

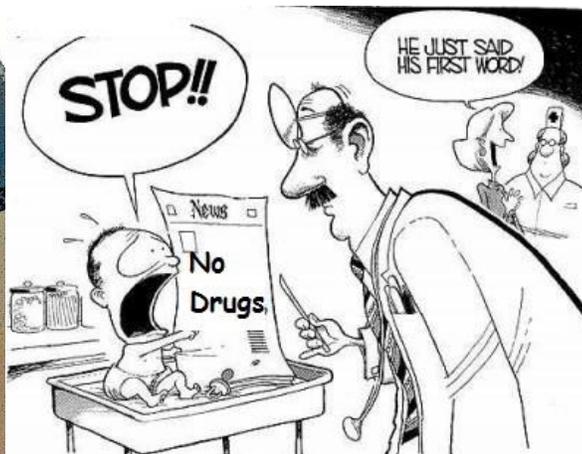
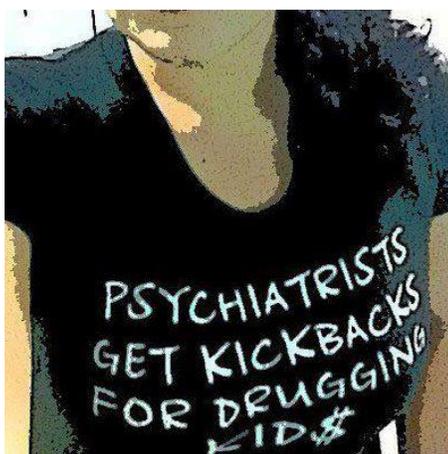
Children Are Being Poisoned By Prescription Opioids



Teenagers are most at risk for opioid poisoning, but the rate more than doubled for toddlers from 1997 to 2012.

Young children and teenagers are increasingly likely to be poisoned by opioid painkillers that are often prescribed for other family members.

The rate of children hospitalized for opioid poisoning increased 165 percent from 1997 to 2012, from about 1.40 per 100,000 kids to 3.71 per 100,000. [Here is an open letter to stop this crime.](#)

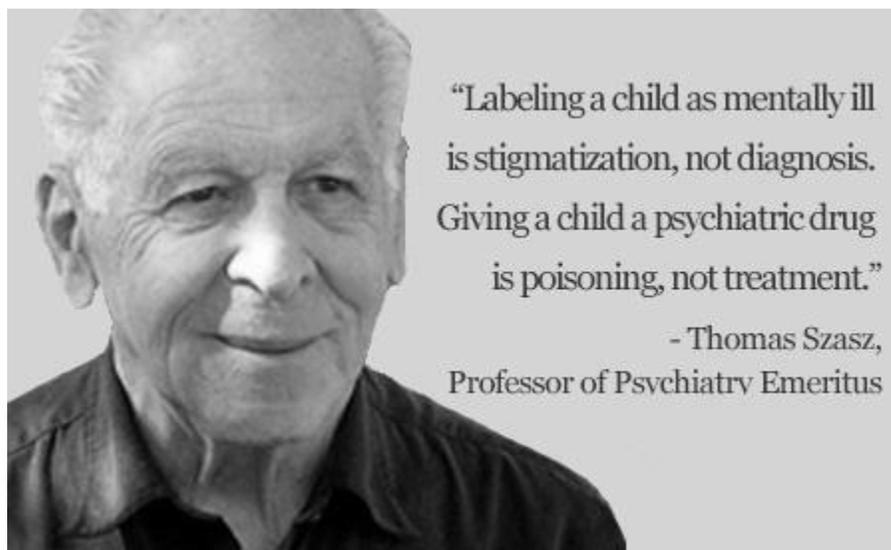


"Opioids are ubiquitous now," says Julie Gaither, a postdoctoral fellow at Yale School of Public Health and the study's lead author. "Enough opioids are prescribed every year to put a bottle of painkillers in every household. They're everywhere, and kids are getting into them."

The [study](#), which was published Monday in *JAMA Pediatrics*, examined more than 13,000 hospital-discharge records from 1997 to 2012 for opioid poisonings and used census data to extrapolate rates. The discharge data was collected by the Agency for Healthcare Research and Quality.

The data stops in 2012, so it may not reflect more recent trends in opioid prescribing and public awareness. But the findings track with [adult rates of abuse and addiction](#), which have dropped since 2012 but remain troublingly high, experts say.

The rate of toddlers hospitalized more than doubled, going from 0.86 per 100,000 to 2.62 per 100,000. It's likely that these very young patients take the drugs because they think they are candy or a treat. Opioids can be dispensed as pills, patches or a flavored lollipop.



Teens are also at risk of overdosing on their parents' meds. Of all children, this age group is most likely to be hospitalized for opioid poisoning, and teens are more likely to do so deliberately — likely, the researchers wrote, because teenagers are at a particularly high risk of depression and suicide. In 2012, 10.17 per 100,000 teenagers were hospitalized for opioid poisoning.

The findings, Gaither and her co-authors say, indicate a need for public health approaches that not only address overprescribing, but also try to raise awareness about the need for safe storage of these painkillers.

Doctors need to talk to patients about ways to store drugs safely, especially if children are in the household, Gaither says.

That's a good idea in theory, says [Jonathan Chen](#), a physician at Stanford Medicine who has researched how guidelines for prescribing opioids affect primary care. But doctors already face a lengthy list of sensitive subjects they should discuss with patients. And they aren't always conditioned to consider how a patient's medications could affect other family members. "Conceptually, yes, of course that should be part of the conversation," Chen says. But he notes that doctors have a long list of things to discuss with patients, and "there's a lot of things we should discuss." Chen was not involved with the study.

Pediatricians could also play a role by asking parents at well-child and well-baby visits about whether there's a risk of children being exposed to opioids. But that sort of screening hasn't traditionally been drilled into doctors the same way as discussing other risks, such as safe storage of cleaning supplies, whether the family has a swimming pool and whether there are guns in the home. https://www.youtube.com/watch?v=kqPeW_HXlbg

Doctors also may not be conditioned to considering toddlers as particularly at risk of opioid poisoning. <https://www.youtube.com/watch?v=kYD73NGxpdw>

"This is largely seen as an adolescent problem or an adult problem," says [Sharon Levy](#), who directs the adolescent substance abuse program at Boston Children's Hospital and is an associate professor of pediatrics at Harvard Medical School. "But this paper really highlights that this really knows no age boundaries." Levy was also not involved with the study. It's also unclear, Levy says, what the long-term health effects, including addiction, are for children who ingest opioids they weren't prescribed.

And there are serious short-term risks, including death. "Opioids cause respiratory suppression," she said. "If you are a 30-pound person and getting into the medication that was supposed to be for a 150-pound person, it's going to be a whopping dose for you."

The findings also suggest doctors should be more thoughtful in prescribing to children, especially teenagers. About [1 in 10](#) high school students reports having taken opioids for a nonmedical reason, and [close to 40 percent](#) of them say they got those drugs through their own prior prescriptions.

The [American Academy of Pediatrics](#) notes that the rate of young patients being prescribed opioids almost doubled between the 1990s and 2000s.

The [Centers for Disease Control and Prevention](#) has been pushing doctors to prescribe opioids more safely by prescribing for just a few days. That could help reduce the number of leftover pills. Large prescriptions — coupled with the fact that many people don't know [how to dispose of drugs](#) when they no longer need them — can make it easier for children and teens to get ahold of them, Gaither says.

That's an important factor to consider, Chen says. "Leftover pills aren't used, but do they get returned to the pharmacy, or thrown in the trash? Nope. They're stored in the medicine cabinet."

Smaller prescriptions will likely help, but they won't solve everything, Chen notes. After all, there are situations where a larger opioid dosage makes sense. For instance, someone suffering long-term cancer probably needs a larger amount of heavy duty painkillers, even if he or she has children in the house.

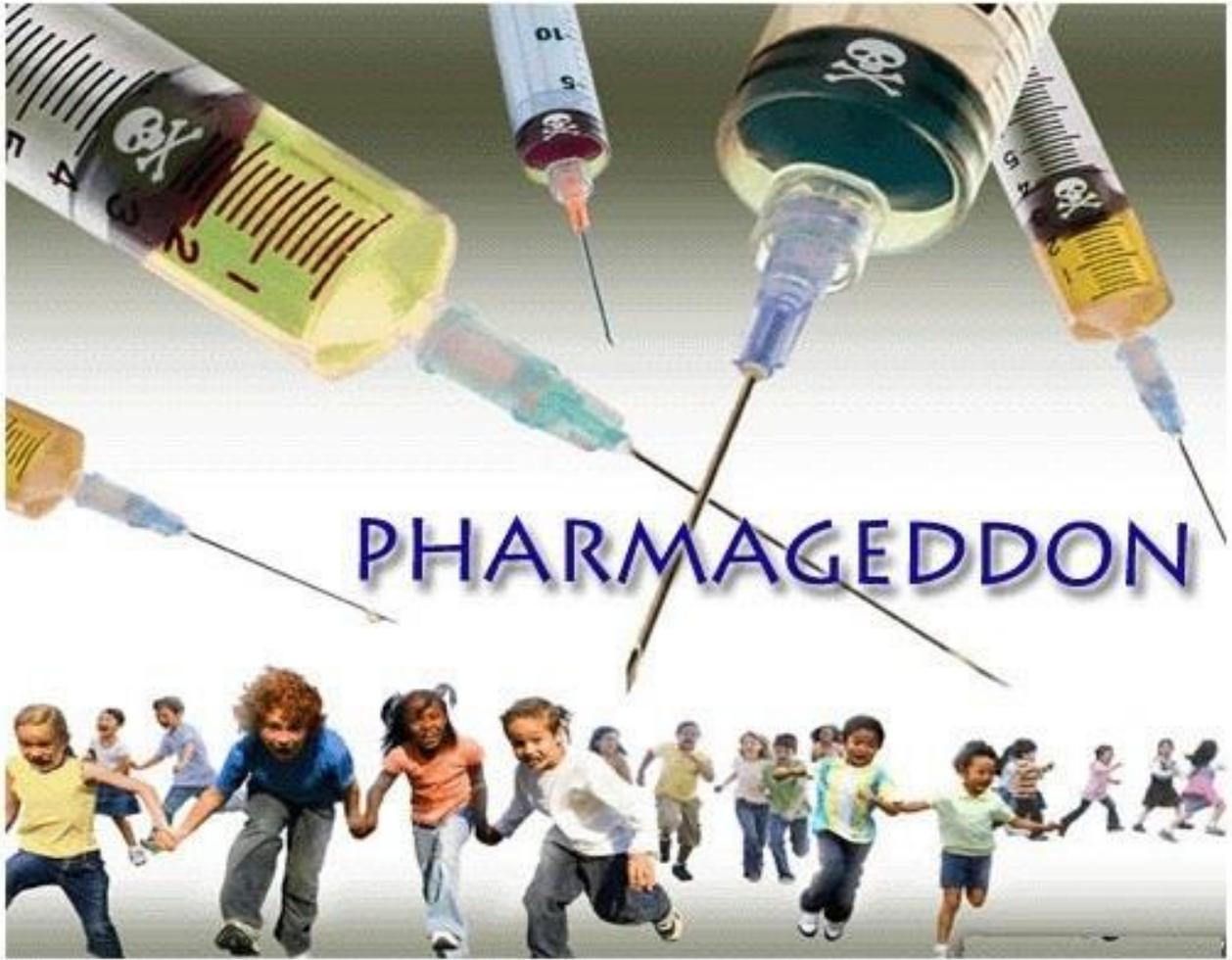
But the risk to children must be a part of the conversation, Gaither says. "We've got to pay attention to children and the toll the opioid crisis is taking on them," she says. "Kids make up about a fourth of the U.S. population, and they're suffering from this crisis, too."



Medical **EXPOSE**

<http://www.medicalexpose.com/>





PHARMAGEDDON

