

XYLAZINE

WHY IS IT A CONCERN?

- XYLAZINE'S PRESENCE IN THE DRUG SUPPLY CAN CHANGE THE CLINICAL PRESENTATION AND DECISIONS ABOUT OPIOID OVERDOSE MANAGEMENT WHEN MIXED WITH OTHER DEPRESSANTS (E.G., ALCOHOL, BENZODIAZEPINES, FENTANYL). THE RISK OF POISONING/OVERDOSE GREATLY INCREASES.
- CHRONIC USE MAY CAUSE SKIN ABSCESSES & SOFT TISSUE INFECTIONS.
- REPORTS NOTE NECROTIC TISSUE DAMAGE AND SEVERE ABSCESSES AFTER INJECTING &/OR SNORTING XYLAZINE, NOT RELATED TO IT IS THOUGHT THAT WORSENED WOUNDS IS DUE TO THE CONSTRICTION OF BLOOD VESSELS AFTER USE, MAKING HEALING HARDER.

XYLAZINE

THINGS TO KNOW:

- XYLAZINE INTOXICATION LOOKS LIKE OPIOID POISONING/OVERDOSE.
- XYLAZINE CAN INCREASE EFFECTS OF OTHER DEPRESSANTS, SUCH AS FENTANYL AND HEROIN.
- SIDE EFFECTS MAY TAKE APPROX 30 MIN TO APPEAR FOLLOWING INJECTION USE, & 2 HRS FOLLOWING INGESTION (LIMITED INFO).
- LENGTHY BLACKOUT PERIODS, COMA & DEATHS HAVE BEEN REPORTED.
- XYLAZINE USE IS ALSO LIKELY TO CONTRIBUTE TO THE SPREAD OF SKIN ABSCESSES WITH POSSIBLE INFECTION.
- POSSIBLY PRESENT OF XYLAZINE IF WOUNDS ARE SLOW TO HEAL.
- REGULAR WOUND CARE MAY BE NEEDED FOR LESION.
- OTHER SIGNS & SYMPTOMS INCLUDE DRY MOUTH & INCONTINENCE OF URINE. REPORTED TO LAST ANYWHERE FROM 8 TO 72 HOURS.
- DELAYED SLOW HEART & LOW BLOOD PRESSURE HAVE BEEN REPORTED 1-2 DAYS AFTER INITIAL USE.

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WHAT IS KNOWN:

- A COLORLESS LIQUID IN VETERINARY FORMULATIONS, IT IS DESCRIBED AS A CRYSTALLINE SUBSTANCE - TASTES BITTER & IS EASILY SOLUBLE IN WATER.
- REPORTS OF VARYING APPEARANCE WHEN MIXED WITH OTHER SUBSTANCES. INTRAVENOUS, INTRAMUSCULAR, SUBCUTANEOUS, ORAL AND INHALATION USE HAS BEEN REPORTED.
- NONE OF XYLAZINE'S METABOLITES HAVE BEEN CLASSIFIED AS POTENTIALLY GENOTOXIC & CARCINOGENIC TO HUMANS BASED UPON ANIMAL STUDIES.
- XYLAZINE USE AMONG PWUD HAS BEEN REPORTED IN THE LITERATURE SINCE THE EARLY 2000S. FIRST IDENTIFIED IN STREET SUPPLY IN CANADA IN 2012.
- EVIDENCE FOR BOTH INTENTIONAL & UNINTENTIONAL USE OF XYLAZINE FOR EX. PWUD HAVE REPORTS IT IS PROLONGING SOME EFFECTS OF FENTANYL.
- EMERGED AS AN INCREASINGLY COMMON CUTTING AGENT IN BOTH CANADA & USA. IT IS COMMONLY ADDED TO STREET OPIOIDS PARTICULARLY FENTANYL, & IDENTIFIED ALONGSIDE COKE & METH.

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XYLAZINE IS A NON-OPIOID USED AS A SEDATIVE, ANESTHETIC, MUSCLE RELAXANT AND ANALGESIC FOR ANIMALS. IT IS A STRONG SYNTHETIC ALPHA-2-ADRENERGIC AGONIST, SYNTHESIZED IN 1962 AS AN ANALGESIC, HYPNOTIC AND ANESTHETIC. IT WAS NOT APPROVED FOR HUMAN USE DUE TO SEVERE CNS DEPRESSANT EFFECTS.

XYLAZINE

HARM REDUX TIPS

- AVOID MUSCLING
- IF STILL INJECTING TRY NOT TO MISS THE VEIN
- IF SNORTING, RINSE YOUR NOSE OUT AFTER
- MONITOR AND NEW WOUNDS & KEEP THEM CLEAN
- GET REGULAR WOUND CARE
- WASH YOUR HANDS & BODY WHEN YOU CAN
- ALWAYS CARRY NARCAN. GIVE IT!
- USE WITH SOMEONE YOU TRUST & TAKE TURNS
- TEST YOUR DRUGS IF YOU CAN
- ASK YOUR LOCAL HARM REDUX TEAM FOR ONGOING UPDATES, WE DON'T KNOW ALOT BUT NEW INFO IS COMING

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MANAGEMENT OF INTOXICATION

Major clinical findings	Supportive care
<ul style="list-style-type: none"> Hypotension Bradycardia Drowsy, sedated Respiratory depression or arrest Hyperglycemia Cardiac arrhythmias Miosis Hyporeflexia CNS depression 	<ul style="list-style-type: none"> Consider: Avoid CNS depressants Oxygen IV fluids IV atropine Ventilator assistance, possible intubation IV insulin ECG monitoring Replacement of K and Mg

HOW MUCH IS DANGEROUS? IT IS NOT CLEAR.

FATAL CASES OF XYLAZINE POISONING HAVE REPORTED BLOOD CONCENTRATIONS RANGING FROM A TRACE AMOUNT TO 16,000 NG/ML, COMPARED TO NON-FATAL TOXIC CONCENTRATIONS OF 30 TO 4,600 NG/ML

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POISONING/OVERDOSE

ADMINISTER NALOXONE IF OPIOID OVERDOSE IS SUSPECTED. HEROIN OR FENTANYL IS LIKELY PRESENT

BECAUSE OF POSSIBLE SEVERE CARDIAC & CNS REACTIONS TO XYLAZINE TOXICITY, SEEKING EMERGENCY CARE IS CRITICAL IF XYLAZINE TOXICITY IS SUSPECTED. EXTENDED HOSPITAL STAYS MAY BE INDICATED, DUE TO POTENTIAL FOR DELAYED SIDE EFFECTS. IT MAY BE IMPOSSIBLE TO DISTINGUISH BETWEEN THE PRESENCE OF BENZODIAZEPINES, OTHER DEPRESSANTS, & XYLAZINE, BASED UPON CLINICAL PRESENTATION ALONE.

ALWAYS PLACE THE PERSON IN THE RECOVERY POSITION IF YOU HAVE TO LEAVE THEM, AS INCREASING DOSES OF NALOXONE CAN LEAD TO VOMITING.

SEE THE TOWARD THE HEART FOR INFORMATION SHEETS ON OVERDOSE RESPONSE, ETIZOLAM & BENZODIAZEPINES.

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WHY THE HYPE?