

Issue At A Glance:

Recent Rise in Overdose Deaths among Adolescents

Drug overdose is a rapidly growing cause of death among U.S. adolescents, spurred by nationwide disruption and disparities in family dynamics, social networks, and educational infrastructure during the COVID-19 pandemic. This issue brief will discuss key contributing factors and policies being enacted to address adolescent mental health and overdose risk.

Introduction

Over 300,000 drug overdose-related deaths have been reported in the United States (U.S) since the start of the COVID-19 pandemic. That is more than the combined number attributable to the 2nd and 3rd leading causes of accidental, injury-related death in the U.S. (i.e. car accidents and unintentional falls) in the same period.¹ The magnification of the U.S. overdose crisis since 2017 is primarily owed to the widespread prevalence of fentanyl, an extremely potent synthetic opioid used for pain management in the clinical setting but also inexpensively manufactured in clandestine labs for illicit sale as counterfeit opioid tablets such as oxycodone.² Moreover, in the tumultuous wake of the COVID-19 pandemic, the instabilities in economic, social, and healthcare infrastructure have intersected to exacerbate the overdose death count over the last three years.³

Adolescents (ages 10-19) in the U.S. have not been spared by the resulting overdose epidemic and, in fact, are becoming increasingly affected.⁴ The Centers for Disease Control and Prevention (CDC) reports that, among youth, overdose deaths more than doubled between 2019 and 2021 while deaths involving fentanyl nearly tripled. Drug overdose is a concerning cause of unintentional death in adolescents, representing a quarter (25.2%) of all accidental, injury-related deaths in this age group in 2020.¹

This brief will expound on the pandemic-era factors that promoted adolescent overdose, especially among racial and ethnic minorities, and recent policies proposed to turn the tide.

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Relevant Statistics

32% of high school students reported **current use** of tobacco, alcohol, or marijuana, or misuse of prescription opioids⁵

2,231 **adolescent overdose deaths** occurred in the U.S. between July 2019 and December 2021, equivalent to the cumulative enrollment of nearly three average U.S. public high schools⁴

84% of adolescent overdose deaths involved **fentanyl**⁴

89% of adolescents that died due to overdose **never received treatment** for a substance use disorder⁴



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Key Contributing Factors to Rising Adolescent Overdoses

Though several factors may contribute, two emerge as main drivers of overdose among adolescents in general and among Black, Indigenous, and People of Color (BIPOC) adolescents specifically.

Poor Mental Health

Approximately 41% of U.S. adolescents who died secondary to drug overdoses between 2019 and 2021 had evidence of a mental health condition or treatment.⁴ While it was worsening pre-pandemic, adolescent mental health has taken a significant downturn since early 2020.⁶ According to data from the Youth Risk Behavior Survey (YRBS), 29% of U.S. high school students specifically reported “poor mental health” with higher rates among American Indian/Alaska Native (AIAN; 31%) and Multiracial (33%) groups than Asian (23%). However, a greater number (42%) experienced depressive symptoms including most females (57%) and those identifying as Lesbian, Gay, Bisexual, Queer, and other orientations (LGBQ+; 69%).⁶

Poor Access to Treatment for Mental Health and Substance Use Disorders

Despite the clearly increased need, utilization of mental health and substance use disorder services decreased by nearly a quarter (23% and 24%, respectively) between March 2020 and August 2021 according to Medicaid and CHIP claims data.⁷ This signifies a critical lack of adequate access to treatment options which has led several major beacons of child health (including the American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry, and the Children’s Hospital Association) to declare a “National State of Emergency in Children’s Mental Health.”⁸ Additionally, in the treatment of opioid use disorder (OUD), the likelihood that an adolescent receives Medications for Opioid Use Disorder (MOUD) is ten times less than an adult with the same diagnosis by some estimates.^{9,10}

Minority Mental Health & Overdose

In light of July as National Minority Mental Health Awareness Month, it is imperative to highlight the concerning inequities in overdose incidence among adolescent populations identifying as BIPOC. White/Caucasian adolescents historically account for the highest number of overdose deaths annually, but AIAN adolescents consistently have the highest overdose-specific death rate (6.1 versus 4.8 per 100k in 2021).¹ Additionally, since the start of the pandemic, BIPOC adolescents have experienced the highest increases in overdose deaths. The gap between White and BIPOC adolescents has shrunk considerably as the proportion of Hispanic and Black adolescent overdose deaths climbed from 18 to 30% and 10 to 13%, respectively, between 2015 and 2020.¹¹



Federal and California State Policy Response

Federal

H.R. 6 – Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act of 2018¹²

- Passed in June 2018 to address several aspects of the U.S. opioid crisis including expansion of SUD services and implementation of prescription drug monitoring programs (PDMP)
- Awards grants to support youth SUD prevention and treatment programs through the Department of Health and Human Services (HHS)

H.R. 1319 – American Rescue Plan Act of 2021¹³

- Passed in March 2021 to address the negative impacts of the COVID-19 pandemic on countrywide sectors including mental health (MH)
- Allocates nearly \$4 billion in funding to the Substance Abuse and Mental Health Services Administration (SAMHSA) and other programs to expand MH and SUD services including \$110 million dedicated to pediatric MH services access,¹⁴ suicide prevention, and PTSD¹⁵

S. 2938 – Bipartisan Safer Communities Act¹⁶

- Passed in December 2021 to expand federal gun control laws including background check requirements but also to increase access to MH services and enhance school safety
- Broadens implementation of Medicaid and the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit to support both school-based and clinic-based pediatric MH programs and services, especially via telehealth
- Allocates \$1 billion to augmenting and training a diverse school-based MH workforce including social workers, counselors, and psychologists

California

State-level policy enacted to address youth mental health in California including AB 309, SB 14, and SB 224 were previously discussed in our [December 2021 Policy Brief](#). Since that time, there have been several important developments in related California state policy. As of May 2023, the following bills have successfully cleared one house of California State Legislature and are pending further review.

AB 19 - Pupil health: opioid antagonists¹⁷

- Would require public schools to maintain at least two doses of naloxone or another opioid antagonist to be administered by trained personnel in the case of campus opioid overdose
- Also would provision funds to provide naloxone kits as needed

AB 1479 - Pupil health: social-emotional, behavioral, and mental health supports¹⁸

- Would establish a program and dedicated funding for schools to implement Tier 1 social and MH services including behavioral health education, community-based organization collaboration, and social-emotional preventive interventions workshops accessible by students and families

SB 10 - Pupil health: opioid overdose prevention and treatment: Melanie's Law¹⁹

- Would establish the State Working Group on Fentanyl Education in Schools which would guide school-based education to students and parents/guardians on opioid overdose
- Would also require each school to develop a comprehensive school safety plan for "opioid overdose prevention and treatment"

Conclusion

As the broader impacts of the COVID-19 pandemic come to light, it is clear that the resulting morbidity and mortality, educational disruption, social isolation, familial stress, and financial instabilities have catalyzed worsening mental health and overdose mortality among youth in California and across the U.S.²⁰ The exponential rise and racial disparities seen in overdose incidence in the adult population over the last several years are easily overlaid on that of adolescents. That said, there is ample evidence to suggest that our current healthcare delivery system does not have the capacity to manage the burgeoning mental health impacts, especially in youth populations.⁷⁻¹⁰ New policies proposed and enacted at the federal and California state levels aim to bolster the capacity of healthcare institutions, schools, and communities primarily with funding to expand mental health and substance use disorder services, crisis programs, Medicaid coverage, and naloxone awareness and availability. Additional evidence-based policies are needed to curb the rise in overdose deaths among our adolescents.

References

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- ¹³ <https://www.congress.gov/bill/117th-congress/house-bill/1319>
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- ²⁰ <https://www.ncbi.nlm.nih.gov/books/NBK575985/>



Did you know?

Individuals in many states across the U.S. (including California) can obtain **naloxone**, an opioid overdose reversal medication, directly from a pharmacist, physician, or another eligible party such as a community organization or a school **without a prescription**. These states use a “standing order” to increase access to naloxone and its availability in the case of an overdose.



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