

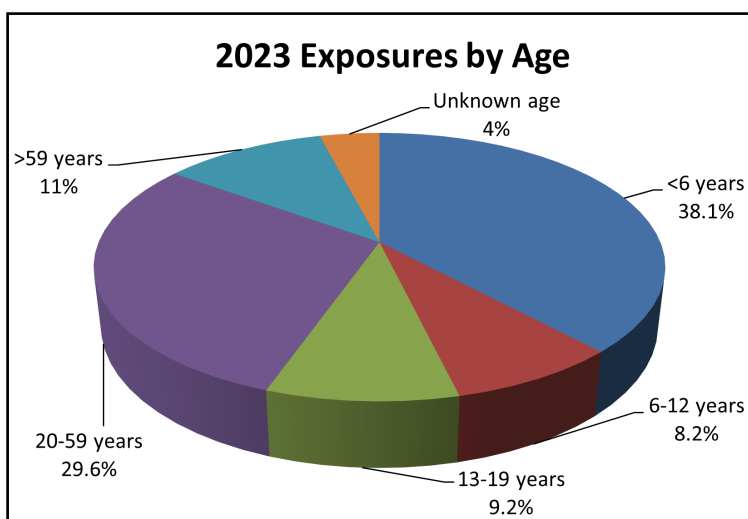
Poisoning continues to be the leading cause of injury related death in the U.S.¹ The Maryland Poison Center (MPC), a service of the University of Maryland School of Pharmacy, has provided poisoning treatment advice, education, and prevention services to Marylanders since 1972. In 2023, the MPC managed more than 37,000 cases; just under 30,000 of which were related to people coming into contact with dangerous or potentially dangerous substances (exposures).

WHO?

Who calls the poison center?

The MPC receives calls from the public, physicians, nurses, pharmacists, and first responders. Poison centers take calls from and manage cases about people of all ages. While 38.1% of exposure cases managed by the MPC involved children younger than six, the more serious cases occurred in adolescents, adults, and older adults. More serious cases often require multiple follow-up calls between the MPC and health care providers.

When someone calls the poison center, who answers the phone? Poison center cases are managed by experts – nurses and pharmacists who have extensive medical training in poison prevention and treatment.



WHAT?

About what kinds of things do people call the poison center? In 2023, about 57% of exposure cases reported to the MPC involved medicines. Some 45% of exposure cases were about household or automotive products, plants, mushrooms, pesticides, animal bites and stings, and many other things. Patients may be exposed to more than one substance in a poisoning or overdose case.

Top 5 Human Exposure Substance Categories By Age Group, 2023

Young children (<6 yrs)		Older children (6-19 yrs)		Adults (20-59 yrs)		Older Adults (>59 yrs)	
<i>(n=11,383)</i>		<i>(n=5,188)</i>		<i>(n=8,841)</i>		<i>(n=3,288)</i>	
Cosmetics and Personal Care Products	10%	Analgesics (pain relievers)	22%	Analgesics (pain relievers)	18%	Cardiovascular Medicines	28%
Household Cleaning Substances	10%	Antidepressants	10%	Sedatives, Hypnotics, and Antipsychotics	13%	Analgesics (pain relievers)	16%
Analgesics (pain relievers)	10%	Stimulants and Street Drugs	10%	Antidepressants	14%	Hormones (including insulin, diabetes, and thyroid medicines)	10%
Foreign Bodies	9%	Antihistamines	9%	Household Cleaning Substances	8%	Antidepressants	10%
Dietary Supplements, Herbs, and Homeopathics	6%	Cosmetics and Personal Care Products	7%	Alcohols	8%	Sedatives, Hypnotics, and Antipsychotics	10%

¹ CDC WISQARS: <https://www.cdc.gov/injury/wisqars/fatal.html>

WHEN?

When do people call the poison center? Experts answer calls to the poison center 24 hours a day, 7 days a week, every day of the year. In 2023, the MPC managed an average of 82 new cases per day. Call volume tends to be higher in the evening. Call volume also tends to increase in the summer.



WHERE?

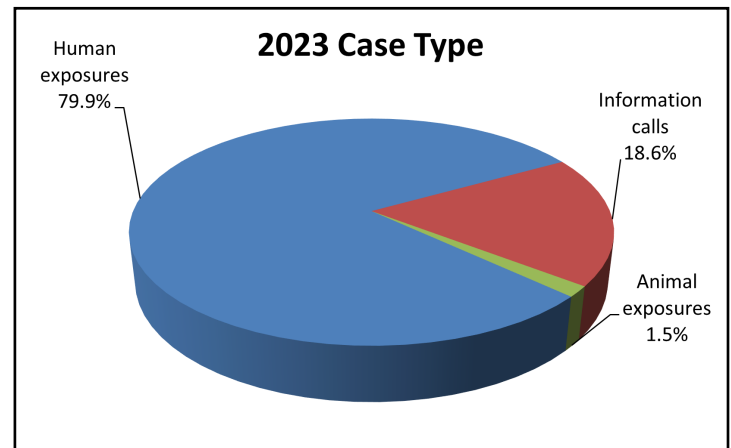
Where do most poison exposures occur?

The majority of human exposures occurred at a residence, but they also occurred in the workplace, schools, health care facilities, and other places. Most cases were managed safely at the caller's home, saving millions in unnecessary medical expenses. In fact, poison centers nationwide save Americans more than \$1.8 billion every year in medical costs and lost productivity!²

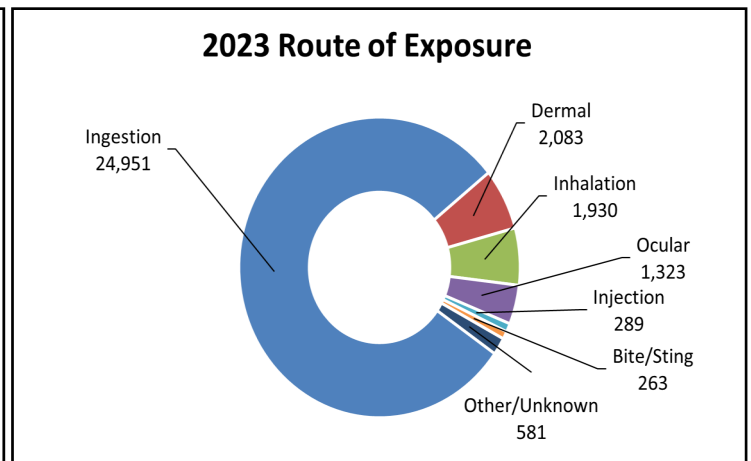
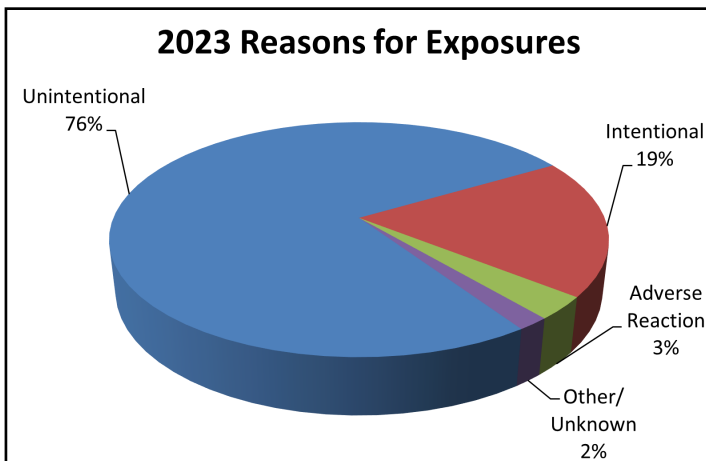
WHY?

Why do people call the poison center? People call the poison center when they think they may have been exposed to something poisonous. People also call the poison center for information about medicines, pesticide use, workplace chemicals, bites and stings, and many more topics.

As in previous years, in 2023 most poison exposures were unintentional (76%). The MPC also received calls about other types of poisonings: medication side effects, substance abuse, malicious poisonings, and suicide attempts.



In 2023, about 83% of poison exposures involved people who swallowed a drug or potential poison. However, people were also exposed through the lungs, skin, eyes, and in other ways.



For more information, visit www.mdpoison.com

² https://mdpoison.com/media/SOP/mdpoisoncom/aboutus/LewinGroupValueOfThePoisonCenterSystemReport_09-26-2012.pdf