

**In 2011, there were 12 accidental toxin deaths of child residents in NC.**

**The majority of accidental toxin deaths in childhood occur in teens between the ages of 15 and 17 years.**

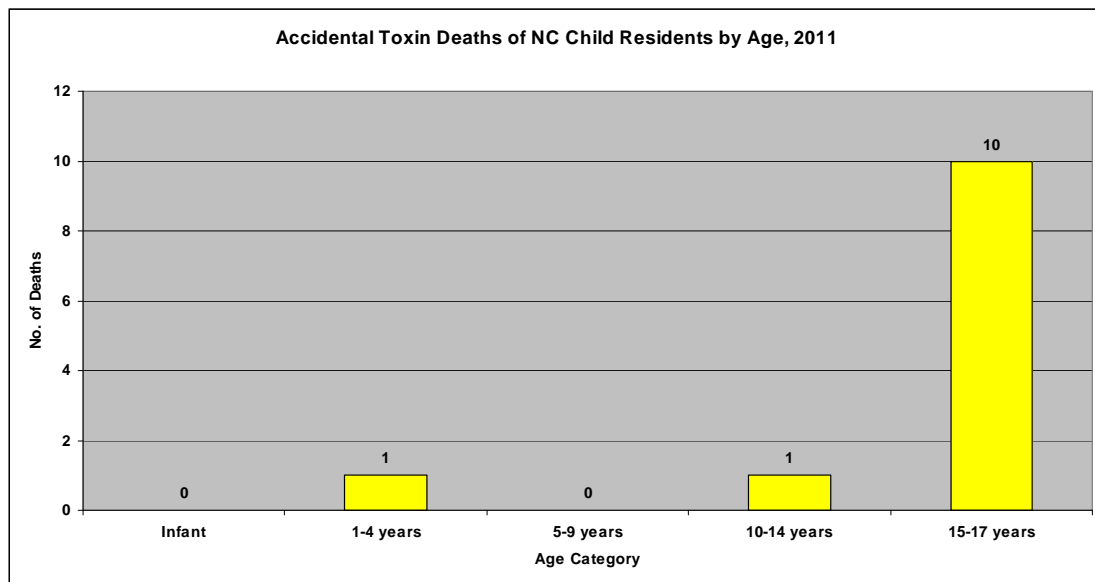
**White males account for the largest number of accidental toxin deaths.**

**The number of deaths in 2011 ended a three year decline in toxin deaths.**

**T**he North Carolina Child Fatality Prevention Team examines child deaths in order to recognize trends, find gaps in services and identify additional needs that will improve programs, policies and laws to prevent child death. Questions or for more information, contact:

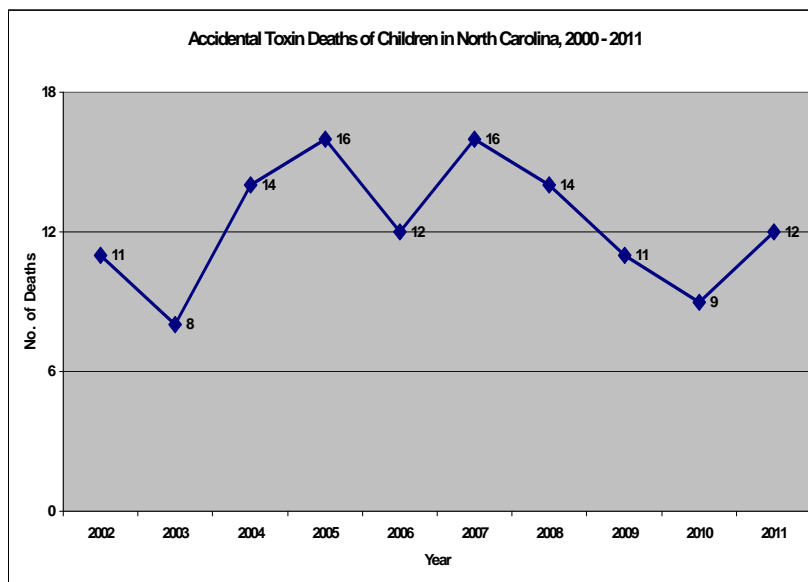
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## Accidental Toxin Deaths 2011



There were 12 accidental deaths of children (from birth through 17 years of age) who died from ingestion of toxins. Toxins can include drugs (prescription and illicit), chemicals, gases and other substances. Demographic data are consistent with past years with most deaths between 15 and 17 years of age, male (10) and white (10; 2 black).

Toxin deaths peaked in 2005 and 2007 with 16 deaths in each year. The 12 deaths in 2011 was an increase from the nine deaths in 2010, ending a three year decline from 2007.



## Accidental Toxin Deaths: 2011

### Drugs in Toxin Deaths

All of the deaths in 2011 involved prescription drugs. Two deaths also involved illicit drugs. The drug categories were:

| Type                         | Deaths Involved |
|------------------------------|-----------------|
| Opiates/Narcotics            | 12              |
| Benzodiazepines              | 4               |
| Amphetamines                 | 1               |
| Ethanol                      | 1               |
| Illicit drugs (i.e. cocaine) | 2               |

The number of drugs listed above is greater than 12 because only two decedents tested positive for a single drug. The remaining children tested positive for two or more drugs that caused or contributed to the death.

### Access

While it is often not known where a child actually ingested a medication, all but one decedent were found unresponsive or deceased at their own residences. Even with an investigation it is often difficult to determine the source of the drug. People may not be willing to come forward. Older teens can obtain drugs on their own: from friends, stealing, taking a relative's medication or purchasing it. In 2011, none of the fatal drugs was prescribed to the decedents and in one death the fatal drug was prescribed to a relative in the home. In five deaths the child would have had access to the drug in the home, a relative's home or through friends. Drugs were thought to have been purchased from someone in two deaths. In two deaths the source was not identified and in three deaths there was no information about the source.

### History

Almost all (83%) had a reported history of drug use ranging from alcohol to polysubstance abuse. Three had a history of hospitalization related to drug use and at least one had a history of a prior drug overdose. Five families had a history of substance abuse. Three children had a reported history of serious injury with prescribed pain medications.

All of the deaths involved at least one prescription drug, not prescribed to the child.

Illicit drugs were found in two deaths, but prescription drugs were involved in those cases as well.

Approximately half of the children had access to medications through family or friends.

Almost all of the children had a reported history of drug use.

Almost half of the families had a reported history of substance abuse.

