

Health Letter

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A Tale of Three Cities:

Racial and Ethnic Disparities in Premature Mortality in the District of Columbia, 2005

Many jurisdictions use their crude mortality rates to rank their major health issues, often allocating resources accordingly. But there are other indicators that better capture the relative priority of health problems, one of these being years of potential life lost (YPLL). YPLL measures premature mortality by taking into account the number of potential years that a person would have lived had he/she not been struck down by a particular cause. This article focuses on the District of Columbia, which is of particular interest because of its political importance and its ethnic and racial diversity.

Methods

The indicator YPLL is defined here as the number of years of life lost by persons before reaching age 70. The calculation of YPLL for a particular cause involves subtracting each deceased person's age from 70. These differences — the "years lost" — are then added for all deceased people in that category. These data are then grouped by the demographic variables of interest (e.g., sex, race/ethnicity, jurisdiction).

The U.S. Centers for Disease Control and Prevention maintains a national database which facilitates the use of YPLL. Although this allows different cut-off points for defining prematurity, we have chosen to use 70, which is well within the parameters established in the literature. Deaths before this age are

therefore considered premature for our purposes.

The CDC's Web-based Injury Statistics Query and Reporting System (better known as WISQARS) provides data broken down by jurisdiction, year, cause, and race/ethnicity. This database also allows users to choose from a menu of indicators, and we have used age-adjusted YPLL rates. Certain causes of death are more prevalent among particular age groups, and age adjustment allows us to compare rates without concern that differences in those rates are caused by variations in the age distributions of the populations being compared. We examined the District of Columbia data and data for the United States as a whole for the year 2005. In focusing on DC, we looked at both overall data and YPLL for both sexes and three population subgroups: whites, blacks and Hispanics. While there are other ethnic groups living in DC, these are too small to yield meaningful data and reliable rates.

Tables 1 and 3 that follow show the YPLL rates for each group and

how these are distributed by cause. The percentage shows the relative importance of the causes within each group, while the age-adjusted YPLL rates and the rate ratios allow comparisons between groups. As in the WISQARS database, the rates here are expressed in terms of YPLL per 100,000 population.

As Table 1 indicates, while the top cause for YPLL in both the District of Columbia and the United States as a whole is cancer, the relative importance of this cause of premature death varies significantly between the two populations. Although the YPLL rate for cancer is higher in the District, cancer accounts for a significantly larger proportion of all YPLL for the nation as a whole. The table also shows the importance of homicide in premature losses in the District. This cause ranks second in DC and accounts for one in eight years of potential life lost. Nationally, homicide ranks 6th and accounts for fewer than one in 20 of the total YPLL. These differences are highlighted in

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Table 1. Years of Potential Life Lost (YPLL) Before Age 70, District of Columbia and the United States 2005: All Races, Both Sexes, All Deaths

Cause of Death	DISTRICT OF COLUMBIA		UNITED STATES		Rate Ratio DC:US
	Age-Adjusted YPLL	Percent	Age-Adjusted YPLL	Percent	
All Causes	9764.8	100.0	5653.5	100.0	1.7
Cancer	1256.3	12.9	1027.1	18.2	1.2
Homicide	1219.6	12.5	252.6	4.5	4.8
Heart Disease	1137.6	11.6	756.86	13.4	1.5
Perinatal Period	981.8	10.1	381.13	6.7	2.6
HIV	912.84	9.3	*	*	*
Accidents	771.35	7.9	1005.9	17.8	.8
Suicide	*	*	303.58	5.4	*
Congenital Anomalies	281.59	2.9	198.25	3.5	1.4
Stroke	224.10	2.3	130.01	2.3	1.7
Diabetes	190.13	1.9	121.8	2.2	1.6
Liver disease	148.29	1.5	117.01	2.1	1.3

* Data not available because cause of death is not among the top 10 for YPLL for that population.

Source: Office of Statistics and Programming, National Center for Injury Prevention and Control, National Center for Health Statistics (NCHS) Vital Statistics System, CDC.

Table 2. Rate of Years of Potential Life Lost (YPLL) Before Age 70, District of Columbia, the United States, 2005: All Races, Major Causes of Death, By Sex

	DISTRICT OF COLUMBIA			UNITED STATES		
	Male	Female	M:F	Male	Female	M:F
All Causes	12994.0	6834.5	1.9	7157.7	4153.1	1.7
Cancer	1450.7	1090.3	1.3	1073.9	984.76	1.1
Per. Period	1167.4	792.74	1.5	419.42	341.07	1.2
HIV	1098.0	739.72	1.5	164.33	*	*
Suicide	*	*	*	478.54	125.86	3.8
Heart Dis.	1639.2	692.65	2.4	1074.3	451.41	2.4
Accidents	1039.2	535.12	1.9	1426.1	576.56	2.5
Congenital Anomalies	271.67	290.17	.9	208.09	188.0	1.1
Homicide	2319.8	232.07	10.0	400.39	99.33	4.03
Stroke	272.98	180.33	1.5	*	117.73	*
Diabetes	242.72	142.16	1.7	148.14	96.43	1.5
Liver Dis.	237.82	*	*	166.0	*	*
Septicemia	*	97.4	*	*	*	*
Resp. Dis.	*	*	*	*	94.64	*

*The YPLL for this cause is not available because it is not among the top 10 causes of death for this subgroup. As a result, the male: female ratio cannot be computed.

Source: Office of Statistics and Programming, National Center for Injury Prevention, National Center for Health Statistics (NCHS) Vital Statistics System, CDC.

the rate ratio for homicide, which is 4.8-fold higher in the District.

Three other causes for which the DC experience is markedly different from the national one are HIV, accidents, and suicide. HIV is the 5th cause of YPLL in the District but does not rank among the top 10 causes of premature loss nationally. Accidents — which include falls, motor vehicle accidents, occupational accidents, and deaths by unintentional fire or poisoning — rank 2nd nationally but only 6th in DC. This is probably explained by the District's reliance on public transportation, which reduces the number of persons at risk for automobile accidents, one of the major causes under this rubric. And while suicide ranks 5th nationally, it does not place among the top 10 causes of YPLL in the nation's capital.

Sex-specific Premature Mortality

Premature mortality is predominantly a male phenomenon. Although men account for less than half of the total population both within the District of Columbia and nationally, they comprise fully 64.3 percent of all YPLL due to all causes in DC and 63.1 percent nationally. When the DC data are broken down by specific cause, the magnitude of the differences between the two sexes is highlighted.

As seen in Table 2, the rate of total YPLL from all causes in DC is almost twice as high among males as among females. Indeed, among the 10 major causes of death, there is only one — congenital anomalies — in which females are at a slightly greater risk for premature death. This cause is defined as defects occurring from birth and most often reflect development in utero. For most of the remaining causes, male rates of YPLL are between 1.5 and 2.0 times as high as those for women. Homicides constitute a particularly dramatic case of gender-based differences in premature mortality, the YPLL rate for men being 10-fold that for women.

When the sex-specific ratios for DC are compared with those with

the United States, the differences for all causes tend to be smaller for the country as a whole (1.9 for DC vs. 1.7 for the U.S.). But this can be attributed largely to the differential in YPLL due to homicides between the two populations, the tenfold rate ratio between sexes in DC being reduced to a fourfold difference for the nation.

Two other differences are evident from Table 2: (1) the national YPLL difference by sex is higher for accidents than it is for DC; and (2) while suicide is not one of the major causes of death in DC, the sex ratio for this cause of YPLL is quite marked for the U.S. as a whole, the YPLL rate for men being 3.8 times higher than that for women.

Premature Mortality by Race/Ethnicity

During the past 25 years there has been growing recognition that the United States suffers from wide racial and ethnic disparities in terms of both health status and access to care. This has led to greater surveillance and the publication of more complete data on the health of specific groups. It has also begun to prompt more interventions to improve the health of those segments of the population that are particularly at risk for ill health and injuries.

Nevertheless, recent data indicate that racial disparities are still extremely wide and pervasive across different indicators of health status. And these have not narrowed over time. Researchers have therefore focused on "fundamental causes" of disparities in health, looking at the social determinants of health and disease. These include differences in natural capital (environmental resources), human capital (education), material capital (occupation, employment, income) and social capital (social support and community empowerment). These "capitals" are seldom equitably distributed and tend to cluster or overlap. Because advantages often feed on each other, those who are better endowed with respect to

one also tend to be better off with respect to the others. Understanding the pathways through which these factors interact to further or thwart better health has therefore become a major focus in addressing existing disparities.

As the nation's political capital and seat of government, the District of Columbia reflects and refracts much of what is happening in the nation as a whole. At the same time, the District has a very particular economy and demographic composition that make it distinctive, and that amplify trends that are less salient elsewhere. DC has the following characteristics:

- The population of the District is predominantly black. In 2006, blacks constituted 56.5 percent of the total number of inhabitants in the nation's capital, while accounting for 12.8 percent of the population of the United States. Conversely, non-Hispanic whites comprised 31.7 percent of the District's inhabitants, in contrast to 66.4 percent for the U.S. as a whole.
- District neighborhoods are characterized by racial segregation. As a result, blacks constitute an overwhelming majority of the population in certain wards. In Wards 7 and 8, blacks account for 96.9 and 91.8 percent of the total population, respectively. Because race and poverty tend to be conflated in the U.S., these wards are also the ones with the lowest family incomes in the city. Not unexpectedly, they also have the worst health indicators.
- Hispanics are under-represented in DC. Hispanics, which can be of any race, represent 8.2 percent of the District's population, compared to 14.8 percent for the country as a whole.
- DC has a smaller proportion of persons under 5 years of age (6.0 percent vs. 6.8 percent) and under age 18 (19.8 percent vs. 24.6 percent).

- The population of the District has a significantly higher level of education than the U.S. as a whole: 39.1 percent of DC inhabitants have a bachelor's degree or higher, compared to 24.4 percent for the country as a whole.

- Poverty and socio-economic disparities are masked by higher median household and per capita incomes. While the District's individuals and households are more affluent than the country as a whole (median household income is \$46,211 in the District and \$44,334 in the U.S.; per capita income is \$28,659 in DC and \$21,587 in the U.S.), DC has a significantly higher proportion of its population falling under the poverty level: 18.3 percent, compared to 12.7 percent for the U.S.

It is against this backdrop that the data on YPLL should be examined. Table 3 presents the proportion of YPLL attributed to the five principal causes of potential loss, by cause and demographic subgroup.

As shown in Table 3, the relative importance of the main causes of YPLL varies for each of the District's subgroups, each group having a different top cause for YPLL (indicated in bold). While homicides represent the main cause for risk of potential life lost among blacks and ranks 4th among Hispanics, this cause does not even appear among the top five for whites. Homicides, which are associated with the availability of handguns, prevalence of felony-level crimes and drug use, are primarily confined to specific circumstances and neighborhoods, largely sparing others. Furthermore, in the U.S. homicides rates are correlated with income inequalities.

Cancer assumes a higher priority as a cause of YPLL for whites than for the other two groups. This, however, does not mean that the rate for cancer is higher for whites; rather, this particular cause of death represents a larger share of YPLL for the white population. Among Hispanics,

Table 3. Proportion of Years of Potential Life Lost (YPLL) Before Age 70, District of Columbia, 2005: Blacks, Whites, Hispanics, Both Sexes, 5 Principal Causes of Death

Cause of Death	Whites	Blacks	Hispanics
Homicide	*	16.0%	10.6%
Cancer	18.4%	11.8%	11.9%
Heart Disease	6.5%	12.0%	*
HIV	6.3%	10.6%	*
Accidents	13.9%	*	12.2%
Perinatal Period	15.4%	8.4%	7.9%
Congenital Anomalies	*	*	11.8%
TOTAL	60.5%	58.8%	54.4%

*Not included because cause of death is not among the top five in the particular population group.

Table 4. Rate of Age-Adjusted Years of Potential (YPLL) Before Age 70, District of Columbia, 2005

Cause of Death	Age-adjusted Rate of YPLL per 100,000 Population, by Group		
	White	Black	Hispanic
All Causes	3211.6	14544	3553.7
Cancer	591.46	1716.6	424.09
Accidents	445.30	1060.2	432.56
Perinatal Period	494.88	1221.3	279.38
Heart Disease	209.14	1740.6	*
HIV	202.38	1544.3	125.51
Congenital Anomalies	144.30	315.02	419.07
Suicide	119.45	*	*
Homicide	52.22	2324.6	376.78
Liver Disease	*	195.36	157.98
Stroke	55.41	347.84	*
Benign Neoplasms	73.60	*	*
Respiratory Disease	*	*	137.79
Influenza & Pneumonia	*	*	135.14

* Data not available because this cause does not fall into the top 10 for that subgroup.

Source: Office of Statistics and Programming, National Center for Injury Prevention and Control, National Center for Health Statistics (NCHS) Vital Statistics System, CDC.

Table 5. Ratio of Age-Adjusted YPLL Rates for Blacks, Whites, and Hispanics Compared to Each Other, District of Columbia, 2005

All Causes	Black:White	Hispanic:White	Black:Hispanic
All Causes	4.5	1.1	4.1
Homicide	44.5	7.2	6.2
Cancer	2.9	.7	4.0
Heart Disease	8.3	*	*
HIV	7.6	.6	12.3
Perinatal Period	2.5	.6	4.4
Accidents	2.0	.8	2.4
Congenital Anomalies	2.2	2.9	.8
Stroke	6.3	*	*
Diabetes	*	*	2.4
Liver Disease	*	*	1.2

*Data not included because cause of death is not among the top ten for at least one of the groups involved in computing the ratio.

accidents account for the largest proportion of YPLL. And congenital anomalies, ranking 3rd, are a source of major loss for Hispanics, yet this cause does not rank among the top five for whites or blacks. Any attempt at designing effective interventions will therefore have to take these differences into account.

Table 4 summarizes age-adjusted YPLL rates by major cause of death and subgroup. The rates have been multiplied by 100,000 in order to obtain more manageable numbers.

As shown in Table 4, compared to the other two groups, blacks have higher rates of YPLL for all but one cause of the top ten causes of YPLL overall, the exception being congenital anomalies, for which Hispanics suffer the largest losses. Overall, the difference between blacks and whites, and between Hispanics and blacks is more than fourfold, as indicated in Table 5.

Cause-specific data highlight the extent to which certain conditions are responsible for the differences. While blacks' rates of YPLL are higher for all causes, the disparity in rates of YPLL between blacks and whites is particularly dramatic for deaths due to homicide. The relative risk of blacks losing years of potential life to this violent cause of death is 44.5-fold that for whites. Blacks are also at very high risk for premature losses as a result of heart disease, HIV and stroke, the difference being more than sevenfold for each of these causes.

The disparities between Hispanics and whites for all causes are almost negligible, but there are marked differences between the two groups in terms of losses due to specific causes. As is the case with blacks, although to a lesser extent, years lost due to homicide are much higher for Hispanics than for their non-Hispanic white counterparts, with a 7.2-fold difference in YPLL rates. Hispanics are also at particular risk for losses related to congenital anomalies, which include structural defects with which a baby can be born, and for liver disease. At the same time, Hispanics have lower YPLL rates for premature

losses attributed to cancer, accidents, HIV, and conditions related to the perinatal period.

The ratios of YPLL between blacks and Hispanics also reveal dramatic differences with respect to some causes, with blacks being more than fourfold at greater risk overall than their Hispanic counterparts. The indicator underscores a marked disparity in premature deaths attributed to HIV, the difference being over 12-fold between the two subgroups. And Hispanics in the District have one-fourth the risk for premature losses due to cancer compared to blacks. Only for congenital anomalies do blacks have lower YPLL rates than Hispanics.

Discussion

Many jurisdictions refer to their "leading causes of death" or "priority health problems" without specifying what yardstick they are using to rank different conditions or what they seek to accomplish. While crude mortality rates may provide a useful approximation of the problems that should be attacked, years of potential life lost is a more accurate indicator of the impact of premature deaths that are more amenable to prevention. Moreover, YPLL may be a fairer and more ethically appropriate measure of health status, since it weights each person's death by the amount of possible life foregone.

The use of YPLL using data for the District of Columbia points out the extent to which, even in a given urban area, different subgroups have

different life chances. Although in 2000 the U.S. Department of Health and Human Services launched a national effort to eliminate health disparities, the data presented show the extent to which the District of Columbia is falling short of this goal. While the nation's capital prides itself in its diversity of races and cultures, it has little to boast about when it comes to health outcomes as measured in years of potential life lost. The breakdowns by race and ethnicity show that different subgroups are at differential risk, and that the losses due to ill health and violence are far from evenly distributed. Blacks are at considerably higher risk for most causes of death, particularly for homicide and HIV. And each of the subgroups examined — blacks, whites, Hispanics — reflect different priorities in terms of reducing premature losses. Any citywide campaign that does not take this into account is therefore bound to fail.

The data also highlight the extent to which traditional chronic conditions affecting individuals have been superseded as causes of premature death by causes linked to social behavior, including homicides, injuries, and HIV, in accounting for years of potential life lost. While disease accounts for most of the premature losses among whites, that is not the case for blacks and Hispanics, who together constitute more than 63 percent of the total DC population.

While much is made of acts of "random violence" occurring in the

District, the fact is that the existing violence is far from random. Instead, it primarily affects some areas and specific segments of the population, and has had a marked differential effect on certain subgroups, as is evident from the use of YPLL. It is therefore not surprising that the District is trying a variety of measures — including more stringent gun-control measures, checkpoints, and the imposition of curfews — to curb the rate of homicides. These, while necessary, may not be sufficient to address the problem. A more comprehensive strategy has to include upgrading housing quality, insuring more equitable access to goods and services, creating communities that foster social networks, and boosting the opportunities for economic redevelopment in currently blighted areas.

The complicated etiology of premature deaths in the District means that, as Link and Phelan have stated, public health activities have to transcend their current boundaries and look not just at what health professionals do but also at the array of human actions that have important health consequences. In the nation's capital, YPLL rates provide eloquent testimony that being a numerical majority does not protect against being disadvantaged. By "giving simple statistical expression to the harsh reality of death at younger ages," this indicator signals those populations that are very much at risk. ♦

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THE PUBLIC CITIZEN HEALTH RESEARCH GROUP

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Product Recalls

August 23, 2008 – September 17, 2008

This chart includes recalls from the Food and Drug Administration (FDA) Enforcement Report for drugs and dietary supplements, and Consumer Product Safety Commission (CPSC) recalls of consumer products.

DRUGS AND DIETARY SUPPLEMENTS

The recalls noted here reflect actions taken by a firm to remove a product from the market. Recalls may be conducted on a firm's own initiative, by FDA request or by FDA order under statutory authority. If you have any of the drugs noted here, label them "Do Not Use" and put them in a secure place until you can return them to the place of purchase for a full refund. You can also contact the manufacturer. If you want to report an adverse drug reaction to the FDA, call (800) FDA-1088. The FDA Web site is www.fda.gov. Visit www.recalls.gov for information about FDA recalls and recalls issued by other government agencies.

Recalls and Field Corrections: Drugs – CLASS I

Indicates a problem that may cause serious injury or death

Name of Drug or Supplement; Problem; Recall Information

Blue Steel, Dietary Supplement, Extreme Sexual Stimulant, 400 mg Capsules, 2 capsule blister packs, 570 units; Unapproved New Drug; product found to contain analogs of sildenafil, the active ingredient in a FDA-approved product used to treat erectile dysfunction. Lot # A070106, exp. date 01/2009; Active Nutraceuticals.

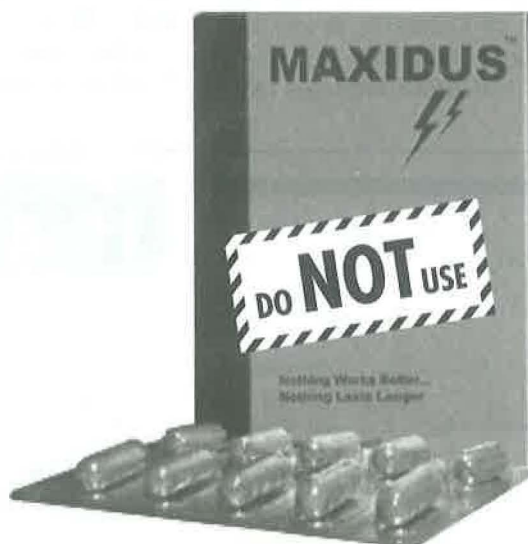
Digitek (digoxin tablets, USP) 125 mcg (0.125 mg), an Rx oral cardiotonic – a yellow, scored tablet imprinted with a "B" over "145"; single tablet unit dose blister packs, packaged as: UD100 tablets, UD 300 tablets, 65,242 cartons of 100, 4,624 cartons of 300; Super-Potency; UDL repackaged lots of Digitek digoxin tablets that have been recalled by the manufacturer (Actavis) due to the tablets having a thickness approximately double that of their specification. Lot #s: 7A666, exp. date 07/2008; 7F048, exp. date 10/2008; 7D352, exp. date 12/2008; 7P862, exp. date 03/2009; and 8C515, exp. date 09/2009; 6S406, exp. date 05/2008; 7J541, exp. date 01/2009; 7M709, exp. date 03/2009; 7P965, exp. date 04/2009; 8A266, exp. date 07/2009; and 8C514, exp. date 09/2009; 7P964, exp. date 04/2009 and 8B371, exp. date 08/2009; UDL Laboratories, Inc.

Digitek (digoxin tablets, USP) 250 mcg (0.25 mg); an Rx oral cardiotonic – a white, scored tablet imprinted with a "B" over "146"; single tablet unit dose blister packs, packaged as: UD100 tablets (10x10), NDC 51079-946-20 and CP180 Patient Compliance Package, 180 tablets (6X30), 86,489 cartons; Super-Potency; UDL repackaged lots of Digitek digoxin tablets that have been recalled by the manufacturer (Actavis) due to the tablets having a thickness approximately double that of their specification. Lot #s: 6S379, exp. date 05/2008; 7C971, exp. date 09/2008; 7J525, exp. date 01/2009; 7V200, exp. date 06/2009; 7P963, exp. date 04/2009 and 8A332, exp. date 07/2009; UDL Laboratories, Inc.

ETHEX Morphine Sulfate Extended-Release Tablets (Morphine sulfate), 60 mg, CII, packaged in 100-tablet bottles, Rx, 282,603/100-ct. bottles; Super-potent; over sized tablets. Multiple lots; Ethex Corp.

ETHEX Morphine Sulfate Extended-Release Tablets, (Morphine sulfate), 30 mg, CII, packaged in 100-tablet bottles, 181,496/100-ct. bottles; Super-potent; over sized tablets; Multiple lots; Ethex Corp.

Maxidus Herbal Supplement Capsules, 380 mg, 10 pills per blister pack, Approximately 6,000 packs; Unapproved New Drug; product contains active pharmaceutical ingredients Sildenafil and Tadalafil. Lot #s: Bth lib07015, MFG 11/16/2007, exp. date 11/16/2010; Recalling Firm: KG Enterprises LLC.



Recalls and Field Corrections: Drugs – CLASS II

Indicates a problem that may cause temporary or reversible health effects; unlikely to cause serious injury or death

Name of Drug or Supplement: Problem: Recall Information:

Alcohol-Free Mouthwash, a blue liquid in a 4 fl. oz. (118 mL) plastic bottle, 60 bottles per case, and in a 32 fl. oz. plastic bottle, 12 bottles per case; the mouthwash was distributed under the following labels, and in some cases may have been repackaged into hospital admission kits: 1) Hydrox Fresh Moment Alcohol Free Mouthwash; 2) Careline Mouthwash Blue Alcohol Free; 3) Freshscent Alcohol-Free Mouthwash; 4) DawnMist Alcohol Free Mouth Rinse; 5) GS Select Mouthwash, and Evoke Alcohol Free Mouthwash; 6) Bob Barker Alcohol-Free Mouthwash; 7) Rensow Alcohol-Free Mouthwash; 8) Medline Alcohol Free SparkleFresh Mouthwash; The mouthwash was manufactured under conditions where by it may be contaminated with the bacteria *Burkholderia cepacia*. Many lots; Hydrox Chemical Co.

Alcohol-Free Mouthwash, a yellow liquid in a 2 fl. oz. plastic bottle, 96 bottles per case, 4 fl. oz. (118 mL) plastic bottle, 24 bottles per case and 60 bottles per case, and in a 16 fl. oz. plastic bottle, 12 bottles per case; the mouthwash was distributed under the following labels, and in some cases may have been repackaged into hospital admission kits: 1) Hydrox Fresh Moment Alcohol Free Mouthwash; 2) McKesson Medi-Pak Mouthwash; 3) Cardinal Health Alcohol-Free Mouthwash; CGMP Deviations. The mouthwash was manufactured under conditions where by it may be contaminated with the bacteria *Burkholderia cepacia*. Many lots; Hydrox Chemical Co.

Aurora Pharmacy Cold & Allergy Elixir, Brompheniramine maleate 1 mg and Phenylephrine HCl 2.5 mg, 4 fluid ounce bottles, Grape flavor; Labeling Illegible; The product warnings, OTC dosage information, and the drug use information is potentially illegible. The peel back labels are tearing and there is a significant amount of ink transferred to the bottle. Lot #s: 336372, exp. date 11/2008; 336705, exp. date 12/2008; 336967, exp. date 12/2008; Magno Humphries Inc.

Aurora Pharmacy Daytime Cold Medicine, Acetaminophen 325 mg and Dextromethorphan HBr 15 mg, 6 fluid ounce bottles, Recall # D-302-2008; Labeling Illegible; The product warnings, OTC dosage information, and the drug use information is potentially illegible. The peel back labels are tearing and there is a significant amount of ink transferred to the bottle. Lot #s: 336377, exp. date 06/2009; 336710, exp. date 09/2009; Magno Humphries Inc.

BI-MART brand Children's Non-Aspirin Pain Relief Liquid, Each 5mL (teaspoon): Acetaminophen 160 mg, Cherry Flavor, 4 FL. OZ. (118mL) bottles, Also labeled as Generamed Brand

- GM APAP Oral Suspension; and Aurora Pharmacy Children's Pain Relief Suspension Acetaminophen; Labeling Illegible; The product warnings, OTC dosage information, and the drug use information is potentially illegible. The peel back labels are tearing and there is a significant amount of ink transferred to the bottle. Multiple lots; Magno Humphries Inc.

BI-MART brand Complete Allergy Liquid Antihistamine, Each 5mL (one teaspoon): Diphenhydramine HCl 12.5 mg, 4 fl oz. bottles, Cherry Flavor; Labeling Illegible; The product warnings, OTC dosage information, and the drug use information is potentially illegible. The peel back labels are tearing and there is a significant amount of ink transferred to the bottle. Lot #: 336929, exp. date 07/2009; Magno Humphries Inc.

BI-MART Day Time Cold Medicine, New Pseudoephedrine-Free Formula, Acetaminophen 325 mg, Dextromethorphan HBr 10 mg and Phenylephrine HCl 5 mg, 6 fluid ounce bottles; Labeling Illegible; The product warnings, OTC dosage information, and the drug use information is potentially illegible. The peel back labels are tearing and there is a significant amount of ink transferred to the bottle. Lot #s: 337484, exp. date 01/2010; 337639, exp. date 01/2010; Magno Humphries Inc.

B-Plex Tablets, Multi-vitamin tablets, 100 tablets bottle, Rx only; cGMP Deviations; Lack of stability indicating methods by manufacturer. Lot #s: 60687A2 exp. date 08/2008, 60904A3 exp. date 10/2008, 61045A2 exp. date 11/2008, 70184A3 exp. date 02/2009; IVAX Pharmaceuticals.

Choline Magnesium Trisalicylate, 500 mg, 100 tablets bottle, Rx only cGMP Deviations; Lack of stability indicating methods by manufacturer. Lot #s: 5437A1 exp. date 06/2008, 70062A1 exp. date 01/2009; IVAX Pharmaceuticals.

Flecainide Acetate Tablets, 150 mg, 100 count bottles, Rx only, 12,563 units; Defective container; missing cap liners. Lot #: 070669; Graceway Pharmaceuticals LLC.

Choline Magnesium Trisalicylate, 750 mg, 100 tablets bottle, Rx only; cGMP Deviations; Lack of stability indicating methods by manufacturer. Lot #s: 60951A1 exp. date 11/2008; IVAX Pharmaceuticals.

Longs brand Fruit Flavor Polacrilex Nicotine Gum, 4 mg (nicotine) 40 pieces, stop smoking aid, 5,320 cartons; Misbranded; side panel directions incorrectly state "if you smoke less than 25 cigarettes a day; use Nicotine Polacrilex Gum, 4mg" panel should correctly state "if you smoke less than 25 cigarettes a day; use Nicotine Polacrilex Gum, 2mg". Lot #: 7LE0794, 7LE0966, 7LV0510, 7ME0761, 8LE0737, 8BE0247, 8BE0911, 8CE0237, 8CE0719 and 8CV0473; exp. date 06/2009; L. Perrigo Co.

Mandelamine (Methenamine Mandelate Tablets), 1.0 gram, film coated, Rx only, 100 Tablets; cGMP Deviations; Lack of stability indicating test methods. Lot #: 5720A1, exp. date 08/31/2008; 60728A1, exp. date 08/31/2009; 70140A1, exp. date 02/28/2010; 70482A1, exp. date 06/30/2010; 70662A1, exp. date 09/30/2010; Warner Chilcott Inc.

Mandelamine Hafgrams (Methenamine Mandelate Tablets), 0.5 gram, film coated, Rx only, 100 Tablet bottles; cGMP Deviations; Lack of stability indicating test methods. Lot #: 5719A1, exp. date 08/31/2008; 60727A1, exp. date 08/31/2009, 70743A1, exp. date 09/30/2010; Warner Chilcott Inc.

MHL brand Night Time Cherry Cold Medicine, New Pseudoephedrine-Free Formula, Acetaminophen 500 mg, Dextromethorphan hydrobromide 15 mg, Doxylamine succinate 6.25 mg, Also labeled as BI-MART Cherry Flavor Night Time Cold Medicine New Pseudoephedrine-Free Formula and Aurora Pharmacy Nighttime Cold Medicine Cherry Flavor; Labeling Illegible; The product warnings, OTC dosage information, and the drug use information is potentially illegible. The peel back labels are tearing and there is a significant amount of ink transferred to the bottle. Multiple lots; Magno Humphries Inc.

MHL brand Night Time Regular Cold Medicine, New Pseudoephedrine-Free Formula, Acetaminophen 500 mg, Dextromethorphan hydrobromide 15 mg, Doxylamine succinate 6.25 mg, 6 FL OZ bottles, Also labeled as BI-MART brand Night Time Cold Medicine New Pseudoephedrine-Free Formula and Aurora Pharmacy brand Nighttime Cold Medicine; Labeling Illegible; The product warnings, OTC dosage information, and the drug use information is potentially illegible. The peel back labels are tearing and there is a significant amount of ink transferred to the bottle. Multiple lots; Magno Humphries Inc.

MHL brand Tussin DM Cough Suppressant/Expectorant, Dextromethorphan HBr, USP 10 mg and Guaifenesin USP 100 mg, 8 fluid ounce bottles; Labeling Illegible; The product warnings, OTC dosage information, and the drug use information is potentially illegible. The peel back labels are tearing and there is a significant amount of ink transferred to the bottle. Multiple lots; Magno Humphries Inc.

Mouthwash with 2.5% Alcohol, a yellow liquid in a 4 oz. (118 mL) plastic bottle, 60 bottles per case; the mouthwash was distributed under the following labels: 1) Hydrox Fresh Moment Mouthwash and Gargle; 2) McKesson Medi-Pak Mouthwash; 3) Medline SparkleFresh Mouthwash; The mouthwash was manufactured under conditions where by it may be contaminated with the bacteria *Burkholderia cepacia*. 1) All lots; 2) Lot #s 22962, 23771, 23927, 24381, 24870, 25121, 25468, 25661, 26138, 26365; 3) Lot #s 22855, 22962, 24870, 25121, 25468; Hydrox Chemical Co.

NataChew Chewable Prenatal Multivitamin Tablet with Iron, For use before, during and after pregnancy, Rx only, 90 Tablets; cGMP Deviations; Lack of stability indicating test methods. Lot #: 60726A1 exp. date 08/31/2008; 70041A1 exp. date 02/28/2009; 70358A1 exp. date 04/30/2009; 70902A1 exp. date 10/31/2009; Warner Chilcott Inc.

Lisinopril Tablets, USP, 10 mg, 1000 Tablets bottle, Rx only; 1,922 bottles/1000 tablets; Presence of Foreign Substance; embedded metal was discovered in a tablet. Lot #: MK071070; Sandoz, Inc.

NataFort Prenatal Multivitamin Tablet with Iron, Rx only, For use before, during and after pregnancy, 90 Tablets (18 unit dose cards of 5 tablets each), or 9 unit dosed cards of 10 tablets). Also sample pack of 5 tablets in a Unit dose package; cGMP Deviations; Lack of stability indicating test methods. Lot #s 60996A2 exp. date 11/30/2008; 60996A4 exp. date 11/30/2008; 60997A1 exp. date 11/30/2008; 60997A2 exp. date 11/30/2008; 70368A1 exp. date 04/30/2009; 70368A4 exp. date 04/30/2009; 70631A1 exp. date 08/31/2009; 60996A1 exp. date 11/30/2008; 70368A2 exp. date 04/30/2009; 70368A3 exp. date 04/30/2009; Warner Chilcott Inc.

Pyridium Tablets (phenazopyridine HCl Tablets, USP), 100 mg, Rx only, 100 tablets; cGMP Deviations; Lack of stability indicating test methods. Lot #s: 80069B1 exp. date 01/31/2010; 60976B1 exp. date 11/30/2008; 70539B1 exp. date 07/31/2009; Warner Chilcott Inc.

Pyridium Tablets (phenazopyridine HCl Tablets, USP), 200 mg, Rx only, 100 tablets, cGMP Deviations; Lack of stability indicating test methods. Lot #s: 60832B1, exp. date 09/30/2008; 70659B1, exp. date 09/30/2009; Warner Chilcott Inc.

Pyridium Plus Tablets (phenazopyridine HCl) Each tablet contains phenazopyridine hydrochloride (Pyridium) 150 mg, hyoscyamine hydrobromide 0.3 mg, butabarbital 15 mg, 30 Tablets, Rx only; cGMP Deviations; Lack of stability indicating test methods. Lot #s: 60688A1 exp. date 08/31/2008; 60688A1 exp. date 08/31/2008; Warner Chilcott Inc.

Multi-Drug Recall

The following drugs and dietary supplements are involved in a large recall by Actavis Totowa LLC for violation of good manufacturing processes. Contact Actavis by phone at (973) 993-4500 for more information.

Amibid DM Tablets (Guaifenesin and Dextromethorphan Hydrobromide 600 mg/30 mg); **Amitex PSE Tablets** (Guaifenesin and Pseudoephedrine Hydrochloride Tablets 600 mg/120 mg); **Bellamine-S Tablets**; **Choline Magnesium Trisalicylate Tablets**; **Codeine Phosphate and Guaifenesin Tablets**; **Dexchlorpheniramine Maleate Time Release Tablets**; **Amigesic**

(Salsalate) Tablets; **Guaifenesin and Dextromethorphan HBr ER Tablets**; **Hyoscyamine Sulfate Tablets**; **Meclizine HCL Chewable Tablets**; **Meperidine HCL and Promethazine HCL Capsules**; **Methenamine Mandelate Tablets**; **Multi Vita-Bets with 0.5 mg F and Fe Chewable Tablets**; **Multi Vita-Bets with 1.0 mg F and Fe Chewable Tablets**; **Multifol Tablets Vitamin, Iron, Calcium**; **NataChew Chewable Prenatal Multivitamin Tablet with Iron**; **NataFort Prenatal Multivitamin Tablet with Iron**; **New Ami-Tex LA Tablets** (Phenylephrine Hydrochloride and Guaifenesin 30 mg/600 mg); **Oxycodone Hydrochloride Tablets**; **Phenazopyridine Hydrochloride Tablets**; **Phenazopyridine Hydrochloride Tablets**; **Prenatal Formula 3 Prenatal Vitamins**; **Prenatal Plus w/27 mg, Iron Tablets**, **Multivitamin/Multimineral Supplement**; **Prenatal Rx Tablets**, **Multivitamin and Multimineral Supplement with Betacarotene, 1 mg Folic Acid and 54 mg Iron**; **Pyridium Plus**; **Sodium Fluoride Tablets**; **Tri Vitamins with Fluoride Chewable Tablets**; **Vitacon Forte Capsules**; **Vitaplex Plus Tablets**, **Film coated tablets**; **Vitaplex Tablets Film-coated tablets**; **Yohimbine HCL Tablets**.

CONSUMER PRODUCTS

Contact the Consumer Product Safety Commission (CPSC) for specific instructions or return the item to the place of purchase for a refund. For additional information from the Consumer Product Safety Commission, call their hotline at (800) 638-2772. The CPSC web site is www.cpsc.gov. Visit www.recalls.gov for information about FDA recalls and recalls issued by other government agencies.

Name of Product; Problem; Recall Information

Action Baby Carriers. The Action Baby Carrier's chest strap can detach from the shoulder straps, posing a fall hazard to the baby. Optave Inc., (888) 666-6459 or www.actionbabycarriers.com.

Air Conditioner/Heat Pumps. The Packaged Terminal Air Conditioner/Heat Pump (PTAC) Unit's power cords can overheat, posing a burn or fire hazard. Goodman Company L.P., Amana-brand units, call (800) 366-0339; Comfort-Aire and Century-brand call (877) 442-4482 or www.regcen.com/ptaccord.

Baby Hammocks. The Yayita Baby Hammocks can flip over, posing a serious fall hazard and strangulation hazard to infants who get entrapped in the seat's restraint straps while upside down. FlagHouse Inc., (800) 793-7900 or www.flaghouse.com.

Bicycles. The top of the Deda Forza Bicycle Handlebar Stems can crack and cause rider to lose control, posing a crash hazard. Deda Elementi S.r.l., (866) 514-5522 or www.dedaelementi.com.

Car Chargers. The Car Chargers Used with Power System Plus 3 Million Candlepower Spotlights are incompatible with the spotlight's battery, which can cause it to overcharge inside of a

vehicle and pose a fire or burn hazard to consumers. International Merchandising Service Inc. (IMS), (866) 797-2738 or <http://usttools.com/recall>.

Children's Bobbie Socks. The ribbon on the Circo Rosette Bobbie Socks can detach, posing a choking hazard to young children. Target, (800) 440-0680 or www.target.com.

Children's Cosmetic Accessory Bags. The metal clasps on the handle of the Bonne Bell Children's Cosmetics Accessory Bags contain excessive levels of lead, which is toxic if ingested and can cause adverse health effects. Bonne Bell Co., (866) 288-8643 or www.thebonnebellcompany.com/recall/.

Children's Hooded Sweatshirts with Drawstrings. The Children's Hooded Sweatshirts and Jackets have drawstrings through the hood which pose a strangulation hazard to young children. In February 1996, CPSC issued guidelines to help prevent children from strangling or getting entangled on the neck and waist drawstring in upper garments, such as jackets and sweatshirts. Orioxi International Corp., (800) 875-4352 or www.shirtoffmyback.com.

CONSUMER PRODUCTS

Children's Metal Water Bottles. The sip top on the Children's Metal Water Bottles can pull off, posing a choking hazard to young children. Pottery Barn Kids, (877) 800-9720 or www.potterybarnkids.com.

Coffee Makers. The wiring in the Kenmore and Kenmore Elite Coffee Makers can overheat, posing burn and fire hazards to consumers. Sears, Roebuck and Co., the great indoors and Kmart Corp., (800) 978-7615 or www.sears.com, www.kmart.com, or www.thegreatindoors.com.

Cordless Screwdrivers. The battery of the MasterForce 3.6-volt Cordless Screwdrivers can overheat and ignite during charging, posing a fire and burn hazard to consumers. There is no protective device on the lithium battery to prevent overheating. Menards, (866) 458-2472 or www.menards.com.

Countertop Water Dispensers. The internal heating element of the Countertop Water Dispensers could overheat and drop molten metal through ventilation openings in the water dispenser's base onto the countertop, posing a fire hazard. The internal heating element also poses a shock hazard to consumers who touch it through the vents. Greenway Home Products, (866) 279-0088 or www.greenwayhp.com.

Drop Side Cribs. Due to sizing problems with the Simplicity Brand Drop Side Crib's hardware, the drop side can come off the tracks. When the drop side detaches or partially detaches, it creates a hazardous gap, which can lead to infant entrapment and suffocation. AAFES (800) 866-3605 or www.AAFES.com; Babies "R" Us (800) 869-7787 or www.babiesrus.com; Burlington Coat Factory/Baby Depot www.babydepot.com; Meijer Distribution Inc. (866) 280-8419 or www.meijer.com; Nebraska Furniture Mart 800-359-1200 or www.nfm.com; Shopko (800) 791-7333 or www.shopko.com; Target (800) 440-0680 or www.target.com; Wal-Mart (800) 925-6278 or www.walmart.com.

Gas Boilers. The pressure switch of the Gas Boilers could have an internal defect that could fail to shut down the boilers under vent or air inlet blockage. This switch defect could allow the boilers to produce excessive levels of carbon monoxide, posing a risk of carbon monoxide poisoning to consumers. PB Heat LLC, (877) 257-3300 or www.peerlessboilers.com.

Gas Ranges. Delayed ignition of gas in the 18-inch oven of Wolf Appliance Gas Ranges can cause a flash of flames to be projected at a consumer when the range door is opened, posing

a burn hazard to consumers. Wolf Appliance Inc., (866) 643-6408 or www.wolfappliance.com.

Hooded Sweaters with Drawstrings. The Children's Hooded Sweaters have drawstrings through the hood. Children can get entangled in the drawstrings that can catch on playground equipment, fences or tree branches. In February 1996, CPSC issued guidelines to help prevent children from strangling or getting entangled on the neck and waist drawstring in upper garments, such as jackets and sweatshirts. From 1985 through June 2008, CPSC received reports of 27 deaths and 70 non-fatal incidents involving the entanglement of children's clothing drawstrings. Empress Arts Ltd., (323) 780-8181 or www.empressarts.com.

Indoor Lighting Fixtures. The glass reflector can separate from the Indoor Lighting Fixtures and fall, posing a risk of injury to consumers below the fixture. Lithonia Lighting, (800) 315-4963 or www.lithonia.com.

JC Penney Zebra Rugs. The Zebra Rug do not meet the federal flammability standard for small rugs and do not have the required flammability warning label. JLA Home, (866) 456-8852 or www.jlahome.com.

Pendants and Candle Charms. The Fairy Dust Pendants and Candle Charms contain high levels of lead. Lead is toxic if ingested by young children and can cause adverse health effects. Benjamin International, (888) 249-7639 or www.benjamininternational.com.

Phil and Teds Strollers. The hinge locking mechanism of Phil & Teds e3 Single Buggy, e3 Twin Buggy and sport v1 Single Buggy Strollers (an additional 425 e3 Twin Buggy Strollers were recalled on May 5, 2006) poses a laceration hazard to the user folding and unfolding the strollers. Regal Lager Inc., (877) 242-5676 or www.regallager.com.

Polariscopes. The Illuminator Polariscopes 415000 and 415 can have a ground wire missing, posing a risk of electrical shock to the user. GIA Instruments, (800) 421-8161 or www.gia.edu.

Portable Garden Hose Carts. The tires on the Portable Garden Hose Reel Carts and Wagons reel can explode while being inflated, posing an injury hazard to consumers. Eley Corporation, dba Rapid Reel, (866) 523-2363 or www.rapidreel.com.

Remote-Controlled Helicopter Toys. The rechargeable battery inside the "Protocol" Remote-Controlled Mini Helicopter Toys can overheat. This can result in the helicopter's body melting, as well as a risk of fire or burns to consumers. Ashley Collection Inc., d.b.a. Protocol, (800) 261-1193 or www.protocoldesign.com.

Retractable Dog Leashes. The metal clasp of the SlyDog™ Retractable Dog Leashes connecting the leash to a dog's collar can bend or break while in use, causing the leash to recoil back unexpectedly. This poses a serious risk of injury to consumers. Worldwide Inc., (888) 296-3807 or www.squareonesystem.com.

Scuba Regulators. The Apeks Second Stage Scuba Regulators can be missing the diaphragm cover which can cause the diaphragm to become displaced during a dive, allowing water to enter the scuba regulator. This poses a drowning hazard to divers. Aqua Lung America, (877) 253-3483 or www.aqualung.com.

Scuba Regulators and Adaptors. Over-tightening of the Titan DIN 1st Stage Scuba Regulators and Titan/Conshelf DIN Scuba Adaptors by a technician during installation can result in the retainer breaking under pressure, a rapid escape of air from the scuba cylinder, and the regulator detaching from the scuba cylinder. This poses a drowning hazard to divers. Aqua Lung USA, (877) 253-3483 or www.aqualung.com.

Soccer Goal Nets. The fixed knot flexible openings in the MacGregor Folding Soccer Goals, Mitre Folding Soccer Goals can pose a head and neck entrapment or strangulation hazard to young children. Regent Sports Corporation, (877) 516-9707.

Sony Notebook Computers. Irregularly positioned wires near Certain VAIO TZ-series Notebook Computers' hinge and/or a dislodged screw inside the hinge can cause a short circuit and overheating. This poses a burn hazard to consumers. Sony Electronics Inc., (888) 526-6219 or www.sony.com/support.

Stroller Activity Bars. The shiny material on the elephant's ear on the Taggies™ Strollin' Along Stroller Activity Bars can detach, posing a choking hazard to young children. International Playthings Inc., (800) 445-8347 or www.intplay.com.

Utility Vehicles. The fuel tank of the John Deere Gator XUV 620i Utility Vehicles can leak from a gap in the seam at the base of the filler neck, posing a fire hazard. Deere & Company, (800) 537-8233 or www.johndeere.com.

Wooden Infant Toys. The Wooden Puzzles, Infant Rattles, Pacifier Holders, and Stroller Toys contain small pieces including glued on mirrors and/or prisms that can detach, posing a choking hazard to infants. The head of the ladybug puzzle pieces also poses a choking hazard. Habermaass Corp. Inc., (800) 468-6873 ext. 107 or www.HABAusa.com/safety.

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In 2001, 81 percent of all U.S. colleges prohibited smoking in public areas. A much smaller proportion banned smoking in dormitories. Studies suggest that smoke-free living quarters may be a deterrent to smoking. While there is an element of self-selection at work, college students living in smoke-free dorms before entering college are 40 percent less likely to take up smoking than their counterparts who live in unrestricted housing.

In addition to acting as "enablers," dorms that allow smoking expose students to second-hand smoke and place everyone at greater risk for fires. Equally important, non-restrictive

College students living in smoke-free dorms before entering college are 40 percent less likely to take up smoking than their counterparts who live in unrestricted housing.

policies in effect tell students that smoking is condoned on campus, a message that is at odds with the idea of the safe, healthful environment to which most colleges aspire.

The ALA is therefore urging institutions of higher education to adopt policies to prohibit the sale, advertisement, and use of tobacco on campuses; refuse all research and sponsorship funding from

the tobacco industry; and provide smoking cessation programs to all students and staff. The goal should be to make every campus a smoke-free environment, and to protect students against the blandishments of tobacco companies who peddle death in the guise of "personal choice."

Big Tobacco Targets College Students

More than 44 years ago, the Surgeon General of the U.S. Public Health Service released the Report on Smoking and Health. Thirty years ago, the Secretary of what was then the U.S. Department of Health, Education and Welfare declared a war on smoking.

Much has been accomplished since then in the fight against tobacco. But it is worrisome that those between the ages of 18 and 24 have the highest adult smoking prevalence in the United States (26.8 percent), and that roughly one in five college students continues to take up smoking. Moreover, it is outrageous that the tobacco industry continues to exploit the vulnerabilities of this population. They know that once hooked, students will struggle with addiction and may not be able to free

themselves from the dependence on nicotine.

A recent report by the American Lung Association (ALA) analyzing published research, surveys and tobacco industry documents found that in 2005 the tobacco companies spent more than \$1 million a day sponsoring events and giveaways targeting college students. Their marketing aims both to get students to become "social smokers" and to entice the latter into becoming regular smokers. Their tactics include sponsoring events at clubs, bars, and college campuses and distributing free cigarettes at these venues. Getting students addicted early is therefore part of their strategy, and the laissez-faire policies of some campuses has made them complicit in this.



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