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President’s Perspective
Suzanne White, MD, FACMT
President

On behalf of the Board of Directors and the Awards Committee, I can say that it was both enlightening and inspiring to review the nominations put forth this year for the College’s prestigious awards. The number of prominent physicians who have made significant contributions to the field of medical toxicology is growing and the deliberations were challenging. I consider it an honor to be able to announce the 2013 awardees and humbling to outline some of their remarkable accomplishments here.

ACMT’s most esteemed award is The Matthew J. Ellenhorn Award which honors an individual who has made extraordinary contributions to the field of medical toxicology. Many of you will remember Dr. Ellenhorn as a beloved, distinguished educator and clinician. As such, the Awards Committee and the Board are extremely pleased to announce the 2013 Matthew J. Ellenhorn Awardee is Jeffrey Brent, MD, PhD, FACMT.

As a unique testament to Dr. Brent’s career impact, numerous colleagues, including many prior fellows-in-training, nominated him “not only for his overwhelming breadth of knowledge, but more importantly for his ability to impart this knowledge upon students of our field.”

Dr. Brent is known for a career completely dedicated to advancing medical toxicology science and practice. He has participated in a wide range of clinical trials and has published prolifically in numerous journals, from the College’s own, Journal of Medical Toxicology to the New England Journal of Medicine. Impressively, over 50 of his 130 publications are original studies. Dr. Brent has researched and written extensively on acetaminophen, cocaine, animal envenomations, and the treatment of toxic alcohol poisoning. His research and successful collaborations have culminated in the publication of his classic text, Critical Care Toxicology, Diagnosis and Management of the Critically Poisoned Patient.

Dr. Brent has served as a mentor to generations of toxicologists. Upon completing his fellowship in medical toxicology at the Rocky Mountain Poison & Drug Center in 1989, he enthusiastically taught fellows, residents, and students at the University of Colorado, ultimately becoming the Medical Toxicology Fellowship Program Director. Even today, Dr. Brent continues to mentor fellows at the Rocky Mountain Poison and Drug Center as Professor of Pharmacology and Toxicology. Of note, he hosts the ever-popular, annual ACMT...
Fellow Roundtable Discussion at our annual meeting, advocating for fellow involvement in national organizations, providing valuable insight into the field, and giving advice on establishing a successful career as a medical toxicologist. He has provided extensive service and leadership to the College including serving on the ACMT Board of Directors; chairing the Task Force on Ethics, the Practice Committee, and the Education Taskforce; and directing cooperative agreements with the CDC. In 2008, it was his vision and sedulous effort that established the ACMT Toxicology Investigators Consortium (ToxCIC) which he continues to direct.

For his many contributions, he has been recognized by numerous ACMT partner organizations, such as the European Association of Poison Control Centres and Toxicologists and the American Academy of Clinical Toxicology. With over 30 years of experience in the field, Dr. Brent maintains a busy clinical practice and is considered one of the most credible experts in medical toxicology. It is with great pride that we place Dr. Brent’s name, most deservedly and long overdue, on the list of Matthew J. Ellenhorn Award recipients.

Each year, ACMT also honors a member who has made significant contributions specifically to educational pursuits in medical toxicology. On behalf of the Board, I am very pleased to announce that the 2013 ACMT Award for Outstanding Contribution to Medical Toxicology Education is awarded to Andrew H. Dawson, MBBS. Dr. Dawson has a 20-year track record of building locally relevant, accessible and sustainable educational programs. In 1989, he developed HyperTox, a series of clinical toxicology monographs linked to electronic training activities. As the platform for the famous Newcastle Clinical Toxicology Fellowship, HyperTox was fundamental to developing the careers of graduates like Drs. Nicholas Buckley and Geoffrey Isbister. A web version of HyperTox was included in the Widenet project (www.widernet.org), an initiative to distribute offline versions of web resources to countries lacking bandwidth. In 2004, Dr. Dawson became the convener of multiple resources that now support a distance learning Masters in Clinical Toxicology diploma course with uptake by the majority of medical toxicologists in Australia. In a recent, capacity building initiative with Sri Lankan collaborators, Dr. Dawson created an open-source toxicology curriculum (www.wikitox.org) supported by the WHO and the South Asian Clinical Toxicology Research Collaboration (SACTRAC). Wikitox currently receives 300,000 page hits per year and supports educational delivery to trainees in Sri Lanka, Australia, India and Bangladesh.

Educational research in medical toxicology is very rare. As such, it is noteworthy that Dr. Dawson was externally funded to pilot a study of brief educational interventions in 42 rural Sri Lankan hospitals and to subsequently examine the impact of expanding that intervention to 104 rural hospitals.

Dr. Dawson is a well-known, frequent contributor to the medical toxicology literature and presenter at national congresses. However, it is his passion for evidence-based, educational interventions that promote the practice of medical and clinical toxicology in resource-restricted settings that is unique among toxicologists and makes him so deserving of this honor.

The ACMT Board is particularly honored this year to bestow the 2013 ACMT Outstanding Service to the College Award upon Mark Kirk, MD, FACMT. During Dr. Kirk’s medical toxicology career, he has demonstrated a passion for developing communication and response mechanisms that assist emergency responders and emergency receivers caring for victims of HazMat situations. His findings in this arena are well-known and published in the peer-reviewed medical literature. Also of note, Dr. Kirk assisted in the development of ACMT’s pioneering Chemical Agents of Opportunity Course, creating the Module on Psychological Aspects of Mass Exposure. Over the past decade, Dr. Kirk has been the course director and lecturer at most of these courses, which have been very well-received by thousands of participants. Dr. Kirk was highly sought after for a new position with the U.S. Department of Homeland Security (DHS) as its Medical Director of Health Affairs. According to Dr. Charles McKay, one of his closest colleagues, “in this newly created position, Mark was able to bring together his proven expertise and understanding of the human response to the threat of exposure (or actual exposure) with his demonstrated passion and understanding of the importance of involving medical toxicologists in policy discussions at the federal government level. In this role, Mark highlighted the critical role of the medical toxicologist in our nation’s response to the threat of chemical terrorism.”

Dr. Kirk has tirelessly promoted medical toxicology as deserving a “seat at the planning table” by directing workshops, assisting with policy development, and cultivating relationships with public health and security personnel. As just two examples, discussions around mass human decontamination and the unification of toxidrome terminology brought medical toxicologists together with policy makers to improve response coordination. Very recently, Dr. Kirk’s leadership paved the way to a successful partnership between ACMT and DHS that engages regional medical toxicology experts as high-level resources. This pilot program will help to address concerns regarding possible chemical releases, provide government agencies with security-cleared surge capacity, assist medical toxicologists at other agencies, and establish critical communication links between law enforcement and the medical community. For his tremendous advocacy on behalf of medical toxicologists regarding our role in emergency response, and for creating numerous growth opportunities for ACMT, we thank Dr. Kirk and recognize his outstanding service.

Lastly, during this landmark year when original research presentations will be delivered for the first time at our ACMT Annual Scientific Meeting, it is especially meaningful that the Board is recognizing Yaron Finkelstein, MD as the recipient
of the 2013 ACMT Outstanding Contribution to Medical Toxicology Research Award. Unique among accomplished researchers in medical toxicology, Dr. Finkelstein has demonstrated exemplary use of the ACMT Toxicology Investigators Consortium (ToxIC) Registry as a research tool. Shortly after the development of the ACMT ToxIC Registry in 2008 by Dr. Brent and others, Dr. Finkelstein completed three important studies using the database. His first study on the toxicosurveillance of infant and toddler poisonings was presented at the prestigious Society for Pediatric Research. The findings quickly spread across pediatric and emergency medicine Internet sites and ultimately resulted in an ACMT press release on the importance on the topic. Since then, Dr. Finkelstein has completed two additional ToxIC-based studies on drug-induced seizures in children and poisonings in pregnancy. Dr. Finkelstein has demonstrated solid leadership to the ToxIC program, serving on its Steering Committee and as a co-author of the 2011 ToxIC Annual Report. At the recent North American Congress of Clinical Toxicology, Dr. Finkelstein delivered an excellent presentation demonstrating the use of the ToxIC Registry as a research tool.

Dr. Finkelstein is Associate Professor of Pediatrics and Pharmacology/Toxicology at the University of Toronto and serves as a consultant to the Ontario Poison Information Center. He has authored 69 original papers and has over 50 other publications. He is the recipient of a number of research grants and multiple professional honors and awards. He serves as a reviewer for many scientific and medical journals. Most importantly, Dr. Finkelstein is a role model for aspiring academic medical toxicologists both through his development of a highly productive research program and through his adept use of the ToxIC Registry to promote new knowledge in the field.

Please join me and the ACMT Board of Directors in Puerto Rico next month at the President’s Reception to personally congratulate and thank these highly distinguished individuals.

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2013 ACMT Award Recipients

Jeffrey Brent, MD, PhD, FACMT
2013 Matthew J. Ellenhorn Award

Andrew H. Dawson, MBBS
2013 ACMT Outstanding Contribution to Medical Toxicology Education

Mark Kirk, MD, FACMT
2013 ACMT Outstanding Service to the College Award

Yaron Finkelstein, MD
2013 ACMT Outstanding Contribution to Medical Toxicology Research Award

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Medical Toxicology Fellowships to join the NRMP (National Resident Matching Program)

Steven Aks, DO, FACMT

After many years of discussion and debate, the Fellowship Directors via the ACMT Fellowship Directors’ Committee voted to join the National Resident Matching Program. This move will professionalize the process of interviewing and selecting future Medical Toxicologists.

The following lists the timeline for the match in 2013:

- August 7, 2013 Match opens
- September 25, 2013 Rank order list entry opens
- October 23, 2013 Quota change deadline
- November 6, 2013 Rank order list certification deadline
- November 20, 2013 Match Day

Please circulate this information to your faculty, fellows, prospective applicants, and interested colleagues. Feel free to contact me with questions at saks@cookcountyhhs.org.
Toxicology Investigators Consortium (ToxIC) Update

ToxIC Is Booming

Jeffrey Brent, MD, FACMT and Paul Wax, MD, FACMT

There is so much going on in the ACMT ToxIC program that it would take this entire newsletter to keep you up to date. In the interest of your time, and our space available, we will just update you on a few key activities and events about which you may be particularly interested.

Our snakebite sub-Registry is all set for being piloted. In the next approximately one month or so it will be active and ready for ToxIC participants to use to enter their cases. When adding a snakebite case to the Registry you will have the opportunity to enter the sub-Registry and to fill in additional information, including follow up, of these patients. This project, funded by a grant, and under the leadership of Michelle Ruha, MD, FACMT, will be the largest and most comprehensive Registry of information relating to North American snake bites in existence. ToxIC members who enter these cases will be paid $75 for each completed case, will be considered to be a member of the snakebite study group, and acknowledged as such in any publications deriving from this effort.

A new project on prescription opioid abuse is soon to go through pilot testing and then will be available as a sub-Registry for any ToxIC member who wishes to participate. Shawn Varney, MD, and Colleen Rivers, MD are leading this project. Prescription drug abuse is an epidemic-magnitude problem in US society and as medical toxicologists, we have the advantage of seeing and studying specifically those cases that develop medical complications as a result of their drug use. The plan now is to develop sufficient preliminary data to allow us to secure funding for a long-term in-depth study.

The lipid therapy and the caustic ingestion sub-Registries, spearheaded by Michael Levine, MD and Zhanna Livshits MD, respectively continue to be available for data entry. We encourage you to enter your data on patients who are appropriate for these studies.

For all the studies, ongoing studies authorship and study group criteria can be found on the ToxIC website under the Research link on the left of the page.

There are several new studies in the formative stage – more on these at a later time.

The ToxIC Severity score project is continuing under the leadership of Evan Schwarz, MD. Actual data collection has not yet started. More to come on this project at a later time as well.

The NACCT abstract deadline of April 17th is coming up quickly. There are many abstracts that could be put together using already collected ToxIC data. We encourage all ToxIC participants to utilize the strength and diversity of the ToxIC database to generate abstracts on topics about which they have an interest. If you want to generate an abstract based on ToxIC data please let us know at ToxIC@acmt.net. We are glad to advise and assist, if that helps. Please remember that any ToxIC research must be approved by the Research Committee. We would be glad to help you facilitate that process.

We have a couple of important announcements.

Christopher Hoyte, MD, has joined the ToxIC leadership team and will serve as Site Coordinator. In that important role, Chris will be keeping in touch with all participating sites and serving as a resource to them for any problems, concerns, new ideas etc. Chris can be reached at ToxIC@acmt.net.

We hope to see many of you at the Annual Scientific Meeting in San Juan next week and will be hosting a meeting for all ToxIC members, or anyone else, who wishes to attend. We have many important agenda items to be covered at that meeting and are hoping to seduce as many ToxIC members off the beach and into the meeting as possible. If there are any agenda items you want to include please let us know at ToxIC@acmt.net. We look forward to seeing you there…..travel safely!

Have you paid your dues?

The deadline for 2013 membership renewal was December 31, 2012.

In order to renew, please go to www.acmt.net and simply login to the ’Members Only’ section of the site, select ’Renew Now’ and follow the prompts.

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ACMT Addiction Medicine Section
A Moment of Clarity –And Opportunity
JoAn Laes, MD

Well before recent articles such as “A Pain-Drug Champion Has Second Thoughts” featured in the Wall Street Journal (December 17, 2012) or “Rising Painkiller Addiction Shows Damage from Drug maker’s Role in Shaping Medical Opinion” fueled further public dialogue regarding prescription drugs and addiction, the toxicology community began to understand that there was a dramatic tide of repercussion facing the medical community in general and society in whole from the excessive prescribing of opioids. This became more painfully clear as reports confirmed that drug overdose deaths had surpassed motor vehicle accidents as the number one cause of accidental death from ages 19-55 and that overdose deaths from prescription drugs surpassed deaths from the illicit drugs heroin and cocaine [1, 2].

Whether in the Emergency Department, on a consult service, or through a poison center, most toxicologists directly treat opioid overdose victims. Alcohol and other drug abuse are also common in our patients. Various medical comorbidities are inherent in this population, including addiction. As addiction accompanies our patients, the identification, prevention and treatment of addiction and the corresponding medical conditions should accompany our skill sets as Toxicologists.

In Filling a Void in Medical Education Regarding Opioids featured in the recent Journal of Medical Toxicology special issue detailing various aspects of prescription opioid abuse and addiction, Patrick Lank, MD a fellow at the Toxikon Consortium in Chicago proposed that Medical Toxicology could “at every level of medical education make the greatest influence on the opioid epidemic in the USA.” To maximize the toxicologist’s ability to disseminate education regarding the toxicities of addictive substances and pharmaceuticals, further training in addiction medicine should be incorporated into our own careers. Integration of addiction medicine principles into the medical toxicology curriculum can range from traditional didactics to clinical experiences, and would greatly benefit the field of toxicology by expanding knowledge and ability to care for patients.

Addiction medicine is a specialized field that deals with the treatment of addiction, with cross-over into various other areas of medicine such as psychiatry, primary care/ internal medicine, toxicology, and emergency medicine. Treatment of addiction requires an understanding of the pharmacological and toxicological properties of the abused substances and the pharmaceuticals used for treatment. Expertise in medical toxicology necessitates a detailed understanding of pharmacokinetic and pharaco-dynamic principles of pharmaceuticals and drugs of abuse. Toxicologists are well-equipped to understand potential drug interactions and side effects of pharmacological treatments for addiction, but are lacking in opportunities to impart this expertise in clinical settings and often do not receive training in the psychosocial and legal aspects of addiction medicine. The American Society of Addiction Medicine has a wealth of information and training materials in both live and e-learning formats. The society puts on an excellent board review course that teaches the basic principles of addiction medicine; samples topics include neurobiology of addiction, challenges in pain management, opioid pharmacology, and clinical uses of drug testing. Other e-live learning content includes coding and billing for addiction medicine and training on brief interventions to screen for unhealthy alcohol use and follow up with effective brief counseling.

The knowledge gained through working with addiction medicine specialists broadens the quality and range of services provided by toxicology consultations. Buprenorphine maintenance is an increasingly common office based treatment for opioid addiction. When a patient maintained on buprenorphine is hospitalized, it can be difficult for inpatient providers who are not familiar with the pharmacology and mechanisms of buprenorphine to manage potential drug interactions, treatment of pain, and the legal issues surrounding pharmaceutical treatments for addiction in the hospital. Treatment of acute pain in a patient maintained on buprenorphine depends on several patient factors -- expected time course of acute pain, last dose of buprenorphine, and may involve increased dosages of opioids that a less experienced physician would be uncomfortable with. The toxicologist can function as a resource regarding medical management of the patients as many hospitals do not have addiction medicine specialists that are available for consultation. Shadowing an addiction medicine physician in a buprenorphine clinic in addition to reviewing online training materials for certification to prescribe buprenorphine would be an excellent starting point for the toxicologist to gain experience in the use of buprenorphine.

Methadone has been used for treatment of opioid dependence since the 1960’s, but the pharmacology and toxicology of this medication is often misunderstood. Toxicologists are often called upon to assist in the emergent management of patients who have potentially overdosed on methadone. The length of time required for observation of potential respiratory depression due to narcotic overdose or safety in resumption of methadone after overdose are common clinical questions posed to the consultation service. The risk of inadvertent overdose can be mitigated with correct timing of administration and dose increases with consideration for the various factors that affect metabolism of methadone (anticonvulsant use, pregnancy, or CYP genotypes). Review of methadone induction doses and methadone maintenance regimens can be achieved through attendance at administrative meetings of opiate treatment programs or review of literature on methadone maintenance for treatment of opioid dependence.

Continued on next page
Principles of neuro-transmission and pharmacology are the basis for development of pharmacological treatments for addiction. The toxicologist is in a prime position to propose novel therapies or guide investigative studies on existing pharmaceuticals. Given the difficulties in conducting randomized controlled studies on poisonings and overdose, research on therapeutics for addiction may be a venue to expand academic studies. Research topics can range from efficacy of pharmacological treatments for cocaine addiction to evaluation of the safety profile of naltrexone when prescribed for alcohol dependence.

Emerging patterns of recreational drug use are often identified in the emergency department. Patients intoxicated with bath salts presented with difficult to control agitation and were initially recognized by paramedics and emergency department physicians due to the nature of their clinical signs and symptoms. Often the Emergency Department is the only medical setting that these patients encounter- many do not have additional medical problems that require regular care through a primary care physician or psychiatrist. Toxicologists are in a unique position to offer screening for drug abuse or dependence to these patients and counsel them on the physical and mental health effects of their drug use. Studies in various health-care settings on brief screening and counseling demonstrate cost effectiveness and observed decreased drug and alcohol use (Madras et al., 2009). Screening and counseling for tobacco and alcohol abuse and dependence is a natural extension of services already provided by a toxicology consultation; expanding the scope of service would reinforce the economic value and quality of patient care provided by the toxicology consultation service. There are a number of validated screening tools that can be used (for example -- CAGE, AUDIT, or DAST) and counseling skills can be enhanced through online training or lectures provided by chemical dependency specialists.

Addiction medicine is a small but growing specialty with many similarities to the field of toxicology. Toxicology would be served well to incorporate addiction medicine education into core training. Proficiency in addiction medicine principles broadens the skills that toxicologists are able to utilize for managing poisoned patients and offers further opportunities for practice. The curriculum provided by toxicology fellowship programs could easily be expanded to incorporate academic and practical experience in addiction medicine. Prescription drug misuse remains a top public health concern and this is the opportune time for toxicologists to dedicate their involvement in this critical issue.

**ACMT has identified Addiction Medicine as one of the six practice pathways to develop and highlight for career and practice opportunities. For more information about opportunities to expand your practice in addiction treatment or to become active in the addiction medicine section please contact section chair Timothy Wiegand, MD at timothy_wiegand@urmc.rochester.edu**


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**Billing Addiction Medicine Services as a Medical Toxicology Consultant**

**Examples of Suboxone™ Induction and Smoking Cessation**

*Tim Wiegand, MD, FACMT*

There are an increasing number of patients presenting to the hospital maintained on Suboxone™ and many of them will have need or expertise in starting/stopping/maintaining Suboxone™ along with other services a Toxicologist is able to provide. The following case illustrates reimbursement opportunities for adding addiction management such as Suboxone™ induction and tobacco cessation to your inpatient Medical Toxicology Consult Service.

A 54 year-old gentleman had been treated for opioid dependence by one of the local addiction psychiatrists and had been doing well for over 2 years. He’d completed an intensive outpatient treatment program for prescription opioid dependence and been maintained on 16 mg (8/2 mg SL BID) of SL buprenorphine daily with monthly visits. The patient had a long history of tobacco use although for several years he had been trying to quit. He had severe COPD and frequent bouts of bronchitis with COPD exacerbations. He had become involved with his care after he had been admitted to the hospital this winter with respiratory distress and severe COPD exacerbation. He’d presented to the Emergency Department with respiratory distress from a COPD exacerbation and despite receiving oxygen, nebulizer treatments and antibiotics, deteriorated and required intubation. His sedation requirements were quite high. The ICU team hadn’t initially understood that the fentanyl effect would be quite limited due to the patient’s regular and prescribed use of buprenorphine. In fact, the Suboxone™ hadn’t been ordered for continuation during the admission history and physical. The admitting resident hadn’t understood the purpose, not to mention the implications that the maintenance dose of 16 mg buprenorphine would have on the patient’s admission. Over the first week, the patient’s respiratory function improved and he was extubated. During intubation he had been maintained on a combination of fentanyl and midazolam and he had a very difficult time with any weaning of the fentanyl –which had been infused at 200 mcg/hour with additional boluses throughout the day. The doses of fentanyl were dropped over the next couple of days post-intubation but the patient became very diaphoretic, his heart rate increased and he had severe anxiety with the dosage decrements. On the third day of this, after his extubation, a MICU resident who had spent time on toxicology recommended that the MICU consider buprenorphine to facilitate the wean from opioids and suggested they call for a consult to provide recommendations...
regarding when and how to restart the buprenorphine and to weigh-in on whether it would be reasonable to use it to facilitate a wean from the fentanyl. Additionally, the family had been particularly concerned about the use of opioids in the hospital as they thought that perhaps the patient might have recurrence of his addiction—they had been particularly dramatically affected from a financial and interpersonal standpoint when he’d been active in his addiction and had seen how useful the buprenorphine had been during his treatment and successful maintenance over the past two years.

The initial toxicology assessment and chart review took approximately 120 minutes (Level 5 consult -99255 which isn’t included in the reimbursement information below). After the first interaction, which involved the H & P, the buprenorphine induction was fairly simple. I had the hospital hold patient’s fentanyl at midnight which had been consisting of fentanyl 50-100 mcg increments IV every 2-3 hours during the afternoon and we briefly had dexmedetomidine started (Precedex(TM)) to attenuate any withdrawal symptoms and provide anxiolysis as the patient was still in the ICU. Oral clonidine would have probably sufficed along with some lorazepam IV. The following morning I came at 0800 to confirm that no fentanyl or other opioids had been given, to perform the Clinical Opioid Withdrawal Scale (COWS) and to order the buprenorphine (as Suboxone™ ½ of one of the 8/2 mg strips). The Suboxone™ was administered sublingually, I came back in 60 minutes and confirmed the patient was doing fine and then later in the day to check on him after his second dose.

In addition to the Suboxone™ induction I was able to counsel the patient for smoking cessation. Smoking cessation is now reimbursed quite readily. For a 3 minute investment of time, which in this patient addressed one of the underlying primary medical issues not to mention directly contributing to his hospitalization, respiratory failure and intubation, I was reimbursed —more importantly the patient had the importance of smoking cessation reinforced and he left the hospital with much better understanding about various pharmacotherapies for tobacco cessation, with particular interest in varenicline (Chantix™) and would be looking into this as smoking cessation therapy from his addiction psychiatrist and/or PCP (while using nicotine patches).

The Addiction Psychiatrist would be continuing the Suboxone™. He was particularly happy that someone was able to help manage the patient’s medications during the hospital stay and help transition him effectively back onto the buprenorphine for discharge.

Reimbursement for a single days consult related to f/u visit (99233), Suboxone™ induction (H0033) and Tobacco cessation (99406) was as follows:

1.) f/u (subsequent visit) consult codes: 99233 (35 minutes of bedside assessment as subsequent visit x 3) which was billed at $295.00 and reimbursed at $150.52
2.) Buprenorphine (Suboxone) induction: H0033 was billed at $248.00 and reimbursed at $225.00
3.) Tobacco Cessation: 99406 which was billed at $40.00 and reimbursed at $18.09.

The total bill for medical toxicology consultation on a single day related to the above services came to $585.00 charged to his insurance and $393.61 paid (collected by my department) from his insurance. The buprenorphine induction was reimbursed at above 90% of amount charged.

The statement can be seen here.
“Okay, Kathy so you have a 36-year-old male who was out walking at dusk outside of Brisbane and is bit on his right ankle by a “brown” snake. What was it, what do you want to know, and what do you do?” This was one of the first case questions asked to me by Dr. Armstrong of the Western Australia Toxicology department during my three week rotation last winter. Taipan, Brown, Red-bellied black, Death Adder, Tiger… all these went racing through my head, but I knew nothing about them. All I was use to was the Eastern Diamondback and I was sure that was not the correct answer. I know I got the question wrong, but after all, that is what I came here for, to learn about toxinology in the deadliest place on earth.

With such a wide array of things to learn during fellowship it can be overwhelming. Often when you are reading about things that you have not seen clinically it is hard to make a connection. Spitting cobra exposures? Box jellyfish stings? Arsenic toxicity? Funnel web spiders? Parathion ingestions? I live in Philadelphia, and while I adore the city of brotherly love, there are many tox related health concerns I am never going to see here. This led me to my proposal with my fellowship, perhaps could I go to where these things were really occurring to learn about and experience them first hand. ACMT has asked I share a little about my experiences with you here. I have included some inserts from the emails I sent back home along the way.

First, I had the opportunity to travel to Australia and work with the Western Australia Toxicology department and Poison Center. Rounding with the toxicologists in Perth, Australia and reviewing cases from all over the country daily was an eye opening experience; not just to the variety of toxicologic exposures, but to differences in management and treatment patterns. “…highlight case of the day was the massive amiodpine and citalopram overdose who was intubated in the ICU. She was maxed out on epi and levophed, on hyperinsulinemic euglycemia and a propofol drip. I swear that if you breathed in her direction, she started having clonus.” Then I participated in the Australian Toxinology Course which is offered every other year in Adelaide. It is a weeklong intensive course covering snakes across the world, marine toxinology, arthropods, spiders, and plant toxicity. “…nothing like ending the day with some safe Australian snake handling. So, they brought in brown snakes, tiger snakes, red-bellied black snakes, and death adders and dropped them on the floor. ‘this is how you would pick one up… or if one gets in your ED you can corner it like this’ I did not pick them up. Let’s be honest, I stood on a desk. It was pretty cool though. They did not bring in the taipans as and I quote “they are just too dangerous to drop on the floor with all of you.” “I asked about getting a cone snail - apparently it is illegal to transport them out of Australia... but I am working on it. =)”

To continue the experience of learning first hand, I was fortunate enough to spend two and half weeks in Sri Lanka this past
I have been fortunate enough to be able to find the time and support to explore a few of these opportunities. I challenge all the medical toxicology fellows to find an area of toxicology that intrigues them and pursue it not only through reading and cases but through hands on learning. If it is not something you are exposed to, find ways to get exposed. Talk with your program directors to see what options are available.

Toxicology is a small world; it is likely someone you know knows someone else who can help you find your way. If not, cold email people (I did); ask to come rotate, offer to be of service in any way. You will be amazed by the opportunities that are available and the kindness of people along the way.

MTFITA Minute

Benjamin Orozco, MD, HealthPartners and HRPC
President of the Medical Toxicology Fellow-in-Training Association

Those of us (fellows-in-training) who are heading out to stake our claims on the toxicology world this July are faced with what I affectionately refer to as an “off year” or a “bye.” Up to this point, many of us operated on a paradigm of training, graduation, exam, and repeat. Instead, for most of us in this “off year,” it means hunkering down for a year and waiting for the Med Tox Boards to come around on its two-year cycle. In preparation, MTFITA (Medical Toxicology Fellows in Training Association) decided to add one more resource. We created a fellow generated and edited question bank. Moreover, we continue to network and promote a community of fellows.

The idea is not a new idea and it is fairly simple. Give each toxicology fellow the opportunity to contribute questions and answers over topics that we need to know. Next, make the material available for review. Why doesn’t this sort of thing exist already? This was a perfect place for MTFITA to serve its members. This idea was revisited at the last MTFITA business meeting at the North American Congress of Clinical Toxicology. The timing was right and it picked up momentum. Now, with every fellow only an email away, things are coming together. JoAn Laes, MD, a first year fellow, added some structure to the submission process and then material started coming in. Every month a voluntary reminder goes out based on what topics are due to cover and which programs are up to contribute.

We hope it will be the start of something big, and will function as an evolving databank of fellow generated self-assessment material that is free and easily accessed. So far, we have approximately 600 flashcard style questions. They are posted on our MTFITA forum through www.acmt.net, but are also available on a flashcard app for smart phones. This databank will only continue to grow and improve as time goes on. I think this is a real testament to the potential of MTFITA as a means of connecting fellows and promoting our education. In the spirit of a true community endeavor, every fellow already has access. If you’re a fellow-in-training, check it out. I am sure you’ll like it.

ACMT SEMINARS in FORENSIC TOXICOLOGY

Consultation in the Civil & Criminal Arenas
November 12 - 13, 2013
Baltimore, MD

Many medical toxicologists provide consultation to attorneys and others needing expert advice. ACMT is proud to announce our next Seminar addressing the important role of the medical toxicologist in a legal context. Our goal is to improve the quality and focus of the expert advice that we provide to assure that all parties receive the benefit of our training and experience. The concept of impairment will be referenced to highlight one of the common and consequential issues we are also asked to discuss.

Utilizing lectures, small group and panel discussions, many of which will be case-based, this practical course will allow the participant to:

- Understand the various types of toxicological opinions requested in cases of drug and alcohol impairment, medical malpractice, product liability, and other toxic torts.
- Differentiate the expectations of toxicological consultation in the criminal vs civil context.
- Discuss principles of causation and expert qualification.
- Describe scientific rational for impairment thresholds, and the interpretation and extrapolation of drug and alcohol concentrations.
- Discuss the meaning of such terms as “standard of care”, “intent”, “more likely than not”, “strict’ and ‘limited’ liability”.
- Improve the quality of forensic consultation by optimizing case selection, improving report writing, and deposition and trial testimony.

Click here for more information

Registration Opening Soon!
As we end our New Year’s celebrations with a massive blizzard in the Northeastern U.S., it seems a fitting time to curl up by the hearth with a copy of your favorite toxicology journal (JMT, of course), reflect on the past year’s many accomplishments, and preview the upcoming March issue.

Two thousand and twelve was another landmark year in the growth of the Journal of Medical Toxicology. In March 2012, JMT dedicated a special issue to emerging drugs of abuse, including “bath salts” and synthetic cannabinoids [1]. This followed closely on the heels of federal legislation aimed at stemming the flow of these synthetic drugs of abuse being sold freely in head shops and on the street in the United States and internationally. Articles on new and emerging drugs of abuse have been among those most frequently downloaded consistently over the last year [2]. The December 2012 issue of JMT was devoted to the prescription opioid problem in the United States [3]. With guest editors Lewis Nelson, MD, FACMT and Jeanmarie Perrone, MD, FACMT at the helm, issue 8(4) garnered well-deserved attention from the lay press, as well as the medical community. This issue was also aptly timed to meet the high demand for information regarding prescription drug abuse in the U.S. and published coincident with new legislation and guidelines regarding the prescription of opioids in emergency departments.

With each passing year, JMT continues to grow and develop internally, as well. At the time of this writing, the JMT section of the ACMT website is undergoing a facelift that will make our journal more accessible to those visiting the ACMT homepage. New section editor Dan Brooks, MD will assume the lead on Articles You May Have Missed and Co-FIT Board Member Patrick Lank, MD has developed new guidelines for Poison Pen submissions. Formal guidelines for authorship will be released following the coming ACMT meeting. Last, but not least, JMT will be applying again this year for an impact factor.

In the coming March 2013 issue of JMT, you’ll find original research abstracts for the ACMT Scientific Meeting in Puerto Rico. The presentation of original research at this meeting is an exciting development for both the College and for the Journal. Elsewhere in the issue you will find an article by Cohen and colleagues debunking a popular “treatment” for autism, as well as an editorial from Charles McKay, MD, FACMT reflecting on this piece and the larger role of toxicologists in protecting the public from exploitation through fraudulent practices [4,5]. Additionally, for those of you who have given your time, energy, and wisdom to reviewing for JMT over the last year, don’t miss the editor’s acknowledgements in this issue of JMT. We appreciate your efforts and thank you for your continued work to make JMT even greater in 2013.

Affiliate Membership – An Introduction
Michele Zell-Kanter, Pharm. D., DABAT

I decided to look back at previous ACMT Newsletters to get a flavor for their content, this being the “maiden” column for Affiliate Members. I was not prepared to see Michael Shannon’s column, as president of ACMT in 1999, on page 1 of the winter newsletter, and Paul Wax’s tribute to the late Michael Spadafora on page 7. This was a sobering issue to say the least, but the College membership was inspiring, even in ACMT’s infancy.

It is with this inspiration that I would like to introduce the new Affiliate Member category of the ACMT membership. Affiliate Membership is defined on the ACMT website as being available to “licensed U.S. physicians who have an interest in medical toxicology and non-physicians who have a doctorate-level degree or ABAT certification and work in a field related to medical toxicology”. To date there are 8 affiliate members: 6 physicians and 2 doctors of pharmacy. A priority of ACMT is to attract highly qualified individuals who are actively involved in their disciplines to join as Affiliate Members.

I would like to provide some historical perspective on how I became interested in ACMT. I work integrally with 4 ACMT members (including a Board member and a JMT Editorial Board member) and have been exposed to the College since its inception. For years, the idea of becoming a member (which would also allow me to attend the ACMT pre-meeting symposia at NACCT at the discounted rate) was intriguing and my interest in ACMT was piqued by the College’s seriousness and commitment to high caliber teaching and improving patient care.

My desire to become involved with ACMT was reinforced in 2010, when I attended the first Joint American Israeli Medical Toxicology Conference in Haifa. Because the number of U.S. attendees was small it allowed for an intimate group to exchange ideas about their practices from across the world. I heard presentations from physicians whose experiences are quite varied from those with whom I work. I found it unfortunate that I could not be more active in the College because I was not a physician toxicologist.

And so I am thrilled that ACMT has provided a pathway for us non-physician toxicologists (and physician non-toxicologists!) to become members of the College. Our group of multi-talented Affiliate Members has much to gain from ACMT, and in turn, the affiliates have much to give to ACMT, with the ultimate goal of providing mutual education, improving upon the discipline of Medical Toxicology, and positively impacting patient care.

I hope that in future issues of this newsletter we will highlight individual Affiliate Members to learn about their interests and expertise. And I am greatly looking forward to attending the Joint American Israeli Medical Toxicology Conference April 23-25, 2013, in Haifa, as an Affiliate Member!
Welcome 2013 Fellows of the College

Please join us in congratulating the following members of ACMT who have been newly awarded Fellow status (FACMT) and will be recognized at the 2013 Annual Scientific Meeting next week in Puerto Rico.

Click here for more information on the criteria and to apply for Fellow status in the College.

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Member News

ACMT members Tim Wiegand, MD, FACMT; Eric Lavonas, MD, FACMT; and JoAn Laes, MD will be presenting at the American Society of Addiction Medicine (ASAM) 44th Annual Medical-Scientific Conference April 25-28, 2013 in Chicago, Illinois. Dr. Wiegand will be awarded the 2013 American Society of Addiction Medicine Medical Scientific Program Committee Award for his submission Addictions Training During Medical Toxicology Fellowship. The Medical-Scientific Program Committee Award is given “for the abstract receiving the highest rating for its scientific merit”. Click here for more information regarding the ASAM 44th Annual Medical-Scientific Conference.


Lewis Nelson, MD, FACMT has been elected to the American Board of Emergency Medicine (ABEM) Board of Directors. He will begin his term as director in the summer of 2013.

ACMT Introduces the Toxicology Expert Webinar

This new in-depth and interactive series will provide a platform for learning and discussion about issues that impact the research and practice of medical toxicology. Experts from outside the specialty of medical toxicology who interface with toxicological issues on a regular basis will share their knowledge and experience and highlight areas for collaboration.

The webinar will be hosted every other month and it will be recorded for future access. Examples of content areas to be covered include forensic science, public health, health policy, research methodology, advanced clinical science, drug abuse, and medication safety.

Inaugural Event: April 9, 2013, 1-2 PM ET
Webinar information forthcoming.

Leonard J. Paulozzi, MD, MPH
Medical Epidemiologist
Division of Unintentional Injury Prevention
Centers for Disease Control and Prevention

Title: A Tale of Two Statistics
Dr. Paulozzi will provide his unique insight into the morbidity and mortality associated with prescription opioid analgesics and compare it with that due to nonsteroidal anti-inflammatory drugs. There will be ample time for questions and debate.
Calendar of Events

2013

March 14  2013 ACMT Alcohol Abuse Academy
San Juan Marriott Resort & Stellaris Casino
San Juan, Puerto Rico
More Information
Register Now (Alcohol Abuse Academy Only)

March 15-17  2013 ACMT Annual Scientific Meeting
San Juan Marriott Resort & Stellaris Casino
San Juan, Puerto Rico
More Information
Register Now

March 21  Monthly National Case Conference
Online Webinar - Watch your email for meeting link
View previous National Case Conferences here

April 9  Toxicology Expert Webinar
Online Webinar - Watch your email for meeting link
Guest Speaker: Leonard J. Paulozzi, MD, MPH

April 23-25  Israeli-American Medical Toxicology Conference
Rambam Health Care Campus
Haifa, Israel
More Information

April 24  JMT Peer Review Workshop Webinar
Online Webinar - Watch your email for meeting link

April 30  Chemical Agents of Opportunity for Terrorism:
TICs & TIMs
Jacob K. Javits Federal Building
New York, NY
More Information
Register Now

May 28-31  EAPCCT Congress
Radisson Blu Scandinavia
Copenhagen, Denmark
More Information
Register Now

Nov 12-13  ACMT Seminars in Forensic Toxicology:
Consultation in the Civil & Criminal Arenas
The Hilton Baltimore
Baltimore, MD
More Information
Registration Opening Soon!

We want to hear from you! Please share with us any news of yourself or ACMT colleagues and we’ll include it in the next ACMT newsletter. We also welcome comments and suggestions for future newsletters. Send information to newsletter@acmt.net.

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Click here to learn more about the Medical Toxicology Foundation

The Medical Toxicology Foundation