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XYLAZINE

(aka tranq)

a quick look at what it is, where it's found, and what to do if you suspect an overdose

WHAT IS IT?

xylazine (or tranq) is a non-opioid animal sedative. In its application as a veterinary medicine, it comes as a liquid solution for injection. This solution can be salted or dried into a powder — as a result it can often appear in the drug supply as a white or brown powder. Because it can be mixed into other powders or pressed pills, it's difficult to identify based solely on appearance.

xylazine can be snorted, boofed, and injected (both intramuscularly and intravenously). it's often used as a cut in street drugs — as a result, people may begin using it unknowingly. It has been found in the drug supply across the country, as well as in New York State.

WHAT DOES IT DO?

xylazine is a central nervous system depressant that causes sedation, analgesia, and muscle relaxation. It can also cause slowed breathing, decreased heart rate, and dangerously low blood pressure leading to loss of consciousness. strong sedative effects and excessive sleepiness without euphoria have been anecdotally reported at doses anywhere from 5mg to 200mg.

long-term use of xylazine has been associated with skin lesions or ulcers. Unlike other drugs administered via injection, these sores do not seem to be confined to injection sites.

WHAT DOES AN OD LOOK LIKE?

A xylazine overdose looks very similar to an opioid overdose, and may potentiate the effects of other depressants such as fentanyl, heroin, alcohol, or benzos.

keep an eye out for someone who:

- has very slow or erratic breathing or isn't breathing
- appears unconscious or limp
- is unresponsive to voice and touch
- has blue, grey, or white lips and/or nail beds
- is making snoring or gurgling sounds

WHAT SHOULD I DO IF SOMEONE ODs?

if you see someone who you suspect may be overdosing,

- see if they respond to **verbal stimulation**. If you know their name, say it loudly. ask, "hey! are you okay?" or "can you hear me?"
- if they don't respond, do a **sternal rub** — make your hand into a fist, and apply firm pressure to their breastbone with your knuckles while moving your hand back and forth to create friction.
- if they remain unresponsive, call 911. you should report that someone is unconscious and unresponsive, but **don't mention drug** use until EMS has arrived —

this will lower the likelihood of cops accompanying EMS.

- **administer narcan**, even if you don't think it's an opiate overdose. it won't do any harm, and there may be more than one substance in the mix.
- if narcan doesn't work, **begin rescue breathing or CPR**. EMS can guide you via phone if necessary.
- **don't stop** until the person begins breathing on their own, or help arrives.

We recognize that the idea of responding to an overdose might sound frightening, intimidating, or unpleasant. What's important to remember is that **you are saving a life**, and doing anything is better than doing nothing. take a deep breath, center yourself, and **act**.

RESCUE BREATHING vs CPR

*if the person has a pulse but is not breathing, **give rescue breaths**:*

- place the person on their back and tilt their chin up to open the airway
- pinch their nose closed and make a seal between your lips and theirs
- give two even, regular-sized breaths and exhale enough air to make their chest rise
- give one breath every 5 seconds until they begin to breathe on their own, or help arrives

*if the person is unconscious with no discernible pulse or heartbeat, begin **CPR/chest compressions**:*

- give 30 chest compressions with two hands centered on the chest at a rate of 100-120 per minute
- keep your shoulders directly over your hands and your elbows locked
- you should push their chest in at least two inches
- allow chest to return to normal position after each compression
- open airway, pinch nose shut, and give two breaths
- breaths should last about 1 second
- allow air to exit before giving next breath
- continue giving sets of 30 chest compressions and two breaths until help arrives

SAFER USE TIPS

Because there's currently no known standard dose for xylazine, it's always a good idea to **start low** and **go slow** if you think your drugs have been cut with xylazine — you can always do more, but you can't do less of a substance once it's been administered.

exercise caution when mixing multiple drugs with respiratory depressant effects (opioids, benzos, alcohol, etc.), and if possible, **never use alone**.

and as always, we recommend you test your drugs! We now have xylazine test strips on hand —Email us bkhroc@gmail.com if you need some. ♥♥

REFERENCES

to make these slides we referenced a great post by *@shadowbnned* on instagram — check out their page for more great resources and infographics!

we also used Next Distro's fact sheet titled *Xylazine Quick Guide for People Who Use Drugs*.

and lastly, we drew material from the New York State Department of Health pdf titled *Xylazine: What Clinicians Need to Know*.