

Special Commission on Xylazine



June 23, 2025

Chair Mindy Domb

Commission Members

- **Representative Mindy Domb** , Co-Chair, House Chair of the Joint Committee on Mental Health, Substance Use and Recovery
- **Senator John Velis** , Co-Chair, Senate Chair of the Joint Committee on Mental Health, Substance Use and Recovery
- **Millie Bhatia, MPH**
- **Undersecretary Angela F. F. Davis**
- **Representative Kate Donaghue**
- **Ernie Gates, R.Ph, FASCP, FIACP, FACA**
- **Matthew Hogan, BVetMed, MS, MRCVS, DACLAM**
- **Senator John Keenan**
- **Simeon Kimmel, MD, MA**
- **David McGarry, MD**
- **Sarah Ruiz, MSW**
- **Kevin Simon, MD, MPH**
- **Representative Steven G. Xiarhos**

The Commission

- Created by Chapter 285 of the Acts of 2024, *An Act relative to treatments and coverage for substance use disorder and recovery coach licensure.*
- 13 members “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.”

Legislative Charge

“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.”

“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.”

Listening Session

Deirdre Calvert, LCSW, Director

Bureau of Substance Addiction
Services

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 (LCSW).



Massachusetts Department of Public Health

Bureau of Substance Addiction Services (BSAS)

Xylazine Commission Remarks

June 23, 2025

Deirdre C. Calvert, LICSW, Director



Topics to be covered

Xylazine in Opioid Overdose Toxicology

DPH Actions related to Xylazine

CDC Epi-AID/ Xylazine RACK Recommendations

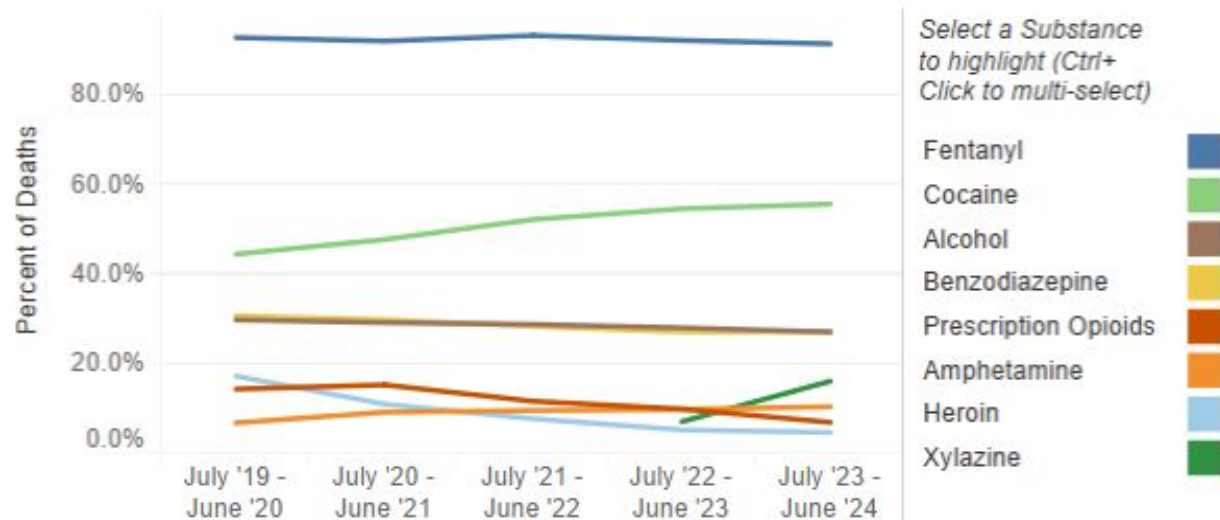
DPH Recommendations

Xylazine in Toxicology – from BSAS Dashboard

Percent of Opioid-Related Overdose Deaths with Specific Substances Present

In July 2023 - June 2024, **88.1%** of opioid-related overdose deaths in Massachusetts had a toxicology screen available.

- Percent of Deaths w/ Substance Present
- Number of Deaths w/ Substance Present



<https://www.mass.gov/info-details/bureau-of-substance-addiction-services-bsas-dashboard>

Massachusetts Drug Supply
Data Stream (MADDS)



www.streetcheck.org

BSAS partnered with CDC and Brandeis in 2023-2024 on in-depth investigation of the impact of xylazine on overdose, withdrawal and wounds.

Massachusetts Drug Supply Stream (MADDS)

Community Drug Supply Alert: Xylazine Present in Opioids December 2023

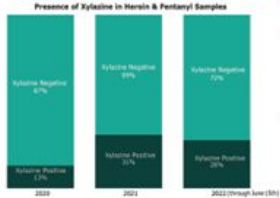


Massachusetts Drug Supply Stream (MADDS)

Community Drug Supply Alert: Xylazine Present in Opioids December 2023

Xylazine is on the rise in fentanyl & heroin

- Since initial reporting by MADDS in March 2021, the veterinary sedative xylazine continues to be detected in a substantial number of samples sold as fentanyl and heroin throughout Massachusetts.* In 2021, 31% of 398 opioid samples tested statewide contained xylazine. As of June 15, xylazine was detected in 28% of 263 opioid samples tested in 2022 (see graph).



- Most samples with xylazine contained fentanyl and were sold as dope/heroin. The amount of xylazine found in samples sold as dope/heroin varied, but an increasing number have xylazine as a large component.
- Samples tested from January to June 15, 2022 show that xylazine is more often found in drugs sold as heroin/dope/fentanyl in areas of Western Massachusetts than in Eastern Massachusetts (42% vs 21% of opioid samples).
- Samples containing xylazine include counterfeit pain pills, brown and white powder residue in bags, and cookers or cottons used for injection.
- In 2022, 7 of 131 samples found to contain xylazine (5%) were associated with a fatal or nonfatal overdose that also involved fentanyl.

Harm reduction and risk of overdose

- The drug supply is unpredictable. It is safer to use when other people are present or can check on you frequently. People using together should take turns to prevent simultaneous overdose.
- In case of overdose, administer naloxone, give rescue breaths, and monitor until breathing resumes, even if the person remains unresponsive. You can get naloxone at harm reduction programs and retail pharmacies without a prescription. If someone is oversedated, put them in the recovery position, make sure their airway is clear, and monitor their breathing.
- Use a sterile syringe and clean the site with an alcohol swab before every injection. Monitor injection sites and other cuts or scratches, and seek medical attention in case of abscesses or skin ulcers. Rotate injection sites to prevent vein damage and reduce the risk of infection.
- Consider not injecting or switching to sniffing or smoking instead.
- Contact a local harm reduction program for help with abscess or wound care, more advice on safer use, safer use supplies, fentanyl test strips, and drug checking with MADDS.

Xylazine is commonly present in opioids. Xylazine can contribute to oversedation alongside opioids. Naloxone may not reverse the effects of xylazine, but ALWAYS administer naloxone in a suspected overdose. Naloxone will reverse the effects of any opioids present. The person may remain unresponsive if xylazine is present. Call for help and give rescue breaths to support their breathing.

Xylazine is a health hazard

- Xylazine is a long-acting, sedating medication, being found in opioids. Use experiences noted "made me sleep weird"; "put me out for 6 hours"; "very strong"; "made me pass out and I woke with vomit on me"; "skin on fire, teeth felt like they were going to fall out"; and "causing holes (abscess) where injected".
- Xylazine can cause unresponsiveness or decreased consciousness, low blood sugar, low blood pressure, slowed heart rate, and reduced breathing. Because xylazine is often found in combination with other sedating drugs like opioids, there is an increased risk for overdose or death.
- Using xylazine may increase risk of skin ulcers at the injection site and around other cuts. Skin ulcers from xylazine may quickly lead to infection or necrosis.
- People may sustain serious injuries if oversedated and unresponsive for long periods. Falls; hypothermia or heat-related emergencies if using outside; and damage to muscles, nerves, and kidneys can result if blood flow is restricted to a part of the body for a long time.



Xylazine has been found in powder residue and counterfeit pain pills.



Click or scan for more info.

"Xylazine is commonly present in opioids. Xylazine can contribute to oversedation alongside opioids. Naloxone may not reverse the effects of xylazine, but ALWAYS administer naloxone in a suspected overdose. Naloxone will reverse the effects of any opioids present. The person may remain unresponsive if xylazine is present. Call for help and give rescue breaths to support their breathing."

<https://heller.brandeis.edu/opioid-policy/community-resources/madds/xylazine-resources.html>

* All samples were provided by harm reduction programs or shared by police departments for MADDS testing. MADDS is a state-funded collaboration between Brandeis University researchers, the Massachusetts Department of Public Health, and the state police department's analytical and forensic services. Contact us at madds@brandeis.edu.

CDC Epi Aid and Xylazine RACK recommendations

From 2023-2024 CDC Epi Aid and Xylazine RACK (Rapid Assessment of Consumer Knowledge)

- Reduce stigma in the healthcare system, and all systems that interact with people who use drugs
- Expand self-directed wound care supports for patients, including by establishing the ability for health care providers to bill for wound care services and supplies
- Expand access to drug checking and reliable test strips
- Greater access to street outreach and wound care; such as through a train-the-trainer approach
- Support the creation and expansion of low-barrier care services (i.e. mobile vans, clinics)

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BSAS Recommendations

Expansion of low-barrier care services



Increase low threshold care settings – harm reduction multi-service drop-in centers and Mobile SUD Care vans

Reduce stigma in the healthcare system



Continue Hospital SUD funding - bridge clinics, ED & inpatient treatment and referrals

Expand access to wound care services and supplies



Wound care supply coverage and access

Expand access to drug checking



Increase protections for drug checking activities

Alan Young

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."

Raagini Jawa

MD, MPH

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.

Xylazine & the Evolving Drug Landscape

Special Commission on Xylazine in Massachusetts

6/23/25

Raagini Jawa MD, MPH, FASAM
Infectious Disease-Addiction Medicine, Asst Professor of Medicine
Center for Research on Healthcare, Division of General Internal Medicine
University of Pittsburgh
rjawa@pitt.edu @hrrc_pitt

Background

Funding:

NIDA K12DA050607

Disclosures:

Board of Directors:



- Trained in Infectious Disease, Addiction Medicine, & Internal Medicine in Massachusetts
- Clinically working in Pennsylvania, the epicenter of adulterated supply
- Led national educational efforts on xylazine





Examples of xylazine samples collected by MADDs



TRANQ IN THE SUPPLY

by Rebecca Hoesy MPH RN

What's goin' on?

Xylazine or Tranq is a potent drug additive that has been seen all over the East Coast. While you may not be able to check your supply for it on the go, you can take some steps to reduce harm.

IV Injecting

- Clean injection site with alcohol pad first, try to avoid injecting in wounds or limbs with wounds
- Remember your tourniquet! and inject towards the heart
- After drawing up into needle, wipe down needle with alcohol pad so tranq is not on the outside of the needle
- Once injected, leave in while counting to 5 to allow for blood flow away from insertion site

Tranq may...

- kick in within 30 min. - last for a few days
- cause respiratory depression, but cannot be reversed with naloxone
- initially rapidly increase your heart rate and blood pressure, then decrease both
- may cause small, ulcer type wounds to pop up in unexpected places

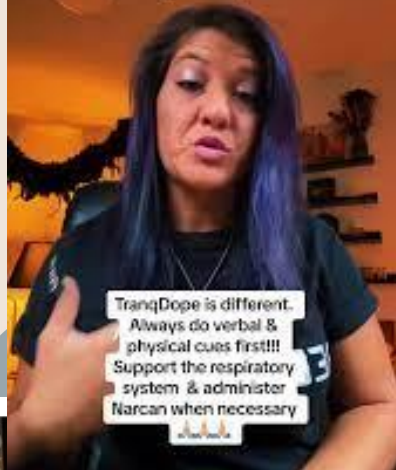
WOUNDS

Change wraps or bandages daily if possible

- 1) Use saline, wound spray, or antibacterial soap and water to clean; Hibiclens is also great!
- 2) Add antibiotic ointment to affected areas but try to avoid putting on intact or healthy skin
- 3) Place non-adherent pad or ointment gauze (yellow or petroleum gauze) over the affected areas, again trying to avoid putting on healthy skin!
- 4) Use ABD pad if it is draining a

N-DEWS (roll, Ace rap)
NATIONAL DRUG EARLY WARNING SYSTEM

Safe Supply Now
Savage Sisters practices
Compassionate Come
Backs



SHORT REPORT

Open Access

Xylazine (veterinary sedative) use in Puerto Rico

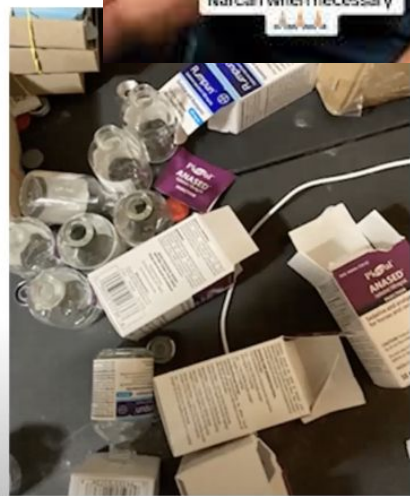
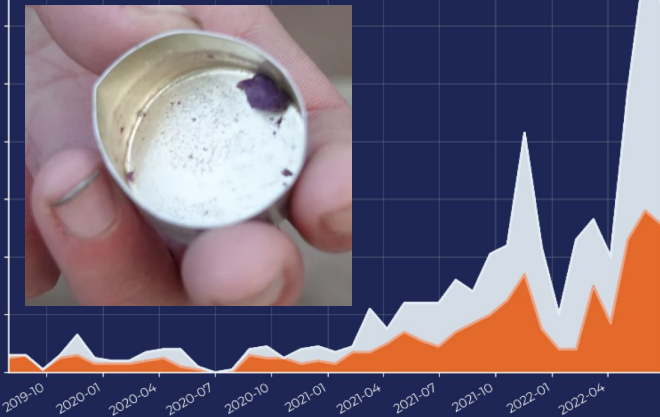
Rafael A Toruella

Abstract

Human xylazine use in Puerto Rico merits particular attention for its unprecedented scale and depth. Although Puerto Rican injecting drug users (IDUs) have reported using this drug since the early 2000s, little is being done in the research and service delivery sectors as it is claimed that xylazine severely impacts the health of its users. This report provides information on xylazine use and its associated harms. Data from one semi-structured interview collected in New York City (2007-2008) as part of a larger research study with migrant Puerto Rican drug users is presented as a case study. Xylazine, a veterinary sedative, is an adulterant and complement to other drugs and its chronic use is reported to be associated with physical deterioration. Because human xylazine use has been reported in other locations outside of Puerto Rico, this substance could also emerge as an adulterant in other markets to the levels currently experienced in Puerto Rico. Research and interventions are needed to provide adequate services on the island, better understand how the use of xylazine affects its users, and to reduce the possibility of increased xylazine use on the state-side.

Xylazine - Online Mentions

Total Mentions
Unique Commenters



DO YOU KNOW? MASSACHUSETTS is seeing an increase of **XYLAZINE** in the drug supply.

WHY SHOULD I CARE? **NALCAN DOES NOT WORK** on **XYLAZINE**, because it is not an opiate.

WHAT DO I DO ABOUT IT? If someone OD's, give them Nalcan **AND** **RESCUE BREATHS** → 1 BREATH every 5 SECONDS

pay attention to getting a person's breathing started again, rather than giving lots of Nalcan doses that might be ineffective.

xyLAZINE causes breathing to slow down or stop (respiratory failure) so **GIVING RESCUE BREATHS** in between Nalcan doses **IS NECESSARY!**

Groups that Need Real-Time, Accessible Education on an Evolving Drug Supply

- Persons who use drugs
- Harm Reduction community
- Healthcare workers & facilities
- First responders
- General public

Boston Public Health Commission

Xylazine Public Health Advisory, November 2022

Boston Public Health Commission (BPHC) alerts the community and service providers about the presence of xylazine in the local drug supply.

[On November 8](#) the US Food and Drug Administration released a warning to healthcare providers about the risks of patient exposure to xylazine, a non-opioid veterinary tranquilizer. Xylazine has been detected in an increasing number of street drug samples analyzed in Massachusetts. Xylazine can contribute to oversedation and increases the risk of overdose, especially when combined with opioids. Healthcare providers should be aware of the increasing prevalence of xylazine in the street drug supply and how to prevent, recognize, and respond to an overdose when xylazine may be involved. Additionally, healthcare providers should understand how xylazine causes medical harms and creates complications during substance use disorder (SUD) treatment.

Epidemiology

Following an initial surge seen in 2021, Massachusetts Drug Supply Data Stream (MADDS) [continues to detect xylazine](#) in the street supply, primarily in drugs sold as heroin, dope, or fentanyl. About 21% of samples from Eastern Massachusetts tested positive for xylazine

Rapid Xylazine Education: Lessons from MA

- Partnered with a Grayken TTA
- Bimonthly virtual xylazine trainings
- Led by frontline addiction & harm reduction experts across states
- Rapid research translation & data sharing
- Free, ready-to-use community resources

CÓMO ESTAR MÁS SEGURO

En vista de que la xilacina puede causar inconsciencia durante varias horas:

- Guarde el dinero y los objetos personales en un lugar seguro
- Acolchone las partes óseas de su cuerpo
- Siéntese o recuéstese después de usarlo
- Evite estar solo/a. Alterne el consumo con amigos
- Utilice en lugares con temperaturas estables

RECURSOS ADICIONALES

Never Use Alone Hotline
Línea para que nunca consumas estando solo/a
1-800-928-5330 || neverusealone.com

The Brave App
Servicio gratuito, confidencial para que no tenga que consumir estando solo/a. En iOS y Android.
brave.coop

Aprenda más sobre la xilacina

XILACINA
// xi · la · cina //

También conocido como "Tranq" o "Tranq Dope"

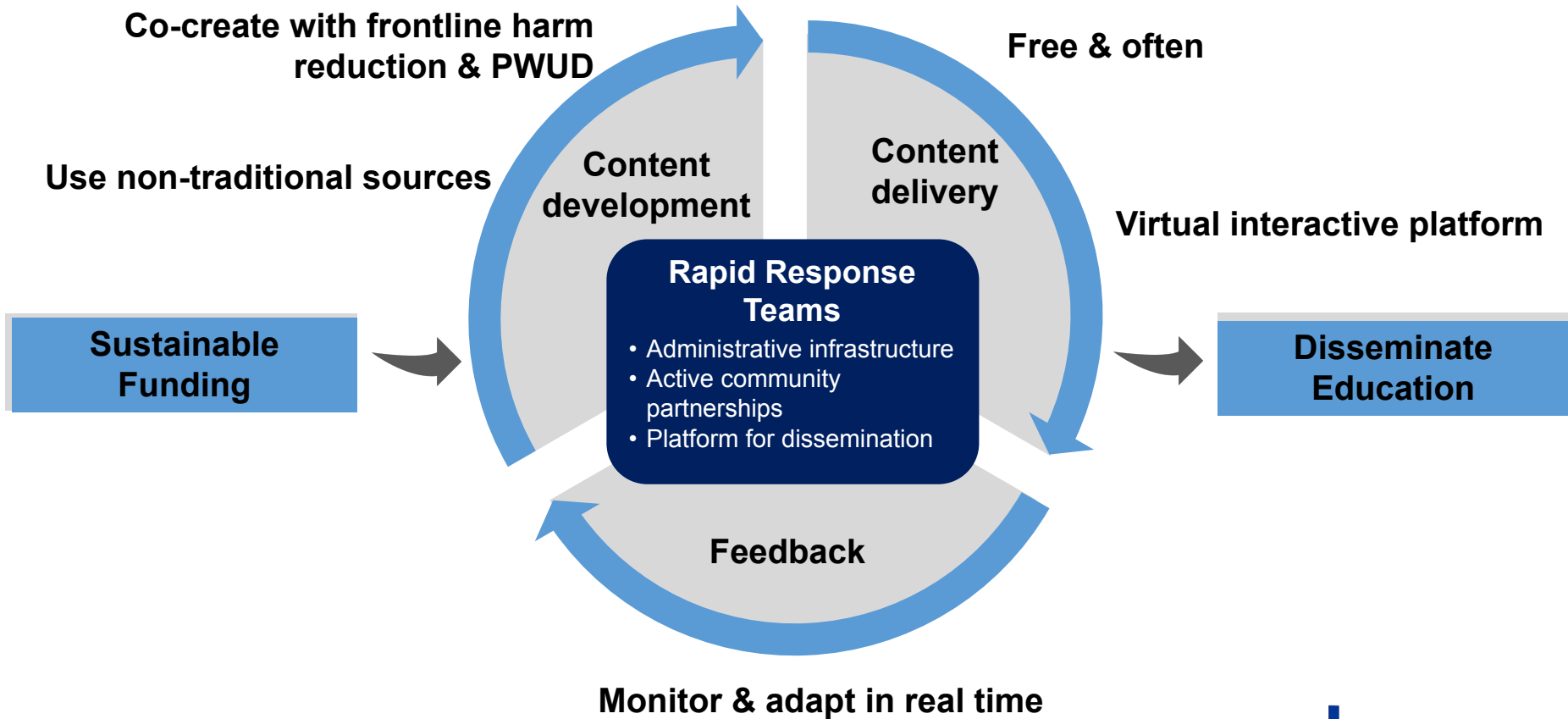
Un sedante veterinario que se abre camino en el suministro de medicamentos. La xilacina aumenta el riesgo de sedación, sobredosis y heridas que son difíciles de sanar.

Una guía sobre **prevención de sobredosis**

Última actualización: 10/2023. Diseñado por: Dra. Maggie Shang

University of Pittsburgh | Grayken Center for Addiction Training & Technical Assistance | Boston Medical Center

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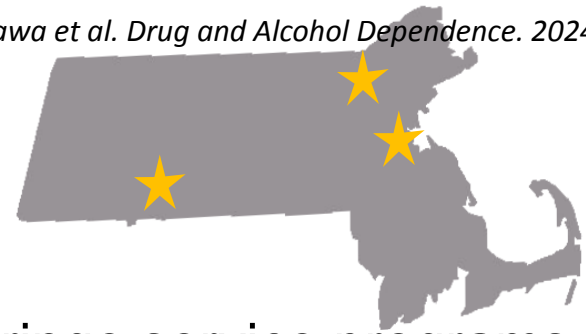


Legislative Ask

Support Rapid Response Public Education Teams

- Fund **real-time and adaptive multi-disciplinary education campaigns** on emerging drug threats informed by harm reduction orgs, people who use drugs, drug checking teams
- Create and distribute timely **pamphlets, infographics, videos**
- Ensure **multilingual and accessible materials** for broad reach

MA Xylazine Harms Study



- People who use drugs were recruited at 3 MA syringe service programs
- August 2023, N=171
- 80% thought they were exposed to xylazine adulterated drugs



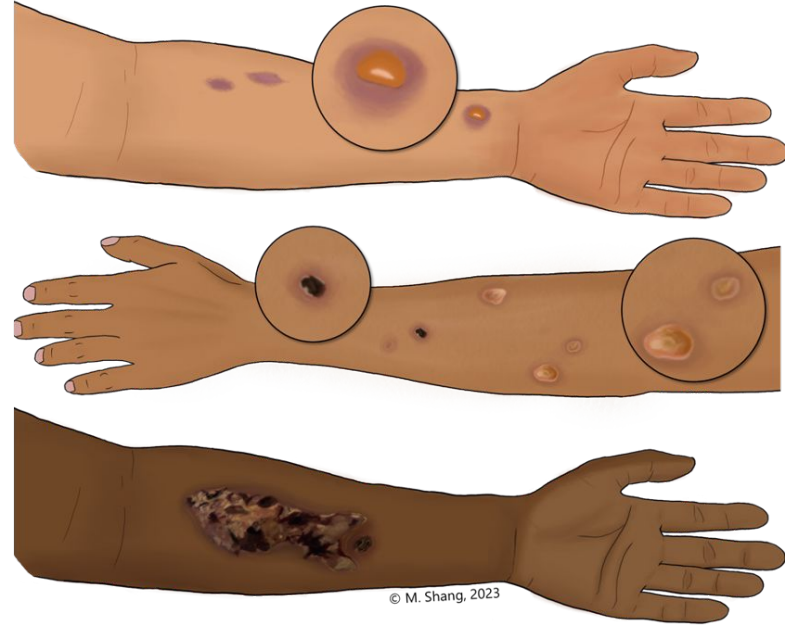
MA Xylazine Harms Study

- 1 Majority didn't want xylazine
- 2 Many only realized they had been exposed to xylazine **AFTER** experiencing its physical effect or harm
- 3 IF given access to drug checking, many said they **would choose to dispose of xylazine-positive substances** or switch suppliers.

*I mean, I don't know why this s*** all of a sudden popped up. I don't know why it's all of a sudden here... I mean, it just knocks you out, and there's no purpose for it... it's not a good high.*

MA Xylazine Harms Study

- 1 87% had a xylazine wound in the past 90-days
- 2 3/4 got wound care at syringe service programs, **NOT in medical settings**
- 3 1/5 experienced being denied to detox/rehab for wounds



THE WALL STREET JOURNAL.

SIGN IN

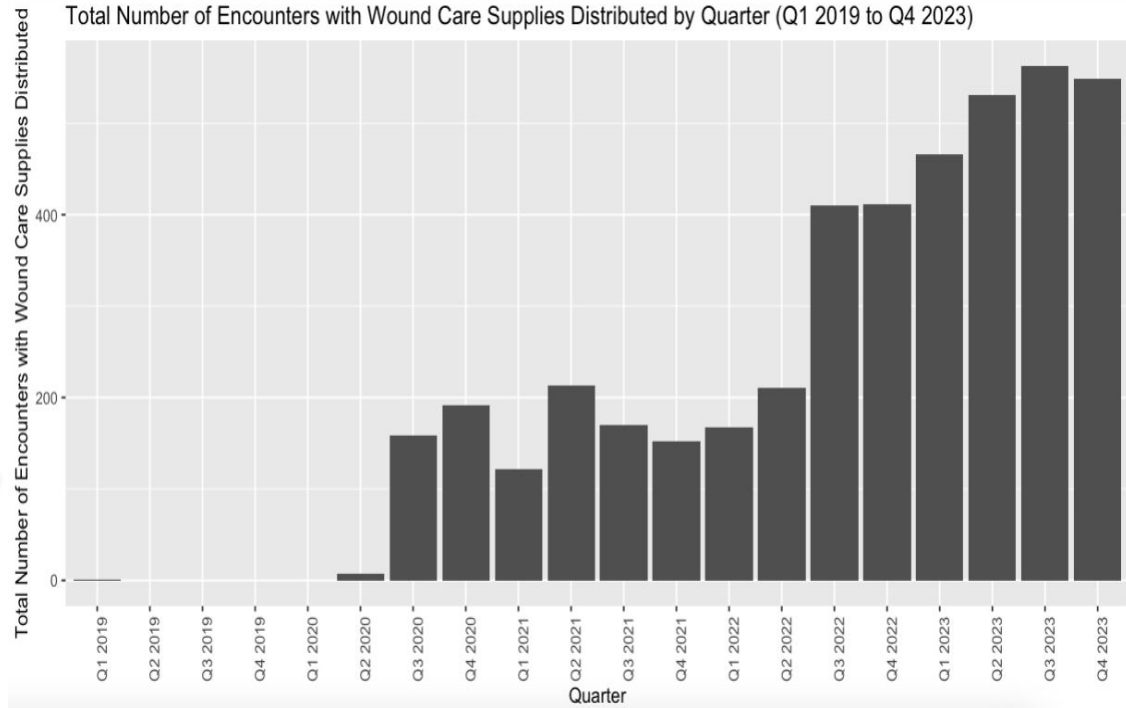


‘Tranq’ Turns More Illicit Drug Users Into Amputees

Deadly overdoses have dropped, but millions of people are using drugs that leave them seriously disabled

Frontline by Necessity: MA Harm Reduction Orgs Provide Clinical Wound Care

Courtesy of Alena Schwob, MPH
and Tapestry Health



Xylazine wounds CAN HEAL!

Shared with patient permission
Healthy Streets Outreach Program, MA

- Low-barrier wound care by trusted community harm reduction organizations
- Adequate supplies for daily dressing changes
- Avoiding xylazine adulterated opioids
- Linkage to addiction and harm reduction services



Legislative Ask:

Strengthen Harm Reduction and Clinical Response Infrastructure

•Harm reduction infrastructure and support:

- **Drug checking technology** for real-time surveillance and safer use
- **Wound care supplies** to support community-based care
- **Outreach and education** led by trusted, local harm reduction organizations

•Healthcare system support:

- **Standardize and regularly update clinical protocols** to reflect the evolving drug supply (e.g., xylazine withdrawal and wound care)

The Supply Continues to Change

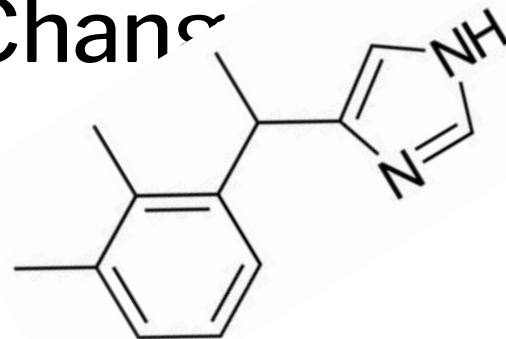
PENNSYLVANIA DEPARTMENT OF HEALTH

2025 – PAHAN – 794 – 06-18 - ADV

Responding to Overdose and Withdrawal Involving Medetomidine – Updated Guidance



Pennsylvania
Department of Health



DATE:	6/18/2025
TO:	Health Alert Network
FROM:	Debra L. Bogen, MD, FAAP, Secretary of Health
SUBJECT:	Responding to Overdose and Withdrawal Involving Medetomidine – Updated Guidance
DISTRIBUTION:	Statewide
LOCATION:	n/a
STREET ADDRESS:	n/a
COUNTY:	n/a
MUNICIPALITY:	n/a
ZIP CODE:	n/a

This transmission is a “Health Advisory” which provides important information for a specific incident or situation; may not require immediate action.

HOSPITALS: PLEASE SHARE WITH ALL MEDICAL, PEDIATRIC, INFECTION CONTROL, NURSING AND LABORATORY STAFF IN YOUR HOSPITAL

EMS COUNCILS: PLEASE DISTRIBUTE AS APPROPRIATE

FQHCs: PLEASE DISTRIBUTE AS APPROPRIATE

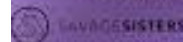
LOCAL HEALTH JURISDICTIONS: PLEASE DISTRIBUTE AS APPROPRIATE

PROFESSIONAL ORGANIZATIONS: PLEASE DISTRIBUTE TO YOUR MEMBERSHIP

Medetomidine

88% of samples contained medetomidine

Medetomidine is a non-opioid tranquilizer typically used in veterinary anesthesia. It causes heavy sedation for several hours can cause bradycardia and hypotension



Thank you

Raagini Jawa MD, MPH, FASAM

Infectious Disease-Addiction Medicine, Asst Professor of Medicine
Center for Research on Healthcare, Division of General Internal Medicine
University of Pittsburgh

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Sarah Wakeman, MD

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.

Sarah Mackin, MPH

Sarah Mackin, MPH, is the director of AHOPE Needle Exchange at the Boston Public Health Commission, 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.

Traci Green, PhD, MSc,

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.prescribtoprevent.org for prescribers and pharmacists and its companion site www.prevent-protect.org for families, patients, and community organizations to improve naloxone access.

Xylazine

Traci C. Green, PhD, MSc
Brandeis University
Opioid Policy Research Collaborative
June 23, 2025

Detecting Xylazine with Drug Checking Tools



Skilled technicians
Real-time
Harm reduction organizations
Xylazine detection:
53% sensitivity, 96% specificity

Fourier Transform Infrared Spectrometer (FTIR)

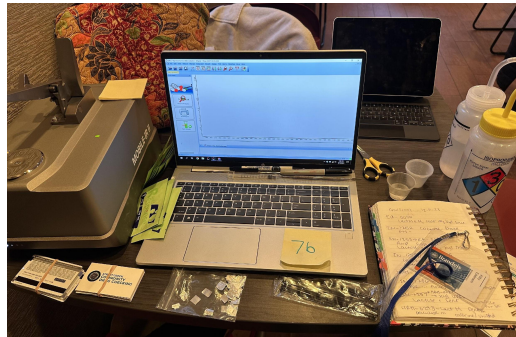


Immunoassays (test strips, cassettes)

Real-time
Requires more drug, different dilution vs fentanyl test strips
Training needed
Xylazine detection (2025):
75% sensitivity, 75% specificity



www.streetcheck.org

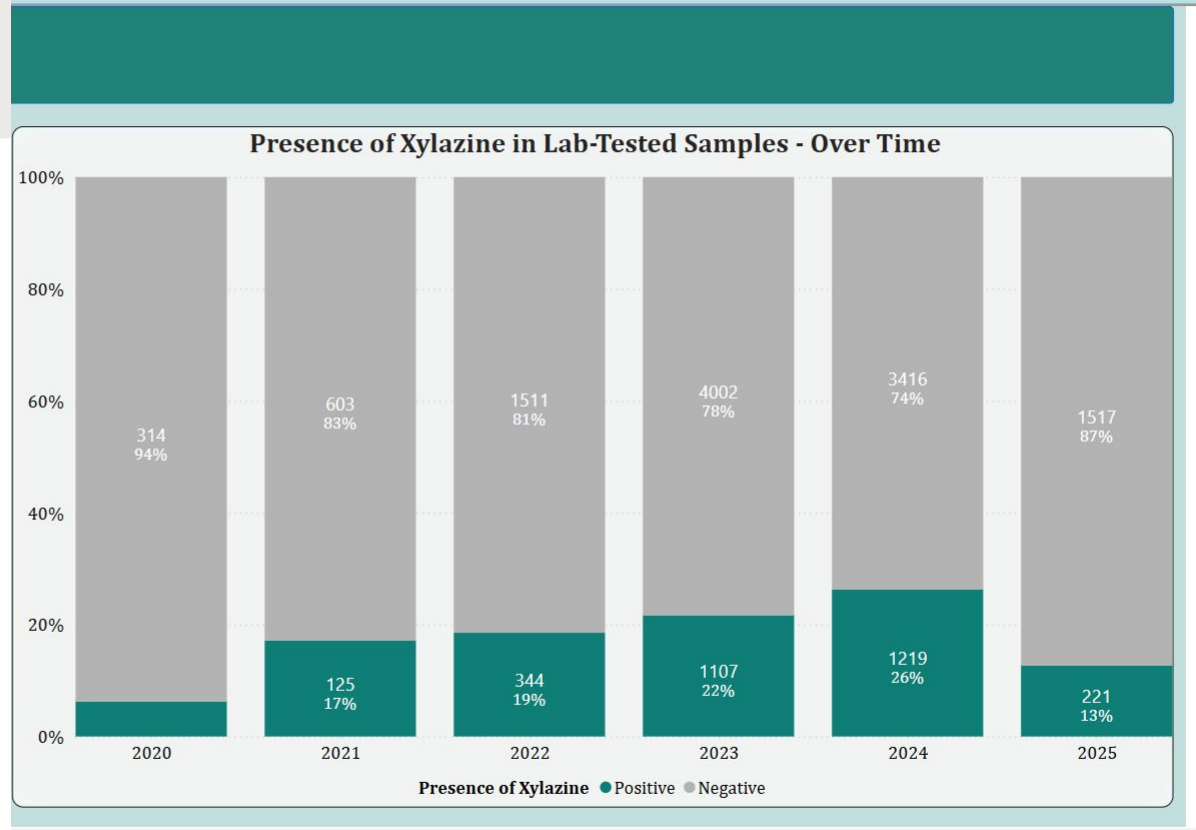


Massachusetts Drug Supply Data Stream (MADDS)

Use all tools above
Trained technicians
Laboratory testing
Counseling, supports, referrals
Harm reduction organizations

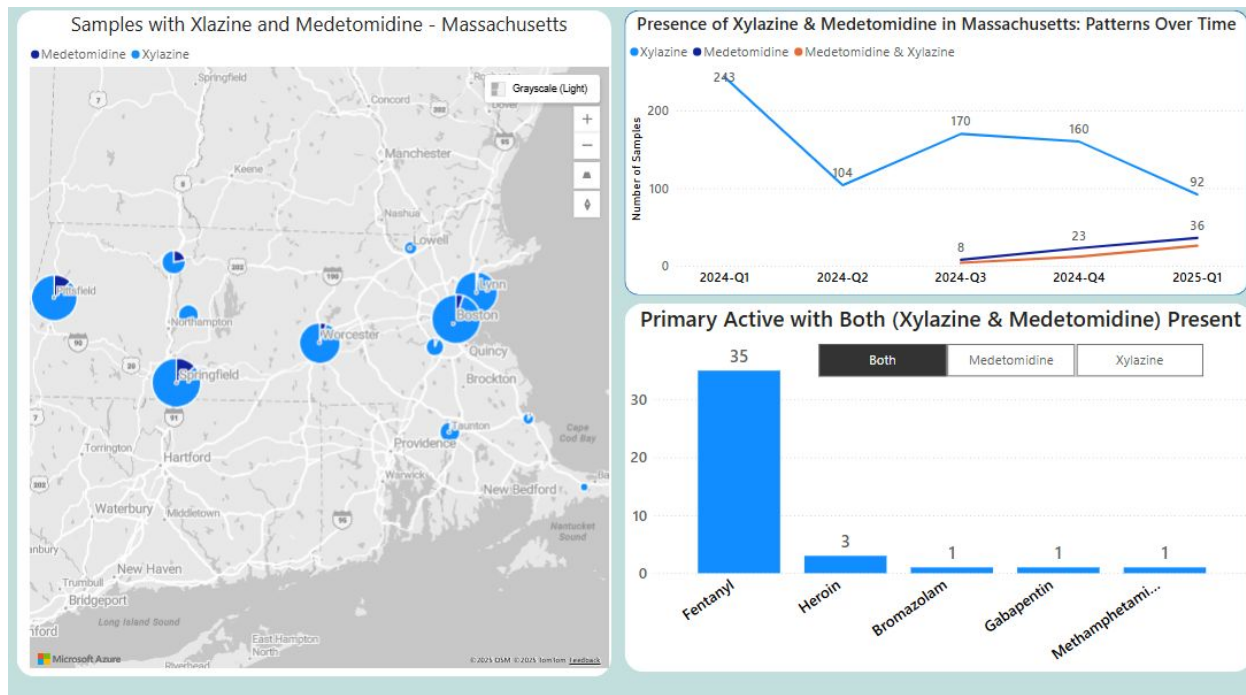
Xylazine in the Drug Supply

- Appeared as early as 2020 in Massachusetts in the drug supply, based on MADDs (Massachusetts Drug Supply Data Stream) reporting
- Appearance varies regionally and has changed over time (color, contents, form, ratio)
- Typically see xylazine present in the supply with fentanyl also being present
- Contamination of stimulant supply is happening in places with pre-existing fentanyl contamination of stimulant supply
- Recent notable declining trend of xylazine presence



Rise of other sedatives: medetomidine

- These figures show the presence of both xylazine and medetomidine in drug samples tested by MADDs in the past 12 months
- Prior to Q3 2024, medetomidine was not detected in any drugs tested by MADDs
- The reduction in xylazine and rise in medetomidine, primarily in fentanyl samples, can be seen in these figures



How is drug checking information used?

People who use drugs	Suppliers	Providers and frontline harm reduction staff	Healthcare providers	Municipalities, public safety, state
Share info with others who use drugs	Change the supply/recall/replace/cut	Have richer conversations about the drugs the client uses or what happened to them after use	Adjust care plans and testing practices	Better inform local taskforces, community partners, and public safety
Share info with suppliers	Change their sources	Offer services, supplies, referrals that are concrete and linked to use-specific risks	Emphasize different patient communications	Refine local responses and initiatives and measure changes if they occur in the community
Change where they use, who they are with, how they use -Safepot -start with smaller doses	Warn others of supply change	Engage high risk and diverse populations worried about the supply	More quickly diagnose and treat	Mount quicker responses at the appropriate scale and with precision
Don't use it	Give out materials (naloxone, test strips)	Share information with other staff/programs	Avoid unhelpful, unnecessary, potential iatrogenic harm	Communicate to communities and partners; Initiate grants and align resources to get help faster

What is needed to protect and expand drug checking services in Massachusetts?

AN ACT RELATIVE TO TREATMENTS AND COVERAGE FOR SUBSTANCE USE DISORDER AND RECOVERY COACH LICENSURE - Section 7 [H5143]

Very helpful and supportive law but could benefit from further amendments

- Include definitions of “harm reduction services” to encompass a range of services and the broad constellation of entities engaged in these services (e.g., CBOs, universities, health centers, hospitals)
- Clarity of what “premises” means: should be expansive, to allow for mobile van, outreach, drop-box locations, and people with demonstrable intent to test, etc.
- Clarity of what “assists” with drug testing services means: should allow for all community programs that facilitate and support drug checking services
- Additional protections for participants bringing drugs to or taking drugs away from the program

Funding to support operations of this life-saving service

- Goal 1: At least 1 FTE and 1 real-time drug checking service should be functional and available in each of 6 EOHHS Regions of the state as a “hub”
- Goal 2: Funding should support at least 1 staff member dedicated to drug checking service provision at each location with a real-time drug checking instrument
- Goal 3: Like HIV testing and counseling, all harm reduction service providers should offer drug checking services on-site or in collaboration with a regional drug checking service hub

RACK & Epi-Aid Project Goal

To understand how the presence of xylazine in the illicit drug supply in Massachusetts is affecting the clinical presentation of opioid overdoses, withdrawal, and wounds to guide the development of a public health response to emerging threats.

N=126 people who use drugs

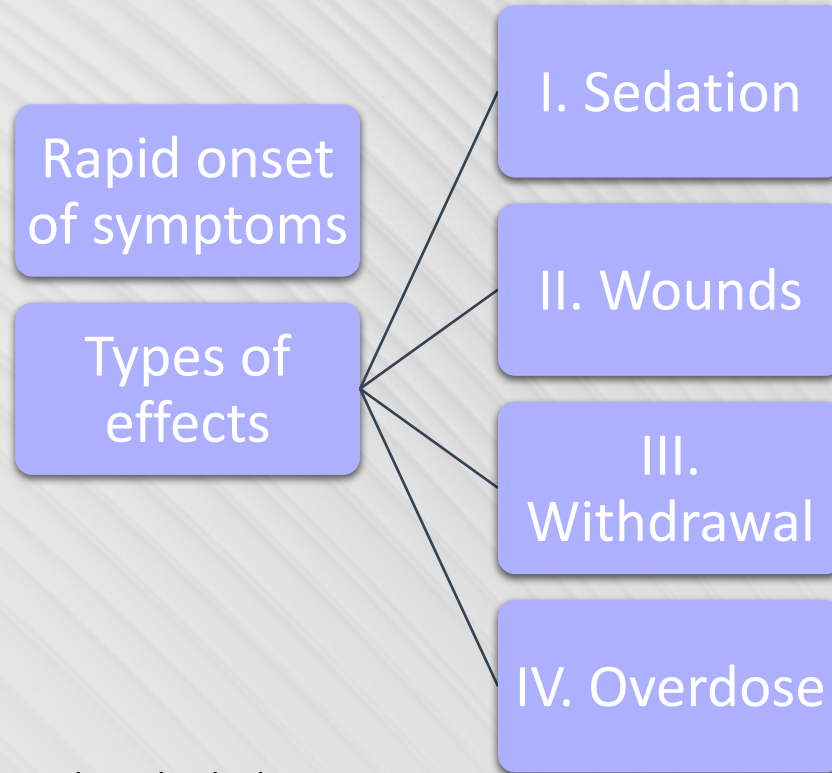
N=37 clinicians/front-line harm reduction staff

RACK+ Epi-Aid

Rapid Assessment of Consumer Knowledge (RACK) is a survey and interview-based study that aims to learn from people who use drugs to improve programs and policies to prevent overdose. This project is funded by a grant from the Centers for Disease Control and Prevention to the Massachusetts Department of Public Health, Bureau of Substance Addiction Services.



Health Effects/Symptoms of Xylazine Exposure*



*verified through xylazine-positive drug checked samples

II. Wounds

- **50% (n=62)** reported experiencing suspected xylazine wounds in the past 6 months & most (**90%**) of those participants still had active wounds within a month prior to the survey/interview
- Onset noticed 24-48 hours after use
- Avg. number of wounds per person in the past 6 months was 7.8 (SD=9.5)
- **Two-thirds** of those with xylazine wounds reported their largest wound being between a dime and quarter in size
- People with past month wounds reported their wounds as occurring at the site of injection (**about half**), somewhere other than the injection site (about **one-third**), and wounds on the body but did not inject (**remaining**)



XR_0004: Rotting skin...and other stuff does not do that to my skin.

XR_0188: ... All the sudden one day, I fucking started getting *a bunch of sores that were, like, water spots like I burned myself. And then they popped open to wounds.* Like, not so much an abscess, more like I don't know, like, it was just like a wound. You know when you burn yourself on something, *and it forms like a puss water pocket that's clear underneath your skin, and it makes the skin all, because it's getting... bacteria is under your skin. It starts eating your skin almost because, all of the sudden I washed my hands and... boom, I had three open sores.*

Xylazine Wounds: Massachusetts, 2023-2024



Comparing Wound Risk

Increased Wound Risk

- Women-identifying individuals
- Use by injection
- Injecting at multiple sites

Decreased Wound Risk

- Use by non-injection
- Avoid xylazine/
cease use

No Impact on Wound Risk

- Xylazine
amount/dose
- Housing status
- Use by smoking,
boofing or oral use

Wound Care

- Those who reported healed xylazine wounds or no wounds at all ***attributed their healing to:***
 - Modifying or ceasing use of opioids
 - Injection hygiene practices
 - Avoiding xylazine via drug checking/talking with dealer
- Wound care via ***mobile vans and harm reduction organizations*** helped people heal so they could avoid hospitals and emergency departments
 - Most providers interviewed did not see early wounds

IV. Overdose & Response

- **16% (n=20)** reported experiencing an overdose that was suspected to be xylazine-involved in the past 6 months
- **44% (n=54)** participants reported witnessing a suspected xylazine-involved overdose
- Symptoms similar to fentanyl overdose, except onset of unresponsiveness is:
 - fast (“there was no ‘nod’, they just go out”)
 - response required more rescue breathing (“hard work for people responding”)
 - overdose response takes longer and looks different (“harder to wake them up”, it “took forever to bring them back”)

XR_0173: Well, they kept telling me that they couldn't – they were trying to bring me back. ***It wasn't as quick as it should have been.*** They kept Narcan-ing me. And then they said my heart was slowing down or something. ***And then I don't know when I stopped breathing, they had to put a breathing tube in me.*** I can hear, but I couldn't move. So that was scary.

XR_0047: It was just not normal. I don't know if it ***affects your respiratory more, xylazine...*** ***It was very like difficult and right after, I couldn't breathe...***

What preventive/harm reductive approaches should be considered when responding to suspected xylazine exposure?

- **Participants** identified various prevention strategies to address xylazine related harms:
 - Drug checking
 - Community wound care services
 - Low barrier care



Tools to help: Made in Phili, Tested out and with input in Massachusetts

<https://research.jefferson.edu/connected-care-center/interventions-to-address-xylazine.html>

HAVE YOU CHECKED YOUR SKIN TODAY?

XYLAZINE CAUSES WOUNDS and is found in the drug supply. Xylazine wounds can form anywhere on your body and usually start as a small spot. Catch wounds early and talk to a healthcare provider or your local harm reduction organization for more information.

STAGE 1
STAGE 2
STAGE 3

To learn more:
jefferson.edu/xylazineresponse

English
Thomas Jefferson University
Español

EVOLVING OVERDOSE RESPONSE

ADAPTING TO SEDATIVES IN THE DRUG SUPPLY

Megan K. Reed, Research Assistant Professor, Thomas Jefferson University
Rose Laurano, MPH, Harm Reduction Manager, Division of Substance Use Prevention and Harm Reduction, Philadelphia Department of Public Health



XYLAZINE WOUND CARE BASICS

Treating wounds early is key! The body CAN heal with the right support.

Guide to Self-Care of Wounds

This booklet has information on how to use common wound care kit materials, as well as general information about xylazine-associated wounds. QR codes within the booklet link to videos in both English and Spanish about how to take care of your own wounds. Content was created in partnership with wound care nurses working in the community.

We designed the booklet to be easily downloadable in color or black and white.

DOWNLOAD THE FULL COLOR BOOKLET

DOWNLOAD THE BLACK & WHITE BOOKLET

Project supported by a grant from the National Institute on Drug Abuse (R21DA058582)

Recommendations

Drug Checking



- Raise awareness and support communications with people about community drug checking services, where they can access them, and what they may learn from using drug checking services.
- Consider incorporating drug checking as a direct service across all healthcare settings
- Expand legal protections in current law to explicitly protect service patrons
- Fund training, supports, and protected time of this needed workforce



Encourage alternative modes of drug use

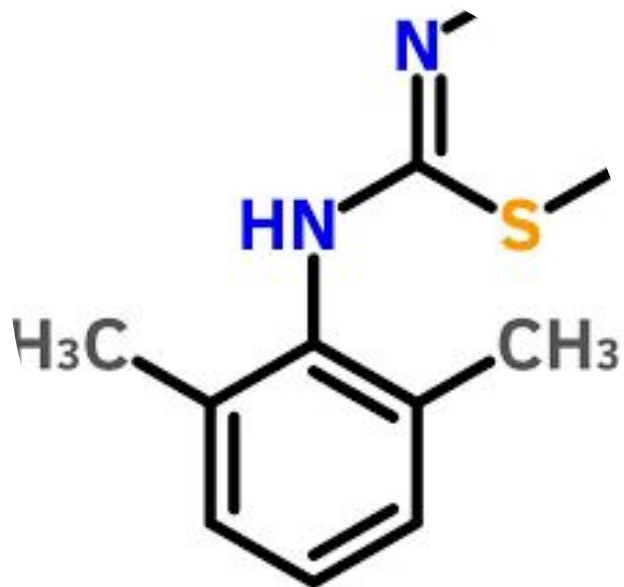
- Recommend sniffing, smoking, and other modes of use as alternatives to injecting.
- Increase access to safer use kits/materials.



Consider providing wound care take-home kits in inpatient and outpatient settings and a resource list of sites for patients to visit to receive direct community-based wound care supports such as harm reduction partners, syringe service programs, mobile health vans, methadone clinics, and other trusted extra-hospital settings providing care to people who use drugs.



Support and expand low-barrier care services at hospitals, community health centers, methadone clinics, pharmacies, and harm reduction partners, using street outreach, hybrid virtual, and stationery or mobile van models.



Questions?

Thank you!!

For questions or more information, please contact

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Grayken Center for Addiction
Training and Technical Assistance



Officer Heather Longley

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.

Next Steps