

# Xylazine Commission

# Working Group Presentations

Special Commission on Xylazine

December 11, 2025



# Agenda

## **Best Practices for Oversight and Enforcement**

- Presentation
- Q & A

## **Outreach and Treatment**

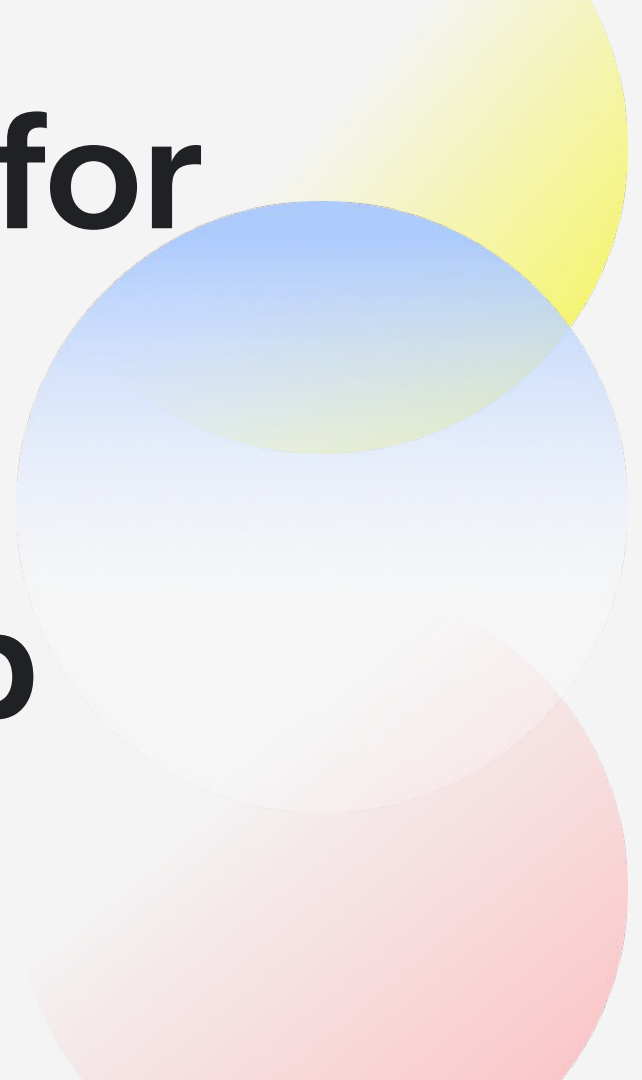
- Presentation
- Q & A

## **Education and Training**

- Presentation
- Q & A

## **Next Steps**

# Best Practices for Oversight & Enforcement Working Group Presentation



# Members of the Working Group



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Leader



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House Minority  
Leader

# Agenda

**Area of Inquiry and  
Sub-topics**

**Background  
Information**

**Preliminary Findings**

**Preliminary  
Recommendations**

# Area of Inquiry

This Working Group is charged with investigating and producing findings and recommendations on:

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
2. **Whether xylazine should be classified as a controlled substance** and appropriate penalties for its illegal production and distribution

**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**

*Presented by Dr. Matthew Hogan and Mr. Ernie Gates*

## Background Information

**What** is Xylazine?

**Who** Can / Should Use Xylazine?

**When** is Xylazine Used?

**Why** is Xylazine Used?

**Where** is Xylazine Obtained?

# Xylazine as an approved compound by the Food and Drug Administration (“FDA”) for Veterinary Use Only

**What is xylazine:** an inexpensive compound that, when administered on its own, will produce mild-to-moderate sedation in patients and subjects. Often given in combination with other drugs (e.g., ketamine) to produce anesthesia for longer procedures (i.e., imaging) and surgery.

**Who can utilize it:** licensed veterinarians and animal researchers (MA Controlled Substances Registration [“MCSR”] Research Licenses).

**When is it used:** sedation alone or in combination with other drugs to result in anesthesia for medical or experimental procedures in animal species including rodents, cats, dogs, horses, cattle, sheep.

**Why is it used:** effects can be easily reversed with a substance, atipamezole, allowing those administering to use less of the combinatorial substances (i.e., ketamine) and the patient/subject to recover quickly.

- Injectable substances are often easier to administer to animals versus gases (think of a horse needing a procedure in a field)
- Effective sedative for large animals (horses, cattle) on its own. Doesn't require storage and documentation of a narcotic.

**Where do veterinarians and researchers obtain xylazine:** from licensed and regulated (FDA) veterinary pharmaceutical distributors (e.g., Patterson Veterinary, MWI Animal Health, Covetrus, McKesson)

# Preliminary Findings

## Best Practices to Regulate and Oversee the Production and Distribution of Xylazine

### Finding 1

The supply of Xylazine mostly comes from online international vendors

**Massachusetts does not have a major role in manufacturing xylazine**

### Finding 2

**Xylazine is less frequently stocked and utilized by the majority of practicing veterinarians in Massachusetts** (i.e., canine and feline medicine), but has prevalent use in the cattle, equine, laboratory animal industries

### Finding 3

**Homogeneous substances** (e.g., medetomidine, dexmedetomidine, romifidine) are becoming more popular in clinical medicine.

### Finding 4

**Illegal distribution of Xylazine** is not associated with supplies of veterinarians, but instead from **illicit distributors**

### Finding 5

**Prevalence of xylazine in the Massachusetts drug supply appears to be decreasing** but prevalence of similar veterinary drugs (i.e., medetomidine) appears to be increasing at similar rates

# Preliminary Recommendations

## Best Practices to Regulate and Oversee the Production and Distribution of Xylazine

### Recommendation 1

State and local law enforcement should review information on manufacturing and distribution of Xylazine to **help identify all potential illicit producers and distributors**

### Recommendation 2

State public health officials and veterinary professional organizations should **compile information on best practices for dealing with Xylazine in veterinary settings**

### Recommendation 3

Provide those licensed to use xylazine with **best practice guidance** to:

- (i) restrict use to licensed veterinarians and researchers
- (ii) only purchase from licensed distributors
- (iii) keep a record of purchase
- (iv) securely store (i.e., kept on licensed person or in a locked cabinet)

### Recommendation 4

Work with MVMA to **obtain data on usage, purchase, and distribution of xylazine among Massachusetts veterinarians**, potentially by conducting a survey of licensed practitioners

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

*Presented by Deputy Director Sarah Ruiz and Representative Steven Xiarhos*

# Background Information

## Scheduling Xylazine

- At the **federal** level, xylazine is **not scheduled**
- **Eight states** have **scheduled** xylazine, one as Schedule I (Florida), five as Schedule III (Delaware, Ohio, Nebraska, Pennsylvania, South Dakota), one as Schedule IV (West Virginia), and one as Schedule V (Rhode Island)
- **Four states** have **criminalized** the illicit production, manufacturing, distribution, and possession of xylazine without scheduling the substance (Louisiana, South Carolina, Tennessee, Virginia)
- Note that various states have taken action to remove criminal penalties for drug checking equipment and services, including for xylazine

<https://legislativeanalysis.org/wp-content/uploads/2024/03/Xylazine-Fact-Sheet-Update-FINAL.pdf>

# Xylazine Scheduling - Two Perspectives

## Perspective:

Scheduling Xylazine and / or imposing criminal penalties **is essential to addressing drug supply contamination** and ensuring public health and safety

Massachusetts should schedule xylazine

*Presented by Representative Xiarhos*

## Perspective:

Scheduling Xylazine and / or imposing criminal penalties is **not an effective way to address drug supply contamination** and will result in additional public health and safety harms

Massachusetts should not schedule xylazine

*Presented by Deputy Director Ruiz*

# Preliminary Findings

## Xylazine should be classified as a controlled substance

### Finding 1

Xylazine presents a continued threat to public safety, **necessitating stronger controls on its manufacturing, distribution, and possession**

### Finding 2

There are **legitimate uses** for xylazine in veterinary and research settings that **must be exempted**

### Finding 3

Massachusetts can **prevent xylazine diversion by partnering with veterinarians** to ensure xylazine is only obtained and used for legitimate veterinary or research purposes

### Finding 4

A combined strategy - **scheduling, better surveillance, strong training, and coordinated public safety and public health action** - is essential

# Preliminary Findings

## Xylazine should not be classified as a controlled substance

### Finding 1

As xylazine is most often found with other controlled substances, classification of xylazine as a controlled substance with associated penalties is **likely duplicative and not advised**

### Finding 2

Although usage is low, xylazine can be extremely useful in certain veterinary settings - classification would **hinder veterinarians' ability to provide necessary medical treatment for animals**

### Finding 3

Historically, increased criminal penalties and enforcement has **led to more potent black market products\***

### Finding 4

**Scheduling is not always an effective approach** -- for example, in 2016, Florida designated xylazine a Schedule I substance and still saw a **3250% increase** in the presence of xylazine in medical examiner toxicology reports from

2015-2022\*\*

### Finding 5

Scheduling xylazine may **perpetuate harsher penalties and racial inequities** in incarceration for drug offenses

\*Beletsky, L. & Davis, C.S. (2017), Today's Fentanyl Crisis: Prohibition's Iron Law Revisited, International Journal of Drug Policy, 46, 156-159.

<https://www.sciencedirect.com/science/article/pii/S0955395917301548>

\*\*Potoukian, R. B., Gonyea, J., Shoff, E. N., Hime, G. W., & Moore, D. M. (2023). Prevalence of xylazine in overdose cases: An analysis of miami-dade county medical examiner case data. Journal of Forensic Sciences, 68(6), 2205-2210. <https://doi.org/10.1111/1556-4029.15375>

# Preliminary Recommendations

Xylazine **should be classified** as a controlled substance / appropriate penalties

## Recommendation 1

**Add xylazine to the controlled substance schedule**

## Recommendation 2

Include **clear exemptions for legitimate veterinary and research use** to maintain access but require:

- (i) secure storage and recordkeeping for xylazine; and
- (ii) reporting of theft, loss, or suspicious orders

## Recommendation 3

**Align with other states and strengthen law enforcement tools for trafficking / diversion cases**

## Recommendation 4

Strengthen **surveillance and toxicology reporting** by:

- (i) expanding toxicology testing capacity;
- (ii) requiring consistent reporting of xylazine in overdose cases; and
- (iii) establishing real-time alerts for communities and first responders

# Preliminary Recommendations

Xylazine should not be classified as a controlled substance / appropriate penalties

## Recommendation 1

In place of classifying xylazine as a controlled substance, **drug checking efforts and xylazine test strips should be expanded**

## Recommendation 2

Law enforcement investigations and prosecutions for drug trafficking should **focus on fentanyl and on large scale importation, rather than on an adulterant**

## Recommendation 3

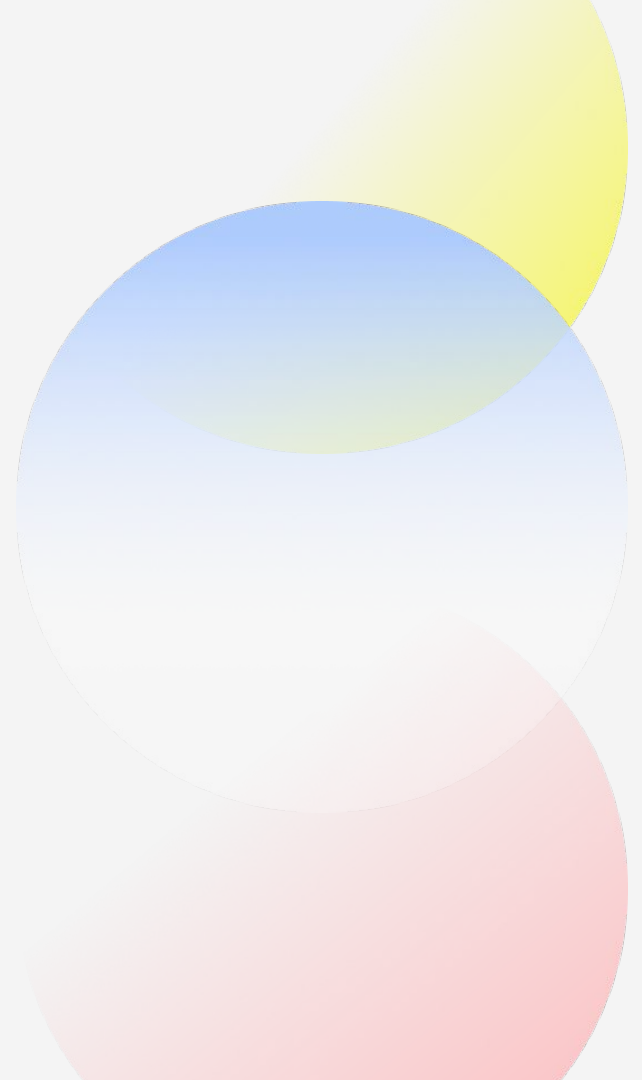
Dedicate resources to **drug surveillance and research on the impacts of drug supply adulterants** such as xylazine

## Recommendation 4

Though not recommended, legislation imposing penalties or restrictions on xylazine should:

- (i) be **limited to illicit** production, manufacture, distribution, or possession;
- (ii) **avoid scheduling** xylazine; and
- (iii) **exempt** possession and use in veterinary and research settings

# Questions?



# Outreach & Treatment Working Group Presentation



# Summary

**Area of Inquiry and  
Sub-topics**

**Background  
Information**

**Preliminary Findings**

**Preliminary  
Recommendations**

# Members of the Working Group



**State Senator John Velis**  
*Hampden & Hampshire Chair, Joint Committee on Mental Health, Substance Use and Recovery*

*Ex Officio*



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Appointed by:  
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Appointed by:  
*Secretary of Public Safety and Security*



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Appointed by:  
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*Infectious Disease and Addiction Medicine Physician, Boston Medical Center; Medical Consultant, Bureau of Substance Addiction Services*

Appointed by:  
*Bureau of Substance Addiction Services*

# Area of Inquiry

This Working Group is charged with investigating and producing findings and recommendations on:

1. The **availability of effective outreach and treatment** programs for patients who have been exposed to xylazine
2. **Ways to address any gaps** in available programs and services

# Effective Treatment

Effective treatment programs for patients who have been exposed to xylazine focus on different areas, including:

- **Emergency Response** when an overdose occurs (due to frequent co-occurrence of xylazine with opioids)
- **Care for Xylazine-Associated Wounds**
- **Management of Withdrawal**

## Background Information on Treatment

- Strong overlap between treatment efforts (and locations) for xylazine and other drug contaminants
- Key Treatment Concern: xylazine wounds

# Experiences Receiving Care for Xylazine in MA

*Presented by Dr. Kimmel*

- Widespread self-management of xylazine Wounds (even with individuals connected to harm reduction programs)
- Reluctance and delay in seeking medical care until wounds become severe
- Confusion about xylazine's effects or if a wound could be caused by xylazine
- Stronger trust in harm reduction programs than healthcare systems

# Effective Treatment

*Presented by Dr. Kimmel*

## Best Practices for Treating Xylazine Wounds

- Prioritize low-threshold care: walk-in, short waits, short travel, frequent operating hours
- Provide care at Syringe Service Programs (“SSPs”) and harm reduction programs
- Pair wound care with Medications for Opioid Use Disorder (“MOUD”)
- Use trauma-informed approaches to reduce stigma around receiving care

# Geographic Access to Treatment

*Presented by Dr. Kimmel*

## Geographic Access to Treatment and Gaps

- Further distance from harm reduction programs, especially SSPs, leads to less access to wound care, sterile supplies, and harm reduction education
- Xylazine treatment gaps in rural areas and areas with limited transportation are often understudied
- Limited awareness and utilization of Mobile Services
- Utilizing Geographic Information Systems (“GIS”) based spatial mapping can help expand harm reduction programs to communities with highest gaps

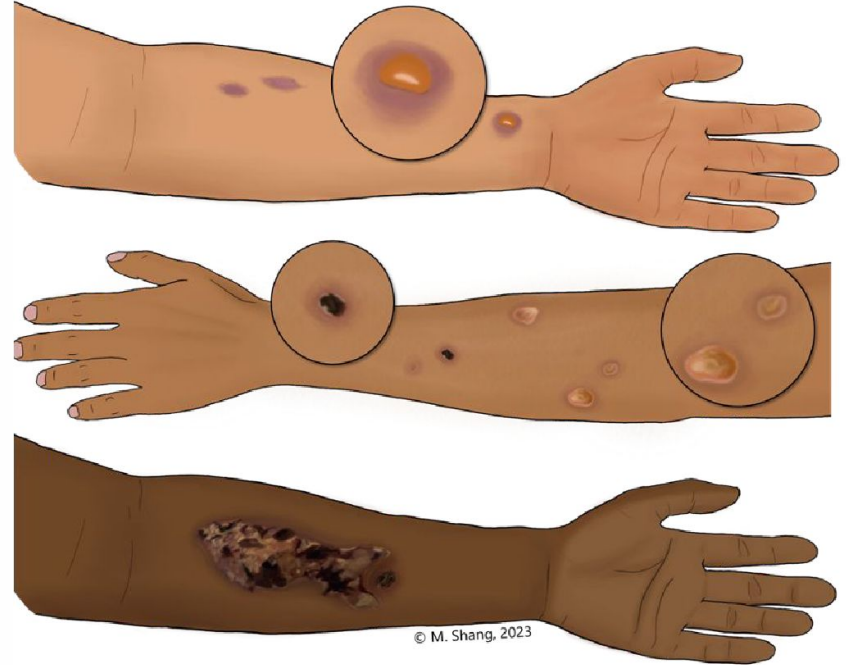
## Xylazine Wound Care and Cost Effectiveness

Xylazine associated wounds:

- As high as 87% of those exposed result in wounds
- Wounds have progressive stages
- All stages can be healed with consistent treatment
- First stage is target for relatively low cost management (i.e., keeping clean, covered, moist)
- After first stage, treatment costs can escalate quickly (hundreds to tens of thousands of dollars per case)

Recent estimates of wound care:

- National: \$148.65 Billion
- MA: \$3.8 Billion



## Self-Directed Wound Care Kits

Wound care kits may be effective intervention at preventing wound progression AND effective educational tool

Current costs for wound care kit:

- Retail - \$5-20 per kit
- Commercial wholesale - \$2-5 per kit
- Bulk purchases and state operated services may further reduce costs.

Pennsylvania Department of Health:

- 50,000 wound care kits distributed in 2024
- Outcome measures not published yet



*Presented by Dr. McGarry*

# Preliminary Findings

## Availability of Effective Treatment

### Finding 1

Due to the frequent co-occurrence of xylazine with opioids like fentanyl, **naloxone continues to be necessary in emergency responses** for overdoses

### Finding 2

**Consistent wound care is critical** to preventing more complex medical challenges and, although self-directed wound care kits are helpful, routine follow-up with medical professional is important

### Finding 3

Since there continues to be no FDA-approved human reversal for exposure to xylazine, treatment continues to focus primarily on **supportive care**

### Finding 4

**Geographic access and insurance coverage** for treatment for xylazine exposure (including appropriate follow-ups for wound care) **is disproportionate**

# Preliminary Recommendations

## Availability of Effective Treatment

### Recommendation 1

**Naloxone**, and other treatments used to manage overdose and withdrawal symptoms like oxygenation, **should be carried by personnel treating emergency xylazine responses**

### Recommendation 2

**Self-directed wound care kits should be provided** in inpatient and outpatient settings, along **with a list of sites for patients visit** for more complex wounds

### Recommendation 3

Harm reduction programs and community support networks should focus on **efforts to treat individuals outside of exposure to xylazine**, and should look at **gaps in treatment across the Commonwealth**

### Recommendation 4

State Public Health Officials, as well as Medical Professional Organizations, **should investigate geographic access of treatment and potential coverage/reimbursement of services**

# Effective Outreach

There are a number of successful outreach efforts taking place in Massachusetts, including:

- Public Awareness efforts from [Department of Public Health](#), Harm Reduction Programs like [StreetCheck](#), and [Medical Institutions](#) on **risks of xylazine, drug checking and test strip locations, and importance of wound treatment.**
- Outreach, resources, and training from [MA Health Promotion Clearinghouse](#), [MA Drug Supply Data Stream](#), [Bureau of Substance Abuse Services](#), and [Public Safety Officials](#) or **public health providers** and **public safety personnel.**

## Background Information on Outreach

- Outreach to Different Audiences
  - Individuals exposed to xylazine
  - Family and community support coalitions
  - Public health and harm reduction programs
  - Public safety personnel and carceral settings
- Strong overlap between Outreach and Training/Education efforts

# Interviews with Harm Reduction, Outreach, and Community Support Organizations

*Presented by Representative Donaghue*

***Interviews conducted with:  
Boston Medical Center, Health Resources in Action, Learn to Cope, RIZE, SAFE Coalition***

## Main Findings from Interviews:

- Effective outreach and treatment:
  - Compassionate overdose response
  - Drug testing (xylazine and beyond)
  - Information to help individual make informed decisions about safety and care
- Difficulties in accessing residential treatment for substance use disorder (“SUD”) when client has wounds that need to be treated:
  - Increase outreach around importance of wound care
  - Increase wound care supplies
- Key groups for more outreach/training:
  - Social workers and clinical groups
  - People interacting with at-risk populations
  - Support networks and family oriented groups

Groups interviewed have expressed a desire for more guidance and resources from the Commonwealth

# Family Support Network and Community Coalitions

*Presented by Representative Donaghue*

- There are a number of active organizations and resources for family members and support networks
- Low information on xylazine is provided to these groups. More information could be helpful on:
  - Recognizing wounds and signs of xylazine use
  - Education for families on wound care issues
  - Access to trauma informed educational materials
- Note for consideration: family members can be traumatized by some of the more graphic information that is sometimes presented

## Empowering Loved Ones of People with Addiction: An Educational Group

Empowering Loved Ones is a FREE educational program for family members, partners, and friends of people who use substances problematically. The group offers education, not advice. It is grounded in research and compassion. Empowering Loved Ones is taught by professionals in addiction medicine personally impacted by a loved one's substance use.

### When, where, and who?

#### Date & Time:

2<sup>nd</sup> and 4<sup>th</sup> Wednesday of every month  
7:00 to 8:30 PM EST

#### Location:

virtual via Zoom

#### Intended audience:

Family members, partners, and friends impacted a loved one's substance use

### How do I sign up?

#### Email us at:

[EmpoweringFamilies@bmc.org](mailto:EmpoweringFamilies@bmc.org)

Once added to our listserv, session registration and other resources will be emailed.

This is a drop-in group; individuals are welcome to join at any time for any number of sessions.

### What are some of the topics covered?

- Impact of drug use on loved ones
- Harm reduction for family and friends
- Impact of stigma
- Rethinking societal myths
- Managing boundaries
- De-escalating conflict
- Overdose and crisis response
- Positive communication skills
- Stages of change for loved ones
- New problem-solving methods
- Navigating addiction treatment
- Mental health and substance use
- Understanding behavior change



Grayken Center for Addiction  
Training & Technical Assistance  
Boston Medical Center

\*This group is *not* for professionals interested in learning how to work with families impacted by addiction.\*

# Outreach and Training to First Responders

*Presented by Assistant Undersecretary Davis*

**The Municipal Training Committee (“MPTC”) curriculum includes training for both recruits and veteran law enforcement**

**Xylazine/fentanyl/white powders are covered in the following MPTC curricula:**

- First Responder – CPR/First Aid – Recruit Curriculum and Annual In-Service for all veteran officers
- Officer Wellness/SHIELDS Training – FY26 Annual Officer Wellness In-Service for all veteran officers

From 2024-2025, additional trainings on xylazine and other white powders were offered and received by approximately 1,150 first responders statewide including law enforcement, fire services, emergency medical personnel, and public health personnel

# Treatment Programs in Carceral Settings

*Presented by Assistant  
Undersecretary Davis*

## **Department of Correction (“MADOC”)**

- Incarcerated individual wellbeing is a priority for MADOC, and MADOC works to provide substance use disorder assessment and treatment to all incarcerated individuals as clinically indicated
- Each individual is provided with an orientation on how to access services and they are assessed by a healthcare professional to identify specific healthcare needs
- Medically necessary withdrawal services are available at all medium- and maximum-security facilities, and MOUD treatment with all FDA-approved MOUDs is available at all MADOC facilities
- MADOC contracts with Spectrum Health Systems for residential and non-residential SUD Programming, utilizing evidence based cognitive behavioral therapy

# Preliminary Findings

## Effective Outreach Programs

### Finding 1

**There are strong existing outreach resources** that have been compiled by state agencies, harm reduction programs, and medical organizations **on the risks of xylazine and mitigation efforts**

### Finding 2

**Street outreach methods**, including through low-barrier mobile care services and peer-to-peer models on best practices, **are highly effective at spreading awareness**

### Finding 3

**Outreach about wound care**, and the importance of follow-up with medical professionals for complex wounds, **is often limited or may not resonate enough with patients**

### Finding 4

**Outreach to other networks**, including to community/family coalitions and in carceral settings, **is powerful way to spread awareness about xylazine and bolster social support systems**

# Preliminary Recommendations

## Effective Outreach Programs

### Recommendation 1

State agencies, harm reduction programs, and medical organizations should **compile existing resources and coordinate outreach efforts**, with a focus on ensuring geographical outreach and access

### Recommendation 2

**Street outreach and treatment methods should be expanded** and should include resources on xylazine and best practices even when xylazine is not the reason for the visit

### Recommendation 3

**Wound care should be prominently included** in all outreach and resources regarding xylazine exposure and providers and harm reduction programs should encourage and **set follow-up wound care appointments** to mitigate complex wounds

### Recommendation 4

**Community coalitions**, family support networks, and public safety personnel should work to **spread outreach beyond just the person exposed to xylazine**

# Questions?



# Education & Training Working Group Presentation



# Members of the Working Group



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Appointed by:  
Governor

# Agenda

**Area of Inquiry and  
Sub-topics**

**Background  
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**Preliminary Findings**

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# Area of Inquiry

This Working Group is charged with investigating and producing findings and recommendations on **Education and Training** for:

1. First Responders
2. The Medical Community
3. The Substance Use Treatment Community
4. People Who Use Drugs

## Examples of Available Trainings for All Groups

**Grayken Center** training delivered on [March 26, 2025](#)

**Police Assisted Addiction & Recovery Initiative** (“PAARI”) 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

# Example: Grayken Center Training

<https://addictiontraining.org/training/register/event/?id=1793&pkIDed=2106>

## Learning Objectives

Following this training, participants will have the knowledge to:

- Describe the physiologic effects of xylazine
- Recognize manifestations of intoxication in persons using xylazine
- Recall signs of xylazine overdose and appropriate response
- Identify common skin and soft tissue infections associated with xylazine use
- Describe practices to decrease risk of skin and soft tissue infections in persons using xylazine
- Recall methods of wound care for persons injecting xylazine

## Potential Additions

- Recall additional steps to take when providing services and supports to people exposed to xylazine
- Understand when the severity of a xylazine-related wound necessitates a higher level of care or medical intervention
- Understand the risks and symptoms of xylazine withdrawal and appropriate response
- Recall harm reduction measures to prevent or reduce the harms associated with exposure to xylazine
- Describe risk reduction measures related to xylazine, including:
  - Measures to utilize when providing services or supports to people who use drugs; and
  - Information and / or education to provide to people who use drugs

## Examples of Available Information, Educational Materials, and Resources on Xylazine for All Groups

[Brandeis materials](#)

[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](#) (“CDC”) information and resources on xylazine

[National Institute on Drug Abuse](#) (“NIDA”) fact sheet on xylazine

[Journal article](#) (2025) on multidisciplinary guidance to care for persons with xylazine-associated wounds

# Example: Massachusetts DPH Materials

<https://files.hria.org/files/SA5874.pdf>

**you can.**

**Stay safe.**

**Know the risks of xylazine.**

SA5874

Xylazine has been found in drugs like fentanyl and is dangerous.

#### What is Xylazine?

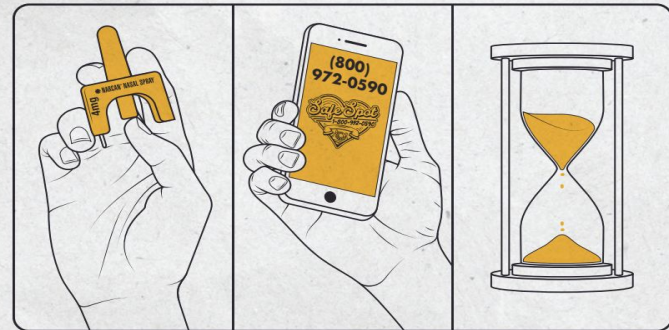
It's a sedative that can slow breathing, heart rate, and blood pressure to dangerously low levels.

#### Xylazine contact can cause:

- Higher risk of painful skin wounds that take longer to heal.
- More complicated and harder to treat withdrawal symptoms.
- More serious overdoses due to intense sedation and longer recovery time.

#### You can take steps to be safer by:

- Having Narcan® available for people who may be experiencing an overdose.
- Giving rescue breaths if someone is not breathing well.
- Seeking medical care for xylazine wounds when you first notice them; clean and cover all wounds if possible.



Be prepared.

Use with others.

Start low, go slow.

**you can.**

Learn more about responding to overdose here. →



Visit [youcan.info](https://youcan.info) for more information.



# First Responders

Includes **emergency medical service providers** (EMS / EMTs) and **law enforcement** responding to critical incidents involving people in active use, including people experiencing concurrent opioid-related overdose and xylazine-related prolonged sedation

*Presented by Senator Keenan*

# Background Information

## First Responders

Supporting first responders with trainings and educational materials on xylazine can ensure first responders have the knowledge and skills to:

- Better address associated public safety concerns, health harms, and risks
- Understand the steps to take when responding to emergencies involving people exposed to xylazine and to subsequent calls for related skin harms
- Provide better services and supports to people exposed to xylazine

**Additional Examples of  
Available Trainings,  
Information, Educational  
Materials, and Resources  
on Xylazine for  
First Responders**

**Executive Office of Public Safety and Security** (“EOPSS”) training on white powders

- Awaiting presentation materials

[SAMHSA Toolkit](#) that includes tailored information, guidance, and resources for first responders

[Emergency Care & Safety Institute](#) (“ECSI”) [information](#) for first responders who encounter people exposed to xylazine

# Preliminary Findings

## First Responders

### Finding 1

**Awareness** of xylazine and the related public health and safety harms **varies** among first responders across the commonwealth

### Finding 2

**First responders would benefit from xylazine educational materials and training opportunities**

### Finding 3

**Educational materials and training opportunities exist, but access may be limited**

### Finding 4

Xylazine educational materials and trainings for first responders should **include information that is relevant to first responders specifically** and be presented in an **accessible** manner

### Finding 5

A **lack of data and information from public health officials** about the prevalence and location of xylazine “hot spots” impacts appropriate planning and response by first responder

# Preliminary Recommendations

## First Responders

### Recommendation 1

Trainings should **include specific learning objectives** to increase participant knowledge about the harms of xylazine exposure, recognizing xylazine exposure and overdose, and providing effective care to people exposed to xylazine

### Recommendation 2

Educational materials and trainings should be **developed by state or local public health and safety departments** in consultation with experts and stakeholders

### Recommendation 3

Trainings should be **offered by state or local public health and safety departments** to ensure uniformity across regions and professions

### Recommendation 4

**Trainings should address:**

- What is xylazine
- Signs & symptoms of xylazine exposure
- Steps to take when encountering, assessing, or treating a person exposed to xylazine
- Wound care
- Harm & risk reduction

# Preliminary Recommendations

## First Responders (cont.)

### Recommendation 5

**Ensure access to current public health data and information about the prevalence and location of xylazine “hot spots”** to allow for predictive deployment of resources, particularly ambulance personnel

### Recommendation 6

Educational materials and trainings should **include additional “breathing training”** for all first responders given that naloxone does not reverse the effects of xylazine

### Recommendation 7

**Ensure equipment to provide breathing assistance is available in all police vehicles**

# The Medical Community

Includes **clinicians across the care continuum**, including clinicians working in or on:

- (1) harm reduction and outreach teams serving people in active use;
- (2) emergency rooms / acute care hospitals;
- (3) inpatient substance use treatment facilities;
- (4) outpatient substance use treatment settings; and
- (5) other clinical and non-clinical settings.

*Presented by Dr. Simon*

## Background Information

### The Medical Community

Supporting clinicians with educational materials and training on xylazine can ensure clinicians have the knowledge and skills to:

- Better address associated medical concerns, health harms, and risks
- Understand the steps to take when treating patients exposed to xylazine
- Provide better health care services and supports to people exposed to xylazine

**Additional Examples of  
Available Trainings,  
Information, Educational  
Materials, and Resources  
on Xylazine for  
Clinicians**

[\*\*Penn Medicine Center for Addiction Medicine and Policy \(“CAMP”\) clinical best practices\*\*](#) for management of xylazine withdrawal and xylazine-related overdose

[\*\*SAMHSA toolkit\*\*](#) that includes tailored information, guidance, and resources for clinicians

[\*\*The American Society of Addiction Medicine \(“ASAM”\) training\*\*](#) on xylazine-associated wounds - clinical insights, challenges, and management strategies

[\*\*The Prevention Technology Transfer Center \(“PTTC”\) Network xylazine trainings and resources\*\*](#) for the substance use treatment field

# Preliminary Findings

## The Medical Community

### Finding 1

**Awareness** of xylazine and the related public health and safety harms **varies** among clinicians across the commonwealth

### Finding 2

**Clinicians across the commonwealth would benefit from xylazine educational materials and training opportunities**

### Finding 3

**Educational materials and training opportunities exist, but access may be limited**

### Finding 4

Xylazine educational materials and trainings for clinicians should include information and skills that are **relevant to the medical community specifically** and be presented in an **accessible** manner consistent with existing formats for medical education

# Preliminary Recommendations

## The Medical Community

### Recommendation 1

Trainings should include **specific learning objectives** that include patient assessment questions and how participants can and should utilize the responses in their work with people who use drugs and people in recovery

### Recommendation 2

Educational materials and trainings should be **developed by state or local public health departments and licensing boards** in consultation with experts and stakeholders

### Recommendation 3

Trainings should be **offered by state or local public health departments and licensing boards** to ensure uniformity across regions and professions and to offer continuing education credits when available or applicable

### Recommendation 4

**Trainings should address:**

- What is xylazine
- Signs & symptoms of xylazine exposure
- Risk assessment questions
- Clinical steps to take when treating people exposed to xylazine
- Wound care
- Harm & risk reduction

# The Substance Use Treatment Community

Includes **non-clinical staff** working in or on:

- (1) harm reduction and outreach teams serving people in active use;
- (2) emergency rooms / acute care hospitals;
- (3) inpatient substance use treatment facilities;
- (4) outpatient substance use treatment settings; and
- (5) other clinical and non-clinical settings.

*Presented by Chair Domb*

## Background Information

### The Substance Use Treatment Community

Supporting non-clinicians with educational materials and trainings on xylazine can ensure non-clinicians have the knowledge and skills to:

- Recognize and address health harms and risks associated with xylazine use
- Share information about the harms and risks associated with xylazine use and ways to reduce these harms and risks
- Understand the benefits of accessing medical care for xylazine
- Build trusting relationships with people who use drugs

**Additional Examples of  
Available Trainings,  
Information, Educational  
Materials, and Resources  
on Xylazine for  
Non-Clinical Workers**

[SAMHSA Toolkit](#) that includes tailored information, guidance, and resources for non-clinical workers

[Homeless and Housing Resource Center “HHRC”](#) [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-clinicians on best practices for caring for individuals with xylazine-associated wounds (only available to Pennsylvania providers)

# Preliminary Findings

## The Substance Use Treatment Community

### Finding 1

**Awareness** of xylazine and the related public health and safety harms **varies** among harm reduction providers and non-clinicians working in substance use treatment settings across the commonwealth

### Finding 2

Harm reduction providers and non-clinical workers in substance use treatment settings across Massachusetts would **benefit from xylazine training and opportunities to share critical information with program participants.**

### Finding 3

Educational materials and training **opportunities exist, but access, availability, and awareness of the existence of these opportunities may be limited**

### Finding 4

Xylazine training for harm reduction providers and non-clinical workers should **include information that is relevant to non-clinicians specifically** and should be presented in an **accessible** manner

# Preliminary Recommendations

## The Substance Use Treatment Community

### Recommendation 1

Trainings should include **specific learning objectives** that include risk assessment questions for people who use drugs and how training participants can use responses in their work with people who use drugs and people in recovery

### Recommendation 2

Educational materials and trainings should be **developed by state or local public health departments and licensing boards** in consultation with experts and stakeholders and presented in easy-to-understand language

### Recommendation 3

Trainings should be **offered by state or local public health departments and licensing boards** to ensure uniformity across regions and professions and to offer continuing education credits when available or applicable

### Recommendation 4

#### **Trainings should address:**

- What is xylazine
- Signs & symptoms of xylazine exposure
- Information on xylazine risk assessment, harms associated with xylazine exposure, and risk reduction
- Steps to take when providing services to a person who has been exposed to xylazine
- Wound care

# People Who Use Drugs

Includes **people who use drugs** and **people in recovery** receiving services from or in:

- (1) harm reduction and outreach teams serving people in active use;
- (2) emergency rooms / acute care hospitals;
- (3) inpatient substance use treatment facilities;
- (4) outpatient substance use treatment settings; and
- (5) other settings.

## Background Information

### People Who Use Drugs and People in Recovery

Supporting people who use drugs and people in recovery with educational materials and information on xylazine can ensure people who use drugs and people in recovery have the knowledge and skills to:

- Understand the harms and risks associated with xylazine exposure and ways to reduce the harms and risks
- Become familiar with the steps to take if they believe they have been exposed to xylazine
- Seek appropriate services and supports if they believe they have been exposed to xylazine or are at risk of xylazine exposure

**Additional Examples of  
Available Trainings,  
Information, Educational  
Materials, and Resources  
on Xylazine for  
People Who Use Drugs  
and People in Recovery**

[SAMHSA Toolkit](#) that includes tailored information, guidance, and resources for people who use drugs

[Prevent Overdose RI xylazine information and resources](#) for people who use drugs

[Suffolk County, NY xylazine information and resources](#) for people who use drugs

# Preliminary Findings

## People Who Use Drugs and People in Recovery

### Finding 1

**Awareness** of xylazine and the related public health and safety harms **varies** among people who use drugs and people in recovery across the commonwealth

### Finding 2

**People who use drugs and people in recovery would benefit from xylazine educational materials** and opportunities to consider applying that information to their lives

### Finding 3

**Educational materials and resources exist, but access, availability, and awareness of the existence of these resources may be limited or presented in a biased or stigmatizing manner**

### Finding 4

Xylazine educational materials for people who use drugs and people in recovery should **include information that is relevant to people who use drugs and people in recovery specifically** and be presented in an **accessible** and easy-to-understand manner

# Preliminary Recommendations

## People Who Use Drugs and People in Recovery

### Recommendation 1

Educational materials and trainings should be **easy to understand** and written in a way that is most **accessible** to the target audience(s)

### Recommendation 2

Educational materials and trainings should be **developed by state or local public health departments and harm reduction organizations** in consultation with experts and stakeholders

### Recommendation 3

Educational materials and trainings should be **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

### Recommendation 4

**Educational materials and trainings should address:**

- What is xylazine
- Signs & symptoms of xylazine exposure
- Steps to take if exposed to xylazine
- Wound care
- Harms & risks associated with xylazine exposure
- Harm & risk reduction measures

# Questions?



## Next steps

2/9/2026  
@10:00am

**Virtual Public Meeting of the Full Commission: Discuss First Draft of Final Report**

Before this meeting: Commission staff will work closely with each Working Group to draft the sections of the Final Report detailing the Working Group's Findings and Recommendations

3/9/2026  
@10:00am

**Virtual Public Meeting of the Full Commission: Approve the Final Report**

Before this Meeting: Commission staff will draft the Final Report, incorporating feedback and suggestions discussed and agreed to at the February 9th Meeting, and send the final draft of the Final Report to Commission Members for review

# Questions?

## ***Commission Staff Contact Information***

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# Thank you

