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Medetomidine (also known as 'rhino tranq,' 'mede,' or 'dex') is a synthetic α 2-adrenergic receptor agonist used for veterinary sedation and analgesia. It is 200–300 times more potent than xylazine, making even trace amounts clinically significant.

Effects

Use produces deep, prolonged sedation, bradycardia, hypotension, respiratory depression, and CNS suppression that can persist long after fentanyl effects wear off. Medetomidine withdrawal is more intense and dangerous than opioid or xylazine withdrawal which include:

- Severe autonomic instability-hypertension (>200), tachycardia (>140)
- Tremors, agitation, vomiting, anxiety
- Altered mentation, inability to speak or focus
- Rapid onset—within hours of last use

Overdose Recognition and Response

Because medetomidine complicates overdose recognition and response, behavioral health, and community-facing providers should adjust their approach:

- A. Naloxone Use-always administer since fentanyl is nearly always involved (found in >90% of medetomidine-positive samples in NY). Try to use the lowest effective dose to restore breathing and avoid precipitating severe withdrawal.
 - i. The person may not become conscious when naloxone is provided since medetomidine and xylazine are not opioids, so breathing may be the only thing that comes back
- B. Breathing-Focused Intervention-prioritize airway support and rescue breathing, not level of consciousness. Clients may remain sedated after breathing improves.
- C. Monitoring-expect prolonged sedation, bradycardia, and periods of agitation. Transfer to medical care promptly for vital sign instability.

Next Steps

Continue to educate yourself about medetomidine and monitor for use among clients who use substances. If you have questions about please reach out to your local quality leaders-who can connect you to the right Centerstone colleagues.