Xylazine 101: Harm Reduction and Wound Care



Xylazine (also known as tranq) is an animal tranquilizer that is becoming a common cut in street drugs in North America. Usually found mixed with fentanyl or heroin, it causes very heavy sedation and can also cause complicated injection-related wounds. Some people have reported losing consciousness or blacking out for 4-6 hours at a time. People also report dry mouth, dizziness, weakness, nausea, trouble breathing, high blood sugar (hyperglycemia), slow heart rate, and memory loss. Since it is a relatively new addition to the drug supply, harm reductionists and people who use drugs are still learning about it and its short- and long-term effects.

Xylazine + Overdose

A xylazine overdose can look similar to an overdose from other sedating drugs (opioids, benzos, alcohol). Respiratory depression, or slowed or stopped breathing, is extremely dangerous — just a few minutes of little-to-no oxygen can cause permanent brain damage.

Since xylazine is not an opioid, naloxone will not reverse its effects. In most parts of the US, however, xylazine appears alongside fentanyl. If someone is experiencing an overdose you should still:

- **1.** Administer one dose of naloxone and focus on rescue breathing.
- 2. If the person doesn't start breathing on their own in 3-5 minutes, administer a second dose of naloxone.
- **3.** Continue rescue breathing until the person is breathing again.



A person who is experiencing complications from xylazine use may not respond to naloxone in the ways you are used to. They may not come to right away and will often remain unconscious, or in a very heavy nod. This is because even if the naloxone is working on the opioids in their

system, the xylazine might still be keeping them sedated. If someone is breathing, <u>do not administer more naloxone.</u>

Too much naloxone may cause someone to go into precipitated withdrawal, which could induce vomiting. If someone is throwing up while unconscious it is possible for them to aspirate their vomit, which can be life threatening.

To avoid the risk of choking on vomit, place the unconscious,

but breathing person in the rescue or recovery position and keep an eye on them until they regain consciousness. If their breathing slows or stops



again, continue to administer rescue breaths. If you have a pulse oximeter, you can use it to monitor their blood oxygen levels and heart rate. Ideally, a blood oxygen level should be between 95-100%, while a healthy heart rate falls between 60-100 BPM. Pulse oximeters can be purchased over the counter at your local pharmacy. Keep in mind that pulse oximeters can fail to give a reading or give an incorrect reading on people with darker skin complexions or if the individual has nail polish on their nails.

Xylazine Withdrawal

We are still learning about the effects of Xylazine withdrawal. It can be especially difficult to pinpoint these effects because Xylazine is most often found in conjunction with other drugs. We don't have medications like buprenorphine or suboxone for Xylazine, but there are other medications that can help treat the withdrawal side effects, if they become dangerous or unmanageable for you.

Xylazine withdrawal can sometimes cause very high blood pressure, with accompanying symptoms of confusion, chest pain, and shortness of breath. In extreme cases, you might want to visit a hospital, where they might treat your symptoms with clonidine, a drug that will help balance your blood pressure. Less severe symptoms include anxiety, restlessness, vomiting, heart palpitations, chills, fatigue, and irritability, which can usually be managed at home.

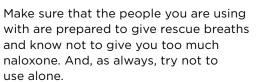
Harm Reduction Tips

Xylazine test strips are now available. Xylazine is almost exclusively seen in drugs that are sold as fentanyl or heroin. If these are your drugs of choice, you might consider testing your bag.



If your sample tests positive for xylazine and you still choose to use it, start with a smaller dose than normal — the sedative effects can be very overpowering!

Consider smoking, boofing, or snorting your drugs — preliminary research shows that Xylazine-associated wounds might be less likely to form via these routes of administration.





Wound Care

One of the least-understood complications of xylazine are the large, painful wounds that it can cause. Particularly mysterious, is the fact that these wounds sometimes appear far away from your injection site.

These wounds may start out looking like burns, scrapes, or pimples. Commonly found on your arms and legs, they quickly get progressively worse, leading to dying (necrotic) skin and tissue and deep, weeping wounds. They might look different on darker skin but still have the same deep pain when they start to develop. It is important to know that xylazine-related wounds should be treated differently

than abscesses or wounds from missing or muscling your shots.

Learning how to recognize them is an important part of treating them appropriately.



Progression and Challenges

Initially resembling pressure ulcers or blisters, these very painful wounds usually open up and expand to open lesions, which can be very large. The development of the wounds varies. They may last weeks, months, or even years, appearing as chronic dry dark scabs that fall off and reopen.

Healing with Care

Be sure to wash your hands with soap and water before treating or touching your wounds.

Xylazine wounds should be:

Cleaned with soap and water.

For people without housing or access to clean running water, it can be tough to manage these large, draining wounds. If you don't have access to clean tap water, sterile saline is also an option. Using alcohol, BZK wipes, or peroxide is NOT



suggested for these wounds. Use a wet piece of gauze to gently wipe the wound and the surrounding skin to clean off any dried wound drainage and dead skin that is easily removed.

Moisturized

You can use A&D ointment or even a thin layer of vaseline to keep these wounds moist but not wet. This will help dead skin fall off and allow healthy skin to regrow, and keep your bandages from sticking to the wound.



Covered with clean bandages.

The best dressing for a Xylazine wound has three parts:



A first layer of a non-sticky bandage, like Xeroform or Tegaderm. This layer, applied over a little bit of ointment or vaseline, protects your wounds from infections and helps prevent the other dressings from sticking. Manuka honey (Medihoney) has been found to be very useful and effective for its wound healing and antibacterial properties.

A second, absorptive layer of gauze. This layer absorbs any excess fluid, promoting a clean and moist environment that will help your body heal.



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A third, supportive layer of Coban or an ace bandage. This strong layer secures your other dressings and minimizes the risk of infection.

You should change your dressings every 24-48 hours, or when the wound drainage soaks through it. You want your wound to be moist, but not too wet — if you see white, soft skin around your wound, you need to let it dry out a bit.

Leave it alone!

Be very gentle with your wound. Avoid damaging it or the skin around it. Never apply tape directly to the wound and avoid over tightening your bandages. Do not apply alcohol or peroxide to these wounds and never inject into our around them. While it can be tempting to pick a scab, the best thing you can do is let your body heal itself without being poked and prodded too much.

Redness, swelling, pus, worsening pain, fever, chills, or blackening skin are signs of infections that may need emergency or professional care. In rare cases, wounds can extend all the way down to your bone. Since xylazine is relatively new to many parts of the U.S., your medical provider may not be familiar with what it is or how to help you. If you seek medical attention, it is important to let your provider know that xylazine may be involved so that they can research the best way to help you. We know that you might not feel safe or comfortable going to the doctor, but unlike typical injection wounds, these are unlikely to disappear on their own, especially if you are still using drugs that contain Xylazine.

Urgent symptoms include:

- Exposed bone and/or tendon
- Inability to move a joint or decreased range of motion at site of a wound
- Fever
- Unexplained nausea and vomiting (e.g., not explained by opioid withdrawal)
- Warmth over the skin or joint

Help Spread the Word

People who use drugs are the experts on what xylazine feels like and how it impacts your body. We are still learning about it, so please share your experiences with us so that we can develop a broader understanding about it and its effects.



It's also very important to help stop disinformation and spread education amongst your community. Remember:

- Xylazine wounds are not contagious
- These wounds can appear away from where you inject
- Not everyone with a xylazine associated wounds will lose a limb
- They don't all require antibiotics or surgical interventions

And remember: the increasingly unsafe drug supply is a direct result of drug prohibition and the laws that criminalize and surveil people who use drugs. This makes it all the more important to keep each other informed and safe!