

2024 in review

Snapshot: April to December

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.

Queensland's first drug checking service opened in Bowen Hills (Brisbane) in April 2024, and a second service opened in Burleigh Heads (Gold Coast) in July 2024.

This report provides a snapshot of service delivery outcomes related to chemical analysis of drugs presented for testing, and health and wellbeing-related outcomes following brief health and harm reduction conversations offered to everyone who uses the drug checking service.

Service delivery at-a-glance



490 people
visitors



418 presentations

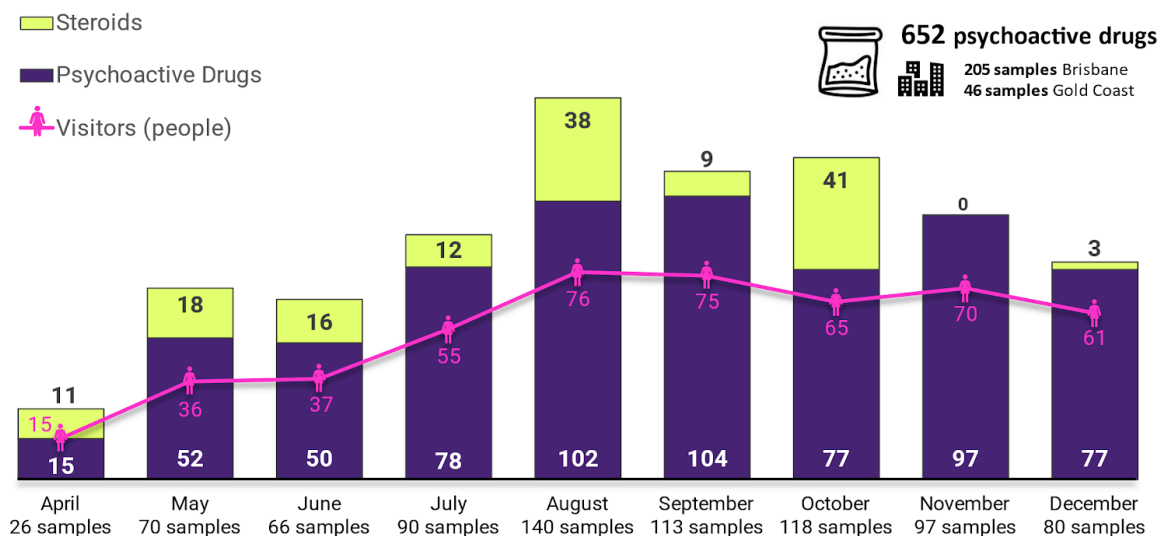


800 samples
652 Psychoactive drugs
148 Steroids

From April to December, **490 people** visited CheQpoint Brisbane and Gold Coast.

A total of **800 samples** expected to be either 'psychoactive drugs' (652 samples) or 'steroids' (148 samples) were presented for testing across **418 presentations** (occasions where people came to have drugs tested at either Brisbane or Gold Coast).

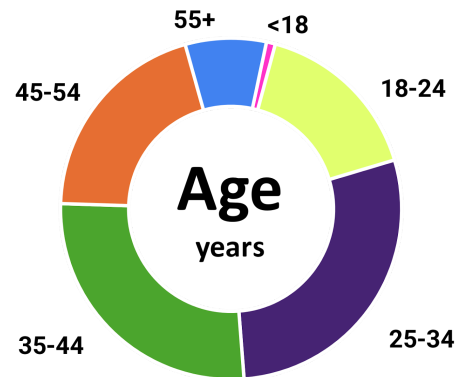
Figure 1. Total number of samples and visitors in 2024 by month



Our clients


When people arrive at CheQpoint, they are asked to provide some information to help us understand who visits (and who does not visit) the service. This information is voluntary and anonymous – anyone can decline to answer any or all questions asked.

396 people (95%) provided consent for us to use the information in our reports.




average age
37 years
 range: 17–80


16%
aged <25 yrs


63%
aged 30+


35%
1-in-3 aged 40+


Percentages based on 385 responses (33 people selected 'prefer not to say')


21%
women



74%
men


2.4%
Transgender non-binary or different term


Percentages based on 376 responses (8 people selected 'prefer not to say')



26% identified as **LGBTIQA+**
9 people selected 'prefer not to say'




1-in-4




4%
Aboriginal, Torres Strait and/or South Sea Islander
 17 people selected 'prefer not to say'

Percentages based on 387 (gender identity) and 378 responses (Indigenous status)


76%
employed
 full-time, part-time or casual


5%
 carer or long-term sickness or disability



6% unemployed
3% studying
4% retired

Percentages based on 376 responses (30 people selected 'prefer not to say')

Experience using our harm reduction services

drug checking experience
 **81%**
 never been to **CHEQPOINT**


80%
 had never used
 QuIHN services


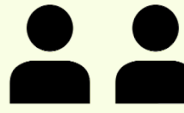
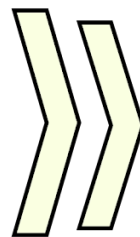


Percentages based on number of responses for visits to CheQpoint (383 responses) and QuIHN services (318 responses)

Data for 'previous experience accessing QuIHN services' collected from month 4 onwards (Jul-Dec 2024)

Talking about drug use with health professionals

about half of all clients
48% 
 had **never talked to a health worker** about alcohol or drug use

35% with general practitioner
23% at counselling/ treatment
15% needle and syringe programs
4% drug checking service

186 people had previously spoken with a professional about substance use (22 selected "prefer not to say")

Percentages based on 356 responses to this question

About half (48%) of all clients had never spoken with a health professional about their drug use before.

Of the **186 people** who had, most conversations were with a GP and/or at counselling or other treatment services.

Other common places people had discussed substance use were harm reduction services like needle and syringe programs or drug checking services.

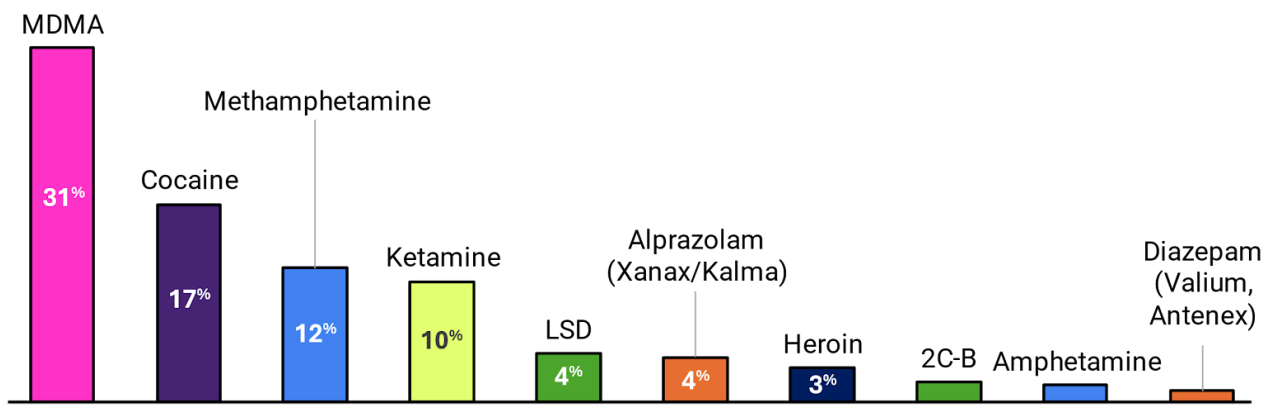
For some people, conversations also included psychiatrists, peer workers, or happened with pharmacotherapy providers or mutual aid support programs (e.g. Alcoholics Anonymous or SMART Recovery).

What people thought was in their drugs

We asked people what drugs they expected each sample to contain. More than half of all samples tested (60%) were expected to be stimulant drugs like MDMA, cocaine, and methamphetamine.

Other drugs in the top ten substances people brought in for testing included ketamine, Alprazolam (a benzodiazepine), heroin, 2C-B (a psychedelic drug) and amphetamine ("speed").

Figure 2. Top ten 'expected drug' types presented to CheQpoint in 2024

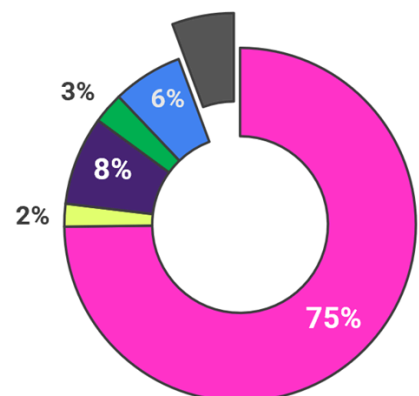


Percentages based on the total number of psychoactive drugs presented (652 samples)

What did we find?

Figure 3. Summary of testing results (expected and unexpected substances)

Category	Number of samples
Expected drug only	395
Expected drug plus unexpected psychoactive	11
Unexpected psychoactive substance (no expected drug)	43
No drugs detected	15
Results pending (inconclusive)	34
Expected drug type unknown (14 samples)	



Percent based on a total of 622 samples where the 'expected drug' type was known



unexpected adulterants

found in **54 samples**
(expected drug not detected in 103 samples)

10%

nitazenes

nitazenes (synthetic opioids)
present in counterfeit
oxycodone tablets

**fake
'benzos'**

novel benzodiazepines*
present in counterfeit
e.g. **alprazolam** tablets (Xanax®)

**phenacetin
in cocaine**

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

**ketamine
substitutes**

2-FNENDCK[^] and
procaine (anaesthetic)
sold as ketamine

**mdma
substitutes**

4-CMC or **MDA**
substituted for
mdma

**synthetic
cathinones**

'tusi'
sold as
2C-B

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

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

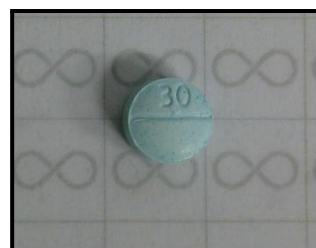
[^] 2-FNENDCK (also known as 2'-Fluoro-2-oxo-PCE or 2-FXE) is a novel dissociative related to ketamine

Public alerts and other substances of concern

Several clients brought in samples that contained unexpected psychoactive substances – drugs they did not expect or want to find. Some of the drugs we detected caused enough concern for us to circulate public notices to the community (via social media) to help keep other safe from harm.

Nitazenes in counterfeit Oxycodone tablets

In November 2024 (and again in January 2025) we identified protonitazene (a strong synthetic opioid with high risk of experiencing overdose if consumed unknowingly) in counterfeit Oxycodone tablets

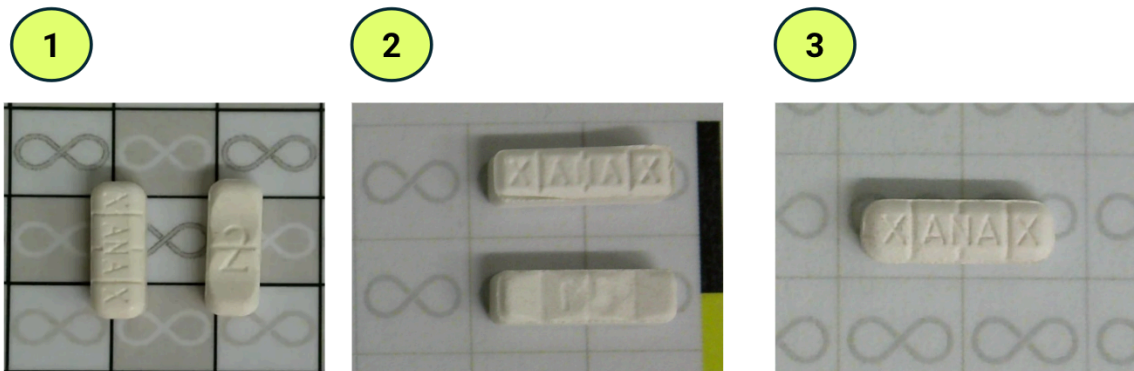


Counterfeit Oxycodone tablets containing protonitazene presented to Brisbane on 26/11/2024

Novel benzodiazepines in fake alprazolam

We analysed 39 benzodiazepines presented to CheQpoint in 2024 and 44% contained unexpected substances, with the most common presentation being counterfeit alprazolam.

We analysed 25 alprazolam tablets and capsules (various brands and forms) with 13 found to contain bromazolam, 1 containing etizolam, and 1 containing paracetamol. Bromazolam is a highly potent novel benzodiazepine associated with overdoses around Australia,

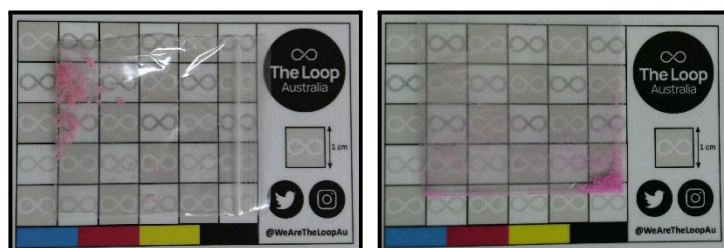


* Counterfeit alprazolam with "Xanax" branding - all found to contain bromazolam.

Counterfeit tablets can look a lot like pharmacy medicines available in Australia and overseas. They're often sold in similar packaging but can have potent and variable ingredients that increase the risk of overdose and other unwanted experiences and adverse events.

Other substances of concern detected

- a ketamine analogue, 2F-NENDCK ('CanKet') was detected in a white powder expected to be methamphetamine that had caused a group of people to 'drop' unexpectedly in Brisbane (18/09/2024)
- phenacetin (a discontinued analgesic 'painkiller') was detected in 2 cocaine samples at Gold Coast on 01/08/2024
- 'tusi' (a variable combination of ketamine, MDMA and other substances) detected in pink powder (usually expected to be 2C-B) in Brisbane (10/05/2024 & 07/06/2024)



'Tusi' expected to be 2C-B presented to Brisbane on 10/05/2025 and 07/06/2024

Health and harm reduction conversations

When people arrive at CheQpoint, they are welcomed by a Peer Harm Reduction Worker who is available to provide additional support throughout their visit, including access to take-home naloxone.

Results are delivered with an optional health and harm reduction conversation with a social worker, nurse, or alcohol and other drugs counsellor. These include voluntary health assessments that often include medications used, mental health, substance use and history. This helps us provide accurate and relevantly tailored information and advice.

In 2024, **359 people (86%)** participated in health and harm reduction conversations at CheQpoint.

Average wait time
21 minutes*
 (median – 13 mins)

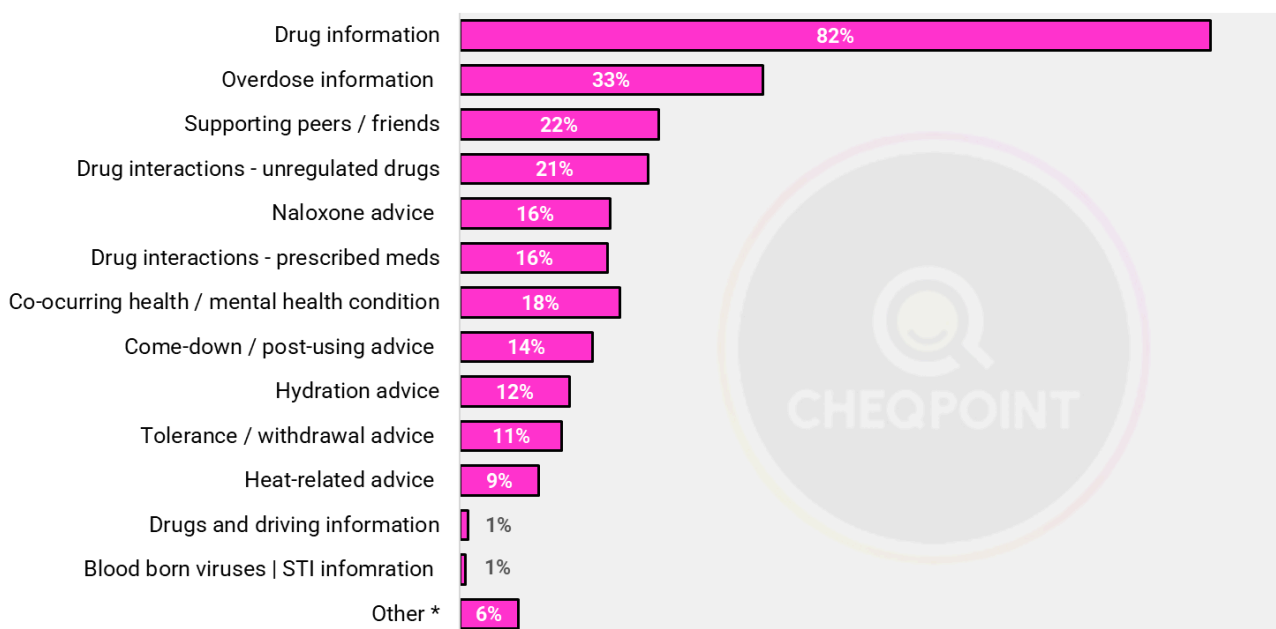
Time spent with clients
5 mins – 1 hr 19 mins
 (average – 21 mins)

* Almost half of all clients waited less than 15 minutes to get drugs tested and most (70%) waited less than 45 minutes.

Two-in-three people (64%) completed their visit within **20-40 minutes after arriving**, and most (80%) completed their visit within 60 minutes (arrival to leaving).

Some people disclose more detailed health information or circumstances than others. These conversations take longer, and may include discussing co-occurring mental health concerns, drug interactions with prescription medicines, providing substance dependence advice, or referrals for additional support.

Figure 4. Harm reduction information and advice provided with results

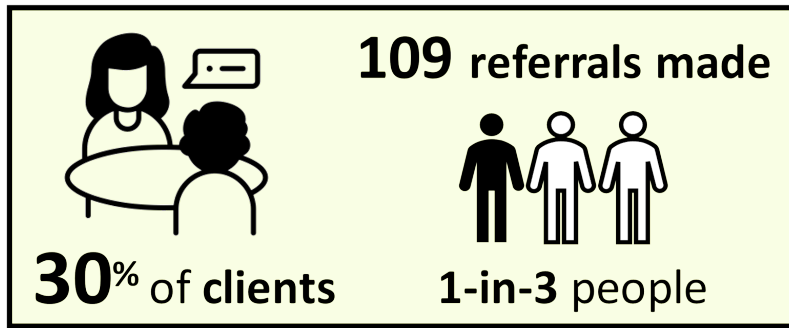


. Percentages based on the number of clients that received harm reduction information or advice (**359 people**)

Referrals to other support services

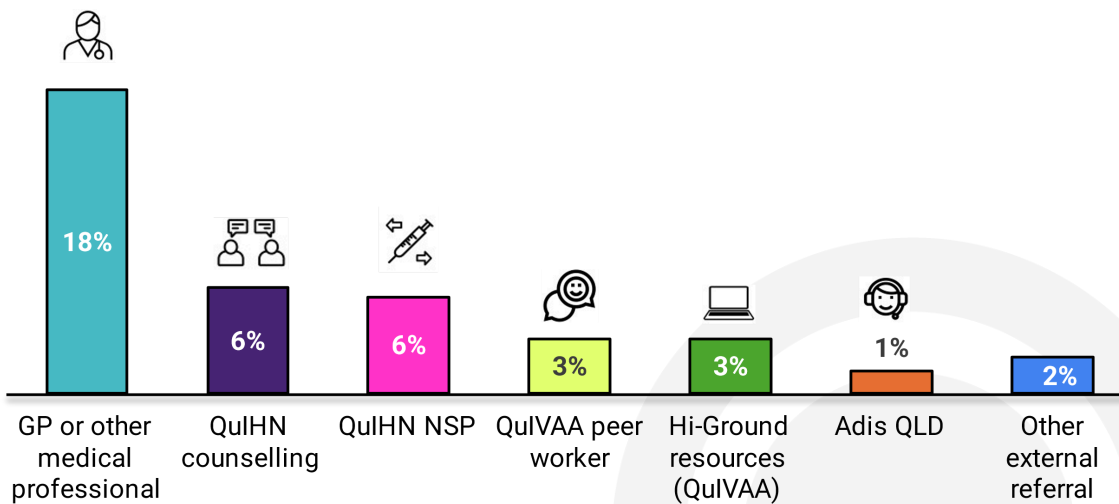
CheQpoint clients often present with a range of other support needs. These include substance use concerns as well as other health, mental health and social wellbeing issues.

Our workers routinely offer clients the option for referral to a range of other support services and about 1-in-3 people received one or more referrals during their CheQpoint visit in 2024.



About **one-third** of all clients who did receive a referral disclosed that they'd never spoken with a health professional about their substance use before coming to CheQpoint (32 people).

Figure 5. Referrals to other support services provided to clients



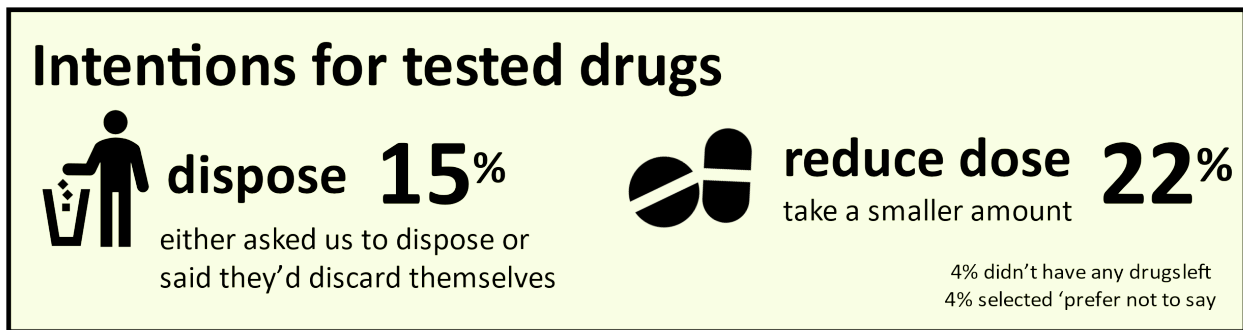
Percentages based on the number of clients who received health and harm reduction advice (**359 people**)

Percentages do not add up to 100 as multiple referrals can be made in one visit

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.

- **342 people (87%)** told us what their plan was for the samples they just had tested (Figure 6)
- **248 people (62%)** also told us about additional harm reduction actions they would take in future (Figure 7)



Percent based on the number of clients that told us about their intentions for tested samples (**342 people**)

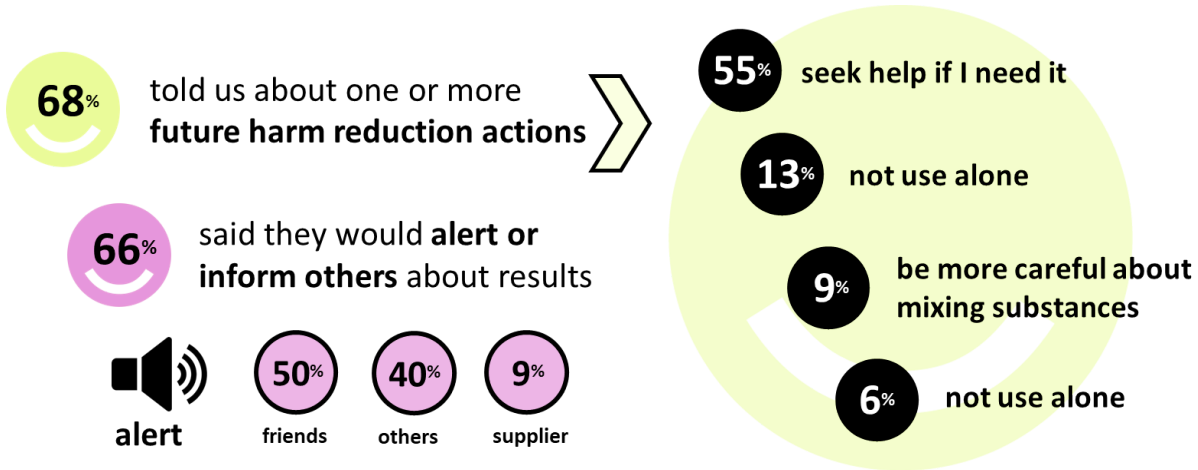
Figure 6. What clients said they would do with the drugs they just had tested



Percent based on the number of clients that told us about their intentions for tested samples (**342 people**)



Figure 7. Other harm reductions people said they would take



Percent based on the total number of clients who participated in a health and harm reduction conversation (**359 people**)

Client feedback

We asked people what they thought of our service, and below is a summary. All clients are asked to rate the service out of five, along with the change to offer any other feedback.

254 clients provided feedback on their experience and 98% gave the service a 5 out of 5 star rating.



4.9 stars service experience rating



Find out what's in your drugs

BRISBANE

Fridays 2 pm - 6 pm

QuIHN Brisbane
(Bowen Hills)

1 Hamilton Place



GOLD COAST

Fridays 2 pm - 6 pm

QuIHN Gold Coast
(Burleigh Heads)

Shop 12 / 89-99 West Burleigh Road