

# THIS IS AN OFFICIAL NH DHHS HEALTH ALERT

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## Xylazine Illicit Drug Use Updated NH DPHS Healthcare Provider Webinar Information

### Key Points and Recommendations:

- The number of xylazine-positive overdose deaths in the U.S. are increasing (see [DEA Report](#), figure 2). In NH, the number of identified xylazine-related overdose deaths currently is very small, but identification of xylazine as an adulterant in illicit drug seizures is increasing (unpublished NH data).
- Xylazine is a veterinary anesthetic, but is increasingly identified as an adulterant mixed with illicit drugs like fentanyl, heroin, and cocaine. When combined with opioids, xylazine may have synergistic effects which can increase the risk of overdose and death.
- Xylazine is an alpha-2 adrenergic receptor agonist (similar to clonidine) and causes sedation, muscle relaxation, and analgesia.
  - Xylazine can be orally ingested; inhaled; smoked; snorted; or injected subcutaneously, intramuscularly, or intravenously.
  - Common signs/symptoms include central nervous system depression (e.g., sedation, disorientation, loss of consciousness), respiratory depression, bradycardia, hypotension and sometimes transient hypertension, and hyperglycemia.
  - Xylazine can also cause peripheral vasoconstriction leading to poor tissue perfusion, skin ulceration, and necrosis which can lead to complications of cellulitis, abscess, and osteomyelitis.
    - Necrosis may occur at an injection site or at other body locations if the drug is inhaled, smoked, or snorted; repeated use increases the risk of tissue necrosis.
- See [FDA Letter](#) to healthcare providers about risks to patients exposed to xylazine.
- For management of acute toxicity and/or withdrawal symptoms NH DPHS recommends consulting the Northern New England Poison Center (NNEPC) at 1-800-222-1222.
- Clinical management considerations include the following:
  - There is a high likelihood that a presenting overdose involves multiple agents, including opioids and possibly xylazine.
  - Routine toxicology screening tests do not detect xylazine, but providers can check with clinical reference laboratories to see if xylazine-specific testing is available. Results likely will not be timely to inform immediate clinical care.
  - There is no antidote or reversal agent available for use in humans, and naloxone will likely be ineffective against isolated xylazine toxicity. However, naloxone should be administered for

suspected opioid-related overdoses, especially overdose-related respiratory depression, and repeated naloxone administration may be necessary for highly potent opioid exposures.

- Supportive care is the mainstay of therapy for xylazine toxicity, including IV fluids, blood glucose monitoring, supplemental oxygen, airway management, blood pressure and cardiac monitoring and support.
  - No medications have been FDA-approved to manage xylazine withdrawal symptoms. Case reports suggest that low-dose alpha-2 adrenergic agonist replacement therapy (e.g., clonidine, tizanidine, dexmedetomidine) may help withdrawal symptoms associated with sympathetic over-activity, including autonomic instability and cardiovascular dysregulation.
  - Necrotic skin wounds or ulcerations should be evaluated for debridement and wound care. Patients may also need pain control for skin wounds – see CDC's updated Clinical Practice Guideline for Prescribing Opioids for Pain.
  - Treat a patient's underlying substance use disorder (SUD) and counsel patients about harm reduction techniques.
- The NH Division of Public Health Services (DPHS) will continue to host monthly clinician webinars on the **2<sup>nd</sup> Thursday of each month from 12:00 – 1:00 pm** to provide updates on emerging public health issues. The next webinar will occur on March 9<sup>th</sup> from 12:00 – 1:00 pm, and the **webinar information below has been updated/renewed**:
    - Webinar link: <https://nh-dhhs.zoom.us/j/94059287404>
    - Call-in phone number: (646) 558-8656
    - Webinar ID: 940 5928 7404
    - Password: 353809