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Fentanyl is fueling a record number of youth drug deaths

By Jenna Portnoy and Dan Keating The Washington Post May 26, 2024

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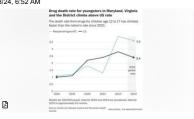


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Liseth poses for a portrait at her family's home in suburban Maryland earlier this month. She is in treatment for opioid use.

Matt McClain/The Washington Post



Drug death rate for youngsters in Maryland, Virginia Updated May 25, 2024 Fentanyl is fueling a record number of youth drug deaths | Health | unionleader.com

Fentanyl, a pervasive killer in America's illicit drug supply, is increasingly landing in the hands of teens across the region and nation, worrying providers who say treatment options for youths are limited.

Across the country, fentanyl has largely fueled a more than doubling of overdose deaths among children ages 12 to 17 since the start of the pandemic, according to a Washington Post analysis of Centers for Disease Control and Prevention data released this month.

Fatal overdoses in D.C., Maryland and Virginia are in keeping with the national increase in opioid fatalities, which until recently primarily claimed the lives of adults. In 2022, 45 teens succumbed to opioids locally, a number roughly equal to the previous three years combined, data show. And incomplete data for 2023 show no sign of the crisis abating in young people.

Physicians at area hospitals report a rise in young people who took opioids arriving to emergency rooms and local addiction specialists say the number of teens seeking help for opioid use is spiking — especially among Latinos.

The surge, experts said, reflects a collision between adolescents' natural drive to experiment, a decline in teen mental health and an increase in the availability and potency of counterfeit pills that mimic the appearance of prescription medications, making the experimentation that is a hallmark of adolescence more dangerous. A single pill containing fentanyl can be lethal, and those who survive often need comprehensive addiction care that clinicians say isn't widely available.

"You had this really, really disastrous combination of a dangerous drug supply with teens who were increasingly struggling," said Scott Hadland, chief of adolescent and young adult medicine at Mass General for Children and Harvard Medical School.

Many pediatricians surveyed nationwide report feeling underprepared to counsel patients on opioid use, Hadland and his co-authors found in an analysis of survey results. As providers try to catch up and government agencies weigh how best to respond, many schools are stocking overdose reversal medication as recently recommended by the Biden administration and are working to teach students and families about the dangers.

Easy to get from friends or through social media, potent pills masquerading as prescription Percocet or oxycodone cost a few dollars each and seemed to flood the market as students reeling from the isolation and the trauma of the pandemic returned to school, treatment providers said in interviews.

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Frequently sold online at \$2 to \$10 a piece, addiction specialists say, pills laced with fentanyl are hard to spot, easy to hide and can quickly lead to powerful dependencies — or worse.

"It's not easy to stay away from drugs once your body has a substance abuse disorder. The pump is primed. The brain wiring has been rewired," said Daniel Smith, director of addiction services at Mary's Center, a community health center that predominantly serves Spanish-speaking patients in Washington, D.C., and Maryland.

Smith and Sivabalaji Kaliamurthy, a pediatric addictions specialist who runs the Children's National Hospital addictions clinic, have spent years treating young people addicted to marijuana or alcohol. In the summer of 2022, they saw a change that shocked them both: teens were seeking treatment for opioid dependency. Now they almost exclusively treat opioid use disorder.

"We did not anticipate this happening with teens. It kind of fell in our lap," Smith said, adding: "Before 2022, we had no kids ever (for that)."

"All of this has come together when kids were coming back to school post-COVID," Kaliamurthy said.

Opioid-related visits to the emergency department at Children's National in Northwest D.C. from 12-to-21-yearolds doubled from 2022 to 2023, while visits for other drugs remained flat, said Anisha Abraham, the hospital's chief of the Division of Adolescent and Young Adult Medicine.

A dozen young people ages 16 to 19 died in the District last year, surpassing the previous high of six in 2021 and echoing the precipitous rise in adult overdose deaths which hit a record 522 last year, according to a recent medical examiner's report.

Montgomery County emergency rooms tracked a spike in opioid-related visits last year among young people ages 10 to 21, according to state surveillance data. Hispanic youths made up 4 in 10 visits; Black youths a quarter and White youths about 20%, data show.

While White teens make up the largest share of adolescent opioid deaths nationally and locally, Black and Hispanic adolescents are now dying at a faster rate, CDC data show.

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Liseth's mother knew something was wrong in summer of 2022 when her teenage daughter stopped cleaning her room and started smoking marijuana. Within months, Liseth lost weight, ate less, came home late and vomited often. Even while raising two other children and working, her mother could tell Liseth wasn't herself. The first doctor the Maryland family saw dismissed her concerns but when they ended up at the Children's National Hospital emergency department in Northwest Washington last year, Liseth admitted she was using fentanyl.

Victim profile

The mother shared her daughter's story with her permission, speaking Spanish through an interpreter on the condition of anonymity to protect the family's privacy and identifying Liseth, now 17, by her middle name.

While data shows the profile of a fatal overdose victim in D.C. is a middle-aged Black man who snorts or injects heroin, treatment providers say adolescents like Liseth almost exclusively use pills, known as M30s, perks or blues, by inhaling the fumes off a foil. Teens tell providers they have easy access to the pills at school and once their friend group begins using, it's hard to say no.

Experimentation and pushing boundaries is part of being an adolescent, Smith said, "but you can die from using a perk one time and that is terrifying." As of 2020, drug overdoses and poisonings rank as the third-leading cause of pediatric deaths in America, after firearm-related injuries and motor vehicle crashes. Fentanyl is present in at least three-guarters of teen overdose deaths, CDC data show.

Treatment has been tough on Liseth, who was born in Virginia to Guatemalan parents and lives in a tidy suburban home in Maryland filled with flowers and symbols of her family's Catholic faith. There were relapses, disappearances, a 911 call and a stay at the Psychiatric Institute of Washington. Her mom considered moving the family back to Guatemala.

Kaliamurthy, Liseth's doctor, advised them to stay in the U.S. and started the girl on monthly injections of extended-release buprenorphine, a medication commonly used to treat opioid use disorder that blunts withdrawal symptoms and cravings. Finally, things are turning around. She is eating again, looking healthy and — unable to go to school where drugs are ubiquitous — ready to start a GED program.

Provisional data released in May by the CDC showed a slight decrease in overdose deaths among all ages across the country last year — heralded by some public health leaders as a glimmer of progress.

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The contrasting increase among youths is especially troubling, experts say, because when and where counterfeit pills can trigger a spate of overdoses is unpredictable. Teens are especially vulnerable to the consequences of hidden fentanyl as many are experimenting and have no tolerance to opioids, Hadland said.

A spate of nonfatal overdoses in Loudoun and a suspected overdose in Arlington last year prompted schools to institute drug-sniffing dogs and embrace the overdose antidote naloxone, adding it to first aid kids and allowing students to carry it.

As prevention techniques ramp up, officials are seeking more ways to expand intensive treatment options for adolescents who need inpatient and outpatient care, using medication and individual, group and family therapy. The District this year sought a teen residential treatment provider and awarded the Children's National clinic an \$830,000 contract to expand outpatient substance use services.

For adolescents on public insurance, there are no residential treatment options in D.C. and only a few spots in Maryland, leaving youths to navigate the challenges of outpatient care while surrounded by triggers.

"If you live with people who are using drugs, if you go to school with people who are using drugs, if you encounter people between home and school using drugs ... It's very hard to stay sober," Smith said.

The mother of a 16-year-old from Silver Spring, Maryland, who spoke on the condition of anonymity to protect her daughter's privacy with the teen's permission, said it never occurred to her that any of her daughter's friends would be using fentanyl or that her child could become addicted.

Then her daughter's girlfriend died, and she noticed the teen was spending more time alone. The family smelled the telltale odor of fentanyl fumes, like burnt tires, emanating from the basement.

They turned to Children's National, where she was already receiving mental health care, and entered an intensive outpatient treatment program. After bristling at the daily reminder of her struggle when taking daily buprenorphine as a tablet, she switched to a longer-acting injection form of the drug and started to feel better.

There are hard days, but the family feels lucky to be able to navigate insurance hurdles and afford the out-ofpocket costs associated with her treatment. Fentanyl is fueling a record number of youth drug deaths | Health | unionleader.com

The spike is driving public health experts to rethink preventive drug education for young people. Guidance should present not using drugs as the safest choice but also include information about reducing risk for those who choose to experiment, Mass General's Hadland and a co-author said in a New England Journal of Medicine article earlier this year.

"We always say to teenagers, 'Don't use drugs," said Abraham, the Children's National adolescent medicine specialist. "But I will also say that the nature of being a young person, is that they're going to try things — especially when you tell them not to."