

Pan-Canadian Poison Centres 2023 Annual Report



Canadian
Association for

**Poison
Centres and
Clinical
Toxicology**



Association
canadienne pour

**centres
antipoison et
toxicologie
clinique**

Pan-Canadian Poison Centres 2023 Annual Report

This report was developed
in co-ordination with:



Health
Canada

Santé
Canada



Canadian
Association for
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Clinical
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ATLANTIC CANADA
POISON CENTRE

“...work passionately
to support vulnerable
populations...”

A message from the CAPCCT President

We are thrilled to present the Pan-Canadian Poison Centres 2023 Annual Report for the Canadian Association for Poison Centres and Clinical Toxicology. As representatives of Canadian poison centres, we continue to work passionately to support vulnerable populations at risk of toxic exposures. We strive to connect with the public when they need immediate questions answered about poisons, help identify important public health trends, support frontline healthcare workers in treating patients with toxicity and promote poison prevention to protect people in Canada.

The 2023 report sheds light on emerging trends as well as solidifies our knowledge of baseline statistics in Canada. The recurring theme of analgesics and other prescription medicines being the most common exposures in children reinforces the importance of medication safety in the home. Prevention is, and always will be, the ultimate goal for poison centres.

In patients older than age 60, medication safety is also a priority. In 2023, there was a significant increase in exposures in this age group to pain medicine, heart medicine, sedatives, insulin and antidepressants. Older patients are typically prescribed several medications and may have important underlying medical conditions, rendering them vulnerable to therapeutic errors and side effects. Poison centres can contribute to understanding how public health interventions can reduce these risks.

As we move toward achieving a national poisoning database, we have already gained a wealth of knowledge from our collaboration with Health Canada to be able to target these age groups in particular. In addition, Parachute, Canada's national injury prevention charity, has been instrumental in elevating public awareness of these safety issues through outreach efforts.

There are many people to thank for the production of the Pan-Canadian Poison Centres 2023 Annual Report. The Association recognizes and thanks every Specialist in Poison Information who answers the phone at each of our centres, provides up-to-date and evidence-based compassionate care,

and documents these cases. Support personnel at each centre include the epidemiologists, receptionists and information technologists, as well as mycologists, botanists, herpetologists and others who volunteer their time to identify natural toxins. Thank you to our partners across Canada and those in the media who amplify critical health information, resources and public health messaging. We thank our partner, Health Canada, for their knowledge, financial and technical support. Finally, the Association recognizes the important partnership poison centres have in Parachute. We thank them for their ongoing support of poison prevention messaging, research and collaboration, and their assistance in offering this publication.

Thank you for taking the time to read this year's edition.



Dr. Nancy Murphy, MD, CSAM, FACMT

*President, Canadian Association for Poison Centres
and Clinical Toxicology*

Medical Director, Atlantic Canada Poison Centre

“...timely safety information on a number of public health priorities.”

A message from Health Canada

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I would like to express my gratitude to all those who contributed to the Pan-Canadian Poison Centres 2023 Annual Report, including Canadian poison centres, without whom this work would not be possible. I also want to acknowledge Health Canada staff, who continue to provide valuable and ongoing assistance to this effort.

This year, the Canadian Surveillance System for Poison Information (CSSPI), which is a core component of the Toxicovigilance Canada network, continued to provide timely safety information on a number of public health priorities.

This year, CSSPI data on poisoning self-harm was added to the [Suicide Surveillance Indicator Framework \(SSIF\)](#) for the first time. This milestone highlights the value of these data and our Toxicovigilance Canada network in supporting suicide prevention.

Poison centres also add a layer of resilience to our healthcare system by reducing unnecessary visits to hospitals, clinics and doctors' offices. This year, the Government of Canada, in collaboration with the poison centres, launched a [new toll-free number to make it easier for people in Canada to reach poison centres](#) (1-844 POISON-X [1-844-764-7669], which is available nationally with the exception of Quebec and Nunavut). By calling this new number, people in Canada will now be directed immediately to their local poison centre regardless of where they are calling from in the country. This new easy-to-remember toll-free number will help save lives.

On behalf of Health Canada, I want to convey my thanks to all Canadian poison centres for their ongoing service and dedication to the safety and wellbeing of all people in Canada.

I appreciate and acknowledge the contributions of poison centres across the country in helping to inform public health actions, which are having a noticeable positive impact on people's lives.



Matt Jones

*Assistant Deputy Minister, Healthy Environments and
Consumer Safety Branch*

Health Canada, Government of Canada

“ ... access to credible health information is essential...”

A message from Parachute

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Timely, easy access to credible health information is essential in a poisoning situation. Minutes can make a difference so access is a critical component of preventing injury or further harm. Given the challenges facing our healthcare systems across Canada, the more we can keep people from being injured and needing to visit an emergency department or be admitted to hospital, the better.

Poison centres are a perfect solution and a proven effective intervention.

Following the guidance and recommendations provided by poison centre specialists, most poisoning exposure cases are managed at home, without requiring medical attention at a hospital, clinic or doctor's office. Poison centre staff provide guidance and reassurance to people in Canada while avoiding unnecessary strain on healthcare resources.

More people in Canada need to know how to access poison centres and our poison centres need to be well resourced to handle the calls. It makes financial “cents” and human sense.

In 2022, Parachute conducted a national survey that found while 70 per cent of Canadian adults had heard of poison centres, only 18 per cent were aware of the resources available in their area.

This was an exciting year as a priority that had been identified more than a decade prior was made a reality. On March 20, 2023, after more than a decade of planning and collaborating, the toll-free poison centre line was launched. People in Canada could now use 1-844 POISON-X to reach their local poison centre (with the exception of Quebec and Nunavut).

I am so proud to have been part of this process from the beginning. In 2011, Dr. Kathy Belton (Injury Prevention Centre in Alberta) and I convened a group of professionals who had never sat in the same room together. Our goal was to build collaboration and connections to further the progress of poison prevention in Canada. The result was a document that outlined priorities, one of which was the toll-free line.

While we have gone from nine different phone numbers in use to reach the five poison centres, to most of the country now covered by one phone number, the reality is that many people in Canada are still not aware of that toll-free phone number or even that the poison centres exist for them to access. So, we are not done yet!



Pamela Fuselli, MSc

President and CEO, Parachute

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Introduction

Poisoning in Canada: A significant public health and safety issue

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Poisoning is a leading cause of injury-related death and healthcare use in Canada. On average, more than 5,000 people lose their lives due to poisoning every year (Statistics Canada, 2025). Thousands more are seen in emergency departments and admitted to hospital. In addition to the lives and communities affected, it is estimated that poisonings directly cost the healthcare system \$456 million a year (Parachute, 2021).

Poison centres are essential in reducing costs and demand on the healthcare system as the majority of poisoning exposures can be treated over the phone without a visit to a physician or hospital (World Health Organization, 2021). In this way, poison centres help avoid unnecessary visits to emergency departments, admissions to hospitals and delays in treatment. A United States study estimates that every dollar spent on the poison-centre system saves \$8 (Children's Safety Network, 2022). Poison centres are also crucial services that support healthcare professionals by advising on diagnoses, clinical management and treatment, as well as laboratory analyses and availability of antidotes (World Health Organization, 2021).

Surveillance, information exchange and collaboration across a network of partners is key

to reducing the morbidity and mortality caused by poisonings. Poison centres are a source of specialized expertise and guidance and the data collected by centres are a critical source of information that can be used to protect the health and safety of people in Canada, including through informing public health measures and regulatory actions, improving healthcare practice and contributing to a more informed public.

This Pan-Canadian Poison Centres Annual Report provides an overview of the volume and nature of cases managed by poison centres, shedding light on how the poison centre system is used as well as opportunities for reducing harm and improving safety for all people in Canada. It also highlights the role of these centres in poisoning prevention efforts.

About Poison Centres in Canada

Poison centres are the key point of contact for the general public and health professionals seeking medical advice on poisonings*. Canada has five provincially and territorially funded poison centres, operating 24 hours a day, seven days a week:

- **Atlantic Canada Poison Centre (ACPC)**
in Nova Scotia
- **Centre antipoison du Québec (CAPQ)**
- **Ontario Poison Centre (OPC)**
- **Poison and Drug Information Service (PADIS)**
in Alberta
- **Drug and Poison Information Centre (DPIC)**
in British Columbia

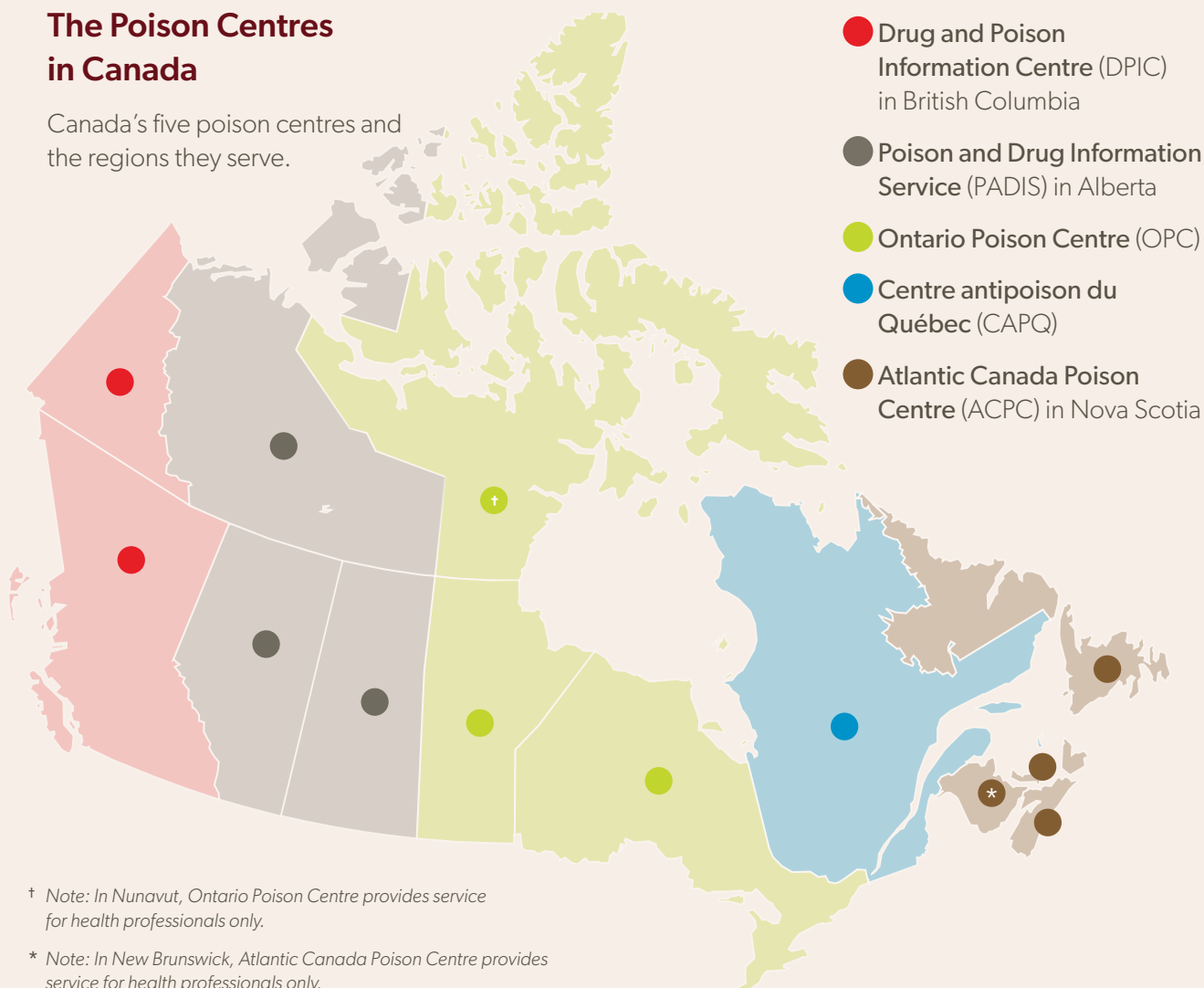
Each centre is staffed with medical toxicologists, registered nurses and/or pharmacists, with many holding certifications from America's Poison Centers (formerly, the American Association of Poison Control Centers) as Specialists in Poison Information. Staff become eligible for certification after approximately two years of full-time employment at a poison centre, handling 2,000 human exposure calls and logging 1,200 hours.

** Poison centres provide support to the general public in all provinces and territories with the exception of New Brunswick and Nunavut. In New Brunswick, Atlantic Canada Poison Centre provides service to health professionals only. The public receives support for poison-related concerns through the provincial health information line, Tele-Care. In Nunavut, the Ontario Poison Centre provides service to health professionals while the public accesses poison-related care through their local health units.*

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The Poison Centres in Canada

Canada's five poison centres and the regions they serve.



[†] Note: In Nunavut, Ontario Poison Centre provides service for health professionals only.

^{*} Note: In New Brunswick, Atlantic Canada Poison Centre provides service for health professionals only.

The Canadian Surveillance System for Poison Information

The Canadian Surveillance System for Poison Information (CSSPI) initiative started in 2014 with Health Canada, in collaboration with Canadian poison centres and federal, provincial and territorial health partners, working to establish a pan-Canadian toxicovigilance system for poison information. CSSPI was created because all collaborators agreed that Canada required a national system to access poison centre information and expertise.

All partners worked together to identify system requirements, analyze and pilot solutions for timely detection of safety concerns and establish data quality practices to inform health protection. They also developed tools to strengthen collaboration across partners. This co-ordinated approach would inform poison prevention, treatment, harm reduction and risk management efforts in Canada.

As a result, CSSPI implementation began in 2018 with the following goals:

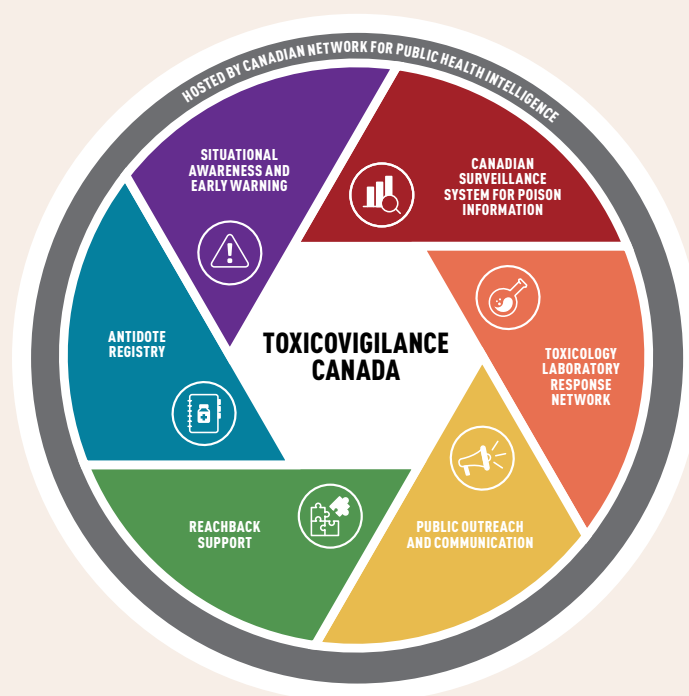
- Fostering collaboration across multiple agencies, sectors and jurisdictions, including the formation of a Toxicovigilance Canada network.
- Developing the CSSPI surveillance system to aggregate, analyze and interpret poison centre data as well as establishing a process for frontline poison centre specialists to provide timely notifications to partners when they identify safety concerns.
- Managing pan-Canadian poison centre data requests from public health and regulatory partners to inform interventions that best protect Canadians from poisonings.

CSSPI provides detection of novel or ongoing poisoning trends and facilitates collaborative interventions based on real-world evidence to protect the health of Canadians.

Toxicovigilance Canada

According to the World Health Organization, toxicovigilance is “the active process of identifying and evaluating the toxic risks existing in a community and evaluating the measures taken to reduce or eliminate them” (2021). Risks of public health concern can include poisoning outbreaks due to contamination, emergence of novel drugs, mass chemical exposures and unusual patterns or trends. Toxicovigilance Canada is a pan-Canadian network aimed at enhancing capacity for the timely detection, analysis and response to poisonings and substance use that may lead to harms and toxic chemical exposures. The network has nearly 500 members from multiple sectors including poison centres, toxicology labs, public health agencies, health authorities and non-profit organizations.

The components of Toxicovigilance Canada



2023 Poison Centre Data

About the data in this report

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Data collected by poison centres are entered into an electronic case management system based on the poisoning information reported by the caller and collected by a Specialist in Poison Information (SPI).

The caller may be the person who was exposed but may also be a family member or friend, or medical personnel caring for the exposed person. Sometimes the caller may have limited information about the incident, which impacts the data that can be collected. For example, the sex of the exposed person will be coded based on what is reported to the SPI and will generally reflect their presenting gender, unless the caller reports otherwise.

All Canadian poison centres follow the National Poison Data System (NPDS) coding guidelines which are set by America's Poison Centers. These guidelines aim to ensure consistent data collection across regional poison centres by providing clear instructions on how to record information related to various poisoning incidents. This includes categorizing the medical outcomes of poisonings, such as no effect, minor or major effect, death, or potentially toxic exposure. Data collected by poison centres contribute to a more

robust understanding of poisoning incidents by capturing uniquely detailed information on the circumstances of exposure and the specific substance(s) involved.

Generally, in Canada, it is not mandatory to report poisonings; therefore, calls made to a poison centre can only occur when public individuals or healthcare practitioners have knowledge about their services and a willingness to call. Calls to poison centres are thus not fully representative of the burden of poisonings in the whole population, but do reflect general patterns over time and across groups.

Data from each of the five Canadian poison centres for the year 2023 were requested and aggregated to the national level to compile this report.

Data presented in this report have been compared where relevant to data from the previous year, 2022. The same methodology was used to collect

poison centre data in all previous years of this annual report (2020-2022) and the same data limitations apply. Of note, in this version most percentage calculations use a denominator of all human exposure cases*.

* There has been a methodological update in how certain percentages are calculated. For this year's report, most percentage calculations use a denominator of all human exposure cases, whereas in previous reports used a denominator of only confirmed human exposures. This change is due to the unavailability of disaggregated confirmed exposure data for 2023, and has minimal impact on overall results as there were less than 200 confirmed non-exposure cases.

Refer to the [Pan-Canadian Poison Centres 2022 Annual Report](#) for complete presentation of 2022 data. All other data years for the [Pan-Canadian Poison Centres Annual Reports](#) are also available.



Cases managed by Canada's poison centres

In 2023, Canada's poison centres managed 204,873 cases.



While all poison centres handle human exposure cases, other services offered vary by centre. Non-exposures may include questions about: drug identification, drug information, environmental information, medical information, occupational information, poison information, information on the potential adverse effects from exposure to a substance during pregnancy (known as teratogenicity), caller referral to another service, prevention/safety, substance abuse and other general information. Poison centres in Canada do not seek to manage cases where an animal was exposed; however, they do receive such calls from the public.

Poison centres managed a total of 204,873 cases in 2023, a small decrease (0.8 per cent) from 206,586 cases in 2022. Human exposure cases (confirmed or potential) increased by 1.1 per cent while non-exposure cases decreased by 22.3 per cent. In 2023, one poison centre changed their

administrative practices, whereby erroneously created cases are no longer included in their non-exposure call count. This change aligns more closely with reporting practices used by other poison centres and has led to a decrease in non-exposure call counts compared to the previous year.



Who poison centres help

In just over half (55.3 per cent) of exposure cases managed by poison centres, the person exposed was reported to be female (Figure 1). This proportion is consistent with previous years. For context, the Canadian population is estimated to have close to equal numbers of women and men (Statistics Canada, 2024).

Poison centres manage exposure cases across all ages in Canada. In 2023, about one-third of exposure cases – 57,766 cases – involved a child aged 5 years or under (Figure 2). For context, emergency department data from 2018 shows that this age group has the highest rate of emergency department visits for unintentional poisoning in

Canada (Parachute, 2021). In 2023, poison centres managed 24,461 cases (12.8 per cent) for young adults aged 20 to 29 years and 42,837 cases (22.4 per cent) of adults aged 30 to 59 years. Adults in these age groups are at higher risk of poisoning-related death: death rates due to poisoning increase from age 15 years and peak between the ages of 25 and 59 years in Canada (Statistics Canada, 2025).

Figure 3 presents exposure cases by both age and sex. Children up to the age of 12 years are the only age group where exposure cases among males outnumber cases among females. For full values by age and sex, including a comparison to the previous year, please see Appendix A.

Figure 1: Exposure cases by sex*, 2023

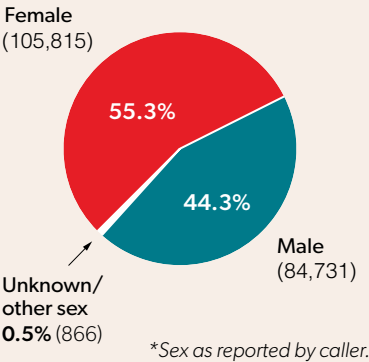


Figure 2: Exposure cases by age group, 2023

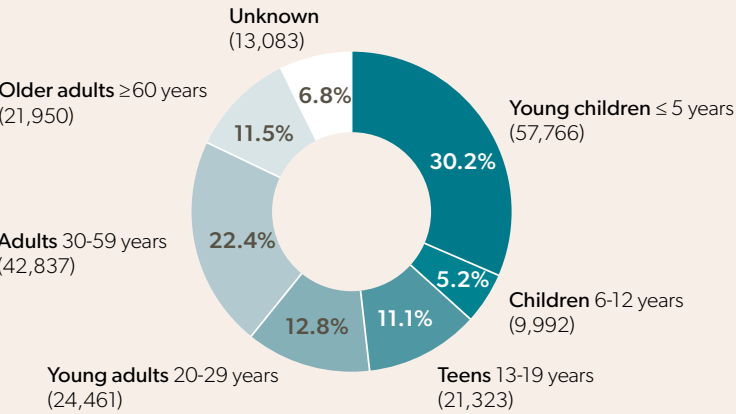
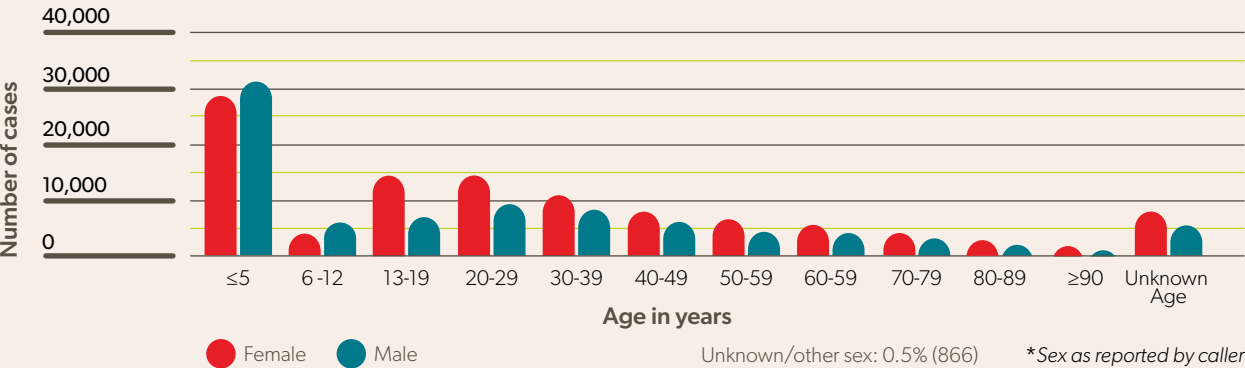
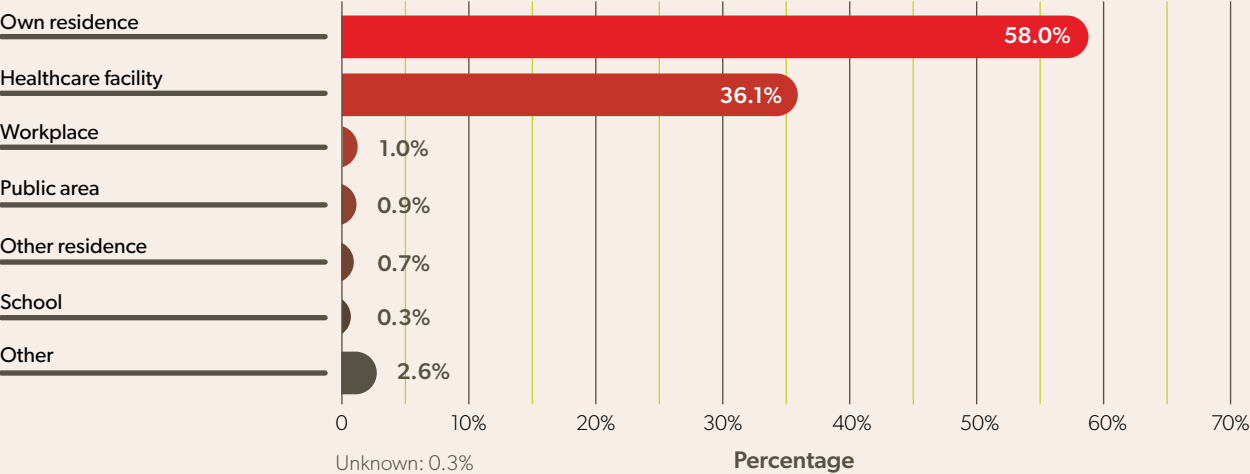


Figure 3: Exposure cases by age group and sex*, 2023



Poison centres serve the public as well as health professionals seeking specialized advice for patient care. In 2023, 58.0 per cent of exposure cases involved a person calling a poison centre from their home (Figure 4). In 36.1 per cent of exposure cases, the caller was from a healthcare facility.

Figure 4: Exposure cases by caller location*, 2023



Own residence includes calls redirected to poison centres from 811 health lines.
Other residence refers to any home that is not the caller's home.

Public area includes public locations such as parks, stores, theatres and event spaces.
Other refers to any site not included in the other categories such as calls from an ambulance, nursing home, pharmacy, school nurse or correctional facility.

*Total percentage by caller location is representative of four out of the five poison centres in Canada. One poison centre does not collect caller location information.



Why Canadians call poison centres

When managing a case, poison centre specialists collect information about the incident. This information is valuable for understanding how and why exposures occur, identifying concerning trends and public safety concerns and informing prevention efforts. Incidents are categorized as unintentional, intentional or other. Cases categorized as “other” include those where the reason for the incident was recorded as unknown, not available or other.

In 2023, most exposure cases were unintentional. Of all unintentional cases, these include general unintentional incidents (72.4 per cent), therapeutic errors (21.5 per cent), unintentional misuse of substances (3.8 per cent) and adverse reactions (2.3 per cent). The summary of case counts below is presented in Figure 5.

- **91,457 cases were general unintentional incidents.** These are incidents that don't fit other, specific definitions such as the ones described below and include cases such as young children getting into medications, cleaners or other substances stored in the home.

Types of incidents

126,386 (66.0%)	51,110 (26.7%)
Unintentional	Intentional
13,916 (7.3%)	
Other	

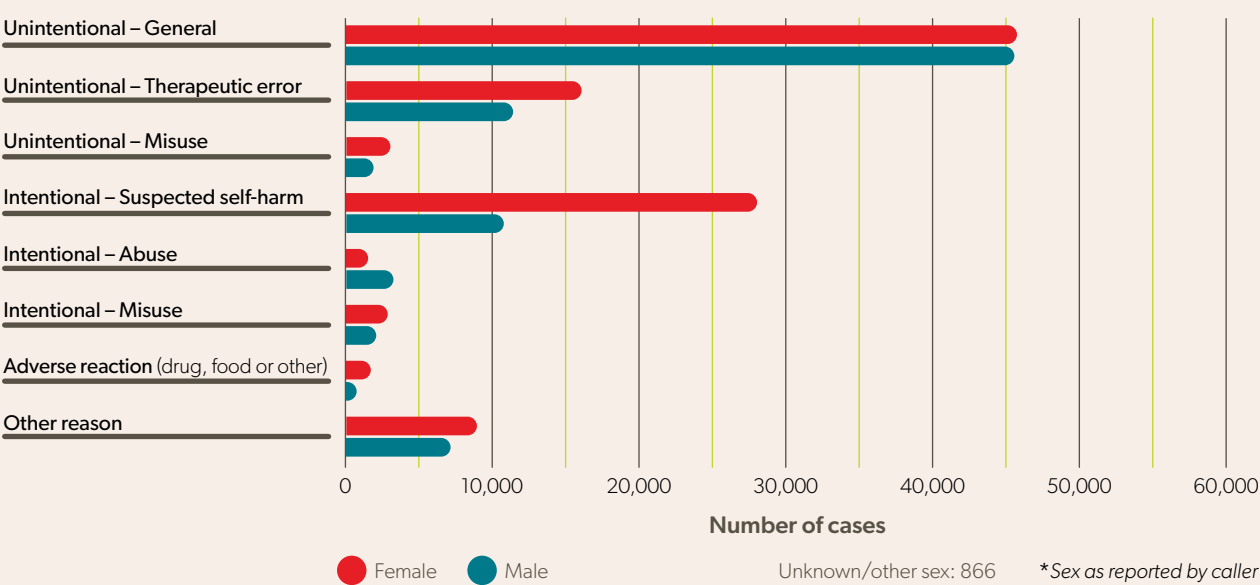
- **27,211 cases were related to therapeutic error.** For example, a person being given the wrong dose of a medication, medicine being administered to the wrong person or inadvertent double dosing.
- **4,851 cases were related to unintentional misuse of non-pharmaceutical substances.** For example, being exposed to toxic gas from mixing cleaning chemicals.
- **2,867 cases were related to adverse reactions to a drug, food or other substance.** For example, an allergic reaction to a medication.

Intentional exposures are incidents resulting from a purposeful action. They include intentional misuse or abuse of substances or medications, suspected self-harm as well as cases known to be intentional but not further classifiable. Cases categorized as self-harm include incidents where self-harm or self-injury with substances or medications was apparent or suicidal intent was suspected. In 2023:

- **38,869 cases were related to suspected substance- and toxin-related self-harm**, marking a roughly 4-per-cent increase from the previous year. Cases categorized as self-harm that are managed by poison centres have been steadily increasing in recent years: Since 2020, cases have increased by 28.1 per cent.
- **In 71.8 per cent of these self-harm calls, the person exposed was female.** A similar proportion of self-harm cases involving females was reported in 2022 at 72.7 per cent.

Poisoning is a leading mechanism of non-fatal self-harm attempts as well as self-harm/suicide deaths in Canada (Skinner et al., 2016). Poison centre data draw particular attention to poisoning-related self-harm among females. This finding aligns with published data on self-harm hospital admissions among females, particularly young (17-19-year-old) females (Pawer et al., 2021). Poison centre data supports monitoring and actions on this important public health issue. For instance, poison centre usage is one of the indicators being used to monitor the progress and impact of Canada’s National Suicide Action Plan through the Public Health Agency of Canada’s [Suicide Surveillance Indicator Framework \(SSIF\)](#). The SSIF is a pan-Canadian tool that provides data on suicide and self-inflicted injury outcomes, along with associated risk and protective factors, through a core set of indicators.

Figure 5: Exposure cases by reason of calling and sex*, 2023



Other reason includes Contamination/Tampering; Malicious; Withdrawal; Unintentional - Environmental; Unintentional - Occupational; Unintentional - Bite/Sting; Unintentional - Food Poisoning; Unintentional - Unknown; Intentional - Unknown; Unknown reasons; N/A

Types of substances

The substances involved in exposure cases are grouped into two categories: drug (including medications) and non-drug.

In 2023, the most common substances involved in exposure cases managed by poison centres were medications for pain relief (analgesics) and drugs

commonly used to treat mental health conditions such as antidepressants (Figure 6). The same types of substances were most commonly reported in 2022. Considering non-drug substances, household cleaning products, cosmetics or personal care products, and alcohols were the most commonly reported in 2023 (Figure 7).

Exposure cases: Top five substance categories, 2023*

Categories	Exposure case count	Percentage of 2023 exposure cases	Change in case counts from 2022 (%)
Analgesics	34,166	17.8%	→ 0.0%
Antidepressants	19,277	10.1%	↑ 1.3%
Sedatives/hypnotics/antipsychotics	18,468	9.6%	↑ 4.4%
Household cleaning substances	16,460	8.6%	↓ 2.4%
Stimulants and street drugs	10,774	5.6%	↑ 7.5%

*Data reflect top five substance categories from January 1, 2023 to December 31, 2023. The percent changes are calculated by comparing against the exposure counts from the previous year (January 1, 2022 to December 31, 2022). Please be aware that cases involving exposure to multiple substances were counted only once per relevant category.

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Figure 6: Drug exposure cases: All ages, Top 10 substance categories, 2023

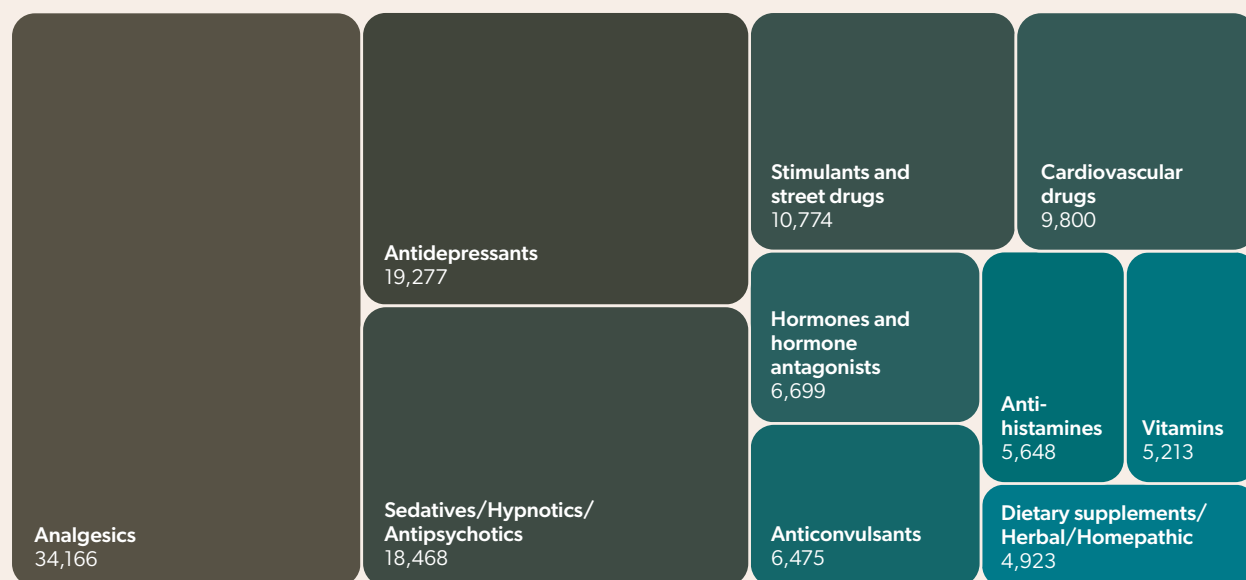
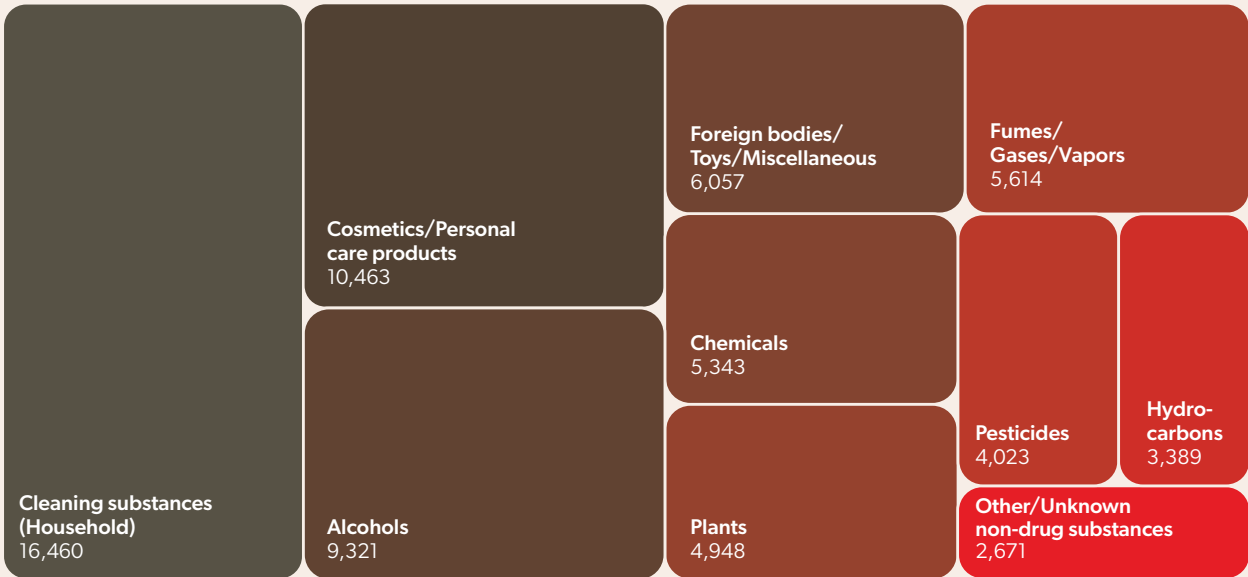


Figure 7: Non-drug exposure cases: All ages, Top 10 substance categories, 2023



Note: This report follows National Poison Data System (NPDS) substance coding, which does not align in full with other organizational coding. Substance category names reflected in this report mirror substance categories used in the NPDS and can include broad sub-categories of substances. For example, “Stimulants and street drugs” include cannabinoids and analogs, diet aids, miscellaneous stimulants and unregulated drugs, and processed preparations of mushrooms. All NPDS substance categories are divided into major categories of drugs or non-drugs. In NPDS coding, for example, vitamins are categorized as drugs. See Appendix B for examples of top drug and non-drug products.



Types of substances: 0 to 12 years of age

Children – particularly young children, from birth to five years – are vulnerable to poisoning. In 2023, most calls to poison centres concerning children up to 12 years of age involved medications for pain relief (analgesics) and

exposures to non-drug substances commonly found in homes, such as household cleaning substances, cosmetics and personal care products, and toys and other objects.

Exposures cases: 0–12 age group, Top five substance categories, 2023

Categories	Exposure case count	Percentage of 2023 exposure cases	Change in case counts from 2022 (%)
Analgesics	9,900	14.6%	↓ 8.3%
Cleaning substances (Household)	7,958	11.7%	↓ 5.0%
Cosmetics/Personal care products	6,086	9.0%	↓ 7.0%
Foreign bodies/Toys/Miscellaneous	4,529	6.7%	↑ 6.5%
Vitamins	3,518	5.2%	↓ 3.0%

Figure 8:
Drug exposure
cases:
0–12 age group,
Top five substance
categories, 2023

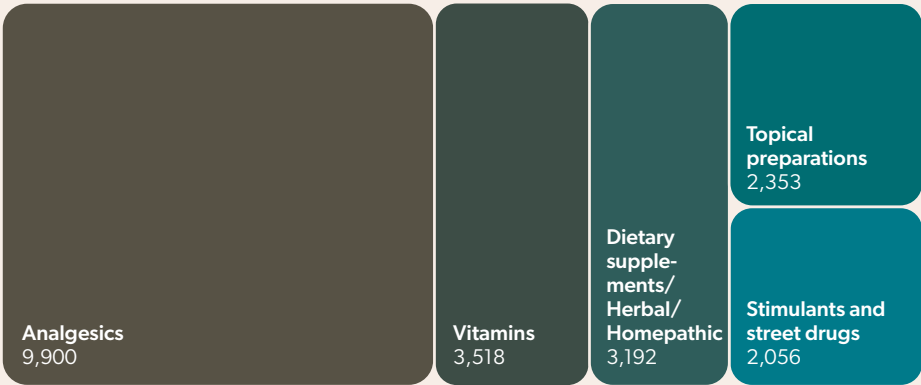
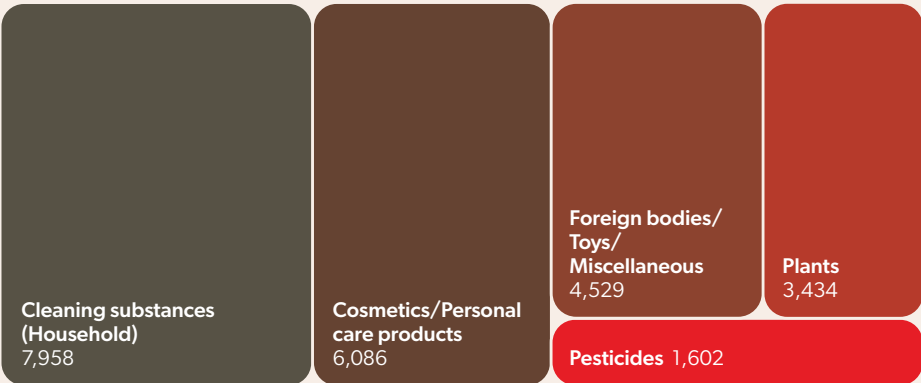


Figure 9:
Non-drug
exposure cases:
0–12 age group,
Top five substance
categories, 2023



As children grow and develop, their interactions with their environment and exposure to risks change. Examining the top substance categories involved in exposure cases for younger children, ages birth to five years, and older children, ages six to 12 years, highlights differences and age-specific priorities for poisoning prevention.

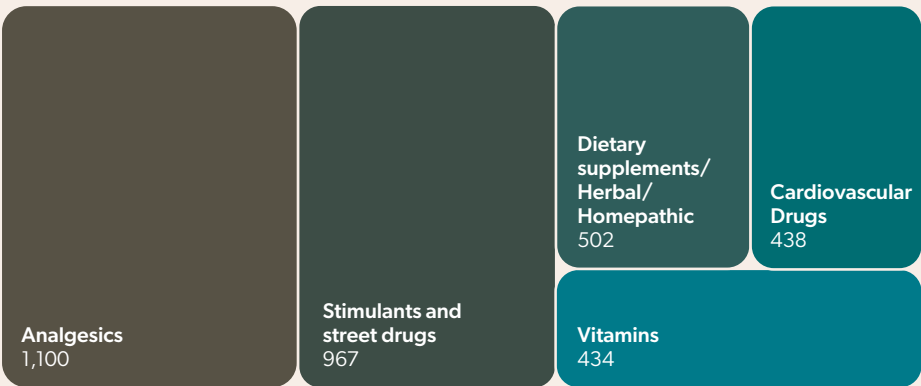
In 2023, analgesics were the top substance category for both groups. For children ages five

and under, the next most common substances in drug exposures were vitamins, dietary supplements and herbal or homeopathic remedies, topical preparations and antihistamines (Figure 10). For children ages six to 12 years, the top drug exposures after analgesics were stimulants and street drugs, dietary supplements and herbal or homeopathic remedies, cardiovascular drugs and vitamins (Figure 11).

Figure 10:
Drug exposure
cases:
0–5 age group,
Top five substance
categories, 2023



Figure 11:
Drug exposure
cases:
6–12 age group,
Top five substance
categories, 2023



For non-drug exposures, the top substances for both pediatric age groups were similar, involving household cleaning substances, cosmetics or personal care products, foreign bodies, toys or other miscellaneous products, and plants. For

exposures in children ages five and under, another top non-drug substance was pesticides (Figure 12). For children ages six to 12 years, the fifth most common non-drug substance category was chemicals (Figure 13).

Figure 12:
Non-drug
exposure cases:
0–5 age group,
Top five substance
categories, 2023

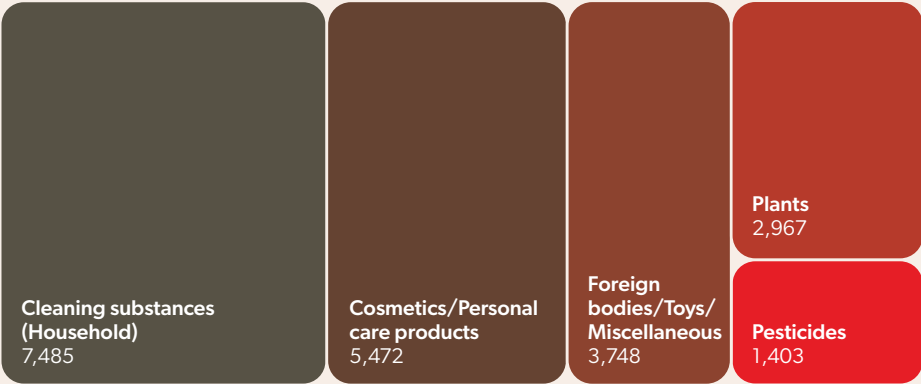


Figure 13:
Non-drug
exposure cases:
6–12 age group,
Top five substance
categories, 2023



Types of substances: 13 to 19 years of age

Adolescents and youth are also an at-risk group for poisonings. Periods of impulsivity, rebelliousness and risky behaviour as well as the influence of social media and peer pressure can result in exposures to poisonous substances and poison-related harm (Albert et al., 2013; Nawi et al., 2021; Purba et al., 2023). For many adolescents and youth, this is also a period of exploration where they are exposed to alcohol, cannabis or other substances for the first time. Poisoning is the most common form of self-harm among adolescents and is a growing issue for

young people in Canada, particularly females ages 15 to 19 years old (Campeau et al., 2022).

In 2023, top substance exposures among 13-to-19-year-olds primarily involved medications for pain relief (analgesics), drugs commonly used to treat mental health conditions such as antidepressants, antipsychotics, sedatives and hypnotics, and stimulants and street drugs. The proportion of exposures involving analgesics – 30.9 per cent – was higher among 13-to-19-year-olds than any other age group.

Exposure cases: 13–19 age group, Top five substance categories, 2023

Categories	Exposure case count	Percentage of 2023 exposure cases	Change in case counts from 2022 (%)
Analgesics	6,594	30.9%	↓ 3.7%
Antidepressants	4,883	22.9%	↓ 6.8%
Sedatives/Hypnotics/ Antipsychotics	2,578	12.1%	↑ 0.5%
Stimulants and street drugs	2,508	11.8%	↑ 2.9%
Alcohols	1,161	5.4%	↑ 5.7%

Figure 14:
Drug exposure cases:
13–19 age group,
Top five substance categories, 2023



Figure 15:
Non-drug
exposure cases:
13–19 age group,
Top five substance
categories, 2023



Types of substances:
20 to 59 age group

Adults in the 20 to 59 age group are at risk of poisoning due to adverse drug events and substance use. Adults in this age group have higher age-specific rates of poisoning-related death than other age groups (Statistics Canada, 2025).

In 2023, the most common substances involved in exposure cases among adults (20 to 59 years of age) managed by poison centres were medications for pain relief (analgesics), drugs commonly used to treat mental health conditions, such as antipsychotics, sedatives/hypnotics and antidepressants, alcohols, and stimulants and street drugs.

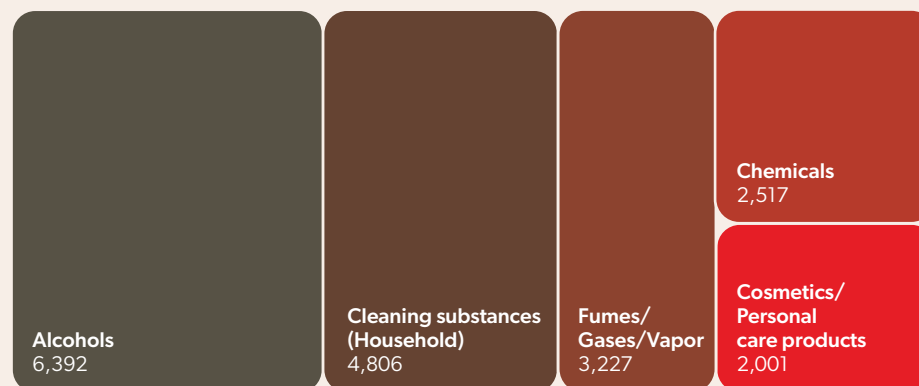
Exposure cases: 20–59 age group, Top five substance categories, 2023

Categories	Exposure case count	Percentage of 2023 exposure cases	Change in case counts from 2022 (%)
Analgesics	12,500	18.6%	↑ 4.3%
Sedatives/Hypnotics/Antipsychotics	11,724	17.4%	↑ 5.8%
Antidepressants	10,405	15.5%	↑ 4.1%
Alcohols	6,392	9.5%	↑ 10.5%
Stimulants and street drugs	5,360	8.0%	↑ 10.1%

Figure 16:
Drug exposure
cases:
20–59 age group,
 Top five substance
 categories, 2023



Figure 17:
Non-drug
exposure cases:
20–59 age group,
 Top five substance
 categories, 2023



Types of substances: 60+ age group

Older adults are at risk for poisoning primarily due to using multiple medications (known as polypharmacy), using more medications than are medically necessary and adverse drug events. In 2023, the top substances involved in cases managed by poison centres for older adults (60 years and older) were various medications, particularly analgesics and cardiovascular drugs.

Compared to 2022, there was an increase in exposure calls among older adults by 9.1 per cent, which may contribute to the increases seen in 2023 to the top substance categories compared to 2022 among this age group (see Appendix A for full values of age and sex).

Exposure cases: 60+ age group, **Top five substance categories, 2023**

Categories	Exposure case count	Percentage of 2023 exposure cases	Change in case counts from 2022 (%)
Analgesics	4,402	20.1%	↑ 15.0%
Cardiovascular drugs	4,351	19.8%	↑ 12.4%
Sedatives/Hypnotics/ Antipsychotics	2,989	13.6%	↑ 6.3%
Hormones and hormone antagonists	2,570	11.7%	↑ 13.1%
Antidepressants	2,440	11.1%	↑ 8.8%

Figure 18:
Drug exposure cases:
60+ age group,
Top five substance categories, 2023

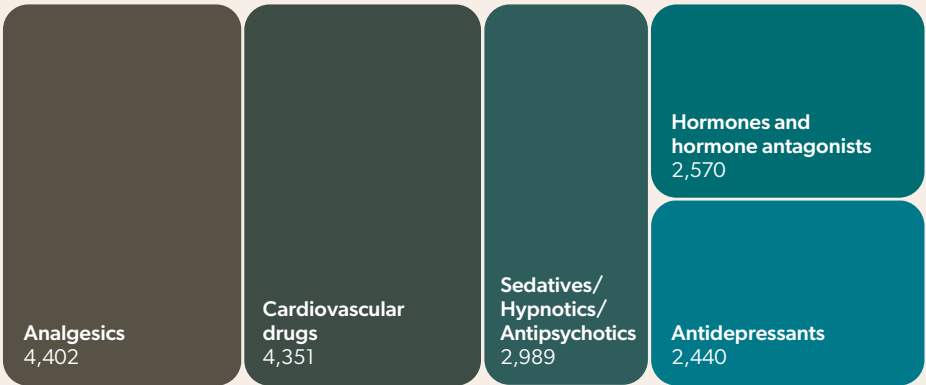
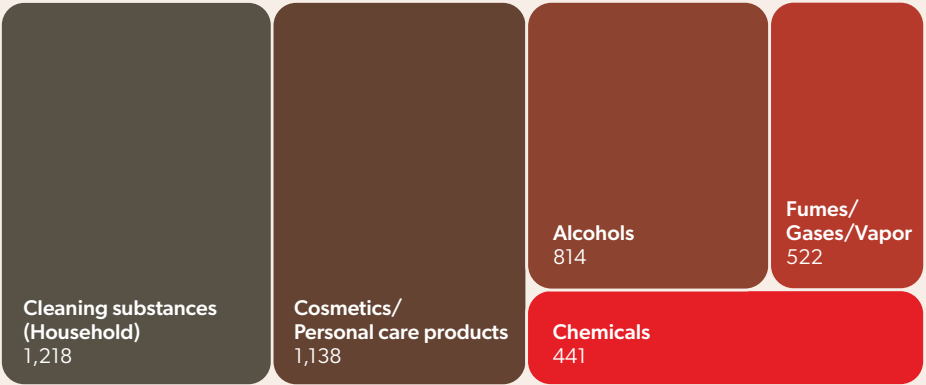


Figure 19:
Non-drug exposure cases:
60+ age group,
Top five substance categories, 2023



Outcomes after calls to Canadian poison centres

Following the guidance and recommendations provided by poison centre specialists, most poisoning exposure cases are managed at home, without requiring medical attention at a hospital, clinic or doctor's office. Poison centre staff provide guidance and reassurance to Canadians while avoiding unnecessary strain on healthcare resources.

In 2023, 56.4 per cent of cases were managed on site, at home or any non-healthcare setting (Figure 20). In these circumstances, a benign outcome is expected based on clinical assessment of known exposure information. Where possible, poison centre staff follow cases where the patient is in, en route to, or referred to a healthcare facility until the patient's medical outcome is known.

In 2023, medical outcomes were known for more than one-third of all cases handled by poison centres (Figure 21). Cases not followed to a

known outcome (122,065, 63.8 per cent) include instances where it was not possible to follow the case or the case was not followed due to the clinical judgement of the Specialist in Poison Information because the case was deemed to not result in toxic exposure, have minimal clinical effects or the exposure was not responsible for the effect(s).

Of cases followed to a known medical outcome, 21.1 per cent led to no effects, 49.0 per cent resulted in minor effects, 24.3 per cent involved moderate effects and 5.2 per cent involved major effects (Figure 21). In 322 cases (0.5 per cent), the patient died because of the exposure or complications directly related to it. Importantly, these data capture outcomes after a poison centre has been voluntarily engaged and the case has been followed to a known medical outcome. They reflect only a small proportion of the magnitude and outcomes of poisonings in Canada.

Figure 20: Exposure cases by patient flow, 2023

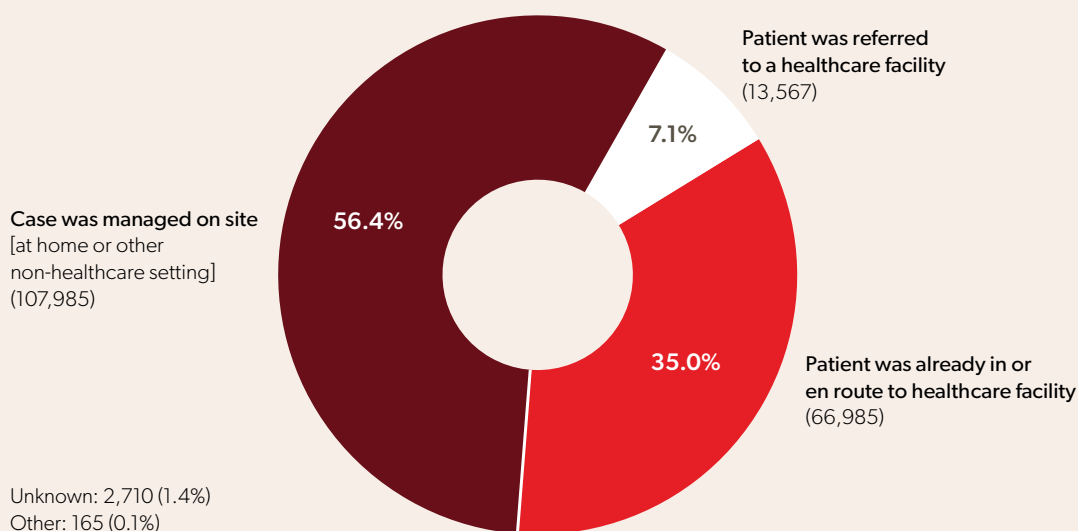
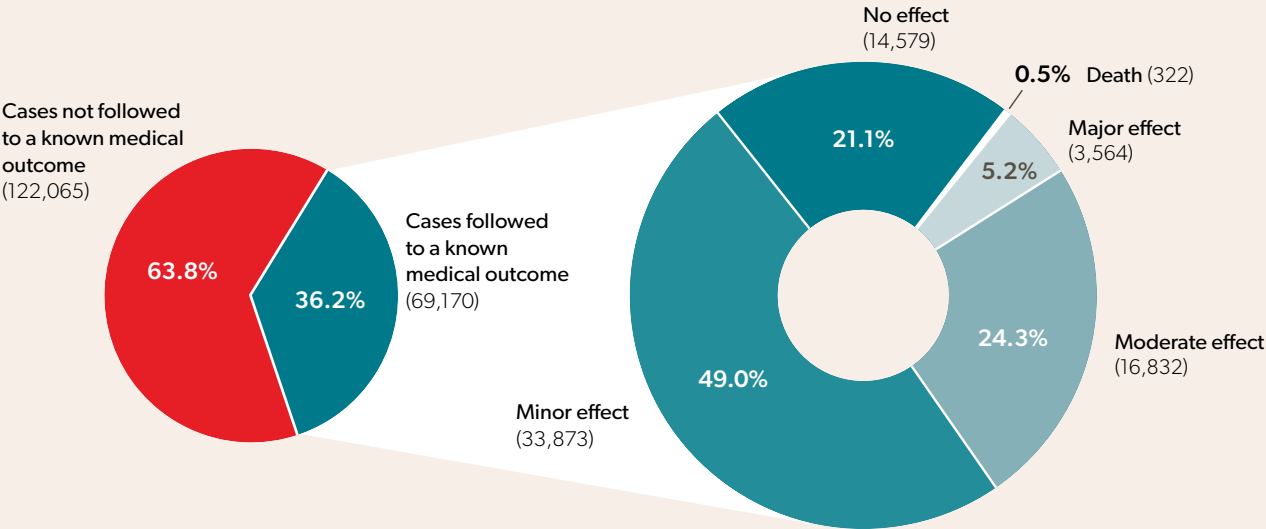


Figure 21: Confirmed exposure cases by medical outcome, 2023



Percentages may not total 100 due to rounding.

Confirmed non-exposure cases (177) are not included in Figure 21. Cases not followed to a known medical outcome (122,065, 63.8 per cent) include instances where: it was not possible to follow the case, which may have been a toxic exposure; the case was not followed and minimal clinical effects were possible; the case was not followed and judged as a non-toxic exposure; or the exposure was deemed probably not responsible for the effect(s).

Medical outcomes explained

Here are examples of potential clinical effects from poisoning exposures:

No effect

No symptoms developed due to the exposure.

Minor effect

Minor symptoms such as skin irritation, drowsiness or mild stomach upset.

Moderate effect

More pronounced symptoms such as high fever, low blood pressure or dehydration.

Major effect

Life-threatening symptoms such as seizures, cardiac arrest or coma.

Death

Cases where the patient dies as a direct result or direct complication of the exposure.

From information to impact: Mobilizing poison centre data and expertise

Advisories, notices and collaborative actions

27

Canada's poison centres provide data and expertise to Health Canada on priority health issues, which guide policy work and regulatory action and lead to public advisories, notices or product recalls.

In 2023, this resulted in three public advisories shared on Health Canada's social media channels and one notice issued by Health Canada. As detailed below, two public advisories were related to cannabis products and the third addressed the life-threatening risks of water beads. The notice updated people in Canada that the children's pain medication shortage was resolved. Further, poison centre data contributed to a risk assessment conducted by Health Canada after a food product recall and informed updates to Health Canada's public communications on carbon monoxide exposure. During 2023, poison centres and partners also supported monitoring other public health issues domestically and internationally.

Cannabis edibles incorrectly sold as cannabis extracts may lead to overconsumption of Delta-9-tetrahydrocannabinol (THC):

Public Advisory

On March 3, 2023, Health Canada issued a public advisory on cannabis edibles, urging people in Canada to carefully read and understand

product labels and to buy from legally authorized retailers. This caution arose from the discovery that some non-compliant edible cannabis products contained THC levels exceeding the permissible limit of 10 mg per package. Evidence and information from poison centres indicated occurrences of exposures to products containing THC concentrations that far exceed legally permitted levels.

Accidental ingestion of illegal "copycat" edible cannabis products causing serious harm to children: Public Advisory

On May 10, 2023, Health Canada issued another public advisory urging people in Canada to purchase only legal and regulated cannabis products that are in plain packaging with child-resistant features and available from authorized retailers. This recommendation came in response to reports from poison centres highlighting several cases of unintentional pediatric ingestions of illegal cannabis products that resembled candy, which led to children requiring emergency medical

attention. In situations where poison centres were able to identify a physical store associated with a pediatric exposure to an illegal cannabis product, referrals to the Royal Canadian Mounted Police (RCMP) were made by CSSPI.

Water beads may pose life-threatening risks to young children: Public Advisory

Following a report of water bead ingestion and injury from a poison centre and CSSPI assessment of pan-Canadian poison centre data, Health Canada issued a public advisory warning people in Canada about the hazards of water beads for young children. Water beads are water-absorbing gel beads that can grow up to 1,500 times their size when placed in water. If ingested, water beads can continue to grow inside the body leading to potentially life-threatening injuries, such as intestinal or bowel obstruction.

Supply of acetaminophen, ibuprofen and cough and cold medicines: Notice

On September 6, 2023, Health Canada issued a notice to people in Canada that the children's pain medication shortage, which began in 2022, was resolved by spring 2023. Health Canada worked closely with stakeholders to resolve the shortage, including by facilitating information sharing on the shortage and identifying strategies to minimize the impact on people in Canada. Timely reporting of safety signals from poison centres offered crucial context for understanding this emerging risk and their data continued to be used to monitor exposures and dosing errors.

Paqui brand 2023 One Chip Challenge recalled due to reported adverse reactions: Food Recall

On September 9, 2023, after a report of a teen death case in the U.S. linked to the Paqui brand "One Chip Challenge" product, a voluntary recall of the product was issued by the Canadian Food Inspection Agency. CSSPI provided pan-Canadian poison centre data on incidents associated with the product, as well as any incidents reported with other "ultra-spicy foods" in order to inform a risk assessment by Health Canada's Food and Nutrition Directorate.

Building public awareness of carbon monoxide poisoning

In 2023, poison centres received 2,223 calls regarding carbon monoxide (CO) exposures. Every year, poison centres collectively report and manage thousands of calls related to CO and their expertise is crucial for informing interventions. In May 2023, poison centres and partners contributed input on preventing CO poisonings during emergency events. This information was incorporated into the Health Canada web page, [Carbon monoxide: Preventing exposure](#), and the associated infographic, [Carbon Monoxide](#).

Cross-border collaborations on contaminated applesauce product due to elevated lead levels

Thanks to cross-border information sharing between Canadian and American poison centres, Health Canada became aware of an outbreak of lead and chromium poisonings in the U.S. due to contamination of [a brand of children's applesauce](#). Through social media, the Public Health Agency of Canada encouraged the public to be aware of cross-border recalls when shopping outside of Canada. After investigating, the Canadian Food Inspection Agency (CFIA) determined that the affected products were not sold in Canada. A single Canadian case was identified, in which the contaminated product had been purchased in the U.S.



Canada launches new toll-free 1-844 POISON-X number for poison centres

On March 20, 2023, [Health Canada announced the launch of a toll-free number](#) to access poison centres across the country, 1-844 POISON-X (1-844-764-7669). This milestone achievement was made after more than a decade of steadfast collaboration among CAPCCT, Health Canada, Canada's poison centres, Tele-Care New Brunswick, regional injury prevention partners and governments, and Parachute.

The foundation for this achievement was first laid about 12 years prior. At the time, there was no comprehensive poison prevention and information system in Canada, and poisoning continued to be overlooked and unrecognized as a public health issue. Canada's five poison centres had nine different phone numbers in use and many Canadians were not aware of the phone number for their local poison centre, or even that the service was available.

In 2011, Safe Kids Canada (a legacy organization of Parachute) and the Alberta Centre for Injury Control & Research (now the Injury Prevention Centre, School of Public Health, University of Alberta) convened, for the first time, a group of experts from injury prevention, regional poison centres and government in Ottawa, to share and discuss issues related to poisonings and poison prevention in Canada. This was the beginning of collaborations that continue today.

From this meeting, the [White Paper on the Prevention of Poisonings of Children in Canada](#) was published in October 2011. The document outlined five recommendations, one of which identified two system-level needs: a national surveillance system for poisoning and a toll-free line in Canada that the public can use to access their local poison centre.

The poison prevention community, partners and collaborators continued to highlight the need for a toll-free line to simplify access to poison centres. Led by the Public Health Agency of Canada, experts from across Canada convened for the First Receiver Chemical, Biological, Radiological, Nuclear and Explosives (CBRNE)/HazMat Preparedness Workshop, where they also identified a toll-free line as one of the highest priorities.

In 2020, the [Evidence Summary on the Prevention of Poisoning in Canada](#), a follow up to the original 2011 paper, was published by Parachute and the Injury Prevention Centre (University of Alberta). This document provided an updated picture of poisoning in Canada that recognized the steps forward in surveillance but noted the ongoing absence of a toll-free line.

A 2022 national survey conducted by Parachute and Ipsos further solidified the need to facilitate access to poison centre services: The survey found that 70 per cent of Canadian adults had heard of poison centres but only 18 per cent were aware of the resources available in their area.

On March 20, 2023, after years of planning and dedicated collaboration with Canadian poison centres, the toll-free line was launched during National Poison Prevention Week. This means that callers in most provinces and territories

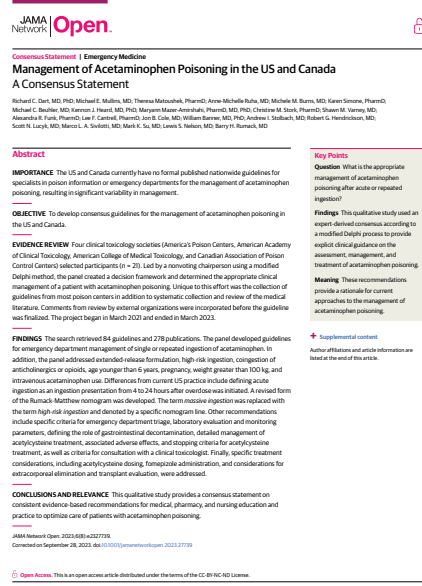
(with the exception of Nunavut and Quebec) do not need to know their unique regional poison centre phone number but can use 1-844 POISON-X to reach their local poison centre. The toll-free service works by prompting callers to verify their location prior to being transferred to the appropriate poison centre. Existing poison centre numbers remain in service for health professionals. Residents of Quebec continue to access their local poison centre toll-free at 1-800-463-5060. Residents of Nunavut can find assistance at their local health centre.

The toll-free line allows for timely call routing to the appropriate poison centre, facilitates consistent messaging to the Canadian public and simplifies access to poison centres, ultimately adding a layer of resilience to the healthcare system by reducing unnecessary visits to emergency rooms, clinics and doctors' offices.

Publications

Poison centres contributed data and expertise to support one academic publication in 2023.

Management of acetaminophen poisoning in the US and Canada: A consensus statement was published in the peer-reviewed journal, JAMA Network Open, in August 2023. The paper was a collaborative effort between Canadian and American clinical toxicology societies, including the CAPCCT, to develop the first consensus guidelines for poison centres and emergency departments in Canada and the U.S. on managing acetaminophen poisoning.



The poison prevention community in action: National Poison Prevention Week

National Poison Prevention Week (NPPW) takes place every year during the third week of March. In 2023, poison centres and poison prevention partners participated in this national campaign to draw attention to the causes of poisoning and prevention of these injuries. Messaging focused on empowering people in Canada to take steps to prevent poisoning.

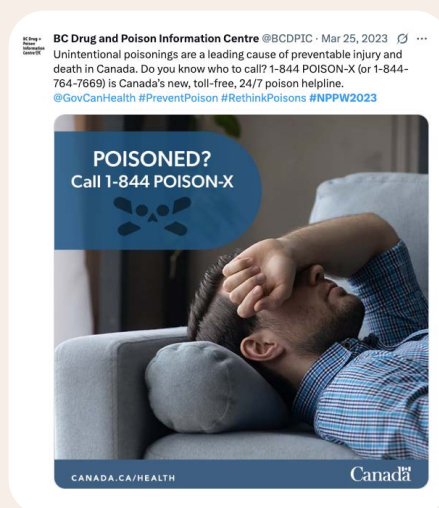
Poison centres, as well as provincial/territorial and national partners, conducted NPPW social media campaigns, created and disseminated resources to communities and engaged traditional media. Centres distributed magnets, stickers, postcards and posters through pharmacies, nursing stations and various other community partners.



From left to right:
A social media post from the Centre antipoison du Québec (CAPQ) and Centre Intégré Universitaire de Santé et de Services Sociaux de la Capitale-Nationale, featuring a simulated call from a parent to demonstrate the types of calls CAPQ receives and the support they provide (accessible through the QR code).



An infographic from the Atlantic Canada Poison Centre focused on preventing poisoning from household chemicals and fumes.



A social media post from the British Columbia Drug and Poison Information Centre sharing the new 1-844 POISON-X toll-free number.

Spotlighting the poison centres at work: Stories from staff and families

Help is a call away

Knowing who to call when a poisoning occurs can be lifesaving. Developed through a collaboration with the Canadian Association for Poison Centres and Clinical Toxicology (CAPCCT), poison centres, Health Canada and Parachute, the “Help is a call away” series of videos tell the real-life stories of poisoning incidents. Viewers hear from parents who called the poison centre for help as well as from the healthcare professionals who work in Canada’s poison centres about the cases they manage and their tips for preventing poisonings at home. The videos were created to help the public understand the work of poison centres, encourage the public to use poison centre services, and highlight the importance of prevention.

The videos were uploaded to YouTube and embedded onto the Canadian Association of Poison Centres and Clinical Toxicology and Parachute site, and were shared during National Poison Prevention Week through organic and paid social media promotion on Facebook and YouTube. During the campaign, the videos directed viewers to the Canadian Association for Poison Centres and Clinical Toxicology (infopoison.ca) website, resulting in a 20-fold increase in average website traffic compared to the period before the campaign. The videos were viewed 438,972 times during the campaign period on YouTube and gathered more than 2.9 million impressions on social media channels, including Facebook and YouTube. The videos went on to have 668,623 views on Parachute’s YouTube channel.



From left to right:

1. *Panicked when your child eats a mystery plant? Call the poison centre*
2. *When medication can harm: How a poison centre helped a caller in distress*

Sharing poison centre expertise internationally

North American Congress of Clinical Toxicology

The North American Congress of Clinical Toxicology (NACCT) Annual Meeting was hosted in Canada, taking place from September 27 to October 1, 2023 in Montreal. Poison centre staff and members of the CAPCCT executive team played a key role in hosting the event.

Every year, CAPCCT sponsors a scientific symposium. In 2023, the symposium focused on poisonings among Indigenous People in Canada and included three speakers: Dr. Maude St-Onge, Medical Director of the Centre antipoison du Québec; Dr. Constance LeBlanc, Professor of Emergency Medicine at Dalhousie University; and Dr. Margaret Thompson, Medical Director of the Ontario Poison Centre and President of CAPCCT. Dr. Thompson also moderated the discussion.

Additionally, poison centres and partners presented four poster abstracts at the conference, which were [published in the Journal of Clinical Toxicology](#).



Parachute President and CEO, Pamela Fuselli, and Director of Knowledge Translation, Stephanie Cowle, present a poster, "Help is a call away: Using storytelling to improve awareness of Canada's poison centres", co-authored by staff from the Ontario Poison Centre, Atlantic Canada Poison Centre, Poison and Drug Information Service, Centre antipoison du Québec and Health Canada.

Examining Canadian poison centre acetaminophen self-harm cases: What can we learn from the United Kingdom's experience and from global actions in means reduction?

On August 2, 2023, Dr. Margaret Thompson, Medical Director of the Ontario Poison Centre and President of CAPCCT, and Dr. Michael Eddleston, Professor of Clinical Toxicology at the University of Edinburgh, Consultant Physician and Clinical Lead at the National Poisons Information Service in the United Kingdom (U.K.), and Co-Director of NIHR RIGHT4: Preventing Deaths from Acute Poisoning in LMICs, presented a seminar, Preventing Deaths from Acute Poisoning in Low and Middle Income Countries, to the Toxicovigilance Canada Network. The presentation focused on self-harm cases from the poison centre perspective and the potential impact of means reduction, as seen in other jurisdictions such as Sri Lanka and the U.K.

Conclusion

Poison centres play a critical role in collecting poisoning data to support public health surveillance and prevention actions. The 2023 data presented here contribute to the broader understanding of poisoning in Canada, highlighting trends in unintentional and suspected self-harm incidents. The addition of CSSPI data on poisoning self-harm to the Suicide Surveillance Indicator Framework (SSIF) this year represents an important recognition of the value of these data and poison centres in supporting suicide prevention efforts.

Poison centres function as early-warning systems, picking up on emerging issues and translating alerts into preventative action. In 2023, poison centre data and expertise contributed to timely actions related to cannabis poisonings and the hazards of water beads. Poison centres helped inform a product recall and public health messaging regarding emergency events, as well as managed a product contamination issue. Furthermore, poison centre data contributed to the continued monitoring of poisonings and dose errors following a children's pain medication shortage.

In addition to the data, the stories of impact and collaboration highlighted in this report demonstrate the continued value of poison centres to public health, public safety and the healthcare system. For the public and healthcare professionals, poison centres provide timely and specialized expertise. Poison centre staff provide expert guidance and reassurance to people in Canada while preventing unnecessary strain on healthcare resources.

The milestone launch of the toll-free number 1-844 POISON-X (1-844-764-7669) in 2023 adds a further layer of resilience to the Canadian healthcare system. The toll-free line allows for timely call routing to the appropriate poison centre, facilitates consistent messaging to the Canadian public and simplifies access to poison centres, ultimately reducing unnecessary visits to emergency rooms, clinics and doctors' offices.

Unintentional and intentional exposures continue to be a significant cause of injury and mortality in Canada and, no doubt, there will be new challenges ahead. Poison centres and their partners are committed to reducing the burden of poisonings in Canada, both to the public and to our healthcare system.

Acknowledgments

We would like to extend our sincere gratitude to the five poison centres who provided data and information, reviewed earlier versions of this report and provided ongoing guidance and expertise:

- **Atlantic Canada Poison Centre**, Medical Director: Dr. Nancy Murphy; Team Leader: Jill Duncan
- **BC Drug and Poison Information Centre**, Medical Director: Dr. Roy Pursell
- **Centre antipoison du Québec**, Medical Director: Dr. Maude St-Onge; Assistant head nurse: Guillaume Bélair; Pharmacist: Audrée Elliott
- **Ontario Poison Centre**, Medical Director: Dr. Emily Austin; Past Medical Director and Consultant: Dr. Margaret Thompson; Clinical Director: Anna Leah Desembrana
- **Poison and Drug Information Service**, Medical Director: Dr. Jacqueline Hiob

We thank the Specialists in Poison Information at each centre, without whom the systematic collection and reporting of poison centre data would not be possible.

This report has been made possible by funding provided by Health Canada. The Surveillance and Analytics Section and the Preparedness, Planning and Outreach Section of the Chemical Emergency Management and Toxicovigilance Division supported the collection, aggregation and analysis of data, and the planning and development of the report.

Our thanks to the staff at Parachute for co-ordinating the production of this report.

Finally, we would like to thank our partner NGOs and injury prevention organizations for their ongoing collaboration and commitment to raising awareness and reducing poisoning harms for people in Canada.

In Memoriam: Dr. Edward Napke (1924–2023)

We honour Dr. Edward Napke, a visionary who served as Chief Medical Officer in charge of Canada's poison control program from 1957 to 1989. In the wake of the thalidomide tragedy, his pioneering work led to the creation of the Canadian Adverse Drug Reactions database and critical reforms such as child-resistant packaging. A tireless advocate for public health and poison prevention, Dr. Napke volunteered well into his 90s to help establish the Canadian Surveillance System for Poison Information (CSSPI). He envisioned a future where poison centres would serve as keystones of emergency response, drug safety, toxicovigilance and be properly resourced to protect all people in Canada. We are deeply grateful for his enduring contributions and legacy.



Photo courtesy of the Napke family

Appendix A

Exposure cases by age group and sex* in 2023, compared to 2022

Age category	Female			Male		
	2022	2023	Percentage change	2022	2023	Percentage change
≤ 5	28,110	26,749	↓ 4.8%	31,437	30,795	↓ 2.0%
6-12 years	4,485	4,336	↓ 3.3%	5,358	5,585	↑ 4.2%
13-19 years	15,525	14,916	↓ 3.9%	6,138	6,286	↑ 2.4%
20-29 years	14,570	14,896	↑ 2.2%	9,252	9,498	↑ 2.7%
30-39 years	10,130	10,666	↑ 5.3%	7,656	8,334	↑ 8.9%
40-49 years	6,919	7,427	↑ 7.3%	5,292	5,748	↑ 8.6%
50-59 years	5,984	6,097	↑ 1.9%	4,272	4,526	↑ 5.9%
60-69 years	4,979	5,463	↑ 9.7%	3,810	4,167	↑ 9.4%
70-79 years	3,683	4,090	↑ 11.1%	2,497	2,731	↑ 9.4%
80-89 years	2,391	2,542	↑ 6.3%	1,507	1,579	↑ 4.8%
≥ 90 years	784	939	↑ 19.8%	446	424	↓ 4.9%
Child, age unknown	230	198	↓ 13.9%	212	179	↓ 15.6%
Adult, age unknown	6,213	5,973	↓ 3.9%	4,138	3,902	↓ 5.7%
Unknown Age	1,455	1,523	↑ 4.7%	1,018	977	↓ 4.0%

* Sex as reported by the caller

Note: Exposure cases of unknown sex are excluded from this table. The total number of excluded cases is 768 in 2022 and 866 in 2023.

Appendix B: Product Examples

The following are examples of products included under the top 10 drug and non-drug substance categories in this report (Figures 6 through 19). These lists are not exhaustive.

Product examples for top substances:

Drug exposures

Analgesics: acetaminophen, aspirin, codeine, ibuprofen, fentanyl, morphine, tramadol

Anticonvulsants: carbamazepine, gabapentin, levetiracetam, primidone, valproic acid

Antidepressants: citalopram, escitalopram, fluoxetine, lithium, sertraline

Antihistamines: cetirizine, diphenhydramine, fexofenadine, loratadine

Cardiovascular drugs: ACE inhibitors, beta blockers, calcium antagonists, diuretics, nitroglycerin

Dietary supplements/Herbal/Homeopathic: creatine, echinacea, energy drinks, ginkgo biloba, ginseng, melatonin, St. John's wort

Hormones and hormone antagonists: androgen, estrogen, insulin, hypoglycemic, oral contraceptive, progestin

Sedatives/ hypnotics/ antipsychotics: barbiturate, benzodiazepine, methaqualone, sleep aid (over the counter)

Stimulants and street drugs: caffeine, cannabis, cocaine, diet pills, LSD, methamphetamine, synthetic unregulated drugs

Vitamins: multi-vitamin tablets and liquids, niacin (B3), vitamins A, C, D and E

Product examples for top substances:

Non-drug exposures

Alcohols: butanol, ethanol, methanol, rubbing alcohol

Chemicals: ammonia (excluding cleaners), boric acid, cyanide, formaldehyde, hydrochloric acid

Cleaning substances (household): automatic dishwasher detergent, bleach, disinfectant, cleaners (drain, glass, oven or floor), rust remover

Cosmetics/Personal care products: baby oil, depilatory, lipstick, mouthwash, nail polish remover, peroxide, soap, sunscreen

Foreign bodies/Toys/Miscellaneous: ash, charcoal, coin, glow product, soil, thermometer

Fumes/Gases/Vapours: carbon dioxide, carbon monoxide, chlorine gas, methane and natural gas, propane

Hydrocarbons: benzene, diesel fuel, gasoline, industrial cleaners, kerosene, motor oil, turpentine

Other/Unknown non-drug substances: other non-drug substance, unknown substances unlikely to be drug products

Pesticides: fumigants, fungicides, herbicides, insect repellent, insecticides, rodenticides

Plants: anticholinergic plants, plants causing gastrointestinal or skin irritation, nicotine, non-toxic plants

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