

APRIL 2026

1. WHAT ARE NITAZENES, AND WHAT ARE THEIR EFFECTS ON THE BODY?

Nitazenes (technically known as 2-Benzylbenzimidazole opioid agonists) are a class of synthetic opioid drugs. Like fentanyl and other synthetic opioids, chemicals or precursors used to make nitazenes are likely produced in China and then shipped to Mexico or the U.S. to be synthesized. Then, nitazenes are mixed into fentanyl powder or added to counterfeit opioid pills.

There are thousands of different nitazene drugs—all share some aspects of their molecular structure but have key differences that can make them stronger or weaker.

Some nitazenes are much more potent than fentanyl. For instance, metonitazene is similar in potency to fentanyl, protonitazene is twice as potent as fentanyl, and isotonitazene is five times as potent as fentanyl.¹

People do not seek out drugs that contain nitazenes. Nitazenes are accidentally consumed when they are mixed into powder sold as fentanyl or counterfeit opioid pills. These drugs are consumed by injecting, smoking, or snorting them.

2. WHAT ARE THE HEALTH IMPACTS OF USING NITAZENES?

Nitazenes have similar effects to other synthetic opioids like fentanyl. These include sedation, respiratory depression, euphoria, and pain relief.

Since nitazenes are highly potent, only a small amount is needed to cause an effect. If someone consumes a large dose, they may be at risk of an opioid overdose. Signs of an opioid overdose include slowed breathing, non-responsiveness, pinpoint pupils, and blue or gray fingertips and lips.

3. WHAT HAPPENS IF YOU MIX NITAZENES WITH OTHER DRUGS?

Typically, nitazenes are already mixed with other drugs when they are sold in the U.S., increasing the risk of fatal opioid overdose and other adverse effects. Nitazenes have been detected in drug samples combined with other synthetic opioids, fentanyl, benzodiazepines, and tranquilizers.²

4. WHAT HARM REDUCTION AND TREATMENT APPROACHES ADDRESS NITAZENES?

Since nitazenes are opioids, they respond to naloxone when administered during an overdose.

Methadone and buprenorphine are widely considered the most studied, safest, and most effective medications for opioid use disorder (MOUD). Both medications promote recovery and save lives by reducing opioid cravings and withdrawal symptoms, while cutting overdose risk in half.

Currently, there is no easy or accessible way to tell if nitazenes are in a drug. Community-based drug checking programs have laboratory equipment that can detect these drugs and provide real-time results to consumers, but they are not available in most parts of the U.S.

To avoid accidentally consuming nitazenes, people can stop or reduce their use of street opioids.

However, there are many reasons people may use drugs including pain relief.

For people who use drugs, there are strategies that can reduce overdose risk and other harms when using opioids that may be adulterated with nitazenes.

- Never use powder or pill drugs alone, or call a hotline that monitors for overdose
- Go slow or take a little bit at a time to reduce the risk of an overdose
- Avoid using pills you have not purchased at a pharmacy yourself
- Use sterile or new equipment to consume drugs

5. HOW DID NITAZENES EMERGE IN THE DRUG SUPPLY?

Nitazenes were originally developed by a pharmaceutical company in the 1950s as a potential pain medication. Due to their high potency and risk of overdose, they were not embraced as a viable option for medical settings.

Although some forms of nitazenes had been already detected in the drug supply, they became more prevalent in the U.S. and other countries in 2019. This was caused by domestic and international crackdowns on fentanyl and fentanyl analogs.³ This is a common pattern with drugs—when government authorities ban one drug, it is replaced by stronger, more potent drugs that are not yet illegal.

6. HOW WIDESPREAD ARE NITAZENES IN THE UNITED STATES?

Nitazenes have been identified in overdose deaths and drug samples across the country, but they are still rare. As of April 2026, they are not a dominant drug in any market. Early trends are worth following though, as they may become more widespread internationally.

It is possible that nitazenes may be more prevalent in local drug supplies than previously thought. Some forensic laboratories and medical examiners do not test for nitazenes, and small trace quantities may not be detected during testing.

7. WHAT POLICIES CAN HELP PEOPLE STAY SAFE FROM NITAZENES?

Drug policies must be rooted in health, not punishment and criminalization. There are many policies that our elected leaders can pass at the local, state, and federal level to help people stay safe from drugs like nitazenes.

Unfortunately, many leaders remain committed to expanding criminalization instead of investing in care and support. Some nitazenes have already been scheduled under the Controlled Substances Act (CSA), making them federally illegal. Many other nitazenes remain unscheduled.

History has shown that banning specific substances unintentionally drives the creation of new ones. Similar to how the scheduling of fentanyl contributed to the rise of nitazenes, targeting particular formulations can incentivize suppliers to develop new molecular compounds that can evade legal restrictions. This effect is often referred to as “drug whack-a-mole” and can result in substances that are even more potent, risky, and unpredictable entering drug markets.

Beyond fueling the emergence of more dangerous drugs, scheduling drugs—particularly as Schedule I controlled substances—comes with a host of consequences that weaken people's civil rights, restrict medical research, and impose years-long mandatory minimums.

Rather than expanding criminalization, elected leaders should prioritize policies that work and keep people safe from nitazenes:

Invest in addiction services.

A full range of addiction services—including counseling, medications, long-term treatment, and recovery housing—should be available to individuals. Personalized support reduces overdose risk and improves recovery chances.

Expand access to addiction medications.

Medications like methadone and buprenorphine promote recovery and save lives by reducing opioid cravings and withdrawal symptoms (for drugs like nitazenes), while cutting overdose risk in half. They should be widely available, including in jails and prisons.

Address demand and the root causes of drug use.

Opioids like fentanyl and nitazenes offer pain relief—many people use them to cope with physical or emotional pain. Ensuring people have access to housing, community, physical and mental health services, and good-paying jobs can help address why people are using.

Increase access to interventions like naloxone and sterile supplies that reduce overdose deaths and infectious diseases.

Naloxone saves lives by immediately reversing an active opioid overdose, and it can help people who accidentally consume nitazenes. Sterile supplies like syringes and smoking kits reduce the transmission of infectious diseases. These supplies should be widely available to people who use drugs, and their use and possession should not be criminalized.

Authorize overdose prevention centers (OPCs) on the state and local level.

These centers have trained staff who can respond to an active overdose at its earliest signs, preventing overdose deaths, saving lives, and connecting people to treatment and other essential care.

Ensure people have access to basic needs like housing.

Offer retroactive record clearing and the removal of civil penalties for drug convictions, so people have more access to jobs, housing, and benefits.

Prioritize a health approach to drugs and end criminal penalties.

Shift drug policy from a punishment to public health approach, focusing resources on treatment, housing, jobs, healthcare, overdose prevention, and crisis response teams.

Improve drug checking and data collection.

This will help us better understand the current drug supply, create warnings, and offer better solutions.

Expand research and services for polysubstance use.

Many people with substance use disorders use multiple drugs. Research and addiction services must account for polysubstance use to improve quality of services and lead to better outcomes.

END NOTES

1. Holland, Adam, Caroline S. Copeland, Gillian W. Shorter, et al. 2024. "Nitazenes—Heralding a Second Wave for the UK Drug-Related Death Crisis?" *The Lancet Public Health* 9 (2): e71–72. [https://doi.org/10.1016/S2468-2667\(24\)00001-X](https://doi.org/10.1016/S2468-2667(24)00001-X).
2. Center for Forensic Science Research & Education. 2025. *Emerging Global Synthetic Opioid Threat: Increasing Reports of Nitazene Toxicity*. https://www.cfsre.org/images/content/reports/public_alerts/Nitazene_Alert_Jan2025_ColomboPlan_OIO625_Final.pdf.
3. Papsun, Donna M., Alex J. Krotulski, and Barry K. Logan. 2022. "Proliferation of Novel Synthetic Opioids in Postmortem Investigations After Core-Structure Scheduling for Fentanyl-Related Substances." *The American Journal of Forensic Medicine and Pathology* 43 (4): 315. <https://doi.org/10.1097/PAF.0000000000000787>.