



Medi-Cal Rx

# Xylazine in Illicit Drugs Increases Dangers Associated with Overdose

August 22, 2025

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Xylazine, a sedative and clonidine analog approved by the U.S. Food and Drug Administration (FDA) for use in animals, is increasingly being mixed into the unregulated drug supply. Although xylazine is used in animals, it is not safe for use in humans and may result in serious or life-threatening side effects like those seen with opioid use.

Xylazine is almost exclusively used as an additive to opioids to increase the potency of opioids or to add street value by increasing the weight of the product. People who use unregulated drugs may not be aware of the presence of xylazine. The addition of xylazine to opioids increases the dangers associated with overdose, as xylazine also causes central nervous system and respiratory depression, hypotension, and bradycardia. The Drug Enforcement Administration (DEA) reported that approximately 23% of fentanyl powder and 7% of fentanyl pills seized by the DEA in 2022 contained xylazine. In a [national study](#) by the Centers for Disease Control and Prevention (CDC), the monthly percentage of deaths involving illicitly manufactured fentanyl (IMF) with xylazine increased from 3% in January 2019 to 11% in June 2022.

Due to the increasing dangers of xylazine in the U.S., in April 2023 the White House Office of National Drug Control Policy (ONDCP) designated fentanyl adulterated or associated with xylazine (FAAX) as an emerging drug threat. Shortly after, ONDCP released a [National Response Plan](#) which aimed to reduce xylazine-related overdose deaths by at least 15% by 2025.

Although the current presence of xylazine in California is estimated to be low, the California Department of Public Health (CDPH) notes levels could increase over time and has highlighted the need for health care providers to be informed of the typical presentation and best approaches to clinical management. CDPH has issued several alerts to provide clinicians updated information on xylazine, including a [Health Advisory](#) and an [Issue Brief](#). Additionally, on November 28, 2023, CDPH sent an [All Facilities Letter 23-35](#) to provide guidance for clinical management of acute xylazine exposure, care for xylazine-associated wounds, and recommended follow-up care to address fentanyl and opioid use disorder.

Clinical management of patients presenting with xylazine-related overdose are primarily supportive measures to address bradycardia, hypotension, and respiratory depression. Supportive care may include maintaining a patent airway, administering supplemental oxygen, performing rescue breathing, and treating hypotension with vasopressors as needed. A variety

of resources on xylazine are now available on the CDPH [Xylazine](#) page, including fact sheets, flyers, and links to clinical guidance.

## General Clinical Recommendations

- Health care professionals can refer to guidance from the [Philadelphia Department of Public Health](#), [Penn Medicine's Center for Addiction Medicine](#) and [CDPH](#) on the clinical management of xylazine exposures.
- Providers should be aware of the signs of a potential xylazine exposure, which may include continued opioid-like effects following the administration of an opioid antagonist, concomitant hypotension and bradycardia or cardiac conduction disturbances, or necrotic skin ulcerations in the setting of concomitant substance use disorder.
- Health care professionals should continue to administer naloxone for opioid overdoses and consider xylazine exposure if patients are not responding to naloxone or when there are signs or symptoms of xylazine exposure. Respiratory depression may need to be managed with rescue breathing/ventilation and oxygen in these situations.
- In addition to administering naloxone, clinical management of suspected xylazine exposures should include supportive care for bradycardia, hypotension, and respiratory depression, withdrawal management, and wound care.
- Xylazine may make overdose reversal even more challenging. Individuals who use opioids or other drugs should be counseled on what to do for a suspected xylazine exposure:
  - Although xylazine is not reversed by naloxone, administer naloxone due to the high likelihood that fentanyl or other opioids are present.
  - Call 911 and stay with the person experiencing the overdose.
  - If the person is still unresponsive after the first dose of naloxone, a second dose can be administered 2-3 minutes after the first dose.
  - Rescue breaths should be administered until emergency personnel arrive.
- Providers can call the California Poison Control System at 1-800-222-1222 for real-time clinical advice for patient care related to any suspected toxic exposure or the [Substance Abuse Warmline](#) at 1 855 300-3595 for teleconsultation regarding questions about substance use prevention and treatment.
- Patients who present with xylazine-exposures and opioid use should receive follow-up care, including take-home naloxone, offering a prescription for buprenorphine or other medication for opioid use disorder (MOUD), referral for MOUD treatment, and connection to a peer navigator.
- For questions or additional information, providers can contact the CDPH Overdose Prevention Initiative ([OPI@cdph.ca.gov](mailto:OPI@cdph.ca.gov)) or visit their [Xylazine](#) page.