

SNAPSHOT REPORT

Earth Frequency Festival 2024

3rd - 5th May 2024

CheQpoint is a drug checking service that has been funded by Queensland Health and is operated by QuIHN, QuIVAA and The Loop Australia. Drug checking is a harm reduction service (also known as pill testing) that can be accessed by anyone using substances. CheQpoint is a voluntary, free, and confidential harm reduction service that engages people intending to use substances in a health conversation combined with the results of chemical analysis of the substances intended for use. For more information go to <https://www.quihn.org/cheqpoint/>.

CheQpoint publishes service data for public access and transparency. This includes a snapshot of samples tested, proportions of expected versus not-as-expected results, and any unusual detections.

This snapshot presents service data for our three-day on-site service at Earth Frequency Festival 2024, from Friday 3rd May to Sunday 5th May 2024. The service was open 12pm-6pm Friday, and 10am-6pm Saturday and Sunday.

In total, we had **152 client presentations** (occasions where a person came to drop off a sample) who submitted **230 samples** for analysis.

SERVICE USERS

Client demographics

Data describing client demographics are presented in Table 1.

Table 1. Client demographics.

Age	Age	Range
Average age (years, range)	32.6	17 - 63
Gender identity	n	%
Man	101	66%
Woman	44	29%
Transgender (includes non-binary)	5	3%
Unsure	2	2%
Cultural identity	n	%
Aboriginal or Torres Strait Islander	4	3%
Australian South Sea Islander	1	0.7%
Prefer not to say	6	4%
Place of residence	n	%
Queensland	64	42%
Interstate	51	34%
No fixed address (eg. live in a van) or international (eg. tourist/traveller)	14	9%
Not specified	23	15%
TOTAL	152	

Previous service access

Clients were asked whether they had previously accessed services related to their alcohol and other drug use. Responses are described in Table 2. Note that all questions were optional, and so not all clients answered these questions.

Table 2. Previous service use among clients.

Have you ever had a conversation with healthcare professional about AOD use (N=151)	n	%
No, no previous healthcare conversation about AOD	92	61%
Yes, previous healthcare conversation (any professional)	54	36%
Not specified	5	3%
Previous visit at this service (CheQpoint) (N=150)	n	%
Yes - visited this service	11	7%
No - never visited this service	139	93%

Of the 54 clients that reported having a previous healthcare conversation about AOD, 26 (48%) reported having this conversation with a GP, 25 (46%) reported having this conversation in a counselling/treatment setting, 13 (24%) reported having this conversation at a drug checking service, and 8 (15%) reported having this conversation at a needle and syringe program. These percentages do not add up to 100% as multiple response options were available.

SAMPLES

In total, we tested 230 samples from 152 presentations. 54 presentations contributed multiple samples (34% of all presentations). On average, each presentation yielded 1.5 samples, ranging from one to six samples. Almost all samples were tested using FTIR, with the exception of LSD which was tested using Ehrlich reagent, and magic mushrooms which could not be tested with either FTIR or reagents.

Table 3. Results of all submitted samples.

Expected drug type	Samples submitted (n.%)	Expected drug detected (n)	Notes on unexpected / inconclusive results
MDMA	106 (46%)	103	2 x dimethylpentylone 1 x lactose - reagent results were negative for MDMA 30 samples contained MDMA and another substance: cellulose (12), MSM (7), sucrose (4), sorbitol (2), creatine (1), caffeine (1), or an unidentified diluent (1)
Ketamine	65 (38%)	60	2 x 2-fluoro-N-ethylnordeschloroketamine (2F-NENDCK) 1 x N-Benzyl cyclohexanamine + tiletamine (low confidence result) 1 x methamphetamine 15 x samples contained Ketamine and another substance: creatine (8), MSM (5), sucrose (1), or an unidentified second component (1)
Cocaine	13 (6%)	12	1 x novel mescaline analogue - diformylmescaline confirmed offsite (client noted to have multiple bags at drop off - this could be a mix up of bags) 2 x samples contained cocaine and other substances: creatine + lidocaine (1), creatine (1)

Expected drug type	Samples submitted (n,%)	Expected drug detected (n)	Notes on unexpected / inconclusive results
LSD	12 (5%)	12	On site testing by reagents is only able to indicate that an indole related compound is present
Mescaline	5 (2%)	0	2 x indole related compounds, possibly an LSD analogue based off client experience 2 x novel mescaline analogue - diformylmescaline confirmed offsite 1 x inconclusive result not consistent with mescaline
Amphetamine	3 (1%)	1	1 x methamphetamine 1 x dextrose with either methamphetamine or amphetamine
2C-B	3 (1%)	2	1 x possible MDMA (low confidence)
MDA	2 (1%)	2	
Magic Mushrooms (psilocybin)	2 (1%)	0	Magic mushrooms cannot be tested with our current equipment so no definitive results were provided.
"Synthetic cocaine"	1 (<0.5%)	0	1 x Dimethylpentylone + MDMA
Opium	1 (<0.5%)	1	

Expected drug type	Samples submitted (n,%)	Expected drug detected (n)	Notes on unexpected / inconclusive results
Methamphetamine	1 (<0.5%)	1	
GHB	1 (<0.5%)	0	1 x 1,4-butanediol (GHB prodrug)
1,4-butanediol	1 (<0.5%)	1	
DMT	1 (<0.5%)	1	
Alprazolam / Xanax	1 (<0.5%)	0	1 x cellulose (tablet binder) which is not unexpected for benzodiazepine tablets tested with FTIR
4-HO-EPT	1 (<0.5%)	1	
3-MMC	1 (<0.5%)	0	1 x 2-methylmethcathinone (2-MMC)
Unsure / prefer not to say	10	-	Clients were unsure of what drug these samples contained or did not wish to tell us. We detected: 3 x MDMA 2 x 1,4-Butanediol (GHB prodrug) 1 x cocaine 2 x methamphetamine 1 x ketamine 1 x no active substance detected (possible perfume / fragrance oil)
Total	230		

HARM REDUCTION

Health conversations and referrals

Clients received their sample analysis results in a conversation with a health professional. The **average duration of health conversations was 18 minutes**. These conversations ranged from four minutes to one hour.

Nine people expressed concerns about their AOD use. Of these nine people, three had never spoken to a healthcare professional about AOD use before. For people who expressed concerns about their AOD use we completed the following referrals:

- Five external referrals (e.g. to Adis 24/7 Alcohol and Drug Support or GP)
- One internal referral (to onsite services ConsciousNest or Medical)

Table 4. Intended actions after receiving results (N=129)

What action will you take after hearing these results?	n	%
Take the same amount as usual	85	66%
Alert / inform friends and acquaintances and others	42	47%
Take more care when mixing with other substances	26	29%
Take a smaller dose (less than usual)	31	24%
Seek assistance if needed	19	21%

What action will you take after hearing these results?	n	%
Take over a longer period of time	16	18%
Seek more information about drugs I might be using	12	14%
Not use alone	11	12%
Alert / inform supplier	11	12%
Give it away	5	6%
Keep and take another time (eg. after event)	4	5%
I will dispose of it myself	5	4%
Return to supplier	3	3%
I will ask The Loop to safely dispose of it	2	2%
Take more (larger dose)	0	0%
Prefer not to say	5	4%