

February 2024

Dear Honorable Members of the Maryland Senate:

Thank you for the opportunity to share my story with you today about HB0739. My name is Nikhil Reddy. I am a 17-year-old high-school student and I care deeply about this issue.

The truth is, we could talk about the science that backs up this legislation for days. But today, I would like to share my story. Like many other tales, my story isn't simple, but it may offer you a simple message. To dissect the world of dietary supplements, we need only examine two ingredients: accessibility and incentive. **Two ingredients** form the basis of my story today and the *millions* of stories we've heard in other devastating public health crises.

As Dr. Teresa Rummans of the Mayo Clinic explains¹, the drivers of the opioid crisis in the late 90s began with overprescription, as physicians underestimated the addictive potential of opioids. Opioids even became less expensive than other pain-treating agents. In other words, opioids became *accessible*. Entire hospital systems had strong fiscal pressures to achieve high patient satisfaction scores. Addiction spiraled and patients were hooked, which was the *incentive*.

While the opioid epidemic's effects are widely discussed and understood, comparatively scarce discourse exists regarding dietary supplements. According to a 2019 Pew Research Poll², 23% of Americans mistakenly believe that the FDA tests supplements pre-market to ensure safety. And 29% wrongly believe that manufacturers must prove efficacy to the FDA. 16% were unsure. In total, 68% of Americans had either the wrong idea or no idea about FDA regulation of dietary supplements.

It may be easy to visualize graphic images of an opioid overdose. But when 80% of American adults³ use supplements, the average American can naively take false comfort in safety from the numbers, akin to a mob mentality. Dietary supplements will thus remain shielded by both subpar FDA regulation and lack of consumer awareness unless we take action now.

Ultimately, the youth of California will be the ones suffering. Robust scientific literature has continuously demonstrated the deleterious impacts of supplements on youth. Youth who use over-the-counter diet pills were 5.6 times more likely⁴ to be diagnosed with an eating disorder compared to nonusers. The National Institute of Health reports⁵ that 4,600 children visit the emergency room each year due to dietary supplements. The American Academy of Pediatrics, the largest group of professional pediatricians in the nation, firmly discourages⁶ the use of weight-loss supplements for teens for any reason.

If it isn't here already, a public health crisis is brewing.

Both ingredients, accessibility and incentive, are in place. Let me share my story.

Ingredient 1: Accessibility.

¹ <https://www.clinicalkey.com/#!/content/playContent/1-s2.0-S0025619617309230>

² https://www.pewtrusts.org/-/media/assets/2019/10/dietary_supplement_survey_topline_results.pdf

³ <https://www.statista.com/statistics/823603/dietary-supplement-usage-us-adults-timeline/>

⁴ <https://pubmed.ncbi.nlm.nih.gov/31751147/>

⁵ <https://www.nccih.nih.gov/health/tips/things-to-know-about-dietary-supplements-for-children-and-teens>

⁶ <https://publications.aap.org/aapbooks/book/626/chapter-abstract/5825106/Preventing-Obesity-and-Eating-Disorders>

I began working out at my local gym just last year, when I was 15 years old. The store counter in the gym features a wide array of protein powders, supplements, and other pills that are easily accessible for purchase to any member, including youth such as myself. I could have never touched a barbell before and still be allowed to buy supplements.

The literature is backed up in hard reality. Teens are using these supplements without the caution of knowledgeable providers. A 2018 study found⁷ that only 18% of adolescents who used dietary supplements did so based on a healthcare practitioners' recommendation. More worryingly, many parents aren't even part of such decisions. We conducted an online youth survey about these issues in Maryland, New Jersey, Massachusetts, New York and California, where similar bills have been considered and are being considered by the state legislatures. We had over 1000 youth in these states fill out the survey and tell us their stories, speaking out in support of the bills. Three out of four youth stated that they never had a discussion with an adult about the dangers of over-the-counter diet pills.

Ingredient 2: Incentive.

I've felt strong urges to take supplements, a combination of both gym culture and peer pressure in the unrelenting quest to pack on muscle and become stronger than my friends. Many of my friends now use supplements daily. Outside the gym, the rampant use of social media by teens has pushed conformity to unhealthy body image ideals — thin, curvaceous, slender, strong. Researchers found that teenage comparisons to figures on social media was associated with body dissatisfaction and a drive for thinness.⁸ Overall, a 2023 CDC report⁹ analyzed data from 2017 to March of 2020. They found that just under one in three U.S. youth used dietary supplements in the past 30 days.

Today, I hoped to have shed light on the silent killers that are dietary supplements. Substantially more discourse — and action — is absolutely instrumental to protect our children. In my opinion, silent killers are often more deadly than loud ones. Because when children don't know and are unable to protect themselves, it's your Constitutionally-driven responsibility as a policymaker of this country to protect them.

I thank you for your time and leadership on this important issue. You have the power and responsibility to hold supplement companies accountable by ensuring their dangerous products and deceptive advertising cannot harm adolescents. The children of Maryland are counting on you. I strongly urge you to vote in favor of HB0739. Creating a list of diet pills that is accessible for consumers is a vital first step in protecting the health of Maryland youth.

Thank you,
Nikhil Reddy

⁷ <https://www.mdpi.com/2072-6643/10/9/1212>

⁸ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8001450/>

⁹ <https://www.cdc.gov/nchs/data/nhsr/nhsr183.pdf>