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Source: By **Jeremy Olson** jolson@pioneerpress.com

Illustration: 2 Photos

1) PHOTO COURTESY OF THE **NELSON** FAMILY

Known as a popular and promising business student at the University of Wisconsin-Stout, **Cody Nelson** apparently took too much Tylenol, which led to liver failure and death.

2) PIONEER PRESS: JEAN PIERI

Deb and Don **Nelson**, **Cody's** parents, want tighter regulations over acetaminophen. Don **Nelson** worries people believe "it wouldn't be sold over the counter if it could hurt you."

2 Graphics: PIONEER PRESS

1) Deaths by unintentional injury a growing concern

2) Medications cause rise in accidental poisonings

PILLS DULL THE PAIN, UNTIL THEY POISON//ACCIDENTAL DEATHS SOAR AS MORE PEOPLE ABUSE OR AREN'T AWARE OF THE RISKS OF PRESCRIPTIONS -- OR EVEN TYLENOL.

Doctors kept coming out to **Cody Nelson's** parents with new theories about why their 19-year-old's liver was mysteriously failing.

Maybe he tried to kill himself by drinking antifreeze.

Maybe he drank obscene amounts of alcohol.

None of those theories fit **Nelson** -- a thin, smiley college freshman from Lake Elmo -- and tests eventually proved them false. It wasn't until just before **Nelson's** death on March 18, 2007, that a toxicology report revealed the culprit: acetaminophen, the active ingredient in Tylenol.

His parents were shocked. Of the "dos and don'ts" they discussed with **Nelson** before sending him to college, "You never think to tell him not to take Tylenol," said his mother, Deb **Nelson**.

Nelson's death is part of a tragic trend in Minnesota -- a tripling of deaths due to accidental poisonings since 2000.

A couple each year involve curious children who don't understand the dangers. Some are young men and women who overlook dosage limits. Most are patients who overdose on painkillers or addicts who abuse prescription drugs instead of street drugs.

The common thread is medication and the ease with which it is obtained. Roughly nine in 10 of the deaths are tied to drugs -- mostly legal prescription drugs -- while the others involve alcohol, household cleaners or toxic chemicals. It's a trend that is starting to generate action by state health officials.

"Poisoning is an undervalued problem in our society," said Jon Roesler, who directs injury-

prevention efforts for the Minnesota Department of Health.

RATE OF POISONINGS RISES

When data for 2008 become available, health officials expect that unintentional injury will surpass stroke as the third-leading cause of death in Minnesota. While there are fewer fatal car wrecks -- historically the most common cause of unintentional injury -- the increase in fatal falls and poisonings more than makes up the difference.

Minnesota is tackling fall-related deaths with grants and a prevention program, but state health officials acknowledged that they aren't as far along in addressing the increase in poisonings.

In some ways, the problem is coming on two distinct fronts. A federal study last week estimated that 70,000 children -- mostly 5 and younger -- are treated in U.S. hospitals each year for medication overdoses.

Very few of the deaths involve children, however, according to Minnesota injury and death databases. While one-third of the Minnesotans hospitalized for accidental poisonings in 2007 were children and teens, only six of the 300 related deaths that year involved minors.

The broader use of prescription medication is driving both trends, said Kirk Hughes of the Hennepin Regional Poison Center, which operates the state poison-control hot line. More than half of the 45,000 hot line calls involve children younger than 6 -- and more and more involve potent stimulants and antidepressants that were never prescribed to children before, he said.

Similarly, many of the adult fatalities involve broader access to pain medications -- particularly the controlled and potentially addictive narcotics, such as oxycodone and hydrocodone, he said.

Some adults may be abusing these drugs, Hughes said, while others may be over-medicating "maybe not as intentional abuse (but) just to numb their pain or to quote-unquote 'go to sleep.' "

HE OFTEN USED TYLENOL

Alone at his dorm at the University of Wisconsin-Stout, **Nelson** had fallen sick and apparently had taken too many pills -- both from a bottle of Extra Strength Tylenol and a packet of Tylenol Cold and Flu that his parents had given him.

Nelson had returned to the Menomonie, Wis., college a few days before the end of spring break. On campus, he was a popular and promising business student who had earned the admiration of his professors.

Few people were there to see him, but a dormitory monitor became concerned when he saw **Nelson** wandering the halls, appearing confused.

Parents Don and Deb **Nelson** had lost touch with their son, who left his cell phone and wallet at home. The first they learned of **Nelson's** medical emergency was a call from his girlfriend to say he was being flown to a Twin Cities hospital. He died three days later at the University of Minnesota Medical Center, Fairview.

"It happened so quickly," said **Nelson's** father. "It's not like an illness where you can prepare yourself for it."

Nelson had migraines, so he had taken Tylenol many times before. His parents nonetheless felt guilt for sending the pills with their son to college.

Nelson's death is in some ways unique. Neither a police investigation nor an autopsy could point to anything other than acetaminophen for his liver failure. National researchers have found that many adult victims either took narcotic painkillers that weren't prescribed to them or took illegal drugs or alcohol at the same time.

'SEA CHANGE' IN PAIN MEDS USE

Rates of overdose deaths in the United States increased in the early 1970s and the early '90s during the start of the heroin and cocaine epidemics, respectively. Those were small increases compared to the "sea change" in the late 1990s when doctors became much more liberal in prescribing controlled narcotics for pain patients, said Dr. Len Paulozzi, an expert in unintentional poisonings with the U.S. Centers for Disease Control and Prevention.

"As a country, we're not talking any more about a problem with street drugs like crack cocaine," he said. "What we're talking about is legitimate, approved drugs which are being

issued in large quantities and falling into the hands of people who would misuse them."

Nearly 40 U.S. states have reacted with drug-monitoring programs so they can track disturbing trends in prescribing or identify any clinics that are dispensing too many narcotics. Minnesota is scheduled by next year to have such a system in place, which would allow doctors and pharmacists to check prescription records of suspicious and potentially addicted patients.

Other solutions in various states include laws to prevent "doctor shopping" by patients, and take-back programs so unused drugs can be destroyed before they fall into the hands of abusers.

CALL FOR RESTRICTIONS

Don **Nelson** would like to see tighter regulations over acetaminophen and was pleased that a panel of the U.S. Food and Drug Administration voted last month to place new restrictions on the drug. He worries that people view it as harmless and believe "it wouldn't be sold over the counter if it could hurt you."

He hasn't taken Tylenol since his son died.

"I'd have to be real bad before I would take one," he said.

Hughes, the local poison-control expert, was perplexed by **Nelson's** death because it takes very high levels of acetaminophen to cause liver failure.

Regardless, he said, **Nelson's** death points to the need for parents, doctors and schools to educate college students about the hazards of medications -- particularly in combination with other drugs or alcohol.

If nothing else, he encouraged people with questions about drugs or overdoses to call poison control at 1-800-222-1222 and talk with one of its pharmacists.

Jeremy Olson can be reached at 651-228-5583.

ID: 4330753

Tag: 0908170160