



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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Complaints of Employee Drug Use

What should a supervisor do if he or she receives a complaint that an employee is using drugs at work?

If a customer or coworker complains that an employee is using drugs at work, supervisors have a duty to investigate. At companies with HR departments, the responsibility to take formal action will probably fall on the HR manager, but the front-line supervisor is still the best person to begin an initial investigation. In some cases, an outside investigator such as law enforcement personnel will need to be called in, but the direct supervisor of the accused will still need to take the first steps.

Many different types of workplace behaviors require investigations, i.e., theft, making threats, harassment, vandalism, overtime abuse, social media violations, and others. But a substance abuse violation requires a special type of investigation because of the potential safety hazards involved. Employees who abuse drugs and alcohol can make a workplace more volatile and dangerous, exposing employers to

legal liability and other legal issues. Therefore, most substance abuse policy violations will include a requirement to take a drug test.

Important First Steps

When a complaint about employee drug or alcohol abuse is received, it will be important to first consult the company's substance abuse policy before proceeding. When the company substance abuse policy and procedures are not followed, it increases the liability of the company and interferes with a fair and equitable work environment for employees

Documentation is the next step. Documenting and writing an initial report are critical aspects of an investigative process which should begin as soon as a complaint of substance abuse is received, and the policy has been reviewed. Supervisors also need to recognize the importance of critical elements of an initial report that can help to minimize company liability. Many previous *Supervisor Training Newsletters* have covered all the necessary elements of substance abuse violation investigative reports.

Supervisors should always strive to engage in best practices to ensure they are conducting a fair and impartial investigation that will support a positive work

environment, protect workers and the company, and decrease the risk of liability. This of course includes personal observation of the employee who has been accused of drug use at work, and when possible, a second manager should also observe and document any unacceptable workplace behavior.

Conduct an Interview

Once the situation is documented and everyone is in agreement, only then should the supervisor meet with the employee for a discussion of what has been reported and observed (if the policy permits). And always have a second person at the meeting to act as a witness. Be sure to create a safe environment in which to conduct the interview and remember that the employee will probably be stressed during the interview. Keep in mind that employees have an obligation to cooperate with the investigative process, but sometimes, the individual might be extremely defensive and angry. It is important to be prepared for this possibility.

Drug Testing

If the situation and the company policy calls for a drug test, explain to the employee that in order to rule out the possibility that drug or alcohol use is actually occurring, they will be sent for a drug and/or alcohol test. If a signed drug testing consent

form has not been previously obtained, the consent form should be available at this meeting for the employee's signature.

Never allow an employee to drive to the testing lab. Always provide transportation to and from the facility. If they refuse the test, refer to the drug and alcohol policy, especially if the policy states that refusing the test will be treated as a positive drug test result or will result in immediate termination of employment.

If the drug or alcohol test results are negative, return the employee to their job as soon as possible. If the test is positive, many substance abuse policies provide the option of sending the worker for counseling or treatment and then returning them to work. Most policies also offer return to work rights with a clause that allows for termination if the employee is found under the influence at work again. An employer does have the option to terminate immediately for positive test results.

Remember that if an employee believes their positive drug test to be a false result, they can challenge it and ask for a second test.

If there are any questions at all about how to proceed, supervisors are encouraged to seek legal counsel before taking any adverse employment action against an employee.



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