Special Commission on the Public Health and Safety Concerns Posed by the Proliferation of Xylazine as an Additive to Illicit Drugs, Including, but not limited to, Fentanyl

Final Report:

Findings and Recommendations

Prepared for:

The Honorable Clerk of the House of Representatives

The Honorable Clerk of the Senate

March 27, 2026

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Letter from the Co-Chairs

To the Honorable Clerks of the House of Representatives and the Senate:

The Special Commission was established by Chapter 285 of the Acts of 2024, *An Act Relative to Treatments and Coverage for Substance Use Disorder and Recovery Coach Licensure*, and tasked with studying and making recommendations on ways to address the public health and safety concerns posed by the proliferation of xylazine as an additive to illicit drugs, including, but not limited to, fentanyl.

Our main objective from the start was to identify opportunities to address the public health and safety effects posed by a drug supply contaminated by xylazine and other harmful substances. It became clear that this investigation required an understanding of the broader issue and hazards of contamination in the Commonwealth's illicit drug supply, as well as responses to it.

With appointments from the Governor, the Senate President, the Speaker of the House, and the Senate and House Minority Leaders, the Commission included a wide array of stakeholders from government, business, nonprofit, academic, and advocacy sectors. We wish to acknowledge all Commission members and the many members of the public who contributed valuable knowledge, experience, and perspectives over the course of our meetings and deliberations.

It has been an honor to serve as Co-Chairs of this Special Commission. We greatly appreciate House Speaker Ron Mariano and Senate President Karen Spilka for appointing us to lead this timely endeavor.

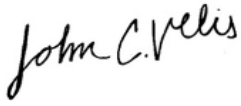
We also want to thank all our fellow Commission members for their time, attention, and engagement and the public for their participation and input.

Finally, we wish to extend our sincere appreciation to our staff members – Lily Stowe-Alekman, Gabe Adams-Keane, Jess Bresler, Jocelyn Schafer, Juliette Vetare, Gwen Bankmann, and Caitlyn Letourneau-Jancsy – without whom the Commission's productivity overall and this report, specifically, would not have been possible.

We are pleased to submit this report with recommendations to the Massachusetts Legislature from the Special Commission.

Yours in service,

Mindy Domb, Co-Chair
State Representative
3rd Hampshire District



John C. Velis, Co-Chair
State Senator
Hampden and Hampshire District

Commissioners

The 13-member Special Commission included the following individuals:

State Representative Mindy Domb, Co-Chair
3rd Hampshire; Chair, Joint Committee on Mental Health, Substance Use and Recovery

Millie Bhatia, MPH, Secretary of Health and Human Services Designee
Health Policy Manager, Executive Office of Health and Human Services

Assistant Undersecretary Angela Davis, Secretary of Public Safety and Security Designee
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State Representative Kate Donaghue, MS, House Speaker Ron Mariano Appointee
19th Worcester; Member, Joint Committee on Mental Health, Substance Use and Recovery

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Matthew Hogan, BVetMed, MS, MRCVS, DACLAM, Massachusetts Veterinary Medical Association Representative
Attending Veterinarian at McClean Hospital

State Senator John Keenan, Senate President Karen Spilka Appointee
Norfolk and Plymouth; Chair, Joint Committee on Election Laws; Vice Chair, Joint Committee on Municipalities and Regional Government; Member, Joint Committee on Mental Health, Substance Use and Recovery

State Senator John Velis, Co-Chair
Hampden and Hampshire; Chair, Joint Committee on Mental Health, Substance Use and Recovery; Chair, Joint Committee on Veterans and Federal Affairs

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Dr. David McGarry, MD, Commissioner of Mental Health Designee
Acting Medical Director, Office of Inpatient Management, Department of Mental Health

Sarah Ruiz, MSW, Commissioner of Public Health Designee
Deputy Director for Strategy and Community Health, Bureau of Substance Addiction Services, Department of Public Health

Dr. Kevin Simon, MD, MPH, Governor Maura Healey Appointee
Pediatric Addiction Medicine Psychiatrist, Boston Children's Hospital; Chief Behavioral Health Officer, City of Boston; Assistant Professor of Psychiatry, Harvard Medical School

State Representative Steven George Xiarhos, House Minority Leader Brad Jones Appointee
5th Barnstable; Ranking Minority Member, Joint Committee on Emergency Preparedness and Management, Ranking Minority Member, Joint Committee on Mental Health, Substance Use and Recovery

The Commission was supported by the following House and Senate staff:

Gwen Bankmann
Researcher, Joint Committee on Mental Health, Substance Use and Recovery ("MHSUR")

Jessica Bresler, Esq.
Legal Counsel, MHSUR

Lily Stowe-Alekman
Staff Director, Representative Mindy Domb

Juliette Vetare, MPH
Research Director, MHSUR

Gabe Adams-Keane
Chief of Staff, Senator John Velis

Caitlyn Letourneau-Jancsy
Director of Community Engagement, Senator John Velis

Jocelyn Schafer, Esq.
Former Legislative Director and General Counsel, Senator John Velis

Introduction

The Special Commission established under Chapter 285 of the Acts of 2024, *An Act Relative to Treatments and Coverage for Substance Use Disorder and Recovery Coach Licensure* (the "Act"), hereby submits its Final Report to the General Court as required by the Act. The Commission was tasked with studying and making recommendations on ways to address the public health and safety concerns posed by the proliferation of xylazine as an additive to illicit drugs, including, but not limited to, fentanyl.

Below is the **legislative charge**, as amended by Section 95 of Chapter 14 of the Acts of 2025:

> *SECTION 36. (a) There shall be a special commission to study and make recommendations on ways to address the public health and safety concerns posed by the proliferation of xylazine as an additive to illicit drugs, including, but not limited to, fentanyl.*
>
> *(b) The commission shall consist of: the chairs of the joint committee on mental health, substance use and recovery, who shall serve as co-chairs; 1 member appointed by the speaker of the house of representatives; 1 member appointed by the minority leader of the house of representatives; 1 member appointed by the senate president; 1 member appointed by the minority leader of the senate; the secretary of health and human services or a designee; the commissioner of public health or a designee; the commissioner of mental health or a designee; the secretary of public safety and security or a designee; 1 member who shall be a representative of the bureau of substance addiction services within the department of public health; 1 member who shall be a representative of the Massachusetts Veterinary Medical Association; and 1 member appointed by the governor who shall be a registered nurse or licensed physician with experience in treating patients for substance use disorder.*
>
> *(c) The commission shall consider: (i) best practices to regulate and oversee the production and distribution of xylazine to ensure that it is used solely for its intended purpose as an animal tranquilizer administered by licensed veterinarians and not for human consumption; (ii) whether xylazine should be classified as a controlled substance and appropriate penalties for its illegal production and distribution; (iii) the availability of effective outreach and treatment programs for patients who have been exposed to xylazine and ways to address any gaps in available programs and services; and (iv) any other considerations determined to be relevant by the commission.*
>
> *(d) The commission shall file a report and its recommendations, including any legislation necessary to implement its recommendations, with the clerks of the house of representatives and the senate not later than March 30, 2026.*

In the course of its work, the Commission investigated not only xylazine, but the overall contamination of the illicit drug supply. This Final Report presents the Commission's findings and recommendations required by the Act.

Executive Summary

The introduction of illicitly manufactured and much cheaper fentanyl, fentanyl analogs, and other synthetic substances into the drug supply in the early 2010s led to tremendous increases in overdose deaths in Massachusetts and across the country. More recently, xylazine has been increasingly found in the nation's illicit opioid supply, most often mixed with fentanyl and sometimes referred to as "tranq" or "tranq dope." Xylazine is a veterinary drug used as a sedative, anesthetic, muscle relaxant, and analgesic for animals but is not approved by the Food and Drug Administration ("FDA") for use in humans.

Xylazine was first synthesized in 1962 by Bayer Pharmaceutics and was investigated for potential human use in clinical trials as an analgesic, sleeping aid, and anesthetic; however, these trials were terminated due to its severe hypotension and central nervous system depressant effects. Because xylazine is not FDA-approved for human use, it is also not scheduled under the federal Controlled Substances Act. Importantly, opioid overdose reversal drugs like naloxone will not revive a person sedated by xylazine, but remain a vital tool for first responders given the common co-occurrence of xylazine exposure and opioid overdose caused by fentanyl.

Xylazine exposure produces many health harms, including severe skin ulcers when injected even beyond the injection site and wounds that can take months or years to heal and may not heal without medical care. Moreover, because xylazine is a powerful sedative that lasts much longer than the substances to which it is usually added (i.e., fentanyl), people exposed to xylazine can remain sedated for much longer. Opioid overdose reversal drugs like naloxone will reverse the effects of fentanyl but have no impact on the effects of xylazine. This "oversedation" can lead to social and economic harms (i.e., assault or theft) as well as physical health harms like traumatic injury, exposure, and compartment syndrome, a painful condition where pressure in and around muscles rises to dangerous levels, restricting blood flow and leading to permanent nerve and muscle damage and can even lead to amputation if left untreated.

Although there have been sporadic reports of human intoxication with xylazine over the past several decades, it was identified as a prevalent additive in Puerto Rico's illicit drug supply in the mid-2000s. However, by 2022, approximately 23% of fentanyl powder and 7% of fentanyl pills seized by the Drug Enforcement Agency ("DEA") contained xylazine. In November 2022, the Department of Justice ("DOJ") issued a warning about the "increase in the number of reports, alerts, and advisories from media and public health agencies indicating that xylazine is being abused in combination with other drugs of abuse, such as fentanyl, and is causing harm."

The FDA issued concurrent warnings about the public health risks of xylazine exposure, including that "repeated exposure may result in ***dependence and withdrawal***... [and] 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… [that] may develop in areas of the body away from the site of injection" (emphasis added).

In the Commonwealth, xylazine contamination was first detected in 2021 by harm reduction workers and the Massachusetts Drug Supply Data Stream ("MADDS"), a state-funded collaboration among Brandeis University researchers, the Department of Public Health ("DPH"), various town police departments, and local community partners that works to collect data on

drug supply contamination across Massachusetts by providing drug checking services to people who use drugs. Drug checking is the practice of chemically analyzing street drug residue and identifying the composition and potential contamination of a substance prior to consumption. Drug checking helps people who use drugs reduce the harms of drug use. Knowledge of what is in a substance can help a person make more informed decisions about whether to use a drug, how to use a drug, or how much of a drug to use. Drug checking also helps providers offer better, more tailored care and provides public health officials with critical information to be more responsive (i.e., with financial and other resources) to emerging trends in the drug supply.

As of the second quarter of 2022, xylazine was present in 5% of opioid-overdose related deaths in the Commonwealth. That same year, 19% of samples collected by MADDS tested positive for xylazine, increasing to 22% in 2023 and 26% in 2024. More recent data presented to the Commission show a decline of xylazine contamination (13% as of June 2025 according to Dr. Traci Green, who presented this data to the Commission); however, drug checking performed by MADDS show the almost simultaneous rise in the presence of other sedatives like medetomidine, another veterinary drug that produces its own host of public health and safety issues. These data can be found in the PowerPoint slides presented at the June 23, 2025 Listening Session and found on the Commission's public website.

In 2023, the Massachusetts Executive Office of Health and Human Services ("EOHHS") issued warnings about xylazine and its presence in the Commonwealth's street drug supply. The growing prevalence of xylazine in Massachusetts prompted the Legislature to pass legislation establishing, among other policies that address substance use in the Commonwealth, this Commission to examine the public health and safety concerns posed by xylazine and to make recommendations on how to address these issues.

The Commission was formed in the Spring of 2025 once all appointments had been made and promptly began its work investigating xylazine, specifically, and the broader issue of contamination in the Commonwealth's illicit drug supply. The Commission drew on the vast experience and knowledge of Commission members to conduct a thorough study. The Commission organized its work based on the areas of inquiry set forth in the statutory charge and as identified by members, which included the following topics:

1. Best practices to regulate and oversee the production and distribution of xylazine to ensure that it is used solely for its intended purpose as an animal tranquilizer administered by licensed veterinarians and not for human consumption and whether xylazine should be classified as a controlled substance and appropriate penalties for its illegal production and distribution, if any ("**Best Practices for Oversight and Enforcement**")

    Members:
    - Ernie Gates, R.Ph, FASCP, FIACP, FACA
    - Matthew Hogan, BVetMed, MS, MRCVS, DACLAM
    - Sarah Ruiz, MSW
    - State Representative Steven George Xiarhos

2. The availability of effective outreach and treatment programs for patients who have been exposed to xylazine and ways to address any gaps in available programs and services ("**Outreach and Treatment**")

Members:

- Assistant Undersecretary Angela Davis
- State Representative Kate Donaghue, MS
- Dr. Simeon Kimmel, MD, MA
- Dr. David McGarry, MD
- State Senator John Velis

3. Education and training for first responders, the medical community, the substance use treatment community, and people who use drugs ("**Education and Training**")

Members:

- Millie Bhatia, MPH
- State Representative Mindy Domb
- State Senator John Keenan
- Dr. Kevin Simon, MD, MPH

Each of the working groups (Best Practices for Oversight and Enforcement, Outreach and Treatment, Education and Training) met in November 2025 to internally discuss how to approach the work of identifying findings and recommendations.

Each working group conducted its own research, which included several working group members interviewing relevant stakeholders. Working group members presented and discussed initial findings and recommendations with the full Commission during a public meeting on December 11, 2025. The initial findings and recommendations presented to the Commission were incorporated into the first draft of the report presented to the Commission on February 9, 2026. Commission members received the first draft of the final report and were invited to submit feedback prior to the final public meeting. Commission staff produced a second draft that incorporated various comments and proposed changes received.

The second draft of the final report was presented to the Commission on March 24, 2026. The Commission discussed the additional redline edits proposed by Commission staff and members of the Commission, as well as additional changes to be made. Commissioners present voted unanimously to approve the Final Report. Letters of support and communications from Commissioners who were not present at the final public meeting can be found in Appendix A. The Final Report was submitted to the House and Senate Clerks on March 27, 2026.

Part I details the Commission's **activities** since convening. Additional documents received or developed by the Commission that are not available on the Commission's public website can be found in Appendix B.

Part II presents the Commission's **findings** with respect to the areas of inquiry set forth in the Act. Additional resources can be found in Appendix C.

Part III contains the Commission's **recommendations** with respect to each area of inquiry. An overview of the Commission's findings and recommendations can be found in Appendix D.

Part I: Commission Activities

The full Commission met five times and each Working Group met once. All meetings were held virtually via Microsoft Teams and livestreamed on the Legislature's website for public viewing. Below are summaries of each meeting. The meeting minutes and materials, if applicable, can be found at https://malegislature.gov/Commissions/Detail/679/Documents. Additional documents received or developed by the Commission can be found in Appendix B.

First Public Meeting: Listening Session – June 23, 2025 at 12:00PM
The Commission met to begin its work. Chair Domb facilitated a listening session during which members of the public, invited by the Chairs prior to the meeting, spoke about their areas of expertise, their professional and personal experiences with xylazine, and recommendations. The meeting notice, agenda, and recording can be found at https://malegislature.gov/Events/Hearings/Detail/5249.

Second Public Meeting: Public Comment – October 9, 2025 at 1:00PM
The Commission met to continue its work and accepted comment from members of the public who pre-registered to speak. The meeting notice, agenda, and recording can be found at https://malegislature.gov/Events/Hearings/Detail/5408.

Working Group on Education and Training: Public Meeting – November 17, 2025 at 2:00PM
The Working Group met to begin its work. The meeting notice, agenda, and recording can be found at https://malegislature.gov/Events/Hearings/Detail/5482.

Working Group on Outreach and Treatment: Public Meeting – November 18, 2025 at 9:00AM
The Working Group met to begin its work. The meeting notice, agenda, and recording can be found at https://malegislature.gov/Events/Hearings/Detail/5481.

Working Group on Best Practices for Oversight and Enforcement: Public Meeting – November 18, 2025 at 2:00PM
The Working Group met to begin its work. The meeting notice, agenda, and recording can be found at https://malegislature.gov/Events/Hearings/Detail/5483.

Third Public Meeting: Working Group Presentations – December 11, 2025 at 10:00AM
The Commission met to discuss the preliminary findings and recommendations presented by the working groups. The meeting notice, agenda, and recording can be found at https://malegislature.gov/Events/Hearings/Detail/5507.

Fourth Public Meeting: Discussing the Draft Final Report – February 9, 2026 at 10:00AM
The Commission met to discuss the first draft of the final report. Commission staff facilitated a discussion of the proposed content to be included in the first draft. The meeting notice, agenda, and recording can be found at https://malegislature.gov/Events/Hearings/Detail/5548.

Fifth Public Meeting: Approving the Final Report – March 24, 2026 at 10:00AM
The Commission met to complete its work. Chair Domb presented the Final Report and invited Commissioners to provide any final thoughts or comments on its content. Commissioners who were present voted unanimously to approve the Final Report. The meeting notice, agenda, and recording can be found at https://malegislature.gov/Events/Hearings/Detail/5609.

Part II: Key Findings

The purpose of the Commission is to present its findings on the areas of inquiry set forth in the statutory charge, and to make recommendations on how best to address the issues identified.

This section includes a brief overview of each topic and the Commission's findings. Additional information, resources, and reports for each topic can be found in Appendix C.

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Background Information on Xylazine

Xylazine is an inexpensive compound approved by the Food and Drug Administration ("FDA") for veterinary use only. Xylazine is used by licensed veterinarians and animal researchers to produce sedation in animal species, including rodents, cats, dogs, horses, cattle, and sheep. Xylazine is a central alpha-2-adrenergic receptor agonist (commonly referred to as an "alpha-2 agonist") that produces mild-to-moderate sedation in animal subjects when administered on its own, though it is also used in combination with other drugs to produce anesthesia for longer procedures or surgery.

Due to severe side effects in humans, xylazine is not FDA-approved for human use; however, xylazine has been identified as a prominent contaminant in the Commonwealth's illicit drug supply. Xylazine is typically contained in substances marketed as an opioid and is almost always mixed with fentanyl as a combination sometimes referred to as "tranq" or "tranq dope." Xylazine has also been identified in the non-opioid illicit supply, likely due to illicit distributors' poor product control practices (i.e., unintentional cross-contamination of opioids and non-opioids). The Commission received anecdotal testimony that opioids (i.e., fentanyl) mixed with xylazine already contain xylazine by the time they arrive in the Commonwealth, which can present challenges in identifying or tracing the source of xylazine entering Massachusetts.

People exposed to xylazine are rarely aware of its presence in the drug supply without the use of drug checking services or equipment. The Commission received extensive testimony from individuals who work in public health, harm reduction, and law enforcement, as well as people with lived experience, confirming that, unless a person is aware of the presence of xylazine in the substances they are using and are experiencing xylazine withdrawal symptoms, they do not intentionally use, do not want to use, and do not seek xylazine.

Xylazine used in veterinary and animal research settings is obtained most often in liquid form from licensed and FDA-regulated pharmaceutical distributors. By contrast, xylazine found in the illicit drug supply is most often non-pharmaceutical grade, obtained online from international vendors. The Drug Enforcement Agency ("DEA") reports that the latter is typically obtained in both liquid and powder form from internet vendors without ties to the veterinary profession nor requirements to prove legitimate use.

The appeal of xylazine for both licit (i.e., veterinary and animal research) and illicit (i.e., as an additive to the street drug supply) use is mostly due to its cost. According to the DEA, xylazine powder can be purchased online from Chinese suppliers with common prices ranging from $6-$20 U.S. dollars per kilogram. As xylazine is inexpensive and easy to obtain online, illicit manufacturers and distributors (i.e., "dealers") may add xylazine to illicit opioids for a variety of reasons. Unlike "cutting" or "bulking" agents added to increase a product's weight (and therefore

profit margin), xylazine is an active chemical that may be intentionally selected by illicit manufacturers and distributors as an additive because it mimics the sedative effects of opioids.

In addition to being cheap, using licit xylazine for animals reduces reliance on other combinatorial substances (i.e., ketamine) and allows the animal subject to recover more quickly from sedation because xylazine and its effects can be easily reversed with certain alpha-2 agonists when administered to animals. However, the safety of administering these substances to humans exposed to xylazine has not been studied or confirmed.

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Public Health and Safety Effects of Xylazine

There are many public health and safety effects of xylazine contamination in the illicit drug supply. The Commission heard testimony from several public health and safety experts on these effects, summarized as follows:

Immediate effects:

At the moment of consumption and shortly thereafter, xylazine causes extreme sedation that can impact a person's ability to breathe.

From a public health perspective, oversedation caused by xylazine presents significant clinical challenges. The Commission heard testimony that, for both public health and public safety workers unfamiliar with xylazine and its effects, xylazine exposure presents challenges to providing appropriate emergency response (i.e., lack of clarity on best practices for managing oversedation and whether to still administer naloxone or simply provide breathing support). Because the effects of xylazine cannot be instantly reversed in humans, breathing support remains the only clinical tool for managing oversedation caused by xylazine exposure (unlike, for example, the use of both breathing support and opioid antagonists like naloxone for people experiencing an opioid overdose, though naloxone should still be administered in xylazine-involved emergencies due to the almost universal concurrent presence of opioids).

From a public safety perspective, individuals experiencing oversedation can find themselves in dangerous locations (i.e., in roadways risking bodily harm or in less populated areas where people may assault or otherwise take advantage of an unconscious person), positions (i.e., falling and remaining in positions that constrict blood flow to the limbs risking compartment syndrome), or climates (i.e., in extreme heat or cold environments risking weather exposure and related harms).

Post-exposure effects:

Several days after exposure, individuals can develop severe wounds beyond the site of injection that can take weeks or even months to heal and often do not heal without consistent wound care. Clinicians unfamiliar with xylazine wounds can struggle to provide effective care, and there are reports of otherwise preventable amputation due to xylazine wounds. The Commission heard testimony that these wounds are treatable despite their severity, but clinicians and other public health workers (i.e., harm reduction providers) are not always compensated for wound care and related services, which must be rendered often - if not daily - over several weeks or months. Clinicians and non-clinical staff who are not trained in treating xylazine wounds may refuse to

take patients or direct patients to higher levels of care. And people who use drugs who believe wounds are untreatable or who do not have access to supplies and locations at which to self-manage wounds may avoid care and treatment settings until the wounds become severe, leading to worse health outcomes and higher medical costs.

Long-term effects:

After repeated exposure, individuals can develop a physical dependence on xylazine and experience withdrawal symptoms in addition to - and often exacerbating - opioid withdrawal symptoms and complicating engagement in opioid use disorder treatment. While clinical protocols and best practices have been developed for managing xylazine withdrawal, not all clinicians are aware of the clinical best practices and the inability to manage xylazine withdrawal symptoms can disincentivize patients from seeking substance use treatment. The Commission heard testimony that people seeking to enter treatment settings have been denied admission due to the complexity of their xylazine exposure-related medical needs and the inability of treatment programs to adequately manage such needs.

Importantly, a person's knowledge of not only their exposure to xylazine, but the severity of harm such exposure can cause (i.e., increased overdose risk), is positively associated with engaging in more protective behaviors (i.e., carrying naloxone and utilizing drug checking equipment prior to using substances), indicating a need for increased public education and awareness on the presence and effects of xylazine in the Commonwealth's drug supply. This focused public education could help increase risk reduction activity across the Commonwealth.

***

State and Federal Action to Address Xylazine

Federal Level:

At the federal level, xylazine is not scheduled under the Controlled Substances Act (the "Federal CSA"); however, both Congress and the Executive Branch have taken some action to address xylazine since its emergence as a prevalent contaminant in the nation's illicit drug supply.

In the legislative branch, federal legislation addressing xylazine has been filed in the last two Congressional sessions. First introduced by Representative Jimmy Panetta (D-Calif.-19) in the House and Senator Catherine Cortez Masto (D-Nev.) in the Senate on March 28, 2023, the Combatting Illicit Xylazine Act (H.R.1839 / S.993) would classify xylazine's illicit use under Schedule III, ensure all salts and isomers of xylazine are covered when restricting its illicit use, and declare xylazine an emerging drug threat. The legislation also enables the DEA to track its manufacturing to ensure it is not diverted to the illicit market and requires a report on prevalence, risks, and recommendations to best regulate illicit use of xylazine. The legislation enjoyed significant bipartisan support, with 101 House co-sponsors and 30 Senate co-sponsors in the 118th Session. Both bills (H.R.1266 / S.545) were reintroduced on February 12, 2025 and enjoy similar bipartisan support with 100 co-sponsors in the House and 32 co-sponsors in the Senate as of the date of this Report.

In the executive branch, the White House Office of National Drug Control Policy ("ONDCP") under the Biden Administration designated xylazine an emerging threat on April 12, 2023 (the "April 12 Declaration"). Such action was taken pursuant to the Substance Use-Disorder

Prevention that Promotes Opioid Recovery and Treatment ("SUPPORT") for Patients and Communities Act of 2018, which requires ONDCP to "monitor novel and evolving patterns of substance use, establish criteria for determining when a substance or combination of substances should be designated an emerging threat, and declare emerging threats when the Director deems appropriate based on the criteria." Note, however, that neither the April 12 Declaration nor the subsequent July 11, 2023 National Response Plan to coordinate a government-wide response to xylazine contamination are publicly available under the second Trump Administration, though a subsequent Implementation Report issued June 2024 remains accessible via the White House website. The Commission has archived a digital copy of the Implementation Report.

State Level:

Several states have passed or considered legislation scheduling, criminalizing, or otherwise restricting the production, manufacturing, distribution, and possession of xylazine. According to a 2023 Analysis, as of July 14, 2023, there were 21 xylazine-related measures proposed or adopted in 16 states, predominantly on the East Coast where xylazine is most prevalent. The majority of these actions sought to schedule xylazine, mostly at the Schedule III level, and attempted to "address the tension between maintaining appropriate use in veterinary practice and penalizing people who knowingly sell xylazine."

As the 2023 Analysis notes, "only two states, Florida and Massachusetts, had laws prior to 2023 that directly or indirectly scheduled xylazine. All other measures were introduced in 2023 legislative sessions" (emphasis added). In 2016, Florida was the first - and remains the only - state to designate xylazine a Schedule I substance.

Here in Massachusetts, xylazine likely falls under the Schedule VI designation, a category unique to the Commonwealth that applies to prescription drugs that are not scheduled or considered controlled substances in other states or at the federal level. Massachusetts law prohibits an unauthorized person from intentionally manufacturing, distributing, dispensing, or possessing with intent to manufacture, distribute, or dispense a Class E substance (including Schedule VI substances), and further prohibits possession of a controlled substance without a valid prescription. Importantly, Massachusetts law requires the issuance of a prescription for a legitimate medical purpose for all controlled substances, including Schedule VI drugs. However, the Commission received testimony and correspondence indicating some confusion regarding how to apply Massachusetts law when investigating or pursuing criminal charges related to the distribution of or possession with intent to distribute xylazine and a lack of awareness of xylazine's status as a scheduled substance.

Beginning in 2023, seven states have passed legislation **scheduling** xylazine: five as Schedule III (Delaware, Ohio, Nebraska, Pennsylvania, and South Dakota), one as Schedule IV (West Virginia), and one as Schedule V (Rhode Island). Four additional states have passed legislation **criminalizing** the illicit production, manufacturing, distribution, and possession of xylazine without scheduling the substance (Louisiana, South Carolina, Tennessee, and Virginia).

Evidence to support increased restrictions or criminal penalties on xylazine is limited. Because almost all state legislation to schedule xylazine has only been passed in the past three years, it may be too soon to understand the effect of these more recent legislative actions. However, one study found that, in two Florida counties, the number of post-mortem toxicology screenings in

which xylazine was detected increased 3250% from 2015 to 2022 despite Florida designating xylazine as a Schedule I substance in 2016. Moreover, there is no indication that the availability of Schedule VI in Massachusetts has had an effect on the presence of xylazine in the illicit drug supply or prosecution of illicit distributors.

Importantly, several states, including Massachusetts, have taken action to **remove criminal penalties for the utilization of drug checking equipment and services** that would include removing criminal penalties for utilizing drug checking equipment and services that detect xylazine. Two states (Delaware and Illinois) passed legislation removing criminal penalties for xylazine-specific drug checking equipment.

The 2023 Analysis of state policy responses to xylazine contamination explains:

> "Altogether, scheduling was the most prominent proposed policy approach to addressing xylazine in the drug supply. Other policy initiatives aimed to enhance drug surveillance for xylazine, access to test strips, and dedicate resources to research xylazine and other drug supply adulterants. ***While scheduling may be one way to prevent the spread of xylazine in the drug supply, complementary efforts should be made to support xylazine-specific harm reduction and treatment options for people already affected by xylazine***" (emphasis added).

Indeed, the focus on a public health - rather than a criminal legal - approach by the state to xylazine contamination was recommended by the Massachusetts Department of Public Health ("DPH") (see the memorandum submitted to the Commission found in Appendix B) due to the so-called "Iron Law of Prohibition," which suggests efforts to crack down on illicit substances rarely produces a beneficial impact on the drug supply and prompts or incentivizes the introduction of newer and more potent chemicals.

Scheduling a substance also "limits researchers' access to a substance, which hinders further scientific inquiry and delays work addressing priority research areas, such as a better understanding of the manifestations of xylazine toxicity and withdrawal, areas where we currently have limited data." Moreover, data suggest that the increased criminal penalties from scheduling "increases mass incarceration and exacerbates the already significant racial disparities in our carceral system."

As mentioned, **Massachusetts** is among the states that recently enacted legislation addressing drug checking; indeed, the same Act that established this Commission also extends protections to people providing and individuals seeking drug checking services while on the premises of a harm reduction organization. The Commission heard testimony from several public health workers and researchers urging additional legislative action to further protect individuals utilizing and providing drug checking equipment and services as drug checking equipment still falls under the definition of "drug paraphernalia" for which the sale, possession, or purchase carries a penalty of up to two years imprisonment, up to a $5,000 fine, or both.

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Best Practices for Oversight and Enforcement

Xylazine presents a continued threat to public health and safety, raising the question of whether the Commonwealth and its residents would benefit from the implementation of stronger controls on its manufacturing, distribution, or possession.

Best practices to regulate and oversee the production and distribution of xylazine to ensure that it is used solely for its intended purpose as an animal tranquilizer administered by licensed veterinarians and not for human consumption

The Commission finds that xylazine is less frequently utilized by most veterinarians who practice in Massachusetts, but has prevalent use in research settings and with larger species like cattle and equine animals. The Commission also finds that homogeneous substances (e.g., other alpha-2 agonists such as medetomidine, dexmedetomidine, and romifidine) are becoming more popular and more frequently used in veterinary medicine in the Commonwealth.

The Commission finds that xylazine found in the illicit drug stream is not diverted from veterinary or animal research supplies, but instead comes from illicit online international vendors. The Commission also finds that Massachusetts does not appear to play a major role in the manufacturing of xylazine.

The Commission finds that the prevalence of xylazine in the Massachusetts drug supply is declining, but the prevalence of similar alpha-2 agonist veterinary drugs (i.e., medetomidine) appear to be increasing at similar rates. The Commission also finds that other such contaminants in the drug supply present similar and additional public health and safety concerns as xylazine due to oversedation and severe withdrawal symptoms.

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Whether xylazine should be classified as a controlled substance and appropriate penalties for its illegal production and distribution, if any

The Commission finds that Massachusetts law includes a unique Schedule VI designation available for prescription drugs that are not scheduled or considered controlled substances in other states. The Commission also finds that there are existing laws and penalties related to the unauthorized manufacturing, distribution, and possession with intent to distribute prescription drugs contained in Class E, which includes Schedule VI substances like xylazine.

The Commission has not received evidence or testimony that the availability of Schedule VI has led to its utilization or a curtailment of xylazine contamination in the drug supply. Indeed, the Commission received feedback from the Executive Office of Public Safety and Security ("EOPSS") that scheduling decisions should be left to public health officials, and DPH has recommended against scheduling or imposing additional penalties or restrictions on the substance (see Appendix B).

However, the Commission finds a lack of understanding persists among some law enforcement agencies and other first responders regarding how to address xylazine-related cases. The Commission received additional testimony in favor of imposing additional restrictions on and penalties related to xylazine to expand law enforcement tools related to obtaining, distributing, manufacturing, and possessing with intent to distribute xylazine. Accordingly, the Commission

finds that the current status of xylazine as a Schedule VI substance may create confusion among law enforcement, prosecutors, and other members of the legal community, all of whom could benefit from clear guidance (for example, from the Massachusetts Attorney General or the Massachusetts Supreme Judicial Court) on how to approach xylazine-related cases.

The Commission finds that there are legitimate uses for xylazine in veterinary and research settings that must be exempted from any penalties or restrictions that might be imposed on the illicit market. The Commission also finds that partnering with veterinarians to ensure xylazine is only obtained and used for legitimate veterinary or research practices could minimize unsafe use and diversion.

The Commission finds that, because xylazine found in the illicit drug supply is not diverted from veterinary sources, efforts to control the manufacture and distribution of licit xylazine may have little to no impact on future contamination. The Commission also finds that establishing classification and additional penalties for xylazine could impact access to licit xylazine for legitimate veterinary and animal research use by increasing regulatory burdens, costs, and uncertainty among authorized manufacturers, distributors, and veterinary and animal research professionals.

Overall, the Commission finds that efforts to curtail xylazine contamination in the Commonwealth's illicit drug supply should focus on public health policies that reduce the harms associated with xylazine exposure rather than implementing additional penalties or restrictions on xylazine. The approach is endorsed by DPH, to which EOPSS has deferred on scheduling decisions. The Commission also finds that Massachusetts has implemented several recent promising policies that address xylazine contamination and exposure (i.e., expanded protections for drug checking services and equipment that extend to public health surveillance efforts) that could be expanded.

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Outreach and Treatment

Although the presence of xylazine continues to be detected and reported in the Commonwealth's drug supply, the question remains whether there is sufficient public awareness about xylazine and its dangers, and if there are gaps to be considered in improving outreach and treatment programs.

The availability of effective outreach and treatment programs for patients who have been exposed to xylazine

The Commission finds that Massachusetts continues to set a strong example for other states in terms of providing access to behavioral health care, with recent landmark successes resulting from legislation focused on addressing barriers to care for mental health, and legislation focused on expanding harm reduction efforts and treatment for substance use disorder.

The Commission finds that existing harm reduction efforts in Massachusetts continue to support individuals impacted by substance use disorders, including harm reduction programs located throughout the Commonwealth that are promoted by the Bureau of Infectious Disease and Laboratory Sciences ("BIDLS") and the Bureau of Substance Addiction Services ("BSAS") within DPH.

The Commission received testimony advocating in support of additional harm reduction measures such as the expansion of drug checking activities, mobile health care services, and the authorization and establishment of overdose prevention centers ("OPCs"). The Commission finds that oxygenation is more appropriate to use during an overdose if a person is suspected to have been exposed to xylazine and makes recommendations for training around this procedure for medical providers and first responders.

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Existing outreach programs

The Commission finds that effective outreach programs focus on targeting different audiences, including individuals exposed to xylazine, public health and harm reduction programs, public safety personnel, and family and community support programs.

The Commission finds that there are strong existing outreach programs and resources, including public awareness efforts from DPH, public health and harm reduction programs like StreetCheck, and medical institutions on the risks of xylazine, drug checking and test strip locations, and importance of wound treatment.

Other existing outreach efforts include training resources from MA Health Promotion Clearinghouse, MA Drug Supply Data Stream ("MADDS"), BSAS, and Public Safety Officials, that are often specifically tailored for public health providers and public safety personnel.

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Effective outreach methods

The Commission finds that street outreach and community public awareness campaigns, including through low-barrier mobile care services and peer-to-peer models based on best practices, are highly effective at spreading awareness and helping individuals make informed decisions about safety and care.

The Commission finds that outreach to other networks, including to family coalitions and in carceral settings, is a powerful way to spread awareness about xylazine and bolster social support systems.

The Commission finds that communication among health care providers, harm reduction personnel, public safety and patients is an effective way to instill awareness and best practices surrounding exposure to xylazine and related treatment.

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Existing treatment programs

The Commission finds that effective care for xylazine exposure and complications focuses primarily on emergency response (due to the frequent co-occurrence of xylazine with opioids) and care for xylazine-associated wounds.

The Commission finds that there are many existing programs that treat xylazine exposure, as well as substance use disorder, and provide wound care across the Commonwealth. The Commission also finds that trainings provided by EOPSS and health care organizations (e.g.,

Boston Medical Center and Boston Health Care for the Homeless) focus intently on the importance of treating xylazine exposure generally, and wound care approaches in particular.

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Emergency response

The Commission finds that, due to the common co-occurrence of xylazine exposure and opioid overdose, opioid overdose reversal drugs like naloxone remain a vital tool for first responders, as do other supportive treatments like oxygenation, airway positioning, and ventilatory support when needed. However, the Commission received testimony that repeated naloxone dosing should be avoided when breathing support is sufficient as naloxone can cause severe precipitated withdrawal, increase agitation and scene safety risks, and raise the risk of rapid re-overdose after refusal of transport.

The Commission also received testimony in support of settings that can provide, among other effective harm reduction interventions, rapid response to xylazine-related sedation utilizing oxygenation (specific mentions of emergency medical services ("EMS") and OPCs were included in such testimony) and continuous monitoring during prolonged sedation.

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Care for xylazine-associated wounds

The Commission finds that experiences related to receiving care for xylazine wounds in Massachusetts revolve around widespread self-management of xylazine wounds, a reluctance and delay in seeking medical care until wounds become severe, and confusion about xylazine's effects or if a wound could even be caused by xylazine.

The Commission finds that as many as 87% of individuals exposed to xylazine experience resulting wounds, and although all stages of wounds can be healed with consistent treatment, treatment costs can escalate quickly if wounds progress without initial treatment.

The Commission finds that self-directed wound care kits may be an accessible and low-barrier intervention that can prevent wound progression and serve as an effective educational tool for people who use drugs.

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Ways to address any gaps in available programs and services

The Commission finds that there continues to be no FDA-approved human antagonist that can be used to reverse the effects of xylazine in humans or revive a person sedated by xylazine. Similarly, xylazine is often not detected by routine toxicology screens and it can often be difficult to determine if a patient's withdrawal symptoms are from xylazine or opioids given the common concurrent use of opioids and xylazine, albeit unintentionally. As a result, treatment for xylazine sedation and xylazine withdrawal symptoms often rely on supportive and compassionate care, which can include strategies to treat opioid withdrawal that may be complicated by possible xylazine withdrawal.

The Commission finds that there is often a stronger trust from individuals in accessing care at harm reduction programs than typical health care systems. As a result, the Commission finds that further distance from harm reduction programs often leads to less access to wound care, sterile supplies, and awareness surrounding harm reduction strategies for exposure to xylazine.

The Commission finds that outreach about wound care, and the importance of follow-up with medical professionals for complex wounds (e.g., wound care specialists, dermatologists, plastic surgeons), is often limited, is not always accessible in a timely way, or may not resonate enough with patients. Although self-directed wound care kits are helpful and have been purchased and distributed in bulk by other states (e.g., Pennsylvania), results from such programs are still unclear and follow-up with a medical professional is critical to preventing severe medical outcomes.

The Commission finds that, although there are a number of active organizations and resources for family members and support networks interested in receiving more information on xylazine, there is often little information provided to such organizations on xylazine and wound care issues. Similarly, the Commission finds that certain health care professions, particularly nursing and pharmacy, may not be receiving relevant and useful information regarding exposure to xylazine and wound care treatment.

The Commission finds that geographic access for treatment for xylazine exposure and wounds is often disproportionate or understudied. Similarly, inconsistent and insufficient insurance coverage for wound-care treatment (i.e., self-directed wound care kits and follow-up medical appointments for complex wounds) may lend to hesitancy among patients in seeking medical care for progressing wounds.

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Education and Training

Massachusetts is a leader in public health responses and communications regarding xylazine, and the Commission identified several examples of training opportunities and educational materials developed in the Commonwealth and across the nation (refer to links found in Appendix C). However, as the prevalence of xylazine varies across Massachusetts communities, so too does awareness of its presence in the Commonwealth's street drug supply specifically, and contamination of the drug supply more generally.

At the outset of its work, the Commission determined that education and training should be among the areas of inquiry investigated and included in this Report. The Commission identified four specific populations most likely to encounter xylazine and people exposed to xylazine:

(1) **First responders**, including EMS providers, law enforcement officers, fire personnel, and other community responders;

(2) The medical community, including **clinicians** across the care continuum;

(3) The substance use treatment community, including **non-clinical staff** working in or on harm reduction and outreach teams serving people in active use, emergency rooms and acute care hospitals, inpatient substance use treatment facilities, outpatient substance use treatment settings, and other clinical and non-clinical settings; and

(4) **People who use drugs**, including people in recovery and the people in their lives.

The Commission finds that each of these populations would benefit from tailored training opportunities and educational materials about xylazine.

While xylazine training and educational materials do exist for all Commonwealth residents, the Commission finds that awareness of opportunities to expand one's understanding of xylazine significantly vary within each population, and access to such opportunities can often be limited by geography, profession, and population. The Commission also finds that information on xylazine may be presented in a biased or stigmatizing manner that can negatively affect people who use drugs in a variety of ways, impacting the quality of care they receive or their ability to receive care at all. Additionally, information on xylazine presented in a biased manner may influence community attitudes towards people who use drugs, further perpetuating stigma and undermining public health goals and activities.

The Commission heard testimony that common misinformation and miscommunication about xylazine persist among each identified target population. The Commission finds that inconsistencies in educational materials and training opportunities can negatively affect people exposed to xylazine, first responders, and service providers. The Commission finds that consistent, relevant (i.e., tailored), and accessible training for all target populations is critical for effective application. The Commission also finds that misinformation and stigma can impact both the quality of care delivered to people exposed to xylazine and willingness of people to engage with providers.

The Commission finds that all Commonwealth residents would benefit from increased access to evidence-based and stigma-free information on xylazine, its effects, symptoms of exposure, steps to take when exposed to or encountering someone exposed to xylazine, and harm reduction measures to reduce the risks and harms of xylazine exposure. The Commission also finds that first responders and providers should be equipped with the knowledge to explain this information to people exposed to xylazine, family members, bystanders, and other community members.

The Commission finds that each of the four identified target populations would benefit from training and educational materials that: (1) are tailored to the target audience; (2) include information that is relevant to the specific target audience including application of the information as per their specific roles; and (3) is presented in an accessible manner that is consistent with public health communications and educational formats for each target population. Population-specific findings are found in the subsequent subsections.

Finally, the Commission heard testimony confirming that, although xylazine is the adulterant most commonly found in the illicit fentanyl supply in the Commonwealth, its prevalence is declining while the presence of other adulterants, including nitazenes, medetomidine, and other veterinary drugs, has been identified at increasing rates and warrants attention. The Commission heard testimony confirming that contaminants in the drug supply change rapidly, signaling the need for constant reporting, collection, monitoring, and sharing of data and knowledge on substances present in the Commonwealth's illicit drug supply.

The Commission finds a need for robust monitoring and information sharing on drug supply trends. The Commission finds that drug supply contamination trends and similar data can be found utilizing several publicly available sources, such as the EMS Dashboard and the MADDS Streetcheck project, but that there are opportunities for compiling and presenting data in a more accessible and centralized way. Efforts to track and map xylazine contamination are accomplished primarily through drug checking performed by public health and harm reduction organizations, and law enforcement agencies, as well as toxicology screens performed by

coroners conducting autopsies. Legal protections for drug checking conducted for public health surveillance and equipment utilized outside of harm reduction programs could be expanded and strengthened to bolster public health and safety efforts to address xylazine and other drug supply contamination.

Drug checking, in combination with training, can maximize the benefits of xylazine educational materials and training. The information and data provided by drug checking assists first responders in assessing and determining appropriate responses when responding to substance use-related emergencies while also enabling first responders, clinicians, and non-clinical workers to provide people who use drugs with more individualized information and care. The Commission received testimony that some drug checking approaches are less accurate (i.e., xylazine test strips and certain other field drug checking kits utilized by law enforcement, public health and harm reduction workers, and people who use drugs) and training on how to utilize such equipment is necessary to produce accurate results. The Commission finds a need for universal access to consistent, accurate, and current information on contaminants and other changes in the drug supply. The Commission also finds a need for education and training on drug checking equipment to ensure results are as accurate as possible and maximize the benefits gained by this activity.

The Commission finds a need for timely and responsive integration of data collected via drug checking into existing educational materials and training opportunities that are evidence-based and stigma-free to avoid misinformation. Data integration can help ensure target audiences have access to the most relevant and current information on emerging threats to public health stemming from drug supply contamination. This would require additional legal protections for drug checking activities for research and surveillance purposes.

The Commission also finds a need for better coordination and convening of stakeholders across Executive Agencies, public health and harm reduction organizations, law enforcement, and other relevant populations to enable information sharing on the presence and prevalence of contaminants in the drug supply, experiences, and consistency in responses (i.e., clinical best practices, legal actions, and lessons learned).

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First Responders

First responders, including EMS providers, law enforcement officers, fire personnel, and other community responders, often respond to critical incidents involving people in active use, including people experiencing concurrent opioid overdose and xylazine-related prolonged sedation. The Commission finds that awareness of xylazine and its public health and safety harms varies among first responders across the Commonwealth, with gaps in knowledge especially pronounced among first responders - and law enforcement officers in particular - in communities with low or lower rates of xylazine contamination.

The Commission received testimony that first responders who encounter xylazine should continue to follow established safety protocols related to the handling of fentanyl and other hazardous substances since the presence of xylazine should not alter these procedures. The Commission also received testimony highlighting operational considerations that include longer

monitoring before transfer or refusal; an increased need for warming, padding, and repositioning; and a greater likelihood of repeat calls for the same individual.

The Commission received training materials developed by EOPSS for first responders, which seek to educate first responders on what xylazine is, how to reverse an opioid overdose and administer rescue breaths with or without the concurrent presence of xylazine, and information regarding xylazine-related wounds; however, the depth of information provided varied by training. These examples of EOPSS trainings are promising and the Commission finds a need for more standardized trainings across all types of first responders.

While the Commission finds that EOPSS developed timely trainings for first responders that includes information on xylazine, the Commission finds that all first responders in all Massachusetts communities would benefit from xylazine educational materials and expanded training opportunities. Supporting first responders with trainings and educational materials on xylazine can help ensure they have the knowledge and skills to: (1) identify xylazine exposure and better address public safety concerns, health harms, and risks associated with xylazine exposure; (2) understand the steps to take when responding to emergencies involving people exposed to xylazine and to subsequent calls for related skin harms; and (3) provide better services and supports to people exposed to xylazine.

The Commission also finds that, without appropriate training and access to relevant information, first responders may not know the best ways to identify exposure, treat wounds, manage oversedation, and understand or anticipate related public safety concerns. Lack of education on the signs and symptoms of xylazine exposure or withdrawal symptoms and best practices for providing emergency care can impede first responders' delivery of quality, evidence-based care. The Commission received testimony that first responder training should be aligned with EMS protocols, emergency department expectations, and harm-reduction outreach messaging to prevent conflicting instructions to patients, confusion among multi-agency responders, and unnecessary transports to emergency departments driven by uncertainty.

The Commission finds that a lack of knowledge of xylazine wounds and xylazine exposure symptoms can lead to unnecessary transports to hospital settings and over-reliance on emergency rooms. A lack of knowledge among first responders about oversedation caused by xylazine can lead to over-reliance on administering naloxone or other opioid antagonists at clinically unnecessary doses rather than providing breathing support. Administration or overadministration of naloxone can cause precipitated withdrawal, which results in severe withdrawal symptoms due to the administration of an opioid antagonist (i.e., naloxone) or taking of certain medications for opioid use disorder (i.e., partial opioid antagonists like buprenorphine) rather than abstinence from an opioid. Experiencing precipitated withdrawal can increase a person's immediate risk of subsequent overdose and other health harms.

The Commission finds that misconceptions surrounding xylazine exposure response protocols can lead to first responders hesitating to give naloxone if they cannot assess whether a person is experiencing oversedation caused by xylazine or an opioid related overdose. The Commission also finds that not all first responders carry naloxone (i.e., particularly law enforcement and fire personnel), and that the presence of xylazine does not change the need for naloxone (and education on its use) to be made available to and carried by all first responders.

The Commission also finds lack of data, information, and knowledge regarding the prevalence and location of xylazine or other contaminants prevents the identification of "hot spots" and can impede appropriate planning and response by first responders. This can also hinder the ability of first responders to appropriately assess public health and safety issues that may be present when they arrive at a scene. While first responders often submit data that can indicate xylazine presence and prevalence when responding to overdose and other substance use-related emergency calls, several indicated to the Commission that the data are not always relayed back in an easily accessible manner. First responders further expressed a desire for routine, brief updates to help identify local overdose patterns, trends regarding the presence and prevalence of xylazine and other substances, and changes in clinical expectations related to contaminants.

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The Medical Community

Clinicians encounter xylazine and people exposed to xylazine in a multitude of settings across the care continuum, including while working with harm reduction organizations and on multidisciplinary outreach teams providing critical care services to people in active use; in emergency rooms, acute care hospitals, and other inpatient settings; in outpatient settings for substance use treatment and services; and in other clinical and non-clinical settings.

The Commission finds that awareness of xylazine and its related public health and safety harms varies widely among clinicians across the Commonwealth, often correlating with the geographic prevalence or absence of xylazine: some clinicians regularly treat patients exposed to xylazine; some clinicians rarely, if ever, treat patients exposed to xylazine; and some clinicians have only heard of xylazine but have no knowledge of the related clinical concerns. The Commission also finds that awareness of xylazine varies by profession, with front-line providers who frequently treat patients exposed to xylazine having a greater understanding of xylazine and its related harms. The Commission received testimony that awareness by pharmacy professionals, in particular, is low.

The Commission finds that clinicians would greatly benefit from access to xylazine educational materials and training opportunities tailored to those providing health care services, but access has been limited and training on xylazine specifically is not always included among educational requirements. The Commission finds that xylazine training materials do not always include information or skills that are relevant specifically to clinicians, which does not equip clinicians with the knowledge to effectively care for patients exposed to xylazine.

The Commission finds that supporting clinicians with educational materials and training on xylazine can help ensure they have the knowledge and skills to: (1) better address associated medical concerns, health harms, and risks; (2) understand the steps to take when treating patients exposed to xylazine; (3) provide better health care services, supports, and referrals to people exposed to xylazine; (4) share information on harm reduction actions patients can pursue; and (5) make referrals to local harm reduction services as needed.

The Commission finds that information gaps about xylazine among clinicians can negatively affect people who are exposed to xylazine and seek medical services. Without consistent and evidence-based educational materials and training, stigma and misinformation persist among clinicians, which affects access to and the quality of care provided to patients who use drugs or

who have been exposed to xylazine. The Commission finds that misinformation or the lack of education about xylazine can lead to stigma, the erosion of trust between patients and clinicians, and a reduction in the willingness of people to seek medical care when experiencing xylazine-related wounds and withdrawal symptoms.

The Commission finds that a lack of clinical education and awareness of xylazine and related clinical best practices can lead to improper treatment of wounds (i.e., wound care that worsens or has no effect on wounds and subsequent unnecessary amputation of limbs when xylazine wounds do not heal); refusal by clinicians to treat patients exposed to xylazine due to acuity of wounds and other clinical needs; the inability of clinicians to recognize the signs and symptoms of xylazine withdrawal and provide appropriate, compassionate care; and the reduction in the quality or effectiveness of care provided to people exposed to xylazine due to clinicians misunderstanding or not knowing clinical best practices.

The Commission finds that lack of education on xylazine withdrawal among clinicians can lead to lower quality of care, patient discomfort, and increased medical events. This lack of knowledge about withdrawal and clinical best practices to alleviate symptoms can lead to patient elopement or self-discharge from treatment settings against medical advice, as patients seek relief from symptoms by returning to use rather than engaging in treatment. The Commission finds that clinicians who lack education on xylazine are unprepared and unable to convey vital information, medical advice, and referrals to patients to keep them healthy and engaged in treatment or services.

The Commission also finds that stigma persists in medical settings, particularly when clinicians lack adequate training around xylazine wounds, and can impact the quality of care provided to people who use drugs. The Commission finds that clinicians without knowledge of xylazine may refuse to take certain patients with acute clinical needs due to unfamiliarity with clinical best practices and negative perceptions towards people who continue to use drugs despite experiencing significant clinical consequences. The Commission finds that increasing clinician access to and understanding of clinical best practices, education, and methods of treating patients exposed to xylazine can reduce barriers to care experienced by people who use drugs.

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Non-Clinical Workers Providing Substance Use Services and Treatment

As with clinicians, non-clinical workers who provide substance use services and treatment encounter xylazine and people exposed to xylazine in settings across the continuum of care, including while working with harm reduction organizations on multidisciplinary outreach teams; in emergency rooms, acute care hospitals, and other inpatient settings; in outpatient settings for substance use treatment and services; and in other clinical and non-clinical settings.

The Commission finds that awareness of xylazine and its related public health and safety harms varies among non-clinical staff working across the Commonwealth. The Commission heard testimony about how people providing non-clinical harm reduction services have been on the frontline of efforts to address the public health and safety harms associated with xylazine, and provided vital information to public health officials as xylazine contamination emerged across Massachusetts communities. Non-clinical workers familiar with xylazine and associated health harms have led the way in efforts to mitigate the impacts on people who use drugs, including

providing wound care, drug checking services, and education to people who use drugs. However, knowledge of contaminants, including xylazine, can be limited to the communities in which such contaminants are present.

The Commission finds that non-clinical workers would greatly benefit from access to xylazine educational materials and training opportunities tailored to those providing non-clinical substance use services, but access can be limited and training on xylazine specifically is not always included among educational requirements. The Commission finds that xylazine training materials do not always include information or skills that are relevant to non-clinical staff.

The Commission finds that supporting non-clinical workers with educational materials and trainings on xylazine can help ensure they have the knowledge and skills to: (1) recognize and address health harms and risks associated with xylazine use; (2) share information about the harms and risks associated with xylazine use and ways to reduce these harms and risks; (3) understand the benefits of accessing medical care for xylazine exposure; (4) build trusting relationships with people who use drugs and people in recovery; and (5) effectively provide services, supports, and referrals to people exposed to xylazine.

The Commission finds that information gaps about xylazine among non-clinical workers promote both stigma and misinformation and can negatively affect people who are exposed to xylazine and seek substance use services. Stigma and misinformation diminish access to and the quality of care provided to people who use drugs, impacts trust between people seeking and those providing non-clinical services, and reduces the willingness of people exposed or at risk of exposure to xylazine to seek support and services The Commission finds that a lack of knowledge on xylazine-related wounds and wound care can create barriers to care for people who use drugs as non-clinical staff and substance use treatment programs may turn away patients who have wounds perceived as untreatable or unmanageable with on-site resources.

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People Who Use Drugs and People in Recovery

Awareness of xylazine and its related public health and safety harms varies among people who use drugs, people in recovery, and the people in their lives across the Commonwealth. The Commission finds that people who use drugs encounter xylazine through adulterated street drugs, almost exclusively fentanyl, and are rarely aware of its presence in the drug supply without the use of drug checking services (i.e., harm reduction or public health workers analyzing street drug residue using expensive machines that can identify the presence of all substances in a sample) or other, less accurate, testing equipment that can only confirm the presence of xylazine in a sample (i.e., xylazine test strips). The Commission received testimony that individuals who use drug checking equipment in a professional or personal capacity must be trained on how to properly use such equipment to maximize the accuracy of results and the benefits of using such equipment.

The Commission finds that people who use drugs do not use pure xylazine intentionally and, unless they are aware of the presence of xylazine in the drugs they are using and are experiencing xylazine withdrawal symptoms, do not seek the substance. The Commission also finds that xylazine is almost exclusively mixed with other substances or marketed as an opioid (i.e., fentanyl) to people who use drugs.

While the Commission's charge is to examine the public health and safety effects of xylazine, the Commission finds that many other harmful substances are present in the Commonwealth's illicit drug supply, including but not limited to medetomidine and nitazenes, that can cause severe health effects both during use (i.e., oversedation caused by medetomidine and opioid overdose caused by nitazenes) and following exposure (i.e., severe withdrawal symptoms from both substances).

The Commission finds that people who use drugs and people who are in recovery would benefit from accessible xylazine education materials that include information on the benefits of drug checking, the skills to use drug checking equipment, and referrals to these materials. Supporting people who use drugs and people in recovery with educational materials and information on xylazine can help ensure they have the knowledge and skills to: (1) understand the harms and risks associated with xylazine exposure and ways to reduce the harms and risks; (2) become familiar with the steps to take if they believe they have been exposed to xylazine; (3) seek appropriate services and supports if they believe they have been exposed to xylazine or are at risk of xylazine exposure; and (4) share accurate information with others.

The Commission finds that xylazine educational materials and resources exist, but the access to, availability of, and awareness of these materials may be limited, stigmatizing, or biased. The Commission finds that educational materials and resources for this particular group would be most useful and effective if they include information that is relevant specifically to people who use drugs and are presented in an accessible and easy-to-understand manner.

People who use drugs who lack education on xylazine may be more severely impacted by wounds and other serious health impacts of the substance. The Commission finds that people who have been exposed to xylazine may delay seeking care for wounds if they are unaware of the link to xylazine or if the wounds are not yet severe. The Commission also finds that education on how to recognize xylazine-related wounds and the basics of self-care would be useful for people who use drugs.

The Commission finds that people who have been exposed to xylazine may not understand the health implications of its severe tranquilizing effects. The Commission finds that people who have been exposed to xylazine may be unaware of its presence and the presence of other adulterants in the drug supply. The Commission finds that xylazine is one of a growing number of adulterants in the drug supply, and people who are unaware of the presence of adulterants in the drugs they use are more susceptible to negative health outcomes (e.g., the risk of oversedation, wounds, and other health harms associated with exposure and use).

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Part III: Final Recommendations

The purpose of the Commission is to make recommendations on how best to address the findings identified by Commissioners. This section includes a brief overview of each key finding and the Commission's recommendations to address such findings.

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I. Key Finding: The Commission finds that contamination in the Commonwealth's illicit drug supply is rapidly changing and ever evolving beyond just xylazine.

Recommendations:

1. The Commission recommends that the findings and recommendations within this report be used by public health officials, harm reduction programs, public safety personnel, and others to not only address the health and safety concerns associated with exposure to xylazine, but also exposure to other emerging contaminants as they become prevalent within the Commonwealth's illicit drug supply.
2. The Commission recommends that the Commonwealth continue to expand efforts and resources to identify, monitor, and rapidly respond to the constant evolution of the illicit drug supply (i.e., the introduction of new contaminants and contaminants) through academic research, drug checking, toxicology screening, and coordinated information sharing supported by improved data collection and reporting infrastructure.
3. The Commission recommends that the Commonwealth establish a standing task force, working group, or other advisory body charged with identifying, monitoring, and making recommendations to address emerging drug threats, including the introduction of new contaminants and chemicals in the drug supply.
    a. The public body should comprise: the Massachusetts Attorney General ("AG"); members of the Judiciary, including, but not necessarily limited to, representatives of the Trial Courts and the Supreme Judicial Court; Executive Agencies, including, but not necessarily limited to, Health and Human Services, Public Safety and Security, and relevant sub-agencies; public health, harm reduction, public safety, and legal experts; individuals with lived experience; and other relevant stakeholders.
    b. The public body should convene regularly to ensure timely and rapid responses that keep pace with evolutions in the drug supply and provide stakeholders with current information on emerging threats.
    c. Among other activities, the public body should create and issue legal, clinical, and other guidance for people and professions most likely to encounter or be exposed to new contaminants and chemicals in the drug supply, including: people who use drugs and their family, friends, and acquaintances; harm reduction workers; health care providers, including clinicians and non-clinical staff providing services to people who use drugs and people in recovery; first responders, including law enforcement, EMS providers, and fire personnel; legal professionals, including prosecutors, judges, and legal advocates; and other public health and public safety professionals.

d. The Commission recommends that the public body also explore the creation of an "emerging threat" designation that could provide additional public health tools for responding to new adulterants and chemicals in the drug supply.

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Best Practices for Oversight and Enforcement

Best Practices to regulate and oversee the production and distribution of xylazine to ensure that it is used solely for its intended purpose as an animal tranquilizer administered by licensed veterinarians and not for human consumption

I. Key Finding: The Commission finds that xylazine should be only used in veterinary and animal research settings as an animal tranquilizer due to the public health and safety issues associated with human consumption.

Recommendations:

1. The Commission recommends that state public health officials and veterinary professional organizations and licensing boards collaborate to compile best practices for the use, possession, and storage of xylazine in authorized settings to ensure a continued lack of diversion from licit industries (i.e., veterinary and animal research).
    a. Such guidance should stress that xylazine is only to be used on animals and only purchased from licensed distributors.
2. The Commission recommends that authorized individuals (i.e., veterinarians and animal researchers) who seek xylazine for legitimate purposes (i.e., for use on animals) keep a record of purchase and implement methods to securely store the substance to ensure a continued lack of diversion.
3. The Commission recommends that the Commonwealth bolster systems that enable the reporting of theft, loss, or suspicious orders of xylazine and other drugs used in veterinary or animal research settings to ensure a continued lack of diversion to the illicit drug supply.

II. Key Finding: The Commission finds that expanded oversight of xylazine production and distribution is unlikely to have an effect on its presence in the Commonwealth's illicit drug supply because: (i) xylazine is not produced and is rarely used legally in the Commonwealth; and (ii) the xylazine present in the Commonwealth's illicit drug supply is not diverted from licit (i.e., veterinary and animal research) sources, but is instead obtained through online vendors.

Recommendations:

1. The Commission recommends that state and local law enforcement review information on manufacturing and distribution of xylazine to help identify any potential illicit producers and distributors within the Commonwealth.
2. The Commission recommends that law enforcement investigations and prosecutions for drug trafficking should focus on fentanyl and the large-scale importation of xylazine rather than on xylazine as an adulterant.

3. The Commission recommends that state and local public health officials work with veterinary professional organizations and licensing boards to gather data on usage, purchase, and distribution of xylazine among Massachusetts veterinarians and animal researchers, potentially by conducting a survey of this population.

    a. The Commission also recommends that such information collection focus on understanding the extent to which xylazine is appropriately used in the Commonwealth to help inform whether additional restrictions or oversight on licit xylazine is appropriate (i.e., whether it would reduce xylazine presence in the Commonwealth's illicit drug supply) or if it would have unintended consequences (i.e., creating barriers to licit use with no effect on illicit use).

***

Whether xylazine should be classified as a controlled substance and appropriate penalties for its illegal production and distribution, if any

I. Key Finding: The Commission finds that efforts to curtail xylazine contamination in the Commonwealth's illicit drug supply should focus on public health policies that reduce the harms associated with xylazine exposure rather than implementing additional penalties or restrictions on xylazine. The Commission also finds that Massachusetts has implemented several recent policies that address xylazine contamination and exposure (i.e., expanded protections for drug checking services and equipment) that could be expanded.

Recommendations:

1. The Commission recommends that, in place of classifying xylazine at a higher schedule (i.e., Schedule I-V), other public health efforts should be expanded to address the presence of xylazine and other contaminants in the Commonwealth's illicit drug supply. Such efforts should include:

    a. Expanding drug checking by public health and harm reduction workers to:

        i. Equip people who use drugs with information about the risks associated with the substances they obtain; and

        ii. Equip public health officials and harm reduction workers with information about the presence of adulterants in the drug supply to better inform public health responses.

    b. Expand access to drug checking equipment like xylazine test strips, and knowledge on how to use such equipment.

    c. Expand surveillance and toxicology reporting by expanding toxicology testing capacity, requiring and enabling consistent reporting of xylazine and other contaminants in overdose cases, and establishing real-time alerts for communities, public health and harm reduction workers, and first responders.

2. The Commission recommends that the Commonwealth continue to dedicate resources to drug surveillance and research on the impacts of drug supply adulterants, including but not limited to xylazine (i.e., other emerging chemicals like medetomidine and nitazenes).

3. The Commission recommends that the Legislature and the Executive Branch work in partnership to identify any additional changes to Massachusetts law, regulations, or

guidance that could be made to further bolster protections for drug checking activities and equipment.

II. Key Finding: The Commission finds that there is confusion regarding how to apply Massachusetts law when investigating or pursuing criminal charges related to the distribution of or possession with intent to distribute xylazine, and that there is a lack of awareness of xylazine's status as a scheduled substance. The Commission finds that the current legal status of xylazine without additional guidance from top legal experts and authorities can create confusion among law enforcement, prosecutors, and other members of the legal community.

Recommendations:

1. The Commission recommends that the AG compile guidance for law enforcement, prosecutors, and other members of the legal community on how to approach xylazine-related cases, including any applicable information on Schedule VI designation.
    a. The Commission recommends that the AG's office convene meetings with stakeholders, including law enforcement, judges, and prosecutors, to inform any such guidance.

III. Key Finding: The Commission finds that there are legitimate uses for xylazine in veterinary and research settings that must be exempted in the event that xylazine is added to a higher schedule or additional penalties are imposed on its manufacturing, distribution, or possession.

Recommendations:

1. Though the Commission does not recommend adding xylazine to a higher schedule, if the Legislature determines it appropriate to impose additional penalties or restrictions on xylazine, related legislation should:
    a. Be limited to illicit production, manufacture, distribution, or possession with intent to distribute rather than possession of xylazine in substances intended for personal use only;
    b. Avoid classifying xylazine above Schedule VI and instead impose penalties on unauthorized production, manufacture, distribution, or possession with intent to distribute; and
    c. Explicitly exempt licit possession and use in authorized veterinary and animal research settings from restrictions or penalties.

***

Outreach and Treatment

The Commission recommends that educational and awareness efforts should be focused on a variety of different audiences, including individuals exposed to xylazine, public health and harm reduction programs, public safety personnel, and family and community support coalitions. Outreach efforts should include information on the prevalence and risks of xylazine, drug checking and treatment locations, and should emphasize the importance of wound treatment.

Likewise, substance use disorder treatment programs should focus on supportive and compassionate care and should provide resources for individuals beyond care for xylazine exposure given its common concurrent use with other substances (i.e., fentanyl). The Commission recommends that treatment programs continue to elevate the importance of wound prevention and treatment. The Commission also recommends that state public health officials and medical professionals investigate geographic access of treatment and potential coverage and reimbursement of services.

***

The availability of effective outreach and treatment programs for patients who have been exposed to xylazine

I. Key Finding: The Commission finds that there are strong existing outreach programs on the risks of xylazine, drug checking and test strip locations, and importance of wound treatment, and that there are several comprehensive training programs developed for public health providers and public safety personnel. At the same time, the Commission finds that distribution of and access to these trainings is often inequitable geographically and across different audiences, and that there is less public awareness about where resources related to xylazine exposure may be found.

Recommendations:

1. The Commission recommends that state agencies, harm reduction programs, and medical organizations work to compile existing resources and coordinate outreach efforts, with a focus on ensuring geographical outreach and access.
2. The Commission recommends that resources and programs continue to be displayed and updated publicly on state public health websites, including websites operated and maintained by BSAS.

II. Key Finding: The Commission finds that low-barrier care and mobile intervention programs are highly effective at increasing awareness, providing harm reduction supplies and best practices, and encouraging individuals exposed to xylazine to reach out for treatment and care.

Recommendations:

1. The Commission recommends that low-threshold care be expanded wherever possible, particularly in rural areas where transportation remains a barrier.
    a. Low-threshold care expansion should include mobile care services, street outreach campaigns, and physical treatment sites that offer walk-in services, frequent operating hours, and convenient access.
    b. The Commission recommends that such programs provide resources on xylazine and best practices to individuals visiting, even when xylazine is not the sole reason for the visit.

III. Key Finding: The Commission finds that, despite their ineffectiveness in treating xylazine-related oversedation, opioid overdose reversal drugs like naloxone remain a vital tool for all first responders, as do other supportive treatments like oxygenation.

Recommendations:

1. The Commission recommends that all first responders involved in treating or responding to potential xylazine-related emergencies continue to carry naloxone and be trained in its use for restoring breathing during an overdose.
2. The Commission recommends that all first responders also carry and be trained on other supportive treatments, like oxygen, that are used to mitigate overdose, oversedation, and related symptoms.

IV. Key Finding: The Commission finds that although appropriate wound care is critical to prevent progression, many individuals exposed to xylazine self-manage their wounds and delay seeking professional medical care until wounds become severe.

Recommendations:

1. The Commission recommends that information on wound care treatment is prominently included in all outreach and resources regarding xylazine exposure.
2. The Commission recommends that health care providers and harm reduction programs encourage and proactively schedule follow-up wound care appointments whenever possible to encourage consistent care and to mitigate complex wound development.
3. The Commission recommends that providers and programs communicate with patients and program participants on the potential medical consequences and financial costs that patients may face as a result of untreated wounds.
4. The Commission recommends that providers and programs use trauma-informed approaches to reduce the stigma around receiving care.

V. Key Finding: The Commission finds that treatment costs can escalate quickly if wounds progress without initial treatment, and that self-directed wound care kits can be an accessible and low-barrier intervention that prevents wound progression.

Recommendations:

1. The Commission recommends that self-directed wound care kits be supplied and distributed in inpatient and outpatient settings, along with information regarding xylazine prevalence and exposure, xylazine wounds, and a frequently updated list of locations where patients can receive treatment for more complex wounds.
    a. Materials distributed should include clear information on the different stages of wounds, when it is necessary to see a health care provider, and when a self-directed care kit is no longer sufficient.
    b. Language access and considerations should be used in developing such kits.

***

Ways to address any gaps in available programs and services

I. Key Finding: The Commission finds that there continues to be no FDA-approved reversal antagonist for the effects of xylazine in humans, and that it can be difficult to determine if a patient's symptoms are due to xylazine or other substances.

Recommendations:

1. The Commission recommends that harm reduction programs and health care providers communicate collaboratively with participants and patients to help better determine if they have been exposed to xylazine or if any symptoms they are experiencing are due to xylazine or another drug.
2. When reviewing or addressing possible withdrawal symptoms, the Commission recommends that providers continue to consider what other treatments or medical strategies may be useful or appropriate for their patients. This could include pairing wound care with medications for opioid use disorder or considering treatments to treat both opioid and xylazine withdrawal when present.

II. Key Finding: The Commission finds that geographic distance from harm reduction sites often affects and leads to less access to awareness and treatment, and that geographic access and insurance coverage for treatment is often disproportionate or understudied.

Recommendations:

1. The Commission recommends that state public health officials investigate geographic access of treatment for exposure to xylazine and wound care, utilizing Geographic Information Systems ("GIS") based spatial mapping.
    a. Specific focus of such investigation should be on potential geographic gaps, areas with low transportation, and should utilize past analyses on harm reduction service availability to explore how treatment for xylazine exposure can be expanded to communities with the highest gaps.
2. The Commission recommends that DPH, alongside the Center for Health Information and Analysis, investigate current insurance coverage for treatment services for xylazine exposure, including opportunities to reimburse services and care.
    a. Such investigation should include analyses on potential costs to the Commonwealth, harm reduction programs, and health care providers, for providing services, as well as costs and coverage for patients themselves.

III. Key Finding: The Commission finds that targeted outreach to a variety of audiences is an impactful way to increase awareness about xylazine and bolster social support systems, but that there is often low information provided to specific audiences that interact with individuals exposed to xylazine.

Recommendations:

1. The Commission recommends that state public health officials compile resources and coordinate outreach efforts, including targeted efforts to connect with community coalitions and family support networks, such as Learn to Cope, RIZE, and the SAFE Coalition, to help generate outreach beyond just the person exposed to xylazine.
    a. Resources specifically tailored towards family members and support networks should focus on signs of xylazine use and education on wound care issues, and should be mindful of providing material that is not traumatizing or stigmatizing.
2. The Commission recommends the above state public health officials identify additional audiences that may benefit from educational resources on xylazine, including pharmaceutical providers, nurses, and residential transitional and recovery providers, and should work to compile resources that are tailored and relevant to these audiences.

***

Education and Training

In the course of its work, the Commission determined that education and training should be among the areas of inquiry investigated and included in this Report. The Commission identified **four specific populations** most likely to encounter xylazine and people exposed to xylazine:

1. **First responders:** including EMS providers, law enforcement officers, fire personnel, and other community responders.
2. **The medical community:** including **clinicians** across the care continuum.
3. **Non-clinical workers providing substance use services and treatment:** including non-clinical staff working in or on harm reduction and outreach teams serving people in active use, emergency rooms, acute care hospitals, inpatient substance use treatment facilities, outpatient substance use treatment settings, and other clinical and non-clinical settings.
4. **People who use drugs:** including people in recovery and the people in their lives.

Key Finding: The Commission finds that each target population would benefit from tailored training opportunities and educational materials on adulterants and emerging chemicals in the drug supply, including but not limited to xylazine.

Recommendations:

1. The Commission recommends that, at a minimum, all trainings and educational materials should include: general information on xylazine (i.e., what it is, when it is used, why it is present in the opioid supply, why naloxone may not "wake" someone exposed to it, and its prevalence across the Commonwealth); the legal status of xylazine; the signs and symptoms of xylazine exposure, including prolonged sedation and other high--risk

complications; steps to take when exposed to or encountering, assessing, or treating a person exposed to xylazine; information about xylazine-related wounds and withdrawal symptoms, including appropriate care techniques to employ when treating one's self or others; and harm and risk reduction measures to reduce both one's risk of xylazine exposure and the harms of exposure.

2. The Commission recommends that training and educational materials include relevant information, as identified by public health departments in collaboration with specific agencies, experts, and relevant stakeholders, tailored to each target population and profession and be presented and distributed in an accessible manner to ensure relevance and effective application.

***

First Responders

I. Key Finding: The Commission finds that veteran first responders and new recruits in all Massachusetts communities would benefit from xylazine educational materials and expanded training opportunities to better respond to and increase the quality of care provided to people experiencing xylazine-related health emergencies.

Recommendations:

1. To ensure uniformity across regions and professions, the Commission recommends educational materials and training for first responders be developed and offered by state or local public health departments in consultation with experts, relevant stakeholders, licensing boards, and oversight agencies where applicable.
2. The Commission recommends that training and educational materials include relevant information, as identified by public health departments in collaboration with specific agencies and stakeholders, tailored to every kind of first responder and be presented and distributed in an accessible manner.

II. Key Finding: The Commission finds that, without appropriate training and access to relevant information for first responders, uncertainty about xylazine and its related health effects can lead to an overreliance on naloxone, unnecessary transports to hospital settings, and overreliance on emergency rooms.

Recommendations:

1. The Commission recommends that training for first responders include specific learning objectives to increase knowledge about the harms of xylazine exposure, recognizing xylazine exposure and overdose, providing effective care to people exposed to xylazine, and information on other emerging contaminants in the drug supply.
2. The Commission recommends that training for first responders addresses what xylazine is, how to identify its presence in substances encountered or seized (i.e., through the use of drug checking equipment), the signs and symptoms of xylazine exposure, harm and risk reduction, steps to take when encountering, assessing, or treating a person exposed to xylazine, and wound care.

3. The Commission recommends that education and training for all first responders include additional "breathing training."
4. The Commission recommends that equipment to provide breathing assistance (i.e., breathing kits) is made available in all first responder vehicles in addition to naloxone, since naloxone does not reverse the effects of xylazine.

III. Key Finding: The Commission finds that the lack of information and knowledge of geographic areas with a high prevalence of xylazine and other drug supply contaminants can limit the ability of first responders to appropriately assess public health and safety issues when they arrive at a scene and can impede planning and response.

Recommendation:

1. The Commission recommends that first responders have easy access to current public health data and information regarding the presence and prevalence of xylazine and other contaminants in their communities to allow for predictive deployment of resources, particularly for ambulance personnel.

IV. Key Finding: The Commission finds that, while first responders may submit data regarding the presence of xylazine when responding to calls, several first responders indicated that the data are not always relayed back to them in an easily accessible manner.

Recommendations:

1. The Commission recommends that data for first responders be compiled and presented in a more accessible, consistent, and centralized manner.
2. The Commission recommends that trainings and educational materials for first responders be continuously updated and should integrate relevant data to ensure target audiences have access to the most current and timely information.

V. Key Finding: The Commission finds that, although xylazine is the adulterant most commonly found in the fentanyl supply, other adulterants such as nitazenes, medetomidine, and other substances have been identified and there is a high need for constant reporting, monitoring, and flexibility among first responders.

Recommendation:

1. The Commission recommends that existing databases and tracking efforts be built out and centralized to include timely information collected from first responders with the ability to report on the presence of all contaminants in the drug supply.

***

The Medical Community

I. Key Finding: Because awareness of xylazine and its related public health and safety harms vary widely among clinicians across the Commonwealth, the Commission finds that clinicians across the Commonwealth would benefit from xylazine educational materials and training opportunities that are tailored to their profession.

Recommendations:

1. The Commission recommends that educational materials and training for clinicians be developed by state or local public health departments and licensing boards in consultation with experts and relevant stakeholders.
2. The Commission recommends that trainings be consistent with and integrated into existing formats for medical education.
3. To ensure uniformity across regions and professions, the Commission recommends that training be offered by state or local public health departments and licensing boards and that continuing education credits for attendance be made available when applicable.
4. The Commission recommends that training and educational materials include relevant information for every kind of clinician and be presented and distributed in an accessible manner.

II. Key Finding: The Commission finds that a lack of education about xylazine can perpetuate stigma, which erodes trust between patients and clinicians and reduces the willingness of people to seek medical care when experiencing xylazine-related wounds or withdrawal symptoms.

Recommendation:

1. The Commission recommends that training and educational materials for clinicians address stigma surrounding substance use, treatment for substance use and harm reduction, how stigma negatively affects people who use drugs and people in recovery, and stigma surrounding wounds caused by xylazine exposure.

III. Key Finding: The Commission finds that a lack of education on xylazine withdrawal among clinicians can lead to lower quality of care, patient discomfort, premature hospital discharge, and medical events. The Commission also finds that information gaps about xylazine among clinicians can create confusion and lead people exposed to xylazine who seek clinical services to distrust both the information provided and the people providing such information. Both can undermine efforts by clinicians to reduce the public health harms and risks associated with xylazine exposure.

Recommendations:

1. The Commission recommends that training for the medical community address what xylazine is, signs and symptoms of xylazine exposure, risk assessment questions, how to assess patient knowledge on the risks associated with xylazine, how to communicate information on xylazine and related risks to patients, clinical steps to take when treating

people exposed to xylazine, wound care, and harm and risk reduction, and referrals to local harm reduction organizations or programs.

2. The Commission recommends that training for clinicians include guidance on how to share critical information regarding xylazine and drug supply contamination with people who use drugs, and how to support people who use drugs in sharing information with family, friends, and acquaintances.
3. The Commission recommends that employers of clinicians prioritize the recruitment of clinicians knowledgeable on these topics and train clinicians on xylazine and other drug supply contaminants, including, but not limited to, conducting grand rounds and other lectures for clinicians.

IV. Key Finding: The Commission finds that clinicians who lack education on xylazine can be unprepared and unable to convey vital information and medical advice to patients who use drugs and patients in recovery to keep them healthy and engaged in treatment or services.

Recommendation:

1. The Commission recommends that training for the medical community include patient assessment questions and guidance on how to utilize the responses in their work with people who use drugs and people in recovery as well as opportunities to enhance clinician-patient communication on these topics.

***

Non-Clinical Workers Providing Substance Use Services and Treatment

I. Key Finding: Because awareness of xylazine and its related public health and safety harms varies among non-clinical staff working across the Commonwealth, the Commission finds that non-clinical workers across the Commonwealth would benefit from xylazine educational materials and training opportunities that are tailored to their profession.

Recommendations:

1. The Commission recommends educational materials and training for non-clinical workers be developed by state or local public health departments and licensing boards in consultation with experts and relevant stakeholders and presented in easy-to-understand language.
2. To ensure uniformity across regions and professions, the Commission recommends that training be offered by state or local public health departments and licensing boards, where applicable, and that continuing education credits for attendance be made available when applicable.
3. The Commission recommends that training and educational materials include relevant information for every kind of non-clinical worker and be presented and distributed in an accessible manner.

II. Key Finding: The Commission finds that information gaps about xylazine among non-clinical workers can create confusion and lead people exposed to xylazine who seek substance use services to distrust both the information provided and the people providing such information. Both can undermine efforts by non-clinical workers to reduce the public health harms and risks associated with xylazine exposure.

Recommendations:

1. The Commission recommends that trainings for non-clinical workers address what xylazine is, the signs and symptoms of xylazine exposure, how to assess an individual's xylazine exposure risk, how to assess an individual's knowledge on the risks associated with xylazine, how to communicate information to individuals about xylazine-related risks, risks and harms associated with xylazine exposure, risk reduction, steps to take when providing services to a person who has been exposed to xylazine, and wound care.
2. The Commission recommends that training for non-clinical workers include risk assessment questions for people who use drugs and guidance on how to utilize responses in their work with people who use drugs and people in recovery within a harm reduction public health framework.
3. The Commission recommends that training for non-clinical workers include guidance on how to share critical information regarding xylazine and drug supply contamination with people who use drugs, and how to support people who use drugs in sharing information with family, friends, and acquaintances.

III. Key Finding: The Commission finds that the lack of education about xylazine can perpetuate stigma among non-clinical workers, which affects access to and the quality of care provided to people who have been exposed to xylazine.

Recommendation:

1. The Commission recommends that training and educational materials for non-clinical workers address stigma surrounding substance use and how stigma negatively affects and undermines the delivery of care to people who use drugs and people in recovery.

***

People Who Use Drugs and People in Recovery

I. Key Finding: The Commission finds that people who use drugs do not use or seek to use pure xylazine intentionally; rather, xylazine is almost exclusively mixed with other substances or marketed as an opioid (i.e., fentanyl).

Recommendations:

1. The Commission recommends that people who use drugs have easy access to current public health data and information regarding the presence and prevalence of xylazine and other contaminants in their communities.
2. The Commission recommends that data for people who use drugs be compiled and presented in a more accessible and centralized manner.

3. The Commission recommends that existing databases and tracking efforts be built out and centralized to include the collection of timely information from first responders, clinicians, and non-clinical staff with the ability to collect data on the presence of all contaminants in the drug supply.

II. Key Finding: The Commission finds that people who use drugs and people in recovery would benefit from accessible xylazine education materials; these materials and resources exist but the access to, availability of, and awareness of these materials may be limited, stigmatizing, or biased.

Recommendations:

1. The Commission recommends that educational materials be developed by state or local public health departments and harm reduction organizations in consultation with experts and relevant stakeholders.
2. The Commission recommends that educational materials be provided to, and distributed by, state or local public health departments, clinicians, harm reduction programs, and the substance use treatment community to ensure all people who would benefit from this information have access.

III. Key Finding: The Commission finds that educational materials and resources should be specifically tailored to people who use drugs and people in recovery.

Recommendations:

1. The Commission recommends that educational materials for people who use drugs be consistent with existing formats for public health communications, easy to understand, and written in a way that is most accessible to target audiences.
2. The Commission recommends that educational materials for people who use drugs and people in recovery include information on the importance and availability of drug checking services and equipment, as well as information on how to utilize appropriate drug checking equipment.
3. The Commission recommends that educational materials for people who use drugs and people in recovery include information on harm reduction and treatment services available across the Commonwealth.

IV. Key Finding: The Commission finds that people who use drugs may also encounter other adulterants in the supply that can cause severe health effects including, but not limited to, medetomidine and nitazenes.

Recommendations:

1. The Commission recommends that educational materials for people who use drugs include information about other contaminants in the drug supply, including the benefits of drug checking, and how to use and find drug checking equipment.

2. The Commission recommends that educational materials be continuously updated and integrate relevant and timely data to ensure target audiences have access to the most current information.

V. Key Finding: The Commission finds that people who have been exposed to xylazine may delay seeking care for wounds if they are not aware of how they got the wounds or if the wounds are not yet severe.

Recommendation:

1. The Commission recommends that educational materials for people who use drugs and people in recovery address what xylazine is, signs and symptoms of xylazine exposure, steps to take if exposed to xylazine, wound care, harm and risks associated with xylazine exposure, and harm and risk reduction measures.

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Appendix A

Correspondence From Commissioners Regarding the Final Report

The Commonwealth of Massachusetts
MASSACHUSETTS SENATE

JOHN C. VELIS
Hampden and Hampshire District

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Chair
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Chair
JOINT COMMITTEE ON VETERANS AND FEDERAL AFFAIRS

Vice Chair
JOINT COMMITTEE ON ELDER AFFAIRS

DISTRICT
94 NORTH ELM STREET
WESTFIELD, MA 01085
413-572-3920

Representative Mindy Domb
Special Commission on the Public Health Effects of Xylazine
State House, Room 33
Boston, MA, 02133

Dear Chair Domb and Members of the Special Commission on the Public Health Effects of Xylazine:

I am writing to inform you that as a result of my ongoing active-duty military orders with the Massachusetts National Guard, I will not be present or available to vote on the Commission's final report.

Although I have been deployed, my staff has kept me closely informed about the Commission's meetings and the development of the final report. I want to recognize and thank every Commissioner for their tremendous work on these findings and recommendations, as we continue to work to address the urgent public health matter that drug contamination presents to the wellbeing of residents throughout the Commonwealth. If I was present and available to vote, I would be in strong support of this report and the important measures included within it.

I want to share my deep appreciation to Chair Domb for her steadfast leadership of this Commission since we began our work last spring, and especially since I began my deployment this fall. I am incredibly grateful for her direction, and for the thoughtful collaboration between each member of the Commission that has helped shape such a comprehensive report.

Sincerely,

John C. Velis

John C. Velis
Senate Chair, Special Commission on the Public Health Effects of Xylazine
State Senator, Hampden and Hampshire District

Outlook

RE: REMINDER SPECIAL COMMISSION ON XYLAZINE FINAL PUBLIC MEETING 3/24/26

From Davis, Angela (EPS) <angela.f.davis@mass.gov>
Date Tue 3/24/2026 8:33 AM
To Vetare, Juliette (HOU) <juliette.vetare@mahouse.gov>
Cc Stowe-Alekman, Lily (HOU) <lily.stowe-alekman@mahouse.gov>; Bresler, Jessica (HOU) <jessica.bresler@mahouse.gov>; Vetare, Juliette (HOU) <juliette.vetare@mahouse.gov>; Bankmann, Gwendolyn (HOU) <Gwendolyn.Bankmann@mahouse.gov>; Adams-Keane, Gabe (SEN) <Gabe.Adams-Keane@masenate.gov>; Letourneau-Jancsy, Caitlyn (SEN) <caitlyn.letourneau@masenate.gov>; Davis, Angela (EPS) <angela.f.davis@mass.gov>

Good afternoon Juliette,

I am writing, as suggested, to submit my "yes" vote to accept the Xylazine Commission Report as finalized on 3.19.26, with allowances for adding in the Appendices.

Thank you,
Angela

Angela F. F. Davis
Assistant Undersecretary
Law Enforcement and Criminal Justice
Executive Office of Public Safety and Security
Commonwealth of Massachusetts
617-620-8544

From: Vetare, Juliette (HOU) <juliette.vetare@mahouse.gov>
Sent: Monday, March 23, 2026 1:32 PM
To: Domb, Mindy - Rep. (HOU) <mindy.domb@mahouse.gov>
Cc: lily.stowe-alekman <lily.stowe-alekman@mahouse.gov>; Bresler, Jessica (HOU) <jessica.bresler@mahouse.gov>; Vetare, Juliette (HOU) <juliette.vetare@mahouse.gov>; Bankmann, Gwendolyn (HOU) <Gwendolyn.Bankmann@mahouse.gov>; Adams-Keane, Gabe (SEN) <Gabe.Adams-Keane@masenate.gov>; Letourneau-Jancsy, Caitlyn (SEN) <caitlyn.letourneau@masenate.gov>
Subject: REMINDER SPECIAL COMMISSION ON XYLAZINE FINAL PUBLIC MEETING 3/24/26

Good Afternoon Commissioners,

This is one last reminder that the final meeting of the Special Commission on Xylazine will take place **tomorrow, Tuesday, March 24th from 10am - 1pm where we will be voting on the final draft of the report.**

If you have any questions or concerns, please don't hesitate to contact me. Thank you.

Best,

Juliette Vetare, MPH (she/her)
Research Director

March 25, 2026

Dear Ms. Vetare,

After review, I am writing to formally cast my vote in favor of the Commission's final report and recommendations. I appreciate the thoughtfulness and rigor that went into this work, and I am supportive of the direction outlined.

Grateful to be included in this process.

Respectfully,

Kevin M. Simon, MD, MPH Massachusetts License #277177 | NPI # 1386031631

American Board of Psychiatry & Neurology – Certified in Child & Adolescent Psychiatry
American Board of Psychiatry & Neurology – Certified in Adult Psychiatry
American Board of Preventive Medicine – Certified in Addiction Medicine

Chief Behavioral Health Officer, City of Boston
Assistant Professor of Psychiatry,
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COMMONWEALTH OF MASSACHUSETTS
THE GENERAL COURT
STATE HOUSE, BOSTON 02133-1053

Steven G. Xiarhos
STATE REPRESENTATIVE

5th Barnstable District
BARNSTABLE • SANDWICH • BOURNE

The Honorable Representative Mindy Domb, Chair
Joint Committee on Mental Health, Substance Use and Recovery
24 Beacon Street, Room 33
Boston, MA 02133

March 24, 2026

The Honorable Senator John C. Velis, Chair
Joint Committee on Mental Health, Substance Use and Recovery
24 Beacon Street, Room 513
Boston, MA 02133

Re: Support for Final Report of the Special Commission on Public Health Effects of Xylazine

Dear Chairs Domb and Velis,

I am writing to express my full support for the final report of the Special Commission on Public Health Effects of Xylazine. Although I was not able to be present to vote on the final report due to a concurrent Joint Committee on Ways and Means Hearing, I would have been glad to support the findings and recommendations of the Commission.

It was an honor to serve on this Special Commission alongside such dedicated colleagues and to have been a part of the Commonwealth's efforts to address the serious public health and safety challenges posed by Xylazine and other contaminants in the Commonwealth's illicit drug supply. I am confident that the Commission's report provides a comprehensive and informative road map to help better protect our communities from the harms associated with Xylazine.

Serving on this Commission has been a privilege, and I am grateful for the leadership of both Chairs, my fellow members who provided invaluable expertise, and to the staff whose dedication and efforts made this work possible. I am proud to support the recommendations outlined in this report and the positive impact they will have on public health and safety across Massachusetts.

Respectfully,

Steven G. Xiarhos
Joint Committee on Mental Health, Substance Use and Recovery, Ranking Minority
Joint Committee on Public Safety and Homeland Security
Former Deputy Chief of Police

Appendix B

June 23, 2025 Xylazine Commission Meeting Member Packet

Agenda: First Meeting of the Xylazine Commission

1. Welcome and introductions
2. Background information on the Commission and updates
3. Listening Session - Testimony by Invitation Only
4. Next Steps and Discussion

Commission Staff Contact Information

House Staff	**Senate Staff**
Lily Stowe-Alekman, Staff Director, Representative Mindy Domb Lily.Stowe-Alekman@mahouse.gov	Gabe Adams-Keane, Chief of Staff, Senator John Velis Gabe.Adams-Keane@masenate.gov
Jessica Bresler, Legal Counsel, Joint Committee on Mental Health, Substance Use and Recovery Jessica.Bresler@mahouse.gov	Jocelyn Schafer, Legislative Director & General Counsel, Senator John Velis Jocelyn.Schafer@masenate.gov

Commission Members and Short Bios

Name	Title	Appointing Body	Bio
Mindy Domb	State Representative	House Chair of the Joint Committee on Mental Health, Substance Use and Recovery	Representative Mindy Domb is the co-chair of the Special Commission on Xylazine and House Chair of the Joint Committee on Mental Health, Substance Use and Recovery. Mindy Domb has served as the State Representative from the 3rd Hampshire District since 2018, representing the residents of Amherst and half of the town of Granby in the Massachusetts House of Representatives. Previously, she served as Chair of the Joint Committee on Tourism, Arts and Cultural Development. She serves as a commissioner on The Ellen Story Commission on Postpartum Depression, House co-chair for the Legislature's Food Systems Caucus, and House vice chair of the RTA caucus. Immediately prior to being sworn in, Mindy served as the Executive Director of the Amherst Survival Center for almost six years. She served on Amherst Town Meeting for two terms. Earlier, she spent most of her career working in the HIV epidemic as an educator, trainer, program planner, public health advocate and congressional aide.
John Velis	State Senator	Senate Chair of the Joint Committee on Mental Health, Substance Use and Recovery	Senator John Velis is the Senate Co-Chair of the Xylazine Commission, and the Senate Co-Chair of the Legislature's Joint Committee on Mental Health, Substance Use, and Recovery. In the Legislature, Senator Velis has advocated for policies to support individuals struggling with substance use disorder, including having served on the conference committee that negotiated last session's substance use disorder bill, *An Act relative to treatments and coverage for substance use disorder and recovery coach licensure*, which established the Xylazine

Name	Title	Appointing Body	Bio
			Commission. Senator Velis has also specifically prioritized drug supply contamination and the proliferation of Xylazine and other contaminants in his work. This includes securing funding in the FY2023 State Budget to allow Tapestry Health in Western Massachusetts to purchase a Mass Spectrometer device to analyze drug supplies, as well as securing funding in the FY2025 State Budget for the Department of Public Health to carry out a public awareness campaign on the contaminated drug supply in Massachusetts.
Kate Donaghue	State Representative	Speaker of the House	Kate Donaghue has served since 2022 as State Representative for the 19th Worcester District. Rep. Donaghue is currently a member of the Joint Committee for Mental Health, Substance Use and Recovery. She has advocated in the area of mental health and recovery for many years. She is a member of the AGO's current Advisory Committee on Substance Use, and previously served as a member of its predecessor group, the AGO's Family Advisory Committee. Rep. Donaghue lost her only child to an overdose in 2018 and has been active with MOAR and Learn-to-Cope.
Steven George Xiarhos	State Representative	House Minority Leader	Steven G. Xiarhos serves as the State Representative for the 5th Barnstable District and is a retired Deputy Chief of Police with over four decades of experience in public safety. Throughout his law enforcement and legislative career, he has worked closely with individuals and families impacted by substance use disorder and has championed balanced approaches that combine prevention, treatment, and accountability. Representative Xiarhos strongly supports the men and women of law enforcement and believes that public safety strategies must include holding individuals fully accountable for the illegal distribution of harmful substances while also investing in pathways to recovery. As a Gold Star father, he brings a deep commitment to service and community well-being, and remains focused on compassionate, yet firm, responses to the opioid crisis and emerging threats like xylazine contamination.
John Keenan	State Senator	Senate President	Since serving as Senate Chair of the Joint Committee on Mental Health, Substance Use and Recovery during his first term in the State Senate, Senator Keenan has passed legislation to ban the sale of flavored tobacco products and provide naloxone at Red Line stations. He has visited several overdose prevention centers throughout North American and partnered with colleagues in an effort to open these sites in Massachusetts. For the last two sessions, Senator Keenan has sought to mitigate the public-health harms caused by the rise of sports betting in the Commonwealth.
Ernie Gates, R.Ph, FASCP, FIACP, FACA	President/CEO, Gates Healthcare Associates, Inc.	Senate Minority Leader	Ernest P. Gates, Jr., is the President/CEO of Gates Healthcare Associates, Inc. where he and his expert team provides strategic advice, counsel, and support to a broad cross-section of hospitals and health care organizations, including acute, chronic and rehabilitation hospitals; physician practices; pharmacies; and professional associations.

Name	Title	Appointing Body	Bio
			A pharmacist and entrepreneur, who has owned and operated multiple healthcare corporations, he is a pioneer in the fields of pharmacy compounding and fertility medication and is frequently called upon by hospitals as they seek to upgrade and improve their pharmacy operations. He is also a leading expert on regulatory compliance and has worked with many clients on the development of compliance programs. He holds a Bachelor of Science degree from MCPHS University, where he is a Trustee Emeritus.
Millie Bhatia, MPH	Health Policy Manager, Office of Undersecretary Kiame Mahaniah, EOHHS	Secretary of Health and Human Services or designee	Millie Bhatia serves as the Health Policy Manager for the Executive Office of Health and Human Services under Secretary Kate Walsh and Undersecretary Kiame Mahaniah. She currently serves as the EOHHS lead on the state's Opioid Recovery & Remediation Fund ("ORRF"), where she coordinates listening sessions to solicit input on the state's efforts to alleviate the impact of the opioid epidemic, executes interagency contracts, and manages appointments for the ORRF Advisory Council. Before working on state policy, she served as a Policy Advisor on the White House COVID-19 Response Team and worked in the U.S. House of Representatives. In addition to her time in the public sector, she has worked for advocacy groups, non-profit organizations, and various Congressional campaigns.
Sarah Ruiz, MSW	Deputy Director for Strategy and Community Health	Commissioner of Public Health or designee	Sarah Ruiz is the DPH Bureau of Substance Addiction Services (BSAS) Deputy Director for Strategy & Community Health. She has many years of experience at BSAS leading initiatives and teams focussed on harm reduction, treatment engagement, recovery support, prevention and data and evaluation.
David McGarry, MD	Medical Director, Worcester Recovery Center and Hospital Facility; Acting Medical Director, Office of Inpatient Management	Commissioner of Mental Health or designee	David McGarry, MD is the interim medical director of the Office of Inpatient Management and the outgoing Facility Medical Director of Worcester Recovery Center and Hospital. He has been a staff psychiatrist at and facility medical director of the largest DMH psychiatric inpatient facility for a total of sixteen years. The high prevalence of comorbid substance use disorders in the population that DMH serves makes substance use disorder assessment and treatment a top priority for focus of treatment at all DMH inpatient facilities.
Angela Davis	Undersecretary for Law Enforcement and Criminal Justice, EOPSS	Secretary of Public Safety and Security or designee	Angela F. F. Davis serves as Assistant Undersecretary for Law Enforcement and Criminal Justice in the Executive Office of Public Safety and Security for the Commonwealth of Massachusetts. A leader in higher education and government, her focus for over 30 years has included crisis management, threat assessment, leadership coaching, innovative training and program and student development. She has served as Executive Director for Research and Grants in the Executive Office of Public Safety and Security, leading the annual statewide distribution of millions in federal and state dollars related to homeland security, criminal justice, law enforcement, sexual violence, and highway safety. Prior to public service she was an Associate Dean. She received her

Name	Title	Appointing Body	Bio
			undergraduate degree from UMASS Amherst, and an MBA from Suffolk University. She serves as Vice Chair for the Board of Directors for the Hockomock Y.M.C.A., and on the Board of Directors for the UMASS Women into Leadership Program.
Simeon Kimmel, MD, MA	Assistant Professor of Medicine Boston University Chobanian and Avedisian School of Medicine and Boston Medical Center	Bureau of Substance Addiction Services	Dr. Simeon Kimmel is an Infectious Disease and Addiction Medicine physician at Boston Medical Center and Assistant Professor of Medicine at the Boston University Chobanian and Avedisian School of Medicine. He is the Medical Director of Project TRUST, Boston Medical Center's harm reduction focused drop-in center and has served as a medical consultant with the Bureau of Substance Addiction Services since 2022. His research, funded by the National Institute on Drug Abuse, is focused on improving integration of substance use and infectious disease treatment for people with serious injection-related infections.
Matthew Hogan, BVetMed, MS, MRCVS, DACLAM	Attending Veterinarian at McLean Hospital	Massachusetts Veterinary Medical Association	Dr. Matt Hogan received his Bachelor of Science in Animal Sciences from the University of Massachusetts- Amherst in 2003. Following a short period of time working in the contract and academic research environments, he went on to The Royal Veterinary College (University of London, UK) and completed his veterinary degree in 2012. In 2015, Dr. Hogan finished his laboratory animal medicine residency training as well as attained a Master of Science in Veterinary Preventive Medicine at The Ohio State University. In 2017, he achieved board certification from the American College of Laboratory Animal Medicine. Currently, Dr. Hogan is the Attending Veterinarian at Mass General Brigham-McLean Hospital in Belmont, MA. He also sits on the Massachusetts Veterinary Medical Association's (MVMA) board of government and regulatory affairs as a representative for the field of laboratory animal medicine. Regarding xylazine, Dr. Hogan has extensive experience utilizing this sedative in anesthesia mixtures and tranquilizing procedures (i.e., surgery, unconscious examinations) in rodent and large animal species (e.g., swine, cattle, horses, canines and nonhuman primates). Further, since working at McLean Hospital, Dr. Hogan oversees an animal research program, which has animal-model studies that investigate the potential abuse of the sedative xylazine, with the goal in mind to enhance treatments for humans inflicted with drug addiction.
Kevin Simon, MD, MPH	Pediatric Addiction Medicine Psychiatrist, Boston Children's Hospital; Chief Behavioral Health Officer, City of Boston; Assistant Professor of Psychiatry,	Governor	Dr. Simon (Kevin M. Simon, MD, MPH), is the inaugural Chief Behavioral Health Officer for the City of Boston, appointed by Mayor Michelle Wu. He is triple board-certified in adult psychiatry, child and adolescent psychiatry, and addiction medicine. Dr. Simon directs the JUSTICE (Juvenile Understanding and Support Through Intervention, Community, and Empowerment) Clinic at Boston Children's Hospital within the Division of Addiction Medicine, and serves as an Assistant Professor of Psychiatry at Harvard Medical School. Dr. Simon's clinical and public health work focuses on the intersection of youth mental health, structural inequities, and substance use—particularly among

Name	Title	Appointing Body	Bio
	Harvard Medical School		system-involved and vulnerable populations. He has direct experience caring for individuals exposed to xylazine and other contaminants in the drug supply, and collaborates with harm reduction programs and community-based organizations to improve access to low-barrier, evidence-informed treatment. He is a co-author and committee member of the American Society of Addiction Medicine and American Academy of Addiction Psychiatry (ASAM/AAAP) Clinical Practice Guideline on the Management of Stimulant Use Disorder. His research explores how structural violence contributes to substance use disorders and disrupts recovery pathways. His work is published in leading journals including The New England Journal of Medicine and American Journal of Public Health, and he is a frequently sought voice on behavioral health topics in both academic and national media platforms.

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Xylazine Commission - Enabling Statute

Chapter 285 of the Acts of 2024, ***An Act relative to treatments and coverage for substance use disorder and recovery coach licensure***

SECTION 36. (a) There shall be a special commission to study and make recommendations on ways to address the public health and safety concerns posed by the proliferation of xylazine as an additive to illicit drugs, including, but not limited to, fentanyl.

(b) The commission shall consist of: the chairs of the joint committee on mental health, substance use and recovery, who shall serve as co-chairs; 1 member appointed by the speaker of the house of representatives; 1 member appointed by the minority leader of the house of representatives; 1 member appointed by the senate president; 1 member appointed by the minority leader of the senate; the secretary of health and human services or a designee; the commissioner of public health or a designee; the commissioner of mental health or a designee; the secretary of public safety and security or a designee; 1 member who shall be a representative of the bureau of substance addiction services within the department of public health; 1 member who shall be a representative of the Massachusetts Veterinary Medical Association; and 1 member appointed by the governor who shall be a registered nurse or licensed physician with experience in treating patients for substance use disorder.

(c) The commission shall consider: (i) best practices to regulate and oversee the production and distribution of xylazine to ensure that it is used solely for its intended purpose as an animal tranquilizer administered by licensed veterinarians and not for human consumption; (ii) whether xylazine should be classified as a controlled substance and appropriate penalties for its illegal production and distribution; (iii) the availability of effective outreach and treatment programs for patients who have been exposed to xylazine and ways to address any gaps in available programs and services; and (iv) any other considerations determined to be relevant by the commission.

(d) The commission shall file a report and its recommendations, including any legislation necessary to implement its recommendations, with the clerks of the house of representatives and the senate not later than June 30, 2025.

Legislative History

Chapter 285 of the Acts of 2024 was signed into law by Governor Maura Healey on December 23, 2024. It includes programs, initiatives, and requirements that widely expands access to opioid reversal drugs, bolsters access to non-opioid pain treatment, and strengthens treatment for Massachusetts residents experiencing SUD and seeking recovery. Also included in the final law is the establishment of the Xylazine Commission.

Summary of the Commission

Section 36 of the Act establishes a 13-member Special Legislative Commission "to study and make recommendations on ways to address the public health and safety concerns posed by the proliferation of xylazine as an additive to illicit drugs, including, but not limited to, fentanyl."

The Commission must issue its final report, including any legislation necessary to implement its recommendations, by June 30, 2025. Note that an extension to March 30, 2026 was included in the supplemental budget H.4150, passed by the House on May 21st. The Senate version of the bill, S.2529, without the extension was passed by the Senate on June 18th. Now, the legislature will work to reconcile the two bills in conference committee.

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Listening Session Speakers

1. Director Deirdre Calvert, LICSW, Bureau of Substance Addiction Services (BSAS)

Deirdre Calvert has been the Director of BSAS since April 2019. Previous to that, Director Calvert worked for more than 25 years as a clinical director and social worker in the Massachusetts substance use disorder system, including Opiate Treatment Programs, Residential Treatment Programs, and OBOTs. Director Calvert is also a Teaching Associate at Boston University School of Social Work and School of Public Health. Director Calvert holds a Masters in Social Work from Boston University, and is a Licensed Independent Clinical Social Worker (LICSW).

2. Alan Young, Recovery Coach

Alan brings over 15 years of lived experience in addiction and recovery. Born in Boston's South End as a "Methadone Baby," he has turned his life around through community, peer support, and service. Alan is deeply connected to the recovery community and brings authentic, grounded insight into how drug contamination, including xylazine, affects people who use substances. He currently serves as a Peer Coordinator, is pursuing his Recovery Coach Certification, and hosts a podcast titled "A Quarter and A Dream."

3. Raagini Jawa, MD, MPH, Assistant Professor of Medicine, Center for Research on Health Care, Department of General Internal Medicine, University of Pittsburgh Medical Center

Dr. Raagini Jawa, MD, MPH is an Assistant Professor of Medicine and an NIH funded Clinician Investigator in the Center for Research on Health Care within the Department of General Internal Medicine at the University of Pittsburgh Medical Center. She is triple board-certified in Internal Medicine, Infectious Diseases, and Addiction Medicine. Dr. Jawa's research focuses on the intersection of infectious diseases and substance use, with particular emphasis on integrating harm reduction services into traditional healthcare settings and understanding the health impacts of emerging adulterants such as xylazine. Clinically, she provides office-based addiction treatment, leads a low-barrier xylazine wound clinic, and manages complex endovascular infections at UPMC. A nationally recognized educator and advocate, Dr. Jawa has trained thousands of healthcare professionals on xylazine-related harms, produced public education campaigns, and authored numerous peer-reviewed publications on the subject. She also contributes to harm reduction efforts through leadership roles on the boards of Prevention Point Pittsburgh, the Pennsylvania Harm Reduction Network, and AMERSA.

4. Sarah Wakeman, MD, Medical Director, Substance Use Disorder (SUD) Initiative, Mass General Brigham

Sarah E. Wakeman, MD is the Senior Medical Director for Substance Use Disorder at Mass General Brigham in the Office of the Chief Medical Officer, Medical Director for the Mass General Hospital Program for Substance Use & Addiction Services, Program Director of the Mass General Addiction Medicine fellowship, and an Associate Professor of Medicine at Harvard Medical School. She received her A.B. from Brown University and her M.D. from Brown Medical School. She completed residency training in internal medicine and served as Chief Medical Resident at Mass General Hospital. She is a diplomate and fellow of the American Board of Addiction Medicine and board certified in Addiction Medicine by the American Board of Preventive Medicine. Clinically she provides specialty addiction and general medical care in the inpatient and outpatient setting at Mass General Hospital and the Mass General Charlestown Health Center. Her research interests include integrated substance use disorder treatment in general medical settings, low threshold treatment models, and opioid use disorder treatment.

5. Sarah Mackin, MPH, Director of Harm Reduction Services, Boston Public Health Commission (BPHC)

Sarah Mackin, MPH, is the director of AHOPE Needle Exchange at BPHC, where she began her work in harm reduction and drug user health in 2010. She oversees the largest needle exchange and harm reduction program in New England, which provides comprehensive drug user health services to over 8,000 people each year. Mackin brings over 15 years of experience in the fields of public health, substance use, harm reduction, HIV/AIDS, and homelessness.

6. Traci Green, PhD, MSc, Principal Investigator, Massachusetts Drug Supply Data Stream (MADDS)

Dr. Green is an epidemiologist whose research focuses on drug use, opioid use disorder, and drug-related injury. She earned a Master of Science in Epidemiology and Biostatistics from McGill University and a PhD in Epidemiology from Yale University. She is Professor and Director of the Opioid Policy Research Collaborative at Brandeis University where she oversees research on the drug supply, harm reduction services, and risk mitigation following law enforcement and policy actions. She also co-directs the Center of Biomedical Research Excellence (COBRE) on Opioids and Overdose at Rhode Island Hospital and is an Adjunct Professor of Emergency Medicine and Epidemiology at the Warren Alpert School of Medicine at Brown University and the Brown School of Public Health. Dr. Green created the web app platform www.streetcheck.org to support the growth and excellence of community drug checking. She helped co-found www.prescribetoprevent.org for prescribers and pharmacists and its companion site www.prevent-protect.org for families, patients, and community organizations to improve naloxone access.

7. Justin Alves, MSN, FNP-BC, ACRN, CARN, CNE, Grayken Center for Addiction Training and Technical Assistance

8. Officer Heather Longley, Northampton Police Department, Drug Addiction Response Team (DART)

Officer Heather Longley has served in the Northampton Police Department since 2016. Throughout her career, she has specialized in different areas such as crisis negotiation, drug recognition, drug addiction and harm reduction, houselessness and sexual assault investigation. She is a certified instructor in de-escalation techniques and believes in community policing as a way to prevent uses of force. In addition, Officer Longley teaches Introduction to Criminal Justice at Bay Path University, where she helps educate and mentor the next generation of criminal justice professionals. She holds a Master of Science in Criminal Justice with a concentration in Violence Prevention and Victim Advocacy, and continues to stay engaged through specialized training and inter-agency collaboration.

Xylazine - Background Information

******Compiled by Commission staff for discussion purposes only******

What is Xylazine?

Xylazine - pronounced "z'eye-luh-zeen" - is a veterinary drug used as a sedative, anesthetic, muscle relaxant, and analgesic for animals but is not approved by the Food and Drug Administration ("FDA") for use in humans. Because xylazine is not FDA-approved, it is also not scheduled under the Controlled Substances Act.

Xylazine was first synthesized in 1962 by Bayer Pharmaceutics and was investigated for potential human use in clinical trials as an analgesic, sleeping aid, and anesthetic; however, these trials were terminated due to its severe hypotension and central nervous system depressant effects.

Xylazine is increasingly being found in the opioid supply, most often mixed with fentanyl that has all but replaced heroin and prescription opioids in the Commonwealth's street drug supply. The combination is sometimes referred to as "tranq" or "tranq dope."

The FDA has issued the following warnings related to the risk of xylazine exposure:

- Repeated exposure may result in ***dependence and withdrawal:*** withdrawal symptoms include agitation or severe anxiety, and such symptoms may undermine patients' efforts to obtain appropriate OUD treatment and perpetuate an individual's dependence upon illicit drugs.
- 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; importantly, these ulcerations may develop in areas of the body away from the site of injection.

In Massachusetts, the Executive Office of Health and Human Services ("EOHHS") issued similar warnings about xylazine and its presence in the Commonwealth's street drug supply. The EOHHS clinical advisory contains information about xylazine, the presence of xylazine in the street drug supply, and resources for health care providers, including trainings offered by the Grayken Center on xylazine for providers, nurses, counselors, and non-clinical staff.

What are the Harms Associated with Xylazine Contamination?

Note that opioid overdose reversal drugs like naloxone do not work on xylazine. Naloxone will help if an opioid is affecting a person's breathing but will not necessarily make a person wake up if the person is experiencing oversedation due to xylazine consumption.

Further note that xylazine exposure produces many health harms beyond the physical effects detailed above. Specifically, xylazine causes severe skin ulcers when injected (missed shots can make them worse) even beyond the injection site, and wounds can take months or years to heal and may not heal without medical care.

Xylazine is a powerful sedative that lasts much longer than the substances to which it is usually added (i.e., fentanyl), meaning people who lose consciousness due to the xylazine and not the opioid they consumed can remain unconscious/sedated for much longer and emergency opioid antagonists like naloxone have no effect.

Oversedation can lead to social and economic harms (i.e., assault or theft) as well as physical health harms. This includes **traumatic injury** if occurring on or near roadways, sidewalks, train tracks, and similar areas; **exposure** if the individual loses consciousness outdoors and in extreme hot or cold weather; and **compartment syndrome**, a painful condition where pressure in and around muscles rises to dangerous levels, restricting blood flow and leading to permanent nerve and muscle damage and even amputation if left untreated. With oversedation, this is caused by the person losing consciousness in a position where they are on top of or otherwise restricting blood flow to a limb.

How Prevalent is Xylazine Contamination?

Although human intoxication with xylazine has been reported sporadically over the past several decades, it was first described as a more prevalent additive in the drug supply of Puerto Rico. In 2022, approximately 23% of fentanyl powder and 7% of fentanyl pills seized by the Drug Enforcement Agency ("DEA") contained xylazine.

- Department of Justice ("DOJ"): "There has been an increase in the number of reports, alerts, and advisories from media and public health agencies indicating that xylazine is being abused in combination with other drugs of abuse, such as fentanyl, and is causing harm."

Xylazine contamination in the Commonwealth was first detected in 2021 by harm reduction providers and the Massachusetts Drug Supply Data Stream ("MADDS"), a state-funded collaboration between Brandeis University researchers, the Department of Public Health ("DPH"), various town police departments and local community partners that works to collect data on drug supply contamination across Massachusetts by providing drug checking services to people who use drugs.

Drug checking is the practice of chemically analyzing street drug residue and identifying the composition and potential contamination of a substance prior to its consumption. As of the 2nd quarter of 2022, xylazine was present in 5% of opioid-overdose related deaths in the Commonwealth. Xylazine contamination is particularly pronounced in Eastern Massachusetts, where, in 2021-2022, ~21% of samples in the region and 29% of samples from Boston tested positive for xylazine.

In May 2023, MADDS received almost $70,000 from RIZE Massachusetts, a nonprofit foundation working to end the overdose crisis in the Commonwealth, to study and validate the accuracy of xylazine test strips. Participating community drug checking sites will receive up to $4,000 based on the number of samples tested and a small gift card incentive will be given to people who bring in drug samples for testing.

Federal Action to Address Xylazine

Legislative Action: the Combating Illicit Xylazine Act (first introduced March 28, 2023)

- H.R. 1839 / S. 993 - The ***bipartisan*** (101 House co-sponsors from both parties and 30 Senate co-sponsors from both parties) and ***bicameral*** bills were first filed by Representative Jimmy Panetta (D-Calif.-19) and Senator Catherine Cortez Masto (D-Nev.)
- H.R. 1266 / S. 545 - Both bills were reintroduced by Representative Panetta and Senator Cortez Masto on February 12, 2025 in both chambers of Congress and enjoy similar bipartisan support (56 House cosponsors from both parties and 20 Senate cosponsors from both parties)
    - According to Senator Cortez Masto, the bills: (i) classify xylazine's illicit use under Schedule III; (ii) enables the DEA to track its manufacturing to ensure it is not diverted to the illicit market; (iii) require a report on prevalence, risks, and recommendations to best regulate illicit use of xylazine; (iv) ensure all salts and isomers of xylazine are covered when restricting its illicit use; and (v) declare xylazine an emerging drug threat

Executive Action: Executive Declaration by the Biden Administration (April 12, 2023)

- Dr. Rahul Gupta, former Director of the Office of National Drug Control Policy ("ONDCP") officially designated fentanyl adulterated or associated with xylazine as an emerging threat and convened an interagency working group to inform the development of the national response plan to include work on xylazine testing, treatment and supportive care protocols, comprehensive data systems (including information on drug sourcing and supply), strategies to reduce illicit supply of xylazine, and rapid research (such as work on the interactions between xylazine and fentanyl)
- The working group released its Report in June 2024, which contains a number of recommendations at the federal level as well as additional resources this Commission can reference in its work

Xylazine Commission - Proposed Schedule

- Split into **3 working groups** based on the 3 charges of the Commission
    - Members to provide feedback regarding their preferences for working group participation
        - Best practices to regulate and oversee the production and distribution of xylazine to ensure that it is used solely for its intended purpose as an animal tranquilizer administered by licensed veterinarians and not for human consumption
        - Whether xylazine should be classified as a controlled substance and appropriate penalties for its illegal production and distribution
        - The availability of effective outreach and treatment programs for patients who have been exposed to xylazine and ways to address any gaps in available programs and services
- Hold 1 **public hearing** in early Fall (~September) 2025 to solicit testimony
    - Members to provide feedback regarding preferred days and times for the public hearing
- Based on information provided today and at the public hearing, **working groups will prepare and present their findings** in late Fall (~November) 2025
    - Members to provide feedback regarding preferred days and times for the third meeting
    - Commission staff to schedule the third meeting
    - Commission staff to provide support to working groups re: gathering information, creating presentation, drafting findings and recommendations
- Based on the working group findings, prepare a **draft final report** with findings and recommendations, including any proposed legislation, to be presented and discussed in early Winter (~late December/early January) 2025/2026
    - Members to provide feedback regarding preferred days and times for the fourth meeting
    - Commission staff to schedule the fourth meeting
    - Commission staff to prepare the draft final report utilizing findings and recommendations developed by the working groups
    - Commission staff to prepare presentation on the draft final report
- Submit **comments and proposed changes** by early (~late January) 2026
    - Commission staff to gather and incorporate comments and proposed changes into the final report
    - Commission staff to send updated final report by mid-February 2026 for final comments, suggested changes, and approval
- **Report to be finalized and submitted to the House and Senate Clerks** by March 30, 2026
    - Members to provide feedback regarding preferred days and times for the fifth and final meeting
    - Commission staff to schedule fifth and final meeting
    - Commission to vote to approve and accept final report
    - Commission staff to submit the final report to the House and Senate Clerks by March 30, 2026

Appendix C

Additional Resources

Best Practices for Oversight and Enforcement

- 2023 Analysis of state actions related to xylazine

Outreach and Treatment

- **Street Check** is an online resource that helps inform individuals, harm reduction agencies, and public health authorities about local trends in the drug supply
- Massachusetts Bureau of Substance Addiction Service's **Harm Reduction Services and Supplies Locator**
- Boston Public Health Commission's community and service provider alert on the presence of Xylazine

Education and Training

Trainings

- **Grayken Center** training delivered on March 26, 2025
- **Police Assisted Addiction & Recovery Initiative** webinars on Xylazine 101, Xylazine 102, Xylazine, Overdose, and Response, and Xylazine Wound Care geared towards first responders but helpful for anyone who provides services and supports to people exposed to xylazine
- Several **Streetcheck** trainings and webinars on drug checking and related topics
- **Substance Abuse and Mental Health Services Administration** ("SAMHSA") webinar on preventing and addressing xylazine use in a behavioral health setting
- **New York State Office of Addiction Services and Support** xylazine webinar for individuals who work with people who use drugs
- The **American Society of Addiction Medicine** training on xylazine-associated wounds - clinical insights, challenges, and management strategies
- **The Prevention Technology Transfer Center Network** xylazine trainings and resources for the substance use treatment field

- **Homeless and Housing Resource Center** webinar on xylazine for service providers working with unhoused individuals
- **Pennsylvania Department of Health, Philadelphia Department of Public Health, and the Center for Forensic Science Research & Education** training for non-clinical workers on best practices for caring for individuals with xylazine-associated wounds (only available to Pennsylvania providers)

Educational Materials

- **SAMHSA** Toolkit that includes tailored information, guidance, and resources for populations most likely to encounter xylazine or people exposed to xylazine
- **Brandeis** materials on xylazine
- **Massachusetts Department of Public Health** information and educational materials
- **New York State Department of Health** resource for clinicians, but helpful for anyone who provides services and supports to people exposed to xylazine
- **Oregon Health Authority** resource on xylazine wounds
- **Philadelphia Department of Public Health** recommendations for caring for individuals with xylazine-associated wounds
- **Centers for Disease Control and Prevention** information and resources on xylazine
- **National Institute on Drug Abuse** fact sheet on xylazine
- **Journal** article on multidisciplinary guidance to care for persons with xylazine-associated wounds
- **Emergency Care & Safety Institute** information for first responders who encounter people exposed to xylazine
- **Penn Medicine Center for Addiction Medicine and Policy** clinical best practices for management of xylazine withdrawal and xylazine-related overdose
- **Prevent Overdose RI** xylazine information and resources for people who use drugs
- **Suffolk County, NY** xylazine information and resources for people who use drugs

Appendix D

Overview of Recommendations

Overall Recommendations

Public health, public safety, harm reduction, and other stakeholders should address the public health and safety concerns associated with xylazine as well as other contaminants and chemicals as they become prevalent in the Commonwealth's illicit drug supply.

The Commonwealth should continue to expand efforts and resources to identify, monitor, and rapidly respond to the constant evolution of the illicit drug supply through drug checking, toxicology screening, and coordinated information sharing supported by improved data collection and reporting infrastructure.

The Commonwealth should establish a standing task force, working group, or other advisory body to identify, monitor, and make recommendations on emerging drug threats, including new contaminants and chemicals in the drug supply.

Best Practices for Oversight and Enforcement Recommendations

State public health officials and veterinary professional organizations and licensing boards should collaborate to compile best practices for the use, possession, and storage of xylazine in authorized settings to ensure a continued lack of diversion from licit industries (i.e., veterinary and animal research).

Law enforcement investigations and prosecutions for drug trafficking should focus on fentanyl and the large-scale importation of xylazine rather than on xylazine as an adulterant.

The Commonwealth should expand other public health efforts such as drug checking to address the presence of xylazine and other contaminants and chemicals in the Commonwealth's illicit drug supply, in place of classifying xylazine at a higher schedule.

The Legislature and the Executive Branch should work in partnership to identify any additional changes to Massachusetts law, regulations, or guidance that could be made to further bolster protections for drug checking activities and equipment.

The Massachusetts Attorney General, in consultation with stakeholders and legal experts, should compile guidance for law enforcement, prosecutors, and other members of the legal community on how to approach xylazine-related cases, including any applicable information on xylazine's current status as a Schedule VI substance.

If **the Legislature** determines it appropriate to impose additional penalties or restrictions on xylazine, related legislation should consider: (a) limiting penalties or restrictions to illicit production, manufacturing, distribution, or possession with intent to distribute, not possession of xylazine in substances intended for personal use only; (b) avoiding classifying xylazine above Schedule VI and instead impose penalties on illicit production, manufacturing, distribution, or possession with intent to distribute; and (c) explicitly exempting licit possession and use in authorized veterinary and animal research settings.

Outreach and Treatment Recommendations

State public health officials, harm reduction programs, and medical organizations should work to compile existing educational resources regarding xylazine and should coordinate outreach efforts, with a focus on ensuring geographic access and reaching different audiences. All outreach efforts should include information on the prevalence and risks of xylazine, drug checking and treatment locations, and should emphasize the importance of wound prevention and treatment.

Substance use disorder treatment programs should focus on supportive and compassionate care, and should provide resources for individuals beyond care for xylazine exposure. Whenever possible, substance use disorder treatment programs should work to expand low-threshold care, mobile care services, and street outreach campaigns.

Wound care treatment should be prominently included in all treatment settings for xylazine exposure. **Health care providers, in-patient and outpatient facilities, and harm reduction programs** should maintain supplies of self-directed wound kits, and should communicate with patients on the consequences of untreated wounds and the importance of consistent care.

First responders involved in treating potential xylazine-related emergencies should carry and be trained on using naloxone and other supportive treatments to mitigate overdose, oversedation, and related symptoms.

State public health officials should continue to investigate how the Commonwealth can improve its outreach and treatment programs, including by: (a) investigating geographic access of treatment for xylazine exposure; (b) researching current insurance coverage for treatment services, including opportunities to reimburse care and services; and (c) identifying additional audiences that may benefit from educational resources on xylazine.

Education and Training Recommendations

The following **target populations** are most likely to encounter xylazine and would benefit from the development of and access to tailored educational materials and training on adulterants in the drug supply, including but not limited to xylazine:

1. **First responders:** including emergency medical service ("EMS") providers, law enforcement officers, fire personnel, and other community responders
2. **The medical community:** including clinicians across the care continuum
3. **Non-clinical workers providing substance use services and treatment:** including non-clinical staff working in or on harm reduction and outreach teams serving people in active use, emergency rooms, and acute care hospitals, inpatient substance use treatment facilities, outpatient substance use treatment settings, and other clinical and non-clinical settings
4. **People who use drugs:** including people in recovery and the people in their lives

At a minimum, **all trainings and educational materials should** be presented and distributed in an **accessible** manner to ensure relevance and effective application and **include**: (a) general information on xylazine; (b) the legal status of xylazine; (c) the signs and symptoms of xylazine exposure; (d) steps to take when exposed to or encountering, assessing, or treating a person exposed to xylazine; (e) information about xylazine-related wounds and withdrawal symptoms, including appropriate care techniques; (f) harm and risk reduction measures to reduce risk of xylazine exposure and the harms of exposure; and (g) additional relevant information, as identified by public health departments in collaboration with specific agencies, experts, and relevant stakeholders, tailored to each target population and profession.