

US emergency departments report significant increase in opioid overdoses among all age groups, including infants

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Two recent reports—from the American Academy of Pediatrics (AAP) and the Centers for Disease Control (CDC)—reveal that hospital emergency departments in the United States continue to see increases in opioid overdoses. Moreover, the population most at risk of opioid poisoning appears to be children under the age of six years old.

The AAP study begins with a dire summary, noting: “The number of deaths in the United States that are attributable to opioid medications has doubled since 2000.” Prescription drug poisoning has become the primary cause of injury-related deaths in the US, and prescription drug poisoning continues, despite prevention strategies, to be a “major cause of morbidity among children.”

Published this month, the AAP report highlights worrisome trends in the continuing opioid epidemic, especially amongst the youngest. Between 2004 and 2015, there were 3,647 opioid-related hospitalizations of children; of this number, 42.9 percent required treatment in Pediatric Intensive Care Units (PICUs). Hospitalizations requiring PICU care for opioid poisoning doubled, with 37 percent of these cases requiring mechanical ventilator support.

The AAP highlights the extensive impact of the opioid crisis, explaining, “[Emergency department] visits for prescription-opioid overdose, abuse, and misuse now rival those of illicit drugs, including heroin and cocaine.” While this fact has been supported by numerous studies over the past decade, the AAP report brings to light a disturbing and previously underreported facet of the burgeoning opioid crisis: among children under the age of six, “opioids now account for the majority of drug poisonings.”

During the study period, the mortality rate for children

visiting the hospital for opioid poisoning was 1.6 percent. While deaths decreased from 2.8 percent in 2004 to 1.3 percent in 2015, the incidence of pediatric opioid exposure increased, with significant intervention required by PICUs. The AAP notes that, among those ages 1 to 19 years, the incidence of prescription opioid poisonings nearly doubled between 1997 and 2012, with the greatest increase occurring among children between the ages of one and four. This increase was accompanied, the authors point out, by an increase in adult deaths from opioid overdose.

The report concludes by pointing out that “the rate of hospitalization and PICU admission for pediatric opioid ingestions is increasing.” Furthermore, it asserts, measures taken to reduce opioid abuse among adults “have not curtailed the incidence of pediatric opioid ingestions, and additional efforts are needed to reduce preventable opioid exposure in children.”

The AAP’s preliminary findings support the report released by the CDC this month which found that emergency department treatments for opioid overdose increased by 30 percent between July of 2016 and September of 2017. Increases occurred among both men and women among all age groups during this period, with the greatest rise—36 percent—seen among adults ages 35-54. The CDC also found that those who required emergency department care for opioid use were likely to overdose again at some point.

Urban centers witnessed the highest percentage rise in opioid overdoses, with an increase of 54 percent. Rural areas did not see the same rate of increase, but still saw a 21 percent increase in overdoses. The Midwest, which has fallen prey to sustained deindustrialization and prolonged joblessness over the past decade, saw the most startling rate of increase in overdoses at 70 percent.

In response to its findings, the CDC has outlined steps to address the rising incidence of overdose. Among its suggestions are allowing emergency department care providers to give overdose victims naloxone for future emergencies, equipping states with tools to address opioid use disorder (OUD), increasing funding for non-addictive pain management treatments, greater coordination between mental health providers and emergency care providers, and the creation of harm reduction programs.

These suggestions in and of themselves indicate that the opioid crisis will continue unabated over the next period. Community mental health care systems are virtually nonexistent in economically depressed areas. The price of Naloxone, an effective opioid antagonist, has risen sharply in step with the overdose mortality rate, as pharmaceutical companies seek to profit from the national emergency.

At the same time, the Trump administration has targeted scientific research for funding cuts and the CDC itself has had its funding slashed. Moreover, right-wing politicians, especially those in areas most profoundly affected by the opioid crisis, have framed the pandemic as a moral issue which can be resolved through law and order. These politicians do not merely ignore the social issues that contribute to opioid use—they act to dismantle the social infrastructure that would forestall and interrupt opioid use.

Just prior to releasing its report on pediatric opioid poisoning, the AAP released a separate report in response to a sharp rise of pediatric depression and suicides in recent years. The group now advises that all children ages 12 and above receive yearly depression screenings as part of their wellness visits with physicians. They also outline steps to take to create safety plans for severely depressed children that would limit their access to firearms and dangerous drugs in their homes, and ensure that they receive psychiatric treatment. Taken alongside the recent reports on opioid overdoses, this makes it clear that the social crisis in America is continuing to take a devastating toll, including in its very youngest members.



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