

Unintentional Death Committee
Of the Child Fatality Task Force
Minutes – January 23, 2012
Approved March 2012

In attendance: Martha Sue Hall, Dr. Peter Morris, Sen. Austin Allran, Lt. Selby Bass, Sen. Stan Bingham, Dr. Craig Burnhart, Wallace Bradsher, Caroline Chappell, Allan Dellapenna, Lee Feldman, Deanna Fleming, Ann Hamlin, Judith Johnson Jones, Rep. Craig Horn, Rob Lamme, Karen McLeod, Thomas Moore, Stephanie Nantz, Dr. David Ollila, John Overstreet, Jan Parker, Rep. Garland Pierce, Sen. Bill Purcell, Kelly Ransdell, Tonya Roberts, Susan Robinson, Jean Sellers, Alan Skipper Sherri Troop, Tom Vitaglione, Christine Weason, Amy Whited

By Phone: Dr. Michael Buehler, Lee Cox, Rene Johnson, Melissia Larson, Brian Reise and likely others.

Martha Sue Hall called the meeting to order. Wallace Bradsher moved and Alan Dellapenna seconded approval of the August minutes, which were unanimously affirmed.

Smoke Alarms

Current law requires that rental units have smoke alarms. This requirement was recommended by the CFTF in 1995 and since that time the number of children killed by fire and flame deaths has declined 44%. Last year, the CFTF recommended that the mandate keep up with technological advances by requiring that as conventional battery units expire, they are replaced lithium battery smoke alarms. Senator Bingham sponsored legislation to make this change (S354) which passed the Senate unanimously. However, the bill was used as a vehicle for other matters during a special session. Senator Bingham is willing to re-introduce the bill. Dr. Morris moved that UDC recommend re-introduction of the measure to the full CFTF. This was unanimously affirmed.

Presentations to the CFTF are available on-line under Unintentional Death Committee:
<http://www.ncleg.net/gascripts/DocumentSites/browseDocSite.asp?nID=116&sFolderName=\Unintentional%20Death>

Tanning Beds

Dr. David W. Ollila from the UNC-CH School of Medicine, Division of Surgical Oncology presented on behalf of the NC Dermatology Association on the dangers of tanning beds to youth. He noted that the science was clear linking UV exposure to nondeadly and deadly cancers. Tanning beds lead to an increased risk of melanoma (the most deadly of skin cancers). As a surgical oncologist, he must deal with both the medical and emotional factors of telling youth and their families that they need to have part of their back or an ear taken off.

Key facts presented include

- UV exposure in a tanning bed is 15 times greater than that of being outside on a sunny day
- Every single UV exposure increases the risk of skin cancer
- Someone dies of skin cancer every hour
- Skin cancer is an issue that disproportionately affects the young, resulting in more life years lost than conditions that do not manifest until older age
- Skin cancer is the second most common form of cancer for people aged 15 to 29 and the incidence is increasing rapidly for women
- Older teens are more likely to use tanning beds than younger teens
- The direct cost of melanoma care in the US in 2010 was more than \$2.3 billion.

He concluded by noting that less exposure to tanning beds by teens would mean a welcome lessening in surgeries he would need to perform on youth. (His PowerPoint is available on-line under Unintentional Death Committee.)

Lee Feldman, co-chair of Integrya LLC and Chief Scientific Officer for three subsidiary consultancies, presented on behalf of the Indoor Tanning Association. He opened by explaining that science does not always hold all the answers. The threshold for scientific understanding of a problem should be highest when state policies are adopted. However, policies often stem from legitimate concern about an issue – such as skin cancer – rather than a strong understanding of the link between science and the recommended policy. There is an unfortunate tendency to “do something” even if the science does not back it up. He noted that there were a number of methodological flaws in the studies, especially the FDA’s Institute for Risk Analysis and Risk Communication (IRARC) study. Studies that rely on people’s recall about past burns or tanning bed exposure specifically may be flawed as people who have been diagnosed may be more likely to recall activities that may explain (to themselves) their troubling diagnosis.

He also noted that people who may choose to frequent tanning beds may have other risk factors, such as being more likely to get burned or spend more time in the sun. He noted that “tanners tan” and will likely overexpose themselves anyway. Reducing access to tanning beds could lead to tanners seeking less safe environments for tanning.

He concluded by noting that the FDA is still struggling with the issue of tanning beds. He suggested that a ban was an inappropriate use of the cautionary principle. (His PowerPoint is available on-line under Unintentional Death Committee.)

Dr. Morris opened the floor for conversation, stressing that goal was not a point/counterpoint on the science but rather to determine if legislation was something that UDC wished to recommend to CFTF, and, if yes, during short session or long session.

Dr. Purcell asked about the qualifications of Lee Feldman. Mr. Feldman responded that he is Co-Chair of Integrya LLC and Chief Scientific Officer for three subsidiary consultancies: Genii.us, AESir Management and Executive Director and Member of the Managing Board of the Integrya not-for-profit affiliate – The Institutes for Human Security /National Peace Foundation. He holds a PhD in immunochemistry and physics, but prefers not to use the title “doctor” since

he works in different fields now. He began his science policy work with the Defense Intelligence agency which led to his development of the High Integrity Policymaking Methodology – a process and toolset to help decision-makers apply quantitative fact-finding methods to integrate the scientific, technical and ethical aspects of policymaking. (His complete bio is posted on the CFTF website.)

Karen McLeod asked Dr. Ollila if he viewed the research differently as it pertained to the precautionary principle. He said that while there were problems with the Institute for Risk Analysis and Risk Communication (IRARC) study, since that convening through the FDA, two more high quality studies had been released showing more definitely the relationship between tanning beds and cancer.

Ms. McLeod followed up asking if he believed people would engage in more dangerous behaviors if barred from tanning beds. Dr. Ollila noted that there are many places in NC that were not conducive to being outside with much skin exposed during substantial parts of the year, such as Asheville. Thus substitute tanning options were limited.

Dr. Craig Burkhardt added that, in addition to the cumulative risk of UV exposure, there were other risks associated specifically with tanning bed use. More than 70% of operators are not trained in using tanning beds. Nationally there are 3000 emergency department visits for severe burns and eye damage from tanning beds each year. Besides, the UVA exposure is 15 times as strong and it's unlikely that teens could spend enough time outside to get the equivalent of 20 minutes in a tanning bed on a regular basis.

Mr. Feldman noted that habits of use could affect negative outcomes. For example, people may get a "base tan" before going to the beach. In general, people who have episodic exposure (live in a gloomy climate and vacation at the beach, for example) often tend to be more likely to suffer skin cancer. He also noted that the statistic of exposure being 15x greater was based on older tanning equipment that was no longer the industry standard.

Alan Dellapenna asked for clarification that the concern was exposure of young people.

Mr. Feldman repeated that we could impose controls on the beds, but the behavior of young people aged 15 to 25 who often are at risk for engaging in some of the riskiest behaviors.

Dr. Ollila noted that those who used tanning beds before age 18 suffered the most disproportionate cancers in their 20s, although this tapered off a bit in their 30s.

Christine Weason stated the support of the Cancer Society for the ban. For over 100 years, the Cancer Society has represented cancer patients, family members and volunteers. Their experts have assessed the science and concluded that the UVA from tanning beds increases the risk of cancer. All their policies are vetted out before a medical board and held to a high scientific standard.

Amy Whited echoed the strong support for the ban by the NC Medical Society. Her group represents not only dermatology but all specialties.

There was discussion about the science supporting a ban. Dr. Morris reminded that group that the CFTF relies on the scientific expertise of recognized experts, such as CDC or AAP, and does not independently determine scientific validity.

Sen. Allran asked Mr. Feldman about his company, Integrya, LLC and if they received money from the Indoor Tanning Association. Mr. Feldman noted that Integrya worked on a variety of projects and received a small amount of payment from Indoor Tanning to help cover expenses, such as travel. Additionally, they have instituted a firewall in their agency to separate this work from research. Sen. Allran noted that sounded like a conflict of interest to him, even with the firewall. Mr. Feldman expressed concern about the conflict of interest of dermatologists given their strong focus on and concern about melanoma. Sen. Allran responded that was a reverse conflict of interest since less cancer meant fewer surgeries and fewer payments for the doctors. Mr. Feldman noted that would not occur if banning tanning beds drove people to other, more harmful behaviors.

Jean Sellers, an oncologist nurse at UNC since 1994, wanted to be a voice for young women who died with melanoma. She offered two examples of women who had used tanning beds in their teens and died in their mid 20s.

Rep. Horn asked if the risk of melanoma came from using a tanning bed once or frequently. Dr. Ollila replied that a single visit is a problem but that repetitive use is a larger problem. It is challenging to untangle the issue of length of time on the bed compared to number of exposures.

Rep. Horn asked if there were ways to make use of tanning beds safer, such as by requiring use of sunscreen on the tanner or special filters on the bed, for example. Dr. Ollila noted that accuracy of sunscreen application is a continuing problem. He was concerned that more regulations could result in higher costs related to monitoring. He added that spray on tans were a good substitute behavior.

Sen. Bingham moved that we send the issue to the full CFTF for a recommendation, but also noted the need for additional information, such as what other states are doing. Sen. Allran seconded the motion to take it to the full CFTF. Sen. Purcell noted the proposal was a small change in the law, changing the age from 13 to 18 for use of tanning bed without a doctor's prescription and he was also supportive.

The Honorable Bradsher suggested an incremental approach, raising the age to 15 or 16 with a requirement of materials disclosing the health consequences of using tanning beds, as a way to teach responsibility. He also noted that education was important to help deter circumvention through buying a private tanning bed or increasing sun exposure.

Sen. Purcell added that there was likely be just as much opposition for 15 or 16 years of age as for age 18.

Sen. Allran noted that he was among a minority of legislators who supported a ban. He thinks the more appropriate age would be 21. He thinks a challenge in garnering support for the proposal

will be concerns about increased regulation and a possible perceived bias against limiting behavior of children. He noted a need for a strong lobbying effort.

Dr. Morris echoed the need to find out what other states are doing.

Mr. Feldman reiterated that there is not a complete consensus on the science around this issue to warrant statewide policy change.

Rob Lamme, who represents the NC Dermatology Association, noted that the policy of prohibiting teens from using tanning beds has been endorsed by a number of groups representing scientists and doctors, including the NC Dermatology Association, the American Cancer Society, the American Academy of Dermatology, the World Health Organization, the NC Medical Society, and the NC Pediatrics Society, among others. He stated that these organizations do not take policy positions such as this one without extensive review of the science by very qualified panels of doctors and scientists.

He added that the Dermatology Association and its partners in this advancing a policy to prohibit minors from using tanning beds oppose any compromise on the age of minors protected by the law. Mr. Lamme also stated that anything short of endorsing a complete prohibition for all minors by the CFTF per the previous year recommendation would be a step back. He urged the CFTF to maintain its policy that all minors under the age of 18 should be prohibited from using tanning beds.

Martha Sue Hall called the question of recommending to the full CFTF a ban on minors under age 18 using tanning beds without a prescription. Wallace Bradsher was opposed to age of 18. All others supported the recommendation.

Synthetic Drugs

Elizabeth Hudgins, Executive Director of the Child Fatality Task Force, presented an update on the status of the recent ban of MDPV (“bath salts”) and synthetic cannabinoids (such as K2 and Spice) that went into effect June 1, 2011. Use of these drugs, especially by youth, has declined since the ban. NC bans the backbone structure for synthetic cannabinoids, making hundreds of variations illegal. The DEA and many other states have banned 3 to 5 specific variations. Manufacturers, especially of the synthetic cannabinoid, have introduced new versions of the drug that may be legal in other states but are not legal in NC. Sen. Bingham has convened a wide range of experts to discuss these concerns. Lack of field test can make enforcement challenging so a number of experts have explored ways to strengthen the ban or improve education and treatment to reduce demand. There is also concern about the emergence of new drugs and Internet sales. No policy recommendation is yet available to bring to the CFTF. (The full presentation is available on-line under Unintentional Death.)

Dr. Michael Buehler with the Carolinas Poison Center presented on calls to the Center since the ban went into effect. The decline he noted in August appears to be continuing. Adjusting for population size, Guilford, Beaufort and Rowan Counties appear to have the most calls relating to MDPV and the Guilford County the highest reports relating to synthetic cannabinoids. The

Carolinas Poison Center is seeing a rise in calls relating to 4-FA, an amphetamine-type drug. (His full presentation is available on-line under Unintentional Death.)

Lt. Selby Bass from the Wilson County Sheriff's Department echoed that the ban seemed to be having an effect with fewer drugs out in the open. Many of the sellers have been driven underground. Since he last presented to the CFTF, a field test kit has become available for MDVP and that has been welcome. He looks forward to a similar kit being available for synthetic cannabinoids, but understands that development will be more challenging given the hundreds of variations of the drug. Even though our law is strong, it can be hard to determine what exactly is legal and what isn't. The Wilson County Sheriff's Office is seeing more types of the drug, but some are so weak as to be ineffective and people don't seem to be buying them.

Rep. Horn asked if there had been any arrests or convictions yet. Lt. Bass reported that nothing had worked its way all the way through the court system to his knowledge. Martha Sue Hall asked Deanna Fleming from the Administrative Office of the Courts to please get and report back that information. (Later that week, Ms. Fleming provided AOC data showing more than 400 charges and 17 convictions of adults relating to all the substances banned in S7.)

Rep. Horn asked about a field test for synthetic cannabinoids. Ann Hamlin, Special Agent in Charge of Drug Chemistry/Toxicology with the SBI noted that this was very challenging given the many variations that come off the same backbone structure. She also clarified that while there was not a test kit, her office was able to test drugs for synthetic cannabinoids. However, there was a time delay.

Rep. Horn asked if there were any recommendations from SBI or law enforcement for modification of the law or any work by DPI on the education side.

Lt. Bass noted that the law was written very well but that some people made their living by trying to circumvent it. However, people won't buy the new substances that are weak enough to be legal.

Dr. Buehler asked for clarification of what the field test kits were for. Ann Hamlin noted only for MDPV. She added that the SBI, like the Poison Center, was also seeing more 4FA. While this substance is currently legal, her office is reporting its presence as it is found. She reiterated that manufacturers seem highly motivated to find new legal formulations.

Kelly Ransdell noted that Rene Johnson at Womble was a strong resource.

Dr. Morris recommended that the CFTF continues to urge legislation to ban the distribution or consumption of a non-FDA regulated synthetic or natural substance intended to induce euphoria or alter perception or result in a state of intoxication.

Dr. Buehler queried if that sounded like the analog act. Dr. Morris was concerned about how to ban what they will want to do next. Dr. Buehler noted nutmeg could be abused to result in dangerous and unpleasant side effects.

The Honorable Bradsher recommended a change could perhaps be made so that selling these substances to a minor under age 18 would result in mandatory time. Another option would be to provide 20% more lab workers at the SBI to help deal with the influx of new substance that required testing.

Sen. Allran suggested an age of 21 to mirror sale of alcohol.

Martha Sue Hall asked Sen. Bingham to share these thoughts with the group of experts he had convened. Sen. Bingham reported the need to for additional ammunition of information about prosecution. Otherwise, it is difficult to know how to enhance or improve the law. It is a complex and easily derailed topic.

Sen. Purcell asked Lt. Bass what he needed as a frontline worker. Lt. Bass lamented the lack of a field test for synthetic cannabinoids which meant waiting to charge suspects and seize substances. He appreciated the current law resulting in products so weak as to be undesirable.

Dr. Purcell asked if the MDPV field test picked up all types of bath salts or just a few. Ann Hamlin said that it should detect anything with MDPV.

Sen. Bingham noted this was a topic of strong interest for the Merchants Association and urged that they be kept in the loop.

Dr. Morris asked if education hasn't been proven effective with marijuana, why might it be more effective with synthetic cannabinoids. Dr. Buehler noted a common misperception was that legal equaled safe, and that was not always the case. Additionally, synthetic cannabinoids can have particularly unpleasant side effects and it is possible, as happened with LSD, for a drug to develop a reputation as undesirable. Part of the education on this drug was "this stuff can kill you with your first attempt to use it."

Alan Dellapenna shared that Illinois had used public safety tools with drugs such as these that were labeled "not for human consumption."

Martha Sue began to sum up noting that we needed to include the military and merchants and to keep education on the table.

Karen McLeod moved that we recommend to the full CFTF an increase in the penalty against people who sell to minors under age 21. It was agreed that trafficking seemed out of the scope of the CFTF.

Martha Sue Hall commended Safe Kids for their great work and national accolades for their work with Operation Medicine Drop.

The next meeting of the Unintentional Death Committee will be March 26 with a focus on finalizing recommendations on teen road safety to take to the full CFTF in April.