

Ontario's Drug Checking Community and supervised consumption sites: Generating critical evidence on Ontario's unregulated drug supply

March 20, 2026

The purpose of this memo is to describe:

1. The current state of Ontario's unregulated opioid supply, as evidence that services for people who actively use drugs (specifically, opioids) remain critical
2. The contribution of Ontario's supervised consumption sites to our understanding of the unregulated drug supply
3. The unique data and deeper understanding of the unregulated drug supply provided by Toronto's Drug Checking Service and Ontario's Drug Checking Community, a community-led drug market monitoring program

Current state of Ontario's unregulated opioid supply

Canada's unregulated opioid (and, specifically, fentanyl) supply is contaminated and unpredictable, driving the loss of over 55,000 Canadians since 2016. Over one third of those Canadians lived here in Ontario.

Since October 2019, a federally-funded community-led public health and safety program, Toronto's Drug Checking Service, has been monitoring the drug supply each day by analyzing samples of drugs and used drug equipment donated by people who use drugs. Samples are collected at participating community agencies – almost all of which have been supervised consumption sites. 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. The program has become a national authority and primary source of timely and comprehensive data on Canada's unregulated drug supply. For these reasons, the program has been attempting to expand throughout Ontario, known as Ontario's Drug Checking Community.

The program's findings provide concrete evidence that the volatility and toxicity of the unregulated fentanyl supply have worsened exponentially since 2019. The risk of fatal and non-fatal drug poisoning, among other harms, is real, actualized, and cannot be overstated. Services tailored for people who actively use fentanyl or other opioids, specifically, have never been more critical.

The following are trends from 200 fentanyl samples collected in Toronto between February 1 and March 19, 2026. Note that the program is observing similar trends in southeastern and northern Ontario where it also currently offers services.

- **92% of the fentanyl samples contained at least one high-potency opioid** (an opioid considered to be roughly as strong as or stronger than fentanyl), including:
 - 67% contained [para-fluorofentanyl](#) (considered to be roughly as strong as fentanyl)
 - 48% contained [fentanyl](#)
 - 9% contained [carfentanil](#) (considered to be up to 100 times stronger than fentanyl)
 - 8% contained [ortho-methylfentanyl](#) (considered to be roughly as strong as fentanyl)
 - 1% contained nitazene opioid [protodesnitazene](#) (considered to be as strong as fentanyl)
- **35% of the fentanyl samples contained multiple high-potency opioids.** Using high-potency opioids in combination increases the risk of overdose and greater than normal doses of naloxone may be required to reverse an overdose.
- **85% of the fentanyl samples contained at least one other central nervous and/or respiratory system depressant**, including veterinary tranquilizers, benzodiazepine-related drugs, barbiturates, and/or synthetic cannabinoid-related drugs. Using high-potency opioids 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.
 - **81% contained a veterinary tranquilizer** – 77% contained [medetomidine](#) and 5% contained [xylazine](#)
 - **39% contained at least one benzodiazepine-related drug**, including [ethylbromazolam](#), [desalkylgizapam](#), [ethylflualprazolam](#), [bromazolam](#), [flualprazolam](#), [deschlorodemethyldiazepam](#), [desmethylflutiazepam](#), [nordiazepam](#), and/or [temazepam](#)
 - 1% contained a barbiturate, including [phenobarbital](#)
 - 1% contained a synthetic cannabinoid-related drug, including [MDMB-4en-PINACA](#)
- **31% of the fentanyl samples contained a combination of at least one high-potency opioid, at least one benzodiazepine-related drug, and medetomidine**

These trends coincide with jurisdictions across the province experiencing an increase in drug poisonings, such as [Chatham-Kent](#), [Grand Erie](#), [London](#), [Sudbury](#), [Toronto](#), [Windsor-Essex](#). Additionally, they coincide with Ontario [physician groups sounding alarms about medetomidine withdrawal](#) and [emergency departments experiencing rising numbers of overdoses, complex withdrawal cases, and cardiac arrest following opioid use](#).

Contribution of Ontario’s supervised consumption sites to our understanding of the unregulated drug supply

To date, Toronto’s Drug Checking Service has analyzed over 20,000 samples of drugs or used drug equipment donated by people who use drugs. Of those 20,000 samples, 98% were collected at a supervised consumption site.

Each of the supervised consumption sites outside of Toronto are offering some form of drug checking. For example, many of these sites have joined the provincial expansion of Toronto’s Drug Checking Service, Ontario’s Drug Checking Community. In addition, each of these sites offer some onsite drug checking, using portable tools and/or technologies to provide service users with some information about their drugs in real-time, while contributing to their region’s understanding of their local drug supply.

For a community-led drug market monitoring program like Toronto’s Drug Checking Service and Ontario’s Drug Checking Community, supervised consumption sites are the ideal collection sites. This is because supervised consumption sites:

1. Support and provide services to people who actively use drugs and are at highest risk of harm from the toxic opioid supply
2. Have spent years cultivating strong and trusted relationships with people who use drugs, increasing the likelihood samples will be donated and providing opportunities to directly communicate current drug market trends and how to reduce harm
3. Provide a safe space for people to use their drugs with medical supervision, which we know is critical given the contamination and unpredictability of the unregulated opioid supply, specifically
4. Provide a continuum of care, so those using and learning more about their drugs can access referrals to drug-related, health, and social services – and, importantly, referrals to treatment
5. Already hold an exemption from Canada’s Controlled Drugs and Substances Act, which can be amended to allow for sample collection
6. Have established relationships with their local public health unit, first responders, health and social service delivery organizations, enabling effective dissemination and application of findings related to their local drug supply

Data sources on the composition of the unregulated drug supply

Data on the composition of the unregulated drug supply is generated by a variety of sources, including urine tests (i.e., urine drug screening/testing or urine toxicology testing), wastewater analyses, coroner death investigations, law enforcement seizure investigations, and community drug checking services. Each of these data sources provide their own unique benefits to specific interest holders.

How comprehensive unregulated drug supply data will be (i.e., which substances it includes, whether it includes “new” substances, rare substances, substances in trace amounts) depends on many factors, such as the availability of samples, instrumentation used, techniques and methodologies applied, technical staff behind the instrument. To responsibly monitor and publicly share information on the unregulated drug supply, those analyzing the data must demonstrate expertise in determining what is contextually and epidemiologically relevant or plausible.

Distinct characteristics of community drug checking data, specifically, that of Toronto’s Drug Checking Service and Ontario’s Drug Checking Community:

1. Ability to report contamination: When a sample is submitted to be checked by a community drug checking program, the service user is asked what they got or bought that sample as – their response is recorded as the “expected drug”. Knowing the expected drug allows drug checking programs to accurately determine and report contamination of drugs rather than combinations of drugs (e.g., fentanyl was found in a heroin sample rather than fentanyl and heroin were found) and changes in contamination of expected drugs over time.
2. Representativeness: Samples checked by community drug checking programs are collected directly from individual people who use drugs, meaning drug market monitoring is the most representative of what people are using at the “street” level.
3. Real-time reporting: Results for samples checked by community drug checking programs are available within minutes or days, depending on the service delivery model and instrumentation used. This means drug market monitoring is in real-time, or close to it, which is critical for an unregulated opioid supply that changes week-to-week.
4. Accessible reporting: Community drug checking programs prioritize public reporting and broad dissemination of their drug market monitoring. Toronto’s Drug Checking Service and Ontario’s Drug Checking Community data equips people who use drugs and community health workers who cannot directly access the service to make informed decisions and reduce harm, public health units to educate their communities about their local unregulated drug supply, clinicians to engage their patients who use drugs in meaningful and informed care and treatment, first responders to best attend to overdose and drug-related incidents, forensic science and toxicology labs to ensure their testing methods are relevant, coroners to understand emerging substances and contextualize trends in drug-related death investigations, researchers to better understand the toxic drug supply crisis, and policy makers and administrators to support investment in evidence-based policies and programming.

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 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 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.

Our program is coordinated by a small central team that operates from within the Drug Checking Unit at St. Michael's Hospital. 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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