Wounds, Withdrawal, and Overdose: What to Expect from Xylazine Drug Supply Adulteration

Panel Presentation and Discussion

ASAM 54th Annual Conference, April 2023



Disclosure Information

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 - Professor and Chair, Department of Emergency Medicine, Rutgers New Jersey Medical School
 - No Disclosures

Panel

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Learning Objectives

- Describe adulteration practices, current trends in drug adulteration, and a look back at historical clusters of adulterants (what's old is new again!)
- Describe the pharmacology, toxicology, diagnostic testing, and epidemiology of xylazine in exposures
- Describe common adverse effects of xylazine exposure including overdose, withdrawal, and wound development



Cutting Agents/Adulterants

Why would substances be added to drugs?

- Bulk or dilute the drug
- Complement or enhance the effects
- Facilitate use of the drug
- Cocaine
 - Phenacetin, levamisole, caffeine, procaine/lidocaine, diphenhydramine

Heroin

Fentanyl, caffeine, quinine, acetaminophen, scopolamine, clenbuterol



Historical Events

Parkinsonism due to MPTP exposure in meperidine analog (Demerol) synthesis, Northern California (1983, 1984)

China White (3-methyl-fentanyl) contaminated heroin, Allegheny County (1988)

Scopolamine poisoning in heroin, NYC, Newark, Philadelphia, and Baltimore (1995, 1996)

Clenbuterol contamination of heroin, North Carolina (2007)

Fentanyl contaminated cocaine, New Haven CT (2016)

Manganese encephalopathy caused by homemade methcathinone, Poland (2011, 2012)

 Synthetic cannabinoid-associated coagulopathy linked to Vit K Antagonist Brodifacoum, Illinois (2018)



Xylazine Background

- Developed in 1962 by Bayer pharmaceuticals as an antihypertensive
 - Trials in humans stopped due to hypotension and CNS depression
- FDA approved for veterinary use as a sedative, analgesic, and muscle relaxant
 - Available in liquid solutions at 20, 100, and 300 mg/mL
 - Used alone or in combo (e.g. with ketamine, barbiturates)





Greene SA, Thurmon JC. Xylazine--a review of its pharmacology and use in veterinary medicine. J Vet Pharmacol Ther. 1988 Dec;11(4):295-313. doi: 10.1111/j.1365-2885.1988.tb00189.x. PMID: 3062194.

Xylazine in Puerto Rico

Marketed as an adulterant to heroin prepackaged for the consumer to control the ratio and later in pre-mixed form
"I shot the anestesia [...] and I felt asleep face first and when I opened my eyes five hours had gone by and I was laying on the floor. [...] I don't remember anything. I don't remember anything! I fell down and I was gone. And I said: What the hell is this?! Oh, and I woke up sick [withdrawing]!"



Torruella RA. Xylazine (veterinary sedative) use in Puerto Rico. *Subst Abuse Treat Prev Policy*. Apr 11 2011;6:7. doi:10.1186/1747-597x-6-7

Xylazine Adulteration

- Found in combo with xylazine in bags of heroin/fentanyl
- Pharmaceutical grade adulteration of heroin/fentanyl supply
 - Added locally
 - Salting of liquid
- Powder xylazine from China supply



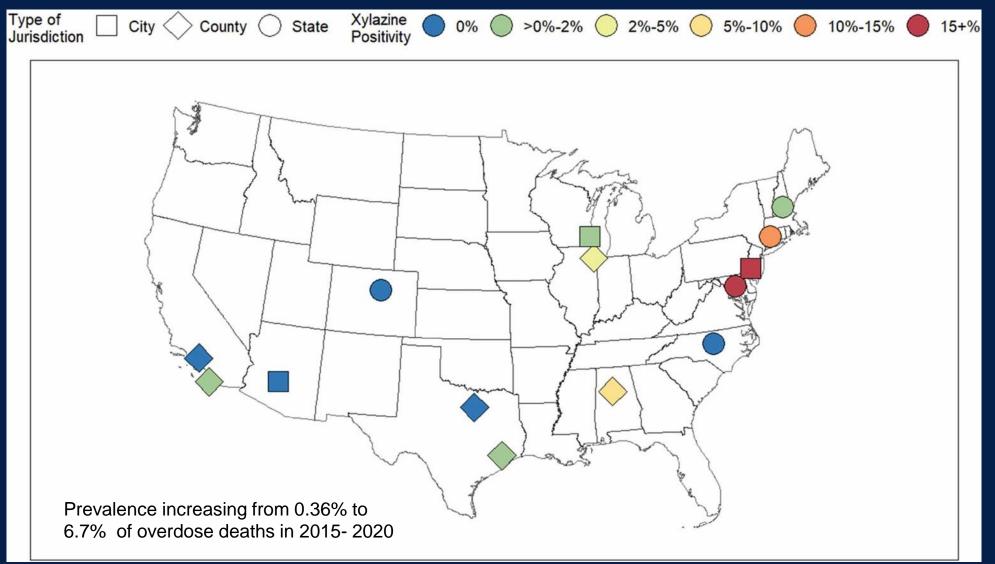
Source: Drug Enforcement Administration Philadelphia Division



| ISPERIOS THE ESCIENTS | USA Market, 99% Pure White Crystal Xylazine/Xylazina/Xylazin/Zylazine/Zylazina/Xilazine/Xil US\$ 540-720 / kg (FOB Price) |
|-----------------------|---|
| Wickl: wendy(EB) | 1 kg (MOQ) CAS No. : 23076-35-9 Formula : C12h17cln2s EINECS : 245-417-0 Type : Pharmaceutical Inte More |
| > 1/6 0% Pass Customs | Guangzhou Teng yue Chemical Co., Ltd. > ♥ & ₪ Contact Now |
| Xylazine 2c22, 3,4 | USA Market USP Bp 99% Purity Xylazine/Zylazine HCl Powder Security Clearance US\$ 630-750 / kg (FOB Price) |
| 9% pure IOQ 1kg | 1 kg (MOQ) CAS No. : 23076-35-9 Formula : C12h17cln2s EINECS : 245-417-0 Type : Pharmaceutical Inte More ~ |
| SA market | Guangzhou Hongtu Chemical Co., Ltd. > ♥ & ₪ ⊠ Contact Now 1 |



Xylazine prevalence is highest in the East





Friedman J, Montero F, Bourgois P, Wahbi R, Dye D, Goodman-Meza D, Shover C. Xylazine spreads across the US: A growing component of the increasingly synthetic and polysubstance overdose crisis. Drug Alcohol Depend. 2022 Apr 1;233:109380

Regional Prevalence



The Growing Threat of Xylazine and its Mixture with Illicit Drugs

DEA Joint Intelligence Report

(U) Figure 1. DEA Forensic Laboratory Identifications of Xylazine by Region

| Region | 2020 | 2021 | Percent Increase |
|-------------|------|------|---------------------|
| Northeast | 346 | 556 | 61% |
| South | 198 | 580 | 193% |
| Midwest | 110 | 118 | 7% |
| West | 77 | 163 | 112% |
| Source: DEA | | | |

(U) Figure 2. Number of Xylazine-Positive Overdose Deaths by Region

| Region | 2020 | 2021 | Percent Increase |
|-------------|------|-------|---------------------|
| Northeast | 631 | 1,281 | 103% |
| South | 116 | 1,423 | 1,127% |
| Midwest | 57 | 351 | 516% |
| West | 4 | 34 | 750% |
| Source: DEA | | | |



The Growing Threat of Xylazine and its Mixture with Illicit Drugs. DEA Joint Intelligence Report. October 2022 https://www.dea.gov/sites/default/files/2022-12/The%20Growing%20Threat%20of%20Xylazine%20and%20its%20Mixture%20with%20Illicit%20Drugs.pdf

Xylazine – Pharmacology/Toxicology

- Alpha-2 adrenergic agonist that stimulates central alpha-2 receptors:
 - \diamond Decreases sympathetic outflow \rightarrow sedation
 - Naloxone does not reverse the effects of xylazine
- Similar to imidazoline compounds
 - Clonidine, dexmedetomodine, oxymetazoline, tetrahydrazoline, tizanidine, lofexidine
- Pharmacokinetics
 - Time to effect is 1-2 minutes with IV administration (Other routes described include IM, SC, PO, IN, IH)
 Duration of effect up to 4 hours



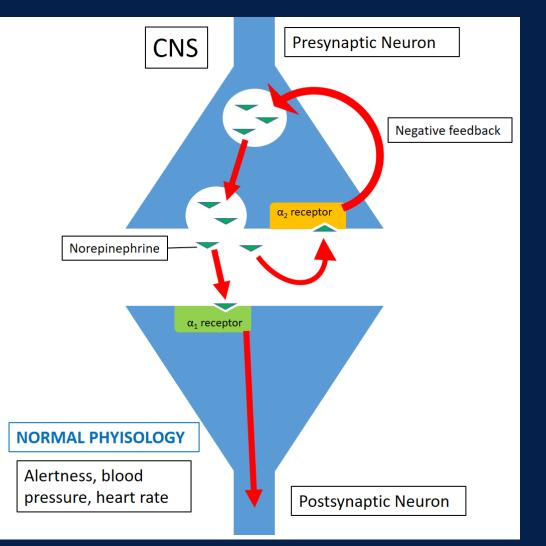


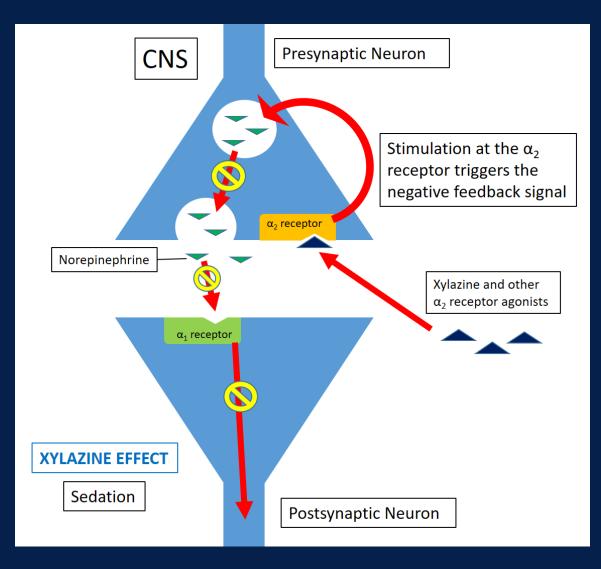
Xylazine and clonidine are structurally similar and have *some* similar effects



National Center for Biotechnology Information. PubChem Compound Summary for CID 5707, Xylazine. https://pubchem.ncbi.nlm.nih.gov/compound/Xylazine. Lowry JA, Brown JT. Significance of the imidazoline receptors in toxicology. Clin Toxicol (Phila). 2014 Jun;52(5):454-69 https://www.deadiversion.usdoj.gov/drug_chem_info/Xylazine.pdf Nov 2022

Pharmacology/Toxicology of Xylazine





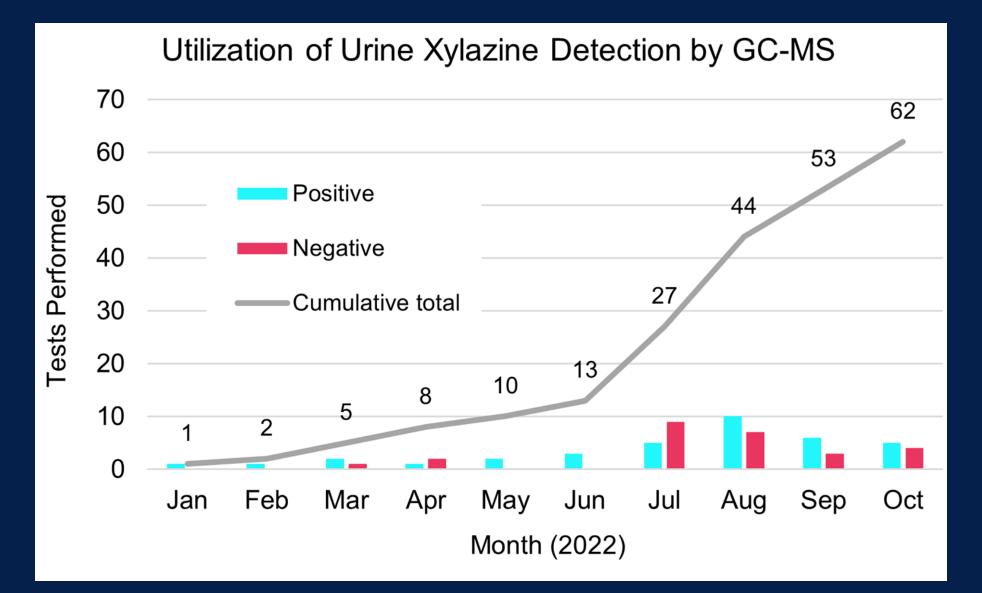


Diagnostic Testing

- Techniques
- Availability
- Utility
 - Positive/Negative vs Quantitative
 - False negative time to negative test?
 - Urine vs serum testing
- Does it affect medical examiner data
 - Quantitative



In Hospital Testing Data - Philadelphia





Xylazine testing in hospital

- 87 GC-MS urine xylazine tests performed between Jan-Oct 2022, 46 (52.9%) detected xylazine
 - 24 (27.6%) female
 - 56 (64.4%) White
 - 28 (31.2%) Black
 - 4 (4.6%) Hispanic/Latinx
- Initial median COWS score was higher among xylazine positive vs. negative patients (6 (IQR 2-10.3) vs. 4 (IQR 2-7))
- Among xylazine positive patients: 16 (34.8%) vs. 7 (17.0%) left as patient-directed (against medical advice or "AMA") discharges (difference, 17.8%, p=0.06)



Toxicosurveillance from social media: "Listening" to xylazine chatter on Reddit

Utilizing NLP, we reviewed thousands of posts on opioid-related sub-Reddits and identified a forum w xylazine chatter and posted a survey to describe:

Who is describing xylazine use?

How does xylazine impact withdrawal symptoms?

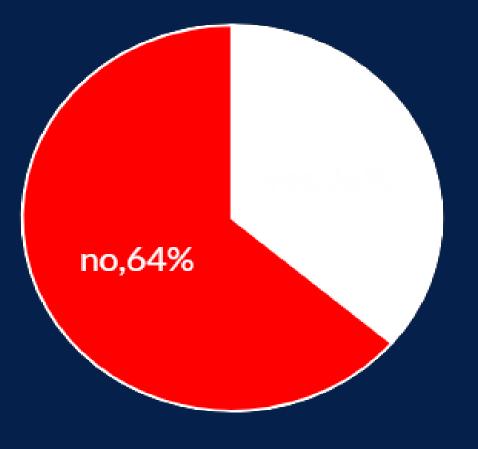
What complications are people reporting?

Posts were qualitatively evaluated for xylazine-related themes.



Survey Results: Patterns of use

Do you seek out xylazine intentionally?

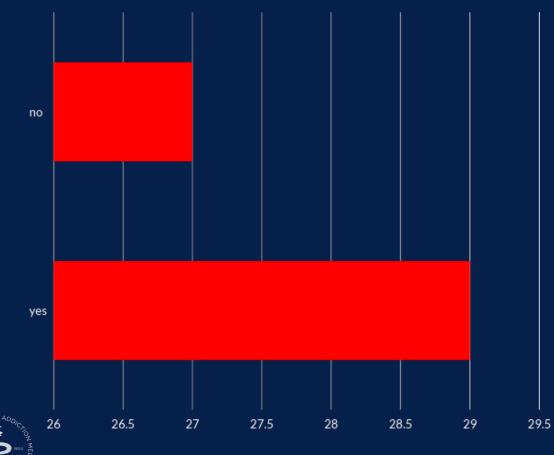


Most Common Routes of Use: 1. Intranasal 2. Injection 3. Inhalation 4. Oral

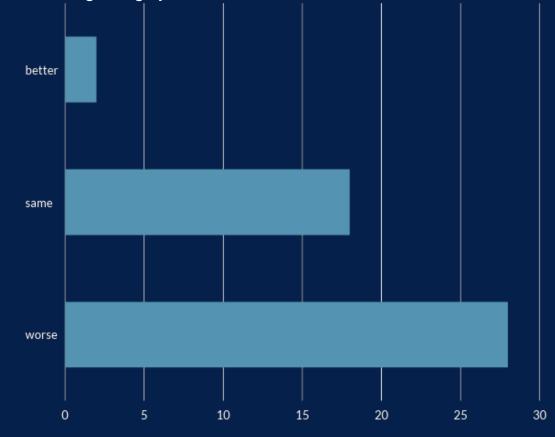


Survey Results: Withdrawal

Have you ever experienced withdrawal from xylazine?



How has withdrawing from other drugs changed since you starting using xylazine?





Management of Xylazine Withdrawal in a Hospitalized Patient: A Case Report

Rachel Ehrman-Dupre, MD, Caroline Kaigh, MD, Matt Salzman, MD, Rachel Haroz, MD, Lars-Kristofer Peterson, MD, and Ryan Schmidt, MD

- 29 year old admitted for wound care
- 25 bags heroin/fentanyl IV per day
- Withdrawal symptoms:
 - Anxious and tearful
 - Restlessness, rigors, and dysphoria
- Medications utilized:
 - Buprenorphine microinduction, gabapentin, dexmedetomidine, tizanidine, ketamine, clonidine, phenobarbital, hydromorphone PCA pump,
- Withdrawal not responsive to typical treatments for opioid withdrawal



FIGURE 1. Initial examination of patient AB's wounds



Xylazine Withdrawal- Overlapping Symptoms

| Xylazine | Opioid | Benzodiazepine |
|--------------------------------------|--|---|
| Anxiety Dysphoria Restlessness | Tachycardia Diaphoresis Restlessness Mydriasis Body aches Body aches Rhinorrhea GI symptoms Tremor Yawning Piloerection Anxiety Dysphoria | Tachycardia Hypertension Diaphoresis Anxiety Tremor Altered mental status Seizures Dysphoria |



Xylazine Withdrawal Treatment

Current Practice

- ♦ Clonidine
- Benzodiazepines
- Antipsychotics
- Phenobarbital
- Gabapentin

ICU

Dexmedetomidine

♦ Ketamine

OthersRopiniroleTizanidine



Case Discussion- Overdose

◆A 27-year-old man presents to the ED after an overdose with heroin. He is deeply sedate, responds to a noxious stimulus, and has no signs of trauma.

Vital Signs

Blood pressure: 120/80Pulse: 82

Temp: afebrile

- Resp: 4
 Oxygen saturation: 82% on RA
- Pupils pinpoint, lungs clear
- Naloxone restores breathing and normalizes POx, but patient remains sedate
- ◆Two additional doses given with no response. Patient remains sedate



Xylazine/Fentanyl overdose

- Multicenter prospective cohort of patients following an opioid overdose from 9 EDs across the US
 - Included 321 patients testing positive for an illicit opioid or xylazine
 - 83% of patients received naloxone (median initial dose 2 mg)
 - Xylazine-negative patients were more likely to develop a coma within 4 hours of ED arrival and suffer a cardiac arrest
 - Most patients were discharged from the ED (59 [65.5%] xylazinepositive, vs. 147 [63.6%] xylazine-negative patients)



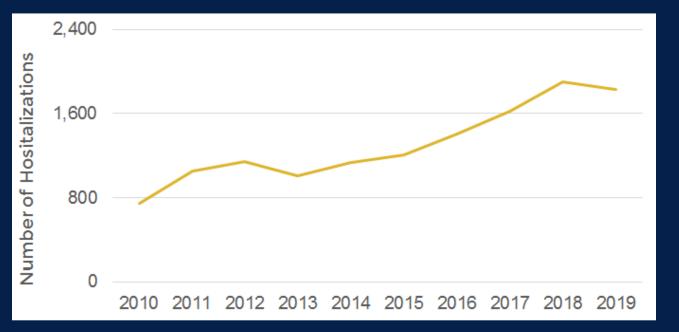
Love JS: et al. Opioid overdoses involving xylazine in emergency department patients: a multicenter study. Clin Toxicol (Phila). 2023 Mar;61:173-180.

What is the optimal dosing strategy for naloxone?

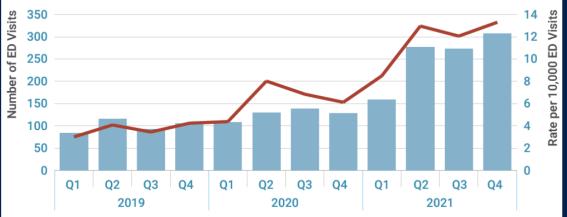
- •What are the clinical endpoints for reversal?
- Is there a naloxone resistant overdose?
- Can "too much" naloxone be administered?
- Are there alternative agents for reversal?



Xylazine Associated Wounds



Emergency Department Visits for Skin and Soft Tissue Infections with Co-occurring Drug-related Diagnoses*





Philadelphia Department of Public Health

Xylazine Associated Wounds

Early Stage







Xylazine Associated Wounds



Late Stage





Xylazine Associated Wound Pathology

• Longstanding history of skin ulcers with injection drug use Heroin \rightarrow fentanyl \rightarrow xylazine

Potential Causes of Wounds from Injection Drug Use:

- Increased frequency of injection behavior
- Obliterative vasculitis from repetitive injection ("shooter's patch")
- Cytotoxic effect of drug or contaminants
- Skin picking behavior causing excoriations and ulcers
- Infectious
- Compression ulcers
- Poor wound healing (various causes)



Wound Treatments

Cessation of injection

Clean with soap/water, chlorhexidine, Dakin's Half Strength Solution, or 1% acetic acid

Debridement (enzymatic > surgical)

Antimicrobial coverage (Silver sulfadiazine cream, bacitracin ointment)

Non-adherent (petroleum gauze or other additive to promote moist wound environment) and absorptive dressing



Biodegradable Temporizing Matrix (BTM), skin grafting, epithelialization/complete closure

Areas of study: Research Agenda

- Characterize the incidence and clinical spectrum of xylazine withdrawal phenomenon
- Explore medication strategies to prevent progression of withdrawal and to optimize treatment of opioid and xylazine co-withdrawal
- Identify the pathophysiology of wound injury and risk factors for development of progressive non healing wounds
- Assess effective wound treatment strategies
- Rapid and scaleable interventions needed to provide co-located OUD treatment with xylazine withdrawal and wound management
- Laboratory testing and/or expanded patient/provider education to enhance awareness



Final Takeaways/Summary

- Xylazine is an alpha-2 agonist found in increasing frequency as an additive to bags of heroin/fentanyl especially in the Northeast
- Although sedation is common, naloxone should be considered first line therapy due to nearly ubiquitous fentanyl co-use
- Repeated use causes a withdrawal syndrome typically described as anxiety and dysphoria but not associated with seizures
- Benzodiazepines are first-line agent for acute withdrawal
- No point-of-care testing/urine immunoassay for diagnostics
 Chronic vulczing injection is associated with posterio vulczing
- Chronic xylazine injection is associated with necrotic wound development





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