

Chair Neron, Vice-Chair Wright, Vice-Chair Hudson, and Members of the Committee. My name is Dr Jennifer Creedon, I'm a Psychiatrist, Board Certified in Psychiatry, Child and Adolescent Psychiatry, and Addiction Psychiatry. I have 10 years' experience treating adolescent populations. I'm an Assistant Professor of Clinical Psychiatry at Louisiana State University New Orleans, but today I am testifying as a private citizen. My comments in this testimony are my own views and do not represent the official position of LSU. I'm also a person in long term recovery and have a strong family history of addiction, which has unfortunately included the deaths of young relatives from opioid overdose.

I'm here to urge you to vote yes on SB 238.

Illicitly manufactured fentanyl has driven the rise in adult drug overdose deaths in the United States for the past decade, as it has increasingly been found to infiltrate or even replace the heroin supply. Fentanyl is approximately 50 times as potent as heroin, which means that it would take 1/50th of a gram of fentanyl to have the same impact as 1 gram of heroin. This potency means that even very small amounts of fentanyl can result in fatal overdose through respiratory depression. The time to onset of overdose symptoms is rapid, ranging from second for IV use to minutes when taken orally. This means that timely recognition of signs of overdose and quick action to reverse the overdose with naloxone while alerting emergency services can mean the difference between life or death.

While heroin use among adolescents is relatively rare compared to the adult population, adolescents are being exposed to fentanyl through counterfeit pressed pills. This is particularly concerning since fentanyl exposure drove a 109% increase in adolescent drug overdose deaths between 2019 and 2021. Among the 2,231 deaths during this time frame, 84% involved illicitly manufactured fentanyl, and counterfeit pills were present in 25% of deaths. Counterfeit pills are easily accessible to adolescents and young adults, particularly through social media apps. In most cases, adolescents are not aware that the substance they are using contains fentanyl, and instead think that they are taking other substances, such as prescription stimulants and benzodiazepines or recreational drugs such as ecstasy or other "club drugs." Unfortunately, because of the lethality of fentanyl, particularly in naïve users, a single dosage can be fatal.

Despite the increasing concerns regarding fentanyl overdose deaths in adolescents, there is a lack of knowledge regarding risk in this age group. A 2021 survey of approximately 1500 13-24-year-olds found that only 27% of 13 to 17 year-olds were aware of illicit fentanyl presenting in counterfeit pills. When asked to rate the dangerousness of different substances, only 37% rated fentanyl as "extremely dangerous" vs 61% for heroin and 50% for cocaine.

The rapid increase in teen overdose deaths is being felt nationwide. In New Orleans and the surrounding area, we have had several clusters of accidental overdose deaths in some of our high schools, driven by fentanyl in counterfeit pills. At a recent talk that I gave to a local high school, more than half of the students raised their hands when asked how many people had lost someone close to them to an overdose. As someone who has been treating addiction through

the height of the opioid epidemic in adults, this recent mutation of the situation scares me. For individuals that I treat who have a history of known opioid use disorder, there are medications that I can prescribe for daily use that significantly decrease the risk of overdose if that person were to relapse on substances. It is much more difficult to predict and medically prevent overdose in young people who may have no intention of using opioids, and often have no addiction history, but who unknowingly ingest fentanyl through usual teenage experimentation.

As an expert in adolescent mental health and addiction, and as a child of the 90's, I know that the "Just Say No" approach is not effective. We cannot prevent adolescent overdose by telling teens not to do drugs or expecting that they won't. Providing structured, scientifically accurate curriculum about fentanyl and other opioids will arm young people with better knowledge of the risks associated with these substances, which can help them make more informed decisions about use and experimentation. Additionally, knowledge about the signs and symptoms of overdose, the use of naloxone, and the urgency of intervening can empower our adolescents to act in the event of an overdose situation, without fear of repercussions.

In my practice, I work almost exclusively with "Gen Z:" adolescents and young adults. This generation is passionate, smart, engaged, curious, and resilient. They give me hope for the future. Voting yes on SB 238 is a way to invest in their future.

Thank you for your time.

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