Conclusions:

- Legalization may lead to more cannabis products in homes -- increased child exposure
- Family and caregivers were the most common source for child exposures
- Edibles were the most common product involved in child exposures
- Pediatric exposures resulted in mostly minor health effects, but occasionally result in severe health effects requiring medical intervention

Recommendations to limit pediatric exposures:

- Discuss cannabis safety in clinical settings
  - Screen and advise safe storage during pediatric/well-child visits
  - Discuss use while breastfeeding
  - Discuss risk of treating children with cannabis for medical reasons
- Public education campaigns
  - Target all caregivers of children, including grandparents, to encourage safe practices
- Regulatory approaches
  - Limit edible products that appeal to children: colors, shapes, look alike
  - Packaging: individually wrapped servings, childproof packaging, design

What was previously known: WA, CO, and OR reported increases in cannabis exposure calls since legalization and start of retail sales. Some children experienced significant harms. (CDPHE, 2016; Wang, 2017; WAPC, 2016; OHA, 2016)

Timeline of Cannabis Legalization in Washington:

- 2012: Medical marijuana
- 2013: Recreational sales
- 2016: Retail sales

Results:

- 50 cannabis exposure calls
- Median age = 2 (88% <6 years of age)

Exposure Circumstances:

- 100% were unintentional
- 94% occurred at home
- Among those with source information, 90% obtained from parent/grandparent

Exposure Route & Substance:

- 86% ingestion
- 63% edibles (brownies, cookies, candy – both homemade and purchased)
- 1 case was exposed by breastfeeding, 1 by secondhand smoke exposure

Effects of Exposure:

- 78% experienced no or minor clinical effects
- Most common symptoms were lethargy and drowsiness
- Nearly all experienced symptoms for <24 hrs
- 5 children were hospitalized; one required intensive care and intubation

Limitations:

- PC calls likely underestimate the true number of cases, may overrepresent more severe and younger exposures
- Calls to WAPC are voluntary – fear, familiarity with THC toxicity could limit calls; legalization could reduce fear
- Generally PC calls have been declining for less severe cases of all exposure types as people use the internet
- Not all data collected per case were complete

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