Maryland
DEPARTMENT OF HEALTH
Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

Public Health Advisory:
Increase in Benzodiazepines Identified in Drug Checking Samples

Issued: August 25, 2026

The Maryland Department of Health's Behavioral Health Administration (BHA) identified multiple types of benzodiazepines through the Rapid Analysis of Drugs (RAD) program, administered by the Office of Overdose Prevention and Education. Benzodiazepines have been documented in an increasing number of RAD samples between April and July 2026, in Baltimore City and Calvert, Charles, Frederick, and Talbot Counties.

Summary Points

- RAD identified benzodiazepines (Bromazolam, Deschlorodemethyldiazepam, Ethylbromazolam, and Lorazepam) in 31 samples collected between April 2026 and July 2026, an increase from 14 samples in 2025.
- The most common sample combination was benzodiazepine, fentanyl, cocaine, and gabapentin, found in over half of samples that contained one or more benzodiazepines, stressing the importance of administering naloxone during all suspected overdoses. Benzodiazepines can vary in potency. Of the four variants identified in Maryland, bromazolam is the most potent.
- The risk of overdose death can be reduced by always carrying naloxone, performing rescue breathing and using the recovery position for all overdoses, using test strips, having substances tested at a local Opioid Associated Disease Prevention and Outreach Program (OADPOP), and avoiding using illicit substances without a trusted second person nearby.
- Benzodiazepine withdrawal can be life-threatening. Providers should refer to the Philadelphia Department of Public Health's Benzodiazepine withdrawal management guidance.

Benzodiazepines

Benzodiazepines are a class of medication that slow down activity in your brain and nervous system. They are commonly used to treat anxiety, sleep, and seizure disorders. Frequently prescribed benzodiazepines include alprazolam (Xanax), diazepam (Valium), and lorazepam (Ativan). A wide variety of benzodiazepines are also commonly found in the unregulated drug market. They can vary greatly in potency and are often geographically specific (i.e., common benzodiazepines in Maryland may be less common in other states).

Benzodiazepines in Maryland

Benzodiazepines have been detected through RAD sampling since the start of the program in 2021. In 2025, benzodiazepine presence in RAD samples was low, making up less than 1% (n=14) of samples tested, whereas benzodiazepines were present in 5% of RAD samples in July 2026 (*Figure 1*). In 2026, benzodiazepines were detected in samples from Baltimore City and Calvert, Charles, Frederick, and Talbot counties (*Figure 2*).

In 2026, RAD sampling detected the following benzodiazepines (*Table 1*):

- Bromazolam (roughly 10x more potent than diazepam, a commonly prescribed benzodiazepine)
- Deschlorodemethyldiazepam (roughly 2x more potent than diazepam)
- Ethylbromazolam (roughly 10x more potent than diazepam)
- Lorazepam (roughly 2x more potent than diazepam)

The most common sample combination was benzodiazepine, fentanyl, cocaine, and gabapentin, found in 18 of the 31 samples (*Table 1*). In Maryland fatal overdose data, benzodiazepines are almost always seen in combination with an opioid.

Benzodiazepines and Naloxone

Standard doses of naloxone (2mg, 3mg, or 4mg) will reverse the effects of opioids that may be present, but **naloxone will not counteract a benzodiazepine's sedative properties.** It is important to still administer naloxone since benzodiazepines are often seen in combination with an opioid. One dose is typically sufficient to restore breathing during an opioid overdose, although a person may remain nonresponsive. If a person is breathing after naloxone administration of one dose, the treatment was successful. No additional doses of naloxone are necessary. Monitor a person's breathing, call for EMS, and give rescue breaths to maintain blood-oxygen levels.

Carry naloxone and know how to use naloxone to respond to an overdose you may witness. Give rescue breaths for all overdoses. Free naloxone is available at over 330 Overdose Response Programs (ORP) throughout Maryland. Find a location near you.

Other Safe Use Practices can include:

- **Test your drugs** with benzodiazepine test strips (available at most ORPs), or go to a local Opioid Associated Disease Prevention and Outreach Program which participates in the Rapid Analysis of Drugs program to get samples tested.
- **Try not to use it alone.** Have a trusted second person nearby and make sure naloxone is available. If you are alone, call Never Use Alone at 800-484-3731 or 877-696-1996.
- **Start low, go slow.** Try a smaller amount of your drugs before using your normal dose, and use that dose more slowly than normal.
- Go to the hospital if you are experiencing **severe vomiting, uncontrollable shaking, chest pain, confusion, or worse withdrawal symptoms than normal.**

Health Risk and Clinical Considerations for Benzodiazepines

- **Severe sedation and unresponsiveness:** Individuals exposed to benzodiazepines may present with deep sedation, hypotension (too little blood circulation) or low blood pressure, bradycardia (slow heart rate), or respiratory compromise.
- **Early and severe withdrawal symptoms:** Benzodiazepines can induce life-threatening withdrawal that can last from 24 hours to multiple weeks. Anxiety, tremors, hallucinations, insomnia, heart palpitations, nausea, vomiting, and seizures are frequently symptoms of benzodiazepine withdrawal. Oftentimes these symptoms require immediate and intensive medical attention. See the Philadelphia Department of Public Health's guidance on treating benzodiazepine withdrawal.

Overdose Landing Page:

- Find related resources and the latest information on our Overdose Data landing page.

Benzodiazepine Data from the Rapid Analysis of Drugs (RAD) Program

Data from Maryland's Rapid Analysis of Drugs (RAD) project as of August 12, 2026.
Data are preliminary and subject to change.

Figure 1: Percent of samples containing a benzodiazepine by quarter

October 2021 - July 2026

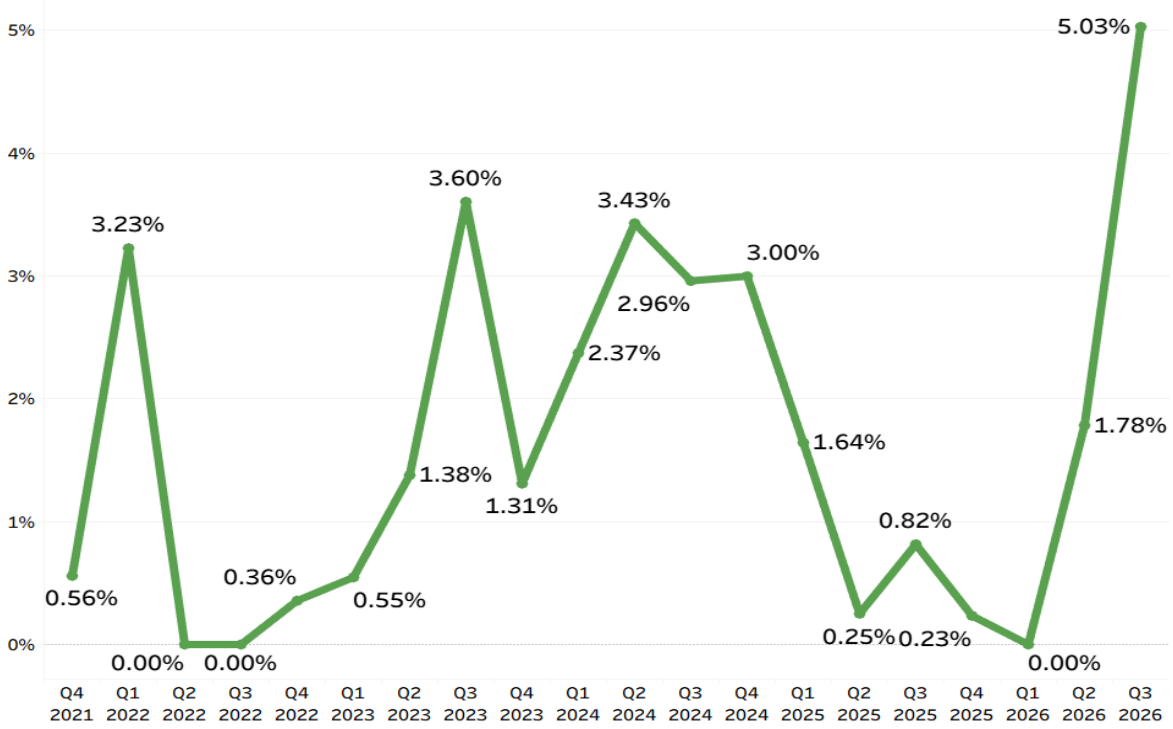

Figure 2: Proportion of Samples Containing Benzodiazepine by County

April 1, 2026 - July 31, 2026

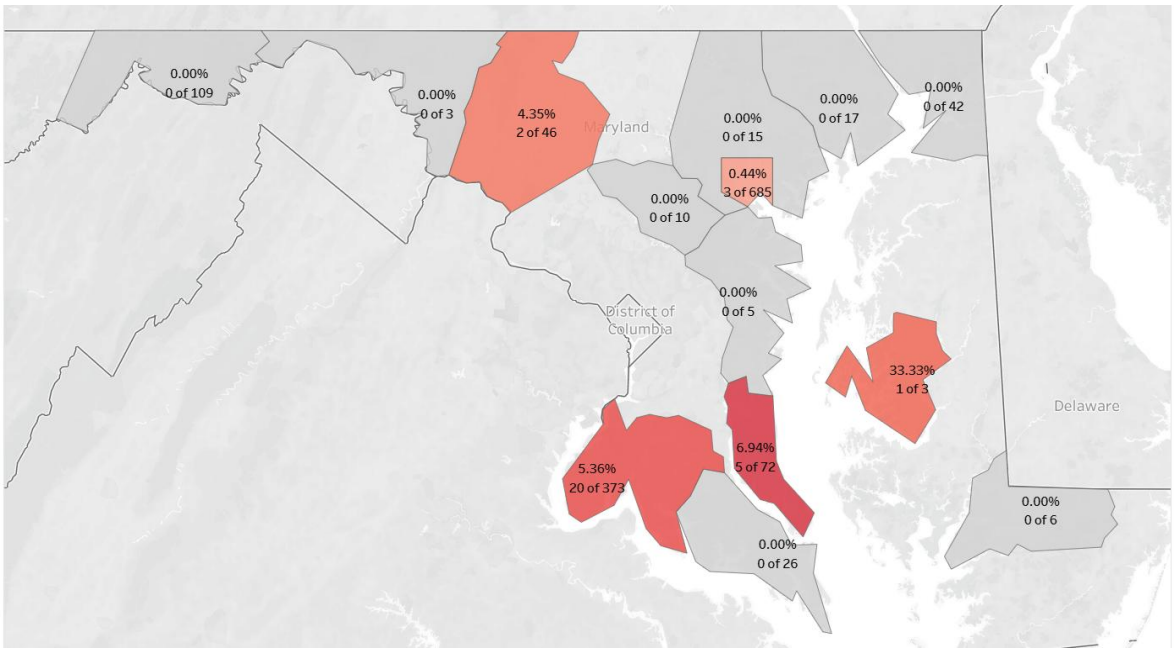

Table 1: RAD samples containing a Benzodiazepine by Jurisdiction and Month

April 1, 2026 - July 31st, 2026

Month Collected	Jurisdiction	Type of Benzodiazepine	Most Common Combination
April 2026	Calvert County	Bromazolam (5)	Bromazolam + Caffeine
	Charles County	Bromazolam (1)	Bromazolam alone
May 2026	—	—	—
June 2026	Charles County	Deschlorodemethyldiazepam (11)	Deschlorodemethyldiazepam, Cocaine, Fentanyl, Gabapentin, Quetiapine
		Deschlorodemethyldiazepam + Bromazolam (1)	Deschlorodemethyldiazepam, Bromazolam, Cocaine, Fentanyl, Gabapentin, Quetiapine, Trazodone Heroin, Aceaminophen, Xylazine
	Talbot County	Lorazepam (1)	Lorazepam + cocaine
	Baltimore City	Ethylbromazolam (3)	Ethylbromazolam alone
July 2026	Charles County	Deschlorodemethyldiazepam (7)	Deschlorodemethyldiazepam, Cocaine, Fentanyl, Gabapentin
	Frederick County	Ethylbromazolam (1)	Ethylbromazolam alone
		Bromazolam (1)	Bromazolam, cocaine, MDMA