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# Recovering From Drug Addiction Was Hard. Tranq Made It Worse.

Xylazine's disfiguring power pushes doctors to devise new treatment plans

By *Julie Wernau* [Following](#) | *Photographs by Alyssa Schukar for The Wall Street Journal*

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PHILADELPHIA—David “Lee” Wells marveled at how it felt to hold an iced coffee in his hand again after losing his fingers to “tranq” wounds that rotted away his flesh.

He flashed a cheeky grin and took a selfie with his new titanium fingers wrapped around the cup. “This is the aftermarket me,” he said.

This is what recovery looks like for drug users disfigured by xylazine, or “tranq,” an animal tranquilizer mixed into America's increasingly toxic illicit drug supply.

Fentanyl, potent and ubiquitous, has pushed overdose deaths to records beyond 100,000 a year. Xylazine adds the risk of rotted flesh and open wounds for users.

People who had taken xylazine began arriving at emergency rooms around Philadelphia nearly 20 years ago with pernicious wounds requiring surgery, amputation and weeks of hospitalization. Today, patients injured by xylazine show up at hospitals around the city every day.

Tissue beneath the lesions caused by xylazine can die within hours. The damage sometimes leads to amputation. Cases of such wounds have quadrupled in the past two years, city health officials said.

The repeat exposure is pushing doctors and aid groups to invent new care techniques for xylazine users who often need addiction treatment to carry them through long hospital stays that accompany amputation and reconstructive surgeries.

“We are the epicenter,” said Shannon Ashe, co-founder of the Everywhere Project, a nonprofit that recently released a field guide with instructions for administering wound care on the street.

A conundrum of caring for xylazine users is how to treat their wounds while managing their withdrawal from powerful opioids. Caring for users in withdrawal from fentanyl and

xylazine requires administering more-powerful drugs than those for users of pain pills or heroin. Without that care, withdrawal is so miserable that many patients leave before their wounds heal.



Wells had his initial wounds treated at Jefferson Methodist Hospital in Philadelphia. He has since relearned to tie his shoes.



It took several tries for Wells to stay in a hospital long enough to be treated. "The main thing keeping everybody stuck in addiction is the withdrawals," he said. "I think we need to attack that."

“A car accident is a single event at a single point in time,” said Dr. Matthew Wilson, a surgeon at Philadelphia Hand to Shoulder Center. “With xylazine, the trauma continues.”

Wells, 31 years old, didn't go looking for xylazine. One day, it showed up in his bag of dope. Soon he needed it. The tranquilizer would knock him out for hours, until he woke up sick from withdrawal. When the wounds emerged, the pain overwhelmed him and he wanted to sleep as much as possible. Addiction-treatment centers turned him away because of the complexity of his wounds.



Nearly two years after he stopped using xylazine, Wells was fitted with a prosthetic. Last month he received ratcheting fingers.

After his admission to Jefferson Methodist Hospital, he left against medical advice at least half a dozen times in 2021, unable to tolerate withdrawal long enough to have his wounds cared for. He felt suffocated, nauseous and panicked. Without opioids, the pain in his hands was excruciating. He considered suicide.

“When you're in it, it doesn't feel like help is coming,” Wells said.

Standard doses of prescription opioids or anti-addiction medications used in hospitals to manage withdrawal are often ineffective for users of today's powerful street drugs, said Dr. Ashish Thakrar, an addiction specialist at the University of Pennsylvania. The Centers for Disease Control and Prevention last year released new opioid-prescribing guidelines and acknowledged that inflexible rules had pushed patients toward the illicit market.

“Changing how patients are treated in the hospital is very critical to success,” said Dr. Serge-Emile Simpson, director of the division of medical toxicology at Jefferson’s Einstein Medical Center.

When Wells checked into Jefferson Methodist Hospital in 2021, the skin was gone from the tops of his hands. Infected wounds covered his feet. For reasons that aren’t entirely clear, xylazine can cause necrotic flesh to appear in places where users didn’t inject drugs.

Wilson drew a line along the knuckles on Wells’s left hand. “You’re going to lose these fingers,” the surgeon said.



Wells underwent a sixth surgery at Jefferson Methodist Hospital in May. Drs. Matthew Wilson and Adam Strohl walked him through the procedure.



The medical team rolled Wells to surgery that aimed to release a tendon so he could make a tight fist.



Dr. Adam Strohl, center, and a team of surgeons used fat from Wells's torso to smooth the skin in his hand.

Wells's parents helped him discreetly use illicit drugs in the hospital to keep him from leaving to find a fix. Three surgeries and a month later, Wells was caught with illicit drugs. The hospital told him that he couldn't have visitors and that he would die if he left. He exited within two hours.

His mother brought him home to College Station, Texas, where he couldn't get the mix of drugs sold in Philadelphia. At the airport, he bled through his bandages from wounds that hadn't stabilized. In his childhood bedroom, he used cannabis and Xanax to take the edge off.

A year later, Wells returned to Philadelphia to have a finger on his right hand removed, be fitted for a prosthetic and get dentures. His surgeons said they had never seen a patient come back in stable recovery from tranq. He began taking Suboxone, an anti-addiction medication, and started treatment for depression. After six months on a waiting list, he had his first therapy appointment last month.

The surgeons had wrapped skin from his left palm to secure the top of the hand after removing four fingers and dead tissue. The tissue from a finger removed from his right-hand was used to replace flesh that had rotted off the top of that hand.



After his surgery, Wells was taken home by his roommate to rest and recover.

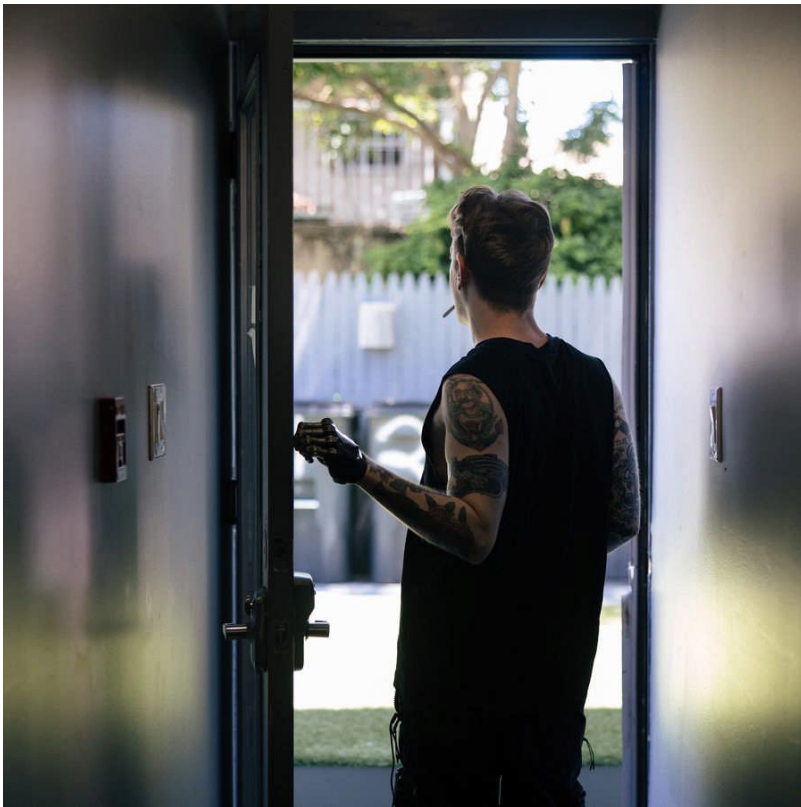
In May, at Hanger Clinic, a prosthetics provider, Wells zipped on his ratcheting fingers for the first time and beamed. "This is awesome," he said, moving the titanium digits into place to grab a can of Coke.

A week later, he was being prepped for his sixth surgery at Jefferson Methodist Hospital. His care, paid by Medicaid, has cost hundreds of thousands of dollars, according to his insurance claims.

Dr. Adam Strohl, a plastic surgeon, wrote his initials in purple marker on Wells's right hand, where he planned to release a tendon so Wells could make a tight fist. Strohl made more marks on Wells's torso, where fat would be liposuctioned out and placed in his hand to smooth the skin. The plan was for general anesthesia. But after Wells was rolled into surgery, even more needed to be administered because it took so long for the doctors to find a usable vein.

For Wells, recovery means using a robot-arm emoji to salute the futuristic prosthetic that has given him renewed confidence in public. Recovery also includes dentures, which he used for chewing his first steak from Texas Roadhouse in years. The organized boy his mom said used to tuck in "everything but his pajamas" is starting to re-emerge. Treatment has kept him stable for nearly two years.

"I wanted help. I wanted to get out," he said.



According to his insurance claims, his care has cost hundreds of thousands of dollars paid by Medicaid.

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