

Experiences with Xylazine-related problems. From Jason Bienert, Wound care nurse, Voices of Hope, peer-led org in Cecil & Hartford County, Maryland. *

Jason is treating A LOT of wounds for people using drugs that include xylazine. They have access to drug checking, sending to National Institute on Standards in Technology (NIST) lab, to confirm that xylazine is in drug samples. Obviously he can't recommend a course of treatment for a wound that he hasn't seen, so this is not meant to be medical advice, but he was willing to share his experience and what he's learned with others who may be newer to xylazine.

Overdose:

Because xylazine isn't an opioid, it doesn't respond to naloxone, but is generally combined with fentanyl. People may overdose and get naloxone but still be "out" and given more and more naloxone which isn't helpful. Advice is to go back to basics and re-emphasize rescue breathing.

To treat overdose, give naloxone normally, keep breathing for the person, put them in comfortable recovery position so they don't aspirate and aren't restricting blood supply to a limb, or restricting airways. Consider possibly getting pulse oximeters for folks?

Xylazine is used in veterinary medicine, not just with large animals, but puppies, kitten, bunnies. There is a reversal agent that is used in those practices but can't be studied in humans because xylazine can't be administered to humans, legally.

Is xylazine related to increasing overdose deaths? We don't know. We aren't seeing deaths from just xylazine, so no way to know if people are just dying from fentanyl and happen to also have xylazine in their system, or if it contributes, but it does complicate the picture and may contribute to deaths in the same way that benzo can increase risk?

Withdrawal:

Reports of people being admitted to a hospital and prescribed opioids to keep them comfortable enough to stay in-patient. They seem to be okay for first 2 days, but Day 3 start experiencing intense anxiety that seems related to xylazine withdrawal. Clonidine (close relative of xylazine) and/or benzos seem to give some relief, based on reports from emergency room. It takes a team that is comfortable using different meds in different situations and patient-centered. One guy who was getting 16mg of Dilaudid and 3rd day was climbing the walls, but this worked for him.

Wounds:

Based on experience, wounds appear to be similar/related to Cutaneous Vasculopathy or a Drug Induced Vasculitis - types of immune system reactions. (more research is needed!!!) This would explain wounds in other parts of the body where people aren't injecting, as well as wounds related to smoking, snorting, boofing.

Case of young woman who was getting sores on her face, only smoking crack. She reported previously she'd gotten wound on her leg but she doesn't inject at all and wasn't picking her skin, only smokes or snorts drugs. Once she started buying from a different source, wounds went away. Not always possible in places where xylazine is ubiquitous in drug supply, but if possible this is worth suggesting!

NOT EVERYONE REACTS! – Reports of several people all using together, using same batch of drugs and same needle, some got wounds, some didn't! Some people may be more susceptible than others, or other factors that may make a difference.

Comparison to levamisole wounds caused from vasculitis where person's ear fell off, obviously not where they were injecting or snorting, so there is an inflammatory reaction to levamisole. This seems similar?

How to treat xylazine wounds?

Treat like an immune-mediated wound. Xylazine wounds appear similar to burns. The skin becomes black and hardens like a cork.

Instead of cutting tissue, soften the blackened tissue, using soap and warm water, then cover with a clean wash cloth. The idea is to slowly have the hardened tissue soften and detach. If you have the ability to debride the wound in a clinical setting you can accomplish the process quicker, but the goal is to have a process of self-care that can be accomplished on their own.

Xeroform is a bandage made from linen fabric with Vaseline and bismuth works very well. It's used on burns to cover and sooth the nerve endings. Cut up an abdominal pad, wrap the wound in gauze, tell people to leave it on for 1-2 days (not more than 3), then wash with warm water and soap, if possible, and re-bandage. The Vaseline slowly penetrates and softens the tissue and the black, dead tissue will usually fall off in the shower after a while, leaving a "cratered" wound. Continue with Xeroform, making sure the edges of the wound are covered, change it every other day.

Self-care mantra for folks with the typical hardened black wound:

1. Soap and water and clean wash cloth is best, if available. Sudsy warm soapy water helps soften the hardened black tissue and rinsing with clear water removes dead skin.

2. Xeroform is the best thing for covering the wound. It is a yellow sheet with fine mesh gauze, like linen and 3% bismuth-tribromphenate in a petrolatum base (Vaseline). It's used alot for burns. It keeps the tissue covered moist and the bismuth is antimicrobial.

Put the yellow sheet over the wound - cut to size if necessary.

3. Cover with an absorbent thick gauze pad, cut to size if necessary. (5x9 ABD pad is it's a absorbent thick ish pad that can be cut to size. The pad keep the wound temperature correct and keeps people from playing with the wound.)

4. Secure with self-adhering bandage wrap. Coban is a 3m product, but any self-adhering gauze is fine. It's best to leave the bandage of for 1-2 days and not mess with it, however if this isn't possible, use rolled gauze so the wound can be rewrapped if needed. (The sticky gauze won't stick if unwrapped and re-wrapped.) For rolled gauze, a fluff bandage roll like Kerlix or Dermacea is good, it secures but can be unwrapped and resecured multiple times with tape.

Leave bandage on 1-2 days (not more than 3!) wash with warm soapy water and re-bandage as above, repeat until wound heals. Usually, the dead tissue will fall off in the shower or when washed after it softens.

Simple self-care rules for people who inject:

Rotate sites to let a wounded limb cool off.

Don't inject into the wound or into near the wound edges as this makes it harder to heal and wound may grow and get worse.

Gently wipe the metal needle on an alcohol pad after you pull up solution before injecting. Touch the side of the needle on alcohol pad to absorb any liquid on outside.

Watch for signs of infection. Wounds from xylazine aren't usually infected, but if you start to see redness around the wound, swelling, fever, chills, increased pain, bad odor, these are signs of infection and you may need antibiotics, so get medical help right away!

(*notes from conversation with Alice Bell of Prevention Point Pittsburgh, October 19, 2022)