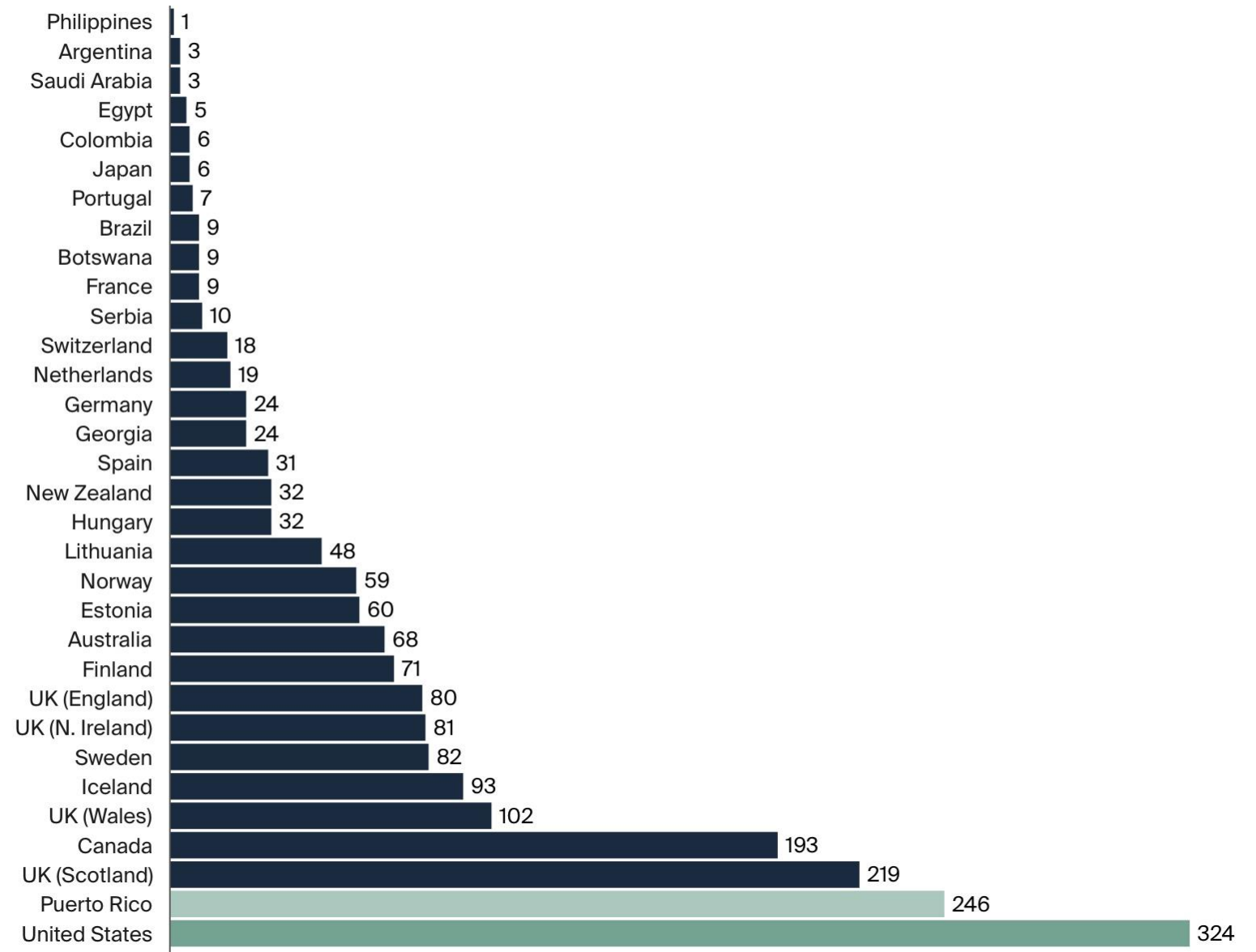


Optimizing Safety for People who use Substances

Alex Walley, MD, MSc
CRIT/FIT/CFR – April 2025



Drug-related death rate
per 1 million population
(unadjusted), 2022 or
latest year available



Source: Evan D. Gumas, "U.S. Overdose Deaths Remain Higher Than in Other Countries — Trend-Tracking and Harm-Reduction Policies Could Help," *To the Point* (blog), Commonwealth Fund, Jan. 9, 2025. <https://doi.org/10.26099/ppdk-qy10>

Reminder

- Behind every statistic is a person
- Overdose deaths are preventable
- Remember the individual, family, and community behind the numbers to fuel your work



A photograph of the Boston Medical Center Emergency Department at night. A large, illuminated sign above the entrance reads "BOSTON MEDICAL" in blue and "EMERGENCY" in red. A red traffic light is visible to the right of the entrance. Several people, including medical staff in white coats and blue scrubs, are standing near the entrance. A white ambulance is parked on the left side of the frame.

BOSTON
MEDICAL

EMERGENCY

Learning Objectives

1. Define harm reduction and apply it to public health
2. Explain the rationale and evidence for:
 - a. Needle syringe access
 - b. Naloxone rescue kits
 - c. Witnessed consumption
 - d. Drug checking

What is Harm Reduction?

- Practical strategies and ideas to reduce substance use consequences
 - Sunscreen, seat belts, designated driver
- Interventions guided by risk-benefit analysis
 - ♦ Abstinence is not a prerequisite to care
- A movement for social justice built on a belief in, and respect for, the rights of people who use substances
 - Harmreduction.org – National Harm Reduction Coalition



Dan Bigg on Chicago Recovery Alliance van



Rhoda Creamer and George Arlos from Dutch newspaper.

Some Harm Reduction Mantras

- *Any positive change*
 - Dan Bigg
- *Nothing About Us Without Us*
- *Meet people where they are at*
- *Harm reduction is loving people until they're ready to love themselves*
 - Mary Wheeler
- *I'm not hard to reach, you just do not know how to reach me*
 - Sarah Bagley's patient
- *Trauma is the gateway drug*
 - Jess Tilley
- *Instead of making the patient work for the treatment, let's make the treatment work for the patient*
- *Successful harm reduction trickles up*
 - Jim Duffy

Harm Reduction Movement in Massachusetts: An Oral History Project

Listen to the interviews



Gary Langis

[Listen Now](#)



Sarah Mackin

[Listen Now](#)



Monique Tula

[Listen Now](#)



Joy Rucker

[Listen Now](#)



Jean McGuire

[Listen Now](#)



Jess Tilly

[Listen Now](#)

Biden-Harris 2021 Drug Policy Priorities

1. Expanding access to evidence-based treatment
2. Advancing **racial equity** issues in our approach to drug policy
3. Enhancing evidence-based **harm reduction** efforts
4. Supporting evidence-based prevention efforts to reduce youth substance use
5. Reducing the supply of illicit substances
6. Advancing recovery-ready workplaces and expanding the addiction workforce
7. Expanding access to recovery support services



EXECUTIVE OFFICE OF THE
PRESIDENT
OFFICE OF NATIONAL
DRUG CONTROL POLICY
Washington, DC 20503



Trump-Vance 2025 Drug Policy Priorities

1. Reduce the Number of Overdose Fatalities, with a Focus on Fentanyl

- “The Administration will expand access to overdose prevention education and life-saving opioid overdose reversal medications like naloxone.... We will encourage state and local efforts facilitating law-enforcement-assisted diversion to connect people who use drugs with supportive services that divert them from incarceration and reduce recidivism. We will encourage state and local jurisdictions to increase the availability of drug test strips and naloxone to mitigate the impact of deadly drugs on communities across the country. We will identify, locate, and bring to justice individuals responsible for overdose deaths and pursue the harshest available penalties for those who, at the expense of an unwitting drug-user’s life, seek to enhance their illicit gains by relying on lethally potent opioids to expand their illicit drug sales.”

2. Secure Global Supply Chain Against Drug Trafficking

3. Stop the Flow of Drugs Across our Borders and into Our Communities

4. Prevent Drug Use Before It Starts

5. Provide Treatment That Leads to Long-Term Recovery

- “The Administration will ensure effective, timely, and evidence-based treatment is available. This will include expanding access to medications for opioid use disorder (MOUD) and improving health treatment with clinical and recovery support services.”


































6. Innovate in Research and Data to Support Drug Control Strategies






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DRUG CONTROL POLICY
Washington, DC 20503

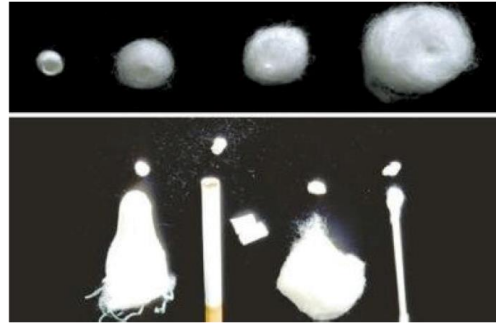


Harm Reduction Evidence Map – Tonin et al. 2024

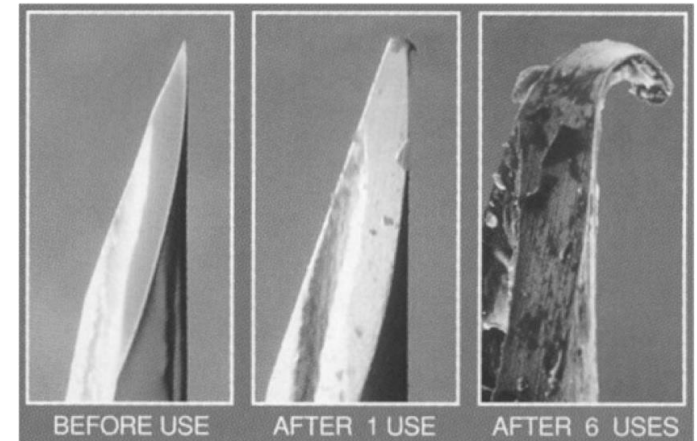
Interventions	Main outcomes*											
	HIV incidence / transmission	HIV prevalence	HCV incidence / transmission	HCV prevalence	Overall risky behavior	Illicit opioid use	Injecting behavior	Injection drug use	Sharing needles/ syringes	Drug treatment entry	Overdose	Deaths
NSEP												
OAT												
Behavioral / educational												
SCF/SIF												
THN												
Combined interventions												

-  High Quality
-  Moderate Quality
-  Low Quality

Size proportional to # of reviews
(larger=3 or more; medium=2; small=1)



What do syringe service programs do?



What do syringe service programs do?

Scientists, including those at the Centers for Disease Control and Prevention (CDC), have studied SSPs for more than 30 years and found that comprehensive SSPs benefit communities.



SSPs save lives by lowering the likelihood of deaths from overdoses.



Providing testing, counseling, and sterile injection supplies helps prevent outbreaks of other diseases. For example, SSPs are associated with a **50% decline** in the risk of HIV transmission.



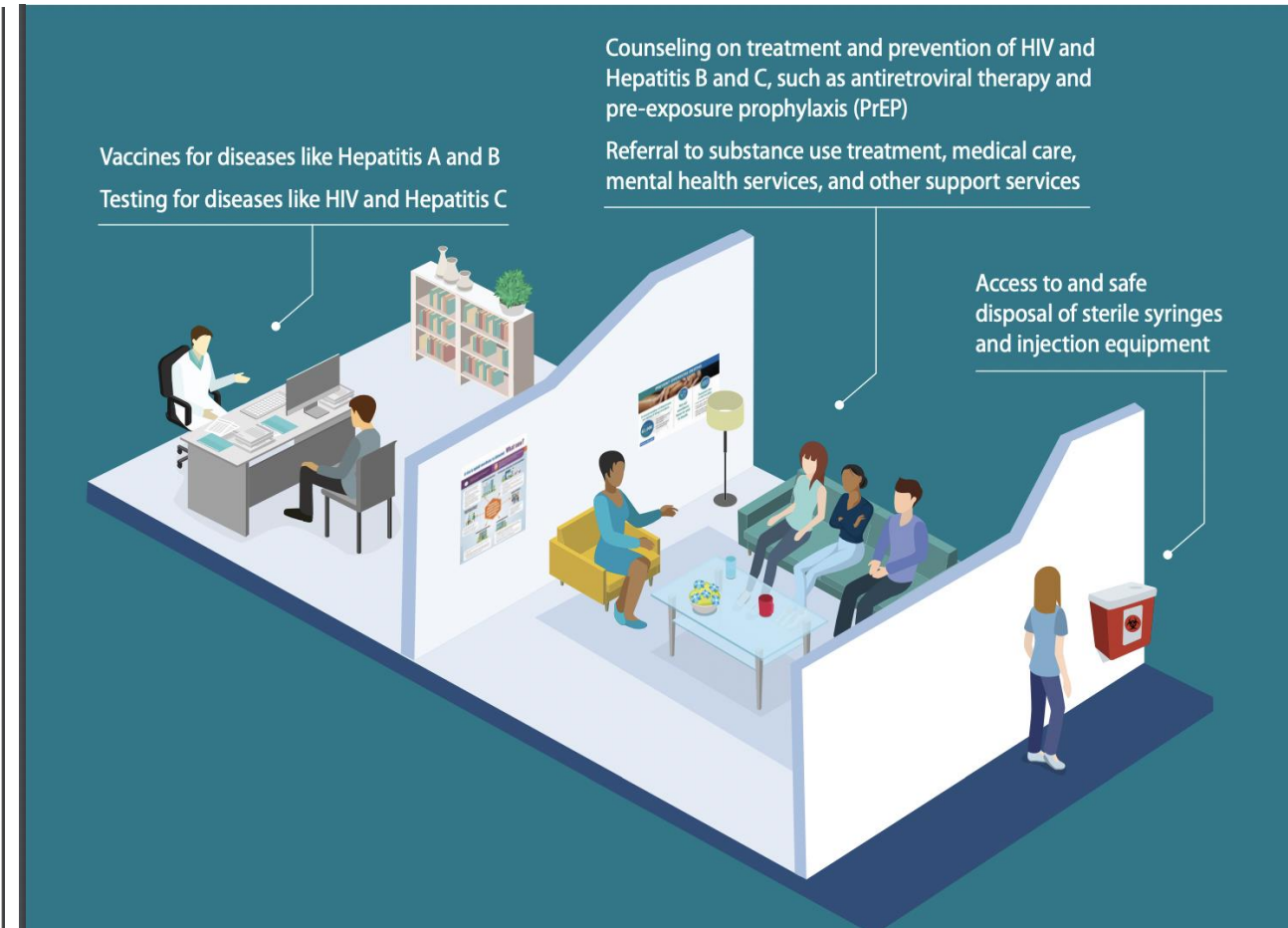
Users of SSPs were **three times more likely** to stop injecting drugs.



Law enforcement benefits from reduced risk of needlesticks, **no increase in crime**, and the ability to save lives by preventing overdoses.



When two similar cities were compared, the one with an SSP had **86% fewer syringes** in places like parks and sidewalks.



Rationale for overdose education and naloxone distribution



- Most people who use opioids do not use alone
- Known risk factors:
 - Mixing substances, abstinence, using alone, unknown source
- Opportunity window:
 - Opioid overdoses take minutes to hours and is reversible with naloxone
 - For fentanyl, the window is seconds to minutes
- Bystanders are trainable to recognize and respond to overdoses
- Fear of public safety

[Patient education videos and materials
at prescribetoprevent.org](https://prescribetoprevent.org)



**U.S. FOOD & DRUG
ADMINISTRATION**

FDA NEWS RELEASE

FDA Approves First Over-the-Counter Naloxone Nasal Spray

Agency Continues to Take Critical Steps to Reduce Drug Overdose Deaths Being Driven Primarily by Illicit Opioids

[f Share](#)

[t Tweet](#)

[in LinkedIn](#)

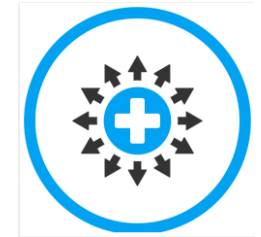
[✉ Email](#)

[🖨 Print](#)

For Immediate Release: March 29, 2023

Broaden naloxone distribution

- Partner with Harm Reduction Providers to get naloxone to those at highest risk for overdose
 - Community Program Standing Order
- Facilitate Pharmacy distribution
 - Over-the-Counter Placement and Cost offset
 - Statewide Standing Order
 - Insurance Coverage
- Engage addiction treatment providers, federally qualified health centers, emergency departments
- First responders – administration and leave behind



Making a risk reduction plan with your patients

- How do you protect yourself against overdose?
- What is your safety plan? ->Plan A? B? C?
 - ***Use with someone*** (Partners, OPC, hotline)
 - **Take turns** to prevent simultaneous overdose
 - **Have naloxone ready** + way to call for help
 - ***Start low and go slow – pace and space***
 - ***Check your drugs***
- What is the plan to keep other people safe?

My Safety Plan

Step One: Things which put me at risk of accidental overdose

(Risks are often use of medications or illicit drugs, methods of use, history, and health factors)

• _____	• _____
• _____	• _____
• _____	• _____

Step Two: Actions I can take to reduce my risk of overdose

(Consider steps that address the risks found in step one, example: Changing method of use)

• _____	• _____
• _____	• _____
• _____	• _____

Step Three: Things I do regularly (or want to do more) to stay well

(Consider ways you take care of your physical and mental health)

• _____	• _____
• _____	• _____
• _____	• _____

Step Four: People who support my wellness and I can ask for help

Name: _____	Phone: _____
Name: _____	Phone: _____
Name: _____	Phone: _____

Step Five: Professionals and agencies I can call in a crisis

Name: _____	Phone: _____
Program: _____	Phone: _____
Urgent Care: _____	Phone: _____

Local Crisis Hotline: _____

SAMHSA's National Helpline: **1-800-662-HELP (4357)**

Step Six: The number one reason I want to live today

• _____

Step Seven: The next step I am willing to take to reduce my risk

• _____

Your health and life matter.

BUILD A SAFETY PLAN

Anyone who uses drugs can overdose. These tips can help you build a safety plan that works for you.

Know the facts.

Fentanyl is in the drug supply.

- Fentanyl is 50-100 times stronger than heroin.
- A small amount of fentanyl can cause an overdose.
- Fentanyl is mixed into heroin and can be added to other drugs such as pills, cocaine, and crystal meth.
- Naloxone DOES reverse the effects of fentanyl.

Tolerance

When a drug is used repeatedly over time, a larger dose of the drug is often needed to reach the same desired effect.

A drug-free period will lower your tolerance.

- Your tolerance can drop in 1-2 days if you stop using opioids for any reason, such as if you take a break for a few days, detox, are in the hospital or put in jail.
- Using the same amount of drug after taking a break puts you at higher risk for an overdose.

Mixing drugs, medications and alcohol increases the risk of overdose.

- Alcohol and benzos (such as: Xanax, Klonopin, Ativan, Valium) mixed with any opioid can be deadly.
- They can change how you think, so you may not remember or care how much you have used.

Carry naloxone (Narcan).

- Naloxone will reverse an opioid overdose. Have it out and ready to use if needed.
- Naloxone can be sprayed into the nose or injected.
- If you are out of naloxone, get a new kit. Go to your local syringe exchange program or find a drug store near you at: www.health.ny.gov/overdose
- Tell those you trust how to use naloxone.
- The 911 Good Samaritan Law protects people against being charged for drug possession if they call 911 or if someone calls 911 for them.

Find a buddy.

- Take turns using so someone is ready to give naloxone if needed.
- If you use alone, let someone you trust know where you are.
- Ask them to text, call or check-in on you 3-5 minutes after you use drugs to make sure you are ok.

I'M ON MAIN STREET.

CALL ME IN 5 MINUTES.

Talk about it.

- An overdose can cause many feelings for the person who overdosed and those around them.
- You are not alone. Talking to someone can help you cope, and get the support you need.
- The National Suicide Prevention Lifeline is a network of local crisis centers that provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week: 1-800-273-TALK (8255) or text "GOITS" to 741741 to start a conversation.
- Many community programs can help you find services such as food, rides, and health care, etc.

My safety plan.

I keep my naloxone kit:

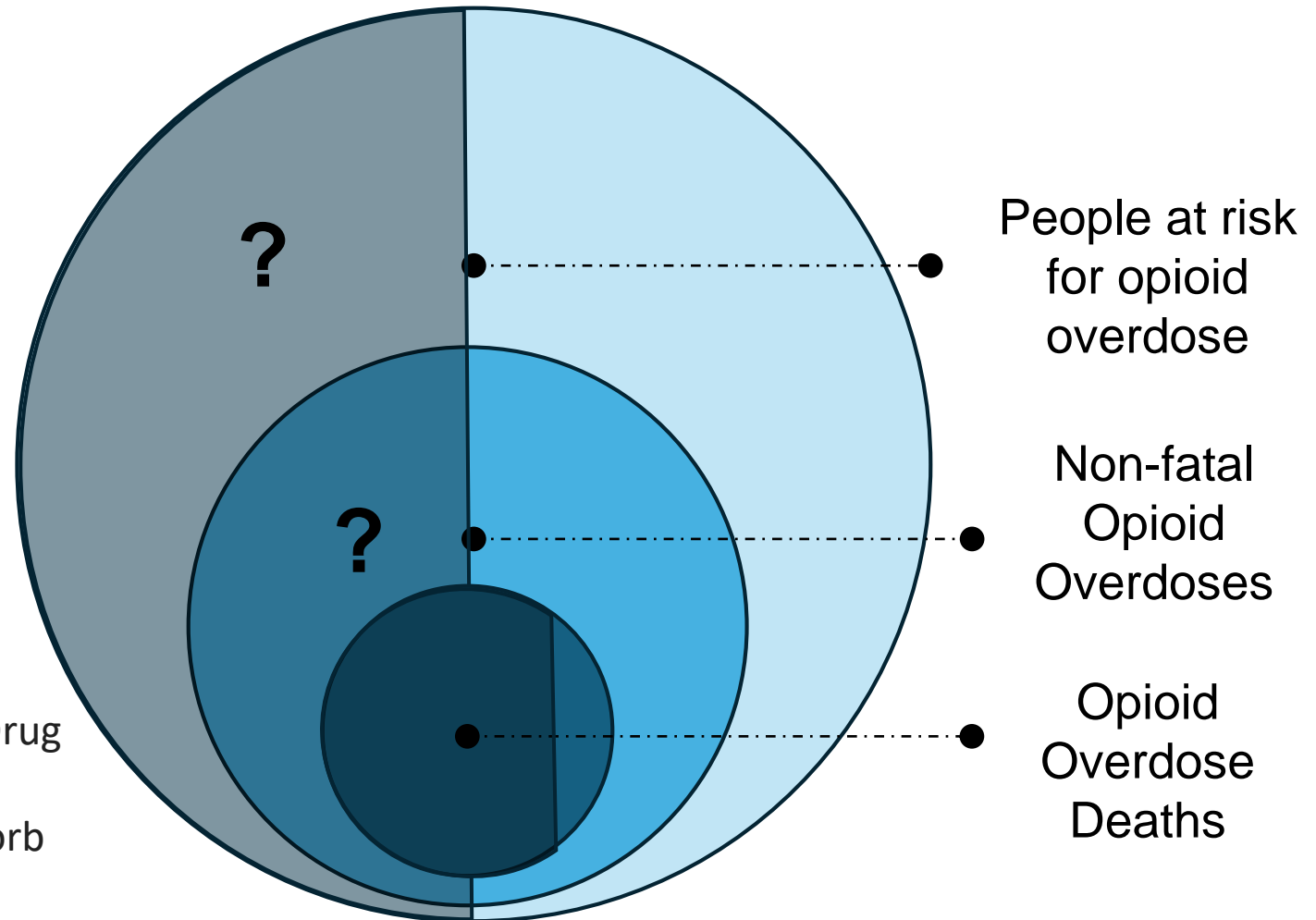
My Tips (e.g., name of syringe exchange program (SEP) counselor, phone number, and other resources):

SEP hours:

Naloxone only works if there is someone to respond

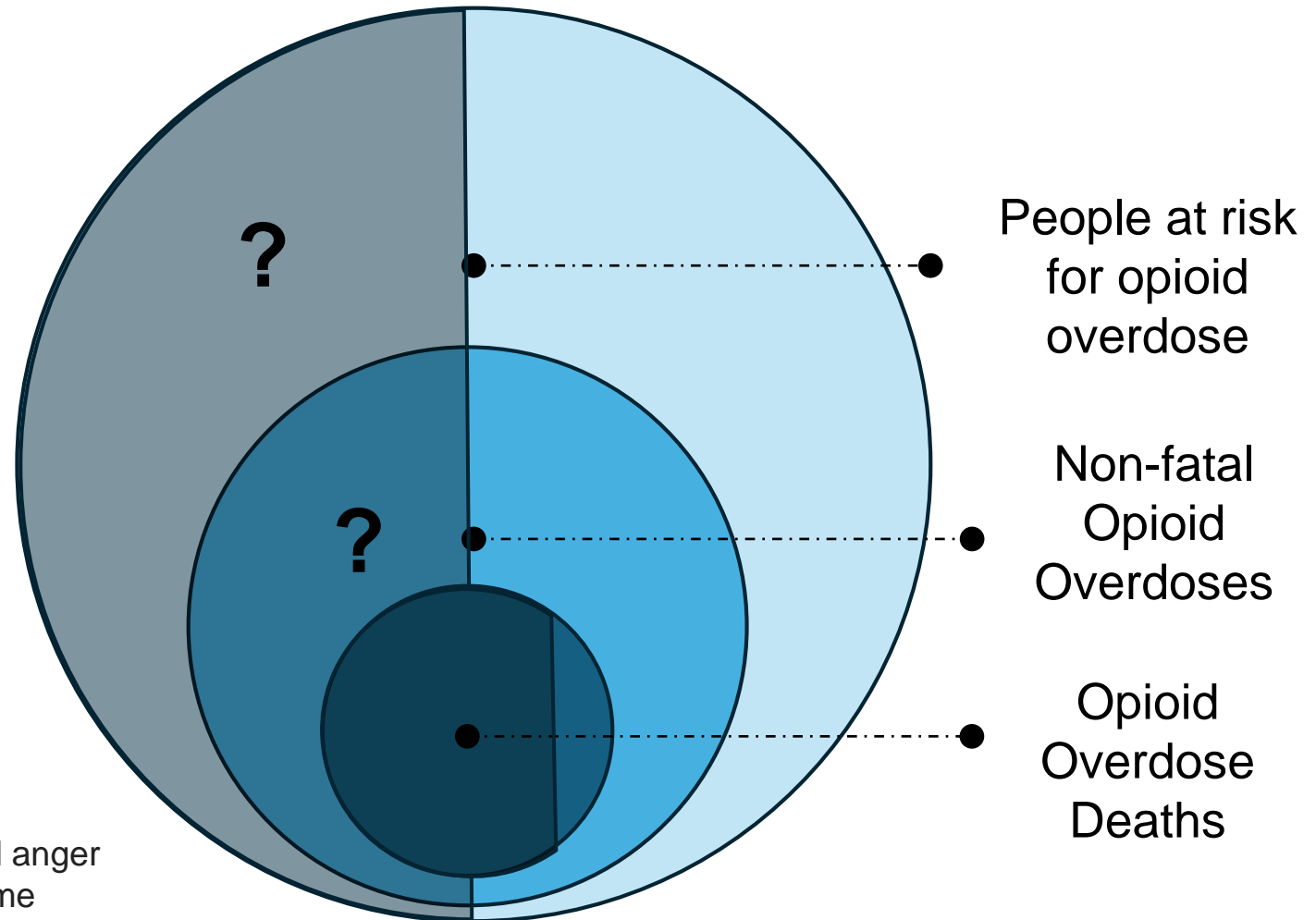
- Unmonitored drug is common
- >90% of deaths occur during unmonitored drug use
- Naloxone only works if there is someone to respond

O'Donnell et al. Trends in and Characteristics of Drug Overdose Deaths Involving Illicitly Manufactured Fentanyls - United States, 2019-2020. MMWR Morb Mortal Wkly Rep. 2021.



Why do people use alone?

- Using alone = Unmonitored drug use
- *Why do people use alone?*
 1. Avoid stigma, maintain privacy, convenience, avoid theft/violence
 2. Fentanyl fatigue
 - Survivor and rescuer
 3. Post-naloxone adverse events
 - Withdrawal due to high doses
 - Anger due to lack of communication



More potent naloxone is not the answer

Morbidity and Mortality Weekly Report

Comparison of Administration of 8-Milligram and 4-Milligram Intranasal Naloxone by Law Enforcement During Response to Suspected Opioid Overdose — New York, March 2022–August 2023

Emily R. Payne, MSPH¹; Sharon Stancliff, MD¹; Kirsten Rowe, MS¹; Jason A. Christie²; Michael W. Dailey, MD³



8mg vs. 4mg
naloxone:



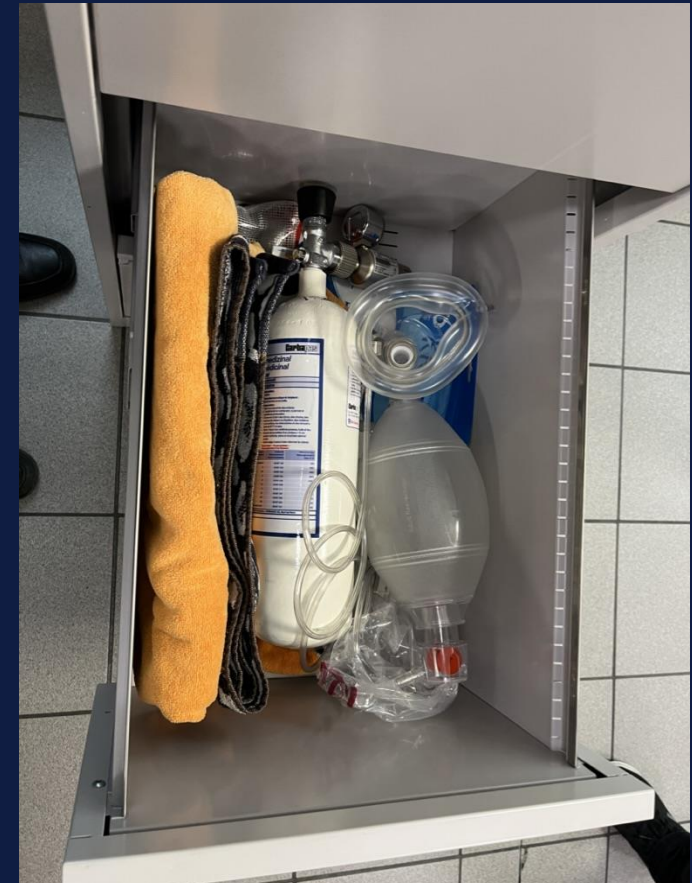
High dose naloxone -> No benefit, more withdrawal

Compassionate Overdose Response

Opportunities: Compassionate Overdose Response

1. Titratable naloxone + communicative rescuers
 - Not higher doses, longer acting antagonists -> unintended consequences, unproven benefit
 - Experienced rescuers spare naloxone
2. In-person and virtual witnessing
 - Overdose Prevention Centers

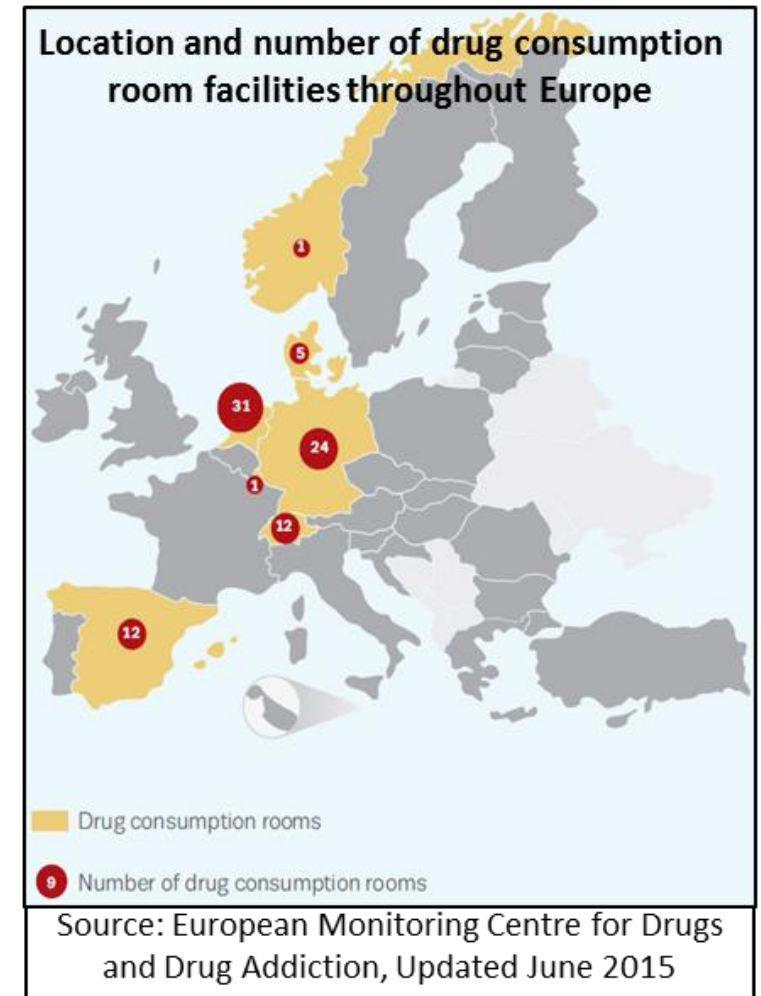
City of Zurich Drug Consumption Facility



Oxygen and ambu bag, but no
naloxone!

Supervised Injection Facility=Drug Consumption Spaces= Overdose Prevention Centers

- Legal facilities where people can inject pre-obtained drugs under supervision
- Objectives: Public Health + Public Safety
 - Reduce overdose
 - Reduce injection-related infections
 - Improve access to substance use disorder treatment
 - Reduce public drug use
 - Improve neighborhood security
- Existing Facilities
 - Facilities throughout Europe and Canada
 - Sydney, Australia
 - New York City 2021, Providence 2025

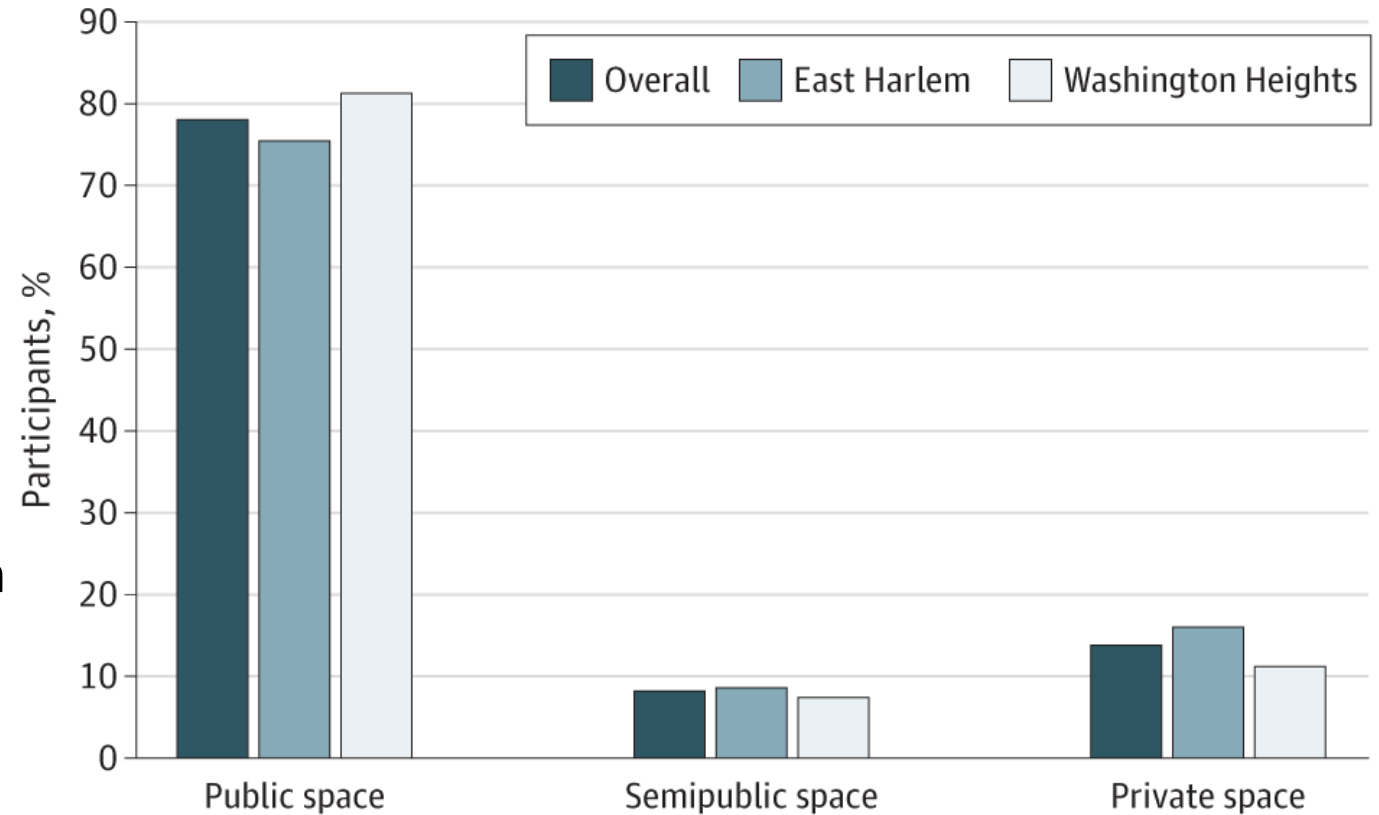


Nation's First Supervised Drug-Injection Sites Open in New York

First 2 months – 11/21-01/22

- 613 individuals used 5975 times
- 125 overdose responses
 - 19 naloxone administrations
 - 35 oxygen uses
- 45 overamping episodes
 - hydration, cooling, de-escalation
- 5 EMS calls
 - 3 transports
- No fatal overdoses

Figure. Reported Drug Use Location If Overdose Prevention Center Was Not an Option



Compassionate Overdose Response

Opportunities: Compassionate Overdose Response

1. Titratable naloxone + communicative rescuers
 - Not higher doses, longer acting antagonists -> unintended consequences, unproven benefit
 - Experienced rescuers use spare naloxone
2. In-person and virtual witnessing
 - Overdose Prevention Centers
 - Overdose prevention helplines, apps and devices
3. Support practices of safety – “Back to Basics”
 - EVERYONE needs an overdose safety and self-care plan and a network they can count on



Compassionate Overdose Response

- **24/7 phone service with trained, peer operators who make a safety plan with people using drugs alone, “spot” them and send help when needed**
- **Funded by MA, ME, and CT health departments**
 - **Calls from 32 states and Canada**
- **Trained, paid operators with lived experience pick up in < 20 seconds**
- **Call 800-972-0590 or go to safe-spot.me**



22

Overdose
Activations

18,290+

Use Events
Supervised

7,487+

Calls
Received

40

Hotline
Operators

Compassionate Overdose Response



Scan me!



<https://www.thisamericanlife.org/809/the-call>

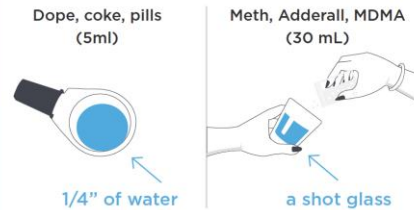
USE FENTANYL TEST STRIPS

TAKE THESE STEPS:

- 1 Prepare the test
- 2 Dip the strip
- 3 Wait 5 minutes
- 4 Read results
- 5 Make a plan

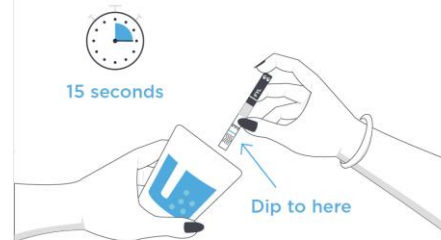
1 PREPARE THE TEST

- Take a small amount of product and put it in a container (cooker, cup, shot glass).
 - + For dope, coke, or pills add 5 mL (a cooker or 1/4 inch) water.
 - + For meth, Adderall, MDMA, add 30 mL (shot glass) of water.
- To test pills, scrape from middle or crush.



2 DIP THE STRIP

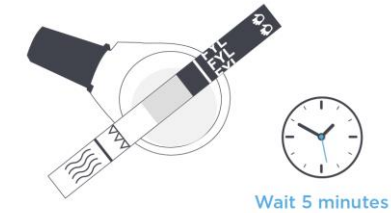
- Dip the bottom of the strip into the water just up to the solid blue line — NOT past it!
- Hold the strip in the water for 15 seconds.



3 WAIT 5 MINUTES

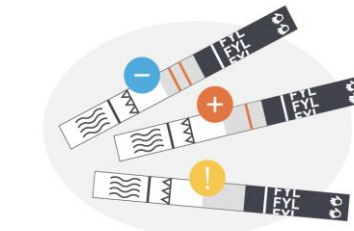
- Set the strip on a horizontal surface.
- Wait 5 minutes.
- While waiting for results, think about what you will do if the results are positive.

Remember: There is always a risk for false results. Always take care when using.



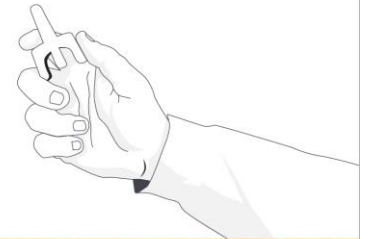
4 READ RESULTS

- **Two lines:** negative, likely *does not* contain fentanyl.
- **One line:** positive, likely contains fentanyl.
- **No lines:** invalid, use another strip to try again. Make sure you are not putting the strip in past the solid blue line.



5 MAKE A PLAN

- If not using, flush drugs down toilet. Don't put in trash.
- Do a test dose or use less.
- If you use, include a spotter (someone ready and able to respond). Use with others and take turns.
- Carry Naloxone.



HelplineMA.org
800-327-5050

Other drugs than fentanyl can cause an overdose or a bad reaction.

Check drugs before use at a MADDs testing site (where possible):
www.streetcheck.org

RESEARCH

Open Access

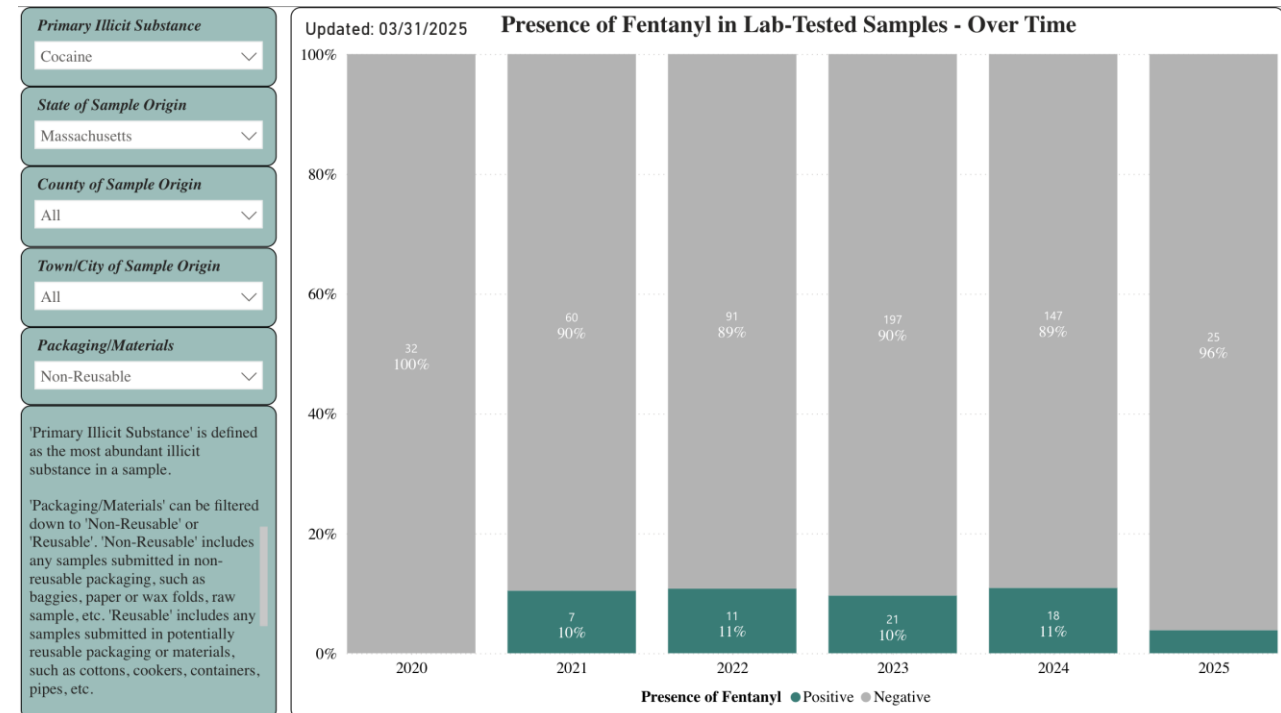
The Bronze Age of drug checking: barriers and facilitators to implementing advanced drug checking amidst police violence and COVID-19

Jennifer J. Carroll^{1,2*}, Sarah Mackin³, Clare Schmidt³, Michelle McKenzie^{2,4} and Traci C. Green^{2,5}



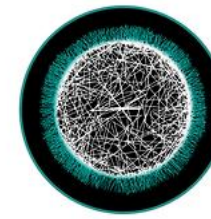
Barriers to drug checking:

- technological complexity of the advanced spectroscopy devices
- spectroscopy devices are powerful but not always well-suited for street-based drug checking efforts
- legal ambiguity of drug checking
- disruptive and oppositional police



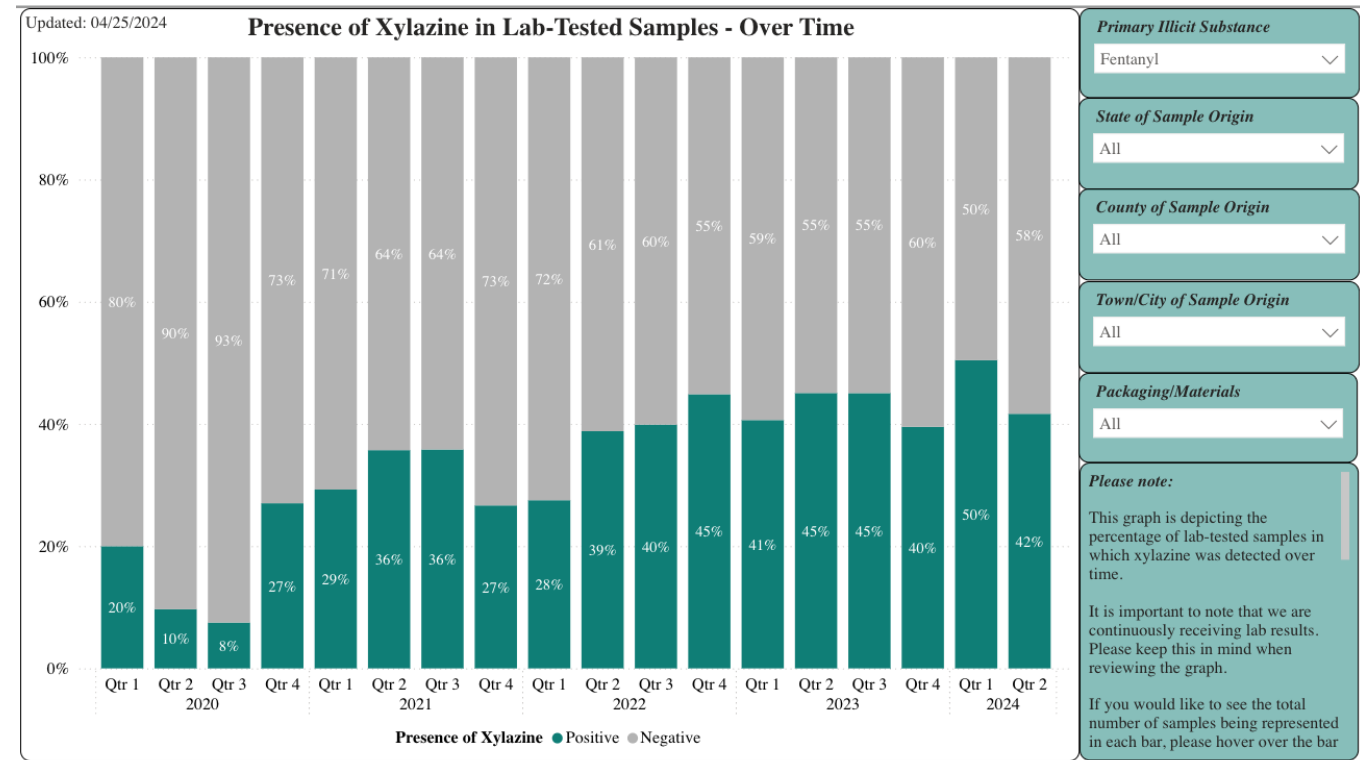
Tracking xylazine emerging...

- Adrenergic alpha(2) agonist that is a longer acting sedative and anesthetic
- Synergizes with fentanyl for overdose
- Complicates MOUD initiation
- Wounds at injection sites and elsewhere




**STREET CHECK
COMMUNITY
DRUG CHECKING**

Streetcheck.org



Tracking xylazine emerging...

- Adrenergic alpha(2) agonist that is a longer acting sedative and anesthetic
- Synergizes with fentanyl for overdose
- Complicates MOUD initiation
- Wounds at injection sites and elsewhere



PPMC Wound Care Guidelines:
Xylazine-Induced Wounds

January 2024

WHAT ARE XYLAZINE-INDUCED WOUNDS?

Xylazine (tranq) is a veterinary sedative that is increasingly being found in the opioid supply sold on the street. A hallmark of chronic xylazine use is the **associated skin ulcerations** characterized by non-viable tissue.

Wounds can develop at the site of injection, or away from the injection site (e.g. arms or legs that we never injected), or in a patient who does not inject but consumes this drug through other routes (e.g. smoking).

Pre-medicate! And give time for meds to work!

Soak the dressing with NS to decrease pain when removing


Ask the patient if they would rather remove the dressing themselves

When do you need to place a consult?

Wound care consults:
If there is concern for infection, or if non-viable tissue is present in the wound bed, place a wound care consult.

Consults for surgery:
Optimal treatment for these wounds is debridement. Discuss with the provider if there is need for involvement of additional services.

- Ex: general surgery, plastics, ortho

	Step 1: Cleanse the Wound	Purpose of wound cleansing is to remove surface bacteria and debris from the wound bed. After removing a wound dressing, the wound and surrounding skin should be gently cleansed and dried. Be sure to remove dressing and cleanse wound before assessing the wound for any odor.
	<p>NS or Sea-clens <i>for odor and/or purulent drainage:</i> Dakin's 0.125%</p>	
Step 2: Apply dressing	<p>Is there a clean wound bed?</p> <div style="display: flex; align-items: center;">  <div style="margin-left: 10px;"> <p>Xeroform Cut the dressing to the wound size to prevent maceration</p> <p>+</p> <p>pick 1</p> <div style="border: 1px solid black; padding: 2px;"> <p>Island dressing (scant/small drainage) ABD and kerlix (moderate/large drainage) Mepilex (hard to dress areas)</p> </div> </div> <p>→ Δ daily and prn</p> </div>	
	<p>Is there non-viable tissue in the wound bed? Slough or eschar present (but no s/s infx)</p> <p>Consult wound care. Discuss with provider if general surgery should be consulted to further evaluate.</p> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 10px;"> <p>Medihoney* Apply to wound bed</p> </div> <p>+</p> <div style="border: 1px solid black; padding: 2px; margin-right: 10px;"> <p>Xeroform Cut the dressing to the wound size to prevent maceration</p> </div> <p>+</p> <p>pick 1</p> <div style="border: 1px solid black; padding: 2px;"> <p>Island dressing (scant/small drainage) ABD and kerlix (moderate/large drainage) Mepilex (hard to dress areas)</p> </div> </div> <p>→ Δ daily and prn</p> <p><small>*Do not use medihoney if patient has allergy to bees or honey. Skip medihoney, and apply xeroform + secondary dressing.</small></p>	
	<p>Is there concern for infection? S/S to look for: Purulent drainage, odor, surrounding warmth, erythema, or induration</p> <p>Consult wound care. Discuss with provider if general surgery should be consulted to further evaluate.</p> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 10px;"> <p>Dakin's 0.125% - moistened gauze <small>Must be ordered from pharmacy</small></p> </div> <p>+</p> <p>pick 1</p> <div style="border: 1px solid black; padding: 2px;"> <p>Island dressing (scant/small drainage) ABD and kerlix (moderate/large drainage) Mepilex (hard to dress areas)</p> </div> </div> <p>→ Scant/small drainage: Δ daily and prn Mod/large drainage: Δ q12 and prn</p>	
	<p>Are there multiple small wounds?</p> <div style="display: flex;"> <div style="width: 40%;"> <p>Intact scabs: Leave ota</p> <p>Superficial wounds, partial scabs: Apply A&D, leave ota</p> <p>Small wounds with drainage: Xeroform + foam dressing, change daily</p> <p>Small wounds with slough: Medihoney + foam dressing, change daily</p> </div> </div>	

Have a "go bag" ready for the patient with **1 week's worth** of dressing supplies. Keep in the room in case the patient is discharged or decides to leave.

Collaborate with the provider to obtain wound care orders per these guidelines



CHECK YOUR RESTROOMS YOUR ACTIONS COULD HELP SAVE A LIFE

KNOW WHAT TO LOOK FOR

- Unresponsive
- Slow breathing
- Lack of breathing
- Blue lips/fingertips

KNOW WHAT TO DO

- Call 911 immediately
- Perform rescue breathing
- Administer Narcan



For more information visit
www.bphc.org/ahope

Additional Innovations to Optimize Safety

- Culturally responsive substance use care
- Making medication for opioid use disorder work better
 - Liberalized methadone access
 - Buprenorphine induction innovations
 - Long-acting morphine, injectable opioid agonists
- Decriminalization
- Safer Supply
- Safe spaces for oversedation
- Bathroom safety
- Mobile and Post-overdose outreach
- Managed alcohol programs
- Bad date sheets
- Pre and Post Exposure Prophylaxis

I am living proof that methadone treatment works.

I had a horrible addiction to heroin. I didn't really care if I lived or died. My family wanted me to change, but I didn't know how. I started methadone treatment. It's medicine. It helped me stop craving and taking drugs. Today I have my family. Every Sunday I cook at home. My kids and grandkids come to visit. Thanks to methadone treatment, I'm living life.

— Camille

Opioid addiction treatment with methadone and buprenorphine is available in New York City.

If you or someone you know needs help, call 888-NYC-WELL or visit nyc.gov/health/addictiontreatment for more information.

Thrive NYC

NYC

NYC Health + Hospitals

I am living proof that methadone treatment works.

I started using heroin when I was 20. I went from once in awhile to every day. When you wake up sick from withdrawal, all other needs and responsibilities are subordinate. It's only through methadone treatment that I was able to stop. Today, life is centered on my kids, my family, and my music. Methadone made it possible.

— Erik

Opioid addiction treatment with methadone and buprenorphine is available in New York City.

If you or someone you know needs help, call 888-NYC-WELL or visit nyc.gov/health/addictiontreatment for more information.

Thrive NYC

NYC

NYC Health + Hospitals

A photograph of the Boston Medical Center Emergency Department at night. A large, illuminated sign above the entrance reads "BOSTON MEDICAL" in blue and "EMERGENCY" in red. A red traffic light is visible to the right of the entrance. Several people, including medical staff in white coats and blue scrubs, are standing near the entrance. A white ambulance is parked on the left side of the frame.

BOSTON
MEDICAL

EMERGENCY

Learning Objectives

1. Define harm reduction and apply it to public health
2. Explain the rationale and evidence for:
 - a. Needle syringe access
 - b. Naloxone rescue kits
 - c. Witnessed consumption
 - d. Drug checking

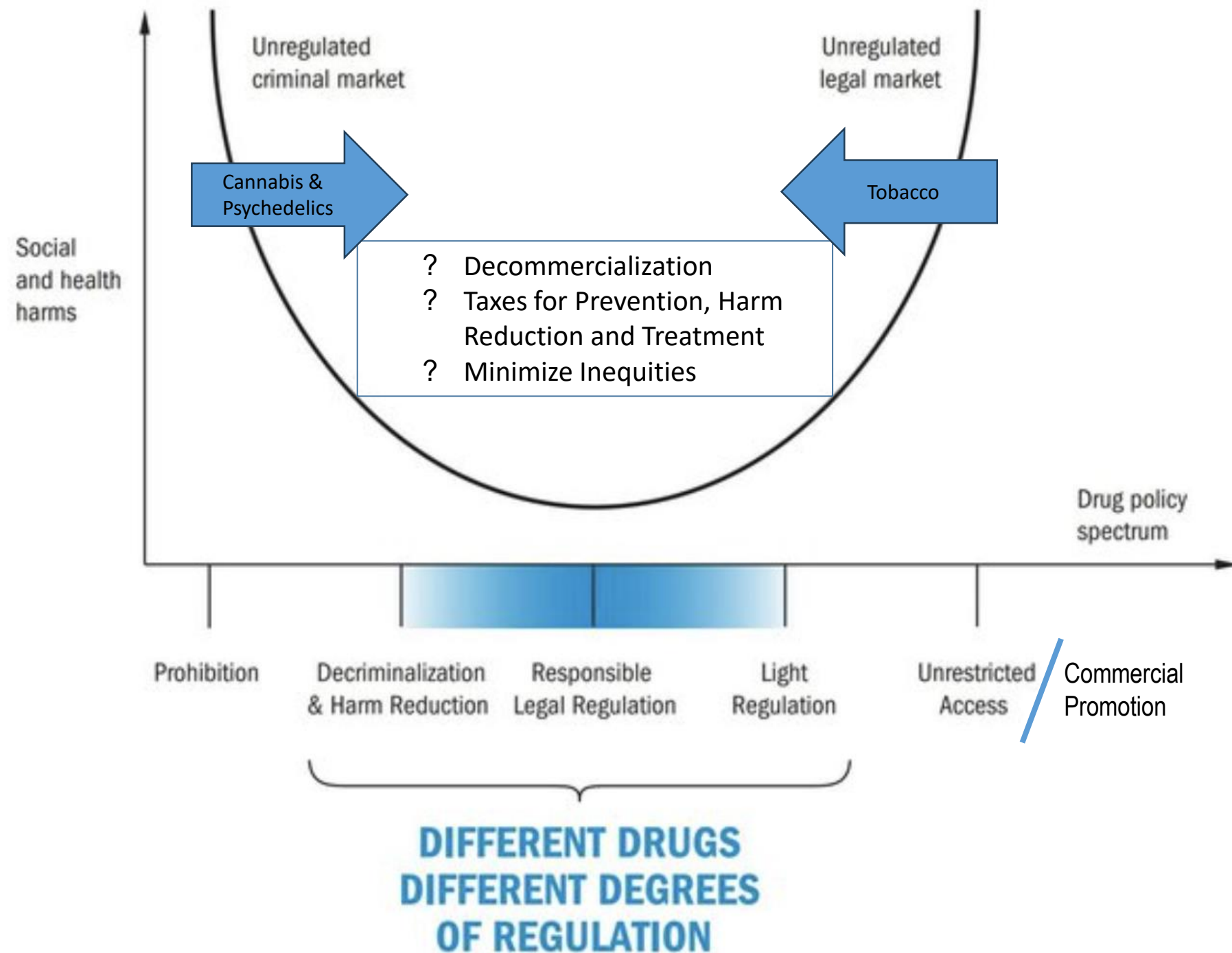
ANY POSITIVE CHANGE



awalley@bu.edu

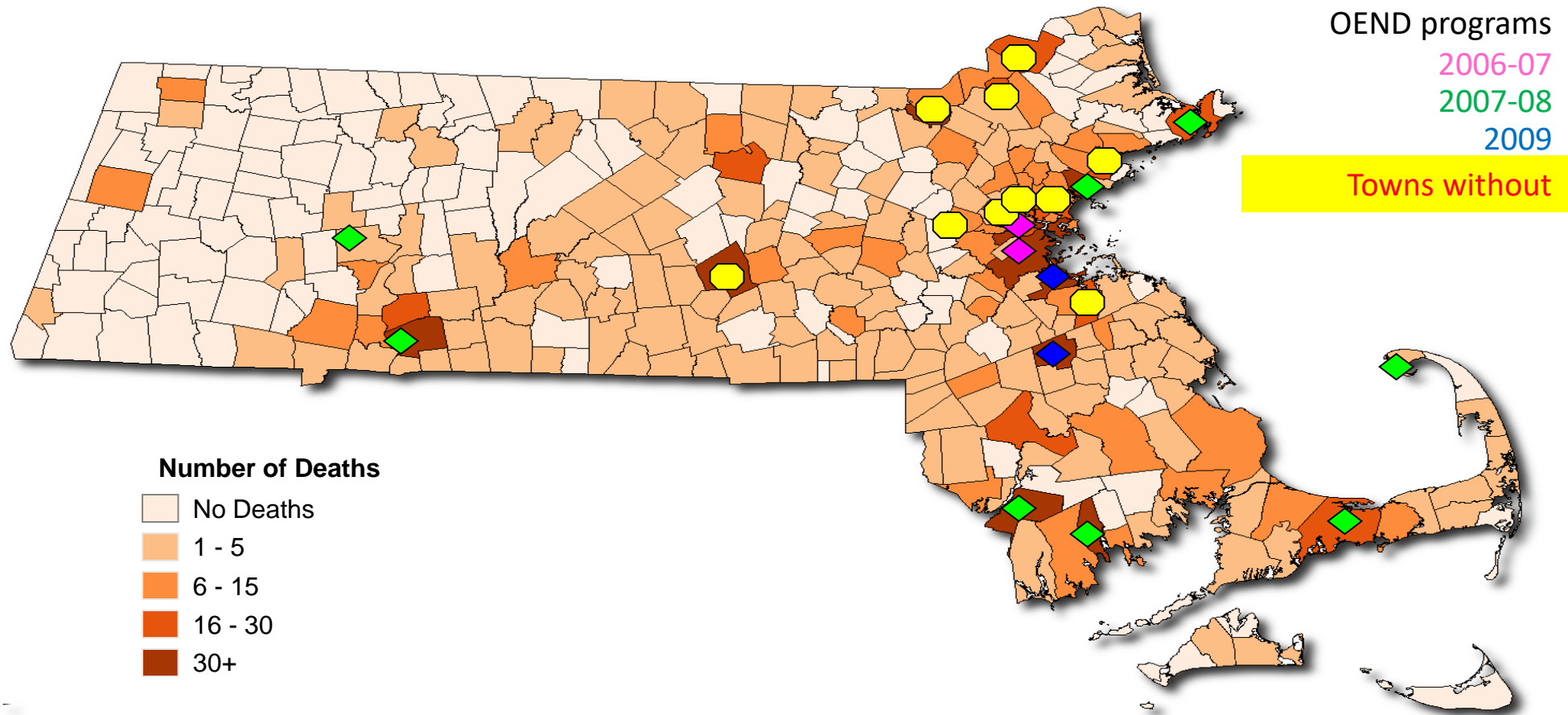
Safer Supply

Paradox of Prohibition and Commercialization



OEND implementation by town

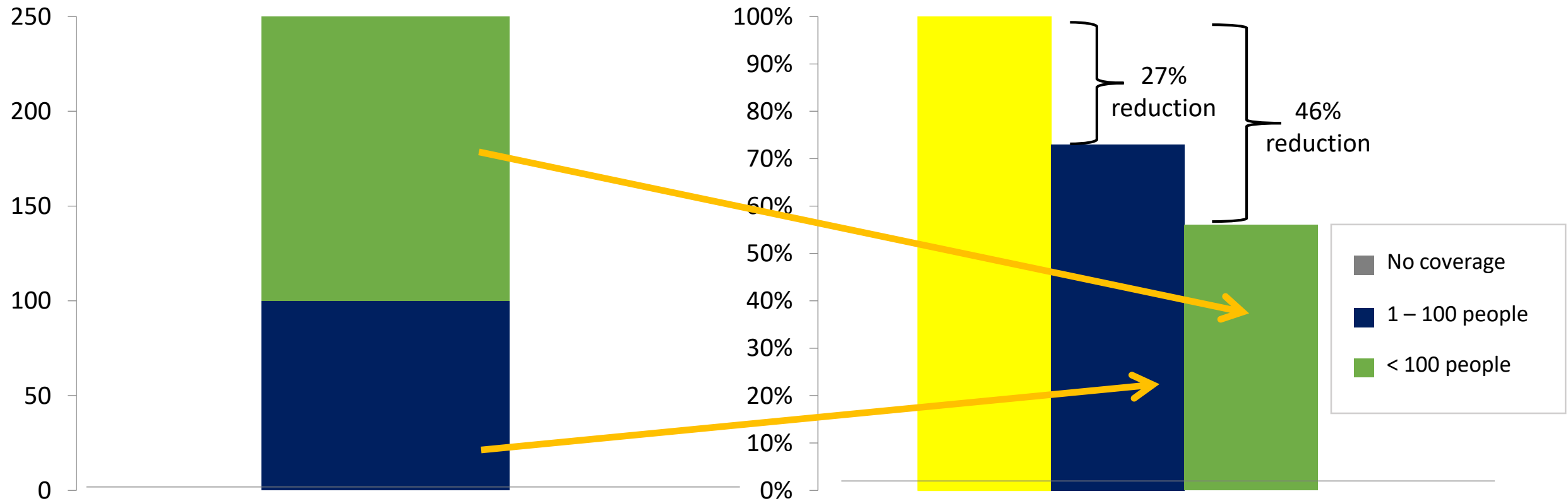
Opioid Overdose Related Deaths: Massachusetts 2004 - 2006



Fatal opioid OD rates by OEND implementation



Naloxone coverage per 100K


Opioid overdose death rate



Drug checking in Massachusetts



Crack	Sold as: Crack	ID: 13924
	ID: 13924 Name: Crack Other Names: UniqueCode: AC2022B0738 Marquis: Unknown Mecke: Unknown Mandelin: Unknown GC/MS: Cocaine : 90 Methylecgonidine : 10 Fentanyl : 4 Tropacocaine : 1	Test Date: Sep 01, 2022 Pub. Date: Sep 01, 2022 Src Location: Lawrence, MA Submitter: Lawrence, MA Loc: United States Color: Tan Size: 1 mg Data Source: DrugsData Tested by: DDL Lab's ID: 22080078
	Sold as: Crack Expected to be: Crack Has Been Tried: Yes Description Tan residue in glass pipe.	



Massachusetts Drug Supply Stream (MADDS)

Community Drug Supply Alert: Xylazine Present in Opioids July 2022

Xylazine is on the rise in fentanyl & heroin

- Since initial reporting by MADDS in March 2021, the veterinary sedative xylazine continues to be detected in a substantial number of samples sold as fentanyl and heroin throughout Massachusetts.* In 2021, 31% of 398 opioid samples tested statewide contained xylazine. As of June 15, xylazine was detected in 28% of 263 opioid samples tested in 2022 (see graph).

Xylazine is commonly present in opioids.


Xylazine can contribute to oversedation alongside opioids. Naloxone WILL NOT reverse the effects of xylazine, but ALWAYS administer naloxone in a suspected overdose. Naloxone will reverse the effects of any opioids present. The person may remain unresponsive if xylazine is involved. Call for help and give rescue breaths to support their breathing.

Xylazine is a health hazard


- Xylazine is a long-acting, sedating medication, but it is not an opioid. Use experiences noted "made me sleep weird"; "put me out for 6 hours"; "very strong"; "made me pass out and I woke with vomit on me", "skin on fire, teeth felt like they were going to fall out", and "causing holes (ulcers) where injected".
- Xylazine can cause unresponsiveness or decreased consciousness, low blood sugar, low blood pressure, slowed heart rate, and reduced breathing. Because xylazine is often found in combination with other sedating drugs like opioids, there is an increased risk for overdose or death.
- Using xylazine may increase risk of skin ulcers at the injection site and around other cuts. Skin ulcers from xylazine may quickly lead to infection or necrosis.
- People may sustain serious injuries if oversedated and unresponsive for long periods. Falls; hypothermia or heat-related emergencies if using outside; and damage to muscles, nerves, and kidneys can result if blood flow is restricted to a part of the body for a long time.

Presence of Xylazine in Heroin & Fentanyl Samples

Year	Xylazine Negative	Xylazine Positive
2020	87%	13%
2021	69%	31%
2022 (through June 15th)	72%	28%



Xylazine has been found in powder residue and counterfeit pain pills.



Click or scan for more info.

Harm reduction and risk of overdose

- The drug supply is unpredictable. It is safer to use when other people are present or can check on you frequently. People using together should take turns to prevent simultaneous overdose.
- In case of overdose, administer naloxone, give rescue breaths, and monitor until breathing resumes, even if the person remains unresponsive. You can get naloxone at harm reduction programs and retail pharmacies without a prescription. If someone is oversedated, put them in the recovery position, make sure their airway is clear, and monitor their breathing.
- Use a sterile syringe and clean the site with an alcohol swab before every injection to prevent infection. Monitor injection sites and other cuts or scratches, and seek medical attention in case of abscesses or skin ulcers. Rotate injection sites to prevent vein damage and reduce the risk of infection.
- Consider not injecting or switching to sniffling or smoking instead.
- Contact a local harm reduction program for help with abscess or wound care, more advice on safer use, safer use supplies, fentanyl test strips, and drug checking with MADDS.

*All samples were provided by harm reduction programs or donated by police departments for MADDS testing. MADDS is a state-funded collaboration between Brandeis University researchers, the Massachusetts Department of Public Health, various town police departments, and local harm reduction agencies. Contact us at maddsmassachusetts@gmail.com

<https://heller.brandeis.edu/opioid-policy/community-resources/madds/index.html>

2020 Updated Opioid-Associated Life Threatening Emergency (ADULT) Algorithm

American Heart
Association

Opioid-Associated Emergency for Healthcare Providers Algorithm.

