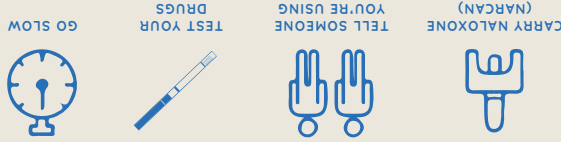


# Know what's in your drugs: Tranq

Because if you're using dope, then you're probably also using Tranq.



**Xylazine**, also known as tranq, is a veterinary tranquilizer that is cut in dope to give fentanyl longer legs.

### What do you need to know about tranq?

Tranq increases the chance of an overdose.

People who use opioids may also experience tranq withdrawal, which is different from opioid withdrawal.

Tranq has been associated with severe wounds, regardless of how people use: smoking, snorting, or injecting.

Xylazine test strips are becoming available soon, see [substanceusephilly.com/tranq](http://substanceusephilly.com/tranq) for more information.

### How to: Respond to an Opioid Overdose Involving Tranq

If you think someone is having an overdose:

1. Administer naloxone.
2. Call 911.
3. Give **rescue breaths** and continue to administer naloxone every 2-3 minutes alternating nostrils until they begin breathing on their own.
4. Place the person in the **recovery position**.
5. Keep an eye on them until they are responsive. Naloxone wears off in 30 to 90 minutes and they could still be sedated from the xylazine.

Learn more about how to recognize an overdose at [phillynaloxone.com](http://phillynaloxone.com)

Note: Naloxone will not reverse the effect of xylazine, so they may still be sedated after they start breathing on their own.

### How to: Rescue Breathing

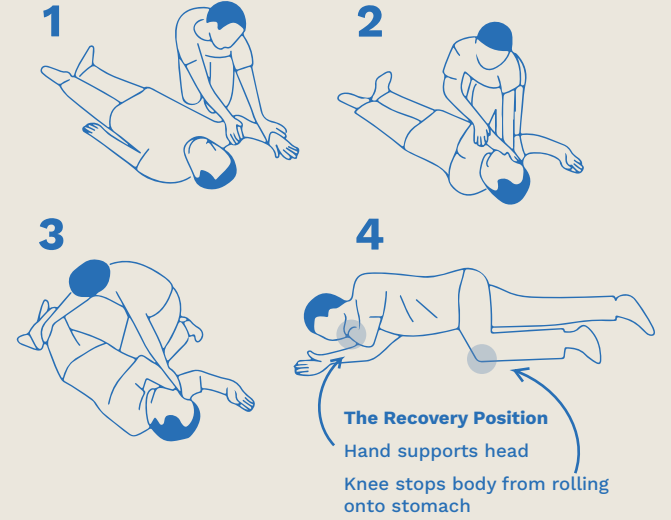
1. Check their mouth for any objects that could be blocking their airway.
2. Tilt their head back to open their airway.
3. Pinch their nose and give 2 sharp breaths.
3. Give 1 breath every 5 seconds afterwards.



Note: If their chest isn't rising and falling with each breath, readjust their head.

### How to: Recovery Position

Recovery position keeps the airway clear and prevents choking.



**The Recovery Position**

Hand supports head

Knee stops body from rolling onto stomach

### Withdrawal

If you use dope regularly, you may experience tranq withdrawal in addition to opioid withdrawal. You might have trouble sleeping and feel irritable, anxious, and uneasy. Currently, there's not much known about how to treat tranq withdrawal but experts are working on developing best practices. Experts recommend the following medications (and some others) to manage tranq withdrawal:

Long acting opioids (methadone)

Short acting opioids (Dilaudid)

Clonidine

Ketamine

If your medical provider is unfamiliar with tranq

withdrawal they can visit

[substanceusephilly.com/tranq](http://substanceusephilly.com/tranq) to learn more.

### Resources

**If you need naloxone:**

See [phillynaloxone.com](http://phillynaloxone.com) for more information or go to [nextdistro.org/philly](mailto:nextdistro.org/philly) to get naloxone in the mail.

**If you are using alone:**

Call Never Use Alone English: (800)-484-3731  
Spanish: (800)-928-5330 or download The Brave app. These services monitor for potential overdose and call for help if one occurs.

**If you are interested in treatment:**

CareConnect Warmline is staffed by substance use navigators to link patients to treatment, call (484) 278-1679 from 9am-9pm, Mon-Sun.

For 24/7 support, call Community Behavioral Health at 888-545-2600 or the National Helpline, 800-662-HELP (4357).



[substanceusephilly.com/tranq](http://substanceusephilly.com/tranq)

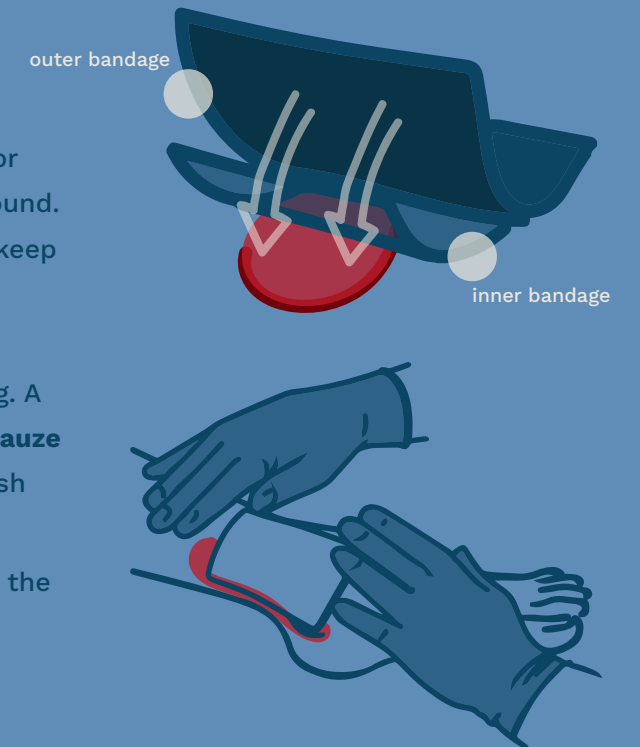
## 1. Clean

1. Wash or sanitize your hands and use **gloves** if you have some.
2. Clean wound with **soap and water** or **saline**. **Do not use alcohol or peroxide on a wound because they are too harsh.**
3. With a wet piece of **gauze** gently wipe the wound and surrounding skin to remove any dried drainage and dead tissue that's able to be removed easily and painlessly.



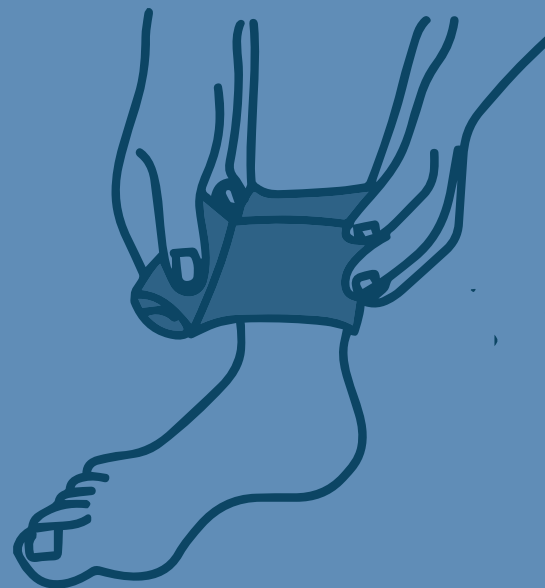
## 2. Moist

1. Spread a **barrier ointment** like **A&D™** or **Vaseline™** around the edges of the wound. This will help protect the wound and keep it from getting bigger.
2. Apply the same ointment (**A&D™** or **Vaseline™**) to a non-adherent dressing. A **non-adherent dressing** can look like **gauze that's shiny on one side**, or greasy mesh like **Adaptic™** or **Xeroform™**.
3. Place the **non-adherent dressing** with the **ointment** on the wound. This is your **“inner dressing.”**



## 3. Covered

1. Place an **ABD Pad**, an extra layer of **dry gauze**, or **cloth** on top of the **inner dressing**. This is your **“outer dressing”** that will help soak up drainage.
2. Wrap the wound with a **gauze roll**, **athletic wrap**, or **ACE™ bandage**. The wrap should be tight enough to keep the dressings in place, but not so tight that it cuts off blood flow.
3. Change the **inner and outer dressing** every 1-3 days or when it is soaked.



### Things to watch for:

The wound: is getting more painful, draining more pus than usual, or has an odor even after cleaning it.

The surrounding skin: feels hot, and looks swollen, red, or darkened.

You are: able to see bone or tendon, having fevers, chills, nausea or vomiting, or are unable to feel or move that part of your body normally.

If you see black material in your wound you may need debridement which is best done by a medical professional.

### Takeaways:

Keep your wound **CLEAN, MOIST, AND COVERED**. A dry wound won't heal!

You know your body best – go to a clinic or hospital if you are experiencing any of the things to watch out for.

See [substanceusephilly.com/services](https://www.substanceusephilly.com/services) to learn where you can get wound care.