Preface to Position Statements

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As with any medical specialty, controversy abounds in the area of Medical Toxicology. In order to summarize the pertinent literature in a concise form, the ACMT has developed various position statements. The *Journal of Medical Toxicology* will periodically publish official ACMT position statements (in the original form) that can also be viewed at **www.acmt.net**.

Position Statement Development Process

All position statements are edited by the ACMT practice committee and then referred to the ACMT Board of Directors for review. The authors and the committee assess all comments. After endorsement by the board, position statements are posted on the ACMT web page for a two week period for review and comment by all members. All position statements are introduced by a disclaimer indicating that **while individual practitioners may differ, this is the position of the college at the time written, after a review of the issue and pertinent literature.** All statements are reviewed on a periodic basis and as needed when new data or questions arise. The original author(s) must address any questions, indicating the date of any revisions on the statement. Each author must sign a disclosure form discussing any potential sources of bias and conflict of interest.

ACMT Position Statement: Dietary Supplements

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DISCLAIMER

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INTRODUCTION

1n 1938 with the passage of the FD & C Act, pre-existing plant-based drugs, such as atropine, codeine, and morphine, were "grandfathered" into approved use in the United States along with everything listed in the United States Pharmacopoeia-National Formulary. Herbals were exempted from registration as drugs following a review commissioned by the FDA (authorized by the Kefauver-Harris amendments in 1962) from the National Academy of Sciences.

Herbals are now considered dietary supplements. They are being widely utilized; however, treating physicians may not be aware that patients are taking them. The Eisenberg report in JAMA (1998) stated that 42% of those surveyed used some alternative forms of medical therapy (increased from 34% in a 1991 survey). While the percentage that used herbals was relatively low at 12%, this was dramatically increased from 2.5% in the 1991 survey. Other published estimates of herbal medication use have ranged as high as 30% in certain ethnic or patient populations. In 1994, the United States Dietary Supplement Health Education Act (USDSHEA) was passed, designating the FDA Center for Food Safety and Applied Nutrition (CFSAN) with responsibility for developing regulations for dietary supplements, which include amino acids, biological extracts, herbals, minerals, and vitamins. In 1995, a National Center for Complementary and Alternative Medicine (NCCAM) was established at NIH with a growing budget for sponsored research. In May 1998, the dietary supplement branch of CFSAN published a container labeling requirement, and a 10-year plan was issued in January 2000 for the total regulation of dietary supplements.