

Sarah Reader  
Manager Product Regulation  
MEDSAFE  
PO Box 5013  
Wellington

27March2014

Dear Sarah

**Re: Safety containers for medicines**

Further to your letter to the Paediatric Society in January 2014, I would like to provide you with comments from members of the Pharmacist and Therapeutics Special Interest Group.

We have discussed the issue regarding the following two questions:

I would like your opinion as to whether the current packaging of medicines is appropriate to minimise the risk of accidental ingestion by children. Alternatively, should New Zealand adopt international guidance that would require medicines with significant toxicity to be in child resistant packaging?

Most pharmacists and Paediatricians who responded were in agreement that the current packaging was not adequate in general. There was support for NZ to adopt international guidance that would require medicines with significant toxicity to be in child resistant packaging. If international guidance on this topic is available, then NZ should use this to guide our decisions.

*One Emergency consultant commented that 'Paediatric exploratory ingestion of medicines has been slowly declining (impression not hard data) so whatever is currently happening seems to be working. We probably still see paracetamol elixir as the most common paediatric poisoning presentation. Child proofing caps for bottles of elixir are difficult – as an adult they seem to be impossible to open but kids seem to manage it with ease! More likely is that bottles are left open by tired adults.*

This is an old table of toddler poisoning deaths from US

**Table 2: Acute Drug Ingestion Fatalities in Infants and Toddlers 2 year-old and younger in the US 1990-2000.**

Drug	Number of Fatalities
Iron supplements	32
Anti-depressants:	
Desipramine	6
Imipramine	2
Amitriptylin	2
Trazadone	2
Amoxapine	1
Total	13
Methadone	6
Nifedipine	5
Diphenhydramine / Phenylpropanolamine	4
Aspirin	3
Morphine	3
Methyl salicylate (winter green)	3
Codeine	2
Anti convulsants:	
Carbamazepine	1
Valproic acid	
Total	1
Benzonatate	1
Acetaminophen	1
Diphenoxylate	1
Propoxyphen	1
Promethazine	1
Clonidine	1
Benazepril	1
Clonazepam	1
Clozapine	1
Hydrocodon	1
Flecainide	1
Glipizide	1

They introduced legislation to place iron tablets into blister packs and reduced the iron deaths to zero immediately. **If we don't do that then we should.**

Tricyclic Antidepressants(TCADs) are less prevalent now. If we made TCADs blister pack and limited dispensing to say monthly or 40 tabs then we would reduce risk to toddlers and may have an impact on youth suicide also.

*There has been a lot of work done on reducing maximum retail amounts of paracetamol tabs in UK. We had some thoughts about suggesting adopting a similar regulation - a limit of 32 tablets from a pharmacy and 16 in other retail. This of course doesn't stop a person buying from multiple retailers... but has reduced the number of impulsive large ODs, deaths and liver transplantation referrals in the UK. Perhaps we should renew our attention on paracetamol.*

*Long term effect of reduced pack sizes of paracetamol on poisoning deaths and liver transplant activity in England and Wales: interrupted time series analyses BMJ 2013; 346 doi:*

<http://dx.doi.org/10.1136/bmj.f403> (Published 7 February 2013)

<http://www.bmj.com/content/346/bmj.f403>

*Leo Schep from the National Poisons centre may be able to shed light on current referrals for TCADs and Iron OD in kids.*

Please let me know if this information is what you wanted. I can ask again if you require further comments.

Yours sincerely,

Louise McDermott

Chairperson,  
Pharmacist and Therapeutics SIG  
Paediatric Society of NZ

This letter is supported by members of the Pharmacist and Therapeutics Special Interest Group

Dr Rosemary Marks, Developmental Paediatrician, Starship Hospital

Elizabeth Oliphant, Senior Pharmacist, Women's and Children's Health, Starship hospital

Dianne Wright, Senior Paediatric Pharmacist, TDHB

Hannah Soper, Children's Haematology and Oncology pharmacist, CDHB

As well as including comments by Emergency physicians at CDHB Drs Paul Gee, Scott Pearson and Dominic Fleischer