OPIOID-RELATED DEATHS
Children and Teens, Ages 10-17

Quick-Look
Child Death Review Case Reporting System (CDR-CRS)

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The National Center for Fatality Review and Prevention collects opioid-related information in CDR-CRS.

Since 2004, there have been 635 opioid-related deaths of children and teens, ages 10 to 17 reviewed by CDR teams.¹

BY RACE

- 89% White
- 6% African American
- 5% Other/Multi-racial

BY AGE

- 15% 10 - 14
- 17% 15
- 26% 16
- 42% 17

For every 10 opioid-related deaths
3 are girls and 7 are boys

Teens ages 16 to 17 account for 68% of opioid-related deaths

CHILD HISTORY

- 9 in 10 had history of substance abuse
- 8 in 10 had problems in school
- 7 in 10 received prior mental health services
- 5 in 10 were receiving mental health services
CHILD HISTORY, cont.

4 in 10 had a prior disability or chronic illness
4 in 10 had history of child maltreatment as victim

PLACE OF INCIDENT

92% of DEATHS occurred at HOME...

theirs, a friend’s, or a relative’s

About 8 in 10 opioid-related deaths were results of accidental overdoses or acute intoxications.

Nearly 9 in 10 involved prescription medication that were not prescribed to the child.

WHAT ARE REVIEW TEAMS SAYING?

5 in 10 review teams recommended school program education

5 in 10 review teams recommended parent education

3 in 10 review teams recommended media campaign education

3 in 10 review teams recommended provider education

8 in 10 opioid-related deaths could have been prevented

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1 Includes ages 10-17 years, Type of substance involved = Opiate or Methadone, n=635. Data download: March 2017, (n=106,827 from 2004-2017)
2 Includes ages 10-17 years, Type of substance involved = Opiate or Methadone, selected at least one response in K2 of the CDR-CRS, n=138

These data represent approximately 70% of the cases entered into NFP-CRS. For more information about the data contained in this Quick Look, please visit https://www.ncfrp.org/wp-content/uploads/NCFRCD-Docs/NCFRP_Quick_Look_Analysis.pdf

National Center for Fatality Review & Prevention
Supporting Fetal and Infant Mortality Review and Child Death Review Teams

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