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ADVISORY NOTICE FROM THE CENTER FOR EMS

#2024.02

To: EMS Service Chiefs, EMS Coordinators, Medical Directors,
Training Officers, and EMS Healthcare Professional.

From: Jason M. Rhodes, MPA, AEMT-C, Chief of the Center for Emergency Medical Services

Date: May 28, 2024

Re: Additives in opioids and other drug; Code name “Demon”.

There have been several reported cases of drug additives in opioids, most recently a drug labeled “Demon”. These reported cases originated near the eastern part of Delaware.

Substances tested and identified:

Fentanyl, Xylazine, **Bromazolam**, Quinine and Caffeine.

Xylazine can take effect within minutes and last up to four hours. According to the Drug Enforcement Administration (DEA), “xylazine decreases the release of norepinephrine and dopamine in the central nervous system resulting in effects such as analgesia, sedation and muscle relaxation.” Common adverse effects are blurred vision, disorientation, drowsiness, bradycardia, hypotension, staggering, hyperglycemia, miosis, respiratory depression, coma, and death.

Bromazolam is a newly emerging (novel) benzodiazepine. Common adverse effects are impaired balance, ataxia, slurred speech, blurred vision, amnesia, dizziness, seizures, hyperthermia, palpitations, and myocardial injury.

Quinine (a class 1a antiarrhythmic) (sodium channel blocker) is a drug commonly used to treat malaria and malaria-like parasitic diseases. Quinine is an ingredient also found in tonic water and other bitter drink mixers. Common adverse effects are vomiting, abdominal pain, seizures, and cardiac disturbances.

It is important to note that **Xylazine** and **Bromazolam** cause deep sedation and can **NOT** be reversed by naloxone.



State of Rhode Island

After administering naloxone per [protocols 4.18 Toxicological Emergencies](#) and/or [2.09 Behavioral Emergencies](#), if respiratory depression persists, provide ventilation via bag-valve-mask or other means, as indicated per protocols [2.08 Respiratory Distress](#); if patient goes into cardiac arrest, initiate protocol [3.03 Cardiac Arrest](#). If the patient is seizing, follow protocol [2.19 Seizures](#); for patients in a postictal state, provide routine assessment and treatment as appropriate. Any patients experiencing hyper/hypothermia initiate care respectively following protocol [4.12 Heat Related Illness](#) or [4.13 Hypothermia and Localized Cold Injury](#).

As always, situation-specific personal protective equipment should be worn when there is a potential for secondary contamination with unknown substances found at the scene of an emergency.

Resources:

[Poison Control Center](#) 1-800-222-1222

[Center for Disease Control and Prevention](#) (CDC)

[Drug Enforcement Administration](#) (DEA)

