



# Community Drug Checking in Washington State

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CENTER FOR COMMUNITY-ENGAGED  
DRUG EDUCATION, EPIDEMIOLOGY,  
AND RESEARCH



June 11th, 2026

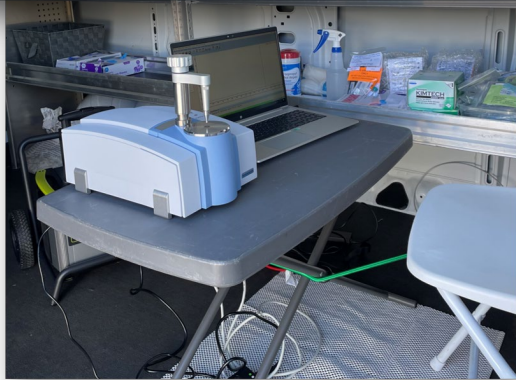


- Only panelists and hosts can share video and audio.
- Please enter your comments and questions in the chat or the Q&A section.
- Be respectful and stay curious.

- The WA **C**ommunity **D**rug **C**hecking **N**etwork
- Overview of Community Drug Checking Services
- Recent drug checking data
- Drug Checking & Epidemiology
  - The value of drug checking services and the data collected
- Q&A
- Resources

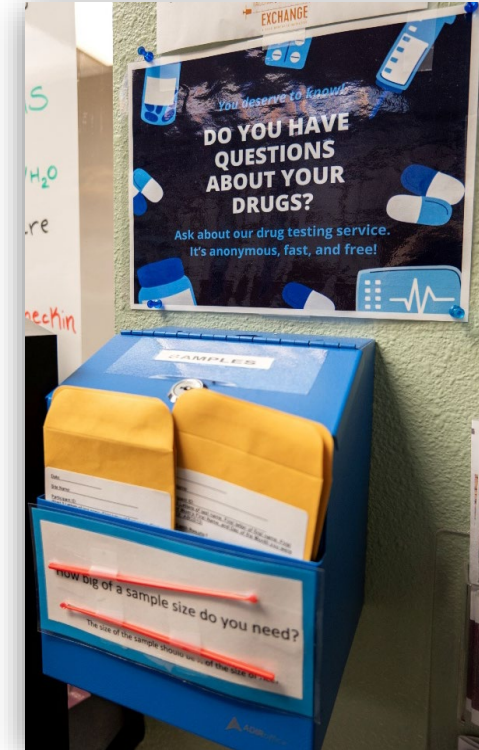
- Collaborative partnership amongst organizations throughout WA State – providing community-level drug checking and related harm reduction services.
- ADAI provides operational support and technical assistance in collaboration with Public Health – Seattle & King County.
- UW work funded by WA State Health Care Authority.

# Drug Checking Service Models



**Mobile/Outreach (above):**  
Technician provides DCS out in the community – typically from outreach van, often at fixed sites.

**Fixed site (below):**  
Participant present during preliminary checking – FTIR and/or Test Strip panel



**Drop-Box (above):**  
Participants can drop off samples for checking in secure locked boxes on site and receive results later



# Drug Checking Tools



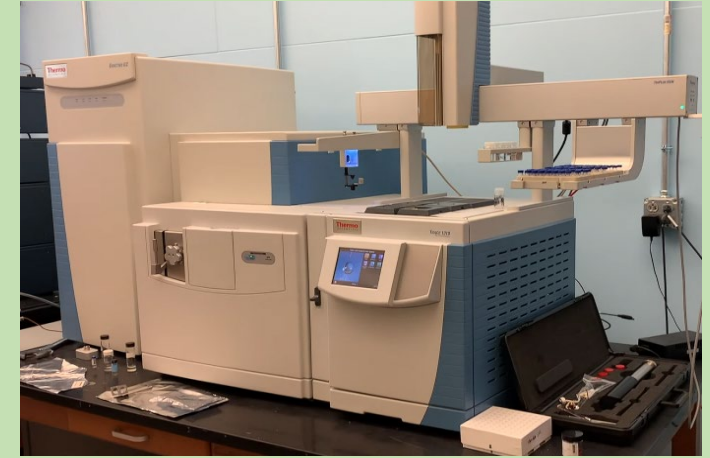
## Fourier-transform Infrared Spectrometer (FTIR)

- Appx. 10 min. per sample
- Appx. 10mg sample
- Detects Cuts/Bufs i.e. sugars,
- Appx. 5% detection limit
- Difficulty w/ chemical analogs
- Difficulty w/ liquids & plant material



## Immunoassay Test Strips (test strips)

- Low limit of detection
- Appx. 5mg sample
- Binary results
- Off-label use
- QC concerns
- Cross Reactivity



## Gas Chromatography Mass Spectrometry (GC/MS)

- No purity or quantitative results
- Sample preparation
- Results available 2-3 weeks
- Detects trace amounts
- Best for Psychoactive Substances

- Local, Real-Time Results, Often Point-Of-Care Service

- Sent to outside lab

## **Eight programs** that use:

- Immunoassay test strips
- Fourier Transform Infrared Spectroscopy (FTIR)
- Secondary lab testing via Gas Chromatography-Mass Spectrometry (GCMS) [Most samples]

## **Three programs** that use:

- Immunoassay test strips ONLY (no FTIR)
- Secondary lab testing via Direct Analysis in Real Time-Mass Spectrometry (DART-MS) [Most samples]

# Data Collected & Client Communications

Conversations with trained health educator/technician:

- Drug checking process & results
- Discuss local, recent drug supply
- Safety planning based upon client's results

**We will never tell  
someone their  
drugs are safe!**

Voluntary, anonymous information collected from client about drug sample:

- Sold as \_\_\_\_\_
- Ill effects \_\_\_\_\_
- Obtained locally

# Understanding Drug Checking Data

- Data Overview
  - What were samples sold as?
  - What samples were submitted for secondary analysis?
  - What was found in those sold as methamphetamine or fentanyl?
- Fentanyl supply variability
- Preview: Drug Checking Site Data Handout



**1133**

**Samples Submitted  
for drug checking**



**710**

**Samples sent  
for lab analysis**



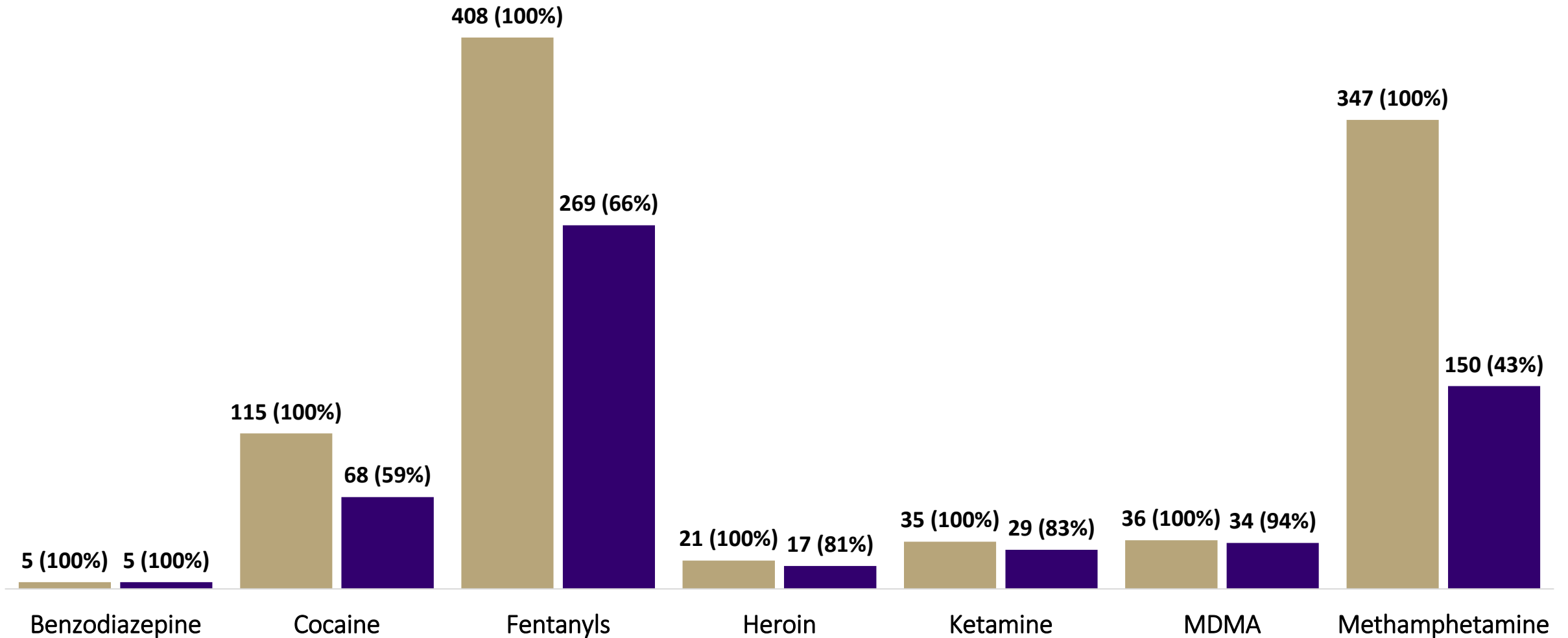
**135**

**Unique substances  
detected**

# Jan-Apr 2026 WA Drug Checking Data

## What was sent for laboratory analysis?

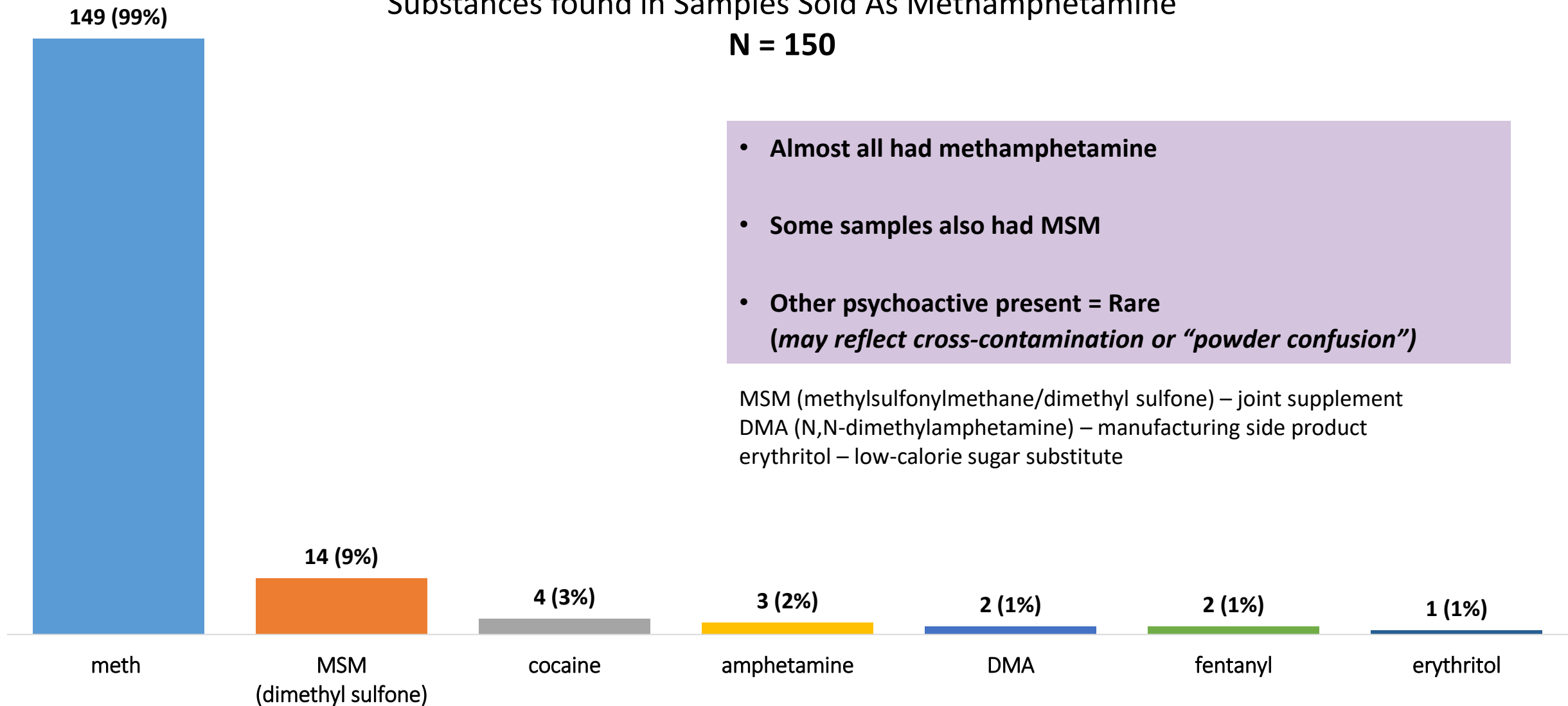
■ Samples Submitted (N = 1133\*)    ■ Secondary Lab Tested (N = 710\*)



\*Samples sold as other drugs not displayed on chart.

### Substances found in Samples Sold As Methamphetamine

**N = 150**

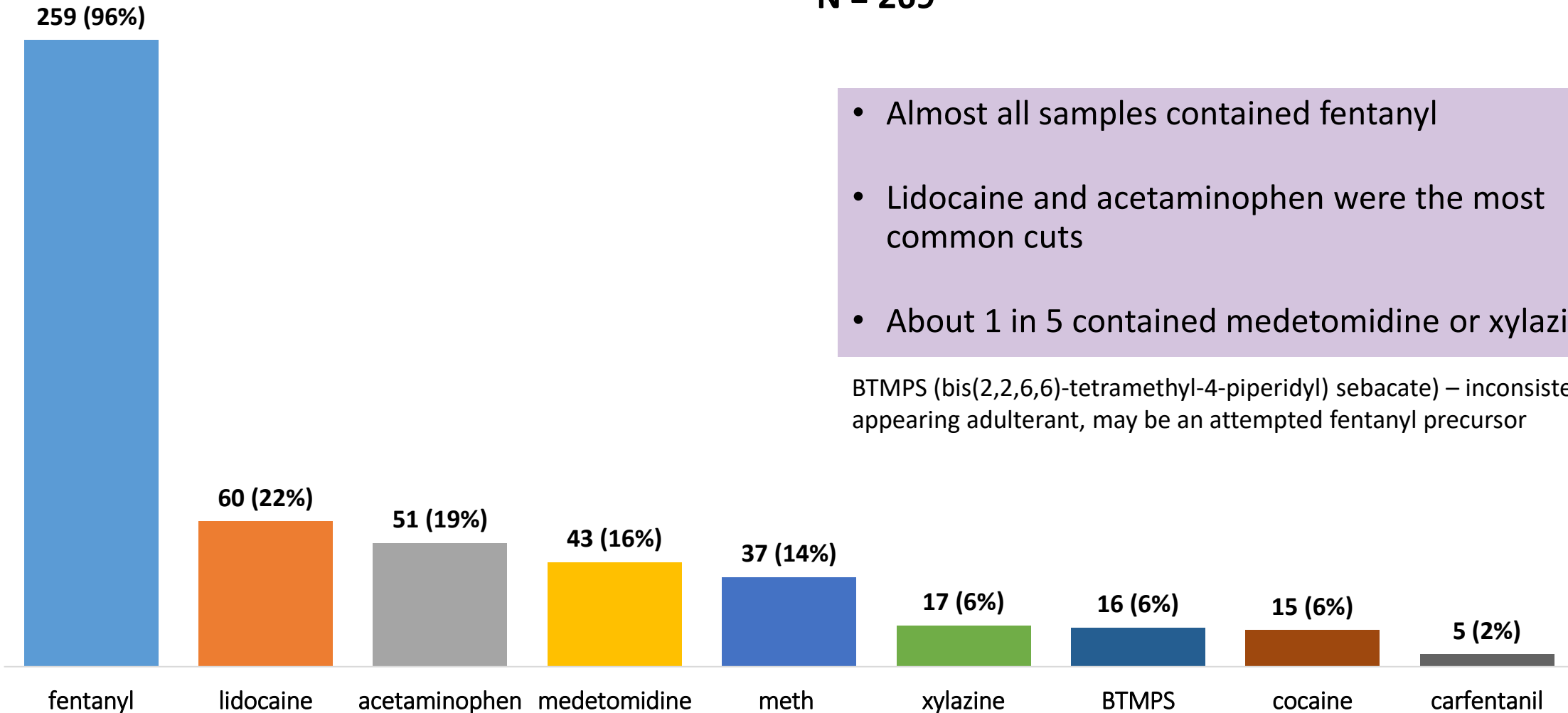


- Almost all had methamphetamine
- Some samples also had MSM
- Other psychoactive present = Rare  
*(may reflect cross-contamination or “powder confusion”)*

MSM (methylsulfonylmethane/dimethyl sulfone) – joint supplement  
DMA (N,N-dimethylamphetamine) – manufacturing side product  
erythritol – low-calorie sugar substitute

### Substances found in Samples Sold As Fentanyl Powder/Rock

**N = 269**



- Almost all samples contained fentanyl
- Lidocaine and acetaminophen were the most common cuts
- About 1 in 5 contained medetomidine or xylazine

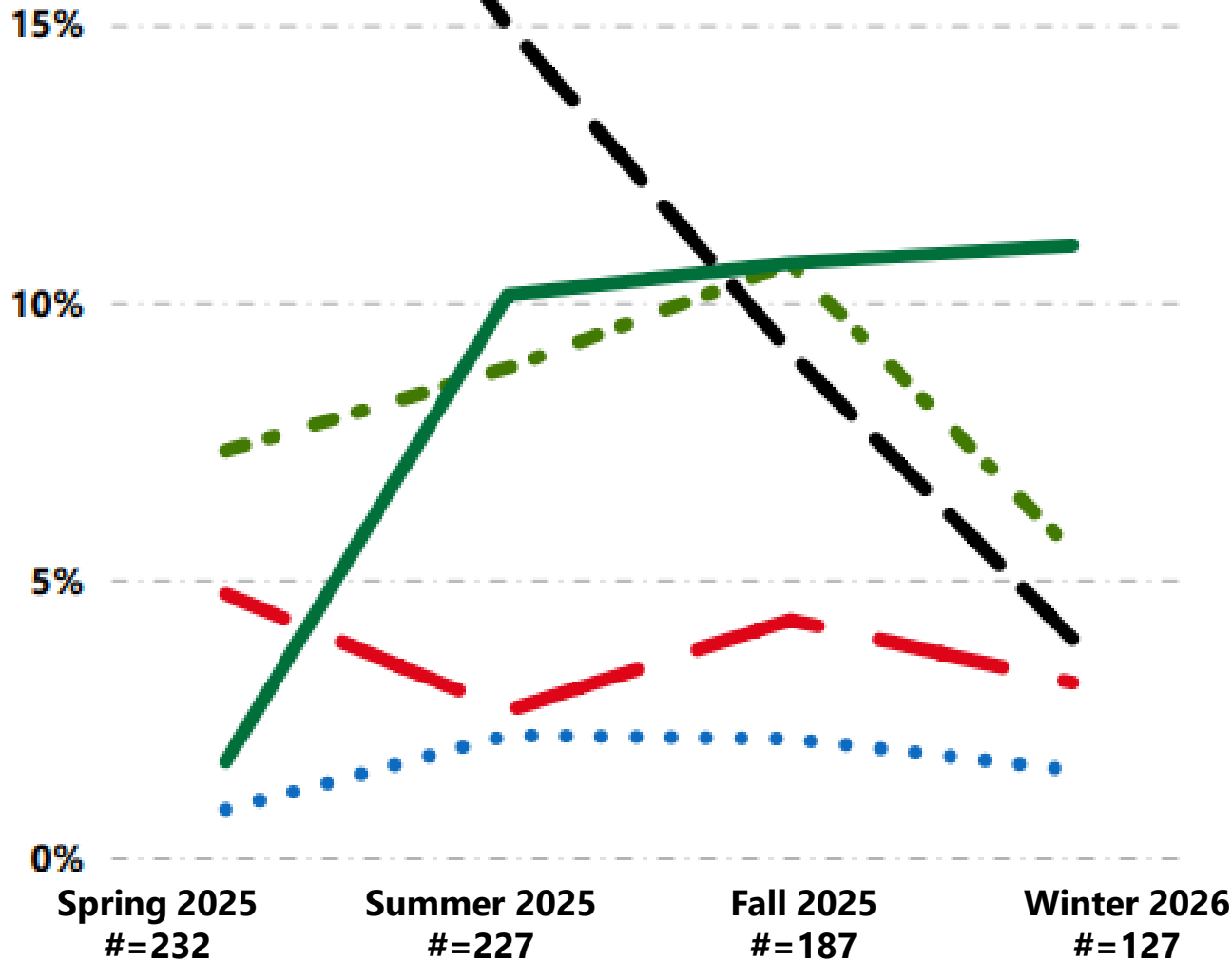
BTMPS (bis(2,2,6,6)-tetramethyl-4-piperidyl) sebacate) – inconsistently appearing adulterant, may be an attempted fentanyl precursor

# WA Drug Checking Data

## How did the fentanyl supply change?

Substances detected in Samples Sold as Fentanyl

N = 773



### Samples Sold As Fentanyl in Winter 2026

Not mutually exclusive

**11% - Medetomidine** (Stronger sedative)

Surpassed xylazine, gradual increase and plateaued in recent quarters.

**6% - Xylazine** (Strong sedative)

Dropped off in Winter 2026 after variability

**4% - BTMPS** (Industrial chemical - effect unknown)

Substantially decreased over past year

**3% - No fentanyl-type drug** (no fentanyl or analogue)

Less than 5% of samples per quarter, inconsistent.

**2% - Strong fent. analogues** (carfentanil/methylfentanyl)

Few samples per quarter

# Drug Checking Data Handout

- Visit the CDCN Website:

<https://adai.uw.edu/WAdata/DrugChecking/>

## Drug checking results in Washington state

[Drug checking programs](#) are a response to the increase in [unregulated drug markets](#), particularly methamphetamine and fake pharmaceuticals, including illicitly produced fentanyl with unknown and [widely varying](#) drug content. As part of the ADAI-coordinated drug checking effort in Washington, we present here various data and graphics of results of chemical analysis of samples brought in for testing at one of the drug checking sites.

### Key aspects of the data and analysis

Where do drug samples come from?

[Show details](#)

How are drug samples tested?

[Show details](#)

What different questions can the data answer?

[Show details](#)

How are drugs categorized?

Below we present the 10 most common drug categories found by detailed chemical analysis.

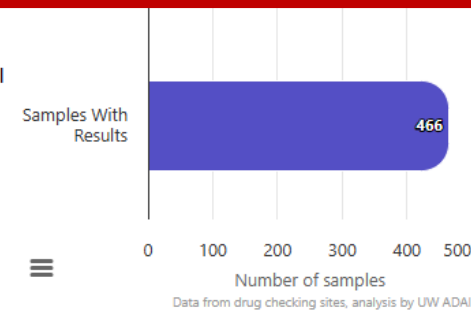
[Show details](#)

[Using our interactive charts](#)

For those already familiar with these data, we have a different [printable summary for the past three months](#).

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Click Here to access the handout



☰ Top 10 drug category results among drug checking samples to date in Washington



# WA Community Drug Checking Network (CDCN) Site Sheet

**754 (100%)**  
Total Samples Tested

Samples tested with test strips, FTIR, and/or sent for laboratory testing.

**442 (59%)**  
Samples with Laboratory Confirmation

Samples submitted to UNC Opioid lab or NIST RaDAR for secondary identification.

Samples Collected Between

2/1/2026

4/30/2026

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

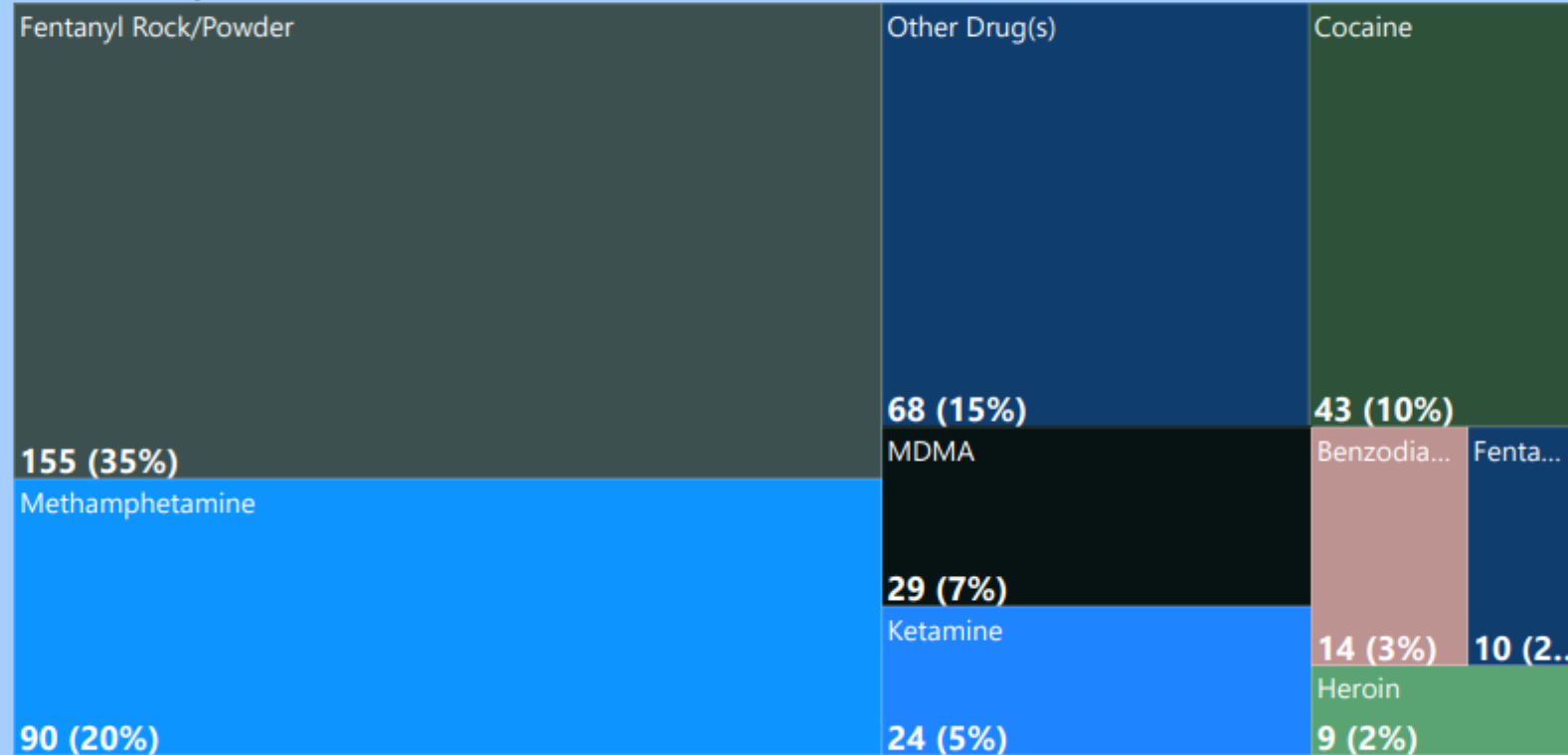
**All CDCN Sites**

Samples from 9 sites with a range of 1 - 132 samples per site.

**Samples with Laboratory Confirmation**

442

## What samples have been sold as...

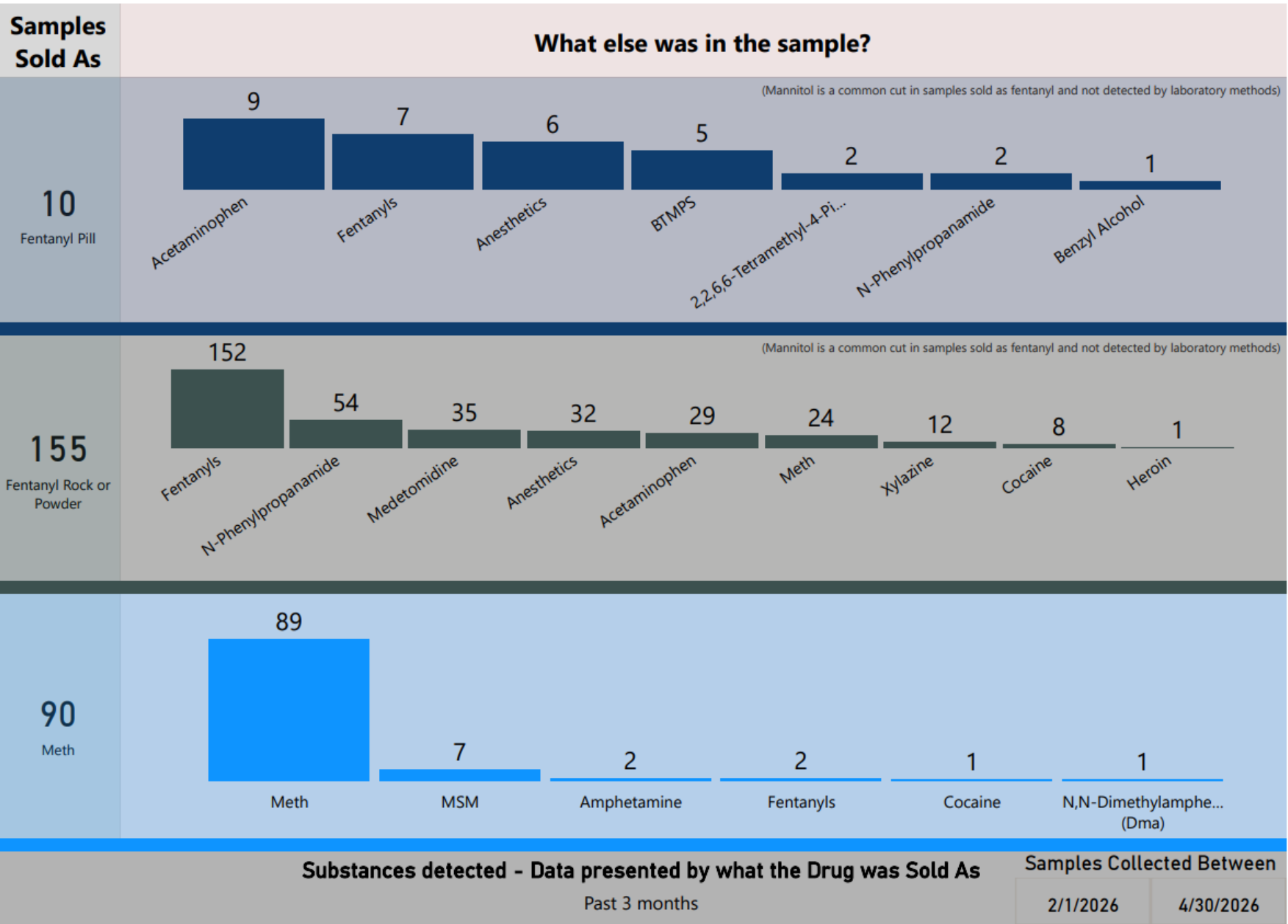


### Keep In Mind:

- 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.



# Drug Checking Data Recap

- 2026 so far:
  - > 1000 samples
  - About 70% sent for secondary analysis
- Methamphetamine less likely to receive secondary analysis
  - 99% of samples sold contain it
- 96% of samples sold as fentanyl contain it, BUT
  - Fentanyl supply is highly variable and contains other substances
- View data on ADAI webpage or local drug checker.

# Medetomidine , an additive of interest

- What is it?
  - An anesthetic sedative for veterinary medicine.  
Dexmedetomidine approved for humans
  - Related to xylazine, more potent
- Why it matters?
  - When used with an opioid, may increase chance of overdose
  - Emerg. responders report residual sedation in overdoses even after naloxone
- What about drug checking data?

First Sample	# of Samples	Participant Experience Reports
May 2025	102*	Stronger/more sedating than expected

**\*All sold as or containing fentanyl; 100 sold as fentanyl; 2 sold as cocaine (only 1 had any cocaine)**

Drug checking provides important information for:

- People who use drugs (PWUD)
- Organizations and people who served PWUD
- Local and state planners, public health, health care providers

Drug checking provides an opportunity to

- engage a broader group of people beyond homeless services or syringe services programs and
- provide important information and services to stay safe

# Unique Values of Drug Checking

- Client level information provides essential context missing in other drug related data sources. e.g. deaths, police evidence
- Timely, initial results same day, secondary results within weeks. Other data sources often lag many months.
- Participants get information around their own samples
- Information for local and state community about new and changing drug supply issues

# What's next

- Continuing to improve data analysis and visualizations
- Survey and interview work with DC clients
- Pilot work to quantify some samples to understand the relative proportion of different compounds

## More WA CDCN Data:

- [Drug Checking Results in WA State](#)
- [Variability in the Fentanyl Supply](#)
- [Information on Carfentanil in WA State](#)

## Drug Checking Factsheets:

- [Summary for general public](#)
- [Summary for drug checking participants](#)

## Humanizing Images & Education for harm reduction:

- [Empathy Lens](#)

Questions about community drug checking operations:

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Questions about drug checking data:

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