

# Kids Are Getting Into Candy Stashes...Meant for Adults

[Family & Community Health](#)

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Image



*Priya Shah, MD, is a pediatric resident physician at Children's Hospital of Philadelphia.*

As a doctor working in a pediatric emergency department, I have seen many young children come in sleepy, confused, or even unresponsive after they ingested marijuana edibles, thinking they were candy. Sometimes, these children end up receiving expensive and invasive interventions like blood draws and spinal taps, or head imaging that involves exposure to radiation.

In fact, a [research report](#) from Children's Hospital of Philadelphia (CHOP) showed that all cases of tetrahydrocannabinol (THC) intoxication in children under 12 years of age involved edible forms of THC.

## A quick overview of the terminology

It is important to differentiate terms that are sometimes used interchangeably:

**Cannabis** is a flowering plant that has many varieties, including hemp and marijuana, that have varying levels of the primary psychoactive component THC.

**Hemp** has little-to-no THC, and is often used for industrial purposes such as rope, clothing and biofuel. Hemp has higher levels of cannabidiol (CBD), which is a *non*-psychoactive component that has calming and relaxing effects.

**Marijuana**, on the other hand, has high levels of THC and can lead to appetite stimulation, euphoria and drowsiness.

## Why are kids at increased risk of THC poisoning?

Kids are at higher risk for poisonings because they are naturally curious, mimic their caregivers, and like to explore the world by putting things into their mouths. However, they often do not understand what they are eating. Kids' smaller size, developing brain function, and lack of tolerance can lead to dangerous and unintended consequences.

[Calls to poison control centers across the country increased 1,375%](#) from 2017 to 2021 (207 to 3,054 cases per year) for edible marijuana ingestions in children under 6 years old, nearly all of which occurred at home.

Interestingly, a [study](#) in 2021 showed that the dramatic increase in marijuana-related hospital encounters in pediatric settings did *not* vary based on state legalization status for recreational or medical marijuana, making this a national issue.

## What is leading to these poisonings?

There are a few factors likely contributing to these poisonings. Many companies selling cannabis-infused products use [copycat packaging](#) that mimics well-known brands of chocolates, candies and cookies—creating a familiar temptation for children.

Additionally, the THC content of cannabis-infused products is variable as some products have artificially increased concentration of delta-8-THC, a federally unregulated ‘sister compound’ to the more widely known delta-9-THC. Delta-8-THC produces similar intoxicating effects as delta-9-THC, however it has [not been evaluated by the U.S. Food & Drug Administration \(FDA\) for safe use in any context](#), and the manufacturing process to increase its concentration exposes consumers to potentially harmful chemicals.

## How can we protect kids from harm?

As THC products become more available, accessible, and highly concentrated, it is imperative that we protect children from poisonings that lead to preventable interventions, emergency department visits, and sometimes admissions to the hospital or even to the intensive care unit. Regardless of state legalization status, there are clear opportunities to protect children from the harms of ingestions, including strengthening policy, implementing safe storage practices at home and growing the research base.

[Recommended public policy changes](#) include increased restrictions on copycat packing (or perhaps on food-like packaging all together), limitations on THC content per serving size and package, and requirements for child-resistant packaging that complies with the Poison Prevention Packaging Act of 1970. A [survey](#) of the current regulations by state highlights the variability in presence and interpretation of current laws, and thus the importance of universal symbols, strict packaging definitions and clear enforcement plans for legislation moving forward. There has been a [growing body of evidence](#) to support these policy options.

It is safest to avoid having THC-containing products in the home. However, if they are present, families should remember to treat edibles like medication and store them in a place that is out of reach and out of sight (preferably locked). Caregivers should also ask about possible edible exposures in all environments in which their child spends time (such as at friends’ houses or when visiting guests bring personal belongings).

While there is a growing body of evidence about the health impacts of THC consumption in youth, keeping pace with the evolving market availability of products is challenging. Research on the implications of cannabis policy on the safety of children is important and needed.

## How can I learn more?

PolicyLab and The Poison Control Center at CHOP hosted “The Clinical and Policy Landscape of Marijuana and Youth,” a virtual conversation with pediatric clinicians, researchers, and experts in substance use treatment, policy, and injury prevention who discussed research on THC and youth, practice and policy considerations, and a changing landscape. [Watch a recording of the event here](#).

*If you suspect that a child has been exposed to THC, please call the Poison Control Center at 1-800-222-1222 to be connected to a specialist. If the child is having difficulty breathing, or is having a seizure, call 911.*

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Priya Shah, MD

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