

Specific Risks of Fentanyl to Children¹

Fentanyl surpasses other drugs in terms of its highly dangerous impact on children from parental use, substance use disorder (SUD), and environmental exposure.

Facts

- Children can die quickly from fentanyl exposure due to its ability to suppress respiration¹.
- Fentanyl is extremely potent; up to 100x more than morphine, 50x more than heroin.
- Fentanyl is used in different forms and methods: pills, powder, liquid, medical patches, swallowed, smoked, snorted, injected.
- Fentanyl anywhere in a child's environment has the potential to be fatal, especially for infants and toddlers. A young child's mobility increases their risk.
- Ingesting fentanyl can be fatal.
- Fentanyl is frequently detected in children's hair which indicates exposure to drug handling in their environment.
- Fentanyl is frequently cut into other substances, so someone using methamphetamine or cocaine, for example, may not even know they are also using fentanyl.

Fentanyl and the Safety Threshold Criteria

Observable:

Child skin: absorption, needle puncture.

Child inhalation: passive or intentional smoke exposure.

Child ingestion: drug residue, edible products, paraphernalia, breastmilk, parent administration.

Child exposure: from clothing, bedding, table, floor, surfaces, or parent's body, or hair.

Parent is actively using fentanyl: Includes binge use, intoxication, withdrawal, negative affect, preoccupation, and anticipation/craving. May exhibit impulsive, rapid, unplanned reactions to internal/external stimuli without regard to negative consequences of the reactions to self or others (children). May have persistent or repetitive actions that are excessive and/or inappropriate. *Parents with opiate use disorder (OUD) may appear calm and speak appropriately in limited interactions.*

Severity: Fentanyl is lethal. If it is anywhere near a child in any form, it is potentially lethal. *See facts above.*

Imminence: To maintain the drug high, it has to be used **every couple hours**... potentially *lethal circumstances* every two hours.

Vulnerability: All children are vulnerable, especially young children, due to potential exposure to fentanyl in any amount.

Out of control: Any fentanyl in the home is an uncontrolled and dangerous environment, *even if the fentanyl is locked up*, due to the potential for exposure. Any parent using fentanyl cannot control for the danger it presents to a child due to its impact on their functioning.

Minimum requirement for safety: No fentanyl in the home **and** a non-using adult in the home 24/7 to assure child safety.

¹ This document was made in collaboration with Dr. Carol Chervenak, Dr. Kerri Hecox, and Dr. Sue Skinner.

Understanding the Impact of Fentanyl on the Caregiver

Substance use disorder (SUD) – “a predisposition toward rapid, unplanned reactions to internal and external stimuli without regard for the negative consequences of these reactions to themselves or othersⁱⁱ.”

Fentanyl use almost always takes place as one symptom of Opiate Use Disorder (OUD), a specific diagnosis under the larger umbrella of SUD. It is well known that people with SUD are more vulnerable to stress than the general population. While SUD has no bearing on the parent’s feeling of love for their child, the stress of parenting, especially for first time parents, is a huge responsibility for many. The task of the caseworker is to separate what the parent expresses they **will do** from the reality of **what they can do** based on their SUD diagnosis. SUD and its impact on functioning, behaviors, and deficiencies in reaction times, reading cues, abilities to plan ahead, and controlling their environment, is a 24/7 process that must be considered.

People with OUD often master the ability to manage their illness for periods of time by using the right amount of drug to stay out of withdrawal – which means their functioning is “held together” through regular use. This is an extremely delicate balance that is still accompanied by many pitfalls and out of control behavior but gives the person a short-term ability to “look good” that can fool people into thinking the parent can function 24/7. Parents with SUD involving opiates will cycle through the stages of chronic relapse disorder even when they appear to be sober:

- compulsion to seek and take the drug,
- loss of control in limiting intake, and
- emergence of a negative emotional state (e.g., dysphoria, anxiety, irritability) when access to the drug is preventedⁱⁱ

While using, a parent is highly likely to experience altered levels of consciousness and/or unconsciousness at unpredictable times, including when they are responsible for caring for their children. Consequently, unless the parent is actively and successfully participating in treatment **and** demonstrating real sobriety, they are at serious risk of putting their child at risk by their behaviors.

Reminders:

- While advising a parent with SUD to lock up their fentanyl may seem appropriate, people with SUD don’t have the judgement or control of their behavior to safely secure the drugs or to do it **consistently**. Parents have the intent to follow through, but the disease overrides intent.
- Parents often know the right things to do and want to do them. However it is unrealistic and unethical to assume a person with an active SUD will be able to consistently maintain safe drug storage, use safely, manage their mood, parent safely through use and withdrawal, follow rules, maintain commitments, and/or remember all the details of a safe-storage agreement.
- People with OUD are often much better at language articulation when they are not immediately under the influence. OUD diagnosed individuals can at times be more convincing, more lucid, more articulate, less confused, and more believable. However, they are still battling addiction and no more able to keep a promise than individuals addicted to meth or alcohol. They simply present better.

ⁱ William V. Stoecker, MD, David E. Madsen, BS, [...], and Zachary Woolsey - [Boys at Risk: Fatal Accidental Fentanyl Ingestions in Children](#) - Analysis of Cases Reported to the FDA 2004–2013

ⁱⁱ [Koob, George F, Ph.D.](#) Director of the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and [Dr. Nora Volkow, M.D.](#); Director of the National Institute on Drug Abuse (NIDA) and the National Institutes of Health.