



Xylazine Awareness

Background Information

Xylazine, a non-opioid veterinary tranquilizer not approved for human use, has been linked to an increasing number of overdose deaths nationwide. People exposed to xylazine often knowingly or unknowingly used it in combination with other drugs, particularly illicit fentanyl. Drug trafficking organizations have begun adding xylazine to illicit opioid (heroin), synthetic opioid (fentanyl), and stimulants (methamphetamine and cocaine). Street names of xylazine include *zombie drug*, *tranq*, *tranq dope*, *sleep-cut*, and *Philly dope*.



Xylazine is not detectable to the naked eye and there are no known reversal agents for xylazine approved for human use. If you suspect that someone has overdosed and was exposed to xylazine but has not responded to administered naloxone, begin appropriate medical intervention, and immediately dispatch emergency medical services.

Presentation of Symptoms

Signs and symptoms of acute xylazine toxicity may include respiratory depression, hypotension, bradycardia, hypothermia, miosis, or high blood glucose levels. Symptoms may appear like that of opioids, making it difficult to distinguish between toxicity from opioids versus xylazine. Naloxone is not known to be effective in reversing overdoses involving xylazine, as xylazine is not an opioid.

Repeated exposure may also result in dependence and withdrawal. Withdrawal symptoms such as agitation or severe anxiety may occur when usual doses of the drug are decreased or discontinued.

Repeated exposure to xylazine, by injection, has been associated with severe, necrotic skin ulcerations that are distinctly different from other soft-tissue infections (e.g., cellulitis, abscesses) often associated with injection drug use. These ulcerations may develop in areas of the body away from the site of injection.

Treatment

Naloxone should always be administered in every overdose case because xylazine is frequently mixed with opioids. The administered naloxone will reverse the opioid-related pharmacological effects, but not the xylazine-related pharmacological effects. Therefore, first responders and physicians should consider the possibility of xylazine exposure when a patient presenting with an overdose is not responding to naloxone by screening for xylazine and providing indicated respiratory and cardiovascular supportive measures.

