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Drug Checking and Understanding the MA Drug Supply

Dr. Traci Green, PhD, MSc

Christa Thomas-Sowers

August 20, 2026

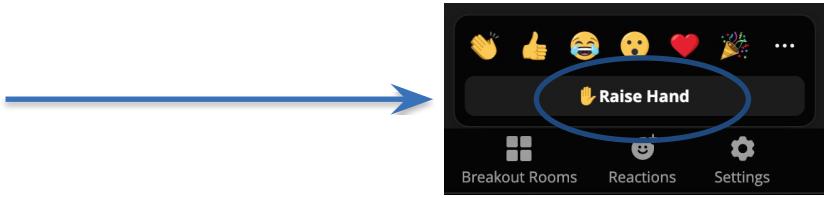
Agenda

1. Introduction + Logistics
2. Updates from JSI
3. Presentation from Brandeis University
4. Wrap up

Housekeeping

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- Lines will be muted. Use the raise hand feature if you would like to come off mute.



- Use the chat to submit questions for speakers, panelists, and our TTA team



- We are recording today's session

Session Reminders

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📸 Turn your camera on (if you can!)

💬 Make sure your Zoom name is correct

🤫 Mute yourself when you are not speaking

☑️ Complete our feedback form!

Today we are joined by representatives from MA DPH Bureaus of Substance Addiction Services (BSAS)

Our Mission

To foster innovation at Massachusetts OTPs by **providing staff with resources and support** to deliver patient-centered care, address treatment barriers, and improve health outcomes.

Our Vision

A future where **all individuals** seeking treatment through Massachusetts OTPs **have access to equitable, high-quality, and effective care.**

Our Purpose

- Expand access to medications for opioid use disorder
- Enhance patient care and improve treatment outcomes
- Address systemic barriers to equitable care
- Reduce stigma within opioid treatment
- Foster collaboration and shared learning among OTP staff

Funded by the MA Bureau of Substance Addiction Services. Staffed and operated by JSI.

OTP TTA Center: Contact Us!

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📧 Email us at: otptta-ma@jsi.org
⏰ It's not too late to join our contact list! (link in chat)

Check out our Website! A resource hub for all things OTP TTA

https://massotptraining.org/

Today we are joined by representatives from MA DPH Bureaus of Substance Addiction Services (BSAS)

Continuing Education Units (CEUs)

Simply complete the Feedback Form at the end of today's session to receive CEU credits for attendance ✅

For today's session we are offering NAADAC and LMHC

****Social Work (NASW) Credits available pending approval***

Mark Your Calendars!

Quarterly webinars for OTP staff will begin early Fall

Dates for 2026- 2027
Will be released as soon as possible

90-minute webinars that will include a combination of

- Presentations from local and national subject matter experts
- Spotlight local OTP innovative policies and practices
- Audience engagement via chat, polls and breakout rooms

Upcoming Topics
Person-centered care; Team-based care; Admissions best practices; Supporting patients' mental health conditions; Supporting a patient's recovery environment

Learning Collaborative!

Dates for 2026
Will be released as soon as possible

90-minute webinars that will include a combination of

- Presentations from local and national subject matter experts
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Upcoming Topics
Person-centered care; Admissions best practices; Supporting patients' mental health conditions; Supporting a patient's recovery environment

Save the Date: 2026 Annual Virtual Convening!

March 31 & April 1, 2026, 12–5 PM

Enhancing Access, Deepening Impact: Evolving OTP Service Delivery Together.

Learning Objectives

By the end of this webinar, participants will be able to:

- Describe what drug checking is, how it originated, and how it operates in MA.
- Explain why drug checking is important.
- Summarize drug supply changes and explain how this information is useful for OTPs.
- Name resources for drug checking and fact-based information about changes in the drug supply.



Dr. Traci Green, PhD, MSc

Dr. Green is an epidemiologist whose research focuses on drug use, opioid use disorder, and drug-related injury. She earned a Master of Science in Epidemiology and Biostatistics from McGill University and a PhD in Epidemiology from Yale University. She is Professor and Director of the Opioid Policy Research Collaborative at Brandeis University where she oversees research on the drug supply, overdose prevention, and risk mitigation following law enforcement and policy actions. She also co-directs the Center of Biomedical Research Excellence (COBRE) on Opioids and Overdose at Brown University Health's Rhode Island Hospital, and is an Adjunct Professor of Emergency Medicine and Epidemiology at the Warren Alpert School of Medicine at Brown University and the Brown School of Public Health.

Dr. Green created the web app platform www.streetcheck.org to support the growth and excellence of community drug checking. She helped co-found www.prescribetoprevent.org for prescribers and pharmacists and its companion site www.prevent-protect.org for families, patients, and community organizations to improve naloxone access.



Christa Thomas-Sowers

Christa Thomas-Sowers (she/her) joined Dr. Traci Green's team at Brandeis University as the Community Engagement and Harm Reduction Program Manager in June of 2025. Christa's background is in direct service, community outreach, and harm reduction work. From 2018-2025, she worked with the community in Woonsocket, Rhode Island to establish a street outreach program and open a thriving drop-in center focused on the needs of individuals who used drugs or were experiencing homelessness. Through these experiences, Christa developed a deep understanding of the gaps in care, and the need for more common-sense, evidence-based, and human-centered approaches to the ever-growing crisis of inadequate social support and an increasingly toxic drug supply. She plans to use this knowledge to bolster and continue the impactful research being done by the team at the Opioid Policy Research Collaborative.

Presenter Slides



Drug Checking and Understanding the Massachusetts Drug Supply

Learning Objectives

Describe	Explain	Summarize	Name
Describe what drug checking is, how it originated, and how it operates in Massachusetts	Explain why drug checking is important	Summarize drug supply changes and explain how this information is useful for OTPs	Name resources for drug checking and fact-based information about changes in the drug supply

What Is Community Drug Checking?

Drug checking is one way to learn more about what is in the drug supply

- FREE and ANONYMOUS service that quickly provides information about what substances are in a drug sample.
- Allows people to make informed decision about if and how much to use, to plan and be more prepared when using.
- Drug checking is a form of overdose prevention education and promotes safety, survival, autonomy, respect and informed consent.
- Operational in multiple countries and states for decades.

Drug checking is NOT drug testing

Drug Checking Joins Harm Reduction with Recovery



What's MADDS? What's StreetCheck?

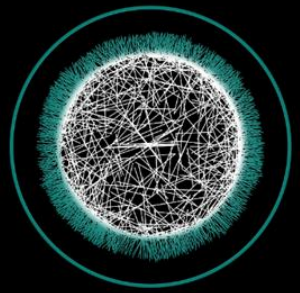
MADDS: Massachusetts Drug Supply Data Stream (MADDS) is a collaboration between Brandeis University researchers, the Massachusetts Department of Public Health, and local community partners. The goal is to learn more about the local drug supply to better inform public health, public safety and policy responses.

StreetCheck: Is a free web-based platform and app service that programs can use to catalog and manage drug checking data. It streamlines community drug sample collection, speeds up analysis of the samples, and makes it easier to communicate results back.



www.streetcheck.org

Drug Results / Trends | Drug Checking | Training and Capacity Building | Research | Publications | Resources



STREET CHECK COMMUNITY DRUG CHECKING

CLICK HERE TO VIEW DRUG RESULTS

StreetCheck is an innovative community-partnered project to develop and standardize sample collection, analysis, and reporting for community drug checking programs. As the street drug supply is unregulated and unpredictable, community drug checking helps people who use drugs better understand what substances are in the drugs they use. The vision of **StreetCheck** streamlines community illicit drug sample collection through a free, web-based platform and app service, speeds up analysis of the samples, and makes it easier to communicate results back. The project began in Massachusetts, connects sites in the Northeast, and welcomes community partners throughout the country.

About StreetCheck



madds@brandeis.edu

Have a suggestion for us?

State-wide Network of Drug Checking Partners















































Where to Access Drug Checking Services in Massachusetts

MADDS piloted in 2019 in Boston and New Bedford and currently partners with harm reduction programs and other sites in:

Western Mass	Central Mass	Eastern Mass
Northampton Greenfield Holyoke Pittsfield North Adams Springfield	Worcester	Boston (multiple) Quincy Cambridge Framingham Lynn Lawrence Lowell Gloucester Haverhill New Bedford Fall River Brockton Mashpee Hyannis

Scan QR code for map on where to find drug checking services in Massachusetts and surrounding states

Drug Checking is Legal in Massachusetts: H5143

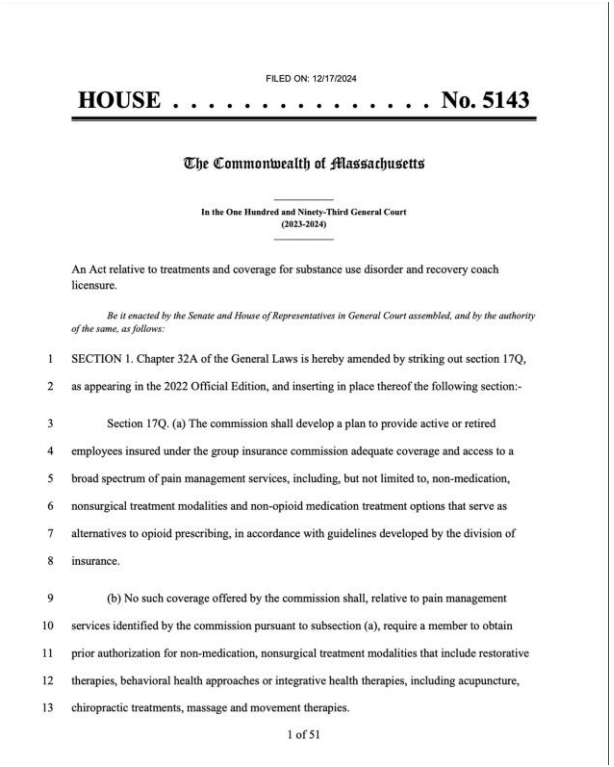
"Drug testing services" is defined as using equipment to identify or analyze a substance to determine what's in it, the strength, the purity, and if there are hazardous or toxic components etc.

"Testing Equipment" is defined as (but not limited to) immunoassay test strips, reagent testing, HPLC and GCMS

Important information about services based on language of the law:

1. Drug checking services are legal statewide when affiliated with a harm reduction service provider
2. People working in harm reduction/agencies cannot be charged or prosecuted for providing these services
3. Legal protections also extend to criminal & civil liability and professional disciplinary action
4. Participants are protected while on premises from being charged with possession (personal use amounts)

To read the full text please visit: https://malegislature.gov/Bills/193/h5143



FILED ON: 12/17/2024

HOUSE . . . . . No. 5143

The Commonwealth of Massachusetts

In the One Hundred and Ninety-Third General Court
(2023-2024)

An Act relative to treatments and coverage for substance use disorder and recovery coach licensure.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

SECTION 1. Chapter 32A of the General Laws is hereby amended by striking out section 17Q, as appearing in the 2022 Official Edition, and inserting in place thereof the following section:-

Section 17Q. (a) The commission shall develop a plan to provide active or retired employees insured under the group insurance commission adequate coverage and access to a broad spectrum of pain management services, including, but not limited to, non-medication, nonsurgical treatment modalities and non-opioid medication treatment options that serve as alternatives to opioid prescribing, in accordance with guidelines developed by the division of insurance.

(b) No such coverage offered by the commission shall, relative to pain management services identified by the commission pursuant to subsection (a), require a member to obtain prior authorization for non-medication, nonsurgical treatment modalities that include restorative therapies, behavioral health approaches or integrative health therapies, including acupuncture, chiropractic treatments, massage and movement therapies.

1 of 51

WHAT HAPPENS DURING DRUG CHECKING?

Drug checking does not tell someone whether a drug is safe. It gives them more information about the sample tested.

EXAMPLE:
Substances Identified:
- **Mannitol (Major)**
- **Fentanyl (Minor)**
- **Xylazine (Trace)**
- **Procaine (Trace)**



1



SOMEONE BRINGS IN A SAMPLE OR DROPS ONE OFF

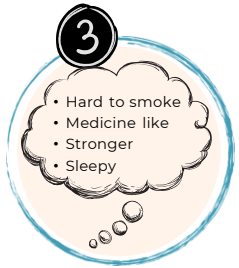
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WHAT WAS IT EXPECTED TO BE?

We talk through expectations

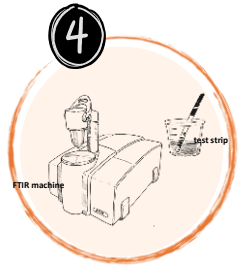
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WHAT DID THEY NOTICE?
HOW DID IT FEEL?

We talk through their experience

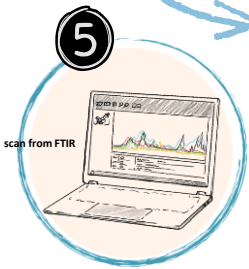
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WE TEST THE SAMPLE

FTIR and Test Strips

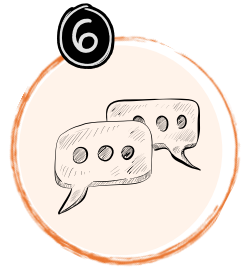
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WE MAKE SENSE OF THE RESULTS TOGETHER

What might explain their experience

6



WHAT HAPPENS NEXT?

- Share information
- Discuss safer use
- Decide next steps
- Come back to test again

Testing + conversation + results in ~ 20 minutes

Complementary laboratory results ~ 3 weeks

What Kinds of Samples Do We Test?












- Powders
- Crystals/rocks
- Pills /capsules
- Containers
- Used pipes
- Bags /wax folds
- Used cookers
- Used cottons
- Plant materials do not test well (cannabis, mushrooms, etc.)

Any used items like containers, baggies, cookers, pipes, etc. should only be used once or with one substance so there's no cross contamination.

Good sample size = 1/2 grain of rice

We do NOT test any biological samples. We do NOT test syringes or items with visible blood.

People Notice The Supply Changing First

People often come to drug checking because they're curious or something changed

"If I bought from a new dealer, I would test it."



1. WHAT AM I USING?
2. IS THIS MY NORMAL DRUG?
3. DID SOMETHING CHANGE?
4. HOW DO I STAY SAFER?
5. HOW CAN I TEACH OTHERS?

People Notice Changes

These shifts are not just visible in the testing data. People notice changes in how they feel, how the drugs taste, and what they see happen around them.

Fentanyl was weaker, but was very sedated from something else.

Don’t nod out, just go straight to sleep.

People are falling asleep for hours on this sample.

Detected:
Fentanyl
Xylazine

Dropped for 10 plus hours… pins and needles in face and head…almost similar to ketamine dissociation.

Heavy sedation, possible hallucinations.

Shorter duration than normal but very intense experience.

Detected:
Fentanyl
Medetomidine
Others

Taste like a pill/medicine out of the ordinary.

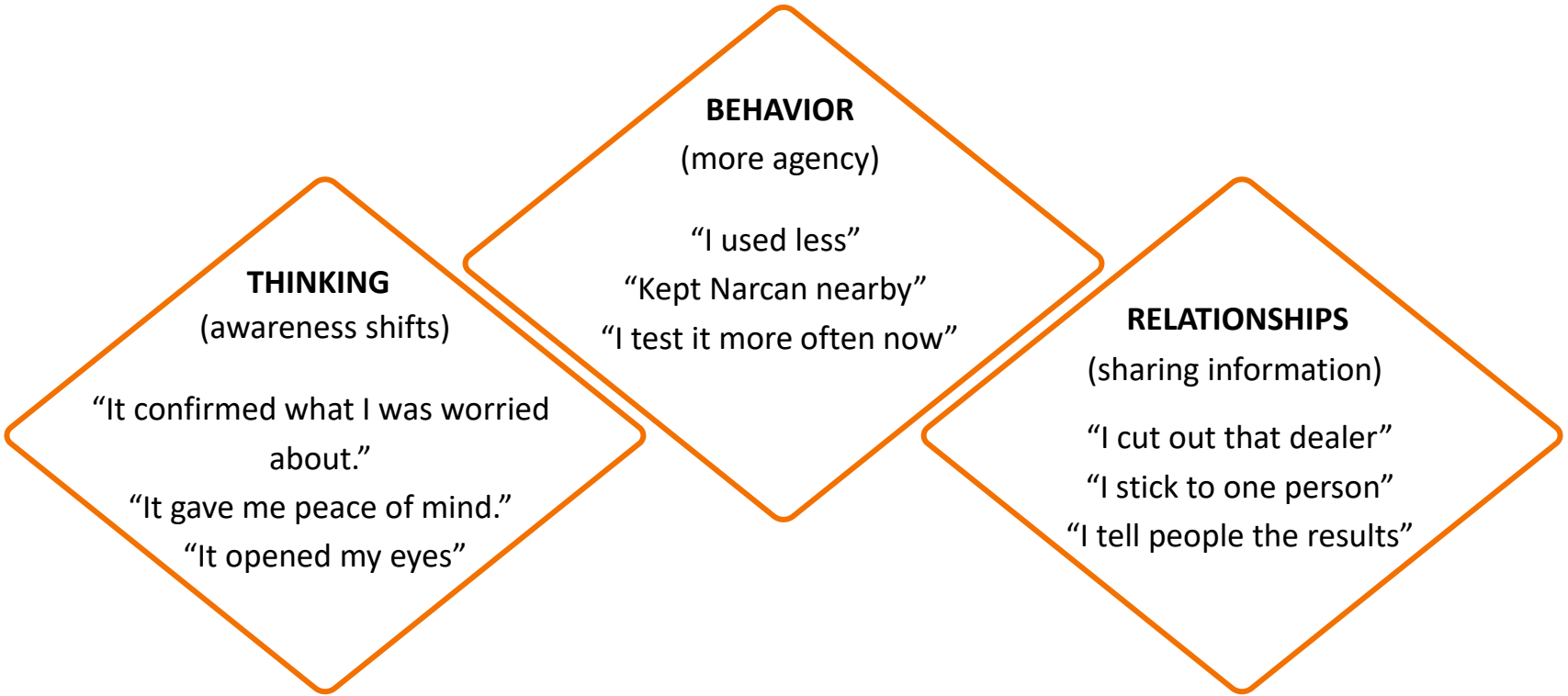
Same feeling but weird taste.

Bad taste… checking for fentanyl.

Detected:
Cocaine
Levamisole

WHAT CAN CHANGE AFTER DRUG CHECKING?

The result is not the endpoint. It becomes information people use.



Drug Checking as a Bridge to Care

An example of how that information can become a conversation about care, safety, and what to do next.



The individual

Came in after seeking care for suspected pink eye and were prescribed antibiotics but medications were not helping. So, they wanted to test their cocaine.

Drug checking

The sample showed **cocaine + levamisole (higher than typical levels).** Levamisole=attacking the blood, skin, and nervous system, and is known to cause a range of eye problems.

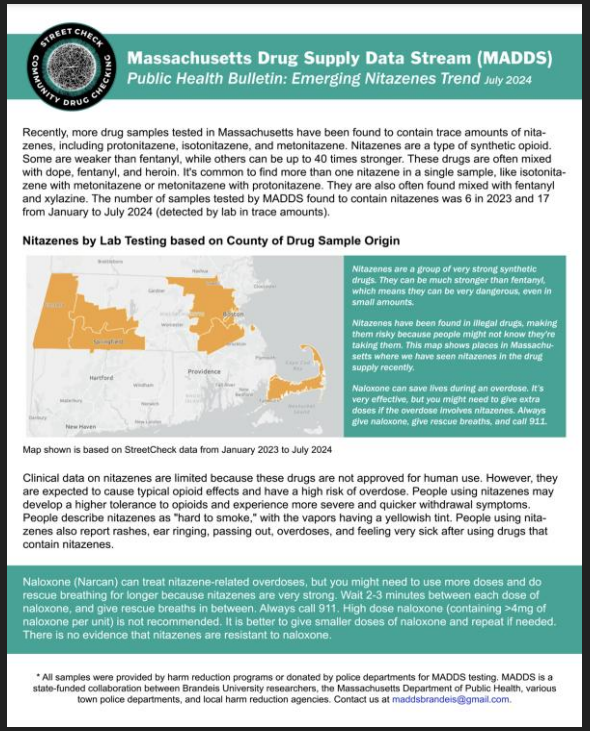
Care navigation

Because a nurse was on site, staff offered to write down the result and symptoms to bring with them. This created a way for their use experience and the sample result to be brought into a care conversation.

Using Drug Checking Data to Inform Clinical Care

Therapeutic alliance	Better clinical care	Clinical decision making	Case definition	Trends
More open dialogue	Dosing starts	Contraindications	New health condition identification	Shifts in drug characteristics
Build trust	Dosing adjustments, supports	Discrepancies in testing, effectiveness	New adverse reaction/ drug interaction	Common combinations (known)
Prescribe additional needed supports	Test interpretation	More targeted clinical testing		Common combinations (unknown)
Patient advocacy	Realistic treatment plans			Active, inactive cuts

Talking with Clients about Drug Checking and the Drug Supply



Massachusetts Drug Supply Data Stream (MADDS)
Public Health Bulletin: Emerging Nitazenes Trend July 2024

Recently, more drug samples tested in Massachusetts have been found to contain trace amounts of nitazenes, including protonitazene, isotonitazene, and metonitazene. Nitazenes are a type of synthetic opioid. Some are weaker than fentanyl, while others can be up to 40 times stronger. These drugs are often mixed with dope, fentanyl, and heroin. It's common to find more than one nitazene in a single sample, like isotonitazene with metonitazene or metonitazene with protonitazene. They are also often found mixed with fentanyl and xylazine. The number of samples tested by MADDS found to contain nitazenes was 6 in 2023 and 17 from January to July 2024 (detected by lab in trace amounts).

Nitazenes by Lab Testing based on County of Drug Sample Origin

Nitazenes are a group of very strong synthetic drugs. They can be much stronger than fentanyl, which means they can be very dangerous, even in small amounts.

Nitazenes have been found in illegal drugs, making them risky because people might not know they're taking them. This map shows places in Massachusetts where we have seen nitazenes in the drug supply recently.

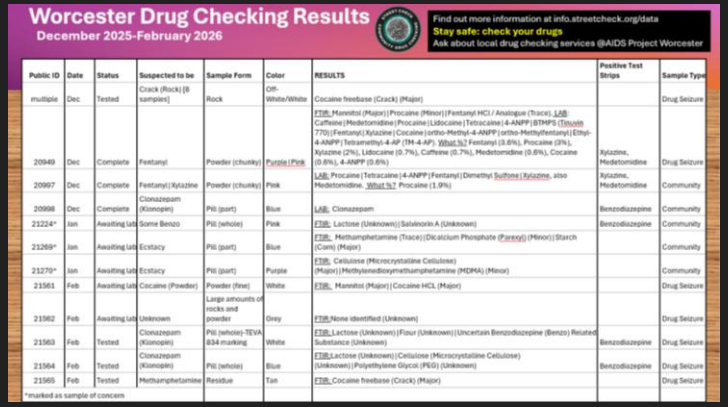
Naloxone can save lives during an overdose. It's very effective, but you might need to give extra doses if the overdose involves nitazenes. Always give naloxone, give rescue breaths, and call 911.

Map shown is based on StreetCheck data from January 2023 to July 2024

Clinical data on nitazenes are limited because these drugs are not approved for human use. However, they are expected to cause typical opioid effects and have a high risk of overdose. People using nitazenes may develop a higher tolerance to opioids and experience more severe and quicker withdrawal symptoms. People describe nitazenes as "hard to smoke," with the vapors having a yellowish tint. People using nitazenes also report rashes, ear ringing, passing out, overdoses, and feeling very sick after using drugs that contain nitazenes.

Naloxone (Narcan) can treat nitazene-related overdoses, but you might need to use more doses and do rescue breathing for longer because nitazenes are very strong. Wait 2-3 minutes between each dose of naloxone, and give rescue breaths in between. Always call 911. High dose naloxone (containing >4mg of naloxone per unit) is not recommended. It is better to give smaller doses of naloxone and repeat if needed. There is no evidence that nitazenes are resistant to naloxone.

* All samples were provided by harm reduction programs or donated by police departments for MADDS testing. MADDS is a state-funded collaboration between Brandeis University researchers, the Massachusetts Department of Public Health, various town police departments, and local harm reduction agencies. Contact us at maddsbrandeis@gmail.com.



Worcester Drug Checking Results
December 2025-February 2026

Find out more information at info.streetcheck.org/data
Stay safe: check your drugs
Ask about local drug checking services @AIDS Project Worcester

Public ID	Date	Status	Suspected to be	Sample Form	Color	RESULTS	Positive Test Strips	Sample Type
multiple	Dec	Tested	Crack (Rock) [8 samples]	Rock	Off-White/White	Cocaine freebase (Crack) (Major)		Drug Seizure
20949	Dec	Complete	Fentanyl	Powder (chunky)	Purple | Pink	FTIR: Mannitol (Major) | Procaine (Minor) | Fentanyl HCl / Analogue (Trace). LAB: Caffeine | Medetomidine | Procaine | Lidocaine | Tetracaine | 4-ANPP | BTMPS (Tenuvin 770) | Fentanyl | Xylazine | Cocaine | ortho-Methyl-4-ANPP | ortho-Methylfentanyl | Ethyl-4-ANPP | Tetramethyl-4-AP (TM-4-AP). What is? Fentanyl (3.6%), Procaine (3%), Xylazine (2%), Lidocaine (0.7%), Caffeine (0.7%), Medetomidine (0.6%), Cocaine (0.6%), 4-ANPP (0.6%)	Xylazine, Medetomidine	Drug Seizure
20997	Dec	Complete	Fentanyl | Xylazine	Powder (chunky)	Pink	LAB: Procaine | Tetracaine | 4-ANPP | Fentanyl | Dimethyl Sulfone | Xylazine, also Medetomidine. What is? Procaine (1.9%)	Xylazine, Medetomidine	Community
20998	Dec	Complete	Clonazepam (Klonopin)	Pill (part)	Blue	LAB: Clonazepam	Benzodiazepine	Community
21224*	Jan	Awaiting lab	Some Benzo	Pill (whole)	Pink	FTIR: Lactose (Unknown) | Salvinorin A (Unknown)	Benzodiazepine	Community
21269*	Jan	Awaiting lab	Ecstasy	Pill (part)	Blue	FTIR: Methamphetamine (Trace) | Dicalcium Phosphate (Parexyl) (Minor) | Starch (Corn) (Major)		Community
21270*	Jan	Awaiting lab	Ecstasy	Pill (part)	Purple	FTIR: Cellulose (Microcrystalline Cellulose) (Major) | Methylenedioxymethamphetamine (MDMA) (Minor)		Community
21561	Feb	Awaiting lab	Cocaine (Powder)	Powder (fine)	White	FTIR: Mannitol (Major) | Cocaine HCL (Major)		Drug Seizure
21562	Feb	Awaiting lab	Unknown	Large amounts of rocks and powder	Grey	FTIR:None identified (Unknown)		Drug Seizure
21563	Feb	Tested	Clonazepam (Klonopin)	Pill (whole)-TEVA 834 marking	White	FTIR:Lactose (Unknown) | Flour (Unknown) | Uncertain Benzodiazepine (Benzo) Related Substance (Unknown)	Benzodiazepine	Drug Seizure
21564	Feb	Tested	Clonazepam (Klonopin)	Pill (whole)	Blue	FTIR:Lactose (Unknown) | Cellulose (Microcrystalline Cellulose) (Unknown) | Polyethylene Glycol (PEG) (Unknown)	Benzodiazepine	Drug Seizure
21565	Feb	Tested	Methamphetamine	Residue	Tan	FTIR: Cocaine freebase (Crack) (Major)		Drug Seizure

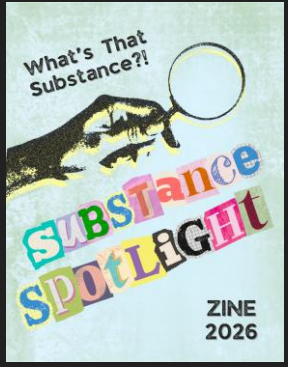
*marked as sample of concern

Community-specific testing results for posting, sharing. Raise awareness with educational tools

If you would like to receive reports for your community or a copy of 'What's that Substance?', please contact us!

Statewide MADDS Info bulletin & alerts madds@brandeis.edu

Visit streetcheck.org



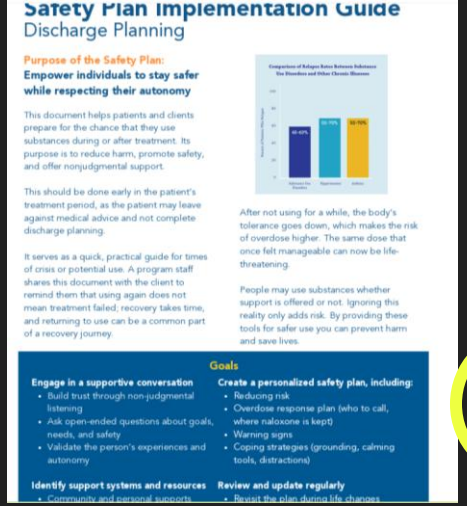




Substance spotlight (English, Spanish) and other infographics: https://drive.google.com/drive/folders/1FcFAhnpUnBVxcHChXdWKtJxZEn9n-ksb

Safety Planning

- Medication treatment (methadone, buprenorphine) cuts overdose risk by half
- Highest risk of overdose for people on methadone is when they are starting at the clinic and when they are tapering off
- BSAS created a **Safety Planning Guide** to use in discharge planning which can also be used for conversations with clients when starting or tapering off the clinic
- Guide includes links, worksheet, resources, sample script
- Drug checking is part of safety planning



Safety Plan Implementation Guide
Discharge Planning

Purpose of the Safety Plan:
Empower individuals to stay safer while respecting their autonomy

This document helps patients and clients prepare for the chance that they use substances during or after treatment. Its purpose is to reduce harm, promote safety, and offer nonjudgmental support.

This should be done early in the patient's treatment period, as the patient may leave against medical advice and not complete discharge planning.

It serves as a quick, practical guide for times of crisis or potential use. A program staff shares this document with the client to remind them that using again does not mean treatment failed; recovery takes time, and returning to use can be a common part of a recovery journey.

After not using for a while, the body's tolerance goes down, which makes the risk of overdose higher. The same dose that once felt manageable can now be life-threatening.

People may use substances whether support is offered or not. Ignoring this reality only adds risk. By providing these tools for safer use you can prevent harm and save lives.

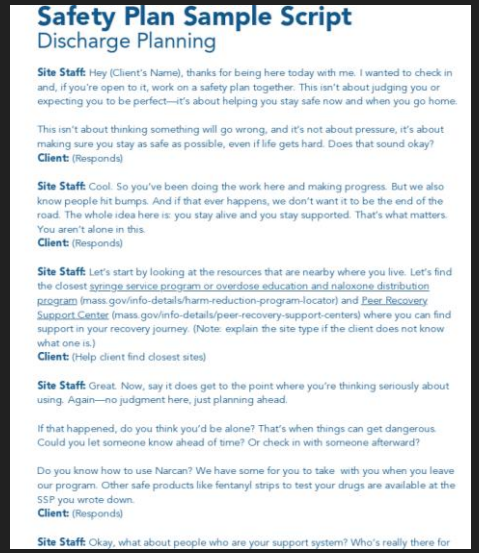
Goals

Engage in a supportive conversation
- Build trust through non-judgmental listening
- Ask open-ended questions about goals, needs, and safety
- Validate the person's experiences and autonomy

Create a personalized safety plan, including:
- Reducing risk
- Overdose response plan (who to call, where naloxone is kept)
- Warning signs
- Coping strategies (grounding, calming tools, distractions)

Identify support systems and resources
- Community and personal supports

Review and update regularly
- Revisit the plan during life changes



Safety Plan Sample Script
Discharge Planning

Site Staff: Hey (Client's Name), thanks for being here today with me. I wanted to check in and, if you're open to it, work on a safety plan together. This isn't about judging you or expecting you to be perfect—it's about helping you stay safe now and when you go home.

This isn't about thinking something will go wrong, and it's not about pressure, it's about making sure you stay as safe as possible, even if life gets hard. Does that sound okay?
Client: (Responds)

Site Staff: Cool. So you've been doing the work here and making progress. But we also know people hit bumps. And if that ever happens, we don't want it to be the end of the road. The whole idea here is: you stay alive and you stay supported. That's what matters. You aren't alone in this.
Client: (Responds)

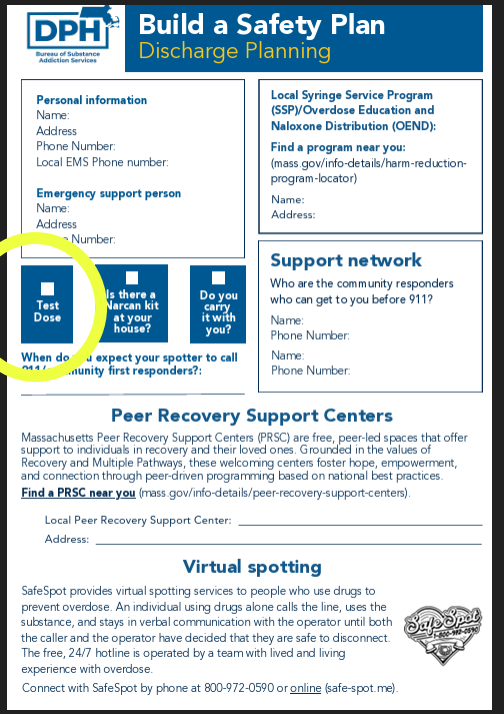
Site Staff: Let's start by looking at the resources that are nearby where you live. Let's find the closest syringe service program or overdose education and naloxone distribution program (mass.gov/info-details/harm-reduction-program-locator) and Peer Recovery Support Center (mass.gov/info-details/peer-recovery-support-centers) where you can find support in your recovery journey. (Note: explain the site type if the client does not know what one is.)
Client: (Help client find closest sites)

Site Staff: Great. Now, say it does get to the point where you're thinking seriously about using. Again—no judgment here, just planning ahead.

If that happened, do you think you'd be alone? That's when things can get dangerous. Could you let someone know ahead of time? Or check in with someone afterward?

Do you know how to use Narcan? We have some for you to take with you when you leave our program. Other safe products like fentanyl strips to test your drugs are available at the SSP you wrote down.
Client: (Responds)

Site Staff: Okay, what about people who are your support system? Who's really there for



DPH Bureau of Substance Addiction Services

Build a Safety Plan
Discharge Planning

Personal information
Name:
Address
Phone Number:
Local EMS Phone number:

Emergency support person
Name:
Address
Number:

Local Syringe Service Program (SSP)/Overdose Education and Naloxone Distribution (OEND):
Find a program near you:
(mass.gov/info-details/harm-reduction-program-locator)
Name:
Address:

Test Dose

Is there a Narcan kit at your house?

Do you carry it with you?

When do you expect your spotter to call 911 / community first responders?:

Support network
Who are the community responders who can get to you before 911?
Name:
Phone Number:
Name:
Phone Number:

Peer Recovery Support Centers
Massachusetts Peer Recovery Support Centers (PRSC) are free, peer-led spaces that offer support to individuals in recovery and their loved ones. Grounded in the values of Recovery and Multiple Pathways, these welcoming centers foster hope, empowerment, and connection through peer-driven programming based on national best practices.
Find a PRSC near you (mass.gov/info-details/peer-recovery-support-centers).

Local Peer Recovery Support Center: _____
Address: _____

Virtual spotting
SafeSpot provides virtual spotting services to people who use drugs to prevent overdose. An individual using drugs alone calls the line, uses the substance, and stays in verbal communication with the operator until both the caller and the operator have decided that they are safe to disconnect. The free, 24/7 hotline is operated by a team with lived and living experience with overdose.
Connect with SafeSpot by phone at 800-972-0590 or online (safe-spot.me).

Source: www.mass.gov/doc/build-a-safety-plan-discharge-planning/download

How Drug Checking Fits Within our Public Health Response

EXAMPLE:
Substances Identified:
- Mannitol (Major)
- Cellulose (Trace)
- Fentanyl (Trace)
- Cychlorphine (Trace)



available on streetcheck.org

BROADER COMMUNITY/ PUBLIC

RAISE AWARENESS, HEALTH RESPONSE

COMMUNITY PARTNER

SUPPORTS OUTREACH + OVERDOSE RESPONSE + COMMUNITY MESSAGING

HEALTH DEPARTMENT

NEW SUBSTANCES + WHAT PEOPLE ARE REPORTING

CLINICIANS AND PROVIDERS

CONTEXT FOR SYMPTOMS + EXPOSURE + CARE NEEDS

What does drug checking look like at a clinic?

Possible Drug Checking Models for Clinics







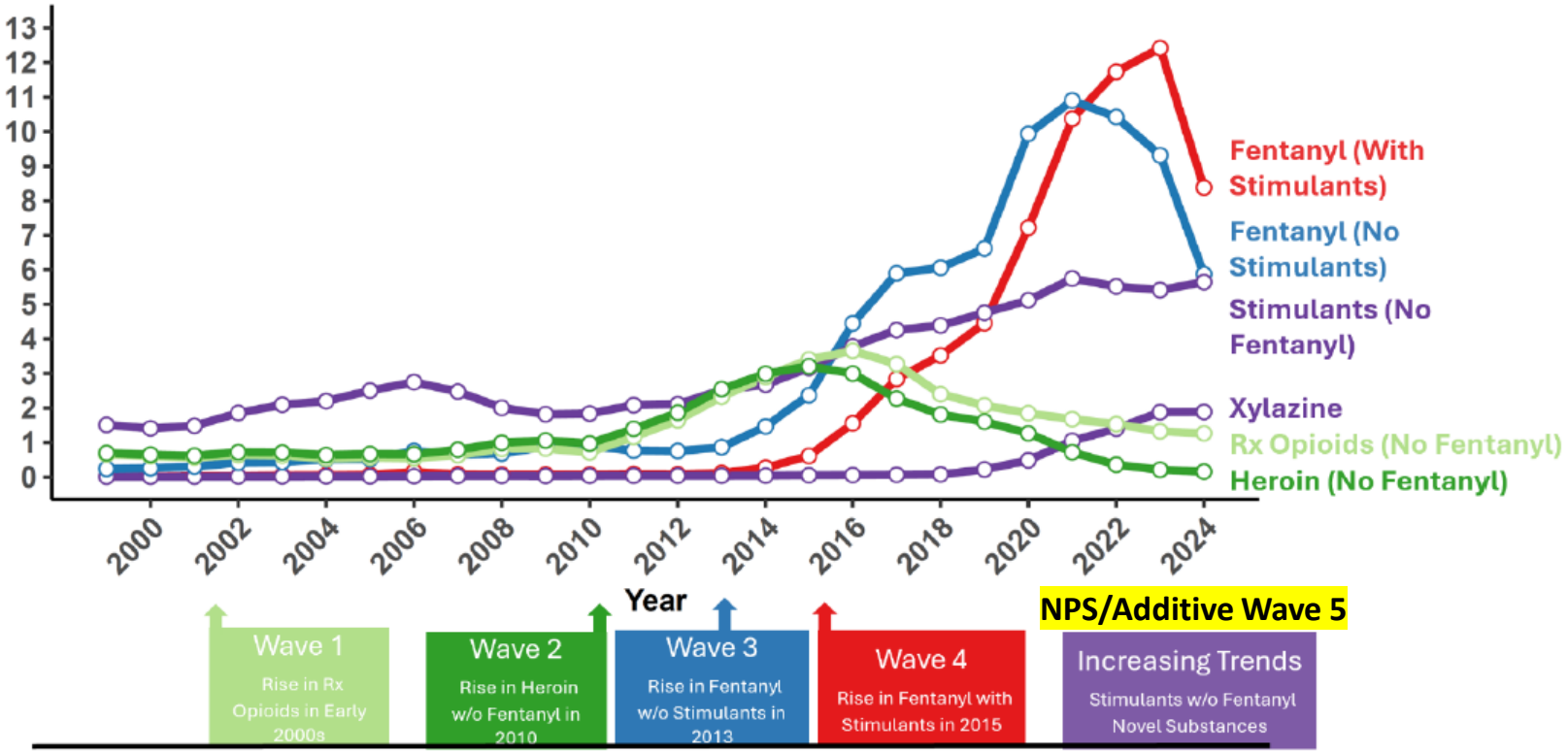




- ✓ Referrals to nearby drug checking programs
- ✓ Samples collected or donated at site
  - Kit drop off
  - Drop box
  - Hand to staff
- ✓ Test at site (external community partner tests)
- ✓ Test by site (clinic staff tests)
- ✓ Only send out to lab (courier/mailing of samples)
- ✓ Results communicated by staff or via StreetCheck portal

What are recent trends in the drug supply to know about?

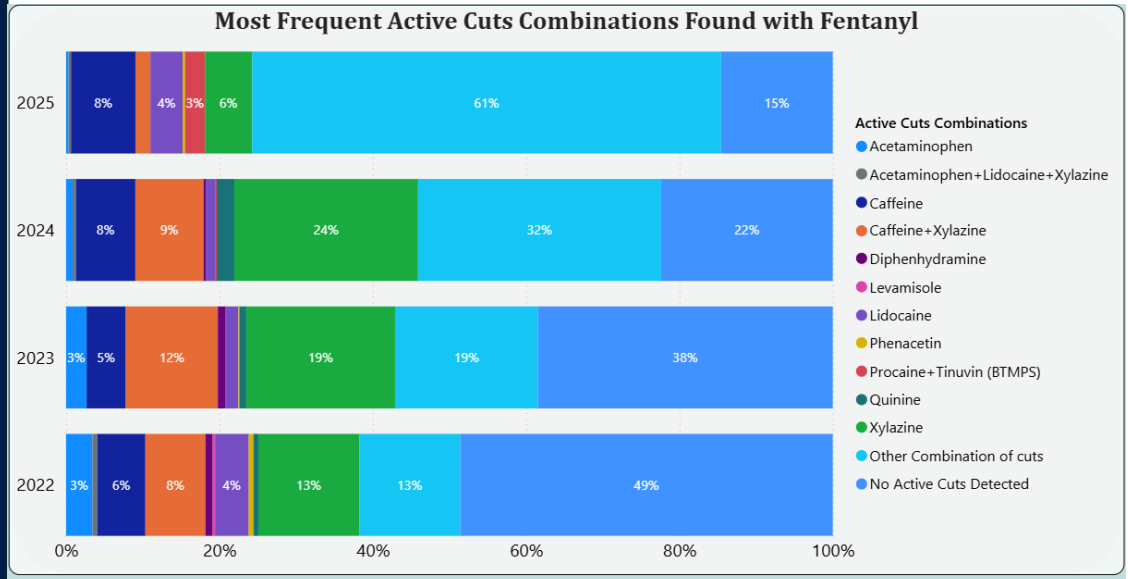
The Four Waves of the Overdose Crisis



SOURCE: Medrxiv preprint: Friedman, Joseph & Palamar, Joseph & Ciccarone, Daniel & Gaines, Tommi & Borquez, Annick & Shover, Chelsea & Strathdee, Steffanie. (2025). Characterizing Declines in US Overdose Deaths Compared to Exponential Predictions. 10.1101/2025.10.24.25338732.

Fentanyl in Transition

- This figure shows the active cuts found in drug samples where the primary substance is fentanyl. Samples are from Massachusetts from 2022 to 2025.
- The proportion of fentanyl samples with no other active cuts found has decreased over time. This suggests changes to **fentanyl purity.**
- More of the fentanyl supply has active cuts and the complexity and combinations of active cuts in fentanyl has increased over time. Is this *polysubstance use?*

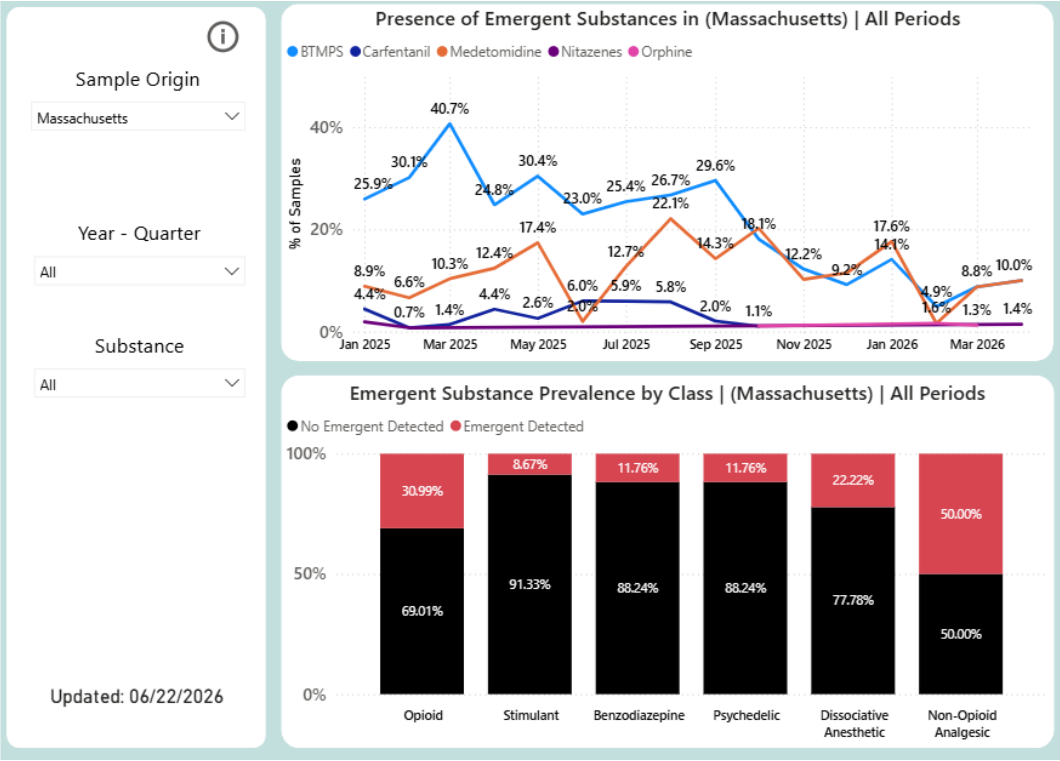


Note: This figure only shows active cutting agents in a primary substance. Inactive cuts or byproducts may also be present and affect its purity. A drug's strength depends on its active ingredient content, not on the presence of cuts.

What about fentanyl potency?

Medical grade fentanyl is not illicitly manufactured fentanyl potency. Fentanyl synthesis has also changed. This affects drug purity and potency

Emerging Drug Trends



STREET CHECK COMMUNITY DRUG CHECKING

Samples with BTMPS	375	Samples with Medetomidine	189	Samples with Carfentanil	40	Samples with Orphines	6	Samples with Nitazenes	5
% Overall	23.2%	% Overall	11.7%	% Overall	2.5%	% Overall	0.37%	% Overall	0.3%
# vs Last Month	0	# vs Last Month	0	# vs Last Month	N/A	# vs Last Month	▼ -3	# vs Last Month	▲ 1
% vs Last Month	0.0%	% vs Last Month	0.0%	% vs Last Month	N/A	% vs Last Month	▼ -100.0%	% vs Last Month	N/A

Veterinary Sedatives

Xylazine

Xylazine is a long-acting animal tranquilizer. It is most often found in fentanyl.



People report:

- skin ulcers
- drowsiness
- unresponsiveness

Harm Reduction: *If you think someone overdosed, give Narcan, and check their breathing (breathing may resume before the person wakes up). Xylazine can cause infection and ulcers, so wound care and keeping materials clean is really important!*

Medetomidine

Medetomidine is a veterinary sedative, and is stronger than xylazine.

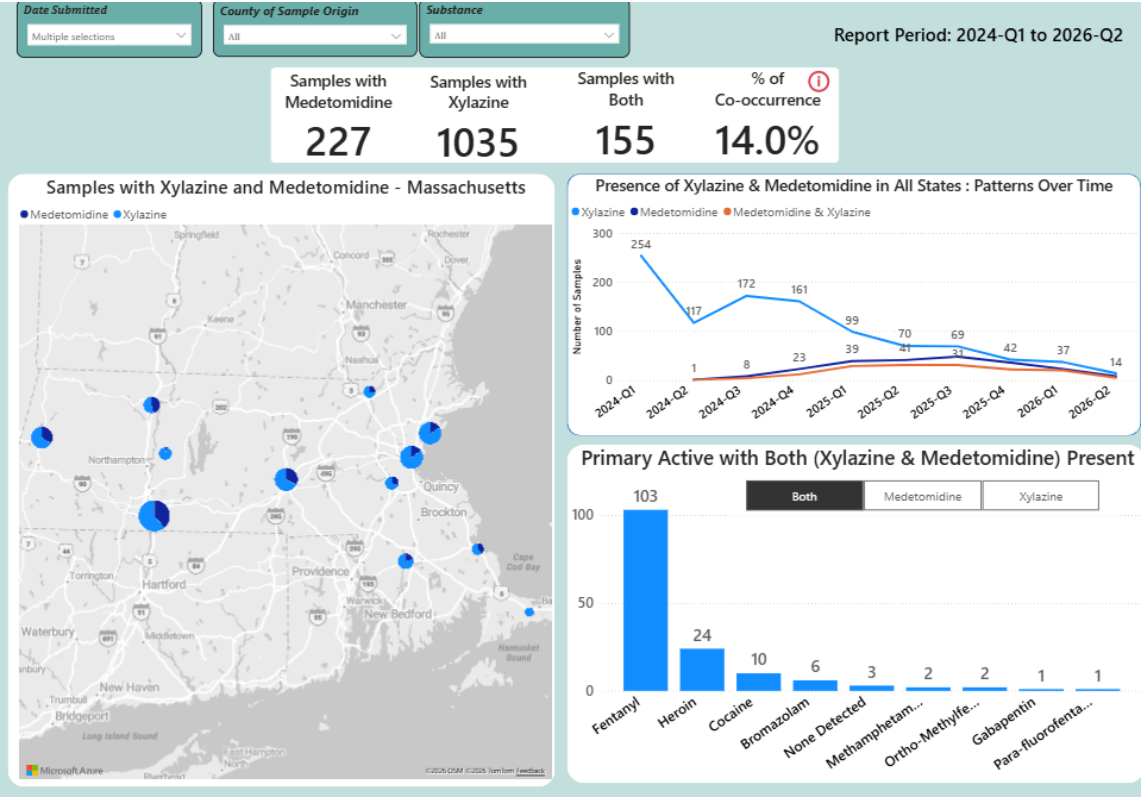


People report:

- deep sleepiness
- dry mouth
- slow breathing
- muscle twitches
- hallucinations

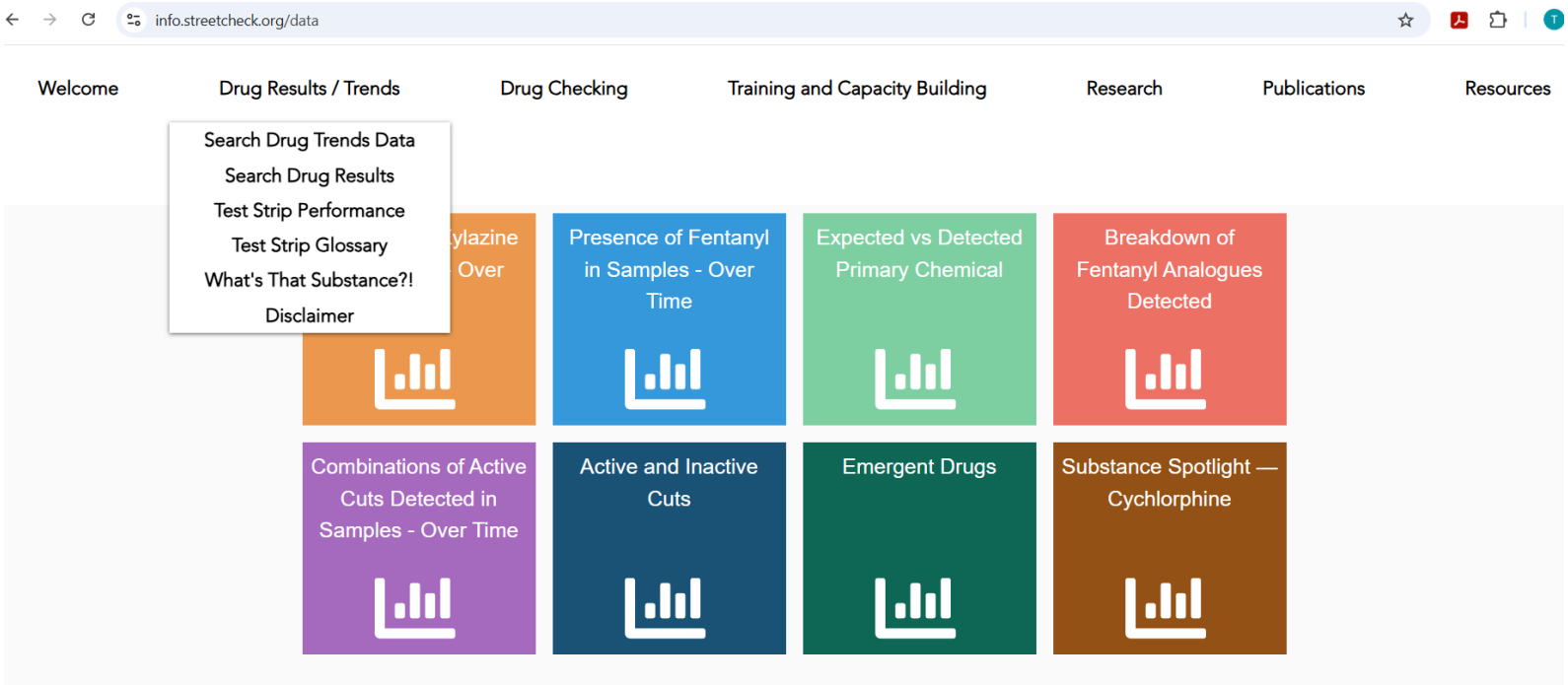
Harm Reduction: *Medetomidine is not an opioid, but it has only been found with opioids, so always give Narcan during an overdose. Keep watching for breathing and stay with the person if you can.*

Shifting Trends: Xylazine & Medetomidine



Prior to Q2 2024, medetomidine was not detected in any drugs tested by MADDS

Where to Find These Trends?



Thinking about including Drug Checking at your site? Considerations for Clinical Staff & Training



CURRENT HARM REDUCTION SERVICE OFFERINGS



PROTECTIONS AROUND DRUG CHECKING SERVICES



REPORTING



KNOWLEDGE AND INFORMATION ABOUT THE DRUG SUPPLY

SHOULD NOT BE USED FOR PUNITIVE PURPOSES

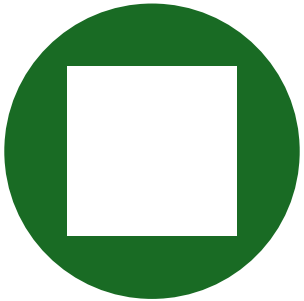
Drug Checking Data Nuances and Considerations

- Anonymous service
- Like other harm reduction services, utilization should not be linked to electronic medical records, client management system, and should not be used punitively
- State does not require or expect reporting at individual client level on uptake
- StreetCheck exists to manage and report uptake of these services
- All data for drug checking reflect samples, not people

Thank you!
We welcome your questions!



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Resources

- Thinking about offering drug checking resources at your OTP? Reach out for any technical assistance, questions, or tailored communication materials! madds@brandeis.edu
- Substance spotlight (English, Spanish) and other infographics: https://drive.google.com/drive/folders/1FcFAhnpUnBVxcHChXdWKtJxZEn9n-ksb
- www.Streetcheck.org
- https://ndews.org/
- BSAS Safety Planning Guide: https://www.mass.gov/doc/build-a-safety-plan-discharge-planning/download

References

1. Davis, S., Wallace, B., Van Roode, T., & Hore, D. (2022). Substance use stigma and community drug checking: A qualitative study examining barriers and possible responses. *International Journal of Environmental Research and Public Health*, *19*(23), Article 15978. https://doi.org/10.3390/ijerph192315978
2. Glick, J. L., Christensen, T., Park, J. N., McKenzie, M., Green, T. C., & Sherman, S. G. (2019). Stakeholder perspectives on implementing fentanyl drug checking: Results from a multi-site study. *Drug and Alcohol Dependence*, *194*, 527–532. https://doi.org/10.1016/j.drugalcdep.2018.10.017
3. Green, T. C., Park, J. N., Gilbert, M., McKenzie, M., Struth, E., Lucas, R., Clarke, W., & Sherman, S. G. (2020). An assessment of the limits of detection, sensitivity and specificity of three devices for public health-based drug checking of fentanyl in street-acquired samples. *International Journal of Drug Policy*, *77*, Article 102661. https://doi.org/10.1016/j.drugpo.2020.102661
4. Park, J. N., Frankel, S., Morris, M., Dieni, O., Fahey-Morrison, L., Luta, M., Hunt, D., Long, J., & Sherman, S. G. (2021). Evaluation of fentanyl test strip distribution in two Mid-Atlantic syringe services programs. *International Journal of Drug Policy*, *94*, Article 103196. https://doi.org/10.1016/j.drugpo.2021.103196
5. Rouhani, S., Park, J. N., Morales, K. B., Green, T. C., & Sherman, S. G. (2019). Harm reduction measures employed by people using opioids with suspected fentanyl exposure in Boston, Baltimore, and Providence. *Harm Reduction Journal*, *16*(1), Article 39. https://doi.org/10.1186/s12954-019-0311-9
6. Sherman, S. G., Morales, K. B., Park, J. N., McKenzie, M., Marshall, B. D. L., & Green, T. C. (2019). Acceptability of implementing community-based drug checking services for people who use drugs in three United States cities: Baltimore, Boston and Providence. *International Journal of Drug Policy*, *68*, 46–53. https://doi.org/10.1016/j.drugpo.2019.03.003