

EMERGING STREET DRUGS AND ADULTERANTS: WHAT PROVIDERS NEED TO KNOW IN 2026

This newsletter provides behavioral health and medical providers with an overview of emerging substances in the illicit drug supply. Understanding these drugs can improve assessment, treatment planning, overdose management, and patient education.

THE CHANGING DRUG LANDSCAPE

The illicit drug market is evolving rapidly. While fentanyl remains the primary driver of overdose deaths in the United States, newer substances are increasingly being identified as adulterants or stand-alone drugs. Many patients are unaware that they have been exposed to these substances, complicating diagnosis and treatment. Recent literature highlights three important emerging threats:

- Xylazine ("Tranq")
- Nitazene Synthetic Opioids
- Medetomidine

These substances are frequently encountered alongside fentanyl, methamphetamine, cocaine, and counterfeit prescription medications. Early recognition can help providers address overdose risk, complex withdrawal syndromes, and treatment barriers.

XYLAZINE: THE VETERINARY SEDATIVE CONTINUING TO DRIVE MORBIDITY

Xylazine is a veterinary alpha 2-adrenergic agonist sedative that is not approved for human use. It is increasingly found as an adulterant in fentanyl and other illicit opioids to prolong sedative effects.

Recent studies demonstrate substantial growth in xylazine related drug seizures and overdose deaths across the United States between 2019 and 2022. By 2022, xylazine related deaths had been reported in at least 43 states.

Clinical Presentation: Patients may present with profound sedation, bradycardia, hypotension, respiratory depression when combined with opioids, severe skin ulcers and necrotic wounds and prolonged altered mental status despite naloxone administration.

Importantly, naloxone reverses the opioid component but does not reverse xylazine's sedative effects. Airway support and monitoring remain critical.

BEHAVIORAL HEALTH IMPLICATIONS

Patients with opioid use disorder may report increased sedation, more complicated withdrawal symptoms, recurrent nonfatal overdoses, and difficulty engaging in treatment.

Individuals reporting xylazine exposure have been shown to have higher rates of previous overdose and polysubstance use than those without reported exposure.

PROVIDER PEARLS

- Carry a high index of suspicion when opioid overdose symptoms persist after naloxone.
- Examine for atypical wounds and skin infections.
- Continuing evidence-based treatment of opioid use disorder, including buprenorphine and methadone.
- Provide harm reduction counseling and naloxone access.

NITAZENES: THE NEXT GENERATION OF DANGEROUS SYNTHETIC OPIOIDS

Nitazenes are a family of synthetic opioids first developed in the 1950s but never approved for medical use due to extreme potency and safety concerns. Since 2019, numerous nitazene analogues have emerged in illicit drug supplies worldwide. Some nitazenes may be significantly more potent than fentanyl and hundreds of times more potent than morphine. They are commonly found in counterfeit tablets or mixed with fentanyl without the user's knowledge.

Clinical concerns are common presentations include severe respiratory depression, loss of consciousness, cyanosis, recurrent overdose after reversal, requirement for repeated naloxone administration and because of their potency, some cases may require higher cumulative naloxone doses and prolonged observation. Patients may believe they are using fentanyl but unknowingly consume nitazenes.

PROVIDER PEARLS

- Consider nitazene exposure when overdose severity appears disproportionate to reported substance use.
- Counsel patients that counterfeit pills frequently contain highly potent synthetic opioids.
- Continue medication-assisted treatment and overdose prevention strategies.

MEDETOMIDINE: AN EMERGING ADULTERANT TO WATCH

Medetomidine is another veterinary alpha 2-adrenergic agonist sedative that has recently emerged as a fentanyl adulterant. In some markets, it is replacing xylazine.

Clinical concerns are early evidence suggests medetomidine may produce profound sedation, bradycardia, difficult to manage withdrawal syndromes and increased hospitalization and intensive care needs. Recent clinical reports from Philadelphia observed more severe and treatment-resistant withdrawal symptoms after medetomidine became prevalent within portions of the fentanyl supply.

WHAT PROVIDERS SHOULD DO

- Monitor for atypical opioid withdrawal symptoms.
- Coordinate closely with addiction medicine specialists.
- Be aware that conventional withdrawal protocols may be less effective in some patients.
- Continue counseling regarding the unpredictability of the illicit drug supply.

The illicit drug supply is becoming increasingly unpredictable. Awareness of emerging adulterants and synthetic opioids can improve patient safety, facilitate timely interventions, and support successful behavioral health treatment outcomes.

References:

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PREFERRED DRUG LIST UPDATES CAN BE FOUND HERE:

	
ACC-RBHA, DD, ALTCS and DCS CHP	Behavioral Health (Non-Title 19/21)

**** Drugs that are not on the formulary will require a PA (prior authorization) request to be submitted****

Reminder for quicker determinations of a Prior Authorization use the ePA link for Our Providers: Please click [here to initiate an electronic prior authorization \(ePA\)](#) request.

This newsletter is brought to you by the Mercy Care Pharmacy Team. For questions, please email Fanny A Musto (MustoF@mercycaresaz.org), Denise Volkov (VolkovD@mercycaresaz.org) or Jasmine Phillips (PhillipsJ6@aetna.com)