a lived-living experience perspective are also presented in the research paper.

Voices of lived experience: understanding overdose narratives among people who use drugs in Queensland is available via the QuIVAA website.⁹

Drug checking

Contributing to priority actions:

Action 5.1 – *Increase effort in the harm reduction pillar by building on existing harm reduction services, and consider additional interventions such as early warning systems and drug-checking services in entertainment settings.*

Queensland Health-funded drug checking services were introduced in Queensland in March 2024. An evaluation of these initial services was undertaken by The University of Queensland.

⁹ https://quivaa.org.au/app/uploads/2024/03/Overdose_Report_29022024.pdf

Peer-led harm reduction initiative

Contributing to priority actions:

Action 5.1 – Increase effort in the harm reduction pillar by building on existing harm reduction services, and consider additional interventions such as early warning systems and drug-checking services in entertainment settings.

Action 5.7 – Listen to the voices of young people involved with youth justice, child safety, AOD services, housing and other support services, and involve them in co-designing solutions, and the services and systems that impact on them.

The Commission engaged QuIVAA to deliver a peer-led harm reduction initiative through their online harm reduction and education platform, Hi-Ground. This initiative focuses on key population groups and people who attend music festivals and nightlife events.

In 2023–24, Hi-Ground developed a range of educational resources targeted at key populations, including young people, people who use anabolic-androgenic steroids (AAS), people who have a sight impairment, culturally and linguistically diverse communities, women, people who are pregnant and breastfeeding, and parents who use drugs.

These educational resources have been developed collaboratively by healthcare workers and people with lived-living experience for their peers and the wider

community. The Hi-Ground team also supported drug checking services by developing supporting resources and peer-led outreach activity.

In addition, the peer-led project identified an increase in non-medical use of AAS among non-athlete populations and a lack of education among medical and health professionals. To support AAS users, QuIVAA, in partnership with Griffith University, focused on building awareness of the impacts these substances can have on aspects of physical and psychological health, and harm reduction. This included developing peer-led and accessible harm reduction information for AAS users, and trialling the checking of the composition and purity of AAS through the new drug checking service to guide harm reduction responses.



Next steps

Work is being undertaken to independently evaluate *Achieving balance* across its lifespan. The SIG will continue to support the implementation of *Achieving balance* during 2024–25 by providing guidance and input, and identifying additional opportunities and potential priority areas for implementation.

