

Xylazine 101

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Xylazine History

Developed in the 1960s as a potential blood pressure medication

Similar chemical structure to clonidine

Discontinued in human use due to sedative effects and developed shifted to veterinary medicine

Not an opiate. Classified as a paralytic. Used in veterinary medicine to sedate deer, horses, etc.

Xylazine in the drug supply

A sedative drug being detected in fatal overdoses

Referred to as “Tranq” or “tranq dope”

Initially reported in Puerto Rico in the early 2000s, but now widely seen in the continental US

Is being mixed in to underground opioid/fentanyl

Inexpensive and easy for distributors to procure; typically is sourced from online suppliers in the underground market.

Synergistic with opioids, prolonging the duration and effect of drugs such as fentanyl and heroin.

It gives Fent Legs

Inability to test supply prior to use due to lack of available drug testing

Dangers of xylazine in the supply

Risks: Overdoses

Xylazine causes profound sedation and loss of awareness, leading to blackouts that can last for hours. While unconscious, the person cannot be awakened

- Can lead to blood flow issues to extremities (rise in compression neuropathy)
- vulnerable to heat or cold exposure if outdoors
- Vulnerable to assault

Give Naloxone! Although xylazine does not respond to naloxone, it is usually mixed in with opioids.

When responding to a xylazine-involved overdose, it is important to make sure the person is breathing and to place them in the recovery position so they do not hurt themselves. If the person does not take at least 10 breaths a minute, it is important to call 911 for help and to administer rescue breaths until help arrives

Xylazine-induced Skin Ulcers

THEORY: VASOCONSTRICTION AND SKIN OXYGENATION DEFECT

Xylazine-induced Skin Ulcers

Most often reported on extremities: arms, calves, ankles.

Some reports of upper legs, hands, and feet.

A few reports of wounds on face, upper torso (chest and shoulders), nostrils

Some wounds are appearing at injection sites.

Many wounds are appearing away from injection sites. These have been described as

- proximal to injection site, along the same limb
- far from injection sites (e.g. injects in neck or arms, wounds on calf)
- distal from injection site (opposite direction of venous blood return)
- in people who DO NOT inject
- totally random locations where wounds should not be.

Wounds have been seen in people who inject, sniff, and smoke (meaning, these wounds have been reported to occur in people who do not inject).

Xylazine-induced Skin Ulcers

Two types: injection site wounds and distant site wounds

Blisters → Open ulceration → widen → deepen

- Dime morphology

Use antibiotic treatment if clinically indicated by s/s of infection

Require regular wound care

- Debridement, maintaining moist wound bed, regular dressing changes
- Dressings being used by providers in the metro
 - Xeroform or adaptic as primary dressing
 - ABD pads for management of exudate.
 - Kerlix and coban



Access for
Wound Care:

Endeavors Clinic

1009 E 14th St, Minneapolis

KOLA Clinic

1600 E 19th St, Minneapolis

Southside Community Health Services

324 E 25th St, Minneapolis

Native American Community Clinic

1213 E Franklin Ave, Minneapolis

Downtown Clinic

424 Dorothy Day Pl, St Paul

Withdrawal from Xylazine

Xylazine Withdrawal:

Xylazine withdrawal appears to be super intense.

Limited anecdote of successful management of xylazine withdrawal with clonidine (substitution to reduce symptoms) and with ketamine (sedation/dissociation to knock patients out and while experiencing symptoms).

Xylazine withdrawal

Clonidine:

- efficacy in opioid withdrawal attributed to binding to central alpha-2 adrenergic receptor that shares potassium channels with opioids and blunts symptoms of withdrawal
- 0.1mg PO q6-8h scheduled (not PRN) and titrated to effect, up to a maximum dose of 0.3 mg PO Q8h
- Monitor for signs of hypotension and oversedation especially in patients with ESRD, advanced age or compromised renal function

Concomitant initiation of medications for opioid use disorder (MOUD) with **buprenorphine, methadone** and/or short acting opioid agonists will optimize the opportunity to initiate OUD treatment

Gabapentin: anticonvulsant; 300-600 mg PO q8h and 300mg QHS

ICU/ED: IV **Ketamine:** NMDA receptor antagonist

Other Issues

Lack of education within Healthcare

Wounds are not being cared for properly

Hospitals are not treating xylazine withdrawal effectively for a variety of reasons.

Wait times are egregiously long and people are withdrawing in waiting rooms.

Providers aren't recognizing xylazine withdrawal for what it is .

Providers are nervous about adding sedatives (like clonidine) to opioid detox protocols.

Pain and withdrawal aren't being managed

Hence, Community members are regularly using illicit substances in the hospital and/or leaving AMA due to massively insufficient withdrawal management.

Interventions that are badly needed:

Housing,

Access to running water, dressing supplies, gloves

Mobile wound care

Medical respite

Better ability to track progression and healing of wounds

Education: Teaching people with wounds, healthcare providers, hospitals, clinics, and community members how to effectively triage these wounds

Drug checking (ideally point of service drug checking, also mobile drug checking) for people who use drugs and are experiencing wounds.

Drug checking with suppliers, empowering suppliers to communicate about their product both up and down the chain.

Harm Reduction Strategies

Suggesting that people with wounds check drugs and possibly change suppliers

Supporting transition to smoking vs injecting

Supporting transition to different drug of choice.

Advise community members to be mindful of how they are positioned when using, as xylazine may leave them sedated and unknowingly cutting off blood flow from certain extremities for many hours.

For safer use supplies, see syringe exchange calendar, emailed along with this slideshow

TWIN CITIES SYRINGE EXCHANGE CALENDAR

	Monday	Tuesday	Wednesday	Thursday	Friday
Clinic 555 555 Cedar St, St Paul 651-266-1295	1pm-4:30pm S/W/N/HIV/HCV/VAX/SY/F/WC Hep A vaccines available	1pm-6:30pm S/W/N/HIV/HCV/VAX/SY/F/W C Hep A vaccines available	1pm-4:30pm S/W/N/HIV/HCV/VAX/SY/F/WC Hep A vaccines available	1pm-6:30pm S/W/N/HIV/HCV/VAX/SY/F/WC Hep A vaccines available	12-3pm S/W/N/HIV/HCV/VAX/SY/F/WC Hep A vaccines available
Indigenous Peoples Task Force 1235 E 23rd St Mpls 651-808-3965	1pm-4pm S/W/N/HIV/HCV/F HIV/HCV testing 3-4 pm	HIV/HCV testing 3-4 pm	1pm-4pm S/W/N/HIV/HCV/F HIV/HCV testing 3-4 pm	HIV/HCV testing 3-4 pm	1pm-4pm S/W/N/HIV/HCV/F Asemaa Sacred Fire and warm meals 1-4pm HIV/HCV testing 3-4 pm
NACE- 1213 Franklin Ave S Mpls in the old Dollar Tree space!	1130am-2pm S/W/N/HIV/HCV/VAX/F/WC Hep A Vaccines Available				
In 'n' Out-NorthPoint 710 West Broadway Ring doorbell. Call/Text 612-267-0905 or 612-223-3682		2-5pm S/W/N/HIV/HCV/F/WC	2-5pm S/W/N/HIV/HCV/F/WC	11am-5pm S/W/N/HIV/HCV/F/W C	11am-5pm S/W/N/HIV/HCV/F/WC
Rainbow Health-Mainline MCC- All God's Children 3100 Park Ave Mpls 612-919-7788	1pm-5pm S/W/HIV/HCV/N/SY/F/WC <i>Healthcare for the Homeless has service hours at Mainline! Call to verify before attending.</i> Smoking supplies available but limited!			2pm-5pm S/W/HIV/HCV/N/SY/F/W C Smoking supplies available but limited!	10am-2pm S/W/HIV/HCV/N/SY/F/WC Smoking supplies available but limited!
Red Door Clinic 525 Portland Avenue Mpls 4th Floor 612-543-5555, press 3 for triage nurse	8am-4pm S/W/N/HIV/VAX/F/WC/MPX Hep A vaccines available	8am-4pm S/W/N/HIV/VAX/F/WC/MPX FX Hep A vaccines available	8am-4pm S/W/N/HIV/VAX/F/WC/MPX Hep A vaccines available	10am-4pm S/W/N/HIV/VAX/F/WC/ MPX Hep A vaccines available	8am-4pm S/W/N/HIV/VAX/F/WC/MPX Hep A vaccines available
Southside Harm Reduction services Mobile team text: 612-615-9725	Monday-Wednesday 2pm-8pm S/W/N/F/WC Text for delivery- text same day before 2pm- limited spots available. Smoking supplies available but limited! 612.615.9725 For referrals, connect to support, and questions about Harm Reduction - 612-355-1267 See southsideharmreduction.org for map of delivery area HIV testing available Mondays ONLY 4-7pm				
Access Points- Rathalla Place BP 801 Brookdale Drive N Brooklyn Park 651-237-9898	530am-1pm S/W/N Ask at front desk for Access Points	530am-1pm S/W/N Ask at front desk for Access Points	530am-1pm S/W/N Ask at front desk for Access Points	530am-1pm S/W/N Ask at front desk for Access Points	530am-1pm S/W/N Ask at front desk for Access Points
The Aliveness Project- Mobile Van 7 E 38th Street Annapolis, MN 55400 612-822-7946 Members may access HR services @ Aliveness 9-4pm	11:30-1:30 @ <u>The St Paul Opportunity Center</u> 422 Dorothy Day Place St. Paul, MN 55102 S/W/N/HIV/F		1-3pm Mobile Outreach S/W/N/HIV/F		1-3pm Mobile Outreach S/W/N/HIV/F

references

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Questions
