# COMMUNITY DRUG ALERT

## 37 suspected overdoses/ drug and 1 suspected drug-related death in Waterloo Region from July 30 to August 3

**Issued: August 3, 2026** **Expires: August 18, 2026**

- The street drug supply is highly toxic. **Unexpected drugs may be mixed in to any type of street drug** without people knowing.
- Sanguen's Drug Checking Program is closed and will reopen August 6. Current information on the local drug supply is not available. Updates to this Drug Alert may come as more information becomes available.

There are reports of:

- **Stronger fentanyl than expected**. People who use unregulated (street) fentanyl may be at greater risk for overdose/ drug poisoning.
- **Complex overdoses.** Deep sleepiness (on the nod, heavily sedated) and a very low heart rate. These are signs to go to the hospital.
- **Complex withdrawal. Signs to go to the hospital:**
  - Throwing up a lot
  - Chest pain
  - Going in and out of awareness

**IF SOMEONE OVERDOSES:** Call 911. Give naloxone. Stay with them until help arrives.

**STAY SAFER:**

- Start low and go slow.
- Don't use drugs alone.
- Use around a trusted person and take turns so one person can help if an overdose happens.
- Use the National Overdose Response Service (NORS) at 1-888-688-6677.
- Test your drugs at Sanguen (226-789-1719).
- Carry naloxone and know how to use it.
- Avoid mixing drugs – use one drug at a time.

| Get a Naloxone Kit | Get Support |
|---|---|
| For locations to get free naloxone and harm reduction supplies, scan the QR code, visit regionofwaterloo.ca/harmreduction, or call 519-575-440 | HART Hub Waterloo Region is available for anyone experiencing homelessness and housing instability who is interested in support/ change around their addiction. 519-745-4404 x213 |

Scan the QR code to sign up to get community drug alerts for Waterloo Region to your inbox.

# Drugs found last month through Sanguen Health Centre's Drug Checking Program

Sanguen's Drug Checking Program is closed and will reopen August 6.
Current Drug Checking information is not available.
Updates to this alert may come as more information becomes available.

**Medetomidine**

- **What is it?** A strong sedative, like xylazine but much stronger. Not an opioid.
- **Effects:** Last a long time (90 minutes or several hours).
  - Deep sleepiness (on the nod, heavily sedated).
  - Passing out. People may be hard to wake up.
  - Slow breathing, heart rate, and blood pressure.
  - May cause hallucinations or confusion.
  - Dizziness, nausea, vomiting.
- **Medetomidine Withdrawal:** Can start quickly and be very serious. **Signs to go to the hospital:**
  - can't stop throwing up.
  - chest pain.
  - going in and out of awareness

**Para-fluorofentanyl**

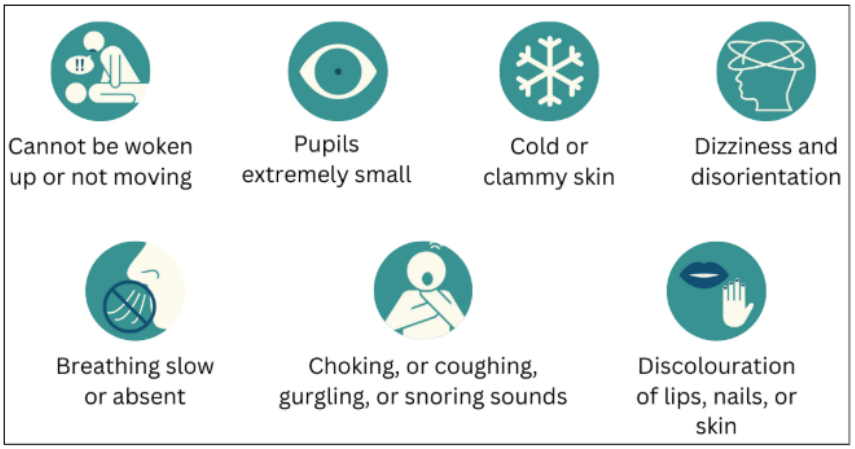
- **What is it?** Unregulated fentanyl-like drug (opioid).
  - Test your drugs with fentanyl test strips. A positive result could mean para-fluorofentanyl or other types of fentanyl are in your drugs.
- **Effects:**
  - Deep sleepiness (on the nod, heavily sedated).
  - Passing out. People may be hard to wake up.
  - Slow breathing, heart rate, and blood pressure

**Fentanyl**

- **What is it?** A strong opioid.
  - Test your drugs with fentanyl test strips. A positive result could mean fentanyl is in your drugs.
  - Fentanyl was found to be stronger than expected. People who use unregulated (street) fentanyl may be at greater risk for overdose/ drug poisoning.
- **Effects:**
  - Slows breathing and heart rate.
  - People may be hard to wake up (heavily sedated).
  - Memory loss
  - Feeling of a stiff or tight chest

**What to do:**

- Stay with anyone on the nod and watch for signs of an overdose.
- Follow the 5 steps to respond to an opioid overdose:
    1. **Shout** their name and shake their shoulders.




    2. **Call 911** if they won't wake up or if breathing is very slow or not at all.

    3. **Give naloxone**.
        - Para-fluorofentanyl is an opioid. Naloxone will work on para-fluorofentanyl.
        - Medetomidine is not an opioid. Naloxone cannot stop the effects of medetomidine. Give naloxone because it will work on opioids that may be mixed in the drugs.

    4. Check that the person is breathing regularly. They may not wake up right away. **Perform rescue breathing or give oxygen** if you can.

    5. Additional doses of naloxone may be needed. Give another dose every 2-3 minutes until breathing is back to normal.

- If they are very sedated (sleepy) but still breathing, encourage them to keep breathing.

- Stay with them until help arrives.

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