

# Monitoring and responding to the unregulated drug supply

## Surveillance et intervention face à l'approvisionnement en drogues non réglementé

April 8, 2025 / 8 avril 2025

1 >



Canadian Centre  
on Substance Use  
and Addiction

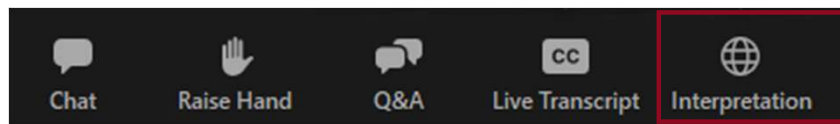
Centre canadien sur  
les dépendances et  
l'usage de substances



# Interpretation / Interprétation

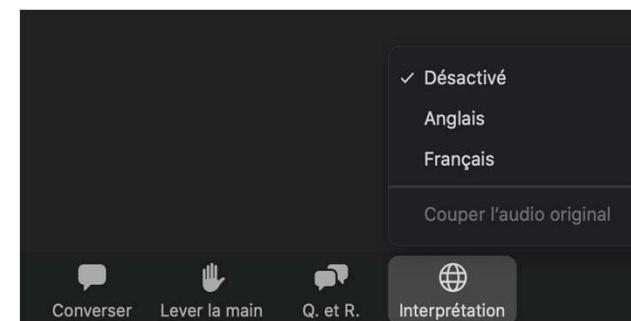
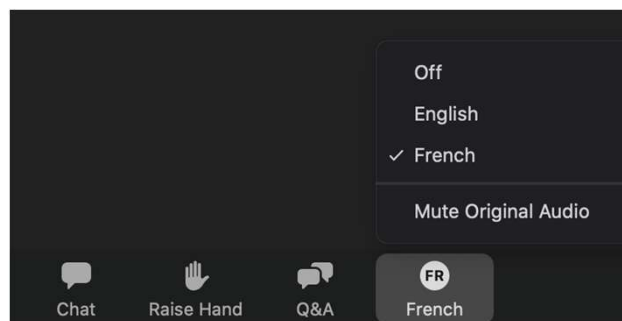
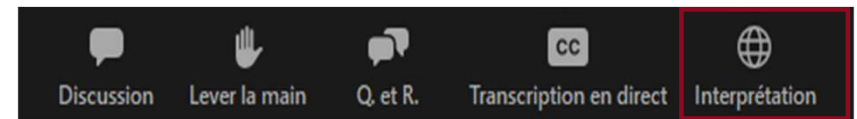
English-French simultaneous interpretation is available during the webinar.

Attendees should choose their preferred language from the **Interpretation** tab at the bottom of the screen.



Durant le webinaire, des services d'interprétation simultanée anglais-français sont disponibles.

Les participant·e·s au webinaire devront opter pour la langue de leur choix à partir de l'onglet **Interprétation** au bas de l'écran.



# Agenda

- i. **Welcome and context setting** (10 minutes)
- ii. **Panelist presentations** (20 minutes)
- iii. **Panelist perspectives** (15 minutes)
- iv. **Panel discussion** (30 minutes)
- v. **Q&A, closing** (15 minutes)

# Ordre du jour

- i. **Mot de bienvenue et mise en contexte** (10 minutes)
- ii. **Présentations par les panélistes** (20 minutes)
- iii. **Perspectives des panélistes** (15 minutes)
- iv. **Table ronde** (30 minutes)
- v. **Séance de questions et réponses, et mot de la fin** (15 minutes)



# Panelists / Panélistes

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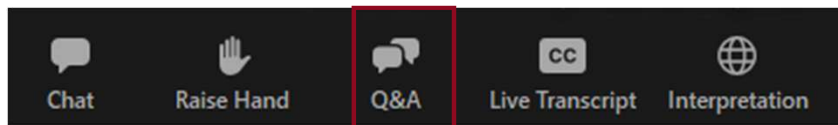
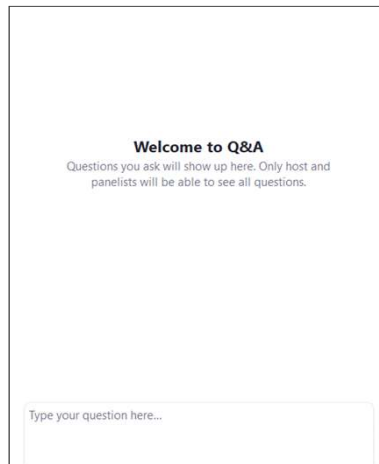
- **Samantha King**, CCSA / CCDUS
- **Karen McDonald**, Toronto's Drug Checking Service and Ontario's Drug Checking Community / service d'analyse de substances de Toronto et secteur de l'analyse de substances en Ontario
- **Alyssa Miller**, Streetworks
- **Amber Streukens**, ANKORS, Professionals for Ethical Engagement of Peers (PEEP)
- **Kim Corace**, CCSA / CCDUS





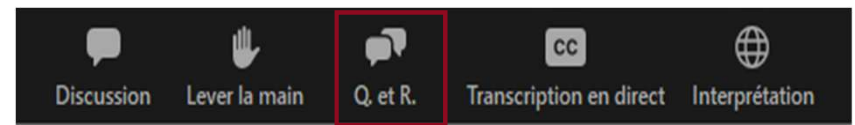
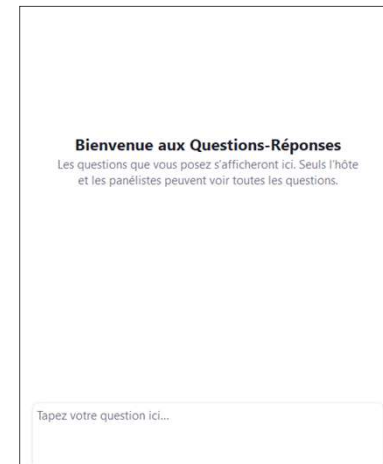
# Q&A / Q. et R.

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All attendees will be muted during the webinar.

Submit your questions in English or French through the **Q&A** tab at the bottom of the screen (not the Chat tab).



Tou·te·s les participant·e·s resteront en sourdine durant le webinaire.

Posez vos questions en français ou en anglais par l'intermédiaire de l'onglet **Q. et R.** au bas de l'écran (non celui de Converser).

## What makes Canada's illegal drug supply dangerous?

PREVENTION IN FOCUS PIF 2025 SPRING

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FEBRUARY 25, 2025

CATIE

<https://www.catie.ca/prevention-in-focus/what-makes-canadas-illegal-drug-supply-dangerous>



## Qu'est-ce qui rend l'approvisionnement en drogues illicites dangereux au Canada?

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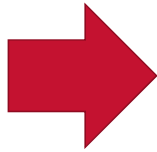
25 FÉVRIER 2025

CATIE

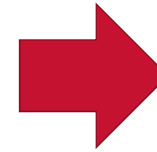
<https://www.catie.ca/fr/point-de-mire-sur-la-prevention/quest-ce-qui-rend-lapprovisionnement-en-drogues-illicites-dangereux>



**Prohibition /**  
L'interdiction



**Illegal drug markets /**  
Marchés illicites des  
drogues



**Unregulated /**  
Non réglementé



**No rules to ensure products are safe /**  
Aucune règle ne permet de s'assurer que les  
produits sont sans danger

# Changes in the illegal drug supply / Évolution de l'approvisionnement en drogues illicites

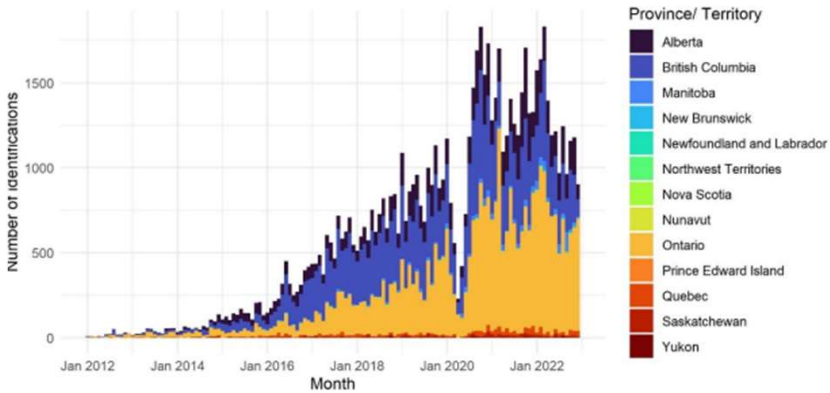


Figure 1. Fentanyl identifications across time, per province or territory (2012-2022)\*

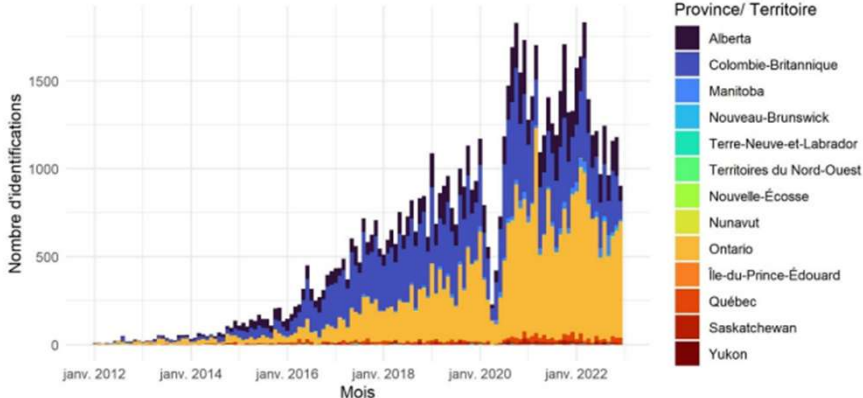


Figure 1. Identifications de fentanyl au fil du temps, par province ou territoire (2012-2022)\*

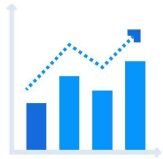
Health Canada Drug Analysis Service (2023). Available from: <https://www.canada.ca/en/health-canada/services/publications/healthy-living/evolution-fentanyl-canada-11-years.html>

Service d'analyse des drogues de Santé Canada (2023) Disponible à : <https://www.canada.ca/fr/sante-canada/services/publications/vie-saine/evolution-fentanyl-canada-11-annees.html>

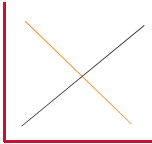


# Changes in the illegal drug supply / Évolution de l'approvisionnement en drogues illicites

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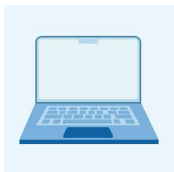
Maximizing profits / La maximisation des profits



Filling market demand / La satisfaction de la demande



Poor international control of precursor chemicals /  
Le contrôle des produits chimiques précurseurs laisse à désirer au niveau international



Role of the Internet / Le rôle d'Internet



COVID-19 pandemic and border closures /  
Pandémie de COVID-19 et les fermetures de  
frontières



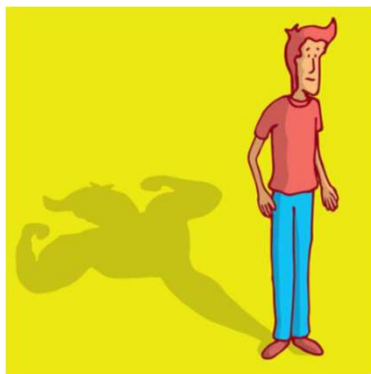
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on Substance Use  
and Addiction

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l'usage de substances



What makes the illegal drug supply dangerous? /  
Qu'est-ce qui rend l'approvisionnement en drogues illicites dangereux?

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Strength of drugs = unknown and unpredictable /  
Puissance des drogues = inconnue et imprévisible



Contents of drugs = unknown and unpredictable /  
Composition des drogues = inconnue et imprévisible



# Résultats du Projet communautaire d'analyse d'urine et d'autodéclaration (PCUA)

Webinaire de CATIE présenté en partenariat avec le  
CCDUS

Samantha King

8 avril 2025



# Au sujet du PCUA

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- Surveillance sentinelle de l'usage attendu et réel des drogues provenant du marché non réglementé
- Il comble des lacunes dans les connaissances
  - Quelles substances du marché non réglementé sont consommées?
  - Les substances contiennent-elles ce que les gens pensent qu'elles contiennent?
  - L'usage cooccurrent d'opioïdes et de stimulants est-il intentionnel?
  - Quelles sont les tendances dans les régions du pays?



# Bilan de l'expansion

10

régions

3 300

participants

**Edmonton**  
Streetworks,  
Université de l'Alberta

**Laval**  
CISSS de Laval

**Québec**  
Institut national de santé publique du Québec,  
Direction de santé publique du CIUSSS du  
Centre-Sud-de-l'Île-de-Montréal

**Regina**  
AIDS Program South Saskatchewan,  
Autorité sanitaire de la Saskatchewan

**Manitoba**  
Réseau de réduction des  
méfaits du Manitoba

**Nouvelle-Écosse**  
Mainline Needle Exchange, Régie de la santé  
de la Nouvelle-Écosse

● Site partenaire du PCUA

● Initiative provinciale utilisant des méthodes similaires

**Thunder Bay**  
Centre de santé communautaire  
NorWest, Université Lakehead

**Ottawa**  
Centre de santé communautaire Côte-de-Sable

**Région de Peel**  
Moyo Health & Community Services

# L'approche du PCUA

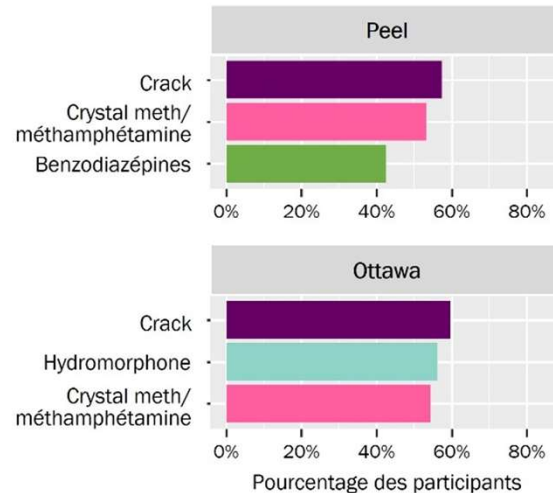
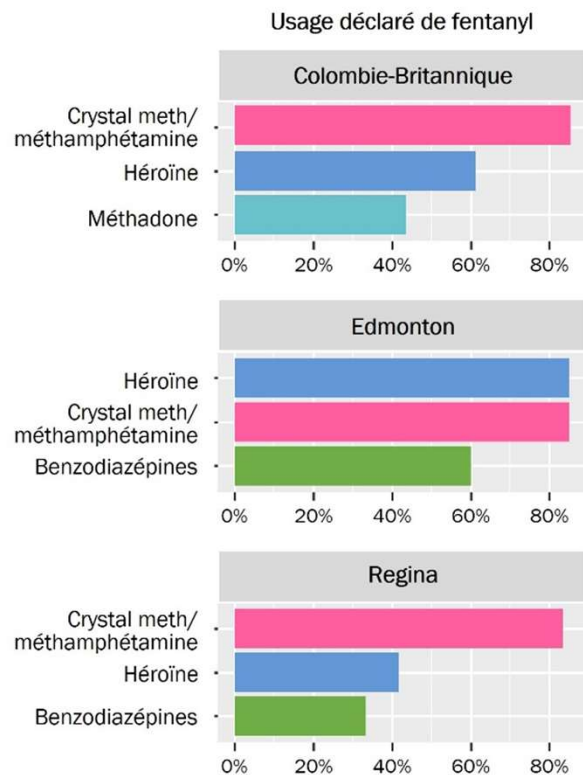


- « Projet clé en main » : le déploiement du PCUA se fait avec une trousse d'outils normalisée dans les sites partenaires
- Le CCDUS assure une coordination et offre du soutien à l'échelle nationale



# Principaux constats 2021-2023

# Usage cooccurrent et intentionnel

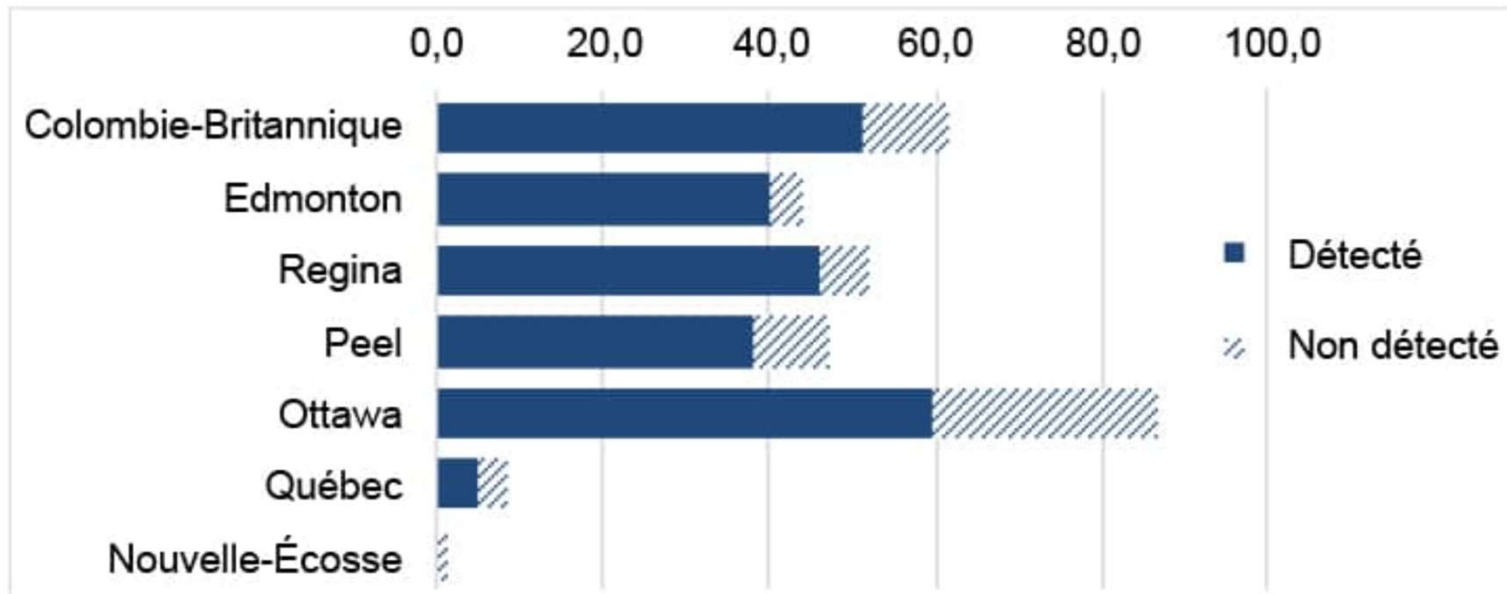


- 50-80 % ont aussi dit avoir consommé un stimulant
- 33-60 % ont aussi dit avoir consommé des benzodiazépines

# Grande variabilité dans l'usage de fentanyl (détecté ou non), selon les régions

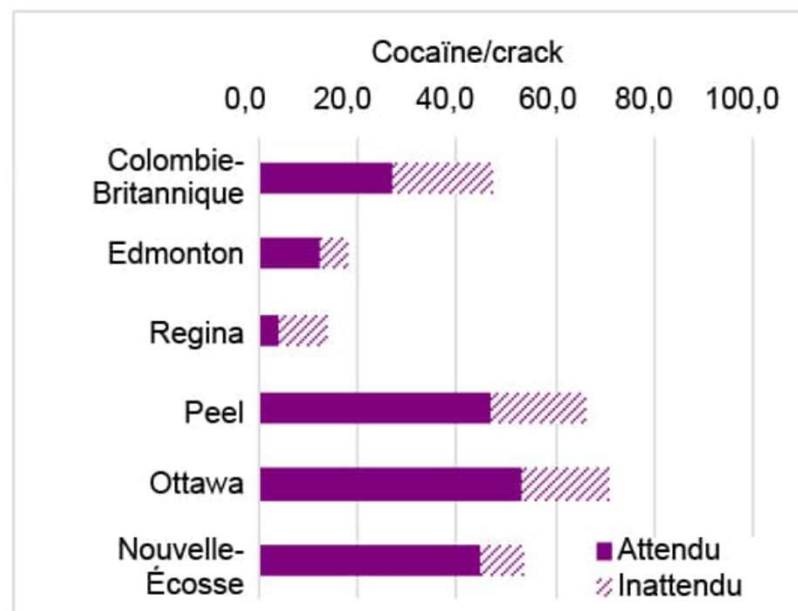
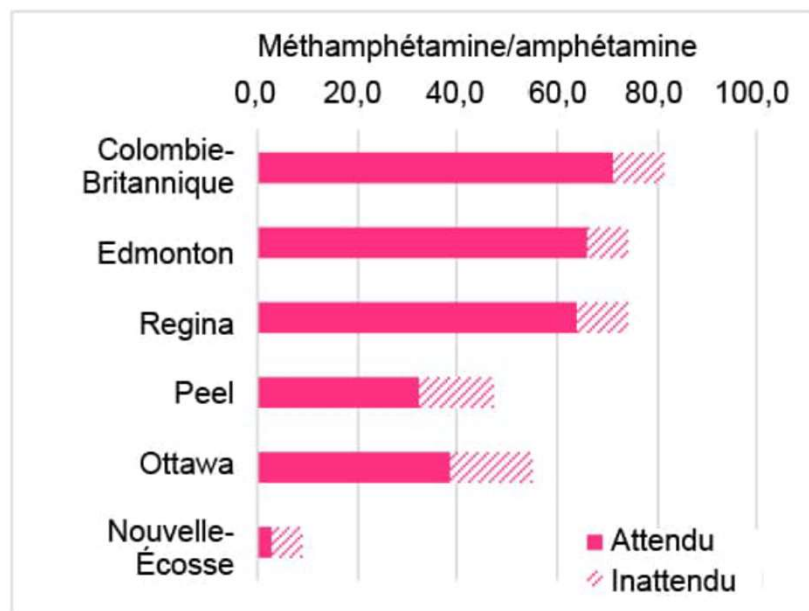
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Pourcentage des participants dont l'urine contenait du fentanyl, selon les attentes



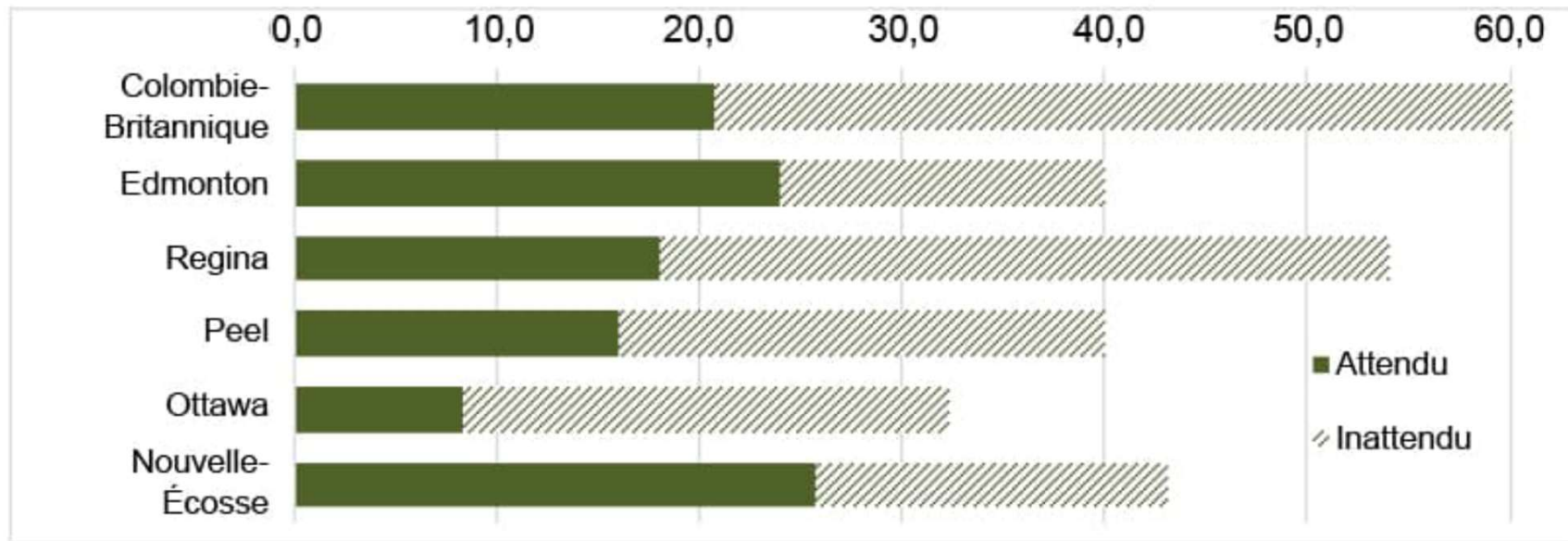
# L'usage de stimulants était plus fréquent

Pourcentage des participants dont l'urine contenait des stimulants, selon les attentes



# L'usage de benzodiazépines était souvent inattendu

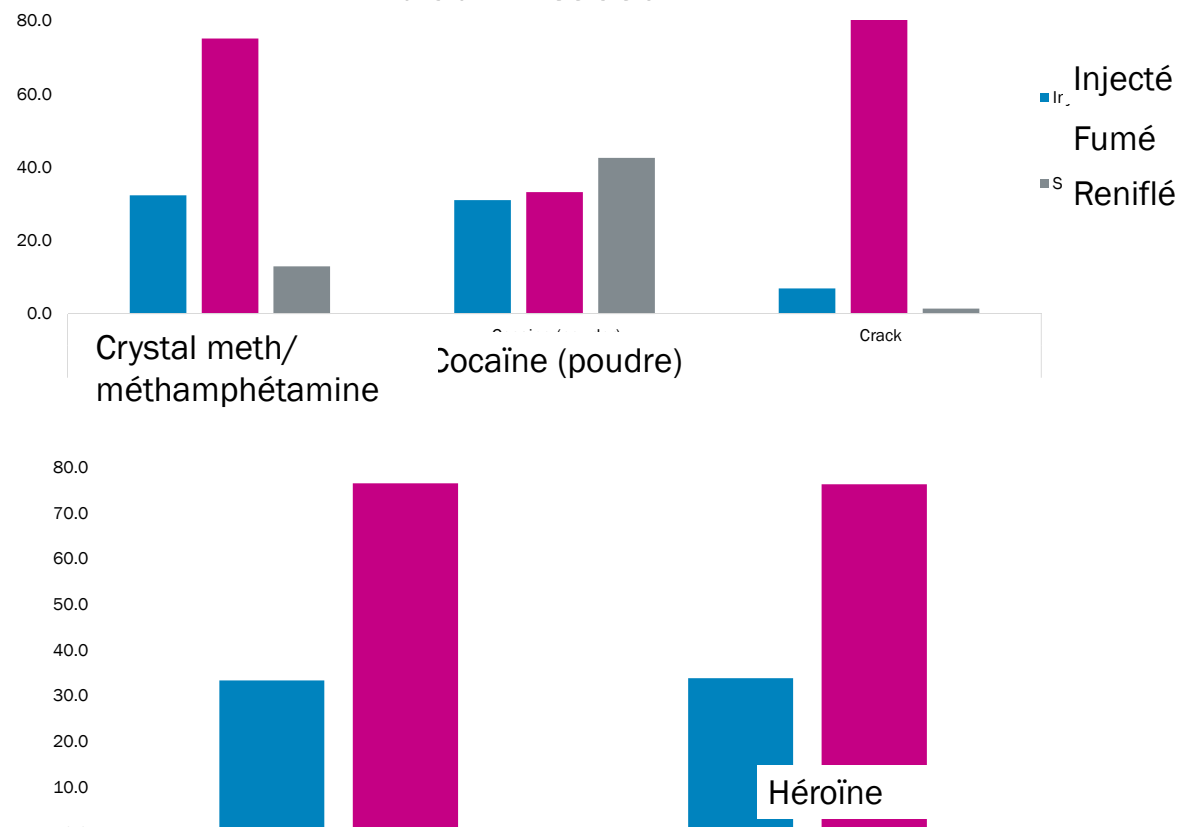
Pourcentage de participants dont l'urine contenait des benzodiazépines, selon les attentes





# Les stimulants et les opioïdes sont souvent fumés

Pourcentage des participants ayant déclaré avoir consommé des substances, selon la voie d'administration





# Questions et commentaires

# Ressources Complémentaires



Réseau communautaire  
canadien d'épidémiologie  
des toxicomanies

Tendances dans l'usage  
de substances au Canada



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18 septembre 2024

Note d'information



## Analyse de substances<sup>1</sup>

### Qu'est-ce que l'analyse de subst

L'analyse de substances est un service qui cible les  
réglementé. Son importance s'explique par le fait qu  
dont on connaît le contenu et la posologie (p. ex. ali



# Coordonnées

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**Samantha King**

Analyste, Recherche et politiques

Centre canadien sur les dépendances et l'usage de substances

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Ottawa (Ontario) K1P 5E7

Canada

Tél. : 613-235-4048, poste 274

[sking@ccsa.ca](mailto:sking@ccsa.ca)

# Questions de substance 2025 du CCDUS

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17 au 19 novembre 2025  
Centre des congrès d'Halifax  
[QuestionsDeSubstance.ca](http://QuestionsDeSubstance.ca)



## **Monitoring and responding to the unregulated drug supply**

A webinar presented by CATIE and the Canadian Centre on Substance Use and Addiction (CCSA)

April 8, 2025

Karen McDonald

Executive Director | Toronto's Drug Checking Service and Ontario's Drug Checking Community  
Director, Program Development and Operations | St. Michael's Hospital, a site of Unity Health Toronto

[kn.mcdonald@utoronto.ca](mailto:kn.mcdonald@utoronto.ca)

# Acknowledgements

We acknowledge the members of our communities that have lost their lives – both in the ongoing toxic drug supply crisis and long before.

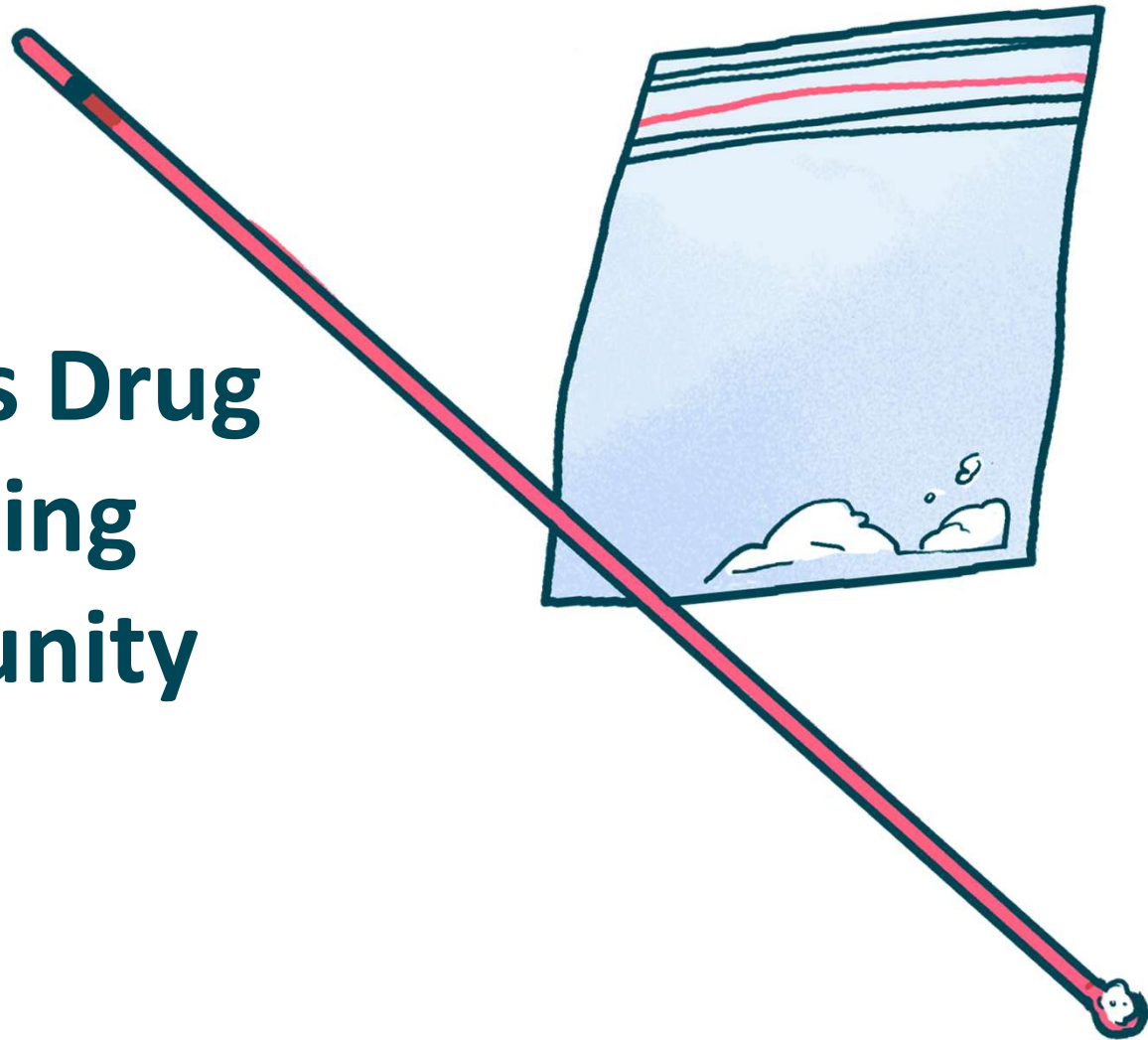
We acknowledge that racialized communities and survivors of colonization are disproportionately impacted by the toxic drug supply crisis.

We acknowledge that the land on which we operate in Toronto is the traditional territory of many nations including the Mississaugas of the Credit, the Anishnabeg, the Chippewa, the Haudenosaunee, and the Wendat peoples, and is now home to many diverse First Nations, Inuit, and Métis peoples.

We know that many of the samples we check are linked to both fatal and non-fatal overdose, as well as adverse health events – we acknowledge the people and pain behind the data we share.

We acknowledge that we only have access to this data because people who use drugs donate their drugs to our program in an effort to reduce the harms associated with using unregulated substances and facilitate community-led drug market monitoring and education.

# Ontario's Drug Checking Community





## **Ontario's Drug Checking Community is a national leader in community-led drug checking service delivery and unregulated drug market monitoring and education.**

It involves scaling the offsite drug checking model designed and in use by [Toronto's Drug Checking Service](#) since 2019 to other jurisdictions in the province. The primary reason for doing so is to inform evidence-based responses to the worsening toxic drug supply crisis by educating people who use drugs, community health workers, public health units, clinicians, first responders, policy makers, public servants, forensic science and toxicology laboratories, coroners, researchers, and others about what's circulating in the unregulated drug supply and anticipated harms.

Having checked over 17,000 samples using [gold standard technologies for chemical analysis that are validated for overdose prevention drug checking](#) and publicly disseminated hundreds of drug market monitoring and drug education reports, the program has received international recognition and is a national authority on Canada's unregulated drug supply.

## What we do

1

Drug checking  
service delivery

2

Community-led  
unregulated  
drug market  
monitoring and  
education

3

Community  
building

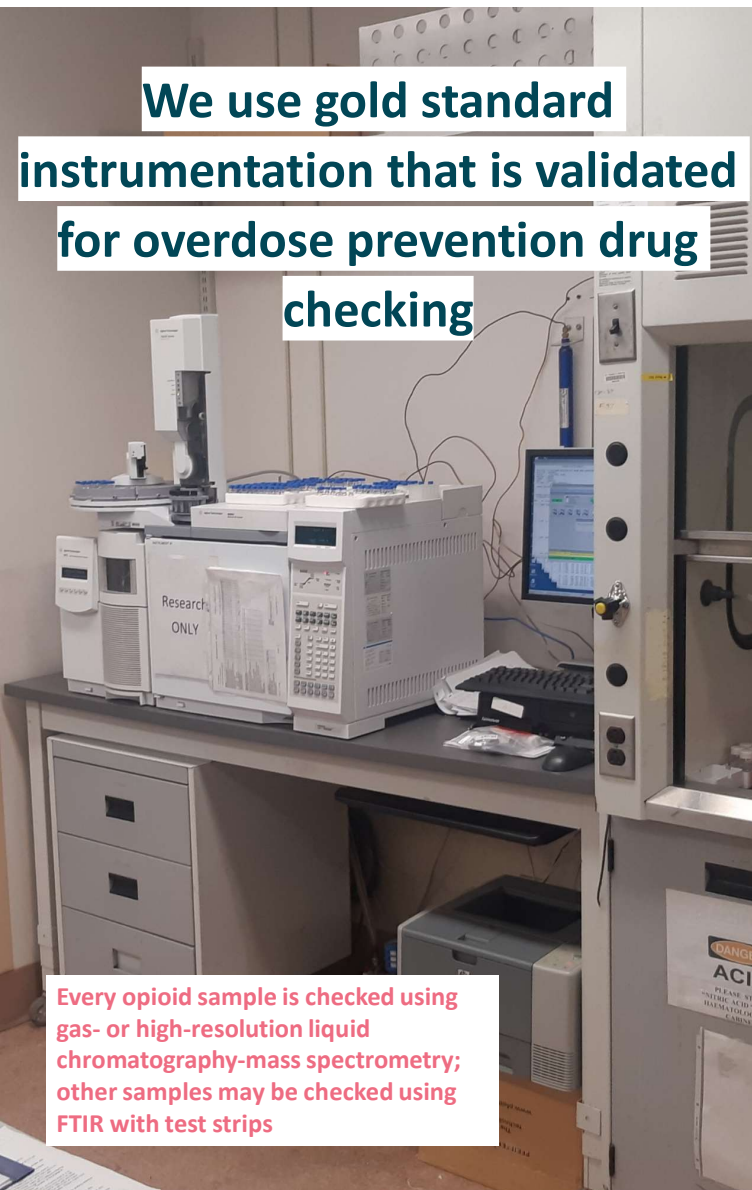
# Who we are

**Collection sites:** Community agencies exempted to collect drug checking samples and share drug checking results, as part of the services they offer to people who use drugs.

**Analysis sites:** Clinical, research, or government laboratories exempted to analyze samples and report drug checking results.

**The central operating team:** Responsible for the overall design, management, and sustainability of the program, as well as conducting and publicly disseminating unregulated drug market monitoring and drug education and community building.





## Benefits:

- Can analyze raw substances and used drug equipment
- Highly sensitive (can detect drugs in very trace amounts)
- Can break apart the most complex drug mixtures
- Can differentiate between drugs that are chemically similar
- Comprehensive libraries to detect rare and “new” drugs
- Able to provide precise quantification information

## Limitations:

- Not portable
- Destroys the sample
- Turnaround time for results (within days from arrival at an analysis site – which is very short for this type of analysis)
- Current techniques cannot detect non-drug fillers
- Expensive and requires extensive training to operate

**What we're  
finding**



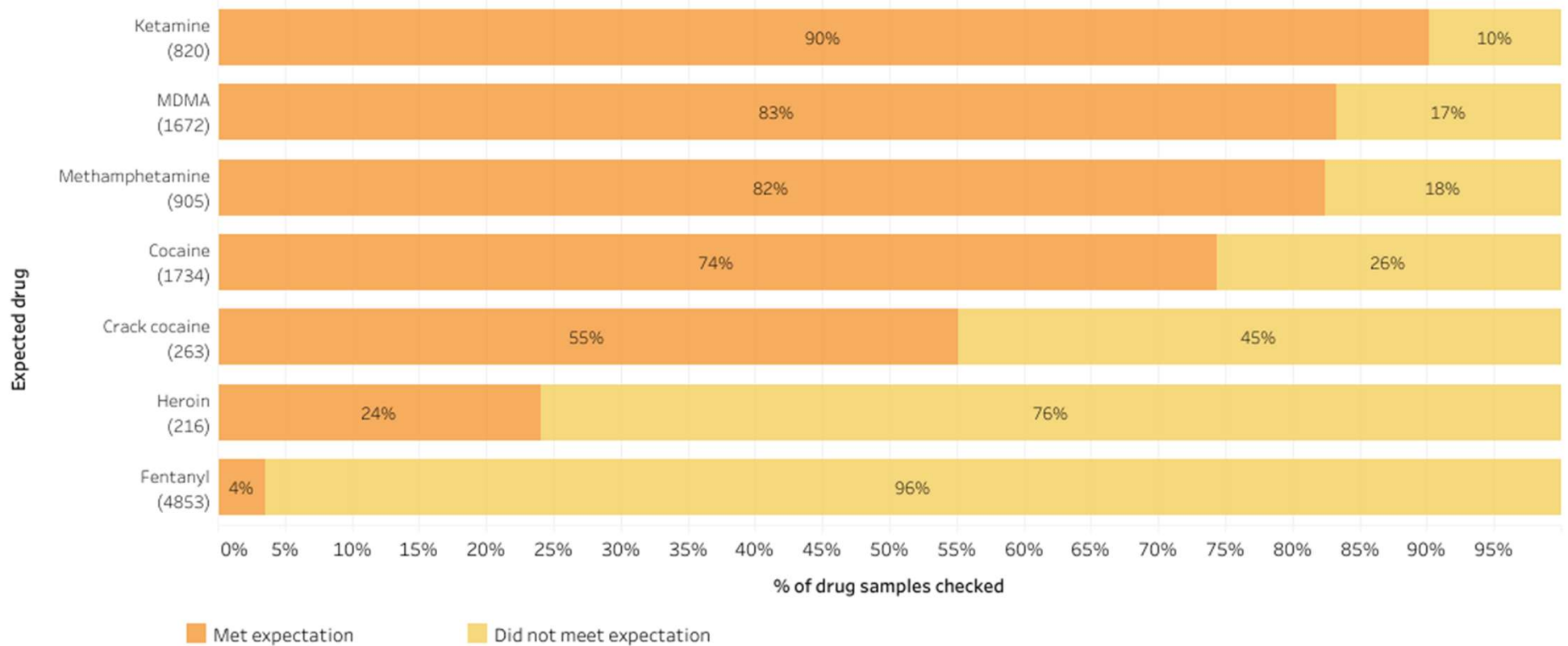
# Checked samples by expected drug

17,239 samples checked | Toronto's Drug Checking Service | Oct10/19 – Mar31/25



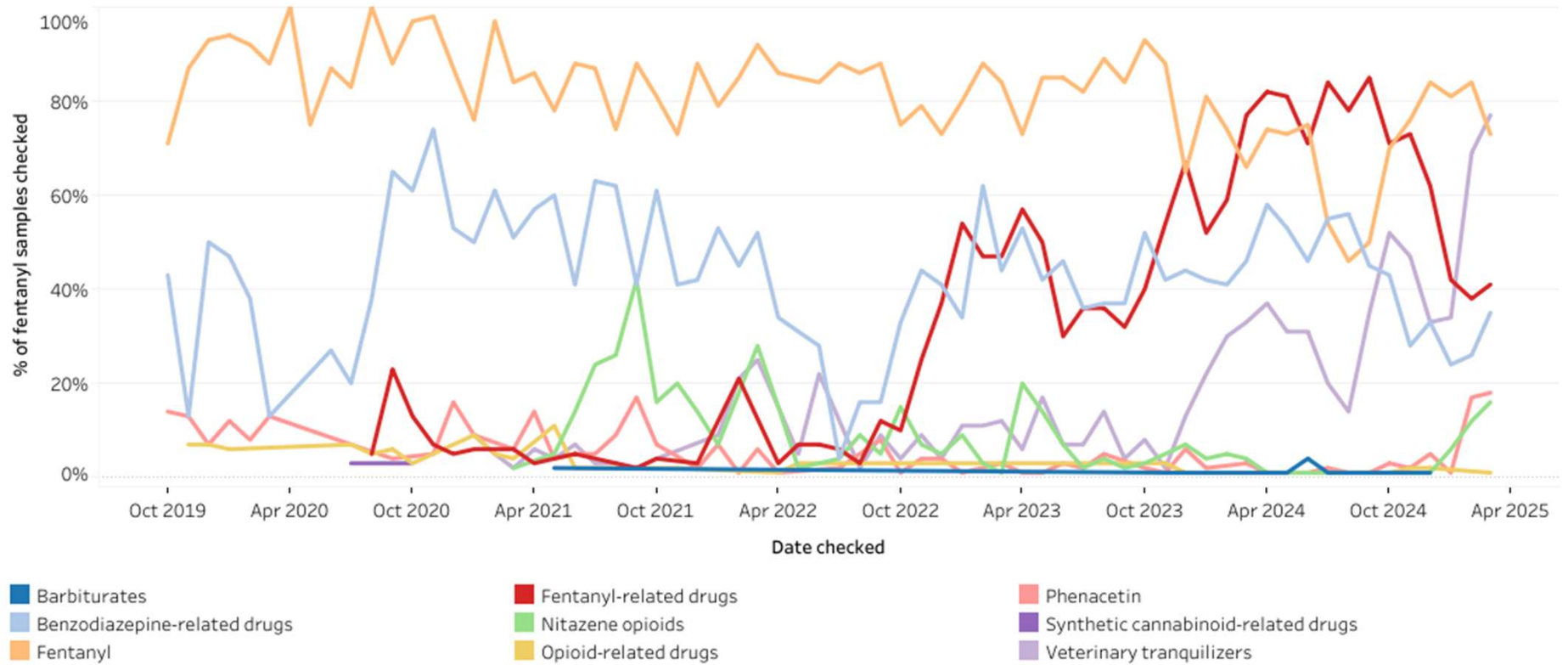
# Frequency service user expectations are met

Toronto's Drug Checking Service | Oct10/19 – Mar31/25



# Noteworthy drug groups found in expected fentanyl samples

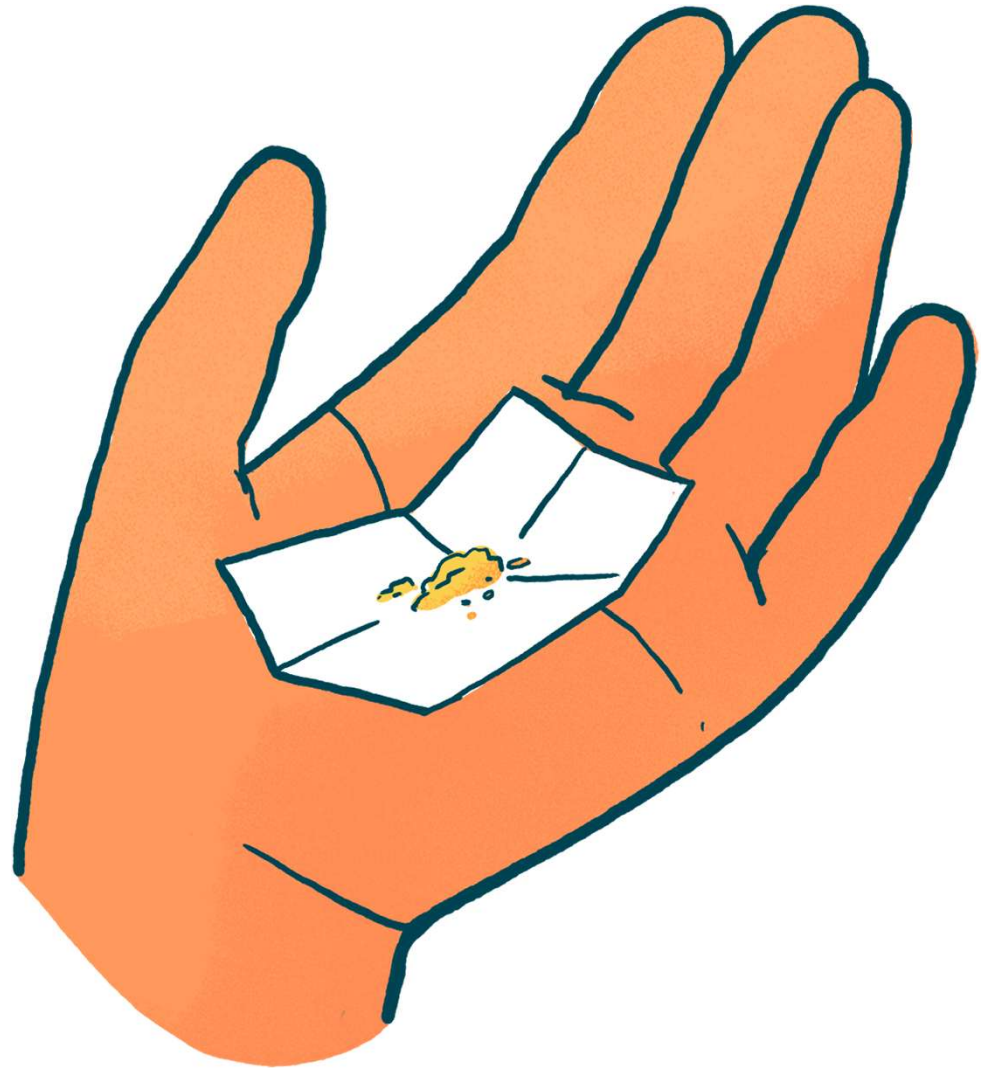
Toronto's Drug Checking Service | Oct10/19 – Mar31/25



Ontario's Drug Checking Community | [www.drugchecking.community](http://www.drugchecking.community)



**Dissemination and  
use of our findings**





## Ontario's Drug Checking Community

v1

### Unregulated fentanyl supply trends: Kingston, Ontario

March 2025

The [Integrated Care Hub](#) and its service users bring comprehensive, timely, and accessible unregulated drug market monitoring to Kingston by participating in Ontario's Drug Checking Community as a collection site member.

Ontario's Drug Checking Community is a national leader in community-led drug checking service delivery and unregulated drug market monitoring and education. Comprised of a group of members, the program involves implementing the offsite drug checking model designed and in use by [Toronto's Drug Checking Service](#) since 2019 in other jurisdictions across the province. The primary reason for doing so is to inform evidence-based responses to the worsening toxic drug supply crisis by educating people who use drugs, community health workers, public health units, clinicians, first responders, policy makers, public servants, forensic science and toxicology laboratories, coroners, researchers, and others about what's circulating in the unregulated drug supply and anticipated harms.

In March 2025, 30 samples<sup>1</sup> were collected from people who use drugs by the Integrated Care Hub and analyzed by analysis site members of Ontario's Drug Checking Community using [gold standard technologies that are validated for overdose prevention drug checking](#). Of these 30 samples<sup>1</sup>, 26 were expected<sup>2</sup> to be fentanyl (81% of these were drug samples, 19% were used drug equipment).

#### Key findings<sup>3</sup>

- One of the expected<sup>2</sup> fentanyl samples<sup>1</sup> was known to be **associated with an overdose** – it contained fentanyl-related drugs in combination with a benzodiazepine-related drug
- 46% of the expected<sup>2</sup> fentanyl samples<sup>1</sup> **contained multiple high-potency opioids<sup>4</sup>**, including [fentanyl](#), [fluorofentanyl](#), a [methylfentanyl-related drug](#), and/or [protodesnitazene](#). Using high-potency opioids<sup>3</sup> in combination increases the risk of overdose and greater than normal doses of naloxone may be required to rouse individuals experiencing an overdose.
- 31% of the expected<sup>2</sup> fentanyl samples<sup>1</sup> **contained a methylfentanyl-related drug** (at this time, we believe ortho-methylfentanyl is circulating, which is considered to be as strong as fentanyl)
- 27% of the expected<sup>2</sup> fentanyl samples<sup>1</sup> **contained fluorofentanyl** (at this time, we believe para-fluorofentanyl is circulating, which is considered to be as strong as fentanyl)

- 19% of the expected<sup>2</sup> fentanyl samples<sup>1</sup> **contained a "new" high-potency<sup>4</sup> nitazene opioid**, protodesnitazene (considered to be as strong as fentanyl). Protodesnitazene has been found in samples<sup>1</sup> collected in Kingston, Peterborough, and Toronto (the three regions participating in Ontario's Drug Checking Community at this time).
- 27% of the expected<sup>2</sup> fentanyl samples<sup>1</sup> **did not contain fentanyl** – many of these samples instead contained a methylfentanyl-related drug and/or fluorofentanyl
- 73% of the expected<sup>2</sup> fentanyl samples<sup>1</sup> **contained at least one other central nervous and/or respiratory system depressant**, including veterinary tranquilizers and/or benzodiazepine-related drugs. Using high-potency opioids<sup>4</sup> in combination with other central nervous and/or respiratory system depressants increases the risk of dangerous suppression of vitals (e.g., slowing down of breathing, blood pressure, heart rate).
  - 58% of the expected<sup>2</sup> fentanyl samples<sup>1</sup> **contained a benzodiazepine-related drug**, namely [bromazolam](#), [desalkylgidazepam](#), [flualprazolam](#), [flubromazepam](#), [nordiazepam](#), as well as a "new" benzodiazepine-related drug, [ethylbromazolam](#). Ethylbromazolam has been found in samples<sup>1</sup> collected in Kingston, Peterborough, and Toronto.
  - 42% of the expected<sup>2</sup> fentanyl samples<sup>1</sup> **contained a veterinary tranquilizer** -- 38% contained [medetomidine](#) and 15% contained [xylazine](#)
- Other samples checked were expected<sup>2</sup> to methamphetamine (2), alprazolam (Xanax) (1), or did not have a stated expected<sup>2</sup> drug (1). Unexpected noteworthy drug<sup>5</sup> fentanyl was detected in the one sample with an unknown expected<sup>2</sup> drug, though the composition of the sample represented that of expected<sup>2</sup> fentanyl.

Not sure what some of these substances are? View our drug dictionary: [www.drugcheckingcommunity/drug-dictionary/](http://www.drugcheckingcommunity/drug-dictionary/)

#### Notes

- 1 | Samples:** Includes both drugs and used drug equipment. Drugs could be a very small amount of powder, crystals, rocks, blotter, or liquid, or a crushed bit of a pill. Used equipment could be a used cooker or filter, or leftover liquid from a syringe. For more information, view our [terms of service](#).
- 2 | Expected (drug):** When a sample is submitted to be checked, the drug that sample was bought or got as is recorded. We call it the "expected drug". Knowing the expected drug helps us tailor our harm reduction advice. It also helps us understand contamination to drugs rather than combinations of drugs (e.g., fentanyl was found in a heroin sample rather than fentanyl and heroin were found together).
- 3 | Our key findings for the specified time period are based on results from both drugs and used drug equipment. There are limitations associated with including results from used drug equipment samples in unregulated drug market monitoring specified time period.** Drug equipment – like cookers – are often re-used. The [mass spectrometry technologies we use](#) sensitive that very trace amounts of substances may be found. This means that when equipment is re-used, substances

## Written reports

(Bi-weekly for Toronto sites,  
monthly for others)

## Results from 206 samples checked by Toronto's Drug Checking Service

January 25 – February 7, 2025

### Key findings

- 14% of the expected fentanyl samples were known to be **associated with an overdose** – all of these samples contained at least one high-potency opioid (an opioid considered to be as strong as or stronger than fentanyl), some in combination with a benzodiazepine-related drug and/or veterinary tranquilizer
- 31% of the expected fentanyl samples **contained multiple high-potency opioids**, including **fentanyl**, **fluorofentanyl**, a **methylfentanyl-related drug**, and/or nitazene opioid **etomethazene**
- 42% of the expected fentanyl samples **contained a veterinary tranquilizer** – 32% contained **xylazine** and 20% contained **medetomidine**
- 32% of the expected fentanyl samples **contained a methylfentanyl-related drug** (at this time, we believe ortho-methylfentanyl is circulating, which is considered to be as strong as fentanyl)
- 16% of the expected fentanyl samples **contained a benzodiazepine-related drug**, namely, **bromazolam**, **desalkylgidazepam**, **nordiazepam**, and a “new” benzodiazepine-related drug we are in the process of naming
- 14% of the expected fentanyl samples **contained fluorofentanyl** (at this time, we believe para-fluorofentanyl is circulating, which is considered to be as strong as fentanyl)
- 10% of the expected fentanyl samples **contained a “new” high-potency nitazene opioid**, which we have determined is etomethazene (considered to be 2 times stronger than fentanyl)
- 14% of the expected fentanyl samples **did not contain fentanyl** – many of these samples instead contained a methylfentanyl-related drug and/or a veterinary tranquilizer

**1.7%** was the **average amount of fentanyl found** in 71 expected fentanyl drug samples: **1.2 – 3.5%** was the **range of fentanyl found** in half of the drug samples

**4.2%** was the **average amount of fluorofentanyl found** in 5 expected fentanyl drug samples: **0.5 – 11.9%** was the **range of fluorofentanyl found** in half of the drug samples

**2.0%** was the **average amount of methylfentanyl-related drugs found** in 25 expected fentanyl drug samples: **0.4 – 4.7%** was the **range of methylfentanyl-related drugs found** in half of the drug samples





**0.3%** was the **average amount of medetomidine found** in 16 expected fentanyl drug samples: **0.2 – 0.6%** was the **range of medetomidine found** in half of the drug samples

**1.0%** was the **average amount of xylazine found** in 30 expected fentanyl drug samples: **0.4 – 6.4%** was the **range of xylazine found** in half of the drug samples

**2.3%** was the **average amount of bromazolam found** in 6 expected fentanyl drug samples: **1.8 – 2.9%** was the **range of bromazolam found** in half of the drug samples

[View the full report](#)

Toronto's Drug Checking Service is a free and anonymous community-based public health service that aims to reduce the harms associated with substance use and, specifically, to prevent overdose by offering people who use drugs timely and detailed information on the contents of their drugs. Beyond educating individual service users, all data for all samples are combined and analyzed to perform unregulated drug market monitoring, then translated into publicly disseminated every other week to communicate unregulated drug market trends and drug education to people who cannot directly access the service, as well as to inform care for people who use drugs, advocacy and research. [Sign up](#) to receive reports and other information about Toronto's unregulated drugs.

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You can update your preferences here.

**Email**  
(Sign up for our mailing list in the footer of [www.drugchecking.community](http://www.drugchecking.community))





**January 25 – February 7, 2025**  
**Bi-weekly report**

Toronto's Drug Checking Service shares information on the composition of the unregulated drug supply every other week. Here are some highlights from 206 samples checked.

**January 11 – 24, 2025**  
**Bi-weekly report**

Toronto's Drug Checking Service shares information on the composition of the unregulated drug supply every other week. Here are some highlights from 163 samples checked.



**December 28, 2024 – January 10, 2025**  
**Bi-weekly report**

Toronto's Drug Checking Service shares information on the composition of the unregulated drug supply every other week. Here are some highlights from 211 samples checked.



**December 14 – 27, 2024**  
**Bi-weekly report**

Toronto's Drug Checking Service shares information on the composition of the unregulated drug supply every other week. Here are some highlights from 145 samples checked.




**November 30 – December 13, 2024**  
**Bi-weekly report**

Toronto's Drug Checking Service shares information on the composition of the unregulated drug supply every other week. Here are some highlights from 144 samples checked.



**November 16 – 29, 2024**  
**Bi-weekly report**

Toronto's Drug Checking Service shares information on the composition of the unregulated drug supply every other week. Here are some highlights from 222 samples checked.




**November 2 – 15, 2024**  
**Bi-weekly report**

Toronto's Drug Checking Service shares information on the composition of the unregulated drug supply every other week. Here are some highlights from 236 samples checked.

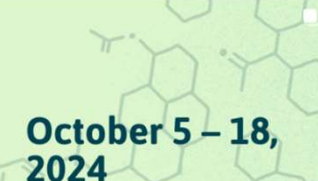
**October 19 – November 1, 2024**  
**Bi-weekly report**

Toronto's Drug Checking Service shares information on the composition of the unregulated drug supply every other week. Here are some highlights from 195 samples checked.

**Changes to quantified analysis results**



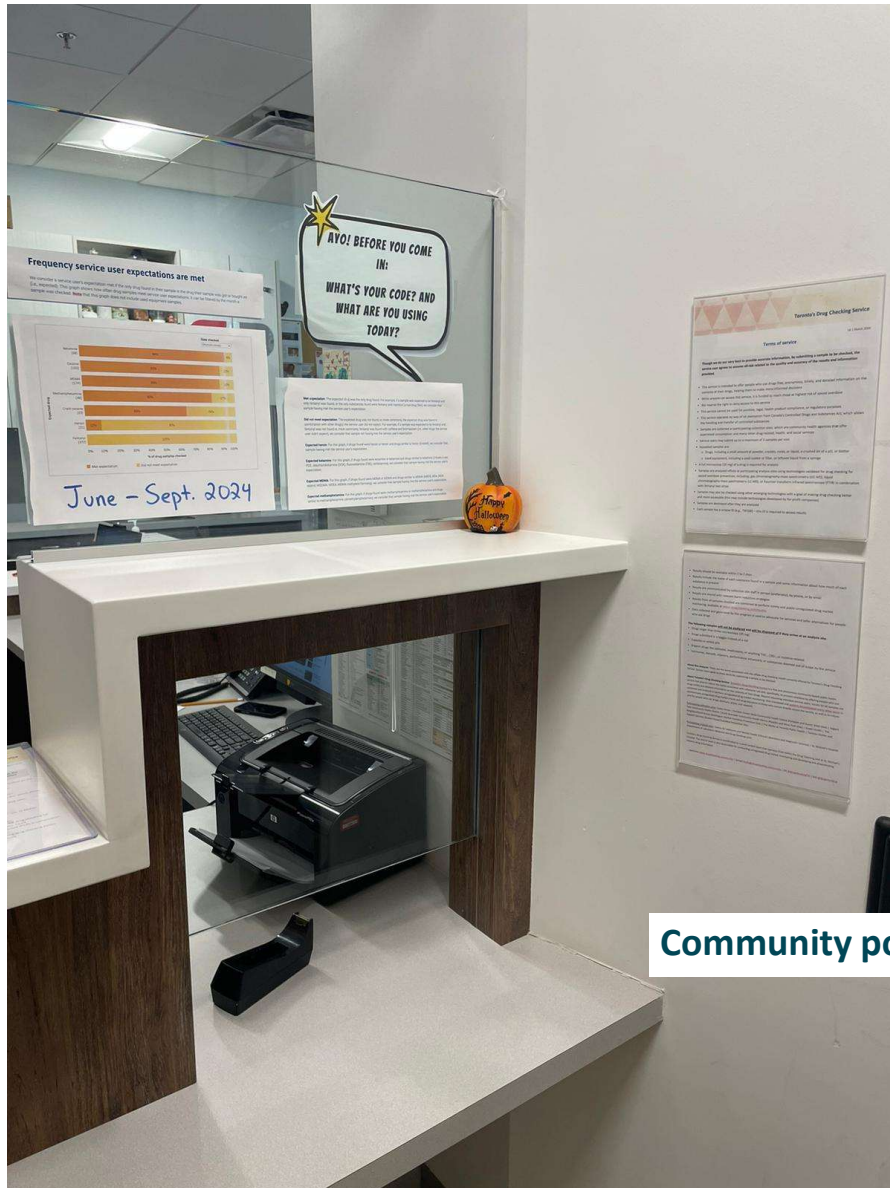

**International Drug Users Day**



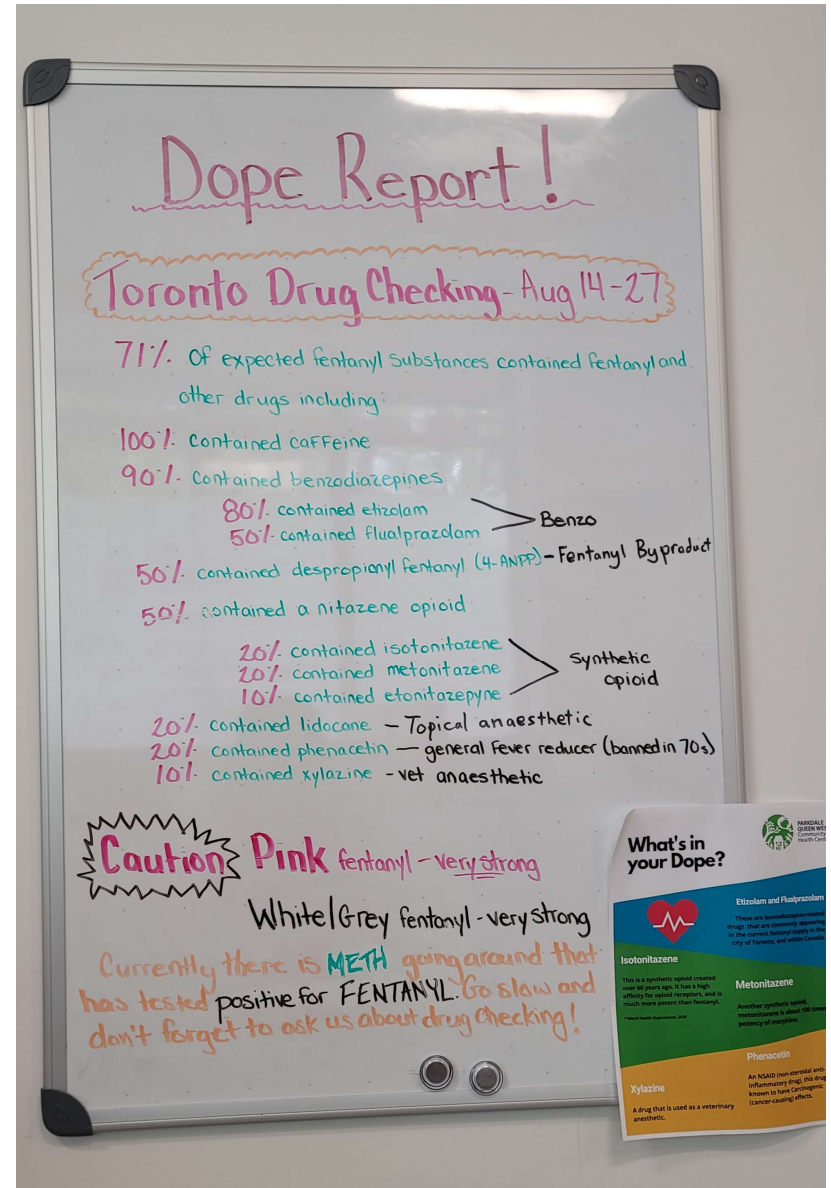
**October 5 – 18, 2024**



**September 21 –**



Community posting



**What's in your Dope?**

**Etizolam and Flualprazolam**  
These are benzodiazepine drugs that are commonly appearing in the current heroin supply in the City of Toronto, and other parts of Ontario.

**Isotonitazene**  
This is a synthetic opioid created over 60 years ago. It has a high affinity for opioid receptors, and is much more potent than fentanyl.

**Metonitazene**  
Another synthetic opioid, metonitazene is about 100 times potency of morphine.

**Phenacetin**  
An NSAID (non-steroidal anti-inflammatory drug), this drug is known to have cardiomyopathy (heart muscle-damaging) effects.

**Xylazine**  
A drug that is used as a veterinary anesthetic.

## Drug Alert: Increase in Drug-Related Deaths & Nitazene Opioids in Toronto's Unregulated Opioid Supply

March 18, 2024

### Why are we sending this alert?

- There was an **increase in suspected opioid overdose-related deaths** attended by Toronto Paramedic Services between March 14-17, 2024.
  - During this period, preliminary data shows that there were **6 suspected opioid overdose-related deaths**, which is triple the current average seen for a 4-day period in the past 12 weeks.

### Additional Information

- There is no additional information available at this time about the specific drugs connected to these overdose related deaths.
- [Toronto's Drug Checking Service](#) recently identified **two** "new" high potency synthetic nitazene opioids in **Toronto's unregulated opioid supply: N-desethyl etonitazene** (10 times stronger than fentanyl) and **protonitazepyne** (20 times stronger than fentanyl) and observed an **increase in the presence of** nitazene opioids in samples expected to be **oxycodone (OxyContin), hydromorphone (Dilaudid), hydrocodone, and Percocet**.
  - Since nitazene opioids are potent, the risk of overdose is increased and greater than normal doses of naloxone may be required to rouse individuals experiencing an overdose.
  - The risk of overdose may be further increased for people who use oxycodone (OxyContin), Percocet, hydromorphone (Dilaudid), or hydrocodone, as compared to people who use fentanyl, because their opioid tolerance may be lower.
- Overdoses are occurring **throughout the city**.

### Messages for people using drugs in Toronto:

- **Try not to use alone.** Buddy up with someone who you trust.
- **Keep naloxone on-hand.**
  - Kits are available at Toronto Public Health, The Works, and through many [partner organizations](#). Free naloxone kits are also available at some pharmacies. Visit [www.ontario.ca/page/get-naloxone-kits-free](http://www.ontario.ca/page/get-naloxone-kits-free) or call 1-800-565-8603.
  - Benzodiazepines in the unregulated drug supply may cause people to be sedated longer than usual. Following naloxone administration, some people may remain unconscious even after their breathing returns.
- **Use a supervised consumption service, if possible.** For locations and hours of sites please visit: [toronto.ca/ConsumptionServices](http://toronto.ca/ConsumptionServices).
- **If you must use alone, have a safety plan.**

## Public health alerts



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### Surge in fatal suspected overdoses as potent synthetic opioids found in unregulated drug supply: TPH

6 fatal suspected opioid overdoses recorded between March 14 and 17, public health says

CBC News - Posted: Mar 19, 2024 9:32 AM EDT | Last Updated: March 19



Toronto Public Health cautioned Monday that two powerful synthetic opioids were recently found in the city's unregulated drug supply. (Cole Burston/The Canadian Press)

## Media

Health officials are warning of a surge in suspected overdose deaths in Toronto as two powerful synthetic opioids were recently found in the unregulated drug supply.

Toronto Public Health (TPH) said Monday that paramedics responded to six fatal suspected overdoses between March 14 and 17, about triple the average over four-day spans in the last three months.

The overdoses happened in various parts of the city, TPH said.

Toronto's Drug Checking Service, a free program funded by different levels of government, discovered the presence of two highly potent synthetic opioids, called nitazene opioids, in samples taken from the street supply of drugs. One of the nitazene opioids is about 10 times stronger than fentanyl, while the other is roughly 20 times more potent.

## Drug marketing monitoring and education efforts by Ontario's Drug Checking Community are applied and strongly supported by many health and social service providers, such as:

- **Ontario's public health units**, who use the program's findings to educate their communities about trends in their local unregulated drug supply and how to reduce harm
- The **Registered Nurses' Association of Ontario**, **META:PHI**, and **Ontario Poison Centre**, who use the program's findings to inform care plans (including medication choices and doses), understand their patients' withdrawal symptoms and tolerance, engage their patients in more meaningful care, and tailor treatments
- The **Ontario Association of Chiefs of Police**, who use the program's findings to build better community relations and develop more effective strategies to handle drug-related incidents
- The **Chief Coroner of Ontario**, who uses the program's findings to contextualize trends in drug-related death investigations
- **LifeLabs**, who uses the program's findings to improve clinical care tools, such as urine drug screens





# Thank you!

With general questions or comments, reach the program's central operating team at [hello@drugchecking.community](mailto:hello@drugchecking.community).

Interact with our data and access our resources at [www.drugchecking.community](http://www.drugchecking.community) and follow us on IG [@drugchecking](https://www.instagram.com/drugchecking).

Are you a community or public health agency in Ontario offering or interested in offering drug checking? Join Ontario's Drug Checking Community of Practice!

# Questions?

Please enter any questions for our panelists into the question box.

# Des questions?

Si vous avez des questions pour nos panélistes, veuillez les saisir dans la boîte à cet effet.



# Thank you!

Please complete the webinar evaluation that will be provided following this webinar.

# Merci!

Veillez nous faire part de vos commentaires en répondant à l'évaluation qui vous sera envoyée après le webinaire.

