DOCKET: CDC-2025-1014

RE: Poison Center Collaborations for Public Health Emergencies (PCCPHE) Revisions

I appreciate the opportunity to comment on the Centers for Disease Control and Prevention (CDC) three-year renewal of existing information collection approval. I am submitting this comment as a public health professional who practices community health work in a treatment program for individuals with Substance Use Disorder (SUD) and people who use drugs (PWUD).

As this notice is in regards to an administrative revision meant to maintain a current existing surveillance mechanism, **I would like to express my support** for the Poison Center Collaborations for Public Health Emergencies (PCCPHE) **and offer additional considerations for drug-related surveillance,** addressing **limitations in follow-up methodology for at-risk populations and underrepresentation of socially vulnerable populations in poison center call data.**

I. Background

Poison Center reports capture substance abuse data in an explicit category, formally recognizing the public health significance of the harms of both licit and illicit misuse of substances. According to the most recent annual report of the National Poison Data System (NPDS) from 2024, calls relating to stimulant and street drug exposures increased the most rapidly for cases with more serious outcomes as compared to any other classification of calls (at 4.54% per year over the last 10 years).[1] In Drug Identification requests, drugs with abuse potential such as opioids and benzodiazepines were among the top 10.[2] Opioid-related drug exposures are among the most significant,[3] and the drug supply continues to evolve, becoming increasingly adulterated with agents such as xylazine and medetomidine.[4]

II. Structural limitations and opportunities for addressing substance-related emergencies

PCCHE as a surveillance mechanism is inherently reactive by structure, potentially missing opportunities to address drug-related public health emergencies. As an example, xylazine was detected in the illicit drug supply in 2015 and rapidly expanded over the next years, but formal response was delayed, indicating that once a substance has sufficient call volume to meet PCCPHE activation, it has already penetrated and provided the drug supply.[5] In addition, at-risk populations are likely underrepresented, with stigma, fear, or lack of reliable telephone access intersecting with substance use.[6] In fact, roughly 60% of overdose

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[1] Beuhler, M. C., Feldman, R., Gummin, D. D., Mowry, J. B., Rivers, L. J., Brown, K., … Bronstein, A. C. (2025). 2024 Annual report of the National Poison Data System® (NPDS) from America's Poison Centers®: 42nd annual report. *Clinical Toxicology, 63*(12), 1029–1280. doi.org/10.1080/15563650.2025.2571299

[2] Ibid.

[3] Ibid.

[4] Palamar, J. J., & Krotulski, A. J. (2024). Medetomidine Infiltrates the US Illicit Opioid Market. *JAMA*, *332*(17), 1425–1426. doi.org/10.1001/jama.2024.15992

[5] Culli, L. (2024, August 21). *Xylazine: The Emerging Threat in the U.S. Drug Supply and Policy Responses | Johns Hopkins Bloomberg School of Public Health*. Johns Hopkins Bloomberg School of Public Health. publichealth.jhu.edu/2024/xylazine-the-emerging-threat-in-the-us-drug-supply-and-policy-responses

[6] Bergstein, R. S., King, K., Melendez-Torres, G. J., & Latimore, A. D. (2021). Refusal to accept emergency medical transport following opioid overdose, and conditions that may promote connections to care. *International Journal of Drug Policy*, *97*, 103296. doi.org/10.1016/j.drugpo.2021.103296

survivors could not be reached for follow-up, indicating individuals at-risk of adverse effects in relation to substance toxicity are facing structural barriers.[7] Despite this, the contacts that PCCPHE does make represent touchpoints with opportunity for interventions for a population that is difficult to engage in outreach, and this opportunity should be leveraged through follow-up with minimal additional burden.

III. Conclusion

Despite the limitations, PCCPHE is an essential mechanism for tracking/responding to emerging drug trends. In fact, follow-up related to illicit substances or substance abuse offer a unique opportunity for warm handoffs that connect individuals to formal treatment (ex. SAMHSA treatment locator) or educate on community-based interventions (ex. peer support, overdose prevention services). **I urge the CDC to consider a low-burden addition to follow-up protocols for warm handoffs to SUD treatment and overdose prevention during contact with PWUD, leveraging an underutilized intervention opportunity.**

[7] Langabeer, J., Champagne-Langabeer, T., Luber, S. D., Prater, S. J., Stotts, A., Kirages, K., Yatsco, A., & Chambers, K. A. (2020). Outreach to people who survive opioid overdose: Linkage and retention in treatment. *Journal of Substance Abuse Treatment, 111*, 11–15. doi.org/10.1016/j.jsat.2019.12.008