WA Community Drug Checking Network (CDCN) Site Sheet

500 (100%)
Total Samples
Samples tested with test strips, FTIR, and/or sent for laboratory testing.

278 (56%)
Samples with Laboratory Confirmation
Samples submitted to UNC Opioid lab or NIST RaDAR for secondary identification.

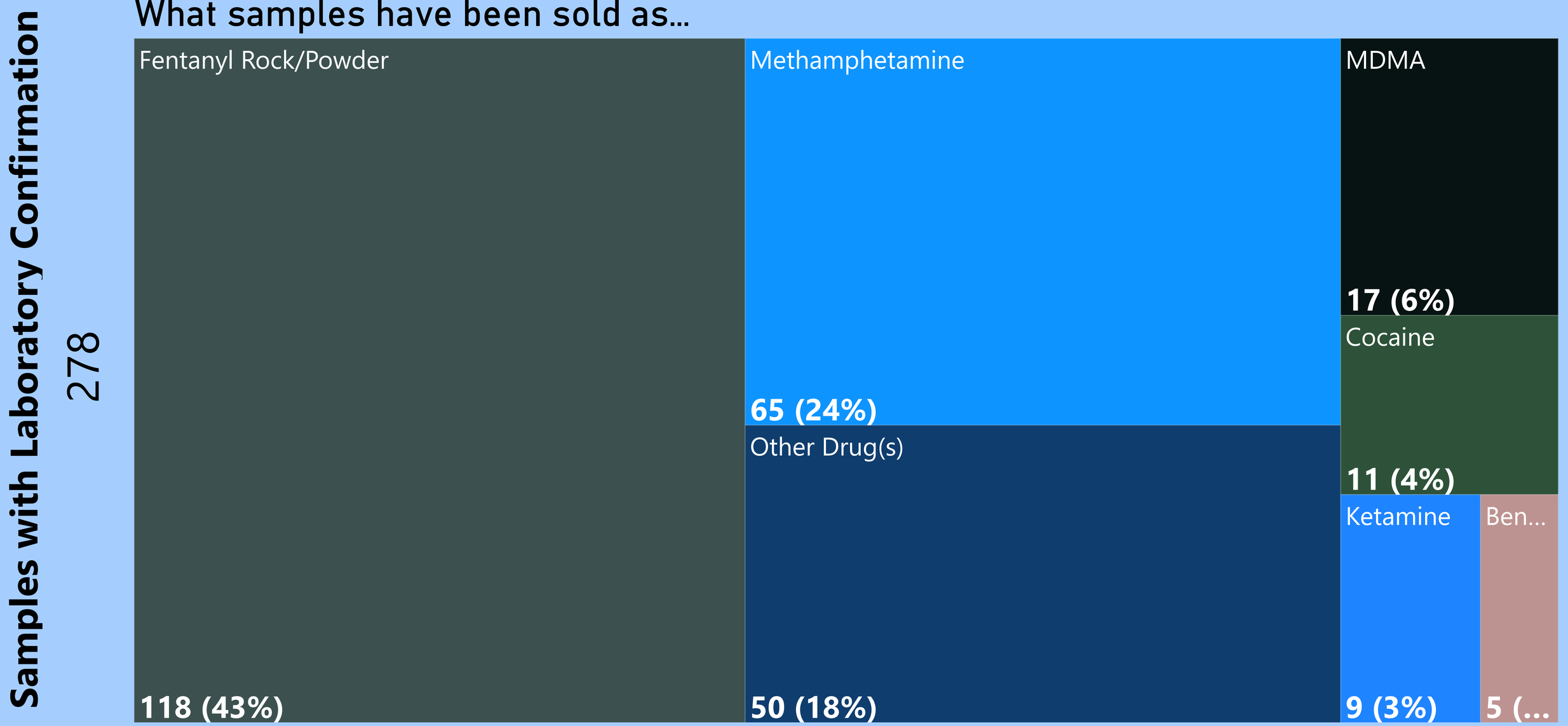
Samples Collected Between

7/1/2026	9/30/2026

The rest of this handout shows samples with laboratory confirmation that were submitted to:

All CDCN Sites

Samples from 8 sites with a range of 9 - 67 samples per site.



Keep In Mind:
- Drug checking may not detect all substances, especially in small amounts
- Fillers and cuts may not be reported or detected
- These numbers should not be interpreted as representing the local drug supply
- Use safer practices when you can: carry naloxone, start low & go slow, and use the buddy system

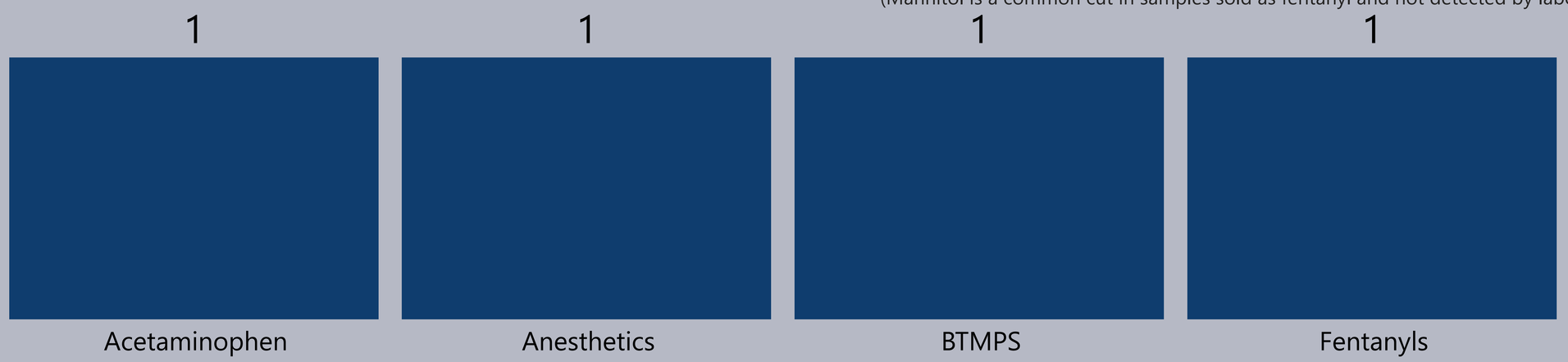
See last page for definitions and more details.

Samples Sold As

What else was in the sample?

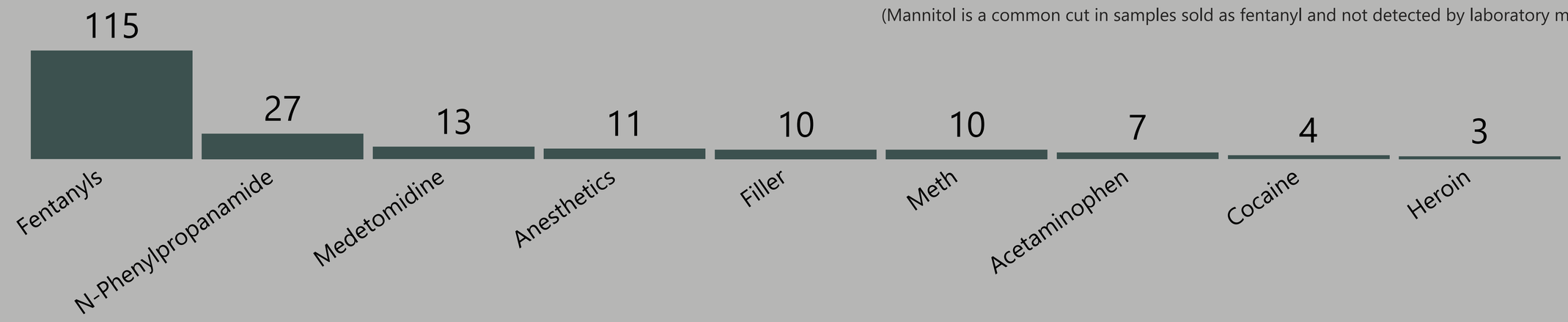
1
Fentanyl Pill

(Mannitol is a common cut in samples sold as fentanyl and not detected by laboratory methods)

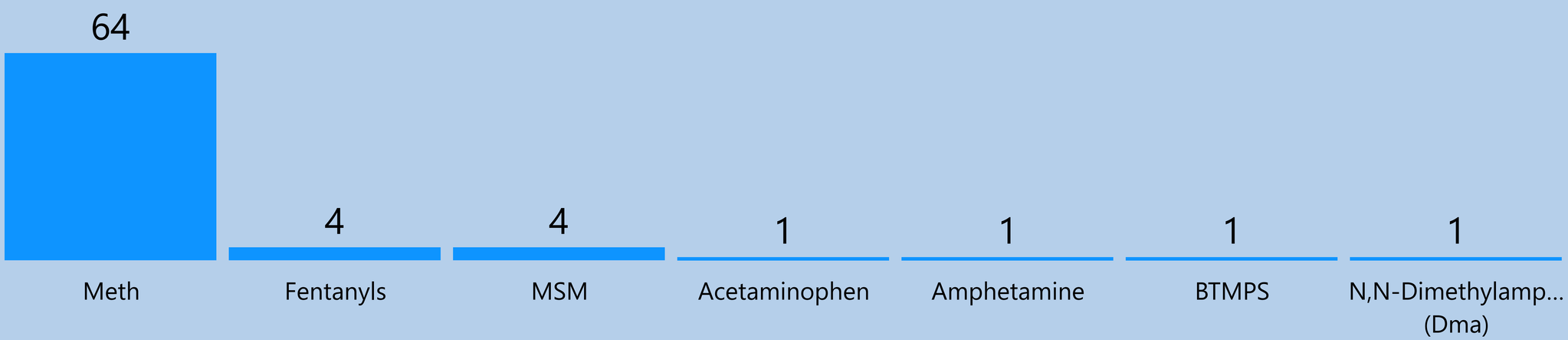


118
Fentanyl Rock or Powder

(Mannitol is a common cut in samples sold as fentanyl and not detected by laboratory methods)



65
Meth

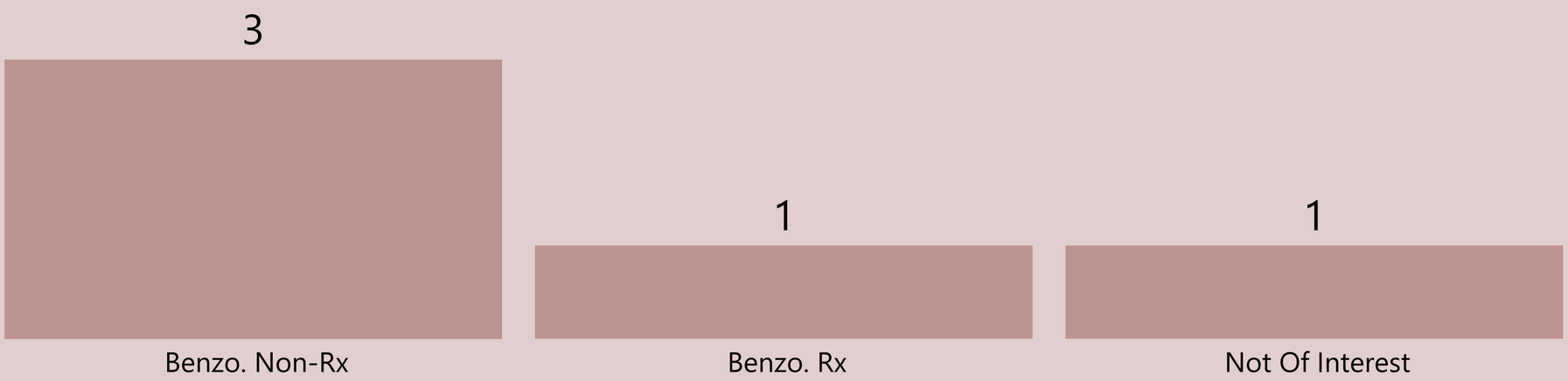
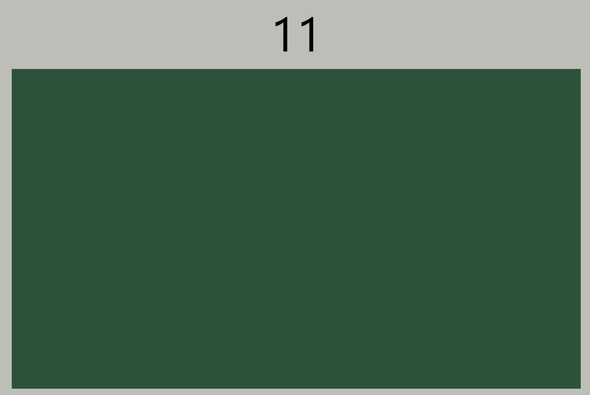
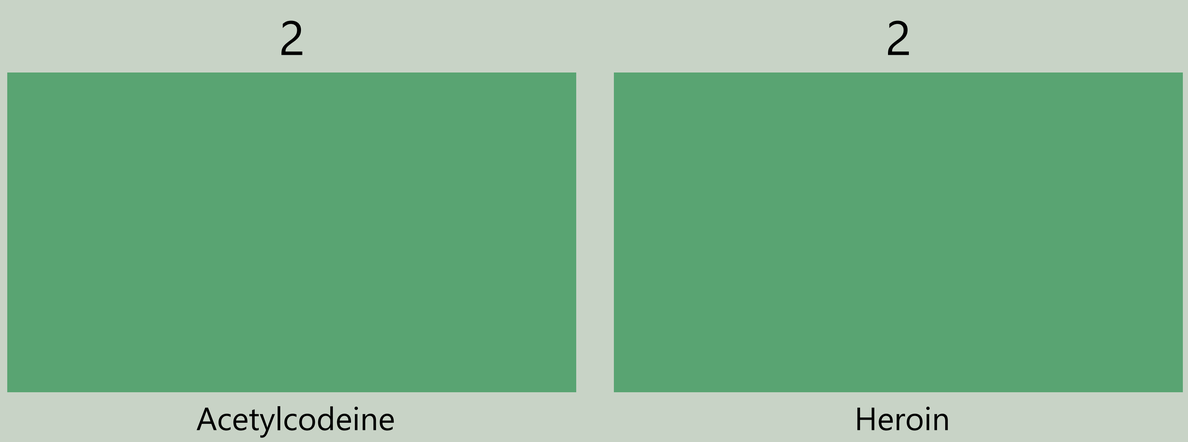


Substances detected - Data presented by what the Drug was Sold As

Past 3 months

Samples Collected Between

7/1/2026 — 9/30/2026

Samples Sold as	What else was in the sample?
5 Benzodiazepine	
11 Cocaine	
2 Heroin	

Substances detected - Data presented by what the Drug was Sold As

Past 3 months

Samples Collected Between

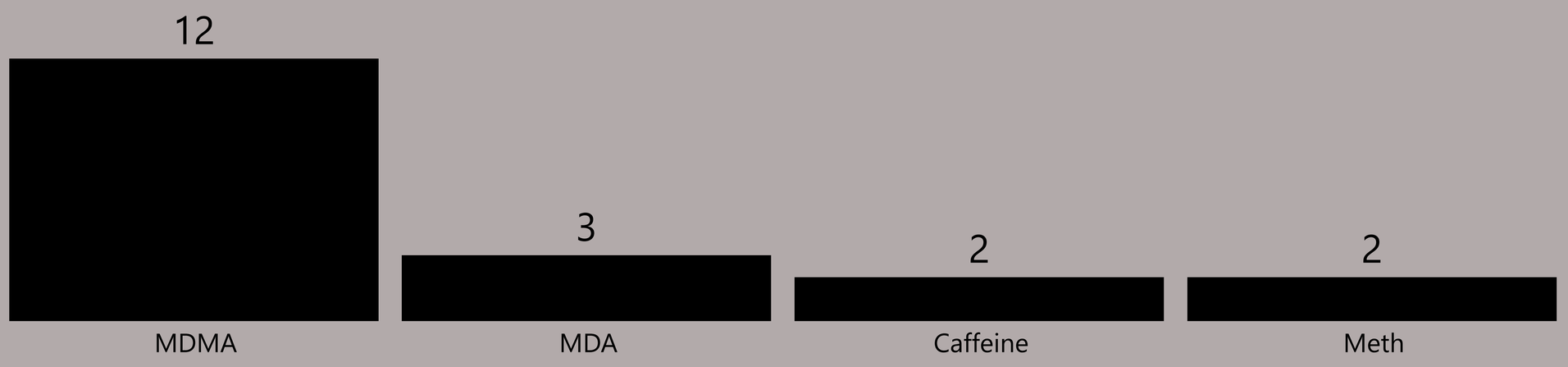
7/1/2026	9/30/2026

Samples Sold as

What else was in the sample?

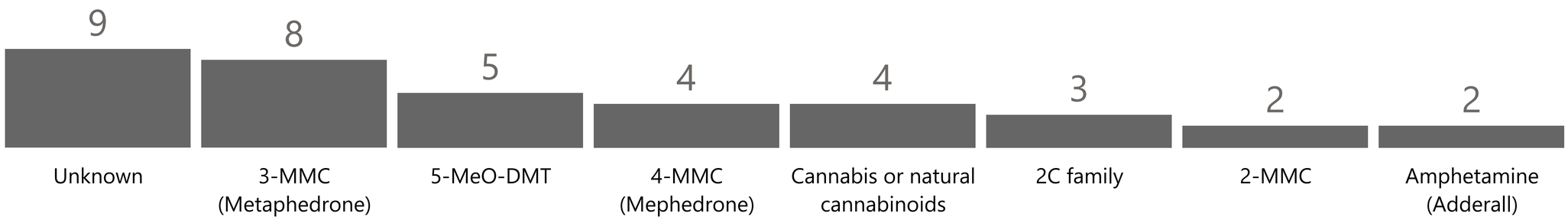
9
Ketamine

17
MDMA



50
Other Drugs

What were other samples sold as?



Substances detected - Data presented by what the Drug was Sold As

Past 3 months

Definitions and Additional Drug Checking Information

Drug Classifications

- Anesthetics: local anesthetic agents (e.g. benzocaine, lidocaine, etc.);
- Benzo. (Benzodiazepine): a class of depressant drugs used for their sedative effects;
- BTMPS [bis(2,2,6,6-tetramethyl-4-piperidyl) sebacate]: an additive of interest;
- Cathinones: a class of drugs used for their stimulating and/or hallucinogenic effects. Often sold as "bath salts";
- Depressant: other nervous system depressants (e.g. barbiturates);
- Fent. Analogue: Other fentanyl types (e.g., carfentanil, fluorofentanyl, etc.) that vary from weaker to much stronger than fentanyl;
- Fent. Precursor: Substances used (or generated) during the production of fentanyl and fentanyl analogues.
- Filler: agent with limited or no psychoactive quality added to increase bulk, mass, or other properties;
- Mannitol: sugar alcohol sometimes used as a sweetener, medication, and/or drug filler, commonly found in samples sold as fentanyl;
- Medetomidine: a veterinary sedative, similar to xylazine, but more powerful. Long-term effects in humans are largely unknown;
- Meth (Methamphetamine): a stimulant drug;
- MSM (methylsulfonyl methane): a supplement often used as a filler in methamphetamine;
- Other Analgesics: non-opioid pain relieving drugs (e.g. acetaminophen, ibuprofen, naproxen);
- Other NSO: other novel synthetic opioids (including nitazenes);
- Xylazine: a veterinary sedative, sometimes added to augment fentanyl. Associated with tissue lesions unrelated to injection;

Definitions

- Sold As Drug, a sample contained none of the drug or drug type it was sold as;
- Substances Detected, a sample contained none of the drug or drug type it was sold as;
- Expected drug/class not present, a sample contained none of the drug or drug type it was sold as;
- Expected drug/class+ other major drug/class, a sample contained the drug type it was sold as and another drug or drug class of interest;
- Expected drug/class only, a sample contained the drug or drug type it was sold as and no other drugs of interest;

Scan this QR Code to learn more about:

WA CDCN | Drug Classifications | UNC Results

Drug Checking Steps

1. A participant submits a sample for primary drug checking
2. A drug checking technician performs primary drug checking with drug test strips (TS) and a laser-based sample identifier called a Fourier-transform Infrared (FTIR) Spectrometer, if applicable.
3. Most samples are then sent to a secondary laboratory for more specialized testing using gas-chromatography mass-spectrometry which can determine the composition of a mixture with high precision.
4. Once the CDCN receives the secondary results, they are compiled and reported in materials like the one you are currently reading.

Whether you are a
- current, former, or prospective drug checking participant,
- public health, harm reduction, or medical professional, or
- just someone interested in learning more about the service...

Thank you!

And special thanks to UNC Opioid Data Lab, NIST RaDAR, and our community drug checking partners for their contributions to making the CDCN possible!

About the CDCN

The WA State Community Drug Checking Network (CDCN) is a partnership of organizations around WA State that provide community-level drug checking and related harm reduction services. The network is funded by the Washington State Health Care Authority and supported by the Addictions, Drug & Alcohol Institute (ADAI) at the University of Washington. ADAI provides technical assistance, training, and operational support to the network, in collaboration with Public Health – Seattle & King County.

CDCN partners also participate in the international Alliance for Collaborative Drug Checking, a learning space with over 300 members who provide drug checking services within harm reduction settings and work to advance drug checking policy, best practices, and research.

What is community drug checking?

Community drug checking is an evidence-informed harm reduction intervention in which small samples of drugs or drug residue can be analyzed via multiple technologies to determine the chemical components of the sample.

Drug checking is a powerful tool to engage participants, especially when it is provided along with safer use supplies, overdose prevention education, harm reduction services, and referrals or linkages to care. Drug checking can also inform better public health, medical, and treatment responses. Participation in community drug checking is voluntary and anonymous.

There are many benefits of community drug checking.

Engages and supports people who use drugs.
- Reaches people who are at risk for overdose and may not be well-served by other community services.
- Gives individuals information about what is in drugs so they can make informed decisions about reducing their health and overdose risks.
- Offers information on safer use, access to harm reduction, and connection with other services.

Enhances public health and safety.
- Increases knowledge of what is in the local drug supply and can identify new trends.
- Helps prevent overdose deaths, adverse reactions, and related incidents.
- Increases effectiveness of community response when new substances emerge.
- Supports health care and treatment providers in making more informed care decisions to successfully engage and care for people who use drugs.