

# DEVELOPMENTAL RISK AND HARM REDUCTION

Children's risk factors for opioid exposure vary by age. It is important to understand the primary risk for each age group to deploy the best risk mitigation strategies.

Please note that children reach developmental stages at their own pace, especially children with disabilities.

## Infants: Ages 0 to 6 months



### High risk for unsafe sleep

Infants are vulnerable when co-sleeping with an adult, particularly if substances have been used in the sleeping area and if the adult is impaired. Infants begin putting everything in their mouths between 4 and 6 months.

## Toddlers: Ages 6 months to 4 years



### Highest risk for unintentional exposure

The age group at highest risk for unintentional exposure to any substance, including opioids, is children ages 1-4 with the highest risk falling around age 2. Children in this age group actively explore their surroundings, which is an important developmental milestone. This includes putting things they find in their mouths which presents the largest risk factor for exposure to a HPSO for children in this age group.

To increase safety for children in this age group, parents and caregivers should be taught to be **extra vigilant due to their child's increased mobility and exploratory behavior.**

## Middle Childhood: Ages 5 to 12 years



### Lowest risk for intentional and non-intentional exposure

Middle childhood has the lowest risk of accidental or intentional exposure to opioids. Children in this age group are generally past the developmental milestones of exploratory behavior and putting things in their mouths. They have also not reached the developmental milestone of adolescence which involves increased experimentation.

## Adolescents: Ages 12 to 18 years



### Highest risk for intentional exposure

Adolescents are typically exposed through intentional experimentation with substances. Many teens may experiment with substances as part of developmentally normal risk-taking behavior. **Two-thirds of adolescent overdose deaths occurred in the youth's home.** Often there is another person there who didn't know the youth was using opioids.

Most teen substance use interventions focus on prevention, but [harm reduction approaches](#) can also have benefits. Harm reduction can help youth who choose to try substances do so with more knowledge about safer use and overdose prevention. Because it is impossible to predict with any certainty which youth will end up using substances, caregivers and professionals should share these strategies with all teens, even those who say they and their friends don't plan to use substances. Teens may not always feel comfortable or safe talking to adults about substance use. Providing teens with harm reduction education and making sure they have or know how to get naloxone can help save their lives.

Like adults, adolescents experiencing OUD can benefit from MOUD, as these medications can prevent overdose. The [Washington State Poison Control](#) can be reached at 800-222-1222 for any concerns around substance exposure.

