NYC Drug Checking Report:
January 1, 2026, to March 31, 2026 (Quarter 1 2026)

Background

In collaboration with community partners, the NYC Health Department offers drug checking services at six syringe service programs across NYC. Trained drug checking technicians use immunoassay test strips and Fourier transform infrared (FTIR) spectrometry to analyze and determine the contents of drug samples, then provide tailored harm reduction education and information based on the compounds present in the samples. Currently, nearly all samples are sent for secondary laboratory testing, which uses advanced techniques to further analyze the compounds. In rare cases, samples may be excluded from testing at the technician's discretion or at the request of the participant accessing the service. This report only includes secondary laboratory testing results and aims to provide insights into broader drug trends and opportunities for community response and tailored harm reduction strategies.

Disclaimer

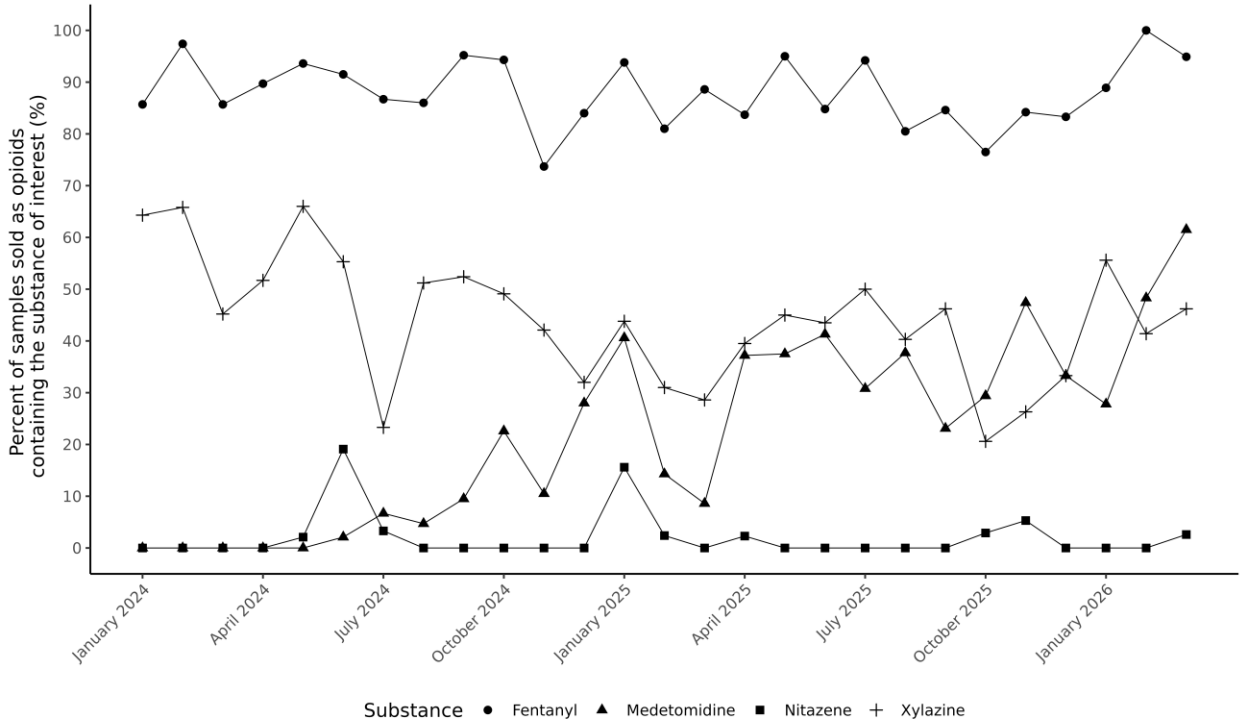
This report presents findings from drug checking data collected across NYC. This information is intended for public health monitoring and harm reduction efforts and should not be interpreted as a representation of all substances circulating in NYC's unregulated drug supply. Samples submitted for drug checking may contain more than one substance. This report does not include information about the amounts of various components found within drug samples that contain multiple substances and does not differentiate between major and trace-level components in drug samples that contain multiple substances. Inactive compounds (compounds that do not produce a pharmacological effect) are routinely found in NYC's unregulated drug supply but are not included in this report. Unexpected combinations of substances in a single sample may be due to intentional or unintentional contamination during the production, consumption, or checking phases. Data included in this report reflect information available at the date of publication and are subject to change. A glossary of terms is available at the end of this report.

Contact Us

For questions about the NYC Health Department's drug checking program, please email drugchecking@health.nyc.gov.

Key Drug Checking Program Statistics

From November 2021 to March 2026, the NYC Health Department's drug checking program collected a total of 3087 samples, along with information about what the drugs were sold as. Secondary laboratory testing results confirmed the components of each sample.



The following chart shows the percent of samples sold as opioids with secondary laboratory testing results, which indicate the presence of key substances of interest deemed relevant for public health monitoring (January 1, 2024, to March 31, 2026). Not all substances observed in samples sold as opioids are represented in the chart. Note that the number of samples submitted to the NYC Health Department's drug checking program can impact variation in the percent calculations for any given month.

Quarterly Trends

From January 1, 2026, to March 31, 2026, the NYC Health Department's drug checking program collected a total of 183 samples, along with information about what the drugs were sold as. Secondary laboratory testing results confirmed the components of each sample.

- 86 (47%) samples were sold as opioids. Of those samples, 82 (95%) contained fentanyl, 49 (57%) contained heroin, 43 (50%) contained medetomidine, 40 (46%) contained xylazine, 39 (45%) contained BTMPS, and 1 (1%) contained a nitazene.
- 70 (38%) samples were sold as stimulants, with 34 (49%) of those samples being sold as cocaine or crack. Of the samples sold as cocaine, 25 (74%) contained only cocaine and 9 (26%) contained cocaine and other active compounds, including benzocaine, lidocaine, phenacetin, atomoxetine, or levamisole.

Detailed Breakdown of Compounds by Substance "Sold As" Category

A total of 183 samples had secondary laboratory testing results available between January 1, 2026, and March 31, 2026. Samples marked with an asterisk (*) may have intentionally or unintentionally been contaminated during the production, consumption, or checking phase.

- 86 samples were sold as **opioids**. Of those samples:
  - 82 contained fentanyl
  - 49 contained heroin
  - 43 contained medetomidine
  - 40 contained xylazine
  - 39 contained BTMPS
  - 6 contained carfentanil
  - 3 contained a benzodiazepine (specifically flubromazepam and/or bromazolam)
  - 1 contained a nitazene (specifically N-pyrrolidino isotonitazene)
  - 1 contained methamphetamine
- 70 samples were sold as **stimulants**. Of those samples:
  - 34 samples were sold as **cocaine or crack**. Of those samples:
    - 25 contained only cocaine
    - 2 contained cocaine and benzocaine
    - 2 contained cocaine and lidocaine
    - 2 contained cocaine and phenacetin
    - 1 contained cocaine and atomoxetine
    - 1 contained cocaine and levamisole
    - 1 contained cocaine, levamisole, and phenacetin
  - 24 samples were sold as **methamphetamine**. Of those samples:
    - 24 contained only methamphetamine
  - 11 samples were sold as **MDMA, MDA, or ecstasy**. Of those samples:
    - 4 contained only MDMA
    - 2 contained only MDA
    - 2 contained MDMA and MDA
    - 1 contained only methamphetamine
    - 1 contained MDMA, MDA, and ketamine*
    - 1 contained MDMA and cocaine*
  - 1 sample was sold as **3-MMC** (which contained only 3-MMC)
- 6 samples were sold as **benzodiazepines**. Of those samples:
  - 2 contained only alprazolam
  - 1 contained only diazepam
  - 1 contained only clonazepam
  - 1 contained only cyproheptadine
  - 1 did not contain any active substances
- 14 samples were sold as **psychedelics or dissociatives**. Of those samples:
  - 12 samples were sold as **ketamine**. Of those samples:
    - 11 contained only ketamine

        - 1 contained ketamine and cocaine*
    - 1 sample was sold as **2C-I** (which contained 2C-I, Ketamine, and 5-MeO-DiPT)*
    - 1 sample was sold as **5-MeO-DiPT** (which contained only 5-MeO-DiPT)
- 7 samples were sold as "**other**." Of those samples:
    - 3 samples were sold as **BDO**. Of those samples:
        - 2 contained 1,4-Butanediol (BDO), GBL
        - 1 contained only 1,4-Butanediol (BDO)
    - 2 samples were sold as **GHB** (which contained only GBL)
    - 1 sample was sold as **K2** (which contained MDMB-4en-PINACA)
    - 1 sample was sold as **resin/cannabis wax** (which contained only Delta-9-THC)

Additionally, there were 13 samples with secondary laboratory testing results that did not have "sold as" information. The laboratory substances associated with these samples are omitted from this report.

Glossary of Terms

This glossary provides brief definitions of the substances identified by the NYC Health Department's drug checking program in Quarter 1 2026, along with the potential risks associated with their use. Individual experience with substances depends on a wide range of factors, including the characteristics of the drugs being used, physical and mental state of the individual using the substance, and physical and social environments in which the use occurs. These definitions are not exhaustive and do not capture the complexity of drugs or diverse experiences of the people who use them. For more information on drugs, harm reduction strategies, and other drug checking glossaries, consider complementary information provided by other harm reduction organizations (such as the National Harm Reduction Coalition or NEXT Distro) or other public health organizations that operate drug checking programs (such as the New York State Department of Health Drug Checking Service, Toronto's Drug Checking Service, or the Substance Drug Checking program at the University of Victoria).

Substance Name	Information on Substances and Substance-Related Terms
2C-B	2C-B (2,5-dimethoxy-4-bromophenethylamine) is a synthetic stimulant hallucinogen. Similar to other 2C drugs, reported adverse effects include sweating, nausea, vomiting, high heart rate, elevated blood pressure, high temperature, confusion, seizures, neuromuscular excitability or injury, agitation, serotonin toxicity, psychosis, or hallucinations.
2C-I	2C-I (4-iodo-2,5-dimethoxyphenethylamine) is a synthetic stimulant hallucinogen. Similar to other 2C drugs, reported adverse effects include sweating, nausea, vomiting, high heart rate, elevated blood pressure, high temperature, confusion, seizures, neuromuscular excitability or injury, agitation, serotonin toxicity, psychosis, or hallucinations.
3-MMC	3-MMC (3-methylmethcathinone) is a synthetic cathinone. Adverse effects of synthetic cathinones and synthetic cathinone derivatives include elevated heart rate, blood pressure, insomnia, hallucinations, agitation, and paranoia. Episodes of psychosis have been reported with chronic use. Cases of serotonin toxicity, elevated temperature, muscle, kidney, and liver injury, abnormal heart rhythm, seizures, and death have been reported. Chronic use can result in physical and psychological dependence and withdrawal may occur upon stopping use.
5-MeO-DiPT	5-MeO-DiPT (5-methoxy-N,N-diisopropyltryptamine) is a psychedelic tryptamine. Adverse effects associated with

	psychedelic tryptamines in general include nausea, vomiting, decreased appetite, dizziness, paresthesias (numbness, tingling, or other changes in sensation), sweating, anxiety, mood alterations, time distortion, confusion, abnormal reflexes, rigidity, problems with coordination, weakness, dysthestheisa (unpleasant or abnormal sensation of touch), drowsiness. It may manifest as severe anxiety, agitation, paranoia, bizarre behavior, elevated blood pressure, high heart rate and blood pressure, abnormal heart rhythm, muscle injury (rhabdomyolysis), serotonin toxicity, or hyperthermia (elevated temperature). Death may also be secondary to behavioral effects.
Alprazolam	Alprazolam (Xanax) is a short-acting benzodiazepine often used to treat anxiety. In overdose it can cause heavy sedation, slowed or stopped breathing or unresponsiveness. The risk is higher if used with other sedating substances like opioids or alcohol.
Atomoxetine	Atomoxetine is a selective norepinephrine reuptake inhibitor (SNRI) used for treatment of ADHD. It has been reported to increased blood pressure and heart rate. Atomoxetine may increase risk of worsening of psychiatric symptoms including psychotic symptoms and mania in individuals with psychiatric illness.
BDO	BDO is an industrial chemical and prodrug of GHB, which is a sedative-hypnotic. BDO converts into GHB in the body. Adverse effects can include dizziness, sleepiness, minor muscle spasms, nausea, and vomiting. At higher doses, GHB can cause seizures or loss of consciousness. Combining GHB with other depressants, such as opioids, alcohol, or benzodiazepines, increases the risk of overdose.
Benzocaine	Benzocaine is a local anesthetic. Acute exposure toxicity from local anesthetics is dose dependent and effects the heart and central nervous system (e.g., seizures, coma, abnormal heart rhythm and cardiovascular collapse). More mild toxicity can include headache, dizziness, drowsiness, paresthesias (sensation changes), mouth numbness, blurry vision, and tremor.
Bromazolam	Bromazolam is a designer benzodiazepine that is structurally related to alprazolam (Xanax). It has never been approved for medical use and data on pharmacology and toxicity are limited. Drugs in the benzodiazepine class generally carry risk of tolerance and dependence with regular use. Overdose can cause sedation and problems

	with breathing, especially if combined with other sedating substances.
BTMPS	BTMPS (Bis(2,2,6,6-tetramethyl-4-piperidyl) sebacate) is an industrial chemical used as a light stabilizer in plastics, as well as other commercial uses. Data on clinical effects and safety in humans are limited. Subjective reports for people who use drugs have indicated that BTMPS can smell like bug spray or plastic when smoked. Use has been associated with blurred vision, nausea, and coughing.
Carfentanil	Carfentanil is a synthetic opioid that is highly potent (100 times stronger than fentanyl). It can lead to toxicity and overdose, even with exposure to very small amounts, increasing risk for overdose death. During an overdose, carfentanil can lead to unresponsiveness or decreased or stopped breathing.
Clonazepam	Clonazepam is a short-acting benzodiazepine used to treat anxiety. Drugs in the benzodiazepine class generally carry risk of tolerance and dependence with regular use. During an overdose, it can cause heavy sedation, slowed or stopped breathing, or unresponsiveness. The risk is higher if used with other sedating substances such as opioids or alcohol.
Cocaine	Cocaine is a stimulant. Adverse effects can include seizure, stroke, heart attack, abnormal heart rhythm, muscle breakdown, or kidney injury.
Cyproheptadine	Cyproheptadine is an antihistamine used to treat allergy symptoms. Adverse effects can include drowsiness, dizziness, nausea, headache, or muscle weakness. More severe adverse effects include difficulty urinating and vision problems.
Diazepam	Diazepam (Valium) is a benzodiazepine used to treat anxiety. Drugs in the benzodiazepine class generally carry risk of tolerance and dependence with regular use. During an overdose, it can cause heavy sedation, slowed or stopped breathing, or unresponsiveness. The risk is higher if used with other sedating substances such as opioids or alcohol.
Fentanyl	Fentanyl is a highly potent opioid with a high risk for overdose. During an overdose, it can lead to unresponsiveness and decreased or stopped breathing.
Flubromazepam	Flubromazepam is a designer benzodiazepine. It has never been approved for medical use and data on pharmacology and toxicity are limited. Drugs in the benzodiazepine

	class generally carry risk of tolerance and dependence with regular use. Overdose can cause sedation and problems with breathing, especially if combined with other sedating substances.
GBL	GBL is a prodrug of GHB, which is a sedative-hypnotic. GBL converts into GHB in the body. Adverse effects can include dizziness, sleepiness, minor muscle spasms, nausea, and vomiting. At higher doses, GHB can cause seizures or loss of consciousness. Combining GHB with other depressants, such as opioids, alcohol, or benzodiazepines, increases the risk of overdose.
GHB	GHB is a sedative-hypnotic. Adverse effects can include dizziness, sleepiness, minor muscle spasms, nausea, and vomiting. At higher doses, GHB can cause seizures or loss of consciousness. Combining GHB with other depressants, such as opioids, alcohol, or benzodiazepines, increases the risk of overdose.
Heroin	Heroin is an opioid that is derived from the poppy plant. During an overdose, it can cause unresponsiveness or slowed or stopped breathing. Heroin is less potent than fentanyl.
Ketamine	Ketamine is an anesthetic that is similar to phencyclidine (PCP). Adverse effects can include hallucinations, confusion, abnormal behavior, nausea or vomiting, or hypertension. Depending on the dose, it can also cause breathing changes, sedation, abnormal heart rate, seizures, or abnormal heart rhythm. Chronic use has been associated with bladder and urinary tract problems. There are also reports of severe abdominal pain and cognitive impairment with chronic use. Chronic use may lead to tolerance and dose escalation.
Levamisole	Levamisole is a medication used to treat worm infections (antihelmintic agent) in veterinary medicine. It can cause problems with blood cells (agranulocytosis- low white blood cells), blood vessels (vasculitis), and/or lead to rashes.
Lidocaine	Lidocaine is a local anesthetic and numbing agent commonly used in dentist offices and for topical pain relief. Acute exposure toxicity from local anesthetics is dose dependent and effects the heart and central nervous system (e.g., seizures, coma, abnormal heart rhythm and cardiovascular collapse). More mild toxicity can include

	headache, dizziness, drowsiness, paresthesias (sensation changes), mouth numbness, blurry vision, and tremor.
MDA	MDA (3,4-methylenedioxyamphetamine) is a hallucinogenic amphetamine, similar to MDMA. Adverse effects can include dizziness, hyperactivity, decreased appetite, pupillary dilation, headache, anxiety, or disorientation. Rare severe toxic effects include low sodium, seizures, elevated body temperature, muscle rigidity, or muscle or kidney injury. The compound has mostly stimulant effects with lesser hallucinogenic properties. It is also a minor metabolite of MDMA.
MDMA	MDMA (3,4-methylenedioxymethamphetamine) is a hallucinogenic amphetamine. Adverse effects can include dizziness, hyperactivity, decreased appetite, headache, anxiety, or disorientation. Rare severe toxic effects include low sodium, seizures, elevated body temperature, or muscle or kidney injury.
MDMB-4en-PINACA	MDMB-4en-PINACA is a synthetic cannabinoid. Synthetic cannabinoids are chemically manufactured drugs designed to mimic cannabinoids. These are often associated with unknown biological effects and health risks because they have not been studied in humans. Reported adverse effects of MDMB-4en-PINACA include loss of consciousness, unresponsiveness, cardiovascular effects (such as elevated blood pressure, fast heart rate, heart attack), stroke, seizures, vomiting, kidney injury, delirium, psychosis, and aggressive and violent behavior. MDMB-4-en-PINACA exposure has been involved in severe poisoning and/or death in multiple cases. In most of the deaths it was mixed in with other substances.
Medetomidine	Medetomidine is an alpha-2 agonist similar to xylazine but is reported to be more potent and have longer effects. The effects of medetomidine can include sedation, analgesia (pain relief), muscle relaxation, anxiolysis (anxiety reduction), bradycardia (slow heart rate), hypotension (low blood pressure), hyperglycemia (high blood sugar), or hallucinations. In clinical overdose encounters where medetomidine is detected or suspected, the most prominent symptoms that have been reported by health care providers are low heart rate and sedation. A severe withdrawal syndrome (including elevated heart rate,

	elevated blood pressure, agitation, waxing or waning mental status, nausea or vomiting that is difficult to control, sweating, or severe opioid withdrawal) has been associated with medetomidine exposure. Read more about responding to withdrawal associated with medetomidine at bit.ly/4bYua2f.
Methamphetamine	Methamphetamine is a stimulant. Adverse effects can include heart problems (such as abnormal heart rhythm or rate, heart attack, or heart failure), high blood pressure, hallucinations, psychosis, or kidney or muscle injury.
N-pyrrolidino isotonitazene	N-pyrrolidino isotonitazene is a synthetic opioid in the nitazene class. Data specific to N-pyrrolidino isotonitazene is limited. Nitazenes cause opioid effects and are reversible with naloxone. Within the nitazene class potency can vary.
Phenacetin	Phenacetin is a pain reliever that may cause kidney or liver problems with long-term use. It was removed from the market in the U.S. and Europe due to causing kidney damage. Phenacetin use is associated with increased risk of urothelial cancer. Phenacetin is a cutting agent primarily used in cocaine due to its similar analgesic and physical properties.
Xylazine	Xylazine is an alpha-2 agonist and long-acting veterinary sedative. Especially if combined with other sedating medications, it can cause unresponsiveness, low blood pressure, slowed heart rate, or decreased breathing. Xylazine use has been associated with skin ulcers or wounds. Chronic use can also lead to dependence and a withdrawal syndrome that can cause irritability, anxiety, or dysphoria (low mood).