

As 'tranq' wounds rise, volunteers are filling gaps in care

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Credit: Pixabay/CC0 Public Domain

There was no textbook for the volunteer training held on how to care for the severe skin wounds that are increasingly afflicting people in addiction.

Inside the tiny Savage Sisters storefront on Kensington Avenue, surgeon Jamaal Shaban had written his medical guidance by hand on a poster. Since doctors are learning in real time about how these understudied wounds develop, Shaban frequently has to update his presentation. He passed out surgical gauze and ointment.

Dress the wound with the salve, he explained, and then a non-adhesive layer. Anything that could stick to the dead skin could send a patient into agonizing pain when removed. Too much pain might keep the patient from returning for care.

The turnout was modest at Shaban's session last week—his fourth at the addiction outreach nonprofit—but the need for wound care training itself is anything but.

In Philadelphia's ongoing drug crisis, it could mean the difference between a wound that heals or one that festers and rots, putting a patient at risk of amputation or even death.

Demand for wound care services has surged across the Philadelphia region over the last five years in response to the rise of the animal tranquilizer xylazine, better known by its street name, "tranq," in the city's increasingly toxic street drug supply. At least eight separate organizations run regular wound care clinics in Kensington to serve the immense need there, including Savage Sisters.

Although less lethal than other [illicit drugs](#) such as the synthetic opioid fentanyl, xylazine has become its own crisis. It leaves [drug users](#) with flesh wounds that become easily infected. Street outreach workers have been on the front lines caring for them.

"Harm reduction groups are basically buying everything they can from Amazon with donations and taking care of wounds that even the medical

profession doesn't know how to manage," said Shaban, who volunteers in Kensington when he is not working at Virtua Health in South Jersey. "This is new to us."

Ami DiPasquale, a Savage Sisters volunteer who has been in recovery for more than two years, attended last week's training because she wants to do more to help address a hazard whose rapid onset shocks her.

When she was using drugs, she said, tranq was practically unheard of.

"I see people in wheelchairs out here now. I see people with their arms bandaged up. You smell things," she said. "These new drugs coming out are causing people to become extremely, extremely wounded."

Tackling the tranq crisis

In January, the Philadelphia Department of Public Health released its first-ever report advising health providers on the fundamentals of xylazine wound care. What exactly causes xylazine wounds remains a mystery, the report noted. But gauze, bandages, clean water, and routine hygiene can prevent serious infections from starting—or getting worse.

Not all xylazine users end up with wounds. The Inquirer spoke last week with seven people who are using drugs in Kensington; five said they'd sustained the serious tissue damage often associated with tranq use. But all seven said they feared tranq and used the drug only because street dealers increasingly started selling it. Xylazine cannot be detected by the naked eye, and street testing strips such as the kind used to check for fentanyl have only recently become available.

Physicians and others who treat addiction say much more needs to be done to offer care to people with wounds. Many people using xylazine are afraid to enter hospitals because they fear the intense pain of drug

withdrawal, or are worried they'll receive poor treatment because of their addictions.

One xylazine user showed a reporter a scab the size of a penny on his leg and explained it had once been much larger, and so infected that a doctor warned him he would lose his leg. (The man declined to give his full name because of the stigma of drug addiction.)

He sought care at a nearby hospital, where physicians scraped the infected skin out of his wound with a scalpel. He was given only ibuprofen for his pain, which left him suffering.

"They treat you like you're a scumbag," he said.

He appreciated the help he'd gotten from wound care clinics on the street, where volunteers taught him to change his dressing every other day and wash the area with saline solution.

The man had been lucky: Some people living outside in Kensington have difficulty accessing even clean water to wash their wounds.

That's where places such as Savage Sisters come in, whose volunteers offer basic wound care that doesn't require a medical degree, though many come from medical backgrounds. Shaban described it as an [emergency situation](#), akin to a Good Samaritan helping someone after a car accident until they can receive more comprehensive treatment.

How to dress a tranq wound

For Shaban, the realities of the crisis are personal: His sister battled opioid addiction and ended up in Kensington, and he now donates time and supplies to help Savage Sisters further its mission.

Last week, he showed a handful of volunteers how to apply ointments and dressings to wounds. What works for the average patient, he cautioned, might not work on Kensington Avenue.

Medihoney, for example, is a natural treatment derived from honey produced in New Zealand and one of his favorite ointments for healing wounds: It keeps a wound moist, quells pain, clears dead tissue, and inhibits bacterial growth.

But for people living outside in Kensington, with few places to shelter inside, there's an added complication: "In the summer," Shaban explained, "it attracts flies."

Savage Sisters regularly see people with maggots in their wounds, which eat necrotizing flesh. That's a sign a person needs surgery, Shaban said, If he encountered a patient with maggots in a wound in his hospital, he would be scheduling the person for an operation.

But the fear of hospitals among people in addiction is intense.

Street-level wound care can help build trust with patients wary of hospitals. Shaban recommended minimizing pain as much as possible, speaking to patients about what works for them, and even allowing them to help in the process of treating their wounds. Patients can take off their own dressings, for example, to show the [wound-care](#) volunteers what works for them.

That approach may convince clients to come back for further wound treatment and higher-level medical care. In some situations, Shaban told the volunteers, that's the only option: A patient with an exposed bone is at risk of an amputation and needs to go to the hospital. So does a person who seems feverish and lethargic, with skin that crackles when you press it, a sign of a life-threatening infection.

For patients with exposed bones, "all I can do is say, "Listen, I really think you should go to the hospital. This is dangerous for you. I don't want you to lose a limb,'" Shaban said.

And if a patient refuses? "I'm going to dress it the best I can," he said. "And say, 'I really want you to come back tomorrow.'"

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