TRANQ AKA XYLAZINE: A FIELD GUIDE FOR SUPPORTING PEOPLE WHO USE DRUGS



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WHO WE ARE & WHY WE MADE THIS:

- The Everywhere Project is a community based harm reduction organization providing street level services to people who use drugs (PWUD).
- Over the last 3 years, we have experienced the consequences of having relatively high concentrations of trang in our supply.
- As xylazine continues to be found across the country, we want to make sure to share what we have learned.
- We are not doctors and the following information is based on our experiences serving PWUD in Philadelphia.





WHO THIS IS INTENDED FOR:

- We made this guide keeping in mind what we would have wanted to know to be more prepared to support community members in need.
- However, some of the language in here may require additional research depending on level of knowledge.
- We want this information to be accessible to anyone that needs it, so please let us know if you have any questions-we will answer them to the best of our ability.

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WHAT IS IT?

The Basics:

- Xylazine is an animal tranquilizer.
 Not approved for humans.
- Xylazine is not an opioid and will not respond to Naloxone.
 However, because xylazine and fentanyl are typically found together, it is still important to administer Naloxone.
- In 2021 & 2022, tranq was detected in >90% of dope samples in Philadelphia.



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Where is it?



TRANQ HAS BEEN FOUND IN 49 US STATES:

Exception: Hawaii



Pennsylvania was the first state to find tranq in the supply.



XylaMed™

zine) 100 mg/mL Injection



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- 1) Complicates Overdose Response & Appearance
- 2) Skin and soft tissue infections
- 3) Withdrawal Management
- 4) Safety of individuals using





- 1) Complicates Overdose Response & Appearance
 - Alters the appearance of an overdose.
 - Individuals may be unresponsive but still breathing.
 - o Check in on people.
 - It is important to monitor breathing and, if possible, blood oxygen level.
 - If a person does overdose and naloxone is needed, it is important to closely monitor the individual to see when they resume breathing on their own.
 - Due to the sedating effect of xylazine a person may begin breathing again but not alert/awake.





2) Skin and soft tissue infection

Exposure to tranq causes skin and soft tissue infections.

No matter the route of administration: smoking, snorting, injecting, or boofing individuals can experience tranq wounds.

Injecting:

Unlike a typical abscess, the wound can occur anywhere on the body and does not need to be at or near the injection site.

Snorting:

Wounds inside the nose and sinuses. Wounds can also appear on other areas of the body.

<u>Smoking:</u>

Coughing up black stuff. Wounds can also appear on other parts of the body.

Boofing:

Rectal ulcerations. Wounds can also appear on other areas of the body.

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2) Skin and soft tissue infection (cont.)

These wounds most closely resemble necrotizing fasciitis.

Anecdotally, there has been an increase in amputations due to tranq wounds.

Depending upon the progression of the wound, healing may take a very long time and require regular woundcare and maintenance.

There is no research available to discuss what happens internally, via different routes of administration (ROA) i.e. smoking versus snorting.

See our Tranq Wound Care Guide for how to treat Tranq Wounds.



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3) Withdrawal Management

- Withdrawal Symptoms are different than opioids & require different treatment. <u>Traditional opioid</u> <u>management will not be effective for</u> <u>tranq withdrawal.</u>
- Xylazine withdrawal is similar to benzo withdrawal.
 - Agitation
 - Irritability
 - Anxiety
 - Insomnia
 - Risk of seizure

- Individuals can differentiate symptoms of xylazine withdrawal from opiate withdrawal when being properly treated with MOUD like methadone.
- Recommended Medication for Tranq withdrawal:
 - Benzodiazepines; Ketamine;
 Clonodine; Gabapentin;
 Penobarbital; Dexmedetomidine;
 Tizanidine

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4) Safety of individuals using

- Tranq causes extreme sedation which creates a vulnerable situation for the user.
 - In some instances an individual may experience a blackout.
- Because of the extreme sedation, individuals are at an increased risk of:
 - Sexual Assault
 - Robbery



At this time, there is no solid consensus as to why these wounds are occurring or what defines best practice for these wounds.

There is simply not enough research.

In addition to universal wound care tips, the information provided here is based off of our own experiences providing wound care to individuals using substances cut with xylazine.



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WOUNDCARE HYGIENE:

Clean your hands as best you can whenever you are touching a wound!

most effective: washing with soap & water still helpful: hand sanitizer, body wipes, regular



Goal is to reduce the chance of introducing more bacteria to the wound!

Do not touch another person's wound without gloves, this puts both of you at risk.

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water

HEDUCTION IS IN

STEP BY STEP

- 1. Wash or sanitize hand, or put on clean disposable gloves; try to lay out a clean workspace using a disposable chuck
- 2.Gently wash the wound and surrounding area with: Water, Saline, or Soap and water
- 3. Protect the healthy surrounding skin with ointment (A&D or something similar) or a no-sting barrier film
- 4. Apply an ointment (like Neosporin, Medihoney or hexagon) to a non-stick gauze or Adaptic/Xeroform. Place this directly on the wound.

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STEP BY STEP (cont.)

- 5. If you applied a dressing like Adaptic or Xeroform, place a non-stick gauze pad on top of that dressing.
- 6. If it's draining a lot, top that dressing with an ABD Pad (if that's not an option you can also use a Maxipad).
- 7. Wrap with roll gauze and tape
- 8. It's always an option to cover these dressing with athletic wrap or an ACE bandage

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WHAT TO DO

- Clean wounds with soap (if available) & clean water, or saline-no soap needed
 - if no soap is available, water helps too!
- Keep wounds covered
- Change dressings
 - Try not to leave on for more than 48 hours
 - But definitely change whenever soiled or soaked through.
- Keep wounds just a little moist to allow dead skin and scabbing to soften & fall off on its own, & new skin to regrow.
- Keep skin around wound as clean/dry/free from wound drainage as possible.
 - Try using A&D ointment, or a product like vaseline, on the healthy skin around the wound.

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WHAT TO AVOID

- Do not use abrasive solutions on wounds such as bleach, chemical cleaners, hydrogen peroxide or alcohol. These are all too harsh for healing skin and should not be used regularly to wash a wound (use saline or water and soap).
- Antibiotics only work against certain bacteria at certain doses—if you take random ones/someone else's/only some pills or if you only take part of your prescription, you might kill off only some bacteria, leaving the strongest ones still in your body.







DIY a wound wash for under \$3 with a bottle of water and some antibiotic soap. Mix 1-2 teaspoons into the water bottle then poke a hole into the top. Use that as a wound wash. Rinse with clean water.

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WHEN TO SEEK MEDICAL ATTENTION:



You need to be assessed by a medical provider if:

The area around wound is:

- extra painful
- warm to touch
- red
- swollen

Or if you have

- fever/chills
- unexplained nausea/vomiting

Go to a clinic/hospital to see if you need antibiotics.

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WHEN TO GO TO THE EMERGENCY ROOM:

- You have an abscess...
 - that gets more painful, red and hot to the touch, or swollen
- Have an open wound or boil/abscess...
 - And have fever, sweats, chills, confusion, dizziness, weakness, or fatigue

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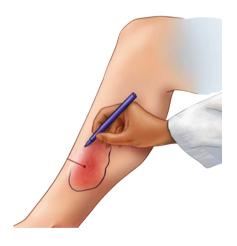
WHEN TO GO TO THE EMERGENCY ROOM:

3

- You have an open wound...
 - AND have fever, sweats, chills, confusion, dizziness, weakness, or fatigue
 - With new or increased drainage, a bad smell (like rotting eggs)
 - That grows very quickly
 - With very bad pain when you move the body part with the wound or cannot move the body part as normal



To track how quickly a wound is growing, use a permanent marker to outline the area of redness and warmth.



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WHEN TO GO TO THE EMERGENCY ROOM:

If your wound has:

- A black layer covering the outside and small areas of white and red within (think large black scabs with small wide spots), the black is necrotic (dead) tissue that needs to be removed.
- Puss draining or inside the wound itself (puss resembles thick, mostly yellow &/or green, fluid with a bad smell- think yogurt or cottage cheese thickness).
- Very deep areas that may show white hard lines (bone) or bone itself or yellow squishy sponge-like areas (fat exposure).
- Small bugs inside of wound.

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