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January 26, 2018

To: Chair Ebke and Members of the Judiciary Committee

From: Julia Tse, Policy Coordinator for Economic Stability and Health

**RE: Support for LB 931 – Provide requirements for opiate prescriptions**

Protecting and supporting childhood health is key to ensuring that Nebraska's workforce needs are met in the future. During critical developmental years, pediatricians agree that the most effective means to keep children healthy is to take steps to prevent serious health conditions as early as possible. Voices for Children in Nebraska supports LB 931 because it puts safeguards into place for the prescription of highly-addictive opiates to children.

The opioid epidemic has been at the center of national attention in recent years, though children remain largely in the background on this issue. Parental substance use disorders, which often co-occur with other adversities, are one of many adverse childhood experiences (ACEs) that we now know to leave children with poor physical and mental health outcomes that last into adulthood.<sup>i</sup> This issue has largely come into focus as states grapple with the interaction of parental substance use and the child welfare system. Seldom discussed is the use of opiates among children. The CDC estimates that the rate of fatal poisonings among teens increased by 91% in less than a decade, primarily due to an increase in prescription drug overdoses,<sup>ii</sup> and other research suggests that today, 1 in 4 high school seniors in the US have used medical and nonmedical prescription opioids.<sup>iii</sup>

Much of the research on the opioid epidemic has centered on adult use, and far less is known about the epidemiology of opioid use among children. One such study examined the 188,468 instances of pediatric opioid exposures reported to poison control centers over a 16-year period. The study noted that the most concerning exposures were those among teenagers, who were more likely to experience an intentional poisoning than an unintentional one, and accounted for more than two-thirds of exposures that were intentional.<sup>iv</sup>

Addressing the misuse and addiction of opioids among children requires a multi-faceted strategy that should include proper education of parents and health professionals, affordable access to mental health treatment services, and restricting access to opioids among children. LB 931 would take an important first step in preventing exposures to harmful opioid prescriptions. We thank Senator Howard for her leadership on this issue and the Committee for their work. We respectfully urge the Committee to advance LB 931.

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<sup>i</sup> Vincent C. Smith, Celeste R. Wilson, Committee on Substance Use and Prevention, "Families Affected by Parental Substance Use," *Pediatrics* 138, no. 2, August 2016, DOI: 10.1542/peds.2016-1575.

<sup>ii</sup> Centers for Disease Control and Prevention, "Vital Signs: Unintentional Injury Deaths among Persons Aged 0-19 Years—United States, 2009-2009," *Morbidity and Mortality Weekly Report* 61, no. 15, April 2012, <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6115a5.htm>, 270-276.

<sup>iii</sup> Sean Esteban McCabe et al., "Trends in Medical and Nonmedical Use of Prescription Opioids among US Adolescents: 1976-2015," *Pediatrics* 139, no. 4, April 2017, DOI: 10.1542/peds.2016-2387.

<sup>iv</sup> Jakob D. Allen et al., "Prescription Opioid Exposures among Children and Adolescents in the United States: 2000-2015," *Pediatrics* 139, no. 4, April 2017, DOI: 10.1542/peds.2016-3382.