

Sawbones 459: Xylazine

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[theme music plays]

Justin: Hello everybody, and welcome to *Sawbones*, a marital tour of misguided medicine. I'm your co-host, Justin McElroy.

Sydnee: And I'm Sydnee McElroy.

Justin: What a thrill it is to be back with you, as always, Sydster.

Sydnee: Well, thank you. Justin. I wanted to talk about something that's a little more current this week.

Justin: Ooh.

Sydnee: I know we do that sometimes.

Justin: Okay.

Sydnee: Because it is in line with a lot of the historical kinds of things that happen. This is medicine, but in terms of like, substances that can harm people.

Justin: Mm-hmm.

Sydnee: And like, we've done a lot of shows about that right?

Justin: Yeah.

Sydnee: A lot of shows about the human race's kind of relationship with different substances that can be...

Justin: We love substances. We love substances here in the human race. We're... We'll take anything. Just try it out. See what it does. Put it in us. Put it in the different holes, see if anything happens.

Sydnee: This is true. [laughs]

Justin: And then someone'll die and we'll write down in our little notepad, like, "Do not put substance X in hole B, which is the B-hole of course."
[laughs] And then—

Sydnee: [disappointed] Ohh no. Justin, Justin.

Justin: You could celebrate me rather than try to tear me down, okay?

Sydnee: You want me to celebrate that you said... B-hole?

Justin: Yeah, I... I am.

Sydnee: Okay.

Justin: I do.

Sydnee: No. No. But we've talked about... And I think from a historical context, this is really important to say. There are lots of substances that we interact with throughout, I mean, all of... since the dawn of humanity, that cause effects in our body.

Justin: Mm-hmm.

Sydnee: And we talk about that a lot. Like we tend to seek those things out because then we know they did something. Whether it's something as simple as making you poop. Or something more complex like creating a sense of euphoria.

Justin: Mmm.

Sydnee: Or alleviating your anxiety.

Justin: Mmm!

Sydnee: Or making you, you know, see colors more vividly.

Justin: That's good, yeah. I love all that.

Sydnee: I mean, you know, there's a lot of the substances that we now criminalize, the reason we sought them out or stumbled into them, or continue to use them, is in part because they did things that we found desirable.

And then the other part of that is because many of them are addictive. And so the absence of them began to create negative, you know, things in our bodies.

Justin: Mm-hmm.

Sydnee: And so we sought them out more to try to alleviate those negative consequences.

What happens a lot of times is that from the kind of criminal perspective, if you have something that people are using for whatever reason, either because it does create something positive within them that they like, or because, you know, the addictive properties of the substance make it very difficult to ever stop using—

Justin: Right.

Sydnee: ... without creating a lot of suffering. We tend to, as a society, criminalize it, right?

Justin: Mm-hmm.

Sydnee: We ban it.

Justin: Yep. In an effort to, theoretically, protect people from themselves. But more importantly, protect them from—protect people who are not using said substance from that person.

Sydnee: Yes, because if it alters your ability to make rational decisions or to control your emotions, you may do something dangerous.

Justin: Yes.

Sydnee: Yes.

Justin: Like imagine if there was a liquid that if you imbibed it would make you drive cars bad. Then that is something we would ban, like, immediately forever, right, Syd?

Sydnee: Well, Justin, I hate to tell you this... [laughs]

Justin: Oh no, what?

Sydnee: No. And that's the... That's the tricky part of it, is that humans, I think we have—and I am not an expert in the field of like anthropology and you know, the evolution of human society—

Justin: But who among us is?

Sydnee: But there are people who are experts in that. I'm not—

Justin: Of course, yes.

Sydnee: I'm not them.

Justin: [laughs]

Sydnee: But I think that it is fair to say, just as an observer, that humans will continue to seek these things.

Justin: Yeah.

Sydnee: We do. I mean, we do that. And so trying—

Justin: The thing about us is we love to get loose.

Sydnee: [laughs] Trying to make it illicit and illegal never works very well. And what tends to happen is that as you restrict and ban certain things, sometimes the stuff that comes next is worse.

Justin: Mm.

Sydnee: And this happened. You know, you were joking about alcohol, I know what substance you were talking about, alcohol. We all figured you out.

Justin: [laughs]

Sydnee: But through prohibition, in the United States, and we've done episodes on this. A lot of, you know, home brews [laughs] a lot of bootleg alcohol and liquor that was created during that time was really dangerous.

And had a lot of, you know, much worse health effects on people's bodies than just regular old alcohol that, when it's regulated and sold, you can confirm what's in it, right?

Justin: Right.

Sydnee: We know that when we make something illegal and we drive it to “the black market,” you can no longer confirm what's in that substance.

Justin: Mm-hmm.

Sydnee: And so what you are putting in your body may be the thing that you kind of knew was dangerous, but you understood the dangers. Or it might be that plus something else. Or it might be something else entirely and you don't know the dangers of that substance.

And we've seen that happen over and over again when it comes to opioids.

The restrictions we put on regulated opioids, things like oxycodone and hydrocodone and morphine and you know, different things that we know what is in them because they're being synthesized—

Justin: Right.

Sydnee: ... in laboratories and then, you know, tested for purity and to assure that you're getting the right substance and regulated by the FDA and—

Justin: Mm-hmm. There's accountability and...

Sydnee: Right.

Justin: Right.

Sydnee: And like if you are the maker of one of those prescription medications and you're not properly managing it and adulterants get in there, I mean, you don't get to make—you get in a lot of trouble and you don't get to make it anymore.

Justin: Right.

Sydnee: So there's a profit drive. Once you start regulating those substances, more and more and more, you see that the stuff that people have access to becomes more and more dangerous.

Justin: Mm.

Sydnee: And this is an ongoing process. First we saw a lot of people—And I can speak from our community's perspective.

Justin: Sure.

Sydnee: The regulation of those prescription opioids led to heroin being a commonly used opioid within our community.

Justin: Mm-hmm.

Sydnee: The efforts to crack down on heroin and to treat heroin addiction have led to fentanyl being a commonly found synthetic opioid within our local drug supply.

Justin: It's a big problem, right?

Sydnee: And all over the US, not just here.

Justin: Yeah, yeah.

Sydnee: But throughout the entire country.

Justin: So fentanyl is, because I'm sure people have heard talk about that, and I'm pretty sure we've talked about it on here, but it's an adult that is put in the drugs for what? To what end?

Sydnee: So fentanyl is also an opioid, meaning that it works on the same receptors in your brain that other opiates do. So all those things that we just talked about, oxycodone, hydrocodone, morphine, heroin. You might know the brand names like Percocet or Norco. Those kinds of things.

They all work on those same receptors in our brain and they're supposed to be analgesics, meaning they, you know, they stop pain, right?

Justin: Mm-hmm.

Sydnee: They can alleviate pain you're feeling. However, they also often create a sense of euphoria.

Justin: Mm-hmm.

Sydnee: To different amounts, depending on what you're taking and how it's delivered. Something that is injected into your vein is always going to, I guess, hit you stronger, so to speak.

Justin: Mm-hmm.

Sydnee: The, you know, the onset of action will be felt more strongly by the person who has used it, as opposed to taking a pill—

Justin: Okay.

Sydnee: ... where it's absorbed more slowly and so you won't necessarily get that immediate, what we call high, right?

Justin: Right.

Sydnee: What we're talking about is the colloquial term high. Fentanyl, the reason that it is useful from a medical standpoint, and this is... The substance we're going to get to, I know we've taken a long time to get around there, but I wanted to—

Justin: There's a lot of—

Sydnee: I wanted to give you—

Justin: There's a lot—

Sydnee: ... context for this.

Justin: This context is important. Yeah, for sure.

Sydnee: The substance we're going to get to is not an opiate and is not used in humans and so this is a departure. Fentanyl is an opiate and it is used in humans. We have useful reasons.

Justin: It's patches, right? Fentanyl patches?

Sydnee: There are fentanyl patches and then we also use fentanyl IV in a hospital setting quite a bit, because it works really quickly and it doesn't last very long. So for instance, if you come into the emergency room having just, let's say, broken your femur. You're going to be in terrible, terrible pain.

Justin: Mm-hmm.

Sydnee: And we need to do something to alleviate your pain quickly. But we also don't want to knock you out for the entire day necessarily, right? I mean, maybe we do in surgery, but we're not doing that right away.

Justin: Right.

Sydnee: So someone who comes in with an acute injury or someone who needs a procedure. Like let's say you got a big abscess that needs to be opened and drained, but once you're done with that procedure, you're... we... You may not even need to stay in the hospital, fentanyl is a good medication for this use. Because it works quickly.

Justin: Mm-hmm.

Sydnee: It's very strong. It's an incredibly powerful pain reliever. And then it goes away pretty quickly.

Justin: Okay.

Sydnee: So—

Justin: You can also see why that would be appealing from a drug use perspective.

Sydnee: Exactly. And you see, the things that make it useful in a medical setting are the same things that can make it more dangerous outside the medical setting.

Justin: Right.

Sydnee: Because it works very quickly, it is more—it is desirable. And so if you buy from someone who has fentanyl within the heroin, you're going to notice the effects of it faster.

Justin: Mmm.

Sydnee: It's also going to be stronger. Which is a plus or minus, because that's stronger also makes it much more dangerous in terms of overdose potential.

Justin: Okay.

Sydnee: So it's much more dangerous. Plus, since the duration of action, how long you feel it, is shorter... you're going to need another hit sooner.

Justin: It's like turbo heroin.

Sydnee: Well, I mean that is one way you could describe it.

Justin: It's how I just did.

Sydnee: And then... And I will say like there was a lot... I mean I think everybody's sort of aware probably from the media about fentanyl because there's been a lot of talk about it, that it was...

And I mean around here, I am shocked if someone's drug supply doesn't have fentanyl in it, quite frankly. It is very unusual that I meet someone who is only using heroin, and that's all they're really getting, even if they think that's all they're using.

Justin: And we've tried to stay on top of it you and I bought a lot of, um... uh...

Sydnee: Fentanyl test strips.

Justin: Yep.

Sydnee: Fentanyl test strips are not considered drug paraphernalia. Check your state laws. In this state, West Virginia, only as of two years ago, fentanyl test strips were decriminalized. So they're not drug paraphernalia.

And here if you do live in West Virginia, you can go to the West Virginia Drug Intervention Institute, online, and you can ask for free fentanyl test strips to be sent directly to your address at home.

Justin: Now, if you don't happen to have a home, for example, and you live in Huntington, you can just ask Sydnee.

Sydnee: You can come to Harmony House.

Justin: Yeah.

Sydnee: We hand them out. They also give them out at the harm reduction program at the Health Department. And if you have a local harm reduction program they may well also give these out.

And it's a way of checking your drugs to see, "Is there fentanyl in it?" Well, the criminalization of fentanyl, the stronger penalties like in our state, we have so many more criminal penalties attached to having fentanyl in your drugs.

Even if you didn't know it was there, you can get in a lot more trouble now for just having drugs with fentanyl in them, which is a whole other problem. Another adulterant has arrived. And this is just what happens when we continue to try to manage a medical condition with the criminal justice system, instead of with the healthcare system.

This is the effect you get. There will be something new. There will always be another wave, because there's a lot of money to be made off of drugs.

Justin: Yep.

Sydnee: So xylazine is the new adulterant that we're seeing in the drug supply that you may have heard about in your local media called "tranq" or "tranq dope." Those are the common names people use for it.

Your... Depending on what station you get your news from, you may have heard it referred to as like, "the zombie drug."

Justin: Yeah.

Sydnee: Which is unfortunate and I would urge you if you care about people who use drugs, please don't use terminology like that.

Justin: It's dehumanizing. You should... Yeah, think about.

Sydnee: Well, and it makes people who are using substances that contain xylazine seem like they... I don't—It just makes them seem like they're inherently bad or dangerous or scary in a way that they are not.

And a lot of people don't know that xylazine is in the meds, the drugs, they're using. You might. It depends on how long it's been in your area. So xylazine was first synthesized in 1962. That's how long it's been around. Bayer Pharmaceuticals made xylazine.

And the thought is, "This will be a good sedative." That is what xylazine is. It's a sedative. So similar to, if you ever heard of ketamine, is a sedative. Xylazine is sort of in that same family, so to speak.

Justin: Is a sedative different from a tranquilizer?

Sydnee: I mean, we're saying the same thing.

Justin: Okay. So that's the root of tranq, right?

Sydnee: Yes, the root... Tranquilizer, yes, that is the root of it.

So when xylazine, when it was first created, they thought, "Well, this will be something we can use for humans to help put them to sleep, maybe for a surgery or whatever. To help alleviate pain during those procedures. Maybe it would have use as like a sleep aid or something.

So when they first synthesized it, they thought there's all this potential, right? So they started human trials to see, and this is all the way back in the '60s, to see what could this... how could we use this? We made this new thing, what will it do?

And what they [laughs] —

Justin: That's very human.

Sydnee: Yeah. And what they found is that it was not good for humans.

Justin: Okay.

Sydnee: Xylazine is bad in human beings. It does have uses—

Justin: Open and shut.

Sydnee: Yes.

Justin: Easy case.

Sydnee: Xylazine caused severe hypotension, which means that it made your blood pressure drop dangerously low. If your blood pressure drops too low, you don't get blood to all the parts of your body that need blood, and that's very bad.

Justin: Need blood. Gotta have it.

Sydnee: And also it really depresses our central nervous system and by depresses, I don't mean like makes you sad. I mean like decreases the function. And when that happens you can stop breathing.

Justin: Again, bad.

Sydnee: And eventually they found some other things that could happen with xylazine too. For instance, there are these very specific skin lesions that can happen with xylazine.

Justin: Mm-hmm.

Sydnee: Where... And we're still completely... We're not completely certain why they tend to occur.

We think we know, but we're still not a hundred percent certain because obviously we weren't supposed to put xylazine in people. So we're figuring it all out.

Justin: And which depresses the demand, or the ability, to do like clinical trials, I imagine too, right? If we know... To determine some of these effects.

Sydnee: Right. Like it's really hard because it is a criminal substance, like you're not going to get people who are using it to come say, "Hey, would you like to study me and see what is happening?" Because then they could get arrested.

Justin: Right, yeah.

Sydnee: And we don't even have... Well, I'll get to that. We don't even have great tests for it. So that's another whole problem.

But xylazine—and we think it is because, specifically, like I told you, it's a sedative, so it helps you go to sleep.

Justin: Mm-hmm.

Sydnee: It's what we call an alpha-2 adrenergic agonist and one of the things that we think it might do is cause blood vessels to get tighter, to constrict.

Justin: Mm.

Sydnee: And if it's doing that to a great deal, so imagine like you've got a hose that's pumping blood to a specific area of skin. And then you stepped on that hose.

Xylazine is stepping on that hose. Maybe it's stepping on that hose long enough that the area of skin that was being fed blood from that hose, dies.

Justin: Okay.

Sydnee: That's what we think is happening. And so it causes areas of what we call skin necrosis, meaning dead skin, dead tissue. And it's not just the top layer, it's obviously deeper than that.

And so you can get areas of wounds that aren't from a... Like, you didn't have an injury there. There was no trauma. It's not even necessarily where you injected the drugs. They can happen anywhere on your body.

And these are areas of dead tissue so those take a really long time to heal and sometimes need antibiotics and sometimes even need surgical treatment, meaning we cut away the dead tissue.

Justin: Wow, okay.

Sydnee: So they can be very serious. There's a range of how serious they are, but generally speaking they need a lot more wound care than like your regular run-of-the-mill abscess or scrape or whatever.

And this is also a population of people that tends to be very reluctant to seek medical care because they are treated, generally speaking, so terribly by the people, those of us, who work in the healthcare industry.

So because of all of these effects of xylazine, it was decided pretty quickly that this is not going to be an option as a sedative for humans. This is a bad one.

Justin: Yeah.

Sydnee: But what they did find is that these same effects were not true in animals. So xylazine is commonly used today in veterinary medicine. And anybody out there listening who's a veterinarian would know this. Xylazine along with ketamine is used to... if you need to do a surgery on an animal.

Justin: Mm-hmm.

Sydnee: You gotta put 'em to sleep, so it's used alongside that. And in all sizes of animals, a lot of people talk about this, "Like, isn't this some sort of sedative used in elephants or horses or something?"

And yeah, it can be. I mean, it could also be used in smaller animals too.

Justin: Right.

Sydnee: But yes, it is a sedative that is meant to only be used in animals. It has been known to be toxic to humans since the 1960s.

And it has crept into our drug supply. And all of these reasons that we didn't want to put it into humans in the first place, we are seeing those effects in people who don't necessarily know they're using it.

Justin: Mm.

Sydnee: And so I wanted to sort of talk about that history, how we got to here and then where we are with xylazine now and kind of like what you can do about it, how you can be more aware of it. And why the way they're talking about it in the media isn't necessarily the most helpful.

Justin: Alright, let's do it, Syd.

Sydnee: But first we gotta go to the billing department.

Justin: Ugh! Let's go.

[ad break]

Justin: Syd, you got me all excited for the context you're about to drop about xylazine, and then you just yanked it away from me, like Lucy with the football.

Sydnee: I know, I'm sorry. I will say, when I talk about, like, this is a more recent... If any of our listeners are from Puerto Rico, you would know that this isn't incredibly recent in all parts of the world.

That's where we first started seeing these instances of xylazine in the local opiate supply all the way back in like 2000, 2001.

Justin: Wow.

Sydnee: So this isn't... I mean, this is recent for those of us living in West Virginia. It's a recent East Coast of the United States issue, which is probably why it's now getting, I mean...

Justin: Now getting covered.

Sydnee: Now it's getting covered—

Justin: Right.

Sydnee: ... because the East Coast of the United States is suddenly being impacted and we know that people who use opioids, traditionally, are from a community that gets more attention and concern.

Justin: Meaning...

Sydnee: Meaning they're usually white.

Justin: Yeah.

Sydnee: Users of opiates are typically white, not necessarily, but they typically are. When it first got into the drug supply, you know, 20 years ago, there were no media reports around here about that, obviously.

Justin: Mm-hmm.

Sydnee: But what they started seeing is that people were having overdoses and it was different. People weren't reacting like they typically expect an overdose to go.

And then of course, they were seeing these skin lesions. And they started testing the... They started, you know, basically looking at... What they do is they get needles, like used syringes and test the residue.

Justin: Huh. Right.

Sydnee: That's a common... That's a common thing they do. And I'll tell you on a side note, this is just something to think about, that seems like it makes a lot of sense, right?

Justin: Yeah.

Sydnee: If you want to know what is in the drug supply, go to a needle exchange program. Collect all the used needles.

Justin: Yep.

Sydnee: And then...

Justin: Test the needles.

Sydnee: Test the needles, right? The only issue with that—

Justin: Pointy.

Sydnee: Is that there's something else in the needles.

Justin: Drugs. Blood?

Sydnee: Blood. DNA of people who use drugs.

Justin: Oh!

Sydnee: Who are criminalized in this country.

Justin: Oh!

Sydnee: So it's a tricky thing.

Justin: Right.

Sydnee: I mean, as somebody who cares for and protects this community, I would be very reluctant to let any sort of criminal justice, you know, organization come in and test our used syringes.

Because that's also going to contain the identities of people who are breaking the law.

Justin: Mm.

Sydnee: And I mean, I guess it depends on how much you trust the government at that point.

Justin: Yeah.

Sydnee: But anyway, that is how they began to find xylazine in the drug supply all the way back in the early 2000s.

It took a long time to sort of move its way up here, obviously. It's been 20 years or more. And then we started seeing, most recently there's been a lot of reports out of Philadelphia.

Justin: Oh, really?

Sydnee: They did a study that showed that about 90% of the drugs—And that's the other way, right, that you can test what's in the drugs is you just get drugs, like you don't need residue in a syringe.

Justin: I'm 42 I don't know where to get drugs anymore.

Sydnee: I mean, I do. But I—That sounds really bad when I say... I'm not—

Justin: [laughs]

Sydnee: I'm not offering... Like, I'm not saying that like—

Justin: You're not bragging.

Sydnee: I'm not—

Justin: You're not bragging.

Sydnee: Well, I'm not bragging or offering anyone.

Justin: Right.

Sydnee: I will in no way help someone access that. That is not...

Justin: You're just... You're just bragging.

Sydnee: I just know—Well...

Justin: You're just saying like... You're just flexing. Like you could get any drugs you wanted, probably at a pretty good rate, all things considered.

Sydnee: But I would rather not, personally. That is not an area of interest of mine. [laughs]

Justin: Got it.

Sydnee: But the other things you could do is test the drugs and like there are ways to do that.

Like if locally a lot of what we know about what's in our drugs tends to come from some sort of big law enforcement action.

Justin: Right.

Sydnee: Where they confiscate a lot of product, and then they can test it. So that gives you a lot of information and then you're not necessarily getting the identities of everybody who uses drugs, right?

Justin: Mm-hmm.

Sydnee: You probably got the person who was dealing them, but you—That doesn't necessarily compromise everybody else. So they did a study recently in Philadelphia, and found that in like 90% of their drug supply, there was xylazine.

Justin: [inhales sharply] Ninety percent?

Sydnee: Mm-hmm.

Justin: Sheesh.

Sydnee: Of the drugs they tested.

Justin: Right.

Sydnee: And obviously it varies from place to place and then the direction... And so this is a lot of, like if you're ever interested in helping with harm reduction efforts—And you don't have to be a doctor to help with this stuff.

This is a... people who use drugs are a marginalized community in this country. They are treated differently than other people with chronic illness. I think we all know that.

Justin: Mm.

Sydnee: Instead of being offered, routinely offered, medical assistance to help them with their chronic illness and to help them achieve a better quality of life, they are punished.

Justin: Yeah.

Sydnee: And often, like treatment is offered as an alternative to, “Listen. You're already in trouble. You're going to go to jail. Unless you want to do this.” And so it's kind of a forced offer.

Justin: Yeah.

Sydnee: As opposed to the first hand we stick out. So if you're interested in ever doing harm reduction work, you don't have to be a doctor. Anybody can learn these basic principles.

Justin: Cool.

Sydnee: And a lot of the people I work with have no medical training whatsoever. But they started, like I said, in Philadelphia, they started testing and finding these things out.

And then more recently, other places along the East Coast have started to find evidence of this in their drugs.

Justin: Mm-hmm.

Sydnee: And it depends on what pathway your drugs come from as to how likely it is to be in your drug supply.

Justin: Geographic or...?

Sydnee: Mm-hmm.

Justin: Oh, okay.

Sydnee: Geographic. In this particular area of the country where we live a lot of our drugs tend to come through like, Ohio, is where we get—

Actually Columbus is, Columbus, Ohio, is a good indicator for us as to if the drug supply may be contaminated with something dangerous.

Justin: We're kind of a spin-off.

Sydnee: Yes, we're a spinoff of Columbus. What we—

Justin: A franchise team, if you will.

Sydnee: There's actually... We have an alert system, locally, where when we see an increase in overdoses in Columbus, Ohio, we know that within the next about 72 hours—

Although anecdotally, I will... I still believe it's a little longer than that.

That's just my personal opinion as someone out in the field, I think it's a little longer than 72 hours, but there is definitely an increase in overdoses in our community following an increase there.

Justin: Hm.

Sydnee: Which means that whatever bad stuff got in the drugs that were in Columbus, Ohio, is coming to Huntington.

Justin: Okay.

Sydnee: Within a matter of a week or so.

Justin: Wow. That's wild.

Sydnee: Yeah, we can predict those things.

And that also tells you what adulterants might be in the drug supply.

Justin: Right.

Sydnee: In very recent months, we have started to find more xylazine in our local drug supply. I will tell you that those of us who work in harm reduction knew it was here a year ago. Because if you've ever...

So the differences in what you're going to see with someone who has inadvertently or intentionally, injected Xylazine.

First of all, when someone overdoses on an opiate, it's very common for them to, obviously, lose consciousness, stop breathing. You will see the signs of that because they usually have their skin change color. Like they look... They look pale or blue or—

Justin: It's very obvious—

Sydnee: Yes, it's very obvious.

Justin: ... that something has gone wrong.

Sydnee: Their body is starved of oxygen, you need to do something. Similar things happen with a xylazine overdose, because it's very unusual for someone to only be on xylazine.

Justin: Right.

Sydnee: Most of the time it's mixed with fentanyl or heroin. Or both. And so you'll see these same things. And for those of us who know how to react to that, we usually administer something called naloxone.

Justin: Right.

Sydnee: Which we've done a whole episode on, Narcan.

Justin: Right, Narcan.

Sydnee: You squirt this opioid reversal agent up their nose or you can inject it. There's lots of other ways to give someone Narcan. We—a lot of us use the nasal thing 'cause it's easy.

And hopefully within a few minutes you see their color returning. You see them breathing again. And in that interim, obviously, if their heart stopped, you start CPR. But a lot of times we'll provide breathing support.

Justin: Okay.

Sydnee: Do rescue breathing.

What we started to see with xylazine, and this is before we knew it was here and we suspected, is that someone will get the naloxone and we'll see their color return. We'll see them start to breathe. But they don't wake up.

Justin: Whoa.

Sydnee: And that's usually not how it works with just an opioid overdose.

Justin: Right.

Sydnee: When someone has just had too much opioids in their system, once you block those receptors and knock those opioids off, they wake up.

Justin: Mm.

Sydnee: And usually we've thrown them into withdrawal and so they feel very uncomfortable. I will tell you that there's this myth that everybody, quote, unquote, "comes up swinging."

Justin: [laughs ruefully]

Sydnee: You'll hear that. Honestly, like most often, I have heard that from... Well, I don't want to... I don't blame anybody.

Justin: Okay.

Sydnee: I don't want to blame one group of people who says this.

Justin: Okay.

Sydnee: I would say that—

Justin: You don't want to blame any one group of law enforcement officers?

Sydnee: Who says this. What I would say is that someone has had a near death experience and it is probably very upsetting and disturbing. And now they've woken up and they feel absolutely horrible. And also a bunch of people are standing over them, staring at them in panic.

Justin: Mm-hmm. Disconcerting.

Sydnee: Yeah. So like, I think that how you, as the person who's helped in that situation, I think your demeanor and how you react probably has a lot to do with the way the person reacts when they wake up.

Justin: Mm-hmm.

Sydnee: That's what I'll say to that.

Justin: Okay.

Sydnee: If you're calm and trying to be helpful, and you know, keep somebody else calm—

Justin: Gotcha.

Sydnee: ... and compassionate and show them that you're there to help...

Justin: Might work a little bit better. But that's for... That's more typical with like fentanyl or another kind of overdose.

Sydnee: Yes.

Justin: But you said it's a little different, maybe, with—

Sydnee: With xylazine, they, in my experience, people stay asleep. So they're breathing.

Justin: Good.

Sydnee: I always have a little thing, the thing that they put on your finger, it's called a pulse oximeter, that tells me what your heart rate and oxygen saturation is. You've probably seen one.

Justin: Yes.

Sydnee: If you've ever been in an ER, they've put it on you. I have one of those in my pocket at all times. I pop it on somebody. Their oxygen levels come up. But they're not awake.

Justin: [sarcastic] I feel like you've been bragging a lot this episode. A lot of bragging. Now—

Sydnee: I don't think I'm bragging.

Justin: Now it's... Now you got a... You know how to get any drugs want. You have a pulse ox with you all the time.

Sydnee: [laughs] I do. I walk around with Narcan in one pocket and a pulse ox in the other. And chapstick.

Justin: And I—

Sydnee: That's the other essential.

Justin: I didn't—

Sydnee: That's just for me, though. That's selfish.

Justin: I didn't even have my Narcan on me. But then apparently it's fine to leave it in the heat—there was a—there was—because they said you couldn't leave it in your car, 'cause it would overheat and it would not be as effective.

But apparently that's not the case.

Sydnee: Well, we did studies and said that actually it does fine.

Justin: So if you've been keeping your Narcan, I don't know where you'd keep it other than your car, but if you've been keeping it somewhere else, you can put it in your car now.

Sydnee: Keep it somewhere handy.

Justin: Yep.

Sydnee: Anyway, so we noticed this with some people that we had helped after an overdose that this was different, that they still weren't awake.

And then, of course, these skin lesions I started seeing. I take care of a lot of people who are experiencing homelessness. They're really pretty great at first aid, a lot of the people I take care of.

And if they get a small skin wound, they usually don't come to me right away. Because they, unless they're just asking for some Band-Aids or something, they usually can manage it on their own. I started to see a lot more people coming in saying, "This is not healing."

And that's another hallmark. It's something that you don't know how you got it. It's in a weird place. It's not a place that you would necessarily inject, and it's not healing like you think it should.

Justin: Huh. But not at the injection site.

Sydnee: No, not necessarily. It could be, but not necessarily.

So I started to see all this, and then I read these reports out of Philadelphia about xylazine. And we started putting two and two together. There are test strips available for xylazine, just like there are for fentanyl, so that's a way that we could find out if xylazine is in our local drug supply.

Our local hospitals are working on testing for xylazine in people who come in, like in a urine drug screen, we can't current—We can't yet.

Justin: Right.

Sydnee: So I have no way of knowing if it's there. I just suspected it. So we were able to purchase some of these xylazine test strips that are used just like fentanyl test strips. And we started doing our own kind of... Not, I mean, it's not research 'cause it's not regulated.

We're just basically trying to see if it's out there by asking people, "Hey, if I give you this, check your drugs, here's what to do with that information. And then also would you just let me know if it was positive?" So I'm trusting people's self-report.

And we are definitely seeing it in our local drug supply. It is absolutely present. I'm not doing like a numbers study, so I can't tell you numbers.

But in the state of West Virginia... So the whole country has taken action on xylazine. This isn't just our state. The whole country has sought to regulate

more strongly, xylazine. Like this came from national level on down to criminalize and schedule xylazine so that we can take action against people who sell it. Um—

Justin: [sarcastic] That should fix it.

Sydnee: [sarcastic] Right, that's worked every time.

The state of West Virginia did the same thing, only they, by doing so, by scheduling xylazine, they inadvertently banned the test strips that we can use to see if xylazine is in our drug supply.

So we are recording this on June 5th. On June 8th, I can't use those test strips anymore because they are drug paraphernalia and then I will be operating an illegal drug paraphernalia store. [laughs]

Justin: So you're... So you're going to stop.

Sydnee: So I will have to stop at that point.

Justin: Wink!

Sydnee: Because they've— No, and I do not... I have been reassured by multiple people at upper levels that this was not intended, but we can't fix it until we have another session which isn't 'til next January. So until next January—

Justin: I thought they were going to do some special thing, you said?

Sydnee: I don't know, I mean, we never know what's going to happen in this state. But for now, as of June 8th, they'll be banned and we can't use them. And right now it's the only way that I can tell people if there might be xylazine in the drugs that they're going to use.

The advice I'm giving people on what to do about xylazine because naloxone does not reverse a xylazine overdose.

Justin: Yes. That's the point of the whole Narcan thing.

Sydnee: So if someone stops breathing because of xylazine, I can't use naloxone to save them. The thing we have to do is give them what we call respiratory support, meaning we breathe for them. Out in the field, that means either literally mouth to mouth breathing.

Justin: Mm-hmm.

Sydnee: Or if you have a Ambu bag and a bag mask and you know how to use it. Don't mess around with those unless you know how to use 'em.

Justin: Yeah, don't.

Sydnee: You can use that. Or in the hospital, that usually means a ventilator, right? Any of those things can save someone's life in an overdose from xylazine. So if someone overdoses, always give them naloxone first. Always give them naloxone first.

You're never going to go wrong with that, even if there isn't an opiate, you've done no harm. Naloxone first. That might be enough to get them breathing, and then you've saved their life. And then second rescue breaths.

And third you gotta call EMS. You always should. You always should, in an overdose. Always, always, you should. It's also against the law not to in this state. But specifically with xylazine, you may need that hospital support to save this person's life. And I think we've all gotten comfortable that Narcan can save lives.

But with xylazine in the drug supply, that's not necessarily going to be enough. So give them the Narcan or whatever form of naloxone you got. Rescue breathing and calling EMS, please. And until EMS arrives, you may need to continue to breathe for them. I mean, you can see if they're... You can tell if they start breathing on their own.

And keep them safe because they're not going to wake up.

Justin: Mm.

Sydnee: There's also going to be fluctuations in their blood pressure as they come off of xylazine that can be really dangerous and should be monitored.

Justin: Mm-hmm.

Sydnee: And then of course there's the skin lesions, which, what I have counseled people that I take care of is, please come see me sooner. Don't assume this will heal on its own. Don't assume that the usual stuff you do is going to make this better. These can become very deep. A lot of tissue can die. They can get infected very easily.

And if you don't seek medical attention sooner rather than later, you may end up with an amputation in some of these cases. Or you could become septic from a bloodstream infection. So seek care for these wounds faster.

There's a lot of tricks if you're somebody who provides medical care, I'm not gonna get into this on the show, but there's a lot of tricks that we use specifically for these wounds that we have found.

I have found a lot of help from a harm reduction group out of Philadelphia, called the Savage Sisters. I follow them on TikTok.

They have tons of useful information on how to help people who are using xylazine, whether intentionally or not, because they have had more experience with this.

They've been really useful. But please don't call it a zombie drug. That's... it's just stigmatizing a population that's already stigmatized enough.

And if you love someone who uses drugs, if you know someone who uses drugs, please share this information with them because there are helpful things we can do to protect people knowing xylazine is out there.

But sensationalizing it isn't one of them. And there's tons of information available online about xylazine now. And if you have a local harm reduction program, I would urge you to talk to them.

Justin: Alright. Folks, thank you so much for listening. We appreciate you. We hope you've enjoyed yourself and learned a little something.

We have a ten-year... you're not gonna believe this folks, ten-year *Sawbones* challenge coin over at mcelroymerch.com, available this month to celebrate the 10th anniversary of this fine podcast that you're enjoying right now.

We've also got some *Adventure Zone* and *MBMBaM* Nalgene bottles that are new. There's a Shlabethany pin. It's good stuff over there. But the important thing, *Sawbones* challenge coin. Go get it while supplies last.

Thanks to the Taxpayers for the use of their song, "Medicines" as the intro and outro of our program. And thanks to you, for listening. Until next time my name is Justin McElroy.

Sydnee: And I'm Sydnee McElroy.

Justin: And as always, don't drill a hole in your head.

[theme music plays]

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