

XYLAZINE-TYPE DRUGS

THIS RESOURCE COVERS

**XYLAZINE, MEDETOMIDINE AND DETOMIDINE, WHICH
ARE NON-OPIOID SEDATIVES**

WHAT ARE XYLAZINE-TYPE DRUGS?

XYLAZINE, MEDETOMIDINE, DETOMIDINE AND OTHER XYLAZINE-TYPE DRUGS ARE NON-OPIOID SEDATIVES USUALLY USED BY VETS AS MUSCLE RELAXANTS OR FOR PAIN RELIEF FOR ANIMALS.

SCOTLAND'S DRUG SUPPLY HAS BECOME INCREASINGLY UNPREDICTABLE IN RECENT YEARS, AND THERE IS EVIDENCE THAT DRUGS BOUGHT OR SOLD AS HEROIN, BENZODIAZEPINES, AND KETAMINE ARE BEING **CONTAMINATED** WITH XYLAZINE-TYPE DRUGS. THIS CAN CAUSE UNEXPECTED OR ADVERSE EFFECTS, INCLUDING OVERDOSE, ILLNESS OR INFECTION.

HOW CAN WE TELL IF DRUGS ARE CONTAMINATED WITH XYLAZINE-TYPE DRUGS?

There may be no change to taste, smell, colour, texture or how drugs appear when prepared for use.

Testing is the only way for a person to know what's in their drugs. People can do this by sending a sample to Wedinos or using local drug checking services, where available. Home testing strips may be available in some areas, but results are not always accurate.

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WILL NALOXONE BE EFFECTIVE IN REVERSING AN OVERDOSE WHERE XYLAZINE-TYPE DRUGS ARE PRESENT?

Although not opiates, xylazine and medetomidine have been detected in combination with heroin. For this reason, naloxone should be given in any situation where a person is unresponsive, and an overdose is suspected.

One dose should be administered every 2-3 minutes until an ambulance, or paramedics arrive, or until the person is breathing normally.

These types of non-opioid sedatives are central nervous system (CNS) depressants which slow down breathing and heart rate as well as affecting blood pressure and blood sugar levels. Drugs contaminated with these sedatives have been linked with increased reporting of people experiencing sudden collapse or “black outs”.

If taken in combination with other CNS depressant drugs, including heroin, the effects may be prolonged and the risks of a person experiencing respiratory distress or death are increased.

DOES XYLAZINE CAUSE WOUNDS?

Xylazine-type drugs are vasoconstrictors. This means that they:

- make blood vessels narrower
- reduce blood flow to the skin and body
- reduce the oxygen and nutrients available
- make the skin and soft tissue slower to heal

This contributes to skin and tissue breakdown and the formation of wounds.

In Scotland, there has been a rise in the number and severity of wounds reported by people who use drugs, particularly by people who inject drugs. These often involve invasive or infected wounds, abscesses and ulceration, which can be difficult to heal and will require intensive care and support by medical professionals.

It is important that professionals and people who use drugs know what to look out for. Wounds which have been described as characteristic of xylazine have been described as:

- large, deep skin ulcers that may appear in areas away from injection sites
- irregular in shape with islands of tissue that appear healthy

- developing black or dead (necrotic) tissue
- develop or worsen rapidly
- being slow to heal, despite care

There is no definitive way to identify a wound caused by xylazine or any other drug. Where xylazine-type drugs are confirmed to be present in drugs through laboratory, blood or urine testing, this supports the link between the drug and wounds – but it does not prove it is the cause.

HOW TO CARE FOR A WOUND

If you have a wound, are caring for a friend or family member with a wound, or are working with someone who has a wound, seek advice from a treatment provider, local harm reduction service or GP surgery.

- Monitor any wounds closely and keep track of all changes
- Monitor and be aware of any other changes to your body – even if they appear to be far from an injection or entry site
- Do not inject any drug into wounds or to the area around a wound
- Try not to scratch the wound or pop any blisters
- Keep cuts and open wounds covered and clean them with fresh water. Avoid using alcohol wipes as these can cause pain, dry the wounds and skin too much and affect the healing process

SEEK EMERGENCY MEDICAL ADVICE IF:

- heat, redness or swelling around the wound is getting worse
- the wound becomes wetter than before
- the wound becomes more painful
- the wound becomes more yellow, green or black than before
- the wound becomes bigger or deeper
- there is a strong or unpleasant smell
- there are any other signs of infection, such as fever, chills or, nausea

**IF YOU ARE WORRIED ABOUT ANY CHANGES TO THE SKIN OR TO ANY WOUNDS,
PLEASE SEEK ADVICE FROM MEDICAL OR HARM REDUCTION STAFF.**