Our first four months

April to August 2024

CheQpoint is a voluntary, free, and confidential drug checking service funded by Queensland Health and operated in partnership between QuIHN, QuIVAA, and The Loop Australia.

Our first drug checking service opened in Bowen Hills (Brisbane) in April 2024, and the second service opened in Burleigh Heads (Gold Coast) in July 2024.

This report provides a snapshot of the first four months of service delivery. This includes service uptake and outcomes of chemical analysis, along with the outcomes of the health-focused brief intervention, which is offered to all people who use the service.

Service delivery at a glance

219 people

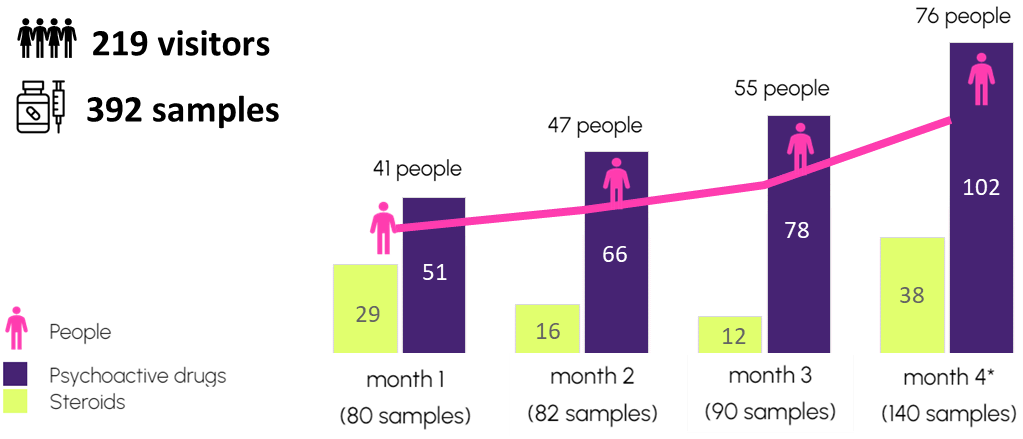
154 Brisbane
37 Gold Coast
195 visits

392 samples
297 psychoactive drugs
95 steroids

From April to August, **219 people** visited CheQpoint Brisbane and Gold Coast.

A total of **392 samples** expected to be either 'psychoactive drugs' (297 samples) or 'steroids' (95 samples) were presented for testing across **195 visits** (occasions where people came to have drugs tested).

Figure 1. Total samples submitted and number of visitors each month

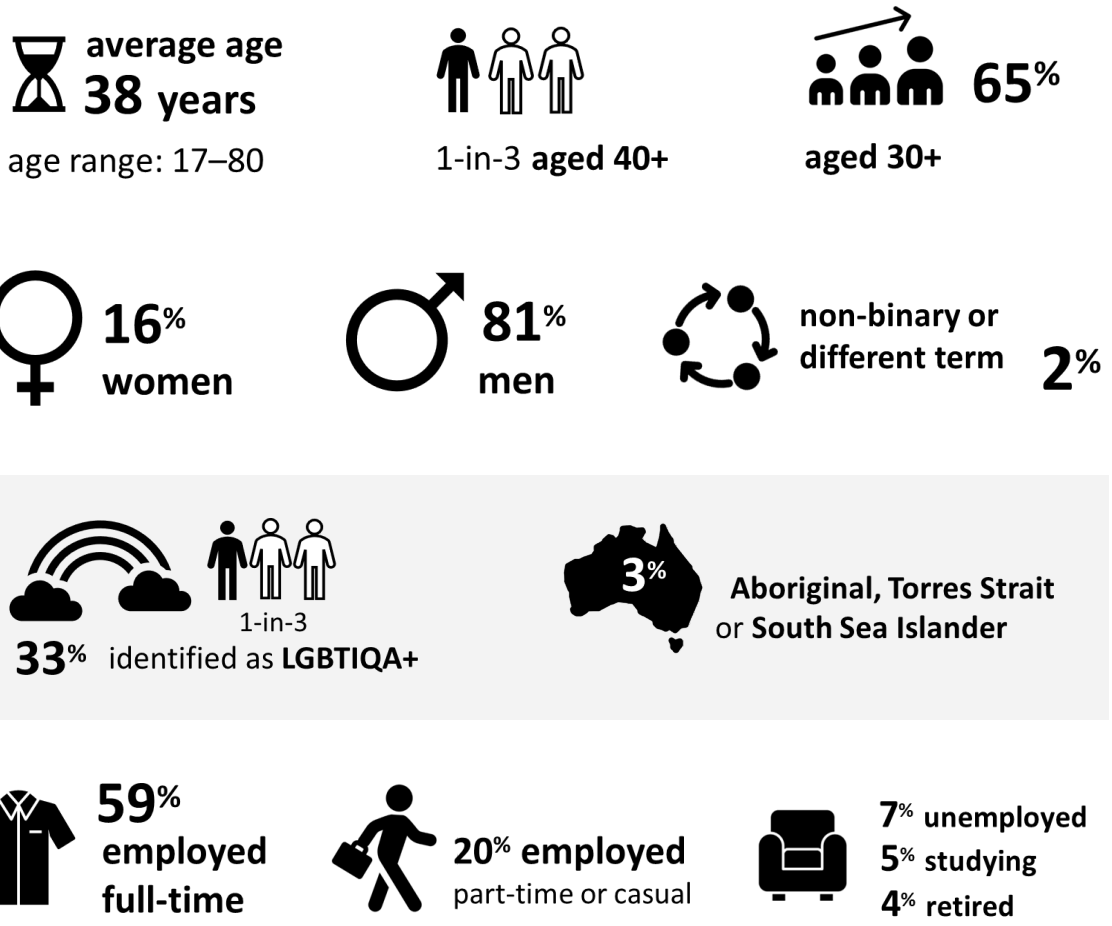


*Month 4 data is preliminary until Month 4 (August) report is published

Our clients

When people arrive at CheQpoint, they are asked to provide some demographic information to help us understand who comes – and who does not come – to the service. This information is voluntary, and no one is required to provide any information they are not comfortable providing.

182 people provided us with demographic information which is summarised below.



A total of **182 people** gave consent to share their information (percent based on number of responses per item)

talking about drug use

48% **1-in-2** people **never talked to a healthcare** worker about their alcohol or drug use

drug checking experience

88% never been to CheQpoint

About half (48%) of all clients had never spoken with a health professional about alcohol and other drugs.

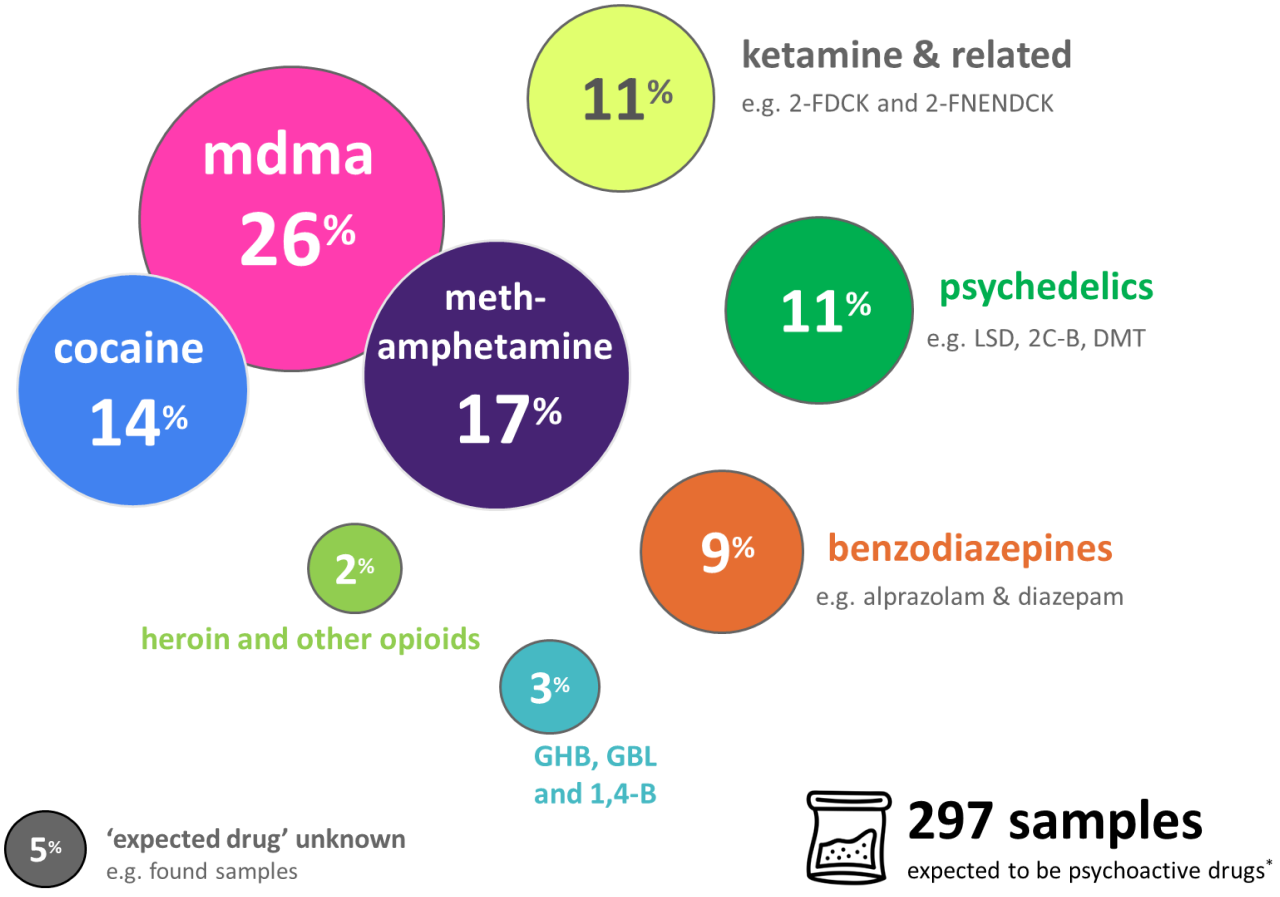
For those who had, conversations were mostly with general practitioners or at counselling / treatment.

Other conversations included psychiatrists, peer workers, and mutual support programs (e.g. Alcoholics Anonymous or Smart Recovery).

- **37%** with a general practitioner
- **25%** at counselling / treatment
- **17%** at needle and syringe programs
- **5%** at a drug checking service

What people thought was in their drugs

We asked people what drugs they expected each sample to contain. More than half of samples we tested (56%) were expected to be stimulant drugs like MDMA, cocaine, methamphetamine, and synthetic cathinones.

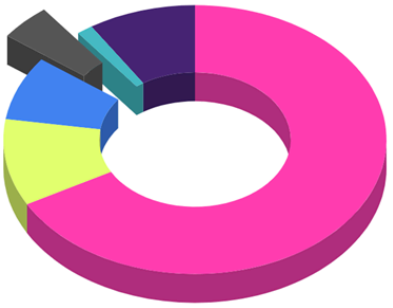


Other drugs (4%) included synthetic cathinones (0.7%), other sedatives drugs (1%), supplements and 'nootropics' (2%), and cannabidiol (0.3%)

What did we find?

Figure 2. Summary of results for samples where psychoactive drugs were expected

Expected drug only	70%
Expected drug plus inactive ingredient *	11%
Unexpected psychoactive substance ^	10%
No drugs detected	1%
Results pending **	8%
Expected drug type unknown (13 samples)	



Percent based on a total of **284 samples** where the 'expected drug' type was known

Month 4 data included but results remain preliminary until Month 4 (August) report is published

* Inactive ingredients not reported in month 1

^ An unexpected psychoactive ingredient was present with the expected drug in 23 (only drug present for 4 samples)

unexpected adulterants

found in **27 samples**

(expected drug not detected in **23 samples**)

10%

synthetic cathinones — **dimethyl pentylone** in samples expected to be **cocaine** or **3-MMC**

'tusi' sold as 2C-B — **ketamine** and **mdma** consistent with **'tusi'** in **2C-B** (pink powder form)

4-CMC sold as mdma — **4-CMC** substituted for **mdma** in one pill scraping and mixed with **mdma** in one capsule

phenacetin in cocaine — **phenacetin** (discontinued pain medicine) mixed with **cocaine**

ketamine substitutes — **2-FNENDCK^** and **procaine** (anaesthetic) sold as ketamine

fake 'benzos' — **novel benzodiazepines*** present in counterfeit **alprazolam** tablets (Xanax®)

* **bromazolam** and **etizolam**

more info @CheQpoint.qld

^ 2-FNENDCK (also known as 2'-Fluoro-2-oxo-PCE or 2-FXE) is a novel dissociative related to ketamine

Health and harm reduction conversations

Results are delivered with an optional health and harm reduction conversation with an experienced practitioner (e.g. social worker, nurse, or alcohol and other drugs counsellor). A peer educator is also available to provide additional support which includes providing take-home naloxone.

Health workers conduct a voluntary health assessment, which includes collecting information about substance use history and health and mental health information. This helps us provide the most accurate, relevant and individually tailored information and advice with results.

Average wait time

18 minutes

range: 0 mins to 1hr 45 mins

25 mins (average)

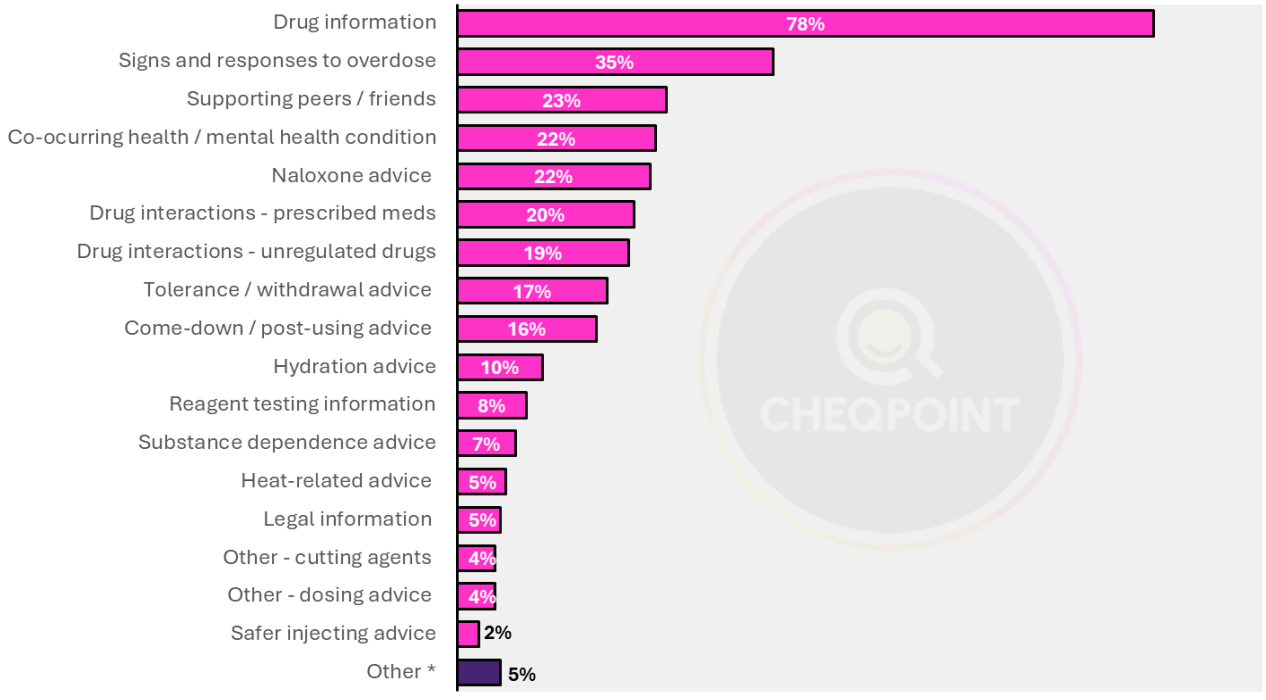
range: 5 mins – 1hr 19 mins

Time spent with clients

Most clients have their test results and health conversation within about **20-45 minutes** after arriving, but some people disclose more complex or detailed health information, personal circumstances, and / or concerns. These more complex interventions include discussions on co-occurring mental health concerns, prescription medication interactions and substance dependence.

Figure 3 summarises information and advice workers provided to **167 visitors**.

. **Figure 3. Harm reduction information and advice provided to clients**



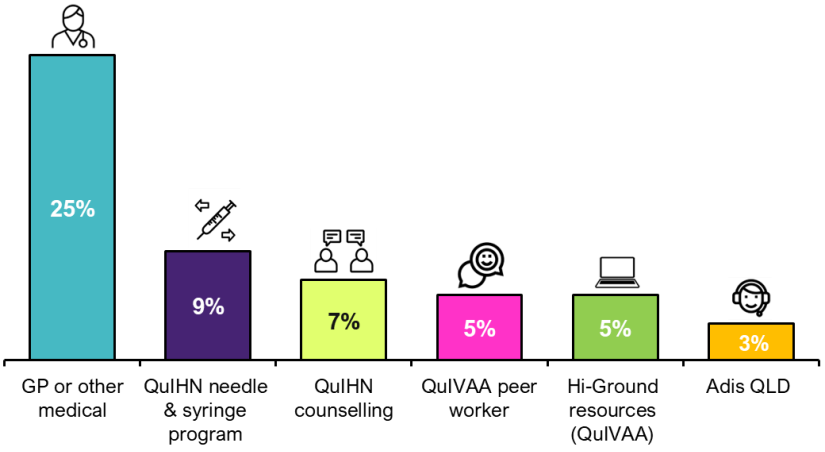
. Percentages based on the number of clients that received harm reduction information or advice (**154 people**)

Referrals to other support services

Clients of the drug checking service present with a range of additional support needs. This includes needs relating to their substance use, but also other health and welfare issues. Clients are routinely offered the option of referrals to other services for additional support (Figure 4).

Of all people who were offered a referral to support services, 18 (26%) had never spoken to a health professional about their AOD use before.

Figure 4. Referrals made during health and harm reduction conversations by type



Based on the number of presentations where workers provided health and harm reduction advice (**167 visitors**).

Percentages do not add up to 100 (multiple referrals offered to 26 clients)

What people did with this information

We asked people who presented psychoactive drugs for testing about what they planned to do after receiving their results.

- **150 people (82%)** told us what their plan was for the samples they just had tested (Figure 5).
- **125 people (67%)** also told us about additional harm reduction actions they would take in future

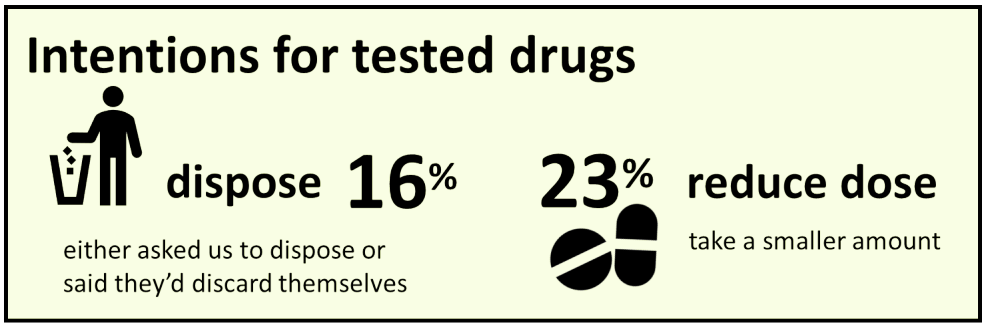
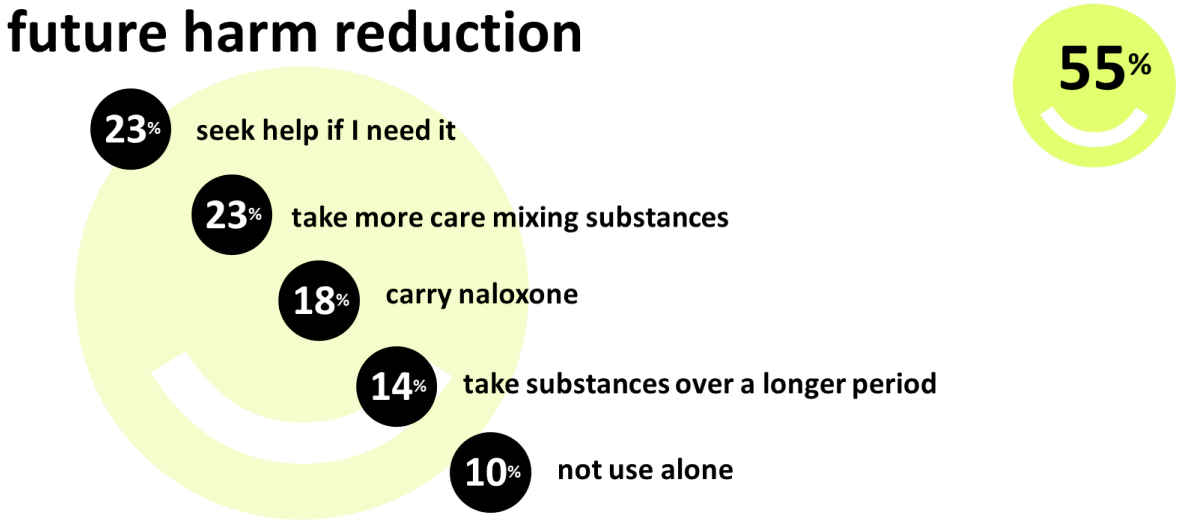


Figure 5. 'Next actions' after receiving results - what clients said they would do with the drugs they had tested

Safe disposal at CheQpoint	3%
Dispose of it themselves (later)	13%
Take a smaller amount (reduce dose)	23%
Take the same amount as usual	58%
Don't have any more of this batch	4%

Percent based on the number of clients that told us about their intentions for tested samples (**154 people**)



55% of clients told us about one or more future harm reduction actions they would take

78% of clients said they would tell others about their results

Percent based on the number of clients who told us what other actions they would take in future (**125 people**)

Client feedback

70% of clients completed our short feedback form after their visit and told us about their experience and future needs.

4.9 stars service experience rating

127 feedback forms completed

Find out what's in your drugs

BRISBANE

Fridays 2 pm - 6 pm

QuIHN Brisbane (Bowen Hills)

1 Hamilton Place

GOLD COAST

Thursdays 2 pm - 6 pm

QuIHN Gold Coast (Burleigh Heads)

Shop 12 / 89-99 West Burleigh Road

How do we test?

Almost all samples are tested on-site by qualified and experienced chemists using **Fourier Transform Infrared (FTIR) spectroscopy**, with the exception of drugs expected to be LSD. For these, our chemists use an Ehrlich colorimetric reagent test designed to identify the presence of 'indoles' (psychedelic substances like LSD and similar compounds).

In some cases, other reagents (e.g. Marquis, Mandelin, Liebermann's, Mecke) and immunoassay test strips are used to help inform results.

All samples are transferred to Griffith Analytical Facility for secondary analysis (laboratory results pending unless otherwise stated).

We **can analyse** a small amount taken from pills, powders, crystals, liquids and blotters, while people wait.

We **cannot analyse** plants or fungus onsite (eg. cannabis, cactus, or mushrooms), confectionery (eg. gummies or cookies), or used drug paraphernalia (e.g. bags or equipment).

Steroids cannot be analysed onsite. People who use steroids and other performance or image enhancing drugs can submit samples for testing for a research project conducted in partnership with Griffith University but these results are not communicated back to individuals.

We are working on validating onsite analytical methods for estimating purity for some drugs (eg. MDMA).