Research Objective
Opioid hospitalizations among US children and adolescents have doubled in the last decade. Research on pediatric opioid use disorders (OUD) and health disparities has been sparse. This study compared hospitalization patterns and outcomes among pediatric OUD nationally by race/ethnicity and US Census Bureau-defined regions.

Study Design
Analysis was performed on secondary data from the US Nationwide Inpatient Sample (NIS). We conducted multivariate regression analyses to determine the potential effect of race and region on the likelihood of pediatric inpatient stays for three OUD subtypes after controlling demographic and clinical characteristics.

• Three OUD subtype groups included: (1) OUD-related hospitalization for opium dependency or abuse, (2) OUD-related hospitalization for opium poisoning, and (3) OUD-related hospitalization for external injury.

• Race/ethnicity was classified into: non-Hispanic whites, non-Black adolescents had higher odds of hospitalization for OUD-related external injury compared to white adolescents in 3 regions; and Hispanic children were more likely to be hospitalized for reasons related to opium dependency or abuse than white children in South region.

• A better understanding of this dynamic could improve inpatient services by suggesting effective culturally responsive strategies to health care providers.

Conclusions
Our findings revealed that important racial and regional differences exist in the subtypes of OUD-related hospitalizations among child and adolescent inpatients:
• Among adolescent inpatients, all 3 subtypes of OUD-related hospitalizations are related to the family income quartile; Hispanic children were more likely to be hospitalized for reasons related to opium dependency or abuse than white children in South region; Black adolescents had higher odds of hospitalization for OUD-related external injury compared to white adolescents in 3 regions;
• A better understanding of this dynamic could improve inpatient services by suggesting effective culturally responsive strategies to health care providers.

Implications for Policy, Delivery, or Practice
The current public health crisis stemming from the misuse of and addiction to opioids is a systemic issue that affects children and adolescents of diversified racial groups across US regions; Racial disparities and regional variations may reflect variations in access to health care providers and regional population structure; Our findings have implications for refocusing public policy to understanding core public health perceptions of the opioid epidemic.