One of the goals of the Better Health Commission is 'to increase protection against and reduce exposure to environmental hazards posing a threat to health.' By the year 2000 it is hoped to reduce by 10 per cent deaths and injuries caused at home by hazardous chemicals. With this in mind the Western Sector Public Health Unit decided to review some aspects of unintentional poisonings in its area.

This report summarises the separations in 1988-89 as a result of unintentional poisoning in the Western Sydney Area Health Service (WSAHS) and the Wentworth Area Health Service (WAHS). Poisonings as acts of attempted suicide are not included.

Information was obtained for all separations in the E code categories E850-E858 and E860-869 (International Classification of Diseases, Ninth Edition). The E code allows the classification of environmental events, circumstances and conditions as the cause of injury, poisoning, and other adverse effects.

Unintentional poisoning by drugs, medicinal substances and biologicals (E850-E858) include unintentional overdose of drug, wrong drug given or taken in error, and a drug taken inadvertently. These substances were grouped together for the purposes of analysis.

The E codes 860-869 include unintentional poisoning by other solid and liquid substances, gases and vapours. Appendix 1 lists the relevant E codes.

For each separation, information was obtained on age, sex, place of occurrence, number of bed days and average length of stay. The data were obtained from the Information Services Branch of the NSW Health Department.

Overall, in WSAHS and WAHS in 1988-89, total separations because of unintentional poisonings accounted for about 7 per cent of all separations due to accidents and injuries (WSAHS: n=711; WAHS: n=347). Separations by E code, age-group, sex and place of occurrence were similar for the two health areas.

Just over 85 per cent of all unintentional poisonings were from drugs and medicinal substances (Figure 1), the majority of which were prescription drugs. Anti-rheumatics, analgesics, antipyretics and the tranquillisers were the most commonly implicated drugs. Other classes of substances were each implicated in only 2-3 per cent, or fewer, of all separations due to unintentional poisoning.

The majority of the poisonings occurred in the 15- to 34-year group, with a smaller peak in the 1- to 4-year

**FIGURE 1**

<table>
<thead>
<tr>
<th>UNINTENTIONAL POISONING 1988/89</th>
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<tr>
<td>SEPARATION BY E CODE</td>
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<table>
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<tr>
<th>E Code</th>
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<tr>
<td>850</td>
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<td>860-869</td>
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WSAHS — WESTERN SYDNEY AREA HEALTH SERVICE
WAHS — WENTWORTH AREA HEALTH SERVICE

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Use of gamma benzene hexachloride (Lindane) for the treatment of head lice has been under discussion, but the director of the NSW Health Department’s Toxicology Unit, Dr David Fox, has given an assurance that if used as intended the preparation is safe. He has sent this letter to all health areas and regions:

“The use of gamma benzene hexachloride (Lindane) for the treatment of head lice has been questioned.

The two main preparations used for this purpose have been Quellada and Lorexane and both are listed in Schedule 2 of the Poisons Act. This limits the concentration of Lindane to 2 per cent or less and its sale for the treatment of head lice is restricted to pharmacists and medical practitioners. It may also be sold by Poisons Licence holders, namely retail stores at least 20km from the nearest pharmacy.

Preparations of greater strength are Schedule 4 items, available only on doctor’s prescription.

Quellada contains 1 per cent Lindane and Lorexane 0.2 per cent. For each preparation the recommended dose is 25ml per treatment. Repeat treatment in eight days is recommended for Lorexane. A second application of Quellada is said to be seldom required.

The use of Lindane was discussed recently at the Drugs and Poisons Scheduling Committee of the National Health and Medical Research Council (NH&MRC), which recommended retention of Lindane in Schedule 2.

A recent communication from the NH&MRC stated that absorption of Lindane through human skin is reported to be a maximum of 9.3 per cent of the applied dose and that there is little danger of accumulation as it has properties dissimilar to some other persistent organochlorines.

The NH&MRC also informs that published information on animal studies shows that Lindane is extensively metabolised and rapidly excreted. Even when fed continuously it does not significantly accumulate in the body.

It was also indicated that most purchasers of head lice products seek advice from pharmacists who do not recommend prophylactic use.

Most therapeutic agents have the potential to cause adverse effects if abused, and misuse is difficult to regulate. Lindane is no exception, but used as intended for head lice, it is safe.”