Drug Anomaly Digest.

A monthly read of the regional drug supply — what's spiking, what's emerging, what to watch.

REPORTING WINDOW: 1 JUNE — 4 JULY 2026

COVERAGE: PA · NJ · NY · DE · MD · WV · OH

Welcome to PA Groundhogs Regional Drug Anomaly Digest (R-DAD), a monthly roundup of drug related intel, news, reports, analysis and, when available, new test results covering Pennsylvania and its six bordering states with a focus on adverse drug events and suspected overdoses over the prior 30 days. The R-DAD blends expertise in the fields of drug checking, drug market analysis, community outreach, harm reduction, journalism, forensic science, and epidemiology to deliver subscribers the relevant information they need to understand the latest regional drug supply trends and to identify new and ongoing threats in P.A.G.'s immediate seven-state footprint.

COVERAGE REGION — 7 STATES

Last month, everyone who subscribes to our Alerts received our inaugural Regional Drug Anomaly Digest for free. We received resoundingly positive feedback, a few new partnership inquiries and even a request that we replicate the Digest in other areas of the country. We're not there just yet, but we're glad so many of you found it useful.

Starting with the July issue of the Regional Drug Anomaly Digest, we will be asking those who wish to continue to receive the anomaly report to pay a $15 requested donation to receive a link to the July Digest. Alternately, save $5 an issue when you subscribe for a year (12 months) for just $120. Help support our regional community by subscribing today. Secure your next issue by clicking below.

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REGIONAL OVERVIEW: JUNE 2026

PA Groundhogs would like to thank our partners in the field who contributed tips, reporting or samples for this issue, including our partner organization **NJ Groundhogs** – which has been keeping a close eye on the situation in Cape May County. We'd also like to thank **Lancaster Harm Reduction**, and all the anonymous humans in the field that keep us up to date on the latest outbreaks and anomalies.

June was a corridor month rather than a single-cluster month: the firmest public cluster sat in Cape May County, NJ, while Maryland's ODCP spike feed lit up across four counties along the DC–Baltimore corridor. PA Groundhogs human intelligence added two operationally important Pennsylvania signals — three fatal overdoses near Wood Street Commons in Pittsburgh, and presumptive nitazene-positive strip readings in York County. This issue also carries a field lab alert on medetomidine turning up in counterfeit Xanax, and a new Clinical Corner summarizing Philadelphia's outpatient medetomidine-withdrawal guidance for treatment providers.

01 ACTIVE CLUSTER BRIEF — LAST 30 DAYS

● Active — Last 30 Days

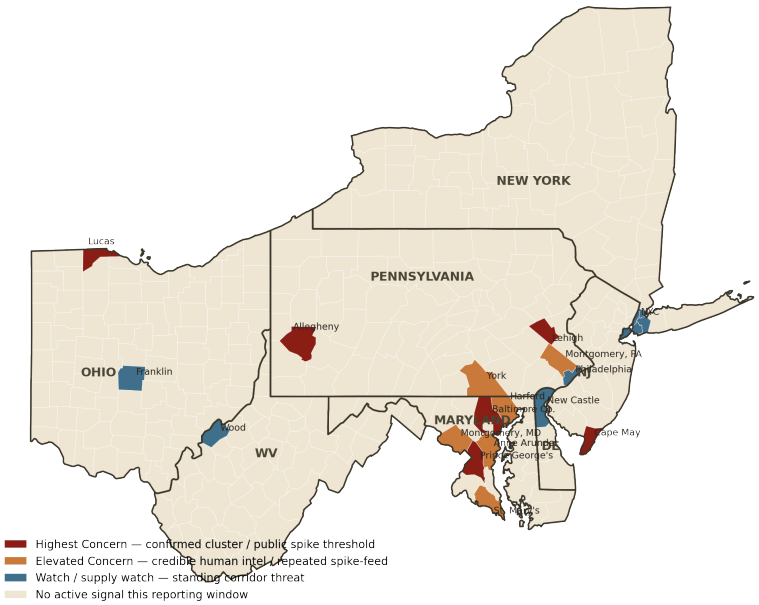
A corridor month: Cape May, NJ and the Maryland ODCP spike belt — June 2026

June's firmest public cluster was **Cape May County, NJ** — five drug-related overdoses in 24 hours and one confirmed public fatality (harm-reduction intel reports a possible second). Maryland produced the region's densest spike-feed activity: **Prince George's and Baltimore** counties held highest-concern status with repeated multi-day spikes, while **Anne Arundel, Montgomery, St. Mary's, and Harford** counties carried elevated-concern spike-feed entries. Pennsylvania and Ohio each logged a highest-concern spike of their own: the ODCP feed logged a **Lehigh County, PA** spike and a **Lucas County, OH** spike, and PA Groundhogs human intelligence, now corroborated by Prevention Point Pittsburgh's own testing, confirmed three fatal overdoses around **Wood Street Commons in Pittsburgh (Allegheny County)** on or before June 5, when P.A.G. was first made aware by a community member (fentanyl and caffeine, no alpha-2 agonists). The PA Overdose Information Network separately flagged nine incidents across **Montgomery County, PA** (Jun 29–Jul 2, two at treatment facilities, no fatalities) — an elevated-concern signal alongside presumptive nitazene-positive strip accounts in York County — and HUMINT points to a smaller unconfirmed **Philadelphia** spike over the June 28 weekend. Ohio and West Virginia's Franklin/Columbus and Wood County signals remain lower-confidence carry-forward watch items; a newly quantitated Ohio fentanyl sample from Montgomery County, OH shows no alpha-2 agonist cuts but only 2.4% purity, which does not by itself explain the reported May surge. Delaware's approved June Street Drug Report adds a supply-watch signal (medetomidine/ local anesthetics in May-dated residue samples), and separately, the PA House voted 198–4 on June 30 to schedule medetomidine as a Schedule III substance (see Of Note, p.6).

6	6	4	7
HOTSPOTS	AREAS OF CONCERN	WATCH AREAS	STATES

COUNTY-LEVEL HOTSPOT MAP — JUNE 1–JULY 4, 2026

Highest Concern, Elevated Concern and Watch tiers rank response concern by evidence strength and current operational value. Actual county boundaries (U.S. Census TIGER); map marks counties, not addresses.



Operational read: Prince George's and Baltimore counties, MD carry the strongest sustained Maryland spike signal (multi-day repeats), joined by highest-concern spikes in Cape May NJ, Lehigh PA, Lucas OH, and Allegheny PA (Wood Street Commons fatal cluster, now partner-confirmed by Prevention Point Pittsburgh). Montgomery County, PA moves to elevated concern alongside Montgomery County, MD, Anne Arundel, St. Mary's, Harford, and York, PA — all warranting direct verification and sample capture, but not public naming of a contaminant until lab confirmation. Franklin County, OH and Wood County, WV remain lower-confidence watch items, not confirmed June clusters.

EVENT ROLLUP — JUNE 1 – JULY 4, 2026 *(ranked by evidence strength and current operational relevance.)*

JUN 11–12 · NEW JERSEY · HIGHEST CONCERN

Cape May County, NJ — five overdoses in 24 hours, one public fatality

Cape May County · reported through prosecutor / local media channels

Five drug-related overdoses were reported within a 24-hour window on June 11–12, including one public fatality; attached harm-reduction intel separately reports a second fatality that has not been independently corroborated in public sources. Substance attribution remains unresolved pending forensic testing.

SOURCE: CAPE MAY COUNTY PROSECUTOR · NBC10 · NEWS12 · OCEAN CITY SENTINEL (JUN 13–15)

5
ODS · 24H

1-2
FATALITIES (1 CONFIRMED)

JUN 8; JUN 25–26 · MARYLAND · HIGHEST CONCERN

Prince George's County, MD — repeated ODCP spike activity

Prince George's County

The public ODCP spike feed recorded four overdose incidents in 24 hours on June 8; later entries on June 25–26 showed seven total/current incidents against the county's four-incident threshold — the strongest sustained Maryland spike signal this month. No drug-checking or substance-attribution detail is available in the public feed.

SOURCE: WV/MD ODCP SPIKE-ALERT FEED

4→7
INCIDENTS (JUN 8 → JUN 25–26)

JUN 8–12; JUN 21 · MARYLAND · HIGHEST CONCERN

Baltimore County, MD — repeated ODCP spike feed

Baltimore County

The public ODCP spike feed recorded repeated entries at four suspected overdose incidents in 24 hours across June 8–12 and again June 21. No substance attribution is available; this is a public spike-feed confirmation only.

SOURCE: ODCP SPIKE-ALERT FEED

4
INCIDENTS · 24H (REPEATED)

JUN 11; JUN 16–17; JUN 30 · MARYLAND · ELEVATED CONCERN

Anne Arundel County, MD — repeated ODCP spike activity

Anne Arundel County

Repeated ODCP spike entries at three suspected overdose incidents in 24 hours across June 11, June 16–17, and June 30, including still-in-spike language in the feed — moderate but sustained intensity.

SOURCE: ODCP SPIKE-ALERT FEED

3
INCIDENTS · 24H (REPEATED)

JUN 28 · OHIO · HIGHEST CONCERN

Lucas County, OH — ODCP spike feed

Toledo area

The ODCP spike-alert feed recorded Lucas County, OH in a spike with five suspected overdose incidents in 24 hours. Monitor alongside the Columbus/Franklin County carry-forward watch item elsewhere in this issue.

SOURCE: ODCP SPIKE-ALERT FEED

5
INCIDENTS · 24H

ON OR BEFORE JUN 5 · PENNSYLVANIA · HIGHEST CONCERN

Allegheny County, PA — Wood Street Commons fatal cluster

Pittsburgh · Wood Street Commons area

Three overdose fatalities occurred in the Wood Street Commons neighborhood of Pittsburgh on or before June 5, when P.A.G. was first made aware by a community member. Prevention Point Pittsburgh confirmed the report and conducted its own testing through a non-CFSRE lab, finding only fentanyl and caffeine, without the usual alpha-2 agonist cuts — no quant is pending. Treated as credible partner-confirmed human intel; preserving any remaining material and avoiding public concentration claims.

SOURCE: PA GROUNDHOGS FIELD REPORTING · PREVENTION POINT PITTSBURGH

3
FATAL ODS

JUN 18; JUN 25; JUN 29–30 · MARYLAND · ELEVATED CONCERN

Montgomery County, MD — repeated ODCP spike feed

Montgomery County, MD (not to be confused with Montgomery County, PA or OH elsewhere in this issue)

The ODCP spike feed recorded repeated entries at three overdose incidents in 24 hours across June 18, June 25, and June 29–30 — a lower count than the county's own June 2026 corridor peers, but a sustained pattern meeting the public alert threshold each time.

SOURCE: ODCP SPIKE-ALERT FEED

3
INCIDENTS · 24H (REPEATED)

JUN 8 · MARYLAND · ELEVATED CONCERN

St. Mary's County, MD — ODCP spike feed

St. Mary's County

The ODCP spike-alert feed recorded St. Mary's County, MD in a spike with three suspected overdose incidents in 24 hours. This is a single spike-feed event; watching for repeat alerts or partner corroboration.

SOURCE: ODCP SPIKE-ALERT FEED

3
INCIDENTS · 24H

JUN 17 · MARYLAND · ELEVATED CONCERN

Harford County, MD — ODCP spike feed

Harford County

The ODCP spike-alert feed recorded Harford County, MD in a spike with three suspected overdose incidents in 24 hours. This is a single spike-feed event; kept as a secondary Maryland hotspot pending further activity.

SOURCE: ODCP SPIKE-ALERT FEED

3
INCIDENTS · 24H

JUN 21–24 · PENNSYLVANIA · ELEVATED CONCERN

York County, PA — presumptive nitazene-positive strip accounts

York County

Groundhogs human intelligence reports multiple presumptive nitazene-positive field-strip accounts. No lab confirmation or linked overdose count has been found. Field strips cannot identify a specific nitazene analogue or potency — confirmatory LC-MS/LC-QTOF testing is the standard before any public substance naming.

SOURCE: PA GROUNDHOGS FIELD REPORTING

N/A
AWAITING LAB CONFIRMATION

JUN 29–JUL 2 · PENNSYLVANIA · ELEVATED CONCERN

Montgomery County, PA — spike alert, 9 incidents

Montgomery County · countywide

The PA Overdose Information Network issued a spike alert covering June 29 through July 2. According to P.A.G. sources, the suspected adverse drug events occurred throughout the county, including at least two at treatment facilities. No fatalities have been reported.

SOURCE: PA OVERDOSE INFORMATION NETWORK · PA GROUNDHOGS FIELD SOURCES

9
INCIDENTS · JUN 29–JUL 2

JUN 28 · PENNSYLVANIA · ELEVATED CONCERN

Philadelphia — small weekend spike, unidentified dope sample

Philadelphia · weekend of June 28

Human intelligence reports a small spike in Philadelphia the weekend of June 28: at least six individuals were treated by EMTs after ingesting an unidentified dope sample. One community source separately reported attending to 11 people in a 45-minute span. No fatalities have been reported and no samples have been submitted for testing, so substance attribution remains entirely unconfirmed.

SOURCE: PA GROUNDHOGS HUMAN INTELLIGENCE / COMMUNITY REPORTING

6–11
TREATED (HUMINT, UNCONFIRMED)

JUN 8–10; JUL 1 · PENNSYLVANIA · HIGHEST CONCERN

Lehigh County, PA — ODCP spike activity, June and July 1

Lehigh County

The ODCP feed listed Lehigh County spike activity in early June (Jun 8–10) and a further spike on July 1 with five suspected overdose incidents in 24 hours, meeting the county's alert threshold. No substance attribution is available from the public feed.

SOURCE: ODCP SPIKE-ALERT FEED

5
INCIDENTS · 24H (JUL 1)

P.A.G. Weighs in on Medetomidine Scheduling

PA House Vote: 198–4

On June 30, the Pennsylvania House voted 198–4 to classify medetomidine as a Schedule III substance in the Commonwealth. The vote marks the state's first legislative action directly targeting medetomidine since it began displacing xylazine across the Philadelphia and Pittsburgh drug supplies.

In a story published by the *Pittsburgh Post-Gazette*, P.A.G. founder Chris Moraff was quoted warning about the potential consequences of scheduling the drug given its dangerous withdrawal profile:

> *"The sudden disappearance of [medetomidine] has the potential to cause a widespread medical crisis as consumers of illicit opioids are forced to detox from medetomidine without medical support, or under the care of physicians who are only now becoming aware of just how dangerous that can be."*
>
> — CHRIS MORAFF, PA GROUNDHOGS FOUNDER, PITTSBURGH POST-GAZETTE, JULY 1, 2026

Scheduling can reduce a substance's legal availability, but it does not on its own reduce dependence already established in the user population — and a sudden supply disruption can push people already physiologically dependent on medetomidine into withdrawal without warning or medical support, at a moment when outpatient treatment protocols for that withdrawal are still new (see this issue's Clinical Corner, p.13). P.A.G. will track post-scheduling supply and withdrawal-presentation data closely in coming issues.

SOURCE: PENNSYLVANIA HOUSE VOTE, JUNE 30, 2026 · PITTSBURGH POST-GAZETTE, JULY 1, 2026 — POST-GAZETTE.COM/NEWS/HEALTH/2026/07/01/PA-MEDETOMIDINE-SCHEDULING

UNODC Global Drug Report 2026: A Turning Point in the Global Opioid Market

This one is bigger than our seven-state footprint, but worth flagging: the UN Office on Drugs and Crime's World Drug Report 2026, released June 26, described 331 million people using drugs globally in 2024 (6.2% of the world's population aged 15–64, up from 5.2% a decade ago) and 755 new psychoactive substances identified that year, 118 of them for the first time. Buried in that data is a framing UNODC calls a turning point in the global opioid market: with Afghanistan's 2022 opium ban still constraining heroin supply, the report notes that novel synthetic opioids — fentanyls, nitazenes, and orphines, the same three drug classes anchoring this issue's Research Chemicals section (p.15) — are turning up more widely on the global market, which UNODC reads as traffickers hunting for alternatives to plant-based heroin.

> *UNODC's report states that a durable move from plant-based opiates to synthetics "could cause a permanent shift in the global opioid market, with ramifications on how these drugs are used and the harms therein."*
>
> — UNODC, WORLD DRUG REPORT 2026

Chloé Carpentier, the report's lead researcher, put it more bluntly to UN News: *"the worry is really that synthetic opioids might replace heroin and lead to much more harm."* For a regional digest, the relevance is direct: nitazenes, orphine-class compounds like cychlorphine, and synthetic sedatives like medetomidine are exactly the kind of non-plant-based novel synthetics UNODC is describing. If the global market is genuinely pivoting away from heroin toward lab-made alternatives, our own supply — already unpredictable — should be expected to keep diversifying rather than stabilize. We'll continue watching for whether that global framing shows up as new detections in our own footprint.

SOURCE: UNODC WORLD DRUG REPORT 2026, RELEASED JUNE 26, 2026 — NEWS.UN.ORG/EN/STORY/2026/06/1167817

⚠ Heat Advisory For Outreach Teams

A record-setting heat dome gripped the entire seven-state footprint into the July 4th holiday weekend. Extreme heat is an overdose-risk multiplier for unsheltered people and people who use drugs: sedation can prevent someone from seeking cooling, stimulant use can worsen hyperthermia risk, and dehydration can make withdrawal, wounds, and infection harder to manage.

ANCHOR CITY	PEAK HEAT INDEX	ALERT / OPERATIONAL NOTE
Philadelphia, PA	**100–115°F**	Extreme Heat Warning through Saturday 8PM; could tie all-time record high of 106°F; overnight lows near/above 80°F offer little relief. Heat Health Emergency declared through July 4.
Camden / Trenton, NJ	**105–115°F**	Extreme Heat Warning through Saturday 8PM alongside SE Pennsylvania and northern Delaware; near-record multi-day heat.
Baltimore, MD	**100–110°F**	City-declared Extreme Heat Alert through Sunday; extended pool hours and cooling centers activated.
Wilmington, DE	**100–110°F**	Statewide Extreme Heat Warning July 1–4; DHSS cooling centers activated.
New York, NY	**100–115°F**	First 100°F reading since 2012; possible first back-to-back 100° days since 2011. 160M+ Americans under heat alerts regionally; cooling centers and "cool vans" deployed.
Columbus, OH	**Up to 110°F**	Extreme Heat Warning through Friday 10PM across central/SW Ohio and into WV/PA.
Charleston, WV	**Over 105°F**	Dangerous heat wave through at least Friday; mid-to-upper 90s with high humidity; warm overnight lows in the 70s offer little relief.

FIELD GUIDANCE

- Deploy water, electrolytes and naloxone together this week — heat outreach should not be separated from overdose outreach.
- Check people who are sedated in direct sun, tents, cars, abandoned structures, and transit corridors. A person who looks simply asleep may be unable to self-cool.
- Use low-threshold EMS language. Call 911 for hot dry skin, confusion, vomiting, chest pain, seizure, very slow breathing, recurrent sedation, or poor response after naloxone.
- For suspected opioid overdose, give naloxone and support breathing — it should still be used even when medetomidine/xylazine-type sedation is suspected.
- Ask about common-source clues while cooling people down: sold-as drug, county/municipality, packaging, purchase window, symptoms, naloxone doses, and whether sedation returned.
- Preserve residue and packaging. Heat-damaged or tiny samples can still be useful if chain-of-custody notes are good.

SOURCE: NATIONAL WEATHER SERVICE (MOUNT HOLLY NJ, WILMINGTON OH, CHARLESTON WV OFFICES) · DELAWARE DHSS · PHILADELPHIA HEAT HEALTH EMERGENCY DECLARATION · REGIONAL PRESS, JULY 1–2, 2026

WATCH

Franklin County, OH / Columbus & Wood County, WV. May's public warning connected Columbus/Franklin County and Wood County/Parkersburg to overdose-spike risk via ODMAP predictive data; the advisory itself stated it was unclear whether the OH and WV alerts were connected. No fresh June public spike was located for either county in this scan — see the Forensics Update below for new P.A.G. quant results from the May Ohio spike. Keep OH/WV corridor listening posts open; escalate only with fresh June event detail.

SUPPLY WATCH

Delaware statewide / northern DE. The official June Street Drug Report (approved June 18) showed medetomidine, fentanyl, and local anesthetics in sporadic residue testing; samples were selected from May 2026 and should not be overgeneralized to June conditions. This is not an overdose-spike declaration — keep medetomidine/local-anesthetic questions in outreach scripts regardless.

STANDING WATCH

Philadelphia, PA / New York City, NY. CDC/ONDCP identify medetomidine as a Northeast/Midwest supply threat causing prolonged sedation, bradycardia, hypotension, and severe withdrawal. No discrete June county-level cluster was found in this pass beyond Philadelphia's own elevated-signal entry this issue (see Event Rollup, p.5) — ask specifically about persistent sedation after naloxone, slow heart rate, low blood pressure, severe withdrawal, and ICU transfer.

03 FORENSICS UPDATE

• MEDETOMIDINE IN DARK-WEB XANAX

High levels of medetomidine found in dark-web Xanax. On June 9, P.A.G. received a whole-pill sample submitted as 4mg bromazolam, purchased on the dark web. GC/MS analysis performed with CFSRE determined the counterfeit pill contained roughly one part bromazolam to 3.3 parts medetomidine — more than three times as much medetomidine as benzodiazepine by weight. The submitter reported profound, unexpectedly deep sedation.

This is only the second time P.A.G. has detected medetomidine outside the opioid ("dope") supply, and to our knowledge the first documented instance of medetomidine in a pressed benzodiazepine product. Analysts do not believe this was intentional adulteration — a mislabeled precursor powder delivered to a domestic pressing operation is considered more likely, consistent with a pattern P.A.G. has seen before at smaller scale. Because the pill was sold on the dark web, it could conceivably surface anywhere in the U.S. Medetomidine and benzodiazepine withdrawal both carry dangerous, potentially fatal profiles that can look clinically similar, raising the risk of a mismatched treatment protocol.

SAMPLE TYPE **Whole pill, sold as 4mg bromazolam ("Xanax")**	RECEIVED **June 9, 2026**
ANALYSIS **GC/MS — CFSRE**	RESULT **~1 part bromazolam : 3.3 parts medetomidine**

Recommendation: anyone purchasing pressed Xanax-type bars, even if represented as pharmaceutical, should test with both a medetomidine strip and a benzodiazepine strip before use. P.A.G. test kits available at pagroundhogs.org; tips to tips@pagroundhogs.org.

• OHIO MAY SPIKE, LAB RESULTS COMPLETE

PA Groundhogs received 12 samples from areas affected by an overdose spike in Ohio in May, including a sample reportedly sold as pink cocaine that was actually oxycodone, and a "benzo" sample that was diazepam with higher-than-trace amounts of the anti-epileptic drug lamotrigine — both submitted from Cincinnati. Lab results are now complete.

Four crack samples collected in Columbus and Cincinnati tested fentanyl-negative. A fentanyl sample submitted from Montgomery County, OH (Dayton area — distinct from Montgomery County, MD and Montgomery County, PA elsewhere in this issue) has now been quantitated: it contained only fentanyl and a trace of lidocaine, with no alpha-2 agonist cuts — but purity was just 2.4%, which does not explain the reported surge in overdoses on its own. P.A.G. continues sample solicitation in the area and is not presenting May counts as fresh June activity.

SAMPLES RECEIVED **12, from May Ohio spike-affected areas**	STATUS **Lab results complete**
PINK COCAINE SAMPLE (CINCINNATI) **Actually oxycodone**	"BENZO" SAMPLE (CINCINNATI) **Diazepam + higher-than-trace lamotrigine**
CRACK SAMPLES (COLUMBUS/CINCINNATI) **4 of 4 fentanyl-negative**	FENTANYL SAMPLE (MONTGOMERY CO., OH) **2.4% purity, trace lidocaine, no alpha-2 agonists**

The low purity of the Montgomery County fentanyl sample does not by itself explain the May overdose surge; P.A.G. is not drawing a causal conclusion from a single sample and continues to solicit material from the area.

Don't Guess. Test First. — P.A.G. Research On Test-Strip Utilization

A newly published P.A.G. study reveals that only **15% of samples** sent to PA Groundhogs include test-strip results, demonstrating under-utilization of a critical harm-reduction tool even among our own submitter base.

15%	0	47%
SUBMITTED SAMPLES INCLUDED STRIP RESULTS	FTS FALSE NEGATIVES (OF 193 SAMPLES)	STRIP USERS TESTED WITH ALL 3 AVAILABLE STRIP TYPES

AMONG OUR FINDINGS

- Fentanyl strips (FTS) are highly effective, producing zero false negatives and only five false positives out of 193 samples.
- Xylazine strips showed lower performance than FTS, with both false positives and false negatives occurring — a reminder to pair strip results with confirmatory lab testing where possible.
- Nearly half of test-strip users (47%) used all three available strip types on each sample, suggesting a subset of submitters with high harm-reduction awareness or programmatic support.
- Ketamine is the second-most tested drug after opioids, reflecting genuine user concern about fentanyl contamination in the recreational drug supply.

P.A.G. provides test strips for fentanyl, xylazine, and medetomidine, and can advise on other test-strip options. Given this month's confirmed detection of medetomidine in dark-web pressed benzodiazepines (p.6), we're renewing the call to test pressed pills as well as powder and dope supply — don't guess, test first.

SOURCE: PA GROUNDHOGS INTERNAL DRUG-CHECKING DATASET, TEST-STRIP UTILIZATION STUDY. INQUIRE ABOUT TEST-KIT OPTIONS: KITS@PAGROUNDHOGS.ORG · PAGROUNDHOGS.ORG

NEW — CLINICAL CORNER

Emerging outpatient management of medetomidine withdrawal

Philadelphia's Division of Substance Use Prevention and Harm Reduction issued a June 22 Health Update summarizing a May 5 clinical webinar on managing medetomidine withdrawal outside the hospital. ER visits for medetomidine withdrawal in Philadelphia have risen 291% since the drug was first detected in April 2024. Published literature remains limited to inpatient case series; the guidance below reflects the working experience of Philadelphia outpatient clinicians and is intended for treatment providers in our subscriber network, not as medical advice for personal use.

Discharge & follow-up. Patients discharged after inpatient medetomidine-withdrawal treatment should be seen by an outpatient provider within 2–5 days for vital-sign monitoring and medication adjustment. Discharge clonidine should not exceed 0.3mg three times daily; tapering can take several months, with at least weekly visits initially.

OFFICE PRESENTATION	BLOOD PRESSURE	CLONIDINE TITRATION / TAPER
Low BP	80–110 / 50–70	Reduce dose by 1/2 to 2/3
Normal BP	110–140 / 70–90	Hold; slow decrease over time
Elevated BP	140–180 / 90–110	Increase dose/frequency; consider adding guanfacine or tizanidine
Very elevated BP	>180/110	Consider hospitalization

Ongoing use. It is common for patients to keep using while withdrawal is managed outpatient — fentanyl combined with medetomidine ("tranq dope") can cause marked BP swings. Clinicians are encouraged to ask non-judgmental questions about current tranq/tranq-dope use and frequency to inform tapering and counseling, and to advise patients to skip a clonidine dose after recent use given the added hypotension risk.

Co-occurring opioid withdrawal. In Q1 2026, medetomidine was detected in 90% of Philadelphia drug samples where fentanyl was the primary substance, so successful outpatient management typically requires managing both. Two emerging strategies: a *co-management* approach pairing gradual methadone/buprenorphine induction with alpha-2 agonists as needed, and a *sequential* approach using rapid long-acting injectable buprenorphine (e.g., Brixadi, Sublocade) before dedicated alpha-2 agonist tapering.

Refer to inpatient care when blood pressure is very elevated, the patient can't tolerate oral medication, there's a history of prior inpatient medetomidine-withdrawal admission, or significant cardiac/seizure comorbidity is present.

SOURCE: PHILADELPHIA DEPT. OF PUBLIC HEALTH, DIVISION OF SUBSTANCE USE PREVENTION & HARM REDUCTION — HEALTH UPDATE PDPH-HAN-00463U, JUNE 22, 2026. FULL GUIDANCE: SUBSTANCEUSEPHILLY.COM/MEDETOMIDINE

04 NOVEL & EMERGING SUBSTANCES WATCHLIST

Medetomidine

A_2-AGONIST SEDATIVE

Established and spreading throughout the Northeast opioid supply since May 2024. NYC postmortem testing tied medetomidine to 134 overdose deaths in 2025, up from 18 in 2024. **June update:** P.A.G./CFSRE confirmed the first documented case of medetomidine in a pressed dark-web benzodiazepine (bromazolam-sold "Xanax"), a new cross-market vector — see Forensics Update, p.5.

Why it matters: Naloxone does not reverse it. Withdrawal syndrome is severe and clinically complex; see this issue's Clinical Corner for outpatient management guidance.

FIRST REGIONAL DETECTION: MAY 2024 · STATUS: ESTABLISHED & SPREADING

Cychlorphine

SYNTHETIC OPIOID

Named publicly for the first time in DEA's May 2026 Public Safety Advisory as an unregulated synthetic opioid now appearing alongside fentanyl. Limited public chemistry detail to date. No verified street-name terminology has emerged yet — watch for it, as a new adulterant typically earns a slang label within weeks of street penetration.

Why it matters: May require multiple naloxone doses to reverse. Undetectable to the user. Treat any opioid product as potentially adulterated.

FIRST DEA-NAMED ALERT: MAY 12, 2026 · STATUS: EMERGING

Nitazenes

BENZIMIDAZOLE SYNTHETIC OPIOIDS

DEA has reported 22 unique nitazene compounds since 2020, 21 of which are Schedule I. June's York County, PA presumptive strip signal sits inside this ongoing diversification pattern; lab confirmation is pending.

Why it matters: Test strips designed for fentanyl will not detect nitazenes. Multiple naloxone doses are often required for reversal.

FIRST U.S. DETECTIONS: 2020 · STATUS: ONGOING DIVERSIFICATION

Xylazine ("tranq")

A_2-AGONIST VETERINARY SEDATIVE

The established adulterant of the Philadelphia–Baltimore corridor, now being gradually displaced by medetomidine in the Philadelphia supply. 100% of xylazine-positive Philadelphia deaths also involved fentanyl.

Why it matters: Soft-tissue wounds and necrotic ulcers are the signature harm. Naloxone does not reverse the xylazine component.

REGIONAL FOOTPRINT: PA, NJ, DE, MD, NY · STATUS: ENDEMIC, DECLINING SHARE

05 RESEARCH CHEMICALS — ONLINE CHATTER & VENDOR-SIDE SIGNAL

This new section pulls signal from research-chemical discussion forums (Reddit, Bluelight), vendor-side listings, and drug-checking services abroad — sources that have repeatedly identified emerging novel psychoactive substances (NPS) before they show up in U.S. forensic casework. The pattern below is consistent across drug classes: scheduling one compound reliably produces a close chemical cousin within weeks, marketed specifically because it isn't controlled yet. None of these three substances have been confirmed in P.A.G.'s own seven-state footprint as of this issue; they are presented as forward-looking watch items, not regional detections.

Ethylbromazolam

DESIGNER BENZODIAZEPINE

Following the DEA's emergency Schedule I placement of bromazolam in March 2026 (the same scheduling action referenced in this issue's dark-web Xanax alert, p.5), Canadian, UK, Australian, and German drug-checking services report ethylbromazolam — a close analog with an ethyl group swapped onto the triazole ring — has become the most commonly detected designer benzodiazepine on their samples. Reddit and Bluelight discussion threads on designer benzodiazepines pivoted to ethylbromazolam within weeks of the scheduling action. Other analogs also rising in international drug-checking data: desalkylgidazepam, clobromazolam, deschlorodemethyldiazepam, ethylflualprazolam, and desmethylflutiazepam.

Why it matters for our footprint: our own June dark-web Xanax finding involved bromazolam at high medetomidine concentration (p. 5). If bromazolam supply tightens post-scheduling, an ethylbromazolam-adulterated pressed-pill supply is a plausible next step regionally — worth adding to test-strip and GC/MS screening panels now.

STATUS: NOT YET CONFIRMED IN P.A.G. FOOTPRINT · SOURCE CATEGORY: INTERNATIONAL DRUG-CHECKING SERVICES, FORUM DISCUSSION

2F-NENDCK ("CanKet") & 3D-MXE

DISSOCIATIVE / ARYLCYCLOHEXYLAMINE

The DEA's temporary Schedule I placement of 2-fluorodeschloroketamine (2F-DCK), effective February 2026, prompted research-chemical vendor listings to pivot inventory toward 2F-NENDCK (street name "CanKet," first identified by Australia's CanTEST drug-checking service in 2022) and 3D-MXE as ketamine-analog replacements. Online vendor "new arrivals" notices advertised both compounds within two weeks of the scheduling order taking effect.

Why it matters: as with 2F-DCK before it, neither compound has a meaningful clinical or toxicological literature base, and neither is reliably identified by standard drug-checking panels. Ketamine-adjacent NPS have shown up in our region before via pressed-pill and powder markets; this is a forward watch item for CFSRE screening.

STATUS: NOT YET CONFIRMED IN P.A.G. FOOTPRINT · SOURCE CATEGORY: RESEARCH-CHEMICAL VENDOR LISTINGS, PSYCHONAUTWIKI/FORUM DISCUSSION

Nitazene / Orphine Analog Proliferation

BENZIMIDAZOLE & ORPHINE SYNTHETIC OPIOIDS

UNODC's February and April 2026 early-warning bulletins report 34 nitazene analogs and 10 orphine analogs now notified internationally, with nitazenes increasingly detected in tablet form (60% of recent samples) rather than powder, and orphine analogs mostly in powder form. Critically, "desnitazene"-type analogs such as etodesnitazene are frequently missed by standard fentanyl/nitazene test strips, and some strips cross-react with caffeine — a common heroin adulterant — producing false positives.

Why it matters for our footprint: York County's presumptive nitazene-positive strip signal this issue (p.4) is exactly the kind of presumptive-only result this bulletin warns about — a reminder to treat field-strip nitazene results as screening, not confirmation, until LC-MS/LC-QTOF results are in.

STATUS: CONSISTENT WITH YORK CO., PA PRESUMPTIVE SIGNAL · SOURCE: UNODC EARLY WARNING ADVISORY, FEB & APR 2026

Research-chemical monitoring in this section draws on international drug-checking service reports, UNODC Early Warning Advisory bulletins, and open discussion on public forums (Reddit, Bluelight, PsychonautWiki). P.A.G. does not name or link individual vendor storefronts. This is early, forward-looking signal — not a confirmed regional detection — and will be revisited if any of these substances turn up in our own drug-checking data.

06 STREET-LEVEL INTELLIGENCE

SIGNAL FROM HARM-REDUCTION OUTREACH, SOCIAL PLATFORMS & ONLINE COMMUNITIES

CDC/NFLIS DATA	CDC's April 2, 2026 HAN advisory reports medetomidine detections in national forensic lab data (NFLIS) rose 950% from 247 reports in 2023 to 2,616 in 2024, then a further 215% to 8,233 in 2025 — now also turning up in wastewater surveillance. Northeast sites, including Philadelphia and Allegheny County health departments, account for over half of sentinel-site detections.
CYCHLORPHINE · FRESH	Knox County, TN's Regional Forensic Center has preliminarily linked 16 deaths to cychlorphine, and federal authorities report the substance now circulating in Chicago drug seizures and overdose cases — a materially different picture than last month's "no detections yet" read. No cychlorphine detection has been confirmed in our own seven-state footprint, but the compound's westward/interstate spread pattern is worth watching closely.
HARM-REDUCTION FIELD	Pittsburgh and Philadelphia outreach workers continue to report cases requiring more than one naloxone dose for reversal. Separately, Pennsylvania harm-reduction voices are raising questions about double-strength naloxone products (e.g., 8mg formulations) — some experts argue the standard 4mg dose remains sufficient for opioid reversal and that higher doses mainly worsen precipitated withdrawal, a debate distinct from the medetomidine/xylazine non-reversal issue.
DARK-WEB MONITORING	P.A.G.'s June 9 medetomidine-in-bromazolam finding is the first crossover signal of its kind; analysts assess it as more likely a mislabeled precursor at a domestic pressing operation than intentional adulteration, given the business risk a "bad batch" poses on dark-web marketplaces with reputational enforcement.

Street-intelligence items are synthesized from open social platforms, harm-reduction worker reports, federal surveillance data, and regional press. They are signals, not statistics — useful for orientation, not for causal claims.

07 HARM REDUCTION & NALOXONE ACCESS

IF SOMEONE IS USING RIGHT NOW

Never Use Alone
— trained volunteer stays on the line while you use; calls 911 if you stop responding.
1-877-696-1996

SafeSpot
— same model, additional staffing windows.
1-800-972-0590

SAMHSA National Helpline
— free, confidential, 24/7, treatment referral and information.
1-800-662-4357 (HELP)

988 Suicide & Crisis Lifeline
— mental health and substance-use crises.
Dial 988

Delaware HOPE LINE
— free 24/7 coaching and support, plus links to mental health, addiction, and crisis services.
833-9-HOPEDE

NYC Poison Center
— clinicians seeing unusual overdose presentations.
212-POISONS · 212-764-7667

WHERE TO GET NALOXONE & TEST STRIPS

PA
— available at pharmacies without prescription under the statewide standing order; free at many fire stations and county health departments. See substanceusephilly.com for training and medetomidine-specific guidance.

NJ
— NJ Cares Naloxone Dashboard and standing order; OTC at pharmacies. Fentanyl test strips legal and available through harm-reduction programs.

MD
— Overdose Response Program (ORP) statewide; health.maryland.gov/OverdoseData.

NY / NYC
— Health Department drug-checking and naloxone training programs; consult NYC HAN advisories for current substance-specific guidance.

DE / WV / OH
— State health departments distribute naloxone. Get naloxone and fentanyl/medetomidine test strips shipped free and confidentially: nextdistro.org/philly.

Universal precautions
— carry naloxone, start small, go slow, use with someone present or call a hotline, and now test pressed pills for medetomidine as well as fentanyl and benzodiazepines.

ABOUT THIS DIGEST. The PA Groundhogs Regional Drug Anomaly Digest is a monthly intelligence brief covering Pennsylvania, New Jersey, New York, Delaware, Maryland, West Virginia, and Ohio. The reporting window for this issue is June 1 through July 4, 2026. Sources include federal agencies (DEA, CDC, SAMHSA), state and city health departments (PA DOH, NJ Cares, NYC DOHMH, MD Dept. of Health, OH local health districts, WV ODCP), forensic and toxicology surveillance (NFLIS, NYC OCME, CFSRE), regional press, harm-reduction field reporting, and PA Groundhogs' own drug-checking program. Death counts are provisional and subject to revision as investigations close. Unconfirmed HUMINT signals are labeled as such and are not presented as confirmed case counts.

NOT MEDICAL ADVICE. Contact a healthcare professional or local harm-reduction program for guidance specific to your situation.