

12 Month Evaluation Report

April 2024 to April 2025

CheQpoint is a voluntary, free, and confidential drug checking service funded by Queensland Health and operated in partnership between QulHN, QulVAA, 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. Both services closed in April 2025.

This report provides a snapshot of service delivery outcomes related to analysis of drugs brought in for testing, and behaviours following a brief health and harm reduction conversation offered to everyone who used the drug checking service.

Service delivery at-a-glance



693 people
visitors



444 Brisbane
152 Gold Coast

596 presentations

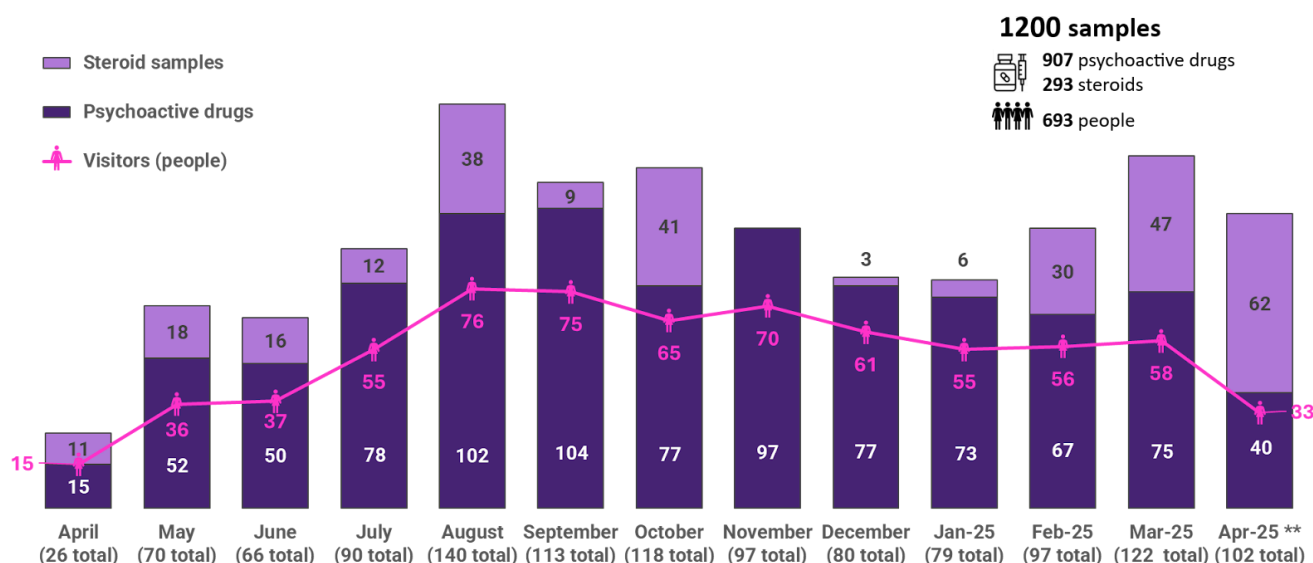


1200 samples
907 Psychoactive drugs
293 Steroids

Overall, **693 people** visited CheQpoint Brisbane and Gold Coast in our first year.

A total of **1200 samples** expected to be either 'psychoactive drugs' (907 samples) or 'steroids' (293 samples) were presented across **596 visits** (occasions where people came to have their drugs tested).

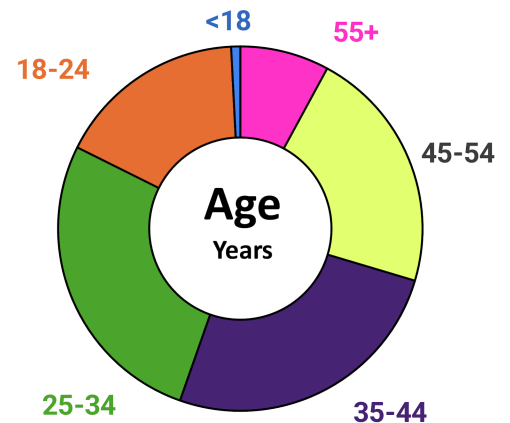
Figure 1. Total number of samples and visitors by month



Our clients

When people arrived at CheQpoint, they were 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.

540 people (91%) provided their consent for us to use their information in these reports.

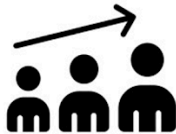


 **average age**
37 years

age range: 17–80

 **1-in-3**

under 30 years


 **37%**

aged 40+ years

Percentages based on 533 responses (7% people selected 'prefer not to say')

 **21%**
women

 **75%**
men

 **2%**
non-binary transgender or different term


Percentages based on 519 responses (2% selected 'prefer not to say')

  **1-in-4**
26% identified as **LGBTIQA+**
9 people selected 'prefer not to say'

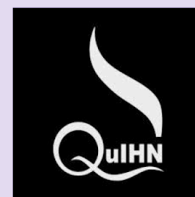
 **4%**
Aboriginal, Torres Strait and/or South Sea Islander
17 people selected 'prefer not to say'

Percentages based on 531 (gender identity) and 523 responses (Indigenous status) – 3-4% selected 'prefer not to say'

Experience using our harm reduction services

drug checking experience
 **78%**
 never been to **CHEQPOINT**

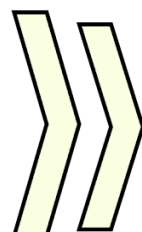
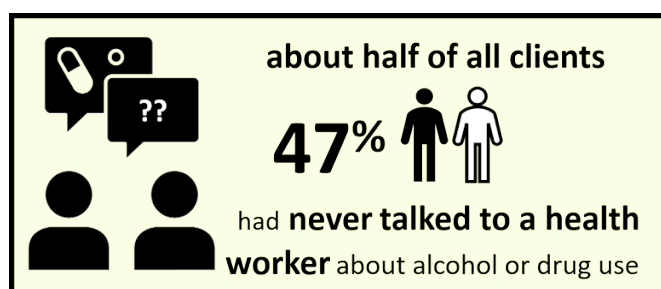
20%
 had used one or
 more QulHN
 services before



Data for 'previous experience accessing QulHN services' only collected from Jul 2024

Percentages based on number of responses for visits to CheQpoint (464 responses) and QulHN services (534 responses)

Talking about drug use with health professionals



33% with general practitioner
20% at counselling / treatment
15% needle and syringe programs
4% drug checking service

247 people had previously spoken with a professional about substance use (5% selected "prefer not to say").

Percentages based on 530 responses to this question.

Of the **247 people** who had spoken with a health professional about their drug use before, most of these conversations were with a **GP (35%)** and/or at **counselling or other treatment services (20%)**.

Other common places people had discussed their substance use were harm reduction services like **needle and syringe programs (15%)** or **drug checking services (4%)**.

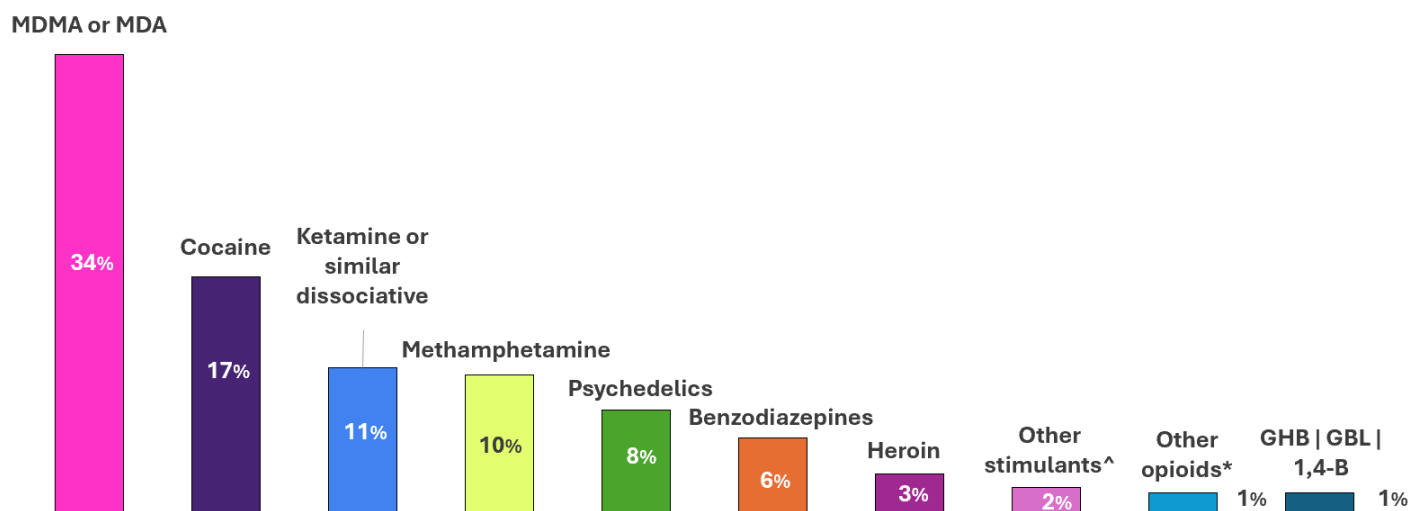
For some people, conversations also included psychiatrists, peer workers, or happened with pharmacotherapy providers or when attending mutual aid support programs (e.g. SMART Recovery).

What people thought was in their drugs

We asked people what drugs they were expecting. More than half of all samples tested (60%) were expected to be stimulant drugs like **MDMA (33%)**, **cocaine (17%)**, and **methamphetamine (10%)**.

Other common drugs people brought in for testing included **ketamine (10%)**, **LSD (4%)**, benzodiazepines like **Alprazolam (3%)**, **heroin (3%)**, and psychedelics like **2C-B (2%)**.

Figure 2. Top ten expected drugs (grouped by drug class)



Percentages based on the total number of psychoactive drugs analysed (**906 samples**)

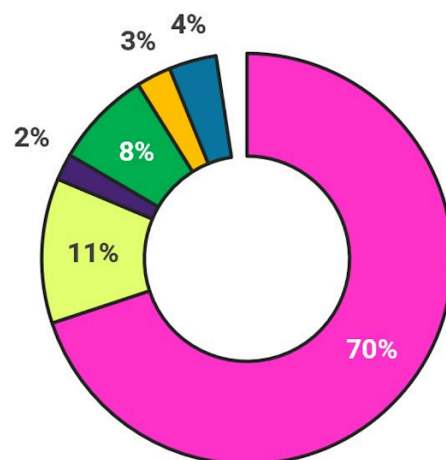
Other stimulants included 'amphetamine', amphetamine-related medications, and cathinones.

Other opioids included medications like oxycodone, tapentadol, and tramadol.

What did we find?

Figure 3. Summary of results (expected and unexpected drugs)

	Number of samples
Expected drug only	637
Expected drug and inactive ingredient (filler)	99
Expected drug plus unexpected drug	19
Unexpected psychoactive substance (no expected drug)	70
No drugs detected	25
Results pending (inconclusive)	34



Percent based on a total of **906 samples** (including 33 samples where the 'expected drug' was not known).



expected drug
detected in **760 samples**

83%



inactive 'fillers'
present in at least
124 samples

14%

The **expected drug** was present in **760 samples (83%)**. This was the **only substance** detected in **637 samples (70%)**.

About **one-in-ten samples** contained **unexpected psychoactive substances (10%)** – drugs people were not expecting or wanting to find (see below).

Fillers and other **inactive ingredients** were present in at least **124 samples (14%)**.

No psychoactive drugs were detected in 25 samples (3%).



unexpected drugs

found in **89 samples**
(expected drug not present in 19 samples)

10%

**fake
'benzos'**

novel benzodiazepines*

e.g. **bromazolam**, etizolam, and
ethylbromazolam in 18 counterfeit
Alprazolam or **Diazepam** tablets

2-in-5 samples

**ketamine
substitutes**

2F-NENDECK[^], **procaine**
(anaesthetic) **caffeine**, **lidocaine**, and
tiletamine[^] in ketamine samples

**tusi
sold as
2C-B**

ketamine and **mdma** (and
other ingredients) in pink
powder expected to be **2C-B**

**fake
oxycodone
nitazenes**

protonitazene in **oxycodone*** tablets
(no oxycodone)

4-of-7 oxycodone samples*

*1 additional oxycodone tablet contained **dextromethorphan**
(a common ingredient found in cough medicine)

**meth
substitutes**

methamphetamine substituted with
caffeine, **cocaine**, **MDMA** and **2F-NENDCK**

**mdma
substitutes**

stimulants like **4-CMC** | **dimethylpentylone** |
MDA in **MDMA**

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

**cocaine
substitutes**

cocaine substituted with **benzocaine** +
dimethylpentylone, **phenacetin**,
lidocaine, **taurine** and **methamphetamine**

**other
stimulants**

methylphenidate in powder expected to be **mescaline**
cocaine instead of **mdma**
mdma instead of **methamphetamine**
dimethylpentylone instead of **cocaine** or **3-MMC**

[^] 2-FNENDCK (also known as 2'-Fluoro-2-oxo-PCE or 2-FXE) and tiletamine are novel dissociatives related to ketamine

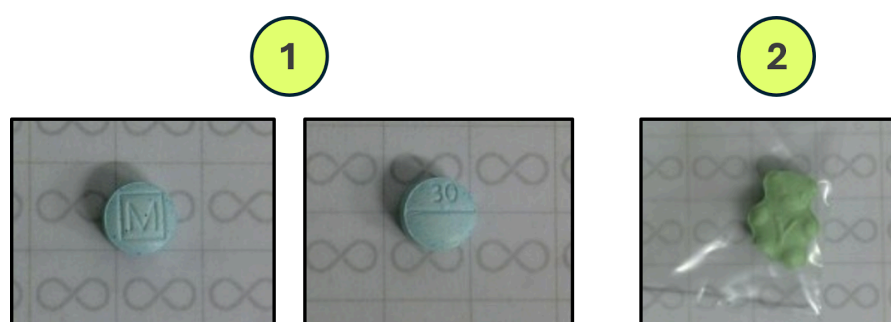
Public alerts and other substances of concern

Some of the drugs we detected caused enough concern for us to circulate public notices to the community (via social media) to help keep others safe from harm. Ten public notifications were issued across the 12 month period.

Nitazenes in counterfeit Oxycodone tablets

We tested 6 counterfeit tablets expected to be oxycodone (a pharmaceutical opioid) and 3 contained **nitazenes** (strong synthetic opioids with a high risk of experiencing an overdose).

In addition, a green 'teddy bear' pill also expected to contain oxycodone tested positive for protonitazene. No oxycodone was detected in all four nitazene samples (confirmed by secondary analysis).



(1) counterfeit Oxycodone tablet containing protonitazene (Brisbane, November 2024).

(2) 'green teddy' containing protonitazene (Brisbane, April 2025).

Novel benzodiazepines in fake alprazolam

We analysed 45 tablets or capsules expected to contain benzodiazepines and 40% contained unexpected novel benzodiazepines. Most of these were tablets expected to be alprazolam.

Of the 28 alprazolam tablets or capsules we tested, more than half (**57%**) contained **bromazolam**, **etizolam**, or **ethylbromazolam** (1 contained paracetamol and 2 results were inconclusive).

Both bromazolam and ethylbromazolam are potent benzodiazepines, not approved for medicinal use. They can have very unpleasant side-effects (e.g. blackouts and prolonged memory loss) and have caused overdoses in Australia and overseas.



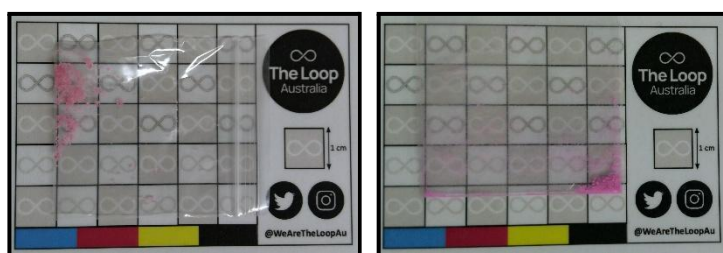
Counterfeit alprazolam bars with "Xanax" branding – containing bromazolam (1, 2, 3) or ethylbromazolam (4).

Other alerts and substances of concern

A ketamine analogue, 2F-NENDCK ('CanKet') was detected in a white powder expected to be methamphetamine that caused a group of people to 'drop' unexpectedly in Brisbane (September).

Phenacetin (a discontinued analgesic or 'painkiller') was detected in 3 cocaine samples at Gold Coast (August and September). Oxandrolone was found to contain stanazolol and testosterone (August), and we found high concentration halotestin (March).

Combinations consistent with 'tusi' (e.g. ketamine, MDMA and various other substances) detected in pink powders, often expected to be '2C-B' (various samples).



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

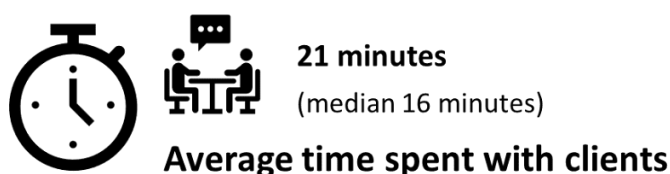
Health and harm reduction conversations

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 conversations include voluntary health assessments that help us provide accurate and relevantly tailored information and advice.

In our first year, **513 people (87%)** participated in health and harm reduction conversations at CheQpoint.

Service delivery times

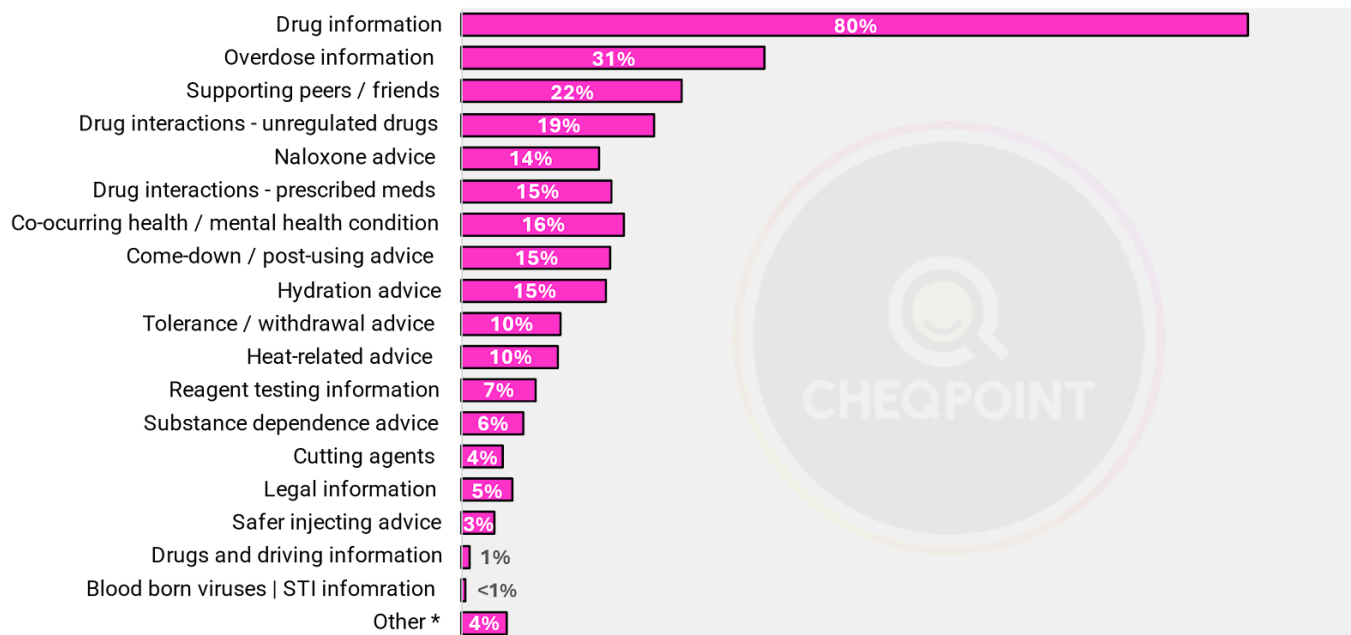


* Half of all clients waited less than 15 minutes to get drugs tested and most (71%) waited less than 45 minutes.

About half of all clients (53%) completed their visit within **40 minutes after arriving**, and most (79%) completed their visit within 60 minutes (from arrival to leaving).

About one-in-five people (20%) were at CheQpoint for longer. This is because some people disclose more detailed health information and ask more complex questions than others. These conversations often include discussing co-occurring mental health concerns, drug interactions and prescription medicines, and providing referrals for additional help and support.

Figure 4. Harm reduction information and advice provided with results

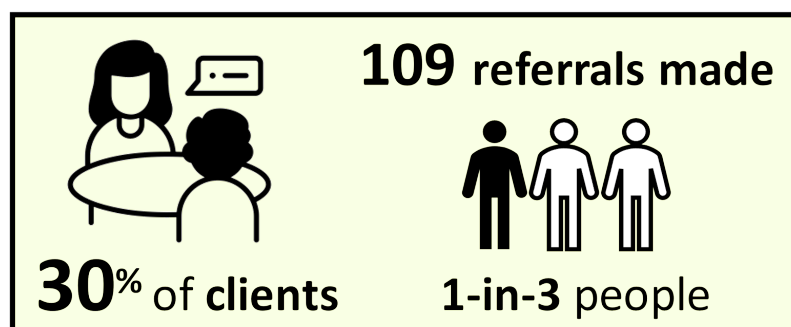


. Percentages based on the number of clients that received harm reduction information or advice (513 people)

Referrals to other support services

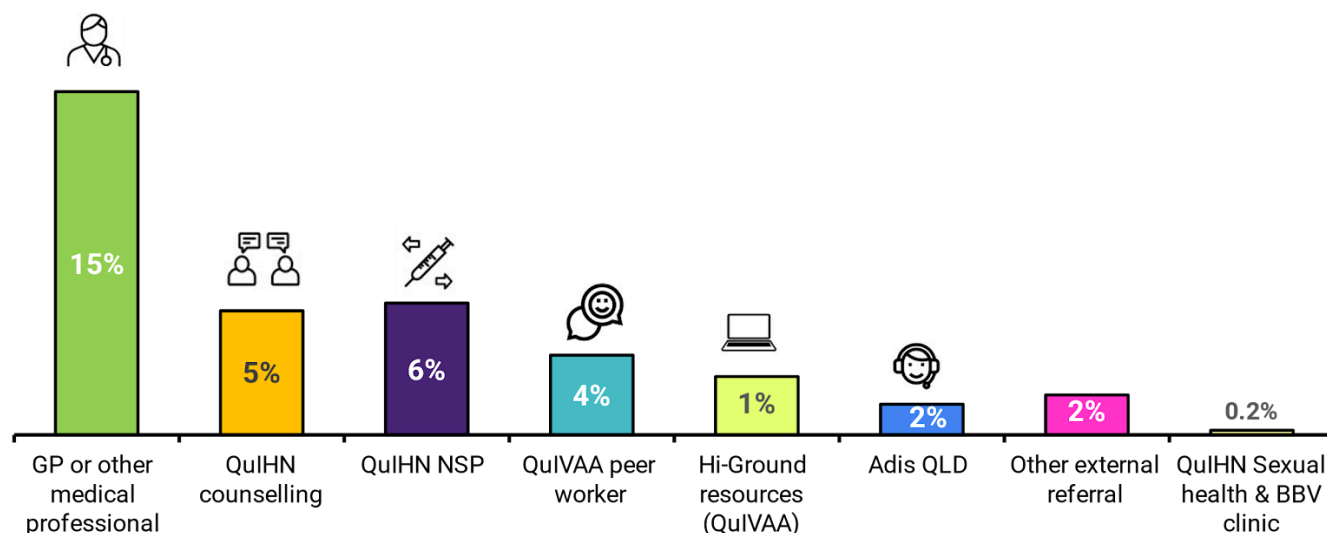
CheQpoint clients often present with a range of other support needs. These include substance use concerns as well as other health, mental health and social wellbeing issues.

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 (**513 people**).

Percentages do not add up to 100 as multiple referrals could 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.

- **471 people (80%)** told us what their plan was for the samples they just had tested (Figure 6)
- **340 people (66%)** also told us about additional harm reduction actions they would take in future (Figure 7)

Intentions for tested substances



14%

either asked us to safely dispose of their drugs or said they intended to discard them themselves

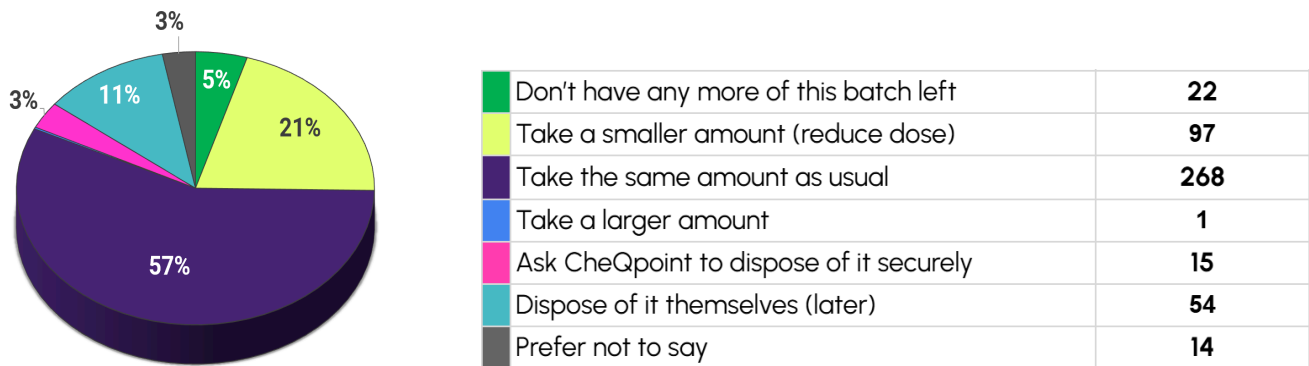


21%

said they would take a smaller amount (reduce dose)

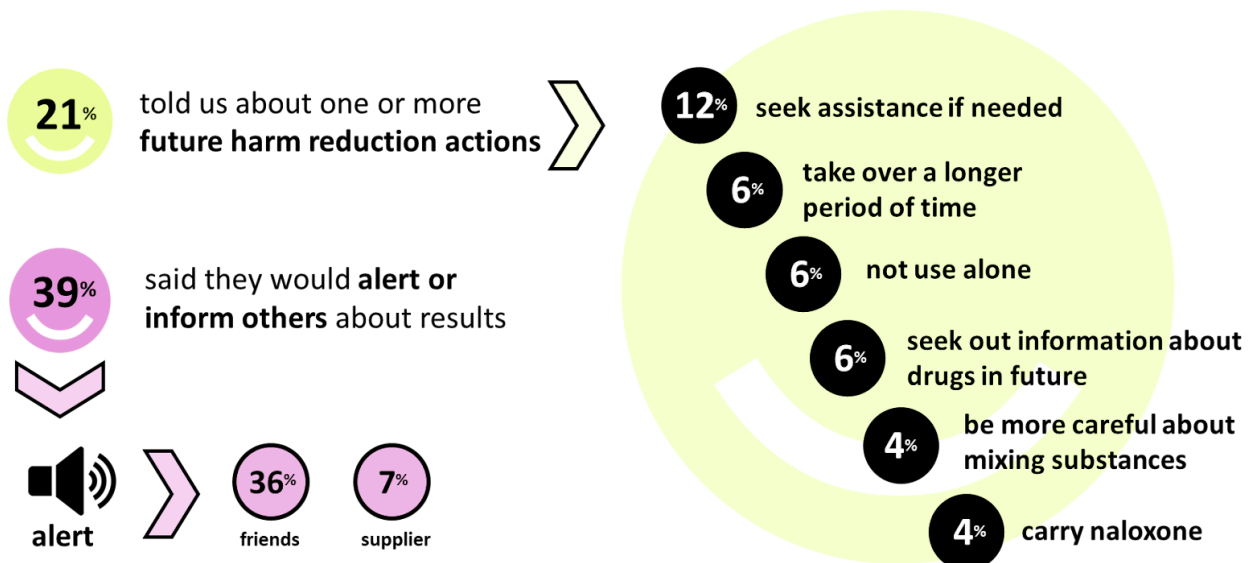
Percent based on the number of clients that told us about their intentions for tested samples (**513 people**)

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



Percent based on the number of clients that participated in health and harm reduction conversations (471 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 (513 people)

Client feedback

We asked people what they thought of our service by rating their experience out of five and provided additional feedback, comments and suggestions. These are summarised below.

289 people provided feedback on their experience. All clients gave a 4 or 5-star rating on their experience at CheQpoint, and 93% gave the service a 5-out-of-5 star rating. The average rating was 4.95 stars.

Service experience



4.95 stars - service experience rating

The word cloud below is based on the most frequent words and sentiments provided:



Client sentiments about CheQpoint

We also summarised clients' sentiments into the most common themes based on the feedback provided:

Exceptional staff (most common)

- Staff described as friendly, welcoming, non-judgemental, professional, knowledgeable, and kind.
- Visitors felt comfortable, respected, and safe, often praising how the staff made what could be an intimidating experience feel relaxed and supportive.

Valuable and much-needed Service

- Strong consensus that this is an essential, life-saving, and positive initiative.
- Many people noted how it helps inform safer decisions around drug use and reduces anxiety and risk.
- There were repeated calls for continued support and expansion, with several commenters urging the government to increase funding.

Desire for Greater Accessibility

- Frequent requests for longer hours, more days, and more locations (including regional areas).
- Several noted frustration or mild difficulty with logistics like finding the location or accessing services regularly.

Positive Experience and Environment

- Described as quick, efficient, and easy.
- The atmosphere was often described as safe, non-threatening, and educational.
- People appreciated the confidentiality and respect for privacy.

Informative and educational

- Many people reported gaining new knowledge about substances, testing, and safer use.
- The service was seen as a key player in changing behaviour, reducing risk, and supporting informed decisions.
- Several clients remarked on how unexpectedly informative the service was.