

April 2024

Dear Honorable Lawmakers of the Commonwealth of Massachusetts House and Senate:

We the undersigned respectfully request your support of **Massachusetts H.2215/S.1465**, introduced by Representative Kay Khan and Senator Michael Rush. If passed, H.2215/S.1465 will protect children across Massachusetts by prohibiting the sale of harmful over-the-counter diet pills and dietary supplements for weight loss and muscle building to any person under 18 years of age.

While these dietary supplements deceptively claim to promote healthy weight loss or muscle building – some using celebrity endorsers – these products are not required to demonstrate rigorous testing for safety or efficacy before entering the market, are not medically recommended, and are inadequately regulated by the U.S. Food and Drug Administration (FDA). Alarming, there are no age restrictions on the sale of these products, leaving young people, who are particularly vulnerable to deceptive marketing claims, with no protection from purchasing these dangerous products.

Extensive research documents the dangers of these products:

- The **American Academy of Pediatrics** has strongly cautioned against teens using these products. ¹⁻²
- The **Food and Drug Administration (FDA)** does not screen supplements for safety or efficacy. ³
- Weight-loss and muscle-building supplements have been found to be **laced with pesticides, heavy metals, anabolic steroids, and pharmaceuticals that can cause strokes, cancer, and severe liver injury**, which sometimes require transplants or cause death. ⁴⁻⁷ Not only are these products not proven effective, they can be dangerous.
- A recent study documented a **50% increase in calls to poison control centers** over the past decade due to dietary supplements, many of which claimed to promote weight loss. ⁸
- **23,000 Americans** are sent to **emergency rooms** every year due to dietary supplements. **25%** of those cases are **due to weight-loss supplements**. ⁹
- A 2019 study in the *Journal of Adolescent Health* identified nearly **3 times increased risk for serious medical events** (such as hospitalization, emergency room visits, and death) for dietary supplements sold for weight loss muscle building as compared to vitamins. ¹⁰
- These products are widely used in the United States, with **one in five women and one in 10 men** reporting ever **using supplements sold for weight loss**. ¹¹ **Use of muscle-building supplements** in adolescents are also prevalent, with one study finding nearly **11% of adolescent boys and 6% of adolescent girls** reporting use of these products. ¹²
- **Latinx teens are 40% more likely to use OTC diet pills** than white teens. ¹³
- Adolescent and young adult women who use OTC pills have **6 times the risk of being**

diagnosed with an eating disorder within the next three years compared to non-users.¹⁴

- Young men who take creatine and other similar substances are **3 times more likely to start using anabolic steroids** in just a few years.¹⁵
- A study identified 9 different, **dangerous stimulants not approved by the FDA** but used in dietary supplements. These adulterated supplements have been linked to serious adverse health effects, including sudden death. **Experimental drug “cocktails”** have been repeatedly found in weight-loss supplements, endangering consumers of all ages, including children.¹⁶

We must take action now to protect the children of Massachusetts by **making it harder for children to be targeted by the empty promises of under-regulated weight-loss and muscle-building supplements**. These products pose a serious risk to children of all ethnicity groups, genders, and ages across the state. The **Food and Drug Administration** has *yet to approve any over-the-counter weight-loss and muscle-building products for children*.

Restricting access puts Massachusetts’ public health approach in line with physician recommendations. **We, the undersigned, urge your support of H.2215/S.1465 to protect young people in Massachusetts from these dangerous products.**

On behalf of the organizations and individuals listed below,



S. Bryn Austin, ScD, Director of STRIPED

Organizations:



S. Bryn Austin, ScD, Director, Strategic Training Initiative for the Prevention of Eating Disorders



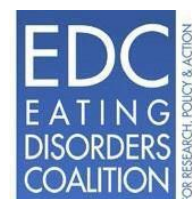
Monika Ostroff, LICSW, CEDS-S, Executive Director, Multi-Service Eating Disorders Association (MEDA)



Rebecca Eyre, MA, LMHC, Chief Executive Officer, Project Heal



Chase Bannister, MDIV, MSW, LCSW, CEDS, President, Eating Disorders Coalition



Elizabeth Thompson, Executive Director,
National Eating Disorders Association



Elissa Myers, CAE, IOM, CEO & Executive Director,
Academy for Eating Disorders



Samuel E. Menaged, President & CEO, Renfrew Center for Eating Disorders



Johanna Kandel, Founder and Executive Director,
The Alliance for Eating Disorders Awareness



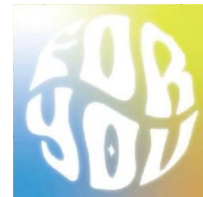
Denise Hamburger, Founder and Executive Director, Be Real USA



Ryan F. Ahmed, Chief Executive Officer
& Founder, Finxerunt Policy Institute,
International Socioeconomics Laboratory



Kelsey Wu, Founder and Executive Director,
For You



Jennifer Aldworth, Executive Director,
Massachusetts Alliance of Boys & Girls Clubs



Dani Gilady, Executive Director,
The Eating Disorder Foundation



Stacey Lorin Merkl, Founder & Executive Director,
Realize Your Beauty, Inc.



Stanley Huang, Founder,
Civiso



Alaska Eating Disorders Alliance
Beth Rose, Co-Founder & Board Chair,



Lucas Chu, Founder,
Erevna,
Policy for the People



Mahmoud Abdellatif
Founder & Chief Executive Officer
Ncarth



Carl Sciortino, Executive VP of External Relations,
Fenway Health



Kristen Portland, Executive Director,
National Association of Anorexia Nervosa and
Associated Disorders



Paula A. Quatromoni

Paula A. Quatromoni, DSc, RD
Associate Professor of Nutrition, Boston University



References

1. Golden NH, Schneider M, Wood C. Preventing Obesity and Eating Disorders in Adolescents. *Pediatrics*. 2016;138(3).
2. LaBotz M, Griesemer BA, AAP Council on Sports Medicine and Fitness. Use of Performance-Enhancing Substances. *Pediatrics*. 2016;138(1).
3. Pomeranz JL, Barbosa G, Killian C, Austin SB. The Dangerous Mix of Adolescents and Dietary Supplements for Weight Loss and Muscle Building. *Journal of Public Health Management and Practice*. 2015;21(5):496-503.
4. Abdel-Rahman A, Anyangwe N, Carlacci L, et al. The Safety and Regulation of Natural Products Used as Foods and Food Ingredients. *Toxicological Sciences*. 2011;123(2):333-348.
5. Fong TL, Klontz KC, Canas-Coto A, et al. Hepatotoxicity Due to Hydroxycut: A Case Series. *American Journal of Gastroenterology*. 2009;105(7):1561-1566.
6. Grundlingh J, Dargan PI, El-Zanfaly M, Wood DM. 2,4-Dinitrophenol (DNP): A Weight Loss Agent with Significant Acute Toxicity and Risk of Death. *Journal of Medical Toxicology*. 2011;7(3):205-212.
7. Guyda HJ. Use of Dietary Supplements and Hormones in Adolescents: A Cautionary Tale. *Pediatric Child Health*. 2005;10(10):587-590.
8. Rao N, Spiller HA, Hodges NL, Chounthirath T, Casavant MJ, Kamboj AK, Smith GA. An Increase in Dietary Supplement Exposures Reported to US Poison Control Centers. *Journal of Medical Toxicology*. 2017;13(3): 227–37.
9. Geller AI, Shehab N, Weidle NJ, Lovegrove MC, Wolpert BJ, Timbo BB, Mozersky RP, Budnitz, DS. Emergency department visits for adverse events related to dietary supplements. *New England Journal of Medicine*. 2015;373(16):1531-40.
10. Or F, Kim Y, Simms J, Austin SB. Taking stock of dietary supplements' harmful effects on children, adolescents, and young adults. *Journal of Adolescent Health*. 2019;65(4):455-461.
11. Blanck HM, Serdula MK, Gillespie C, et al. Use of Nonprescription Dietary Supplements for Weight Loss is Common among Americans. *Journal of the American Dietetic Association*. 2007;107(3):441-447. doi:10.1016/j.jada.2006.12.009. 3. Eisenberg ME, Wall M, Neumark-
12. Sztainer D. Muscle-enhancing behaviors among adolescent girls and boys. *Pediatrics*. 2012;130(6):1019-1026. doi:10.1542/peds.2012-0095
13. Vitagliano J, Beccia A, Mattei J, Cory H, Austin SB. Disproportionate risk of over-the-counter diet pill use among Latinx youth: Results of a national study (In preparation).
14. Levinson JA, Sarda V, Sonnevile K, Calzo JP, Ambwani S, Austin SB. Diet pill and laxative use for weight control and subsequent incident eating disorder in U.S. young women (2001-2016). *American Journal of Public Health*. 2020;110(1):109-111.
15. Hildebrandt, T., Harty, S., and Langenbucher, J.W. Fitness Supplements as a Gateway Substance for Anabolic-Androgenic Steroid Use. *Psychol Addict Behav*. 2012 Dec; 26(4): 10.1037/a0027877. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3838896/>
16. Cohen P, Benner C, McCormick D. Use of a pharmaceutically adulterated dietary supplement, Pai You Guo, among Brazilian-born women in the United States. *Journal of General Internal Medicine*. 2012;27(1):51-56.