

US: Growing danger of children overdosing from opioids

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On June 23, 10-year-old Alton Banks returned home from the local swimming pool in Miami, Florida, and became violently ill, vomiting uncontrollably. His mother Shantell called an ambulance right away, but her son was pronounced dead only hours later. The autopsy revealed that the child overdosed on heroin and fentanyl.

Alton Banks was not using opioids, prescription or otherwise, at the time of his death. The Miami Dade State Attorney released his toxicology results last week to the public to raise awareness of the opioid crisis. This crisis is now claiming the lives of children and seeping into aspects of everyday life for millions of people, whether they are using the drugs or not.

Synthetic opioids like fentanyl and carfentanil are so powerful that even a few grains of the drugs can result in fatality. Accidentally and unknowingly coming into contact with the drug, as in the case of Alton Banks, can be lethal, especially for children, whose tolerance is much lower than adults. In Miami-Dade County from 2005 to 2015 opioid-related overdoses were around 100. In 2016 that number more than doubled, with 229 reported. Fentanyl was detected in 376 overdoses from 2014 to 2016 in the same area.

In Manchester, New Hampshire, a six-year-old has been placed in the care of a relative after a near-death accidental overdose last week. Emergency responders used naloxone, or Narcan, to revive the child.

New Hampshire has seen a 191 percent increase in opioid-related deaths since 2012. In 2016 there were five reported emergency room visits for opioids in children aged nine and under, and 176 for children aged 10-19, according to the New Hampshire Drug Monitoring Initiative.

A police lieutenant in Manchester told local news stations, “When you have a young child, it could be as

simple as touching an area on a kitchen table, or a spoon, or a sink, or a doorknob.”

No arrests have been made in either the Miami or the Manchester case. It is possible that in both cases the children came into contact with the drug nowhere near their homes. Instances like these, if the family is accused of being responsible for the overdose, could result in children being wrongly placed into the already overcrowded foster care system.

Children who live in neighborhoods with high rates of opioid abuse could quite easily, like young Alton Banks, come into contact with the deadly drugs. Narcan is administered in many emergency cases of cardiac arrest. However, if it is unclear whether a cardiac arrest is happening it may not be the first choice for emergency medical responders, particularly in the case of a child, where what might be an overdose would generally be considered an illness.

The states hardest hit by the opioid crisis are in the northeastern US. But many large cities, including Miami and San Francisco, have seen an uptick in opioid overdose deaths. In 2016, opioid-related deaths in Miami hit 325.

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In addition to the very real danger of unknowingly ingesting a lethal opioid comes the threat of contracting a blood-borne illness—such as hepatitis or HIV—from accidentally coming into contact with used drug paraphernalia, including discarded syringes, needles and spoons. Reflective of the spread of the crisis nationally, states hardest hit such as New Hampshire, Maine and Massachusetts—as well as large cities like San Francisco—began tracking found used needles in 2016.

Manchester, where the six-year-old was exposed,

recorded 570 used syringes found in public in 2016 and 247 in the first half of 2017. In March 2016 in San Francisco, more than 2,900 used syringes had been collected for the year to date; by the same month this year that number had increased to over 13,000.

Needles are often discarded in public places due to fear of prosecution for possession of drug paraphernalia. In an effort to discourage users from publicly discarding the hazardous needles, more than 30 states have implemented needle “exchange programs.” The programs allow a person using syringes for injection to turn in old needles for new, clean ones at local hospitals. Some programs have stopped distributing needles to people who do not have used needles to turn in.

The need for such programs exposes the lack of funding for rehabilitation programs or research into other medicines as alternatives to the lethal and highly addictive opioids.



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