

# FENTANYL FREE AMERICA

PROTECT • PREVENT • SUPPORT

**Fentanyl Free America demonstrates the Drug Enforcement Administration's unwavering commitment to protecting the United States from synthetic opioids by disrupting the fentanyl supply chain, reducing its availability, and saving American lives.**

## PROTECT

**Protecting communities through increased enforcement and stronger measures to prevent fentanyl production and distribution**

DEA leads the fight to protect American lives and communities from the devastating impact of fentanyl. Our mission is clear and rooted in decisive action: dismantling the cartels responsible for manufacturing and trafficking this deadly poison, breaking their command and control networks, disrupting the illicit financial systems that sustain them, and cutting off the supply before it reaches our neighborhoods. DEA is relentlessly driving toward a *Fentanyl Free America*, committed to eliminating the poison behind the nation's deadliest drug crisis and securing a safer, healthier future for all Americans.

## PREVENT

**Preventing fentanyl overdose through education and awareness**

DEA conducts targeted prevention outreach for increased public awareness to save American lives through the following campaigns and initiatives:

- One Pill Can Kill
- Red Ribbon Week
- National Prescription Drug Take Back Day
- Together for Families Network
- Every Day is Take Back Day
- Operation Engage
- Operation Prevention
- Diversion Outreach

## SUPPORT

**Supporting families and those impacted by providing action-oriented resources**

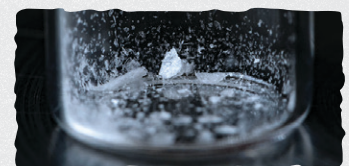
DEA provides parents, caregivers, and educators with up-to-date information about drug threats, and provides resources to help prevent substance misuse among children, teens, and young adults. DEA offers *Tips for Talking*, developed by prevention experts, to help facilitate age-specific conversations. The Together for Families Network provides valuable tools and support to assist people through any stage of their journey: [DEA.gov/TogetherForFamilies](https://www.dea.gov/TogetherForFamilies).

“**TOGETHER WE CAN ACHIEVE A FENTANYL FREE AMERICA AND CREATE A SAFER FUTURE FOR GENERATIONS TO COME.**”

*DEA Administrator  
Terrance Cole*



**29% of fentanyl pills** tested by DEA contained a **potentially lethal dose**, compared to 76% of pills tested just two years before in fiscal year 2023



Fentanyl powder purity **decreased to 10.3%** in fiscal year 2025, from 19.5% in 2023



## WHAT IS FENTANYL?

It is a deadly synthetic opioid that is being pressed into counterfeit pills or mixed into heroin, cocaine, and other street drugs to drive addiction.



## TIPS FOR PARENTS AND CAREGIVERS

- Encourage open and honest communication
- Create an “exit plan” to help your child know what to do if they’re pressured to take a pill or use drugs
- Explain what fentanyl is and why it is so dangerous
- Stress not to take any pills that were not prescribed to you from a doctor
- No pill purchased on social media is safe
- Make sure they know fentanyl has been found in most illegal drugs

# 988

SUICIDE & CRISIS  
LIFELINE

If you or someone you know needs immediate help, contact the 988 Lifeline.

WE ALL HAVE A ROLE

# JOIN THE FIGHT

TO MAKE AMERICA  
FENTANYL FREE

Scan the QR code to visit  
[DEA.gov/FentanylFree](https://www.dea.gov/FentanylFree) for additional  
information and resources.



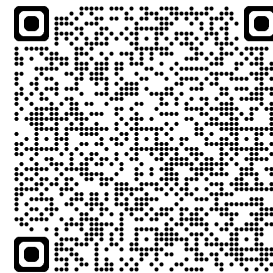


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## Maine Health Alert Network (HAN) System

### PUBLIC HEALTH ADVISORY

**To:** Health Care Providers  
**From:** Dr. Isaac Benowitz, State Epidemiologist  
**Subject:** U.S. CDC: Medetomidine in the U.S. Illegal Fentanyl Supply Increasing Risk for Overdose and Severe Withdrawal Syndrome  
**Date / Time:** Tuesday, April 7, 2026, at 3:00PM  
**Priority:** Normal  
**Pages:** 6  
**Message ID:** 2026PHADV006



Please review this information and clinical guidance from the U.S. CDC regarding medetomidine in the illegal drug supply in the U.S. and a severe withdrawal syndrome due to medetomidine exposure. The Northeast region is the highest affected region in the country, and medetomidine has been detected in the drug supply in Maine.

Clinicians should consider medetomidine in suspected opioid overdoses with prolonged sedation unresponsive to Opioid Overdose Reversal Medications administration, consult a toxicologist or Northern New England Poison Center at 800-222-1222, and report clusters of unusual overdoses or atypical withdrawal presentations to the Maine CDC at 800-821-5821.

For more information on substance use and substance use disorder data, visit at <https://mainedrugdata.org/>.

## U.S. CDC: Medetomidine in the U.S. Illegal Fentanyl Supply Increasing Risk for Overdose and Severe Withdrawal Syndrome

### Summary

The U.S. Centers for Disease Control and Prevention (CDC), in conjunction with the White House Office of National Drug Control Policy (ONDCP), is issuing this Health Advisory to notify public health professionals, clinicians, laboratorians, and people at risk for overdose about increasing reports from U.S. jurisdictions detecting [medetomidine](#) in the illegal drug supply and a severe withdrawal syndrome due to medetomidine exposure. Medetomidine (also known as 'rhino tranq,' 'mede,' or 'dex') is not approved for human use but is approved for sedation and analgesia in dogs. Its dextro-isomer, dexmedetomidine, is approved for procedural sedation in humans. Medetomidine has been increasingly detected in law enforcement drug seizures, drug product and paraphernalia samples, and in wastewater samples, with the highest concentrations in the Northeast region. Testing of illegal drug samples and clinical specimens has identified racemic mixtures of levomedetomidine and dexmedetomidine isomers without the preservatives commonly found in medical or veterinary formulations, making diversion of pharmaceutical products unlikely. Since pharmaceutical-grade products contain only dexmedetomidine, these findings suggest medetomidine is being synthesized in clandestine laboratories.

## MEDETOMIDINE (including DEXMEDETOMIDINE)

### Introduction:

Medetomidine is a potent and short-acting alpha-2 agonist that is used as a non-opioid sedative for its analgesic and muscle relaxant effects. As an alpha-2 agonist, medetomidine is similar in its pharmacological effects to xylazine. Like xylazine, medetomidine has been increasingly found as an adulterant in illicit substances.

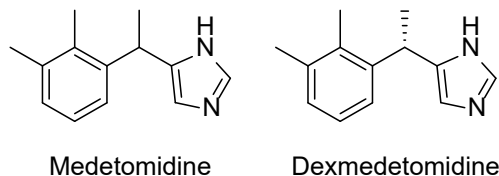
### Licit Uses:

The U.S. Food and Drug Administration (FDA) has approved medetomidine and dexmedetomidine—the pharmacologically active form of medetomidine. In humans, FDA has approved dexmedetomidine for use in intensive care settings or during medical procedures. It is administered either intravascularly or intramuscularly. Dexmedetomidine is sold under various product names (e.g., Dexdor® and Precedex™). According to IQVIA National Prescription Audit®, total prescriptions dispensed in the United States for dexmedetomidine was 104 in 2022, 326 in 2023, 502 in 2024, and 173 in 2025.

In veterinary medicine, FDA has approved medetomidine (e.g., Domitor®, Placadine™) and dexmedetomidine (e.g., Dexdomitor®, Dexmedesed®, Dexmopet®) for use as a sedative, analgesic, or preanesthetic. Both drugs are sold as a sterile injectable solution. Dexmedetomidine is also sold as an oromucosal gel (e.g., Sileo®).

### Chemistry:

Medetomidine is chemically known as 5-(1-(2,3-dimethylphenyl)ethyl)-1*H*-imidazole. Medetomidine is synthetically manufactured and is a racemic mixture of enantiomers dexmedetomidine and levomedetomidine. The chemical structures of medetomidine (CAS number: 86347-14-0), and dexmedetomidine (CAS number: 113775-47-6) are shown below:



### Pharmacology:

The pharmacology of medetomidine is well established in animals but limited in humans; in contrast, the pharmacology of dexmedetomidine is well established in humans.

Medetomidine produces sedation and analgesia in a dose-dependent manner. In addition, medetomidine is more potent and selective for the alpha-2 adrenergic receptor, compared to xylazine. Similar to xylazine, the effects or presumed overdose of medetomidine is not reversed by naloxone (e.g., Narcan®). However, because medetomidine is often encountered in combination with opioids, naloxone should still

be administered to individuals suspected of exposure to medetomidine. Medetomidine toxicity resembles that of xylazine; symptoms include respiratory and central nervous system depression and other life-threatening conditions.

According to FDA, medetomidine administration in animals leads to a net decrease in blood pressure and heart rate. Similarly, dexmedetomidine administration in humans results in decreased blood pressure and/or heart rate, as well as decreased sympathetic nervous system activity.

### Illicit Uses:

Medetomidine is emerging as an adulterant in the illicit drug supply. As a result, this substance is increasingly detected in illicit drug mixtures, drug paraphernalia, and overdose cases.

The Drug Enforcement Administration's Toxicology Testing Program (DEA TOX) is a surveillance program aimed at detecting new psychoactive substances in the United States. DEA TOX detected medetomidine in 27 cases (4 fatal, 23 nonfatal) since April 2023. Of these cases, 26 biological samples, as well as 2 paraphernalia samples, contained both medetomidine and fentanyl. Of note, 14 of these cases were from a large cluster that originated in Chicago, IL in May 2024.

### User Population:

Exposure to medetomidine is common among abusers of fentanyl and other opioids.

### Illicit Distribution:

Publicly available reports and literature support the rise of medetomidine in the illicit drug supply. Medetomidine has been increasingly identified in law enforcement seizures.

DEA's National Forensic Laboratory Information System (NFLIS) Drug database collects scientifically verified data on drug items and cases submitted to and analyzed by participating federal, state, and local forensic drug laboratories. NFLIS-Drug first received 12 reports of medetomidine [10 of dexmedetomidine] in 2021. Since then, the annual number of reports has increased to 263 [39] in 2022; 247 [12] in 2023; 2,616 [53] in 2024; and 8,391 [289] in 2025 (reports still pending). In 2025, the two most co-reported substances with medetomidine were fentanyl and xylazine, respectively.

### Control Status:

Medetomidine and dexmedetomidine are not controlled under the Controlled Substances Act.

Comments and additional information are welcomed by the Drug and Chemical Evaluation Section; Fax 571-362-4250, Telephone 571-362-3249, or Email [DPE@dea.gov](mailto:DPE@dea.gov).

## Dangerous ‘rhino tranq’ sedative is showing up in Maine’s drug supply

by [Annie Rupertus](#) BDN

A type of tranquilizer is creeping into Maine’s drug supply, public health officials warn.

The Maine Center for Disease Control and Prevention issued an [alert](#) Tuesday about medetomidine, saying it’s been detected in Maine and is especially prevalent in the Northeast.

The substance, known as “rhino tranq,” is a veterinary tranquilizer used to sedate dogs, according to the U.S. Centers for Disease Control and Prevention. It is increasingly being detected in drug samples, especially fentanyl.

Medetomidine is [200 to 300 times more potent](#) than xylazine, a substance commonly referred to as “tranq” that is also found in fentanyl and has been increasingly linked to overdoses in Maine [in recent years](#).

Both tranquilizers, like other substances that can be mixed in with illegal drugs, can add risks for the people affected by the state’s opioid crisis. Although overdose deaths declined statewide last year, they’ve [continued to climb](#) in Penobscot County and Bangor, coinciding with an ongoing HIV outbreak primarily affecting people who use drugs.

Medetomidine hasn’t been as widely documented in Maine’s drug supply as it has been elsewhere in the region, but the Maine CDC has warned health care workers and people who use drugs that it can lead to especially severe withdrawals.

Maine-based harm reduction organizations have stressed that the substance is one of many that can be found in a frequently changing drug supply and it’s important to be aware of the withdrawal symptoms.

“We’re not seeing a ton of it,” Anna McConnell, executive director of Maine Access Points, said, but her organization has detected it as part of its drug checking services.

The substance can cause sedation, low blood pressure and low heart rate, and withdrawal can cause dangerously high blood pressure and heart or brain damage, the CDC said. Experts say anyone who may be going through medetomidine withdrawal with symptoms like continuous vomiting, chest pain, and going in and out of awareness should seek emergency medical attention.

“It’s not something that someone would want to try to manage at home,” McConnell said.

The Street Drug Analysis Lab at the University of North Carolina at Chapel Hill, which analyzes drug samples sent in from across the country, began finding medetomidine in other states in 2022 and first detected it in a [sample from Maine](#) about a year ago.

Medetomidine was detected in a [sample sent to the lab from Bangor](#) in September.

Bangor police are not aware of any overdoses in the city involving medetomidine, according to Sgt. Jeremy Brock, the department’s spokesperson. Brock noted that toxicology reports can take up to eight weeks to be returned in suspected overdose cases.

The Maine CDC was not able to provide information regarding where in Maine medetomidine has been detected, spokesperson Lindsay Hammes said Thursday evening.

The substance can be hard to detect “because it’s so strong, it shows up in extremely small quantities,” McConnell said.

Medetomidine test strips are not widely available in Maine like [xylazine test strips](#), and McConnell said they’re not easy to use without training. She encouraged people to visit a Maine Access Points location, which can be found in Machias, Calais, Sanford, Rumford and Biddeford, if they want to get their drugs tested.

Needlepoint Sanctuary, a harm reduction organization in Bangor, is also encouraging people to get their drugs tested, according to Executive Director Willie Hurley.

“This is just the reality of the drug supply. It’s so unpredictable,” Hurley said.

Medetomidine does not respond to the overdose-reversing medication naloxone, but the CDC still recommends using it in suspected medetomidine-related overdoses because it’s commonly mixed with fentanyl, which does respond to it.

A form of the drug is approved for humans in hospital settings as a sedative, but samples of it on the street have caused intense hallucinations, according to [UNC researchers](#). They say unexpected hallucinations could be an early warning sign that medetomidine is in a drug supply, since opioids do not cause hallucinations.

Rescue breathing is especially important for suspected overdoses involving veterinary tranquilizers, according to UNC researchers.

In some cities, medetomidine has become more common than xylazine as a cut in the drug supply, according to data from [Philadelphia](#). Xylazine was first detected in Maine in 2021, the Bangor Daily News [previously reported](#).

While medetomidine is much stronger than xylazine, it doesn’t appear to coincide with the development of severe wounds.

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