Synthetic Opioids and the Impact on Community Health Webinar

November 20, 2025

National Center for Health in Public Housing

NATIONAL COUNCIL for Mental Wellbeing

HEALTHY MINDS ▪ STRONG COMMUNITIES

Housekeeping Items

- All participants muted upon entry
- Engage in chat
- Raise hand if you would like to unmute
- Meeting is being recorded
- Slides and recording link will be sent via email

NCHPH
National Center for Health in Public Housing

National Center for Health in Public Housing

- This webinar is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $668,000 with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

NCHPH
National Center for Health in Public Housing

Moderators

Jose Leon, MD
Chief Medical Officer

Fide Pineda Sandoval, MPH, CHES
Technical Assistance Manager

NCHPH
National Center for Health in Public Housing

Aaron Williams, MA, Senior Advisor

- Aaron is a Senior Advisor at the National Council for Mental Wellbeing and has over 20 years of experience delivering behavioral-health training and technical assistance, with expertise in substance use treatment, prevention, recovery, and evidence-based practice implementation.
- He has led national projects supporting adoption of substance-use medications, Recovery-Oriented Systems of Care, and Project ECHO–style learning collaboratives for community health centers.
- Provides subject-matter expertise to diverse stakeholders and holds degrees in psychology from Morehouse College and The Catholic University of America, plus a certificate in strategic management from Georgetown University.

NATIONAL COUNCIL for Mental Wellbeing

HEALTHY MINDS • STRONG COMMUNITIES

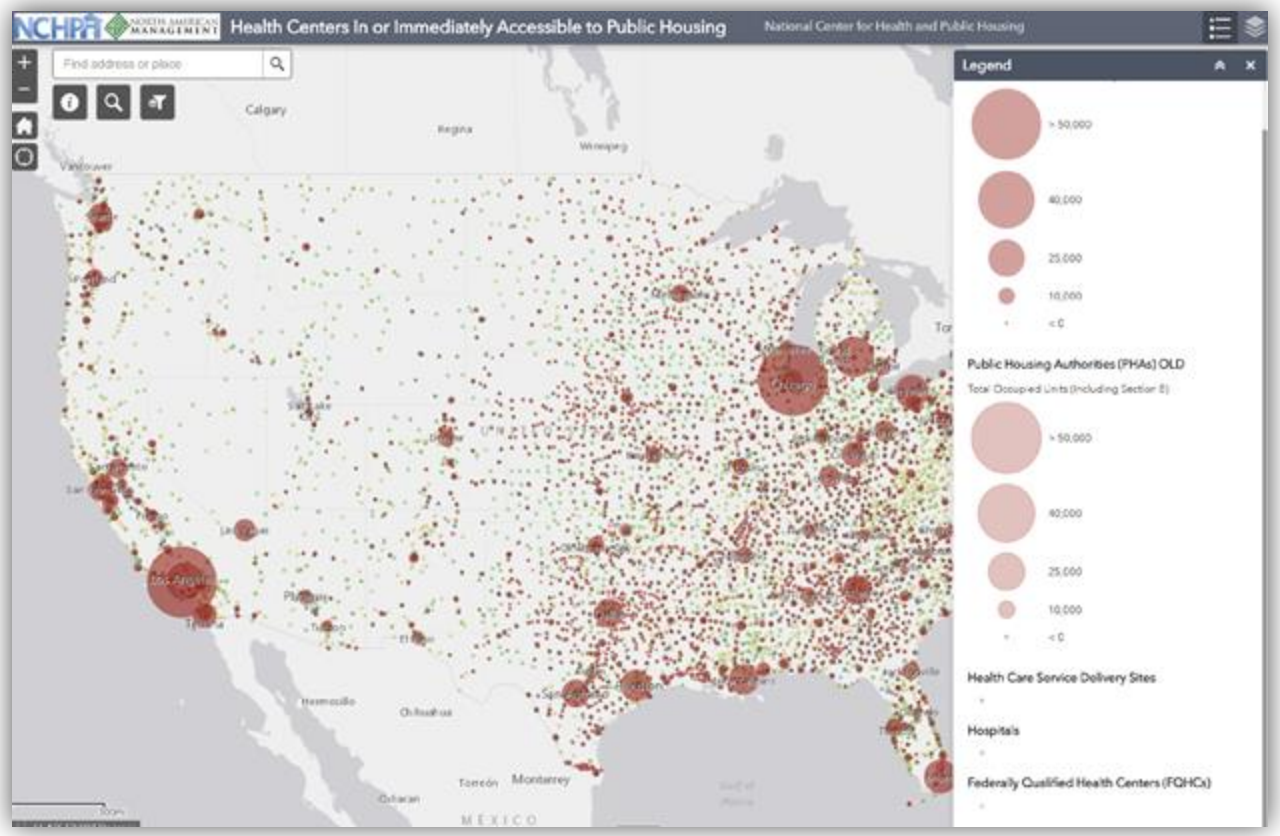
Learning Objectives

- Describe the emerging threat of synthetic opioids in the “nitazene” class.
- Identify secondary prevention strategies that community health centers can implement in public housing communities.
- Explore how to develop a plan around engagement of community members in public housing and other at-risk individuals.

NCHPH
National Center for Health in Public Housing

Location of Public Housing Primary Care Health Centers (PHPCs) and Public Housing Developments

- **1,359** health centers = **32.3 million patients**
- **485** health centers near public housing = **6.7 million patients**
- **107** Public Housing Primary Care (PHPC) Grantees = **1.1 million patients**



Source: [National health center Program Uniform Data System (UDS) Awardee Data, 2024]

NCHPH
National Center for Health in Public Housing

PHPC Health Center Patient Demographics 2024

Below Federal Poverty 76.03%

Female 58.06%

Children 26.49%

Elderly 11.57%

Uninsured 18.9%

Source: [2024 Special Medically Underserved Populations]

NCHPH
National Center for Health in Public Housing

Public Housing Resident Demographics

1.6 million residents

2 persons per household

32% female headed households with children

Source: HUD Picture of Subsidized Households

National Center for Health in Public Housing

Public Housing Resident Demographics

35% children

40% elderly (62+)

23% disabled amongst all persons in households

90% Very Low Income

Source: HUD Picture of Subsidized Households

NCHPH
National Center for Health in Public Housing

Substance Use Disorder (SUD) Measures: Table 6A

Category	Number of patients with other substance-related disorders (excluding tobacco use disorder)*, %
All Health Centers	763,276 (2.36%)
PHPCs	30,933 (2.77%)

***Other substance-related disorders** (excluding tobacco use disorder) ICD10 F11- through F19- (exclude F17-), G62.0, O99.32: Includes disorders related to opioid, cannabis, sedative, hypnotic, or anxiolytic-related, cocaine, other stimulants (e.g., amphetamines and caffeine), hallucinogens, inhalants, unspecified psychoactive substances, drug-induced polyneuropathy and drug use complicating pregnancy, childbirth, and the puerperium .

Source: 2024 UDS Table 6A ; National Center for Health Statistics – ICD-10-CM ; SAMHSA

NCHPH
National Center for Health in Public Housing

Substance Use Disorder (SUD) Measures: Table 6A

Category	Number of patients with Screening, brief intervention, and referral to treatment (SBIRT)*, %
All Health Centers	1,199,358 (3.70%)
PHPCs	49,479 (4.43%)

*__SBIRT__: Screening, Brief Intervention, and Referral to Treatment (SBIRT)

Source: 2024 UDS Table 6A ; National Center for Health Statistics – ICD-10-CM ; SAMHSA

2022 Health Center Patient Survey – Substance Use

Alcohol and Substance use in the 2022 Health Center Patient Survey	All other Housing (%)	95% CI*	All HUD-assisted (%)	95% CI	P*	Public Housing (%)	95% CI	P
Ever used cocaine	14.7	12.2-17.6	21.4	14.5-30.6	0.023	23.5	14.0-36.6	0.73
Ever uses amphetamine-type stimulants	11.9	9.3-15.2	12.1	7.5-19.1	0.58	10.4	5.7-18.3	0.56
Ever used inhalants	3.6	2.6-4.9	4.3	1.7-10.2	0.69	5.7	13.5-21.2	0.59
Ever used sedatives	6.4	4.6-9.0	6.4	3.3-12.1	0.012	9.1	3.6-20.9	0.08
Ever used hallucinogens	12.7	9.9-16.0	6	3.3-10.4	0.19	6.5	3.5-12.1	0.52
Ever used opioids	9.1	6.9-11.9	6.2	3.2-11.7	0.16	6.8	3.3-13.3	0.87
Ever used needle to inject non-prescribed drug	4.2	2.8-6.2	5.7	2.7-11.7	0.4	4.8	1.8-12.2	0.8
Ever used marijuana	39.2	33.8-44.9	42.6	33.2-52.6	0.36	37.85	27.5-49.5	0.65

***CI:** Confidence Interval
***P:** P-value

Source: 2022 Health Center Patient Survey

NCHPH
National Center for Health in Public Housing

2022 Health Center Patient Survey – Substance Use

SUD Treatment Administration at FQHC and PHPC Facilities, UDS Results (2022)		
	All FQHC's	PHPC's
Average number of providers with DATA waiver*	5.9	8.9
Total number of DATA providers	7,436	926
Percent of health centers with no DATA providers	30.4%	21.2%
Percent of health centers with more than 10 DATA providers*	16.1%	26.9%
Average number of patients receiving MAT*	127.4	191.6
Total number of patients receiving MAT	161,972	19,924
No patients received MAT	39.8%	28.9%
Total clinic visits for substance use disorder	**920,617**	**208,932**
Total telehealth visits for substance use disorder	**475,230**	**82,569**

* **DATA:** Drug Addiction Treatment Act of 2000
* **MAT:** Medication Assisted Treatments

Source: 2022 Health Center Patient Survey; HHS Drug Addiction Treatment Act of 2000

NCHPH
National Center for Health in Public Housing

Certified Community Behavioral Health Clinics (CCBHCs)

- **CCBHCs** serve anyone who requests care for mental health or substance use, **regardless of their ability to pay, place of residence or age.**
- Heath Centers that are not CCBHCs should consider **strengthening connections** with their local CCBHC network to improve access to services

Link to Resource: CCBHCs

NCHPH
National Center for Health in Public Housing

NATIONAL COUNCIL for Mental Wellbeing

Nitazenes Update: An Emerging Threat

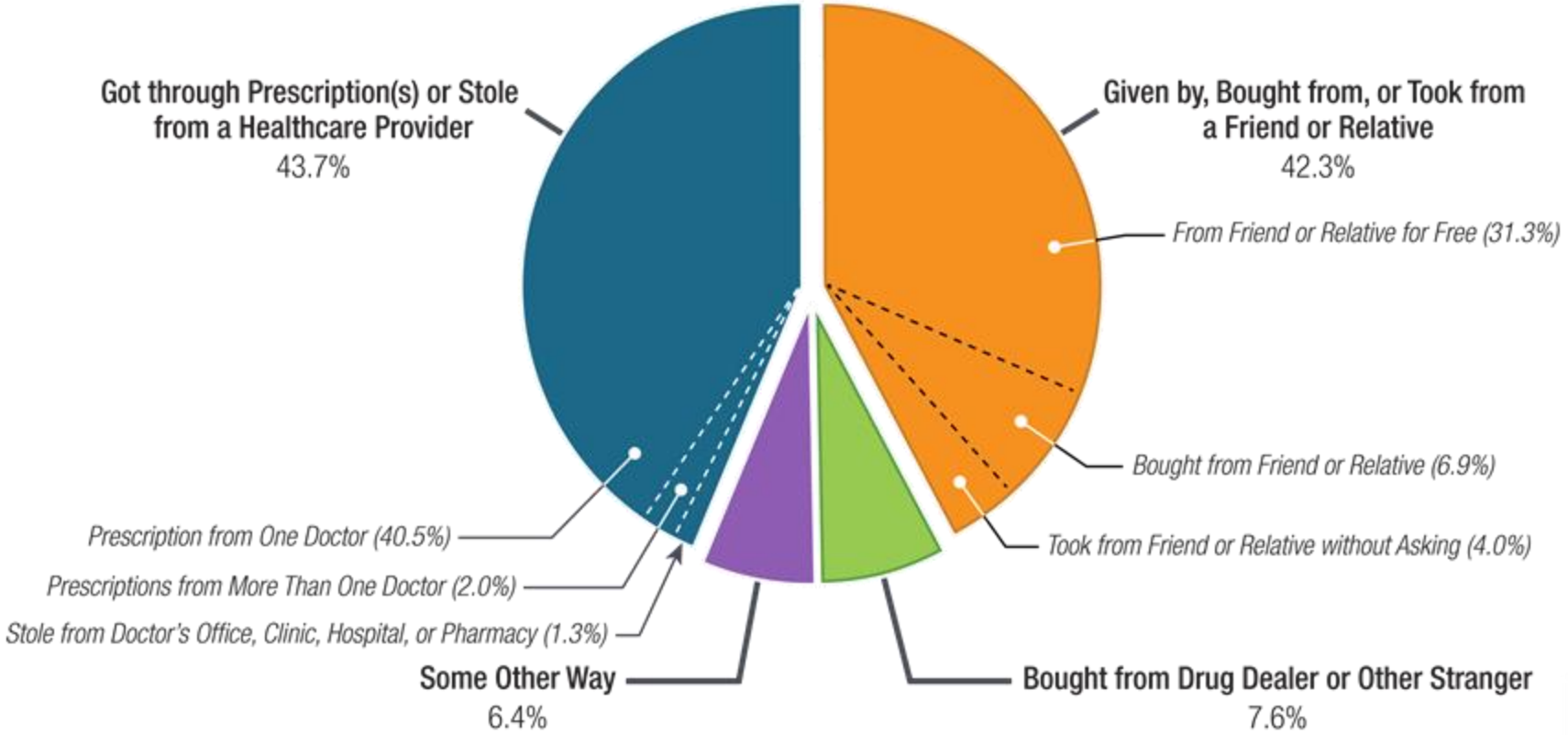
Current State of Substance Use in the US

- In 2023, 48.4 million people had a substance use disorder.
- Among people aged 12 or older in 2024, 73.6 million people used illicit drugs in the past year.
- More than 80,000 people died of a drug overdose in 2024.

Source:
Key Substance Use and Mental Health Indicators in the United States: Results from the 2024 National Survey on Drug Use and Health

NATIONAL COUNCIL for Mental Wellbeing

Source of Prescription Pain Relievers for Most Recent Misuse, Among People Aged 12 or Older Who Misused Prescription Pain Relievers in the Past Year — 2024

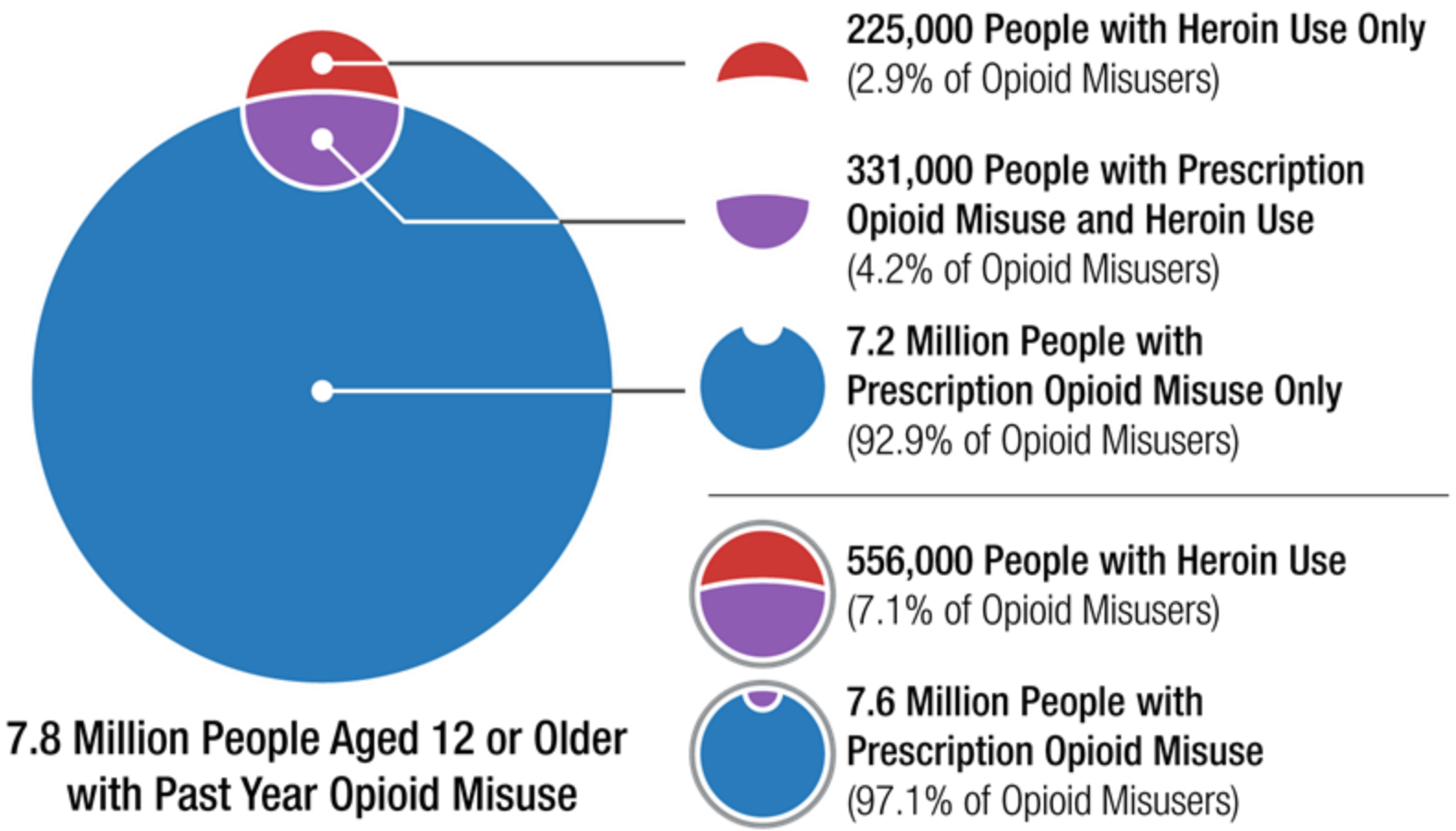


8.0 Million People Aged 12 or Older Who Misused Prescription Pain Relievers in the Past Year

- Note: The percentages for the subdivisions may not add to the percentage for the whole division due to rounding.
- Note: Respondents with unknown data for the Source for Most Recent Misuse or who reported Some Other Way but did not specify a valid way were excluded.
- Source: *Key Substance Use and Mental Health Indicators in the United States: Results from the 2024 National Survey on Drug Use and Health*

NATIONAL COUNCIL for Mental Wellbeing

Past-Year Opioid Misuse Type Among People Aged 12 or Older, 2024



- Note: These estimates do not include illegally made fentanyl.
- Source: *Key Substance Use and Mental Health Indicators in the United States: Results from the 2024 National Survey on Drug Use and Health*

NATIONAL COUNCIL for Mental Wellbeing

What are Nitazenes

- Nitazenes (benzimidazole-opioids) are a class of extremely potent novel synthetic opioids.
- Developed in the 1950's as an alternative to Morphine.
- Nitazenes were never approved for medical use.
- Isonitazene (ISO) and seven other Nitazenes are Schedule I drugs in the United States.
- 13 different types of nitazenes have been identified, the most common being ISO.
- Other common nitazenes include:
  - Metonitazene
  - Protonitazene
  - Butonitazene
  - Etodesnitazene
  - Flunitazene
  - N-pyrrolidinio etonitazene

Information Bulletin: The Emergence of Nitazenes in the Americas

https://www.oas.org/ext/DesktopModules/MVC/OASDnnModules/Views/Item/Download.aspx?type=1&id=1045&lang=1

What are Nitazenes

Nitazenes appear in many different forms:

- White or brown/yellow powder
- Crystals
- Counterfeit pills that resemble prescription opioids such as oxycodone
- Liquids, nasal sprays, or vape solutions
- They can be swallowed, snorted, smoked, vaped, or injected

Dangers of Nitazenes

“Forgotten opioid has resurfaced as lethal street drug”

“Overdose deaths involving nitazenes seem to be on the rise”

“Dangerous ‘nitazene' opioids are on the rise: investigators ...”

Nitazenes in the U.S.

- Nitazenes have been identified in at least 4,300 law enforcement drug seizures since 2019.*
- Nitazenes have been identified in US wastewater. A 2022-2023 study found protonitazene in samples from Washington and Illinois – indicating use in both states.**
- Nitazene-involved fatal overdoses in Tennessee increased from zero in 2019 to 10 in 2020, and 42 in 2021. All the overdoses co-occurred with other illicit substances and most (60%) included fentanyl.***

*Pergolizzi Jr, J., Raffa, R., LeQuang, J. A., Breve, F., & Varrassi, G. (2023). Old drugs and new challenges: A narrative review of nitazenes. Cureus, 15(6), e40736.

**Bade, R., Nadarajan, D., Driver, E., Halden, R., Gerber, C., Krotulski, A., Hall, W., & Mueller, J. (2022).Wastewater-based monitoring of the nitazeneanalogues: First detection of protonitazene in wastewater from the United States

*** Notes from the field: Nitazene-related Deaths-Tennessee, 2019-2021

NATIONAL COUNCIL for Mental Wellbeing

Nitazenes vs Fentanyl

Nitazenes have a significantly higher risk of overdose due to their potency.

Compared to Fentanyl, Nitazenes can be anywhere from 5 to 40 times more potent.

Because of this increased potency, Naloxone may need to be administered multiple times to address a single overdose event.

Many opioid users are unaware that they have ingested a nitazene.

NATIONAL COUNCIL for Mental Wellbeing

Nitazenes: Health Consequences

- Overdose Risk
- Increased Tolerance and Dependence
- Withdrawal Symptoms
- Cardiovascular Effects
- Mental Health Concerns
- Increased Risk of Infectious Diseases

Edinoff, A. N., Martinez Garza, D., Vining, S. P., Vasterling, M. E., Jackson, E. D., Murnane, K. S., Kaye, A. M., Fair, R. N., Torres, Y. J. L., Badr, A. E., Cornett, E. M., & Kaye, A. D. (2023). New Synthetic Opioids: Clinical Considerations and Dangers. Pain and therapy, 12(2), 399–421. https://doi.org/10.1007/s40122-023-00481-6

NATIONAL COUNCIL for Mental Wellbeing

Addressing Nitazenes Use

Substance Use Disorder Treatment Continuum of Care

Enhancing Health	• Promoting optimum physical and mental health and well being through health communications and access to health care services, income and economic security, and workplace certainty
Primary Prevention	• Addressing individual and environmental risk factors for substance use through evidence-based programs, policies, and strategies
Early Intervention	• Screening and detecting substance use problems at an early stage and providing brief intervention, as needed, and other secondary prevention activities
Treatment	• Intervening through medication, counseling and other supportive services to eliminate symptoms and achieve and maintain sobriety, as well as physical, spiritual, and mental health.
Recovery Support	• Removing barriers and providing supports to aid the long-term recovery process. This includes a range of communal, educational, legal, and other services that facilitate recovery, wellness and improved quality of life

U.S. Department of Health and Human Services (HHS), Office of the Surgeon General. (2016, November). Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health.

Addressing Nitazene Overdose

Health centers should take a comprehensive approach to addressing nitazene emergencies.

Steps that health centers can take include:

- Staff education
- Expanded Naloxone Access and other secondary
- Public awareness campaigns
- Enhanced screening and monitoring
- Integrating MAT and other treatment services
- Partnering with public health

Pereira, J. R. P., Quintas, A., & Neng, N. R. (2025). Nitazenes: The Emergence of a Potent Synthetic Opioid Threat. *Molecules (Basel, Switzerland)*, *30*(19), 3890. https://doi.org/10.3390/molecules30193890

Overdose Prevention and Response Toolkit https://library.samhsa.gov/product/overdose-prevention-response-toolkit/pep23-03-00-001

Conclusions

Health Centers should make sure that they are aware of the possibility of nitazene overdose among their patients and ensure that they have the appropriate resources available to address it.

Health Center staff should be trained in overdose prevention protocols.

Health center administrators should work in partnership with other community organizations to better educate the public about the dangers of nitazenes in the drug supply.

Health centers should work with local partners to enhance substance use treatment and overdose prevention services.

Resources

- DEA Diversion Control Division Drug & Chemical Evaluation Section

https://deadiversion.usdoj.gov/drug_chem_info/benzimidazole-opioids.pdf

- Information Bulletin: The Emergence of Nitazenes in the Americas

https://www.oas.org/ext/DesktopModules/MVC/OASDnnModules/Views/Item/Download.aspx?type=1&id=1045&lang=1

- Overdose Prevention and Response Toolkit

https://library.samhsa.gov/product/overdose-prevention-response-toolkit/pep23-03-00-001

- Opioid Response Network

https://opioidresponsenetwork.org/

NATIONAL COUNCIL for Mental Wellbeing

Questions & Discussion

NATIONAL COUNCIL for Mental Wellbeing

Preconference trainings

Free consultations

NAT CON

from NATIONAL COUNCIL FOR MENTAL WELLBEING

2026 APRIL 27-29 DENVER

Aaron Williams MA
Senior Advisor
National Council for Mental Wellbeing
aaronw@thenationalcouncil.org

Case Study

A man with a known history of smoking isotonitazene was found deceased in his home. He had voluntarily admitted himself for isotonitazene detoxification 2 months prior. During that hospitalization, he described how he had developed an addiction to the relaxant and euphoric effects of isotonitazene that quickly lead to a physical dependence requiring greater doses to avoid withdrawal. He explained that his previous withdrawal symptoms often included sweating, nausea, jaw tension, and intense psychic stress. While detoxing in the hospital, he exhibited psychomotor agitation, insomnia, and episodes of cold sweats consistent with opioid withdrawal. The patient was discharged after only 7 days at his request following the cessation of withdrawal symptoms. Providers in the hospital conducted a psychoeducational interview and determined that his judgment was intact with the absence of cravings; therefore, he was allowed to leave. Upon discovering his body 2 months later, investigators found a vaporization pipe and a white powdery substance later confirmed to be isotonitazene.

NCHPH
National Center for Health in Public Housing

Case Study

- **Evidence suggests that:**
  - Despite a poor long-term prognosis, patients treated for acute poisoning by substances of use are frequently not referred to follow-up.
  - Nearly all patients referred to specialist health services attended, indicating the acute poisoning as an opportune moment for intervention.
  - Advising patients to contact their General Practitioner (GP) or health center was significantly associated with subsequent GP consultations, but few patients received such advice.
  - One out of three patients is discharged without follow-up, and there seems to be an unused potential for GP involvement.

NCHPH
National Center for Health in Public Housing

Case Study

1. What additional steps could have been taken for this patient after he was discharged from the hospital?

2. What resources are available at your health center to assist these patients? If none, where do you refer them, and how do you monitor their progress?

NCHPH
National Center for Health in Public Housing

Q & A Session

National Center for Health in Public Housing

Upcoming Events

Caring for HIV in the Home Environment	December 2, 2025 at 1:00 pm EDT	https://us06web.zoom.us/webinar/register/WN_15EnrTofQayqZ4DkTc2WsA#/registration
Understanding and Addressing the Childhood Chronic Disease Crisis: Prevention and Action in Primary Care Practice	December 9, 2025 at 2:00 pm EDT	https://us02web.zoom.us/webinar/register/WN_N3AbSZ_0TMayaBH0724AtQ#/registration

NCHPH
National Center for Health in Public Housing

Visit us at NCHPH.org

- The Impact of Tobacco and Cigarette Smoking in Oral Health Among Residents of Public Housing
- The Importance of Support Services for Older Adults with HIV Experiencing Community Isolation
- Introduction to the National Center for Health in Public Housing 2025

NCHPH
National Center for Health in Public Housing

COMPLETE OUR POST EVALUATION

National Center for Health in Public Housing

CONTACT INFORMATION

Robert Burns Program Director Bobburns@namgt.com	**Jose Leon, MD** Chief Medical Officer jose.leon@namgt.com
Kevin Lombardi, MD, MPH Director of Research Kevin.lombardi@namgt.com	**Fide Pineda Sandoval, MPH, CHES** Training and Technical Assistance Manager Fide@namgt.com
Chantel Murray, MA Manager of Communications Cmoore@namgt.com	Please contact our team for Technical Support at 703-812-8822 or info@nchph.org
Olajumoke Oladipo, MPH Health Communications and Research Analyst Olajumoke@namgt.com	

NCHPH
National Center for Health in Public Housing

THANK YOU!