

COMPDRUG

# **Wound Management & Practical Field Strategies**

SEPTEMBER 2025

# About Me:

I come to this work with both **lived** and **professional** experience. My journey started when I was **15** and lost my *boyfriend* at the time to a **fentanyl overdose**. Since then, I've lost **many** people I love to overdose and the **impacts** of the war on drugs.

This led me down my *own path of use* for a number of years until I was **arrested** and did a *year* of **court-ordered treatment**.

After finishing treatment, I earned my STNA, started nursing school, and worked through the *height* of the **COVID pandemic**. That experience really opened my eyes to public health, and when I found harm reduction, **it just clicked**.

I changed my major, finished my bachelor's in psychology, and have been working in **harm reduction** and **public health** ever since. I moved to Columbus in 2023 and started at CompDrug in 2024.

I've also worked with different *health systems* and *health departments* across Ohio, always focusing on **overdose prevention** and **supporting people who use drugs**.

Outside of my job, I'm a trained **street medic** and stay active in *mutual aid* and *grassroots harm reduction* efforts around the city.



Quinton A. Crim  
February 4, 1995 ~ March 2, 2014 (Age 19)

# Does medetomidine cause wounds?

According to human medicine, *dexmedetomidine* (human form of medetomidine) **reduces blood flow** to the skin, this means, medetomidine **could** worsen wound healing, because it *tightens blood vessels* and *limits blood flow*

When blood flow is *impaired*, wounds don't get the necessary **oxygen** and **nutrients essential** for healing

So far, there is *no proof* that *medetomidine* or *dexmedetomidine* are directly **causing** skin sores

**Main Takeaway:** These drugs **reduce** blood flow, which can *slow wound healing*, but they don't **directly** cause sores

From *May 2024* to *November 2024*, the percentage of drug samples in Philadelphia containing *medetomidine* **increased** from **29%** to **87%**

*Meanwhile*, the number of samples with xylazine **decreased** from **97%** to **42%**

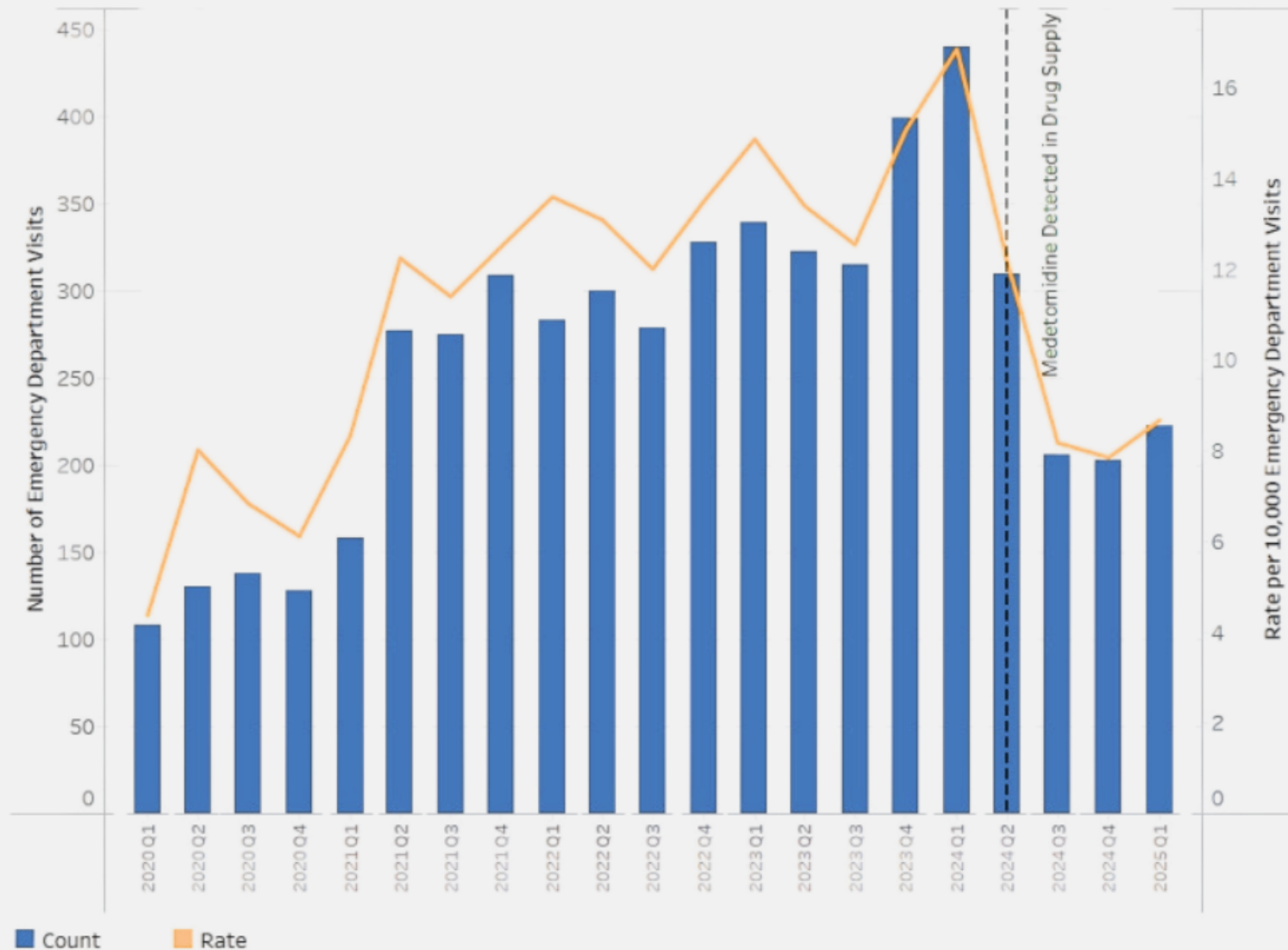
This can *suggest* that medetomidine is **quickly replacing** xylazine in the drug supply

# Emergency Department Visits for Substance Use-Related Skin and Soft Tissue Injury

Saw large increase from **2020** through the beginning of **2024**

*Medetomidine* entered drug supply in **May 2024**

Visits for substance use related skin and soft tissue injuries rapidly **decreased** after **Quarter 1 2024**



# Xylazine wounds

Consistently described as **partial to full thickness** skin lesions with progressive necrosis of the skin, muscle, tendon, and bone.



**Progress rapidly**

Usually starts as a blister or resembles a pimple, and progresses to an open lesion



**Necrotic, dead tissue**

Dead tissue that is also clinically referred to as “eschar” or “slough”



**Varying stages of healing**

Lesions can show many different stages of healing at once, there may be areas of necrotic (dead) tissue along with exposed tendons and bone, as well as new, pink, healing tissue



Associated with substance use



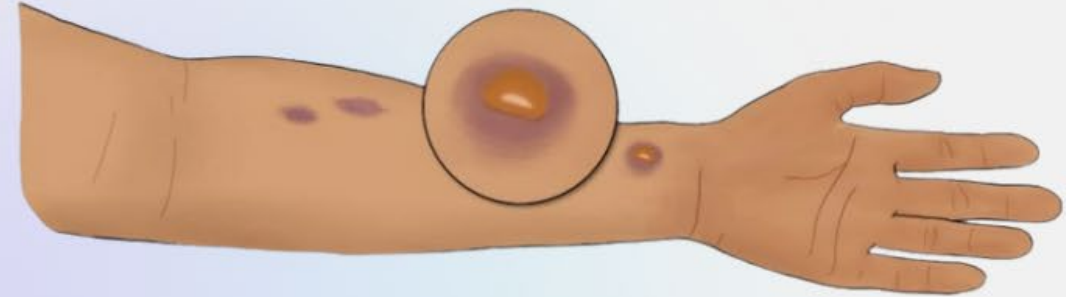
Typically appear on limbs



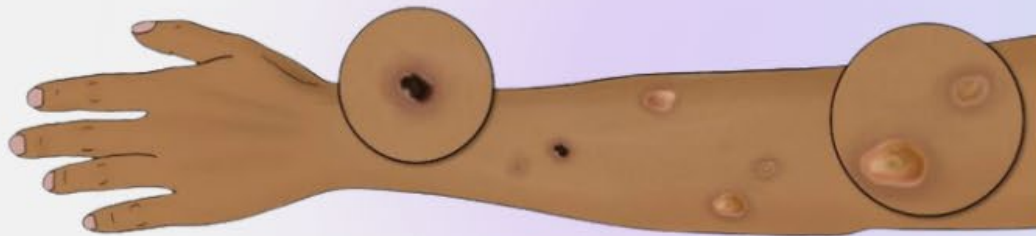
Not always associated with injection site

# The Spectrum of Presentations of Xylazine-Associated Wounds on Different Skin Tones

Top arm shows **reddish-purple bordered blisters**, often appears in the initial stage a xylazine-associate wound



Middle arm shows concurrent xylazine-associated wounds at **different stages of progression**



Bottom arm shows a further progressed xylazine-associated wound with **eschar, slough, and open wound bed**



# **Content Warning!**

The following slides may contain graphic images. All photos are shared with full consent and permission for educational purposes



36 hours after initial development



Twelve weeks utilizing wound care guidance



36 hours after initial development



Twelve weeks utilizing wound care guidance

*A heartfelt thank you to the Heer Park residents for their trust and for allowing us to document their wound care journey.*



Unknown time since  
initial development



Four weeks utilizing  
wound care guidance



36 hours after initial  
development



Four weeks utilizing  
wound care guidance

*A heartfelt thank you to the Heer Park residents for their trust and for allowing us to document their wound care journey.*



March 21, 2025



March 26, 2025  
**AM**



March 26, 2025  
**PM**



March 27, 2025

**April 2, 2025**  
Pictures taken and  
wound care performed  
by resident themselves



**Healed!**  
**April 10, 2025**



# Wound care guidance

*Clean. Moist. Covered.*



***Clean wound as best as possible***

Warm soapy water is best

***Do not use alcohol or peroxide!***



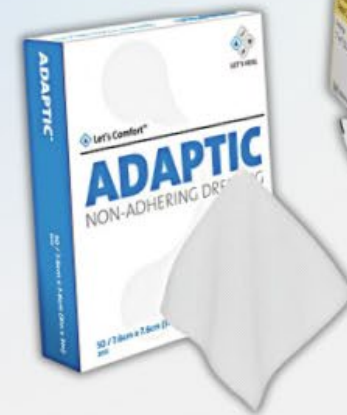
# Wound care guidance

Clean. Moist. Covered.



## *Moisten wound bed with ointment*

Apply border around wound bed, apply ointment to non-adherent dressing to cover wound



# Wound care guidance

Clean. Moist. Covered.



**Cover** wound with two layers

Use non-adherent pad closest to skin and apply an absorbent gauze on top Rolled gauze is helpful to keep dressings secure



# Wound care guidance

*Clean. Moist. Covered.*

**Basic wound care** can be provided by providers *without clinical training* and includes cleaning wounds with **saline or soap and water**, applying **petroleum-based ointments**, and covering with a **two-layer dressing**.

***Advanced care will be needed if you observe any of the following:***

- Exposed bone or tendon
- Limited joint movement near the wound

***Signs of infection:***

- Fever, nausea/vomiting, confusion
- Pus, swelling, bad odor, redness/darkening
- Increased pain, warmth, or a soft lump
- Crackling under the skin (crepitus)

**YOU** know your body best!  
Go to the hospital or clinic if  
you experience any of the  
things to watch out for!

# Our wound care kits



- Basic
- Cost effective
- Can treat more than xylazine
- More extensive wounds refer to street medicine or ED



# Field Strategies

**Respect Autonomy:** Folks can make their **own** decisions, *even if you don't agree with them*

**Be Transparent:** Announce what you are doing and **why**

**Clear Communication:** Use **easy** to understand language, speak **clearly**

**Stay Informed:** Keep up to date and use *evidenced based practices*

**Network:** Look for people doing the same thing as you, **connect** and **share** information

**Teach Don't Preach:** **Teach** folks the steps on how to use wound care on their own

**Be Patient:** Building relationships and trust takes **time**, don't expect every interaction to go *as planned*

**Be Humble:** Recognize **your** limits and *refer* to others when needed

# More Resources



Safer Use Hotlines



Syringe Service Programs



**SUBSTANCE  
USE PHILLY**

Harm Reduction Programs



Sterile syringes, new pipes, & "The works"

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# Thank You



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# References

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