PA GROUNDHOGS · REGIONAL INTELLIGENCE

VOL. 1 · NO. 03
JULY 2026 ISSUE

Drug Anomaly Digest.

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

REPORTING WINDOW: 1 JULY — 1 AUGUST 2026

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

PA Groundhogs presents our third Regional Drug Anomaly Digest (R-DAD), covering Pennsylvania and its six border states for the reporting window of July 1–August 1, 2026. We began the R-DAD as a monthly update to track regional supply anomalies and overdose clusters. Since then the digest has morphed to cover other areas of drug supply dynamics. So going forward, the P.A.G. Regional Drug Anomaly Digest will be published on a quarterly cycle — available to select premium partners and by independent subscription. The next issue will be released in October 2026. In the meantime, be sure to sign up for P.A.G. Alerts at pagroundhogs.org.

The clearest headline this cycle is regulatory, not epidemiological: on July 1, 2026, the DEA filed a notice of intent to bring 7-hydroxymitragynine ("7-OH," a concentrated kratom-derived opioid sold in gas stations and smoke shops across our footprint) under temporary Schedule I control — still in its comment period, not yet in effect — and separately issued an emergency scheduling order for a cluster of research-chemical opioids including SR-17018, citing imminent hazard to public safety. Both land squarely in our coverage area's retail and harm-reduction ecosystem, and both are covered in detail below — soberly, and from both sides of a genuinely contested debate.

7	↓	4	2	1
STATES COVERED	REGION-WIDE OD TREND CONTINUES MULTI-YEAR DECLINE	SUBSTANCES NAMED IN DEA SCHEDULING NOTICES, JULY 1	STATES W/ ACTIVE MASS-OVERDOSE HOTSPOTS	NOVEL OPIOID ALERT, UPSTATE NY (JULY 1)

> *A region that keeps getting safer on paper and stranger on the street isn't a paradox — it's what a maturing, adulterant-driven drug supply looks like from the middle of the transition.*

State-by-state, briefly: Pennsylvania's raw death counts keep falling (Allegheny County down 35% 2023→2024, with a further decline in 2025 preliminary data) but Philadelphia's medetomidine crisis has deepened — ER visits for withdrawal are up 291% since 2024, and the sedative turned up for the first time in counterfeit benzodiazepine bars in June. Ohio's decline is real but uneven: Franklin County (Columbus) had a suspected mass-casualty cluster in May — cocaine and fentanyl were the substances actually named, with an emerging synthetic opioid (cychlorphine) flagged separately as a concern but not confirmed present in the cluster — while Cuyahoga County's story this issue is a supply-side shift (cocaine overtaking fentanyl as the county's leading cause of death) rather than a raw increase. West Virginia posted the steepest one-year decline in the nation, but the Northern Panhandle's May spike alert has had no confirmed follow-up either way. Maryland hit a ten-year low in overdose deaths and is simultaneously home to the region's most persistent active hotspot, Baltimore's Penn North neighborhood. New Jersey's most recent signal is still the Cape May County spike alert from June 11–12 (5 overdoses/24 hrs, 1 fatal) — no new county-level alert or forensic follow-up has been published since. New York's statewide 32% decline coexists with a brand-new synthetic opioid alert out of the upstate region and the Bronx's stubbornly high mortality rate.

Where the region's active hotspots are, ranked by severity

This issue we're restructuring our area-level reporting into three tiers instead of a flat cluster list: **highest priority** (active, unresolved, worsening or mass-casualty), **areas of concern** (documented signal that needs continued tracking), and **areas to watch** (declining or stable, but with an emerging factor worth flagging). The county hotspot map appears on the following page.

◉ HIGHEST PRIORITY

HIGH-NEED · STABILIZING

Penn North, Baltimore City, MD

West Baltimore · Penn North / Pennsylvania Ave corridor

Penn North had three mass-overdose events, all in 2025 — July 10 (35 sickened/hospitalized, the event that drew national attention) and two more on July 18 and Oct. 8 (27 hospitalized combined). Per the Baltimore Sun's July 17, 2026 retrospective, **no mass overdoses have been reported in Penn North since October 2025** — city and nonprofit officials credit expanded harm-reduction outreach (more frequent mobile syringe/naloxone service, wound care, drug-checking strips) plus fall 2025 law-enforcement action against open-air markets. The Mayor's Office of Overdose Response has kept a sustained field presence regardless, since officials describe Penn North as high-need independent of the mass-OD history. New this cycle: MD's Rapid Analysis of Drugs program detected a novel nonfentanyl opioid, **N-propionitrile chlorphine (cychlorphine)**, in Baltimore City (8 samples statewide, also Calvert Co.) — "10x more potent than fentanyl" per the state's RAD coordinator; naloxone remains effective against it. Too new to call a trend; flagging as an early signal.

SOURCE: BALTIMORE SUN (JUL 17, 2026, FULL TEXT) · MD RAD NEWSLETTER CY26-Q1 (JUN 17, 2026)

ACTIVE · WORSENING

Philadelphia, PA

Citywide, epicenter of the regional medetomidine supply shift

Philadelphia remains the epicenter of the region's medetomidine ("tranq") crisis. Per the Philadelphia Dept. of Public Health's June 22, 2026 Health Alert Network update, ER visits for medetomidine withdrawal are up **291% since first detection in April 2024**, and Q1 2026 drug-checking data found medetomidine in **90% of fentanyl-primary samples** citywide. In a separate June 9 field alert, PA Groundhogs' own lab partners documented the first known case of medetomidine cross-contaminating the counterfeit benzodiazepine supply — "Xanax" bars at roughly 3.3 parts medetomidine to 1 bromazolam. *291%/90% are confirmed against PDPH's own PDF; the 3.3:1 ratio is our internal, uncorroborated result.*

SOURCE: PDPH-HAN-MWD 06.22.2026 · PA GROUNDHOGS FIELD ALERT (JUN 9, 2026) · CFSRE

ACTIVE · UNCONFIRMED RESOLUTION

Franklin County (Columbus), OH

Central & southwest Franklin County · Columbus metro

An **~May 15** release reported a 7-day cluster of 36 suspected overdoses / 18 deaths. A separate **May 21** alert flagged six more suspected deaths in 24 hours (May 13–14), naming cocaine and fentanyl as the substances most commonly suspected. That release also named cychlorphine ("cyclorphine" in FCPH's own spelling) as an emerging opioid of concern — but FCPH had **not received reports the drug is in the local supply**. **No toxicology confirms cychlorphine in this cluster.** Nationally, CFSRE has confirmed cychlorphine in 25 fatal-overdose blood specimens (mostly late 2025–early 2026, 8 states + 3 Canadian provinces) plus 100+ tentative NMS Labs cases — a real, tox-confirmed killer elsewhere, just not documented here. It was a forward-looking warning, not a confirmed cause. No July follow-up located; FCPH's threshold triggers at five-plus deaths/24h, so silence may mean stabilization — an inference, not a fact.

SOURCE: MYFOX28/CW COLUMBUS (MAY 21, 2026) · FRANKLIN CO. PUBLIC HEALTH (~MAY 15 & MAY 21, 2026) · DEA PUBLIC SAFETY ADVISORY (MAY 12, 2026) · CFSRE CYCHLORPHINE ALERT

ACTIVE · TRAFFICKING NODE

Bronx, NY

Fordham · South Bronx · citywide highest-mortality borough

The Bronx carries NYC's highest overdose mortality rate (60.1 per 100k — more than double Manhattan's) and the slowest rate of improvement of any borough (24% vs. citywide 28%). It's also an active trafficking node: DEA agents seized ~10 lbs (4.5 kg) of suspected fentanyl from a Fordham-section apartment on July 13, 2026, in a building above two daycare centers — the defendant allegedly threw loose fentanyl powder toward a window during the operation, forcing evacuation of 14 children. Separately, a large nitazene-pill trafficking case reported nationally in June ties back to Bronx distribution.

SOURCE: DEA PRESS RELEASE (JUL 15, 2026) · NYC DOHMH EPI DATA BRIEF 150

▲ AREAS OF CONCERN

ACCELERATING

Jefferson County (Steubenville), OH

Steubenville · Wintersville · Mingo Junction

8 overdose deaths YTD as of May 8 (vs. 10 for all of 2025). Milton Jefferson Recovery Center reports being at full capacity (120 clients, 45 sober-living beds) as of July 29 — sustained elevated demand consistent with the spring alert.

SOURCE: WEIRTON DAILY TIMES · THE INTELLIGENCER (JUL 29, 2026)

SUPPLY SHIFT

Cuyahoga County (Cleveland), OH

Cleveland metro

Fentanyl-involved deaths down 49% year-over-year, from 276 (2024) to 140 (2025) — a steeper 70% decline is measured from a 2023 baseline. Cocaine has now overtaken fentanyl as the county's leading cause of overdose death, per the ME's office — a supply-side shift, not a spike, but one worth tracking closely. (Fentanyl and cocaine can both be present in the same death, so these counts can overlap.)

SOURCE: CLEVELAND19 (JUL 14) · SPECTRUM NEWS 1 (JUL 21, 2026)

NO CONFIRMED UPDATE

Weirton / N. Panhandle & North-Central WV

Hancock, Brooke, Harrison, Taylor, Barbour counties

May 2026 spike alerts (fentanyl-laced cocaine, one fatality, task-force investigation) had no confirmed July follow-up in either direction. We're flagging this as "no update found," not "resolved."

SOURCE: WTRF · WDTV · WV METRONEWS (MAY 2026)

STATEWIDE PREVALENCE RISING

Southern Maryland

Calvert · Charles · St. Mary's counties

Named in a May 13 medetomidine advisory; statewide, ~5.5% of Q1 2026 samples contained medetomidine, now described as Maryland's "predominant adulterant" to opioids and other drugs. Calvert County is also one of the counties where the state's RAD program detected the novel nonfentanyl opioid cychlorphine this cycle (see Baltimore City entry, above).

SOURCE: SOUTHERN MARYLAND CHRONICLE (MAY 13) · WYPR (JUN 24, 2026)

CARE-ACCESS DISRUPTION

SW Pennsylvania: prescriber loss cuts off pain patients

Washington · Westmoreland · Fayette counties (most affected) · Greene · Allegheny (limited counts)

A regional provider has voluntarily surrendered their DEA registration and can no longer prescribe controlled substances, per a PA Department of Health Patient Advocacy Program alert. Most patients affected were being treated with opioids for pain and may not have immediate access to their own medical records while they seek a new prescriber. We're including this as a genuine overdose-risk signal, not just an access-to-care note: an abrupt loss of a legitimate opioid supply is a recognized driver of illicit-market seeking and unmanaged-withdrawal risk, distinct from but relevant to the adulterant trends tracked elsewhere in this issue.

SOURCE: PA DEPARTMENT OF HEALTH, PATIENT ADVOCACY PROGRAM ALERT

NEW THIS CYCLE · STATEWIDE BULLETIN

Ohio, statewide

Not county-specific — statewide bulletins

Two items surfaced right at the edge of this reporting window. On **July 31, 2026**, the Ohio Narcotics Intelligence Center (Ohio DPS) issued statewide public-safety bulletins warning about orphine-class synthetic opioids and veterinary sedatives (medetomidine, xylazine) turning up in seized samples and overdose cases statewide. Separately, on **July 13, 2026**, Dr. Jon Sprague (Bowling Green State University / Ohio AG's Bureau of Criminal Investigation) warned that **cychlorphine** — more potent than fentanyl and possibly not fully reversible with a single naloxone dose — has been documented 36 times since October 2025, concentrated in Elyria (Lorain Co.), Summit Co. (Akron), and Hamilton Co. (Cincinnati). This is a separate development from the Franklin County May cluster, not a follow-up to it. Lorain/Summit/Hamilton counties are not shown on the county hotspot map, since these are detection points in a statewide trend rather than a documented local spike; worth watching for a county-level alert next cycle.

SOURCE: RICHLAND SOURCE / KNOX PAGES (JUL 31, 2026) · 13ABC (JUL 13, 2026)

NEWLY EMERGING · UNMAPPED

Upstate New York (county not yet specified)

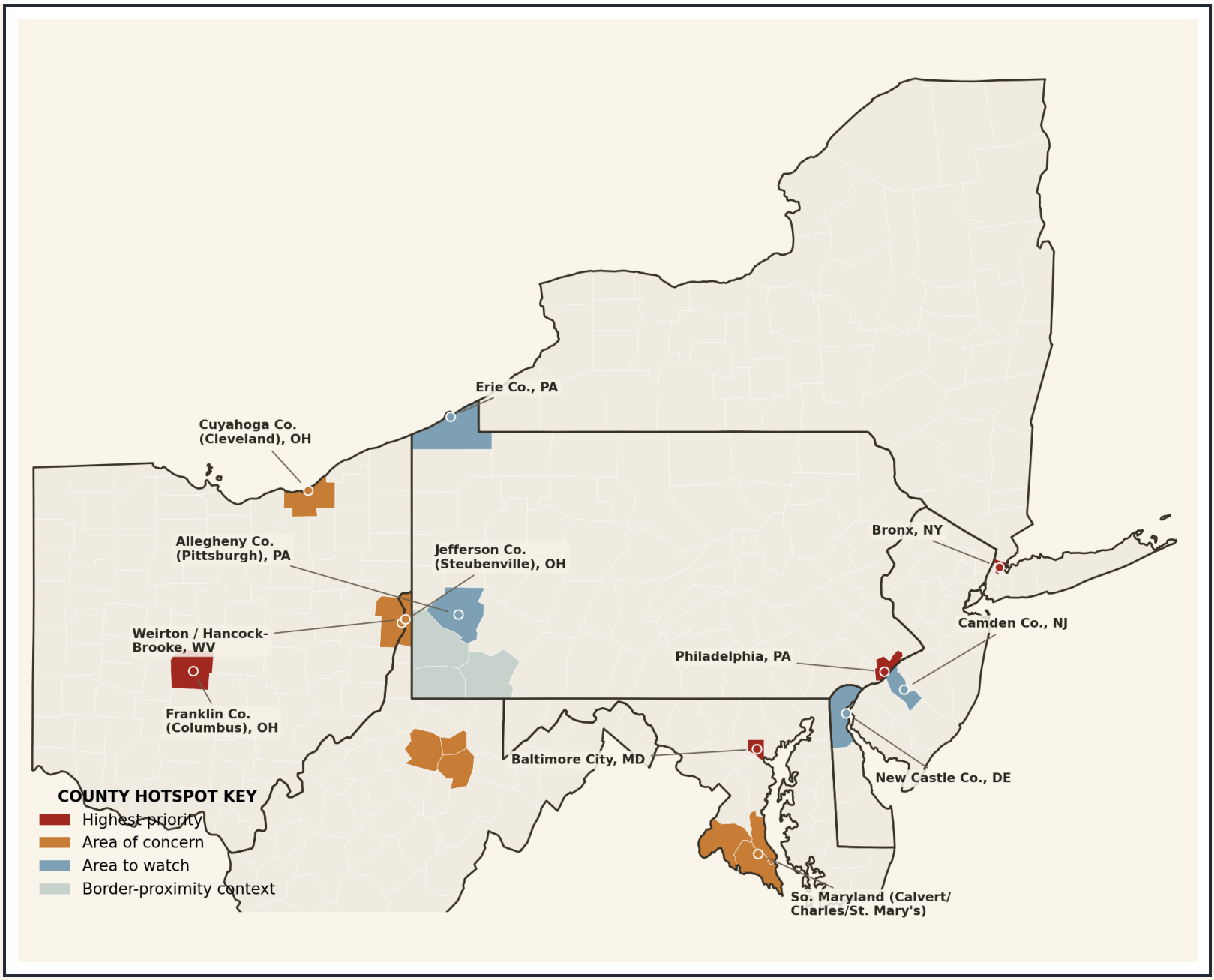
New York State, outside NYC — exact county undisclosed in the alert

NYSDOH issued a public health alert on **July 1, 2026** for **N-propionitrile brorphine**, a novel synthetic opioid found mixed with fentanyl and medetomidine in upstate NY samples (first collected April 2026, lab-confirmed June 25). Potency is presumed to exceed fentanyl based on related "orphine"-class compounds, though it has not been independently quantified. The alert does not name specific counties, so we have not placed a marker for this item on the hotspot map below — flagged here instead so subscribers in upstate NY know to watch state advisories directly.

SOURCE: NYSDOH PUBLIC HEALTH ALERT (JUL 1, 2026)

• AREAS TO WATCH

- **Allegheny County (Pittsburgh), PA** — fatal overdoses fell 35% from 2023 to 2024 (665 to 432), with preliminary deaths declining further to 344 in 2025. At the same time, Pittsburgh drug-checking data show a striking decline in fentanyl presence: about 59–60% contained fentanyl as more than a trace/meaningful component, while 40% contained no fentanyl or only trace fentanyl — compared with roughly 85% three years earlier. (Source: CBS News · UNC Opioid Data Lab)
- **Erie County, PA** — continued decline; county health dept. actively expanding harm-reduction vending-machine access. No active alert.
- **Camden County, NJ** — steep H1 2025 decline (-46% vs. H1 2024) after being one of the few NJ counties with a prior year-over-year increase; watching for reversal given that volatility history.
- **New Castle County, DE** — historically carries the majority of Delaware's fatal overdose cases; no active alert this cycle, but Delaware's data availability was thin across the board this issue (see below).
- **New Jersey, statewide** — still a genuine coverage gap through Aug 1: no county-level alert or updated death count inside the window. The most recent regional signal is a Cape May County spike alert (5 overdoses/24 hrs, 1 fatal, task force activated) dated **June 11–12, 2026** — just before this window opened, so not reported as a July event, but worth naming as the last thing we saw. NJ Assembly bill A864 (xylazine → Schedule III) remains in committee, no floor action.
- **Delaware, statewide** — Delaware hospitals adopted new statewide Emergency Department guidance for opioid-use-disorder identification, withdrawal management, and treatment linkage on **July 7, 2026** — a policy/access change, not a new statistic, but relevant to harm-reduction capacity in our footprint.



COMPOSITE COUNTY HOTSPOT MAP — JULY 2026. *Markers show counties/cities named in this issue's reporting; shading is illustrative, not a precise epidemiological boundary. Upstate NY's new brorphine alert is not mapped because no county was named in the source advisory.*

7-OH: what actually happened, and what didn't

The single biggest regulatory story touching our footprint this issue is the federal government's move against concentrated 7-hydroxymitragynine ("7-OH") products — the isolate/extract shots and tablets sold in gas stations and smoke shops, distinct from ordinary kratom leaf. We're covering this deliberately without the "kratom ban" framing that dominates a lot of coverage, because that framing is not quite accurate to what the rule actually does.

JUL 1, 2026

DEA announces intent to temporarily Schedule I 7-OH

Along with mitragynine pseudoindoxyl (MP), MGM-15, and MGM-16. DEA Administrator Terrance Cole: "Today's action targets highly concentrated, synthetic 7-OH products, which pose a growing threat to public safety and health."

JUL 6, 2026

Federal Register publishes the formal notice

Threshold defined as botanical material above 0.050% 7-OH by dry weight, or synthetic/processed material above 0.050% w/v or 1.00 mg per article — deliberately excluding ordinary kratom leaf, which contains only trace natural 7-OH. Order takes effect on/after Aug. 5, 2026, lasts up to 2 years (renewable +1 year) while a permanent rule is finalized, and — unlike permanent scheduling — is not subject to judicial review.

JUL 13, 2026

FDA issues further warning letters

Additional letters to firms marketing 7-OH products, continuing a track that included 7 warning letters in July 2025 and roughly $1M in product seizures in Dec. 2025.

The pharmacology, stated plainly

7-OH is a minor oxidative metabolite of mitragynine, kratom's primary alkaloid; in raw leaf it occurs only in trace amounts. The concentrated products on the market are chemically converted or refined to contain far higher levels than occur naturally — one legislative sponsor cited products with up to 500% more 7-OH than natural kratom. Where mitragynine is a weak partial agonist at the mu-opioid receptor, 7-OH is a full agonist with substantially higher binding affinity. FDA's own scientific assessment describes roughly threefold greater respiratory-depression potency than morphine in preclinical models, with self-administration and drug-discrimination studies showing it fully substitutes for morphine in animals — i.e., it behaves pharmacologically like a classic opioid, not a mild herbal stimulant. US poison centers logged 53 exposure cases in a three-month window in early 2025 (24 intentional-abuse, 3 rated "major" severity), and DEA toxicology data cited by FDA describe roughly a threefold increase in fatal overdoses involving kratom alkaloids from 2019–22 to 2023–25, a period that tracks the rise of concentrated 7-OH products. (This is FDA's own assessment, made in support of its scheduling recommendation — the underlying receptor-binding studies are independently peer-reviewed, but the framing is the regulator's case, worth reading as such.)

THE CASE FOR SCHEDULING

FDA/HHS frame concentrated 7-OH as risking becoming "the next wave of the opioid crisis," citing the overdose-trend and receptor-pharmacology data above. HHS Secretary Robert F. Kennedy Jr.: "7-OH, MP, MGM-15, and MGM-16 are dangerous opioids that fuel addiction and put American lives at risk." U.S. Rep. Bresnahan (PA) has separately urged DEA to take emergency action on "chemically manipulated" 7-OH.

Note: this case is currently being made almost entirely by DEA/FDA/HHS and individual state lawmakers — we did not find a public statement from a major independent medical body (AMA, ASAM) specifically endorsing scheduling, which is worth naming rather than implying a broader medical-establishment consensus that hasn't been documented.

THE CASE AGAINST — OR AGAINST OVERREACH

Notably, the largest kratom trade group, the **American Kratom Association**, is **not opposing this specific action**. Senior Fellow Mac Haddow: "This DEA action should end the debate. Chemically manipulated 7-OH opioids are not kratom." AKA's position is to ban synthetic/concentrated 7-OH while preserving legal natural-leaf kratom under state consumer-protection frameworks (age limits, labeling, contaminant testing).

7-OH manufacturers themselves, per reporting, are responding less with public campaigns and more with reformulation — shifting to corydalis-derived alkaloids or related not-yet-scheduled compounds (MP, "13-OH"), with one industry source citing a roughly three-year runway before legislation typically catches up to a new formulation. A dozen-plus manufacturers face product-liability and wrongful-death suits nationally; the Texas AG has sued retailers selling products at up to 50x the "legal" 7-OH threshold.

State-level status across our seven states

No state in our coverage area has yet enacted its own 7-OH ban — all regional activity is pending, positioning states to align with the incoming federal rule rather than acting first.

- **Pennsylvania** — SB 899 (Sen. Tracy Pennycuick) would ban products above 2% 7-OH; still under consideration. Rep. Brenda Pugh has urged PA DOH to be ready to act "without unnecessary delay."
- **New Jersey** — A6145 (Assemb. Sean Kean), introduced Dec. 2025, marked dead as of Jan. 12, 2026 after committee referral with no floor vote; an earlier kratom-extract bill was introduced Oct. 2025.
- **New York** — a proposed ban on high-7-OH products has been reported; specific bill number/sponsor not independently confirmed in this research pass.
- **Maryland & West Virginia** — 2026 ban bills introduced in both states; neither had reached a floor vote as of late April 2026.
- **Delaware & Ohio** — no 2026 7-OH-specific legislation confirmed; treat as "status unclear," not confirmed inaction.

BOTTOM LINE — the federal government has begun the legal process of placing concentrated/isolate 7-OH products (not natural kratom leaf) into Schedule I, with the temporary order expected to take effect in early August 2026. Even the kratom industry's chief trade group has said this targets counterfeit/synthetic products rather than real kratom. Several regional states have pending legislation to match, but as of this writing enforcement in our seven-state footprint is anticipatory, not yet active.

The "perfect withdrawal drug"? A reality check

Some harm-reduction and recovery-adjacent forums have spent the past two years describing SR-17018 as close to a miracle molecule for opioid withdrawal management — something that can "reset" tolerance and let a person walk away from fentanyl or methadone without the weeks-long ordeal of acute withdrawal. The real science is more interesting, and considerably more limited, than that.

What it actually is

SR-17018 is a synthetic, G-protein-signaling-biased partial agonist at the mu-opioid receptor, chemically a benzimidazolone (the same chemical family as brorphine) — not a fentanyl analog. It was discovered and characterized in Dr. Laura Bohn's lab at Scripps Research (Jupiter, FL), patented in 2016 and first described in the literature in 2017. A landmark 2019/2020 mouse study (Grim et al., *Neuropsychopharmacology*) found that substituting SR-17018 for morphine in tolerant, dependent mice restored analgesic potency and prevented withdrawal signs — outperforming buprenorphine in that specific model. Follow-up studies have been more mixed: some pain-model assays showed reduced tolerance, others didn't, and later oral-dosing work found meaningful respiratory effects that contradicted some of the earliest safety claims. The mechanistic story — whether it's truly "biased" signaling or simply a low-intrinsic-efficacy ligand — is still debated even within the animal literature. Continued NIH/NIDA-funded work at USF Health is explicitly preclinical, aimed eventually at human trials that have not yet started.

Legal status and the gray market

SR-17018 is **not FDA-approved for anything** and has **never been tested in a human clinical trial**. It is sold legitimately only as a lab/forensic reference standard (e.g., Cayman Chemical, LGC Standards) explicitly labeled "not for human or veterinary use." It migrated into the recreational/gray market by mid-2024 — CFSRE identified it in an actual drug sample in May 2024, describing potency roughly comparable to morphine with a 6–8 hour half-life; at that time it had not been linked to a confirmed overdose or toxicology case. On **July 1, 2026 — the same week as the 7-OH action** — the DEA published a Federal Register notice temporarily placing SR-17018 (listed under the name "5,6-dichloro desmethylchlorphine") into Schedule I alongside three related benzimidazolone opioids, citing "imminent hazard to public safety." One related analog in that same DEA action, cychlorphine, has been linked to 49 fatalities in DEA toxicology data (CFSRE separately confirms 25 fatal blood specimens plus 100+ tentative NMS Labs cases) — a count that applies to that analog cluster, not confirmed specifically to SR-17018 itself, a distinction worth preserving. The scheduling action prompted an "emergency" action alert from Students for Sensible Drug Policy, which called it a "blunt-hammer" approach that risks slowing legitimate opioid-safety research.

Source: DEA press release (Jul 1, 2026) · Federal Register notice · CFSRE monograph, 5,6-dichloro desmethylchlorphine

WHAT'S ACTUALLY ESTABLISHED

Rodent studies (animal-only) showing reduced tolerance and blunted withdrawal signs when substituted for morphine. Legitimate, NIH-funded academic research program still in the preclinical stage.

WHAT'S ANECDOTAL / UNVERIFIED

Forum claims (e.g., a widely shared Bluelight.org thread) that roughly two weeks of self-directed use can "reset" opioid tolerance to near-zero, letting a person stop without withdrawal. This is **entirely self-experimentation**, extrapolated from one mouse study, with zero human trials or published case series — and even experienced posters within that same thread push back on whether the "reset" framing is accurate.

BOTTOM LINE — SR-17018 is a legitimate, scientifically interesting research molecule with genuinely promising — but animal-only and mixed — preclinical data on opioid tolerance and withdrawal. It has now been caught in a regulatory flashpoint after appearing in the recreational supply. Self-directed use for withdrawal management remains entirely unstudied in humans; unsupervised, drastically-reduced-tolerance overdose risk has already been reported anecdotally on the same forums promoting it. No dosing protocol, human half-life, or naloxone-responsiveness data exists.

What our own drug-checking samples turned up, May–July 2026

Cross-checking our internal drug-checking lab results (FTIR/Raman/immunoassay, LC-QTOF, and quantitative confirmation) against 87 samples collected May 1–July 31, 2026 across our footprint, concentrated in PA, NJ, OH, and NY. This is our own field data, not a government surveillance feed — treat it as directional signal from our submitter base, not population-level prevalence.

Cautionary tale: when a responder can't tell opioid OD from mede sedation

Philadelphia, PA · May 4, 2026 · "DOPE"

Reported by PA Groundhogs: sold as "dope," tested with medetomidine (2.4P) outweighing fentanyl (1P). Medetomidine is a veterinary sedative, not an opioid — naloxone doesn't reverse it directly, though fentanyl may still be present and responsive to it. The submitter received roughly **10 mg of naloxone, 2–3x a standard response**, while sedation dragged on 6+ hours with heavy twitching. We don't have a firsthand account of the response, so we can't say for certain what happened — but the dosing and duration are at least consistent with a responder struggling to distinguish medetomidine sedation from an ongoing opioid overdose. The twitching, similarly, is plausibly linked to the naloxone itself: repeated dosing on top of a real but partial fentanyl exposure can produce precipitated withdrawal that looks like naloxone "not working," tempting more dosing. One plausible reading of the reported symptoms, not a confirmed sequence of events. Current CDC guidance for suspected medetomidine exposure focuses on breathing, not a fixed dose count: give naloxone, call 911, reassess breathing every 2–3 minutes, and repeat naloxone if breathing stays inadequate — medetomidine won't respond, but reassessment is what catches a real, reversible opioid component.

SOURCE: PA GROUNDHOGS INTERNAL DRUG-CHECKING DATA

Washington County, MD "7-OH" cluster — real effects, inconsistent contents

Hagerstown, MD (3 samples, May 6) · East Stroudsburg, PA (Jul 1)

Reported by PA Groundhogs: three same-day Hagerstown submissions sold as "7-OH"/"7-DM" drink mixes all produced strong opioid-like effects (pinpoint pupils, extreme sedation, one submitter "slept the whole day," felt "exactly like morphine"). Two tested as pure, unadulterated mitragynine/7-hydroxymitragynine; a third came back "no drug substance(s) detected" despite the same symptom cluster — real effects the standard panel couldn't explain. A separate Monroe County "7-OH" sample was the opposite problem: caffeine and plain mitragynine, no 7-OH at all. Same retail category, no reliable way to know what's in the bottle. Reads directly against the Section 02 scheduling debate.

SOURCE: PA GROUNDHOGS INTERNAL DRUG-CHECKING DATA

Novel benzodiazepine analogs, two incidents

Poughkeepsie, NY (Jul 15) & Allegheny Co., PA (May 15)

Reported by PA Groundhogs: two consecutive Poughkeepsie samples sold as counterfeit benzos tested as pure ethylflualprazolam and ethylbromazolam — unscheduled designer analogs with little published safety data. A separate Allegheny County pill sold as "Xanax" contained four novel benzo analogs at once: desalkylgidazepam, methylclonazepam, N-ethyl nitrazepam, and phenazolam. None have established dosing or reversal guidance.

SOURCE: PA GROUNDHOGS INTERNAL DRUG-CHECKING DATA

"Pink coke" tests as pure oxycodone, no cocaine

Cincinnati (Hamilton Co.), OH · May 31, 2026

Reported by PA Groundhogs: marketed as a cocaine product; tested as pure oxycodone (1P), zero cocaine. Stimulant-seeking, likely opioid-naive users dosing as if for cocaine could receive a full-strength opioid instead.

SOURCE: PA GROUNDHOGS INTERNAL DRUG-CHECKING DATA

Methaqualone (Quaaludes) resurfaces

Norristown (Montgomery Co.), PA · June 5, 2026

Reported by PA Groundhogs: sold as "Quaaludes," tested as pure methaqualone — a sedative essentially absent from the illicit supply since the 1980s. Only the second detection in our full multi-year dataset, and the first since a single Pittsburgh sample in May 2025.

SOURCE: PA GROUNDHOGS INTERNAL DRUG-CHECKING DATA

TWO ADULTERANTS TRENDING DOWN, NOT UP

Per PA Groundhogs' internal drug-checking data: carfentanil and BTMPS (a plastics/UV-stabilizer chemical tied to reports of severe neurological reactions) both made national headlines as emerging fentanyl-supply adulterants — and both appear in our May–July samples at their lowest levels in over a year. One Philadelphia carfentanil detection (May 19) vs. a mid-2025 pace of 8–9/month regionally, none in June or July. Two BTMPS detections (Horsham & Philadelphia, PA) vs. a June 2025 peak of 12. Still circulating, well off their highs.

05 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.
English: 1-877-696-1996

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

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

988 Suicide & Crisis Lifeline
Dial 988

Delaware HOPE Line — free 24/7 coaching & support.
833-9-HOPEDE

NYC Poison Center — for clinicians seeing unusual OD 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 & county health departments.

OH (Jefferson Co.) — Jefferson County General Health District; Naloxbox locations at Chrysalis Health and the Justice Center; report empty boxes: 740-283-8350.

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

MD — Overdose Response Program 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 — state health departments distribute naloxone; WV's distribution network remains active.

Access note, new this cycle — following an April 2026 SAMHSA policy barring federal grant funds from purchasing/distributing fentanyl test strips, Ohio harm-reduction organizations (Harm Reduction Ohio, SOAR Initiative, Caracole, Project DAWN) report major distribution cuts — Harm Reduction Ohio expects to distribute only ~25% of its 2025 volume. Watch for similar rollbacks elsewhere in our footprint. Separately, Maryland's HB 838 took effect July 1, 2026, letting pharmacists in collaborative-practice agreements manage OUD drug therapy without board-level agreement filings — a modest access expansion worth noting alongside the Ohio cut.

Universal precautions — carry naloxone, start small, go slow, use with someone present or call a hotline, and assume any non-pharmacy pill or powder may contain fentanyl, medetomidine, or a deadlier analogue.

ABOUT THIS DIGEST

The PA Groundhogs Regional Drug Anomaly Digest is a quarterly intelligence brief covering Pennsylvania, New Jersey, New York, Delaware, Maryland, West Virginia, and Ohio. The reporting window for this issue is July 1–August 1, 2026. Sources include federal agencies (DEA, FDA, HHS), state and city health departments, forensic and toxicology surveillance (CFSRE), peer-reviewed and editorial reports, regional press, harm-reduction field reporting, and open social/forum content. Death counts are provisional and subject to revision as investigations close. Several items in this issue are explicitly flagged as unconfirmed or as coverage gaps rather than omitted — we'd rather tell you what we don't know than imply certainty we don't have.

Not medical advice. Contact a healthcare professional or local harm-reduction program for guidance specific to your situation.