



Community Drug Checking In Connecticut



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The Overdose Crisis in Connecticut

Fatal Overdose Deaths in Connecticut are declining

2020 - 1374

2021 - 1530

2022 - 1464

2023 - 1337

2024 - 986

2025 – 835

However, there are still thousands of non-fatal overdoses each year

Current research points to:

Drug supply changes - likely affecting both overdose frequency and lethality.

Naloxone and Harm Reduction Expansion - Includes drug checking - Reducing the chance that an overdose becomes fatal.

Behavioral adaptation –Taking Test shots, Not using alone - has likely improved chances of survival.

Treatment access - improved access has likely helped some groups, though probably unevenly across demographics.



Highest Overdose Risk: Marginalized Populations

Across epidemiology, public health, and addiction research, the strongest predictors of overdose mortality include:

Structural and socioeconomic factors

- Poverty and low income
- Unstable housing or homelessness
- Neighborhood deprivation
- Unemployment and low education
- Lack of healthcare access

Social marginalization

- Criminal justice involvement
- Racialized structural inequality
- Medicaid dependence or uninsured status

Institutional transitions

- Release from incarceration
- Discharge from treatment or hospitalization
- Eviction or housing loss

Researchers increasingly describe overdose as a “risk environment” phenomenon, meaning social structures shape exposure to drug harms.



DRUG CHECKING 101

5 Senses - Touch, Sight, Hearing, Taste, Smell

Immunoassay Test Strips - FTS, XTS, BTS, NTS, MTS

- Fentanyl, Xylazine, Benzodiazepine, Nitazene, and Medetomidine

FTIR - Fourier Transfer Infrared Spectroscopy

Raman/Ion Mobile Spectroscopy

Gas Chromatography Mass Spectrometer [GCMS] & Liquid Chromatography-Quadruple Time of Flight [LC-QTOF]

Using FTIR in Harm Reduction Programs

People who use drugs want to determine the actual identity of the substance they intend to consume

- ∅ Help prevent harms associated with consuming unknown substance

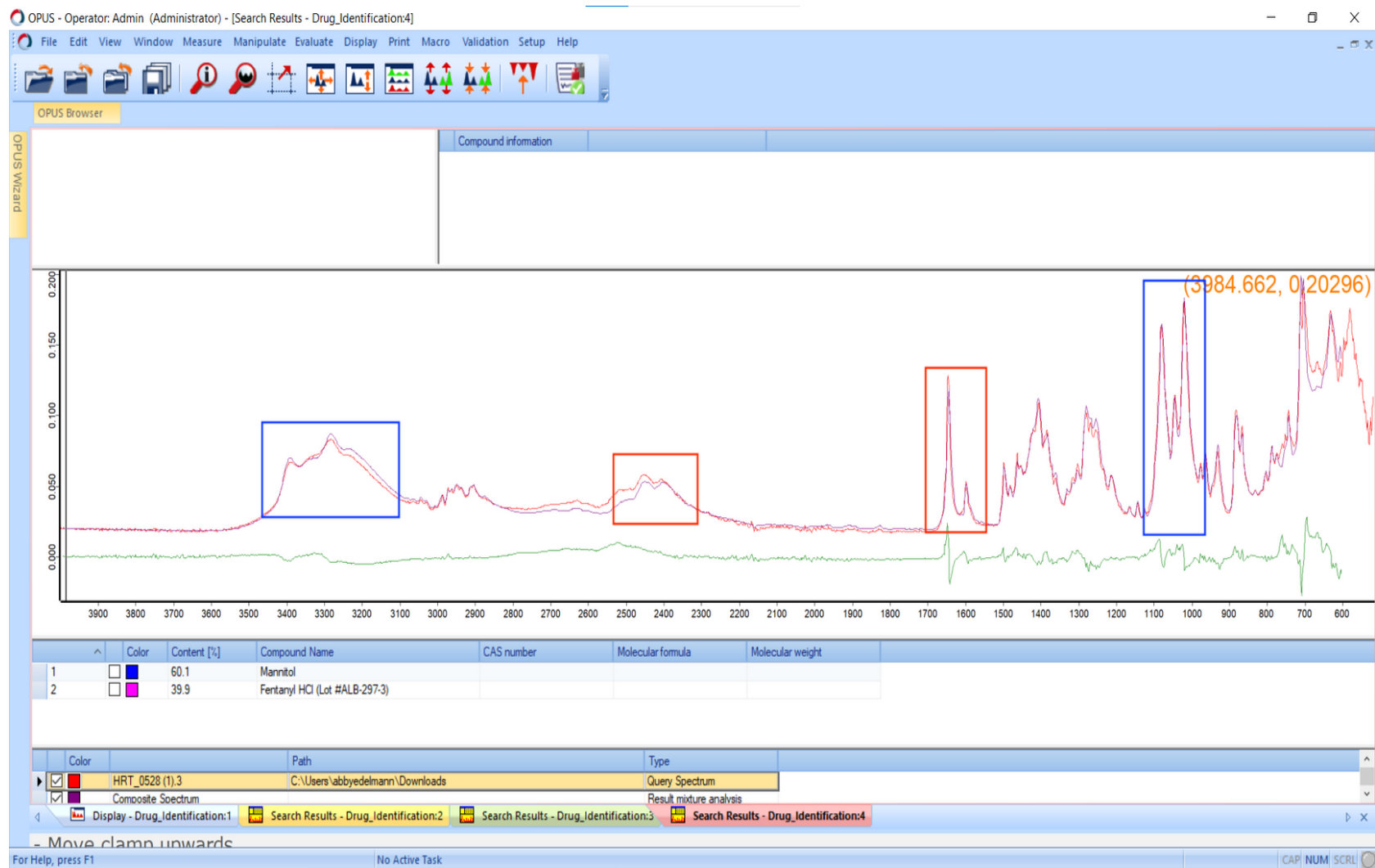
We have an unstable drug supply

- ∅ Iron Law of Prohibition



**Show me
how an FTIR
works....**







Drug Checking and Community Engagement



CLEAR uses drug checking as a tool to build rapport, foster connections, and create a space that reduces overdose risk.

We work with individuals to test small amounts of substances

- to make better informed decisions around substance use and mitigate risk of overdose or other complications due to a volatile drug supply.
- Creating an environment that fosters deep connections with our community members.

FTIRs in our Area

In Connecticut

There are **5** active drug checking programs that use FTIR spectrometers.

Bridgeport – Liberation

Hartford - CTHRA

New Haven - Yale

New London - AFL

Torrington - McCall



In New England

There are **15 - 20** active drug checking programs that use FTIR spectrometers.

Connecticut

Massachusetts

Maine

New York

Rhode Island

Vermont

Drug Checking Data 2025



What Drug Checking Shows (Bridgeport & Statewide)

- **Fentanyl** levels dropped below FTIR detection early 2025 → still positive on strips (which detect lower quantities).
- Fentanyl levels moving back towards “normal” quantities since late May → overdose risk rising.
- Other substances detected in the supply: **medetomidine (veterinary tranquilizer), benzodiazepines, BTMPS**.
- Only 2 of 109 Fairfield County opioid samples contained BTMPS
- Statewide spike (May–June 2025):
 - 61 suspected fatal overdoses (May 16–Jun 6).
 - 44 EMS overdose calls on June 2 (highest since Jul 2024).
 - Lab: rising fentanyl levels + sedatives mixed in.

OVERDOSE RESPONSE STRATEGY

PUBLIC HEALTH | PUBLIC SAFETY | PARTNERSHIP



Situational Alert: Fatal Overdose Spike—May 16 to June 6, 2025

Connecticut Overdose Response Strategy (CT ORS)

June 6, 2025

Connecticut is experiencing a surge in fatal and non-fatal overdoses across the state. Between May 16 and June 6, 2025, there have been 61 suspected fatal overdoses statewide, with noticeable clustering along the I-91 and I-95 corridors, as well as within the cities of New Haven and Hartford. This situational alert provides a summary of current trends, substance testing insights and public health and safety recommendations.

Overdose Data Highlights:

- 61 suspected fatal overdoses statewide from 5/16/2025 to 6/6/2025.
- 27 suspected fatal overdoses in New Haven County during the same period.
 - One suspected fatal overdose per day from 6/3/2025 to 6/6/2025 in the City of New Haven.
 - 21% of reported overdoses in CT occurred in New Haven in June 2025, 16% in May 2025, compared to 18.76% from July to December 2024.
- 17 suspected fatal overdoses in Hartford County, including a spike of three in a single day on 6/1/2025.
 - 19% of reported overdoses in CT occurred in Hartford in June 2025, 19% in May 2025, compared to 13.3% from July to December 2024.
- Increased overdose activity along the I-91 and I-95 corridors continues to elevate concern.

EMS-Reported Highlights:

- On June 2, there were 44 EMS-reported overdoses statewide, which is the highest single-day total since July 2024.
- On June 3, there were 37 reported overdoses, making it the third-highest overdose day.
- On June 4, there were 26 reported overdoses, with potential for increase as late entries are submitted.
- The month of May 2025 averaged over 23 overdoses per day, marking the highest monthly average since July 2024.

This level of overdose activity reported by EMS reflects a significant public health concern occurring across multiple regions in Connecticut.

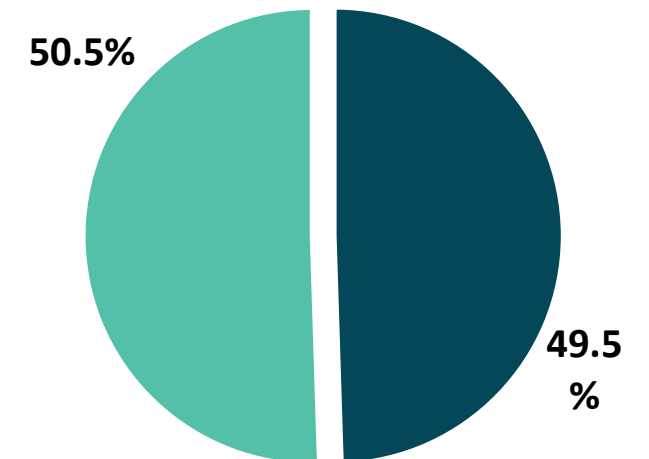
Drug Checking Data 2025

What Drug Checking Shows (Fairfield County) –

- In 2025, 109 illicit opioid samples were tested.
- Many results from the CT Public Health Laboratory's LC-QTOF Machine are results still pending.
- 49.5% (54/109) tested positive for xylazine via test strips, FTIR, and LC-QTOF at CT Public Health Lab.
- Common cutting agents found include mannitol (102), caffeine (58), procaine (21), paracetamol (14), and phenacetin, per FTIR analysis.
- *Results do not fully reflect Fairfield County's broader drug supply.*



Xylazine Results



- Positive for Xylazine
- Negative for Xylazine

Drug Checking Data 2025

- **Medetomidine** → extreme sedation, hallucinations, slowed healing; test strips in use.
- **Nitazenes** → a group of synthetic opioids with potencies that vary widely—some weaker, some similar, and some significantly stronger than fentanyl.
- Fairfield County 2025 total samples (n=192):
 - 10% of opioids (n=192) contained medetomidine
 - 2% of opioids (n=192) contained nitazenes
 - 10% of opioids (n=192) contained benzodiazepines
 - 2024: no medetomidine or nitazenes detected

Action Steps to Share with Participants:

- Do not use alone → Safe Spot Hotline: 1-800-972-0590 and start with a small test dose.
- Carry naloxone and practice rescue breathing.
- Encourage drug checking before use.

medetomidine

what is it & why does it matter

The Basics

- A tranquilizer similar to xylazine
- First found in the philly drug supply at the end of April 2024
- Clinical purposes:
 - induces sedation
 - an analgesic: causes an inability to feel pain
 - an anxiolytic: causes a level of sedation associated with extreme relaxation but may not be awake & may not be able to respond
 - muscle relaxation
- At this time, all samples containing medetomidine also contained xylazine & fentanyl.



Similarities to xylazine aka tranq

- Medetomidine is an alpha 2 agonist
- Causes significant sedation
- Causes vasoconstriction
 - Will slow healing of wounds
- Causes respiratory depression
- Causes dry mouth
- Not approved for human use but unlike xylazine does have a version that is approved for use in humans known as dexmedetomidine

Differences between medetomidine & xylazine aka tranq

- Causes muscle twitches*
- Can cause hallucinations*
- Causes peripheral cyanosis - can turn skin colors, but person isn't truly cyanotic (without oxygen)*
- Medetomidine is considered to be stronger than xylazine (200x) and has a longer duration of action which means that it lasts longer than xylazine.
- Medetomidine causes an increase in urination which leads to dehydration and an increase in overdose risk.
- There is a form of medetomidine that is approved for use in humans known as dexmedetomidine.

*Symptoms not found with xylazine use

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Communicating Results...



DRUG CHECKING RESULTS

FOR
THE
PEOPLE
WE
LOVE

Liberation
PROGRAMS

LP_1074



DATE TESTED: 2.27.26

REGION PURCHASED: Shelton, CT
PURCHASED AS: Percocet/Oxycodone
FTIR RESULTS: Microcrystalline Cellulose | Major | Mannitol | Minor | Fentanyl | Minor
TEST STRIP RESULTS: **Fentanyl +** Xylazine -, Benzodiazepine -, Medetomidine -, Nitazene -

Definitions:

Results read as Major (More than 50%), Minor (10% to 50%), and Trace (5% to 10%)

- Do a test dose
- Carry naloxone
- Do not use alone
- If using alone, call a hotline to create a safety plan

Call SafeSpot at 1-800-972-0590.



Lab
Results
Pending



DRUG CHECKING RESULTS

FOR
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PROGRAMS

LP_1104



DATE TESTED: 3.06.26

REGION PURCHASED: Bridgeport, CT
PURCHASED AS: Dope/Fentanyl
FTIR RESULTS: Mannitol | Major | Caffeine | Minor | Fentanyl | Minor
TEST STRIP RESULTS: **Fentanyl + Xylazine +**, Benzodiazepine -, Medetomidine +, Nitazene -

Definitions:

Results read as Major (More than 50%), Minor (10% to 50%), and Trace (5% to 10%)

- Do a test dose
- Carry naloxone
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Lab
Results
Pending

CoMMuNiTY DRUG ChECkINg



Date Purchased: April 2024

Location: Torrington

Bought as: Pressed Xanax

Test Strip Results: FTS-, XTS-, **BTS+**

FTIR Analysis:

Microcrystalline Cellulose—Major
Bromazolam—Minor

Notes: Bromazolam is a novel illicit benzodiazapene on the market often found in pressed pills and can sometimes be found mixed with other drugs. It is important to **ALWAYS test your pressed pills with test strips** for fentanyl before using them, **never use alone**, and **grab some naloxone** from your nearest harm reduction program.

Resource: CFSRE, MADDs



CoMMuNiTY DRUG ChECkINg



Date Purchased: 04/05/2024

Location: Waterbury

Bought as: Fentanyl

Test Strip Results: FTS+, XTS+

FTIR Analysis:

Fentanyl HCl/Analogue—Major
Xylazine—Minor
Inositol—Minor

Look for yellow color coded FTIR analysis for indications that this may be a sample that had notable results, non-severe adverse reactions (AKA NOT INCLUDING OVERDOSE/OVERDOSE DEATH) or alerted the technician in some way...and red color coded is when there were notable adverse reactions or events that occurred alongside the use of the sample or batch the sample came from (THIS INCLUDES OVERDOSE/OVERDOSE DEATH)

Notes: There were indications that the sample contained a higher concentration of both fentanyl hcl/analogue and xylazine within the mixture including experiences of heavy sedation from submitter. It is important to **start low and go slow**, **never use alone**, and **remember to grab some naloxone and wound care kits** from your nearest harm reduction program.





Client Case Study

CLEAR Client – Norwalk

Referred to CLEAR by Norwalk Police following an overdose. During her first year of engagement, she experienced more than 20 non-fatal overdoses. CLEAR Outreach Specialists maintained consistent contact and continued engagement, including working with her in her home to address safety and environmental concerns. Through drug checking services, Client B identified dangerous substances in the supply and changed her use patterns. Since this intervention, she has not experienced further overdose, representing a significant reduction in immediate risk.

CLEAR staff supported connections to residential treatment (two admissions), Intensive Outpatient care, methadone, and ongoing wound care for severe xylazine-related leg wounds that now require wheelchair use. Over the past year, CLEAR has helped coordinate care across multiple providers, supported court engagement, and assisted with family and housing challenges.

Current Status: Client remains engaged with CLEAR, attending treatment and medical appointments, with no recent overdoses and improved stability, though housing instability remains a major barrier.

Thank you!

Questions?

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