

Poisons and antidotes



By Leslie Morgan
 Managing Director Durbin PLC.
 Morgan is a member of the
 Royal Pharmaceutical Society of
 Great Britain

Our strap line here at Durbin is ‘saving lives by saving time’. There are literally endless stories I could share to explain why. In Nigeria last winter, for instance, several children tragically died after being given a teething mixture contaminated with diethylene glycol, a toxic substance normally used in engine coolant. The authorities closed down the manufacturer of the product, along with one of their suppliers, but in the meantime there were 40 more children in hospital who had taken the mixture. A Nigerian relief agency contacted the National Poisons Unit at a leading London hospital, who in turn put them in touch with us as their supplier of Fomepizole, an antidote to glycol poisoning. We immediately sent 100 packs to the agency and we did, indeed, save lives by acting quickly.

How information about poisons and antidotes and related medicines are held varies from country to country. This differing approach is necessary because of each nation’s individual needs – one simple comparison is that we only have one

poisonous snake in the UK, whereas in the UAE there are four highly venomous snakes in the Viper family alone.

In the UK, the College of Emergency Medicine publishes guidelines on the minimum doses of antidotes that need to be kept by several regional Poisons Units (usually in the Emergency Cupboard in the ‘Accident & Emergency’ or pharmacy departments). If follow-up doses are also required, these then need to be obtained from companies like Durbin.

By way of comparison, enquiries about poisons and antidotes in the UAE are handled centrally by the PDIC (Poisons and Drug Information Centre), with the antidotes stocked in hospitals. The PDIC are contactable on the UAE’s national toll-free number 800-424 from 7am-3pm Sunday – Thursday (soon to change to a 24/7 service).

The College of Emergency Medicine regularly updates its advice in the UK. Similarly, the PDIC is currently conducting an antidote survey in the emirate of Abu Dhabi to update the types, stock and contingency sharing plans

between public and private hospitals.

And because, like the UK and UAE, all individual countries continuously update their guidelines and recommended stock of antidotes and anti-toxins, at Durbin it’s our duty to regularly review our stock so that we can be prepared for whenever the next call or email linked to poisoning comes in. And considering we supply medicines to over 180 countries worldwide, that’s no small task.

It’s not particularly profitable to hold stocks of antidotes, of course, partly because any order for them is usually small and partly because they’re needed so rarely that we often don’t use the products before their expiry date. Yet I’m proud to say that we do stock them so that our customers know they can rely on us any time of the night or day. This is of life-or-death importance because often the initial doses of antidote have to be given very quickly to be effective. The treatment window can be tiny – sometimes a matter of hours.

Our role is to ensure that our customers can offer their patients the very best care possible. Ultimately that’s why I do the job I do. I know my colleagues would all say the same.

● With thanks to Dr Yasser Sharif (Section Head for Medication and Medical Products Safety at Health Authority Abu Dhabi and Manager of PDIC) for his contribution to this article. **MEH**

Durbin PLC is a British company based in South Harrow, London. Established in 1963, the company specialises in supplying quality assured pharmaceuticals, medical equipment and consumable supplies to healthcare professionals and aid agencies in over 180 countries. As well as reacting rapidly to emergency situations, Durbin PLC responds to healthcare supply needs from local project level to national scale programmes.
 Web address: www.durbin.co.uk
 Email: L.morgan@durbin.co.uk