

# AACTion

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## President's Corner



### Food For Thought

M. Greenberg, MD, MPH  
President, AACT

I often consider, despite the fact that clinical toxicology is about as wide and deep as any clinical endeavor can possibly be, that we are sometimes "missing the boat" with regard to our collective expertise. The area of food safety is just one of these areas where we, as clinical toxicologists, are indeed missing the boat. I actually think the reason for the fact that clinical toxicologists are often missing from the national debates regarding food safety is because we think of food safety as the exclusive bailiwick of the infectious disease specialist or public health practitioner. However, careful consideration of the most critical food-borne illnesses reveals that these are, at some level, toxin and/or toxicant associated issues. In fact, most texts in clinical toxicology contain major chapters dealing with food-related illness. The concern about food safety in America is, however, not a new issue and actually predates, by many years, the famous literary work, "The Jungle", by Upton Sinclair. This book addressed some of the previously unrecognized and unpublicized work practices in the meat packing industry in America. Partly in response to this work by Sinclair, President Theodore Roosevelt signed the Meat Inspection Act along with the Pure Food and Drug Act (which banned adulterated food and unsafe patent medicines) on June 30, 1906.

Today our concern regarding food safety cannot be any less than in days gone by. Each year large and small outbreaks of food borne illness occur throughout this country including wide

varieties of seafood-borne toxin-related illness, bacterial and toxin-related illness and viral illnesses all transmitted via food or related to food preparation and distribution. Dealing with these outbreaks are well within the expertise of clinical toxicologists. To be sure, many of these outbreaks are first reported to, and identified by, this country's poison control centers. And, in the area of heightened terrorism awareness, the possibility of agro-terrorism and food supply vulnerability must be a national priority.

As some in clinical toxicology struggle to "find their place" in the world of medicine and clinical practice, I urge everyone to consider food-borne illness as part and parcel of the clinical expertise for clinical toxicology; it is indeed our "turf".

So, how do we, as clinical toxicologists, capitalize on this relatively neglected area of clinical toxicology? Well.....I would suggest that as we start to plan NACCT/2011 in our nation's capitol, that we use the visible platform that meeting will create to inform lawmakers, governmental regulators and others, that we are indeed a fountain of expertise in this area that should be readily accessed. I also suggest that we try to create liaisons and partnerships with established public health organizations that consider food-borne illness issues. Finally, I believe that the establishment of a food-borne illness SIG would be a wonderful way to help young (and older) clinical toxicologists begin to explore this area that is really and truly an area of expertise for the clinical toxicologist. I'd like to take this opportunity to challenge the AACT membership and ask for someone to step forward to head up this SIG. The development of this area can be fertile ground for expanding the influence of clinical toxicology and to bring focus to another one of the many areas in which we, as clinical toxicologists, are expert.

# AACTion

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## Archives of Pediatric Environmental Health Specialty Unit

Michelle Zeager, DO and Alan Woolf, MD

A six-year-old boy with mild asthma was referred to the New England PEHSU clinic at Children's Hospital, Boston (the Pediatric Environmental Health Center) [PEHC] for an evaluation. He and his family had been exposed to fumes from a heating oil spill in the basement of his home. Several months prior to the visit approximately 50 gallons of fuel oil had leaked from the basement oil tank, flooding the basement, and extending to the garage and surrounding area of the home. Extensive clean-up, including trenching and removal of contaminated soil, sub-slab testing and evacuation, sluicing and containment of rainwater, and perimeter vacuuming of contaminated groundwater spillage was performed, both by private contractors and the city. The Massachusetts Department of Environmental Protection (DEP) provided consultation and oversight of the project, conducting inspections and eventual certification of the effectiveness of remediation of the hazmat site.

Despite an extensive clean-up, the odor of oil persisted in the home, most prominently in the lower living areas, and the patient's mother became concerned about lingering health effects from this incident. She was reassured by the commercial clean-up contractor that such odors were harmless. However ambient air sampling in the home revealed that aliphatic C5-C12 hydrocarbons, benzene, xylene, and toluene remained detectable, with some levels higher than the Massachusetts DEP standards set for allowable indoor limits.

At the PEHC, physicians conducted a thorough physical examination; an extensive environmental history, an environmental inventory, and a thorough review of all written outside documentation of the event and clean-up. The patient's blood count, liver enzymes, and renal function were within normal limits. The child's asthma was under good control. Physicians

counseled the parent regarding risks to the family of adverse health effects from chronic inhalation of airborne indoor aliphatic and other hydrocarbon pollutants. Further attention to improving air quality and air exchanges in the home was recommended by the use of heating, ventilation and air conditioning (HVAC) systems adequate to the ventilation requirements of the space. Clinicians further recommended that all exposed family members have periodic monitoring of blood counts and renal function. They recommended repeated residential air testing to assure continued dissipation of hydrocarbon odors and other vapors. The child was followed up by his pediatrician and allergist for close monitoring and management of his asthma.

Home heating fuel oil is a complex mixture composed of numerous chemicals, some of which are aliphatic and aromatic hydrocarbons. Some studies have shown that long term inhalation exposure to low levels of C5-C12 aliphatic hydrocarbons, which were found to be elevated in the home air sampling, may be associated with central nervous system depression and peripheral neuropathy, and animal studies have linked these chemicals to renal and liver abnormalities as well. Benzene, toluene and xylene, also found in the ambient air samples taken in the home, are examples of aromatic hydrocarbons. Chronic exposure to benzene may have an effect on bone marrow and lead to anemia and immune system dysfunction. Benzene is classified as a human carcinogen and may be associated with development of acute myelogenous leukemia (AML). Studies have also indicated that chronic low to moderate exposure to toluene can be associated with cognitive deficits, headache, dizziness, fatigue, lethargy, weakness, nausea, and appetite changes.

*(Continued on Page 9)*

## Elections for AACT are being held in July: Let's Meet the Candidates!



### **Karen Simone, PharmD, DABAT is running unopposed for the position of Secretary.**

I am the Director of the Northern New England Poison Center, which serves the States of Maine, New Hampshire and Vermont, and Assistant Professor of Emergency Medicine in the School of Medicine at Tufts University and at the University of Vermont in the College of Medicine. I began poison center-related work at the Cincinnati Drug & Poison Information Center in 1989. I became a Certified Specialist in Poison Information in 1993, received my Doctorate in Pharmacy from the University of Cincinnati in 1994, and joined the American Academy of Clinical Toxicology before becoming a Diplomate of the American Board of Applied Toxicology (ABAT) in 1998. Contributions to the field of Toxicology include: Secretary/Treasurer for ABAT, member of the Board of Trustees for the AACT, member of the AAPCC Fatality Reviewing Team in 2007, and member of the Editorial Board for *Clinical Toxicology*. I am also the clinical developer of the Substance Abuse Sentinel Surveillance and Reporting System.

As a Board of Trustees member since 2007 and AACT Secretary since 2008, I am committed to the Academy and serving its members. The AACT is currently in administrative transition and working toward a bright future that will include exciting changes that will benefit members, other health care professionals and the lay public. The Academy is advancing to provide more education to a wider audience in cost-effective ways by taking advantage of the new technology available. As Secretary, I will support this effort to advance the AACT in its mission to promote toxicology in the United State and beyond.



### **Robert B. Palmer, MS, PhD, DABAT is running for the position of Treasurer.**

I am presently in private practice with Toxicology Associates, PLLC in Denver, CO. I serve as an attending toxicologist and faculty member for the Rocky Mountain Poison and Drug Center in Denver and hold academic appointments at the University of Colorado School of Medicine and University of Wyoming College of Health Sciences. I have been active within AACT as current member of the Board of Trustees as well as an NACCT session moderator, symposium organizer and speaker. I am a reviewer for *Clinical Toxicology*, the *Journal of Emergency Medicine*, the *Journal of Medical Toxicology* and several other medical and scientific publications as well as a contributing author, illustrator and reviewer of four toxicology textbooks and co-editor of two more. I am a Diplomate of the American Board of Applied Toxicology and also serve as an elected member of the Board of Directors for that organization.

I am experienced in managing budgets in an academic setting, the private sector and for organizations, dating back to my first experience as elected treasurer for a group while in graduate school nearly 20 years ago. As a current member of the AACT Board of Trustees, I am intimately familiar with the present construct of the organization and its financial situation. Such familiarity dramatically shortens the learning curve associated with assuming the position of treasurer.

The strength of AACT lies in the breadth of its membership. I am committed to serving present AACT members but also expanding membership to others with an interest in clinical toxicology by increasing the internal and external appeal of the organization and demonstrating the value of AACT membership in a fiscally prudent manner. I would welcome the opportunity to provide the financial stewardship required for this position.



## AACT Election: Let's Meet the Candidates



### **S. Rutherford Rose, PharmD, FAACT is running for the position of Treasurer.**

Thank you for the honor of being nominated for AACT Treasurer. I am the Director of the Virginia Poison Center in Richmond, Virginia, and Chair of the Division of Clinical Toxicology, Department of Emergency Medicine at Virginia Commonwealth University in Richmond.

I have been an active member of AACT since 1989, serving on various committees over the years. Much of my service to AACT in the 1990s involved ABAT, having served as a Board member for six years, two of which (1992-1994) as President. Since 2004 I have served on the AACT Fellowship Committee, being the Chair since 2006. This committee has been very active, working with the Trustees to restructure Fellowship criteria and making Fellowship status accessible to more AACT members. I have been a Fellow of AACT since 1996.

For over 40 years AACT has effectively brought together clinical toxicologists from multidisciplinary backgrounds. I believe this is what makes AACT such an effective organization, representing the interests of clinicians, scientists and educators from poison centers, industry, academia and private practice. AACT has embraced its role as a leader in clinical toxicology education, and I was fortunate enough to be involved in the early meetings when AACT took the lead from AAPCC in coordinating NACCT meetings.

I had the privilege of serving as AAPCC Treasurer for ten years (1994-2004), at a time when the annual budget grew from \$350,000 to \$5 million. During this time I gained valuable experience in budgeting, cost accounting, asset management, financial risk assessment and the fiduciary responsibilities of Boards of not-for-profit educational organizations such as AACT. After a six year break, I would embrace the challenge of continuing the excellent work provided by our previous Treasurers, Drs. Greg Gaar and Marty Caravati. I believe the Treasurer's primary responsibility is to be a diligent custodian of Academy funds and provide accurate accounting of income, expenses and financial position to the Board and membership. I support the strong educational mission of the Academy, and would advocate for increasing membership, including enhancing relationships with other toxicology organizations such as Society of Toxicology (SOT) and Society of Forensic Toxicologists (SOFT). Thank you.

### **Kennon Heard, MD is running for a position on the Board of Trustees.**

It would be my pleasure to serve on the Board of Directors for the American Academy of Clinical Toxicology. My vision for the Academy is to expand the recognition of our field in the health care specialties. While toxicological issues are common, few clinicians have adequate training in their recognition and treatment. This leads to many patients who have conditions that are misdiagnosed or misunderstood. As the Toxicology Fellowship director at The Rocky Mountain Poison and Drug Center, I have the privilege of training physicians in several specialties, pharmacists, nurses and forensic toxicologists in clinical toxicology. This experience has shown me that the importance of the multi-disciplinary training that can be promoted by AACT. As a board member, I look forward to working from all disciplines to improve the basic toxicology training in our undergraduate professional training programs, to increase the visibility of Clinical Toxicology among other specialties and to work with our members to fulfill the mission of the College.

My background is in Emergency Medicine. After completing medical school at the University of California San Diego, I completed a preliminary year of Internal Medicine at UCSD before starting Emergency Medicine at Denver General. I remained in Denver for my Toxicology Fellowship, and I have been on the faculty at the Rocky Mountain Poison and Drug Center since 1999. I am an active educator, researcher and clinician, and I look forward to applying my skills as a member of the Board. Please feel free to contact me if you have any questions that will assist you as you make your decision ([Kennon.heard@rmpdc.org](mailto:Kennon.heard@rmpdc.org)).



## AACT Election: Let's Meet the Candidates



### **Javier Waxman, MD is running for a position on the Board of Trustees.**

Thank you very much to the AACT nominating committee for the nomination to run for the board of trustees. This honor is dually significant for me, not only on a professional level but also on a personal one as well. As an immigrant, this nomination exemplifies for me, the notion that this country truly is, "the land of opportunity".

I am an associated professor at the Departments of Medicine and Environmental and Occupational Health at the University of Colorado Denver and the director of the Medical Toxicology Practice at the University of Colorado Hospital in Denver, CO.

I am also a faculty member of the Medical Toxicology program at the Rocky Mountain Poison and Drug Center.

I was born in Argentina and immigrated with my family to Israel when I was a young adolescent. I received my MD degree from the Ben Gurion University in the Negev in Israel. I then completed a residency in Internal Medicine at the Rabin Medical Center, Beilinson Campus in Israel as well as a fellowship in Medical Toxicology at the Rocky Mountain Poison Center in Denver, CO.

As I practice Internal Medicine and Medical Toxicology, I predicate to my students and residents my belief that, "every disease is tox until proven otherwise". My daily interactions with pharmacists and the faculty of the School of Pharmacy as a member of the University of Colorado Hospital P & T committee and Medication Use Evaluation/Adverse Drug Effect subcommittee illustrates, in practice, the concept that cooperation and collaboration within numerous disciplines inside AACT, can ultimately help to achieve the common goals of education and patient safety.

Since completing my fellowship, I have developed relationships with many colleagues in Central and South America. Given the diversity of the practice of clinical toxicology in these countries, AACT is definitely the organization to take the lead and reach out to other toxicology organizations in Latin America and around the world for the purposes of education as well as for additional business opportunities. I am planning to assist in reaching that goal by using my personal and professional experience working in these countries.

Clinical toxicology is a developing field, and is subsequently facing new challenges in areas such as pharmacovigilance and drug safety. I would like to see AACT take a central role in developing initiatives to interact with the academy and pharmaceutical industry. As the first step, I will propose opening the pharmacovigilance and drug safety special interest group. In addition, I would like to continue contributing in the developing field of occupational and environmental toxicology.

I am married to Patricia, and am the proud father of Ido and Itamar, who are attending Purdue University and high school next year, respectively.

I am currently spending my spare time watching the games of the soccer world cup, and wishing Argentina would take the cup.

## AACT Election: Let's Meet the Candidates



### **Robert G Hendrickson, MD is running for a position on the Board of Trustees.**

It is a great honor to run for the Board of Trustees of the American Academy of Clinical Toxicology (AACT).

Over the past few years, AACT has grown in numbers and added numerous benefits for its members. Some of these include the AACT question of the day, Current Awareness in Toxicology, a new website with free links to the abstracts from our major meetings, Position Papers and Out of Hospital Management Guidelines. These benefits have enhanced my daily experience in the Poison Center and in the hospital. It is my hope that AACT can continue to grow and continue to add value to its members' everyday activities as well as to their long-term career pursuits.

I am a medical toxicologist who practices at the Oregon Poison Center and the Oregon Health and Science University in Portland, Oregon. I am the associate medical director of the Oregon Poison Center and the Program Director for the Medical Toxicology Fellowship. I have been active in AACT since 2001 and became a fellow in our society in 2009. I am currently the co-chair of the Membership Committee, a member of the Practice Enhancement Committee, and an Editorial Board member of AACT's journal, *Clinical Toxicology*.

I would like to see AACT continue to expand its benefits to enhance its members' daily activities in clinical toxicology. The first step in expanding benefits is to improve member recruitment and retention. It is through numbers that we can truly represent the diversity of clinical toxicology, but also to increase benefits to all. Increased membership retention will also allow us to increase research funding, and enhance our international meetings.

I would also like to increase the visibility of AACT amongst other societies and other areas of clinical toxicology that are underrepresented in our society. This will increase partnerships with other societies, enhance our educational mission at our international meetings, and enhance the benefits that we can provide members.

I see an AACT that continues to grow the benefits that make practicing in a Poison Center and practicing occupational, forensic, and clinical toxicology easier and more fulfilling on a day-to-day basis.

I look forward to continuing to participate in AACT and would like to help in developing an AACT that can continue to flourish and represent our diverse group. I am lucky to be surrounded by an active and intelligent group of SPIs, pharmacologists, physicians, and scientists at the Oregon Poison Center and OHSU and I know that they will assist me in understanding the needs of the highly diverse AACT membership. I will certainly make every effort to do so.

Again, it is a great honor to be considered for this position. I look forward to serving AACT in the future. I thank you for your vote.

## AACT Election: Let's Meet the Candidates



### **Kenneth E. McMartin, Ph.D. is running for a position on the Board of Trustees.**

Professor, Department of Pharmacology, Toxicology & Neuroscience  
Louisiana State University Health Sciences Center, Shreveport, Louisiana

#### Education:

B.A. (Chemistry), Coe College, Cedar Rapids, IA

Ph.D. (Pharmacology), University of Iowa.

Postdoctoral Fellow (Department of Clinical Chemistry), Huddinge University Hospital,  
Karolinska Institute, Sweden

#### Honors:

Kenneth Morgareidge Award in Toxicology, International Life Sciences Institute, 1988.

Best Scientific Paper Award, North American Congress of Clinical Toxicology, 1998.

Fellow, American Academy of Clinical Toxicology 2009

Society of Toxicology Translational Impact Award, 2010.

#### Primary Contribution to Clinical Toxicology:

Directed and conducted the pre-clinical and clinical studies that led to the development of fomepizole as a marketed drug for the treatment of methanol and ethylene glycol poisonings.

#### Current Research Interests:

1) The mechanism of the renal toxicity of ethylene glycol, in particular the intracellular mechanisms for the cytotoxicity of calcium oxalate crystals.

2) Development of aluminum citrate or derivatives as treatment for renal accumulation of calcium oxalate (for late diagnosed ethylene glycol poisoning or kidney stone formation).

3) Determination of the toxic metabolite of diethylene glycol, including its mechanism of toxicity, with a goal of finding treatments for late diagnosed poisonings such as in mass epidemics.

#### Service Activities:

Member, Multi-Center Research Study Review Committee, American Academy of Clinical Toxicology, 2000-2002

Member, American Academy of Clinical Toxicology, 1989 – present

Councilor, Officer and President, South Central Chapter Society of Toxicology (2002 – 2006)

Member and Chair, Society of Toxicology Committee for K-12 Education (2003 – 2006)

Judge, Graduate Student Awards, Mechanisms Specialty Section, Society of Toxicology, 1989, 2009 and South Central Chapter Society of Toxicology, 2000 - 2008

Member, National Toxicology Program/Center for Evaluation of Risks to Human Reproduction Expert Panel on Reproductive and Developmental Toxicity of Fluoxetine, 2003 - 2004

Chair, National Toxicology Program Expert Panel on Formaldehyde and Report on Carcinogens, 2009

Invited reviewer of reports and technical documents, EPA, ATSDR, WHO (International Programme on Chemical Safety), Health Effects Institute

#### Goals for service on Board of Trustees

Service on the Board would be a privilege, but also is an obligation in order to give back to the society of which I have been a member for a long time. The Board should play a key role in helping AACT develop into the foremost society dedicated to the field of clinical/medical toxicology. In addition, the society, hence the Board, should serve to advance the status of its membership, including advancement of networking possibilities, of continuing education, of research collaborations and of interactions with the general public. The latter aspect primarily rests in promoting the society as the major voice of clinical/medical toxicology to the public as well as to governmental officials. Finally, the society (Board) needs to help to maintain member's interest in the society and its programs, to include recognition of members for their achievements, not only senior members for their accomplishments but also young toxicologists in order to enhance their careers.





**Richard S Weisman, Pharm.D., DABAT, FAACT is running for a position on the Board of Trustees.**

Thank you very much for taking the time to learn about me, and my interest in serving on the Board of Trustees of the American Academy of Toxicology.

I am currently the Director of the Florida Poison Information Center – Miami and the Associate Dean at the University of Miami, Leonard Miller School of Medicine.

I have had 28 years of experience as a regional poison control center director, initially at the New York City Poison Control Center and more recently at the Florida Poison Information Center – Miami. During my career, I have almost always been involved with the leadership of AACT, AAPCC or both. I measure my involvement not by the years of service, but by my accomplishments.

My first involvement with the American Academy of Clinical Toxicology was in 1987 when I became a founding member of the Academy's newly formed American Board of Applied Toxicology (ABAT). After passing the Board Examination in 1987; ABAT's inaugural year, I was the recipient of the first AACT - ABAT Board Diplomate Certificate (numbered Certificate #101) and was appointed by the AACT Board of Trustees to be the first Chairman of ABAT. I was responsible for drafting by-laws, creating a leadership team, and for administering the examination during the next two years. During this time ABAT grew from the 10 original diplomates to 37 diplomates when I left office in 1990. In 1990, I was elected to my first term on the Board of Trustees of the American Academy of Clinical Toxicology and served until 1993. In October 1991, I was made a Fellow of the American Academy of Clinical Toxicology for my continued work with ABAT. In 1993, I was selected by AACT to be the Meeting Chairman, for the International Scientific Meetings of the AACT/AAPCT/ABMT/EAPCC, in New York City. This was an era when the scientific meetings were run entirely by the meeting chairperson.

In 1990, I was also elected to the Board of Directors of the American Association of Poison Control Centers and found myself serving on both boards. I was concerned with the financial plight of poison centers in the United States and used my background in public policy and governmental affairs to try to make a difference. Having had success in New York State in being one of the architects for a Medicare/Medicaid reimbursement formula to fund New York's five poison centers, I began the process of working with the federal government to get funding for all poison centers in the United States. After generating some early interest at the federal level with the Bureau of Maternal and Child Health and the CDC, I was nominated and elected President of the American Association of Poison Control Centers on a platform and a promise to get sustainable federal funding for all poison centers. I served as AAPCC President-Elect from 1992-94, AAPCC President 1994-1996, and Immediate Past-President from 1996-1998. My legacy as President was the enactment of federal legislation to fund poison centers in the U.S. After engaging the services of former Nebraska Senator David Karnes as Legislative Council for AAPCC, we worked to craft both legislative language and a funding methodology to fund poison centers out of the U.S. Department of Health and Human Services budget. After 4 years of intense legislative work we were successful in getting a poison center bill approved in both the United States House of Representatives, and the United States Senate. In March of 1999, Bill Clinton, President of the United States, signed "Public Law 106-174, an Act to Enhance and Stabilize Poison Control Centers" into law. To date, as a direct result of our efforts and the support of so many of my poison center colleagues, poison centers have received over \$450 million dollars in direct federal funding. Wasn't it Archimedes who said, "Give me a long enough lever and a place to stand, and I will move the world?"

In 2001, I was the recipient of the prestigious AAPCC Recognition Award for my accomplishments in Washington DC, having had the first law passed to fund our nation's network of poison centers. In 2002, I was elected to serve a final two years on the AAPCC Board of Directors. During this time I focused on preparing new legislation for reauthorization in 2004. In 2004, after 14 years on the AAPCC Board, I was appointed the Director of Governmental Affairs for AAPCC. I remained in that capacity until 2008 when I decided that after 18 years, someone else needed to learn the position and assume the organization's legislative responsibilities. I remain a legislative consultant for AAPCC and still work very closely with Senator Karnes on a host of legislative issues.

After taking a few years off of the AACT/AAPCC Boards, I am ready to return to the Academy Board. That is where it all began 20 years ago. Once again, I hope I will have your support.



## Continued: Archives of Pediatric Environmental Health Specialty Unit

### Resources

Agency for Toxic Substances and Disease Registry (ATSDR). Toxicological Profiles.

<http://www.atsdr.cdc.gov/toxpro2.html#bookmark05>

Environmental Protection Agency (EPA). January 2003. Toxicological Review of Benzenes (CAS No. 1330-20-7).

Environmental Protection Agency (EPA). April 1998. Carcinogenic Effects of Benzene: An Update.

Environmental Protection Agency (EPA). September 2005. Toxicological Review of Toluene (CAS No. 108-88-3).

Environmental Protection Agency (EPA). January 2003. Toxicological Review of Xylenes (CAS No. 1330-20-7).

## Upcoming Meetings

**NACCT 2010**  
**October 7-12, 2010**  
**Denver, CO**  
[www.clintox.org](http://www.clintox.org)

IUTOX 2010 Congress (XII International Congress of Toxicology)  
 July 11-15, 2010  
 Barcelona, Spain  
<http://www.icoh2009.co.za/cgi-bin/giga.cgi?c=1600>

The International Association of Forensic Toxicologists (TIAFT)  
 Joint Meeting with the Society of Toxicological and Forensic Chemistry (GTFCh)  
 Bonn, Germany  
 August 29-September 2, 2010  
<http://tiaft2010.gtfch.org/>

Society of Forensic Toxicologists (SOFT)  
 October 18 - 22, 2010  
 Richmond, VA  
<http://www.soft-tox.org/>

ACMT Seminars in Forensic Toxicology: Opioids  
 November 8&9, 2010  
 Philadelphia, PA  
[http://acmt.net/cgi/page.cgi?event\\_id=48&\\_id=23&action=new](http://acmt.net/cgi/page.cgi?event_id=48&_id=23&action=new)

ACMT Seminars in Forensic Toxicology: Ethanol & Marijuana  
 December 13&14, 2010  
 San Francisco, CA  
 San Francisco, CA

Pacifichem 2010  
 The International Chemical Congress of Pacific Basin Societies Sponsors  
 Honolulu, HI  
 December 15-20, 2010  
<http://pacificchem.org/>

2011 ACMT Spring Conference  
 Tots, Teens & Toxicology:  
 Current Drug and Environmental  
 Threats to Children's Health  
 March 18-20, 2011  
 Clearwater, FL

XXXI International Congress of the European Association of Poisons Centres and Clinical Toxicologists  
 May 24-27, 2010  
 Dubrovnic, Croatia  
<http://www.eapcct.org/show.php?page=congress>