

Health Advisory

Assessing the risk of exposure among people who use fentanyl with medetomidine and are unhoused during cold weather November 26, 2025

Medetomidine is prevalent in up to 80% of drugs sold as dope or fentanyl in Philadelphia. Using medetomidine can lead to prolonged sedation, which can put people at risk of prolonged exposure during cold weather. In addition, people who use medetomidine regularly are at risk of medetomidine withdrawal, which includes symptoms of decreased alertness that can also put people at risk of prolonged exposure during cold weather.

Prolonged exposure to cold weather can lead to hypothermia, which can include symptoms of confusion that may mask symptoms of medetomidine toxicity and withdrawal. Several factors can contribute to the risk of hypothermia, such as inadequate or wet clothing. When these factors are present, hypothermia may occur within 30 minutes to an hour at temperatures above freezing. At temperatures below freezing, hypothermia and frostbite can occur in 5 to 30 minutes, depending on the wind chill. See the National Weather Service Windchill Chart for frostbite here:

<https://www.weather.gov/bou/windchill>.

The overlap between symptoms of hypothermia and symptoms of prolonged sedation from using medetomidine, or decreased alertness from medetomidine withdrawal, requires increased attention to people who use drugs and are unhoused to prevent the harm of prolonged cold exposure.

Non-clinical street-based outreach providers are well-positioned to assess an individual's risk of prolonged cold exposure, prevent the harms associated with it, and identify those who require emergency medical care. The guidance below, for non-clinical street-based outreach providers, includes assessment of the risk of exposure during cold weather, possible interventions, and indications to call 911.

Good Samaritan Act Attempts to assess, reposition, or move someone to prevent hypothermia or frostbite may be covered by Good Samaritan Act (Title 42 Chapter 83 Section 32 of the PA General Assembly):

"Any person, including an emergency response provider, whether or not trained to practice medicine, who in good faith renders emergency care, treatment, first aid or rescue at the scene of an emergency event or crime or who moves the person receiving such care, first aid or rescue to a hospital or other place of medical care shall not be liable for any civil damages as a result of rendering such care, except in any act or omission

SUMMARY POINTS

- Sedation from medetomidine use and decreased alertness from medetomidine withdrawal can increase the risk of cold exposure for people who use drugs and are outside
- Non-clinical street-based outreach providers are well positioned to assess someone's risk of prolonged cold exposure, prevent the harms of prolonged cold exposure, and identify people who need emergency medical care

A short assessment checklist can include:

- Are they or their clothes wet?
- Do they have exposed skin touching the ground?
- Is their clothing inadequate (no shoes/socks, no coat)?
- Did you see them in the same place previously?

For providers with appropriate training, measuring heart rate can help differentiate between sedation from medetomidine toxicity and decreased alertness from medetomidine withdrawal.

intentionally designed to harm or any grossly negligent acts or omissions which result in harm to the person receiving emergency care or being moved to a hospital or other place of medical care.”

If someone is unresponsive, then speak loudly and explain what you’re doing (e.g., “I am checking to make sure you’re breathing okay” or “I am covering you with a blanket to keep you warm”).

Assessment

The following factors can be observed in a person who is sedated or has decreased alertness to determine if they require emergency medical care.

Responsiveness

- Attempt to wake the person by calling their name or tapping their shoulder.
- Note whether they respond to voice or touch, or pain (e.g., pressing on their nailbed).

Breathing:

- Look, Listen, Check
 - LOOK. Watch for breathing. Look for chest movement OR watch shoulders for a rise & fall movement. Count to make sure it's at least 1 breath every 5 seconds.
 - LISTEN. Can you hear them breathing? Does it sound strained or choked?
 - CHECK. Hold a piece of glass (like a phone screen), or metal object (like a key), or piece of plastic (rescue breathing mask) - or any other item that collects condensation - in front of their mouth.
- Assess breathing
 - Is their breathing slow, shallow, or irregular?
 - Confirm at least 1 breath every 5 seconds
 - If the person is not breathing, then administer naloxone. Refer to the [PDPH Health Update from June 10, 2025](#), for recommendations on responding to opioid overdoses that involve sedatives.

Risk factors for hypothermia that can be assessed when someone is sedated or has decreased alertness:

- Exposure to wind and precipitation
 - Are they outside directly on cold or wet ground?
 - Are they outside during precipitation (rain or snow)?
 - Are they shielded from wind or potential precipitation?
- Wet or damp clothing or skin
 - People may have wet or damp layers of clothing that are not directly visible, such as wet socks inside boots.
 - Wet drainage from a wound may soak clothing and wet skin.
 - Vomit may soak clothing and wet skin.
 - Lack of protection from precipitation (rain or snow) will soak clothing and wet skin.
- Inadequate clothing
 - Insufficient layers for the cold temperature (e.g., no coat or light coat in severe cold weather).
 - Do they have:
 - Coat with insulation
 - Socks
 - Shoes
 - Gloves
 - Hat
- Older age
 - Older adults are at higher risk of hypothermia and frostbite.
- Duration of exposure
 - How long have they been in the cold (If unknown, assume several hours).

Skin color and texture:

- Changes in skin color and texture can be a sign of frostbite.

- Frostnip occurs before frostbite and can look like skin reddening on light skin tones and grayish or ashy on dark skin tones.
- Early frostbite can look like yellowish or gray skin on light skin tones and bluish or gray on dark skin tones.
- Frostbite can look dark purple, brown, or black, and the skin can have a hard, waxy texture.

Shivering:

- Note if the person is shivering, which is an early sign of hypothermia.

Heart Rate:

- For an individual with appropriate training, checking a heart rate can help differentiate between sedation due to medetomidine toxicity and decreased alertness due to medetomidine withdrawal.
 - If a person's heart rate is below 100, then they are less likely to be experiencing changes in alertness due to medetomidine withdrawal.
 - If a person's heart rate is above 100, then they may be experiencing decreased alertness due to medetomidine withdrawal.
 - If someone has decreased alertness and a heart rate greater than 100, then they likely need immediate medical attention.

Nausea and vomiting:

- Another sign of medetomidine withdrawal is uncontrollable nausea and vomiting. If a person shows signs of uncontrollable nausea and vomiting and decreased alertness, then they likely need immediate medical attention.

Interventions

Passive Warming:

- Insulate from the ground (use cardboard, trash bags, blankets, or any barrier to lift the person off cold or wet surfaces)
- Add multiple thin layers (blankets, coats, scarves, towels) over and under the person. The trapped air between layers provides insulation.
- Cover the head, neck, hands, and feet (these are the primary heat-loss areas)
- Block wind and moisture (set up tarps, Mylar sheets, or plastic to block wind and retain heat; avoid wrapping too tightly to allow breathing and circulation)
- Replace wet layers: if clothing items (such as gloves or socks) are wet, swap for dry items if available.

When to call EMS

Call EMS if someone:

- Is not breathing
 - If someone is not breathing, proceed with overdose response protocol by calling 911, administering naloxone, and providing rescue breaths until EMS arrives.
- Is shivering and unable to receive passive warming or move to a warmer location.
- Has signs concerning frostbite or hypothermia (e.g., skin discoloration, or waxy or hard skin).
- Is wearing wet clothes or is wet and is unable to get dry.
- Is directly touching a wet surface and unable to receive insulation from that wet surface or move from that location.
- Is exposed to precipitation such as snow or rain and is unable to move to shelter.
- Is inadequately dressed and unable to put on additional layers.
- Is exposed to cold weather for a period, which is concerning for developing hypothermia or frostbite.
- Has any part of their body frozen to the ground.
- Is having any kind of medical emergency.
- Is having a fast heart rate and decreased alertness.
- Is having uncontrollable vomiting and decreased alertness.

Resources

Connect with Substance Use Disorder Treatment

- Behavioral Health Services Initiative (uninsured): 1-215-546-1200
- Community Behavioral Health (Medicaid): 1-888-545-2600
- CareConnect Warmline: 484-278-1679
- DBHIDS Medication Assisted Treatment: <https://dbhids.org/services/addiction-services/mat/>
- SAMHSA National Helpline: 800-662-HELP (4357)

Recommend patients try not to use alone. If that is what they are doing, then provide resources:

- Never Use Alone: 877-696-1996
- SafeSpot: 800-972-0590

Learn how to get and use naloxone – www.substanceusephilly.com/get-supplies

Get naloxone & fentanyl test strips shipped for free and confidentially – <https://nextdistro.org/philly>

Learn how to use fentanyl test strips:

- <https://www.cdc.gov/stopoverdose/fentanyl/fentanyl-test-strips.html>
- <https://www.youtube.com/watch?v=GmhE6UOZ9YY>
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Information sheets on different naloxone products

- [For clinicians](#)
- [For non-clinicians](#)