XYLAZINE ET AL

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APRIL 12, 2023

Biden-Harris Administration Designates Fentanyl Combined with Xylazine as an Emerging Threat to the **United States**

→ ONDCP → BRIEFING ROOM → PRESS RELEASES

XYLAZINE



Created by Bayer in 1962

- Antihypertensive
- Not approved for human use trials stopped due to hypotension and sedation

Large animal sedative—analgesic

- Anestica de caballo
- "Tranq"

Comes in 20,100,300 mg/ml soln

Often used with ketamine or barbiturates

Photo via Dechra

XYLAZINE

Clonidine

Alpha adrenergic receptor agonist

Mixed mechanism of action*

- Central alpha-2 agonist
- ↓ NE release
- ↓ACh release
- Agonizes multiple receptors
- May have opioid receptor activity at mu and kappa****

Hypertension followed by hypotension

Respiratory depression

Potentially lethal dose 40–2400 mg in humans

*

Sherri L Kacinko, Amanda L A Mohr, Barry K Logan, Edward J Barbieri, Xylazine: Pharmacology Review and Prevalence and Drug Combinations in Forensic Toxicology Casework, *Journal of Analytical Toxicology*, Volume 46, Issue 8, October 2022, Pages 911–917, https://doi.org/10.1093/jat/bkac049

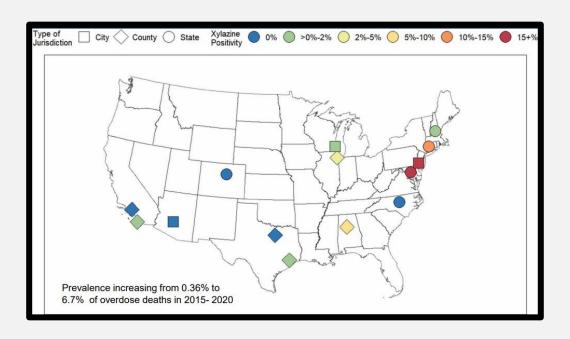
Figure 1. States with at least one positive xylazine detection in A) January 2019, B) January 2020 and C) June 2021. Note: in 2019 no testing had been performed in AL, DE, MD, MA, MT, ND, OK, RI or SD. By the end of the study period at least one case from every state, with the exception of SD, had been tested.

Drug Alcohol Depend. 2022 April 01; 233: 109380. doi:10.1016/j.drugalcdep.2022.109380.

Xylazine spreads across the US: A growing component of the increasingly synthetic and polysubstance overdose crisis

Joseph Friedman^{a,b,*}, Fernando Montero^c, Phillippe Bourgois^a, Rafik Wahbi^d, Daniel Dye^e, David Goodman-Meza^f, Chelsea Shover^g

Xylazine Prevalence



Philadelphia → > 90% of fentanyl samples +xylazine

XYLAZINE GROWTH BY REGION

(U) Figure 1. DEA Forensic Laboratory Identifications of Xylazine by Region

Region	2020	2021	Percent Increase	
Northeast	346	556	61%	
South	198	580	193%	
Midwest	110	118	7%	
West	77	163	112%	

Source: DEA

(U) Figure 2. Number of Xylazine-Positive Overdose Deaths by Region

Region	2020	2021	Percent Increase
Northeast	631	1,281	103%
South	116	1,423	1,127%
Midwest	57	351	516%
West	4	34	750%

Source: DEA





	XYLAZINE-RELATED		ALL SUSPECTED HEROIN			
YEAR	SUBMIS	ISSIONS GLASSINE BAGS		BAGS	SUBMISSIONS	GLASSINE BAGS
2019	368	3%	9,038	1%	13,010	680,807
2020	855	11%	30,236	6%	7,814	500,715
2021	3,052	30%	239,998	29%	10,341	821,171
2022	2,610	35%	138,797	29%	7,365	475,753
2023 (TO 3/31)	848	45%	59,000	42%	1,898	141,225

Office of Drug Monitoring & Analysis Quarterly Report



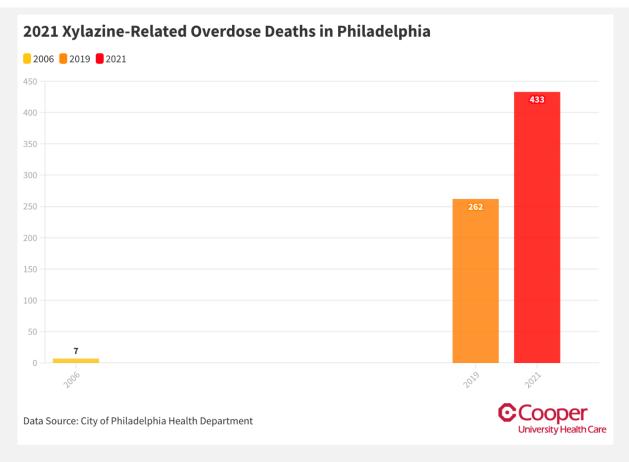
January 1, 2023 ~ March 31, 2023

				XYLA	ZINE-REI	LATED SU	BMISSIC	INS					
COUNTY	20	119	2	020	20	121	2	022	2023 (10 3/31)	TOT	AL.	
ATLANTIC	10	3%	94	11%	400	13%	262	10%	70	8%	836	11%	
BERGEN	15	4%	28	3%	73	2%	83	3%	26	3%	225	3%	
BURLINGTON	73	20%	101	12%	325	11%	250	10%	30	4%	779	10%	
CAMDEN	17	5%	90	11%	639	21%	431	17%	107	13%	1,284	17%	
CAPE MAY	20	5%	89	10%	128	4%	113	4%	24	3%	374	5%	
CUMBERLAND	4	1%	10	1%	28	1%	39	1%	30	4%	111	1%	
ESSEX	49	13%	73	9%	202	7%	130	5%	42	5%	496	6%	
GLOUCESTER	6	2%	30	4%	141	5%	69	3%	20	2%	266	3%	
HUDSON	2	1%	2	0.2%	8	0.3%	42	2%	26	3%	80	1%	
HUNTERDON	0	0%	11	1%	17	1%	28	1%	21	2%	77	1%	
MERCER	6	2%	78	9%	386	13%	373	14%	193	23%	1,036	13%	
MIDDLESEX	48	13%	39	5%	102	3%	134	5%	33	4%	356	5%	
MONMOUTH	66	18%	84	10%	195	6%	200	8%	71	8%	616	8%	
MORRIS	22	6%	18	2%	60	2%	41	2%	19	2%	160	2%	
OCEAN	0	0%	3	0.4%	12	0.4%	11	0.4%	6	1%	32	0.4%	
PASSAIC	25	7%	65	8%	242	8%	325	12%	95	11%	752	10%	
SALEM	0	0%	7	1%	21	1%	31	1%	8	1%	67	1%	
SOMERSET	0	0%	7	1%	24	1%	13	0.5%	6	1%	50	1%	
SUSSEX	2	1%	14	2%	13	0.4%	16	1%	6	1%	51	1%	
UNION	0	0%	4	0.5%	5	0.2%	1	0.04%	4	0.5%	14	0.29	
WARREN	3	1%	8	1%	31	1%	18	1%	11	1%	71	1%	
TOTAL	3	68	- 8	55	3,1	052	2,	610	8	48	77	22	
TOTAL	- 5	%	1	1%	3	9%	34%		1	1%	1,1	7,733	

COUNTY	20	119	20	20	NE-RELA 20			22	2023 (T	0 3/31)	TOT	AL
ATLANTIC	190	2%	7,656	25%	31.133	13%	15,444	11%	17,548	30%	71,971	15%
BERGEN	116	1%	347	1%	16,809	7%	3,676	3%	599	1%	21,547	5%
BURLINGTON	1046	12%	2,003	7%	5,647	2%	6,088	4%	543	1%	15,327	3%
CAMDEN	111	1%	2,537	8%	27,830	12%	9,967	7%	2,027	3%	42,472	9%
CAPE MAY	521	6%	1,094	4%	7,554	3%	9,141	7%	5,588	9%	23,898	5%
CUMBERLAND	30	0.3%	84	0.3%	417	0.2%	450	0.3%	331	1%	1,312	0.39
ESSEX	989	11%	2,416	8%	20,809	9%	15,503	11%	2,136	4%	41,853	9%
GLOUCESTER	20	0.2%	386	1%	2,252	1%	418	0.3%	264	0.4%	3,340	1%
HUDSON	3	0.03%	3	0.01%	78	0.03%	987	1%	1,331	2%	2,402	0.59
HUNTERDON	0	0%	130	0.4%	234	0.1%	318	0.2%	879	1%	1,561	0.39
MERCER	186	2%	3,722	12%	40,223	17%	30,575	22%	10,139	17%	84,845	189
MIDDLESEX	1394	15%	2,733	9%	3,627	2%	4,983	4%	744	1%	13,481	3%
MONMOUTH	3071	34%	2,031	7%	7,782	3%	4,622	3%	1,665	3%	19,171	4%
MORRIS	394	4%	421	1%	2,618	1%	1,118	1%	450	1%	5,001	1%
OCEAN	0	0%	92	0.3%	214	0.1%	372	0.3%	333	1%	1,011	0.29
PASSAIC	897	10%	3,530	12%	58,258	24%	25,361	18%	13,128	22%	101,174	219
SALEM	0	0%	24	0.1%	130	0.05%	451	0.3%	182	0.3%	787	0.29
SOMERSET	0	0%	139	0.5%	1,443	1%	180	0.1%	109	0.2%	1,871	0.49
SUSSEX	29	0.3%	269	1%	812	0.3%	1,335	1%	230	0.4%	2,675	1%
UNION	0	0%	478	2%	11,163	5%	68	0.05%	242	0.4%	11,951	3%
WARREN	41	0.5%	141	0.5%	965	0.4%	7,740	6%	532	1%	9,419	2%
TOTAL	9,0	038	30,	236	239,	998	138	,797	59,	000	477,0	V60
TOTAL	2	%	6	%	50	%	25	1%	12	%	4///	M2

Health Department Releases Data on 2021 Overdose Deaths in Philadelphia

For immediate release: October 26, 2022 | Published by: <u>Board of Health</u>, <u>Department of Public Health</u> | Contact: James Garrow phlpublichealth@phila.gov



Pharmacokinetics

Animal based data

Onset with IV use – minutes

Duration up to 4 hours

Rapid elimination ½ life (25-50 m)

Many metabolites (>20)



Window of detection limited:

- serum short
- urine longer but less clinical relevance

TESTING

National Institute of Standards and Technology (NIST) \rightarrow 35 sites/5 states (6/23) - 40% prevalence in fentanyl

- 77 unique compounds (highlights need for increased surveillance)

Initial reports reflected exposure related harm

Testing and surveillance is limited – not a standard analyte in immunoassays, not included in post mortem and drug seizure testing routinely

Parent compound (not metabolites) → analyte

Confirmatory available with LC-MS, LC-MS/MS, GC-MS, LC-QTOF-MS

Immunoassay based xylazine test strips

forensic/drug checking
interest from PWUD (but market xylazine saturated)
false positives
increased brands/distributers

comparability/consistency

QUARTERLY REPORT — PHILADELPHIA, PA



Q3 2022





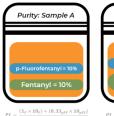
Summary and Key Findings:

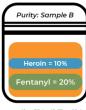
- ▶ 219 samples were tested between May and September 2022
- ► Fentanyl-xylazine (tranq-dope) proportions varied greatly
- ► The average fentanyl purity was 11.7% (range: 0.3-34.8%)
- ► The average xylazine purity was 33.8% (range: 0-64.8%)
- ► Most dope samples (91%) contained fentanyl and xylazine
- ► Synthetic cannabinoids remain dynamic and unpredictable
- ► Counterfeit Xanax tablets tested positive for clonazolam
- ► Cocaine purity varied greatly (average: 37.8%, range: 0.2-81.8%)

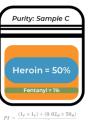
Date	Suspected	Drugs Identified
9/13/2022	Dope	Fentanyl (18.4%), Xylazine (26.9%), 4-ANPP (10.6%) [OPI=1.84]
9/21/2022	Dope	Fentanyl (6.6%), Xylazine (40.5%), 4-ANPP (1.0%), Procaine, Caffeine [OPI=0.69]
9/21/2022	Dope	Fentanyl (7.7%), Xylazine (32.4%), <i>para</i> -Fluorofentanyl (0.3%), 4-ANPP (0.7%) [OPI
9/21/2022	Dope	Fentanyl (7.8%), Xylazine (26.6%), 4-ANPP (1.5%) [OPI=0.78]
9/21/2022	Dope	Fentanyl (8.2%), Xylazine (58.4%), 4-ANPP (0.6%) [OPI=0.82]
9/21/2022	Dope	Fentanyl (8.3%), Xylazine (26.3%), 4-ANPP (1.6%) [OPI=0.83]
9/21/2022	Dope	Fentanyl (8.8%), Xylazine (30.1%), 4-ANPP (1.7%) [OPI=0.88]
9/21/2022	Dope	Fentanyl (10.0%), Xylazine (36.8%), 4-ANPP (1.7%) [OPI=1.00]
	·	

Fentanyl Purity, Potency, & Synthesis (CONT.)

DRUG PURITY VS. POTENCY INDEX

















(Eq.1)

Figure 3: Illustration of drug purity (top) vs. potency index (bottom) with example calculations for opioids commonly encountered in the recreational drug supply.

Potency Index = $\frac{(PF \times Purity) + (PF \times Purity) \dots}{10}$

How Much Opioid is in a Bag of Philadelphia Heroin/Fentanyl?

Net Weight (g)	Purity (%)	Number of Bags	Weight per bag (mg)	Fentanyl per Bag (mg)
22	6.9	767	28.68	1.98
26	1.4	731	35.57	0.50
29	8	684	42.40	3.39
20.1	7	450	44.67	3.13
18	9	449	40.09	3.61
13	5	400	32.50	1.63
14.9	6	390	38.21	2.30
15.8	5	224	70.54	3.53
7.4	10	195	37.95	3.79
7.57	3.5	192	39.43	1.38
10.3	3.2	182	56.60	1.81
5.1	7.4	172	29.65	2.19
4.93	6.5	166	29.70	1.93
9.95	3.3	165	60.30	1.99
4.32	10	159	27.17	2.72
3.98	12	140	28.43	3.41
5.5	6	140	39.29	2.36

Avg fentanyl mg per bag: 2.45

Low 0.50

High 3.80

Source: DEA

Xylazine/Fentanyl overdose

- Multicenter prospective cohort of patients following an opioid overdose from 9 EDs across the US
 - Included 321 patients testing positive for an illicit opioid or xylazine
 - 83% of patients received naloxone (median initial dose 2 mg)
 - Xylazine-negative patients were more likely to develop a coma within 4 hours of ED arrival and suffer a cardiac arrest
 - Most patients were discharged from the ED (59 [65.5%] xylazinepositive, vs. 147 [63.6%] xylazine-negative patients)



Search

Morbidity and Mortality Weekly Report (MMWR)

Illicitly Manufactured Fentanyl–Involved Overdose Deaths with Detected Xylazine — United States, January 2019–June 2022

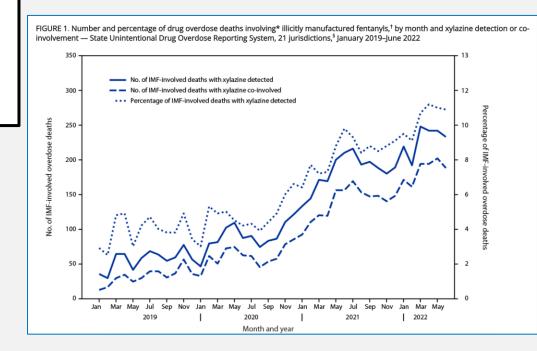
Weekly / June 30, 2023 / 72(26);721-727

Print

Mbabazi Kariisa, PhD1; Julie O'Donnell, PhD1; Sagar Kumar, MPH1; Christine L. Mattson, PhD1; Bruce A. Goldberger, PhD2 (VIEW AUTHOR AFFILIATIONS)

Xylazine detection was **NOT** associated with:

- --higher proportions of naloxone administration
- --decedents having no pulse when first responders arrived.



XYLAZINE WITHDRAWAL???

Clonidine withdrawal*

Hypertensive emergencies?!?

Compassionate care

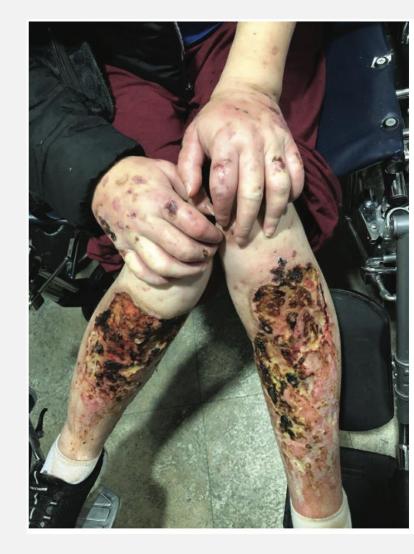
*Geyskes GG, Boer P, Dorhout Mees EJ. Clonidine withdrawal.

Mechanism and frequency of rebound hypertension.

Br J Clin Pharmacol. 1979 Jan;7(1):55-62.

doi: 10.1111/j.1365-2125.1979.tb00897.x. PMID: 760743; PMCID: PMC1429594.

Ehrman-Dupre, R., Kaigh, C., Salzman, M., Haroz, R., Peterson, L. K., & Schmidt, R. (2010). Management of xylazine withdrawal in a hospitalized patient: A case report. *Journal of Addiction Medicine*, *16*(5), 595-598.



XYLAZINE WITHDRAWAL MANAGEMENT

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6
Hydromorphone	Patient-controlled anesthesia (PCA) pump; settings: no basal rate, bolus 1 mg q 10 minutes	PCA pump; settings: basal rate 1 mg/ hour, bolus 1 mg q 12 minutes	PCA pump; settings: basal rate 1.5 mg/ hour, bolus 1 mg q 12 minutes	PCA pump; settings: basal rate 1.5 mg/ hour, bolus 1 mg q 12 minutes	PCA pump; settings: basal rate 1.5 mg/ hour, bolus 1.2 mg q 12 minutes	PCA pump; settings: basal rate 1.5 mg/ hour, bolus 1.2 mg q 12 minutes
Phenobarbital	Load (per institution's intensive care unit alcohol withdrawal protocol)	Taper (per institution's intensive care unit alcohol withdrawal protocol)	Taper (per institution's intensive care unit alcohol withdrawal protocol)	Taper (per institution's intensive care unit alcohol withdrawal protocol)	Discontinued (taper completed)	
Dexmeditomidine Tizanidine	Infusion 4 mg q 6 hours PO	Infusion Discontinued	Infusion	Infusion	Discontinued	
Clonidine		0.3 mg q 8 hours PO	0.3 mg q 8 hours PO	0.3 mg q 8 hours PO	0.3 mg q 8 hours PO	0.3 mg q 8 hours PO
Buprenorphine				300 mcg once buccal	300 mcg BID buccal	450 mcg BID buccal
Gabapentin				300 mg q 8 hours PO	300 mg q 8 hours PO	300 mg q 8 hours PO
Ketamine				Infusion during dressing changes	Infusion during dressing changes	Infusion during dressing changes

Ehrman-Dupre, R., Kaigh, C., Salzman, M., Haroz, R., Peterson, L. K., & Schmidt, R. (2010). Management of xylazine withdrawal in a hospitalized patient: A case report. *Journal of Addiction Medicine*, *16*(5), 595-598.

XYLAZINE WITHDRAWAL MANAGEMENT???

	Day 7	Day 8	Day 9	Day 10	Day 11	Day 12
Hydromorphone	PCA pump; settings: basal rate 1.5 mg/ hour, bolus 1.2 mg q 12 minutes	PCA pump; settings: basal rate 1 mg/ hour, bolus 1.3 mg q 12 minutes	PCA pump; settings: no basal rate, bolus 1.3 mg q 12 minutes	PCA pump; settings: no basal rate, bolus 1.3 mg q 12 minutes	PCA pump; settings: no basal rate, bolus 1.3 mg q 12 minutes	PCA pump; settings: no basal rate, bolus 1.3 mg q 12 minutes
Clonidine	0.3 mg q 8 hours PO	0.3 mg q 8 hours PO	0.3 mg q 8 hours PO	0.3 mg q 8 hours PO	0.3 mg q 8 hours PO	0.3 mg q 8 hours PO
Buprenorphine	2 mg twice daily sublingual	2 mg three times daily sublingual	4 mg q 4 hours sublingual	2 mg four times daily sublingual	4 mg four times daily sublingual	4 mg four times daily sublingual
Gabapentin	300 mg q 8 hours PO	300 mg q 8 hours PO	300 mg q 8 hours PO	300 mg q 8 hours PO	300 mg q 8 hours PO	300 mg q 8 hours PO
Ketamine	Infusion during dressing	Infusion during dressing	Infusion during dressing	Infusion during dressing	Infusion during dressing	Discontinued

XYLAZINE WITHDRAWAL MANAGEMENT???

	Day 13	Day 14	Day 15	Day 16	Day 17	Day 18
Hydromorphone	PCA pump; settings: no basal rate, bolus 1.3 mg q 12 minutes	PCA pump; settings: no basal rate, bolus 1.3 mg q 12 minutes	PCA pump; settings: no basal rate, bolus 1 mg q 15 minutes	PCA discontented; 2 mg q 3 hours IV PRN pain	2 mg q 3 hours IV PRN pain	2 mg q 4 hours PO PRN moderate pain, 2 mg q 4 hours PO PRN severe pain
Clonidine	0.3 mg q 8 hours PO	0.3 mg q 8 hours PO	0.3 mg q 8 hours PO	0.3 mg q 8 hours PO	0.3 mg/24 hours transdermal patch	0.3 mg/24 hours transdermal patch
Buprenorphine	4 mg QID sublingual	4 mg QID sublingual	4 mg 5 times daily sublingual	4 mg 5 times daily sublingual	4 mg 6 times daily sublingual	4 mg 6 times daily sublingual
Gabapentin	300 mg q 8 hours PO	300 mg q 8 hours PO	300 mg q 8 hours PO	300 mg q 8 hours PO	300 mg q 8 hours PO	300 mg q 8 hours PO

RESULTS: XYLAZINE WITHDRAWAL SYNDROME



Major Phenotypes from Expert Chart Review

- 1. 52 of 73 patients (71.3%) with no signs of a new withdrawal syndrome
 - Mixed opioid and/or benzodiazepine withdrawal, course as expected
 - Aggressive withdrawal & pain management, improved with opioids
- 2. 19 patients (26.4%) with a possible withdrawal syndrome
 - Agitated delirium/toxidrome with other substances, +/- ICU admission
 - Naloxone or buprenorphine precipitated withdrawal
 - Insufficiently treated opioid withdrawal, low doses methadone/oxycodone
- 3. 2 patients (2.7%) with otherwise unexplained symptoms
 - Unexplained hypertension (~180/100s) and/or tachycardia (<100)

XYLAZINE WITHDRAWAL TREATMENT

Standard

- Clonidine
- Benzodiazepines
- Antipsychotics
- Phenobarbital
- Gabapentin

ICU

- Dexmedetomidine
- Ketamine

Others

- Ropinirole
- ◆ Tizanidine



XYLAZINE WITHDRAWAL- OVERLAPPING SYMPTOMS

Xylazine	Opioid	Benzodiazepine
Anxiety Dysphoria Restlessness	Tachycardia Diaphoresis Restlessness Mydriasis Body aches Rhinorrhea GI symptoms Tremor Yawning Piloerection Anxiety Dysphoria	Tachycardia Hypertension Diaphoresis Anxiety Tremor Altered mental status Seizures Dysphoria

XYLAZINE ASSOCIATED WOUNDS





44 year-old male



Left upper extremity

Photos from Cooper University Hospital



Left upper extremity







Photo from Cooper University Hospital



Photo courtesy of Michael Coletta, MD

XYLAZINE WOUND PATHOLOGY

- IVDA has been associated with wounds
- Potential Causes:
 - Skin picking behavior leading to excoriation and ulceration
 - Increased frequency of injection
 - Infection
 - Compression
 - Decreased skin oxygenation
 - Poor wound healing (?malnutrition & elevated blood sugar)
 - Cytotoxic effect of drug or contaminant
 - Obliterative vasculitis from repeated injection "shooters patch"

Wound Treatments

Cessation of injection

Clean with soap/water, chlorhexidine, Dakin's Half Strength Solution, or 1% acetic acid

Debridement (enzymatic > surgical)

Antimicrobial coverage (Silver sulfadiazine cream, bacitracin ointment)

Non-adherent (petroleum gauze or other additive to promote moist wound environment) and absorptive dressing

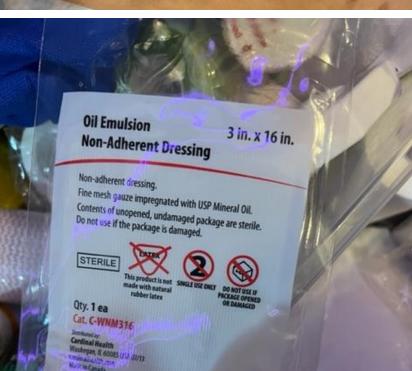






Biodegradable Temporizing Matrix (BTM), skin grafting, epithelialization/complete closure





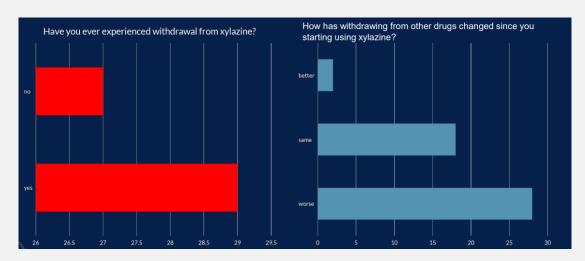




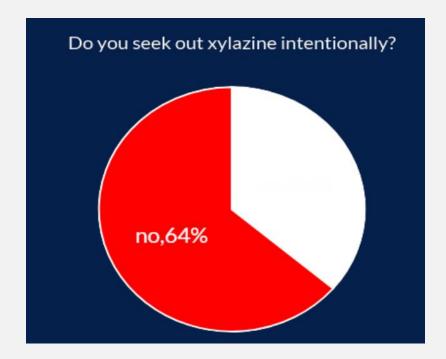


TOXICOSURVEILLANCE OF SOCIAL MEDIA: REDDIT

- Who is describing Xylazine Use?
- How does xylazine impact withdrawal symptoms?
- What complications are people reporting?



Spadaro etal Amersa 2022



CONCLUSIONS

- Xylazine prevalence has significantly increased across the country
- Appears to be linked to overdose deaths although some of the data is conflicting
- Xylazine dependence is difficult to treat
 - Gabapentin
 - Clonidine (high dose)
 - Dexmedetomidine
- Xylazine associated wounds are difficult to treat
 - May need hospital referral
 - Treat like burns
 - Increased caloric requirement

RESOURCES

- DEA: The Growing Threat of Xylazine and Its Mixture with Illicit Drugs (Intelligent Report)
- NIDA: Research Topics—Xylazine
- NHRC: <u>Xylazine FAQ, Education, Webinars</u>
- NEXT Distro: <u>Xylazine Quick Guide for People Who</u>
 <u>Use Drugs</u>
- Upenn: <u>CAMP-Xylazine-Best-Practices-I.pdf</u>

Xylazine





What is Xylazine?

Xylazine is a veterinary anesthetic that's often used as a cut in street drugs. It's sometimes called tranq, tranq dope or sleep cut and people usually use xylazine unknowingly when their drugs are cut with it.

Uses

For humans there isn't a prescribed use because it's intended for use in animals.

Effects

Sedation, analgesia (pain killing like ibuprofen or advil but not opioids) and muscle relaxation. Strong sedative effects and excessive sleepiness without euphoria have been anecdotally reported to happen anywhere from 5 to 200mg.

Side Effect

Xylazine isn't intended for human use and long term use can cause skin lesions or ulcers. In high doses, respiratory depression, passing out or falling unconscious while still standing is common. Deaths are rare but have occured in humans using anywhere from 40 to 2400mg of xylazine.

Dose

There isn't an established human dose for xylazine use. For harm reduction purposes, use as little as possible if you think your drug contains xylazine. It's recommended to start as low as possible and go slow if using xylazine.

Routes of Administration

Not much is known about the human use of xylazine but there have been reports of people eating, snorting, IVing, IMing, and using xylazine subcutaneously (injection in the skin or skin-popping).

Withdrawal

Withdrawal symptoms have been reported to be mild but because of the lack of human information about xylazine your results may vary.

Withdrawal Management

Research suggests that if withdrawal symptoms are present, low dose clonidine can be used to manage withdrawal symptoms.

Overdose Prevention

Treat xylazine like you would any other drug that can cause respiratory depression such as opioids, benzos or alcohol. If combining with other drugs, keep the doses low especially if they are other depressant drugs. There isn't an overdose reversal drug for xylazine so it's recommended to not to use alone and practice harm reduction if you decide to use xylazine.



For more drug-specific information & resources, visit:

www.nextdistro.org/drugspecific

www.nextdistro.org

SMS/Signal 646-389-0752 Reddit /u/nextdistro Email info@nextdistro.org

This resource is a living document that we will continue to update and refine. If you have input about how the information contained here could be improved or if you have new content to add, please email us at contained here could be improved or if you have new content to add, please email us at contained here could be improved or if you have new content to add, please email us at contained here could be improved or if you have new content to add, please email us at contained here could be improved or if you have new content to add, please email us at contained here could be improved or if you have new content to add, please email us at content@nextdistro.org.

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