



Public Health Advisory
02/11/2026

Medetomidine Detected in Illicit Drug Supply in Clark County, NV
SITUATIONAL AWARENESS SUMMARY

SITUATION: The Southern Nevada Health District (SNHD) has issued a news release regarding the [detection of medetomidine in the local illicit drug supply](#).

- SNHD's community drug checking program, launched in September 2023, anonymously samples drug paraphernalia and has detected multiple illicit substances and novel adulterants, often in combination.
- Since July 2024, medetomidine has been detected in seven samples, with fentanyl present in all samples (100%) and methamphetamine identified in 43% of the same samples.
- Medetomidine, also known as "rhino tranq," is a nonopioid alpha-2 receptor agonist approved for veterinary use as a sedative and analgesic.
- In humans, use of medetomidine can be life-threatening, especially when combined with opioids like fentanyl.
- Medetomidine can be added to increase the weight or enhance the effects of other illegal drugs, particularly opioids.
- As of February 2026, SNHD has registered zero overdose deaths involving medetomidine among Clark County residents.

The Southern Nevada Health District advises all providers to:

- 1) **Identify:** [Medetomidine withdrawal syndrome](#) can be severe, and its greater α -2 adrenergic receptor potency than xylazine may require inpatient care for severe effects or rapid withdrawal.
 - a. Severe withdrawal is characterized by tachycardia, severe hypertension, waxing and waning alertness, tremor, anxiety, diaphoresis, restlessness, and intractable nausea and vomiting.
 - b. The Clinical Opioid Withdrawal Scale may not accurately measure the severity of symptoms due to waxing and waning altered mental status.
 - c. Symptoms begin abruptly, progress rapidly, and typically peak 18-36 hours of last use.
 - d. Presentation may be associated with non-ST elevation myocardial infarction (NSTEMI) and Posterior Reversible Encephalopathy Syndrome (PRES).
 - e. In contrast to xylazine, medetomidine has not been associated with unique, difficult to treat wounds, skin-ulcers, and abscesses from injection use.
- 2) **Test:**
 - a. Test for multiple substances.
 - b. Medetomidine is not included in routine toxicology screens.
 - c. Assess for QTc, as intractable vomiting may cause electrolyte and metabolic derangements.
- 3) **Treat:** Early and repeated screening is critical, ideally every 1-2 hours in the first 24 hours.
 - a. Consider early initiation of alpha-2 agonist, clonidine is preferred, using maximal oral dosing with or without additional patches.
 - b. Screen for medical comorbidities and maintain a high index of suspicion for co-occurring overdose, recognizing that medetomidine withdrawal may occur more rapidly than overdose from other substances.
 - c. Manage other symptoms with supportive care.
- 4) **Contact:** Call SNHD Office of Disease Surveillance for overdose prevention education and resources (naloxone, fentanyl test strips, and xylazine test strips) at 702-759-1300 or visit [Substance Use Dashboard](#).

For more information on medetomidine withdrawal management please visit: [Medetomidine Health Update, PDPH](#).

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