

Toronto's Drug Checking Service

Unregulated fentanyl supply trends: Toronto

March 21 – April 3, 2026

Between [March 21 – April 3, 2026](#), 125 samples¹ were collected from people who use drugs by the collection site members of [Toronto's Drug Checking Service](#), the flagship program of Ontario's Drug Checking Community. Samples were analyzed by analysis site members of the program using [gold standard technologies that are validated for overdose prevention drug checking](#). Of these 125 samples¹, **49% were collected by a supervised consumption site.**

Key findings²

- We detected a “new” synthetic “orphine” opioid – [etodezitramide](#) – in an expected³ fentanyl sample¹ on March 25 and an expected³ Percocet sample¹ on April 1. Etodezitramide has unknown strength and effects. **To our knowledge, we are the first to detect and publicly share the presence of etodezitramide in Canada's unregulated drug supply.** Read [our memo on orphine opioids circulating in Ontario's unregulated opioid supply](#) to learn more.
- We detected a “new” drug – [nefopam \(Acupan\)](#) – in expected³ fentanyl samples¹ collected in Toronto and Peterborough on March 12. Nefopam has since been found in an expected³ fentanyl sample¹ collected in Kingston. Nefopam is a non-opioid pain-relieving drug that is used to help treat moderate to severe pain, particularly after surgery. It is not known to cause respiratory or central nervous system depression but may be associated with minimal sedation. Read [our memo on nefopam](#) to learn more.
- We detected a “new” fentanyl-related drug – [methylnortofentanyl](#) – in two expected³ fentanyl samples¹ on April 1. Methylnortofentanyl has unknown strength and effects.
- We detected a “new” benzodiazepine-related drug – [methylclonazepam](#) – in an expected³ fentanyl sample¹ on March 25. Methylclonazepam has unknown strength and effects.
- 48 samples **were expected³ to be fentanyl** (81% were drug samples⁴ and 19% were used drug equipment)
- None of the expected³ fentanyl drug samples⁴ **met service user expectations⁵**, meaning the only drug found was fentanyl. In comparison, all of the expected³ methamphetamine drug samples⁴, 92% of the expected³ MDMA drug samples⁴, 83% of the expected³ ketamine drug samples⁴, and 73% of the expected³ cocaine drug samples⁴, respectively, met service user expectations⁵. Unregulated opioids

(especially fentanyl) are much more contaminated than other drug types, heavily cut with other drugs service users don't expect, and making it nearly impossible to make informed drug use decisions.

- The **most common composition** of the expected³ fentanyl drug samples⁴ was caffeine, **fentanyl**, **fluorofentanyl**, and **medetomidine** (this was the composition of 10% of the expected³ fentanyl drug samples⁴)
- 17% of the expected³ fentanyl samples¹ were known to be **associated with an overdose** – all of these samples contained at least one high-potency opioid⁶ (an opioid considered to be roughly as strong as or stronger than fentanyl) in combination with a veterinary tranquilizer
- All of the expected³ fentanyl samples¹ **contained at least one high-potency opioid**⁶, including:
 - 73% of the expected³ fentanyl samples¹ **contained fluorofentanyl** (at this time, para-fluorofentanyl is circulating, which is considered to be roughly as strong as fentanyl)
 - 60% of the expected³ fentanyl samples¹ **contained fentanyl**
 - 10% of the expected³ fentanyl samples¹ **contained carfentanil** (considered to be up to 100 times stronger than fentanyl)
 - 2% of the expected³ fentanyl samples¹ **contained cyclophosphamide** (**unpublished data** suggests it is approximately 10 times stronger than fentanyl)
 - 2% of the expected³ fentanyl samples¹ **contained a methylenedioxymethamphetamine-related drug** (at this time, ortho-methylenedioxymethamphetamine is circulating, which is considered to be roughly as strong as fentanyl)
- 42% of the expected³ fentanyl samples¹ **contained multiple high-potency opioids**⁶. Using high-potency opioids⁶ in combination increases the risk of overdose and greater than normal doses of naloxone may be required to reverse an overdose.
- 90% of the expected³ fentanyl samples¹ **contained at least one other central nervous and/or respiratory system depressant**, including veterinary tranquilizers and/or benzodiazepine-related drugs. Using high-potency opioids⁶ 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) – as well as complicates overdose response. **Medetomidine, specifically, may cause a slow heart rate and low blood pressure.**
 - 88% of the expected³ fentanyl samples¹ **contained veterinary tranquilizer medetomidine**
 - 52% of the expected³ fentanyl samples¹ **contained a benzodiazepine-related drug**, including **ethylbromazepam, desalkylgidazepam, ethylflualprazolam, desmethylflutiazepam, methylclonazepam, nordiazepam, and/or phenazepam**. Read **our memo on the sharp increase we are currently observing in the number of fentanyl samples containing benzodiazepine-related drugs** in Toronto and elsewhere across Ontario.

- 46% of the expected³ fentanyl drug samples⁴ **contained a combination of at least one high-potency opioid** (most commonly fluorofentanyl), **at least one benzodiazepine-related drug** (most commonly desalkylgizapam), and **medetomidine**
- 8% of the expected³ fentanyl samples¹ **contained other unexpected noteworthy drugs**¹², including methyltetrahydro furanylfentanyl, **phenacetin**, etodezitramide, and **valeryl fentanyl**
- Amount of drugs found in expected³ fentanyl drug samples⁴:

In 15 expected³ fentanyl drug samples⁴:

0.4%	was the average amount ⁶ of fentanyl found	0.1 – 1.1%	was the range ⁷ of fentanyl found in half of the drug samples ⁴
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In 26 expected³ fentanyl drug samples⁴:

3.9%	was the average amount ⁷ of fluorofentanyl found	1.2 – 11.8%	was the range ⁸ of fluorofentanyl found in half of the drug samples ⁴
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In 29 expected³ fentanyl drug samples⁴:

1.4%	was the average amount ⁷ of medetomidine found	0.6 – 2.6%	was the range ⁸ of medetomidine found in half of the drug samples ⁴
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Unexpected noteworthy drugs¹² found in other expected drug samples

- 12% (9) of the remaining drug samples⁴, meaning drug samples⁴ that weren't expected³ to be fentanyl, **contained an unexpected noteworthy drug**¹², including:
 - 50% of the **expected³ heroin drug samples**⁴ contained fentanyl
 - 18% of the **expected³ cocaine drug samples**⁴ contained phenacetin
 - 9% of the **expected³ cocaine drug samples**⁴ contained **levamisole**
 - Two **expected³ carfentanil drug samples**⁴ that did not contain carfentanil¹⁰ contained fluorofentanyl and medetomidine (one sample also contained ethylbromazolam)
 - One **expected³ heroin drug sample**⁴ that did not contain heroin¹⁰ contained fluorofentanyl and medetomidine
 - One **expected³ Percocet drug sample**⁴ that did not contain acetaminophen or oxycodone¹⁰ contained cyclochlorphine and etodezitramide – **learn more about the presence of orphine opioids, including in samples expected to be fake pharmaceutical opioids, like Percocet**

Not sure what some of these substances are? View our drug dictionary: www.drugchecking.community/drug-dictionary/

Notes

1 | Samples: Includes both drugs and used drug equipment. Drugs could be a 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 | 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 for a specified time period.** Drug equipment – like cookers – are often re-used. The [mass spectrometry technologies we use](#) are so sensitive that very trace amounts of substances may be found. This means that when equipment is re-used, substances from past use may be found and included in results for the sample that is being checked. This can compromise the accuracy of drug market monitoring for a specified time period. For example, the substance was found in the used equipment sample but, if the equipment was re-used, is that substance circulating in the supply now or when the equipment was previously used. This is less of an issue for drug samples, which is why we prefer to rely on results from drug samples for time period-specific unregulated drug market monitoring. However, it is not always possible for a service user to submit a drug sample. We do the best we can with the samples we have access to.

3 | 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).

4 | Drug samples: Could be a small amount of powder, crystals, rocks, blotter, or liquid, or a crushed bit of a pill.

5 | Results meeting service user expectations: We consider results for a sample having met service user expectations if the only drug found in a sample was the drug that sample was got or bought as. For example, if a sample was expected to be (i.e., got or bought as) fentanyl and only fentanyl was found, or the only substances found were fentanyl and mannitol (a non-drug filler), we consider that sample having met expectations. If the expected drug was not found or, more commonly, the expected drug was found in combination with other drug(s) the service user did not expect, we would consider results not having met service user expectations. For example, if a sample was expected to be fentanyl and fentanyl was not found or, more commonly, fentanyl was found with caffeine and bromazolam (i.e., other drugs the service user didn't expect), we consider that sample not having met expectations.

6 | High-potency opioids: We classify an opioid "high-potency" if it is considered to be roughly as strong as or stronger than fentanyl.

7 | Average amount: We arrange the amounts of a substance found as a proportion of the total fentanyl drug sample from smallest to largest, determine the median (i.e., the middle number), and use that number as the "average". For more information, view our [amount of drugs found graph](#).

8 | Range: Known as the interquartile range, represents the middle 50% of the amounts of a substance found as a proportion of the total fentanyl drug sample. For more information, view our [amount of drugs found graph](#).

9 | Reporting similar substances together: These substances have a very similar chemical structure, and it is not currently possible for Toronto's Drug Checking Service to differentiate between them. For this reason, we report these substances together. For more information, view our [drug dictionary](#).

10 | Drug samples that unexpectedly contain noteworthy drugs and not the expected drug: Our reports highlight unexpected noteworthy drugs found in all checked drug samples. When noteworthy drugs are found unexpectedly in a drug sample and the expected drug is not present, we flag it but are hesitant to consider it contamination of the expected drug. Instead, we assume there is an issue with the expected drug: the person who sold or provided the drugs accidentally mixed up their drugs, the service user accidentally mixed up their drugs, or the expected drug was recorded incorrectly during sample collection. These samples require special consideration.

11 | High-potency opioid contamination: Based on the information we have about this sample, we are reporting it as contaminated with a high-potency opioid. However, it is very unusual that our program finds high-potency opioids unexpectedly in samples expected to be stimulants, psychedelics, and depressants, and these samples always require special consideration. There is increasing consensus in the drug checking community that the unexpected presence of high-potency opioids in other drug types is the product of accidental cross contamination rather than intentional adulteration. Cross contamination may result from poorly cleaned scales, storing drugs together (e.g., storing LSD in a baggie that was originally used for storing cocaine), or using drug equipment with different batches of drugs.

12 | Unexpected noteworthy drug: “Noteworthy drugs” are drugs that (i) are linked to overdose or other adverse effects, (ii) are highly potent or related to highly potent drugs, or (iii) may not be desired by some service users. Noteworthy drugs are flagged when they are unexpectedly found in checked samples.

About us: Ontario’s Drug Checking Community is a national authority and primary source of timely and comprehensive data on Canada’s unregulated drug supply. This public health and safety program, which is the provincial expansion of [Toronto’s Drug Checking Service](#), analyzes samples of drugs and used drug equipment donated by people who use drugs with [gold standard mass spectrometry technologies](#) at the Centre for Addiction and Mental Health (Clinical Laboratory and Diagnostic Services) or St. Michael’s Hospital (Department of Laboratory Medicine). Technologies used and methods developed from checking tens of thousands of the most complex samples are the best currently available to communities in Ontario for checking unregulated opioids. This is critical because the contamination and unpredictability of the unregulated opioid (and, specifically, fentanyl) supply continues to be the primary driver of fatal and non-fatal drug poisoning, among other harms. The [program’s findings](#) are translated and publicly available to prevent drug-related harm and inform evidence-based responses to the ongoing toxic opioid supply crisis, which include prevention, harm reduction, treatment and recovery, and community safety efforts.

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

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

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

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

We acknowledge that our work is only possible – and 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. We are incredibly fortunate to be trusted by people who use drugs throughout the province.

We acknowledge our collection sites, which are community agencies that are deeply committed to bettering the lives of people who use drugs, have existing and trusting relationships with people who use drugs, and truly understand what it means to provide care and reduce harm. We acknowledge that almost all of our samples have been collected by supervised consumption sites. We acknowledge the collection sites lost by our program due to the closure of their supervised consumption service.

Contact us: A small central team operates from within the Drug Checking Unit at MAP Centre for Urban Health Solutions, Unity Health Toronto. **We are committed to ensuring our public health and safety program adds value to the communities it serves. If you have any questions, comments, or feedback, please get in touch.**

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