



UPDATE

POISON CONTROL PROGRAM

1-800-222-1222

www.PoisonHelp.hrsa.gov



About HRSA

The Health Resources and Services Administration is part of the U.S. Department of Health and Human Services. HRSA is the primary Federal agency responsible for improving access to health care services for people who are uninsured, isolated, or medically vulnerable. For more information about HRSA and its programs, visit www.hrsa.gov.

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Poison Centers Track Emerging Health Threat

It started late last year: Dr. Anthony Scalzo of the Missouri Poison Center at SSM Cardinal Glennon Children's Medical Center noticed an increase in calls about a synthetic version of marijuana that was causing symptoms that were completely unlike the symptoms one would expect from the real deal: nausea, increased heart rate, and extreme agitation.

Before long, other poison centers were seeing similar reports. Using the American Association of Poison Control Centers' (AAPCC's) [National Poison Data System](#), poison centers began paying closer attention to the products, which consumers were buying legally. It quickly became clear that this drug was an emerging health threat.

As of July 30, 2010, more than 840 people in 48 states and the District of Columbia have called U.S. poison centers to report exposures to synthetic pot. Marketed under brand names including “Spice,” “K2,” “Genie,” “Yucatan Fire,” “Sence,” “Smoke,” “Skunk,” and “Zohai,” the products are being sold at gas stations, convenience stores, and “head shops.” And it is no longer just poison centers who are concerned—lawmakers in nearly a dozen states are paying close attention and are considering or have already taken action on the products.

According to the National Conference of State Legislatures, at least 10 states have banned or outlawed the products. Most recently, Iowa banned synthetic marijuana in late July after officials linked a teenage boy’s suicide to abuse of the product. Illinois also passed a ban in late July that will classify synthetic marijuana as a controlled substance beginning in 2011.

Alvin C. Bronstein, M.D., acting director of toxicosurveillance for the AAPCC and the medical director for the Rocky Mountain Poison and Drug Center, says the issue is still emerging, and what poison centers are seeing is very concerning.

“The symptoms can be life-threatening,” states Bronstein.

The media has also paid attention to this issue. [The Washington Post](#) and [The New York Times](#) are among the outlets that have published poison center data on the products. Regional papers and television stations have also tracked the trend, and every week, more state lawmakers highlight the issue as one worthy of attention.

“The reason is that they are getting the message,” Scalzo said. “These products present a health risk that is not worth it for consumers.”

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SAMHSA Convenes Experts to Reassess Methadone Mortality

In July 2010, the Substance Abuse and Mental Health Services Administration (SAMHSA)’s Center for Substance Abuse Treatment convened a multidisciplinary group of more than 80 experts to examine the current state of methadone mortality. Methadone is used to treat narcotic withdrawal and dependence by eliminating withdrawal symptoms, and it is effective in cases of addiction to heroin, morphine, and other opioid drugs. The drug is taken orally and reduces the cravings associated with narcotics.

Participants were charged with analyzing current data on methadone-associated deaths, determining the extent to which such deaths are related to clinical practices of opioid treatment programs and formulating strategies and action steps to address the problem. The group included researchers, epidemiologists, pathologists, toxicologists, medical examiners, coroners, pain management specialists, addiction medicine experts, patient advocates, and representatives of various Federal and State agencies.

Dr. Richard C. Dart, director of the [Rocky Mountain Poison and Drug Center](#) and executive director of the [Researched Abuse, Diversion, and Addiction-Related Surveillance \(RADARS®\) System](#), was among the speakers who gave participants an overview of methadone morbidity and mortality data and trends. Drawing from RADARS data, Dr. Dart underscored that prescription opioid abuse is increasing in total, but is generally flat when drug availability is considered. One exception is in the drug diversion component, which shows that methadone transactions are still increasing even when drug availability is taken into account. With regard to poison center cases, Dr. Dart indicated that outcomes seemed to be worse when methadone was involved, and that opioid REMS (Risk Evaluation and Mitigation Strategy) drugs are associated with worse immediate outcomes.

SAMHSA will be translating the group’s findings and recommendations into a formal report for FY 2011 planning and beyond.

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Gulf Coast Oil Spill Update



AAPCC

National Poison Data System (NPDS)

The American Association of Poison Control Centers' (AAPCC's) [National Poison Data System \(NPDS\)](#) recently marked a milestone that poison centers in the Gulf region hoped they would never see: more than 1,000 potential exposure calls related to the massive oil spill in the Gulf of Mexico.

Yet the same system that has tracked that ominous news has also brought good news—namely, even stronger collaborative relationships among poison centers and State and Federal health officials.

In Louisiana, for example, Louisiana Poison Center Director Mark Ryan tracks each oil spill-related case using an alert system. When he gets an alert signaling a new oil spill case in his state, he logs into his computer, iPad, or iPhone and analyzes the case using NPDS. If he determines the case is of public health significance, he is able to share the case information with state health officials in less than five minutes.

In addition, the Louisiana Poison Center has collaborated with the state health department to determine what sort of information the state would like to collect about spill cases. That way, medical experts at the poison center can obtain this information, possibly eliminating the need for state health officials to conduct additional follow-up surveys.

Ryan said the level of collaboration “is higher than we have ever had before. This is working well for both sides.” He is hopeful that it is the beginning of stronger relationships between his center and his state.

Similar efforts are under way in Florida, Alabama, and Mississippi, the other three states that have received the most oil-spill-related calls. The Gulf coast centers have touted the Poison Help line, **1-800-222-1222**, to make sure the public knows that the poison centers are the go-to resource for medical concerns related to the spill.

Ryan said that at first, people reported exposures to oil through their skin or breathing the air; now he is receiving calls about seafood. So far, he said, those calls have reported concerns, but no significant health effects.

“Those concerns may continue for a very long time,” he said. “At this point, extensive testing is ongoing, and there are no indications that it is harmful to eat seafood harvested from the Gulf of Mexico.”

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Recall Information at Your Fingertips

A new digital resource is now available to help keep you and your family safe with an easy-to-use application for your phone. Through a new and free [Recalls.gov](#) mobile application, you can now check food, drug, automobile, and product recall notices from the [Consumer Product Safety Commission](#), [National Highway Traffic Safety Administration](#), [Food and Drug Administration](#), and [Department of Agriculture](#). Type a product's name into your phone and learn immediately whether that product has been recalled because of a safety concern. You can also see photos of recalled products and learn what to do with recalled products in your home. The [downloadable app](#) is currently available for Android devices, with support for other devices in the works.

Remember that you can also call Poison Help at **1-800-222-1222** if you suspect you have been poisoned by a recalled substance. Trained nurses, pharmacists, toxicologists, and other poison experts will be ready to help 24 hours a day, 7 days a week. You can also visit the [Poison Help](#) Web site to find the poison center that serves your area.

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Poison Help Campaign Update

It has been a busy season for the Poison Help campaign, which recently launched a redesigned [Web site](#). The site can help you raise awareness about poison prevention—and for the first time, it is available in [Spanish](#). Making the site available in Spanish is a critical step to educate the Hispanic community about the availability of the Poison Help line, **1-800-222-1222**. The redesigned Web site features:

- [Spotlight on poison centers](#): The Poison Help Web site profiles poison centers on the homepage with information about local centers, including news, events, staff updates, and other happenings.
- [Poison prevention tips](#) and [what to do in a poisoning emergency](#): The site includes prevention tips for people of all ages, as well as an emergency checklist to use as a guide when calling the Poison Help line in an emergency.
- [A Poison Help resource widget](#): This online tool provides helpful tips and facts that will be updated throughout the year to coincide with seasonal poisoning risks. Add this interactive feature to any Web site, personal blog, or social media platform (such as your Facebook profile) to raise awareness about poison prevention.
- [An interactive poison center map](#): This map makes it easy to find your poison center. All poison centers can be reached by calling the toll-free Poison Help line, **1-800-222-1222**.



Poison Help resource widget

We hope you will take a moment to review this site and share it with your colleagues and community leaders. We also plan to share this site with bloggers and online news media to promote this helpful resource.

In addition to launching this redesigned Web site, the Poison Help campaign is taking its message to radio stations and to Hispanic audiences. To increase awareness of the Poison Help line, **1-800-222-1222**, HRSA redistributed its 30- and 60-second [radio jingles](#), which feature the number in a catchy song, to radio networks and local radio stations across the country. The distribution reached an estimated 5,700 radio stations across the Nation, including Hispanic audiences, who received Spanish versions of the jingles.

Initial results show the distribution has been a success: As of September 16, 2010, 92 radio stations in 34 states were projecting plays of the jingles, creating about 66 million listener exposures and worth an estimated \$817,397 in advertising time. We will continue to track the placement of these jingles. Please feel free to contact your local radio stations to encourage them to play the jingles. You can also use the jingles as an opportunity to interest local radio stations in an interview with a poison expert.

To reach Hispanic audiences, HRSA also has been collaborating with the Florida Poison Information Center—Tampa (FPIC-T) to launch a pilot advertising campaign in Tampa, Florida, an emerging Hispanic market. The campaign features a series of Spanish-language public service announcements running this fall in print outlets, local radio and television stations, and outdoor venues such as billboards and bus shelters. The campaign aims to increase awareness of the toll-free number and the availability of translation services to Hispanics.

HRSA collaborated with the Florida Poison Information Center—Tampa to create Spanish-language public service announcements to increase awareness of the Poison Help line among Hispanics.

According to JoAnn Chambers-Emerson of the FPIC-T, “People who do not speak English may not be aware that public health resources such as the Poison Help line are available to them 24 hours a day, 7 days a week, in Spanish. This campaign is a great way to spread that message through channels that reach them in their everyday lives.”

Stay tuned for further updates on the Poison Help campaign in future newsletters.

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Fall Poison Prevention Tips



Fall is usually the time we turn on heaters and generators. Make sure your heating system is running smoothly. Put fresh batteries in carbon monoxide detectors.

Other living creatures want to get into your warm home when the weather gets cold. Keep mouse poisons and ant baits inaccessible to young children and pets.

During cold and flu season, avoid using glass mercury thermometers. A glass thermometer can break in a child’s mouth.

In addition, follow these tips to keep your loved ones safe during the Halloween season.

- Check candy wrappers for holes, tears, and signs of rewrapping or tampering thoroughly before allowing children to eat them.
- Keep treats away from pets. Some, such as chocolate, can be poisonous to pets.
- Throw away unwrapped candy or fruits.
- Be watchful of glow sticks. If one breaks, avoid skin contact and do not swallow the liquid contents.
- Keep face-painting materials out of the reach of small children.

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Poison Centers in the News

The Virginia Poison Center (VPC)’s Medication Cleanout Project was awarded a 2010 Innovative Injury Prevention Project Award by the Virginia Department of Health. [Read about the VPC’s efforts](#) to provide Richmond residents with an opportunity to safely and legally dispose of prescription medication in an environmentally sound manner.



With law enforcement support, Virginia Poison Center volunteers collect and sort more than a hundred pounds of medications.

The [Poison Help Web site](#) recently experienced an increased number of visits after an airing of the Dr. Oz Show. In late September, the daytime talk show featured a segment about ingesting poisons and dermal exposures to poisons. Script writers from the show consulted with toxicology experts from the [National Capital Poison Center](#) and the American Association of Poison Control Centers for information about acetaminophen poisoning and skin exposure to caustics such as strong acids and alkalis. To complement information aired on the show, [Dr. Oz's Emergency Handbook: Poisoning](#) was posted on the show's Web site for online audiences. The handbook is a step-by-step guide to learning what a poison is and what to do if you believe a poisoning has occurred. The online resource urges users to call the Poison Help line, **1-800-222-1222**, which connects you to your local poison center, 24 hours a day, 7 days a week, 365 days a year. Users are also urged to visit the [Poison Help Web site](#) to request free magnets. To request a free magnet please call 1-800-ASK-HRSA and request item # HRS0435.

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CDC Announces New Injury Center Director, Dr. Linda C. Degutis

Dr. Linda C. Degutis, Dr.P.H., M.S.N., has been selected to serve as director of the U.S. Centers for Disease Control and Prevention's [National Center for Injury Prevention and Control](#) effective November 7, 2010.

Her expertise crosses a broad spectrum of public health and injury disciplines. Dr. Degutis is currently an associate professor in the department of emergency medicine and school of public health and associate clinical professor of nursing at Yale University. She is the research director for emergency medicine, and directs the Yale Center for Public Health Preparedness, as well as the Connecticut Partnership for Public Health Workforce Development in the School of Public Health. From 1998 to 2002, she was the director of the New Haven Regional Injury Prevention and Control Program. She is a past president of the American Public Health Association, as well as past chair of its executive board, and chair of the Injury Control and Emergency Health Services Section.

Dr. Degutis' research interests have centered on issues related to alcohol and injury, with a particular focus on interventions and policy issues. She is known internationally for her work in public health, injury, substance abuse, and policy, and has served as the principal investigator or co-investigator for grants on a wide range of topics, including alcohol interventions; screening, brief intervention, and referral to treatment (SBIRT); public health preparedness; public health workforce training; public health systems research; and interventions for opioid addiction.

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NIH to Launch Gulf Oil Spill Health Study

The National Institutes of Health (NIH) will launch a multi-year study this fall to look at the potential health effects from the oil spill in the Gulf region. The Gulf Worker Study, announced in June by NIH Director Francis S. Collins, M.D., Ph.D., is in response to the largest oil spill in U.S. history, caused by the explosion of the Deepwater Horizon offshore drilling oil rig in the Gulf of Mexico. Dr. Collins pledged \$10 million in NIH funding for the study's initial phases.

To help expedite the launch of the study, BP will contribute an additional \$10 million to NIH for this and other important health research. The BP funding will come from the Gulf of Mexico Research Initiative (GRI). The GRI is a 10 year, \$500 million independent research program established by BP to better understand and mitigate the environmental and potential health effects of the Gulf spill. The NIH will have full autonomy regarding the distribution of the \$10 million, with input from external scientific experts in environmental health who are familiar with the Gulf region.

“It was clear to us that we need to begin immediately studying the health of the workers most directly involved in responding to this crisis,” said Collins. “The donation from BP will help speed our work with CDC, EPA, and other federal agencies, academia, as well as state and local partners to carry out this important study.” Collins asked the National Institute of Environmental Health Sciences (NIEHS), part of NIH, to lead the research project.

The study will focus on workers’ exposure to oil and dispersant products, and potential health consequences such as respiratory, neurobehavioral, carcinogenic, and immunological conditions. The study is also expected to evaluate mental health concerns and other oil spill-related stressors such as job loss, family disruption, and financial uncertainties.

The current focus of NIEHS is to ensure that the Gulf communities most affected by the oil spill have a say in the study’s design and implementation, as well as input into future research directions. The NIEHS is hosting webinars and other community engagement activities to obtain input.

“Community involvement and participation is critical to the success of this study,” said Linda Birnbaum, Ph.D., director of NIEHS and the National Toxicology Program.

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