



Title:	International Perspective of Prescription Stimulant Exposures Reported to Poison Centres from 2007-2010
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Abstract:

Objective: Prescription stimulant abuse is on the rise in the United States (US). Abuse in other countries is not well studied. The objective of this study is to characterize human exposures to specific prescription stimulants reported to poison centres from multiple countries over a four year study period.

Methods: Human exposures to methylphenidate and amfetamines reported to poison centres from 2007 – 2010 were obtained using a standardized data template with written definitions. Rates are reported as number of exposures reported to poison centre per 100,000 population.

Results: Seven countries participated; Australia, Germany (Göttingen), Italy, Netherlands, Switzerland, United Kingdom (UK) and US. All centres manage calls from health care providers. Australia, Italy, Germany, Switzerland and US manage calls from the public as well. Methylphenidate: Five of 7 countries reported an increase during the study period (range 17 – 137%; Table 1). The UK reported a decrease of 28%. Amfetamine: US reported the highest rate and surpassed second ranked Netherlands by almost 4-fold. While US, Netherlands and Australia reported increased amfetamine rates (range 18 – 221%), the remaining countries suggesting a downward trend from 8 to 45%. There are no prescription amphetamines available in Switzerland.

Conclusions: Methylphenidate exposures per person increased in the majority of participating countries. Amfetamine exposures were less commonly reported to participating non-US centres, which indicated less than 50% change during the study period. While these data illustrate rates over time within each country, one cannot compare rates between countries due to variation of data collection methods (some centres accept calls from the public, some do not). Additional data is required on reporting bias, drug availability, drug supply source, and perhaps cultural differences that may contribute to these findings.