THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

March 3, 2026

The Honorable Ron Wyden
United States Senate
Washington, D.C. 20510

Dear Senator Wyden:

Thank you for your letter expressing concern about the emergence of nitazenes and other highly potent synthetic opioids and their growing impact on overdose morbidity and mortality in the United States. The Department of Health and Human Services (HHS) shares your concern regarding the public health risks posed by these substances, including their high potency, the challenges in detection and surveillance, and the increased overdose risk associated with their presence in the illicit drug supply.

HHS is committed to addressing emerging synthetic opioid threats through coordinated surveillance, prevention, and treatment efforts in close collaboration with federal, state, and local partners. We appreciate your continued engagement on this issue and welcome the opportunity to outline the steps the Department is taking to monitor, mitigate, and respond to the evolving risks associated with nitazenes.

Responses to your questions are enclosed and reflect the roles and activities of the Substance Abuse and Mental Health Services Administration (SAMHSA) and Centers for Disease Control and Prevention (CDC) within HHS. If you have further questions, please have your staff contact the Office of the Assistant Secretary for Legislation at (202) 690-7627.

Sincerely,

Robert F. Kennedy, Jr.

Enclosure:
HHS/SAMHSA Response to Questions on Nitazenes and Emerging Synthetic Opioids

Cc:
Hon. Richard Blumenthal
Hon. Amy Klobuchar
Hon. Alex Padilla
Hon. Adam B. Schiff
Hon. Tina Smith

HHS/SAMHSA Response to Questions on Nitazenes and Emerging Synthetic Opioids

1.What steps is HHS taking to improve detection and reporting of nitazene-related overdoses and deaths across states?

SAMHSA supports efforts to improve the identification, monitoring, and reporting of emerging synthetic opioid threats, including nitazenes, through surveillance, information sharing, and technical assistance provided to states and communities. SAMHSA works closely with state substance use authorities and other partners to disseminate timely information about emerging drug trends so that prevention and treatment strategies can be adapted to evolving risks. Through its grant programs and technical assistance infrastructure, SAMHSA helps states and community-based organizations incorporate emerging substance information into overdose prevention planning, service delivery, and outreach activities.

In addition, SAMHSA contributes to national situational awareness through its data collection and monitoring activities, including the National Survey on Drug Use and Health, which helps characterize substance use patterns across the country and inform understanding of substances impacting communities.

2. Does CDC plan to expand routine toxicology screening protocols to include nitazenes in state and local medical examiner systems?

CDC's fatal drug overdose surveillance system, State Unintentional Drug Overdose Reporting System (SUDORS), collects data on unintentional and undetermined intent drug overdose deaths from death certificates, medical examiner or coroner reports, and postmortem toxicology results. The comprehensive postmortem toxicology allows medical examiners and coroner's offices to select the substance(s) involved in the overdose death. The SUDORS system captures around 1,550 drugs and metabolites, including nitazenes. Nitazenes have been detected in the U.S. illegal drug supply since 2019. Death counts and percentages where nitazene analogs were detected are available by state and year for 2020–2024 in the "select drugs of interest detected" on the public-facing SUDORS Dashboard.

CDC takes a multipronged approach to identifying novel psychoactive substances, including nitazenes, which empowers jurisdictions and the CDC to better track emerging and re-emerging drugs associated with overdose morbidity and mortality. In addition to the SUDORS comprehensive postmortem toxicology, CDC's Overdose Data to Action cooperative agreement (OD2A) funds expanded drug testing capabilities for public health entities to implement comprehensive testing, including specimens from fatal overdoses, of overdose samples from emergency departments, identification of emerging street drugs, and street drug and paraphernalia samples.

- Through OD2A: LOCAL, CDC funds 18 localities to conduct drug and paraphernalia testing, and these sites consistently test for nitazene analogs. Twelve of the 18 local health departments received additional funding to support their medical

examiner or coroner agencies to enhance their drug overdose investigations and data sharing with funded local public health departments.

- Through OD2A-S, CDC funds 19 states and Washington, D.C. to increase public health laboratory capacity to perform and establish comprehensive toxicology testing of suspected nonfatal overdoses in emergency departments.

3. How is HHS coordinating with the Drug Enforcement Administration (DEA) and state health departments to ensure timely identification of new nitazene analogs?

SAMHSA coordinates closely with federal partners, including the DEA, as well as state substance use authorities, to ensure that emerging information about changes in the illicit drug supply—including the identification of new synthetic opioids such as nitazenes—is communicated in a timely manner to prevention and treatment stakeholders. SAMHSA leverages its grant programs and relationships with state agencies to disseminate alerts and emerging drug trend information so that behavioral health systems can adapt services, training, and outreach in response to newly identified substances. This coordination supports a more integrated federal response to emerging synthetic opioid threats while respecting the distinct roles and authorities of partner agencies.

4. What resources or technical assistance is HHS providing to laboratories to increase their capacity to detect nitazenes?

While SAMHSA does not directly fund or operate forensic or toxicology laboratories, the agency supports efforts to increase systemwide capacity to respond to emerging synthetic opioids through targeted funding, training, and technical assistance provided to states and communities. Through its grant programs and technical assistance centers, SAMHSA helps states strengthen their ability to interpret and act on drug trend information, including laboratory findings related to novel substances such as nitazenes.

5. Has HHS issued, or does it plan to issue, national guidance or alerts to clinicians, first responders, and harm-reduction organizations about nitazene risks and detection challenges?

SAMHSA's Center for Substance Abuse Treatment (CSAT) provides technical assistance to clinicians who treat individuals with substance use disorders and supports substance use disorder treatment through grants to states and communities. SAMHSA's National Survey on Drug Use and Health helps identify substances affecting communities nationwide, including emerging substances such as nitazenes. The CSAT-funded Opioid Response Network continues to raise awareness about nitazenes and other substances through training and technical assistance. CSAT continues to provide technical assistance for medical professionals who screen and treat individuals with substance use. Additionally, CSAT grants support the purchase and distribution of Food and Drug Administration-approved opioid overdose reversal medications.

6. What efforts are underway to ensure that harm-reduction organizations and people who use drugs receive timely information about nitazene-contaminated supplies?

Through its grant programs and SAMHSA-supported technical assistance centers, the agency supports outreach, education, and peer-based engagement efforts that help organizations communicate emerging drug trend information to people who use drugs in culturally appropriate and accessible ways. SAMHSA also encourages grantees to coordinate with state and local partners to share relevant alerts and risk information as it becomes available, supporting informed decision-making and overdose prevention at the community level. These efforts complement broader federal and state activities to reduce overdose risk through timely information sharing.

7. Are there plans to integrate nitazene awareness into existing opioid-response campaigns or naloxone distribution programs?

Through existing grant programs, including those supporting naloxone distribution, SAMHSA encourages grantees to incorporate emerging drug trend information into training, outreach, and education activities. SAMHSA also supports the inclusion of updated overdose risk information in materials used by community-based organizations, clinicians, and first responders, helping ensure that prevention and response strategies adapt to changes in the illicit drug supply. These efforts are designed to strengthen the effectiveness of existing opioid-response initiatives while maintaining flexibility for states and communities to tailor approaches to local conditions.

8. What evidence does HHS have regarding naloxone's effectiveness against nitazene-involved overdoses at current recommended doses?

Available evidence indicates that naloxone remains an effective opioid antagonist for reversing overdoses involving opioids, including highly potent synthetic opioids; however, data specific to nitazene-involved overdoses remain limited. SAMHSA is closely monitoring the evolving evidence base related to overdose reversal. SAMHSA's current guidance continues to emphasize the importance of timely administration of opioid overdose reversal medications, calling emergency medical services, and providing rescue breathing as critical components of overdose response. As additional data become available regarding naloxone effectiveness and dosing considerations for emerging substances such as nitazenes, SAMHSA will continue to evaluate whether updates to guidance or training materials are appropriate and reflect the best available evidence.

9. If higher or repeated doses of naloxone are required, is HHS providing updated training or guidance to local health departments and first responders?

SAMHSA supports ongoing training and technical assistance for state and local health departments, first responders, and community-based organizations on overdose recognition and response, including the appropriate use of naloxone. Existing SAMHSA-supported training materials emphasize that more than one dose of naloxone may be required in some overdose situations, particularly those involving high-potency synthetic opioids, and underscore the importance of continued monitoring and emergency medical follow-up. Through its grant programs and technical assistance centers, SAMHSA encourages the

dissemination of up-to-date overdose response practices and reinforces the need for flexibility in response based on real-world conditions. As the evidence base evolves, SAMHSA will continue to assess whether additional updates or targeted guidance are needed to support effective overdose response in the context of emerging synthetic opioids.

10. How is HHS ensuring that medications for opioid use disorder (MOUD) programs are equipped to address patients exposed to ultra-potent synthetic opioids?

Through its oversight of the Substance Use Disorder Prevention, Treatment, and Recovery Services Block Grant and other treatment-focused grant programs, SAMHSA supports states in maintaining access to the full range of Food and Drug Administration-approved MOUD, as well as associated counseling and recovery support services. SAMHSA also promotes training and technical assistance for providers on engaging and retaining individuals with high opioid tolerance in treatment, including those exposed to ultra-potent synthetic opioids. These efforts help ensure that MOUD programs remain responsive to evolving patterns in opioid use and overdose risk while maintaining adherence to established clinical standards and best practices.