CLINICAL UPDATE: FOR MARYLAND EMERGENCY PHYSICIANS

Week of July 28-August 1

BATIMORE OVERDOSE CLUSTER

Recently, Baltimore saw a spike in overdoses consistent with sedative-hypnotic toxicity. Though details remain officially unconfirmed, early reports suggest this cluster may be linked to a batch of fentanyl contaminated with designer benzodiazepines, most likely methylclonazepam or bromazolam. This aligns with prior data showing that 10–30% of fentanyl samples in Baltimore may contain such compounds.

Designer benzos—sometimes referred to on the street as "benzo dope"—can cause profound sedation and may not respond to naloxone. However, most recent cases in this cluster reportedly did improve with naloxone, suggesting

fentanyl is still the primary driver of respiratory depression. Clinicians should remain alert to the possibility of co-ingestion and consider longer observation times, particularly when sedation persists after initial naloxone reversal.

While methylclonazepam has a potency roughly comparable to clonazepam, large enough doses may lead to synergistic CNS depression when combined with opioids. Reversal with flumazenil is NOT recommended as victims may be habitual benzo users and doing so could induce refractory seizures.

Currently, no toxicology confirmation is available on the precise concentrations involved in this event. The Maryland Department of Health is awaiting results from scene-collected samples.

Adulterants such as acetaminophen, quinine, and caffeine are commonly found in the local drug supply but are not believed to be contributing to toxicity in this situation. Providers are encouraged to report unusual presentations to the Maryland Poison Center and consider sharing non-identifiable clinical data to support public health efforts.