



Nitazene Use Increases

Overdose deaths from the use of nitazenes are increasing globally. Nitazenes are lab-made opioids that are more powerful and more deadly than fentanyl. Previous *Employee Education Newsletters* have reported on the dangers of nitazene use.

Nitazenes are a class of synthetic opioids that have been around since the 1950s but were not added to the list of illegal Schedule 1 drugs in the U.S. until 2022.

The recent ban on poppy production in Afghanistan led to a heroin shortage that caused illicit drug manufacturers to turn to nitazenes as a cheap and easy way to meet demand. Drug dealers are producing nitazenes in powder form, counterfeit tablets, and liquids often mixed with other substances. The problem is that just like fentanyl, drug users don't know that nitazenes are in the street drugs they purchase. It is estimated that since 2019, more than 2,000 overdose deaths have occurred due to nitazenes.

The Next Drug Epidemic?

We know that fentanyl is 100 times more potent than morphine, and nitazenes are 40 times more active than fentanyl. For this reason, drug prevention experts are concerned that nitazenes might become the next drug crisis in America.

Street drugs sold as Xanax or Oxycodone seized by law enforcement have been found to contain nitazenes, and because there is no quality control in the making of illegal street drugs, some of these counterfeit pills end up with more nitazene in them than

others. Taking one of these pills could result in overdose and death.

Some people use test strips to test the drug they are about to ingest to see if it contains fentanyl. But fentanyl test strips do not detect nitazenes. One company does manufacture a nitazene test strip, but it cannot detect every type of nitazene.

Naloxone can work to reverse a nitazene overdose, but because of nitazene's potency, multiple naloxone doses might be required.

To avoid another drug epidemic, it will be important to continue raising awareness about nitazenes and implementing strategies to reduce harm through increased testing, surveillance, and linkage to treatment. More frequent administration of naloxone by first responders, bystanders, and clinicians will be crucial in saving lives. Implementing naloxone training and distribution efforts throughout all states will become more important than ever.

The following suicide prevention information, while provided by the Georgia Department of Behavioral Health and Developmental Disabilities, will also be helpful to those in states other than Georgia. All online resources listed are available to users nationwide.

There is an undeniable link between our mental health and our overall quality of life, which all of us have experienced to some degree. With January being National Poverty Awareness Month, let's look at a few of the links between our financial stability and our mental and emotional wellbeing to gain a better understanding of how these two factors intersect.

The Social Determinants of Health apply to our mental health as well as our physical health. Financial conditions like income, employment, and socioeconomic status have a profound impact on whether they will develop a mental health condition, and if they will be able to treat, manage, and recover from mental health challenges. These factors are also strongly tied to other determinants like education, food security, housing, social support, discrimination, childhood adversity, and the social and physical environment that people inhabit.

While mental health conditions and suicide do not discriminate, and even the most affluent individuals can have a mental health crisis, evidence suggests that those who live in poverty are more likely to develop a mental health condition (7.5% vs. 4.1%) and far less likely to have access to treatment. The National Survey of Drug Use and Health (NSDUH) estimates that of the 9.8 million adults aged 18 or older in the U.S. that have a serious mental illness (SMI), 2.5 million of them live below the poverty line^{1,2}. Moreover, there is also a higher chance that those who suffer from a mental illness are more predisposed to poverty, further compounding the issue.

In 2023, about 13.6% of Georgia's population lived below the poverty line, increasing their risk of developing one or more mental health conditions. If we are to take a public health approach in preventing mental illness and reducing risk factors for suicide, we must look at these social determinants as major areas of focus when developing strategies to increase the protective factors that decrease risk within these underserved populations.

According to a Surgeon General's report conducted in 2021 ([surgeon-general-youth-mental-health-advisory.pdf](#)) children living in poverty were two to three times more likely to develop mental health conditions than those living in more economically stable

households. For our youth-serving organizations and those in the prevention field focused on upstream strategies, youth living in poverty should be a primary focus in mental health promotion and suicide prevention efforts.

This data underscores the urgent need to prioritize and bring existing mental health services into impoverished communities, where they are most critically needed. By focusing on vulnerable populations, such as those with lower incomes, we can address systemic barriers to care and provide the resources necessary to prevent mental health challenges, support recovery, and ultimately improve lives. This call to action invites us all—policymakers, healthcare providers, and community organizations—to take a special interest in ensuring that mental health services reach those most at risk, creating a stronger foundation for a healthier Georgia.

Additional Sources:

1. NSDUH SMI data is based on DSM-IV criteria, but it cannot be used to estimate the prevalence of specific mental disorders in adults, such as major depression, schizophrenia, and bipolar disorders. SMI estimates are based on a predictive model and are not direct measures of diagnostic status.
2. Poverty level is calculated as a percentage of the Census Bureau's poverty threshold by dividing the respondent's total family income by the poverty threshold amount. If the total income is at or below the Census Bureau's poverty threshold for a family of that size, then that family is living in poverty.

To learn more about suicide prevention, visit the DBHDD website at: <https://dbhdd.georgia.gov/suicide-prevention>.

Or contact the Suicide Prevention Director, Rachael Holloman, at: rachael.holloman@dbhdd.ga.gov.



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